THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

FEBRUARY 2016

MALI: FIGHTING PREVENTABLE DISEASE IN UNDER FIVES

BALANCING PREVENTION AND TREATMENT

Healthcare under fire

LIFE IN SYRIA'S CONFLICT ZONE

THE PULSE

FEBRUARY 2016
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© Yann Libessart/MSF

Seven-month-old Youssouf was referred as an urgent case from Molobala community health centre. At Koutiala hospital he commenced treatment for acute malnutrition and severe pneumonia and by day four, Dr Issa Diakite was confident he was progressing well.

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 2014, 190 field positions were filled by Australians and New Zealanders.

Front cover: Since 2009, Médecins Sans Frontières has partnered with the Ministry of Health to link prevention and treatment across community and hospital care in Southern Mali. (*Pictured*) Djenebou Kone provides nutrition supplement to daughter Sarata to prevent malnutrition. © Yann Libessart/MSF

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BY DR LISA UMPHREY

EDITORIAL

Balancing prevention and treatment

The beginning of the year typically involves reflection and looking ahead, and I'm doing my share as I start my first full year as a paediatric advisor for Médecins Sans Frontières' Medical Unit in Sydney.

In my new role I'll be returning to Koutiala in southern Mali, having first worked in the hospital as a paediatrician in 2014. Koutiala represents our biggest paediatrics project. It begun six years ago in collaboration with the Malian Ministry of Health and is dedicated to tackling endemic malnutrition, malaria, respiratory infections and other common causes of under-five deaths worldwide.

The project stands out within Médecins Sans Frontières. Where others may address either hospital care or community-level care, in Koutiala we're joining up preventive and curative activities. Médecins Sans Frontières has established expertise in each, ensuring prevention and treatment are complimentary. Our ongoing challenge is how to get the balance right. Many diseases are preventable, but there will always be children whose lives need to be saved with urgent and specialised care.

The continuum of care spans from the village, via village health workers and malaria outreach 'agents', to the 210-bed paediatric department of Koutiala Reference Hospital. If we miss a child at one point, we're ensuring we have the opportunity to care for them at another. And if they do need hospitalisation, on discharge many loop back to the community health centre, to complete their nutritional treatment and be enrolled in the preventive program to avoid sickness again.

One-year-old Youssouf did exactly that. His mother brought him to Molobala health centre acutely malnourished, coughing and with very laboured breathing. Acute malnutrition can be treated outside the hospital if it's not severe, and in Youssouf's case he was moderate, but his respiratory distress complicated things. His health booklet showed he'd had some vaccinations, but not the full suite. This made him all the more at risk of the severe, indeed life-threatening, pneumonia he was suspected to have. Transferred to hospital he was admitted for medical treatment and nutritional therapy. Once his pneumonia resolved he was healthy enough to go home – becoming a nutrition outpatient in Molobala, with weekly check-ups until his acute malnutrition was overcome.

Working with the Ministry, we want to reduce mortality and illness among all 165,000 children aged under-five across the district. This is only possible if we improve the quality of health care in all 42 health zones that belong to Koutiala. The foundation of this is a feasible paediatric package, combining prevention and treatment that is simple and cheap to deliver.

The free package of care includes prevention and treatment of malnutrition, immunisation, general medical consultations, provision of insecticidal mosquito nets, and preventive malaria treatment during the malaria season. Every child that can avoid severe sickness and maintain good nutrition is a child more likely to become a healthy adult.

Five health centres are now linked with our hospital and the reach is already substantial but it is a number that we're planning to expand. In 2014, over 10,000 consultations were conducted for monitoring development in healthy children. Another 3,000 malnourished children received ambulatory care. Everyone benefits with ambulatory care. Managed via the health centre, the child avoids becoming sicker, the family avoids the worry and logistical difficulties of a very sick child and the health system can support the child at a lower level, which reduces costs.

So far, we have been able to increase vaccination coverage; reduce growth delays for children under two; reduce the numbers of children with severe acute malnutrition; and reduce hospital admissions. These results have given us the confidence—and evidence—to push for roll out across the district.

In 2014, we also saw 4,500 malnourished children hospitalised. Because malnutrition and infection interact, it is easy for children to suffer multiple health issues, making diagnosis and treatment all the more complex. As with Youssouf, and children much sicker than him, we are well equipped to give them the care they need. But my colleagues and I would be so much happier – and the child's prognosis would be so much better – if they were detected, diagnosed and treated earlier.

The situation with malaria is similar. In 2014 our teams reached over 180,000 children pre-emptively with anti-malarials during the malaria peak. The program, Seasonal Malaria Chemoprevention (SMC), was a huge undertaking. While close to 5,000 patients were still hospitalised for severe and/or complicated malaria, this is significantly down from 8,860 in 2011 before we implemented SMC. Yet we know that we haven't got the better of malaria yet.

We are on our way though, to getting the better of the variety of bacterial diseases that threaten our small patients. As I left Koutiala in May 2014 we finished construction of a renovated blood bank—the source of transfusions for many malaria patients—and laboratory, incorporating a new bacteriology department. This is a luxury compared to the typical Médecins Sans Frontières project, and can really help individualised care.

The project has focused on improving systems at all levels of care, and training local community and hospital health workers as well as paramedical trainees and medical students.

In Mali, despite marked poverty, the project has been able to grow via the joint investments in infrastructure, training, and research. We continue to monitor our results, and discussions are ongoing with other aid actors about the specialised roles they can play. Overall, we keep striving to get the balance of investment right, strengthening prevention and treatment for a continuum of care that saves lives like Youssouf's now, and others well into the future.

