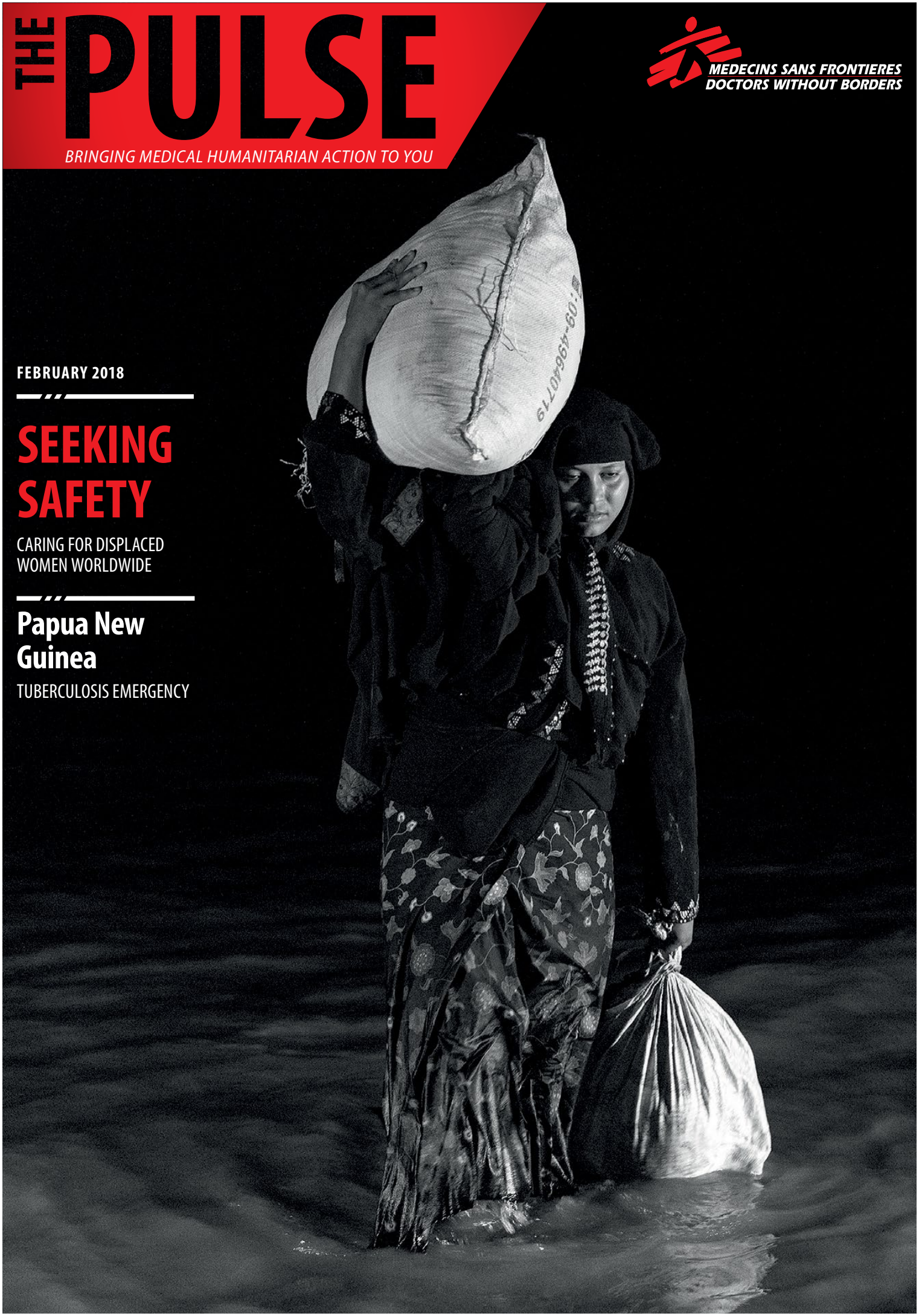
THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



FEBRUARY 2018

SEEKING SAFETY

CARING FOR DISPLACED WOMEN WORLDWIDE

Papua New Guinea

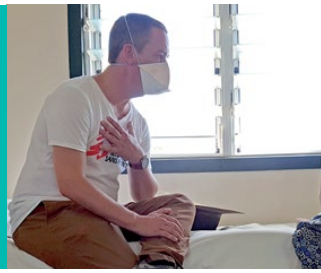
TUBERCULOSIS EMERGENCY

THE PULSE

FEBRUARY 2018
MSF.ORG.AU

CONTENTS

BRINGING TB TREATMENT CLOSER TO HOME



© MSF

Raheema* with her newborn baby boy, born at Médecins Sans Frontières' clinic in Kutupalong, Bangladesh on New Year's Day.

ABOUT MÉDECINS SANS FRONTIÈRES

Médecins Sans Frontières is an international, independent, medical humanitarian organisation that was founded in France in 1971. The organisation delivers emergency medical aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. Assistance is provided based on need and irrespective of race, religion, gender or political affiliation.

When Médecins Sans Frontières witnesses serious acts of violence, neglected crises, or obstructions to its activities, the organisation may speak out about this.

Today, Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2017, 225 field positions were filled by Australians and New Zealanders.

Front cover: A Rohingya refugee crosses the Naf River from Myanmar into Bangladesh. © Moises Saman/ Magnum Photos for MSF

The Pulse is the quarterly magazine of Médecins Sans Frontières Australia.

Médecins Sans Frontières Australia
PO Box 847, Broadway NSW 2007, Australia
1300 136 061 or (61) (2) 8570 2600

office@sydney.msf.org
msf.org.au

facebook.com/msf.english
@MSFAustralia

Design, artwork and production: Marlin Communications • marlincommunications.com

6 LETTER FROM BANGLADESH

10 SUPPORTING NEW ARRIVALS IN ATHENS, GREECE

12

BY MARGARET BELL

EDITORIAL

Caring for displaced women

For International Women's Day 2018, against the backdrop of record levels of displacement, Médecins Sans Frontières is highlighting how health needs are exacerbated for women and girls on the move.

One of the first babies born at a Médecins Sans Frontières clinic this year was a little boy belonging to Raheema* (left), a refugee now living in Bangladesh. Our medical staff found that Raheema was suffering pre-eclampsia, a life-threatening pregnancy complication, and provided her with emergency care before helping her deliver a new life on New Year's Day.

Raheema is one of more than 688,000 people who have fled extreme violence in Myanmar since August last year, seeking safety in Bangladesh. Globally, she is one of 65.6 million people who are currently forcibly displaced due to violence, persecution or human rights violations. More people are displaced than ever before in history. And around half of those displaced are women and girls.

