

THE SECOND WAVE AND BEYOND

STEPPING UP EMERGENCY RESPONSE



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

YOUR SUPPORT HAS NEVER BEEN MORE IMPORTANT THANK YOU

THE WORK YOU MAKE POSSIBLE



499
programs in more
than 85 countries



302
projects with
COVID-19 activities



70
countries with
COVID-19 activities



778
health facilities receiving
COVID-19 technical, training
or material support



3.21 million
COVID-19 protective
equipment items, masks
and hygiene kits distributed

A COVID-19 patient being treated in the severe case ward in Al-Kindy hospital, Baghdad with medication and oxygen support.

© Nabil Salih/MSF 2020

GLOBAL UPDATE FROM JENNIFER TIERNEY, EXECUTIVE DIRECTOR, MEDECINS SANS FRONTIERES AUSTRALIA

This comment from my colleague in Baghdad sets the scene for this latest report, which comes as multiple countries where Médecins Sans Frontières teams are working experience their second or third waves of COVID-19 infections.

“We are all tired now, medical and non-medical staff alike. The first peak in Baghdad was long, straining the supply of oxygen in the city and leaving the health system teetering on the brink of collapse. But that suffering has now redoubled as Iraq is in the grip of a ferocious second wave.”

— Omar Ebeid, Médecins Sans Frontières project coordinator, Baghdad

We continue to focus on three key areas:

Vulnerable populations: We keep patients who are particularly vulnerable at the centre of our response, including people who have another illness, such as diabetes, HIV and/or tuberculosis (TB), ensuring they know how to protect themselves, and that they continue to receive their treatments.

Healthcare staff: Safety for healthcare staff, our indispensable frontline workers, is a top priority, as is providing them with psychosocial support.

Timely access to medicines and quality medical care, including oxygen therapy: The surge in severe cases of COVID-19 has increased the number of people requiring hospital treatment and oxygen therapy. The availability of health care professionals with this specialist knowledge and COVID-19 experience is limited, and we are supporting training and mentorship of teams to rapidly increase their skills.



What the past 18 months have shown is that this global pandemic will continue to present us with enormous challenges – ones that we can only face together.

As well as highlighting the increasing scale of our operations, this report shows the impact of your generous and committed support, and what it means for our patients in all our emergency programs, both COVID-19 and non-COVID-19 related.

It is this continued support that enables us to launch new COVID-19 programs, while also maintaining lifesaving care to people who would otherwise miss out. Our teams in over 70 countries worldwide are continuing to deliver babies, treat war-wounded patients, run vital therapeutic feeding programs, carry out mass measles vaccinations, support people on the move, and deliver malaria treatments to those who need them most.

As this crisis evolves, Médecins Sans Frontières will adapt our programs accordingly to be able to support health systems overwhelmed by COVID-19, and care for patients also battling other illnesses, or coping with the devastating effects of conflict and disasters.

Many of these crises no longer make the headlines – even though they should. Rest assured that with your continued, compassionate support, our medical and logistics teams will remain at our patients’ sides as ever. That will not change.

We are doing all we can to ensure that urgent medical care remains available. However, we continue to face exceptional challenges.

We are so grateful to you.

URGENT MEDICAL ISSUES

“We have witnessed people gasping for air.”

– Dr Christos Christou,
Médecins Sans Frontières international president

Oxygen is the single most important medicine for people with severe COVID-19, yet its supplies are unstable in many countries.

At the start of the pandemic, we saw even the most advanced intensive care units in China, Europe and the United States collapsing under pressure. However, as further waves of COVID-19 infections sweep the world, we face a different scenario: a severe shortage of medical oxygen.

Recent catastrophic scenes in India, Brazil, Peru and Yemen sharply highlighted the global oxygen shortage. As Vitória Ramos, Médecins Sans Frontières humanitarian affairs and advocacy coordinator, reported from Brazil earlier this year:

“People were dying without oxygen, which is unthinkable. The health professionals and local authorities were doing whatever they could, but we are calling it a humanitarian catastrophe.”

While attention and hopes are pinned on the continuing roll-out of vaccines, the pandemic has accelerated global demand for oxygen and made the delivery of more oxygen supplies critical. However, people in low and middle income countries are last in line for both COVID-19 vaccines and stable medical oxygen supplies – leaving people to get sick and die.

In the countries where our teams are working, hospitals and health centres often rely on unstable and expensive oxygen supply chains. While our hospitals here in Australia have their own oxygen plants and pipe highly concentrated oxygen to the bedside, patients in remote and neglected settings must rely on bulky, expensive and easily depleted oxygen cylinders or small oxygen concentrators which are not enough for a critical patient.

We are calling on governments to invest in stable oxygen supply chains, including providing more concentrators, and regulating the price of oxygen.



Médecins Sans Frontières teams providing care to COVID-19 patients in Antonio Lorena hospital, Cusco, Peru.
© Clément Locquet/MSF 2021



“Health workers – in desperate attempts to save lives – have had the impossible task of rationing oxygen, leaving them to carry the mental health burden of being unable to provide essential care to all their patients.”

– Médecins Sans Frontières briefing paper, *Gasping for Air*

“People are being failed twice”

Medical oxygen is not only critical for treating patients with COVID-19 disease, but many other conditions too.

As Dr Marc Biot, Médecins Sans Frontières director of operations, explained, even before the pandemic we saw patients suffering from illnesses like pneumonia, malaria and sepsis, as well as too many premature babies, die due to a lack of medical oxygen:

“COVID-19 has brought this issue into a sharp new focus. Unstable oxygen supplies kill.

People are being failed twice. Oxygen is the single most important medicine for severe and critical COVID-19 patients. Yet oxygen supply is often insufficient because infrastructure has been neglected in lower and middle income countries for decades.

WHY OXYGEN IS IMPORTANT FOR COVID-19 PATIENTS

In people with severe COVID-19, the viral infection of the lungs and the subsequent inflammatory reaction by the immune system can greatly reduce the capacity of the lungs to filter oxygen from the air. Studies show that early and adequate access to oxygen, before a ventilator is required, results in better outcomes, reducing mortality and severity of the disease.

By allowing a patient to breathe air with a higher percentage of oxygen (normal air contains 21 per cent oxygen), their loss of lung capacity can be compensated. This does not address the viral infection itself, but it can keep the patient alive while their immune system tries to eliminate the virus.

