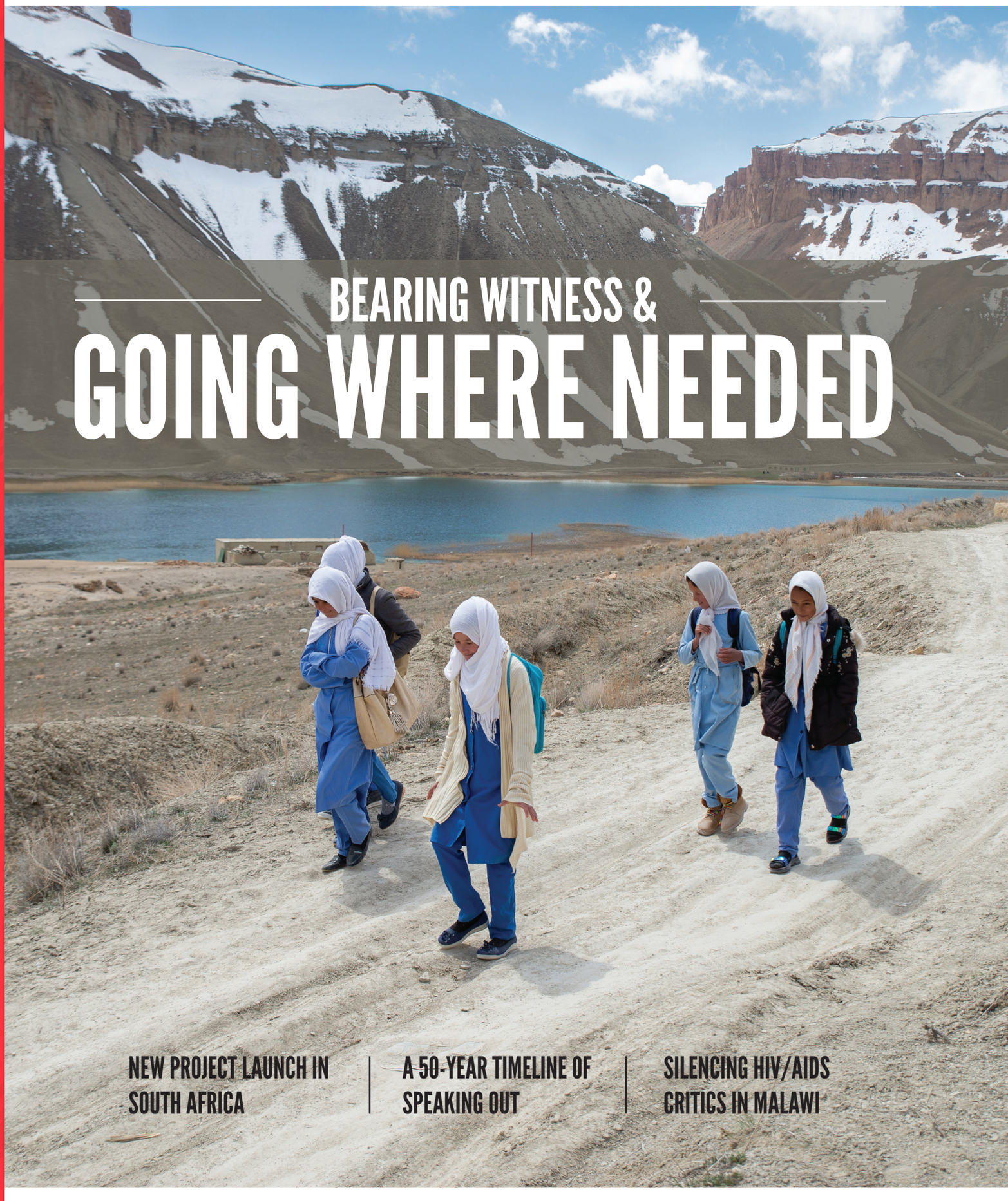
MAMELA

DOCTORS WITHOUT BORDERS (MSF) SOUTHERN AFRICA
ISSUE 33 / DECEMBER 2023

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



BEARING WITNESS &
GOING WHERE NEEDED

NEW PROJECT LAUNCH IN SOUTH AFRICA

A 50-YEAR TIMELINE OF SPEAKING OUT

SILENCING HIV/AIDS CRITICS IN MALAWI

WE GO WHERE NEEDED
WORLDWIDE

CONTENTS

4

1. Doctor Louis-Marie Sabio stands outside a severely neglected hospital in the Central African Republic. © JULIEN DEWARICHET

2. A new mother receives post-natal care at an MSF clinic in Malawi. © PASCALE ANTOINE

3. An MSF health promoter raises awareness about vaccinations in Lusaka, Zambia. © LAURENCE HOENIG

4. Astrid Piet, MSF donor. © ASTRID PIET

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

CONTACT MSF SOUTHERN AFRICA
T +27 (0) 11 403 4440/1/2
E office-joburg@joburg.msf.org
W www.msf.org.za

