

# WITHOUT BORDERS

Issue 25 | July – September 2014

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



## SYRIA: EMERGENCY RESPONSE

**Children of War**  
Healing the wounds

**Refugee Doctor**  
From Syria to Iraq

**Surviving Ebola**  
Against the odds

**Malnutrition**  
A global issue



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# WELCOME



As my five years with MSF in the UAE come to an end and I prepare to move to another location, it is with a mixture of sadness and hope that I am writing my last editorial in our magazine "Without Borders".

My time here has coincided with the many unfolding events and changes in the region, and as I reflect back, I could never have imagined the dimensions of the humanitarian crises that would eventually take hold in countries such as Syria.

At the beginning of 2011, with the turmoil that began in Egypt and Tunisia, we found ourselves at the starting blocks ready to respond to medical needs should they arise. Ultimately, our intervention in both countries was limited to providing medical supplies. Then the real challenges began in Libya and Syria.

Today, as you read through this issue of our magazine, the humanitarian situation in Syria is still highly alarming, and continues to have a devastating impact on the Syrian population. Security conditions for our colleagues are exceptionally difficult, to the point that we have had to close a number of health facilities and are constantly having to reevaluate our medical activities in the country.

Outside Syria, the impact of the humanitarian crises in the region is none more apparent than in our hospital in Amman, where we are providing reconstructive surgical care to people who have been wounded in conflicts in nearby countries. In this issue, we share the stories of some of the children being treated at the MSF facility. Children who, despite the trauma and severe injuries they have sustained in explosions and fires, still manage to smile and play.

Each has a long story that cannot be told in a few pages, but what I am sure you will find in these and other stories in this issue of Without Borders, is the common thread of human courage, resilience and hope, in the face of extreme adversity and suffering.

In this spirit, and before I hand over to my successor Mohamed Bali, I would like to thank you for supporting the humanitarian action of our teams around the world. Thank you for your keenness to make a difference and change the lives of people less fortunate than we are.

I am confident MSF will remain your trusted partner in delivering medical care to those who need it, without discrimination and without taking sides. ■

## Ghada Hatim

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### Front cover photograph:

Inside the emergency room of a makeshift MSF hospital in Syria. © Robin Meldrum/MSF

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



**TO DONATE**

Images: Andrea Vallerani/MSF, Catherine Robinson/MSF, Nick Owen/MSF

# MSF AROUND THE WORLD



## IRAQ

### MSF PROVIDES EMERGENCY CARE TO FAMILIES DISPLACED BY VIOLENCE

The escalating violence in Iraq's Anbar province over the past six months and more recently in the city of Mosul has forced hundreds of thousands of people to leave their homes. The displaced families are living in very difficult conditions and are in need of water, shelter, food and emergency health care. Despite the very volatile security situation in northern Iraq which has made it very difficult for humanitarian organizations to work there, MSF is stepping up its medical activities in several locations. MSF teams are supporting health structures in providing emergency care, running mobile clinics for displaced people, and distributing relief items such as hygiene kits and blankets to families.

## MEXICO

### NEW PROJECT TO IMPROVE TREATMENT FOR CHAGAS

MSF has set up a new project in Oaxaca State in Mexico to support the diagnosis and treatment of Chagas disease. Despite the fact that the medicines used to treat Chagas are over 40 years old and have strong side effects, MSF has had successful experience in treating patients with the disease, and aims to share this know-how with health facility staff in Mexico.

Chagas disease is endemic in 21 countries in Latin America, however it continues to be a silent and neglected disease. The disease is caused by a parasite which is transmitted to humans by blood-sucking insects. Millions of people with the disease, including those who were infected decades ago, go undetected and untreated. Without treatment, Chagas can eventually lead to heart failure.



## C.A.R.

### ATTACKS ON MSF STAFF AND FACILITIES

On April 28, sixteen civilians, including three MSF national staff members were killed during a brutal armed robbery on MSF hospital grounds in the northern town of Boguila, in the Central African Republic (CAR).

MSF strongly condemns the unprovoked killing of unarmed civilians at a location clearly identified as an MSF health facility. The MSF team at Boguila Hospital was forced to suspend its activities immediately.

Just one month later another armed robbery took place at MSF facilities in Ndélé in the north of the country. At around 1:30 in the morning on June 2, four armed men entered the MSF house as part of a violent armed robbery.

"We're appalled by the aggression that our teams are being subjected to. We remain

determined to bring medical aid to the people of CAR, but under minimum conditions that must be respected by the parties to the conflict. Failing that, we can't do our jobs," said Javier Eguren, country representative for MSF in CAR.

These attacks against MSF staff and property reflect the difficulties that humanitarian organisations are facing in CAR. From December 2012 to March 2014, MSF teams have been victim to some 115 security incidents in the country.

