Doctors Without Borders (MSF) Southern Africa
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Even war has rules

The aftermath of the deadly Kunduz hospital attack

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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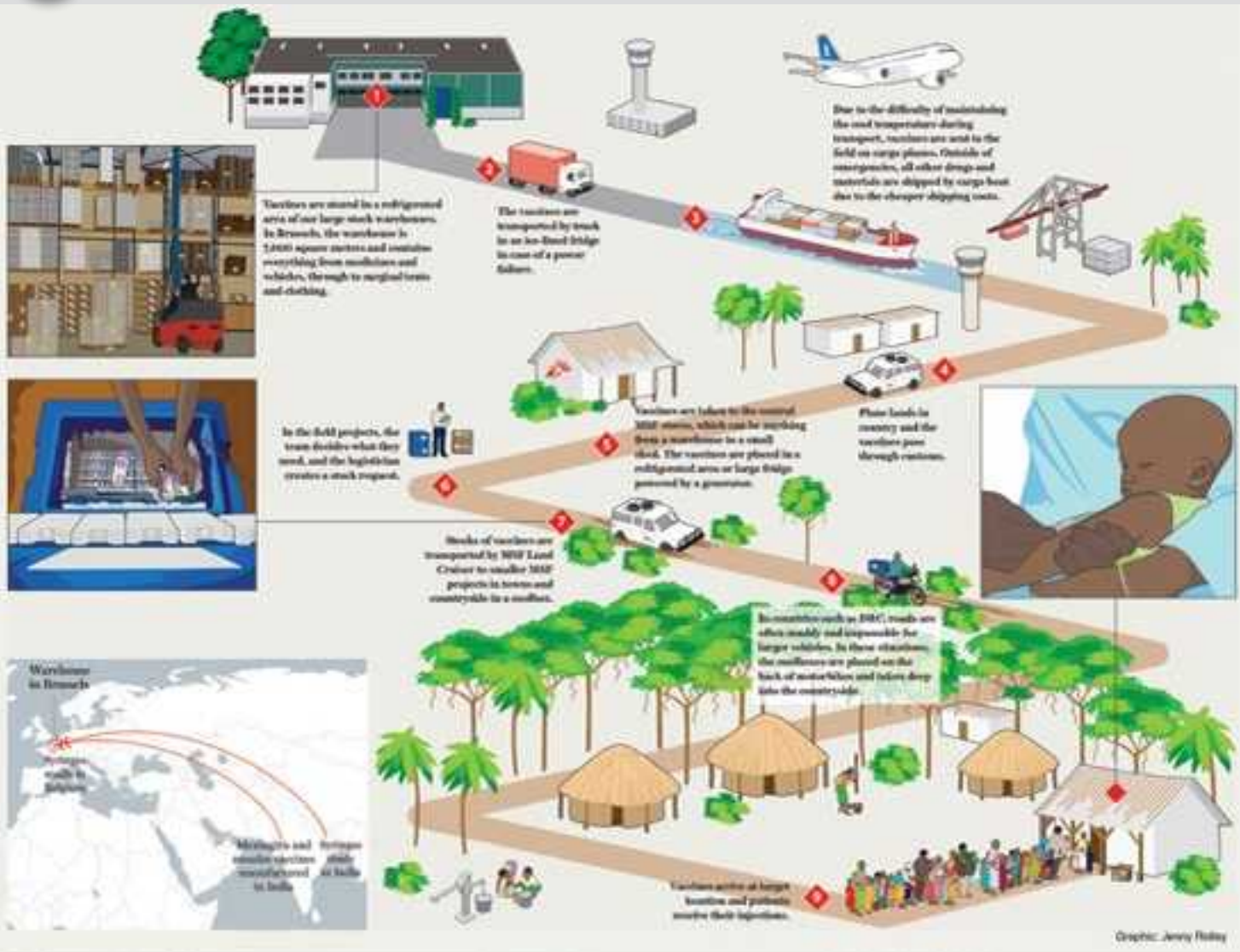
MSF transports thousands of tons of medicines and equipment often desperately needed by critically ill patients in remote areas. Our Cold Chain Procedure ensures that certain medicines, in particular vaccines, are kept between 2°C and 8°C to prevent them spoiling in transit. Thorough logistical planning is carried out to prevent breakdowns in the delivery or supply chain that includes land, sea and air transportation. The diagram depicts the arduous route that vital supplies travel to reach patients at our numerous hospitals and clinics in the field.

R150 **MEASLES VACCINES: With R 150, MSF can vaccinate 50 children against measles. Measles remains one of the leading causes of death for young children worldwide.**



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EDITORIAL

Enough. Even war has rules.

On 3 November this year a group of MSF Southern Africa staff gathered in Johannesburg in remembrance of the 30 people killed during a U.S. airstrike on the Doctors Without Borders (MSF) hospital in Kunduz, Afghanistan. Dr Mohammed Dalwai, MSF Southern Africa president, reflects on the aftermath of the attack

©Taryn Arnott

Dr Mohammed Dalwai

MSF staff in 63 countries and 27 offices formed a global gathering standing united in paying our respects for our 13 MSF colleagues and support staff, 10 patients and seven other people who were killed on October 3. This was the biggest loss of life during an airstrike in MSF's 44 year history.

We stood united in our grief and in our demand for answers from those responsible, because enough is enough: even war has rules.

But for us the real tragedy is the tens of thousands of people in Kunduz who can no longer receive medical care – at a time when they need it most.

In 2011 MSF opened the Kunduz Trauma Centre to provide free life and limb-saving surgeries in a part of Afghanistan prone to conflict with the intention that it would a be safe haven where free, independent, impartial and neutral medical care could save lives. We treat anyone regardless of their religion, creed or race. We do not discriminate.

During the last four years the Kunduz Trauma Centre treated 68,000 emergency patients and provided more than 15,000 surgical operations. This hospital provided hope and high-level care to anyone who needed life-saving treatment.

This was not a hospital unfamiliar to us at MSF Southern Africa as we have had a special relationship with Kunduz. Since 2011, 12 of the 35 MSF Southern African fieldworkers deployed to Afghanistan worked there. I was one of them. During 2014 I worked in the Kunduz emergency room myself and saw first-hand the impact we were able make every day. On **page 13** you can read reflections of other MSF Southern Africa fieldworkers. I want to thank all our fieldworkers working in projects around the world under trying and sometimes dangerous conditions. Your bravery and courage allows us to continue our work and fight for equal, unrestricted care for those most vulnerable and in need.

