THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

FEBRUARY 2019

YEMEN
LIVES SHATTERED
BY LANDMINES

MEDICAL EMERGENCY
HIDDEN MATERNAL DEATHS

THE PULSE

FEBRUARY 2019
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INDEFINITE DESPAIR IN NAURU

© Sara Creta/MSF

Women and children in a detention centre in Libya, where Médecins Sans Frontières is providing care for migrants, refugees and asylum seekers who are held indefinitely. Read the Letter from Libya on page 10.

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 2018, 217 field positions were filled by Australians and New Zealanders.

Front cover:
At the Médecins Sans Frontières surgical hospital in Mocha, Yemen, anaesthetist Elma Wong attends to a child who received injuries to his brain, arm and face from a landmine.
© Agnes Varraine-Leca/MSF

The Pulse is the quarterly magazine of Médecins Sans Frontières New Zealand.

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BY DR CLAIRE FOTHERINGHAM

EDITORIAL

Confronting the hidden mortality of unsafe abortion

We need to do more for women dying from unsafe abortion. This International Women's Day, Médecins Sans Frontières is highlighting the crucial role of safe abortion care in preventing maternal mortality.

It was September 2011 and I was on my first assignment with Médecins Sans Frontières. Setting foot in the busy maternity hospital in Sierra Leone, I was completely unprepared for what I found: women arriving on death's door, with complications like heavy bleeding and septic shock. In the operating theatre, examining many of these women, I found trauma marks on the cervix, caused by objects such as sticks that had been inserted to terminate their pregnancies. Examples of unsafe abortion that had resulted in horrific injury.

I realised the sheer desperation that must have driven these women to do this, and how limited their options must have been. They were willing to resort to any means to terminate their pregnancy, even while knowing the huge risk to their own life.

Some of these women needed antibiotics or a tetanus injection for infection. Others required a blood transfusion for life-threatening bleeding, or major surgery to repair perforations to their bladder, bowel or abdomen, or to remove infected tissue caused by peritonitis or an abdominal abscess. Even if these initial complications could be rectified, I knew these women faced the danger of long-term impacts, including chronic pain, anaemia and infertility. Even if a woman simply didn't want this one pregnancy, she may never be able to have children again.

When these women left the hospital, they would most likely suffer social implications such as shame and stigma which can have wider consequences, such as being ostracised from their community, finding it harder to get married or complete schooling. Women who face these social implications are vulnerable to developing secondary mental health consequences such as anxiety and depression.

Encountering this sort of medical emergency was shocking. But I shouldn't have been surprised; I now know that unsafe abortion represents a major public health issue worldwide. At least 22,000 women and girls die from unsafe abortion each year, making it one of the top five direct causes of maternal mortality. On top of this number, an estimated 7 million women and girls suffer long-term consequences from unsafe abortion, including serious side effects and lifelong disability. Sadly, these numbers are likely much higher – the shame and stigma associated with abortion in some countries mean that many unsafe abortions are not disclosed, either by the women themselves, their families, or those who provided the abortion.

Every day, Médecins Sans Frontières witnesses the consequences of unsafe abortion. In some of our hospitals, it is the cause of up to 30 percent of obstetric emergencies. Yet this devastating cost to the health and lives of women and girls is completely preventable.

Safe abortion care is recognised as a medical necessity, established as part of the package of sexual and reproductive health that is considered worldwide to be beneficial to preventing mortality in women. Termination of pregnancy is a safe, effective procedure that can be accomplished by minor surgery or tablets. These tablets, a two-stage, five-pill therapy known as medication abortion, are increasingly used in Médecins Sans Frontières fields and can be dispensed as part of our outpatient care. Every safe abortion provided is an unsafe abortion averted.

Yet barriers to safe abortion care continue to exist in all societies, including New Zealand and Australia – and tend to be especially prominent in the settings where Médecins Sans Frontières works. These barriers include an inability to access healthcare, legal restrictions, healthcare provider resistance and knowledge gaps, as well as institutional opposition. But even where abortion is restricted, women, for many reasons and despite the risks, will still want to terminate their pregnancy, and will resort to any means available to them to do it. These factors lead many women to seek an unsafe abortion which is likely to put her wellbeing and life in danger. Whatever the reason, if a woman is willing to resort to using a stick in an attempt to end her pregnancy, she must feel she has no other option.

Since 1990, the baseline for the Millennium Development Goals, we have seen reductions in maternal mortality in many countries, including where Médecins Sans Frontières works – but deaths from unsafe abortion are where we've seen the least change. This is simply unacceptable.

Even in Médecins Sans Frontières, we haven't seen the progress we've wanted. Although safe abortion care has been part of our policy since 2004, we saw minimal change in the extent of the provision of care from 2007 to 2016. But, in the last three years, with a renewed focus on the issue, we are starting to see real change.

I hold the hope that the next young obstetrician who goes on assignment will not be confronted with the tragedy of post-abortion complications like I was. We must continue to push for more progress on safe abortion care worldwide: women's and girls' lives depend on it.

Dr Claire Fotheringham
Medical Advisor for
Obstetrics and Gynaecology
Médecins Sans Frontières Australia

Follow up online as we mark International Women's Day on www.msf.org.nz

NEWS IN BRIEF

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EMERGENCY CARE
for tsunami survivors in Indonesia included wound care, pregnancy care and psychological support

More than 75%
of displaced people treated by our teams in Cross River state, Nigeria, are women, children or elderly people

1 NAURU

"The issue of indefiniteness – that there is no timeframe for the detention process – has a strong impact on my patients' mental health. . . they fear for the future, they are completely hopeless."