We've started documenting the Koutiala project on a new website, and would welcome your visit **childhealthmali.msf.org**.

Dr Lisa Umphrey
Medical Advisor – Paediatrics
Médecins Sans Frontières

NEWS IN BRIEF

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

ONE IN THREE WOMEN HAVE EXPERIENCED SOME FORM OF SEXUAL VIOLENCE IN THEIR LIFETIME.

MÉDECINS SANS FRONTIÈRES CONDUCTED
6,154 MEDICAL CONSULTATIONS
OF DISPLACED PERSONS IN **LESBOS**
IN THE PAST TWO MONTHS.

DEATH TOLL FROM STARVATION REACHES 35
MADAYA, SYRIA

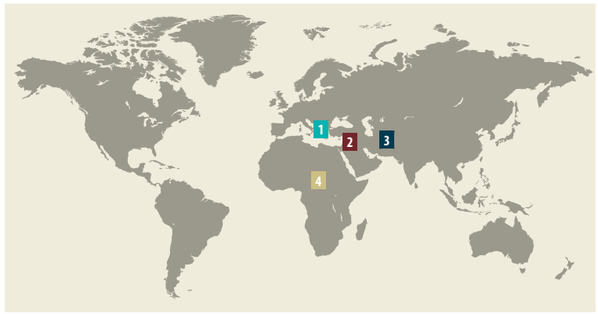
JOIN OUR TEAM

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

RECRUITMENT EVENINGS

Tuesday 1 March	*Sydney*
Tuesday 5 April	*Melbourne*
Tuesday 19 April	*Auckland*
Tuesday 17 May	*Perth*

PAST WEBINARS ARE ALSO AVAILABLE ONLINE TO WATCH ON DEMAND.
Visit **msf.org.au** for details on all our recruitment events.



MESSAGE OF SUPPORT

"It's so sad to see the pain and suffering of innocent people but it would be so much worse without your help. You should all be very proud of yourselves."

– DONOR, MESSAGE OF SUPPORT TO OUR DEDICATED FIELD WORKERS.
READ MORE ABOUT THE WORK OF FIELD WORKERS ON PAGE 14.

1 GREECE

New life-saving operations in the Aegean Sea


© Will Rose

Australian nurse Brett Adamson assists a child crossing from Turkey to Greece.

BACKGROUND

After fleeing conflict, poverty and human rights abuses in their country of origin, up to 140,000 people made the dangerous sea journey from Turkey to the Greek Islands in November. Since September an estimated 65 per cent have landed on Lesbos, while a staggering 330, most of them children, have lost their lives in the Aegean whilst attempting to reach a safe haven in Europe.

ACTION

A joint operation between Médecins Sans Frontières and environmental organisation Greenpeace is assisting people who risk their lives to cross the sea between Turkey and Greece. The operation includes using three rigid hulled inflatable boats to support the Greek Coastguards rescue operations. We are also providing mobile clinics offering emergency medical and psychological assistance to people arriving on the islands of Lesbos, Samos and on the Dodecanese islands. Since the beginning of its operations in the Greek Islands, we have provided more than 22,100 medical consultations.

2 SYRIA

Urgent medical evacuations needed in Madaya

BACKGROUND

Medics supported by Médecins Sans Frontières in the besieged town of Madaya have confirmed five deaths from starvation since the first humanitarian convoy arrived on the afternoon of 11 January. Twenty three patients died of starvation in Madaya in December, five more on Sunday 10 January, and another two on 11 January, as the first convoy was en-route. The latest five deaths make a total of 35 deaths from starvation.

ACTION

Médecins Sans Frontières-supported medics have identified eighteen critical patients that need to be medically evacuated or risk imminent death. The most critical patients need to be treated in a hospital environment with skilled medical staff and appropriate medical infrastructure to avoid oedema. A larger number will either need medical evacuation or expert malnutrition medical care in the following days. The organisation has advised that pregnant and lactating women be evacuated from this context.

3 AFGHANISTAN

© Dan Sermand/MSF

Standing in what was once the mental health room in Kunduz.

Revised death toll in Kunduz

BACKGROUND

On Saturday 3 October 2015, the Médecins Sans Frontières Trauma Centre in Kunduz, was hit several times during sustained bombing by Coalition forces, and was very badly damaged. A review of events leading up to, during, and immediately following airstrikes showed no reason why the hospital should have come under attack. Initial reports indicated 30 fatalities.

ACTION

Although determining the death toll has been extremely difficult in the chaos of the facility's wreckage following the attack, extensive efforts have been undertaken to identify those who have died. Additional human remains had been found in the hospital rubble over the course of the past two months. Detailed investigations have been carried out, including interviews with staff, patients and family members, as well as cross-checking with other hospitals in Afghanistan where they were referred post-attack. After two months of in-depth investigations, Médecins Sans Frontières announced with great sadness that the death toll has been confirmed to be at least 42 people. The revised figures include 14 staff members confirmed to have been killed, as well as 24 patients and four caretakers. MSF are still calling for an independent investigation.

INTERNATIONAL WOMEN'S DAY – 8 MARCH

International Women's Day (8 March) is a global day celebrating the social, economic, cultural and political achievements of women. Each year Médecins Sans Frontières has marked the day to raise awareness about women's health. In 2016 we are focusing on: ***Breaking down the barriers to sexual violence care***.

Sexual violence is a major component of women's health issues and a growing area of Médecins Sans Frontières action. The issue of sexual violence is indiscriminate, traversing all societies and cultures in every country and social class concerned. According to the World Health Organisation, worldwide, one in three women have experienced some form of sexual violence, but as an average it underestimates the reality for the most affected women.

