Médecins Sans Frontières / Doctors Without Borders (MSF) South Africa
Issue 8 Volume 3 December 2012

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WORLD AIDS DAY FEATURE:

The road to the end of AIDS?

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R500 → Delivers 5 babies safely

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Editorial

Siyakwamukela!

MSF South Africa welcomes home Daniel Berman as new general director six years after he established MSF's first office in Africa

© MSF Access Campaign

In 2006, Daniel Berman came to South Africa to establish MSF's first office in Africa. Now, six years later in September 2012, MSF South Africa welcomed him back as the new general director.

Previously based in Geneva as acting director of MSF's Campaign for Access to Essential Medicines [CAME], Berman worked on CAME's HIV, TB, malnutrition and vaccine portfolios – disciplines he became familiar with during his previous work in the pharmaceutical industry. "I saw things in drug companies that weren't very ethical and it motivated me to work in the area of access to medicines."

"When I started with MSF in 1999, we could only offer people treatment for AIDS-related opportunistic infections and relieve pain," he says. "We watched people die needlessly because there were no antiretrovirals (ARVs)."

Early in his MSF career, Berman helped MSF and civil society groups broker lower prices for the generic ARVs that developing countries, like South Africa, needed to treat growing HIV epidemics.

"It was a hard fight, and MSF wasn't arrogant enough to think we could do it alone," he explains. "We fought alongside South African civil society for free HIV treatment in the public sector."

"To get from a time when ARVs weren't available, and almost 200 people were dying a day, to today is really miraculous," says Berman, adding that about 75 percent of all HIV patients in need of treatment are receiving ARVs in South Africa.

Berman has also supported MSF teams in Sierra Leone, Nigeria, and India where he worked to improve malaria treatment and prevent malnutrition in young children.

"Regarding nutrition, we convinced people that it's what's inside the food you give to children that's important. You can't give them the same food you feed adults," he says.

"When we started our programmes for severely malnourished children, they were hospital-based," Berman adds.

"Now, there's very few kids in the hospitals because we focus on preventing severe acute malnutrition."

"We helped those families and communities, but we also changed how humanitarian agencies addressed malnutrition," he says.

MSF South Africa is born

Present in South Africa since 1999, MSF felt the need to ensure South African society played an increased role in MSF internationally. In 2006, Berman helped establish MSF's first office in Africa in Johannesburg.

"It's an emotional experience to come back," he admits. "I'm delighted by how much MSF South Africa has grown."

"I wanted to use my knowledge of drugs to address the way the pharmaceutical industry worked to block people in developing countries from accessing medicines essential to their survival."

In six years, MSF South Africa has ramped up recruitment to medical projects in South Africa and internationally. This year, MSF South Africa sent, among others, doctors to Syria, nurses to Mauritania and psychologists to support drug-resistant TB patients in Ukraine.

Through MSF's South African Medical Unit, the organisation supports HIV and TB treatment in southern Africa and the rest of the continent. This is done through specialised trainings on diseases like TB, as well as direct support and mentoring to regional MSF field teams.

"Great strides have been made in rolling out ARVs, but treatment is not enough," he says. "We have to look at the quality of care to make sure people are receiving the kind of support to access – and stay on – treatment."

News from the Field & MSF SA

MSF South Africa – on campus and in the field

Our fieldworkers respond to West African cholera epidemics as support grows at home with campus supporter branches

Freetwon © Holly Pickett

An MSF nurse helps Aminata Kanu (14) drink an oral rehydration solution at a treatment centre in Freetown, Sierra Leone

MSF teams respond to West African cholera epidemic

On the back of large-scale cholera vaccination campaigns, MSF teams have provided treatment to many of the thousands of people gripped by cholera epidemics in Guinea and Sierra Leone.

By September, MSF teams had treated almost 4,600 cholera patients and, alongside local health officials, opened treatment centres in both countries. MSF also established rehydration points to care for patients suffering from diarrhoea, vomiting and severe stomach cramps.

Earlier this year, MSF partnered with the Guinean Ministry of Health to vaccinate about 140,000 people against the disease with a two-dose, oral vaccine never before used in Africa. This vaccine, which offers partial protection, may revolutionalise responses to future epidemics.

But while vaccinations help prevent cholera, a critical factor in halting cholera is improved hygiene, so MSF health promoters educate communities on prevention and treatment.

Since the region's last major epidemic in 2007, cholera has flared up sporadically in Guinea and Sierra Leone. Despite this, many people gradually lost immunity to the disease.

MSF South Africa nurse Sekai Chenai and midwife Felicite Okambo assisted in the cholera response in 2012.

MSF goes back to school with growing varsity supporter clubs

University students across South Africa are joining the MSF movement, starting their own supporter societies to back MSF's work with the hope of graduating to become our next generation of fieldworkers.

