
MEDECINS SANS FRONTIERES

PEOPLE, PASSION, SHARED VALUES: THE
LIFEBLOOD OF MEDECINS SANS FRONTIERES



AT THE HEART OF PERSON-CENTRED CARE

Whether it be our patients, our supporters, or our staff – people have always been at the heart of Médecins Sans Frontières.

Every day, more than 43,000 Médecins Sans Frontières field workers provide medical and humanitarian assistance to people caught in crisis and disaster around the world. Some are international staff, living in unfamiliar environments far from home.

The vast majority are locals, working to help people in their own communities. Your partnership makes this ongoing work possible, in these times of incredible need.

This report takes an in-depth look at how we work together, with shared insights from the people, places and activities that are at the heart of person-centred emergency medical care.



OUR SHARED VALUES

Wherever Médecins Sans Frontières works across the world, your independent support enables us to use our own resources, equipment and supplies to allocate assistance based on needs alone.

Our work is guided by a charter, which sets out our commitment to uphold medical ethics. It contains our principles of neutrality, independence and impartiality, which have carried us through critical moments in many different contexts over the past four decades.



“One of the big roles that we have is bearing witness. We often call ourselves a humanitarian organisation with a medical toolkit, and that is really important. But we do realise that the situations we are involved in do not happen in a bubble. We want to bear witness to that and speak out when we can, to make sure the people get not only medical care, but also attention drawn to whatever crisis they are going through, to hopefully minimise their suffering.”

– Arunn Jegan, emergency medical coordinator.

A mobile clinic team travels down the Phow River. There are no roads to access patients, only the boat.

© Frederic Noy/MSF 2017

OUR CHARTER

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. We do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assignments for any form of compensation other than that which the association might be able to afford them.

DELIVERING MATERNITY CARE IN CONFLICT AND CRISIS

Update from Dr Claire Fotheringham,
new head of the Medical Unit, Sydney

Obstetrician and gynaecologist Dr Claire Fotheringham is the new head of the Medical Unit in Sydney. She is a specialist in women's health, who started working for Médecins Sans Frontières in 2011. One of her past assignments was in conflict-torn Afghanistan.

In Afghanistan it is often difficult for women to leave the home – they may have to have a man to accompany them. It is often not safe for them to travel. People are living in an unstable and insecure context, in one of the most dangerous countries in the world. There are roadside bombs, there is always the risk of being caught up in something, so it is very insecure.

I was in Khost, which has the largest number of births in Médecins Sans Frontières. We are now at 2,000 births a month. By comparison, a big hospital in Australia might have up to 8,000 births a year.

I remember a young woman who was brought in one day, but sadly her baby was stillborn. She had had a number of pregnancies but had never had a living baby. That is devastating for any woman, but especially in Afghanistan where fertility is prioritised. It is an important part of being a woman, and if she could not have live children, she may be divorced – so it also had emotional implications for her. We



Young mother with her new-born baby waiting to be discharged, maternity department of Boost hospital, Lashkar Gah. © MSF/Elise Moulin 2019

went through the reasons for the stillbirth, and thought we found a medical reason why it occurred.

We made a plan for her next pregnancy, to minimise the risks and increase her chances of having a live baby. About a year and half later, I was briefing one of our gynaecologists in Sydney, when she asked if I was the Claire who had been in Khost. She had just come from there, and had read my notes for the young woman, who had become pregnant again. She said:

'I just want to let you know that she gave birth to a live baby and was able to take the baby home.'



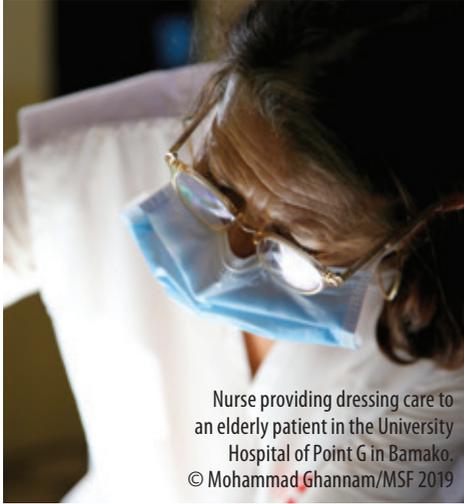
Dr Claire Fotheringham on her way from Goma to Masisi in DRC at the start of her third placement with Médecins Sans Frontières. © MSF 2016

That is one of my favourite stories. To find out that we could help this one patient with something that she wanted so much was a lovely, serendipitous thing.