Oxygen requirements vary amongst patients: giving too much or too little oxygen can both cause harm, so the therapy has to be uniquely adapted for each person. The key parameter is oxygen saturation of the blood, which must be carefully monitored.

Not only are they at the bottom of the inequitable global vaccine queue, but they also cannot receive care when they fall ill because they do not have access to the oxygen they need.”

Médecins Sans Frontières teams are adapting and implementing creative solutions to get their patients the oxygen they desperately need. In South Africa, oxygen concentrators were linked together to increase their capacity. In the Democratic Republic of Congo, oxygen cylinders were connected together to create a central oxygen bank.

Our priorities in these contexts are to train health workers in the appropriate use of oxygen therapy, and to advocate for the regulation of the price of oxygen as demand increases. Dr Biot added:

“Patient numbers are stabilising now, but we know there will be another surge and there will be very sick patients who will need more oxygen than we can provide.

As a doctor, it is very distressing to see that, wave after wave of COVID-19, countries remain unprepared and medical teams are left without the essential medicines they need to save lives on the massive scale required.

Today, we do not have the luxury of time. These kinds of practical solutions save lives, and we need to see more of them.

More concentrators must be provided, especially in rural areas where there are no oxygen plants; and buffer stocks and reliable supply chains for facilities that rely on cylinders from existing oxygen plants must be created and maintained.

These steps are needed to save lives while we wait for governments to address the structural underinvestment in oxygen infrastructure that result in some patients gasping for air.”

“There are times I stop and I cry when it is too much.”

– Vitória Ramos, Médecins Sans Frontières humanitarian affairs and advocacy coordinator, Brazil

“I remember the day that Manaus ran out of oxygen, when people from other organisations were calling me asking for our help. And I was thinking, what can I do? We could not give them oxygen, so I said, ‘We can help you call suppliers and see if we can find oxygen cylinders or plants to send to you.’

We all worked together to call people, and I felt like I wanted to cry. But there was no time to, because I had to do something fast. So I would stop, cry for five minutes and go back to calling people, trying to find that oxygen. And cry some more, and then go back. I think it is important to acknowledge our vulnerable moments, to cry, and crawl to bed. Because there is way too much to do.”



Médecins Sans Frontières supports Ji-Paraná’s Municipal Hospital, in Rondônia state, Brazil. Due to the pandemic’s strain on the town’s public health system, the hospital is now a COVID-19 referral centre. © Diego Baravelli/MSF 2021

“We should not accept that many amongst the unfortunate 20 per cent who will fall very sick will die for want of a few litres of oxygen.”

– Christopher Stokes, Médecins Sans Frontières senior humanitarian specialist

We cannot treat a person seriously ill with COVID-19 without medical-grade oxygen. Around 80 per cent of people hospitalised because of COVID-19 need between three and 15 litres of oxygen per minute. For the remaining 20 per cent who are severely sick, they need more than 20 litres per minute.

The World Health Organization notes that: “Oxygen is also an essential medicine used to care for patients at all levels of the healthcare system, including in surgery, trauma, heart failure, asthma, pneumonia and maternal and child care.

Pneumonia alone accounts for 800,000 deaths per year. It is estimated that 20 to 40 per cent of these deaths could be prevented with the availability of oxygen therapy.

The COVID-19 pandemic has accelerated global demand for oxygen and made the delivery of oxygen supplies more urgent than ever. The need for oxygen has increased to 1.1 million cylinders in low to middle income countries alone.”

PERU: RACING TO RESPOND IN ONE OF THE WORLD'S WORST-HIT COUNTRIES

As a new wave of the virus swept through Peru in June, it took over the unwelcome position as the country with the highest COVID-19 mortality per capita worldwide.

“The main challenge today is to help patients in severe and critical condition. There are almost no beds available in intensive care units, and they are often occupied for long periods by severe COVID-19 patients.”

– Francesco Segoni, Médecins Sans Frontières emergency coordinator, Peru

Low vaccination coverage, lack of medical personnel and shortages of oxygen created a perfect storm in Peru, as hospitals were quickly overwhelmed.

Médecins Sans Frontières launched our emergency response in the Lima region, to take pressure off the local healthcare system and improve early detection of COVID-19 patients in the community.



We also expanded activities with a new facility in Cusco, in the south-east, to provide treatment for patients who were in a critical condition and needed oxygen therapy. Over 140 patients were rapidly admitted into the 32-bed isolation and high-flow oxygenation centre, and teams carried out more than 2,000 consultations in the four health centres we support. In addition, our mobile teams provided home care to 120 people every week and vaccinated over 1,000 people with a first dose.

Even as the overall number of COVID-19 patients decreased, pressure on intensive care units remained very high, with a 100 per cent occupancy rate across the country. Meanwhile, the availability of oxygen is still insufficient.

Our teams will continue to support intensive care, patients needing oxygen and work in the community and local healthcare centres to improve screening and referrals.



BRAZIL: CHASING THE COVID-19 HOTSPOTS

Earlier this year, Brazil became the second worst affected country after the United States. In March, the country was recording 100,000 cases every day, as it experienced a humanitarian crisis of enormous proportions.

By April 2021, Brazil – which represents 3 per cent of the world’s population – accounted for 27 per cent of the deaths worldwide due to COVID-19. At that time, Médecins Sans Frontières denounced the Brazilian authorities for failing to convene a centralised and coordinated response to COVID-19.

Our COVID-19 activities in Brazil kicked off one year earlier, in April 2020, with assistance to homeless

people in São Paulo. Since then, our teams have worked in eight Brazilian states and supported more than 50 health facilities, focusing on caring for the most vulnerable in the community. As the pandemic spread, we expanded our focus to support fragile local health systems and patients in the northern states of Rondônia, Roraima and Amazonas.

As the second wave hit this year, our teams braced for the worst. Many intensive care units across Brazil were full, and there were severe shortages of oxygen and other essential medical items including personal protective equipment (PPE), and drugs needed for intubation. Medical staff were also in short supply as they fell sick with COVID-19. Many suffered from burnout, depression, and anxiety.