They have many of the same women's health concerns as women anywhere, such as a need for access to family planning and a safe place to deliver babies. But women's specific health needs are exacerbated by being on the move, and access to medical care is reduced or non-existent all along the displacement journey. While every displaced woman follows a different journey, many flee due to conflicts. These circumstances can have a devastating effect on health infrastructure, meaning that women lose access to healthcare even before they leave. Once on the move, healthcare can be out of reach due to lack of services, distance, transport barriers, lack of finances or uncertainty about available services. Prevailing insecurity can also hinder access.

Any displaced population will include pregnant women like Raheema, but many don't have access to the medical care that she was able to receive. Pregnancy carries risks for any woman, but more so when they are displaced. These women are more vulnerable to miscarriage and pre-term delivery, but less able to access antenatal care, a safe birthing environment or emergency obstetric care. For women anywhere, we know that 42 per cent of all pregnancies will have a complication, and 15 per cent will have a life-threatening complication – so a lack of access to emergency obstetric care makes giving birth extremely dangerous for displaced women.

Women on the move may also want to delay pregnancy until their lives are more stable and secure, but not have access to any contraception. They may have started their journey with contraceptives, but lost or run out of these on the way. This lack of family planning can lead to unwanted pregnancies which increases the risk of unsafe abortions. This can have dangerous consequences as unsafe abortions are a major contributor to maternal mortality, accounting for 13 per cent of all maternal deaths.

Many displaced women and girls will experience sexual violence. While this type of violence occurs anywhere, women are more vulnerable when on the move, particularly if they are travelling alone or if they are adolescents. Sexual violence may be used, for example, as a deliberate strategy to punish or control communities during conflict; by border guards abusing their power; or in coerced exchange for basic needs such as food. Sexual violence is a medical emergency that can lead to sexually transmitted infections, such as HIV, unwanted pregnancies and can have long-term mental health consequences.

In the aftermath of the 2010 earthquake in Haiti I met so many displaced women who had been exposed to sexual violence. I recall one woman who was pregnant as the result of rape. She had only been displaced a short distance, but her husband was missing, leaving her alone and vulnerable to violence in a crowded displaced person's camp. She came to our clinic for an HIV test, but also because she was determined to keep her baby, having lost two previous children in infancy. Like so many women she had a variety of inter-dependent health needs. We provided her with regular antenatal care, but ultimately it was our psychological support that she needed most.

Mental healthcare is another of Médecins Sans Frontières' key activities for displaced women and girls, who have often been exposed to traumas such as witnessing extreme violence. The uncertainty of life in a refugee settlement is another stressor. Families are often separated, leaving solo women with the pressure of supporting children in an unfamiliar environment with little resources or services. Women may deprioritise their own health care, and particularly their mental wellbeing, because they are so busy meeting their children's basic needs.

As global displacement has increased in recent years, so too has Médecins Sans Frontières' work focusing on the needs of migrants, asylum seekers and refugees. Our activities respond to the specific needs of women at various points on their journey, whether displaced in their own home countries like Iraq or South Sudan, in transit countries like Greece or Mexico, or in countries where they have settled like Jordan or Tanzania. Read more about our clinic providing sexual and reproductive healthcare to women in Athens, Greece, on page 12 of this issue.

While there are no easy solutions to the protracted conflicts that have sparked this huge wave of global displacement, migrants and refugees are also subject to restrictive policies that put their health and lives at risk. It is in this context that Médecins Sans Frontières works, providing critical medical care to women like Raheema to reduce their suffering, and ultimately to prevent them from dying while they seek safety.

Margaret Bell
Registered Nurse/ Midwife
Women's Health Medical Advisor
Médecins Sans Frontières Australia

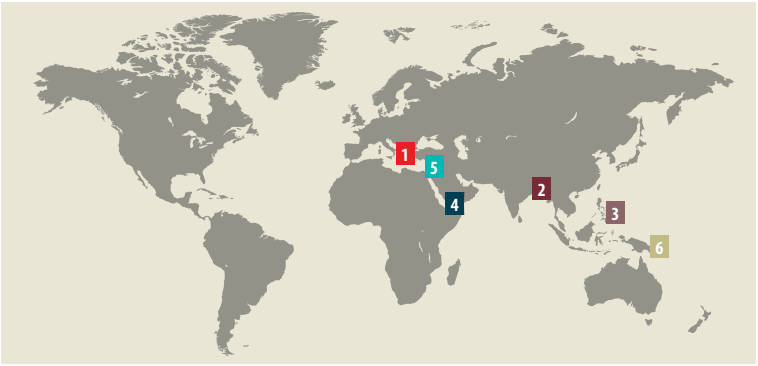
* Name has been changed

NEWS IN BRIEF

FOR THE LATEST MSF NEWS
@MSFAustralia
facebook.com/msf.english

MÉDECINS SANS FRONTIÈRES TEAMS TREATED MORE THAN
145,000
PATIENTS IN BANGLADESH IN THE FIRST THREE MONTHS OF THE ROHINGYA REFUGEE INFLUX

In 2016, the surgical hospital in Jordan conducted approximately
3,500 physiotherapy sessions
3,000 psychosocial consultations
1,000 surgeries



1 GREECE

"When they arrive in Europe they think the nightmare is over, but it's not over. Life here is very difficult."

– **FOUZIA BARA IS MEDICAL COORDINATOR IN MÉDECINS SANS FRONTIÈRES' ATHENS DAY CARE CENTRE FOR REFUGEES, MIGRANTS AND ASYLUM SEEKERS.**
READ MORE ABOUT THE CLINIC ON PAGE 12.

2 MYANMAR/ BANGLADESH

Mass murder of Rohingya


© Moises Saman/Magnum Photos for MSF

During a moment of confusion as heavy monsoon rain came down near the Bangladesh-Myanmar border, Rohingya refugees make a run past Bangladeshi border guards preventing them from continuing their journey.

BACKGROUND:

Amid widespread reports of violence in Myanmar, more than 688,000 Rohingya refugees have flooded into Bangladesh since late August. Médecins Sans Frontières has hugely scaled up activities and is running five inpatient health facilities, three primary health centres and 15 health posts.

ACTION:

Médecins Sans Frontières conducted epidemiological surveys across the refugee camps to estimate how many people died around the time of the displacement from Myanmar. The surveys estimated that in one month, 6,700 Rohingya, including at least 730 children under the age of 5, were killed by violence in Myanmar. Gunshots were the cause of death in 69 per cent of the violence-related deaths, followed by people burned to death in their houses (9 per cent) and people beaten to death (5 per cent). The horrifying numbers are in fact likely to be an underestimation, and Médecins Sans Frontières has warned that the results show that any plans for repatriation to Myanmar are unthinkable.

