Doctors Without Borders (MSF) Southern Africa
No.19 December 2016

mamela

Haiti: After the Storm

Reaching remote areas in time to save lives

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

YOUR SUPPORT

Largest ever yellow fever vaccination effort

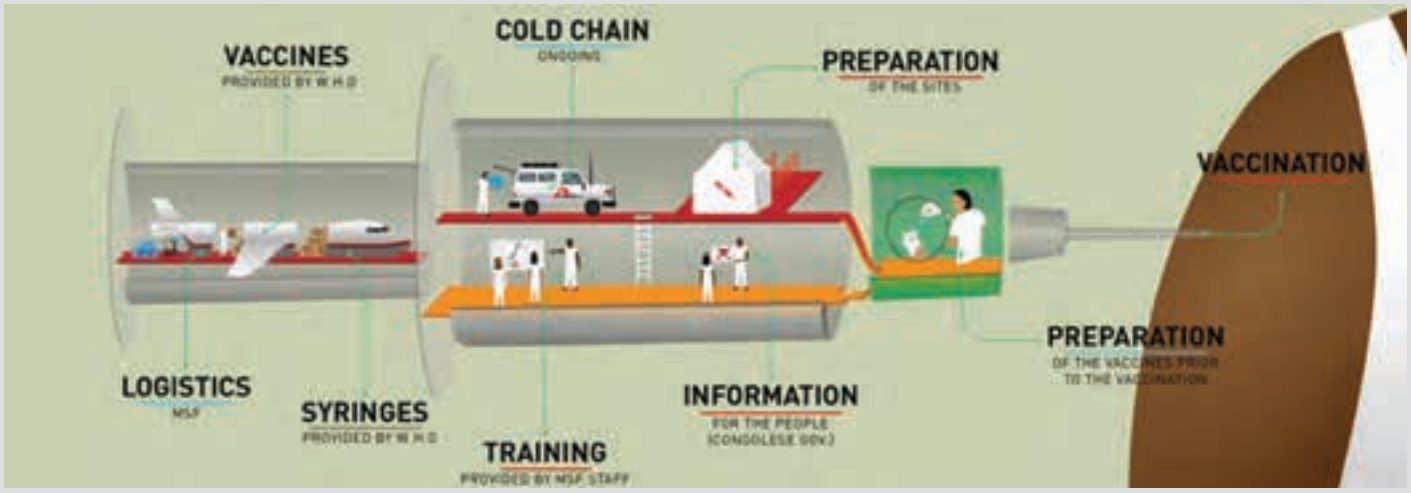
MSF mobilises massive resources to vaccinate 760,000 people at risk of the virus in the Democratic Republic of Congo

The world's largest yellow fever vaccination effort arrived in the urban sprawl that is Kinshasa, the Democratic Republic of Congo's (DRC) capital, during August. The DRC's ministry of health hoped to vaccinate those most at risk among the 10.5 million people living there, and Doctors Without Borders (MSF) mobilised massive resources in support.

Late last year a yellow fever outbreak struck the Angolan capital, Luanda, and soon cases were also reported in Kinshasa, leading to a total of over 400 deaths. In Kinshasa, MSF teams were responsible for vaccinating 760,000 people — 10% of the city's 7.5 million vaccination target — in three health zones.

To respond to this huge challenge, a total of 103 local Congolese and 58 international staff from MSF managed the campaign through 100 vaccination campaign teams consisting of 16 people each.

How we do vaccination campaigns:



WHAT YOUR DONATIONS DO:

R50 - can provide one dose of the yellow fever vaccine to immunise a patient against the disease

R250 - can vaccinate a family of five to protect them from the effects of yellow fever

R1,500 - can vaccinate and protect a class of 30 school-children from the effects of yellow fever

YELLOW FEVER FACTS:

- Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes
- The yellow fever virus is endemic to 34 countries in Africa (including DRC) and 13 countries in Central and South America, according to the World Health Organisation
- Annually there are an estimated 84,000 to 170,000 cases of yellow fever
- Symptoms include fever, headache, jaundice, muscle pain, nausea, vomiting and fatigue
- A small proportion of patients who contract the virus develop severe symptoms and approximately half of those die within 7 to 10 days
- Up to 60,000 people die from yellow fever every year

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EDITORIAL

We don't care which side you're on. We're here to save lives

To foster engagement with humanitarian action on an international scale, Dan Sermand, MSF Southern Africa's interim general director, reflects on the principles that guide MSF's work, and on why it is important that #WeCare

We don't care about stopping wars. We don't care about which side you fight on. We don't even care whether or not you're an innocent victim.

We are Doctors Without Borders and we care about providing urgent life-saving medical attention – no matter who you are, where you are, or what you have done.

"We care about saving your life – not how you choose to live it."

We care about stopping the bleeding from gunshot and blast wounds. We care about your elevated heart-rate, your blood pressure and the infection that rages in your body. We care about saving your life – not how you choose to live it.

Medical humanitarians working to bring agenda-free healthcare to people facing crises know the challenges of our work. Our feet are planted firmly in the messy, pragmatic reality on the ground – even when that involves taking calculated risks and making tough decisions.

Today, it is a fact that many South Africans remain unfamiliar with humanitarian action on an international scale; our polls in recent years suggest that just over 50% recognise international humanitarian actors.

That's why MSF Southern Africa launched #WeCare, an awareness campaign to provoke South Africans into considering humanitarian values: independence, impartiality and neutrality. It emphasises that we don't care about the challenges obstructing the provision and access to medical care. We launched this campaign to shake people's comfort zones, to share our principles of humanitarian action, and hopefully to awaken a greater level of awareness.

As a medical organisation treating 9 million patients a year in 69 different countries – many of them conflict zones – we have seen the risk of operating in places where humanitarian principles are misunderstood, twisted or increasingly ignored.