AS AN OBSTETRICIAN WITH MEDECINS SANS FRONTIERES SINCE 2011, WHAT WILL YOU BE DOING AS HEAD OF THE SYDNEY MEDICAL UNIT?

"My role is two-fold – to provide advice and help to field workers, and to the Sydney team that is implementing activities

around women's health, paediatrics and sexual violence. One of my big focuses is on quality of care. It is important in places where there is not a lot of healthcare that we provide a quantity of care, but at the same time that it is at the appropriate standard. We feel that standard should be something that anyone should expect when they walk into hospital – that they can say, 'Yes I would be happy to have my baby here'. That also goes for our paediatric and the sexual violence care projects.



Nurse providing dressing care to an elderly patient in the University Hospital of Point G in Bamako.
© Mohammad Ghannam/MSF 2019

WHAT ARE YOUR MAIN GOALS AND PRIORITIES FOR 2020 AND BEYOND?

A big focus for the next three years is on person-centred care, making sure that the person who comes to us is cared for holistically, rather than us just focusing on one issue. For example, in a maternity project, that we also have the capacity to respond if the patient giving birth requires extra support such as mental healthcare or HIV services.

We also have some other amazing projects covering women's health beyond pregnancy and delivery care. In Malawi, we have started targeting cervical cancer, which is quite a new area for us, but one where there is a big discrepancy – depending on where a patient lives – as to their likelihood of getting cervical cancer, and of surviving it.

In Mali we also have a palliative care project for patients with cancer, primarily women with cervical cancer, because there are not a lot of options for women – or for anyone really. People are suffering, particularly when cancers are advanced and they can no longer be cured.

WHAT ELEMENT OF YOUR WORK ARE YOU MOST PASSIONATE ABOUT?

I am passionate about the populations that we serve, and allowing everyone to have access to care. For example, in the developed world, almost no one dies of a pregnancy or childbirth related cause. It does not matter where you live or what your circumstances are, you should have the same access to medical care, and the same capacity to have a safe pregnancy and delivery as someone in Australia.

Secondly, I am passionate about the local staff we work with. Obviously the patients are our priority, but the backbone of Médecins Sans Frontières is the people that live in the community and work with us. They are a huge motivator for me because I think, if they can continue to do that, what is my excuse?

© Mohammad Ghannam/
MSF 2019



WE NEED TO ACT FAST

The Médecins Sans Frontières emergency team is a group of field workers who provide immediate assistance in emergency situations, like conflicts, disasters and epidemics. It is hectic, frontline work. Médecins Sans Frontières field workers Dr Chris Hook and emergency coordinator Arunn Jegan describe what it means to be part of the team.

DR CHRIS HOOK

“I WILL NEVER FORGET THAT DAY IN YEMEN.”

In emergencies, things can spiral out of control very quickly unless you are on the ground, acting quickly. You get the call and within a few hours you are on a plane. I have recently worked in Bangladesh, Yemen, Gaza and Nigeria all in rapid succession.

We are a mobile team, each with different skillsets: medical, logistical, water and sanitation – and a mixture of local and international staff. When our regular teams need extra support, or when there is a new crisis occurring, we are often called in to help.

We move into an emergency situation, help to bring it under control, hand over to the relevant authorities and move on to the next incident. We are super-responsive and always busy.

I was in Yemen last year to set up a hospital in Hodeidah with the emergency team. It had only been up and running for a few weeks when fighting broke out and the city was surrounded.

We were inundated with trauma cases and severely injured patients. I remember one day when six young sisters were in a house that was hit by an airstrike. Three were



Dr Lupita Noria Garcia, ER doctor, is examining a patient injured during a road traffic accident.
© Agnes Varraine-Leca/MSF2019

killed instantly and, of the three survivors, one was taken to another hospital and two came to us.

One of the girls was in a very serious condition, with multiple injuries, nasty fractures and shrapnel injuries to the abdomen and chest. The team gathered and we got to work.

