WE ARE THERE

EMERGENCY MEDICAL CARE IN ACTION

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

“The first hours of an emergency are the most crucial. That is when people are the most vulnerable, and when the most deaths occur. The fact that we can get there fast means so many more lives are saved.”

– Claire Manera, E-team member,
most recently head of mission in Haiti

Disease. Disaster. Conflict. Displacement. We are there.

At any given moment, Médecins Sans Frontières emergency teams around the world are racing to an emergency. This year, for the first time in a long time, that same emergency has affected Australians and New Zealanders in our own homes.

With your help, we have been able to respond quickly all over the world, providing help to hospitals and health-workers who have been stretched to breaking point by the virus. In Europe, Asia, Africa and the Middle East, we have been caring for patients infected with COVID-19. Just as importantly, wherever possible, we have maintained the all-important care that we were providing. COVID-19 hasn’t stopped babies from being born, or violence, or malnutrition, or the spread of diseases caused by any number of other viruses or bacteria. Médecins Sans Frontières is there for those patients, as well as those who have been affected by the pandemic.

Independence is the key

Our core values of independence, impartiality and neutrality enable our teams to access patients in the most challenging contexts. The fact that we receive unrestricted funds from our donors means our teams can always be ready to respond to the next emergency, wherever it occurs and whatever form it might take.

This puts Médecins Sans Frontières in a unique position. It means our teams can be there as soon as possible following a crisis or disaster.

Anderson, father of two, was shot twice in the foot in a drive-by shooting in the Delmas district, Port-au-Prince while he was buying water. He was taken to MSF's Tabarre hospital for treatment. © Nico Dauterive/MSF, 2019

COVID-19: PANDEMIC RESPONSE

When COVID-19 was declared a pandemic by the World Health Organisation on March 12, Médecins Sans Frontières had been watching the outbreak closely for months.

Watching closely

Our teams on the ground and in headquarters are constantly on the lookout for developments that might affect operations. Dr Tonia Marquardt, the medical manager of our cell in Tokyo, oversees our projects in the Philippines, Cambodia, Papua New Guinea, Bangladesh and Pakistan. Her team assesses emergencies in Asia and the Pacific and can initiate emergency responses where needed. In the last six months, that's included responses in Samoa, Bangladesh, Cambodia and the Philippines.

With a pandemic, as with an epidemic, Dr Marquardt emphasises that it's not the one condition that causes the damage. "A big wave of patients at the same time can overwhelm a health facility. All your staff take so much time dealing with a lot of moderate cases, at the expense of caring for sicker patients or other diseases. For a lot of these big emergencies, a key thing is trying to relieve the hospitals so that they can give their care and focus to severe cases and try to keep the moderate cases isolated."

A global response

Given this is a global pandemic, our ability to respond on the scale required is limited. A coordinated response is required. As transmission numbers increased, we have coordinated with the World Health Organisation and national ministries of health to identify areas in which we could help in the event of a high load of COVID-19 patients. We also provided training on infection control for health facilities.

Médecins Sans Frontières is deeply concerned about how COVID-19 has affected people living in precarious environments such as the homeless, those living in refugee camps in Greece or Bangladesh, or conflict-affected groups in Yemen or Syria. Protecting patients and healthcare workers is essential, so our medical teams have prepared for potential cases of COVID-19 in our projects. In places where there is a higher chance of cases, this means ensuring infection control measures are in place, setting up screening at triage, isolation areas, and health education.

In Europe, the key service that we have offered is taking patients with moderate or low-risk COVID-19 infections out of hospitals and isolating them, so that the hospital can focus their attention on severe cases. In Hong Kong, we provided mental health support for people who had gone through coronavirus or needed assistance in coping with isolating. Especially in the early phases of the epidemic, patients felt very

Médecins Sans Frontières shipped protective equipment and other essential medical kit around the world from our storage facilities. This package, which includes an inflatable hospital, was loaded in Merignac, France, bound for the Middle East. © Brigitte Rossotti/MSF, 2020.

In the Moria refugee camp on Lesbos, our staff examine patients with the symptoms of respiratory illness, with the aim of identifying and isolating patients with COVID-19 infections. © Peter Casaer/MSF, 2020.

stigmatised. Where good systems were in place, we looked at focusing on specific communities or groups in the community, who might not be able to access standard care. Our response has been considered and adapted to the context and the need.

Protecting the vulnerable

On any given day Médecins Sans Frontières treats thousands of patients for a variety of illnesses. We need to ensure we can continue to provide adequate and life-saving medical care in our ongoing projects.

An estimated 80 percent of patients with COVID-19 experience a mild respiratory illness, but vulnerable people, such as the elderly and people with compromised immune systems, can suffer severe complications. Another concern that Dr Marquardt has been working to address is that many of our ongoing projects gather patients of exactly this kind together for treatment, such as our HIV/TB patients in Papua New Guinea, or Hepatitis C patients in Cambodia.

"We have had to change our activities accordingly. For example, you don't want to have your chronic disease patients coming in and being exposed to COVID-19, so you give them a longer duration of treatment beforehand, so that they don't have to come to the clinic as often. You need to think about how you alter your current activities to reduce putting people at risk and exposing them in healthcare facilities."

Pandemic profiteering

In a time of high demand, establishing our supply of medical and protective equipment, such as surgical masks, swabs, gloves and diagnostic tests has been a key concern. Prices have gone up and Médecins Sans Frontières is deeply concerned about access to any forthcoming drugs, tests, and vaccines for COVID-19 for the patients that we are treating.

"We know too well from our work around the world what it means to not be able to treat people in our care because a needed drug is too expensive or simply not available"

– Dr Márcio da Fonseca, infectious disease advisor

We have urged pharmaceutical and medical equipment manufacturers to request no patents on emerging medical tools used for this pandemic, and for governments to prepare to override patents to ensure production, supply, and availability of these tools at an affordable price for all. We are concerned about pandemic profiteering within the pharmaceutical industry.

Remdesivir, an antiviral drug that has had promising results treating COVID-19 is under clinical trial. However, Gilead still owns the patent for this drug in many countries, which would block the urgent production of generic versions that would ensure the accessibility and affordability of this drug for treatment.

Diagnostic test maker Cepheid just received emergency use authorisation by the United States FDA for their rapid COVID-19 test. They have chosen to charge almost US$20 per test in the world's poorest countries, when research shows it could be sold at a profit for $5.