3 PHILIPPINES

Responding to Typhoon Tembin

BACKGROUND:

On 22 December, Typhoon Tembin struck the southern Philippines. More than 200 people died in the resulting flash floods and mudslides, with many more missing. A total of 715,000 people are estimated to have been affected by the typhoon, with most of the casualties in Lanao del Norte.

ACTION:

A Médecins Sans Frontières team was already based in the area, supporting people displaced by the conflict between Islamic State group-affiliated fighters and the Philippines army earlier in 2017. The team visited affected communities and delivered relief items including water and hygiene kits to around 900 families in six barangays (villages) within three municipalities. Mental health experts also delivered grief counselling sessions to people who had lost loved ones.


© Hana Badando/MSF

A resident of Padianan Barangay receives her relief items.

Médecins Sans Frontières first worked in

PAPUA NEW GUINEA IN 1992

JOIN OUR TEAM

Find out more about becoming a Médecins Sans Frontières field worker at one of our upcoming webinars and recruitment information evenings. Additional information evenings are scheduled in Australian and New Zealand cities throughout the year.

INFORMATION EVENINGS

Tues 13 March ***Perth***

PAST WEBINARS ARE ALSO AVAILABLE ONLINE TO WATCH ON DEMAND.

Visit **msf.org.au/recruitment-events** for details on all our recruitment events.

4 YEMEN From cholera to diphtheria

BACKGROUND:

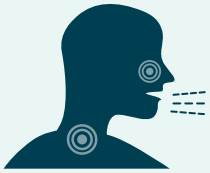
While new cases of cholera have declined in Yemen, the war-torn country is now facing another public health threat as a diphtheria outbreak takes hold. By the end of 2017, a total of 333 suspected cases including 35 deaths had been reported. Diphtheria has been eradicated from most countries due to vaccination campaigns. In Yemen the ongoing conflict, plus a blockade on supplies, has left the health system in tatters and people unable to access vaccinations or adequate treatment.

Meanwhile in Bangladesh, diphtheria has also emerged among Rohingya refugees – a population who were unable to access routine healthcare including vaccinations in Myanmar.

ACTION:

In Yemen, Médecins Sans Frontières has opened three diphtheria treatment units and established a rapid response team to survey and identify suspected cases in communities. Diphtheria treatment relies on an antibiotic and an antitoxin that is in short supply globally. Our teams, along with the World Health Organization, are acquiring most of the antitoxin that is still available, and ordering more antibiotics.

In Bangladesh, our teams have seen more than 4,300 suspected diphtheria cases, mostly aged between 5 and 14 years.



Diphtheria is a bacterial infection, causing severe inflammation of the nose and throat. It is spread through coughing, sneezing or even speaking

Diphtheria is vaccine-preventable

Diphtheria can be fatal. Left untreated, up to **40% of infected people can die**

5 JORDAN 10 years of reconstructive surgery

© Alessio Mamo

Ali*, a shepherd from Syria, received serious injuries when a grenade exploded in his face, leaving him unable to speak or eat properly. After receiving maxillofacial surgery from Médecins Sans Frontières in Jordan his condition has improved dramatically.

BACKGROUND:

Ten years ago, Médecins Sans Frontières established a Reconstructive Surgery Program in Amman, Jordan to treat people seriously wounded in the Iraq war. As violence spread across the region, the program was expanded to accept patients from Syria, Lebanon, Yemen and Palestine. In these countries, the destruction of health structures and lack of medical staff has drastically limited the chance of recovery for people injured in the conflicts.

ACTION:

In ten years, the program's surgical team has performed more than 11,000 surgeries on more than 4,500 patients. On average five to six operations are performed every day at the hospital. It is now a 148-bed facility with an operating theatre with three surgery rooms, as well as a physiotherapy and psychosocial department. In addition to benefitting from orthopaedic, maxillofacial or plastic and burns surgery, patients also receive physiotherapy and mental health counselling.

* Name has been changed

6 PAPUA NEW GUINEA

Access to Manus Island

BACKGROUND:

Hundreds of refugees and asylum seekers who attempted to reach Australia by boat remain on Manus Island due to the Australian Government's "Pacific Solution" policy. In late 2017 the Regional Processing Centre (RPC) where they had lived was closed, but some men chose not to leave, citing safety concerns. Fears for the men's health grew as services including food, water and medical care were cut off.

ACTION:

