

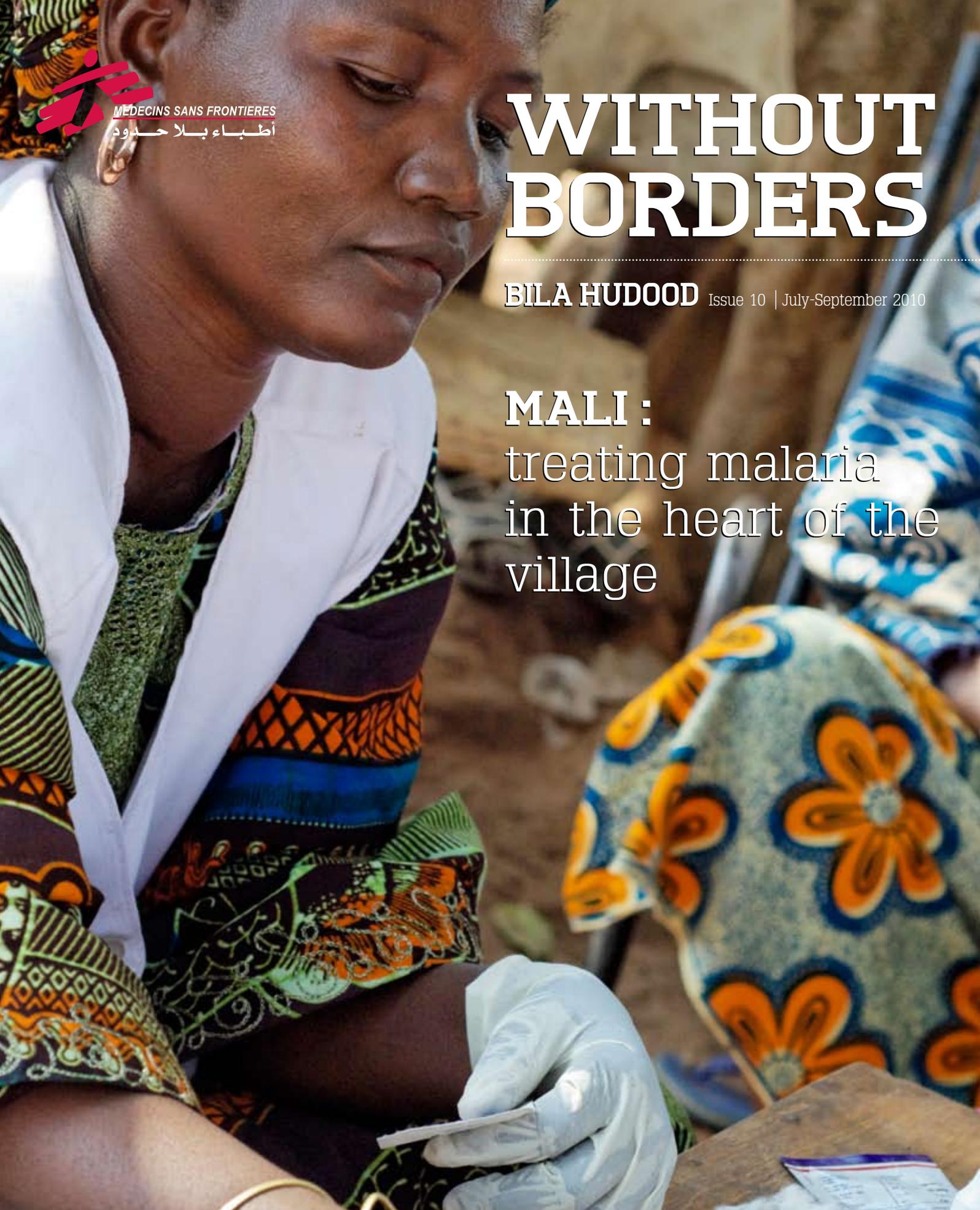


MEDECINS SANS FRONTIERES
أطباء بلا حدود

WITHOUT BORDERS

BILA HUDOOD Issue 10 | July-September 2010

MALI: treating malaria in the heart of the village



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We measure aid by humanitarian standard

In conflict areas, Médecins Sans Frontières (MSF) never works alongside, or partners with, any military strategy; our complete independence and neutrality is what negotiates our access to populations in need of emergency medical assistance.