/MSFsouthernafrica
/MSF_southafrica
/msfsouthernafrica
/@msf_africa
/MSFsouthernafrica

DO YOU WANT TO WORK FOR MSF IN THE FIELD?
Visit www.msf.org.za to find out how to apply

QUESTIONS ABOUT DONATING TO MSF?
Call the Donor Care team toll-free on 0800 000 331 or email us at donorservices@joburg.msf.org

ON THE COVER
Girls walk to school in the remote district of Bamyan Province in Afghanistan. Here, MSF provides the only healthcare facility catering to women and children. © NAVA JAMSHIDI

EDITORIAL
SOUTHERN AFRICA

SPEAKING OUT: WHAT MSF IS BUILT ON

In my six years of working for Doctors Without Borders (MSF), I have come to treasure our stance on speaking out and taking action to enhance patient-centred care.

MSF has marked its presence as an outspoken global voice, and I appreciate how we have embraced the act of speaking out as an organisational obligation rather than just a choice. We bear witness to what our patients are experiencing to raise awareness and provoke change.

Of course, it is our independence that allows us to speak out and go where other organisations might not. Because our funding comes from private donors like you, our voices cannot be gagged, nor our ambitions restricted because of political or business agendas.

Taking action in the realm of patient-centred care means more than just administering treatment; it recognises patients as active partners in their own wellbeing. It means looking at the communities in which we work as having multi-faceted and complex needs. By addressing these factors, we create an environment where they receive

© CORNEL VAN HEERDEN

treatment in a manner conducive to positive outcomes. This holistic approach provides a sense of dignity by not only acknowledging the medical aspects of care but also the social, economic and cultural elements that shape our patients' experiences.

We have witnessed the power of speaking out and taking action together with communities in our advocacy for access to better tuberculosis (TB) treatment. TB patients have previously endured the use of toxic medications, which at times resulted in severe side-effects like hearing loss. For years, MSF and other civil society organisations have advocated for improved access to the groundbreaking treatment bedaquiline. This medication has proven highly effective, significantly shortening the duration of treatment and vastly improving patients' chances of recovery.

After consistently speaking out about the accessibility challenges our TB patients face – such as limited hospital resources and pervasive socio-economic challenges, thus impacting adherence to treatment regimens – in 2023, we experienced a sea change. Johnson & Johnson backed down on the price of and its patents for bedaquiline. Pharmaceutical companies Cepheid and Danaher finally reduced the price of the most important TB test by 20%, and we've had a declaration by governments at the UN pledging to scale up these new and improved TB tools to people who need them.

Speaking out and taking action is not always the popular choice, and it is never easy. However, it is the bedrock that MSF is built on. By staying true to this commitment, we continue to give voice to the voiceless, fight for equitable medical care and go where we are needed the most – even when others won't. Thank you for standing with us in this commitment.

CANDICE SEHOMA, MSF ACCESS CAMPAIGN ADVOCACY ADVISOR

ABOUT DOCTORS WITHOUT BORDERS (MSF)

Doctors Without Borders (MSF) is a global network of principled medical and other professionals who specialise in medical humanitarian work, driven by our common humanity and guided by medical ethics. We work together in teams, small and large, to respond to the medical needs of people affected by conflict, disasters and epidemics and people excluded from healthcare.

We strive to practically provide medical care that matches the realities of patients, adapting care in order to be relevant and specific. At times, this may include partnering with other individuals and organisations, and working with local experts. MSF team members are on the ground, working directly for and alongside patients, every day.

We bear witness and describe what is happening, to raise awareness about the experiences of the people we assist and the situations where we work. We alert the public to emerging crises, acute emergencies and serious challenges, such as exclusion from healthcare. We mobilise support for MSF's work and social mission. We communicate to provoke change.

MSF PRINCIPLES

WE ARE INDEPENDENT, IMPARTIAL, NEUTRAL

WE ARE A NETWORK

WE GO WHERE WE ARE NEEDED

WE BEAR WITNESS

WE SPEAK OUT

WE GO WHERE NEEDED
CENTRAL AFRICAN REPUBLIC | GAZA | SOUTH AFRICA

NEWS FROM THE FIELD

TOO OFTEN, HUMANITARIAN CRISES ARE FORGOTTEN, IGNORED OR ACCEPTED AS A NEW NORMAL. WHEREVER WE CAN, WE AIM TO BRING THESE TO LIGHT TO PROVOKE CHANGE.

1

CENTRAL AFRICAN REPUBLIC | AFTER 10 YEARS, WHERE IS EVERYONE?

In the shadow of conflict, access to healthcare for 5.5 million people in the Central African Republic (CAR) is almost impossible, and life expectancy is just 54 years.