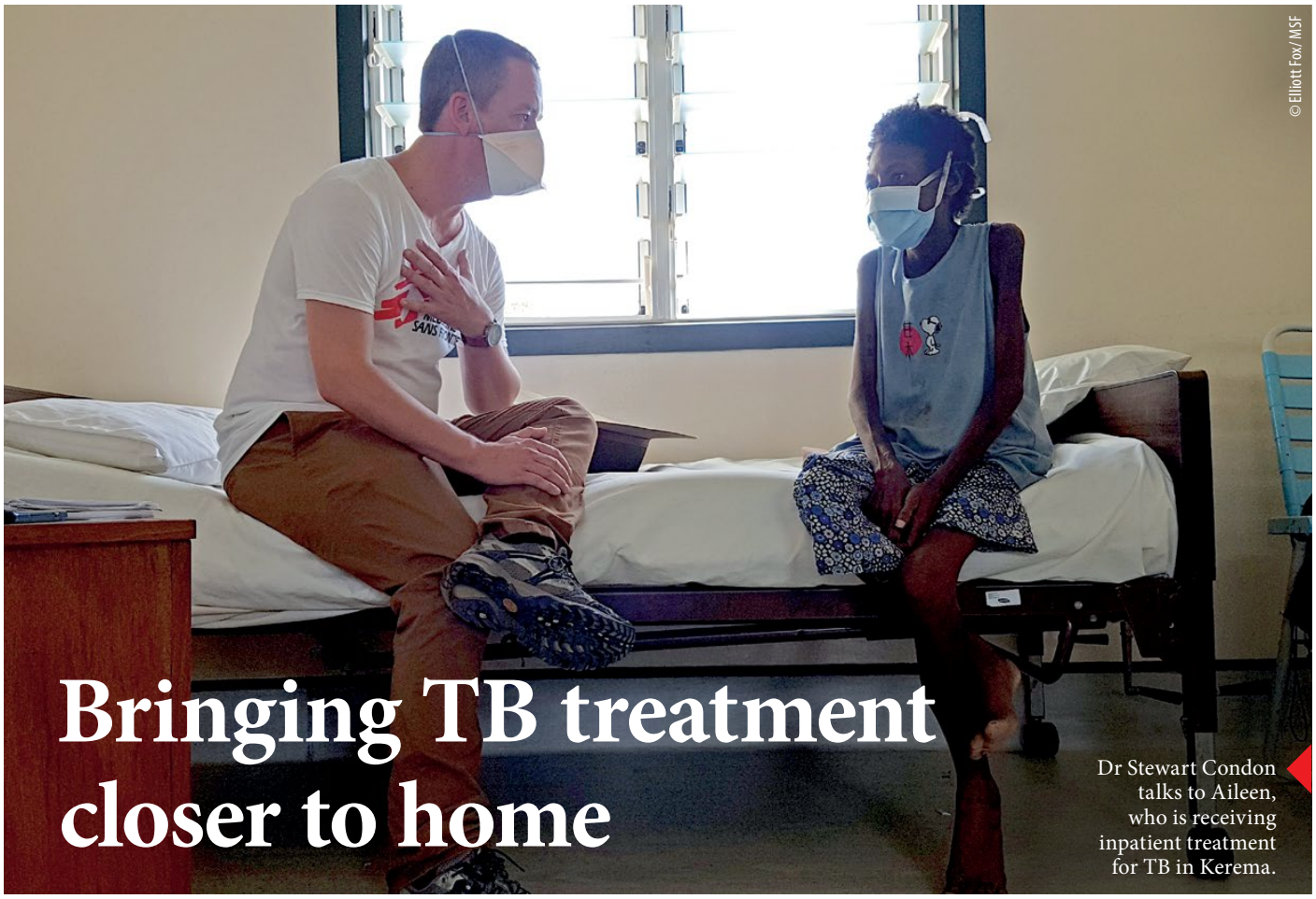
In November, Médecins Sans Frontières was given written approval by the Papua New Guinean authorities to assess medical conditions inside the RPC. A team travelled to Manus Island but were not granted access before the refugees were evacuated to transit centres. Our staff were also denied access to the transit centres. Médecins Sans Frontières called on the authorities to grant us access, as an independent medical humanitarian organisation, without success. Meanwhile, we continue our projects providing treatment and screening for tuberculosis in PNG (read more on page 6), as well as monitoring the capacity to assess the needs of the vulnerable population in Manus in terms of physical and mental health support.

PAPUA NEW GUINEA

8 MILLION
POPULATION (APPROX)

PNG has one of the world's highest burdens of TB infection
(World Health Organization)

30,000 CASES OF TB WERE NOTIFIED IN PNG IN 2016


© Elliott Fox / MSF

Bringing TB treatment closer to home

Dr Stewart Condon talks to Aileen, who is receiving inpatient treatment for TB in Kerema.

Tuberculosis is an ancient disease, but it poses a modern public health emergency in Papua New Guinea, writes Médecins Sans Frontières Australia President Dr Stewart Condon.

Tuberculosis (TB) has been infecting humans for thousands of years, but it's a disease that we've never managed to overcome: worldwide, TB kills more people than any other infectious disease. One of the countries most affected is Australia's closest neighbour, Papua New Guinea (PNG). TB is a huge public health burden in PNG, with almost 30,000 cases notified in 2016.

The high prevalence of TB and the increase in drug-resistant cases led the government to declare a state of emergency in three provinces of PNG in 2014. Médecins Sans Frontières is providing TB diagnosis and treatment in two of these provinces – Gulf Province and the National Capital District.

I recently visited our TB programs in PNG, and was struck by the huge challenge of managing a disease as complex as TB in a place as remote and under-resourced as PNG.

Extreme geography

In Gulf Province, our teams are based in Kerema – a town seven hours' drive from the capital, Port Moresby, and literally at the end of the road. Further west, there are no roads and extremely limited access to healthcare and other services. Patients told me of travelling for hours or even days to reach our clinics, using a combination of dinghies, cars and walking. Transport can also be prohibitively expensive – $40 or $50 for a few hours in a dinghy.

It's not only the extreme geography that is challenging. In the remote villages around Kerema, access to education is limited and the low health literacy of some of our patients means they don't understand how to limit the spread of TB. Moreover many people across the country still believe TB is the result of sorcery.

These geographical and cultural barriers contribute to one of our biggest challenges


© Sophie McNamara / MSF

Dr Stewart Condon visits Elizabeth, a young woman with TB, at her home on the outskirts of Port Moresby.

– ensuring that patients adhere to TB treatment. TB is not a simple chest infection. It's an insidious infection with very hard-to-kill bacteria. Successfully treating TB is gruelling, taking at least six months using a combination of various antibiotics. For patients with drug-resistant TB, treatment takes up to two years including daily injections in the early stages, and often has

IN 2017 MSF ENROLLED MORE THAN
1,700 TB PATIENTS IN PNG

PNG is one of the most linguistically diverse countries in the world, with
800+ languages

85%
OF PEOPLE IN PNG LIVE IN RURAL AREAS

serious side effects such as ongoing nausea or even deafness.

It is critical for patients to stick to TB treatment not only to cure their individual disease, but also to reduce the risk of infecting others, and to ensure that their infection doesn't become resistant to the drugs. In PNG I met patients who had converted from drug-sensitive to drug-resistant TB because they had not been able to keep taking their medication. If this happens on a larger scale, it's a potential disaster that is much harder to manage.

Improving adherence

While patients defaulting on their treatment is a huge problem for our teams, we are working hard to increase adherence. All patients are provided with counselling and education to improve their understanding of the disease and to ensure they're followed up appropriately. On the other hand, we are also trying to improve our understanding of our patients and the local culture, including by working with an anthropologist.

Importantly, we have decentralised our care to bring treatment closer to patients. In Gulf Province, I travelled with the team to one of our monthly TB clinics in the remote village of Kukipi – a journey of more than two hours from Kerema by boat and road. The clinic is one of many we run in small villages, allowing people to receive medication and diagnosis closer to home. We also provide transport to help patients reach care, as well as supporting a network of Community Health Workers and Treatment Supporters who visit patients at home, sometimes daily.

In Port Moresby I accompanied our outreach team providing home visits for patients with difficulties accessing their clinic or adhering to treatment. It's extremely labour and time-intensive, but it reflects that we are doing everything to reduce the number of patients 'lost to follow up'.