The Friends of MSF (FoMSF) societies are student groups that raise awareness and funds on campus. As of September, FoMSF groups were active at the universities of Cape Town, Witwatersrand and Stellenbosch – sporting more than 200 members in total.

New chapters are being established at the universities of the Free State and Pretoria, which will link students to FoMSF chapters in Canada and the United Kingdom.

Robin Lenahan, FoMSF coordinator, says the groups provide students with a chance to get involved with MSF early on: "Many students want to work with MSF, but you can't go out into the field until you've graduated and had experience."

"FoMSF encourages students to consider working with humanitarian organisations, like MSF, as possible careers after they have qualified," Robin adds.

An FoMSF Stellenbosch fun run recently raised R4,000 for MSF – roughly enough to provide emergency medical care for 1,000 refugees for three months.

MSF SA charts record-breaking South African recruitment levels

With a mix of new strategies, MSF South Africa has sent field workers on a record number of assignments this year to countries as far afield as Haiti, Uzbekistan and India.

In 2012, MSF South Africa filled a record-breaking 41 MSF field positions.

This figure is almost double the amount of positions filled 2011. MSF SA Head of Human Resources and Field Recruitment, James Kambaki, credits better information gathering and sharing with spurring the increase in recruitment.

Earlier this year, MSF SA undertook surveys to map the employment dynamics of doctors and nurses in South Africa.

Kambaki also credits lessons learned from other MSF offices in India, China and in particular Brazil. In addition, MSF SA also drew a large number of medical professionals from the African diaspora who now live in South Africa.

"When we meet with people we build trust so that we're able to send them on their first assignment, then a second and a third," Kambaki says.

Are you a medical professional interested in working for MSF? Email your CV and motivational letter to recruitment@joburg.msf.org

MSF Donors

Mafikizolo's Nhlanhla Nciza supports MSF

Star hopes monthly contribution makes a difference

© Kate Ribet

Meeting MSF face-to-face fundraisers at Johannesburg's Northgate Mall started Mafikizolo singer Nhlanhla Nciza's journey as an MSF donor.

"Other organisations work on specific issues, like HIV or malaria, but MSF goes wherever they're needed and that's why I give," Nhlanhla says.

"When there's natural disasters, they're there," she adds. "When there's war, they're there and trying to reach as many people as possible."

Releasing their first album in 1996, Mafikizolo has recorded three multiplatinum-selling albums, including the acclaimed *Kwela*. In 2006, Nhlanhla went solo career, recording her inspirational song *Izophela Inhlupheko*, or "the suffering will end."

The song is an extension of her sense of social responsibility that has grown with success – and challenges – in her personal life.

"As a musician, you're there to entertain, but also to uplift," she says. "With the little I have, I feel blessed... so I try to help in any way I can."

Following her solo debut, Nhlanhla went on to release a clothing line before tragedy struck in 2009 with the death of her six-year-old daughter, Zinathi.

The loss of her daughter – and the support she received – is another reason she gives to MSF. With a special place in her heart for children, she says she's touched by photos depicting MSF's work with women and children.

"I look at the pictures of mothers who have lost their children or whose children are sick," says Nhlanhla, adding she can relate to the pain in mothers' faces.

"As a mother, when your child is sick you just want to take their pain away," she adds. "You look at them and think, 'It should be me.'"

Becoming an MSF donor offered Nhlanhla a chance to make a difference in these lives.

"I thought, this is something I could do," she adds. "By donating monthly, I make that little difference in somebody's life."

MSF calling

Have you received a call from MSF lately?
If so, you may have heard from Nyasha Mudimu, MSF SA's donor relations officer

A native of Harare, Nyasha grew up just 15 kms from MSF's HIV clinic near the city's Epworth suburb. She says MSF's work in her own country prompted her to join the organisation.

"MSF was always there," says Nyasha, adding that with a midwife for a sister and a doctor for a brother-in-law, she isn't the first in her family to want to work for MSF.

Nyasha now spends her time phoning South Africans who have supported MSF's work via SMS.

It's these small, grassroots-level donations – and those collected by our face-to-face fundraisers – that make up the bulk of MSF's financial support.

With Nyasha on board, we hope to build better relations with these donors.

Her favourite part of the job is speaking to donors and she says no conversation is the same.

"You get to know about people's lives," she says. "You take the time to listen and people appreciate that. It's important."

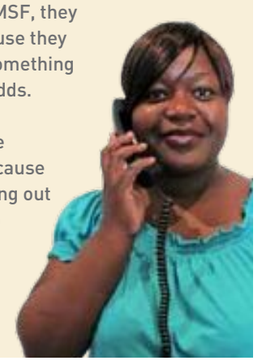
"I'm essentially asking them to trust MSF and trust me first of all because it's my voice on the phone."

