

WITHOUT BORDERS

Issue 35 | January – March 2017

MEDICAL AID WHERE IT IS NEEDED MOST. INDEPENDENT. NEUTRAL. IMPARTIAL.



2016: A YEAR IN PICTURES

Yemen

Life at war

Palestine

Working in Gaza
and Nablus

Jordan

Non-communicable
diseases

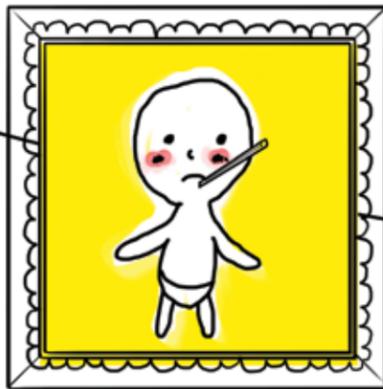
Iraq

The aftermath
of Mosul

OUR WISHES FOR ☆

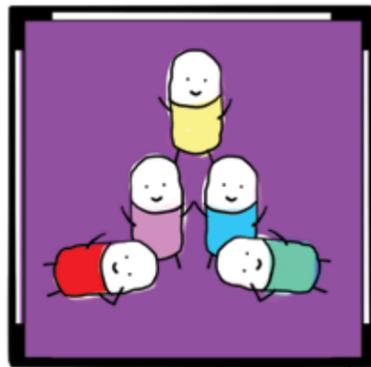
2017

1



Better tests for quick and effective diagnosis of childhood killer diseases

4



Increase access to new TB drugs like delamanid and bedaquiline.

3



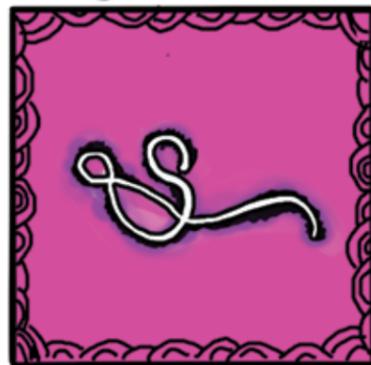
Shorter, tablet-only treatment to make it easier to cure people with sleeping sickness

2



Pneumonia vaccine for \$5/child for all developing countries

5



A vaccine to protect against all strains of Ebola and related viruses



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WELCOME



The past year was, once again, one of turbulence, and of far-reaching change. While we meet some of these changes with trepidation, others are welcomed with joy and relief, and we may take comfort from the fact that while we are on new ground, many certainties remain. Our principles remain, our compassion remains.

2016 was significant for MSF. We continued to provide independent, emergency healthcare for those in need, despite continued attacks on hospitals and patients; we rescued an unprecedented number of people from the Mediterranean Sea in our search and rescue operations; and we campaigned successfully to reduce the price of medicines for those most in need. It bears mentioning that in responding to the refugee crisis in Europe, we find ourselves conducting field operations in economically-developed European states, something that would have been hard to imagine until recently.

We must grieve for Aleppo, and the plight of Syrians everywhere; for all those lost, drowned and imprisoned in their desperation to flee; for the hardening attitudes of powerful men and women at the lives of so many. But we must also consider the many triumphs of 2016, the lives saved from epidemic, war and famine.

One significant victory was the end of the Ebola epidemic in West Africa, an outbreak that has claimed more than 11,300 lives since 2013. People in Guinea, Liberia and Sierra Leone endured and eventually prevailed in a brutal end exhausting battle against the disease. In 2015, our colleague Dr Javid Abdelmoneim recounted his experience in responding to Ebola, and he spoke of the "sacrifice, courage and bravery" of the national staff who faced fear and even death, but never left and never gave up.

When I reflect on the challenges of the past year, I find inspiration in the resilience of our patients and staff, and I take strength from our donors and supporters from around the world, without whom our work would not be possible.

To all our patients, staff and supporters, I say thank you.

Yours sincerely,



Mohamed Bali
Executive Director
Médecins Sans Frontières UAE

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Printed by Al Ghurair Printing and Publishing LLC

Front cover photograph:

A woman and her baby look out from the SOS Aquarius as they come into port. © Yann Merlin

MSF has been in the UAE since 1992 under the patronage of His Excellency Sheikh Nahyan Bin Mubarak Al Nahyan.