Revolutionising TB management

TB management has changed so much in recent years, especially for drug-resistant TB. My first assignment with Médecins Sans Frontières was also on a TB project, in Bentiu, in what is now South Sudan. Back then in 2004, we had to wait weeks to confirm if a patient's TB infection was resistant to the most commonly used drugs. In PNG we now use the GeneXpert machine, which tells us within hours if the infection is drug-resistant. This has revolutionised TB management because it means patients can start on the appropriate medication immediately. There are also new drugs for drug-resistant TB, which are starting to be used in PNG, but need to be more widely rolled out, including in our projects.

The Australian Government invests considerable funds in responding to TB in PNG, under the banner of "health securitisation": an attempt to protect Australia from the high rates of TB across the Torres Strait. While this is certainly important, the motivation for Médecins Sans Frontières has and always will be the value of healthcare itself. People in PNG need access to medical care for serious conditions like TB, just like our patients anywhere, and we will continue to adapt our approaches to reach them as best we can.

Dr Stewart Condon is a Sydney-based medical doctor who has been President of Médecins Sans Frontières Australia since 2014.

A patient story: "I was scared at first"

Giakila was five months' pregnant when she became seriously ill, and ended up losing her child.

After a series of misdiagnoses, she was diagnosed with multidrug-resistant TB at Gerehu Hospital in Port Moresby, where Médecins Sans Frontières supports TB management.

"I was scared at first, because there were too many medicines that I was taking. But then it started helping me to recover some of the loss that I encountered, so I was happy taking these medicines."

As well as losing her baby, Giakila has had to put her career as a bank officer on hold, plus deal with medication side effects such as severe joint pain.

Before being diagnosed, Giakila had been the primary carer for her aunt who passed away from TB – and she was worried that she would face a similar fate. "What I knew was that if you have TB, you are going to die. But then, when we came to the hospital and [the doctor] advised me not to be scared and worried, that she's going to help me recover everything, I was happy."

Now four months into treatment, Giakila is hoping to return to her banking career soon.

People wait for a consultation at Malalaua basic medical unit, where Médecins Sans Frontières provides TB screening and treatment.

Supporting the vulnerable in the sl

Young girls play in the rubble after fire destroyed their shanty home in Tondo. Médecins Sans Frontières' HPV vaccination program aims to reach girls aged 9 to 13.

A 14-year-old girl tends to her newborn daughter inside her Tondo slum home. Médecins Sans Frontières and local organisation Likhaan have set up a mobile clinic van which is able to provide healthcare services to women and girls across Manila.

Every day, 12 women die in the Philippines from cervical cancer. These five young girls from Tondo are about to be vaccinated against HPV, the most common cause of the disease.

ums of Manila

Médecins Sans Frontières runs sexual and reproductive health projects in Tondo, a dockside slum area in the Philippine capital of Manila. This includes vaccinating girls aged 9 to 13 against the human papillomavirus (HPV), the leading cause of cervical cancer.

A Médecins Sans Frontières community mobiliser addresses Tondo locals on sexual and reproductive health.

Makeshift houses in a Tondo slum. Medical resources are scant in the Tondo slums, which have a combined population of 300,000 yet only one doctor per 36,000 inhabitants.

A young girl is vaccinated against HPV, as part of a large-scale Médecins Sans Frontières campaign to vaccinate 25,000 girls, in partnership with Manila City Health and local organisation Likhaan.

A young man is handed condoms in Tondo. Médecins Sans Frontières supports the local clinic's family planning services.

LETTER
FROM BANGLADESH

Defiant smiles against the odds

Dr Evan O'Neill is a medical doctor from Melbourne who has worked in emergency medicine and paediatrics. He describes assisting young patients in Bangladesh who are among the 688,000 Rohingya refugees who have recently fled violence in Myanmar.

Dr Evan O'Neill in Bangladesh.

I can imagine the splash followed by a cry as boiling water burnt the young boy. This four-year-old on our examination table was perhaps just trying to be helpful when he pulled on the pot, spilling boiling water down his left leg.

Big blisters have already formed; some have burst with skin hanging as they weep. At least five per cent of his body, thigh and leg are partial burns. We wet the leg with sterile saline, which helps dry the area. As carefully as possible in our crowded clinic we do what we can to comfort the boy with a good dose of simple painkillers. I hand him some lychee-flavoured lollies to help him relax and remain distracted.

Later, he is watching a clownfish, courtesy of David Attenborough on my iPad. The Great Barrier Reef transfixes the boy while my Bangladeshi colleagues gently commence wound care. Burns are so sensitive. We don't want to cause any more pain but our options here are limited.

It would be so good if we could calm this boy with an anaesthetic, but unfortunately it just isn't available at this clinic. Several firm hands support him; a sheet takes his leg out of his view. Gentle hands tend to the burns, while I try to keep his focus on the cracked screen full of tropical fish.

Preventing infection

Only a few days earlier I was training this doctor in wound care. Today, he looks calm and on top of it, almost as though he's been doing this for years. He washes the wounds with sterile, dilute iodine solution and then gently peels away the dead skin, with sterile gloves. The boy budges and wriggles but his cries are soft. A topical antibiotic is plastered onto the debrided patches to help with irritation and prevent infection. Then the gauze, then the bandage, then we're done. Our brave lad is now fixated on the shark swimming swiftly on the screen in front of him.

We want to make sure he keeps the dressing on, so our generous bandages make his leg look like that of a NASA astronaut. Telling someone living in precarious conditions with muddy floors to keep their dressing clean and dry is not without irony. We want them to return for a dressing change in two days. The father smiles broadly with the result and shakes each of our hands vigorously, while the boy slurps down another lychee lolly.

I'm sure the patients can see that we compromise and improvise every day with

To read more letters from the field, please visit: **www.msf.org.au/stories-news**

© Mohammad Ghannam/MSF

Children at the Tasnimarkhola camp, Bangladesh.

BY DR EVAN O'NEILL

such limited resources. But I hope they also see that we are trying our very best. The boy waves goodbye; a good sign. I think he understands. I'll add a few more lychee lollies to the stockpile for when he comes back.

Resilient and resourceful

The little boy is just one of hundreds of thousands of Rohingya who have been uprooted and are now in the rural slums of southern Bangladesh among generous locals. They build shelters from material Aussies would use as bin liners. They are incredibly resourceful with bamboo and they wait patiently in lines that stretch like those for an AFL grand final for basics, like rice. But while building camps with such resilience people stare. People look into the distance with a devastating lack of expression. The trauma is written on their faces and their only outlet is to wait in line.

> "The need here is immense and this is just the beginning."

Among the refugees are orphans. I saw one recently who was just seven months old, adopted and breastfed by a kind mother – already with four of her own. Her milk has kept him alive thus far and without her I'm sure the child would have perished – but his malnutrition is obvious from across the room. How they came together was not a well-told story: the baby was found alone in Myanmar by someone else. Where? How? Why? The parents? It's all unknown.