For donors who aren't comfortable giving details out telephonically, Nyasha sends an information pack that includes options for giving and examples of what donations mean to field teams.

Nearly a year into her job, Nyasha now boasts a host of emails from donors who've written to thank her for the call.

"When I ask our donors why they give to MSF, they say it's because they want to do something good," she adds.

"It makes me feel good because we're reaching out to those who make our fieldwork possible."



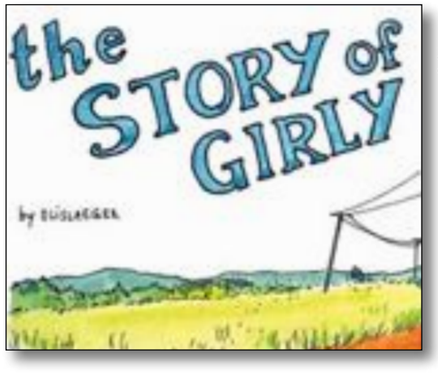
In Focus

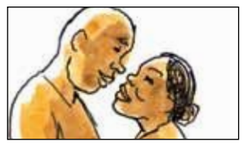
Close to Home

Artist documents life & times of HIV & TB patients in Swaziland

In February, Belgian artist Francois Olislaeger visited MSF projects in Swaziland to document the life of HIV and TB patients. Olislaeger translated this experience into a 44-page graphic novel. Here, Olislaeger portrays the story of Girly, an HIV-positive expert patient working with MSF.

Expert patients like Girly are part of MSF's strategy to decentralise HIV care in resource-limited settings like Swaziland, moving care out of hospitals and into communities. Without enough doctors and nurses, expert patients like Girly can also take over tasks such as pre- and post-HIV test counselling and help to free up scarce medical workers.





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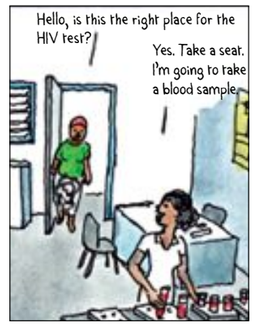

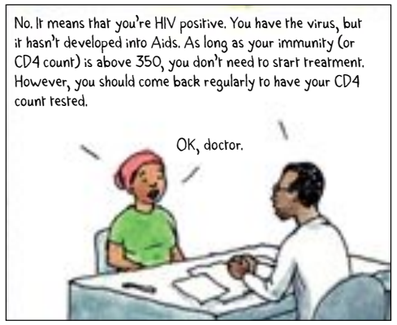

HIV and AIDS

Frontline to Lifeline: MSF and HIV in South Africa

Pioneering ways to get more people on affordable treatment since 1999

Almost half of the 34 million people living with HIV globally do not have treatment. Meanwhile, recent clinical studies have shown that HIV treatment works to prevent the virus' spread.

Treating those living with HIV now represents one of our best hopes of ending AIDS. But at a time when we know the most about how to treat and prevent HIV, we may not have the money to do so as international donor states continue to backtrack on their promises.

MSF came to South Africa in 1999, joining others in the fight for affordable HIV treatment. As the world marks World AIDS Day this December, we look back at almost 15 years of MSF in South Africa and its role in the fight for HIV treatment.

1982 – South African doctors diagnose the country's first HIV patient.

© Francesco Zizola

1998 – The Treatment Action Campaign (TAC) is launched and advocates for government roll-out of HIV treatment to prevent mother-to-child HIV transmission (PMTCT) and affordable antiretrovirals (ARVs).

1999 – Treating HIV since the early 1990s in Thailand and Cameroon, MSF arrives in South Africa.

Thabo Mbeki is elected president and Manto Tshabalala-Msimang is appointed health minster – ushering in what TAC dubs an era of "government-endorsed AIDS denialism."

A Harvard University study will later estimate that 300,000 South Africans lost their lives due to delayed treatment between 2000 -2005.

2000 – The world's youngest HIV activist, Nkosi Johnson, addresses the international AIDS conference in Durban a year before he dies at the age of 12. MSF and others educate South Africans about ARVs as TAC imports generic fluconazole – a medication to treat AIDS-related illnesses – in defiance of patents.

2001 – MSF begins dispensing ARVs in Khayetlisha – making two MSF-supported clinics the first in SA to provide ARVs at the primary healthcare level.

© Eric Miller

2002 – MSF and TAC begin importing generic drugs. The Constitutional Court rules that government must provide women living with HIV the ARV nevirapine as part of PMTCT services.

© Francesco Zizola

2003 – Supported by the Nelson Mandela Foundation, MSF partners with the Eastern Cape Department of Health to provide treatement to rural South Africans. The project pioneers the use of lay healthworkers to enrol, track and support HIV patients.

© Eric Miller

2004 – The South African government slowly begins rolling out ARVs nationally. Three years later it will adopt its first national HIV strategic plan.

