MAMELA

DOCTORS WITHOUT BORDERS (MSF) SOUTHERN AFRICA
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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



55 YEARS OF STANDING WITH COMMUNITIES

WE GO WHERE NEEDED
WORLDWIDE

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3. Thabile Mazibuko, a valued MSF donor © IMAGE SUPPLIED

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

COVER CREDIT

Rehab Musa, 19, holds her nine-month-old son, Ayman Ali, at the MSF health centre in Kalma Refugee Camp, Darfur, Sudan. Nineteen years ago, Rehab was born in the same refugee camp. © ABDOALSALAM ABDALLAH



EDITORIAL
SOUTH AFRICA

A LEGACY BUILT TOGETHER



Since 1971, Doctors Without Borders (MSF) has stood alongside people whose lives have been interrupted by conflict, disease, and natural disasters.

For 55 years we have helped families survive moments that threatened to break the continuity of their lives. This work has often placed us at the confluence of history's most defining moments, where profound human suffering meets extraordinary human resilience.

Although this milestone arrives at a challenging moment for humanitarian action, our history demonstrates that humanitarian action endures because people like you continue to believe in our shared humanity. We have to keep showing up for the millions of people in dire need of medical humanitarian support.

I joined MSF during a cholera outbreak in Sierra Leone, my home country, about 31 years ago. When I first encountered MSF, I didn't know who they were; they were mostly Europeans in white T-shirts, and that was it. But after a few weeks I began to understand their focus: the people; the most vulnerable, and the excluded. Since then, serving humanity has become my way of life. I have been able to align my aspirations with those of MSF and, as a result, I have been able to stay this long.

My journey with MSF has traversed many defining crises. I went to Indonesia when the tsunami struck in 2004, working as a programme coordinator linking the humanitarian response with partner organisations and local authorities. During the crisis in South Sudan in 2013, I coordinated emergency responses. I was then asked to lead MSF's country operations in Afghanistan, where I spent a year overseeing a range of programmes, responding to both conflict-related needs and supporting reproductive health services, among other essential medical activities.

Today, the humanitarian landscape has changed, and I don't think we are going to reverse that change. International humanitarian law (IHL) has been discarded, and this is very unfortunate. I remember a time I was able to cross the border between Afghanistan and Pakistan because of IHL. What is particularly worrying is that humanitarians are increasingly being directly targeted. This has compelled us to develop new approaches to safeguard our teams, ensure the security of our operations, and navigate an ever more complex operating environment.

As complexity increases in the humanitarian sector, relationships matter more than ever. Whatever we do, we must build partnerships that enable access and connection in ways that are more diverse than in the past.

Thank you for being our most important partner on this journey and continuing to evolve with us.

Philip Aruna, General Director, MSF Southern Africa

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
DRC | SOUTH SUDAN | USA

NEWS FROM THE GLOBE

BEARING WITNESS IS AT THE HEART OF WHAT WE DO. THESE ARE JUST SOME OF THE STORIES THAT NEED TO BE SHARED.



1.

DRC | WILL THIS BE THE WORST EBOLA OUTBREAK YET?

[As of July 2026] "Every delay costs lives. We are still chasing the outbreak instead of staying ahead of it. More people become infected, more families lose loved ones, and the epidemic becomes harder to contain," says Trish Newport, MSF emergency programme manager in the Democratic Republic of Congo (DRC).

The current Ebola disease outbreak response is being led by the DRC Ministry of Health and supported by several international partners, but insecurity makes reaching certain communities difficult. Additionally, in more stable areas, efforts to detect cases, test patients, identify contacts, and monitor transmission are insufficient.

"No one knows the true scale or exactly where the disease is spreading in the DRC," says Kate White, emergency medical coordinator. "What we do know is that most treatment centres in Ituri province are overwhelmed; many of our patients arrive at a late stage of the disease, and the majority were never identified or monitored as contacts before seeking care."

"Testing remains one of the most significant weaknesses in the response, despite recent improvements in laboratory capacity and the arrival of hundreds of mobile test kits in eastern DRC, designed specifically for the Bundibugyo virus," says White. "Many communities, especially those affected by ongoing insecurity, still have limited access to these kits, while treatment centres continue to face significant delays in receiving laboratory results."

In Ituri, where MSF has been present for decades, we have observed fear and mistrust among communities, with some being wary of the sudden arrival of Ebola response teams.

"Setting up activities and explaining the disease is not enough to build community trust — people's concerns need to be listened to, and communities should help shape the response," says Frederic Lai Manantsoa, emergency coordinator for MSF in DRC.

With decades of experience in treating Ebola and adapting our responses to better engage communities, it is essential that we remain on the frontlines of this growing outbreak.

Your support helps us stay there.



SOUTH SUDAN | KILLED WHILE RUNNING

"I ran away with my child. I could see the village burning from afar," says a woman who was displaced and treated at an MSF facility in Chuil, Jonglei state, South Sudan. "They set houses on fire. They burned my grandmother inside the tukul [traditional house]. The elderly stayed behind, they could not run with us. They killed the elders."