MSF is a member of International Humanitarian City, UAE.



...Because Medicines Shouldn't Be a Luxury

Images: Kevin McElvaney, Jeanty Junior Augustin, Mohammed Musoke, Yann Libessart, Juan Renau, Robin Meldrum, Maurice Ressel

MSF: SITUATION UPDATES

Every day our teams around the world are providing emergency medical care to people affected by conflict, epidemics, disasters or lack of access to health care. Our work is funded mainly by donations from the public. This gives us the independence to provide quality medical care to those who need it most, regardless of race, religion or political affiliation. Here we bring you updates from some of our projects around the world.



NIGERIA

IDP CAMP BOMBING

At least 120 people were wounded and around 90 people killed on 17 January when the Nigerian military mistakenly bombed a camp for internally displaced people (IDP) in Rann. MSF teams on the ground immediately began triage and provided emergency healthcare for those injured, with helicopter evacuations taking place the following morning. The IDP camp in Rann is home to between 20,000 and 30,000 people who have fled fighting between Boko Haram and government forces. Many of those residing in the camp are in a poor state of health with severe cases of malnourishment.

GUINEA

EBOLA VACCINE TRIAL

In trials led by MSF, Guinea's Ministry of Health, the World Health Organisation, and the Norwegian Institute of Public Health, new vaccines have undergone testing in Guinea. While Ebola was first identified in 1976, it was the outbreak in West Africa, from 2013–2016, killing 11,300 people, that emphasised the need for research into vaccines. While the vaccines tested appear to have been effective, the trials are continuing, in order to assess their safety among more vulnerable sections of the population. A vaccine is expected to be submitted for licensure by the end of 2017.



HAITI

REBUILDING HOMES

After providing emergency medical treatment in the aftermath of Hurricane Matthew, MSF has launched a massive distribution of building materials, hygiene kits, water storage equipment and purification tablets, blankets and energy biscuits in the most remote mountainous region of Sud-Ouest. Following the hurricane, many have been left without sufficient shelter. This logistical operation will provide shelter for 9,530 families. Each of the beneficiary families will also receive a set of 10 corrugated metal sheets – enough to rebuild a 12m2 roof.



UKRAINE

MSF CONTINUES TO SUPPORT WAR-AFFLICTED IN UKRAINE

Since the conflict began in eastern Ukraine in April 2014, MSF has supported more than 350 health facilities on both sides of the conflict line with donations of medical equipment and medicines.

Around Mariupol and Kurakhove, MSF is running mobile clinics in 25 different locations to support residents and displaced people. Due to the unstable and insecure environment, anxiety related disorders continue to be the main issue among mental health patients, followed by depression.

MEDITERRANEAN SEA

SEARCH AND RESCUE

In 2016, MSF teams on board the Dignity, Bourbon Argos and Aquarius (in partnership with SOS Mediterranee) rescued 21,603 people and assisted 8,969, a total of 30,572 in more than 200 different operations. However, the number of rescues also has a grim correlation with the number of those who died attempting to cross: "The number of people who died trying to reach Europe by crossing the Mediterranean has reached an all-time high and is becoming comparable to what Médecins Sans Frontières is used to seeing in warzones, with the UN Migration Agency recording at least 5079 deaths last year" (Jens Pagotto, Head of MSF's Mission in Libya and Search and Rescue operations in the Mediterranean).



BOLIVIA

CHAGAS DISEASE

MSF has presented Bolivia's Ministry of Health with an operating manual for managing Chagas disease in rural areas, as part of its closure of operational activities after over 30 years of humanitarian action in the country. MSF is calling on the Bolivian authorities to increase resources dedicated to Chagas care and increase people's access to comprehensive care of this disease. MSF has 18 years of international experience in the treatment of Chagas. During this time, it has provided timely diagnosis to over 114,000 people; more than 11,000 cases have been detected and around 8,000 patients have received treatment.