- DR PATRICIA SCHMID, A MÉDECINS SANS FRONTIÈRES PSYCHIATRIST WHO TREATED REFUGEES AND ASYLUM SEEKERS ON NAURU.
READ MORE ABOUT THE MENTAL HEALTH CRISIS ON NAURU ON PAGE 6.

2 INDONESIA


© Didi Mug Triman/MSF

A midwife attends to a tsunami survivor in a mosque, where displaced people are sheltering in Banyubiru village, Labuan.

3 DRC


© John Wessels

At the Ebola treatment centre in Butembo, health workers carry a man cleared of Ebola to be transferred to a hospital.

Tsunami hits Sunda Strait

BACKGROUND:

On the evening of 22 December, Indonesia's Sunda Strait was hit severely by a tsunami. At the time of writing, the Indonesian National Disaster Management Agency had reported 430 deaths, 150 people missing and 1,500 injured, while more than 16,000 people were displaced. The disaster affected five districts in Banten and Lampung provinces, causing extensive damage to houses, shops and roads. The tsunami was the second to strike Indonesia in 2018, following the Central Sulawesi tsunami in September.

ACTION:

Teams were already present in Pandeglang district, Banten, when the tsunami hit, enabling fast mobilisation to treat an influx of injured people. In Labuan and Carita, our medical staff supported the delivery of outpatient medical care in the local health centres. Mobile teams provided treatment including wound care, pregnancy care and psychological support to survivors who had evacuated to higher ground by foot and to remote communities who could not access health centres. A mobile team also assisted people affected by rains and flooding on 1 January in the villages of Cigonodang and Sukamaju. By 7 January, teams had treated 106 patients in the Labuan and Carita health centres and 677 patients through mobile clinics. The most common conditions were upper respiratory tract infections, myalgia (muscle pain), trauma due to injury and skin infections. Staff also distributed hygiene kits to 500 displaced households. Médecins Sans Frontières will continue to provide follow-up care in the recovery phase.

Unrest hinders Ebola response in North Kivu

BACKGROUND:

The number of new cases in North Kivu province, northeast Democratic Republic of Congo (DRC), continues to grow. As of 18 January, there were 619 people known to be infected with the virus and 361 people had died. The response to the outbreak has been made more difficult by the recent presidential elections, which have intensified tensions throughout the country, especially in Beni and Butembo in North Kivu. The unrest has caused delays in Ebola surveillance and the identification of new cases and hampered the tracing of people in contact with those infected, also affecting vaccination and infection control activities. Damage to health centres during the protests has also reduced access to medical care for Congolese people.

ACTION:

Médecins Sans Frontières continues to confront the outbreak, operating two transit centres in Beni (North Kivu) and Komanda (Ituri province) as well as a 96-bed Ebola treatment centre in Butembo and a new 16-bed treatment centre in Katwa (North Kivu). By 17 January, teams had received 2,701 patients since the beginning of the outbreak, with 286 cases confirmed as Ebola. Protester violence forced the temporary evacuation of staff in Beni at the end of December, but activities have since resumed. Our teams were forced to suspend the majority of outreach, community awareness and infection prevention and control activities in and around Beni and Butembo due to the insecurity but intend to resume as soon as possible.

From February 2016, the Aquarius assisted

30,000

people on the Mediterranean

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.

INFORMATION EVENINGS

Tues 5 Mar ***Sydney***

Tues 26 Mar ***Webinar***

Tues 30 Apr ***Melbourne***

PAST WEBINARS ARE ALSO AVAILABLE ONLINE TO WATCH ON DEMAND.

Visit **msf.org.nz** for details on all our recruitment events.

4 CAMEROON

© Silas Adamou

People from the devastated town of Rann, Nigeria, flee across a river to Bodo, Cameroon, with the few belongings they have left.

Thousands flee attack in Rann, Nigeria

BACKGROUND:

An estimated 8,000 people fled to Bodo, Cameroon, following an attack on the town of Rann in Borno state, Nigeria, on 14 January. Houses, shelters, the market and food stores in Rann were destroyed, and the Médecins Sans Frontières warehouse, office and pharmacy were burnt to the ground. Teams in Bodo reported many people were in a state of shock, having lost everything. This is the latest attack in a deadly cycle of violence inflicted on the people of Rann by warring parties in Borno.

ACTION:

A Médecins Sans Frontières team of medical and logistical staff arrived in Bodo on 15 January to provide food, water and emergency medical care to displaced people, preparing to assist 15,000 people as more continued to arrive. Another team remained present in Rann to assess medical needs, evacuating at least one person with a gunshot wound. Médecins Sans Frontières has been working in Rann since January 2017, where the population of 40,000 people was relying almost entirely on our services for access to healthcare. In March 2018, our teams were forced to suspend activities in the town following a previous violent attack.

5 MEDITERRANEAN

© Kenny Karpov/SOS MEDITERRANEE

The Aquarius carries out a rescue in June 2018. On this night, the ship assisted six boats in distress over nine hours.

Aquarius forced to cease operations

BACKGROUND:

The search and rescue vessel the Aquarius, operated by Médecins Sans Frontières in partnership with SOS MEDITERANEE, was forced to terminate operations on the Mediterranean. The ship remained in port throughout October and November following a sustained campaign by European states to block the Aquarius from carrying out humanitarian work at sea.

ACTION:

Since February 2016, the Aquarius assisted almost 30,000 people in international waters between Libya, Italy and Malta. Our medical teams on board provided lifesaving care for people rescued, ranging from treatment of gunshot wounds, fuel burns, drownings, dehydration and hypothermia, to aid for injuries and wounds sustained from detention, violence and torture in Libya, along the migration journey or in patients' countries of origin. A midwife assisted births and provided dedicated care to pregnant women on board, and our teams provided psychological first aid. "The end of the Aquarius means more deaths at sea, and more needless deaths that will go unwitnessed," said Médecins Sans Frontières general director Nelke Manders.