Médecins Sans Frontières (MSF)/ Doctors Without Borders brings humanitarian medical assistance to people affected by conflict, natural disasters, epidemics or exclusion from healthcare in more than 70 countries around the world.



## GREECE

### PROLONGED DETENTION OF MIGRANTS MUST END

MSF published a report calling on the Greek government to end the systematic and prolonged detention of migrants and asylum seekers, which is having devastating consequences on their health and dignity. The report, entitled 'Invisible Suffering' highlights the massive impact of detention on the physical and mental health of migrants. It points out the gaps in healthcare provision and the absence of medical assessments, which lead to detainees with serious medical conditions being neglected or even being forced to interrupt their treatment.

## SOUTH SUDAN

### MSF RAPIDLY EXPANDS RESPONSE TO CHOLERA

On May 15, the government of South Sudan declared an outbreak of cholera in the capital, Juba. In a race to help contain the outbreak, MSF emergency teams have set up five cholera treatment centres and five oral rehydration points in key areas of the city. MSF teams are also providing support to health facilities run by the Ministry of Health, as well as providing safe water and conducting awareness campaigns in camps for displaced people. The potentially fatal disease is spreading amid poor living conditions exacerbated by the ongoing conflict.

## SOLOMON ISLANDS

### MSF PROVIDES CARE TO FLASH FLOOD VICTIMS

In the Solomon Islands, a large group of islands in Oceania, an MSF team provided medical care to people displaced from their homes by devastating flash floods in early April. Some 10,000 people were made homeless in the capital, Honiara, after floods swept away riverside communities, brought down bridges, destroyed roads and damaged some health centres. MSF's team, made up of a doctor, a psychologist and local nurses, began running mobile clinics in the evacuation centres days after the disaster struck. The team conducted 853 medical consultations during the first three weeks of the response. ■

## CRISIS UPDATE

Images: Robin Meldrum/MSF, Michael Goldfarb/MSF

### LIFESAVING CARE IN A WAR ZONE

# SYRIA CRISIS

As the bitter conflict in Syria continues, people are suffering immensely, not only from the direct consequences of war but also from having to leave their homes and belongings, and having their regular lives and medical treatments interrupted. Médecins Sans Frontières (MSF) is running programmes inside Syria and in neighbouring countries to tend to those affected.



• In the emergency room of an MSF makeshift hospital in Syria.



Three years of extremely violent war have ripped apart towns, villages, hospitals and clinics – everything that Syrians relied on for their existence. Throughout the country, families that are able to do so are fleeing from one place of refuge to the next, each time with fewer belongings and more fear.

The entire country is in a state of medical crisis, with the worst-affected areas experiencing extreme suffering. The crisis extends beyond Syria to the surrounding countries where more than two million Syrian refugees are struggling to survive.

Gunshot wounds, bomb blasts and shrapnel injuries make for a long medical case list in Syria. Adding to the long list of

urgent requirements that are not being met are maternal health, vaccinations, burns, and chronic diseases that turn deadly if medication is neglected. Millions of Syrians are reliant on the limited medical assistance that can be provided at makeshift facilities in basements and private houses.

### MSF INSIDE SYRIA

Since June 2012, MSF has been providing healthcare in parts of northern Syria where needs were identified and where it was possible to set up makeshift hospitals and clinics. To date the medical teams have conducted more than 7,000 surgeries, 53,000 Emergency Room interventions, 88,000 out-patient consultations, and more than 2,000 safe deliveries.

Carrying out medical activities inside Syria has become increasingly difficult over the past year. The intensity and volatility of the conflict is a huge obstacle in reaching people in need. However, because the needs are so overwhelming, we continue to maintain medical activities in several makeshift hospitals and health centres in the north of the country.

Our programme of supporting Syrian medical networks also continues. We are providing medical supplies and technical support to 50 hospitals and 80 health centres across seven governorates, covering opposition-controlled, government-controlled and contested areas.

### EXTREME CHALLENGES

The intense war environment has made it extremely challenging to provide assistance in Syria. Across northern Syria medical facilities have been attacked and bombed, and health workers killed or threatened by armed groups. Elsewhere in the country, denial of official access and insecurity have blocked MSF from setting up medical activities. We are constantly reevaluating our projects and activities in light of the security challenges.

On January 2, 2014, while working in an MSF-run hospital to provide medical care to people affected by the war, five MSF staff were taken by an armed group in northern Syria. Three of them were released on April 4, and two returned on May 14.

MSF strongly condemns the abduction which forced the permanent closure of one of our hospitals and two of our health centers in the Jabal Akkrad region in northwestern Syria.