HAITI EARTHQUAKE: A SEMINAL MOMENT IN OUR HISTORY

Motorcycle riders find a way down a Port-au-Prince street that has been blocked with bricks during a demonstration. © Jeanty Junior Augustin/MSF, 2019

The Haiti earthquake in January 2010 initiated one of Médecins Sans Frontières biggest-ever emergency responses. Our teams treated over 350,000 patients– the first within hours of the disaster.

Médecins Sans Frontières Australia executive director Jennifer Tierney describes the Haiti earthquake as 'a seminal moment':

"The 2004 tsunami put Médecins Sans Frontières on the map, but the 2010 earthquake in Haiti went even further. We were not a small organisation but since then we have grown, not necessarily in footprint, but in what we are doing.

"There has been an earthquake in Haiti"

At the time I was working in the US headquarters, and we had a lot of field staff in Haiti. People are usually unflappable at Médecins Sans Frontières, but when I came into the office that day in 2010, and saw a look I had never seen before on my colleague's face, I knew something had happened. She looked at me and said, 'There has been an earthquake in Haiti.'

We were in every way intimately involved with that response. A lot of our staff were unaccounted for, for a significant period of time. I had spent a good amount of time in Haiti. I knew what it looked like. I knew what the infrastructure looked like. You fly over the country and the Dominican Republic is on one side of the island, and it is lush and lovely. Then you fly over Haiti and it is decimated. There are no trees. There are buildings without roofs.

Where we do our best work

That disaster touched me in every way. My field HR colleagues were in distress because they could not find their people. Our desk was put into complete overdrive, and for weeks on end everyone was working around the clock.

As soon as we found our doctors that were on the ground, we discovered that they had already started providing care immediately after the disaster – I mean within hours. They were doing whatever they could to save lives and limbs, mostly limbs, at that time. It was absolutely amazing.

The impact on the ground was phenomenal. I think that is where Médecins Sans Frontières shines in where we go and what we do. That is us in emergencies, and is where we do our best work, whether it is medical or otherwise, because we can skirt the bureaucracy that will often come up in these circumstances."

"This disaster touched me in every way"

– Jennifer Tierney, Médecins Sans Frontières Australia Executive Director.

BREAKING DOWN BARRIERS IN HAITI

"People would move aside the burning tyres, just for us, when they saw our ambulances approaching."

In the two decades that Médecins Sans Frontières has been working in Haiti, the Caribbean island nation has been hit with devastating natural and man-made disasters. These include the 2010 earthquake and the nine-year cholera outbreak that followed, the 2016 hurricane, interwoven with repeated periods of political instability and social unrest. Through it all, Médecins Sans Frontières has supported the local healthcare system with medical services ranging from maternity care and specialist burns treatment to mental health care.

As renewed violence flared late last year, causing widespread injuries and trauma, Emergency Response team member Claire Manera had a week's notice to get to Haiti and open a 50-bed emergency hospital:

"The city was literally on fire when I arrived. People were rioting and burning tyres in the streets, to protest.

We were already in Haiti with projects that included our burns hospital, so we were lucky to have eyes on the fact that something was about to happen.

We had already started planning this trauma hospital well before it was needed. That is one of the advantages of Médecins Sans Frontières being already established in many countries where we work.

I was there with a very experienced doctor and logistician, and we had to figure out how to set up this hospital in a country that had no fuel at that point in time: that was all part of the crisis. How do you set up hospital with an operating theatre and an ICU with oxygen, and start equipping it with what we needed to treat patients – but with no fuel?

One of the first things we had to do was to source the fuel. From there we had to work out how to get from where we were staying to where we were setting up the hospital, because the roads were blocked every day with burning tyres, thick black smoke, and people protesting.

"Médecins Sans Frontières has to go where no one else will go, because that is who we are and that is our role. If no one else can access the hardest to reach populations, then we have to figure out how to get there, and how to help them."

– Claire Manera, e-team member and head of mission, Haiti.

Not normal challenges

Normally we would get there and say, 'Okay, what do we need? Who do we need? Let's us put it together.'
But we were blocked every step of the way. These were not normal challenges.

But once again we were so lucky that the population there already knew us. They had seen us respond to the earthquake, to cholera, to the sick, to the hurricane, and they knew our burn centres.

Every morning, we would use our network of contacts to find out which was the best way to get to the hospital. We had to trust that our drivers knew where to go, and of course they did. They were often the most important part of the team.

They motioned us to come through the flames

As Médecins Sans Frontières we were able to pass through roads that no one else could get through, because people would move aside the burning tyres, just for us, when they saw us approaching in our vehicles and our ambulances. They would motion us to come through the flames. It was really quite surreal to do this every day.

It took us two or three months, but finally were able to source the fuel that we needed to open the hospital. We already had other equipment and medical supplies in the country, thanks to our logistics ability and preparedness.

We were then able to start treating patients who had gunshot wounds and other injuries from the crisis on the streets. There are no other facilities for trauma in Haiti, and if the situation continues, then other health centres may not remain functional. The hospital reached its initial capacity in its first two weeks of operation. We need to continue doing the work that we are doing there."

EMERGENCY RESPONSE: THE FIRST 72 HOURS

During the acute phase of an emergency, when mortality rates can soar, Médecins Sans Frontières teams focus on providing lifesaving medical services. From the start, we work to help restore health services, and to prevent further illness and suffering.

No two emergencies are alike

"Within Médecins Sans Frontières, everything is emergency medical care, but there are certain things that are crises on top of that," explained Dr Natalie Roberts, head of emergency operations in Médecins Sans Frontières headquarters in Paris.

"We divide emergencies into conflicts, epidemics, population displacement, and natural disasters. But they all blend together in the end. For example, I was in Central African Republic where there was a conflict, but there was also population displacement, and outbreaks of measles and cholera.

You have to understand what the priority is. Is the conflict causing injury? Or is the conflict causing displacement? Or is the displacement causing disease? You decide your activities based around all the different consequences and then act."

First on the ground - the E-team

From launching mobile clinics and constructing water points, to starting urgent vaccination campaigns, the Emergency Team, or E-team, leads our emergency response. Drawn from a pool of people who are on standby and ready to be deployed at short notice, the makeup of the E-team depends on the context of the crisis. It may include a doctor, a nurse and a logistics specialist. When urgent surgical support is needed, a surgeon, an anaesthetist and an operating theatre nurse are also brought on board.

Resources where they are needed most

Médecins Sans Frontières supply centres in Brussels, Bordeaux and Dubai are stocked with equipment needed to take on any emergency.