Both targeted and indiscriminate attacks conducted by the government and opposition forces and other armed groups are increasingly harming the people of Sudan and undermining access to lifesaving care.

"Civilians are facing airstrikes and ground attacks, forced recruitment, abductions, and widespread sexual and gender-based violence [SGBV]," says Zakaria Mwatia, MSF country coordinator in South Sudan. "Populated towns and villages are being hit, resulting in civilian casualties, mass displacement, and the destruction of civilian infrastructure."

The impact of violence is evident in MSF medical data and the fact that 138 airstrikes occurred in the country during 2025, compared to only two in 2024. This, and more shocking data, was detailed in an MSF report – *They Killed Them While We Were Running* – released this year.

From January to April 2026, our teams had already treated over 1,800 people wounded by violence, including 885 survivors of SGBV, highlighting the accelerating toll on civilians.

Read the full report on our website: msf.org.za/sudan

USA | A MIRACLE DRUG WORTH FIGHTING FOR

When MSF began providing treatment for people living with HIV over 25 years ago, an annual course of antiretrovirals cost more than $10,000. We called this unacceptable and campaigned alongside HIV activists and communities around the world to bring that price down. Treatment dropped over time from $10,000 to under $100.

Millions of people are alive because of that struggle and victory. Today, we find ourselves in a very similar situation.

Lenacapavir is a new drug – one injection administered twice a year – and it's nearly 100% effective at preventing HIV. For someone in a country where their sexuality is criminalised, a discreet injection every six months could be the difference between being infected with HIV or not.

In June, we launched a campaign to advocate for the two shots a year to be available for under $40 to everyone who needs it. No matter who they are or where they live. Everyone has a role to play in making this a reality. Gilead must remove the barriers around access to this drug.

Twenty-six countries are excluded from affordable access entirely, with no pathway to get it, even when generic versions are expected to become available in the coming years. This includes countries where HIV rates are climbing, and even some that hosted the very clinical trials that proved this drug works.

For over a year, MSF has tried to buy lenacapavir directly from Gilead Sciences, the company that makes it. Gilead has refused to sell it to us. Lenacapavir costs about $40 to make. In the US, Gilead charges patients over $28,000 per year. For most of the world, this makes the access picture dire.

For someone in a conflict zone who may not see a health worker again for months, one shot, and they're protected for half a year. This drug could change the course of the decades-old pandemic.



1. MSF staff follow strict infection prevention and control protocols before and after caring for patients at the Ebola Treatment Centre in Munigi, Goma, DRC, which admitted its first patients on 28 May 2026. © DANIEL BUUMA

2. People gather at what remains of Lankien market in Jonglei State, South Sudan, after it was struck in an airstrike on 4 February 2026. © STEFAN PEJOVIC/MSF

3. MSF USA staff and association members participate in the New York City Pride march and PrideFest on 28 June 2026, calling for wider global access to the HIV prevention drug lenacapavir. © MSF



STILL GOING WHERE WE'RE NEEDED

LOOKING BACK OVER FIVE DECADES AND FORWARD TO AN UNCERTAIN FUTURE, WHAT MAKES MSF STILL RELEVANT TODAY?

HOW IT ALL BEGAN

Today, the simple idea of going where people's needs are greatest is more relevant than ever. Aid has become increasingly politicised, and the entire humanitarian system is essentially being dismantled.

In a world that is increasingly polarised, the independence to provide impartial care – where we see the needs are greatest – is a privilege and an advantage.

This mission began on a winter's day in Paris, nearly 55 years ago, Médecins Sans Frontières (MSF) was formed by 300 volunteers: doctors, nurses and other staff, including the 13 founding doctors and journalists.

"It's simple really: go where the patients are. It seems obvious, but at the time it was revolutionary," says Dr Bernard Kouchner, one of the MSF founders.

Later spreading across the world and translated in English to Doctors Without Borders, today our 66 000-person strong organisation remains committed to and guided by MSF's founding principle.

Because of our other principles of neutrality, impartiality and independence, we can provide care in some of the most unstable and underserved places in the world. But, without our donor model that relies on individual givers (like you!) and declines funds from any organisations and governments (like alcohol, tobacco or big pharma) that could potentially do harm to patients, we would not have this level of independence.

Independence means we provide healthcare to everyone, for free, regardless of race, religion or political affiliations. Independence enables us to launch rapid emergency responses, withdraw when ethical principles are compromised, and continue working in places where few other organisations can. Independence means we can remain neutral in all contexts and not take sides in armed conflicts. Independence is why we are still able to serve people in over 72 countries, year after year.

Independence means we go there.

1. MSF nurse Habiba Jannat Deba and patient Abu Hashim during Hepatitis C testing at Kutupalong refugee camp, Bangladesh. © ANTE BUSSMAN/MSF

2. MSF staff, medical aid workers, and supporters outside the UN Headquarters in New York to call on world leaders to take action to end the genocide in Gaza. © JASON DECROW/AP PHOTO.