“The relief of seeing our colleagues return



■ A Syrian refugee carries her child to the MSF clinic at the Domeez camp in Iraq

safely is mixed with anger in the face of this cynical act that has cut off an already war ravaged population from desperately needed assistance,” said Joanne Liu, MSF international president.

“The direct consequence of taking humanitarian staff is a reduction in lifesaving aid. The long-term victims of this abduction are the Syrian population. Some 150,000 people in the Jabal Akkrad region are now deprived of MSF’s medical care, while living in a war zone.”

In 2013, MSF medical staff in the now-closed facilities performed 521 surgical operations, 36,294 medical consultations, as well as safe hospital deliveries for more than 400 mothers. ■

### SYRIAN REFUGEES

More than two million Syrian refugees are registered or awaiting registration in countries neighbouring Syria, but the number could be much higher.

Compared to Syria, there is much better access and security in the surrounding countries, but the resources of these countries are stretched to the limit, and gaps in health services continue to expand while the needs of refugees show no signs of diminishing.

In Iraq, Jordan and Lebanon, MSF operates large programmes providing medical assistance to Syrian refugees, where nearly 400,000 consultations have been provided to date.

**“The long-term victims of the abduction [of five MSF staff] are the Syrian population.”**



## IN THE REGION

Image: Enass Abu-Khalaf/MSF, Ali Jarikji/Reuters, Jared Kohler/New York Times

### RECONSTRUCTIVE SURGERY: JORDAN

# REBUILDING LIVES ONE CHILD AT A TIME

In a unique hospital in Amman, Jordan, Médecins Sans Frontières (MSF) is treating children and adults who have been severely wounded in war and conflicts in countries across the Arab region. At any one time there are around 50 children being treated at the facility. They come mainly from Iraq, Syria and Yemen, with severe complicated injuries that could not be treated in their home country. In Amman they receive comprehensive medical care including specialised surgery, as well as physiotherapy and psychological support to help rebuild their lives.

 The children have complicated injuries caused by bombs, explosions, and missiles. Injuries such as bones that aren't just broken, but shattered, or burns over much of the body. Many have lost mobility in parts of their body, others have lost limbs. They need complex reconstructive surgery, often over many months and even years, with intensive physiotherapy in between.

Most of the children have been through unimaginable trauma, and their lives have been changed forever by their injuries, disabilities, and disfigurements. Psychological care and social support are therefore a crucial part of recovery.

Some of the children arrive in Amman frightened, timid and not mixing. In Amman they find themselves in a uniquely supportive environment surrounded by other children like them and they quickly become lively and interactive. In between surgeries they stay with their carers in accommodation provided by MSF, and they eagerly attend classes at the small school set up for them.

The Amman programme is a new kind of community for the children. For the duration of treatment, it is more than just a hospital for them, it's their world. One in which we aim to help them gain the ability to function better when they return home.



◉ Children enjoying a clown show during an open day event at the MSF rehabilitation center.



To spend time with these children is to witness extraordinary bravery and resilience in the face of terrible suffering. Here, through the stories of three of the children, we give a glimpse of what they have been through and how they are being cared for in Amman.

### OMAR FROM IRAQ

Omar, is a 13 year-old boy from Diyala governorate in Iraq. Like other children his age in Iraq, Omar had a passion for flying kites whenever the sky was clear and there was a light wind.

On the afternoon of February 15, 2011, Omar's life changed forever. As he was flying his kite with some friends, an explosion brought down the electricity lines from overhead. The lines ripped through his body, leading to the loss of both his arms as well as injuries to his head.

Omar was immediately transferred to the nearest hospital, where he spent three days unconscious after his life was saved.

"I was praying to God that my son will live a long life surrounded by his brothers and sisters. I was not afraid of the loss of both his arms, I was afraid of the loss of his life," said Omar's father.

He underwent nine surgical operations in Iraq after his injury. According to his father, some of them were successful, others were not.

Exactly one year after the injury, Omar and his father came to the MSF reconstructive surgery project in Amman. Omar has so far had five surgeries with MSF to repair the damage to his scalp. He has also been receiving physiotherapy to strengthen his feet, now that he relies on them for much of his activity.

Omar is a fighter. He still enjoys swimming

and playing football with his friends and brothers, and he plays video games with his feet. However, his emotional pain is overwhelming, especially after he lost his mother in another explosion.

"Since his arrival at the programme, we've been observing Omar very carefully and trying to provide him with all necessary psycho-social support," said Montaha Mashayekh, an MSF psychosocial counsellor. "He is a very sensitive child and keeps comparing himself with other children who are able to use their hands".

For Omar, having to ask for help even just to drink a glass of water or eat an apple can be deeply frustrating and upsetting. His father's biggest dream for him is that one day he will have 'smart electronic arms' so that he can continue his life normally.