This includes a Rapid Intervention Surgical Kit (RISK) – a mobile operating theatre that contains everything our teams require to treat patients during the crucial first few days. These can be packed and sent within hours to meet the immediate needs of the teams on the ground.

RISK kits

These kits contain enough medical supplies, surgical equipment, medicines, logistical and water and sanitation equipment to treat patients for the first 72 hours.

"The RISK kit is basically a mini operating room," said Médecins Sans Frontières nurse Anne Khoudiacoff. "It is transportable by car, and we can set it up anywhere: in the aftermath of natural disasters, in conflict zones, wherever we need to move fast and be mobile in hard-to-access areas."

The kit was developed after the Haiti earthquake, when the difficulty of flying in sufficient supplies and equipment in the immediate aftermath of the disaster hindered our team's early response.

The entire kit can be unpacked and ready to use in less than two hours. With the kit, a team of six people can carry out five major surgical interventions a day.

On the ground

As the E-team arrive, they bring together local Médecins Sans Frontières team members, who often come from the same communities they help. Together with our expert advisers in headquarters, the team quickly assess the situation and prepare to respond.

No borders, only action

By coordinating people and resources from around the world in a huge humanitarian operation, we can deliver vital healthcare, medicines, shelter and water to those who need it most.

"Médecins Sans Frontières is set up to respond to emergencies. We are ready with anything – with any kit you would need for every different kind of emergency, with the supplies and a list of staff in any country. The focus is: 'What is the biggest risk to people's lives?' – and then saving those lives."

– Claire Manera, E-team member and head of mission, Haiti.

FIRST STEPS: MOBILISING THE E-TEAM

Q & A with Theodora Fetsi, Human Resources Officer - Medical Pool, Emergency Response, Sydney

Theodora is a nurse who started working with Médecins Sans Frontières Greece in 1993. She worked in Zambia, Malawi and the Philippines before joining the human resources team in Sydney, responsible for supporting emergency projects. She is on call 24/7, in case of a regional emergency through the night.

What is the procedure for an acute emergency happening in the region?

When an emergency occurs, Médecins Sans Frontières Australia may be first to find out, as Europe is sleeping. If the emergency is out of our region, a message gets sent to us all, explaining who is needed. All offices will call their 'pools' until the correct people are found.

Often if field workers hear about a crisis, they will get in touch with the office to offer to help if needed. This has happened recently with COVID-19.

What are the first steps?

The first step is to call experienced field workers to see if they are available. We find out what profiles are needed and then call all those field workers who are suitable. Specifications may be 'needs to speak French', 'needs to have experience with cholera', 'needs to be a surgeon'. I call people until all the positions are filled.

How do you get staff to the field?

It involves checking that everyone has the relevant vaccinations and relevant visas, and then booking flights. I work to a timeline of having people on a flight the next day, flights permitting. I am able to call our account manager at our travel agency with flight requests 24/7.

How are staff equipped?

The Sydney office has a stocked emergency response kit, including a pharmacy, mosquito nets, phones, first aid kits, and more, which field workers can take straight with them. This is always fully stocked and ready to go whenever an emergency occurs.


© Jon Levy/MSF, 2016

MEET SOME MEMBERS OF THE E-TEAM

DR NATALIE ROBERTS, HEAD OF EMERGENCY OPERATIONS

"The fact that we have our resources ready to go means that we can do what we see needs to be done."

Medical doctor Natalie Roberts has completed numerous field assignments including in Syria, the Central African Republic, Ukraine and Yemen, and has responded to two typhoon emergencies in the Philippines:

How the e-team is structured

"The emergency desk that I am with in Paris has an operational manager and support team, including logisticians and human resource people. As an extension of this we have the emergency pool: these are the staff who respond immediately on the ground. The idea is you have a team that is based centrally, but also easily decentralised.

The composition of each team is important: I want people who are experienced, but I always like to send someone who is actually quite new to Médecins Sans Frontières. When I went on my first assignments to the Philippines and to Syria, I did not have much experience – but what I did have was a different approach. I do not want to send people who are too conditioned into thinking, for example, 'This is the way that we always respond to a cholera epidemic.'

It is about the profiles of the people, the level of experience, and sometimes about just putting the right team together, people who work well with each other."

CLAIRE MANERA

“I don't think I have unpacked my bags for years. As soon as you are told you need to go, you have to start absorbing information while you are travelling. Every second, you have to be following this disaster unfolding, because you have to hit the ground running.”

Claire is a Western Australian. Her assignments to date have included Yemen, Iraq, DRC and Haiti.

“You have to be very fast and flexible when you are on the ground, and you have to understand what is happening: what are people dying from and where are they? Just after I arrived in Yemen we were hit with the cholera outbreak, one of the worst the world has ever seen. It was a shock to us all. My local team on the ground were incredible. They had the Médecins Sans Frontières cholera manual and they said, ‘We have to do something. This is our family, this is our neighbourhood, and people are dying.’

We got the team in Paris to send us cholera treatment kits straightaway. Normally it should take three or


©Malak Shaher/MSF, 2017

four days to set up the cholera treatment centre, and our Yemen team was able to do it in 48 hours. They literally worked all night and did not sleep until they got it done.”

TRISH NEWPORT

“It is all about gaining trust and addressing the needs of the community.”

Canadian nurse Trish Newport, from Whitehorse in the Yukon Territory, joined the e-team in 2018. Her most recent assignments were in DRC, responding to Ebola outbreaks.

“We needed to be strategic and follow the epidemic, figure out where the hotspots were and vaccinate those who were most at risk.

It was exactly how you would imagine an emergency team works. We were some of the very first people to arrive on the ground. We took a helicopter out to the remote area that we would be working in, just us, our bags and some tents under our arms.

We were not sure where we would be sleeping, but once we were on the ground we found a derelict house to build our base around. We put up the tents and got to work.

We had to build a new compound, talk with the community and prepare for the vaccinations.

We were dealing with Ebola, which is contagious and has a high fatality rate. As we had not yet established


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all the necessary infection control measures, we did not want to risk eating anything bought locally. All we had was what we brought with us. So, for the first two days of the emergency, all we ate were cookies and all we drank was Nescafe and water.

None of us cared though. We were there to do a job. I have always thrived in discomfort.”

ARUNN JEGAN, SECURITY EXPERT AND EMERGENCY COORDINATOR

“Médecins Sans Frontières tries to place itself close to the people and populations that are really hard to get to. Those who need aid most.”

Australian emergency coordinator Arunn Jegan has helped lead multiple rapid responses to humanitarian emergencies, including in Syria and Venezuela, and the Rohingya refugee crisis in Bangladesh.