It is in this light that MSF strongly objects to a recent statement made by NATO Secretary General Anders Fogh Rasmussen during a visit to Afghanistan in which he implies that NGOs should be the “soft power” component to a military strategy.

Statements like these from NATO create additional risks to our patients and staff, by suggesting that medical work is part of a military strategy.

When MSF returned to Afghanistan in 2009 as the conflict escalated, it was with the objective to provide

immediate and accessible health care to people trapped in conflict zones. To reach that objective, MSF has negotiated with all warring parties, Afghan and International security forces and opposition groups alike, to keep their weapons out of the hospital compounds where MSF is working in Kabul and Lashkargah. Only then do people in need of medical assistance feel secure enough to enter the health facilities, as the absence of all military means that the structures will not be attacked by either side.

The suggestion by Mr. Rasmussen that civilian organisations such as MSF should in any way collaborate, or provide “soft power” to the NATO forces, endangers this understanding and makes the hospitals, patients and staff more likely to be targeted by the opposition forces.

Mr. Rasmussen suggests that Afghanistan should be the “proto-type” for engagement between NATO and NGOs. MSF calls on Mr. Rasmussen, as well as all other parties involved in the conflict, to respect the necessary distinction between political and military objectives, and independent medical humanitarian assistance.

In the words of Christophe Fournier, MSF’s International President, in his December 2009 speech to NATO

“...we measure aid by humanitarian standard. That standard is whether aid meets the vital needs of those civilians most in need, across the entire country, and not whether aid meets other objectives.”



Marc Sauvagnac
Médecins Sans Frontières (MSF)

What is MSF?

Founded in 1971 by doctors and journalists, Médecins Sans Frontières (MSF) / Doctors Without Borders is an international medical humanitarian organisation.

MSF is neutral and impartial, delivering emergency medical care to people caught in crisis regardless of race, religion, or political affiliation.

MSF is independent from any political, economic or religious power. Ninety percent of MSF’s overall funding comes from private sources, not governments.

MSF is transparent and accountable. Every year, MSF provides detailed activity and financial reports including audited and certified accounts.

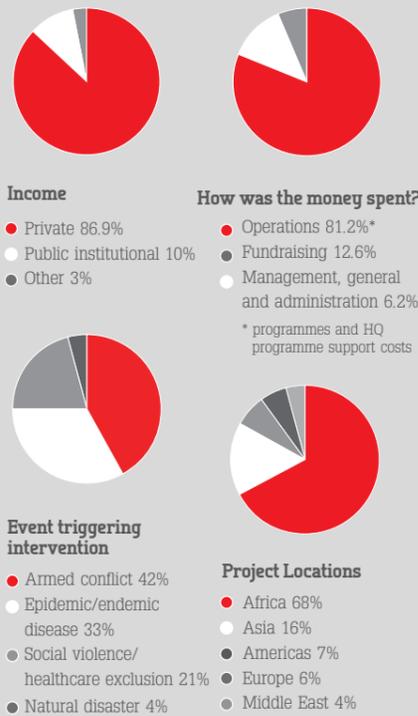
MSF controls the entire chain of its medical services, from the independent assessment of needs to the delivery of medical care, and does not subcontract to other organisations.