6 NIGERIA

© Albert Masias

A woman waits to receive treatment in Adagom clinic, Cross River state, Nigeria, with her three-week-old baby.

Emergency aid for Cameroonians

BACKGROUND:

Tens of thousands of people have fled the western regions of Cameroon to seek safety in Cross River state, Nigeria. Since November 2017, political unrest in these areas has caused daily violence, resulting in the displacement of an estimated 30,000 refugees to Nigeria. A further 437,000 people are internally displaced in Cameroon, most having fled to the bush with limited access to food, water and health services.

ACTION:

Médecins Sans Frontières launched an emergency response to provide medical aid to refugees in Cross River state in June 2018. By the end of the year, teams had conducted nearly 3,900 consultations, the majority for respiratory and skin diseases linked to poor living conditions. Water and sanitation teams have rehabilitated 27 hand pumps and built 52 latrines in villages where refugees are living. Teams are also working in Cameroon, in Buea (in the southwest region) and Bamenda (in the northwest region) to bolster the referral and emergency systems of district health structures.

NAURU

11,300 POPULATION

OUR TEAM PERFORMED

2,132

MENTAL HEALTH CONSULTATIONS ON NAURU FOR LOCAL PEOPLE, REFUGEES AND ASYLUM SEEKERS

OF REFUGEE AND ASYLUM SEEKER PATIENTS,

60% had suicidal thoughts

30% had attempted suicide

© MSF

People on Nauru in desperate need of care

Inside the refugee settlements on Nauru, September 2017.

Following the forced exit of our mental health team from Nauru in October 2018, Médecins Sans Frontières shared medical data highlighting the disastrous mental health impact of Australia's offshore processing policy on Nauru.

© MSF

Kazem,* a refugee who has been on Nauru for over five years.

"I have tried to be strong and healthy to support my family, to support my wife, to support myself. But right now, I'm really tired," said Kazem,* an Iranian refugee who has been on Nauru for more than five years. "My life looks like a boat with a big hole in it, and I can see my life going down and sinking into the oceans."

Released in December 2018, the *Indefinite Despair* report details medical data gathered by our team over 11 months of providing psychological and psychiatric care to refugees, asylum seekers and Nauruans. It reveals that mental health suffering on Nauru is among the worst Médecins Sans Frontières has ever seen, including in projects providing care for victims of torture.

Close to one-third of the 208 refugees and asylum seekers treated by our team had attempted suicide, and 12 patients were diagnosed with resignation syndrome, a rare psychiatric condition where patients enter a comatose state and require high-level medical care to remain alive. Our team also assessed severe mental illness in Nauruan patients, with close to half of this group diagnosed with psychosis.

Alarming levels of suffering

The severity of patients' mental illness was rated using the Global Assessment of Functioning (GAF) scale, which measures the impact of symptoms on a person's everyday functioning. Scores in the range of 70 to 100 are considered healthy. While Médecins Sans Frontières reports medians of 60 in international projects treating severe mental health conditions, the median GAF scores of patients on Nauru were very low at initial assessment: 35 for Nauruans, and 40 for refugees and asylum seekers.

On Nauru, Médecins Sans Frontières recorded serious mental health illnesses requiring long-term and specialised medical care, which was extremely limited on the island throughout the time our team was present. Among the refugees and asylum seekers treated, 65 percent had had suicidal ideation, had engaged in self harm or had attempted suicide. These patients included children as young as nine years old.

A total of 62 percent of refugees and asylum seekers were diagnosed with moderate or severe depression, and there were high levels of anxiety and post-traumatic stress disorder. The 12 patients diagnosed with resignation syndrome included 10 children. Of refugee and asylum seeker children, 44 percent also presented with severe or moderate depression. After more than five years on Nauru, families were increasingly unable to support members who became sick.

Ongoing trauma

The data gathered by Médecins Sans Frontières suggests the majority of refugee and asylum seeker patients were already highly vulnerable before arriving on Nauru. About three-quarters of this group reported experiencing traumatic events in their country of origin and/or during their migration journey.

When first assessed, 31% of Nauruan patients needed psychiatric hospitalisation, unavailable on Nauru

On 8 February, we handed the Australian government a petition of over **118,000 SIGNATURES** calling for the immediate evacuation of refugees and asylum seekers from Nauru

Ashan,* a young refugee, said he and his family had spent four years living in a tent after arriving on the island, where they didn't feel safe. "When refugees would finish their work and return to the camp at night, sometimes locals would kick them and take their money," he said.

Like Ashan, 91 percent of refugee and asylum seeker patients went on to experience significant difficulties on Nauru. Traumatic incidents reported to our team included cases of sexual violence, domestic violence and psychological and physical violence perpetrated by authorities. Some Médecins Sans Frontières patients were unable to complete therapy due to feeling unsafe on Nauru and experiencing continued exposure to triggers that exacerbated their trauma.

Médecins Sans Frontières clinical psychologist Dr Christine Rufener added that the policy of separating family members for medical transfer to Australia was extremely distressing for many refugees and asylum seekers. "Our mental health team has worked with multiple fathers who have been separated from their wives or children for months or years," she said. "Fathers told us, 'I wasn't there to support my wife during her pregnancy or childbirth; I wasn't there when my baby took his first breath.'" Moreover, patients who were separated from their families due to a medical transfer to Australia were 40 percent more likely to have suicidal ideation and/or attempt suicide.