“One of the big roles that we have, aside from delivering medical care, is bearing witness. We often call ourselves a humanitarian organisation with a medical toolkit, and that is really important. We are not just a medical organisation – first and foremost that is our core activity – but the situations we are involved in do not happen in a bubble.

We want to speak out when we can, to make sure that populations get not only medical care, but also attention drawn to whatever crisis they are going through, to hopefully minimise their suffering.

If the issue in a country is that the water and hygiene


© Antonio Faccilongo, 2017

are not being serviced, then we will step in to take preventative measures or really attack the source of the issue. Médecins Sans Frontières puts ourselves there.”

ROBERT ONUS, LOGISTICIAN AND PROJECT COORDINATOR

“It has been quite full on. Some events that you witness, that you are a part of, are clearly traumatic.”

Robert Onus is a logistician and project coordinator. His seven years with Médecins Sans Frontières have included assignments to Papua New Guinea, Colombia, Venezuela, DRC and recently responding to the mass population displacement caused by escalating conflict in Idlib, Syria.

“Thousands of people came into the towns in northern Syria where we were working. They had left with nothing. Once the shells started landing on their villages, people literally ran for their lives. We had been concerned about a potential escalation in the conflict for a while, so we certainly had our preparations in place.

We are positioning ourselves in case there is an increase in trauma victims from the conflict, but at the same time we need to respond to the displacements that are taking place.

We are working with many thousands of internally displaced Syrian people. Many of them cannot return


© Antonio Faccilongo, 2017

to their homes because they have been destroyed in the conflict. And now the conflict is coming to them again, and there is the potential that they will be re-displaced, with nowhere to go. We are reprioritising to make sure that if the conflict continues, we can respond to needs as they arise.”

A COUNTRY IN CRITICAL EMERGENCY

The Democratic Republic of Congo (DRC) is one of the world's poorest countries, where life expectancy hovers around 58 years and one in ten children dies before the age of five.

We run one of our biggest programs in DRC, tackling acute problems caused by conflict and crises, and dealing with frequent outbreaks due to poor disease surveillance and health infrastructure.

A deadly double epidemic: fighting measles and Ebola

When disease outbreaks threaten vulnerable lives, our emergency teams are on the ground as quickly as possible to help contain the spread and vaccinate people.

Among the unprecedented crises they have recently responded to is a double outbreak of Ebola and measles in DRC. This is the first time outbreaks of both diseases have occurred on such a large scale within the same area.

The measles outbreak has tragically claimed over 6,200 lives, mostly children, in the last 12 months alone. It started in 2018, and has now spread to all of DRC's 26 provinces.

While treating and vaccinating measles patients on a massive scale, we have also been part of the response to a deadly Ebola outbreak in DRC, the second-biggest in history. Mercifully, it appears that this outbreak has begun to be brought under control in 2020, though more than 2,200 people have been killed in the eastern provinces of Ituri, North and South Kivu.

Caring for children suffering from measles in the midst of an Ebola crisis zone is a huge challenge. Both viruses are highly infectious, and have similar symptoms. Médecins Sans Frontières doctor and vaccination referent, Nicolas Peyraud, explained:

"This can be a significant issue if a measles patient is hospitalised in an Ebola treatment centre and vice versa.

We operate measles treatment centres in collaboration with the DRC ministry of health. From these, we provide outreach care and collect the data necessary to monitor the epidemic.
© Alexis Huguet, 2019

A health worker prepares a syringe with a dose of measles vaccine in a hospital in Goma, North Kivu.

It is very complicated to manage two outbreaks of this scale at the same time, in the same place."

Despite the challenges, our teams are finding a way to fight this deadly double outbreak. When Ebola cases are first suspected, patients are immediately admitted to a treatment centre, isolated to avoid transmission, and assessed daily for any symptoms resembling Ebola. We also have new treatments to fight this disease, including a vaccine.

Our teams are also helping prevent new measles cases, and have run multiple measles vaccination campaigns across the country since the middle of last year.

They have so far treated over 50,000 measles patients and vaccinated over 1.4 million children. In areas where few children are immunised, an emergency campaign like this can cut the number of children dying by 50 percent. Nicolas added:

"We have proven that measles vaccinations in this context of deadly double outbreaks can be carried out. This opens great opportunities for us to contain these viruses that are devastating communities in the DRC."

A dangerous birth

Médecins Sans Frontières nurse and E-team member Trish Newport helped open a new Ebola treatment unit in North Kivu province, the epicentre of the outbreak, which we have recently been able to close as the outbreak has been curbed. She described receiving their first patient, a pregnant woman transferred from another health centre. There was no time to lose – sadly, Ebola often causes women to miscarry or give birth prematurely.

© Alexis Huguet, 2019

Trish recounted: "Within two minutes of being admitted, she went into labour. The team scrambled to put on protective gear – we had to assume that both mother and baby could be infected.

It was a critical situation – everyone in the community was waiting to see what would happen. With the arrival of Ebola came a lot of suspicion and mistrust about the disease and the people who came to respond to it.

We had brilliant local staff, but they had only just been trained in dealing with Ebola. Now they had to help their first potentially infected patient give birth, all while wearing the thick protective Ebola suits.

Thankfully, the woman and her baby survived the birth. We took really great care of them while they remained in the isolation unit.


© Alexis Huguet, 2019

And when we received the news that their test results for Ebola were negative, it was even more reason to celebrate.

All around the world, Médecins Sans Frontières deals with situations that others do not want to, do not have the capacity to or do not know the answers to.

Our role is to help find those answers and save lives doing so. Ebola is scary but we have the training to deal with it. We have really strong security measures in place, as well as infection prevention and control policies."

"I know how quickly measles can spread."

Jolie's two young children contracted measles in quick succession . She had heard about Médecins Sans Frontières measles unit in Biringi Hospital, Ituri Province, and immediately brought her children in.

"I first came with one of my children to the hospital," she said. "But when I got home with him, my other child already had the symptoms of the disease. He had a fever, cough and a rash: he too had measles.

Through the community health workers, I knew I could bring my children here."

Jolie's youngest child has now recovered from measles, while her eldest was still being treated.

For one mother and child

Sarah Curley is Médecins Sans Frontières nursing team supervisor for the RUSK (Réponse d'Urgence Sud Kivu), which is our emergency unit in South Kivu .

"It was challenging and stressful when lots of emergencies were happening at the same time. Most of my colleagues were Congolese, and they taught me so much. It was inspiring to work with people who were working so hard for their own communities.