Last year 42 of our patients and colleagues were killed when MSF's trauma hospital in Kunduz, Afghanistan, was destroyed in an attack by a U.S. military warplane. In 2015, a total of 75 hospitals managed or supported by MSF came under attack in Syria, Yemen, Ukraine, Afghanistan and Sudan. So clearly, what South Africans remain unaware of and silent about can kill our patients and staff. This is the silence of ignorance.

There is a similar deafening silence around patients with multi-drug resistant tuberculosis, who suffer the terrible side-effects of 50 year-old drugs because doctors today still don't have the choice of better medicines. It is the silent scorn of stigma heaped on sex workers which excludes them from protection through proactive HIV care. It is the silent inaction of the world in the face of months of needless Ebola deaths – in Guinea, Liberia and Sierra Leone – before international leaders reacted for fear of it becoming a global security threat.

As MSF we reach out to people during conflicts, natural disasters, epidemics and when they are excluded from healthcare – solely on the basis of medical need and fully independent of politics. As our name suggests this is not a contented action neatly hemmed in by lines on a map; national identity expressed in a flag or an anthem. Our action is not conditioned to which side of the frontline you are on, the politics of the day, or shifting allegiances painting people as freedom fighters one day and terrorists the next.

Our medics treat a war-wounded fighter with the same unquestioning compassion as we do a woman who needs to give birth safely or a child hurt in a traffic accident.

We are able to do this because 5.4 million people worldwide – like you – choose to take a stand for humanity and support our impartial medical humanitarian work through regular donations, small or large.

Over the last 5 years 40,000 South Africans have supported us in this way, keeping our work free from the political agendas prescribing whose lives are worth saving and whose can be snuffed out. It enables us to react with the urgency required to save lives, wherever the need may be.

"Our medics treat a war-wounded fighter with the same unquestioning compassion as we do the woman who needs to give birth safely or a child hurt in a traffic accident."

If getting South Africans' attention on humanitarian action and its principles requires us telling you what we don't care about, then perhaps it's time to think about what we do care about – because humanity should not be held ransom by the deadly silence that boundaries impose.

Turn to page 12 to read more about MSF's thought-provoking #WeCare campaign, and how people are reacting to it.

IN BRIEF

Updates from the field

EMERGENCY FUND: **Your donation enables our response to current emergencies, like the disaster in Haiti. Email donorservices@joburg.msf.org**

HAITI: Cholera rises after hurricane

Many communities along the coast in southern Haiti, and inland, were devastated by Hurricane Matthew, which hit the island on October 4. The regions most affected were Grand'Anse, Nippes, and Sud - which was hardest hit.

In the immediate aftermath, MSF teams began treating people for cholera, injuries sustained in the storm - including fractures and infections - and other medical conditions.

Accessing hurricane-affected areas was difficult. Damaged roads in combination with the rainy season saw MSF teams using helicopters to reach some of the worst affected communities.

MSF prioritised patients in remote mountainous villages, since they had limited access to healthcare and supplies.

In many cases, MSF teams were the first and only aid workers providing care there.

Initial evaluations found at least 175,000 people were displaced by the storm and 1.4 million people were in need of aid.

Medical structures were also damaged or partially destroyed. The death toll is likely to rise as the extent of the impact becomes clearer.

[Turn to page 15 to read more from Talia Zongia, an MSF fieldworker in Haiti]

© Andrew McConnell/Panos Pictures

NIGERIA: Crisis in Borno State

The humanitarian emergency in northeastern Nigeria reached catastrophic levels at mid-year. A massive relief effort is needed immediately in remote areas and in the state capital, Maiduguri, to meet the dire needs of hundreds of thousands of people displaced in the conflict between the Nigerian military and Boko Haram.

The desperate living conditions in Borno State show the devastating impact of the conflict and, in several locations, people are entirely reliant on outside aid that has not reached them. MSF nutritional screenings of thousands of children living in different camps for internally displaced people in Borno State, found that a large proportion were suffering from life-threatening severe acute malnutrition.

[Turn to page 8 for more on the crisis in Borno State]