In 1999, MSF received the Nobel Peace Prize

In 2002, MSF received the Emirates Health Foundation Prize

In 2004, MSF received the King Hussein Humanitarian Leadership Prize

MSF in numbers



Shattered lives: sexual violence and migration



MSF has been dealing with cases of sexual violence ever since it began working with Sub-Saharan migrant women in Morocco. However, since July 2009, the number of cases has increased. Between May 2009 and January 2010, one out of three women treated by MSF in Rabat and Casablanca admitted having been subjected to one or more sexual attacks, either in their country of origin, on the journey or in Morocco. This figure could be even higher, as some women did not want to talk about what happened to them. MSF has released a briefing paper, Sexual Violence and Migration: the hidden reality of Sub-Saharan women trapped in Morocco en route to Europe, highlighting these issues. Through the data and testimonies gathered in its medical-humanitarian projects, MSF hopes to contribute to finding a comprehensive answer to this problem which increasingly affects more, and younger, women.

Like other transit countries, Morocco is under pressure from the European Union (EU) to control migration. Increasingly restrictive EU policies are forcing Sub-Saharan migrants to embark on longer, more dangerous journeys and leaving them blocked in Morocco, unable to reach Europe or return to their countries of origin. They live in precarious conditions, feeling hopeless and worried.

MSF has witnessed the direct impact of this on the physical and mental health of migrants and asylum seekers. MSF gathered testimonies from 63 patients, of whom over 21% were minors. These testimonies illustrate the extreme vulnerability of women not only throughout their journey, but also on the border with Algeria, and once they are in Morocco.

Such is the case of T.D., a 19-year old woman arrested going to the market in Oujda and transferred to the police station where there were another 28 Sub-Saharan migrants. The entire group was deported and returned to the border in the middle of the desert that evening. While she was walking with three men and three women, a group of bandits attacked them. “The women were all raped by three bandits, one after the other,” she explains.

“The Moroccan Government needs to improve the care provided to Sub-Saharan migrants victims of sexual violence in their territory,” says Alfonso Verdú, head of MSF operations. “European Union countries need to be aware of the serious consequences their increasingly restrictive migration and asylum policies have on the health and safety of migrants, particularly the most vulnerable, women and young girls. A comprehensive response is needed which includes social, medical, psychological and legal support.” The full MSF report is available online.

MSF began working with Sub-Saharan migrants in Morocco in 2000, carrying out healthcare projects and seeking to improve living conditions in Tangier, Casablanca, Rabat and Oujda. MSF complements its medical action with advocacy activities such as lobbying authorities and other actors to assume responsibility for protection of and assistance to migrants. MSF emphasises the obligation to provide access to healthcare to Sub-Saharan migrants and ensure respect for their dignity.

Between 2003 and 2009, MSF carried out 27,431 consultations. In addition, more than 7,500 people were accompanied and referred to Moroccan health facilities in close collaboration with the country’s Ministry of Health.

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Fatoumata Traoré
© Barbara Sigge/MSF



IRAQ

© MSF Despite the difficult security situation in Iraq, an MSF surgical team composed of Iraqi doctors started to work in the General Hospital of Hawijah in Kirkuk governorate at the beginning of January. It is the first time since the outbreak of the war that MSF has been able to directly treat patients in this part of the country.

Although overall levels of violence in Iraq decreased during 2009, highly volatile areas remain according to MSF's forthcoming International Activity Report. Bombings and assassinations continue in many regions, and dozens are killed or wounded every week. Although many health facilities function inside of Iraq, the quality of care has been undermined by a shortage of staff, and there has been no upgrading of skills since the early nineties. As in previous years, MSF could not give direct assistance to the most affected areas in 2009 due to security constraints. However, MSF still worked to provide aid from more secure parts of the country or from the outside, especially Jordan.

MSF is continually assessing the possibility of providing further medical assistance to the Iraqi people and weighs this possibility against maintaining staff security. Here, two of MSF's current projects and programmes are described.

A HOSPITAL IN HAWIJAH

Following the outbreak of war in Iraq in 2003 and the collapse of the Iraqi regime, violence peaked during 2006 and 2007, with Anbar, Baghdad, Diyala, Kirkuk and Ninewa being amongst the worst affected areas in the country.

MSF began working in Kirkuk governorate, at the height of the violence in 2007, with a project to provide medical support to the main hospital in the city.