2009 – Jacob Zuma is elected president and introduces improved HIV treatment guidelines after years of MSF and TAC lobbying. Amid the global economic downturn, international HIV funding begins to flat-line.

2010 – With more than one million people on ARVs, South Africa becomes home to the world's largest HIV treatment programme.

2011 – In May, an international clinical trial shows that HIV transmission can be reduced by about 96 percent when people living with HIV access treatment early.

In November, one of the world's largest HIV funding mechanisms, the Global Fund to Fight AIDS, TB and Malaria, cancels its new round of funding after international donors fail to deliver on promises to fund HIV treatment and care. MSF research shows the cancellation leads to ARV rationing in countries like the Democratic Republic of Congo, Zimbabwe and Myanmar.

The End of AIDS?

"Globally we're finally past the half-way mark with HIV treatment, but that still means almost one in two people don't have access to the medicines they need to stay alive," says MSF HIV/TB Senior Regional Advisor Eric Goemaere, who helped pioneer HIV treatment in South Africa. "The pace of HIV treatment scale-up and the funding needed to pay for it have both remained virtually stagnant over the last year."

"In places where we work, we see how fragile the progress is that has been achieved over the last decade," Goemaere adds. "Health ministries are working hard to implement the latest treatment recommendations and policies to get ahead of the wave of new infections, but they can't do it alone."

Syria

In the crossfire: MSF treats Syria's war wounded

A firsthand account from inside MSF's Syrian hospital

Dubbed a civil war by some, the Syrian conflict has been raging since March 2011.

The conflict has killed more than 30,000 people, and left thousands more injured and maimed.

In mid-June, MSF established a hospital inside Syria alongside the Union of Syrian Medical Relief Organisations.

By the end of September, MSF had treated more than 1,100 patients and performed more than 260 surgeries.

In August, an MSF surgical team spoke out about what they witnessed treating conflict-related injuries – mostly due to gunfire, tank shelling and bombing. The majority of surgeries were emergency procedures; however, the project's future is uncertain.

© MSF

The sustainability of MSF's work is threatened by ongoing violence, difficulties accessing supplies and the challenges the injured face in reaching the hospital.

MSF operating nurse Ruth Priestley spent nine weeks working in Syria. Here, she speaks about her patients and the impact they made on her while working in a secret MSF surgical hospital behind the frontline.

Did any patients make a particular impact on you?

"Our patients were predominantly war-wounded with gunshot or bomb blast injuries. We did a lot of orthopaedic and abdominal surgeries, and often found major organ damage requiring significant surgery.

"One young man accounted for nine of our first 29 operations. His injury resulted in a hindquarter amputation, which involves removing an entire leg and part – or all – of the pelvis. He came regularly for surgery, and we were able to close the wound.

"He would come back on crutches with his brother, both with huge smiles and happy to see us. It was so good to see his recovery.

"Weeks later, we heard he'd been killed in a bomb blast in Aleppo, one of the country's major cities about 300 km outside Syria's capital, Damascus. It was devastating for all of us.

"Another day, we received seven children following a bomb in a nearby bazaar. One was a nine-year-old girl who had major internal injuries and wounds to both legs. We repaired her bowel and amputated her leg, taking care to time her theatre visits according to how well her little body could cope with all the anaesthetics.

"Her two siblings and four cousins died in the blast.

"It makes you angry and sad to see war's impact on people's lives. When the bazaar was bombed, that affected civilians. All day, we saw the reality of life in a war zone and the damage it causes. All these people are injured and maimed for life."

How did the situation change while you were there?

"When I first arrived, we were very busy. We worked day and night, and barely knew if it was 3 am or 3 pm.

"Things quieted down after those first weeks as the population in our village increased with those fleeing nearby conflict areas. Most homes had several families living in them. Many families camped in one of the schools or under olive trees at the border, waiting to be allowed to leave as refugees. We began to see more demand for general primary healthcare, and treatment for chronic conditions and diarrhoea, so we constantly adapted our care to the need.

"Once local makeshift field hospitals were established, we began to see their surgical patients for follow-up care, but throughout my time in Syria, MSF continued to receive patients with severe, debilitating war injuries requiring emergency surgery."

Syria

Syrian refugees find scant respite across borders

New MSF report finds healthcare inaccessible to many Syrians who have sought safety in Lebanon

© MSF

Lebanon has absorbed tens of thousands of refugees fleeing the conflict in neighbouring Syria, but a report by MSF shows that refugees may not be finding the safe-haven they hoped for across the border.

" When they arrive, most are struggling to deal with the consequences of direct violence and loss... Many lose all hope."

Many Syrian refugees live in overcrowded conditions, fear for their safety and suffer psychological distress even after they have left conflict areas.