"The health situation in CAR is shocking, but I'm almost as shocked by the lack of international attention paid to it. Where is everyone?" asks René Colgo, MSF's head of mission in the country. "Despite the scale of the crisis, the plight of people remains largely unknown to the outside world, and humanitarian funding for the country falls far short of the scale of the needs."

For the 10 years that MSF has been providing support here, we have repeated calls for more action from governments and humanitarian actors. Yet, the situation is worsening.

"For 12 years, not a single doctor was present here," says Dr Louis-Marie Sabio from the Bakouma secondary hospital in the Mbomou prefecture. "There is no electricity, no ambulance, and beds without mattresses. When I arrived, there wasn't even a thermometer. The pharmacy was empty, too." Except for the vaccinations and referrals provided by MSF, the facility receives no other support.

Patients know that despite Dr Sabio's goodwill, lacking human and material resources means they are unlikely to find the medical help they need. To bring about change, the world must recognise the situation in the CAR as a severe and lasting humanitarian crisis that requires the mobilisation of everyone.

YOUR SUPPORT AT WORK

MSF EMPLOYS ALMOST **2,800** STAFF IN CAR

2

SOUTH AFRICA | TACKLING A GROWING MEDICAL EMERGENCY

Increasingly, across the world, limited access to treatment for non-communicable diseases (NCDs) like diabetes is becoming deadly. In the Eastern Cape of South Africa, an NCD crisis has been brewing. More people are living with NCDs, but access to treatment is a massive barrier to managing them. As a result, MSF has decided to launch a project to tackle Type 2 diabetes and hypertension using many of the models of care that work for the long-term treatment of HIV.

"Type 2 diabetes and hypertension are manageable diseases, yet too many people are dying from them," says Dr Manny Thandrayen, from the Eastern Cape project. "These diseases are silent killers that can go undetected. Not only must we act to bring care to people who need it most, we also need to shine a light on this crisis so that the inequities in access to healthcare are highlighted."

The project aims to bring care closer to affected people – most of whom live in rural areas away from commercial centres. This will involve testing people for Type 2 diabetes and hypertension, as well as developing sustainable treatment protocols that foster long-term adherence. For example, medication pick-up points will be set up in accessible places, like churches and grocery stores, and patients will be supported by peer-led adherence groups. Keep an eye out for more updates as we roll out this exciting new project!

IN NUMBERS: IN THE EASTERN CAPE, SOUTH AFRICA

MORE THAN **65%** OF PEOPLE WHO HAVE DIABETES ARE NOT RECEIVING TREATMENT

GAZA | WE NEED A CEASEFIRE NOW

"Hospitals are flooded with patients, amputations and surgeries are being carried out without proper anesthesia, and morgues are flooded with dead bodies," says Dr Mohammed Obeid, an MSF surgeon in Gaza.

Across Gaza, the number of injured in need of urgent medical assistance far exceeds the capacity of the health system, which currently has around 3,500 beds. So many victims in such a short space of time is unheard of.

Hospitals such as Al-Shifa in Gaza City, where MSF Palestinian colleagues continue to work, are overwhelmed with patients. The hospital is currently at full capacity with patients seeking medical treatment, and tens of thousands of others seeking safe shelter. Under international humanitarian law, patients, health workers and facilities must be protected at all times, yet millions of people are facing an inhuman siege; a collective punishment.

"Helpless people are being subjected to horrific bombing. Families have nowhere to run or to hide, as hell is unleashed on them. We need a ceasefire now," says Dr Christos Christou, MSF International President. "Water, food, fuel, medical supplies and aid in Gaza need to be urgently restored.

"We are ready to increase our aid capacity in Gaza. We have teams on standby ready to send medical supplies and to enter Gaza to support the emergency medical response, as soon as the situation allows it," says Dr Christou. "But as long as the bombing continues with the current intensity, any effort to increase medical aid will inevitably fall short."

This article was first published on 28 October 2023

1. Dr Louis-Marie Sabo is the first doctor in the Mbomou prefecture in 12 years. © JULIEN DEWARICHET
2. A father carries his daughter through a devastated residential area in Gaza. © MOHAMMED ABED

WE SPEAK OUT
WORLDWIDE

OVER 50 YEARS OF SPEAKING OUT & TAKING ACTION

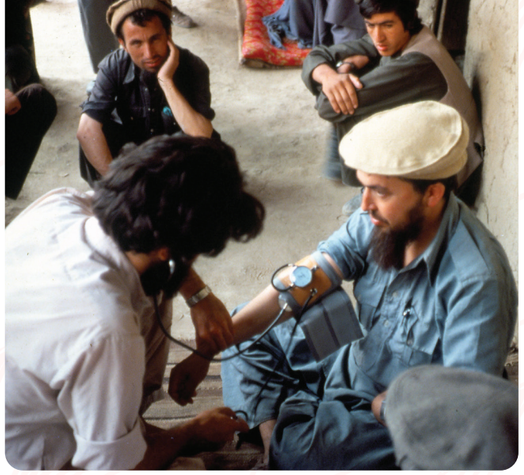
OUR HISTORY IS BUILT ON BEARING WITNESS TO THE SUFFERING AND CRISES THAT WE SEE. DISCOVER A TIMELINE OF SOME OF THESE KEY MOMENTS.