© Ikram N'gadi/MSF

SYRIA: Aleppo – Bloodbath as indiscriminate bombing continues

© Ghaith Yaqout Al-Murjan/MSF

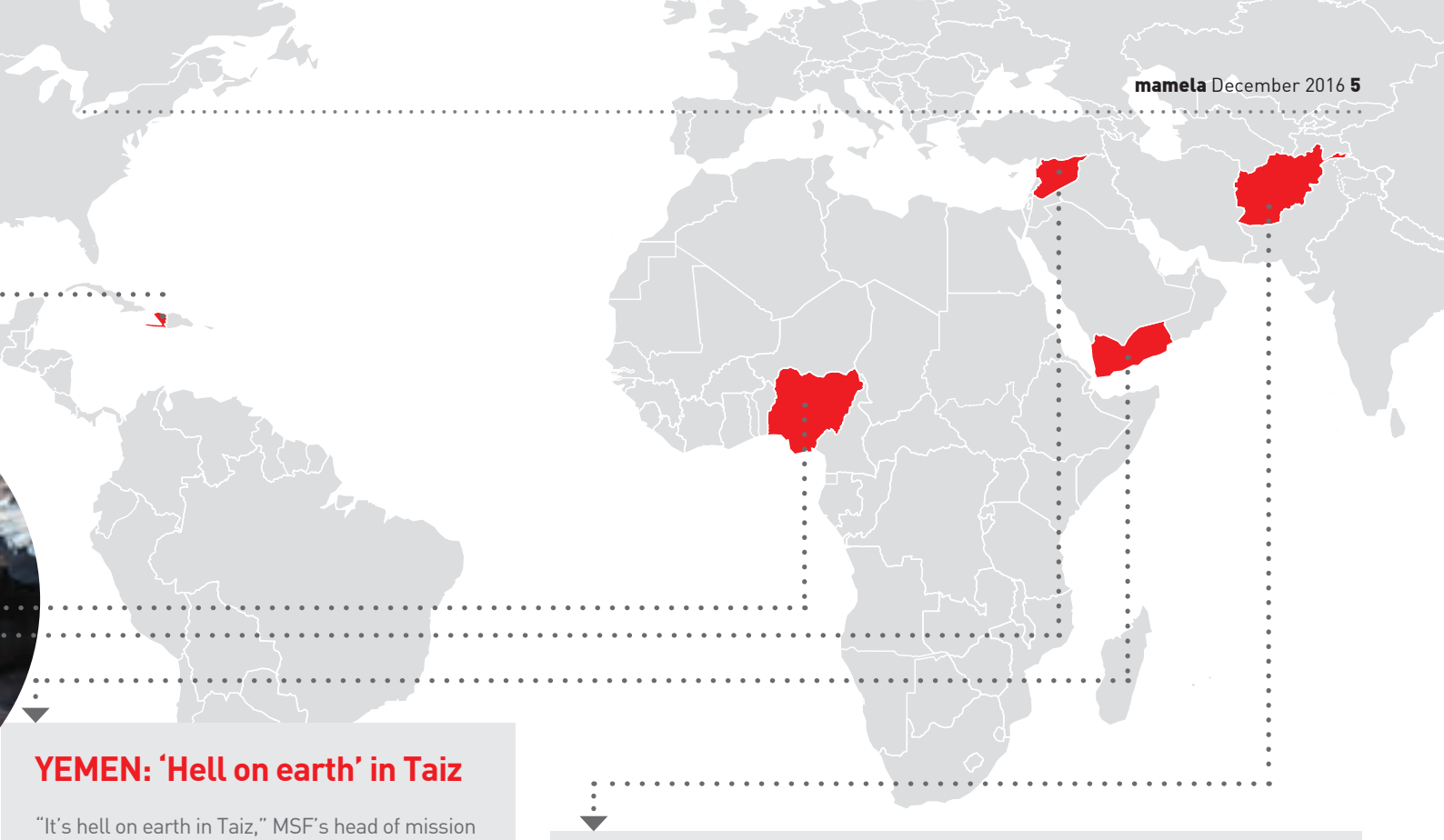
"These people have been abandoned – the whole world is witnessing east Aleppo being destroyed, but nobody is doing anything to stop it," Carlos Francisco, MSF's head of mission for Syria, said in October.

Since a ceasefire broke down in September, the intensity of the aerial bombing campaign waged by Syrian and Russian forces has threatened to flatten the besieged area of the city.

"Some 250,000 people are under siege, with no possibility of help or escape. First, the surrounding areas were hit, then the roads leading into and out of the city, then hospitals, water supplies, residential neighbourhoods and rescuers' equipment."

The east of the city has been under total siege since July, making it almost impossible for humanitarian teams to work there.

MSF is calling for an end to the indiscriminate aerial bombing campaign in east Aleppo, for the evacuation of the wounded and the sick, for humanitarian aid to be allowed in, and for the rights to be upheld of civilian populations to flee crisis areas in conflict.



YEMEN: 'Hell on earth' in Taiz

"It's hell on earth in Taiz," MSF's head of mission in Yemen, Hassan Boucenine, explained. "The worst of the fighting is on the frontline in the town of Taiz, with Houthi and Saleh artillery fire on one side, and the Southern Resistance supported by Saudi fighter planes on the other. It goes on, day after day."

Since the beginning of the civil war in 2015 bombing has been extremely intense in Saada and Hajjah in the north, and in Sanaa. A number of MSF-run or supported hospitals in the country have also been destroyed by airstrikes. As a result of the violence, MSF took the decision to evacuate its staff from 6 hospitals it supports in Saada and Hajjah in August.

"Even when people aren't in combat zones, it's extremely risky to go to hospital, not only for patients but for our teams too. It's really hard to get around or bring in cargo," Boucenine said.

"The health situation in Yemen is indescribable. It's a catastrophe that will inevitably impact the country's demography and age pyramid for years to come."

[Turn to page 14 to read more from Adeline Oliver, an MSF fieldworker in Yemen]

© Guillaume Binet/MYOP

Hospitals are #NotATarget, MSF tells UN

October 3, 2016 marked one year since a U.S. military attack destroyed MSF-run Kunduz Trauma Centre in Afghanistan, and killed 42 people, including patients and medical staff. Since then, MSF has continued to call for an independent investigation into the events, emphasising that hospitals and medical staff should never be a target, especially in times of war.

Ahead of the commemoration event, on September 28, MSF International President, Dr Joanne Liu, addressed the United Nations Security Council on its failed Resolution 2286. Passed in May, the resolution condemned attacks on medical facilities in conflict situations and demanded that all parties to armed conflict comply fully with their obligations under international law.

In 2016 there have been at least 38 attacks on 21 MSF-run and supported medical facilities around the world.

"The resolution has plainly failed to produce any effect on the ground," Liu told the UNSC, highlighting the continued attacks in Yemen, Syria, Afghanistan and elsewhere.

"This endeavour has failed due to a lack of political will - among member states fighting in coalitions, and those who enable them," she said.

"The failure of Resolution 2286 is plain to see, because the bottom line has not changed - before or after its passage: Hospitals are still attacked and civilians in war have less—if any—access to lifesaving medical care."

"Many attacks are said to be non-intentional. They are brushed off as mistakes, committed in the fog of war. We reject the word 'mistake'. We denounce the deliberate and systemic failure of states to avoid attacking hospitals and to appropriately control their conduct of hostilities."

MSF continues to call for public support that sends a clear message to governments, militaries and armed opposition groups during conflict, that medical facilities, patients and health workers are not targets.

© Paulo Filgueiras

Dr Joanne Liu, MSF International President

SPEAKING OUT

Untreated Violence: Rape, a medical emergency on the platinum mining belt

© Garret Barnwell/MSF

MSF has found alarmingly high levels of sexual violence in South Africa's Rustenburg municipality, where one in four women surveyed reported being raped in their lifetime – nearly half having experienced sexual or intimate partner violence

Women living on South Africa's platinum mining belt face startling levels of sexual violence and very few survivors report to healthcare services after rape, new research by MSF revealed. In August our report, *Untreated Violence: The Need for Patient-Centred Care for Survivors of Sexual Violence in the Platinum Mining Belt*, noted numerous barriers to accessing post-rape care, including low knowledge levels among women in Rustenburg about the benefits of receiving timely medical attention.