## "My heart burns for the children."

### QAMAR & RAHAF FROM SYRIA

Qamar, 4, and Rahaf, 3, are two young sisters from Homs in Syria. It was seven o'clock in the morning, and they were asleep when a shell hit their home and it caught fire.

"The children were burning, and screaming," says their father Abu Abdul Malik, who rushed into their bedroom. "I ran to them and tried to take their clothes off to put the fire out. I didn't feel the fire on my hands. I didn't feel the pain. All I could think of was how to save them."

Rahaf's face and hands were burnt. Qamar suffered third degree burns on her legs and hands, and over most of her face. Their father's frantic efforts to rescue his children left him with second-degree burns on both his arms and hands.

"We thank God that we were saved," says Abu Abdul Malik. "There were still people under the rubble - whose bodies were not collected. We pray for them."

Except for visits to MSF's hospital where they and their father are being treated, the girls rarely go out. "They are not the same children that they were before. They used to play with other kids," says their mother. "They were outgoing. They were not afraid. But now they don't like to go out. And we don't like to take them out because people stare at them."

Qamar was so traumatized that she did not walk for two months. MSF surgeons have now operated on both of her hands, to remove scar tissue and give her more mobility so that she can get dressed, eat and play with her toys normally. Surgery on her face will have to wait until she is older when it is more likely to succeed.

"I try not to show them but my heart burns for the children," says their mother. I pray to God that they are healed and that no-one else suffers the same fate." ■

### FIELD JOURNAL: SYRIA TO IRAQ

# REFUGEE DOCTOR



• Kawargosk Camp in Erbil, northern Iraq, where 15,000 Syrian refugees are struggling to survive.



“Before 2011, life was happy and work was good. I would work hard and after work I would enjoy visiting friends all around Aleppo.”

But when conflict started in rural Aleppo, Muhammed found himself and his clinic in the midst of battle. “My clinic was situated in the vicinity of three strategic positions which were being fought over by multiple groups. I was stuck for eight months, unable to leave my clinic for Aleppo or anywhere else, and there were snipers all around.

“When Al-Safirah was attacked with barrel bombs there were body parts and blood all over the streets. Vegetable carts piled full of men, women and children would arrive at my clinic – some with their hands gone, their legs gone, their eyes gone. I would work into the night. We had very basic surgical capabilities, no general anesthetic, and we were just three doctors – myself and two paediatricians – but the neighbours were very helpful.”

With fighting continuing every day, there

**“I promised myself to continue working and stay until the end.”**

was a large exodus of people leaving Al-Safirah. Muhammed managed to escape with his life, under fire. “We escaped as the bombs were falling. That day, my clinic was hit and destroyed.

“I retreated 12km away from the town and set up a small field hospital. Although we had a good supply of medicine and equipment, I was the only doctor. There were no nurses, only the youth among the neighbours were helping. We worked hard, but there was fighting and kidnapping on the ground, and barrel bombs falling from the sky. We were ‘caught between two fires’.

“I promised myself to continue working and stay until the end. I was not afraid of the planes, but I was the only Kurd in the area, and Kurds were being targeted.”

Muhammed decided to leave in January 2014, as the threat of kidnapping was becoming too great. And once again he



• Muhammed Selim, outside the MSF clinic in Kawargosk Camp.

At an MSF clinic in Kawargosk refugee camp in northern Iraq, Dr Mohammed Selim understands his patients well. Like them, he is a refugee from Syria, living in a camp nearby. Here he recounts his harrowing experience as a surgeon in the midst of fighting, barrel bombs and kidnappings in Syria, and his perilous journey to reach Iraq after he was finally forced to escape. While he struggles to come to terms with leaving Syria, Mohammed continues to dedicate his energy to treating fellow refugees in the camp.



left just in time. “The morning after I left, barrel bombs were dropped on the field hospital. The whole place was destroyed. The medicines in it would have been enough to equip a full hospital.”

He recalls a long and perilous journey through Ar-Raqqah and Al-Hasakah, passing numerous checkpoints in which he had to hide his Kurdish identity, until he reached the town of Qamishli. From there, he tried to cross the border to Iraq three times, but it was closed. He had to endure an 11-hour journey on foot through mountains and valleys from Qamishli to another part of the border, where he was finally able to leave Syria.

After settling in Darashakran refugee camp, Muhammed was struggling to continue practicing as a doctor. He worked as a painter for two weeks in the camp. Then one day, while walking in the camp feeling depressed, things changed for him. “I had lost hope. I was thinking about my next painting job when I came across some MSF staff in the camp by chance. They told me there was an opening in Kawargosk camp and that I could apply. I had

heard about MSF before, and had dreamt of working with them in the past.”