1971

FRANCE

Doctors Without Borders (MSF) is created in 1971 in the wake of the famine in Biafra, Nigeria, a crisis that shook the world. Some of the doctors working there with the International Committee of the Red Cross felt constrained by its policy of not speaking out and joined with journalists to create a new kind of international humanitarian organisation. Since then, MSF has regularly called upon the media, governments, pharmaceutical companies and the public to pay attention to the problems driving emergency needs, in the hope of initiating positive and lasting changes for the communities we work with and the people we assist.

© LE CELLIER



©MSF

1980

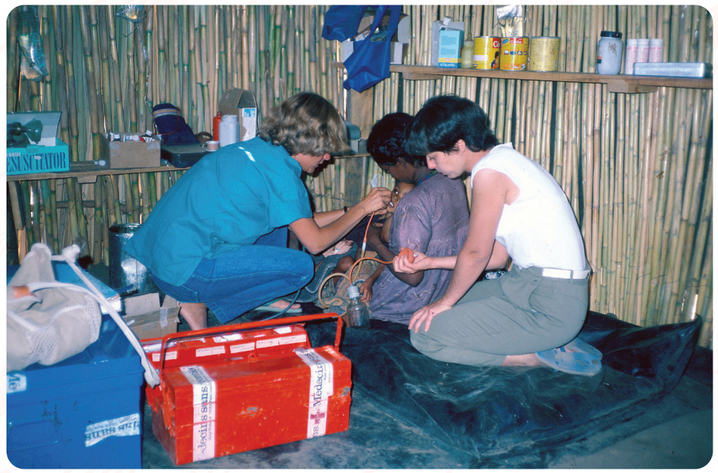
AFGHANISTAN

Sometimes, bearing witness is just about being with people during moments of crisis. Over the 10 years of the Soviet occupation, MSF medical teams secretly crossed the border from Pakistan into Afghanistan to set up small hospitals deep in the mountains, aware that speaking out could jeopardise our ability to offer care to communities who need it. Several tonnes of medicine also crossed the mountain range between the two countries by people on foot and on the backs of mules. The average journey lasted three weeks.

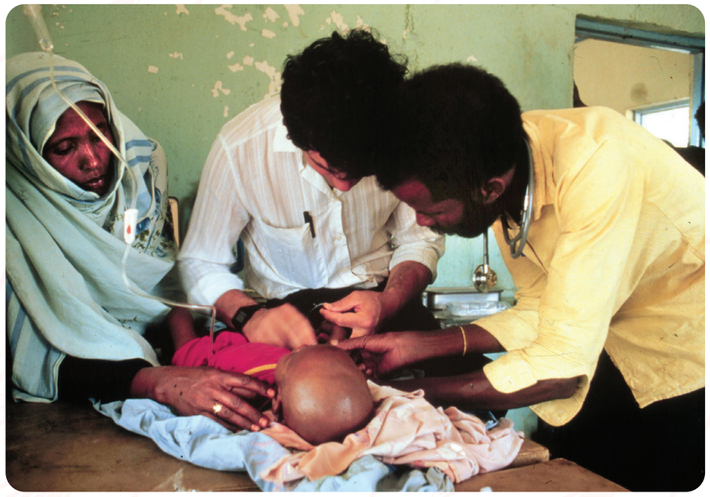
1984

ETHIOPIA

MSF runs therapeutic feeding centres and provides food, medicines, and supplies during a devastating famine. When the government forcibly displaces people and diverts humanitarian assistance, we speak out, resulting in the expulsion of one of two MSF sections.



© MSF



© PETTERIK WIGGERS

1991

SOMALIA

MSF treats thousands of children suffering from malnutrition but is forced to leave the country following kidnappings and security incidents. MSF speaks out against excessive military force and flawed foreign military interventions

1994

RWANDA

MSF teams witness the massacre of Rwandan colleagues and patients in a genocide that takes up to a million lives. We testify before the UN for the first time – and call for military action, also for the first time.

© ROGER JOB

"We Rwandans saw how MSF came to assist the people who were in need, while at the same time we saw how a lot of the rest of the world didn't come to assist or to offer help."
INNOCENT MANIRARUTA, RWANDAN REFUGEE WHO LATER BECAME AN MSF FINANCE MANAGER

© ERIC MILLER

2000

SOUTH AFRICA

In 2000, South Africa was clocking up to 1,000 deaths per day from advanced HIV. The Minister of Health at the time had blocked the public-sector use of AZT – one of the first antiretrovirals – and all antiretroviral treatment (ART), even to reduce mother-to-child transmission. Despite this, MSF starts providing ART through the Khayelitsha project in the Western Cape.