THE WEALTH IN WITNESSING

The formation of MSF was largely driven by the access to television, which highlighted atrocities being committed worldwide, and a feeling that not enough was being done – in terms of humanitarian aid and condemning what was happening.

Hence, journalists were seen as an essential part of the organisation from the start, and the commitment to *temoignage* – bearing witness – was adopted as another core principle of our organisation. It has not wavered since 1971.

Most recently we have been documenting and speaking out about the rejection of international humanitarian law and the growing number of attacks on healthcare facilities, especially in places like Palestine, Sudan, Myanmar and Ukraine. We have highlighted the devastating humanitarian consequences of exclusive migration policies, such as those funded by the EU in Libya and the US in Central America.

We also continue to advocate for civilians trapped by conflict and try draw international attention to crises that receive little political or media focus, like Mozambique or the Democratic Republic of Congo.

After five decades, combining medical action with public testimony is still one of our defining characteristics. "We speak not into the wind, but with a clear intent to assist, to provoke change, or to reveal injustice," said Dr James Orbinski during MSF's Nobel Peace Prize acceptance speech in 1999. "Our action and our voice is an act of indignation, a refusal to accept an active or passive assault on the other."



2.

55 YEARS OF DOCTORS WITHOUT BORDERS (MSF)

1971
FOUNDED BY
300 VOLUNTEERS
IN PARIS

21 900%
GROWTH IN
CAPACITY

2026
OPERATED BY
66 000 STAFF IN
OVER 72 COUNTRIES

THE EVOLUTION: OVERLAPPING CRISES

Since our inception, the humanitarian landscape has transformed dramatically. Armed conflicts have become increasingly protracted, climate-related disasters are more frequent and severe, infectious disease outbreaks continue to emerge, and millions of people remain displaced by violence, political instability, and environmental shocks. At the same time, humanitarian needs have reached record levels, with the UN estimating that 239 million people are in need of humanitarian aid.

The humanitarian crises of today are rarely isolated events. Conflict drives displacement, displacement increases vulnerability to disease, climate change exacerbates food insecurity, and weak health systems struggle to respond to overlapping emergencies. Communities often face multiple crises simultaneously.

"We're seeing this triple crisis of conflict, contagion and climate change, and they are making more emergencies more severe, more frequent, more violent, and more challenging for MSF."

- Maria Guevara, MSF international secretary

While our core purpose is to provide emergency medical care, MSF has had to adapt to these overlapping crises, which makes interventions more complex and often longer. We only leave or close projects when the crisis has de-escalated or when we are satisfied that our standard of care will be maintained by partners. This has meant a large shift to focusing on a range of partners who can help us cope with myriad needs and potentially continue our work.

This approach has worked well in South Africa where HIV/Aids and TB projects were decentralised and ultimately handed over to partners in Khayelitsha, Western Cape, and Eshowe, KwaZulu-Natal, after decades of community and partner building. Currently, in Butterworth, Eastern Cape, MSF is working with several community-based organisation (CBOs), community leaders and the Department of Health to support our hypertension and diabetes project.

WE BEAR WITNESS
WORLDWIDE

CLIMATE SHOCK AND COMMUNITIES

Climate change has become a defining challenge for the world. MSF sees firsthand how communities least responsible for greenhouse gas emissions are often those experiencing the greatest health consequences: drought, flooding, malnutrition and changing disease patterns. Many of the countries where we work already face fragile health systems, chronic conflict or economic instability, so climate-related shocks multiply existing vulnerabilities.

The impact of the climate crisis on the communities we serve has demanded a shift in how we work. Limiting our environmental impact is an organisation-wide priority. One of the largest changes over the last 50-plus years has been the employment of locally hired staff in projects.

Today, over 90% of our staff are hired locally in the countries where we operate. This has not only reduced our carbon footprint but also meant that we work closer with the communities we serve to adapt our responses in ways that are relevant and informed by community engagement.

Acknowledging our patriarchal past and shifting to a community-centred and led approach is something we continue to strengthen with every project we launch.

"The climate crisis requires a collective approach," says Guevara. "[We] must also understand that our own behaviours are a part of the problem. Climate change affects the health of us all, so we need to respond to the climate crisis together, in solidarity."


1.



2.


3.





"Despite grand debates on world order, the act of humanitarianism comes down to one thing: individual human beings reaching out to their counterparts who find themselves in the most difficult circumstances."



WHERE TO FROM HERE?

Anti-NGO sentiment, the dismantling of the humanitarian system as we know it, and the gutting of aid from governments around the world means that we face a daunting future.

Because MSF is independently funded, we are not always directly affected by these circumstances, however, the gaps being left by our referral partners and other NGOs are adding immense pressure to a stretched system.

As the devastation of funding cuts is being revealed, there is growing pressure on organisations like ours to fill the gaps. We know we can't do it alone, but we won't stop trying.