In the days before the U.S. attack; during major fighting in Kunduz city, the team in the hospital treated 394 wounded people. They were victims of war – children, women and men – but also ordinary people who needed help after being injured in everyday emergencies, such as traffic accidents in a city in chaos. For days the team worked around the clock to help people rushed to our hospital and they saved many lives.

Since 2011 Kunduz Trauma Centre treated 68,000 emergency patients and provided more than 15,000 surgical operations.

At around 2am on Saturday 3 October a U.S. military AC-130 gunship opened fire on our hospital from high above Kunduz. During the sustained attack there were 105 patients inside the hospital and more than 80 international and Afghan staff present. The deadly attack continued despite our team alerting U.S. and Afghan military officials in Kabul and Washington that it was a hospital being hit. On **page 12**, one of our staff describes the absolute terror of the attack.

There is no justification for such an airstrike. This was not just an attack on our hospital – it was an attack on the Geneva Conventions. These Conventions govern the rules of war and were established to protect civilians in conflicts – including patients, medical workers and facilities. On the frontlines where we work, these rules are not an abstract legal framework. They are the difference between life and death for medical teams and patients.

Yes, our work is sometimes filled with risk as two of our fieldworkers in South Sudan describe on **page 14 and 15**, but it is because civilians are exposed to the same, or greater danger during conflict. As an organisation we do everything we can to mitigate the risk and keep our staff and patients safe. But medical workers everywhere need the basic commitment from fighting parties to the rules governing war in order to work safely in South Sudan, Afghanistan, Yemen or Syria.

We are very grateful for your support which enables us to serve all people without agenda, without discriminating based on race, religion, creed or political convictions. But when civilians and hospitals are targeted we need accountability and we need you to stand with us in demanding answers.

SUPPORT MSF's DEMAND FOR ANSWERS

As awful and terrible as war is, it still has rules. These rules, codified by International Humanitarian Law (IHL), aim to restrain warring parties and save lives, even in the midst of tremendous violence. Under IHL, armies and armed groups are required to protect and respect civilians as far as possible. Hospitals, clinics, ambulances and medical staff are protected because if they are destroyed or killed the civilian population will be left without medical care just when they are more likely to need it. It is never acceptable for an armed group to attack or bomb a hospital with no warning. This is a violation of IHL – a potential war crime.

Support MSF's call on President Obama and the U.S. government to consent to an independent investigation by the International Humanitarian Fact Finding Commission. Having reached over 500,000 sign-ups, we now aim for 1 million signatures. Add yours today.

SIGN THE PETITION AT www.change.org/evenwarhasrules

IN BRIEF

Updates from the field

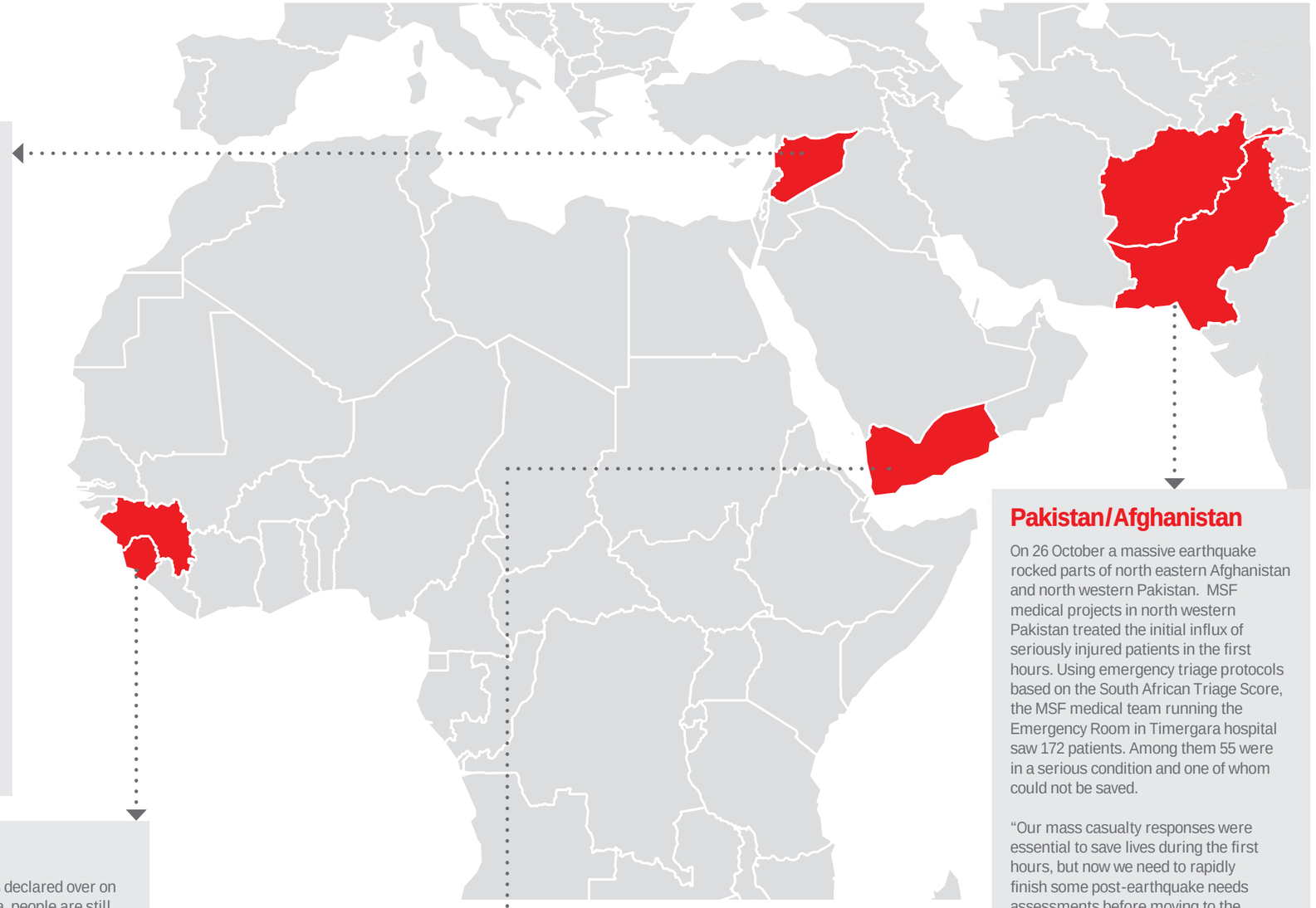
Syria

During September MSF received reports of a significant increase of devastating airstrikes on hospitals in northern Syria. Medical networks MSF supports told of airstrikes on 12 hospitals in the Idlib, Aleppo, and Hama governorates, including six supported by MSF. This resulted in the deaths of 35 patients and medical staff and the wounding of 72 others. Of these hospitals, six have had to close, with access to emergency, maternity, paediatric and primary health care services now severely disrupted.