Médecins Sans Frontières offers, and advocates for, medical care and psychosocial support to women who have been victims of sexual violence. We have treated over 11,000 victims of sexual violence in 91 projects, in 29 countries in 2014. Ninety per cent of patients were women and girls. We also offered comprehensive assistance to victims of sexual violence from medical and psychological care to social and legal support, to alleviate their suffering and support their recovery and resumption of daily life.

Show your support on International Women's Day. Visit **www.msf.org/IWD2016** to see how Médecins Sans Frontières is working to address this critical issue.


© Mayerling Garcia/ECHO

Cynthia, a medical doctor of MSF explains the importance of receiving urgent attention after a sexual assault.

4 CENTRAL AFRICAN REPUBLIC

220,000 vaccinated in Central African Republic


©Anthony Fouchard

This preventive vaccination campaign is one of the largest ever launched in the Central African Republic.

BACKGROUND

The percentage of immunised children in the Central African Republic (CAR) has fallen sharply since the crisis began in 2013. Official Ministry of Health figures indicate that by the end of 2013, only 13 per cent of one-year-olds had been fully immunised. Given the current situation in CAR, the risk of epidemics and therefore deaths from vaccine-preventable diseases is extremely high.

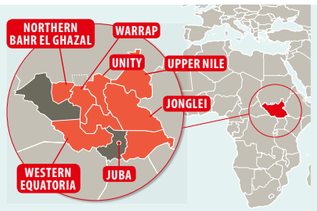
ACTION

Médecins Sans Frontières has launched a vaccination campaign of unprecedented scale targeting some 220,000 Central African children against the principal childhood killer diseases – diphtheria, tetanus, whooping cough, polio, haemophilus influenzae type B, hepatitis B, pneumococcus, yellow fever and measles. The campaign includes administering pneumococcal conjugate vaccine (PCV), which humanitarian aid agencies have not yet been able to use on a large-scale due to its prohibitive cost. For the time being we are benefiting from a donation made by pharmaceutical laboratory Pfizer. In April 2015, Médecins Sans Frontières launched its global "A Fair Shot" campaign, demanding the vaccine to be made available at a fair price so that it can be used as necessary. The prevention vaccination campaign is set for completion by the end of 2016.

SOUTH SUDAN

12 MILLION POPULATION

3,250 MSF STAFF



South Sudan is Médecins Sans Frontières **largest country program**, with **18 projects** in seven of the country's 10 states

Regions where MSF has projects
Cities, towns or villages where MSF work

SOUTH SUDAN IS A VERY NEW COUNTRY
IT GAINED INDEPENDENCE IN JULY 2011

Médecins Sans Frontières medical staff work to bring down the fever of a young boy with malaria in Bentiu camp before they can give him a blood transfusion.
© Brendan Bannon

In 2014,
936,000
CONSULTATIONS WERE PROVIDED BY **MÉDECINS SANS FRONTIÈRES**

Médecins Sans Frontières runs
FOUR PROJECTS
in Unity State alone

Escaping violence only to face new dangers


© Brendan Bannon

A young boy with malaria and a high fever is brought into the Médecins Sans Frontières hospital in Bentiu.

December 2015 marked a tragic anniversary in South Sudan: two years of a complex and bloody conflict.

South Sudan's conflict began as a political crisis in the capital, Juba, in December 2013 but rapidly spread throughout the country, involving various armed groups and militias. Civilians have also been repeatedly targeted and subjected to extreme levels of violence, including rape, abduction and murder.

Unity State, in the central north of the country, is one of the worst affected areas. Almost 600,000 people are displaced in the State, with many seeking safety in the UN Protection of Civilians camp in Bentiu, and others simply hiding in the bush or swamplands. Médecins Sans Frontières provides the only hospital for the 110,000 people in the camp – a 170-bed facility providing everything from maternity care to surgery.

Two Australian field workers who have recently returned from Bentiu share their experiences:


© Andrea Atkinson/ MSF

Andrea Atkinson, medical doctor

"People in the camp have all fled villages when they were under attack and often arrive with nothing, not even clothing in some instances. Unfortunately life in the camp has many dangers itself – namely malaria and malnutrition. People often report that they don't have enough food to feed their children, and there is no fuel for cooking so women often have to leave the camp in search of firewood. This is extremely dangerous and we had many reports of women being raped or abducted outside the camp.

What I noticed inside the camp was how many children there were – thousands and thousands of children, who spend their days playing in the streets of the camp, unfortunately being exposed to mosquitoes carrying malaria. During my time we had a massive malaria outbreak and everyday was a struggle to keep unconscious, convulsing and severely anaemic children alive. It must be very hard for the parents, who have fled terrible violence, to then have their children die from disease and hunger in the camp.

Yet it was amazing how resilient the children could be, and the lengths their parents took to protect them. People would hide in lakes and rivers for weeks once their villages were attacked. Eventually they would make the journey to the camp, often coming directly to the hospital to have their children treated.

It was an incredibly difficult mission. I was not accustomed to seeing children die, and to be honest, many times I felt quite out of my depth as one of only two or three doctors in the hospital. There were very few other organisations providing even primary healthcare. Médecins Sans Frontières is the difference between something and nothing over there. At one point we were seeing over 300 patients a day, and more than 80 per cent were positive for malaria. Without medical treatment, many of them would have died. Although it often felt that what we were doing was the tip of the iceberg, we have to continue to advocate for more healthcare for the people in the camp and for more protection for those outside it."