São Gabriel da Cachoeira, the Brazilian municipality with the greatest indigenous predominance in the country, was affected by a sharp increase in COVID-19 cases in the state of Amazonas in January 2021. We treated moderate cases in a primary health care unit and implemented rapid antigen testing. © Mariana Abdalla/MSF 2021



Médecins Sans Frontières International President,
Dr Christos Christou, visiting our COVID-19
emergency projects in Rondônia, Brazil.
© Diego Baravelli/MSF2021



BRAZIL: A PERSONAL REFLECTION

International President Dr Christos Christou

Following a field trip to Brazil during the height of the country's catastrophic second wave, International President Dr Christos Christou reflects on the suffering he saw, and the impact you helped make through your support:

"Since last year our teams have been following – chasing, as we say – the disease and responding in places where people are in most need of care.

I met people and colleagues who were so desperate and so exhausted – morally, physically, mentally – from what they have experienced in the last months. People felt so fragile they started crying when they remembered the unprecedented moments that they had experienced within these small emergency treatment centres. They were never designed or supposed to treat intubated patients with ventilation. But they did it.

In a nutshell, I will summarise what I saw in Brazil:

- a lack of consistent messaging
- a lack of a science-led approach, and
- a lack of a centralised coordinated response by the federal government.

All those things created a sense of confusion for the patients in their communities, a lack of trust in medicine itself in the vicinities. And we are still witnessing unnecessary suffering and many preventable deaths there.

Médecins Sans Frontières are taking a very science-led approach. We are providing guidelines, protocols, and accumulated experience from previous outbreaks to health facilities that were in such desperate need.

We are there to not only support patients, but also support health workers.

Alongside supporting people, we also advocated, strongly. We tried to take a public position about this, and that is another thing that they asked for. I spoke to several people from institutions, the medical and academic society, and everyone was expecting us, as a reliable, big medical organisation, not just to be at the forefront supporting patients and health workers, but to speak out and make it clear to everyone that something needed to change.

What my colleagues from these facilities told me was something I will never forget:

'What makes Médecins Sans Frontières different is not the fact that you gave us training and what we needed in terms of guidelines, but you adjusted them to our reality. Not just this, you stayed next to us during the worst moments. You were there working with us hand in hand. You did not just send resources and leave.'

And when the disease has left, when the curve is flattened and under control, we will still be there to support those people that were supporting patients, and to provide mental health support which is so necessary.

I am proud not just because Médecins Sans Frontières did their best there, and had an impact, but because we took a strong public position in a place where we have been supported by the people of Brazil for almost 30 years.

I think you as donors should understand that what you do, at the end of the day, is promote solidarity and promote collective response to collective problems. That is how I look at it, and I very much appreciate that you give, support and engage with us."

“I made friends for life in the middle of this mess”

As Médecins Sans Frontières humanitarian affairs and advocacy coordinator in Brazil, Vitória Ramos has not only been at the forefront of our response and advocacy, but has lived the pandemic every day:

“It is a Brazilian thing to try to always be hopeful, and pretend things are better. But this year, I had to go really deep inside and prepare myself for what was going to happen. All the suffering and deaths have been really, really hard. I also lost people in my family to COVID-19. It gives you a whole other personal view that is so tough.

When there was the oxygen crisis in Manaus, I went back there, and I saw people that I had met before. They were all so exhausted and tired and felt hopeless. The lack of oxygen was traumatic for everyone. They were destroyed. It was so painful to see people like that.



At food fairs, health promotion teams carried out activities in the Baniwa, Nheengatu, Tukano and Portuguese languages on prevention and social distancing measures. © Mariana Abdalla/MSF 2021

I remember I met the director of an emergency unit that we later worked at. They had lost 35 patients without oxygen in three days. That lady was so amazing, because she was such a gentle person. Even though she went through a very traumatic experience, she had this goodness in her heart. She kept her staff together and did the best that she could. It was so difficult to hear what she had to say, but also to see her try to be positive. After that, it only got worse. I was talking to epidemiologists and public health specialists in the country, and they were all saying the same: that we needed to brace ourselves because it was going to get bad. A lot of people were going to die.

You get afraid not only because you are looking into the situation, but also on a personal level, because you do not know who else you are going to lose. I spent February, March and April just knowing the cases were coming and the federal response was not adequate to that. You feel so powerless.



Health promoters visiting settlements known as “Barracões”, settlements for indigenous people who must go to the city for a short period of time and will soon return to their communities. © Mariana Abdalla/MSF 2021

Working for Médecins Sans Frontières, I know I can do something. We are opening projects, we are saving people. So, I am doing a small part of that. But it is such a huge country, with such huge challenges. When we were trying to decide where to go, we said, ‘We could throw a dart anywhere at the map of Brazil and go there. How do we choose?’ It was so heavy. I think we made good choices in the end, but you feel like it is never enough.

What has saved me – and a lot of people – is the personal connections that we have made with each other, the stories we have shared, the traumas we have shared. There was someone who worked for the health secretariat in Amazonas, who I would always call to get information so I could make decisions. I did not know her personally, but we became friends. We finally met in January when I went back, and we cried. We had made a beautiful connection because we were experiencing the same thing. I made friends for life in the middle of this mess. The nurses, the doctors, the people that were living with me, we were sharing such beautiful stories.

I think these personal relationships are what keep us going and help us to get out of bed in the morning and do the best work that we can do.”



Médecins Sans Frontières teams teaching hand hygiene to children in Brazil. © Deivy Abreu/MSF 2021

PATIENT STORIES by humanitarian affairs and advocacy coordinator, Vitória Ramos



Dona Ivana

“I met Dona Ivana in the ICU in Manaus. She was an elderly lady, in a ward with patients who were intubated or sedated, but Dona Ivana was not. She was the sweetest lady. She had seen so many people die in front of her. I felt sorry for her, because how can you be in a place and see a lot of people die, and still not see your own family?”

One day the doctors texted me and said Dona Ivana was going to be discharged. I could not believe it, because she would be the first patient to leave the ICU. I ran to the hospital and saw her leaving the ward with her family, with balloons tied to her wheelchair, and this small plate saying that she had survived. That image was amazing.” - Vitória Ramos



Bonifácia

We supported the regional hospital in the rural Amazonian town of Tefé between November 2020 and March 2021 after it was overwhelmed by surging numbers of COVID-19 patients.

At 109 years old, grandmother Bonifácia left her mark on everyone at the hospital with her strength, spirit and sense of humour. She recovered well enough to be discharged and return home with her family.

“I am so happy,” said Dr Carolina Kennedy. “She got over something impossible and lived through one of the biggest struggles of her life. The more hopeful and the stronger the patient is, the easier it is for us to work, deal with and heal that patient.”