I heard that during an earlier measles vaccination campaign, a mother in one community was initially uncomfortable with vaccinating her child. However, she contacted our team a week later to say she had realised she should have done it.

For this one mother, the emergency team packed a single vaccine kit and went all the way back to this remote mountainous area so she could have her child vaccinated, because it was so important for the health of the whole community. That really summed up the attitude I saw around me every day.

Our team struggles to get through the mud on a road in Ituri Province. © Alexis Huguet, 2019

Our impact is huge, because people do not have access to essential services. It was really powerful to see the urgency of our response, and that we were able to treat people quickly. I know we saved lives."

Unimaginable trauma

"When the attackers arrived, they shouted: 'You will see, today we are going to kill you all' – Josée, whose daughter was shot by armed gangs.

Ongoing cycles of looting, burning and violence against people in Ituri province, north eastern DRC, have forced them to flee their homes. 100,000 displaced people are living with host families, and 200,000 more in camps.

People have limited access to food, water or healthcare. In addition to the violence they face daily, diseases like measles and malaria have sent mortality rates soaring, especially in young children.

Since December last year, Médecins Sans Frontières has scaled up medical and hospital care and water and sanitation activities. Our local health promoters play a


© Alexis Huguet, 2019

"Our impact is huge, because people do not have access to essential services. It was really powerful to see the urgency of our response, and that we were able to treat people quickly. I know we saved lives."

–Sarah Curley, Médecins Sans Frontières nursing team supervisor

crucial role informing people about the care available in our facilities. They are the eyes and ears of communities living with unimaginable trauma.

Voices from an endless conflict

Dieudonné, 32, is a widower who arrived in one of the camps last year. He is the father of seven children, four of whom have died. "We have only received one food distribution. We have to work daily in the fields and only eat cassava leaves," he said.

Josée was at home when the attackers arrived, threatening to kill everyone. Her daughter was shot and wounded. Josée said: "There was shooting everywhere. Espérance, my daughter, started crying but it was dark, and we could not light the torches. It was only in the morning that I saw the wound on my daughter's shoulder. When I arrived in the camp, I took her immediately to Médecins Sans Frontières mobile clinic."

Like the thousands of displaced people in the province, Honorine and her children live in dire conditions in the camp. She explained: "It is raining inside our shelter and we have almost no food. My daughter Josie is vomiting, she has diarrhoea and she is coughing. Since we have been here, my children have been ill all the time. Every week I take them to the Médecins Sans Frontières mobile clinic."

THESE CHILDREN SHOULD NOT BE HERE

Tackling deadly measles in Rohingya refugee camps. More than two years since the initial emergency that saw over 745,000 Rohingya flee from Myanmar to Bangladesh, routine immunisation for diseases like measles in the camps is still inadequate.

Our teams witnessed a 40 per cent jump in measles cases at the beginning of this year, and immediately began supporting the government's vaccination campaigns. Between October 2019 and January 2020, they treated 2,350 measles cases – double the previous year.

Christine Akoth is a Kenyan midwife who leads the maternity services in Médecins Sans Frontières primary health centres in Jamtoli and Hakimpara, Cox's Bazar, Bangladesh.

STAFF TESTIMONY

"I saw the fear in her mother's face"

In a pink room decorated with white flowers at Médecins Sans Frontières Kutupalong field hospital in Bangladesh, a woman lies curled around her sleeping child. Rows of beds stretch in either direction, mothers and children sitting or lying quietly in every one. It could be a peaceful scene, except for the intravenous lines snaking up from each child's arm to a saline drip.

This is an isolation ward and all these children have measles, a preventable disease. A simple and safe vaccination protects against the illness. With routine immunisation, these children should not have caught the virus. They should not be here. But all of these children are critically ill, and many have additional complications, such as pneumonia and malnutrition.

"Since November the cases have been increasing," explained Mohammad Younus Ali, Médecins Sans Frontières nurse. "Now the ward is overflowing". He checks vital signs every hour. For a ward full of young children, it is eerily silent – most of them are semi-conscious.

Over 80 per cent of our current measles patients are under the age of five. Thirteen have died since the outbreak started.

Nurata's nine-month-old daughter was barely conscious when she arrived in the emergency room. "I saw the fear in Nurata's face," Younus recalled.

The doctors gave the baby, Nur Salima, oxygen to help her breathe, and antibiotics to fight secondary infections. Severe respiratory illness is a common complication. Médecins Sans Frontières doctor Nowshad Alam Kanan described how young children arrive at the clinic, gasping for breath. "It is just like suffocating," he said.

After five days in the isolation ward, Nur Salima was finally strong enough to be discharged. Having nursed her back to health, Nurse Younus was delighted. The feeling of watching a patient survive "is indescribable" he said.

Many of the refugees in northwest Syria have already been displaced multiple times. Our mobile clinics travel between more than 15 camps and informal settlements, distributing supplies as winter sets in. © MSF, 2020

FLASHPOINT SYRIA

"What we witness here now is like a human tsunami."

Nine years into the war in Syria, civilians continue to suffer as a result of a brutal conflict that has precipitated a humanitarian crisis, with ever mounting suffering and millions without access to basic healthcare. In the face of these colossal needs, and as conflict escalates in northern Syria, our medical and logistics teams continue to support hospitals and camps now overcrowded with people fleeing north to the Turkish border.

"One of our colleagues in Syria told me recently: 'My wife is going to give birth to our first son today… but bombs are falling 10 kilometres away and I do not know what to do. I am so happy he is our first boy, but I do not know how he will survive.' I am a father myself. You look at your kids and you think: How can human life not matter at this point?" Cristian Reynders, Médecins Sans Frontières field coordinator.

Uprooted, vulnerable and scared

Dr Mustafa Ajaj runs a healthcare centre supported by Médecins Sans Frontières in Takad:

"The number of displaced people is massive. Most are unable to find shelter in the towns, so they are forced to pitch tents and sleep in the open. People leave with only the clothes on their backs. Today we had snow, and the temperatures were freezing. Yesterday, we met a family who had been displaced seven times, first from Aleppo to Idlib, then from one village to another, in search of safety. These people are scared. Who would leave in the snow and the rain unless they have lost everything?"

In violation of international humanitarian law, several hospitals in the area have been hit and have been either partially or fully destroyed, impacting people already struggling to survive. One doctor at another Médecins Sans Frontières-supported hospital said:

"We are completely overwhelmed by the number of patients who would have normally been treated in other hospitals, but must now be handled by us. We work non-stop, until late at night, to operate on and treat all the people coming in. We see our supplies decreasing drastically, not knowing how or if we will manage to get more. We also operate in constant fear that we might be the next ones hit."