Using an in-depth survey of over 800 women aged 18-49, MSF found that one in four women has been raped in her lifetime, with approximately half of women reporting experiences of sexual violence or physical intimate partner violence.

The report found that women who experience rape by their partners tend to experience it more frequently – among currently partnered women, two-thirds had been raped more than once by their primary partner, with 15% having been raped "many times"; 82% of these women had been raped by their primary partner in the previous 12 months.

In the Rustenburg municipality, it is estimated that around 11,000 women and girls are raped each year. Yet 95% of rape survivors had never told a health professional about it, and only about half of those surveyed knew how to prevent or mitigate the serious health consequences of rape, including HIV infection and unwanted pregnancy.

© Garret Barnwell/MSF

Vulnerable communities

The local economy around Rustenburg is fuelled by the extraction of platinum-group metals. Unemployment is particularly high for migrant women, creating conditions that promote dependency on men who are more readily employed by mines in the area. The communities living alongside one of South Africa's biggest industries are particularly vulnerable to violence, financial dependence on others and disease.

MSF has called on the South African government to urgently roll out a comprehensive and widely accessible medical and psychosocial response that removes barriers to accessing a basic package of healthcare services for victims of sexual violence, both in the platinum mining belt around Rustenburg and countrywide.

MSF epidemiologist Sarah-Jane Steele says the report's findings show that rape is not only highly prevalent in the Rustenburg municipality, but that opportunities to reduce its more serious health impact are being missed.

"Treatment and psychosocial counselling for rape survivors reporting within 72 hours can prevent HIV infection and unwanted pregnancy, and help mitigate long-term psychological suffering," Steele says. "But the majority of women we interviewed don't know such treatment exists, services close to where they live are sorely lacking and lack of financial independence may make access difficult even when services are present."

MAKING A DIFFERENCE

Donors get *On the Move* for MSF

An interactive art-focused fundraiser, hosted in Johannesburg during September, drew attention to the plight of people who are forced to flee

Central Johannesburg's Turbine Hall was transformed on 2 September, when MSF hosted 'On the Move', an interactive art, photography, food and fashion event immersing guests in the themes of displacement and migration – issues facing millions of people in locations where MSF works today.

Event Alchemy, which sponsored the fundraiser, has had love and appreciation for MSF Southern Africa's work since the organisation opened an office locally nearly a decade ago. This regard inspired the company to help MSF reach out to more potential supporters.

"With 'On the Move', we wanted to do something impactful, but at the same time pleasant for guests," says Daniel Tomur, who is part of the Event Alchemy team.

"I feel there is a tiny thread that links me to the millions of people who have left their home, their country, their families, in search of a better life." – Luca Sola, photographer

"The idea behind the event was that guests would be on the move, and the art would drive the message home. That way they could get to experience the issues MSF fieldworkers address on a daily basis."

On entering the event, guests received a 'passport' to be stamped at various themed food stalls set up to correspond with a troubled destination where MSF provides medical care where the needs are greatest.

The overall experience was informed by the arduous journeys refugees and migrants make when moving from place to place in search of safety, home and belonging. Through informative material about MSF's work – along with carefully curated photography, artwork, fashion and food – guests were introduced to the reality of life in conflict and the hopes displaced people have of finally reaching their destination.

"We wanted to educate and inform the guests, so through the good work MSF does, guests will want to naturally take part," Tomur says.

Jonathon Rees, a guest at the event, was so inspired by 'On the Move' and an address by MSF interim general director Dan Sermand that he plans to make his company, Proof Communication Africa, a regular donor.

"MSF has always been the kind of cause I'd like to support, but I never got to the point of giving. The event provided the stimulus I needed to become an active supporter," he says.

"And the speech by Dan was a *tour de force* - a brilliant piece of live and heartfelt advocacy for the organisation."

Jazz legend Hugh Masekela headlined the night, which was presided over by comedian Joey Rasdien.

The exhibition featured works by artists including photographer Luca Sola, portraying the reality of places MSF teams encounter in their work. Sola's work - much like that of MSF - is focused on social, humanitarian and geopolitical subjects with particular reference to Italy, Africa and the Middle East.

"Being a migrant as well - even though I decided on when, where and why I moved - I still feel that there is a tiny thread that links me to the millions of people who have left their home, their country, their families, in search of a better life," says Sola.

The event featured work by Johannesburg-based photographer Luca Sola

Are you a Friend of MSF?

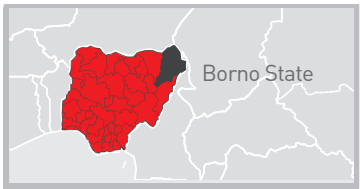
Friends of MSF (FoMSF) South Africa Societies are official student-run organisations which aim to enable medical students and others the opportunity to support MSF through awareness-raising actions and fundraising. While most students still lack the qualifications and experience required for humanitarian assignments in the field, we recognise that they can play a role in increasing understanding of MSF's work and mobilising support to enable our action.

In 2016, a total of six FoMSF societies were active at: University of Pretoria, University of Witwatersrand, University of KwaZulu Natal, University of Cape Town, and University of Stellenbosch and University of the Free State.

If you would like to get involved or start a FoMSF student society in your region, please reach out to Brett Sandler: brett.sandler@joburg.msf.org

IN FOCUS

Nigeria: Crisis in Borno State



The conflict in Nigeria's northeast Borno State started in 2009 when armed group Boko Haram launched attacks in the area. By 2014, Boko Haram controlled large swathes of territory and in 2015, the Nigerian military struck back, taking back many cities and villages. The fighting between the two sides has left some 2 million people displaced and stuck in enclaves.