We are seeing more children wasted to the point of severe acute malnutrition. It is said that if you are a child with malnutrition, you are 10 times more likely to die from common camp afflictions, like diarrhoea or respiratory infections. Children don't know the numbers, but they know hunger. Nonetheless, children account for more than the fair share of smiles that punctuate my days in the camps. In my mind each smile is defiance in the face of the statistical peril facing paediatric patients.

I worry about the spectre of malnutrition looming larger by the day. We are monitoring it and referring the ones we identify as severely malnourished to the ambulatory treatment centres in the camp and, eventually referring the more severe cases to the intensive inpatient treatment centre we run a few kilometres north. The need here is immense and this is just the beginning.

Refugees flood into Bangladesh.

© Bernat Armangue/AP Photo

SUPPORTER PROFILE

NAME: Maev Kerri Fitzpatrick

HOME: Sydney, NSW

OCCUPATION: Endurance Swimmer and Senior Advocacy Officer

Maev has been fundraising for Médecins Sans Frontières since 2016.

I am an endurance swimmer, currently training to complete the internationally recognised Triple Crown of Open Water Swimming, which includes the Catalina Channel (33km), the English Channel (34km), and Manhattan Island (46km). On 19 September 2017, I successfully completed a crossing of the Catalina Channel and am now training for my first attempt of the English Channel in August. I have chosen to support Médecins Sans Frontières by raising money through Everyday Hero.

I am also a Senior Advocacy Officer with the Royal Australasian College of Physicians, reducing unnecessary tests, treatments and procedures that may be overused, provide little or no benefit, or cause unnecessary harm. This position aims to ensure patients receive high-value, high-quality and safe care.

Having come from a health advocacy background and working to improve the quality of healthcare in rural and remote regions, I have been inspired to promote Médecins Sans Frontières' independent and politically neutral work. While I primarily raise awareness of Médecins Sans Frontières, I also use their work as inspiration in developing advocacy frameworks in my healthcare work.

I am particularly interested in Médecins Sans Frontières' work in Papua New Guinea and Myanmar regarding tuberculosis, their ability to provide an immediate response to natural disasters, their logistical efforts during conflicts, their commitment to tackling disease epidemics, and their ability to reach remote areas to provide quality healthcare.

You can follow Maev's endurance swimming in support of Médecins Sans Frontières at maevfitzpatrick.com or on Instagram @maevkerri

GREECE

10 MILLION
POPULATION (APPROX)

The patients at the Athens Urban Day Care Centre come from countries including **Syria, Iraq, Afghanistan, Democratic Republic of Congo** and **Eritrea**

Comprehensive care for displac

© Guillaume Binet/MYOP

A woman and child walk in a makeshift camp for migrants, asylum seekers and refugees at Piraeus harbour, Athens (photo from March 2016).

In Athens, Médecins Sans Frontières runs the Urban Day Care Centre, an outpatient clinic providing comprehensive healthcare to refugees and migrants, with a focus on women's sexual and reproductive health needs.

For many Australians, Greece means ancient monuments like the Acropolis and thousands of years of history. But today Greece is also home to tens of thousands of newly arrived refugees, migrants and asylum seekers, many of whom have fled war-torn Syria or Iraq, travelled through Turkey, and then made the short but perilous journey across the Aegean Sea to Greece.

Restrictive European policies have left many migrants stuck in this country since early 2016, unable to move on to other European states due to closed borders. Greece's under-resourced public health system is not easily accessible to migrants and refugees, while those without paperwork have no access at all.

Médecins Sans Frontières' Athens Urban Day Care Centre opened in 2016 and focuses on providing sexual and reproductive healthcare, as well as offering mental healthcare and treatment for non-communicable diseases.

Most patients - men and women - are from Syria, Iraq and Afghanistan, as well as African countries such as the Democratic Republic of Congo, Eritrea and Central African Republic.

A welcoming place

Fouzia Bara, Medical Coordinator at the centre, says the team aims to make the clinic as welcoming as possible for patients. "We are careful not to patronise the women, to avoid stigmatising them as migrants. We want to empower them. When they come into the consultation, we want them to feel like they are in their home country, visiting their regular gynaecologist or midwife."

The project uses cultural mediators who provide translation as well as ensuring consultations are culturally appropriate.

Each month, the team provides more than 700 sexual and reproductive health consultations which include antenatal care, postnatal care, family planning and sexual violence care. The clinic also offers termination of pregnancy on request in the first 12 weeks of pregnancy, which is in line with the Greek health system.

"Some terminations of pregnancy are requested by women who are victims of sexual violence, but most of the time it's mothers who are living in camps or in very difficult conditions, who already have kids and can't handle another baby while their lives continue to be uncertain. Most come in to the clinic with their husband," says Fouzia.

For women requesting terminations the team provides counselling, supervises the women taking medication to end the pregnancy, as well as offering family

In 2017, the Centre provided
4,800 sexual reproductive health consultations
1,900 mental health consultations

UNSAFE ABORTION IS ONE OF THE TOP 5 LEADING CAUSES OF MATERNAL MORTALITY AMONG ALL WOMEN WORLDWIDE

FOR **72 HOURS** AFTER SEXUAL ASSAULT, **PREGNANCY** AND **HIV** CAN BE PREVENTED

1991
The year that MSF first worked in Greece

ed women in Athens

planning methods to reduce the risk of future unwanted pregnancies, and appropriate follow up care.

Holistic care

Fouzia emphasises that the clinic provides comprehensive, holistic care to women, particularly because many have a variety of interrelated health needs.

"For example, you might have a pregnant woman who comes to have an antenatal consultation with the midwife. But then we learn that this pregnancy is due to sexual violence, and she may ask for termination of pregnancy. But she is also diabetic and so she needs to see the doctor in charge of chronic diseases. Then she may have some social issues so she would need to see our social worker, who will also refer her to the mental health manager because she is suffering depression."

Sexual violence is sadly an incredibly common experience among the patients attending the clinic. Many women have been raped or assaulted, whether in their home country, along the journey, or in Greece. The clinic provides medical and psychological care, as well as social and legal services. If women can attend within 72 hours of the assault, they can be given prophylaxis for HIV, antibiotics for infections, and emergency contraception to prevent unwanted pregnancies.

> "We want them to feel like they are in their home country, visiting their regular gynaecologist."

Emotionally draining

Fouzia says that working in the project can be so emotionally draining that even staff sometimes need mental healthcare because the stories that the patients share are so extreme.