They are also unable to afford medical care, according to a MSF report entitled, *Fleeing the violence in Syria: Syrian refugees in Lebanon.* Of the 5,000 refugees interviewed by MSF, 75 percent fled Syria as a direct result of the conflict and 40 percent have lost family members to the violence.

The majority say they have not found the security they sought. Lebanon is itself unstable as a result of the Syrian crisis, evidenced by the recent violent tensions in the country's second city of Tripoli. Feelings of hopelessness and alienation are widespread.

"The refugees are really being tested," says Fabio Forgione, MSF's head of mission in Lebanon.

"When they arrive, most are struggling to deal with the consequences of direct violence and loss; then they have to face the reality of not being able to go home. Many lose all hope," he adds.

In Jordan, Lebanon and Iraq, all of which share borders with Syria, MSF has been providing medical care mainly to Palestinian, Syrian and Iraqi refugees.

Update

As conflict in Syria reaches critical levels, MSF has donated a cargo of relief items and medical supplies – including surgical and first aid kits – to the Syrian Arab Red Crescent in Damascus

This delivery complements the tons of medical supplies and relief items dispatched by the organisation over the past year to field hospitals and clinics in Homs, Idlib, Hama and Deraa governorates.

In September MSF set up another emergency hospital providing lifesaving surgical care in northern Syria.

However, the amount of medical assistance provided by MSF today is insufficient considering the level of needs throughout the country.

MSF is attempting to increase its activities in Syria.

The organisation stands ready to send its medical and surgical teams to the areas most affected by the violence, and is determined to operate independently, providing care to anyone who needs it.

In Amman, Jordan, MSF treats people wounded in Syria at a surgical hospital. MSF is also providing primary healthcare and psychological support to Syrian refugees in Lebanon and Iraq.

South Sudan

Understanding the South Sudan Refugee Crisis

With more than 170,000 people fleeing fighting in Sudan, MSF is working to provide medical care needed in the refugee camps of South Sudan

© Cedric Gerbehaye

Fleeing violence, families often leave villages with nothing only to walk for weeks to reach camps

MSF has been providing aid to refugees in South Sudan's Upper Nile and Unity States since November 2011. MSF provides medical services in the four main camps of Jamam, Doro, Batil and Gendrassa, as well as mobile clinics to additional transit camps. In Yida camp, MSF runs the only hospital, providing close to 2,000 consultations and admitting 300 patients weekly.

MSF emergency coordinator, John Tzanos, gives a run-down of the escalating situation for refugees in South Sudan:

What are the most pressing problems?

"In the Batil camp, the needs are wide-ranging – water, food and shelter – but also soap and jerry cans to collect and stock clean water. The most significant concern is the nutritional situation. We admitted more than 1,000 young children suffering from severe malnutrition in three weeks.

© Olga Overbeek

Children are often most at risk for malnutrition

"That's a significant number and it's growing. For MSF teams, treating malnutrition is a race against time."

What are the causes of this situation?

"People have been on the move for months. Many fled attacks on their villages, leaving with nothing. We are dealing with families who are exhausted and extremely weak. Many arrived in a more or less advanced state of malnutrition.

"They now receive rations but they are not enough. Children lack reserves of nutrients. As a result, they can die from diarrhoea, fever or respiratory infection."

Can you tell us more about living conditions in the camps?

"The situation we're seeing in Batil is tragic. In addition to the lack of food, poor hygiene conditions – for example, the lack of soap – are aggravating the situation. There is a lot of diarrhoea and – with a lack of mosquito nets – malaria poses a threat. People are hungry."

What is MSF doing?

"In Batil camp, we spend most of our time treating malnutrition. MSF has sent at least 70 tons of therapeutic food from Nairobi and Dubai, but the needs are always growing. Our teams are also providing 200,000 litres of drinking water every day to the refugees in Batil.

"I have never seen this anywhere before and I've been with MSF since 1999. I'm a nurse, this is my job, you have to cope with death and dying... but normally it's more balanced. It's tough for me as a human being and as a medical professional. It has really touched me and I sometimes feel helpless, even with MSF resources and expertise behind me."

– Nurse and MSF Medical Coordinator Helen Ottens-Patterson.

As an emergency medical organisation, we also treat the sick. Diarrhoea, malaria and respiratory infections are the most common diseases."

Is there sufficient international aid?

"The current amount of aid is inadequate. We need more food distributions that are better-suited to the most vulnerable who need a rich and varied diet that contains protein and micronutrients. Access is difficult in this region so MSF delivers aid primarily by air. Aid organisations cannot use logistical problems as an excuse. We've got to mobilise all resources immediately."