I will never forget that day. A lot of the hospital's staff were inexperienced, but we had spent every spare moment of the previous two weeks training them and making sure that everybody knew exactly what their roles were. And in that moment, everything came together. We had 15 or 16 people in the operating theatre, all working as a team – runners fetching stuff, the surgeons shouting: 'I need more gauze, I need suction, I need blood!' And people would just go into action.

Bullets and bombs had been flying around for weeks and we had all been scared. But in that moment, all of that fell away, and it was just us in that room, pulling together to save this little girl's life.

She survived, along with many others, thanks to the hard work of everyone there.



Young patient in intensive care unit, Yemen.
© Al Hareth Al Maqaleh/MSF 2019

ARUNN JEGAN

FIVE THINGS I LEARNT FROM MY YEAR IN THE EMERGENCY TEAM

Emergency coordinator Arunn is one of Médecins Sans Frontières' safety and security specialists. He recently helped lead our rapid responses to the Rohingya refugee crisis in Bangladesh, the conflicts in Syria and Yemen, and instability in Venezuela.

1. YOU HAVE TO BE ABLE TO ACT FAST

The emergency team is part of Médecins Sans Frontières' DNA. Being able to respond to any kind of emergency, anywhere in the world is what we do. The day I arrived in Taiz, Yemen, was the day the offensive started. It was one of those times when you are really working hard to understand where you fit in, because we were at top operating speed.



Entrance of the Emergency Room of Dhi As Sufal hospital, Yemen.
© Al Hareth Al Maqaleh/MSF 2019

“What I am passionate about is being there for the vulnerable populations that most need it. I want to stress that it is a privilege, not an entitlement. You are not entitled to be there, no one asks you to be there, you choose to be there – and we take it with a lot of humility.”

– Arunn Jegan, emergency medical coordinator

First, we had to make sure that all the hospitals were prepared for all the incoming patients. Because there was constant shelling, we had moments when shrapnel would fall quite close to our facilities. To mitigate against that, we had to ensure that all parties knew that we had our facilities there, so we would not be targeted.

We also ramped up our physical protection, putting in more sandbags, and making sure that we were safe from any stray or collateral fire. It is one of the most intense conflict zones in the world, so we really tried to stick to essential movements only.

2. IT TAKES A UNIQUE TYPE OF PERSON

To be part of the E-Team, you need extreme flexibility and patience. Understanding leadership and diplomacy is also very important. You are constantly plunging yourself into chaos, and, within that chaos, you need to somehow formulate, organise and coordinate an emergency response. You need to be able to make decisions with only a very limited amount of information available.

In Taiz, when the war was at its height I remember at least five explosions a minute for two weeks. Navigating that, making sure that care is provided, as well as safety and security to the team there, was really an eye opener for me. It was an experience I will not forget.

I really hold the value of independence strongly. That is why being a part of

Médecins Sans Frontières is really important for me. If we are going to great lengths to place ourselves in these situations, then we want to make sure that we are able to make decisions that are best for the people, rather than those that are best for ourselves – or for whomever or wherever the funding is coming from.

3. YOU GET USED TO TRAVELLING LIGHT AND OFTEN

We have a different way of working to regular Médecins Sans Frontières assignments and projects. We are used to dynamic and fast-paced environments, and can quickly mobilise a team to be on the ground within hours, because we are always on standby.

There is a lot of travelling and I need to be ready to go in an instant. I only have one bag, containing everything I need, including a few gadgets like a GPS, camera, head torch and Swiss army knife.

4. IT IS A BIG COMMITMENT

When I first joined the E-Team for a one-year assignment, I knew I would be committing myself. The nature of the work is that you are away a lot, and I made a choice to miss some key moments with



Dr Ryuichi Takigami, surgeon during a surgery on a patient with osteomyelitis.
© Agnes Varraine-Leca/MSF 2019



Arunn Jegan, project coordinator, Bangladesh
© Antonio Faccilongo/MSF 2017

my family and loved ones. I had to agree with my family that this was going to be an “away-from-home” kind of year, as I knew that being sent around the world for unpredictable amounts of time could put pressure on relationships at home.