Jacir

After more than three decades, Jacir’s life story was reconnected to Médecins Sans Frontières, when he recovered from COVID-19 at our Boa Vista field hospital. “Jacir actually worked with us 30 years ago when we trained him to diagnose malaria,” explained Vitória Ramos, humanitarian affairs and advocacy coordinator, who visited him after he went home. “He told me that a lot of indigenous people were afraid to leave their communities and go to the hospital, in case they did not come back. For them it is very important to pass away in their own land. He was now trying to get the message out that they could go to the hospitals and return home healthy. It was really powerful to see someone that was part of Médecins Sans Frontières 30 years ago being taken care of by us now. It keeps us going.”

STRETCHED TO THE LIMITS IN INDIA

"I hear stories from every single team member we have in India about their relatives, their families. Our teams have got sick and they describe a catastrophic situation that is not easy to manage. We felt that whatever we may do there is just a drop in the ocean, but again, we did not abandon those that needed us most."

— Dr Christos Christou



Deepak Kumar, hygiene worker – "I travel for an hour to get to work every day at the MSF treatment centre in Patna. I believe the work we do really matters right now. Every worker plays an important role, regardless of if they are doctors or sanitation workers." © Garvit Nangia/MSF 2021

Our emergency teams focused on three key pillars of intervention as we responded to the overwhelming medical and human resource needs during India's second wave this year.

They were:

- managing moderate COVID-19 patients
- continuation of care for drug-resistant TB patients and HIV patients
- shielding activities in the community for the most vulnerable, including patients with diabetes and elderly people.

In the face of escalating levels of transmission – with over 329,000 new infections per day in May – our scaled up COVID-19 intervention mobilised doctors and nurses to support a large hospital in Mumbai, in two wings, each capable of treating 1,000 patients.

Health promotion is another key to reducing transmission, and our teams are working in a densely populated informal settlement in Mumbai called M-East Ward, providing community education, information and water and sanitation activities.

A core part of our response is providing mental health support to help patients manage their anxiety and worries while they are in isolation. We also supported health workers who were faced with the difficult situation of not just responding on the frontlines, but also taking care of their own families and loved ones.



© Garvit Nangia/MSF 2021

VOICES FROM MUMBAI



Médecins Sans Frontières staff, using audio visual techniques to sensitise patients about hand hygiene and other infection control measures that are not limited to their stay in the ward.
© Garvit Nangia/MSF 2021

Dilip Bhaskaran, project coordinator:

“Our role is to improve quality of care.”

“I have been with Médecins Sans Frontières since 2006 and have worked on many emergencies and overall, we are doing well as a team.

We have been collaborating with Greater Mumbai municipality to co-manage a COVID-19 care centre. We started during the first wave providing patient care. Now, during the second wave, our role is to improve the quality of care for mild to moderate cases, and of patient dignity in the facility. The 2,000-bed hospital is split into two phases, with 1,000 beds in each. Right now, we are managing six wards in phase 1 and four wards in phase 2.

On the logistical front there is also a lot to be done. Infection prevention control needs to be managed. Water and hygiene need to be managed. Even though we are a small part of a big operation, our job is very important. Increasing the quality of care these patients receive and managing them well with oxygen in the facility means less people will need to go on to ventilator care in ICUs.

Mabel Morales, medical coordinator:

“People are so committed to helping the patients.”

We are doing a lot of work at the community level and are focused on vulnerable people and people with chronic health conditions and with HIV. People’s living conditions are very challenging. How do you talk about isolation or social distancing when you have a whole family of eight people living in one room with no ventilation? A lot of the key messages about avoiding transmission just do not work in these situations.

The needs here are so great and what we are doing is just a small part. But it is important for us to be here. Staff from other hospitals are coming to us to take part in the trainings and we are able to support them and share what we know. We all feel a strong sense of solidarity with our patients and with the staff. I feel that we are in the right place and we are all working together. It is hard work, but I am happy to be part of it.



© Garvit Nangia/MSF 2021

Santosh Choure, health promotion manager:

“We are motivated to help as much as we can.”

More than 800,000 people live here in M-East Ward. People are scared and many of them prefer not to get tested even though they have symptoms. They are afraid of being quarantined or hospitalised and separated from their family members.

My team is tasked with raising awareness about the virus within the community in different ways: community health workers travel through the narrow lanes of the informal settlements on tuk-tuks, delivering COVID-19 prevention messages through loudspeakers and sharing information on the services available.

We also conduct handwashing demonstrations and meetings throughout the community. We reinforce the messages about wearing masks, social distancing and other ways COVID-19 can be prevented.

We are also doing digital health promotion, reaching thousands of people on Facebook with videos and messaging – especially the younger generation who are more active on social media.

The team is working really hard. We are all part of this community and are really motivated to help as much as we can.

Aparna Iyer, medical team leader:

“My biggest concerns are the knock-on effects.”

I work in the drug-resistant TB and HIV project in the M-East Ward. The area has a high level of TB patients.

With around 3,000 COVID-19 cases every day, we have adapted our care to the lockdown restrictions. . . but it is important that services are not interrupted for our patients who have a complex condition. We are still diagnosing a lot of new patients with TB who were unable to seek help due to the lockdown.

If necessary, they can be prescribed medication on WhatsApp that can be collected from local pharmacies, or they can be referred to nearby hospitals.

In the first wave, there was much more panic and we saw a lot of fear among patients. Now, there are extensive awareness programs and people can isolate at home if they test positive for COVID-19.

Our team is reaching out to our patients over the phone to help them manage their anxiety while they are isolating. And, if they need oxygen support they are referred to hospital.

My biggest concerns are the knock-on effects on other aspects of healthcare.

Rabiya, extremely-drug-resistant tuberculosis (XDR-TB) patient:

“It was not possible to travel.”

To reduce COVID-19 impact on XDR-TB patients and ensure continuation of services, we have adapted our care by delivering drugs to patients' homes and using innovative yet simplified processes like tele-consultations and tele-counselling.

One of our patients, Rabiya, 27, started treatment for XDR-TB in 2018. Like all patients in a similar situation, she was concerned about how it would continue when lockdown began at the start of the pandemic. She explained:

“In the absence of public transport, during lockdown it was not possible to travel from home to clinic for monthly appointments, but my drugs were sent home and I was consulted over phone.”