"Independent humanitarianism is a daily struggle to assist and protect," continued Orbinski during the Nobel Peace Prize speech. "Despite grand debates on world order, the act of humanitarianism comes down to one thing: individual human beings reaching out to their counterparts who find themselves in the most difficult circumstances. One bandage at a time, one suture at a time, one vaccination at a time."

To continue operating in over 72 countries, our independence remains paramount. We cannot veer from our guiding principle of going where the needs are greatest as we know that this is the only way that the most vulnerable people are given the care they deserve. Again, this is only possible because of dedicated individual donors. Without people like you, who believe in the ideal and imperative of humanity, we will cease to exist.

1. Six-month-old Mathulak Jong is referred to Akobo Hospital by boat after antibiotic treatment for acute pneumonia fails to improve his condition. © FREDERIC NOY/ COSMOS

2. MSF health promoter Aisha started to support MSF as a volunteer, until she got her official refugee papers and started as a health promoter in July 2023. © ANTE BUSSMANN/MSF

3. Internally displaced people who fled the famine- stricken Zamzam camp now living in and around Tawila, in North Darfur, Sudan. © JÉRÔME TUBIANA

4. The Taro leaf symbolises the Rohingya experience of statelessness. MSF partnered with Rohingya communities and artists to create artwork using the symbol as a tool for creative advocacy. © SAHAT ZIA HERO

5. The medical team inside the ICU of the MSF medical train monitor and stabalise a seriously war-wounded patient during the journey from Pokrovsk, eastern Ukraine to Lviv, in western Ukraine © ANDRII OVOD

SHARE A MESSAGE WITH OUR TEAMS AND PATIENTS

EVERY MESSAGE OF SUPPORT REMINDS PATIENTS AND OUR TEAMS THAT THEY ARE NOT ALONE.

SCAN THE QR CODE AND SHARE YOUR MESSAGE →

WE ARE A NETWORK
ESWATINI | SOUTH SUDAN | KENYA | SOUTH AFRICA | DRC

CLAIMING SPACE IN THE HUMANITARIAN WORLD

SOME OF OUR LONG-STANDING STAFF REFLECT ON THE IMPORTANCEOF AFRICAN REPRESENTATION AND LEADERSHIP IN THE HUMANITARIAN SPACE.



WANDILE DLAMINI
LOGISTICS MANAGER FROM ESWATINI

Having worked in Sudan, Mozambique, Uganda, South Sudan, and Nigeria, and during cholera emergency responses in Mozambique, I have seen firsthand how shared experiences can help bridge gaps between humanitarian actors and affected populations. African humanitarians understand many of the social, economic, and cultural challenges our communities face because we have often lived them ourselves. However, effective humanitarian action depends on collaboration.

Colleagues from outside Africa contribute valuable expertise, innovation, and perspectives gained from healthcare systems with high medical standards. Their knowledge, combined with African insight and leadership, creates stronger and more sustainable responses. For me, humanitarianism is not about nationality or ethnicity, it is about humanity. The best outcomes are achieved when diverse people come together with a common purpose to alleviate suffering and restore dignity.



THOK JOHNSON
MEDICAL COORDINATOR FROM SOUTH SUDAN

As a child refugee [in Ethiopia], I almost lost my life to measles. Living today is itself a miracle. We depended on humanitarian agencies for food and shelter. Growing up and seeing medical professionals saving lives in the refugee camp, including my own, moved and inspired me to become a humanitarian. I decided I would become a medical professional to return the favour once extended to me when I needed help the most.

I wanted to travel far to help those in need. I was excited because I knew I was to carry the flag of South Sudan into the international humanitarian world as a healthcare provider – my childhood dream. My experience in all the countries I have worked is a true manifestation that South Sudan is full of professionals who can work in any part of the world. From a child refugee to an international medical coordinator.

Isn't it a great journey?



MONICA GENYA
ASSOCIATION DIRECTOR FROM KENYA

For me, being a humanitarian is about recognising our shared humanity and acting with compassion, solidarity, and purpose. It is the privilege and responsibility of standing alongside people facing crisis, not as an outsider with solutions, but as a fellow human being committed to dignity, justice, and hope.

My work in MSF continually reminds me that humanitarian action is most meaningful when it is rooted in the voices, experiences, and leadership of the communities we serve.

It is especially important that Africans are active participants and leaders in humanitarian response, both on our continent and globally. Africa is rich in knowledge, resilience, and innovation born from lived experience.

When African perspectives shape humanitarian action, responses become more relevant, equitable, and sustainable.

"People everywhere share the same hopes: to be safe, to be cared for, and to have the opportunity to rebuild their lives."

Lindiwe Pholose



1. MSF staff distribute mosquito nets to residents of Kotaruk village in Turkana, Kenya.
© ZAINAB MOHAMMED



SOLOMON MATLANYANE
PROJECT COORDINATOR FROM SOUTH AFRICA

As a participant in the Soweto student uprising in South Africa, I later went into exile in several countries. While living in the Netherlands in the 1990s, I learned about MSF and was inspired to become directly involved in humanitarian work. That is how I joined the organisation.