Muhammed applied for the job and soon joined MSF as a general doctor in Kawargosk camp. “I’m very happy to be working in my field, with all my energy,” he says. “The people here are happy with our service, especially that I share their language and dialect. I know about their suffering and their way of thinking. Sometimes the only treatment they need is through words, not medicines.”

Muhammed still lives in Darashakran Camp, commuting every day to Kawargosk Camp, 10km away. Despite escaping with his life on two occasions, and continuing to provide medical care to his fellow Syrian refugees, Muhammed still struggles with his conscience. “Even till this moment I have feelings of guilt that I left Syria. Working with MSF here is some consolation, but sometimes I tell myself that I should have served my people better and stayed even if I was killed. Maybe I could have fulfilled my duty better,” he says.

“My wish is for the crisis to be solved as soon as possible and for people to return home.” ■



### SYRIAN REFUGEES IN IRAQ

More than 225,000 Syrians have sought refuge in neighbouring Iraq.

MSF teams have provided over 250,000 medical consultations in three refugee camps across northern Iraq.

In Kawargosk and Darashakran camps, MSF employs nine Syrian doctors and 15 nurses, all of whom have crossed over from Syria.

## FEATURE STORY

Images: Damien Follet/MSF, Halimatou Amadou/MSF



Massaya and Taghry hold their newborn quadruplets, born in January 2014.

### PATIENT STORY: MALI TO MAURITANIA

# QUADRUPLETS BRING HOPE IN THE MIDST OF STRUGGLE

Like many fathers, Massaya instinctively knows his babies: “My daughter, Fatima, and one of the boys, Umar, are both very calm. However, the other two boys are a bit naughty,” he admits with a smile. But their story is not like any other; these quadruplets were born in a scorching refugee camp in Mauritania, far from the home their family fled as violence engulfed Mali.



**“It is one more proof that wonderful things can happen in even the most extreme of conditions. These new lives are a sign of hope for the refugees.”**

### WALKING TO MAURITANIA

The older children have also had to cope with the trauma of fleeing their home. “We left the village out of fear for our life. Half of our village fled at the same time,” says Taghry. “We fled because we feared the soldiers. Among them, there are a lot of bad people. If they wanted to have one of our animals and we refused, they might kill us.”

Three of the children could walk – the others had to be carried. They walked for five days and five nights. Their destination was Mbera refugee camp, just across the border in Mauritania.

When they first arrived, conditions were harsh. Some 60,000 refugees were trying to survive in 50°C heat in the middle of the desert. There were shortages of water and food.

### BORN SAFELY

Taghry soon realized she was pregnant and MSF staff then discovered she was expecting quadruplets, which was a first for the team.

MSF midwife Sylvie N’Goran explains, “We knew they were coming so we could properly prepare for this birth. We had a lot of information from multiple surgeons.”

Two of the children were in a breach position, and so the team had to perform an

emergency Caesarean section to deliver them safely. “Afterwards, we were so relieved and happy it had gone well and that all of the children were born safely. It brought lots of joy to everyone at Médecins Sans Frontières,” says Sylvie.

### BIG CHALLENGE AHEAD

Frederic Manantsoa Lai, MSF’s head of mission in the camp, says the story of these four children is an inspiration. “It is one more proof that wonderful things can happen in even the most extreme of conditions. These new lives are a sign of hope for the refugees.

“At the same time, this story highlights how vulnerable these people are. Imagine if medical care was not available. This incredibly courageous mother might have lost her four babies, or even her own life, leaving behind six other children and a husband with no income.”

For Massaya, Taghry and their family, the focus is now on the future. “Without MSF’s help we don’t know how we could handle this. The arrival of the quadruplets represents hope for us but also a big challenge,” says Massaya. “We have to accept that we are living in a camp and that we are refugees. We carry on.” ■



Wrapped in blankets and cuddled by their six older siblings on a brightly woven rug, the young babies are safe and growing strong. These

quadruplets were born in January after their mother was rushed across the desert from the Mbera refugee camp to the Médecins Sans Frontières (MSF) operating theatre in Bassikounou.

“It was a very good surprise when I heard I was going to have four children,” says their mother, Taghry, in a recent BBC interview.

Since the birth, MSF has helped the family care for the quadruplets. The youngsters are healthy and they are growing. The smallest baby was just 1.8kg at birth but that weight has climbed to 3.5kg thanks to their mother’s care, MSF’s support, and the attention of their older brothers and sisters.



◉ An MSF health post in Mbera refugee camp, Mauritania.