> "It must be very hard for the parents, who have fled terrible violence, to then have their children die from disease and hunger in the camp."

Jennifer Duncombe, epidemiologist

"I worked as an epidemiologist in the camp, following a surge in fighting in Unity State that resulted in a considerable influx of people. As a result, the risk of disease outbreaks due to overcrowding, poor water and sanitation conditions, and strained health facilities increased dramatically.

We saw many cases of malnutrition, measles and Hepatitis E, as well as other tropical illnesses such as Kala Azar, however our biggest concern was malaria. During my three month assignment, Médecins Sans Frontières treated more than 40,000 children aged under five for malaria. Indeed, in August, the camp was so overwhelmed by the malaria outbreak that, together with other organisations, we conducted a community-based malaria treatment campaign. In eight days, 250 outreach workers screened 30,000 children aged six months to five years old for malaria and, of those, treated more than 16,000. It was a colossal effort and something I will never forget! In the following weeks when fewer severely sick children were seen at the hospital, and the number of deaths decreased, we all sighed with relief. Although the outbreak was not yet over, we could at least see some improvement and there was a light at the end of the tunnel.

We had many patients who were directly affected by the war: for instance people with gunshot wounds. We also saw many indirect impacts of the conflict, such as children who came in missing limbs because they were playing with grenades that they found. At one stage, we had three children come to the hospital with shrapnel wounds and missing limbs from a grenade explosion. Unfortunately, within a few days, all had died. A few weeks later, we had two more children injured by grenades. Thankfully, our surgeon worked his magic and this time they both survived.

Life inside Bentiu camp, although relatively peaceful, is difficult. People are reluctant to come to the camp because they fear disease outbreaks, like malaria, but they are fleeing for their lives and can see no other option. Working in Bentiu was also extremely challenging, both physically and emotionally. It was incredibly hot but also very muddy, so we trudged around in gumboots, sweaty and sunburnt and desperately seeking shade. And yet, it was impossible to feel sorry for ourselves when we came face-to-face with such seemingly unnecessary suffering in the camp each day. What is the point of this war? Why are these people killing each other? When will it be over?"

Majok's story: injured by unexploded ordnance


© Petterik Wiggers

Majok, aged 14 recovers from his wounds in a Médecins Sans Frontières hospital in South Sudan.

Majok was seeking shade from South Sudan's scorching sun when disaster struck. What he didn't know was that the container sheltering him was full of unexploded ordnance. It appears that locals had set fire to the grass around the container to prepare the land for farming. The container suddenly exploded, seriously injuring Majok and killing the seven men with him. He was driven to the Médecins Sans Frontières hospital, where he was treated for wounds from his shoulders to his feet, mostly on his legs. As well as his physical injuries, he also has to deal with the trauma of knowing that the seven people he was with were killed.

** Names have been changed.*

HAITI

Lifesaving care in Haiti's war

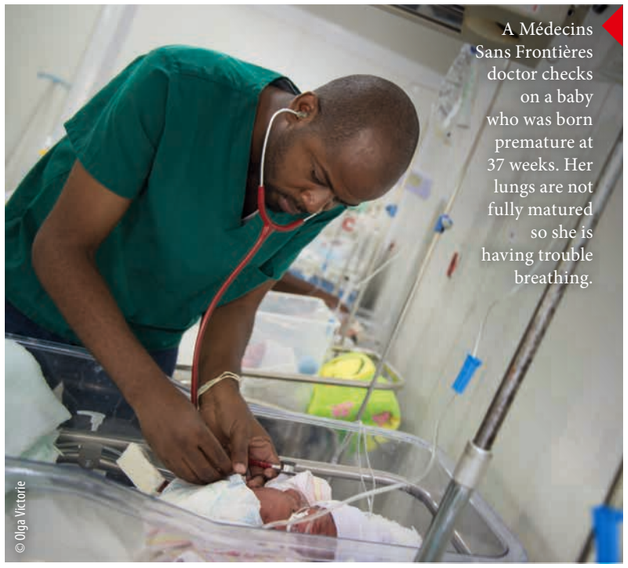
Unprecedented numbers of pregnant women are seeking medical care at Médecins Sans Frontières' obstetric hospital in Port-au-Prince, following funding cuts by international donors and limited Haitian government spending.

A woman meets her newborn baby after delivering by caesarean section.

A midwife holds a newborn baby at Médecins Sans Frontières' obstetric hospital in Port-au-Prince. The hospital focuses on complicated obstetric cases.

Cherline and her husband Clercy hold their newborn baby after returning home from the Médecins Sans Frontières obstetric centre in Port-au-Prince, Haiti. Cherline was admitted with high blood pressure but delivered her baby quickly and safely. The couple has lived in this 15 square metre shelter in a displaced person's camp since the earthquake six years ago.

Paediatric staff check two premature babies in the neonatal ward in the Médecins Sans Frontières obstetric hospital.



A Médecins Sans Frontières doctor checks on a baby who was born premature at 37 weeks. Her lungs are not fully matured so she is having trouble breathing.

A newborn baby is given oxygen after birth. The baby was in a breech position and was delivered by caesarean.

A mother waits with her baby for a postnatal check up at the outpatient department of the obstetric centre.

LETTER *FROM YEMEN*

"I'd never before seen the level of casualties I saw in Saada. The scale of wounded was extreme."

A father holds his wounded child at the Saada city hospital in Amran, Yemen.

BY MICHAEL SEAWRIGHT

Many civilians continue to live in Saada, northern Yemen, despite almost daily airstrikes in the area. Michael Seawright from Auckland, New Zealand, was recently Project Coordinator for Médecins Sans Frontières projects in the war-torn region.