The project in Hawijah

MSF started the project in Hawijah in 2008, by providing medical supplies and renewable drugs to the Hawijah General Hospital and a major Primary Health Care Centre (PHCC), in response to periodic shortages. In the case of emergencies and mass casualties, MSF also provided emergency medical kits.

With a population of around 450,000, Hawijah is the biggest district in Kirkuk governorate. However, as Dr. Tamim, the Head of Medical Activity in Kirkuk says, "The only hospital serving the population is the Hawijah General Hospital consisting of 80 beds".¹

The declining security situation and subsequent flight of medical personnel has also led to a huge gap in essential hospital staff, which affected the capacity of medical structures to provide services.

Prior to MSF's current project, Hawijah Hospital was closed from Friday to Sunday – leaving the local community without any emergency care on these days. Furthermore, doctors often left Hawijah General Hospital in the early afternoon. Patients needing emergency care, therefore, frequently faced a lengthy and dangerous journey to Kirkuk city.

"This is an 80-kilometre trip and the road is very bad – with about 17 checkpoints to be crossed and lots of military, it can take hours. It is too long a journey for any patient in a critical condition", states Dr. Rashid, an MSF anaesthetist in Hawijah.

MSF has recruited Iraqi doctors to fill the gap in hospital care. It is the first time an international NGO is able to work in the area, allowing for life-saving operations to begin.

An emergency surgical team

The MSF surgical team in Hawijah is composed of a general surgeon and two anaesthetists. They have helped the operating theatre to function around-the-clock since the project began in early January 2010. "We have been able to double the number of surgical procedures and surgeons have started to come back to the hospital, due to the presence of qualified anaesthetists", Dr. Tamim asserts.

"Our team alone has participated in over 500 surgeries since the start of the programme, with the majority being on an emergency basis," he adds.

Other needs, nonetheless, still persist – many medical instruments are old and poorly maintained. Dr. Rashid affirms that "the generator does not work reliably and we are sometimes forced to use manual ventilation for anaesthesia".

Despite ongoing challenges and the poor security situation, the MSF programme in Hawijah is viewed favourably by local people, according to Mourad, the Assistant Field Coordinator: "Everybody here knows about MSF and their activities in the hospital and they really appreciate the assistance provided to the people of Hawijah. MSF is giving them a lot of hope".

MSF is providing medical care to the Iraqi people throughout the country, despite the ongoing violence, which has made it difficult for MSF staff to be present in Iraq. Since 2006, MSF has implemented programmes in Anbar, Basra, Baghdad and in the northern governorates of Kirkuk and Ninewa. MSF has developed activities in the field of surgery, mental health and emergency medicine. MSF has also established a programme offering reconstructive surgery for the Iraqi war wounded in Jordan. All MSF programmes in Iraq are 100% privately funded.

¹ Names of all MSF staff quoted in this article have been altered for security reasons

■ We have been able to double the number of surgical procedures and surgeons have started to come back to the hospital, due to the presence of qualified anaesthetists. ■

MENTAL HEALTH IN IRAQ

Dr. Said Fliti is an MSF medical co-ordinator working on a mental health project in Iraq. We asked him to tell us about his work, starting with the origins of the project.

From 2006 to 2009, MSF was providing medical humanitarian assistance to hospitals in the Anbar and Baghdad provinces of Iraq, some of the areas most affected by violence. This programme, supported remotely from Jordan, included drug and equipment donations, training for doctors and nurses, and an awareness campaign for emergency management and mental health care.

During this time, we identified mental health as one of greatest needs in Iraq. The high level of insecurity people face on a daily basis is one of the main factors underlying mental health problems. Everyone is affected either directly or indirectly, because it results in low mood, sleeping problems, anxiety and anger, irritability, social and functional impairment.