## PATIENT STORY

Image: Sylvain Cherkaoui/Cosmos

### GUINEA: EBOLA

# SURVIVING EBOLA AGAINST THE ODDS

Following an outbreak of Ebola in Guinea in late March, MSF teams have been working in six locations in the country to care for infected patients and help contain the outbreak. Although Ebola has a high fatality rate, with up to 90 percent of infected patients dying from the disease, several patients have recovered from the deadly disease. Here we share the story of Sia Bintou, one of the survivors who successfully beat the Ebola virus after receiving care from MSF medical teams.



In the MSF treatment centre in Guéckédou, each time a patient is discharged, staff and patients are extremely happy. Sia Bintou Kamano spent more than ten days in the centre.

The teams often thought that she would not make it, but she ended up beating the disease.

While there is no specific treatment for Ebola, staff attempt to strengthen the patient's body by treating the symptoms. Patients' chances of survival increase if they receive proper care, including staying hydrated, receiving treatment for secondary infections, and having nutritious food.

At the MSF treatment centre patients are looked after by experienced health staff who can give them the right care with the right equipment and without other people being put at risk of being infected.

#### OUT OF ISOLATION

After spending ten days in the isolation ward being cared for by medical staff in their protective yellow outfits, Sia Bintou was informed that her laboratory tests showed she was no longer infected with Ebola. She could now return home.

Patients who are cured at the treatment centre shower with chlorine to get totally disinfected before leaving the ward. They receive new clothes and shoes, and everything they wore inside the ward is burned.

As with every Ebola survivor, Sia Bintou represents a victory over the disease, and everyone at the centre was overjoyed when she was discharged.

"We know our patients very well—their names; their age; their families; where they live; how they were infected," says Mano Canton, MSF field coordinator in Gueckedou. "So when there are patients who survive the disease and can see our medical staff without the protective gear and shake our hands, it's really emotional."

Having survived the disease, Sia Bintou now has immunity against the virus and is no longer contagious, except through breastfeeding, so health staff explain to her about using powdered milk for her 2-year-old child.



Joyful moments: Sia Bintou and MSF staff wave goodbye as she leaves the Ebola treatment centre.

## RETURNING HOME

Recovery is not always the end of the battle for former Ebola patients. Many find it difficult to be accepted by their neighbours who are fearful of the disease.

“We know that stigma can be difficult to deal with for patients who have recovered,” says MSF health promoter Ella Watson-Stryker. “We explain to the families and neighbours that the patient is now negative and doesn’t present any risk to anyone—they can be kissed, touched, and hugged without any risk of contagion.”

Despite the awareness-raising and support offered by MSF in the villages whenever a patient is discharged, some former Ebola patients have been rejected.

Fortunately, this was not the case for Sia Bintou, who was surrounded by her family and neighbours when she arrived back at her village. Emotions were palpable - great happiness, tinged with sadness; other members of her family had not survived the disease. ■



Health staff explain to Sia Bintou how to use powdered milk for her 2-year-old child.



Discharged patients receive a certificate from the Ministry of Health that states they are no longer contagious.



Sia Bintou is welcomed back to her village by family and neighbours.

# MFS SUPPORTERS

Image: Motivate Val Morgan

# CREATIVE FOR A CAUSE

The UAE's most creative young minds took part in a thrilling media challenge in support of MSF. The Young Lions competition was open to advertising professionals up to 28 years of age, and participants took part in teams of two, consisting of an art director and a copywriter. The twelve teams were asked to produce a campaign of global standards for MSF, and then had to quickly produce two print ads in just eight hours.



The competition brief was to create a campaign that raises awareness about MSF's medical humanitarian work in a way that emotionally

engages and inspires people to want to get involved. The teams used photos, illustrations and well-crafted messages to create a diverse range of print ads on the theme of 'MSF delivering medical aid to those most in need.'

Ghada Hatim, Executive Director of MSF in the UAE, said, "We are astonished by the creativity and originality of the young teams. At MSF we have a lot of important information to communicate to people, and it can be difficult to capture our stories in a simple and powerful message. It's inspiring to see the strong concepts the teams have developed in such a short time."

Several teams focused on the way MSF provides aid to people on both sides of a conflict. Others portrayed how MSF's medical teams reach people in extremely challenging situations, whether in war zones or in remote areas with no access to medical care.

All the entries were displayed at Dubai Media City and the work was judged by the Creative Club – a jury of industry experts from across the UAE. Seyoan Vela, a member of the jury and Executive Creative Director at JWT said, "We are excited that MSF was the theme of the competition this year. It is such a worthwhile cause with a strong and rich message for participants to work on. The quality of the participants' work is generally very high, and the winning team's work stood out for us because of the strong concept and its creative execution."

The winning ad was created by Maram Ashour and Conrad Theron from the international advertising firm Mamac Ogilvy. Their ad shows two severely wounded children who are innocent victims of fighting between armed groups. They happen to come from different sides of a political conflict. The ad asks 'who's life is more valuable?' and invites the viewer to 'pick one to save'. It concludes with 'the only side we pick is life'.