The displacement due to the war continues. In Idlib governorate alone, some 1,700 families joined an existing 110,000 internally displaced Syrians in four cluster camps spread around Atmeh.

© MSF

Makeshift hospital in Idlib governorate destroyed by armed forces end of March



Pakistan/Afghanistan

On 26 October a massive earthquake rocked parts of north eastern Afghanistan and north western Pakistan. MSF medical projects in north western Pakistan treated the initial influx of seriously injured patients in the first hours. Using emergency triage protocols based on the South African Triage Score, the MSF medical team running the Emergency Room in Timergara hospital saw 172 patients. Among them 55 were in a serious condition and one of whom could not be saved.

"Our mass casualty responses were essential to save lives during the first hours, but now we need to rapidly finish some post-earthquake needs assessments before moving to the second stage of our response," Shelagh Woods, MSF Country Representative in Pakistan, says.

© Yann Ceay/MSF

Building devastated by the earthquake in Pakistan

© Fabio Basone/MSF

MSF Water and Sanitation teams during outreach work in Sierra Leone

Sierra Leone / Guinea

The Ebola outbreak in Sierra Leone was declared over on 7 November, but in neighbouring Guinea, people are still being infected by a disease which has claimed more than 11,000 lives in West Africa. Three new patients (including a pregnant woman) were admitted to MSF's Ebola management centre in the capital, Conakry, and a baby was born with the disease – and is still alive.

"Today, the main risk is the weak monitoring system. There are an estimated 233 people in Guinea who have come into contact with an Ebola patient, but who are not being followed. This is why it is so difficult to stop the epidemic. The outbreak may be over in Sierra Leone, but as long as Ebola is still present in Guinea, the disease will stay on its neighbour's doorstep and there will be a risk of new cases," warns Dr Armand Sprecher, an MSF public health specialist.

Among the 27,000 cases, there are an estimated 15,000 Ebola survivors in West Africa, many of whom have ongoing physical and mental health problems. Since March 2014, MSF teams have treated 10,287 Ebola patients.

© Guillaume Binet/MYOP

An MSF staff member speaking with armed men at a check point in Aden

Yemen

Airstrikes by the the Saudi-led coalition in northern Yemen destroyed a hospital supported by MSF. The small hospital, in the Haydan district in Saada Province, was hit several times over a two hour period. One staff member was slightly injured while escaping. With the hospital destroyed, at least 200,000 people now have no access to life-saving medical care.

The bombing of civilians and hospitals is a violation of International Humanitarian Law and MSF is demanding that coalition forces explain the circumstances around the attack in Haydan. The hospital's GPS coordinates were regularly shared with the Saudi-led coalition, and the roof of the facility was clearly identified with the MSF logo.

"This attack is another illustration of a complete disregard for civilians in Yemen, where bombings have become a daily routine," says Hassan Boucenine, MSF head of mission in Yemen.

SPEAKING OUT

Medicine stock outs put lives at risk

Patients with serious medical conditions in South Africa face the harsh reality that their essential medication is often not available in the public healthcare system which can lead illness, resistance to drugs and possibly death

Photos supplied

Deborah Miloa

How medicine patents cause stock outs

MSF recently reported on how the HIV combination medicine lopinavir/ritonavir (LPV/r) has been in short supply for at least six months. The pharmaceutical company AbbVie, which markets LPV/r as "Aluvia", is the sole supplier for the medicine which remains a life-line for nearly 10% of the country's almost three million people on HIV treatment. To date the company has refused to voluntarily licence patents to generic companies in order to make it affordable to the vast majority of HIV patients in Southern Africa.

According to Stop Stock Outs Project in South Africa, the stockouts are wide-spread and acute – about 10% of facilities, mostly large district hospitals, had more than 500 patients per facility being affected.

Dr. Amir Shroufi, MSF's Deputy Medical Coordinator in South Africa explains: "Alarmingly, people without access to treatment over time can become resistant to lopinavir/ritonavir and require more expensive medicines – they also risk falling sick and could even die."

Take action

MSF calls on the South African government to take action now and issue a compulsory licence so generic versions can be imported or produced in-country and that legistlation is urgently required to amend country's patent laws so people don't go without the medicines they need in the future.

STOP STOCKOUTS

084 855 7867
Report Medicine Stock Outs

SMS • Please Call Me
Phone • What'sApp
Email: report@stockouts.co.za

Deborah Miloa, a communications assistant with MSF Southern Africa, worked with the Stop Stock Outs project (SSP) to map community media, building partnerships to raise awareness and promote the project hotline number. She reflects on her experiences working with the project.

During my work I met a 40 year-old mother of two from Nelspruit, Mpumalanga who had been diagnosed with HIV in 2010. With only a part-time job, she often had to use her child grant money to pay for transport to a far-flung clinic only to be turned away as her medication was unavailable during a stock out. Her desparation showed when she explained how this was affecting her health and work. Nurses reported that even district hospitals had no stock, and her only option is to buy her ARVs from a private pharmacy, something she can ill afford.

Time and again I spoke to people during my work – especially pensioners and unemployed people – about how severely their lives were affected by stock outs. I learnt of people who had to borrow insulin or a dose of antiretroviral medication from friends or neighbours in order to survive. The people who share their medicines were in turn often affected by the same shortages.

Frustratingly, I learned that while there are complex reasons for stock outs, most medicines are actually available in South Africa's medicine depots. Medication just never reaches health facilities because of downstream logistical and management problems. These range from inaccurate forecasting by facilities, to storage or transport issues.

My job was to map and identify community newspapers and radio stations. I had to build partnerships to raise awareness about the issue and our hotline number.