Michael with the young burns patient in Saada, Yemen.

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

I've worked in war zones for the past 11 to 12 years, in some of the worst conflicts like Syria, but I have never seen such destruction conducted in such a short period as in Yemen. I was based in Saada, in the north, in a Houthi-controlled area that was experiencing almost daily attacks from Coalition air forces. These air strikes were often close to our facilities and we clearly felt their effects.

As Project Coordinator, an important part of my job was helping new staff acclimatise to the security situation. While most of our staff were experienced with Médecins Sans Frontières, many were yet to experience that level of conflict, and close proximity to attacks. New international staff members would be lying in bed at night listening to the jets going over, so sleeping was particularly uncomfortable at times. I spent a lot of time helping the team understand what was happening and giving them the assurances they needed to put aside their security fears and to remain confident, as much as you could anyway.

Extreme trauma injuries

I'd never before seen the level of casualties I saw in Saada. The scale of wounded was extreme in two respects – firstly there was a large number of wounded coming through the hospital, but the severity of wounds was also often extreme. Médecins Sans Frontières was running the emergency department, operating theatre, inpatient and maternity ward in what grew to become a 93-bed hospital in Saada City. We were receiving a lot of patients with severe injuries, including traumatic amputations – people would come in missing feet, hands and with severe abdominal and head trauma.

> "A family in Yemen is much the same as a family here in New Zealand or Australia. What father or uncle doesn't want to protect their son or nephew?"

Many of the wounded had travelled from four to five hours away, given that it was the only hospital with emergency surgical capacity in the province, in fact in most of northern Yemen. There were lots of patients: we were seeing over 2,000 emergency cases a month and more than 100 surgeries a week. If you combine that with the security situation keeping people awake, it was quite challenging, especially for our medical staff many of whom were on call 24-hours a day due to staff shortages across the country.

Despite the volatility of the conflict, life goes on, and as always pregnant women need somewhere safe to deliver their babies. The maternity ward, supported by Médecins Sans Frontières, delivered over 100 babies a week in the hospital. This was a source of pride for them but also reassuring for the wider population to know that while lives were being lost new life was being created.

Protecting a child

One patient whose story was particularly moving was a three-year-old boy with severe burns who came in to the emergency department in Saada with his uncle and father. The family lived near the Saudi border, in an area where there were regular indiscriminate attacks against the community. One day while their house was being hit by Coalition forces, the boy's father and uncle, in concern for their little boy, jumped on top of him to protect him. For me it highlighted that a family in Yemen is much the same as a family here in New Zealand or Australia. What father or uncle doesn't want to protect their son or nephew? And in this case they literally put their bodies between the blast and him. Unfortunately, he was still quite burnt down one side of his body, but he will recover with no significant scarring, according to our doctors.

The little boy was one of several long-stay burns patients in our hospital. Where the injury needed further treatment and the service existed elsewhere, Médecins Sans Frontières organised and paid for all referral support – including treatment costs, transport, food and the costs of the caregiver. But some people chose to stay for a variety of reasons, such as family commitments. So we had a number of long-stay patients, particularly children.

Negotiating with authorities

Another important part of my role was negotiating with the military and local authorities. Without their permission, irrespective of what we want to do, we are simply unable to safely conduct medical activities. One thing that really helped us was the fact that our results spoke for themselves. The large number of patients that Médecins Sans Frontières was treating, combined with the number of facilities that we were supporting, allowed a significant level of access to communities requiring critical healthcare. Also the fact that Médecins Sans Frontières is privately funded allowed us a high level of operational freedom in Yemen.

Emergency care on the border

Even though our impact in Saada was very high, we were still four hours away from the Saudi Arabian border where large numbers of casualties were occurring. In order to access border communities with critical medical needs, Médecins Sans Frontières provided fuel for ambulance referral services from the border to the hospital so that the cost of fuel – which was extremely high – was not a barrier for patient care. This helped, but it was still a four hour journey over what was worse than any road I have driven in New Zealand.

In early November 2015 Médecins Sans Frontières started supporting an advanced stabilisation point – essentially an emergency room – right near the border, so that people didn't have to travel four hours for healthcare. For critical patients, that could mean the difference between life and death. If you can stabilise patients before they're moved then they have a much greater chance of survival. Unfortunately, while the facility had been operational for almost three months, on 10 January 2016 it was hit by a military projectile, causing several buildings to collapse. Six patients were killed, while, seven were wounded, including two Médecins Sans Frontières staff. This was another reminder that the sanctity of healthcare was no longer respected in Yemen with civilians continuing to bear the brunt of the conflict."

Médecins Sans Frontières manages 11 hospitals and health centres and regularly supports 18 health centres across Yemen. Since the start of the current crisis in March 2015, Médecins Sans Frontières teams have treated more than 20,000 war-wounded patients.

SUPPORTER PROFILE

NAME: Dr Paul Kwa

HOME: Townsville

OCCUPATION: Emergency Physician

Paul Kwa has supported Médecins Sans Frontières as a Field Partner since 2002, and has made the generous decision to leave a gift in his will. He is also a returned field worker having worked in Kenya and South Sudan.

Since I was a medical student I have been inspired by the important work of Médecins Sans Frontières. I have long believed in its humanitarian principles and its ability to assist any population in distress, based solely on medical need and without discrimination.

In addition to being a supporting donor, I have also volunteered as a doctor with Médecins Sans Frontières, working in Darfur in 2005 and Kenya and South Sudan in 2008.