5. E-TEAMS ARE NEEDED NOW MORE THAN EVER

The world and its geopolitical landscapes are changing. We see climate crisis situations and new kinds of security challenges, where many other international organisations are unable to reach people in need.

Taiz, Yemen is the epitome of a security challenge, and I feel that it is one of the most important projects in our whole portfolio. It really is one of those contexts where you are fully surrounded: for a while, Taiz had been besieged. Médecins Sans Frontières was able to place our staff there, whereas other organisations were not doing that. We felt compelled to stand by the population there.

DIENFRANCHISED, UNRECOGNISED, LIVING WITH UNCERTAINTY

Two years on from the targeted violence that forced them to leave Myanmar, our teams bear witness to the fears, hopes and daily reality of Rohingya refugees living in three countries.

Bangladesh now hosts over 912,000 Rohingya refugees, following the arrival of over 700,000 who have fled since the peak of the crisis, in 2017. Living in makeshift dwellings, with little privacy or shelter from the elements, the Rohingya have shown incredible resilience in the aftermath of the crisis.

Although Médecins Sans Frontières massively scaled up in Bangladesh to respond to the crisis, we have been working with Rohingya for three decades: in Bangladesh since 1985, Myanmar since 1994, and Malaysia since 2004. Our teams continue to see the violence, persecution, discrimination, exploitation and denial of basic rights, including statelessness, that they endure.

MYANMAR – THREE DECADES OF MOBILE MEDICAL CARE

Today, around 128,000 Rohingya are living in camps in Central Rakhine, Myanmar with restrictions on their freedom of movement, and limited access to basic services such as healthcare. Many now live in dire conditions, with little hope for their future.

Médecins Sans Frontières is the only provider of medical care in Nget Chaung, Rakhine, having run a mobile clinic in this remote region since violent clashes in 2012. The village and its makeshift camp are overcrowded, squalid and prone to floods during the rainy season.



© Scott Hamilton/MSF 2019

KABIR'S STORY

FROM TEACHER TO MEDECINS SANS FRONTIERES WORKER

Father of eight Kabir now works as a watchman in Médecins Sans Frontières medical clinic. Before he and his family were forced to flee their home, in the dead of night, he was a teacher.

"There aren't any real opportunities for employment here. There are hardly any fish to catch either. People here are sad, and frustrated that they cannot go anywhere or do anything anymore. We hold our frustration inside because we cannot speak out – there are no opportunities for that. We cannot even travel to the next township, so people keep everything inside, bottled up."



A nurse visits a small boy accompanied by his father.
© Vincenzo Livieri/MSF 2019

BANGLADESH – OVER ONE MILLION OUTPATIENT CONSULTATIONS

In what is now one of the largest refugee camps in the world, Médecins Sans Frontières runs three field hospitals, four primary health centres, two health posts and an isolation centre for outbreak response. Teams have also built 400 latrines and provided over 280 million litres of drinking water to the refugees since the crisis began. Since then, we have treated over 1.3 million outpatients, given almost 32,000 mental health consultations, and assisted over 3,200 births.

“We have not seen violence in recent years like the Rohingya have experienced.”

– Médecins Sans Frontières doctor Nadim Shahariyar.

DELIVERING CARE IN THE KUTUPALONG MEGACAMP

Dr Nadim Shahariyar is from Bangladesh and began working in our Kutupalong medical facility in 2016. Back then it was a clinic that mainly treated minor injuries and road accident victims. He described the beginning of the Rohingya refugee crisis in 2017:

“It all started at 4 am on 26 August – I remember because I was on shift that morning. Many patients started arriving – our ER quickly filled up and there was not a single empty bed. We treated a lot of gunshot wounds, people who had been beaten, stabbed with bayonets, or with injuries they said were from mines. I was doing chest tube draining, and it was a matter of life or death for many patients.

As people had to cross the river and walk for several days, we had a lot of babies suffering shock. Women were delivering babies on the way here. We did lots of resuscitations, particularly of children and babies. We also had cases of hypoglycaemia. The worst of the violence lasted 10 to 15 days, but the consequences lasted much longer.