Participants view the artwork ahead of the announcement of the winners

**“It was a tough but great brief to work on. We focused on it all day without a break.”**

“It was a tough but great brief to work on. We focused on it all day without a break. We read the brief very carefully to understand what was needed, and we were inspired by what the MSF doctor told us about working on both sides of the conflict in Syria,” said Conrad, the copywriter of the winning team.

Ghada Hatim explains that MSF UAE hopes to use some of the concepts developed by the teams in future awareness campaigns. “We appreciate the participating teams’ creative efforts to contribute to a humanitarian cause, and we’re looking forward to

continuing to work with the creative community in the UAE,” she said.

MSF is grateful to the Motivate Group for the opportunity to be part of this exciting competition. We also thank the Creative Club, Dubai Media City, Getty Images and Xerox for their support to the initiative.

## MABROUK

We wish the Gold winners the best of luck as they go on to compete with teams from all over the world in the International Young Lions Competition in Cannes this summer.

### The winners were:

- Gold: Maram Ashour and Conrad Theron (Mamac Ogilvy)
- Silver: Samar Sidani and Scott Turner (LOWE Mena)
- Joint Bronze: Anas Al Hakim and Salam Mounla (JWT Dubai), Vineet Parrikar and Athina Lalljee (Y & R Dubai)

The winning artwork can be seen on the inside front cover of this issue.

# SPOTLIGHT ON AN MSF SUPPORTER



When 27-year-old UAE resident, Mike Callis, decided to head back to the UK, he chose an unusual method of transportation – a bicycle! He set off from Dubai in April with nothing but a backpack, a compass and his bicycle. Mike will reach the UK in August, raising money for MSF along the way. He will travel through 12 countries over a distance of 11,000 km.



Mike has now reached Turkey, having cycled across Iran in three weeks. While in Tehran he spent a day with MSF learning about our clinic in one of the

city's poorest neighbourhoods. We caught up with him to ask about his expedition, which he calls the 'MikeRide', in support of MSF.

## WHAT MADE YOU DECIDE TO DO THE 'MIKERIDE' IN AID OF MSF?

Since doing my Masters in Human Rights, I have firmly believed in the work that MSF does around the world. Having access to medical care is something so many of us take for granted, yet a lot of people in the world don't have it. It's frightening to consider the consequences of not having access to a doctor and medical supplies, especially for people with young families. I think MSF employees are at the cutting edge of their profession, in the respect that they use their skills in places where they are most needed. I respect them for choosing to make other people's lives a little bit better, instead of opting for an easier life for themselves.

## HOW DID YOU PREPARE FOR THE RIDE AND HOW DIFFICULT HAS IT BEEN SO FAR?

I trained for two months by cycling the average daily distance of the ride three times a week. I've set a daily target of cycling 96km. Cycling in the middle of the day is hard, but early morning

and before sunset is okay. Water is the key challenge. Carrying enough to feel safe has an adverse weight impact, so it's a balance I'm constantly working on.

## WHAT ABOUT THE FUNDRAISING ASPECT OF THE TRIP, HAS THAT BEEN EASY?

The fundraising website *justgiving.com* is an easy and helpful tool to use. Fundraising, however, is not that easy, or I would have raised a lot more by now. My legs can testify to that! I still hope to raise a lot more before I'm done. I have no specific amount in mind, but if I raise Dh31,000 I'd be extremely happy. That's enough to buy measles vaccinations for almost 56,000 children.

## WHAT ADVICE WOULD YOU GIVE TO OTHERS THINKING OF FUNDRAISING FOR MSF?

Stop thinking about it and get on with doing it. Having an important cause to support will help you see your project through and achieve your goals. Supporting something I believe in has helped me to apply myself and realise my ambitions. It has given me a focus that I don't think I could have found if the MikeRide were a solely selfish pursuit.

You can follow Mike's fascinating journey at [www.facebook.com/mikeridemf](http://www.facebook.com/mikeridemf) and support him at [www.justgiving.com/mikeridemf](http://www.justgiving.com/mikeridemf)



## POP UP CHARITY SHOP

Employees of Bupa and OIC Insurance recently ran a Pop Up Charity Shop in aid of MSF. The staff of the two companies sorted out unwanted clothes, toys and books and then set up shop for the day in their offices. Employees ran the shop encouraging their colleagues to purchase the items. It was a unique and fun way to help people recycle unwanted items and raise money for MSF. If you would like to find out more about the Pop Up Charity Shop and how to run your own, email [inbox@msf-me.org](mailto:inbox@msf-me.org)

## GET INVOLVED

As an independent organisation we are proud of all of our fundraisers. Every day people are raising money for MSF and we would love to hear from you. Whether you are hosting a dinner, running a marathon or asking people to donate for your birthday, why not send us your story and photos to [inbox@msf-me.org](mailto:inbox@msf-me.org) and tell us what you are doing to raise funds to help get medical aid delivered around the world.