As an emergency physician and returned field worker, my interests and skill set closely align with Médecins Sans Frontières' emergency responses. However, Médecins Sans Frontières' interventions in other areas such as malnutrition, neglected diseases and women's health all make important contributions towards global health.

I now have a young family making it challenging to return to the field in the short term, but being an ongoing supporting donor allows me to continue to contribute towards Médecins Sans Frontières' humanitarian actions. I have also chosen to remember Médecins Sans Frontières with a gift in my will.

Médecins Sans Frontières is an effective and principled provider of independent humanitarian medical aid. I would strongly encourage others to also support its important and valuable work.

For more information on becoming a Field Partner, please visit www.msf.org.au

SYRIA

13.5 MILLION PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

THE SYRIAN CONFLICT BEGAN IN MARCH 2011 – ALMOST FIVE YEARS AGO

MORE THAN **4 Million** SYRIANS ARE REGISTERED AS REFUGEES IN NEIGHBOURING COUNTRIES

More than 6 million Syrians are internally displaced within Syria

In Syria 2014, Médecins Sans Frontières provided more than
135,000 consultations
4,000 surgical interventions

Médecins Sans Frontières medical programs in Syria provide services including maternity, surgery and vaccination campaigns.

"My family was terrified... I thought that either I would be killed by the airstrikes or by ISIS."

Dr Marwan after arriving in Holland.

© Ikram Ngadi

Life can be extremely dangerous for doctors living in Syria. Dr Marwan worked with Médecins Sans Frontières in northern Syria, before he began receiving threats from Islamic State that forced him to consider his future.

I was a paediatric doctor in Raqqa, Syria, married with two children. I ran a private clinic in a poor area of the city, as well as providing free healthcare to displaced people.

In April and May 2013, there was an upsurge in fighting, airstrikes and random shootings. The Free Syrian Army (FSA) had gained ground in Raqqa, and the city was being bombed every day by government forces.

One day I was standing with a neighbour outside my clinic when he was shot in front of my eyes. That was when I decided to close the clinic – it was just too dangerous. One week later, a barrel bomb hit a nearby mosque and also destroyed my clinic. Thankfully, no one was in the building at the time.

It was then I heard that Médecins Sans Frontières was conducting interviews for a vaccination campaign in Tal Abyad [100 km north of Raqqa]. After two days I heard that I had got the job.

Meanwhile a string of opposition groups was taking it in turns to control Raqqa, and by the end of 2013, Islamic State of Iraq and Syria (ISIS) was trying to take over the area. After a couple of months, ISIS decided they needed to control hospitals, clinics and medical supplies in Raqqa. People began to feel threatened: most international organisations left Raqqa and many Syrian doctors fled the country.

ISIS came to my house

I decided to open a clinic in my house to provide some assistance. As a doctor, my motto was: 'Treat people, but also try to protect yourself'. Soon, ISIS members started to come to my house for medical treatment. I wasn't comfortable with this, but I was acting according to my medical ethics: to treat all patients regardless of ethnicity, religion or politics.

But the appearance of ISIS members in front of the house was terrifying, for my family and myself. After a couple of months, when the US-led coalition started bombing ISIS, they forced me to go with them to treat their wounded. My family was terrified that I would not come back. I thought that either I would be killed by the airstrikes or by ISIS.

Life in Raqqa was terrifying. During the day we lived with the government's airstrikes; at night there were coalition airstrikes. The sound of the jets was so loud it was like an earthquake. A close friend was killed by a government airstrike.

One day ISIS put pressure on me to join their hospital. Most doctors had left Syria and they needed me. But I refused. As a result, I received threats. There was nowhere to hide. I began to realise that my only way out was to leave Syria. I thought, I'd prefer to go on one of the death boats than risk staying here.

Life had stopped for me

I realised that life had stopped for me, and [what] I had to do was save my family. I worried that in Syria my children wouldn't have a life or even get an education. I started to plan my departure. I planned to travel to Turkey then take the boat to Europe, heading for Holland. My wife was in the final month of pregnancy with our third child. She was so exhausted that it was difficult for her to travel. So the idea was that I would go with a friend, and once I had immigration papers, my family would follow me.

Leaving Raqqa was not easy, with fighting ongoing between so many different armed groups. But we finally reached Izmir, Turkey, which was very crowded. People were sleeping in the streets, starving – people who had given all their money to smugglers but had failed to leave. We heard many stories of boats sinking. It was hard to look at the sea knowing that soon we might drown in it.

A long journey

When the time came, it was a difficult decision to get onto the overcrowded rubber dinghy. Some people were crying and others were praying – everyone has their own way to deal with fear. We arrived on the Greek island of Farmakonisi and then travelled from Greece to Macedonia and then Serbia. By that time I hadn't had any proper sleep for seven days. My dream was to find a pillow to sleep on, water to take a shower and a phone with which to call my family.

In Belgrade I finally managed to get a local SIM card so I could call home. I talked to my wife and daughter, but my son refused to talk to me. He felt that I had abandoned him and it broke my heart. From Belgrade, we travelled to Austria, and finally bought train tickets to Amsterdam.

> "There was nowhere to hide. I began to realise that my only way out was to leave Syria."

My wife gave birth in October, soon after I arrived. I talk to my family every day, but my son still refuses to speak to me. Each time I talk to my daughter, my heart starts racing like a running horse. It is really difficult to hear the warplanes in the background, knowing that at any minute they will drop their bombs, knowing that my family is terrified but I'm miles away and I can't protect them."