One advantage I have brought to MSF is my ability to speak several languages. In Somaliland, while working in a hospital, I overheard a group of people speaking in Kiswahili, assuming I could not understand because we had been communicating in English.

They were discussing plans involving our team. Unsure of their intentions but concerned for our safety, I immediately informed my colleagues by radio and evacuated the team.



DODO KIBASOMBA
NURSE FROM THE DRC

My passion for humanitarian work comes from witnessing the difference MSF makes in places where no one else is present. In Sudan, I worked in areas where MSF was the only organisation responding to multiple outbreaks, including cholera, measles, meningitis, malaria, and severe malnutrition. Seeing those needs, I often thought about how many lives could be lost if MSF were not there. That reality motivates me to be part of a movement that saves lives across the world.

Today, growing political challenges are affecting humanitarian access, making it even more important for African humanitarians to step forward.

Our acceptance, cultural understanding, and medical expertise, particularly in managing tropical diseases, position us to strengthen collaboration and deliver lifesaving care across Africa.



LINDIWE PHOLOSE
NURSE AND IPC SPECIALIST FROM SOUTH AFRICA

Being a humanitarian means choosing to stand with people during some of the most difficult moments of their lives. For me, it is not only a profession but a commitment to humanity, dignity, and compassion, regardless of nationality, culture, or circumstance.

I am a dedicated infection prevention and control (IPC) specialist and registered nurse. I have worked in South Africa, Nigeria, and Palestine, strengthening hospital hygiene, reducing healthcare-associated infections, and supporting staff through outbreak emergencies and antimicrobial resistance challenges.

Having worked in different humanitarian settings, I have learned that while every crisis is unique, people everywhere share the same hopes: to be safe, to be cared for, and to have the opportunity to rebuild their lives.

PATIENT-CENTRED CARE
ZIMBABWE | SOUTH AFRICA



SHAPING NEW FUTURES

EARLY INTERVENTION AND HOLISTIC SUPPORT CAN TRANSFORM LONG JOURNEYS OF ILLNESS AND TRAUMA INTO RECOVERY.

GAINING STRENGTH THROUGH SUPPORT FOR SEXUAL VIOLENCE



For years, Fungai Chinogaramombe largely bore her pain alone. Orphaned at a young age, she moved between relatives and countries in search of safety but was left with psychological wounds that few people understood and even fewer believed.

Between 2007 and 2010, she survived three separate rapes. The first was a date rape. The second involved a relative who had offered to help her access medication for fibromyalgia, a disorder affecting the nervous system. The third occurred in South Africa, where she had fled hoping to escape the trauma she was experiencing in Zimbabwe.

After the third rape, she became suicidal. “I almost threw myself into River Hamlet,” she recalls. “I would cry and call pastors whose numbers I saw on television and posters, but most of them would just say, ‘Come to church for prayers.’ I needed someone to talk to.”

As the years passed, panic attacks and fear became a constant part of her life. Then, in 2015, an artist friend working with MSF encouraged her to seek support from the organisation’s sexual and gender-based violence (SGBV) team at Edith Opperman Clinic in Mbare, Zimbabwe.

Over nearly six months, counselling sessions helped her process years of trauma and regain her self-worth. Through MSF’s support, she discovered that healing was possible.

MBARE PROJECT IN NUMBERS 2025

10 622	29 943	60%
TOTAL NUMBER OF ASRH CONSULTATIONS	ADOLESCENTS REACHED THROUGH PEER EDUCATORS	OF CONSULTATIONS DELIVERED TO WOMEN

As her recovery progressed, she joined an MSF-supported arts project that used music to raise awareness about sexual violence. In 2021, she founded the Arts for Healing Project, which later evolved into the Mazwi Arts Ensemble. Today, community members regularly seek her guidance and support. “The fact that I can help them means that I have healed as well,” she says. “The community trusts me.”

Over nearly six months, counselling sessions helped her process years of trauma and regain her self-worth. Through MSF’s support, she discovered that healing was possible.

As her recovery progressed, she joined an MSF-supported arts project that used music to raise awareness about sexual violence. In 2021, she founded the Arts for Healing Project, which later evolved into the Mazwi Arts Ensemble. Today, community members regularly seek her guidance and support. “The fact that I can help them means that I have healed as well,” she says. “The community trusts me.”

In Mbare, Zimbabwe, MSF has been running the Adolescent Friendly Sexual and Reproductive Health (ASRH) project since 2011. The project focuses on improving access to integrated, youth-friendly services for adolescents and young people, including those from key and vulnerable populations.