"When I was diagnosed HIV-positive in 1992, I was told to go back home to die. In 2001, MSF came to Khayelitsha and one of the nurses who was treating me [at another clinic] told me to go to the MSF clinic. I was lucky..."
THOBANI NCAPAYI, ONE OF THE FIRST PATIENTS AT THE KHAYELITSHA PROJECT

2003

SUDAN

Fighting between Sudanese government forces and rebels kills thousands of people and displaces more than one million. MSF provides medical and nutritional care and calls out the international community in a speech to the UN Security Council for its failure to protect civilians.

© DIDIER RUEF

WE SPEAK OUT
WORLDWIDE

© VINCENT MAURE

NIGER

MSF treats thousands of children with malnutrition, many at home, with a peanut-based ready-to-use therapeutic food called Plumpy'Nut. It proves so successful it becomes a national protocol, and we advocate for its use worldwide.

2005

SOUTH AFRICA

Two years ahead of deadline, in 2019, the MSF HIV project in Eshowe, KwaZulu-Natal, achieves the UNAIDS 90-90-90 treatment targets. This means that 90% of all individuals with HIV know their diagnosis, 90% of people diagnosed are on treatment, and 90% of people on treatment are suppressing the virus. This achievement gained international attention and proved that with community support we could bend the curves of the virus in an area of intense HIV stigma and prevalence.

© GREG LOMAS

2011

© MARIO TRAVAINI

SYRIA

Without official authorisation, MSF provides essential medicines and supplies to local health providers and opens three hospitals in northern Syria. We continue to care for many people among the millions displaced in Syria and in neighbouring countries and speak out when medical facilities and staff are attacked.

2011

2014

WEST AFRICA

In the world's largest Ebola outbreak, MSF sets up treatment centres in Guinea, Liberia and Sierra Leone – and criticises the international community's inaction. More than 11,300 people lose their lives before the spread of the virus is contained.

© MARTIN ZINGGL

> *"I cannot stand aside and watch my people die. But I, along with my colleagues, cannot fight Ebola alone…"*
> JACKSON NAIMAH, MSF MEDICAL ASSISTANT

© DOROTHY MECK

ZIMBABWE

In Mbare in Zimbabwe's capital, MSF sets up a Sexual and Reproductive Health project offering free services for young people between 10 and 19 years old. This includes mental health support, family planning, HIV care and treatment, Sexually Transmitted Illnesses diagnosis and treatment, as well as TB care. There is also a teen mums' club where pregnant teenagers have access to antenatal and post-partum care.

> *"Once the teenage girls get pregnant, parents sometimes force them to drop out of school, and some are forced into early marriages… but factors that resulted in them getting pregnant are usually not acknowledged. At MSF, we do not want to create such borders; the girls should be supported…"*
> RELATIVE CHITUNGO, MSF SOCIAL WORKER, MBARE

2015

2017

BANGLADESH

When more than 700,000 Rohingya people flee to Bangladesh, MSF teams offer assistance in massive and overpopulated camps. After gathering statements and conducting surveys with survivors, we publish a report documenting the scale of the violence in Myanmar.

© PAULA BRONSTEIN

© MARIANA ABDALLA

MOZAMBIQUE

In Beira, we employ peer educators who are sex workers, men who have sex with men and at-risk youths to encourage these marginalised and stigmatised groups to access healthcare without the fear of judgement. Peer educators provide information and support around sexual and reproductive healthcare, and supporting MSF community clinics provide services and tools to prevent, diagnose and treat sexually transmitted infections, including HIV.

2020

2020

COVID-19

In response to the COVID-19 pandemic, MSF demands that pharmaceutical companies stop profiting off the pandemic and ensure fair and equitable access to lifesaving vaccines and treatment for all.

© MSF

OVERCOMING BARRIERS TO ESSENTIAL MEDICINES
FIND OUT MORE ABOUT THE MSF ACCESS CAMPAIGN AT
WWW.MSF.ORG.ZA/ACCESS-MEDICINES

EXCLUSION FROM HEALTHCARE
MALAWI

“AFRICANS CAN’T TAKE MEDICINE PROPERLY”

25 YEARS AGO, MSF INTRODUCED TREATMENT FOR PEOPLE LIVING WITH HIV/AIDS IN MALAWI AND SILENCED CRITICS WHO DOUBTED THAT LONG-TERM ADHERENCE WAS POSSIBLE.

1

“In those days (1990s-2000s) it was very bad; people were dying. I lost my brother and my sister to AIDS. When I was sick, I had no hope. At that time no one was receiving antiretroviral treatment (ART) until MSF began providing it,” says Fred Minandi, the fourth patient to receive ART in the MSF Chiradzulu project on 16 August 2001 at the age of 41.