Logistician and E-team member Robert Onus was on the ground late last year, working in hospitals and displacement camps across the region. He explained:

"Since the start of this offensive we have seen new displacements coming from the border into town. People are trying to find refuge. We have been delivering relief items and supporting hospitals as much as possible. We are really worried that an already vulnerable population, who have suffered through years of this war already, are only going to suffer further. It is becoming a very difficult environment for humanitarian organisations to work, as the security situation becomes incredibly precarious."

Médecins Sans Frontières teams are concerned that thousands of women and children living in camps such as Al Hawl and Ain Issa are also now particularly vulnerable, as humanitarian organisations have been forced to suspend or limit their operations. This could leave thousands of people without access to critical care, and with no resolution in sight.

Our teams will continue to provide medical and other assistance where we can, as our teams try to meet the growing need for humanitarian assistance.

"Our situation is very bad," one father told our team in one of the camps. "No heating. No bread. No water. We are burning the leaves of olive trees to get warm. We need support."

In northern Idlib governorate, Médecins Sans Frontières runs mobile clinics across 15 camps and informal settlements. They perform 4,500 consultations per month, with half the patients being children under 15 years old. Respiratory infections, war-wounds that have become infected and chronic diseases are the most common medical conditions they see. But increasing numbers of newly arrived patients are in urgent need of treatment for psychological trauma.

Our mobile clinic teams have expanded activities to include the distribution of blankets, fuel blocks and other winter necessities, and a water engineering team has built water and sanitation facilities as people continue to arrive.

"There is a lot of sadness and despair in these camps," said one of our logistics managers. "I asked a man about his hopes, his plans. His voice was breaking as he told me his greatest wish is that this will be the last time he and his family need to flee. What can you say in reply to that?"

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STAFF TESTIMONY

"You see children sitting in the snow under olive trees"

A Médecins Sans Frontières doctor reports on the catastrophic situation from Deir Hassan camp, 30 kilometres west of Aleppo, as hundreds of thousands of people continue to flee increasing conflict:

"In the past week, the army has advanced rapidly through the countryside west of Aleppo. People were not expecting it.

Some left on foot because not everyone can get hold of a car. Some fled with nothing more than the clothes they were wearing.

It has been snowing for two or three days, here and across the whole of Idlib. You see people sitting on roadsides with blankets. You see women with children in their arms wrapped in blankets. You see children sitting in the snow under olive trees. It makes you cry to see it.

Those who cannot afford to buy a tent are sharing tents with other families. Some people have dumped all their belongings on the ground because they have no tent yet and are living in the open. They are freezing. It is catastrophic.

People of all ages are sick due to the cold weather. People have no heating or medicines. They left with nothing and so they need everything.

The war has been going for nearly nine years, but this year alone is equivalent to the past nine years if you consider all the difficulties we are living through. This year, the attacks have been brutal. People here know that the worst could happen at any moment."

MENDING BROKEN LIVES IN IRAQ

Emergency medical response in times of unrest

Médecins Sans Frontières Baghdad Medical Rehabilitation Centre (BMRC) first opened in 2017 to provide early medical treatment and rehabilitation to women, children and men wounded during the Iraq civil war.

Even though the conflict has ended, BMRC has now expanded its capacity to help Baghdad's overwhelmed health facilities cope with a new round of injuries, this time caused by violent protests instead of airstrikes and bombs.

Many injuries are as severe as the ones treated by our teams during the conflict. BMRC treats people in need of early physiotherapy and post-operative care. Medical activity manager Dr Aws Khalaf explained:

"Early medical rehabilitation helps reduce short-term medical ramifications and long-term consequences of injuries. This helps people to reintegrate into their communities."

Medical staff at the BMRC also provide mental health support as a key ingredient of rehabilitation.

Yasser was hit by a tear gas canister and rushed to hospital. He underwent two surgeries before being transferred to the BMRC to start his rehabilitation. He has an external fixator sticking out of his left leg, and uses crutches to move around at the BMRC. Yasser has trouble sleeping, especially as he is about to become a father. He explained:

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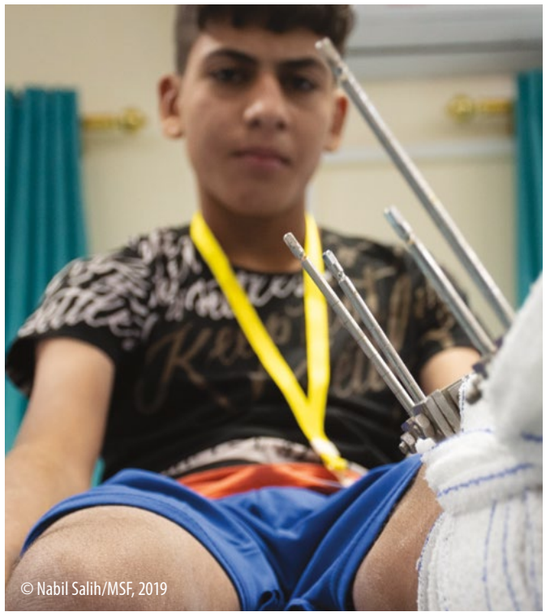
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"I always think of my family and my work. I am the only source of livelihood for them but because of my injury I have not been working for the past three weeks."

Saif was hit from close range by a tear gas canister that became lodged in his leg. Even though his leg had to be amputated, he remains positive. He recalled:

"I opened my eyes to people swarming over me. They carried me to a hospital. They amputated my leg, but I still have two hands and another leg. Three more limbs that I can work with."

Tuk-tuk driver Khadim, 16, and his brother are the breadwinners for their family. Khadim was crossing the street when a tear gas canister slammed into his leg.

"It was so powerful that after hitting the person in front of me, it hit my leg and then the guy behind me," he said. After emergency surgery, Khadim was referred to the BMRC, where medical staff "brought life back" to his leg. He hopes that immediate physiotherapy can help him get back to work beside his brother:

"The two of us are responsible for supporting our family. We are like a pair of legs, if one of us falls, the other suffers too."

Sixteen year-old Khadim says the physiotherapists at Baghdad Medical Rehabilitation Centre "brought life back" to his injured leg.
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A CLOSE CALL WITH DEATH

In conflict-torn Libya, one of Médecins Sans Frontières activities is focused on providing immediate medical and humanitarian assistance to refugees who are stranded in dire conditions. Without assistance, they can be held indefinitely in detention centres, without medical care, and subject to persecution, torture and extortion by armed groups.