FROM SUICIDAL TO EMBRACING THE FUTURE



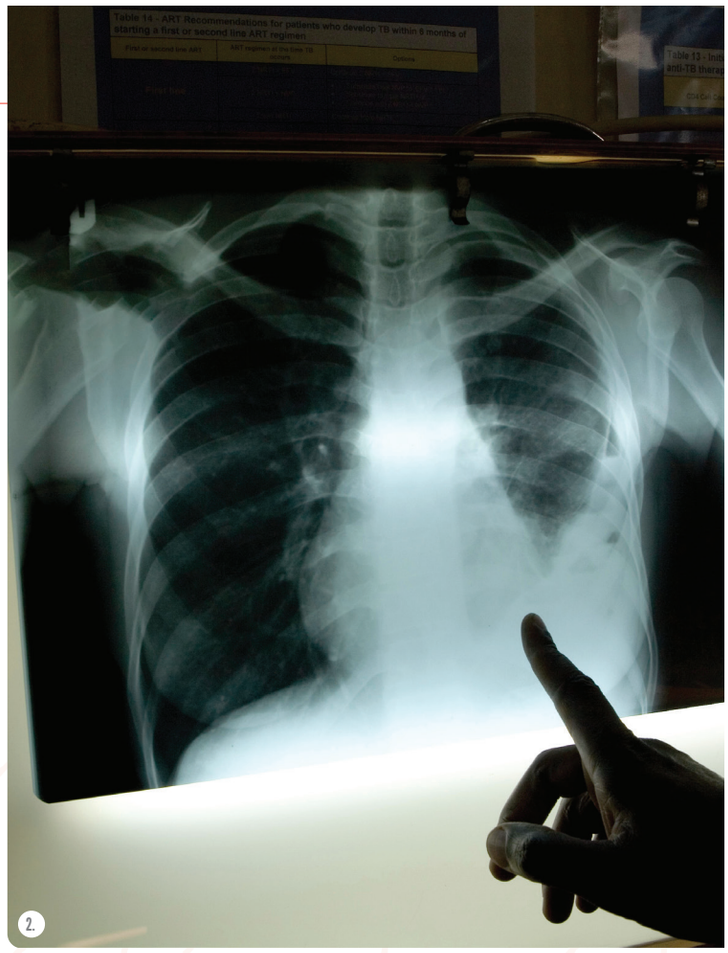
In uMgababa, south of Durban in KwaZulu-Natal, South Africa, Nhlanhla Mshengu, had undergone more than a year of tuberculosis (TB) treatment at his local clinic. Despite faithfully taking his medication, his condition showed little improvement.

"I had given up hope," he recalls. "I had even written my Will because I thought I would never survive."

It was only later that doctors discovered he had multidrug-resistant tuberculosis (MDR-TB), a form of the disease that does not respond to the most commonly used TB medicines. He was referred to the Clinical HIV Research Unit at King Dinuzulu Hospital, a specialised centre providing treatment for drug-resistant TB and conducting research to improve TB care.

There, Nhlanhla enrolled in TB PRACTECAL, an MSF-supported clinical trial evaluating shorter, safer and more effective treatment regimens for MDR-TB. He was assigned to receive one of the new all-oral treatment combinations, and the impact was almost immediate. "Within a month, I was able to get out of bed and return to work," says Nhlanhla





"My family is happy, my children still have a father, and I can see a bright future ahead."

By carefully following the treatment plan and attending regular check-ups, his health continued to improve. Three months later, doctors informed him that his condition had returned to normal and he entered the follow-up phase of the trial.

"I was suicidal before they discovered I had MDR-TB," he says. "Now I look back with tears of joy because I accepted the opportunity to participate in the trial and emerged victorious." His experience also transformed him into an advocate for others living with MDR-TB. He began encouraging patients to seek treatment and participate in clinical research when given the opportunity.

For Nhlanhla, the experience restored not only his health but also his future. "My family is happy, my children still have a father, and I can see a bright future ahead," he says. "I am living proof that MDR-TB can be cured."

When diagnosis is delayed or support arrives later in the course of an illness or trauma, conditions can quietly become more complex, making recovery more challenging. With the right intervention, however, even long-term illness or psychological distress can be turned around.

Our patients are a testament to this, and your support makes it happen.

1. MSF provides free adolescent-friendly services, including health check-ups, HIV testing, STI screening and family planning, with support from trained peer educators in Mbare, Zimbabwe.
© CHARMAINE CHITATE/MSF

2. MSF Diagnosing MDR-TB can take weeks, making early treatment difficult, especially for people living with HIV and children.
©BRENDAN BANNON

3. MSF TB PRACTECAL is a cutting-edge phase II/III clinical research project to find short, tolerable and effective treatments for people with drug-resistant tuberculosis (DR-TB).
© SYDELLE WILLOW SMITH

OUR TEAM
AFRICA

THE FUTURE OF HUMANITARIANISM

ANDREW MEWS REFLECTS ON 21 YEARS WITH MSF AND EMBRACING AN EXCITING ORGANISATIONAL FUTURE THAT IS GLOBALLY ORIENTED BUT LOCALLY ROOTED



Andrew Mews joined MSF in 2005 as a logistician. Over his 21-year tenure, he has worked in Zimbabwe, DRC, CAR, Nigeria, Chad, South Africa, and Lesotho in various organisational and operational capacities. In 2020, he became the executive director of MSF Southern Africa and as of March 2026 is the director of operations for "MSF Ubuntu", a new operational directorate based on the African continent.