Crossing Frontlines

Mud, sweat & hope

Cape Town's Dr Vanessa Naidoo (27) recounts her experience working in Batil refugee camp in South Sudan Upper Nile State after previous stints with MSF in Pakistan and Afghanistan

© Vanessa Naidoo

MSF doctor Vanessa Naidoo with Jaja on the day she was discharged from the clinic after recovering from severe pneumonia.

"It's my first time working in a refugee camp and conditions are tough. We're literally on a flood plain in the middle of nowhere. A camp has been set up here for about 40,000 refugees who have fled from the Blue Nile state in Sudan. Many families have walked for weeks to get here and it shows.

"MSF is the only organisation providing medical treatment in the camp and I've personally felt the community's gratitude here every day.

"I work in the inpatient department and the intensive therapeutic feeding centre, which treats patients with severe acute malnutrition.

"There are usually two doctors on duty each day and we start by doing ward (read: tent) rounds and see incoming emergencies in between. We also run an outpatient department, mobile therapeutic feeding centre, an antenatal care ward and a large outreach programme.

"Mortality rates in the camp were above emergency thresholds for a long time. We are seeing many children under five years of age with severe pneumonia requiring intravenous treatment and oxygen. The World Health Organisation has officially declared a hepatitis E outbreak. The camp still needs a lot of support in terms of water, sanitation, food and education.

"It's very challenging working in an environment where patients arrive in such poor physical condition, and you have minimal facilities to diagnose and treat them. As doctors, we have to rely on our clinical skills to make diagnoses, and my South African training and community service has served me well in this regard. As MSF fieldworkers, we are doing the best we can in these circumstances, but you always wish you could do more.

"It's my first experience with malnutrition that is this extreme and it's painful to see the results of starvation in both adults and children... but it is amazing to see how patients can improve with therapeutic feeding.

"For me, working with children is one of the most difficult, but most gratifying aspects of this assignment. They arrive lethargic and ill-looking but, with the right treatment, they can be up smiling and playing within hours. On the flip side, when children are this weak, they can deteriorate just as fast.

"The living conditions in Batil are very basic. We're many tired people in gumboots trudging through a waterlogged camp; sometimes there are food shortages, but we know that the medical need here far outweighs our relative discomfort.

"It's not easy, but it's a privilege to be able to do a job you love, for people who need it most. That's how I feel at the end of week one anyway – but ask me again in a few weeks..."

To follow Vanessa throughout her assignment, check out her posts on MSF South Africa's Facebook page: facebook.com/MSFsouthafrica

Update

REFUGEE CAMP MORTALITY FIGURES SPIKE, NOW IMPROVING

In August, MSF epidemiological surveys showed that appalling living conditions were fuelling death and malnutrition rates far beyond typical emergency thresholds in the Yida and Batil refugee camps.

MSF data showed that, on average, five children were dying each day in Yida, while a third of children in Batil camp in Upper Nile State were malnourished.

By September, MSF's work in Yida had helped reduce the number of child deaths. In Yida's hospital, MSF's work brought down child mortality by 23 percent, but the living conditions for families seeking refuge from conflict and food insecurity remain a concern, as does the high prevalence of disease in the camp.

MSF International

MSF awarded prestigious Fulbright Prize for International Understanding

MSF is the first organisation to get coveted award;
Patient-turned-nurse addresses award ceremony

In September, the international Fulbright Association awarded MSF US$50,000 in recognition of its promotion of global understanding and humanitarian principles. The prize money will now benefit drug-resistant tuberculosis patients as MSF pioneers better treatment.

MSF international president, Dr Unni Karunakara, received the 2012 J. William Fulbright Prize for International Understanding on behalf of the organisation. According to Fulbright Association President Patricia Krebs, the selection panel unanimously chose MSF as the first organisation to receive the award. Previously only individuals such as former South African president Nelson Mandela had been awarded the prize.

The Fulbright Association is an alumni association of former Fulbright scholars.

Karunakara's speech was accompanied by a testimony by well-known activist and former MSF patient, Francis Gatluak. Francis, now an MSF nurse, was one of the first kala azar patients treated by MSF in South Sudan. Kala azar, also known as leishmaniasis, is spread by the bite of a sand fly. Although a neglected disease, kala azar is the second-largest parasitic killer in the world after malaria.

Francis fell ill with kala azar shortly after his brother succumbed to the disease. Of the 18 people from his village who contracted the disease in the same period, Francis was one of only three that survived.

With MSF-provided treatment, Francis eventually recovered and went on to help MSF map South Sudan's epidemic. Eventually setting up a clinic in affected areas, MSF treated 10,000 cases in the clinic's first year of operation.

"We provide medical assistance to people affected by conflicts, natural disasters, epidemics, exclusion, neglect or fear," said Karunakara, accepting the prize. "MSF is an association whose aim is not only to treat patients, but to also promote understanding of the medical needs of the forgotten and often neglected."