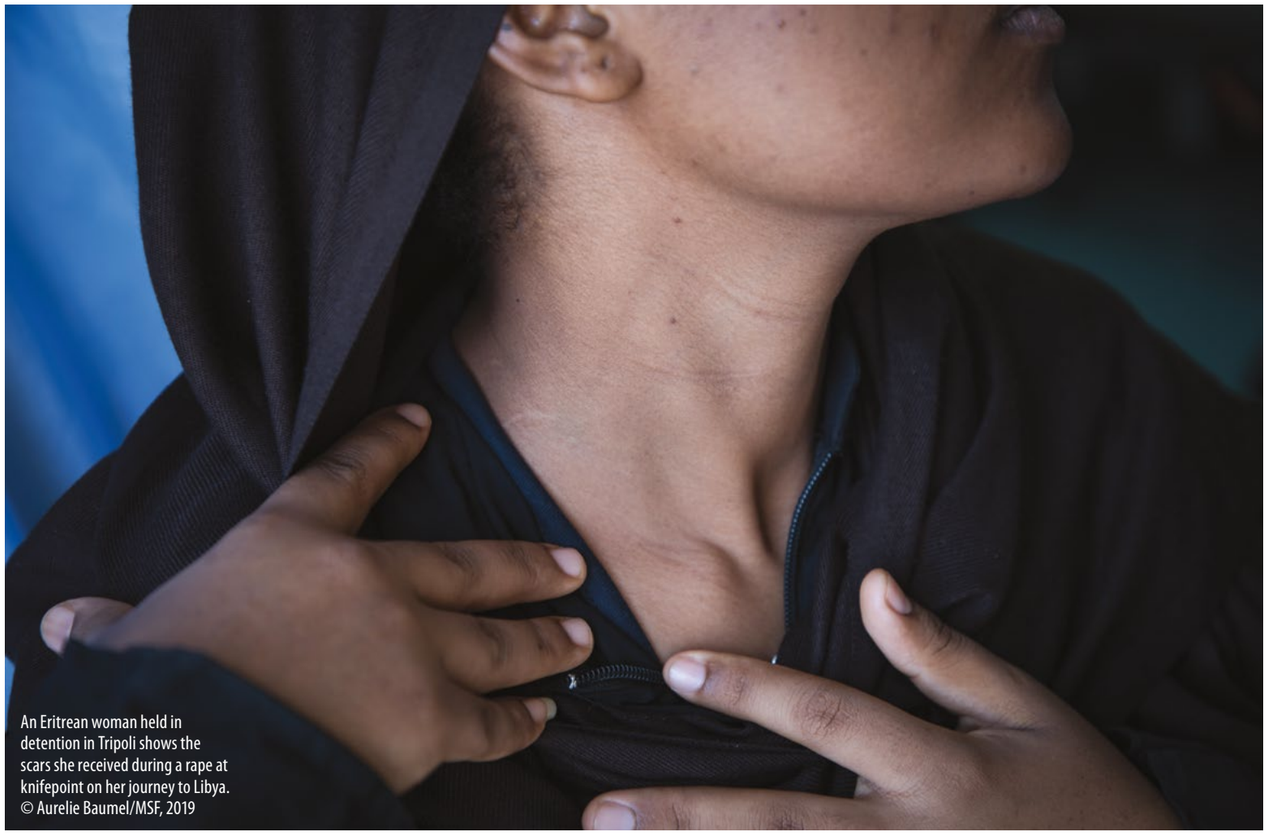
Siry Ibrahim, a logistics specialist from Wellington, recently took on the post of head of mission in Libya. He explains:

"The activity is focused on dealing with the people who have found themselves having to cross the Mediterranean Sea to Europe to seek protection. They are running for their lives. They are not migrating because they want to. If the coast guards intercept boats at sea, they bring them to a disembarkation point. We position ourselves in these points. Normally, the boat has either capsized and the people were at risk of drowning, or they have been in rough seas for days with nothing, so they come with high medical needs, physical and psychological. They have been held in very inhumane situations. Many have chronic medical conditions, like tuberculosis, HIV or scabies.

The Médecins Sans Frontières team in Libya is small and adaptable. They are required to travel to different landing points, detention centres and other sites. They have to be highly mobile and able to move quickly, including through zones of active conflict. Siry says "The fewer people you send, the easier it is for them because there are less security issues. I am talking about a well-equipped, trained medical team, small enough but still strong enough to handle the needs."

We have to respond the moment we get a call. We have hygiene kits prepared in advance, that include everything needed for somebody being rescued from the sea. "The whole idea," Siry says, "is to stabilise the most severe cases first, and prevent any loss of life." Médecins Sans Frontières provides food and necessities, and then negotiates with the authorities on the spot. "We try and negotiate which detention centre the refugees will be taken to, and try to do our best for them. For example, we try to ensure they are not re-infected by diseases such as scabies, immediately after we have finished treating them."

By the time they reach Libya, many refugees and asylum seekers have experienced a close call with death. Some have been on their journeys for a year or more, from illegal detention centre to people smuggler to detention centre and so on. They come from many different home countries, including Sudan, Somalia, Ethiopia, Eritrea, the whole Sahara area, Mali, Nigeria and Ghana, even people from as far away as Bangladesh. Some, Siry says, have spent a year or more being tortured by smugglers. Médecins Sans Frontières supports these people by providing the medical and psychological care they need. Medical needs include simple dehydration or hypothermia to severe burns. We also provide food, shelter, warm clothes and blankets, water, sanitation.



An Eritrean woman held in detention in Tripoli shows the scars she received during a rape at knifepoint on her journey to Libya. © Aurelie Baumel/MSF, 2019

"I remember a man from Eritrea in one of the detention centres we worked in. Every time I visited his cell, he would ask me about the latest football results, he talked about politics, and he used to tell me jokes. I kept asking myself, 'Who is really in need here? Who is helping who?' I would see people develop huge resilience, and many times you would end up being the one receiving help: people like him taught me many things about life."

Médecins Sans Frontières is one of very few organisations that are able to respond in Libya, and the only one able to access many detention centres.

As Siry says "The sad news is that much of the time – and not just in Libya – we are the only ones there. We are the only help for people." The government and people of Libya, he says "understand our funding, our history, our practice, the people we send to the field, and the way we work in the field. There is absolutely no chance that someone can question our independence, impartiality and neutrality. It is clear to people that we are not there with any hidden agenda."