MSF has been permanently present in Maiduguri, the state capital, since 2014. Today, more than 1.1 million internally displaced people (IDPs) live in Maiduguri, most of them among the host community, but others reside in camps (two informal and 11 official camps). Basic services are now overwhelmed, and a deadly nutrition emergency is taking a catastrophic toll on those who live there.

© Claire Magone/MSF

© Benoit Finck/MSF

© Claire Magone/MSF

© Benoit Finck/MSF

© Claire Magone/MSF

Left to right, from top
(1) In Gwange, a district in Maiduguri, MSF runs a tented inpatient therapeutic feeding centre with a 110-bed capacity. (2) Most of the children treated by MSF in Damboa suffer from severe acute malnutrition. (3) At MSF's inpatient therapeutic feeding centre in Gwange 387 patients were admitted in August alone, 21 of whom were children under the age of 6 months. (4) A woman returns to the IDP camp in Damboa from a nearby forest where she collects firewood. People collect as much firewood as they can - both to use for cooking, and to sell as their only source of income. (5) The former hospital in Damboa now functions as a camp for IDPs. Living conditions are poor, accommodations overcrowded, and food and sanitary conditions inadequate. (6) Part of MSFs urgent intervention action in Bama is to improve access to water and hygiene conditions in the camp. (7) In the Bama camp, home to an estimated10,000 to 12,000 IDP's, people queue for nutrition screening.

The desperate living conditions in Borno State show the devastating impact of the ongoing conflict between Boko Haram and the Nigerian military. In several locations, people have sought refuge in military controlled towns or camps where they are entirely reliant on outside aid that does not reach them.

Despite a nutrition emergency being declared in mid-2016 "there has been a serious failure to help the people of Borno," Hugues Robert, head of MSF's emergency response, explains. "We are again calling for a massive relief effort to be deployed."

In September, MSF teams managed to reach the town of Ngala, where 80,000 displaced people live in a camp cut off from the outside world. They are trapped and desperately lack food and healthcare. A rapid nutritional screening of more than 2,000 children there under the age of five found that one in ten suffered from life-threatening severe acute malnutrition.

In Gambaru, MSF teams found more than one in seven children suffering from severe acute malnutrition. The town's 123,000 residents lack basic food supplies and have no access to healthcare after the only clinic in town was burned down.

In Bama, which was also inaccessible until very recently due to insecurity, and where MSF has since been providing food and medical assistance, the situation is equally desperate.

Meanwhile, in Maiduguri, where there is no conflict and aid organisations have been able to access the population for the last two years, MSF recorded malnutrition rates in some locations as high as those seen in the conflict zones.

"The aid response has been massively insufficient, uncoordinated and ill-adapted to the needs of people who are suffering the consequences of this crisis," says Natalie Roberts, MSF emergency programme manager. "To avert an even greater humanitarian disaster, food and medical care must be delivered now to remote and accessible areas in Borno State."

OUR IMPACT

Five epidemics and what MSF did about them

Cholera, malaria, measles, meningitis and yellow fever – here is how we tackled the challenge

At the start of 2016 MSF highlighted five diseases with the potential to become epidemics: cholera, malaria, measles, meningitis and a group of often-overlooked viral and parasitic conditions. In January, MSF warned these were likely to pose an even greater threat to people's health if strategies to prevent major outbreaks were not improved. As epidemics continue to occur – often with devastating consequences in least developed countries – national health systems are depleted and thousands of lives are at risk. Through careful planning and investment in the response to outbreaks of diseases, MSF was able to help at-risk communities across sub-Saharan Africa.

© Robin Meldrum

1 CHOLERA

Cholera is a water-borne, gastrointestinal infection that causes acute watery diarrhoea and vomiting, which can lead to severe dehydration, and death within hours if left untreated.

In April, MSF launched the largest ever cholera vaccination campaign undertaken in **Zambia's** capital, Lusaka. Over half a million people received the oral cholera vaccine in an effort to curb an outbreak that began in February in the city's overcrowded townships. Prior to the campaign, more than 600 cases and 12 deaths had already been reported in Lusaka alone.

Following an outbreak of cholera in **Malawi** last December, MSF launched an oral vaccination campaign there between February and March. The six-day campaign targeted 80,000 people aged over one year, all living in communities located around and on Lake Chilwa.

In **Haiti** in October, in the wake of Hurricane Matthew, MSF teams treated people for cholera, especially in areas already suffering inadequate healthcare, water and sanitation services.

In previous years, MSF has treated cholera outbreaks in Algeria, Angola, Cameroon, the Democratic Republic of Congo, Haiti, India, Kenya, Pakistan, Papua New Guinea, Somalia, South Sudan, Uganda and Zimbabwe, constantly highlighting the need for better health education, and improved water, sanitation and hygiene services to reduce the risks of future epidemics.

© Surinyach Anna

2 MALARIA

Malaria is transmitted by mosquitoes carrying the Plasmodium falciparum parasite. Severe cases can lead to organ damage and death if left untreated.

At the beginning of May, MSF launched emergency relief in the Pawa and Boma Mangbetu health zones in the **Democratic Republic of Congo (DRC)** after overwhelmed health authorities requested support. An unusually severe outbreak of malaria had hit the area – on one night alone 141 children were admitted – and there was a lack of malaria medicine at local healthcare centres.

In response, MSF distributed close to 10,000 artemisinin-based treatments for malaria and a larger number of rapid diagnostic tests to 32 healthcare centres to ensure that the disease was treated quickly, effectively and free of charge on a local level.

In 2015, MSF treated nearly 2.3 million people for malaria worldwide – 90% of those affected by the disease live in sub-Saharan Africa.

3 MEASLES

Measles is a highly contagious viral disease, for which there is no specific treatment. In developing countries, the mortality rate can be 3% to 15%, rising to 20% during outbreaks. In areas affected by conflict health authorities are often unable to roll-out effective vaccination programmes that safeguard children up to 15 years of age.