We addressed this need by opening counselling services within the Iraqi Ministry of Health hospitals. We currently have two counselling units operating and we hope to expand the services in the coming months. The Unit is composed of a multidisciplinary team, including a psychiatrist, counsellors (with backgrounds in either nursing or psychology) and an administrator. The team is trained in Amman in basic counselling at the beginning and the following trainings are adjusted to needs according to caseload. In addition to mental healthcare, MSF is working in other areas of Iraq to meet other health needs.

In our services we have been receiving more women than men, and children, to a lesser extent. Anxiety, depression and domestic violence are the main complaints. One of our success stories was a 9-year-old girl brought in by her parents to our service in Baghdad. The girl could not speak. It became clear that she had no physical illness, but had lost the ability to speak as a reaction to

a traumatic event after witnessing a rocket attack on her school which left many of her school mates killed and others wounded. After completing three counselling sessions she was able to speak again. Because this case reflected good quality and outcomes, it helped support the credibility of our service – credibility is important as counselling services are quite new in the Iraqi context.

The main challenges remain the remoteness of the programme due to the high insecurity and the mental health stigma among both the population and the medical community. We hope to address both challenges within our programming by being more proximate and by running community awareness programmes.

We hope our community awareness programmes will help to reduce the stigma by helping people to understand that the symptoms and signs can be common and that our services can address and reduce their suffering. It is important that people know they can seek help. With the Iraqi Ministry of Health support and by demonstrating a well-functioning counselling service MSF can lobby for replicating these services.

INDIA:
One victory, but bigger battle ahead

The Indian Patent Office has rejected the product patent it had previously granted to pharmaceutical company Roche for the drug valganciclovir. Valganciclovir is primarily used to treat and prevent an infection caused by cytomegalovirus (CMV) in organ transplant patients, but CMV also affects people living with HIV and, left untreated, can cause blindness and death.

The Office's decision helps secure generic competition for drugs, the only proven means of reducing the prices of medicines to make them affordable to those in need. At the same time, however, the European Union (EU) and India are in closed-door negotiations on a free-trade agreement (FTA) with potential negative consequences for generic competition.

"This is one victory for access to medicines, but we have to be careful not to lose an even bigger fight," said Leena Menghaney of MSF's Access to Essential Medicines Campaign. "If the country agrees to introduce stricter intellectual property provisions such as data exclusivity as a part of these talks (with the EU), this would allow companies to create new monopolies on medicines - even where patents have been rejected as in the present case."

We will continue to follow this issue in future editions of Without Borders.

Sierra Leone:
Free healthcare welcomed

The Sierra Leone government has announced a policy of free healthcare for pregnant women, breastfeeding mothers, and children under five. MSF welcomes the government's commitment to the new policy as MSF's experience in Sierra Leone and other poor countries has shown that patient fees act as a major barrier to accessing life-saving healthcare. The number of children diagnosed and treated for malaria increased tenfold after MSF made healthcare free of charge - even when the fees previously requested were very low.

Nonetheless, the implementation of free care is a challenging task. "The policy can only become a reality if the necessary drugs, equipment and health workers are consistently available even in the most remote health structures."

"MSF has witnessed the efforts made by the Sierra Leone authorities in making the implementation a success," said Stuart Zimble, MSF's Head of Mission in Sierra Leone. "We also hope that they will receive appropriate and continued support from aid partners so that the policy will translate

into better access to health care for the people who need it the most," he said.

MSF has been working in Sierra Leone since 1986.

Zambia:
Cholera outbreak worst for many years

In Zambia's capital, Lusaka, MSF has responded to the worst cholera outbreak in the country for many years. Besides treating cholera patients, MSF teams provided over 500,000 litres of chlorinated water per day in the affected neighbourhoods, disinfected the homes of cholera patients and provided chlorine for treating their water. MSF also supported a team of drainage diggers removing flood waters. In addition, more than 100 volunteers worked with a drama group to conduct outreach educational activities.