"My ambition today is not only to graciously accept this prize, but also to challenge all of you... to take on the call of these patients' needs."

Mark Harrington, executive director of the international HIV and TB activist group, the Treatment Action Group (TAG), pays tribute to MSF on the eve of its award.

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Francis Gatluak was MSF's first kala azar patient. He is now in his 23rd year with MSF as a health worker.

"TAG has been fortunate to work with MSF since 2000, when, after the Durban AIDS conference, we teamed up with South Africa's Treatment Action Campaign (TAC) to conduct the first treatment literacy workshops for South Africans living with HIV.

"It was a time when many people said that HIV treatment was too expensive, difficult and long-term for poor countries and poor people.

"Back then there were no people on HIV treatment in the public sector in South Africa, home of the world's largest HIV epidemic.

"MSF showed that it could be done.

"In Cape Town, we met with, and learned about the pioneering MSF programme, which was beginning to provide HIV treatment in the township of Khayelitsha, under the leadership of MSF's Dr Eric Goemaere.

"MSF and TAC worked together, shared the same offices, and collaborated with the Western Cape provincial government in their pioneering efforts to show that high-quality HIV treatment could be delivered in poor, urban townships and in remote rural locations.

"Together, MSF and TAC – health workers and HIV-positive activists – forced the South African government to change its HIV treatment policy.

"Now, 12 years later, South Africa has the world's largest HIV treatment programme.

"MSF did this over and over, in many countries, spreading skills and knowledge that HIV could be treated, effectively and sustainably."

To watch a video about Francis' journey with MSF, go to http://bit.ly/PHOrbk

Crossing Frontlines

Letter from the field

Marilize Ackermann
Administration & Finance Manager, India

Previous MSF Assignments:
Democratic Republic of Congo, Haiti

Assignment location:
Mon in India's Nagaland state

"The improvement in health care standards is clear and the community openly appreciates it..."

A lawyer by profession and long-time French student, Marilize Ackermann has completed three MSF assignments in the two years since she joined MSF. This year, she joined MSF's project in a remote and neglected part of India. She took time to write home about working in a place that most people have never even heard of.

"I wanted to come to India for a while, so I was happy when the Nagaland project was proposed to me. However, Nagaland does not fit any idea of India that I had before! My first impression was almost surreal. A state of jungle-covered hills, and rich in vegetation, wildlife, birds and insects, Mon's remoteness means that the communication network and electricity supply is often very bad or not working at all. These things can make you feel isolated from the rest of the world, but I think the best way to adapt is to make most ofyour surroundings.

"Nagaland is one of the most beautiful places I've seen, but it's also one of India's most neglected. MSF is the only international organisation in the area.

"Although remote, the town of Mon is the centre of the local health district and draws patients from all over, even neighbouring Myanmar. When MSF did a 2009 evaluation of health care in Nagaland, the Mon district hospital was barely functioning and on the verge of drug stock outs. Patients were paying for consultations and medicines.

"MSF negotiated with the Ministry of Health to support the 80-bed district hospital, which houses an outpatient department, emergency room, operating theatre, and maternity and paediatric wards. MSF now employs about 30 percent of the hospital's staff.

"I am part of a three-person admin team. My job includes managing funds, overseeing accounting and ensuring the project complies with local laws. I'm also involved in staff recruitment and management, contracts, payroll, and liaise with hospital supervisors to ensure everything's running smoothly

"I feel privileged to be part of improving health care to a population in a part of the world that most people haven't heard of.

"People here can now access a wide variety of medical services. For instance, MSF recently added a tuberculosis (TB) ward and is building an additional isolation ward for TB patients who are on treatment, but may still be contagious.

"The improvement in health care standards is clear and the community openly appreciates it. The Mon District Hospital is now seen as an example and we receive visits from other district mangers to replicate some of our systems."