A nurse conducting electrocardiogram monitoring of a young child at Médecins Sans Frontières independent clinic, Mumbai, India. © Atul Loke/MSF 2021



A CYCLONE AMID A PANDEMIC

The health promotion team in Mumbai use auto-rickshaws to generate COVID-19 awareness among the most vulnerable populations living in informal settlements in M-East Ward.
© Premananda Hessenkamp/MSF 2021

A veteran of 10 field assignments, New Zealand doctor Rachel Tullet has recently worked as a flying trainer, visiting projects to deliver trainings on site in emergency care, trauma, mass casualty, and helping set up emergency plans.

Her latest role was as project medical referent in Mumbai, helping manage our treatment operations in the large dedicated COVID-19 hospital:

“I think everybody was quite surprised that there was not a large first wave in India last year, given the size of the population and the risks that are there. Then this second wave started, and as we have seen in many other countries, there was a very rapid rise in the number of patients with COVID-19. It was clear very quickly that this was going to be a huge peak.

When I arrived I was in quarantine, so I was getting to know the team over online meetings and phone calls. After quarantine I was able to go to the very large field hospitals. They are very impressive, these structures the local department of health has managed to build – amazing metal structures with canvas and tarpaulins, divided into wards that can hold a couple of thousand patients. Can you imagine: two thousand beds!

We have a small medical team working within one of these structures, providing patient care, doing bedside training,

biomedical and technical support, and also offering mental health and social work support to the patients.

On the first day I arrived at work, we had a cyclone warning: Cyclone Tauktae was forming to the west of Mumbai. We had to prepare our patients for evacuation that night. The year before they had to evacuate the structure for another cyclone, so the hospital had some really good procedures in place.

Our team worked on our emergency planning and what our role would be, to help prepare the patients to be transferred, what they needed in terms of the packaging of their medications, making sure that they were ready to be moved, and knew they were going to be moved. Many of the patients were on oxygen and other more complex treatments such as non-invasive ventilation and high flow oxygen systems, so were more complex to prepare and transfer.

Once we got the confirmation, we worked together with the main field hospital team to get the patients ready and help load them into the ambulances for transfer to other facilities. Fortunately, because they had just passed through the most recent COVID-19 peak, there was space available. But of course, several other field hospitals within Mumbai also had to evacuate.

It meant huge coordination for their team to match up the patients and beds. It was a really long night, but our team worked incredibly hard, and that was our first day together. It finished at 4:00 AM.”

PROTECTING THE VULNERABLE

“It’s like running a marathon with no mile markers. We do not know when this is going to end.”

– Dr Christos Christou

With more than 300 projects in over 70 countries around the world, our response to COVID-19 has been extraordinary.

As a direct result of the independent support we receive from our donors, our teams have been able to focus on delivering medical care and other assistance to the most vulnerable: people at risk of being left behind, remote communities, people on the move, homeless people, and elderly people living in long-term care facilities.

Here we feature some of the other critical contexts where you have helped us to rapidly scale up response this year:

PAPUA NEW GUINEA

As confirmed COVID-19 cases tripled in March this year, our team in Papua New Guinea began supporting the improvised COVID-19 treatment facility in Port Moresby.

They hired Papua New Guinean medical workers and carried out training ranging from correct use of PPE and oxygen therapy to treating acute pneumonia. This will not only help them during COVID-19 but also in the future, explained project coordinator Shah Khalid:

“Training our staff is essential to ensure their safety, and our patients’ safety. The procedures apply in all health care provision, while we are in a pandemic and also in any other time.”



A training in safe use of PPE is held in Port Moresby for newly hired staff members. Fundzile Msibi, nurse, demonstrates the safe donning and doffing of PPE. © Leanne Jorari/MSF 2021



A Médecins Sans Frontières doctor provides technical advice about the examination of a COVID-19 patient to an Iraqi doctor working with the Directorate of Health in Baghdad at the respiratory care unit of Al-Knidi Hospital. © Ghada Safaan/MSF 2021

IRAQ

“Only vaccination will end the ferocious spread of COVID-19 in Iraq,” reports Omar Ebeid, Médecins Sans Frontières project coordinator in Baghdad.

“The pain I witness every day at the hospital we are running is hidden from most of the people who crowd the streets. But that suffering has now redoubled as Iraq is in the grip of a ferocious second wave, with Baghdad again its epicentre. To cope with the influx, we have expanded from 36 beds to 51, but the death rate remains frightening.

Although this remains a brutally deadly disease in its severe forms, we are now discharging around 40 per cent of our patients – a vast improvement on the rate of survival from when we initially took over. But we never expected to still be here, one year after we began what we thought would be temporary support to the Iraqi health system. We will continue working to save lives in our hospital.”

HONDURAS

Honduras was already reeling from the COVID-19 pandemic and an ongoing displacement crisis at the close of 2020, when two hurricanes struck. With three million people affected, we focused on emergency needs and donated medicines, then set up mobile teams to provide medical and psychological care and health promotion.

As the second wave of COVID-19 infections took hold in April this year, we continued to support patient care, with three ambulances to take patients from the triage centre to hospitals and reduce transfer waiting times.

Nine psychologists also provide telephone counselling to hospitalised COVID-19 patients, and a team of health educators are working with people in areas where there are high rates of infection.

A child on oxygen support in the critical measles ward in Anka General Hospital run by Médecins Sans Frontières. © Ghada Saafan/MSF 2021



NIGERIA

Maryam Babangida, health promoter, explains how preparation helped protect the community in Anka:

“We did not have any positive cases in Anka, yet. But we know the community. The biggest health issue families face here normally is malnutrition. Then during the rainy season, malaria is at its peak. There is also insecurity, with villages being attacked and people having to escape to camps, where contagious diseases like measles, cholera and diarrhoea can spread easily.

We decided we would not allow a coronavirus outbreak to happen here. We made a plan. We did not wait until we got a confirmed case. We started earlier. COVID-19 is a new virus, so the information we had kept evolving. Every two weeks we had a feedback meeting or a refresher training for the leaders.

Nearly one year on, our state has been hit by a second wave. The problem is not solved, but with our strategy in place, we still do not have any active cases here in Anka. People are aware of the virus, and how they need to act.”

KYRGYZSTAN

For the past four years, we have worked in Kadamjay, south western Kyrgyzstan, which has some of the highest chronic disease rates in the country. In this remote region, access to healthcare is challenging even without the threat of COVID-19.