Cholera is endemic in Zambia and in the past years, Lusaka has seen repeated outbreaks during the rainy season. "Much more has to be done by the authorities in the short term to improve cholera response preparedness and to avert the needless loss of so many lives each year," said Luke Arend, MSF's Head of Mission in Zambia. "There is also a need for political commitment to long-term infrastructural investment in drainage, sanitation and water provision in these unplanned peri-urban areas of Lusaka."

MSF has been working in Zambia since 1999. In this cholera emergency intervention, 17 international staff worked alongside more than 500 Zambian colleagues in Lusaka.

Gaza:
Donations of fuel

On 15 April, five international organisations, including MSF, were alerted to a fuel shortage which threatened to close the activities at the Gaza European Hospital, one of the biggest public health structures in the Gaza Strip. In response to the shortage - a result of the economic embargo imposed by Israel on the Gaza Strip - the hospital had already preventively closed all its services except the intensive care unit and laboratory. MSF and other organisations were able to respond with donations of fuel.

MSF employs 107 Palestinian staff in the Gaza strip and 5 volunteers from other nationalities. MSF has been present in the Gaza Strip since 2000. In the Palestinian Territories, MSF does not accept funding from any government and relies solely on private donations from the general public from all over the world to carry out its medical work.

In brief: vaccinations campaigns

In Niger, MSF has supported the Ministry of Health to vaccinate nearly 400,000 children and young adults against meningococcal meningitis after a drastic rise in meningitis cases was reported.

A mass vaccination campaign against measles was launched in N'Djamena, Chad, after more than 3,550 cases of measles were declared between January and March. An emergency response was organised in close collaboration with Chadian authorities and at the time of writing, around 480,000 children had been vaccinated.



kala azar:
treating a deadly disease

© Jan Sibik. In West-Pokot, Kenya, people from the Pokot tribe are nomads: men move with the cattle, women stay with the children, take care of them and of the food and household. Their way of life is connected with kala azar: the sandfly transmitting the disease lives in termite hills where men stay with cattle or in house cracks they build for families.

It is largely unknown in the developed world, but kala azar, a parasitic disease caused by sandfly bite, kills around 50,000 people per year. The disease principally affects poor communities in isolated regions, often as devastating epidemics. MSF treats patients with kala azar in many contexts and, to expand the numbers of people who benefit from treatment for this deadly disease, continues to advocate for more research into suitable diagnostic techniques and affordable and tolerable drugs.

In Kenya, 2 year old Pkorir had been treated first for malaria and then for typhoid fever, but there was no improvement in his condition. In fact, he seemed to be getting worse. His mother, Chemakeu heard about an MSF clinic in Kacheliba, about 100 kilometres from her home. Chemakeu took her child to the clinic where he was diagnosed with, and treated for, kala azar.

In the remote village of Tabarak Allah in Sudan's Atbara region, one of the most affected regions in the world, a new kala azar treatment centre has just been opened. Within the first two months of its opening, a joint MSF and Ministry of Health team treated 400 patients.

"Before MSF's arrival, we didn't have enough drugs. Only those who could afford it would travel and stay one month in remote towns to get a treatment,"

explains Dr Abubakar, Ministry of Health medical doctor working in Tabarak Allah Hospital. The treatment consists of a daily injection for a period of 30 days. The cost of the first-line drug is about 50 dollars per treatment. It is now provided for free in the public hospital where MSF is working.

Ammar Omar Abdu Dana, nine years old, had just passed some exams two days before coming to the centre. He has been diagnosed with kala azar and will begin treatment immediately. "After two hours of walking Ammar was so tired that he could no longer continue on his feet, so I rented a donkey and put him on it until we reached Tabarak Allah Hospital," said Ammar's father. "MSF's Kala Azar Treatment Centre is very popular."

This is something MSF is trying to change by encouraging the use of simple, easy to use Opti Leish diagnostic tests. "Anybody who can do a finger prick, who knows how to keep time and how to count drops can use this test," explains MSF doctor Dagemlidet Worku. "The results come through in 20 to 25 minutes and are thought to be around 97 percent accurate in terms of sensitivity and specificity." The tests are used by MSF in the Kacheliba clinic and some health centres in the region, but need to be much more widely used if real progress is going to be made in diagnosing this silent killer.