No one came to help us

Although many of those fleeing have been intercepted and brought back to Libya, tragically many more drown at sea. Last year over 750 people – two every day – died or went missing in the central Mediterranean, the world's deadliest migration route.

As more people continued to attempt the crossing in unseaworthy rubber boats, Médecins Sans Frontières resumed search and rescue in the Ocean Viking, a ship operated jointly with SOS Méditerranée.

In one rescue late last year, they saved 112 people off the Libyan coast, 21 of whom had survived a deadly airstrike on Tajoura detention centre five months earlier.

These are the moving testimonies of two of the survivors, Hassan and Faduma, who were offered a port of safety by Italy after disembarking the Ocean Viking.

"We met in Libya," said Hassan. "We were all together in Tajoura detention centre. I am not a criminal, but I was in prison in Libya for three years." He described being kept in inhumane conditions, made to do forced labour and regularly punished by the guards.

"There was no sunlight in Tajoura. There were women with little babies. We were kept in closed hangars, men and women separate. We were taken out to work all day and returned to the hangar at midnight. We were punished by the guards. Women were taken away and raped."

Young mother Faduma, carrying her small baby, added: "In Somalia there have been conflicts and wars for years. This is why we escaped Somalia and were looking for a way to get to Europe. But the experiences we faced in Libya were far worse than anything we went through in Somalia."

Hassan and Faduma were among 600 people locked up in Tajoura detention centre when it was hit by two airstrikes last year. At least 50 people were killed immediately. It was the deadliest incident for civilians since the onset of the conflict.

"The first airstrike was near to the hangar where I was," Faduma explained. "When it happened, the doors were closed and it was dark. No one came to open the doors. No one came to help us.

People tried to escape, but were brought back and shut into a hangar. That was where the second bomb struck. You could not see anything, just rocks and blood."

AT TIPPING POINT IN NIGERIA

Yeza waits by her daughter's bed in our clinic in Bama. Their family has been living in a camp for displaced people for over two years.
© Scott Hamilton/MSF, 2019

In a country beset by disease outbreaks, violence, population displacements, natural disasters, and malnutrition crises, Médecins Sans Frontières is on high alert, with the capacity to respond immediately. Two E-Team members describe overcoming the challenges they faced in this highly volatile country:

It was all happening at once

"Nigeria has been the main highlight for me with the e-team," explained Siry Ibrahim.

"I went as emergency field coordinator to Borno State in the north when we were at a tipping point there. Médecins Sans Frontières was about to hand the program back to our regular operations team at headquarters, when we discovered that we had a full emergency situation on our hands.

Millions of people had been displaced by a surge in conflict, there was severe malnutrition everywhere, outbreaks of cholera and measles, and injuries from the violence. It was all happening at once.

One of the places we went to was Bama, 70 kilometres from the capital, Maiduguri. It was a newly liberated area from the conflict. It remains an emergency to this day.

A shocking discovery

We went to Bama to do a nutrition assessment and a medical count, to assess the situation, and treat who we could. I remember, as our medical team were providing medical support, I was walking with one of the officials, and we came across a corner filled with graves. We counted them, and there were 1,200 graves, all quite new, less than six months old.

That day, on that site, we discovered extremely high mortality rates as well as a nutrition crisis. Today, Médecins Sans Frontières is still running an emergency program there. If we stopped even for a week, the situation would spin out of control.

While I was there, they brought in a child who was almost dead. He was severely malnourished and facing life-threatening complications. He was going to need intensive care, and then intensive feeding, to survive.

Some time later, I was in the hospital again and the boy had fully recovered. He asked me to come and play football with him. That is something I will never forget. His recovery felt so quick – he probably could not even remember being so sick.

Of course, it took a lot of work from our team to get him to that point. But as soon as he recovered, he just became a kid again. Despite the awfulness around him, he just wanted to play and sing, and just be a normal kid."

Responding to deadly cholera and malaria

It can be tough working in places like Nigeria, where you see so many sick children, acknowledged emergency doctor Chris Hook.

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© Yuna Cho/MSF, 2019

"I have worked with the E-team in Nigeria twice now. In 2018, we intervened in one of the biggest cholera outbreaks in Nigeria, where we set up a 100-bed cholera treatment unit for a large outbreak in a city centre, and re-hydration points throughout the city.

We also organised an oral cholera vaccine campaign for about 650,000 people within the city, and a few key areas of the countryside where it had spread, to bring the outbreak under control. It was a great example of what the team can do for something like cholera, where things can get out of control very quickly.

In the rainy season, we responded to malaria which is a big seasonal problem in Nigeria. We headed first to Bama, where there is a large population of 50,000 internally displaced people living in a camp, as well as the host community in the town as well.

We distributed anti-malarial drugs to all the children under five, to try and prevent them from getting malaria. The drug lasts in the system for about four weeks and helps decrease the amounts of severe malaria in those children, because there is no real hospital for them to be treated in if they get sick. So we decided to do prevention first.

Everybody there was very grateful for the treatment of their children, and particularly for the protection of their children while they are at high risk of getting sick. I was happy to do whatever was needed each day."

THANKS TO YOU, WE ARE THERE

We believe people should receive medical care wherever and whenever they need it Whether it is removing bullets, delivering babies or treating deadly disease, Médecins Sans Frontières is about providing a network of emergency support for people as emergency strikes and remaining with communities to help them rebuild. Your support allows us to provide that aid to people around the world when they need it.

"What we do very well is help people through crisis, making sure that during that period, where they are in a vulnerable situation, that we are not just lifesaving, but providing real medical services for them.
We are also there in solidarity with them, because the worst thing ever has happened to them: they may have lost their home, they have probably lost members of their family, they are unwell or injured. The fact that they have someone who can treat them for their medical problems, and also understand the situation they are in, is vitally important."

– Natalie Roberts, Médecins Sans Frontières.

A temporary hospital established by Médecins Sans Frontières in an indoor sports facility in the suburbs of Madrid waits prepared to house patients with COVID-19 infections. © Olmo Calvo, 2020

Médecins Sans Frontières Australia Ltd
ABN 74 068 758 654
PO Box 847 Broadway NSW 2007 Australia
Phone (61) (2) 8570 2647
Email executive.director@sydney.msf.org
msf.org.au

Cover: A protestor throws a tyre to block a street in Port-au-Prince. Violence and demonstrations of this kind have become increasingly common in the last six months. People are getting injured and movement through the country is restricted.
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