SYRIA

NEEDS IN IDLIB AFTER ALEPPO IS EVACUATED

Following the evacuation of Aleppo on 23 December, an MSF team started a medical assessment of the needs in nine villages and towns in the Idlib governorate, where many of those from Aleppo have settled. A clear need was identified to provide a medical service and on 2 January, a mobile team started seeing patients in one of the villages. The most common pathologies found have been respiratory infections, gastritis and muscular-skeletal pains.

Since 15 December, MSF teams have distributed a total of 1,328 non-food item kits (including hygiene kits, kitchen kits, winter kits, mattresses etc), to internally displaced people from east Aleppo. ■

Images: Brigitte Breuillac, Monique Jacques

Hassansham camp



PROVIDING MENTAL HEALTHCARE: IRAQ

MSF ASSISTS TRAUMATISED PEOPLE FROM MOSUL

The recent military offensive to retake Mosul has forced people who have lived through extreme trauma to flee the town and nearby villages. “They have endured two years of the so-called Islamic State’s (IS) occupation of their town or villages, as well as airstrikes, Iraqi forces fighting IS, fleeing for their lives and arriving in a displaced persons camp”, says Bilal Budair, MSF mental health manager in Erbil. “These people had to leave very quickly, taking nothing with them. And now they find themselves confined to a camp.”

“they’re still terrified, and live in fear of being exposed yet again to Islamic State violence”

COMING TO TERMS WITH TRAUMA

Since November, patients consulting our services are far more badly affected. Many tell us they have witnessed public executions in the market and seen the corpses of murder victims strung up and left for days on end on bridges over the river. Death by stoning, beheadings, torture and corporal punishment – so much violence that has left many deeply traumatised.

As they listen to what some of their patients have to say, MSF’s psychiatrists are shocked by what they hear and find some accounts hard to believe. But the facts are inescapable when different people recount the same story. Many patients who would never have considered consulting a mental health professional before are now seeking help.

There is yet another cause of suffering for those displaced in recent months, as they have been first-hand witnesses to fighting in their villages or neighbourhoods. They’ve watched friends or relatives die. One woman came for help with her 10-year old son after they witnessed the death of a young girl in a mortar attack. She had been a friend to the boy, and their mothers had been friends.

People like this have fled Mosul and the nearby villages for the safety of refugee camps. But they’re still terrified, and live in fear of being exposed yet again to IS violence.

severe”, continues Bilal Budair. “In fact, MSF is the only aid organisation treating severe cases and providing psychiatric care. We are on-hand to assist people and identify the most vulnerable. We’re here to help them and anyone close to them experiencing difficulties in adapting to the situation.” Like this man in his fifties who lives in Khazer camp. All his shops in Mosul have been destroyed. He said: “I couldn’t make myself get into the tent. I cried. I’d like them to come and kill me, and everyone in my family. This is like being in a prison. It took me 20 years to build my home. It’s all gone. I’ve got nothing left. Not a single dinar in my pocket.”

After several weeks, most displaced people start to get used to life in the camps, but others will go on to develop more lasting disorders. They feel that their lives are over and they want to die, so we need to step in quickly and offer them the services of a psychologist or psychiatrist. ■

Mental Health Activity Manager Bilal Budair



Some 30,000 people are living in camps in Hassansham and Khazer, 35 kilometres east of Mosul. In response to this, MSF’s mental health teams are currently seeing around 45 patients a day. The teams, which include a psychiatrist, a psychologist and a community worker, worked with Syrian refugees in northern Iraq back in 2013. Then, in 2014, they began assisting displaced Iraqis who fled Mosul when IS took control of the region. In 2016, with the escalation in population displacements in Ninewa Governorate and the the battle to retake Mosul (commencing in mid-October), MSF’s teams have been seeing patients suffering from even more severe disorders.

MSF’S RESPONSE

The MSF team providing mental health care in the camps in Hassansham and Khazer give consultations to patients suffering with severe depression, anxiety, acute stress reaction or post-traumatic stress disorder. They also see patients who were already suffering from chronic diseases such as epilepsy and psychoses, before they had to flee and who need to resume treatment. In addition to this, other organisations delivering primary health care or psychological support services in the camps, refer patients to the MSF team whose daily lives are disrupted by an inability to sleep or more acute disorders.