"It's not a war, there's no blood on the streets… but the situation of these people is so dramatic, and emotionally speaking, it's very difficult," she says.

Aisha* is a Syrian refugee whose story made a particular impact on Fouzia. She came into the clinic for family planning services, but soon disclosed that she was also experiencing domestic violence at home. As her story unfolded, she explained that she had a happy marriage in Syria, but things unravelled on their journey.

"When they reached Turkey a smuggler told her husband 'if you want to go on the boat with your family you give me 10 minutes with your wife'. And it was a very dramatic time, and they'd already had a lot of problems, and finally it happened – the smuggler could have sex with her," says Fouzia.

Since that moment, their relationship deteriorated and her husband began to beat her, as well as battling his own mental health problems. "The man felt guilty to not be able to protect his wife. So she has been a double victim somehow, and the man is a victim too – he tried to commit suicide."

With these kinds of experiences among patients, it is not surprising that mental healthcare is one of the core components of the project. The most common conditions are depression and anxiety because of the poor living conditions and uncertain future these women face.

"The issue is when they arrive in Europe they think the nightmare is over, but it's not over. Life here is very difficult, and the fact that the borders are closed means their capacity to have a long-term vision of their lives is difficult."

* Name has been changed

© Julia Kourafa/ MSF

A consultation at the Athens Urban Day Care Centre, January 2018.

Travel medicine services

At the Urban Day Care Centre Médecins Sans Frontières also runs a travel medicine clinic, providing support to people who are moving on from Athens. The pilot project, which began seeing patients in September, provides three key services:

- Raising awareness of health risks along the route and providing information on existing medical, legal and social services.
- Providing preventive health services and tools to empower people to manage their health during travel such as vaccinations, contraception and coping strategy skills.
- Providing treatment and aiming to ensure continuity of treatment for chronic conditions.

FIELD WORKER

NAME: Kerrie-Lee Robertson

HOME: Cabarita Beach, NSW

Field role: Finance and HR Coordinator

These management level roles are responsible for coordinating human resources and finances for a number of field projects. They are usually based in the capital, with regular visits to the field projects. The Coordinator role also contributes to decisions around project direction.

Médecins Sans Frontières Field Experience

- 2017 – 2020 Finance and HR Coordinator – vocational contract
- Jun – Dec 2017 Finance Coordinator, **Nigeria**
- Apr 2015 – Apr 2017 Finance and HR Coordinator, **Armenia and Georgia**

"The role is part of the decision-making team for the project – you're not just in the back room producing figures."

What led you to work with Médecins Sans Frontières?

I first applied for humanitarian work (with a different organisation) when I left university, but there was a minimum age of 26, and by the time I was 26 I was living on a boat and sailing and doing different things. I had also worked in corporate human resources, but the corporate world wasn't for me. I then had a family, and ended up working in Aboriginal communities around Forster, NSW, for more than 20 years. I taught skills like bookkeeping, HR and finance, as well as assisting running an aboriginal art gallery and retail shop, and an accounting practice. As soon as my youngest was in year 12 I started to apply for humanitarian work again. As I don't have a typical finance background (I've got a psychology and education degree) Médecins Sans Frontières really put me through my paces with the application process! But I got accepted at coordinator level and went on my first assignment, to a tuberculosis project in Georgia, in 2015.

What does the role of Finance and HR Coordinator typically involve?

The role is part of the decision-making team for the project, which to me is great – you're not just in the back room producing figures. Part of your role, and the part that I really enjoy, is working with the team to plan where the project is going. For example, in Georgia we were implementing a new treatment regime and starting a clinical trial, so the project doubled in size in a short period. That involved a lot of planning, and trying to forecast for HR and finance needs.

Nigeria was different because it was huge, unworkably huge, so we were looking at ways to reduce and handover our activities. We then had a cholera outbreak so that involved trying to calculate our needs, and fast increases in staff and costs.

The thing I like most is working with local staff and the coaching and mentoring role, which uses my education and psychology background. Being able to share my experience and train and develop people is very rewarding.

Women at a displaced person's camp in Maiduguri receive food from Médecins Sans Frontières.

© Aurelie Baumel/ MSF

What career development opportunities have you had with Médecins Sans Frontières?

I've done a few training courses, including pre-departure training, a course for experienced administrators and an HR coordinators course. The best thing about training with Médecins Sans Frontières is that you might be in a room with 16 other people all of different nationalities and experiences.

I've recently signed a vocational contract, which is a three-year salaried position. I'll be sent at short notice to different projects, in emergency or stable contexts – whatever is needed. My first placement will be back in Borno state, Nigeria. Part of the reason I was interested in the contract is because at my stage of life, I want a bit of job security. I'm also keen to do French language immersion training this year as part of the vocational contract.

Why are finance professionals so important to Médecins Sans Frontières' work?

Some people question donating to charity, but one thing I always explain is that Médecins Sans Frontières is really strict on managing their money. Every dollar or *naira* is accounted for. Even with the cholera outbreak in Nigeria, every month we have to put in a cash request and do a projected spend – and it's not always approved. There is a lot of scrutiny and a good audit trail. People with strong finance skills are also important because we're a big organisation dealing with huge amounts of money.

Could you describe any particular moments that stand out for you ?

In Maiduguri, Borno state, Nigeria, I work with two young finance guys who are about the same age as my sons. Usually we're in the office, but I recently arranged for them to visit the internally displaced person's (IDP) camps where our teams work. They're both local guys and have been indirectly affected by Boko Haram, particularly in terms of security, but they hadn't seen an IDP camp before. I really remember their reactions after their visit. They were shocked but also very sad for their people and country, and concerned for all the kids growing up in the camp without access to village life and school. I encourage all my finance and admin team to go out to see the different projects; it's so important to see the bigger picture of our work.

What advice would you give other people considering work with Médecins Sans Frontières?

You need to be flexible and adaptable, and patient with the limited tools and resources. There are certain things you can adapt and change but some things you just have to accept and work with. You also need to be prepared for long hours. But I would encourage others to do it, and it is also possible for families. It's not just for young singles or older people at the end of their career. It can work for people in the middle.

CURRENTLY IN THE FIELD

Note: This list of field workers comprises only those recruited by Médecins Sans Frontières Australia. We also wish to recognise other Australians and New Zealanders who have contributed to Médecins Sans Frontières programs worldwide but are not listed here because they joined the organisation directly overseas.