MSF also works in collaboration with the Sudanese Ministry of Health, and other institutions, to conduct research to improve the treatment and diagnosis of kala azar. MSF will assist in training Sudanese health professionals and is already providing the drugs and medical supplies needed to treat this deadly disease. MSF will be building and equipping a laboratory, delivery room, and inpatient departments for kala azar patients, in order to improve medical activities in the government hospital.

Tough treatments

Many of the available drugs for treating kala azar have drawbacks, including the length of treatment, toxicity and cost.

Although simpler ones are available, diagnostic tests for kala azar can be invasive and potentially dangerous, and require lab facilities and specialists not readily available in very poor areas. The most common form of treatment was developed in the 1930s, requiring patients to spend 30-40 days in a hospital or as outpatients receiving painful intramuscular injections of sodium stibogluconate (SSG).

In Bihar, India, where more than 60 percent of kala azar cases are resistant to SSG, MSF is treating patients with liposomal amphotericin B. The treatment is safe and highly effective, but is prohibitively expensive. Cheaper, safer and more practical drugs are needed to improve patients' access for this forgotten disease. MSF is campaigning for more research into suitable diagnostic techniques and affordable and tolerable drugs.

"When we first came to the clinic he was really sick and I had no hope." Chemakeu, mother of two year old, Pkorir, a kala azar patient in Kenya

"The number of cholera cases is by far the highest recorded in the last decade."
- Luke Arend, MSF's Head of Mission in Zambia.



©Robin Meldrum/MSF
Cholera treatment centre, Zambia

"I honestly thought he would not survive"



© Fiona Fisher/MSF Vanlalsiam, April 2010

The first photo was taken in November 2009, and I honestly thought he would not survive. He was very unwell with chronic diarrhea, poor appetite and severe pulmonary tuberculosis (he had an appalling chest x-ray). It was hard for MSF to decide whether it was multi-drug resistant TB or whether it was resistant HIV. He was so weak that it was difficult to get a sputum sample to test for multi drug resistant TB, but when his HIV viral load came back as extremely high we hedged our bets and went with HIV resistance. This meant changing his regime to an unusual 2nd line regime (that needed extra tablets to overcome the interaction with other medication he was on for tuberculosis).

The second photo was taken at a follow-up appointment at MSF's town clinic in Churachandpur in April 2010, and I could barely believe it was the same child. His grandmother is so grateful, and clearly spoils him rotten (he was eating a big bag of crisps!). She now walks him several kilometres to school each day and waits there until after class to walk him home again. When I last saw him, he was happily playing with his classmates like an average healthy 11 year old boy.

In the north-eastern state of Manipur, MSF runs four clinics providing basic healthcare, HIV and TB treatment and counselling as well as maternity services. In 2009, MSF provided over 31,000 basic health care consultations. Pregnant women living with HIV were provided with anti-retroviral therapy for their own health and to prevent transmission of HIV from mother to child. MSF is treating over 400 HIV patients with anti-retroviral drugs.

Fiona Fisher, a medical doctor working for MSF in Manipur, India tells the story of Vanlalsiam.

Vanlalsiam is currently 11 yrs old. His parents and two siblings have all died (we assume due to HIV/AIDS) and so he is cared for by his grandmother. He has been attending MSF's Singngat clinic here in Manipur since 2008, having started antiretroviral and antituberculosis treatment with the Ministry of Health but not getting any better. MSF changed his treatment slightly, but he still didn't improve. He deteriorated and was admitted to a Community Care Centre in Churachandpur supported by MSF who provides drugs and materials and staff - one of our national staff doctors and our expat HIV/TB doctor do a ward-round with the doctor three times a week.