Marilize's top 5 favourite things about working for MSF in India

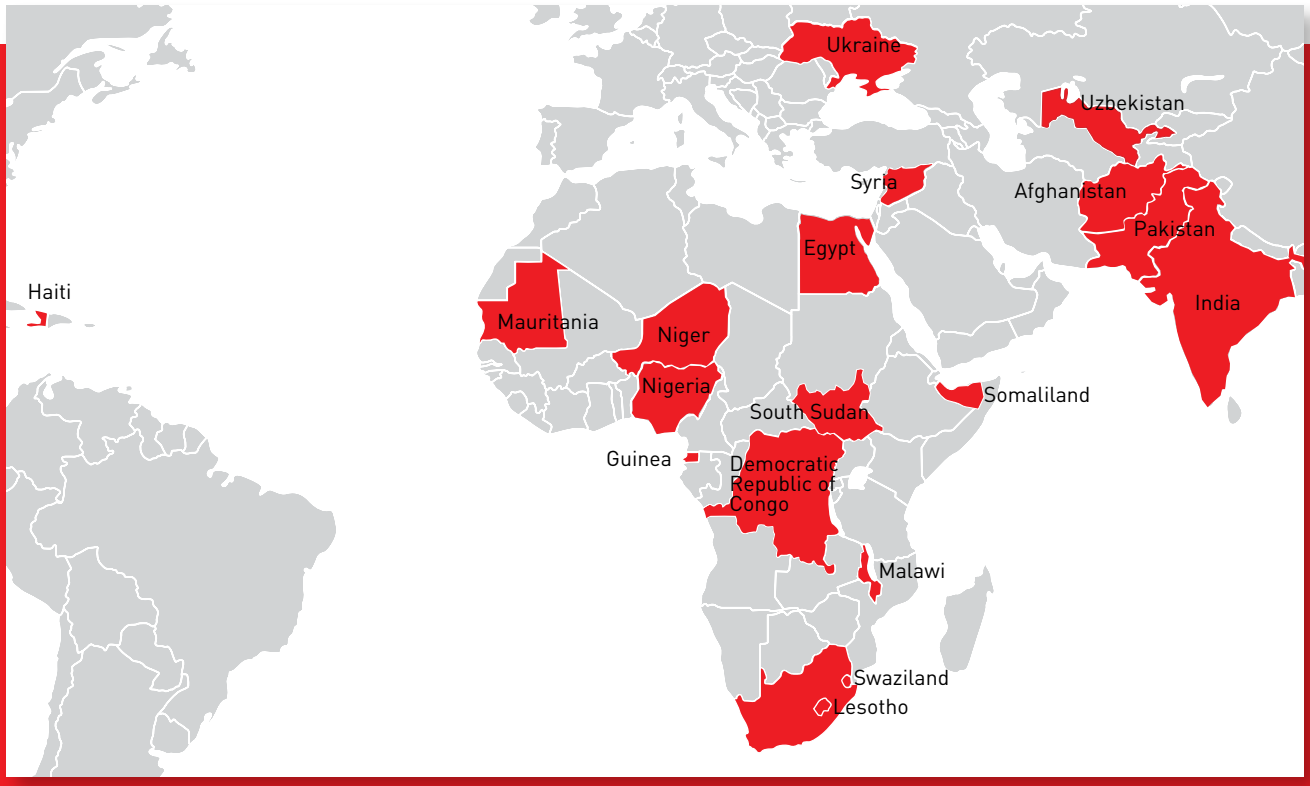
1. Seeing the difference MSF makes in patients' lives daily
2. The location – absolutely amazing, beautiful and peaceful
3. Learning about and working with local communities
4. Getting to know Indian culture, which is very rich and colourful
5. Working on a non-emergency project, which allows you time to formulate long-term strategies

MSF South Africa thanks all our field workers for their enormous contribution to MSF's operations worldwide. MSF always needs medical professionals, in particular doctors, surgeons, nurses, midwives, epidemiologists and laboratory scientists.

Are you suitably qualified and interested? Or do you know a medical professional who could work with us?

Apply now at www.msf.org.za or submit CVs and motivation letters directly to recruitment@joburg.msf.org

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



MSF South Africa: Recruits on Field Assignments in 2012:

- Patricia Nyoni, Nurse – Swaziland
- Sedi Mbelani, Nurse – Niger
- Vanessa Naidoo, Medical Doctor – South Sudan
- Bob Bushiri, Medical Doctor – Malawi
- Tracey Lydon, Water & Sanitation Manager – Haiti
- Sekai Chenai, Nurse – Uzbekistan
- Marilize Ackermann, Administration & Finance – India
- Joyce Njenga, Midwife – Afghanistan
- Priviledge Ruredzo, Administration & Finance – South Sudan
- Jorge Enrique, Emergency Room Doctor – Somaliland
- Mduduzi Chandawila, Operating Theatre Nurse – Somaliland
- Chipo Takawira, Water & Sanitation Manager – Democratic Republic of Congo
- Caroline Masunda, Nurse – South Sudan
- Emilie Venables, Medical Anthropologist – South Africa
- Constant Mompayo, Operating Theatre Nurse – Mauritania
- Augustine Majikuwa Majiku, Nurse – Mauritania
- Felicite Okambo, Midwife – Guinea
- Monica Genya, Supply Manager – South Sudan
- Guillermo Martinez, Nurse – Malawi
- Gail Womersley, Psychologist – Ukraine
- Taha Shawgi, Operating Theatre & Nutrition Nurse – Afghanistan
- Natalie Vlahakis, Medical Doctor – Lesotho
- Jeanne Rene Prinsloo, Midwife – Afghanistan

Two MSF South Africa fieldworkers [names withheld for security reasons] are currently working as part of MSF's medical activities to assist Syrians caught in the conflict.