In mid-March, measles broke out in **Niger**, affecting almost 2,000 people. MSF teams treated patients and vaccinated people to prevent the disease from spreading further.

© Diana Zeyneb Alhindawi

Teams also worked with health authorities to provide vaccinations in the Tillabéry region, near the border with Mali. Around Mangaizé, where many refugees from Mali have settled, MSF vaccinated over 15,000 people, while another campaign aimed to vaccinate 35,000 people in Abala.

In trying to prevent the epidemics from worsening, MSF's priority was to administer vaccinations in areas where displaced people came into contact with the local population.

MSF also helped health authorities prepare a strategy to manage new cases by increasing epidemiological monitoring and providing treatment support. MSF has supported 73 health centres in Niger treating patients with measles.

© Augustin Ngoyi/MSF

4 MENINGITIS

Meningitis is the inflammation of the thin membranes surrounding the brain and the spinal cord. It is most often caused by infection – bacterial, viral or fungal. Meningitis occurs throughout the world, but the majority of infections and deaths are in Africa, particularly across the 'meningitis belt', an east–west geographical strip than runs from Ethiopia to Senegal.

In western **Niger** between January and March this year, there were 1,409 recorded cases of meningitis C and 94 reported deaths. MSF teams and the local ministry of health vaccinated 254,000 people against meningitis in a campaign which ended in April, and which led to a decrease in the epidemic.

Across Niger's eight regions, MSF trained 80 laboratory technicians in 32 medical facilities and donated equipment to increase laboratories' capacity to monitor meningitis. MSF also upskilled 148 people who manage health centres and 51 medical staff on treating patients, while also providing them with equipment.

MSF vaccinated 326,100 people against meningitis in response to outbreaks in 2015.

5 YELLOW FEVER

Often overlooked, yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. Symptoms include fever, headaches, jaundice, muscle pain, nausea, vomiting and fatigue. A small proportion of patients who contract the virus develop severe symptoms and approximately half of those die within 7 to 10 days.

In August, MSF mobilised massive resources to support health officials from the **DRC** to conduct the largest ever yellow fever vaccination campaign. MSF teams vaccinated 760,000 people at risk of the virus in the capital, Kinshasa.

During May an MSF team vaccinated the entire population of Matadi (370,000 people) – a town near the border with Angola – in support to the DRC ministry of health. In the time between the vaccinations in Matadi and Kinshasa, MSF also committed 2.4 million euros in support of efforts to vaccinate over a million people against the deadly virus.

MSF also worked in **Angola** in February, collaborating with the local health ministry to support yellow fever case management. Teams directly treated yellow fever patients in the capital, Luanda, as well as in Huambo, Huila and Benguela provinces, providing diagnostics, treatment, and the training of national medical staff.

© Dieter Telemans

PERSPECTIVES

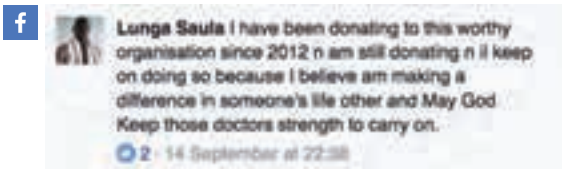
Why do #WeCare?

A look at our provocative new campaign seeking to highlight MSF's core values: that we care about patients and delivering principled medical humanitarian action despite politics, obstacles and borders

Despite frequent media coverage of humanitarian crises by the South African media, general awareness about the work MSF does is rather low, with only 26% of people surveyed saying that they know a lot about our organisation.

In response, we launched a new digital awareness-raising campaign that challenges South Africans to think about and understand MSF's humanitarian values and our approach to delivering emergency medical care around the world.

The campaign – #WeCare – is a series of simple, striking video clips and straight-talking banner adverts featured on Facebook, YouTube, Google adverts and Twitter, all delivering MSF's messages directly to South Africans digitally and most often on their smartphones.

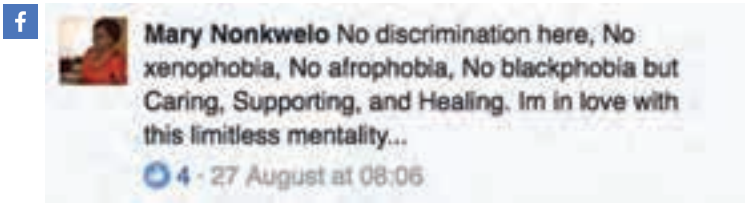


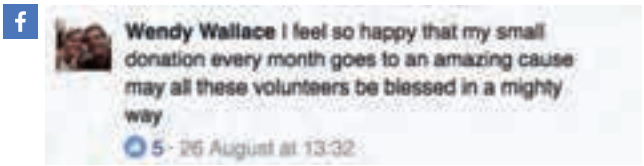
The content and messages focus on provocative and strong statements about MSF's principles, and the refusal to accept the barriers to accessing healthcare in crises, reiterating that medical humanitarian action is – exclusively – what MSF does.

Our slogans and images work in tandem to demonstrate what MSF cares about – saving lives and alleviating suffering with medical care, despite the barriers and challenges.

Since launching #WeCare in August, we have seen a great response from South Africans engaging with the campaign messages and MSF principles - more than 750,000 reactions on social media, including those featured here.

As more people become aware of MSF and the work of our teams in 69 countries, we hope many more people will join the ranks of our supporters and donors – people who enable MSF fieldworkers to continue providing treatment to people affected by disasters, conflicts, epidemics and healthcare exclusion.





FIELDWORKER FOCUS

"I did more than treat the wounded, I taught the eager"

Adeline Oliver, a 65-year-old MSF operating theatre nurse, returning after 6 months in Yemen, feels that despite the challenges of working in a warzone there is much to learn from the people she met

On the fourth floor of Taiz Mother and Child Hospital in Yemen, nurse Adeline Oliver looks out of the window: the hills before her clothed with lush trees and rich pastures. The serene view contrasts sharply with what is happening just kilometres away. In the distance, explosions echo as bombs drop.