“We treat all cases, moderate as well as

Images: Shafiq Olabi

NON-COMMUNICABLE DISEASES: JORDAN

COMBATTING NCDs IN JORDAN

Non-communicable diseases (NCDs) are diseases that aren't borne through infection, such as diabetes, or hypertension. Lifestyle, environment and background are all contributing risk factors in contracting these diseases. NCDs represent one of the biggest killers worldwide and are a growing threat in the region. In Irbid, northern Jordan, MSF is working to fight NCDs, particularly among Syrian refugees.

“Treating non-communicable diseases (NCDs) is as important as treating a gunshot wound,” says MSF project coordinator Marjan Besuijen. “The

difference is that NCDs can go unnoticed for years, which is why we refer to these diseases as ‘silent killers’.”

NCDs – which include diabetes, hypertension, asthma, cardiovascular diseases and chronic obstructive pulmonary disease – are among the most common causes of death in the region as a whole, and Jordan in particular.

A total of 3,700 patients – 69 per cent of them Syrian refugees, are currently receiving treatment for diseases such as these, in MSF’s two clinics in Irbid governorate.

MSF’s project, which is run in collaboration with the Jordanian Ministry of Health and the Arabian Medical Relief Society, aims to help people who have no other access to essential medical care, and to assist the Jordanian health system in coping with the needs of the many refugees now living in the country.

“There is a high incidence of NCDs amongst Syrians, and getting treatment for these diseases is unaffordable for many, particularly given the high cost of drugs in Jordan,” says MSF medical coordinator Dr Shoaib Muhammad. “These are major reasons for our response in Irbid.”

More needs to be done to help vulnerable Syrians and Jordanians access quality healthcare, says Dr Muhammad. “This includes reducing the prices of essential medicines in Jordan, and investment by other organisations in their response to people with NCDs.”

Almost six years into the conflict in Syria, the number of Syrian refugees seeking shelter in Jordan has put considerable pressure on the country’s health system. While the border was closed in June 2016, the needs remain pressing.

In November 2014, the Jordanian Health Ministry decided it would no longer provide free healthcare to refugees. Since then, registered Syrian refugees have had to obtain legal documentation from the Interior Ministry to receive healthcare from public health facilities at subsidised rates.

As accessing healthcare has become increasingly difficult for Syrian refugees living in the host community, many have considered moving to official refugee camps, where medical care is provided.

“Many Syrians end up exhausting their life savings to pay for long-term medical care, while others are forced to search for alternative means,” says Marjan Besuijen.

As well as running two clinics in Irbid, since August 2015, MSF’s teams have been making home visits to provide medical check-ups for patients who are unable to come in for appointments, often due to physical disability or financial constraints.

Since April 2016, MSF has also been providing patients with comprehensive psychosocial support, to help alleviate mental health problems caused by stress, psychological trauma and the war in Syria. Teams have provided more than 1,600 psychosocial support sessions since April.

“My house was bombed, and I lost my property and my livelihood due to the war in Syria,” says 51-year old Muwaffaq Mreish. “I suffered a heart attack because of what I had experienced.

To help me overcome this ordeal, the doctor encouraged me to attend psychosocial support sessions. As a result, I’ve become psychologically stable and have overcome my fears of suffering another health complication.”

As of November 2016, the project has provided more than 44,000 consultations, including home visits, to Syrian and Jordanian patients over the past two years.

Given the increase in the number of patients with NCDs, MSF launched a second similar project in Ramtha district in March 2016.

The closure of Jordan’s borders with Syria in June 2016 has affected MSF’s ability to treat war-wounded Syrians at Ramtha hospital, and forced the closure of its post-operative care facility in Zaatari camp. However, MSF’s NCD projects are seeing more patients than ever.

MSF continues to monitor the health needs of Syrian refugees in Jordan, particularly in terms of access to specialised care, in order to adapt its response and provide medical care for those in need. ■

“Treating non-communicable diseases is as important as treating a gunshot wound.”



● A patient attends a consultation in Irbid, Jordan.

Images: Malak Shaher



Abdurrahman in his bloodstained headdress.