Names have been changed

A poem by Dr Marwan

In exile

In the time of aborted dreams

Rain falls on land that
no longer needs it

And birds stop flying.

This is how it looks in a
time of unbelonging.

I'm a mere refugee, with a map
drawn of lost footsteps

And the face of a motherland drawn
in cigarette smoke and stained
with blood.

Médecins Sans Frontières in Syria

A boy suffering from burns is cared for by a Médecins Sans Frontières medical worker in northern Syria.

© MSF

With massive unmet needs inside Syria, Médecins Sans Frontières should be running huge medical programs, but is prevented from doing so due to the scale of the violence and attacks on healthcare.

Nonetheless, Médecins Sans Frontières continues to operate six medical facilities across northern Syria, and directly supports more than 150 health posts and hospitals across the country. Most are temporary structures run by Syrian doctors, without Médecins Sans Frontières staff. Médecins Sans Frontières provides practical support and distance learning to help them deal with the extremely high level of medical needs. Following the abduction and release of Médecins Sans Frontières staff in 2014, the extremely difficult decision was taken to stop activities in areas controlled by ISIS.

FIELD WORKER

NAME: Loren Shirley

HOME: North Hobart, Tasmania

Field Role: Pharmacist

Access to essential drugs is critical in Médecins Sans Frontières' projects. Pharmacists are responsible for managing the supply, inventory and distribution of drugs and medical supplies, ensuring that medications are of good quality and used safely and effectively.

Médecins Sans Frontières Field Experience

- March to October 2015
  Country Pharmacist, Monrovia, Liberia
- November 2015 to March 2016,
  Country Pharmacist, Monrovia, Liberia

"The loss of a child is a pain that you can understand in any language."

© Loren Shirley/ MSF

Loren with the pharmacy team in Monrovia, in front of the pharmacy tents.

What led you to work for Médecins Sans Frontières?

After completing my pharmacy degree and intern year, there were unfortunately no clinical pharmacist positions available in the state. So I started looking at other options. I knew a fair bit about Médecins Sans Frontières because my family had been donating regularly for some years. I went to a recruitment information evening where I heard some amazing and challenging stories and knew that this was what I wanted to do. Three years later and after a long recruitment process I finally realised that goal!

What are the primary responsibilities of a pharmacist with Médecins Sans Frontières?

As the country pharmacist in Liberia, my overall responsibility is to ensure that Médecins Sans Frontières' projects have the medications they need and that these medications are safe, effective and used in the right way. Liberia is at the tail end of the Ebola outbreak but survivors continue to face physical and mental health challenges, so Médecins Sans Frontières is running a survivor clinic, as well as a paediatric hospital. An important part of my role is liaising with authorities and other non-government organisations to ensure our importation of medications runs smoothly and that we can help each other out with supplies when things go wrong. I also work closely with my Liberian pharmacist colleague, teaching her how to review drug charts, as well as with our nurses and doctors to improve quality of care. We have also just taken on a new pharmacy intern; it is great to work with the Ministry of Health to help train future professionals in Liberia.

In Nigeria, my responsibilities involved stock management, staff education and optimising medication safety. I was responsible for educating nurses and midwives to ensure appropriate information was passed onto patients, and that medications were administered appropriately.

What are the most rewarding and challenging aspects of working with Médecins Sans Frontières?

For me the most rewarding part is getting the opportunity to really see how people live in countries that I would probably never have the chance to visit if I wasn't working with Médecins Sans Frontières. In Liberia, particularly after Ebola, there is a mistrust or fear of medical facilities, because a lot of the initial cases of Ebola were transmitted between staff and patients in medical facilities. Unfortunately this has led to a lot of people seeking traditional medicines to treat their families outside of a hospital setting. We have a lot of children presenting to hospital after they have been exposed to a toxin in these traditional medicines.

On Christmas Eve I was at our hospital when a mother presented with her little boy, just four years old, who had been treated with some sort of traditional medicine. By the time he reached our facility it was already too late. The loss of a child is a pain that you can understand in any language. I wondered if she understood that the treatments that she had tried with her child may have contributed to the death of her son, and if the child had come earlier their Christmas may have been full of happiness as it is meant to be.

What skills and attributes are important for field work?

You do need the ability to make decisions autonomously, but also to be comfortable working as part of a team. A sense of adventure is very important; I have basically lived outside my comfort zone for several months. But because of the high security context of many Médecins Sans Frontières projects, you also need to be able to deal with long periods of time confined to compounds, living with the same people that you work with. From my experience you also need to be happy to go with the flow. Plans change every day, so you can't be someone who relies on rigid planning. Personally I love it!

What advice would you have for other pharmacists considering this kind of work?

If you are interested in aid work don't let other people talk you out of it. Most people are supportive but everyone has a lot of questions so be prepared and be confident. When things get challenging it is really important to have a strong sense of why you are there and what you are doing. I believe that affordable health care should be available for everyone regardless of their race, religion, gender or political beliefs, so the neutrality of Médecins Sans Frontières really appealed. Go for it!