After the initial response, we expanded our medical services and recruited many more national staff from Bangladesh. We started seeing more chronic conditions, then we faced diphtheria. We were the first responders – I actually diagnosed the first case. It was my first experience seeing a diphtheria patient.

Life has not changed too much for our Rohingya patients since 2017. They have shelter but they still do not have good nutrition. I always ask patients how they get vegetables. It seems that people are getting less food.”

SOFARA'S STORY

STABBED AS SHE FLED WITH HER CHILDREN

During the violence in Myanmar, mother of two Sofara's village was razed to the ground and two of her brothers were killed. She was treated for stab wounds when she arrived at our Kutupalong medical centre:

“We left Myanmar with nothing, so we need clothes, food, medicine, water – everything.

When it rains the tents leak and the house stays wet for a long time. My son has had a fever for eight days now. He has not improved. I was told to buy some medicine from the pharmacy but we cannot afford that. We are on our way to the Médecins Sans Frontières clinic now.”



© Dalila Mahdawi/MSF 2019

METUN STORY

THE REFUGEE WHO VOLUNTEERS

Metun is a Rohingya refugee in the Kutupalong megacamp in Cox's Bazar, where he volunteers as an outreach supervisor for Médecins Sans Frontières:

“I fled with my wife and four children because we were always threatened in Rakhine. Compared to Myanmar, Bangladesh still feels like paradise. But the conditions here are inhumane. You have to stay in a small room, the toilets are shared, and you live under a plastic sheet with no ventilation. You are not allowed to go anywhere, and you cannot work like other people.

People did not know about the violence that was happening to us before August 2017. We were not able to communicate about our situation with the world.

I do not anticipate being able to return within five years, so I am preparing myself to be here for longer. If we have to stay here for a long time, I would like the Rohingya to benefit from education, security, refugee status, better access to secondary healthcare, and employment. Ultimately, we are seeking justice.”



© Arnaud Finistre/MSF 2019

MALAYSIA – REFUGEES LIVING ON THE EDGE

Rohingya refugees also remain in limbo in Malaysia. Our teams have been providing them with healthcare in Penang since 2015. In addition to a permanent clinic, Médecins Sans Frontières mobile clinics provide primary healthcare for refugee communities. Unable to work legally, they often disappear into the black market economy, where they are vulnerable to exploitation, debt bondage or work accidents. Walking down the street or even seeking medical care can result in refugees being sent to detention centres or extorted.

KAMAL'S STORY

FORCED UNDERGROUND

Kamal Hussein, 22, fled Rakhine in 2015. He ekes out a living by working in Penang's booming construction industry. His employer hasn't paid him his salary for the past 10 weeks, but says he has no choice but to keep working as he lives on site and would be destitute if he left. Benoit de Gryse, Médecins Sans Frontières operations manager for Myanmar and Malaysia, explained:

"Very little real effort has been made to address the underlying causes of the discrimination the Rohingya face and enable them to return home safely."

ANYTHING IS POSSIBLE IN OLD FANGAK

Australian doctor Tom Niccol explains how teamwork saved a mother's life in Old Fangak, South Sudan.

‘Around 500 kilometres north of the capital, Juba, Old Fangak is a swamp region with a population of around 50,000 people. Most of the people I treat fled to the area during the civil war because the remote location conferred relative safety.

With no roads to the region, during the rainy seasons, when the airstrip turns to mud, three helicopter flights and a boat trip are required to travel here from the capital.

After my 6 am alarm, I collect gumboots, a portable radio for communication with the team and wet weather gear because we can never be sure, even with blue sky above.



A safe water point in Old Fangak. For many residents of Old Fangak, living far from a pump, the Phow River provides water for cooking and cleaning. Frederic Noy/MSF 2017



We journey to work on a small boat as the accommodation and hospital are located on the river bank.

Then a call pierces an otherwise silent period on the Médecins Sans Frontières radio. 'Emergency in maternity!'

I rush to the ward. A patient has delivered a healthy baby, but the placenta is retained inside the uterus. Two midwives correctly tried to remove the placenta, however the patient is now haemorrhaging.

Within a moment of my arrival, she loses consciousness. Out of the corner of my eye, I see the perfect newborn baby lying under the warmer, waiting for her first cuddle and feed. This little one is just metres from her mother, who is now fighting for life.