PERSONAL PERSPECTIVES: YEMEN

LIFE AND LOSS IN WAR-TORN YEMEN

The scale of modern conflict has a tendency to reduce people to numbers, as individuals are swept away in violence and its aftermath. But it's the individuals caught up in conflict who allow us to look past the broad strokes and rhetoric so often used in crises. Their lives and priorities lend us new perspectives. The war in Yemen is one such situation, where Field Communications Manager, Malak Shaher recently spoke to some of MSF's patients in Ibb Governorate.

be alive. I approached the man to find out more. In an halting voice he told me that he had been collecting firewood in an uninhabited area when a bullet struck him, seemingly from nowhere. To his astonishment, there was no one to be seen after the shooting. The only person with him at the time was his eight-year-old daughter.

His name is Abdurrahman, he is 45-years old and from Taiz. He told me that collecting firewood was his only source of income, and that he was the sole breadwinner for his wife and six children. Firewood is an alternative for many Yemenis who can no longer afford cooking gas.

After he was shot, Abdurrahman used his headdress to stop the flow of blood. There was no one around to assist him, and he had to walk for 20 minutes to reach a small pharmacy. The pharmacist gave him first-aid treatment and a passerby volunteered to drive him to the Rural Hospital in Ibb – where MSF works. At the hospital, the medical team operated on Abdurrahman to extract the bullet, then admitted him to the inpatient department, where I found him.

Abdurrahman was not as worried about himself as much as for his family. He didn't want to stay at the hospital for long – his family depend on him for income. He earns a monthly average of 15,000 Yemeni Riyals (approximately USD 50). This isn't enough, but he says it is better than nothing.

When I told Abdurrahman that I work for MSF and that we write and record our patients' testimonies in our newsletters and websites, he immediately agreed to share his story, but he asked me to wait for him to change back into the same clothes he wore when he was hit by the bullet. He still had his headdress, which he used to stop the blood, as well as the black jacket and his Muqattab (the traditional Yemeni alternative to trousers).

"Before this war we had a comfortable life, we had proper food and could find work easily; there was safety and peace of mind," he said as I photographed him. "Now we cannot find that peace at home nor outside; not when you are working, nor when you are sleeping; nowhere. Most of the people here are suffering from this war. After the convenience of their previous lives, it's difficult to adjust, it's difficult to make a living. Going out to work can mean risking your life" added Abdurrahman after a pause.

Recalling the details of the day when he was shot, Abdurrahman's story was punctuated with long pauses.

Listing the obstacles that people face on a daily basis, Abdurrahman did not mention the lack of basic services such as electricity, from the way he spoke and the challenges he faces, I believe he sees such things as a luxury.

I thanked him for his time and asked for his phone number in case I needed to get in touch later. He replied that he did not have one. As

he spoke, his facial expression suggested mild amusement at my question, perhaps because luxurious items such as phones are out of reach for him. I wasn't sure how to respond and we spent some moments in silence.

The other patients in the room remained silent as Abdurrahman's story unfolded before them. I suppose the majority have forgotten about television now that real drama is present everywhere they turn. This war guarantees that people hear stories in which their relatives, neighbours or even they themselves are the heroes.

I can't forget the piercing eyes of Abdurrahman as he stared at the lens, wearing the clothes from the day of his injury. I continue to dwell on his story, on his wife and children who wait for him to return with food after selling his firewood. While taking his picture, I couldn't help but be impressed by his resilience. By that time he had spent five days at the hospital.

I took Abdurrahman's leave and told him I would visit the next day. I bid him and the other patients farewell. The next day I came to the inpatients room where Abdurrahman was staying. But the doctor informed me that he had been discharged half an hour before. Though I was sad at missing the chance to wish him well, I was happy that he survived and was able to return to his family and simple work.

Abdurrahman is one of many patients I've spoken with. I interview them to tell anyone who is interested about the people living in a country that has been ravaged by war for more than 22 months now.