MSF first began HIV/AIDS prevention and control activities in Chiradzulu, Malawi, in 1997, where 20% of the district’s adult population was estimated to be HIV-positive. In August 2001, we started a programme to provide free access to ART at Chiradzulu’s district hospital. Before this, no HIV treatment was available in the country.

“In 1999, I went for an HIV test at Chiradzulu hospital. I was not working anymore because I was too sick and had been suffering from opportunistic infections since 1997. I tested positive for the virus,” Fred says. “Later, I met with MSF counsellors who told me they were going to begin ART. I was lucky to be one of the first patients to receive treatment. After a month, I was able to start work again.”

The story of the project in Chiradzulu is not just about providing drugs to patients. It proved it was possible to tackle HIV in poor rural settings and that patients would comply with the strict HIV treatment routine, an idea met with significant cynicism at the time.

In July 2002, Fred was invited to speak at the 14th International Conference on HIV/AIDS where MSF’s presentation on access to ART included the Chiradzulu experience.

“I am one of the first patients to benefit from free treatment in Malawi and if I am here to talk to you about it today, it’s because I am receiving treatment. Some of you will say that Africans cannot take medicine properly because we don’t know how to tell time. I don’t have a watch, but I can tell you that since I began my triple therapy, I have never forgotten to take a single dose,” Fred told the conference.

- By the end of 2003, more than 2,000 patients were on ART in the Chiradzulu programme, at an average rate of 200 new patients per month.
- By 2009, every health structure in Chiradzulu district was able to provide the whole range of services for HIV/AIDS patients, from testing to prevention of mother-to-child transmission, and treatment of tuberculosis (TB) co-infected patients.
- An MSF study in 2013 showed that 65.8% of people needing ART in the region were receiving the appropriate medicines, and there was a very low level of new infections.

2

Such progress was not only made possible by the partnership between MSF and local health authorities but also by the patients themselves. Patients such as Fred formed support groups and were employed by MSF as peer counsellors to encourage people to get tested and help patients comply with their treatment.

In 2017, MSF also started Saturday “Teen Clubs,” offering health services, including mental health and social support in a safe space, to teenagers living with HIV.

Over the years, these initiatives, along with advancements in treatment strategies and decentralising care, enabled tens of thousands of patients to live comfortably with the disease.

“When I go for viral load testing nowadays, the virus is undetectable. In 2001, when the counsellor said ART could prolong my life, I thought it would be two to three years but here I am, 22 years later,” says Fred, who is now retired.

After over 20 years of collaboration with MSF, Chiradzulu district health authorities and their partners fully took over all patients and activities between 2022 and 2023, ensuring the continuity of HIV treatment and care.

IN NUMBERS: BETWEEN 2001 AND 2023

55,000 HIV-POSITIVE PATIENTS RECEIVED ART IN THE CHIRADZULU PROJECT.

3

4

1. Fred Minandi was one of the first patients to receive ART at Chiradzulu. © PASCALE ANTONIE

2. Teen Clubs provide a safe space for HIV-positive teens to connect, share and learn. © FRANCESCO SEGONI

3. Young women receive reproductive healthcare. © FRANCESCO SEGONI

4. Teens wait for consultations during an MSF Teen Club. © FRANCESCO SEGONI

WE BEAR WITNESS
SIERRA LEONE | ESWATINI | NIGERIA | LIBERIA | ANGOLA

STAFF VOICES

CHALLENGING STIGMAS AND REACHING COMMUNITIES WHO HAVE BEEN EXCLUDED FROM HEALTHCARE ARE JUST SOME OF THE BATTLES OUR STAFF FACE REGULARLY.

GEORGE KAMARA | CLINICAL OFFICER SUPERVISOR | SIERRA LEONE

I'm from Sierra Leone, a country with some of the worst rates of maternal and child mortality in the world. Before I was born, my mother had a "poor maternal history". She was getting pregnant, but her babies were not surviving.

While I was studying, my first child became sick. We took him to the hospital, but some procedures that could have helped were either not available or not done, and we lost him to severe malaria. After we lost our son, I still had to finish nursing school. In 2004, I got my first job with MSF.

These days, I'm a clinical officer supervisor in Magburaka, where MSF supports the Government Hospital, including the paediatric unit. As a team, we're proud of the quality of care we've achieved here. However, there are still a lot of challenges for people in this region. Immunisation rates are still low. Many people don't live close to a medical facility, and often the facilities do not provide healthcare free of charge.

After joining MSF, I became a father again. The MSF team quickly identified that our son has sickle cell disease, and that our family carries the sickle cell genetic trait, which can cause health conditions affecting the blood. My son receives full treatment thanks to MSF.

The deaths of my siblings and my first child, who could perhaps have been saved if they'd had access to better treatment, made me passionate about working with MSF in the pursuit of saving lives.