What do you hope people will remember about MSF?
I hope they remember that we went to places where others could not or would not go, and that we remained there. I also hope they remember this period as one in which MSF chose to evolve; a moment when we recognised that saving lives also required changing how we organise ourselves and how we listen to the people we serve.

Why is MSF Ubuntu important?
Too often, African regions have been defined through crisis, but communities across Africa have deep experience of organising and responding in the face of emergencies. Being rooted in Africa means building from the realities, knowledge, relationships, and lived experiences of people on the continent. It means recognising that humanitarian action is stronger when leadership is closer to affected communities.

What it does not mean is creating a regional humanitarian system, but rather to help build a more balanced, interdependent, and genuinely global MSF movement that learns from Africa and contributes to the world.

MSF was founded on the principles of independence, neutrality and bearing witness. How have these values been tested during your leadership?
I have seen these principles tested most clearly in moments where silence would have been easier, or where speaking out carried risk. In Southern Africa, for example, MSF's history of activism and solidarity has shown that speaking out is not simply about public statements, but about standing with people whose suffering is being ignored, denied or normalised.

Independence and neutrality are also constantly tested in a world where humanitarian action is increasingly politicised. We must remain independent in our decisions but deeply connected to the communities we serve. We must be neutral in conflict, but never neutral in the face of suffering, exclusion or attacks on human dignity.

Can you share an experience that reminds you why MSF exists?
In 2005 I witnessed an example of extreme courage and community resilience during the conflict in Darfur, Sudan. I quickly learned how proximity, solidarity and bearing witness can actually save lives when our presence, while minimal, stopped summary executions which had been going on every market day.

Looking ahead to the next 55 years, what do you believe will be the greatest challenges facing MSF?
The greatest challenges will include the shift to a multi-polar world, which we are already seeing through the growth of regional conflicts, the erosion of international humanitarian law, and shrinking humanitarian space. This is resulting in attacks on healthcare, increased displacement, and a dismantling of trust in institutions. Growing inequalities, including unequal access to healthcare, and the ongoing climate crisis will likely exacerbate medical humanitarian needs further.

What gives me confidence is that MSF has always been at its best when it is willing to question itself. We have capacity for self-critique, reinvention, and action, which is rare. We do not always get it right, but we are always capable of learning. If we stay close to patients and communities, and if we remain honest about where we must change, MSF will continue to matter.

What would your message to the next generation of humanitarians be?
The next generation will need courage, but also humility. They will need to challenge injustice but also stay close to people; recognise your interconnectedness with the communities you seek to serve, listen and learn. They will need to understand that communities are not passive beneficiaries, but partners, leaders, and sources of knowledge. If they hold onto that, they will keep humanitarian action honest and legitimate.

1. Andrew Mews (second from left), celebrating with the MSF Ubuntu team after becoming an Operational Directorate based on the African continent.
© STEFANO MORRONE/ MSF

WE ARE A NETWORK
SOUTH AFRICA

"IF I WAS RICH, RICH, I WOULD DO MORE"

LONG-STANDING MSF DONOR THABILE MAZIBUKO IS A SHINING EXAMPLE OF WHAT IT REALLY MEANS TO CARE SELFLESSLY ABOUT OTHERS

The air is frosty on the day Thabile Mazibuko arrives at our 9th-floor Johannesburg office. Dressed in a long fuzzy coat, her warm demeanour stands in stark contrast to the cold of the city below. Thabile has been an MSF donor for the past 15 years, steadily increasing her support whenever possible. Even though she's now retired, her commitment has continued well into this new chapter of her life.

As she makes her way through the glass doors, the office is buzzing with the usual sense of shared purpose. From here, she gets a first-hand glimpse of how our operational and support teams help sustain lifesaving medical care in some of the world's most challenging settings, right in the heart of the city.

"You are doing a lot for the people around the world, not only in South Africa...it just blows my mind. There's a lot that's involved: logistics, medication, resources," Thabile says, expressing deep admiration for the work she and other donors help make possible daily.

"The world is always changing, and challenges are as well. This has made me want to give more."

A mother of two and grandmother to one grandson, Thabile speaks fondly about her family and the joy of becoming a grandparent "It's the most fulfilling thing I've ever experienced as a human being."

But alongside her love for family is a lifelong desire to help others, shaped by her own early experiences.

Thabile shares, "We were orphaned at a very young age, and I had to bring up my siblings. So, it hurts if somebody is suffering in one way or the other."

For Thabile, caring for her siblings was a defining experience that reinforced the importance of standing with others in times of hardship and offering support when it is needed most. She shares with strong conviction that helping others "is the right thing to do," adding, "If I was rich, rich, I would do more."

In a world marked by constant uncertainty, she believes humanitarian work must remain steady, prepared, and far-reaching.

"We sleep thinking about coronavirus. The next day, when we wake up, there's the Hantavirus. The world is always changing, and challenges are as well. This has made me want to give more. I would definitely encourage people to start donating or to give more."