People in Yemen vary in the degree to which this war has affected them. But the majority of them are like Abdurrahman; this war has shown them no mercy. They cannot find a job that offers them a sufficient means of living. Others have been displaced from their homes, along with the shelter they provided and the memories in their walls. Some already know that they are not going home, because their homes have been destroyed. Some remain in their houses but cannot find enough food. I once met a patient who was forced to choose between buying a day's food for his family or spending that money on hiring a vehicle to transport his son to the hospital for medical treatment. More and more people have to make similar decisions and prioritise what is essential. Often they make an impossible choice, and prioritise food over healthcare, thinking that he or she will get better. Far too frequently, MSF hospitals receive patients at an advanced stage of their conditions. And as a result, they either develop health complications they have to live with for the rest of their lives, or they simply die.

Malak Shaher is a member of the MSF team in Yemen. She has been the Communications Manager since December 2012. Yemen is her home. ■



One day in December, I travelled to the governorate of Ibb to visit an MSF hospital. I walked through one department and saw the patients in their beds. My job requires me to share the stories of patients, to better convey the humanitarian situation (after taking their consent of course). In one room I saw six patients: two were children under 10, two were young men, another was a middle-aged man in his early fifties. The last man was thin, with brown skin, in his early forties. He lay on his bed at the far end of the room. Each of these patients has a story of their own.

The eyes of that man in his forties were piercing, despite his exhausted body. He repeatedly asked the doctor when he would be able to go home. The doctor told me a bullet had hit him in the chest, and that he was lucky to

Image: Scott Hamilton, Paul Maakad

SOCIAL WORK AND BURNS CARE: PALESTINE

UNDER PRESSURE: WORK AND LIFE IN PALESTINE



Aymen and Shurooq both come from Palestine and work with MSF. As a Deputy Project Coordinator in Gaza and a Social Worker in Nablus, they offer unique insights into the difficulties of daily life in Palestine, and the challenges of their work.



• An MSF surgical team at work in Gaza.



MSF has been working in Palestine since 1989. Living under occupation takes a real psychological toll on the community, particularly

children, while the need for burns care stems primarily from the aftermath of conflict in Gaza. Many residents don't have the resources to rebuild homes damaged in conflict, which significantly increases the risk of burns from household appliances.

AYMEN

I've been working with MSF for 15 years. In the beginning I was working as a translator, after that I became an assistant project coordinator, then a team leader with the mental health project, and now I'm a deputy project coordinator.

In my current role, I'm involved with all the activities related to our work here. Our working day usually begins with a meeting at eight in the morning, which allows us to plan the workload for the day. Living and working in Gaza requires a lot of organisation – each member of international staff requires entry papers, each member of medical staff requires a license to practice, and every project needs the right papers and permission. It's up to us to ensure that everything from pharmaceutical supplies to staff management is in line with the regulations.

We have three burns and trauma clinics in Gaza – one in Gaza city, and two more in the north and south. From these clinics we provide surgery, post-operative care and promote burns awareness. In addition to this, we work closely with the Ministry of Health to support surgical work in Al Shifa and Nasser hospitals.

When we receive a particularly complex case, we may transport the patient to MSF's reconstructive surgery hospital in Amman, Jordan for long-term treatment, before bringing them home. This is one of my responsibilities – each patient requires a Jordanian visa, and we need to coordinate between the authorities in Palestine, Israel and Jordan.

As a Gazan, I live in the same conditions as our patients, I often have the same problems and I face the same dangers. This can be difficult, but it also helps me to understand what our patients are going through.

It's not easy for our medical staff to work in unstable conditions – working with burns wounds can be an intensive and involved process, particularly with skin grafts as these can fail without constant care. When there are military operations in Gaza, it can be impossible for patients to reach our clinics. I remember during Operation Protective

“during military operations, when the work becomes harder and more dangerous, MSF doesn't leave”

Edge in 2014 – the longest military operation to date, we had to give patients dressings to change themselves, and coordinate to pick up as many patients as possible during the ceasefires. Movement is difficult and dangerous during open conflict. During that time our staff worked day and night – an MSF car picked me up and dropped me off every day for security. But during military operations, when the work becomes harder and more dangerous, MSF doesn't leave, instead we work together to bring in more doctors, more medical staff to treat the needs of the population.

It's never easy seeing people in need, but it can be incredibly rewarding to see people after being treated, to see hope restored. I remember one of our patients, a young man. He lost the use of his hand for months. After a lot of work and treatment, almost every doctor believed it would never work again, but during one treatment session, he managed to move his fingers again, and to begin his recovery. I'll never forget the look on his face.