Crammed into the tiny delivery room, the temperature must be approaching 40°C. Sweat is pouring from all staff, safety glasses are fogging.

Our helicopter lands to aid flooding victims in Pibor, Boma state, in the Greater Upper Nile region of South Sudan.
© Samir Bol/MSF 2019



We will not stop treating her, we will not withdraw support.

We squeeze fluid into drips in each arm and I start her on a potent medication that raises blood pressure. This medication must be carefully titrated. In this low resource setting I count the drops per minute to infer infusion rate.

Within ten minutes of resuscitation commencing, the patient starts to groan. She is regaining consciousness. I call the name Nyame, waiting to see if she will open her eyes. In the local Nuer language, Nyame is a polite way to refer to another.

She desperately needs blood and surgical support. I learn that Nyame has five children and is the primary caregiver. If Nyame does not survive, what will be the future for her children? We manage to yield one-and-a-half litres of blood from the donors lined up to help. As Nyame begins to receive the blood, we can progressively reduce the blood pressure medication. While I remain in the hospital, a team of Médecins Sans Frontières personnel work to find a way to get Nyame the surgery she desperately needs. I have

now been in the hospital for 26 hours.

As the sun starts to set, we hear the most amazing news. A helicopter has been found to transport Nyame to Juba. In Juba, we will arrange and fund the surgical care.

Meanwhile, we can care for her newborn baby in our paediatric ward. The next morning the role of medical escort is allocated to one of our brilliant South Sudanese nurses. I meet with the nurse and run a rapid tutorial about how to manage in the air. It is a monumental task and would not be easy, even for a veteran critical care flight nurse.

Even though Nyame's plight is not over, as the aircraft rises, joy gives way to an overwhelming sense of pride. Humanitarian workers came together for one purpose, to reduce disease and suffering. This is why we are here. Nyame is alive and Nyame's children still have their mother because of the commitment, passion and generosity of many.

A life is saved."

NATIONAL SURGEONS AT THE CORE OF RESPONSE IN GAZA

Orthopaedic surgeons Dr Raed Alrobae and Dr Ismail Seyam are Palestinian national staff who now form the cornerstone of Médecins Sans Frontières surgical response program in Gaza.

As they explained, before we opened our unique program there in 2018, Gaza lacked the facilities to treat patients with severe and complex wounds, most of them caused by gunshots.

The program started following the violent March of Return clashes that began in 2018. Since then, thousands of people – most of them young men – have sustained devastating open fractures to their lower limbs. Our teams now provide them with specialised post-operative care that is vital to their healing.

The national team are supported and assisted by international Médecins Sans Frontières staff like Australians Dr Thomas Schaefer and Dr Lisa Noonan, who shared their expertise.



Surgeon Thomas Schaefer and Ismail Seyam performing surgery.
© Thomas Schaefer/MSF 2019



A health promotion officer in Gaza during an information session on antibiotic resistance.

© Jacob Burns/MSF2019

© Raed Alrobae/MSF 2019



DR RAED ALROBAE

THROUGH MEDECINS SANS FRONTIERES THE WORLD IS COMING TO US

Before joining the team a year ago, patients in my local hospital were always talking about Médecins Sans Frontières in Gaza. There was a lot of interest in the job they were doing dealing with injured young people, providing them with good wound care, the best physiotherapy in the region and the only program in Gaza for psychological support.

What has inspired me in the time I have been working with Médecins Sans Frontières is the multicultural nature of the team. It gives me a good opportunity for knowledge exchange – not only in the medical field, but also in every area of my life. Living in Gaza, it is

difficult for us to travel abroad, so through the team, the world is coming to us.

This is hugely beneficial, and means we can do the very best for our patients. We have a long list of chronic osteomyelitis cases that need proper management, and we do it well in this project. Last month, I met a young man named Lyed with a very nasty leg injury he had received a year and a half ago. He came to me asking about the best solution for his leg, so he could return to as normal a life as possible, without pain. I immediately told him that amputation was the best solution. That is a difficult word to use with our patients, for cultural reasons. He was so upset he started crying. Ten days later, I met him again in the clinic. He started crying again, but this time out of happiness. His leg had been amputated, and he came back to thank me.

