PHILIPPINES
TYPHOON
EMERGENCY RESPONSE

Urgent care for Afghanistan
NEEDS REMAIN HIGH AS CONFLICT CONTINUES
From Tacloban to Aleppo, urgent needs require attention

As this issue of The Pulse goes to press, the first Médecins Sans Frontières emergency teams have been arriving in the devastated town of Tacloban, to set up emergency medical services in the aftermath of Typhoon Haiyan in the central Philippines. Several other Médecins Sans Frontières teams are accessing other remote island regions that were among the worst hit. There is no doubt about the shocking scale of this disaster, with loss of life in the thousands, livelihoods and communities literally washed and blown away and hundreds of thousands trying to survive with nothing.

As I write today, Médecins Sans Frontières is facing massive constraints. Local medical infrastructure has gone, medical supplies washed away, and many of the local health staff themselves cannot be accounted for. Our emergency response is being hampered by more atrocious weather. Communications systems within the islands are still offline, transport into our base of operations in Cebu is chaotic, with essential supplies at risk of being diverted to Manila, and our teams already frustrated in their attempts to secure air and ocean transport to reach the affected populations. In the words of our emergency coordinator on the ground “it’s a logistical nightmare…”

Having managed emergency responses elsewhere, I know it is also the reality we have come to expect in situations of massive natural disaster. Getting access and basic information on what is going on in the first days of an emergency (even with the advanced technology at our fingertips today) is often the biggest hurdle, and greatest frustration for teams on the ground. I fully expect, as the national and international response gears up along with ours, the shortage of available transport, undamaged landing strips and freight and storage options will come under even greater pressures from those wanting to help. Emergency logistics has to be coordinated, something which often falls to the military where they can bring their logistics and engineering skills to bear. UN agencies along with the host government assume coordination of information and along with it the emergency relief sector. Often, coordinating among those arriving and wanting to help becomes as complex and time consuming as the response itself. Organisations like Médecins Sans Frontières bring an invaluable knowledge, experience and capacity into these situations, but many others, albeit with good intentions, unfortunately will not. As we saw in Haiti, the choice of who gets in first can make little sense. Indeed in the Philippines we have already witnessed the press successfully mobilised, while aid agencies on the sidelines call for access.

“It is in a large part our financial independence that enables us to plan for such contingencies as the disaster in the Philippines.”

Médecins Sans Frontières was prepared for a regional natural disaster of this kind. The Sydney office plays a role in regional monitoring and surveillance, and our teams already frustrated in their attempts to secure air and ocean transport to reach the Philippines for that essential rapid assessment phase. In fact, this is the fifth emergency we have responded to in the Philippines in the last three years. While the wake of destruction left by Typhoon Haiyan is catastrophic, we can at least be optimistic that the national and international response will be proportionately large, and despite the confusion and challenges in these situations a humanitarian response will be secured. In stark contrast to this, many others, albeit with good intentions, unfortunately will not. As we saw in Haiti, the choice of who gets in first can make little sense. Indeed in the Philippines we have already witnessed the press successfully mobilised, while aid agencies on the sidelines call for access.

I rarely use this editorial to do this, but I would like to take a moment to frankly thank all our supporters who make the work of Médecins Sans Frontières possible. It is in a large part our financial independence that enables us to plan for such contingencies as the disaster in the Philippines. We don’t waste time, we don’t have to chase emergency funds, we are not instructed where to work and what to do on the basis of ‘what the money is targeted for’. And most importantly, the many other ongoing emergencies Médecins Sans Frontières continues to manage in parallel to this horrific disaster. There is virtually no national humanitarian response across much of opposition held areas of Syria today. Nothing. There is no Government agreement to deliver aid, there are no UN agencies to coordinate with, and there is no NGO community presence at all. Another winter is approaching and a population of around two million people in opposition-held areas struggle for survival as the conflict rages on. As featured in this copy of The Pulse, the situation in Central African Republic is another catastrophic emergency, but one that is gaining very little attention, and receives completely inadequate international support. Médecins Sans Frontières contribution, as a single medical organisation, is equivalent to the entire investment of the European Union’s humanitarian response. How can such stark disparities exist in times of such acute human suffering?