No hope for the future

Our teams observed overwhelming hopelessness and despair among refugees and asylum seekers. Our data shows 64 percent of these patients felt they could not control the events in their lives, and the same proportion were worried about the future. "The issue of 'indefiniteness' – that there is no timeframe for the detention process – has a strong impact on my patients' mental health. . . they fear for the future, they are completely hopeless," said Médecins Sans Frontières psychiatrist Dr Patricia Schmid.

While 55 percent of our Nauruan patients recorded improvements in their mental health GAF scores under treatment, this was only true for 11 percent of refugee and asylum seeker patients – of whom a total of 69 percent experienced a deterioration in their mental health despite receiving care. At the time of our team's forced exit, 208 patients remained under the care of Médecins Sans Frontières. There was no guarantee of continued mental health support for these vulnerable people.


© MSF

Médecins Sans Frontières psychiatrist Dr Patricia Schmid attends to a patient on Nauru.

It is our team's medical opinion that there is no therapeutic solution for refugees and asylum seekers while they remain on Nauru. "There's a limit to what you can do as a mental health practitioner when it's the context that's the bigger problem," noted New Zealand psychiatrist Dr Beth O'Connor.

Our patients urgently require resettlement alongside their families in an environment of certainty and opportunity, with access to quality, comprehensive mental health care. Médecins Sans Frontières continues to call for an end to Australia's offshore processing policy, and the immediate evacuation of all refugees and asylum seekers from Nauru to a place where they can rebuild their mental health.

Read the full report *Indefinite Despair* at www.msf.org.nz/stories-news/statements-opinion

In February, Médecins Sans Frontières launched a free tele-mental health service providing psychological support for former patients on Nauru: Nauruans, refugees and asylum seekers. This remote service is being provided as part of our medical commitment to continuity of care for our former patients who remain highly vulnerable on the island.

"People are hopeless"

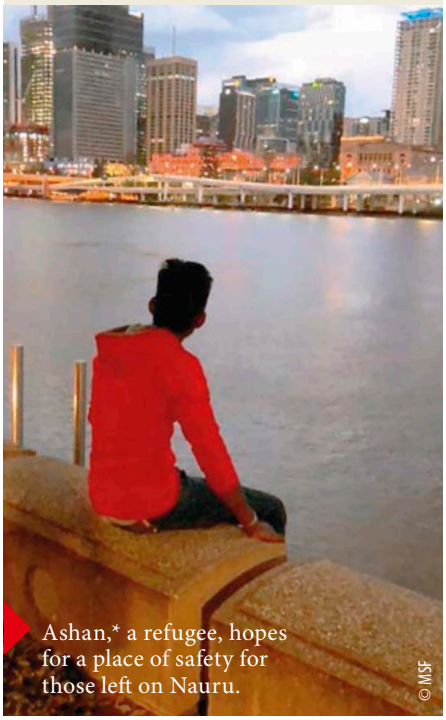
Ashan,* a refugee who fled war in Sri Lanka, was on Nauru with his family for four years and six months. His brother was treated by Médecins Sans Frontières on the island.

"My younger brother's mental health was very bad when we were on Nauru. He made a suicide attempt four or five times – with washing powder, cutting his hand. My parents worried about my brother. We fled Sri Lanka in search of a place where we could live in safety, but on Nauru he was doing worse than in our home country.

It was very hard to find a job on Nauru as a refugee. It's very hard to get medication. When Médecins Sans Frontières came, they helped a lot of people. Many people could get treatment. Now, because Médecins Sans Frontières left, people are hopeless.

Now, in Australia, my brother is slowly recovering. He is at a good school and he's being seen by a counsellor. He's improving, but still sometimes he gets angry and scared.

I hope for a good place, especially for my brother: for him to be safe, to study well, get normal. For the people still on Nauru, I hope they can come to Australia, or go to a third country, and be able to start their lives in a safe place."


Ashan,* a refugee, hopes for a place of safety for those left on Nauru.
© MSF

*Patient names have been changed to protect anonymity.

YEMEN

Surgical emergency in Mocha

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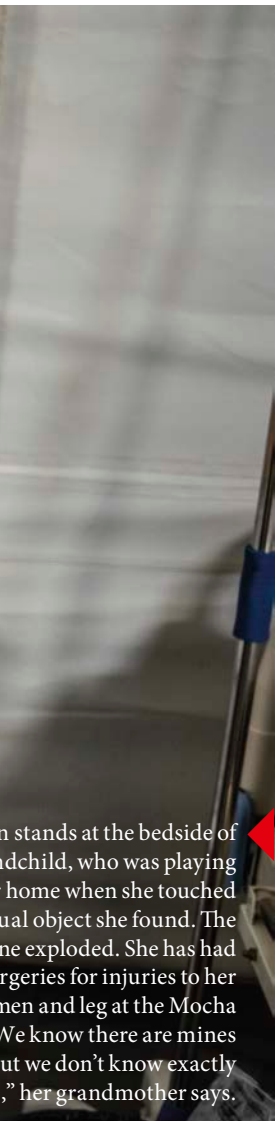
In the emergency room, the team attends to a patient who requires urgent treatment for a head injury following a road traffic accident.

Ali's lower right leg was amputated after he stepped on a landm
village outside Mocha, while going to meet some friends. He tra
twice a week to visit the Mocha hospital for physiotherapy.