Haiti after the earthquake: the first four months



© Michael Goldford/MSF

Staff	3,324
Operating theaters	15
Number of beds	1,192
Patients treated	136,918
Surgical interventions	7,677
Patients treated, post-operative care	14,664
Patients treated, violent trauma	1,641
Patients treated, non-violent trauma	11,172
Patients treated, mental health	68,970
Patients treated, sexual violence	146
Non-food item kits distributed	40,547
Tents distributed	28,313
Number of fixed sites	20
Number of mobile clinics	4
Water distributed / day in cubic metres	714
Latrines built	803
Showers built	200

MSF figures as of 12 May 2010

MSF's operational expenditures

In an extraordinary display of public support, MSF offices worldwide received private donations amounting to more than €87 million to support the victims of the earthquake in Haiti. MSF is extremely grateful for this generosity, as these funds have allowed our teams to bring medical, psychological, logistical, and water and sanitation assistance to the most affected people and help them recover from the devastation.

Based on available information, MSF currently estimates that it will spend approximately €70 million in 2010 and as needs remain immense, expenditure will continue over the following years. Expenditures are based on current and projected needs. MSF will continue to focus its activities within the organisation's competency and capacity in order to provide medical assistance to the Haitian people as long as it is required.



© Paul Cabrera/MSF

”عاملون ضد الملاريا“ في مالي

في جنوب مالي، يصبح مرض الملاريا مشكلة كبيرة خلال موسم الأمطار الذي تمتد فترته من يونيو/ حزيران لغاية ديسمبر/ كانون الأول.

Mali's "malaria agents"

In the south of Mali malaria is a major problem during the rainy season between June and December.

© باربارا سيغ/منظمة أطباء بلا حدود. في منطقة كانغابا، تدرب منظمة أطباء بلا حدود أهالي القرى لكي يصبحوا "عاملين ضد الملاريا". حتى الآن، كانت فاطوماتا تراوري تزرع الخضار في قرية ديغيلي. ومنذ ستة أشهر، تقوم بتشخيص وعلاج الأطفال المصابين بحالات بسيطة من مرض الملاريا في قريتها.

© Barbara Sigge/MSF. In the region of Kangaba, MSF has trained villagers to work as "malaria agents". Until recently, Fatoumata Traoré was growing vegetables in the village of Deguela. For the past six months she has been diagnosing and treating children with simple cases of malaria in her village.



© باربارا سيغ/منظمة أطباء بلا حدود. فحص سريع، توضع قطرة الدم على شريط اختبار صغير. تظهر النتيجة بعد خمس عشرة دقيقة. يشير الخطان الأحمران في النافذة الصغيرة إلى أن المريض مصاب بالملاريا.

© Barbara Sigge/MSF Rapid test: a drop of blood is applied on a test strip. The result appears after about fifteen minutes. Two red lines on the small window indicate that the patient has malaria.



© باربارا سيغ/منظمة أطباء بلا حدود
© Barbara Sigge/MSF



© باربارا سيغ/منظمة أطباء بلا حدود. أخذت عمه كاندا كوني البالغ من العمر خمس سنوات إلى العيادة لأنه ليس بخير. تشير العلامة بأنه مصاب بالملاريا.

© Barbara Sigge/MSF His aunt brings Kanda Koné, five years old, because he is unwell. The finger prick shows that he has malaria.



© باربارا سيغ/منظمة أطباء بلا حدود
© Barbara Sigge/MSF



© باربارا سيغ/منظمة أطباء بلا حدود. تعطي فاطوماتا المريض أول جرعة له من الدواء مباشرة. تقوم بتخويب حبة الدواء في المياه ليتمكن من ابتلاعها بشكل أسهل. ثم تعطي لعمته حبتين إضافيتين للمنزل. في غضون يومين، يشعر بتحسن ويلعب من جديد.

© Barbara Sigge/MSF Fatoumata gives him his first dose of medicine straight away. She dilutes the pill in a bit of water so that he can swallow it more easily. Then she hands his aunt two more pills to take home. After two days he is feeling much better and playing again.



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