The patient or healthcare worker can call the number anonymously and report the name of the out-of-stock medication and the hospital they use. An SSP staffer then follows up the report and communicates with the facility to establish the cause of the stock out. Throughout the process the individual who reported the stock out is kept informed of the progress to ensure that they receive their medication. We have received really positive feedback from people about the effectiveness of this method.

ABOUT STOP STOCK OUTS PROJECT

Thousands of people risk their health and survival when their local clinic or hospital runs out of essential medicines. The Stop Stock Outs Project was launched in 2013 by a coalition of MSF, Rural Doctors Association of Southern Africa, the Treatment Action Campaign, and the Southern African HIV Clinicians Society in conjunction with the National Department of Health.

The collective aim is to report stock outs, provide support, expertise and research in resolving them and promoting the project and a hotline number to make it easy for patients to report shortages. The SSP undertakes annual surveys among 3,000 or more health facilities in South Africa. In 2014, a total of 25% (614 out of 2,454) of facilities reported at least one stock out of ARV/TB medicines lasting up to three months prior to contact.

STOP STOCK OUTS HOTLINE 084 855 7867

MAKING A DIFFERENCE

How our donors push the limits

The support from individual donors is MSF's independence. This funding ensures our work is neutral, independent and impartial. Because dedicated donors offer regular support, MSF is ready to provide care to patients in emergencies and during times of inadequate health care

© Mathew Snyman

The Snymans raised awareness and collected funds for MSF on their trip

The Great American Trek

Megan and Matthew Snyman, two 31-year old South African doctors, are biking from Argentina to Alaska to raise funds for MSF through their "Great American Trek". We spoke to them about their trip and their dedication to MSF's cause.

We were both working in the South African public sector when we started planning our trip. We came up with the idea of traveling overland from the southern-most tip of the Americas to the northern-most tip, from Argentina to Alaska. The plan was to traverse both continents by motorcycle, a form of travel that allows for a low budget and also truly submerges the rider in their surroundings. The trip would cover 19 different countries and approximately 50,000km.

It's always been a dream of ours to work with MSF. Throughout our student years, and first few years at work, we were always aware of the huge amount of good work MSF was doing in South Africa and many other countries across the globe. We realised that our trip had the potential to draw some very valuable attention. Not only does MSF improve the quality of life for the people they help, but they also provide lasting change.

As doctors in the public sector, we witness the challenges in South Africa's health system: inaccessibility of basic medications, shortages of equipment, and the hardships faced by most of our patients. We have also seen our patients struggle to swallow their large tablets to treat tuberculosis (TB), or having to visit the hospitals for a more intense regimen of injections to treat multi-drug resistant TB. Because we cannot change the system alone, we chose to support an organisation that can.

In September 2013 Megan was diagnosed with pulmonary TB. She completed the difficult course of tablets for six months. As a result she has permanent scarring in her right upper lung where the TB created a cavity. Although cured, she will never recover the full function of this lung. After this, our focus shifted from general medicine, to raising awareness and funds for MSF SA's TB programmes.

The hardest part about doing a large trip is making the decision to leave. You don't need loads of money, an itinerary, or expensive equipment. The world will not end if you quit your job, sell your car and do something you have never done before.

We have had an overwhelming response to our cause while on the trip. We were invited to talk at a school in Argentina, and raised over R2,000 for MSF in under 48 hours. We have also come to appreciate how difficult it is to raise funds, even when people are genuinely supportive of a project. In almost every country we have visited so far, the people, whether wealthy or poor, are aware of MSF and the work it does.

The "Great American Trek" has exceeded our expectations, and we have gained a huge amount of insight into ourselves and the world around us. We have even learnt a bit of Spanish! We have already been on the road for over a year, and have gained knowledge into how unknown TB is as a global disease, even among the most educated of people. But we have also found it to be a huge problem in many of the countries we've passed through. We've faced challenges on every level, some expected and some unexpected. Traveling together and sharing a small tent each night has grown our relationship immensely.

© Mathew Snyman

Mathew and Megan planned to cover 50,000km by motorcycle

But we stay motivated because we are living a once-in-a-lifetime opportunity. We are committed to completing this adventure – because of our families, MSF and all the people who support us.

Matthew and Megan's message to MSF donors:
"Thank you for your support! Donors are the foundation for organisations such as MSF and enable them to improve the lives of countless people in need, both directly and indirectly. Every cent makes a difference, no matter how big or small your contribution. Thank you!"

Visit www.greatamericantrek.com to follow the Snymans' progress.

BIRTHDAY CHALLENGE

Your birthday is a celebration of life! Why not use this special occasion to give back?

msf.org.za/pushthelimits

© Giorgio Contessi

By pledging your birthdays, you and your friends can save the life a newborn baby in Central African Republic where pregnant women travel long distances to reach the MSF supported health centre in Boguila.

IN FOCUS

MSF and the Mediterranean Sea

Since May 2015 MSF has rescued over 17,000 desperate people forced to flee, risking their lives crossing the Mediterranean Sea to seek safety in Europe. MSF teams have carried out search and rescue operations aboard three ships – MY Phoenix, Bourbon Argos and Dignity I. Well over 264,500 people have embarked on these perilous journeys in 2015 alone, fully aware of the risks they take, driven by sheer desperation to leave their circumstances that put themselves and their families in danger.

The world faces the biggest displacement of people since the Second World War – fuelled by considerable push factors that force people to flee their homes. From the increasingly brutal war in Syria, to the difficulty of life under an oppressive dictatorship in Eritrea; everyone that the MSF teams meet has a very strong reason for fleeing their country. Our fieldworkers and medics see the impact of these push factors first hand in the countries in which we work. Many of those rescued at sea tell us that they didn't want to leave their homes, but did so because they had no other choice – they were fleeing for their lives.

With Europe's land borders sealed, this forces people into the hands of smugglers and into leaky, overcrowded boats. MSF's rescue ships have been particularly needed because they are actively patrolling in the zone in the international waters close to Libya where most incidents occur. However, search and rescue is not a long-term solution – people will continue to risk their lives in the hands of smugglers as long as there are no safe alternatives.