After 15 years of giving, Thabile's story is a reminder that humanitarian action is made possible not only by medical and support teams, but also by ordinary people who choose to stand in solidarity with others, year after year.

Thank you, Thabile!

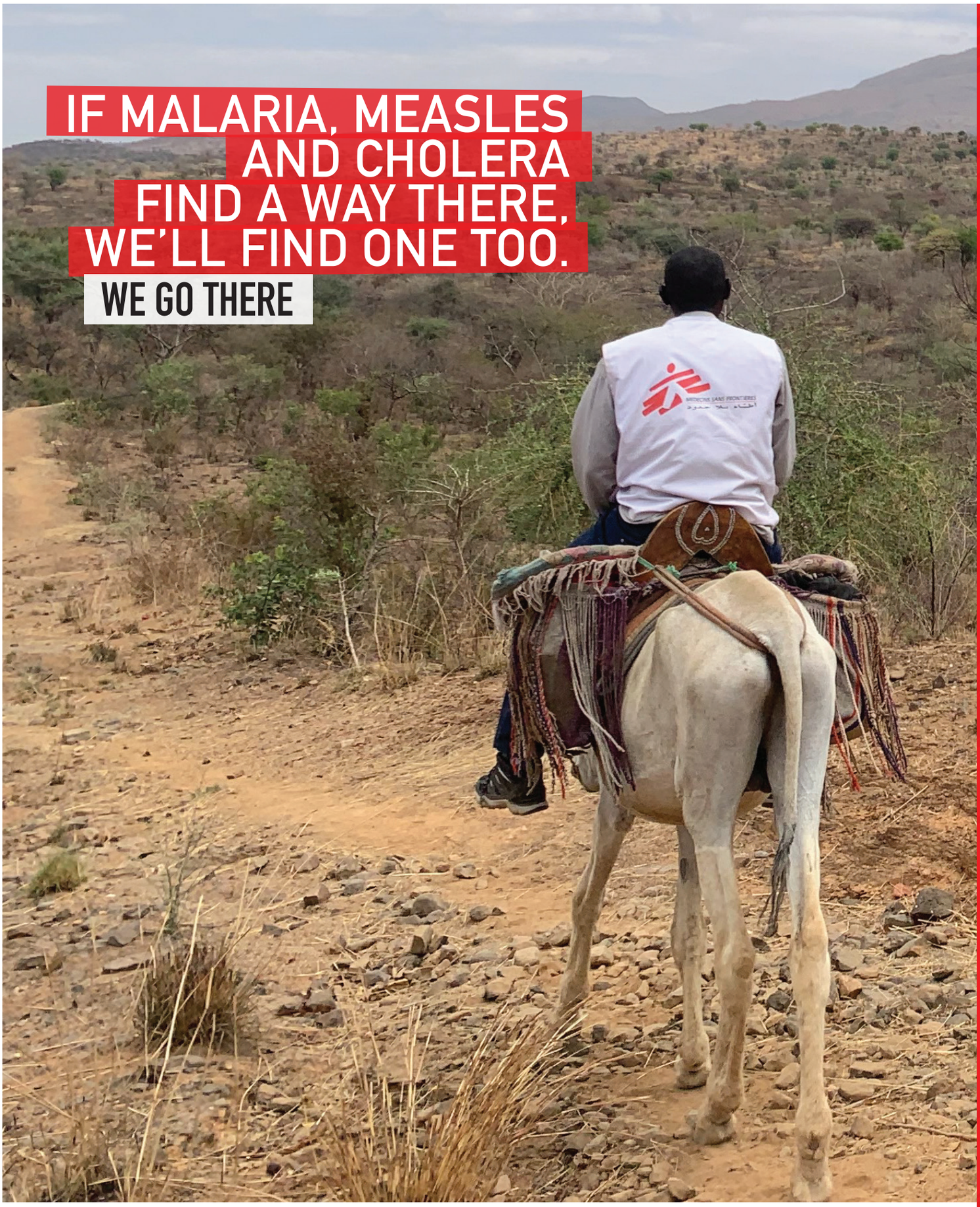


Thabile at her private residence in Ennerdale, in the South of Johannesburg. © IMAGE SUPPLIED

OTHER WAYS TO GET INVOLVED

FROM EVENTS TO BIRTHDAYS, YOU CAN HELP US DO MORE!

SCAN FOR INFO →



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

MSF teams make their way via donkey to deliver healthcare to communities int he remote Jebel Marra mountains in Darfur, Sudan
© LEAH COWAN

FEELING INSPIRED? →

THANK YOU FOR BEING PART OF DOCTORS WITHOUT BORDERS (MSF). IF A STORY IN THIS ISSUE TOUCHED YOU, AN EXTRA GIFT TODAY CAN HELP BRING LIFESAVING MEDICAL CARE TO EVEN MORE PEOPLE.
SCAN TO MAKE AN ADDITIONAL DONATION.