Before the pandemic hit, our teams carried out screening, diagnosis and prevention of conditions including diabetes, hypertension and anaemia, which is particularly widespread among children.

As COVID-19 infections surged, we rapidly adapted care to reduce the spread, explained country director Kevin Coppock:

“To avoid a high concentration of people in health centres, we have increased home visits for children and for postnatal care, and especially for patients with non-communicable diseases, who are at high risk of COVID-19 complications.”

Teams also worked to protect Kadamjay’s main hospitals, providing advice and training on infection prevention and control and PPE for health staff, and distributing over 4,500 masks to protect patients with non-communicable diseases and other medical complications.

“COVID-19 should really serve as a wake-up call to reduce health inequities between and within countries.”

— Kevin Coppock, country director, Kyrgyzstan

Médecins Sans Frontières staff organise a COVID-19 health information session in Aydarken. © MSF 2021



YEMEN

As conflict rages on in Yemen, the healthcare system is on the verge of collapse. We continue to support the COVID-19 treatment centre in Al-Gamhouria hospital, Aden. Our team consists of more than 100 doctors, nurses and support staff, working around the clock to respond to the needs. Line Lootens, medical coordinator in Yemen, explained:

“Unfortunately, many of the patients we see are already in a critical condition when they arrive. Most patients need very high levels of oxygen and medical treatment. Some patients also require mechanical ventilation in the ICU, which is technically difficult and requires a very high level of care.”

Head of mission Raphael Veicht added: “All aspects of the COVID-19 response are lacking and need greater international support, from public health messaging, to vaccinations to oxygen therapy.”

Oxygen is a scarce good in Yemen. Our medical staff monitoring supplies and respirators in the ICU of the COVID-19 Treatment Center at Al-Gamhouria Hospital run by Médecins Sans Frontières. © Athmar Mohammed/MSF



NIGER

In Niger, increased violence and displacement has made it even more difficult for families to access basic healthcare. Now the pandemic is threatening routine and catch-up vaccination campaigns. As a result, measles – the world’s most contagious viral disease and one of the main causes of death in young children – is skyrocketing, as are other highly infectious diseases, reported medical coordinator François Rubona. He and his team are currently running a mass vaccination campaign to protect more than 700,000 children:

“We now fear a rise in epidemic risk for all the diseases that can usually be avoided through vaccination. For example, we have seen patients with symptoms of meningitis in Niamey and more than 1,100 meningitis cases have already been notified countrywide. If routine and catch-up vaccinations fail to happen regularly, the effects of this decrease in coverage will probably be felt for years to come.”

At the same time, as the seasonal peaks for malaria and malnutrition draw closer, we are monitoring the situation closely. Last year’s malaria peak was particularly damaging, as it was both higher and lasted longer than usual.”

Haua Diabril
vaccinating a
child with a
measles vaccine
in Niamey,
Niger. © Lamine
Keita/MSF 2021



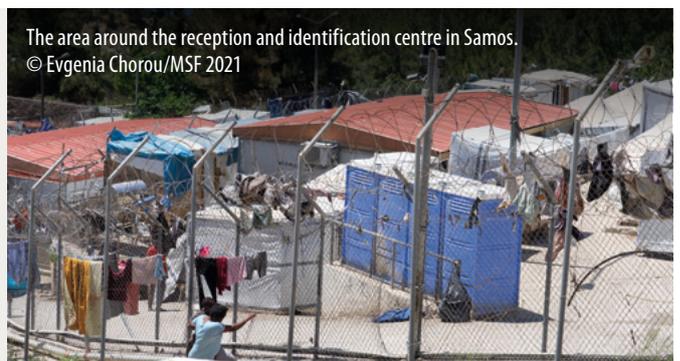
GREECE

“In an era where infections are capable of destabilising the entire planet, having the right diagnostic tools is vital to controlling disasters,” said biomedical scientist Kate Baldwin.

In our project in Greece’s refugee camps, Kate helped to implement “point of care testing” by installing a Cepheid GeneXpert® analyser. Our teams can now carry out rapid testing for a range of diseases, from sexually transmitted infections like chlamydia, right through to HIV and TB, without the need of a fully functioning laboratory. Kate said:

“Of course, equipment like this comes at a cost (in the region of USD 20,000). But where external lab tests are expensive and time-consuming to arrange, a rapid diagnosis is key to ensuring the best outcome for the patient. I feel compelled to remind people that we cannot afford a decrease in awareness of such important healthcare issues.”

The area around the reception and identification centre in Samos.
© Evgenia Chorou/MSF 2021



She explained the positive impact the new approach had for expectant mother Sadia, a refugee in one of the camps. If her possible sexually transmitted infection was confirmed, Sadia would need urgent treatment to prevent pregnancy complications, or risk passing the infection to her newborn.

Using the new machine, Sadia’s swab was taken, and just 90 minutes after, her test results came back. Fortunately, they were negative.

BOTH SWEET AND BITTER MOMENTS: MY TIME AS A MIDWIFE IN A PANDEMIC

Prevention is better than a thousand cures. Midwife Wafaa Sharif describes the professional and personal challenges her maternity team have faced due to COVID-19:

“From the first days of a woman’s pregnancy, through to when her baby arrives, it is my job to dedicate my life to two people: the mother and her newborn, accompanying them to the end of the delivery.

My role with Médecins Sans Frontières as a midwife has taught me a lot, as I work to ensure a safe delivery for both mother and baby.

With the beginning of the COVID-19 pandemic, life changed a lot, and we found ourselves communicating with our eyes. The mask hid our ability to express ourselves, but it protected us. Our eyes spoke to the mothers and reassured them.

In our maternity ward in Burj al-Barajneh, one of the poorest regions in South Beirut, my responsibility is not only limited to protecting pregnant women, but also protecting the patients and a team of more than ten women working on the frontlines – all of whom are exposed to COVID-19.

I cannot deny that we faced many sweet and bitter moments during this year, but one incident affected me the most.

We were following the pregnancy of a woman from the beginning until birth, but in the last month of her pregnancy she tested positive for COVID-19.



Médecins Sans Frontières Midwife Wafaa Sharif © MSF 2021



Médecins Sans Frontières
Midwife Wafaa Sharif
© MSF 2021

Despite this, she overcame all the difficult stages, she gave birth to a child who was healthy. But, unfortunately, she died soon after birth.

She suffered from a blood clot that is known to be possible in the post-COVID-19 stage. We were all affected as a team, despite knowing that we fulfilled all our medical and humanitarian duties.