We appreciate all the support we get, and developed a special relationship with Dr Schaefer when we worked with him here last August. Even though he is back in Australia now, we still discuss difficult cases with him regularly on WhatsApp, and together we find the best treatment options for our patients.

I cannot imagine what would have happened to this huge number of injured young people without the medical and mental care provided by Médecins Sans Frontières, and facilitated by your support.



A young patient is comforted by a nurse as he lies in bed in an isolation room in a hospital in Khan Younis. © Jacob Burns/MSF 2019



Dr Ismail Seyam (right) and a patient. © Ismail Seyam/MSF 2018.

DR ISMAIL SEYAM

DIFFERENT SURGICAL TALENTS AND A DIFFERENT WAY OF THINKING

Everyone is totally committed to our patients here through the provision of all facets of care – surgery, psychosocial support, antibiotic care and physiotherapy, as well as orthotics to help them walk, and transportation for those patients who cannot come by themselves, because of their limb injuries. Our main focus is the patient.

In the trauma and osteomyelitis management program, we treat acute injured cases that no other organisation can, due to their lack of facilities and medical teams. We do ortho-plastic management for the acute cases, debridement of wounds, and bone stabilisation and coverage of wounds by means of skin or muscle flaps and grafts. This is with the help of very skilled international plastic surgeons and orthopaedic

surgeons who are very committed to their work and the team.

I have done many surgeries with Dr Schaefer, who was a great guide in teaching and giving me new skills. We did surgery together for one of our most difficult cases – a very nasty gunshot to the ankle joint of a patient, that caused a big soft tissue defect. We did successful shortening arthrodesis (artificial induction of joint ossification between two bones by surgery) for him, and treated his acute osteomyelitis, together with the antibiotic specialist doctors.

It was successful, and the patient can now walk without crutches. We are doing continuous orthopaedic follow up for him in our outpatient clinic every two to three weeks. Sometimes treated cases of acute osteomyelitis relapse, but hopefully not in this case, as all the infected tissues and bones were debrided very nicely.

Being a part of Médecins Sans Frontières means remaining highly professional and evidence-based in my work as a surgeon. I have learned a lot, and am still learning. I get to work with different teams and see different surgical talents and a different way of thinking.

I am inspired and passionate about the way our different teams collaborate to care for our patients, who have suffered a great deal from their severe injuries and complex, nasty fractures.



A young Palestinian shot and wounded by the Israeli army on 14 May 2018, walks in the street in Gaza City, May 2019.
© Mohammed ABED/MSF 2019

INDEPENDENT SUPPORT

HOW LONG HAS HERBERT SMITH FREEHILLS BEEN SUPPORTING MEDECINS SANS FRONTIERES AND WHAT SERVICES DO HSF PROVIDE?

Herbert Smith Freehills (HSF) has worked with Médecins Sans Frontières since 2012 developing relationships across our global network. We provide pro-bono legal assistance in the areas of employment, corporate and IT, as well as reviewing Médecins Sans Frontières' systems to ensure compliance with occupational health and safety legislation.

We provide annual financial contributions, workplace giving, and in kind support including hosting events and staff planning and development days. HSF staff enjoy attending information sessions on the movement's work around the world and our Chief Executive Officer attended the logistics training in Brussels.

CAN YOU DESCRIBE YOUR RELATIONSHIP WITH MEDECINS SANS FRONTIERES?

Our relationship with Médecins Sans Frontières Australia has always been one of trust, and we work together to identify opportunities to build knowledge and capacity for each other and bring positive experiences into our organisations. This relationship is built on honesty and transparency, Médecins Sans Frontières Australia shares the organisational challenges it faces with us and together we find solutions.