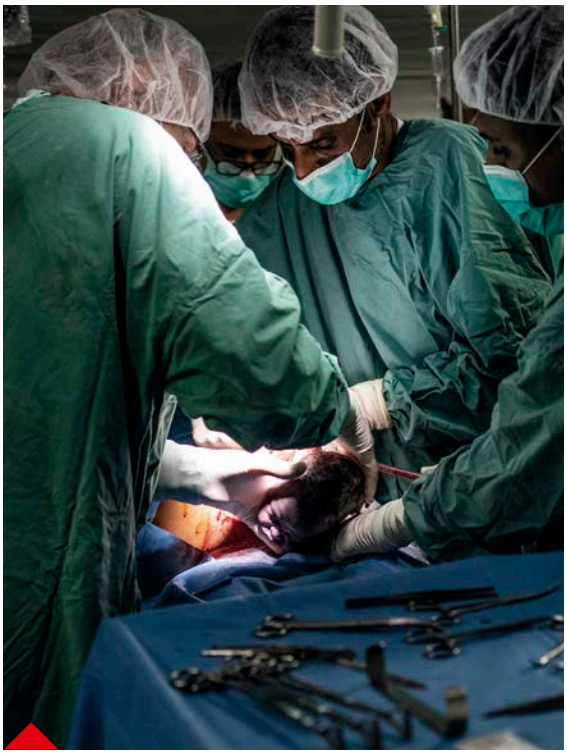
As the conflict in Yemen enters its fourth year, intensified fighting and explosive remnants of war are causing extreme suffering for Yemenis. In Mocha, Taiz governorate, Médecins Sans Frontières operates the only health facility providing emergency surgery to people in the region. Since opening in August 2018, our teams have performed more than 2,000 emergency room consultations and around 1,000 surgeries.



n stands at the bedside of
ndchild, who was playing
home when she touched
ual object she found. The
ne exploded. She has had
rgeries for injuries to her
men and leg at the Mocha
We know there are mines
ut we don't know exactly
," her grandmother says.

ine near his home, a small
vels an hour and a half

Yemeni physiotherapist Farouk helps a young boy walk on crutches for the first time after he received surgery to amputate his right foot. The 14-year-old stepped on an explosive device while tending his sheep.



Médecins Sans Frontières teams also help bring new life into the world, aiding pregnant women who require urgent surgery for complicated deliveries.

Anaesthetist Elma Wong examines a child injured by a landmine. Our team in Mocha received 150 people — mostly children — injured by mines or improvised explosive devices between August and December 2018.

Medical care amongst inhumanity

Jai Defranciscis, an Australian nurse, recently returned from an assignment as Nursing Activity Manager in Misrata, Libya, where Médecins Sans Frontières is providing care for migrants, refugees and asylum seekers facing arbitrary detention and extreme suffering.

© Sara Creta/MSF

It was completely heartbreaking to see people caged up in the detention centres, standing behind bars. Their eyes held nothing. Yet when I spoke to them, every single person had a story. There were child soldiers escaping a horrific life for a new beginning; people longing for an education or more opportunity for their family. They would say to me, "I've done nothing wrong – why am I in a prison?"

In Libya, Médecins Sans Frontières is providing emergency assistance and medical care to migrants, refugees and asylum seekers who are caught in a cycle of violence and exploitation. We have two mobile teams working across four detention centres in Misrata, Khoms and Zliten to deliver basic healthcare to people held in centres under the authority of the Directorate for Combatting Illegal Migration. We also have an outpatient clinic in Misrata. In Bani Walid, a region where kidnapping of migrants and refugees and use of torture for ransom is widespread, we have been working in partnership with Libyan actors to run regular medical consultations in a compound for people who are released or escape from the illegal prisons run by traffickers. The patients there have often endured horrific torture and require ongoing care. We organise medical referrals for the most severe cases.

The living conditions in the official detention centres are shocking. You might assume that people arrive in Libya quite sick from fleeing their home countries, but in reality, most of the physical health issues affecting people are directly caused by these living conditions. We are mainly seeing skin conditions like scabies, respiratory tract infections and gastrointestinal problems, linked to unhygienic living conditions, overcrowding and an exceptionally poor diet. We also see old injuries from torture inflicted in Libya and wounds that have worsened due to a lack of treatment. Many people are mentally broken and traumatised by what they have experienced, and by being held in detention indefinitely.

Endless cycle of suffering

During my time working in Libya, on several occasions our team was able to access disembarkation points, where we met people who were brought back by the Libyan coastguard after attempting to escape Libya by boat. We assessed their needs and handed out hygiene kits, which contain shoes, underwear, towels, washing detergent, toiletries and feminine hygiene products for women. We provided emergency medical care, which often included treating chemical fuel burns, generalised body pain, respiratory tract infections, dehydration, nausea and vomiting (from sea sickness), hypothermia and inhalation of water. We then referred serious or complicated cases to the hospital. The remainder of the people were taken to detention centres by the authorities.

In Libya, I became aware of the devastating cycle within which migrants, refugees and asylum seekers became endlessly trapped. We started to see the same people turning

© Sara Creta/MSF

A mother with her two children in a Libyan detention centre. "People are afraid here. There is no freedom for us. My boy was born in prison," she says.

BY JAI DEFRANCISCIS

up in the boats at disembarkations. As soon as they were brought ashore, people were trying to organise the next boat out. Besides the endless flow of people between the sea and detention, there is a hidden cycle of people trafficking occurring in the detention centres. It is through these cycles that authorities, armed forces and traffickers are all capitalising on the suffering of these vulnerable people, who have virtually no other alternative to leave Libya and continue their journey in search of safety.

> "We were able to make their time in that horrible place at least slightly better."