But we did not grow weak; weakness at this stage was not an option. The most important thing we achieved next was gaining people’s confidence, both in us and in our work.

This pandemic not only affected our professional lives, it flipped all aspects of lives upside down. I personally stopped all my regular gathering with family over meals, so I ate alone to respect physical distancing. I also let go of the happy moments I spent with my grandmother, who used to always wrap her arms around me.

Despite the difficulties we have faced, I will not stop fulfilling my humanitarian mission. At the beginning of my career, I chose to serve people and stand up for them, and I will commit to doing this until the end.

We promise you that we will never give up.

I call on people to not underestimate this pandemic even after receiving the vaccine. Prevention is better than a thousand cures.”

EQUITABLE ACCESS TO COVID-19 DIAGNOSTICS, TREATMENTS AND VACCINES

“Without vaccination the end of COVID-19 is hard to see.”

– Omar Ebeid, project coordinator, Baghdad

With most of our projects caring for people affected or displaced by conflict and crises, we remain concerned that they could be excluded from national vaccination plans. As part of our ongoing advocacy, we are closely involved in the creation of a Humanitarian Buffer, steered by the World Health Organization. The Buffer reserves a proportion of the COVAX facility vaccines to be used for populations at risk of being left behind.

In this Q & A, Dr Christos Christou provides an update on COVID-19 vaccination:

What are the biggest challenges with the vaccine rollout right now?

What the scientific world has achieved is amazing: to have vaccines within a year – not just one, but several that seem to be very effective – is something we all have to celebrate.

However, when it comes to access to these vaccines and distribution to those that need them, there is still a long way to go. There is so much scarcity these days in regard to vaccines, and after India was affected so much, the scarcities are even worse.

We really need to focus on how to better use the already existing doses of the vaccines. That is where Médecins Sans Frontières is advocating: to make sure that the people that need them most of all, the frontline healthcare workers, the most vulnerable people, get the vaccine before we start vaccinating healthy, young people in wealthier countries.

However, we also need longer term solutions. How often do we need to maintain this immunity in populations? We need to immediately scale up and scale out the manufacturing capacity for the vaccines. That is why we have insisted that waiving the intellectual property rights is an important first step. Next is the very



Médecins Sans Frontières International President, Dr Christos Christou, visiting our COVID-19 emergency projects in Rondônia, Brazil. © Diego Baravelli/MSF 2021

important sharing of technology, and investment in different places around the world to make them capable of producing vaccines. When this happens, we will have the quantities we need.

Brazil is an indicative example: it knows how to make vaccines. They have manufacturing capacity, and they know how to roll out massive vaccination campaigns. They did it five years ago with influenza. They can even roll out a vaccination campaign for 1.5 million people within a day.

While they have the political way to do this, they do not have the intellectual property waiver that would give them the green light to start. Brazil is just one example. There are several other countries that can play this role, and that is why we are advocating for IP waivers.

We know that it takes more than this – it also takes time, but we should be looking at the longer term solutions right now.

Is Médecins Sans Frontières playing a role in administering COVID-19 vaccinations?

We are doing this in some places, like Lebanon, Peru and even with some vulnerable groups in cities like Paris and Brussels. We will also provide our know-how and our resources and human resources in order to make these campaigns happen.

Marc Begue, Médecins Sans Frontières nurse, is vaccinating Sidibé at a day center of the Foundation of the Salvation Army, in Paris. © Nicolas Guyonnet/MSF 2021



Can you talk about any Médecins Sans Frontières projects where the vaccination campaign has gone well?

There are places where they have started about two months ago. We have been advocating for vaccinating the population in Malawi, for example, starting with healthcare workers who have been affected so badly. The COVAX mechanism provided the necessary vaccines in this country, and we were there to support the roll out – and it happened. However I repeat that when we look at the people that have been vaccinated in the wealthier places, and compare them with those vaccinated in those places that need us most, there is still a long way to go.

What is your feeling about that disproportionate rollout?

As Médecins Sans Frontières we are used to looking at the world and identifying inequities – inequities that could be about ethnicity, class, where people are divided, rich and poor. We see these being magnified now with COVID-19. It still shocks us. I was expecting that this pandemic would make things clear: that it would be obvious to everybody that no one can be safe unless everyone is safe.

“I was expecting that this pandemic would make things clear: that it would be obvious to everybody that no one can be safe unless everyone is safe.”

– Dr Christos Christou

I was hoping that there could be this massive spirit of solidarity this year, and maybe people have understood that and tried their best, but what I see from many countries is not exactly what I would expect. I still see a lot of nationalism in the way that they treat their COVID-19 products, and the way that they treat the management of the disease itself. And that is quite discouraging.

GAZA: ROUND THE CLOCK CARE FOR WOUNDED PATIENTS

Our medical teams worked 24-hour shifts to support the emergency room and operating theatres in Gaza following recent escalating violence between Israel and Palestine. We also donated supplies to medical facilities.

“When I saw the damage to the area and Médecins Sans Frontières clinic the morning after the attack, I was speechless.”

– Dr Mohammed Abu Mughaiseeb, deputy medical coordinator, Gaza

Eleven days of airstrikes killed more than 250 people and injured 2,000 in Gaza, while 13 were killed and 700 injured in neighbouring Israel.

Médecins Sans Frontières urged Israel to stop the air strikes as our trauma clinic in Gaza city was also damaged during the attacks. Continued insecurity means that we cannot operate our normal burns and post-operative trauma care programs.

Dr Mohammed Abu Mughaiseeb, Médecins Sans Frontières deputy medical coordinator, described the aftermath:

“The situation was already horrible this week with the number of civilian casualties rising daily, but when I saw the damage to the area and our clinic the morning after the attack, I was speechless.

The clinic, where we see over 1,000 children a year with burns and trauma injuries, was missing a wall and debris was lying everywhere. It is now closed, not just because of the damage to its structure, but also because the road to access it has been destroyed and the area is still unsafe.”



VOICE FROM THE FIELD: “Night and day, what we are living through is terrifying.”

Médecins Sans Frontières project coordinator Aymen Al-Djaroucha, a Palestinian who has lived in Gaza for 20 years, describes fleeing the attacks:

“The strikes are constant, night and day, they never stop. Everything is targeted: roads, houses, apartment blocks, everything. Gaza is only 40 kilometres long, so no matter where the bombs fall, we hear the explosions all the time.