Paul McPhun
Executive Director
Médecins Sans Frontières Australia
Médecins Sans Frontières in Syria: by the numbers

**SYRIA**

- 4,225 M people displaced in Syria*
- 810 Médecins Sans Frontières team members working in 6 hospitals, 2 health centres, mobile clinics
- 4,491 surgical acts by Médecins Sans Frontières teams
- 93,367 consultations, of which 40% are emergency room consultations
- 77,800 children vaccinated against measles
- 1,426 babies delivered
- 4,491 surgical acts by Médecins Sans Frontières centres, mobile clinics
- 450 Médecins Sans Frontières team members working in 6 hospitals, 2 health centres, mobile clinics

**IRAQ**

- 197,844 refugees*
- 200 health structures with Médecins Sans Frontières teams providing care to refugees
- 200 health structures with Médecins Sans Frontières teams providing care to refugees
- 40,000 consultations including mental health and antenatal consultations
- 19,200 people vaccinated

**LEBANON**

- 798,885 refugees*
- 85,511 consultations including mental health and antenatal consultations
- 1,012 war injured operated in Amman and Ramtha hospitals
- 64 health structures across Syria supported remotely with medical supplies

**TURKEY**

- 513,081 refugees*
- 412 war wounded operated in hospitals
- 412 war wounded operated in hospitals
- 18,069 consultations including mental health and antenatal consultations
- 412 war wounded operated in hospitals

**PHILIPPINES**

- 3,133,081 people affected
- 375,000 people affected
- 5,284 people vaccinated
- 16,580 births in Afghanistan in 2012
- 848,000 children vaccinated against measles
- 848,000 children vaccinated against measles
- 1,426 babies delivered

**AFGHANISTAN**

- 4.25 M people displaced in Afghanistan
- 4,491 surgical acts by Médecins Sans Frontières teams
- 93,367 consultations, of which 40% are emergency room consultations
- 77,800 children vaccinated against measles
- 1,426 babies delivered

**SOMALIA**

- Closure of Somalia projects
- Médecins Sans Frontières worked continuously in Somalia from 1991 to August 2013. Staff provided services including free primary healthcare, malnutrition treatment, maternal healthcare, surgery and epidemic response. However, ongoing abuse and manipulation of humanitarian action undermined the minimum security guarantees needed to maintain programmes. In its 22-year history, 16 médecins sans frontières staff members were killed.

**SOUTH AFRICA**

- Beating drug-resistant TB
- Extensively drug-resistant tuberculosis (XDR-TB) is a very severe form of drug-resistant TB with less than 20 per cent chance of cure. Treatment is long and painful and hindered by a lack of diagnostic tools and appropriate drugs.
Urgent care for Afghans stuck in an ongoing war

As Australia prepares to withdraw most of its military personnel from Afghanistan, conflict still takes a toll on women and children, as medical facilities remain scarce.

Fighting. Shooting. People fear for their lives. It’s a way of life that has become so normal for many women in Afghanistan.

Zukia*, aged 21, is a mother of two who lives in Khost province, eastern Afghanistan, on the border of Pakistan’s volatile tribal areas. Zukia had just fallen pregnant with her third baby when her husband was killed by a bomb blast in Kabul.

Now a single mother, she has been making difficult decisions about her pregnancy and delivery in an area where medical needs are enormous and maternal mortality is especially high. Medical facilities are few, and often expensive. Ongoing insecurity means that qualified Afghani staff from other provinces are reluctant to work in Khost and few international organisations are present. There is a public hospital in Khost city, but many women prefer not to deliver there because of insecurity or distance.

Zukia decided to deliver in Médecins Sans Frontières’ maternity hospital in Khost city, which provides free care to women and newborns, and has female-only medical teams. The 56-bed hospital also has the capacity to deal with obstetric emergencies including providing caesarean sections if needed.

“Over the coming years we hope to develop new projects in different areas… to go beyond the walls of our hospitals and really try to reach people directly in their communities.”

The conflict continues

After more than ten years of military intervention in Afghanistan, the media focus is increasingly on the international troop withdrawal timeline. But the war is not over. Afghans continue to be affected by conflict in many parts of the country. This ongoing insecurity has caused qualified health staff to leave, impeding the supply of drugs and medical materials, and prevented people from travelling to reach health facilities.