The MSF-supported hospital is in an enclave of Taiz that is under constant attack not only by shelling from the air but also by snipers.

While Adeline's initial role was to ensure quality standards in the operating theatre, she soon found herself recruiting and training nurses to work and save lives in the busy facility.

"News reports on the war can never truly capture what Yemeni people go through. They've had to make a conscious decision to live and survive despite the conflict."

"Because of the conflict, [the nurses] didn't have work experience and certainly not much experience in the operating theatre," she says. "I had to pretty much start from scratch. I had to train them, and the situation was intense, so they had to learn quickly."

Training young nurses in such an emergency situation would have deterred many, but for Adeline it was a blessing; an opportunity to impart her knowledge and skills from 32 years of work in national and international hospitals.

"It was beautiful to watch. I was able to remove myself and watch them function as a professional team."

Set up in 2015 at the beginning of the war in Yemen, the hospital aims to provide basic medical care to those who do not have access to any. With no other functioning facilities offering quality free medical care to just women and children in the area, they have no other option but to trek through the hills of Taiz for hours just to get there.

Due to the war, many medical professionals have fled the country to seek safer working and living conditions. MSF teams therefore have to work with whichever health workers they find and the level of skill they possess to ensure that patients get the care they deserve.

"There were so many patients," Adeline recalls, talking about the lack of resources needed to be able to help everyone. She remembers one infant who developed an abscess that engulfed his body and hampered his mobility.

"When this baby was born, we noticed this medical condition - which became a huge mass within days. But there were no paediatric operating specialists in the area, and unfortunately, he succumbed to his condition. It's so sad to watch these little ones die. But we sometimes have to accept our limitations."

Despite the challenges, Adeline believes the hospital makes a difference to people in Taiz: "One mother came to deliver there, and at first she was confused, she didn't know where she was. She heard there was a hospital somewhere and had been walking for hours until someone found her and brought her in off the street."

"I met her two days later after she had her baby. She said she was displaced from her home because of the war, and was living in a tent somewhere. Her husband was elsewhere with the other children. When I explained that we offered free care, she was relieved. Things are so expensive and people have so little."

"News reports about the war can never truly capture what people in Yemen are going through," Adeline says. "They've had to make a conscious decision to live and survive despite the conflict. There isn't one local I met who hadn't lost a loved one, yet they carry on each day with a deep sense of gratitude and forgiveness."

"They have let go of attachments to material possessions, because being alive is the only 'possession' that matters. They have forgiven those who took away what they had. While many would harbour hatred, the Yemenis believe that they cannot dwell in pain."

"These are the lessons we can learn from them."

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FROM THE FIELD

"This is not an adventure, it's real life"

First-time fieldworker Talia Zongia, grew up through war and conflict in the DRC. She sees working with MSF as her opportunity to help make the world a better place, starting in hurricane devastated Haiti

"I want to change the world," Talia Zongia says matter-of-factly about her decision to join MSF. There's a resoluteness in her voice, like changing the world is a task on her 'To Do' list and achieving it is just a matter of scheduling it in.

The 32-year-old former refugee from the Democratic Republic of Congo (DRC), embarked on her first MSF assignment to Haiti in the wake of Hurricane Matthew. And she has no illusions about the difficult road that lies ahead.

"I witnessed war. I literally grew up and lived through it," Talia says. "And back then I couldn't help anyone; not because I didn't want to but because I didn't have the means to help. So working with MSF has actually given me the opportunity to do what I couldn't do in the past."

"In life, don't let your bad experiences destroy who you really are. Life is not easy; either you sit there and cry over something that will never change - or you go out and fight."

Born to a Sudanese father and an Angolan mother in the DRC in 1984, Talia was just 16 when she journeyed to South Africa as a refugee. Her family sent her away from the conflict so she could work at making a better life. "What you see in a movie is a reality for me," she says. "At the age of 12 or 13 they slaughtered my cousin in front of me. And that was war."

"Every time it rains, I can feel the shadow of Matthew breathing."

"So while some people will use this MSF experience as an adventure – saying 'let's go out and discover the world' – this is not an adventure. It's true life; this is reality."

Having fended for herself since she was 17 years old, Talia got her first job washing dishes at a restaurant in Johannesburg. From there, she moved to other retail jobs, until a customer told her about a vacancy for a French speaker at IBM. She interviewed, impressed them and landed the job. Years later and Talia has just left a post at a consulate to join MSF in Haiti to fulfil a role in finance and administration.

Talia went straight into action at the busy Nap Kenbe hospital in the commune of Tabarre in Port-au-Prince. The facility specialises in surgery and trauma care, having treated 13,000 emergency patients in 2015 alone.

"Hurricane Matthew has left a path of devastation and destruction in its wake. Every time it rains, I can feel the shadow of Matthew breathing," Talia says about the challenges that lie ahead.

"But I have met incredible doctors who always keep a smile on their face. I met a 4-year-old child at the hospital with two broken hands and feet, but he still has a sense of humour."

"In life, don't let your bad experiences destroy who you really are," she advises.

"I've been through a lot. But I don't close myself off from telling people my experiences. If I am to shut down completely, I will never improve. Life is not easy; either you sit there and cry over something that will never change – or you go out and fight."

"More Africans should really, really get involved with MSF," Talia says.

"In African communities it's about trust and understanding. If I see a picture of a black person in an MSF shirt, helping, that's a different face of MSF. You are not just showing a white person helping a black person, but black people helping each other."

"That's the way I want to change the world."