With no safe and legal routes for people to enter Europe, most people have no choice but to use the dangerous maritime routes to Italy and Greece. Reception systems in these countries have many shortcomings and remain woefully under-prepared to humanely treat the people arriving at their borders. MSF calls for proper and humane reception to be urgently organised at arrival points in Greece and Italy, In Greece in particular, the situation is critical. Thousands of people are scattered in different islands of the Aegean Sea, without any facilities to receive them.

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Left to right, from top:
(1) MSF team members from the Dignity I search and rescue ship approach an overcrowded inflatable raft
(2) Moussa, 15 years, from Ivory Coast, cries tears of relief after being rescued at sea off the coast of Libya from an inflatable boat
(3) Crammed aboard this badly listing vessel were 613 people
(4) Children rescued from overcrowded boats with their parents
(5) Little Isrom, aged 9 months, is the first person among the rescued to board the MY Phoenix on 2 September, on a day that saw 1,658 people rescued
(6) Women leave their home countries out of desperation to try and make a living in Europe

PERSPECTIVES

Global health community slithers away from snakebite crisis as antivenom runs out

Snakebite is a seriously neglected health crisis that kills 100,000 people per year. Bizarrely, the only proven safe and effective antivenom to treat envenoming from different types of snakes across central and west Africa, Fav-Afrique, will soon be unavailable as the last batch expires by 2016. MSF is calling on World Health Organisation to lead the way in tackling snakebite as a global health emergency

This boy's leg was amputated after suffering a snakebite which couldn't be treated in time in Jonglei State, South Sudan.

THE FACTS:

- Every year 30 000 people in sub-Saharan Africa die from snakebite – the equivalent of the number of deaths from meningitis.
- 8,000 people in the region undergo amputations for snakebites every year.
- Of the five million people bitten by snakes worldwide each year, 100, 000 die, while 400,000 are permanently disabled or disfigured.

Tens of thousands of people will continue to unnecessarily die due to snakebites unless the global health community takes action to ensure treatment and antivenom is made available. Despite venomous snakebites being a major killer, there is a deadly lack of action by the global health community to deal with the issue. This is especially true in rural areas where MSF teams have seen an increase in incidence.

MSF is calling on the World Health Organisation (WHO) to encourage governments across the world to raise awareness in affected communities and to lead the way in confronting snakebite as a global health emergency. MSF is urging the WHO to provide proper training for health staff in diagnosing and managing cases of poisonous snakebite.

MSF increasingly treats snakebite in its field programmes. This includes 300-400 snakebite victims per year in Paoua, the Central African Republic (CAR), and over 300 in Agok, South Sudan. Many of the victims are children.

We are now facing a real crisis – antivenom stockpiles expire and the number of victims is on the increase

Snakebite mainly affects people living in rural areas. With no health facilities nearby, and unable to afford expensive treatment, many either turn to traditional healers or don't seek care at all.

This suggests that the number of victims is probably higher than officially reported. If available, antivenom treatment can cost up to $500 per victim, representing the equivalent of four years of salary in the countries concerned. Subsidising antivenom costs so that patients pay little to nothing is crucial to improve access to this life-saving treatment.

To compound the issue, the only proven safe and effective antivenom to treat envenoming from different types of snakes across sub-Saharan Africa, Fav-Afrique (produced by French pharmaceutical company Sanofi) will soon be unavailable as the last batch expires by June 2016. As the stockpiles expire, the number of victims is likely to rise. No replacement product will be available for at least another two years while production by another company scales up and the antivenom goes through testing, translating into more needless death and disability.

"Until a replacement product to Fav-Afrique is available, we call on Sanofi to start generating the base material needed to produce Fav-Afrique, and then find suitable opportunities within their production capacity to refine it into antivenom," Julien Potet, Neglected Diseases Advisor for MSF's Access Campaign, says.

Global health actors donors, governments, and pharmaceutical companies should accept responsibility for their share of the neglect of snakebite as a public health emergency and take immediate, appropriate, and collaborative action. The WHO should play a leading role to tackle snakebite as a public health issue, but is still considering it as a "neglected condition with no formal programme," despite the high mortality levels.

"We are now facing a real crisis, so why do governments, pharmaceutical companies and global health bodies slither away when we need them most?" says Dr Gabriel Alcoba, MSF Snakebite Medical Advisor. "Imagine how frightening it must be to be bitten by a snake - to feel the pain and venom spread through your body – knowing it may kill you and there is no treatment available, or you can't afford to pay for it?"


© MSF

An epidemiologist shows pictures of snakes to patients who were bitten in order to identify the type of snake involved

MSF recommendations

- WHO should play a leading role in tackling snakebite as a public health issue and should take immediate action to appoint a specialist to provide advice and guidance where needed.
- Governments and ministries of health should take responsibility for raising awareness in affected communities, and providing proper training for health staff in diagnosing and managing cases of poisonous snakebite.
- Serious gaps exist in our understanding of snakebite epidemiology and optimal treatment in Sub-Saharan Africa. Further epidemiological studies on snakebite should be undertaken so as to develop suitable training, diagnostic tools and effective antivenoms.

Without effective treatment, snakebite victims may lose life or limb

For people like Banywich and Akuel of South Sudan, lifesaving antivenoms are too expensive and produced in such limited quantities, that it is near impossible to get a lifeline while governments and donors have little interest in tackling the problem. A clear focus on adequate treatment and diagnostics is needed to avoid countless deaths.

Banywhich's story


© Pierre-Yves Bernard

Banywich Bone (18) was treated by MSF at Agok hospital in South Sudan. He was bitten by a snake three years ago, while he was sleeping at home. When Banywich arrived in the hospital, he presented an infected wound for which doctors blame the snake bite. The wound was infected and an MSF surgeon had to amputate Banywich's leg.

Akuel's story


© Pierre-Yves Bernard

Akuel (48) was bitten twice on his right leg by a sawscaled viper whilst digging in his garden. Six hours later he came to the MSF hospital in Agok, South Sudan, with painful swelling. He received antivenom injections and a tetanus shot. Without an effective antivenom and treatment, his life would have been in danger.

EYEWITNESS ACCOUNT

“I have no words to express this. It is unspeakable.”

MSF nurse Lajos Zoltan Jecs was in MSF’s Kunduz Trauma Centre when the facility was hit during a U.S. airstrike. This what he experienced

Satellite images of before and after the attack on the Kunduz Trauma Centre

“It was absolutely terrifying.