"They had disappeared in the night"

There was one patient, a little girl of around eight years old, who was among a group of people I met at a disembarkation point. I told her that when I visited the detention centre her family would be assigned to, I'd bring her some shoes that were her size. When I arrived, she came skipping through the yard to meet me – when I noticed her mother standing behind her with their belongings. I looked around and there were 20 people, all grabbing belongings and walking to waiting cars. The girl said, "We're going to live in a house in Tripoli!" I realised all these people were being smuggled out in front of my eyes. This was a common occurrence, and it was happening to everyone – men, pregnant women and babies. I knew their names and I knew their faces; I'd built up a relationship with these people as we had cared for them over time. We would attend a detention centre one day, and the next day people were missing. They had disappeared in the night. Sometimes they manage to bribe the guards to get out, or smugglers will bribe guards and organise another attempt to cross the sea. But sometimes people are forced into labour, and they can too easily fall again into the cycle of human trafficking. People would say, "Please send me to a hospital, because I don't think I'll be here tomorrow if you don't."

A young couple, kept apart in a detention centre, meet over the window when guards allow them.

© Sara Creta/MSF

It is an ongoing challenge for Médecins Sans Frontières to reach people who need our care in Libya; there are so many blind spots. We need to constantly negotiate with the authorities to maintain access to the detention centres. Sometimes, the guards have concealed patients by only bringing certain people to the consultation rooms for us to treat. Follow-up of patients is extremely difficult when we can't trace where they have been moved.

If Médecins Sans Frontières wasn't in Libya providing care, many of these people would likely have no access to medical treatment. We can't free people from detention. But being there and treating someone for a severe wound or a chest infection, and listening to their story, I could see that we'd at least done something to help that individual in this awful situation. We were able to make their time in that horrible place at least slightly better. We are also doing advocacy and remain committed to expose this terrible cycle of violence, as well as the responsibility of European Union countries, who are deliberately feeding this inhumane system in the name of managing migration and protection of borders.

Fast facts

In 2018, the Libyan coastguard made **15,000 returns to Libya**

An estimated **5,000 to 6,000** people are held in official detention centres in Libya,

75% of whom are considered to be people of concern by the UNHCR

Each day, an average 6 people die in the Mediterranean Sea

In 2018, an estimated **2,275** people died or went missing

Our teams treat between 1,000 and **1,200 people** in Misrata, Khoms and Zliten **each month**

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

SOUTH AFRICA

57 MILLION POPULATION (APPROX)

Médecins Sans Frontières has been providing safe abortion care in Rustenburg

SINCE AUGUST 2017

1 IN 3

induced abortions in Rustenburg is attributed to pregnancy due to rape

Medical necessity: Safe abortion care in Rustenburg

© Siyathuthuka Media

Women sit on the hill of Sondela township, Rustenburg.

In Rustenburg, Médecins Sans Frontières is confronting maternal death by providing safe abortion care for women and girls, working side by side with termination of pregnancy providers in the public healthcare system.

About an hour northeast of Johannesburg a long mountain range marks the entrance to the 'Platinum Belt', home to 70 percent of global platinum production and a significant contributor to South Africa's economy. Yet platinum-fuelled prosperity remains elusive for many people in this area, and the shanty towns surrounding many of the mine shafts are a stark reminder of this. Jobs are scarce and violence is a daily reality in many communities, especially for women, with research conducted by Médecins Sans Frontières revealing that one in four women has been raped in her lifetime. Since 2015 Médecins Sans Frontières has been providing comprehensive patient-centred services for survivors of sexual violence in the Platinum Belt's Bojanala District, in support of the North West Department of Health.

Through firsthand experience of the major gaps in care that exist for victims of sexual violence in Rustenburg, Médecins Sans Frontières became aware of broader gaps in the provision of sexual and reproductive care, which are putting women and girls at risk of maternal death. One of these is limited access to safe abortion care.

> "In the hospital, women were coming in every day complaining of heavy bleeding."

Kgaladi Mphahlele is a registered nurse working as Termination of Pregnancy activities manager for Médecins Sans Frontières in the 'Belt', where our teams support four clinics for survivors of sexual and gender-based violence, mostly located within existing Community Health Centres. The specialised clinics are known locally as Kgomotso Care Centres (KCCs) – 'Kgomotso' being Setswana for 'place of comfort' – and all offer a comprehensive package of essential medical and mental health care services, and referral to additional services as needed.

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Kgaladi Mphahlele, Termination of Pregnancy activities manager for Médecins Sans Frontières in Rustenburg.

THE RUSTENBURG TEAM PROVIDES TERMINATION OF PREGNANCY SERVICES TO

90 -100 PATIENTS EACH MONTH

SAFE ABORTION care includes treatment of **POST-ABORTION** complications, contraceptives with counselling and termination of pregnancy

Through the KCC, any patient requesting a termination after becoming pregnant as a consequence of rape would be referred to the nearest clinic or hospital known to provide this service, but as Kgaladi explains, "Access to these services was very limited due to high demand and low numbers of providers, partly because stigma around abortion is a big problem in the health system, with many health care professionals objecting. It was a struggle to ensure that the termination was done."

Since Kgaladi first trained as a nurse, he has witnessed the distress, and the severe health consequences of this lack of safe, confidential and timely assistance for women with unwanted pregnancies. "You got to see the reality of how people suffer in order to get the service. In the hospital women were coming in every day complaining of heavy bleeding," he explains. Dangerous post-abortion complications were commonplace.

In August 2017, Médecins Sans Frontières expanded its activities by starting support to general abortion services in two government-run centres through the placement of two nurses, in addition to training government doctors and nurses on safe abortion care, which covers management of post-abortion complications, contraceptives with counselling, and termination of pregnancy on request. Médecins Sans Frontières has also provided technical and material support for strengthening referrals of relevant clients between Community Health Centres and hospital.


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A community health worker informs locals in Boitekong township, Rustenburg, about the care Médecins Sans Frontières provides.