PATIENCE NXUMALO | MSF CLINICAL ASSISTANT | ESWATINI

In 2009, I was an MSF interpreter assisting medical staff in communicating with patients. This was a time when there were only three health facilities which provided HIV and TB care treatment in the entire Shiselweni Region. A time where people would hide the fact that they had TB or HIV as some would say it's a curse. A time where people would go to a facility, stand in a long queue and not receive any treatment as the doctor would only attend to a certain number of people in a day.

Over time, I became a community treatment supporter, working closely with patients' families to help them stick to their treatment plans so they'd have the best possible chance of recovery. It could be emotionally challenging work, because our patients were vulnerable and often weren't getting the help they needed. People were being discriminated against by society because of their health conditions. But seeing their health and their lives improve as they adhered to treatment, that would really bring comfort and satisfaction.

Providing treatment to HIV-positive patients has changed social taboos for those who faced discrimination in job opportunities because of their illness. All this has positively impacted people's lives.

MULIKAT OKOLANWON | PATIENT ADVOCATE | NIGERIA

I was referred to a teaching hospital near my home for noma disease, and I recovered. However, it left a mark on my face that hindered me from associating with people in the community.

After that I couldn't go out. Imagine a life where people are running away from you. I couldn't look at myself in a mirror. I lived in loneliness and depression all the time.

Luckily, I met a professor in Lagos who referred me to the MSF-supported Sokoto Noma Hospital. It was a 24-hour drive away. There, I had my first successful plastic surgery. I had five more rounds of surgery over the next 20 years. After that, I finally began to admire myself and to interact with people.

In 2018, I started working as a hygiene officer with MSF in the Sokoto Noma Hospital, where noma patients are treated for free. I also work with the mental health department. Telling my story encourages noma patients and their families to keep on fighting and gives them hope. There is ability in disability and there is nothing that we cannot do.

JAN TRACHTA | DOCTOR | LIBERIA

In Liberia, I was the only paediatric surgeon in the entire country. I was on assignment for five weeks and performed 90 surgeries – an average of four or five a day.

One of the greatest joys I experienced was treating a seven-year-old girl named Joyce, whom I met on the very first day.

Joyce had severe typhoid, causing her intestine to perforate in several places. She came to us in a critical condition. The team and I operated on her intestine and the procedure went well. But, shortly after the operation, she had a severe epileptic seizure and then developed an infection. Within a few weeks, her weight had dropped from 26kg to only 18kg.

Right at the end of my time in Liberia, after a lot of care and worry, Joyce's health took a turn for the better. Although her little body was still weak and wasted, she started sitting up and smiling. Before long, she was drawing for hours on end. She was finally on the mend. It was a hard fight, both hers and ours, but in the end, we won it together.

Any contribution you make to MSF helps save lives. Thank you for helping to provide that care.

XIMENA DI LOLLO | PROJECT COORDINATOR | ANGOLA

"It's been 21 years since a doctor came here," says Joâo, one of the elders of the village. Trying to bring attention and action to people's need for healthcare, a year ago the soba, the highest authority of this town in the municipality of Cuvango, confiscated a blue vaccine transport box for seven days. "I won't return it until someone comes to Tchuila to give medical care," he said.

The population of Tchuila has grown to over 7,000 people. Some time ago the Ministry of Health decided they wanted to open a small health centre there. Our visit was the first step in communicating with the community about the healthcare that would follow, first through mobile clinics and later by constructing a facility.

On our return, children, pregnant women and other patients came to the clinic we set up in a small church. After 21 years, the dream was being fulfilled. We witnessed what can be achieved when you support your colleagues in the task of looking at people in the eyes, listening to their health concerns and sharing what you have: some relief for pain, an antimalarial medication, a vaccine or a mosquito net. In fact, it is much more than that. It is like saying to people who say they feel forgotten: "You are not alone. We are here."

OUR TEAM
EAST & CENTRAL AFRICA

SAFE ABORTION CARE SAVES LIVES

AFTER 19 YEARS AT MSF, *ASHA, A MIDWIFE FROM EAST AFRICA, SHARES THE CHALLENGES, BREAKTHROUGHS AND GROWTH SHE EXPERIENCED PROVIDING LIFE SAVING ABORTIONS.

*NAME CHANGED FOR PRIVACY

An 18-year-old girl who sought help for safe abortion care at an MSF supported clinic in South Kivu, Democratic Republic of Congo.
© DAVIDE SCALENGHE.

When I started working with MSF as a midwife in 2003, I managed deliveries and newborn care, but I also saw a big need for abortion care. Whenever this need came up, I wanted to help, but I didn't have that training or experience.

In 2004, I learnt that MSF had adopted a policy stating that we would provide safe abortion care wherever it was needed to prevent maternal deaths and injuries due to complications from unsafe abortions. Back then, few patients were asking for abortion care. It is a taboo subject in Central Africa, where I was working, and in many of the places where MSF works.