# EDUCATIONAL PULL-OUT

Image: Brendan Bannon

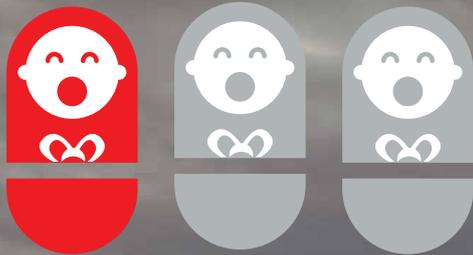
## INFOGRAPHIC: MALNUTRITION

# THE LIVES WE MUST SAVE

Malnutrition is a global issue that affects millions of children every year. Severely malnourished children have a weakened immune system which makes them more vulnerable to dying from common childhood illnesses such as respiratory infections or diarrhoea. Without treatment, these children have little chance of survival.

Yet with specialised medical treatment, even the most severely malnourished children can make a full recovery. And if we can reach them in time, simple treatments like ready-to-use therapeutic foods can help malnourished and at-risk children who might otherwise not survive.

To find out more and help save the lives of malnourished children visit: [www.msf-me.org/malnutrition](http://www.msf-me.org/malnutrition)



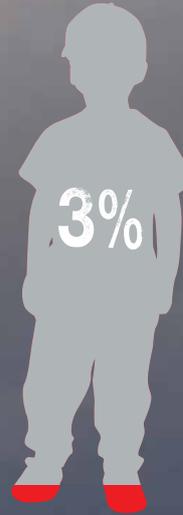
Malnutrition contributes to one third of deaths of children under the age of five.

يؤدي سوء التغذية إلى ثلث حالات الوفاة بين الأطفال دون سن الخامسة.

# 20,000,000

The number of children who suffer from severe acute malnutrition every year.

عدد الأطفال الذين يعانون من سوء التغذية الحاد والوخيم كل عام.



Only 3% of severely malnourished children receive the treatment they need.

نسبة الأطفال المصابين بسوء التغذية الحاد والوخيم الحاصلين على العلاج الذي هم في أمس الحاجة إليه.

• A child gathering sticks in Lankien, South Sudan. Following the violence that broke out in South Sudan in December 2013, almost four million people are in need of humanitarian assistance, and the UN is warning of a possible malnutrition crisis later this year.

• طفل يجمع الأغصان في لانكين، جنوب السودان. في أعقاب أعمال العنف التي اندلعت في جنوب السودان شهر ديسمبر الماضي، يحتاج نحو أربعة ملايين فرد إلى المساعدات الإنسانية، كما تحذر الأمم المتحدة من احتمال وقوع أزمة معنية بسوء التغذية في فترة لاحقة من هذا العام.

صورة تفسيرية: سوء التغذية

# الأطفال الذين يجب إنقاذهم

إن سوء التغذية أزمة عالمية تؤثر على ملايين الأطفال كل عام. يعاني الأطفال المصابون بسوء التغذية الحاد والوخيم من نظام مناعي ضعيف ينهكهم ويجعلهم عرضة للموت جراء أمراض شائعة لدى الأطفال مثل الالتهابات التنفسية والإسهال. وتكمن فرصة نجاة هؤلاء الأطفال في الحصول على العلاج في الوقت المناسب.

لكن بفضل رعاية طبية متميزة، يمكن علاج حتى الأطفال المصابين بسوء التغذية الحاد والوخيم عبر وسائل أصبحت اليوم سهلة وناجعة مثل توفير الأغذية العلاجية المنقذة للحياة، وذلك شرط وصولنا إليهم في الوقت المناسب.

لمعرفة المزيد ودعم أطباء بلا حدود في توفير الرعاية المنقذة للحياة للأطفال الذين يعانون من سوء التغذية، يرجى زيارة موقع: [www.msf-me.org/malnutrition](http://www.msf-me.org/malnutrition)

**\$40**

The cost of providing 100 sachets of ready-to-use therapeutic food, enough to restore one child to health.

تكلفة توفير 100 وحدة من الأغذية العلاجية الجاهزة، ما يكفي لعلاج طفل.

**233,825**

The number of severely malnourished children treated by MSF in 2013.

عدد الأطفال المصابين بسوء التغذية الحاد والوخيم الذين عالجتهم منظمة أطباء بلا حدود خلال عام 2013.



MEDECINS SANS FRONTIERES  
أطباء بلا حدود