Worldwide, contraception and safe abortion care go hand in hand in the strategy to reduce unwanted pregnancies, unsafe abortions, and maternal deaths – but the unmet need for modern contraceptive methods remains stubbornly high. In 2018, oral and injectable contraceptives were unavailable for several months across South Africa's public health system. Hardest hit were women reliant on public services, who couldn't afford to buy their contraception from private suppliers.

Even with reliable supply, many other factors come into play for a girl or woman trying to manage her fertility – something that will not necessarily be in her control. Safe abortion care will always be a necessary part of the comprehensive services that support women's safe sexual and reproductive health.

Says Kgaladi, "Our role is now ensuring that patients have 100 percent access to CTOP –'choice of termination of pregnancy' – in all health facilities in the district. We want to show that it's possible to be done. We're documenting what we've managed to achieve here with the objective that it be taken up in the district and nationally as well."

Kgaladi echoes the commitment of the rest of the Rustenburg team. "It came to a point in my life that I said, 'I want to help people.' And part of helping people is also providing abortion services. In healthcare service there's difficult decisions that people have to make, and you have to be there and support them in any way that you can. You don't want to make it any more difficult than it is already for them."


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Supportive systems are important for victims of sexual violence and women facing an unwanted pregnancy.

Struggle to find care

Without reliable access, finding help can be a traumatic experience. Kgaladi recalls a particular patient's arduous search. "There was a woman who went to all the clinics, asking 'where can I get this service?', and everyone was telling her 'No, we don't do it here'. Another clinic said 'No, we're fully booked for this week'. Then she met our health promotion team, out in the community explaining about the safe abortion services that *are* available. That's when it hit me. There are people who go out of their way to look for this service, and they're not able to get it. That's when they buy pills off the street, late [in their pregnancy]. Her story stood out. How desperate she was."

FIELD WORKER

NAME: Dr Siva Namasivayam

HOME: Whanganui, NZ

Field role: Anaesthetist

Our anaesthetists provide care in a variety of challenging contexts, including treatment of trauma patients, or women requiring emergency caesarean sections. In addition to in-theatre work, responsibilities include pre-operative assessment and resuscitation, post-operative care and supervision of staff.

Médecins Sans Frontières Field Experience

Feb – March 2011	Yemen	Sept – Oct 2014	Yemen
June – July 2011	Nigeria	August – Sept 2015	Nigeria
April – May 2012	Nigeria	June – July 2017	Iraq
Sept – Oct 2013	Syria	Oct – Nov 2017	Syria
March – April 2014	Yemen		

"Nothing beats the smiles on my patients' faces."

Dr Siva Namasivayam with a young patient in Iraq, 2017.

What led you to apply to work with Médecins Sans Frontières?

Like any normal person in this world, I was impacted by the suffering I saw that many people globally have to endure, either from conflict or inevitable natural disasters. With that came the frustration that not enough was being done. I had the skills and the experience to help, medically at least, but I had to find a way to utilise them. That is when I came across the great work being done by Médecins Sans Frontières and decided that it was time to walk the talk.

You've now done nine field assignments – is there one that stands out for you?

I was sent on assignment to Mosul, Iraq, in 2017. Around that time there was a sense of joy and relief about the hope for the population that the conflict would be over, but in reality, the problems were still present. People continued to be hurt or killed. Even on the day of the Muslim Eid festival, it happened: among the victims of multiple car bombs who I saw arriving at our hospital that day were children, injured or killed, in their bright, colourful, new clothes.

What did your role as anaesthetist in Mosul involve?

I worked with the surgical team on both planned and emergency surgeries. The day would start early with ward rounds alongside the surgeons. Then I would move to the operating theatres, where I would administer anaesthesia or supervise the Iraqi anaesthetic doctors. In all contexts where I've worked, work hours are long – especially if we are dealing with emergencies, which were common in Iraq.

Is there a story of a patient that made a particular impression on you?

In Mosul, we treated a little boy called Aboud who sustained horrible injuries from a sniper's bullets. He required surgery almost two or three times a week. He was also suffering from post-traumatic stress disorder and thus was in constant mental distress. I finally saw him smile the day our psychologist worked out that all he needed was to have his mother with him.

In Nigeria, I worked with Médecins Sans Frontières in Jahun, where we were providing maternity care including emergency obstetrics and newborn care. Many of our patients arrived at the hospital severely unwell and in the late stages of pregnancy, meaning most women had complications that put themselves and their unborn babies at risk. As anaesthetist, I worked to manage these complications pre- and post-delivery, and provide safe anaesthesia in the case of surgery. I also managed patients who required extensive surgery to repair vesico-vaginal fistulas. A fistula is a hole between the bladder and vagina or bowel and vagina, which can have many causes including obstructed labour.

What have you found most challenging, and most rewarding, about your role with Médecins Sans Frontières?

Performing highly complicated surgery in low-resource contexts is always a challenge, as we are often working with limited equipment and local staff who haven't had the opportunity to gain the same level of training as we do in New Zealand. Part of my role is to ensure that local staff are implementing the clinical guidelines, protocols and standard of care that Médecins Sans Frontières adopts worldwide. Working as a team is highly rewarding – I enjoy being able to share my knowledge and skills with the very enthusiastic and hardworking local doctors. Yet nothing beats the smiles on my patients' faces.

How have your skills from previous jobs proved useful for your Médecins Sans Frontières career?

As an anaesthetist, it is not uncommon to face highly critical scenarios. Throughout my working life, I have found that an effective team approach will enable the best possible resolution. From my very first assignment in Yemen, I adopted this approach, with a strong focus on building good team relationships and cooperation. It has served me well throughout all my assignments.

What advice would you give other anaesthetists considering doing this sort of work?

Go for it. There is so much you can do and believe me, you will make a difference – maybe not to the big picture, but to the lives of individuals.