The maternity hospital in Khost has been directly affected by the insecurity. In April 2012, six weeks after it opened, Médecins Sans Frontières had to suspend activities after an explosion inside the hospital injured seven people. The hospital was closed for eight months while Médecins Sans Frontières assessed the situation and worked to secure greater support from the communities and political and religious leaders. Now reopened, the team assists around 1,000 deliveries each month.

Today, one of those deliveries is for Zukia, whose contractions have continued over the past four days. “I asked the doctor and midwives for a Caesarean section because I find it harder and harder to bear the contractions,” she says. “I am afraid of complications, but the doctor told me that I will have a normal delivery,” she says.

The doctor was right – several hours later, Zukia delivered her baby safely.

Developing new medical projects

As Australia and other foreign powers prepare to reduce their presence in Afghanistan, Médecins Sans Frontières is looking to increase activities beyond its four existing projects (see box, right).

“Over the coming years we hope to develop new projects in different areas, particularly in places outside government control, but also to go beyond the walls of our hospitals and really try to reach people directly in their communities, something that has been extremely difficult given the security situation.”

For example, Médecins Sans Frontières has recently started running mobile clinics in the outer suburbs of Kabul, providing services such as pre- and post-natal care, family planning, vaccinations and nutrition services. As Afghanistan faces an uncertain future, Médecins Sans Frontières hopes to meet the increasing medical humanitarian needs.

*Name has been changed to protect the patient’s privacy.
Crisis deepens in Central African Republic

Central African Republic’s ongoing humanitarian emergency deteriorated further following a coup in March. Increasing violence has sparked the displacement of tens of thousands of people and reduced already limited access to healthcare. Médecins Sans Frontières runs six regular and four emergency programmes in the country.

Some 28,000 people have sought refuge in Bossangoa’s Catholic Mission, where Médecins Sans Frontières is providing medical care and water and sanitation activities. People are eating, sleeping, washing and defecating in the same overcrowded space, increasing the risk of disease.

A doctor examines a small child in a hospital in Batangafo. Malaria is the most commonly seen illness in Batangafo and is the number one killer in Central African Republic.
“In the end I leave with hope… hope that violence becomes the exception to the rule and not the rule itself.”

Kate White is a nurse from Brisbane, Queensland, who has done six field placements with Médecins Sans Frontières. "In the end I leave with hope… hope that violence becomes the exception to the rule and not the rule itself." Kate White

I am currently working in Tari in the Southern Highlands of Papua New Guinea. Tari is one of the most beautiful places I have ever been. All around the town are mountains covered with trees. In the morning the cloud rolls into the valley and you can see the tops of the mountains poking through. It is so beautiful it is almost magical.

On a Saturday night towards the end of my mission, one of our logisticians asks me what my top moments in Tari have been. I think about all the experiences I have had as a medical team leader, and come up with two moments that had a real impact.

"It is seen as a woman’s fault"

The first was a patient that we received in our Family Support Centre, which offers integrated care to survivors of family and sexual violence. Basically we provide a one-stop shop where people can access both medical and psychosocial care for the injuries they have sustained from violence.

The patient was a woman in her late 30s, not that much older than me, who had been walking home from the market when a man grabbed her, dragged her into bushes, threatened her with a knife and raped her. She came to us as she was very scared about getting pregnant from the rape. She was a single mother of three and could not afford to have another child. She lived in the compound of her husband’s family even though it had been many years since she had seen him. But if they found out that she had been raped they would throw her out. In Tari it is seen as a woman’s fault if she is raped.

The most confronting part was that this was the fourth time in her short life that she had been raped. Yet her level of trauma appeared quite low. In fact one of her biggest concerns was that I was too skinny and needed to be fed. She offered to give me veggies from her garden to fatten me up. We provided her with drugs to prevent HIV and other STIs, emergency contraception to prevent pregnancy, vaccinations to prevent tetanus and Hepatitis B as well as psychosocial support. Three days later she returned to give me the vegetables and some seeds so that I could grow my own. She made me want to cry: she had gone through an incredibly awful experience yet all she could do was think of others.