CURRENTLY IN THE FIELD

AFGHANISTAN
- **Natasha Davies** *Nurse* Fernmount, NSW
- **Nikola Morton** *Medical Doctor* Chatswood, NSW
- **Tim McCulloch** *Anaesthetist* Hurlstone Park, NSW

ARMENIA
- **Kerrie-Lee Robertson** *Admin-Finance Coordinator* Marsfield, NSW

BANGLADESH
- **David Nash** *Head of Mission* Redfern, NSW

CENTRAL AFRICAN REPUBLIC
- **Annekathrin Muller** *Nurse* Midland, WA
- **Michael Ward** *Anaesthetist* Waikiki, WA

DEMOCRATIC REPUBLIC OF CONGO
- **Jezra Goeldi** *Logistics Team Leader* Watson, ACT

GEORGIA
- **Virginia Lee** *Health Promotion Officer* Lindfield, NSW

HAITI
- **Eugen Salahoru** *Medical Doctor* Fremantle, WA

INDIA
- **Cindy Gibb** *Nurse* Christchurch, NZ
- **Tambri Housen** *Epidemiologist* Ascot, WA
- **Simon Janes** *Medical Coordinator* Ascot, WA
- **Kelly Wilcox** *Field Coordinator* Bullcreek, WA

IRAQ
- **Michael Hering** *Logistics Coordinator* Kingsbury, VIC
- **Kathleen Pemberton** *Midwife* Narara, NSW
- **Sally Thomas** *Field Coordinator* Rozelle, NSW

JORDAN
- **Jessica Ramsay** *Medical Scientist* Perth, WA
- **Johanna van Grinsven** *Mental Health Coordinator* Bangor, NSW

KENYA
- **Zen Patel** *Admin-Finance Coordinator* Bondi, NSW
- **Janthimala Price** *Field Coordinator* Penrith, NSW

KYRGYZSTAN
- **Marie Reyes** *Nurse* Yagoona, NSW

LEBANON
- **Kezia Mansfield** *Medical Doctor* Hurstville Grove, NSW
- **Kate Tyson** *Obstetrician-Gynaecologist* Brooklet, NSW

LIBERIA
- **Rebecca Bennett** *Mental Health Coordinator* Meadow Springs, WA
- **Christopher Lee** *Construction Logistician* Mosman, NSW
- **Alison Moebus** *Nurse* Oak Park, VIC
- **Emma Parker** *Nurse* Aranda, ACT
- **Loren Shirley** *Pharmacist* Blackmans Bay, TAS

LIBYA
- **Colin Watson** *Nurse* Alice Springs, NT

MALAWI
- **Nicolette Jackson** *Head of Mission Assistant* Mullumbimby, NSW
- **Johanna Wapling** *Pharmacist* Wodonga, VIC

MYANMAR
- **Roslyn Brooks** *Medical Doctor* Cooma, NSW
- **Linda Pearson** *Field Coordinator* Auckland, NZ

NIGERIA
- **Stephanie Davies** *Admin-Finance Coordinator* Pacific Pines, QLD
- **Siry Ibrahim** *Field Coordinator* Wellington, NZ
- **Janet Loughran** *Anaesthetist* Rozelle, NSW
- **Kiera Sargeant** *Nurse* Beachport, SA
- **Rachna Shankar** *Anaesthetist* Keilor, VIC
- **Grace Yoo** *Pharmacist* Bankstown, NSW

PAKISTAN
- **Prue Coakley** *Field Coordinator* Enmore, NSW
- **Catherine Moody** *Head of Mission* Mt Pleasant, NSW
- **Adrian Thompson** *Field Coordinator* Port Macquarie, NSW
- **Shelagh Woods** *Head of Mission* Rose Park, SA

PAPUA NEW GUINEA
- **Jananie Balendran** *Medical Doctor* Cherrybrook, NSW

SIERRA LEONE
- **Sue Harrop** *Admin-Finance Coordinator* Wellington, NZ

SOUTH AFRICA
- **Ellen Kamara** *Field Coordinator* Beerwah, QLD

SOUTH SUDAN
- **Jordan Amor-Robertson** *Medical Doctor* Morley, WA
- **Brigid Buick** *Health Promotion Officer* Carnegie, VIC
- **Louisa Cormack** *Field Coordinator* Apsley, VIC
- **Jim Cutts** *Electrician* Somerville, VIC
- **Skye Giannino** *Nurse* Sunbury, VIC
- **Roisin Gormley** *Midwife* Cranbourne West, VIC
- **Lauren Gourley** *Nurse* Geraldton, WA
- **Jacqueline Gowers** *Nurse* Forest Lodge, NSW
- **Jessica Paterson** *Admin-Finance Coordinator* Ararat, VIC
- **Keiole Rima** *Pharmacist* Boroko, PNG
- **Miho Saito** *Midwife* Glengowrie, SA
- **Alexandra Stewart** *Medical Doctor* Forrest, ACT
- **Kyla Ulmer** *Nurse* Karratha, WA
- **Helen Wolsey** *Nurse* Brisbane, QLD

TAJIKISTAN
- **Frances MacDonald** *Nurse* Waikuku Beach, NZ

TANZANIA
- **Katy Brown** *Nurse* Townsville, QLD
- **Natalie Schulz** *Admin-Finance Coordinator* Varsity Lakes, QLD

UGANDA
- **Chinelo Adogu** *Pharmacist* Torrensville, SA
- **Brian Moller** *Head of Mission* Miami, QLD

UZBEKISTAN
- **Amrita Ronnachit** *Medical Doctor* Strathfield, NSW
- **Susanne Schmitt** *Medical Doctor* Rutherford, NSW

YEMEN
- **Jeff Stewart** *Field Coordinator* Flagstaff Hill, SA
- **Jeanne Vidal** *Water-Sanitation Logistician* Caroline Springs, VIC
- **Jessa Pontevedra** *Nurse* Auckland, NZ
- **Suzel Wiegert** *Nurse* Engadine, NSW

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.

Fernando, a media coordinator with Médecins Sans Frontières, hugs a rescued man goodbye, as he is transferred from the Bourbon Argos.

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