I was sleeping in our safe room in the hospital. At around 2am I woke to the sound of a big explosion nearby. At first I didn’t know what was going on. Over the past week we’d heard bombings and explosions, but always further away. This one was different – close and loud.

At that point my brain just couldn’t understand what was happening.

At first there was confusion, and dust settling. As we were trying to work out what was happening, there was more bombing.

After 20 or 30 minutes, I heard someone calling my name. It was one of the Emergency Room nurses. He staggered in with massive injury to his left arm – a near traumatic amputation. He was covered in blood, with wounds all over his body.

At that point my brain just couldn’t understand what was happening. For a second I just stood still, shocked. He was calling for help. In the safe room, we have a limited supply of basic medical essentials, but there was no morphine to stop his pain. We did what we could.

Maybe 30 minutes afterwards the bombing stopped. I went out with the project coordinator to assess the situation. What we saw was the hospital destroyed, burning. I don’t know what I felt – just shock again.

We went to look for survivors. A few had already made it to one of the safe rooms. One by one, people started appearing, wounded, including some of our colleagues and patients’ caretakers.

We tried to take a look into one of the burning buildings. I cannot describe what was inside. There are no words for how terrible it was. In the Intensive Care Unit six patients were burning in their beds.

We looked for some colleagues that were supposed to be in the operating theatre. It was awful. A patient there on the operating table, dead, in the middle of the destruction. We couldn’t find our colleagues. Thankfully we later found that they had run out from the operating theatre and had found a safe place.

And then back to the office, which was full of patients, wounded, crying out, everywhere.

It was crazy. We had to see which doctors were alive and available to help. We did an urgent surgery on one of our doctors. Unfortunately he died there on the office table. We did our best, but it wasn’t enough.

The whole situation was very hard. We saw our colleagues dying. Our pharmacist (I spoke to him the previous night and planned stocks) was dead there in our office.

The first moments were just chaos. Enough colleagues had survived, so we could help patients with treatable wounds. But there were just too many and we couldn’t help everyone. Somehow, everything became very clear - we just took care of the people that needed treatment.

I have been working here since May, and I have seen a lot of heavy medical situations. But it is a totally different story when they are your work colleagues, your friends.

These are people who had been working hard for months, non-stop for the past week. They had not gone home, they had not seen their families, they had just been working in the hospital to help people... and now they are dead. These people are friends, close friends. I have no words to express this. It is unspeakable.

It was crazy. We had to see which doctors were alive and available to help.

The hospital has been my workplace and home for several months. Yes, it is just a building. But it’s so much more than that. It provides healthcare for Kunduz. Now it’s gone.

How can this happen? What is the benefit of this? Destroying a hospital and so many lives, for nothing. I cannot find words for this.”

SIGN THE PETITION
www.change.org/evenwarhasrules

Southern African fieldworkers recall Kunduz memories

When many of our fieldworkers learned about the attack on the Kunduz Trauma Centre, they were deeply shocked as they had worked there in the past. Since 2011 a total of 35 MSF Southern Africa fieldworkers were deployed to Afghanistan – of whom 12 worked in the Kunduz Trauma Centre alongside some of the 13 staff who were killed. Three of our fieldworkers recall their time there

Gilberta Jairos – Operating Theatre Supervisor (March – September 2015)
When I think of the Kunduz Trauma Centre, it was like one big family. My message to my MSF colleagues in Kunduz is that my heart is so pained. Through my tears I wished I was there for them when it happened. I think in particular of one of the Operating Theater nurses who became a friend. He was killed. May his soul rest in peace. Kunduz Trauma Centre was my first MSF assignment and very special to me.

Dr Vanessa Naidoo – Operating Theatre Supervisor (2012 and 2013)
The people I met and worked with in Kunduz are accustomed to bomb blasts and Kalashnikov wounds - but by no means hardened by them – they somehow remained sympathetic and kind in the midst of it. Patients at the Kunduz Trauma Centre often travelled for hours, if not days to get to us. Where will they go now? I had the honour of calling one of the Operating Theatre nurses killed in the attack, my friend. Back when I worked in Kunduz, we took to each other easily and spent many hours chatting about all aspects of our lives outside the hospital. He had a lovely smile and a wonderful sense of humour. A young and vibrant man so tragically lost.

Maureen Akeng'a – Nurse (2015)
Kunduz Trauma Centre was a special project based on the amount of dedication and hard work every single staff member put in to ensure that our patients got a second chance at life. My message to my colleagues and friends in Kunduz is: I admired your humility and zeal to work. You are our heroes. And we celebrate you.

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MSF doctors and medical staff perform emergency surgery on an injured colleague on a desk after the destruction of the operating theatre

©Wilfred Masebo/MSF

From the grounds of the bombed hospital, the MSF staff in Kunduz send their deep appreciation to everyone around the world who stood in solidarity with them. Three weeks after the event, they gathered for this photograph, seeing each other for the first time since the attack.

FIELDWORKER FOCUS

Overcoming healthcare challenges in conflict zones

Chipo Takawira (33) is an epidemiologist who left for South Sudan in 2013. Little did she know that in just 14 days conflict would erupt displacing 2 million people. The impact of the conflict would make this experience completely different from Takawira's previous assignments with MSF

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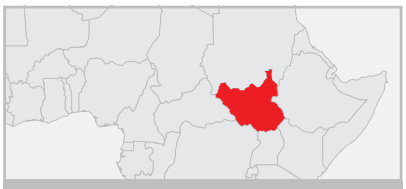
Chipo Takawira



South Sudan became independent in 2011 after decades of civil war. A political power struggle between the president and his ousted deputy has led to fighting between government forces and rebel factions. Thousands have been killed and more than 2.2 million people have fled their homes.

Takawira's work experience with MSF:

- Currently – Medicine Stock Outs Project activity manager, Mozambique
- December 2013 – July 2015 – Epidemiologist, South Sudan
- July 2012 to September 2012 – Infection control coordinator, Kivu, DRC
- September 2010 – August 2011 – Tuberculosis infection control coordinator, Khayelitsha, South Africa
- January 2007 – January 2010 – Community liaison manager, Harare, Zimbabwe
- February 2006 – December 2006 – Health and hygiene promotion officer, Harare, Zimbabwe
- November 2005 – January 2006 – Research assistant, Harare, Zimbabwe

Originally from Harare and veteran of four international MSF assignments since 2010, Takawira recently returned from Juba, South Sudan where she worked for 20 months as an epidemiologist.