"She made me want to cry: here was a woman who had gone through an incredibly awful experience yet all she could do was think of others.”

Accidental stabbing

The second moment was a patient who became much closer to my heart than I would normally allow. His name was Will. I received a call from a company in the area to say that a child had walked into their clinic with a penetrating wound to his abdomen. He was stable but needed urgent surgery and they were organizing a helicopter to bring him to Tari if we would accept him.

In addition to running the Family Support Centre, Médecins Sans Frontières also provides emergency and trauma surgery to the people of Tari and Hela province, so I immediately said yes. The surgeon and I went to the airport and finally the helicopter landed to reveal a scared looking seven year old. I picked him up and carried him to our car and he stared at me with his big brown eyes. I remember thinking that he had the most incredible eyelashes. At the hospital, we removed his dressing to reveal that his bowels was on the outside. He was taken straight to the operating theatre.

While the rest of the team was operating I tried to discover what had happened. It turned out that Will and his older sibling had been playing and he was accidently stabbed. I was not surprised because unfortunately this is an all too familiar story in Tari.

As Will recovered we built quite a rapport. The staff seemed to think it was because I was the first person he saw after he came off the helicopter, I like to think it is because I am a naturally likeable person, but we will never really know the truth. After ward rounds I would take him out in a wheelchair to ‘harass’ other people. We would create water guns out of syringes and target passers by. By the time he left the hospital, 10 days later, he was back to his old mischievous self.

Violence should not be ‘normal’

Writing this letter I had to confront the fact that what I have been seeing should not be ‘normal’. Yet during the nine months that I have been in Tari I have become that, completely normal. Violence in all forms, including sexual violence, has become normalised for the population here. But there are many people trying to change this. Not only is Médecins Sans Frontières working hard to create awareness and change but individuals are setting up safe houses for women and children affected by family and sexual violence. And gradually we see the attitude of our own local staff and patients changing.

In the end I leave with hope. Hope that more of the community will want and accept change. Hope that violence becomes the exception to the rule and not the rule itself. Hope that one day the beauty of Tari lies not only within the landscape but also with a community that has changed their society for the better.

As a medical student Gabriel had spoken about working with Médecins Sans Frontières one day, once he was a qualified doctor. So we directed people to donate to Médecins Sans Frontières in lieu of flowers. The response was overwhelming and we received over $4,000 in less than 24 hours. Since then we have continued to hold events in memory of Gabriel and have now raised over $25,000. Many people have also become regular supporters of Médecins Sans Frontières, which is a wonderful way to remember Gabriel.

When something tragic happens to any of us in Australia we have many supports to lean on, including the best medical services in the world. Our medical services even spent time and expertise, used donated blood and hospital resources just to keep Gabriel with us as long as possible so that we could gather and take our turn to say goodbye. But there are millions without the most basic medical services, let alone the luxury of a long goodbye.
Young patients grappling with an ancient disease

"Hopefully with implementation of these recommendations, more young children with TB will be diagnosed promptly,” says Dr Van Gulik.

When the drugs don’t work

Although TB is an ancient disease, an effective, well-tolerated treatment has not yet been developed. The disease is curable, but patients must take a cocktail of antibiotics for a minimum of six months. Worse still, the disease has begun to mutate with TB mycobacteria in a network to person. Half a million people worldwide are now infected with drug-resistant TB, including little Oisha. But how many more are infected is difficult to say because accurate data on drug-resistant TB among children is hugely lacking.

Improving treatments for children

Oisha has been on treatment for multidrug-resistant TB (MDR-TB) for six months, and has another 18 months to go. Luckily she has another 18 months to go. Luckily she has received support to treat, and wants nothing more than to fill the entire sheet with gold stars. “If I stop, I get a fever,” she says.

Treatment for drug-resistant TB can be extremely gruelling. Patients must endure two years of up to 20 pills a day, plus an intensive eight month phase of painful daily ingestions. Side effects include constant nausea, vomiting, severe rashes, permanent deafness, hallucinations and psychosis.