The intensity of the bombing and the degree of violence is completely unprecedented. The shells come from everywhere: from the planes in the sky, the tanks on the ground, the boats in the Mediterranean Sea. Night and day, what we are living is terrifying.

The apartment block in Gaza City in which I lived with my wife, my mother and my children was damaged by an airstrike on Friday. The building’s janitor received a call telling him that all the residents of the building had to evacuate because it would be bombed.

Generally, we know that this call comes a few minutes to an hour before the bombs arrive. We ran down the eight storeys of stairs with everyone else in less than a minute. I tried to get everyone to a safe place as far away as possible.

I remember hearing my wife say that she did not want to see the destruction of the place where she grew up, where she had all her memories. Just after I heard the explosion and saw the dust, everything was on fire. The building is damaged, many apartments have been destroyed and I do not know what is left of ours. Nor do I know if we will be able to return to live there again.

Since then, my family has been living with my mother-in-law and I am sleeping in the office. I work most of the time. I have the impression that I am in a waking nightmare.

It is the fate of Gazans. In just a few years we have lived multiple wars and we do not know when it is going to stop, when we will finally be able to live a normal life.”

MYANMAR: MEDICAL CARE AMID POLITICAL TURMOIL

Since the military seized power in Myanmar, maintaining our medical programs there has become increasingly challenging.

As well as providing emergency medical assistance for those injured in the violence, Médecins Sans Frontières is also focused on continuity of care for vulnerable groups in Myanmar, where we have been working since 1992.

Our teams there have been immersed in delivering healthcare in remote communities, and responding to the needs of people affected by inter-ethnic tensions and displacement.

Our projects across the country have grown to include HIV, TB, hepatitis C, primary healthcare, sexual and reproductive healthcare and emergency referrals to public hospitals.

We remain on alert to respond to new emergencies as they arise.

VOICE FROM THE FIELD: "We are seeing the gaps in addressing needs."

Expanding our response in Myanmar is being hampered by shortages in medical supplies. Cargo was stuck at the airport or not coming into Myanmar at all, said Dr Mitchell Sangma, medical coordinator in Myanmar, part of the team working around the clock to provide care to all who need it:

"The volunteering network of doctors is trying to do their bit, to come out from the public health system but trying to still support patients in every different way they can. Infrastructure is limited. They can work very well on providing first aid and stabilisations, but in the end, with the collapse of the public health system, the most critical patients go to the hospitals and this is where we are seeing the gaps in addressing the most urgent needs."

© Pau Miranda/MSF 2021



HUMANITARIAN CRISES & PLANETARY HEALTH

As we are increasing our reach in emergency humanitarian crises, we are also looking at the impacts of challenges to planetary health.

When it comes to solar power, engineer Per-Erik Eriksson has high hopes it will be driving multiple Médecins Sans Frontières projects in the very near future.

From his first field assignment in Shamwana, Democratic Republic of Congo, in 2016, when Per-Erik converted our remote hospital from diesel to solar power, to the successful piloting of solar powered air conditioning, he and his team have been innovating to bring about these more sustainable approaches.

As case manager for Médecins Sans Frontières Sweden Innovation Unit, he and the team are identifying the ground-breaking ideas that will reduce costs, make operations more autonomous, and reduce our carbon footprint. Recent projects have included a solar powered oxygen plant, as well as solar air conditioning, a solution that is now taking off. He explained:

“A really wide, almost total, implementation of solar air conditioning is one of the major initiatives I really hope will start happening over the next few years.”



Per-Erik Eriksson
© Per-Erik Eriksson/MSF 2021

Around half of our project energy consumption can go on air conditioning. Per-Erik added:

“We have been putting out bigger and bigger diesel generators to run more and more air conditioners. Somewhere along the line I thought, ‘Would it be possible to solar power that instead?’

The main source of excessive heat in the buildings we work in is from the sun, so why not convert the sun’s energy to the energy we need to run air conditioners?



© Per-Erik Eriksson/MSF 2021



Not only does solar power enable us to significantly reduce greenhouse gas emissions, but it also lowers our fuel dependency, which is very important in remote projects. And it offers significant cost savings.”

The first test installation, which was in Haiti in 2018, has been a great success. He continued:

“We have constantly monitored those units remotely. I can see them today on my computer: how much they are running, and how much solar power they are taking. This system can be seen as a model for what we can do in many of our projects where we are not having to switch to bigger generators, so we can save on diesel and on environmental impact. The air conditioners are now being introduced in multiple field projects.

“Recently a solar powered hospital was inaugurated in Kenema, Sierra Leone – a really big, completely solar powered unit. That is a first ever for Médecins Sans Frontières.

By applying the ‘do no harm’ principle and using the planetary health initiatives around the movement, we will start to change more. And solar power – we should just do more of it everywhere.”



THE THINGS THAT KEEP ME AWAKE AT NIGHT

DR CHRISTOS CHRISTOU

Médecins Sans Frontières
International President,
Dr. Christos Christou ©
Pierre-Yves Bernard/MSF 2021

Maintaining our capacity to run our operations, so that we can reach those that need us most, is the number one priority. And that is one thing that keeps me awake at night.

The second is the fact that in some contexts, our humanitarian aid is sometimes even being penalised. We see people who are on the move being treated as threats, as problems, and the agenda is not one of helping these people in respect of their human dignity and their human rights, but one of security and safety for themselves. They therefore think that anyone who helps these people, by making sure that no life is lost, is actually assisting them to 'invade'. That of course makes absolutely no sense to us.

The third is a more internal one: it is about Médecins Sans Frontières, now that we are 50 years old. The world still needs us – but not just us: it needs people to stand next to other people in their suffering.

We will find ways we can do that better, so that we can be still agile.

We are growing a lot, thanks to all the donors who continue giving to us, who have this engagement and faith in us. But the world is changing, and it is about becoming the Médecins Sans Frontières that we want to be for the coming years. These things take time, but they also need inspiration.

I feel so excited when I look at how many people support us. It is not only the amounts of the money that they give, not only the total income that we may have, but the fact that we have seven million individuals around the world that believe in what we do. It is the only motivation that we need in order to go where we are most needed.





Médecins Sans Frontières International President,
Dr Christos Christou, visited our COVID-19
emergency projects in Rondônia, Brazil.
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Dr Nimrat Kaur talking with Dr Karan
during handovers before their shifts.
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