"The medical landscape in South Sudan is a complex one, and it presented me with an opportunity to work as an epidemiologist for the first time and practice what I had learned in my Masters in Public Health. The role required me to monitor the epidemiological trends of local diseases, carry out outbreak investigations, oversee the management of data systems and supervise data coordinators.

On a typical day I would examine the records of various health facilities, creating an overview of the situation in order to determine how we should focus our interventions. Time and time again we would be interrupted by an intensificaiton of the conflict. My task involved working with health data collected from facilities, and conflict interruptions meant gaps in our information flow which affected the team's ability to analyse the data.

Despite the danger, I enjoy working for MSF and found it extremely rewarding.

MSF is often the only organisation providing medical assistance for people in regions experiencing armed conflict. Displacement, outbreak of diseases, and shortages of food, fresh water and healthcare are the consequences of conflict. My contact with patients mostly happened while conducting medical examinations which could prove quite challenging at times. Language barriers made it difficult to explain why we were collecting information and our recommendations for treatment.

Very often, patients were hesitant to provide personal information. The majority of the people we treated were victims of conflict, displaced people and those suffering from kala-azar (a neglected and deadly parasitic disease that attacks the immune system), cholera and hypertension. One of the saddest things I witnessed in South Sudan was how young people have lost optimism for their futures. Many live in despair, displaced from their homes and dragged into a war not of their choosing. Many children have not lived normal lives or attended school for months.

What has been the most rewarding was seeing how MSF has touched the lives of people in the most remote and neglected parts of the country. Frequently we heard of people's trauma having fled violence. For our teams being forced to leave our patients when our lives are endangered by the same conflict is heartbreaking.

Despite the danger, I enjoy working for MSF and find it extremely rewarding. My family are alarmed when they see me working in countries facing armed conflict. They often ask me why I can't find a normal job closer to home, but they are nevertheless proud of what I do. If I had an opportunity to work in South Sudan again, I would jump at it.

Each project contributes a different aspect to who I am and presents me with new challenges. I believe my experiences during this time helped helped me grow as a person. I have a strong affiliation with MSF and believe our work resonates with many people."

FROM THE FIELD

When MSF gets into your blood

Anja Reuter (30), a medical doctor from Cape Town, left for South Sudan on her first MSF assignment in 2014. A year later she returned with a new challenge in the strife-torn country. This is her story

"I remember the exact moment I decided to become a medical doctor. The spark came while watching a film on healthcare challenges during humanitarian crises in a Grade 9 history class. After 13 years and countless hours of studying at UCT medical school my long-held ambition to work with MSF was as strong as ever. My fiancé gave me the green light to "get MSF out of my system" before we got married.

So in 2014 I left for Juba, South Sudan's capital city. I worked as resident doctor for peadiatric inpatients at a camp for internally displaced people. Even working as a doctor in the resource-restricted South African health system had not fully prepared me for South Sudan. I quickly learnt to work without any specialist doctors to advise me, and to make diagnoses and treat children without blood tests and X-rays. I was overwhelmed by the amount of malnutrition I saw – but equally thrilled at the astounding recovery most children made when we followed MSF's treatment and feeding guidelines.

I left South Sudan wondering if this would be my first and last MSF assignment, but with the words of one of my long-serving MSF nurse colleagues in my head: "MSF gets into your blood". A year later, now married and equipped with more HIV training, I was once again on my way to South Sudan with MSF. This time my assignment was aimed at bringing HIV testing and antiretroviral treatment to a project in the northern town of Melut in Upper Nile state.

My task was a hefty one. I had limited time in Melut, and the local community of medical staff and patients knew almost nothing about HIV (most were unaware that treatment existed). My days were filled with consulting with HIV patients, training and supervising the counselors and nurses in HIV testing and counseling, and conducting a series of training seminars and tutorials on HIV and ARV treatment for the new HIV clinic. I often spent my evenings in the MSF "office" (a tent) writing simplified HIV protocols and strategising with colleagues on how to increase community awareness and HIV acceptance.

Our MSF team lived in safari tents (which seem to drown in the surrounding mud when it rained), with dugout latrines and bucket showers. Our compound was adjacent to villages dominated by South Sudanese Liberation Army (SPLA) soldiers, and for safety we had to observe strict security rules. Meals were repetitive; mostly rice and stew. Vegetables and fruit were rare luxuries.

The biggest challenge was yet to come. Troops from the armed opposition invaded Melut, and the sleepy rural town was engulfed in a fully-fledged war. A day that started off with my usual HIV clinic training ended in the entire Melut community, including MSF staff, running for safety. Our MSF team retreated into a bunker. We lay with our chests to the floor in an large container, covering our head with our hands.

I didn't know if the thumping I felt was my own heartbeat, or vibrations from my colleagues sandwiched next to me.

I didn't know if the thumping I felt was my own heartbeat, or vibrations from my colleagues sandwiched next to me.

The air around us erupted with unending gunshots and mortar fire – many ricocheting off the container walls. In the days of fighting that followed the gravity of war and the personal risk that comes with providing healthcare during a humanitarian crisis became very real to me.

Thanks to the tireless efforts of our MSF team working in Juba we were safely evacuated from the bunker four days later. Melut had been transformed into a ghost town of burnt and looted houses and huts. The entire population was in exodus, newly displaced by war and without food, water or medical care. Where would the people get help now? A week later MSF sent out a new team for a needs assessment in the Melut area and to provide immediate care to the people displaced in the violence.

Working with MSF has been one of the most rewarding and challenging experiences of my life, but also a personal sacrifice. Ultimately MSF does exactly what it aims to do: "go where no one else will go". When I got home from South Sudan I signed up as a monthly MSF donor. I believe medical care is a basic human right – and my time as an MSF volunteer is not over yet."

Dr Anja Reuter at work in South Sudan

MSF Southern Africa thanks all our fieldworkers for their enormous contributions to MSF operations worldwide. MSF is always in need of medical professionals, particularly doctors, surgeons, nurses, midwives, epidemiologists and laboratory scientists.

Are you qualified and interested, or do you know someone who is?