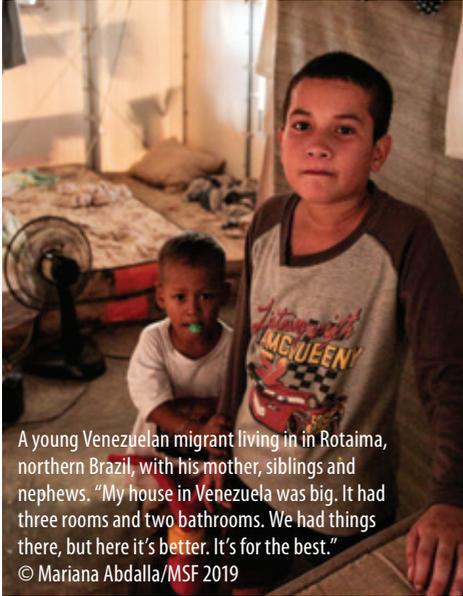
HSF senior staff members on visit to Médecins Sans Frontières head office in Brussels. © HSF/MSF 2018

WHAT DOES YOUR PARTNERSHIP WITH MEDECINS SANS FRONTIERES MEAN TO YOU?

Every year, for thousands of people, Médecins Sans Frontières means the difference between life and death. Médecins Sans Frontières' help is a lifeline for some of the world's most vulnerable people. Without it, many would face a very bleak future – or worse. By supporting Médecins Sans Frontières through direct donations, pro bono assistance and skills-based volunteering, Herbert Smith Freehills is delighted to work with an organisation assisting the most disadvantaged and marginalised people in our society.

To those who have given to Médecins Sans Frontières, thank you – you are helping save lives.

FRAGILE AND VULNERABLE: THE MENTAL HEALTH OF CHILDREN AND TEENS



A young Venezuelan migrant living in in Rotaima, northern Brazil, with his mother, siblings and nephews. "My house in Venezuela was big. It had three rooms and two bathrooms. We had things there, but here it's better. It's for the best."
© Mariana Abdalla/MSF 2019

Brazil's northern Roraima state sees the arrival of around 600 people a day from Venezuela, fleeing the economic crisis and severe shortage of food, water and other essentials. Médecins Sans Frontières has provided assistance – including much-needed psychosocial support – to these refugees since October 2018.

The mental health of the displaced Venezuelan children and teenagers is particularly affected. To suddenly arrive in another country, with a different language, culture and religion, is a huge shock to them. Médecins Sans Frontières psychologists work with these young people in several key areas, including their identity, family and self-esteem, their sense of inclusion and belonging to the new culture, and their need for protection against abuse. Médecins

Sans Frontières psychologist Julia Lobo commented:

"Something that really stands out – and is very common with children in vulnerability – is that they are very affectionate."

To get to know them more, the team asked the children to model in clay what animal they would like to be. They were surprised with the number of snails and turtles the children made, and assumed it was because these animals carry their homes on their backs.

But then a girl in the group explained that the turtle is an animal no one can touch, because it can protect itself. Julia added:

"One thing I really hope is that I have contributed to that ability children have to dream and see future and possibilities – that they do not toughen up because of the context they are in. That they keep hugging people."



A health promoter talks with a Venezuelan child in a therapeutic workshop.
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LESS ALONE, LESS ISOLATED

Médecins Sans Frontières projects are diverse, far-reaching and the urgent need is ongoing. What is constant is the independent support you provide us to set up and run programs in some of the world's most conflict-ridden, inhospitable and inaccessible places. This is essential to our teams' ability to react to emergencies as they unfold.

It means pregnant women receive quality maternity care, rather than face an increased risk of dying in childbirth. That children get the vaccines they need to protect them from diseases that still claim too many

young lives. Treatable diseases like malaria, diarrhoea, and cholera no longer become fatal. And hundreds of thousands of people get access to care that just might save their lives.

The projects described in this report were only made possible through our partnership with independent people like you, who are as indispensable to our medical humanitarian response as our field workers, volunteers and headquarters staff. Together, we are all Médecins Sans Frontières.



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It is such a privilege to be back with Médecins Sans Frontières and working with the amazing team members featured in this report, and thousands like them around the world. I never lose sight of the fact that their work is only possible because of you, and I am looking forward to the opportunity to meet with as many of you as I can in the coming year and to thank you all for your incredible support.

– Jennifer Tierney, Executive Director



View of the district of La Pradera, Caracas, where we work in a local school and a clinic, offering psychological care for victims of violence and medical and psychological care for victims of sexual abuse.

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All patients' names have been changed
for anonymity.

Cover: Our staff working to raise materials for
communication on Bangladesh projects.

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