New TB treatments are in development, but research often ignores paediatric patients. While there are child-friendly formulations of TB drugs, MDR-TB drugs are completely non-adapted for children. This means adult medicines have to be broken up, carrying a risk of under or overdosing. The massive research gap also puts kids at risk of toxic effects from the medication.

For paediatricians, an increasing concern with regards to potential toxic effects are hearing loss and hyperthyroidism (underactive thyroid gland), both of which can significantly affect the overall development of a child,” says Dr Van Gulik.

Children with HIV are particularly susceptible to TB because of their compromised immune systems. Almost half of all children with TB have co-infected with HIV, and pose a particular challenge to treat.

“Fortunately, children who do get treated can be completely cured of the disease – and often have better results than adults.”

Dr Van Gulik says TB screening also needs to be available at local clinics as well as larger hospitals. “Mothers bring their children to health centres regularly for check ups, routine vaccinations and simple consultations. Ensuring TB screening occurs here is essential to pick up TB as early as possible.”
As an anaesthetist with Médecins Sans Frontières, an extremely high percentage of your day is spent doing the hands-on clinical work.

“it’s amazing how relatively uncomplicated, good anaesthetic care can have such benefit.”

In the week leading up to Pakistan’s elections there was an increase in violence with multiple bomb blasts in the area. In 2.5 days we received 68 injured patients, on whom we performed 21 operations. That’s a huge amount of casualties for a hospital with only a small staff, limited beds, and a single operating theatre. But all the people we took to surgery survived. That was a very good result under that pressure and conditions. What was done really well was the prioritisation. Médecins Sans Frontières had a great triage system which everyone followed. I actually brought all the paperwork back with me explaining the system because it was simple and effective and I think it certainly has lessons for a western hospital. Do any particular patients stand out in your memory? One of the bombing victims in Pakistan had injuries to his chest and abdomen, and was bleeding heavily from both. We’d identified him as the worst of the injured on that day. We took him to theatre, and as well as the surgery to stop the abdominal bleeding, we used a technique of retransfusing his own blood that was coming out of his chest injury. I had never done that before, but it worked – despite him bleeding out his entire blood volume he survived. He was well enough to leave hospital in less than a week.

Had you always wanted to work with Médecins Sans Frontières?

Like many doctors I’d always thought I’d do it at some stage, but it wasn’t until I met a Médecins Sans Frontières anaesthetist that I thought ‘maybe’ I could really do this. I looked at the website and realised that the requirements were within my experience and that the time commitment was manageable. It’s generally a six week placement for surgery and anaesthetics, which means I’m able to keep my family life and normal career. My plan is to keep doing one field placement each year. Major surgical procedures each year.

Would you say to other anaesthetists considering this work?

One motivating factor is that the patients are all emergency cases, usually young, with conditions that are readily curable by surgery. It’s amazing how relatively uncomplicated, good anaesthetic care can have such benefit. There are challenges of course – expensive drugs, high-tech equipment, and post-op critical care wards are not usual. But the anaesthetist on a mission like this does amount of medical knowledge, and the surgical environment is the only one we work in that curative surgery is a priority. This is important for the patients who are primarily women requiring emergency obstetric care. Anaesthetists play a crucial role in this. Médecins Sans Frontières is the only NGO that supports a good anaesthetic care for women in a high percentage of cases.”

Dr Colin Chilver is an anaesthetist from Launceston who recently returned from a placement in Pakistan.

Could you describe your work in Nigeria?

Your role involved a lot of hands-on clinical work. One of the things I like most is that fixation of fractures. I was a bit surprised to find that procedure available, as it involves fixation of fractures. One is day spent doing the hands-on clinical work. One of the things I like most is that fixation of fractures. I was a bit surprised to find that procedure available, as it involves fixation of fractures. One of the things I like most is that fixation of fractures.

Frontières an extremely high percentage of your day is spent doing the hands-on clinical work

One of the things I like most is that fixation of fractures.
AID WITHOUT AGENDA

COMPASSION WITHOUT PREJUDICE
ACTION WITHOUT SILENCE
DOCTORS WITHOUT BORDERS

Doctors Without Borders provides medical aid to people based on need and irrespective of race, religion, gender and political affiliation.

NOT WITHOUT YOU. MSF.ORG.AU | MSF.TV