It seems there are no miracles these days, but I believe MSF is doing something great.

SHUROOQ

I've been working with MSF for 12 years and I'm a social worker. I work in Nablus, it's also my home.

My job is to receive patients, understand their situation, and to help them develop ways of coping. Our main objective with mental health treatment in Palestine, is to help people who are suffering; to help relieve the indirect consequences of occupation.

Some patients come to the MSF office on their own, others are referred through other patients or relatives. I also present our work to the community in various areas, to make sure potential patients know about us.

After meeting a patient, we usually refer them to the psychologist but sometimes they are referred back. As a social worker, I might monitor the economy of a family or

establish whether the children are struggling with education. I try to help people prepare for the future; psychologists diagnose certain issues but a social worker figures out how to support the treatment with practical steps. One example of this is when we're able to help women with families. If a husband is out of work, or finding it difficult to support the family financially, this can put a psychological strain on the family. One way to alleviate this strain is to help the women find work, or put them in touch with the right contacts for them to set up their own business. MSF also provides food, mattresses, heaters in winter, and even school supplies.

This job can be exhausting sometimes. I work in areas that are closest to the military checkpoints and sometimes I feel like a bee, pollinating. I connect a lot of different people – it requires energy and concentration.

Some patients really touch you and it can be difficult not to feel some of our patients' problems on a personal level. In the street, people always appear happy and healthy, but this isn't always the case when they're at home. It's particularly hard to see a cycle of violence in a family situation. Often men who have been interrogated by the Israeli authorities become violent themselves. Being Palestinian can make my job easier, but it can also make it harder – I know what people are going through. It's not always easy to separate family and work life.

The best part of my work is seeing a positive change in people after we work with them. I remember one of our patients who felt totally helpless after losing her husband, she felt as though her life had fallen apart, but slowly and with support she was able to regain control of her life and even smile again. Some patients keep my number and contact me later to tell me they need help with another family member. This is positive, it means people have somewhere to turn when they need to, and for us it shows that our work is making a difference.

Every Eid I get messages from former patients to tell me they remember me. People remember us for the work we do. ■

Images: Dominic Nahr

MSF IN 2016

A YEAR IN PICTURES

2016 may well be remembered for its sweeping changes, hardening attitudes to refugees and migration, and the continuation of devastating conflicts. Looking through more than 10,000 images released by MSF this year however, a slightly different perspective becomes apparent.

Whether you read it in the bravery and determination of MSF's medical responses in South Sudan, Yemen or Syria; see it in the faces of those rescued at sea in the Mediterranean; or feel it in the gentlest moment between a mother and her daughter amidst heartache and turmoil in Nigeria, the indomitable spirit of survival and caring has prevailed in 2016.



• **South Sudan:** Wading at dusk through the swamplands of Unity state, an MSF staff member carries a young boy as his family make their way to the relative safety of Kok island, where more than 2,000 people are sheltering from conflict.

Images: Karam Almasri, Anna Surinyach, Yann Merlin, Rawan Shaif

• **Syria:** An MSF-supported hospital in east Aleppo is protected with sandbags after it was hit by numerous airstrikes in April, killing one doctor and injuring several nurses.



• **South Sudan:** four-month-old Mary James grasps the finger of a nurse in MSF's hospital in the UN compound in Malakal, South Sudan, where she is being treated for tuberculosis. Some 48,000 people fled for safety to the UN compound after Malakal town was caught up in fighting between government and rebel forces.



Throughout the year, our photographers have been alongside MSF's doctors, nurses, midwives, logisticians and other staff, on the frontline of our projects around the world. They have been there to bear witness, not only to the work done by our dedicated medical teams, but also, unflinchingly, to the intimate circumstances that surround each individual's story.

In each photograph here, there is both a personal story and a wider story that led up to the event pictured. ■

• **Mediterranean Sea:** A woman and her baby look out of a porthole of an MSF search and rescue ship, run in cooperation with SOS Méditerranée, off the coast of Libya.



• **Yemen:** A woman and her children shelter in a camp on the outskirts of Amran, in northern Yemen, for people displaced from their homes by fighting.