But I knew a lot of women were suffering in silence because I treated them for complications from unsafe abortions, such as septicemia [blood infection] and severe bleeding. I vividly remember one patient who died as a result, leaving five young children behind.

In 2009, I was finally able to attend an MSF training on sexual and reproductive healthcare, and I was able to start safely providing abortion care myself.

Ready to put my new skills to use, I travelled to my next assignment in West Africa with MSF. But I soon found another obstacle in managing abortions: my team. They were not yet sensitised to MSF's policy on abortion. They speculated on the consequences: What about the family? What about the community? What if it puts the project at risk? Where there is a lack of knowledge about abortion, the response is often: What if the patient dies? We hear stories about women dying after abortions, but that is because the conditions or circumstances of the abortion were unsafe.

Several years later, I attended an MSF workshop called Exploring Values and Attitudes towards Abortion (EVA). It was very educational and changed a lot of perceptions and attitudes. Many of my colleagues simply had not known about the devastating impact of unsafe abortion, and that it kills at least 22,800 women and girls and injures millions more every year. We had just waited for people suffering with complications from unsafe abortions to come to our clinics, and although we treated those who arrived soon enough to be saved, countless lives were lost.

The first patients who requested safe abortion care after my team attended the EVA workshop had been referred by colleagues who were logisticians and supply staff. They sent family members, friends and neighbours who needed help. I saw the impact of the EVA workshop immediately.

It's not always easy but providing safe abortion care is important. Over the 19 years, I had to be very resourceful to provide this care. It required a lot of confidence and sometimes courage. Listening to women is essential, and that's how I discovered ways to help them even when there were obstacles.

WE ARE A NETWORK
DONOR STORY

CONTRIBUTING TO "BETTER OUR WORLD"

ASTRID PIET IS A PSYCHOLOGIST WITH A PASSION FOR HELPING OTHERS. HERE, SHE SHARES WHY SHE CHOOSES TO DONATE TO MSF REGULARLY.

Tell us about yourself.
My name is Astrid, and I currently live in Cape Town. I am originally from Clarkson in the Eastern Cape. I hold a master's degree in counselling psychology. I have worked in the South African National Defence Force for 10 years in the field in psychology but resigned this year to set up my own practice in Cape Town.

Growing up I have always been passionate about helping others. To this end I studied psychology, which helps me to live out this passion. In the past I have also volunteered my time to NGOs to help assist with mental health services at the community level.

I am currently volunteering my time to Justice Desk in Cape Town which is an NGO that is making a profound difference in the lives of children and youth in the poverty-stricken and high violence Cape Flats area. I am also trying to support the primary school in my village by making regular donations. My wish is to further assist the school by providing pro-bono assessments to children who are struggling academically. My idea behind giving my time or expertise back to my community is remembering how the elderly people in my village have all tried to raise me by supporting me with resources that they could.

Why did you decide to start donating to MSF?
I have a friend who is a doctor who always speaks highly about the medical work that doctors who are affiliated with Doctors Without Borders provide. I believe that if I can make a small difference in the world with making donations to MSF, I am contributing to better our world.

> *"Sometimes if one cannot physically help in our communities there are organisations like MSF that we can support."*

How important do you think it is for MSF to speak out and bear witness to the suffering we see people going through?
It is important to report on hardships that people experience to raise awareness and encourage social change. The world will understand the extent and severity of each crisis that MSF witnesses. By speaking out on events that inflict harm, the root cause of a problem can be identified and preventative measures for the future can be organised. Finally, emphasis can be placed on a moral and ethical responsibility towards commitment to human rights and justice for human beings.

What do you think about our speaking out activities, such as the Access Campaign?
The importance of such campaigns encourages an ongoing dialogue to be maintained by those in power to address social injustices and limitations to the access of healthcare services of marginalised or vulnerable populations. These campaigns may also stimulate research and development in healthcare in terms of innovation and cost-effective solutions.

What would you say to others who are considering donating to MSF?
In our country we are challenged with an alarming rate of various crises. Often times our government or governments around the world may be able to respond but they may not be able to react to mass needs. It is organisations like MSF who therefore are urged to respond to those who may not be catered for. A small donation monthly by our larger community has the capacity to lead to significant change if it is directed to organisations like MSF. Your recurring donation may ultimately provide MSF with stability to sufficiently support a just cause.

We thank Astrid for her time and dedication to supporting MSF! It is only with dedicated donors like you that we are able to go where we are needed.

MSF social worker, Relative Chitungo, conducts fun activities with the Teen Mum's Club participants in Mbare, Zimbabwe. © MSF

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

→ WORK WITH US

FIND OUT MORE ABOUT BECOMING A MSF FIELDWORKER.
WWW.MSF.ORG.ZA/WORK-WITH-US

→ DONATE TODAY

FIND OUT HOW YOU CAN FUNDRAISE FOR OR DONATE TO MSF.
WWW.MSF.ORG.ZA/GET-INVOLVED