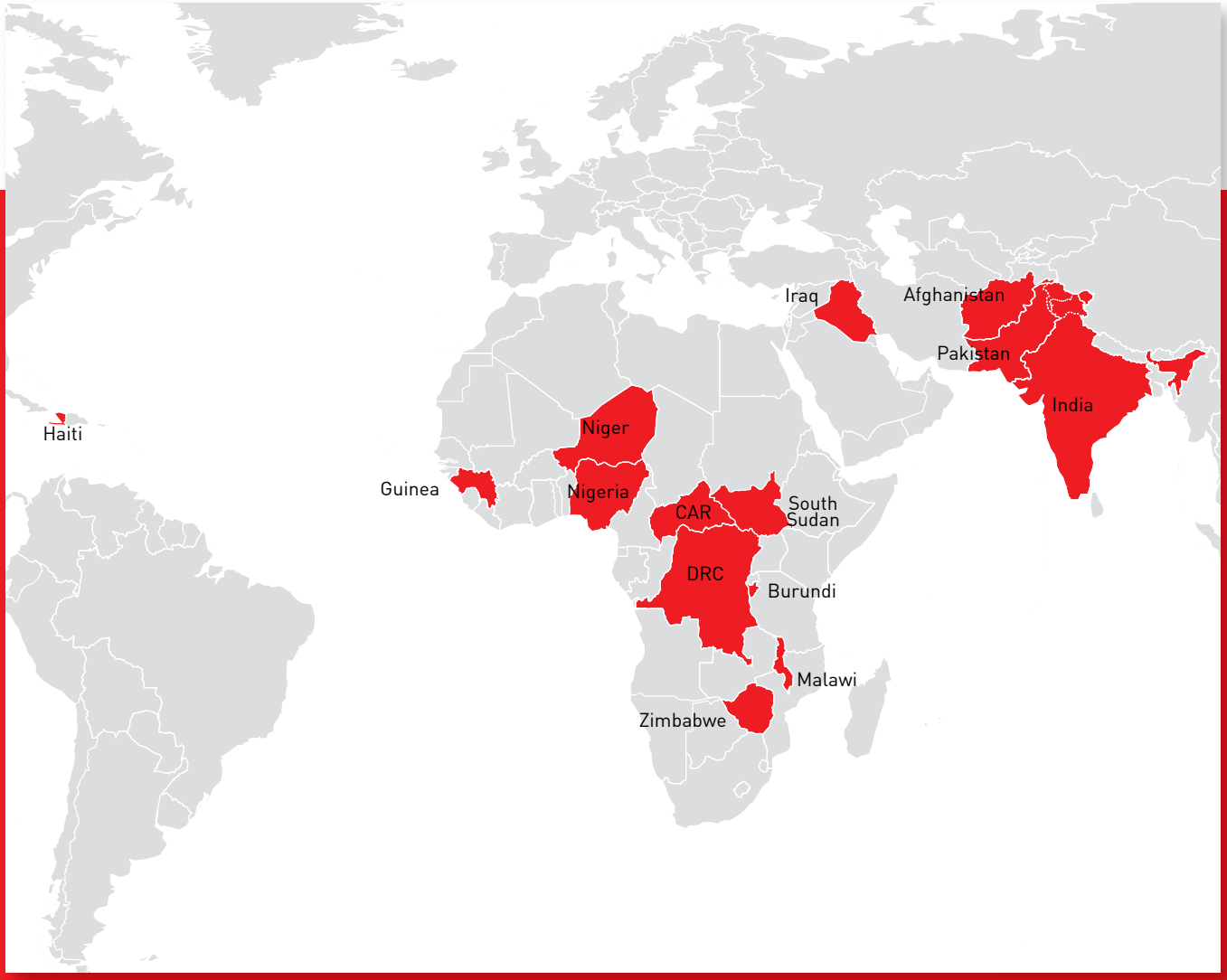
Hurricane Matthew tore through the Caribbean on October 4, devastating lives across Haiti

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

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



MSF Southern Africa: Recruits in the field

Allen Magugu, Water & Sanitation Manager - Nigeria
Andres Haynes, Logistician - Central African Republic
Anna Cilliers, Project Coordinator - Pakistan
Anne Kashung, Medical Doctor - South Sudan
Caren Asilwa, Midwife Activity Manager - South Sudan
Christine Ewoi, Medical Focal Point - Pakistan
Christine Nambiro, Midwife Supervisor - Nigeria
Clark Mushangalusa, Emergency Room Doctor - Burundi
Dodo Kibasomba, Medical Team Leader - Nigeria
Duncan Owino, Medical Doctor - Nigeria
Erick Kaluma, Nurse Activity Manager - Nigeria
Israel Mushore, Technical Logistician – South Sudan
Jean Baptiste Habiyambere, Doctor - Central African Republic
Job Ondieki, Nurse Activity Manager - Nigeria
Joyce Njenga, Midwife Activity Manager - Nigeria
Juma Wangila, Midwife Activity Manager - South Sudan
Justin Ishimwe, Mental Health Activity Manager - Iraq
Laurence Mukarugweza, Midwife Activity Manager - Central African Republic
Laurent Seale, Logistics Management Supply Coordinator - South Sudan
Laurent Siborurema, Surgeon – Central African Republic
Louis Habyerimana, Logistics Manager - Niger
Marleen De Klerk, Logistics Supply Manager - Democratic Republic of Congo
Marlen Umuhire, Midwife Activity Manager - Guinea
Matlyda Nsigaye, Medical Doctor - Central African Republic
Melusi Mabhena, Nurse Activity Manager - Nigeria
Monica Genya, Supply Coordinator - Democratic Republic of Congo
Moserrela Motimedi, Nurse Activity Manager - Zimbabwe
Nereah Aruwa, Medical Doctor - Afghanistan
Piex Uweiragiye, Medical Focal Point - Nigeria
Providence Dusingize, Midwife Supervisor - Nigeria
Rogers Musafiri, Medical Doctor - Nigeria
Ruphus Makobena, Water & Sanitation Manager - Nigeria
Stefan Kruger, Emergency Room Doctor - Afghanistan
Talia Zongia, HR/Finance Manager – Haiti
Tambu Matambo, Project Coordinator - India
Tseleng Lentsonyane, HR/Finance Manager - Nigeria
Vincent Ndichu, Logistician - Afghanistan
Virginia Kinyanjui, Medical Focal Point - Malawi