AFGHANISTAN

Rachael Auty
Nurse
Auckland, NZ

Janet Coleman
Midwife
Tauranga, NZ

Megan Graham
Administration-Finance Coordinator
Booleroo Centre, SA

Anne Hoddle
Paediatrician
Duns Creek, NSW

Rodney Miller
Field Coordinator
Elsternwick, VIC

Carmel Morsi
Nurse
Nuriootpa, SA

Amanda Patterson
Logistician Coordinator
Christchurch, NZ

Miho Saito
Midwife
Marino, SA

Loren Shirley
Pharmacist
Opossum Bay, TAS

BANGLADESH

Rob Baker
Logistician-Construction
Darwin, NT

Jody Clouten
Logistician Team Leader
Pelican Waters, QLD

Ben Collard
Logistician Team Leader
Corrimal, NSW

Tanya Coombes
HR Officer - Regional
Cremorne, NSW

Stephanie Davies
HR Officer - Regional
Pacific Pines, QLD

Freya Hogarth
Nurse
Bicheno, TAS

Sam Templeman
Medical Coordinator
Eastwood, NSW

Jessie Watson
HR Officer - Regional
Marlborough, NZ

CAMBODIA

Jennifer Craig
General Logistician
Tapping, WA

Helen Tindall
Nurse
Alice Springs, NT

CENTRAL AFRICAN REPUBLIC

Rodolphe Brauner
Logistician Team Leader
Peregian Springs, QLD

CÔTE D'IVOIRE

Jenny Cross
Administration-Finance Coordinator
Mt Stuart, TAS

DEMOCRATIC REPUBLIC OF CONGO

Rose Burns
Medical Doctor
Smiths Gully, VIC

Louisa Cormack
Logistician Team Leader
Apsley, VIC

ETHIOPIA

Prudence Wheelwright
Midwife
Crookwell, NSW

INDIA

Stobdan Kalon
Medical Coordinator
Leeton, NSW

Parul Kashyap
HR Officer - Regional
Florey, ACT

IRAQ

Graham Baker
Logistician Team Leader
Woodroffe, NT

Kimberley Hikaka
Logistician Team Leader
Auckland, NZ

Neville Kelly
Logistician Team Leader
Broadford, VIC

Sacha Myers
Communications Officer
Brown Hill, VIC

Vino Ramasamy
HR Officer - Regional
West Perth, WA

Kiera Sargeant
Medical Doctor
Auckland, NZ

Grace Yoo
Pharmacist
Yagoona, NSW

ITALY

Lauren King
Communications Officer
Mortdale, NSW

Suzel Wiegert
Nurse
Engadine, NSW

JORDAN

Gregory Keane
Medical Coordinator
North Balgowlah, NSW

KYRGYZSTAN

Vivegan Jayaretnam
Logistician Team Leader
East Perth, WA

LIBERIA

Siry Ibrahim
Logistician Team Leader
Wellington, NZ

William Johnson
Logistician-Electrician
Padstow Heights, NSW

Kyla Ulmer
Field Coordinator
Karratha, WA

LIBYA

Matthew Gosney
HR Officer - Regional
Brisbane, QLD

MALAYSIA

Corrinne Kong
Administration-Finance Coordinator
Melbourne, VIC

MYANMAR

Linda Pearson
Field Coordinator
Auckland, NZ

NIGERIA

Keith Cavalli
Logistician Team Leader
NSW

Jim Cutts
Logistician-Electrician
Somerville, VIC

Eileen Goersdorf
Nurse
Parap, NT

Allen Murphy
Field Coordinator
Morningside, QLD

Josiah Park
Logistician Team Leader
Newstead, VIC

Jessica Paterson
Administration-Finance Coordinator
Ararat, VIC

Adelle Springer
Epidemiologist
Darwin, NT

Erica Spry
Mental Health Coordinator
Kensington, SA

Kelly Wilcox
Field Coordinator
Bullcreek, WA

PALESTINE

Carol Nagy
Field Coordinator
Mount Stuart, TAS

PAPUA NEW GUINEA

Anna Haskovec
General Logistician
Murrumbateman, NSW

PHILIPPINES

Kaye Bentley
Administration-Finance Coordinator
Wellington, NZ

SERBIA

Simone Silberberg
Mental Health Coordinator
Killarney Vale, NSW

SIERRA LEONE

Stella Smith
Field Coordinator
Waitakere City, NZ

SOUTH AFRICA

Ellen Kamara
Field Coordinator
Beerwah, QLD

SOUTH SUDAN

Susan Bucknell
Logistician Team Leader
Sutherland, NSW

Prue Coakley
Field Coordinator
Enmore, NSW

Jezra Goeldi
Logistician Coordinator
Turner, ACT

Jairam Kamala Ramakrishnan
Psychiatrist
Napier, NZ

Bethany Lansom
Nurse
Cordeaux Heights, NSW

Alison Moebus
Nurse
Oak Park, VIC

Hannah Rice
Midwife
Mile End, SA

Tria Rooney
Medical Doctor
Dublin, Ireland

Martin Sosa
Medical Coordinator
Griffith, ACT

SYRIA

Jessica Chua
Anaesthetist
Wollongong, NSW

John Cooper
General Logistician
Avalon, NZ

Vanessa Cramond
Medical Coordinator
Auckland, NZ

David Danby
Logistician-Electrician
East Fremantle, WA

Jane Davies
Nurse
Bridgetown, WA

Toby Gwynne
Nurse
Birchgrove, NSW

Noni Winkler
Nurse
Potts Point, NSW

TANZANIA

Kristi Payten
Medical Coordinator
Bald Hills, NSW

UGANDA

Grant Kitto
Logistician Team Leader
Nelson, NZ

Janthimala Price
Field Coordinator
Penrith, NSW

Stephanie Sarta
General Logistician
Middle Park, QLD

UKRAINE

Zen Patel
Administration-Finance Coordinator
Baulkham Hills, NSW

UZBEKISTAN

Elspeth Kendall-Carpenter
Nurse
Carterton, NZ

Jemma Taylor
Medical Doctor
Carnegie, VIC

YEMEN

Arunn Jegatheeswaran
Field Coordinator
Greenacre, NSW

Steven Purbrick
Field Coordinator
Jeeralang Junction, VIC

VARIOUS/ OTHER

Jessa Pontevedra
Medical Doctor
Hamilton, NZ

Kylie Gaudin
Logistician Team Leader
Drury, New Zealand

Sukumary Chandri Nambiar
Cultural Mediator
Richmond, VIC

Beth O'Connor
Psychiatrist
Christchurch, NZ


© Laura Bianchi/MSF

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

A couple shares a moment at a makeshift camp for refugees, migrants and asylum seekers at Piraeus habour in Athens, Greece.