After nine assignments, what keeps you coming back?

I have this mantra: when someone's life gets better, so does mine.

Dr Siva Namasivayam at work in Iraq, 2017.

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
Prue Coakley
Head of Mission
Enmore, NSW

Jeffrey Fischer
Logistician-Construction
Healesville, VIC

Vivegan Jayaretnam
Logistician-General
Kinross, WA

Allen Murphy
Field Coordinator
Morningside, QLD

Carol Nagy
Medical Coordinator
Mount Stuart, TAS

Jeanne Vidal
Logistician Team Leader
Caroline Springs, VIC

Diana Wellby
Obstetrician/ Gynaecologist
Mt Lawley, WA

BANGLADESH
Rodolphe Brauner
Logistician Team Leader
Peregian Springs, QLD

Susie Broughton
Medical Doctor
Tennant Creek, NT

Geraldine Dyer
Mental Health Coordinator
North Cairns, QLD

Megan Graham
Administration-Finance Coordinator
Booleroo Centre, SA

Toby Gwynne
Nurse
Birchgrove, NSW

DEMOCRATIC REPUBLIC OF CONGO
Patrick Brown
Water & Sanitation Logistician
Kaleen, ACT

Paras Valeh
Epidemiologist
Lysterfield, VIC

ETHIOPIA
Matthew Gosney
HR Officer - Regional
Brisbane, QLD

Rodney Miller
Field Coordinator
Elsternwick, VIC

Linda Pearson
Field Coordinator
Auckland, NZ

GEORGIA
Vino Ramasamy
Administration-Finance Coordinator
West Perth, WA

INDIA
Stobdan Kalon
Medical Coordinator
Leeton, NSW

INDONESIA
Evelyn Wilcox
Field Coordinator
Bull Creek, WA

IRAQ
Kelly Banz
Medical Doctor
Brighton, QLD

Susan Bucknell
Logistician Team Leader
Sutherland, NSW

Debra Hall
Midwife
Manunda, QLD

Anna Haskovec
Logistician Team Leader
Murrumbateman, NSW

Anna Jenkins
Mental Health Coordinator
East Brisbane, QLD

Amelia Shanahan
Midwife
Newport, NSW

Elisha Swift
Midwife
Bracken Ridge, QLD

KENYA
Rose Burns
Medical Doctor
Smiths Gully, VIC

Reinhard Hohl
Logistician-Construction
Kirribilli, NSW

LIBERIA
Michael Ward Jones
Anaesthetist
Bellevue Hill, NSW

LIBYA
Siry Ibrahim
Field Coordinator
Suva, Fiji

Lisa Trigger-Hay
Medical Doctor
Auckland, NZ

MALAWI
Simone Silberberg
Mental Health Coordinator
Killarney Vale, NSW

MALAYSIA
Corrinne Kong
Administration-Finance Coordinator
Melbourne, VIC

MYANMAR
Hannah Rice
Midwife
Mile End, SA

NIGERIA
Corinne Baker
Field Coordinator
Glenhaven, NSW

Cindy Gibb
Medical Doctor
Christchurch, NZ

Jessica Paterson
Administration-Finance Coordinator
Ararat, VIC

David Whitehead
Logistician-Electrician
Kellyville, NSW

NIGERIA
Kerryn Whittaker
Logistician-Supply
Auckland, NZ

PALESTINE
Yvette Aiello
Psychologist
North Ryde, NSW

Helle Poulsen-Dobbyns
Field Coordinator
Birchgrove, NSW

Thomas Schaefer
Surgeon
Lower King, WA

PHILIPPINES
William Johnson
Logistician Coordinator
Padstow Heights, NSW

Penny O'Connor
Medical Coordinator
Blackburn, VIC

SOUTH AFRICA
Ellen Kamara
Field Coordinator
Beerwah, QLD

SOUTH SUDAN
Connie Chong
Medical Doctor
Northmead, NSW

Janet Coleman
Midwife
Tauranga, NZ

Catherine Flanigan
Nurse
Wellington, NZ

Neville Kelly
Logistician-General
Broadford, VIC

Mitchell Kirk
HR Officer - Regional
Leichhardt, NSW

Stefanie Pender
Medical Doctor
Aranda, ACT

Evan Tanner
Logistician-General
Erskineville, NSW

UGANDA
Heather Moody
Logistician-General
Dingley Village, VIC

Janthimala Price
Field Coordinator
Penrith, NSW

UZBEKISTAN
Birgit Krickl
Mental Health Coordinator
Tauranga, NZ

YEMEN
Katja Boyd-Osmond
Nurse-Theatre
Ryde, NSW

Mohamad-Ali Trad
Field Coordinator
Endeavour Hills, VIC

Annie Whybourne
Medical Doctor
Nightcliff, NT

VARIOUS/ OTHER
Louisa Cormack
Field Coordinator
Apsley, VIC

Claire Manera
Head of Mission
Mount Pleasant, WA

Robert Onus
Head of Mission
Chittaway Bay, NSW

Kiera Sargeant
Medical Coordinator
Beachport, SA

Rose Stephens
Nurse
Fitzroy, VIC

Sam Templeman
Medical Coordinator
Eastwood, NSW

Melissa Werry
Field Legal Support
Watsons Bay, NSW

Tanya Coombes
HR Officer - Regional
Cremorne, NSW

Arunn Jegatheeswaran
Field Coordinator
Greenacre, NSW

Brian Moller
Head of Mission
Miami, QLD

Caterina Schneider-King
Administration-Finance Coordinator
Maroubra, NSW


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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

A tsunami survivor is treated for a foot injury by the Médecins Sans Frontières mobile team in a shelter in Susukan Kampong, Carita, Indonesia.