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

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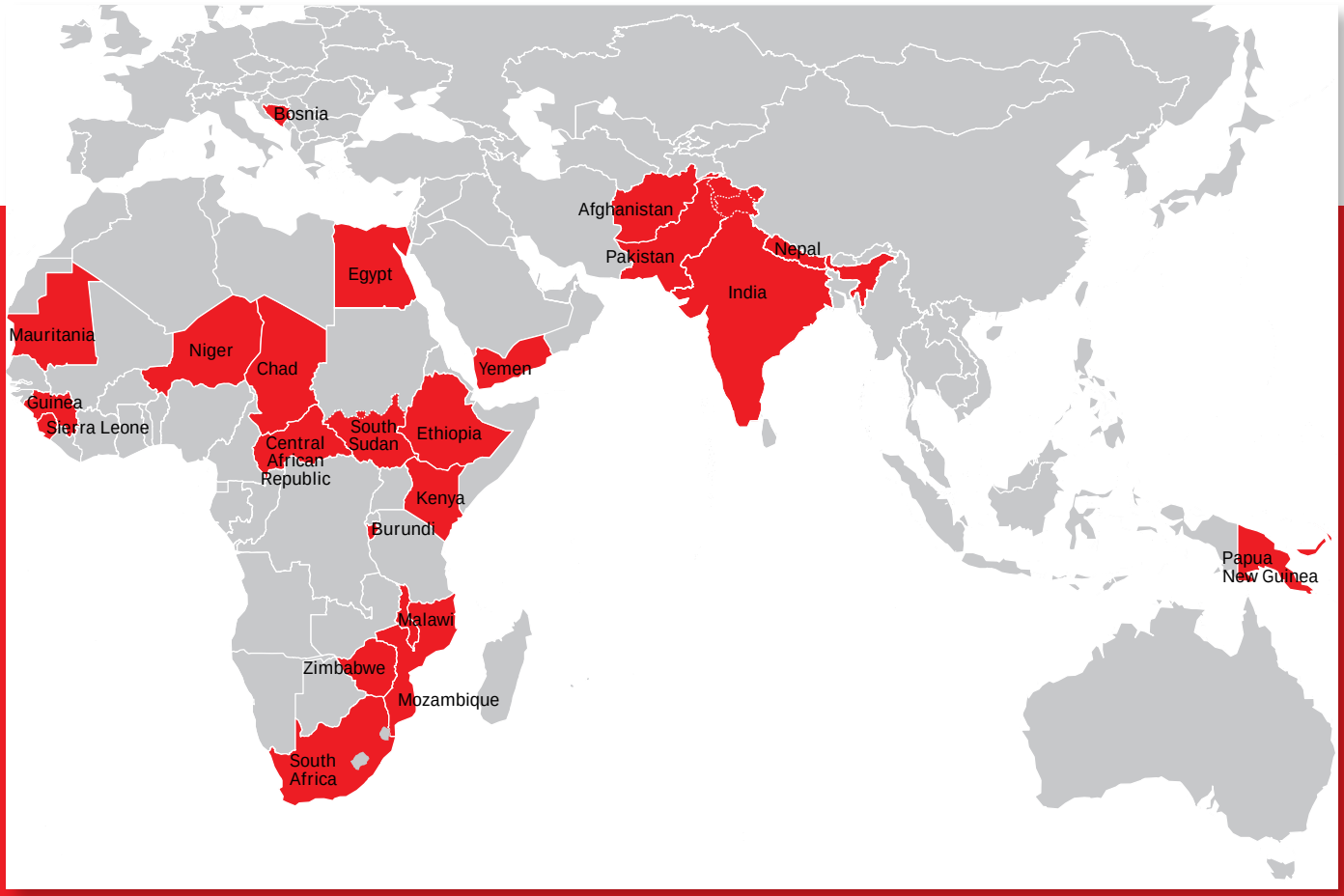
DOCTORS WITHOUT BORDERS



MSF Southern Africa recruits on assignment:

Abdulrizack Warmoge , Nurse / Activity Manager - South Sudan
Adolphe Musa, Anaesthetist - Central African Republic, Burundi
Ainslie McClarty, Clinical Supervisor - Egypt
Alec Mkwamba, Epidemiologist - South Sudan
Brune Musabe, Anaesthetist - Mauritania
Bryony Dobson, Health Promotor / Activity Manager - Kenya
Chipo Takawira, Epidemiologist/ Stock Outs Project Manager - Mozambique
Christine Ewoi, Midwife - Afghanistan
Daniel Tabaro, Emergency Room Doctor - Afghanistan
Dennis Okonye, Nurse - Sierra Leone
Didier Butara, Medical Doctor - Ethiopia
Donatien Ryezembere, Laboratory Technician - Central African Republic
Emily Wambugu, Midwife - South Sudan
Emmanuel Kashigane, Medical Doctor - Chad
Ernest Nshimiyina, Medical Doctor - Central African Republic
Essa Jama, Emergency Room Doctor - Yemen
Farai Mpasi, Logistician - India
Gabriel Makau, Nurse - Chad
Huggins Madondo, Water & Sanitation Manager - Niger
Innocent Maniraruta, Finance Manager - Guinea
Israel Mushore, Logistician - South Sudan
Janviere Tuyisenge, Anaesthetist - Chad
Julien Kanyamugenge, Pharmacist - Central African Republic
Kate Stegeman, Communications Officer - Afghanistan
Kenneth Batsikana, HIV/TB Doctor - Zimbabwe
Kim Philips, Logistics Manager - Yemen
Laurent Seale , Supply Coordinator - Bosnia, Nepal
Laurent Siborurema, Surgeon - South Sudan
Luc Emungu, Surgeon - Central African Republic
Mary Ngugi, Nurse Activity Manager - Papua New Guinea
Mediatrice Uwingenenye, Midwife - Central African Republic, Mauritania
Melt Ndlovu, Outreach Nurse - South Sudan
Melusi Mabhena, Nurse - South Sudan
Mercy Kaudresi, HIV/TB Doctor - South Africa
Mirriam Sikala, Nurse / Activity Manager - South Africa
Monica Muchai, Nurse / Activity Manager - Zimbabwe
Nicolaas van der Walt, Anaesthetist - Pakistan
Omega Machekera, Pharmacist - Malawi
Patricia Mazuru, Field Coordinator - South Africa
Patrick Muhoza, Medical Doctor - Chad
Priviledge Ruredzo, Finance Administrator / Suppply Coordinator - Kenya
Zani Prinsloo, Midwife / Activity Manager - Afghanistan, Pakistan