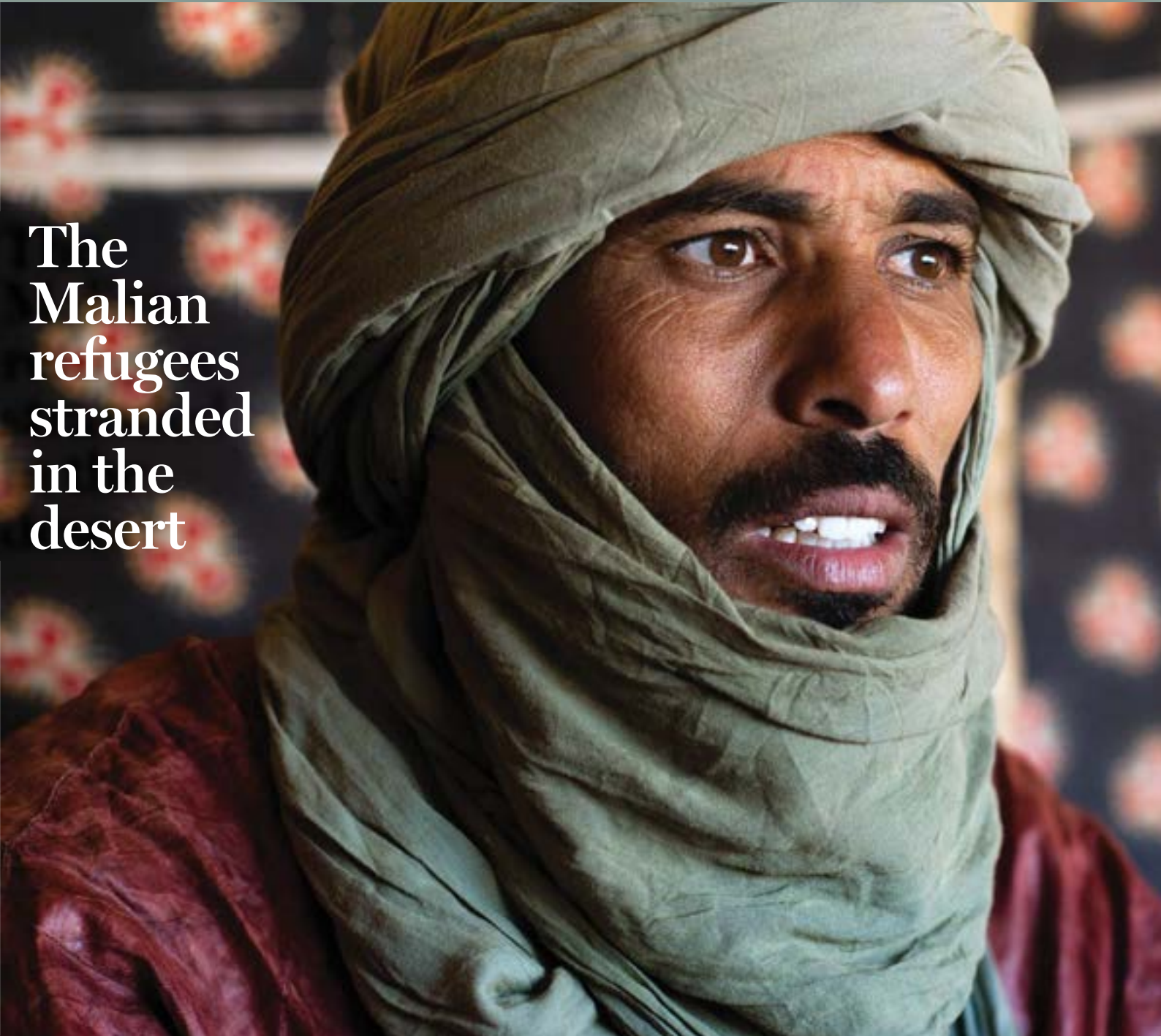


# DISPATCHES

## The Malian refugees stranded in the desert



Mohammed Welt Mine, from Timbuktu, is living in Mbera refugee camp in Mauritania. He will not take his family back to Mali until there is peace Photograph: ©Nyani Quarmyne/MSF, 2013

Summer 2013  
No 69



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### India drugs court case Ruling will save millions

On 1 April the Indian Supreme Court in Delhi reached a landmark decision to uphold India's Patents Act in the face of the seven-year challenge by Swiss pharmaceutical

company Novartis. This is a major victory for patients' access to medicines in developing countries, and ensures that many of the drugs MSF uses in its projects worldwide will remain affordable and readily available.

"This is a huge relief for the millions of patients and doctors in

developing countries who depend on affordable medicines from India, and for treatment providers like MSF," said Dr Unni Karunakara, MSF International President. "The Supreme Court's decision now makes patents on the medicines that we desperately need less likely. This marks the strongest



ANTI-TB MEDICINES. PHOTOGRAPH: © SIDDHARTH SINGH/MSF, INDIA, 2013

possible signal to Novartis and other multinational pharmaceutical companies that they should stop seeking to attack the Indian patent law."

For many years, India has been known as the "pharmacy of the developing world" due to the fierce competition between generic

drug makers, which, in turn, has dramatically driven down the prices of a whole range of medicines.

For example, the cost of antiretroviral drugs to treat one person with HIV/AIDS for one year has dropped from US\$10,000 in 2000 to less than US\$100 today, making the lifesaving treatment now

affordable to millions more people around the world.

More than 80 percent of the antiretroviral medicines used by MSF in its HIV/AIDS programmes come from producers of generics based in India, while we also rely on Indian generics for malaria and tuberculosis treatments.

"Thanks to yesterday's decision we have won the latest battle," says Dr Unni Karunakara. "But until a better model for drug development is agreed – a model that ensures innovation is rewarded but that prices are affordable for the people who need the medicines – the struggle will continue."



### Iraq Syrians escape to camp

MSF has scaled up its emergency response in Domeez refugee camp in Iraq as the number of Syrians fleeing the conflict in their home country grows.

Over the past two years more than a million people have fled to neighbouring countries, an estimated 125,000 of them to the Kurdish region of Iraq. At Domeez camp near the city of Duhok, 35,000 people live in crowded conditions, with 700 to 1,000 newcomers registering every day. Services are stretched to the limit.

In response, MSF has increased its staff on the ground to 60 and is now providing an average of 3,500 consultations per week in the camp's only clinic. People travel for hours on rocky roads to escape Syria and reach the camp.

**'We left because of war. The city is besieged; there's no fuel for heaters, no water, no electricity'**



Most of the newly arrived refugees must share tents, blankets, mattresses and even their food with other families.

"We left because of war," says one woman. "We came from Qamishli. The city is completely besieged; there's no fuel for heaters, no water, no electricity. The

trip was really difficult and long because we went through the mountains. I have five very young children and they all had to walk. We had to go through much suffering to get here but thank God we arrived."

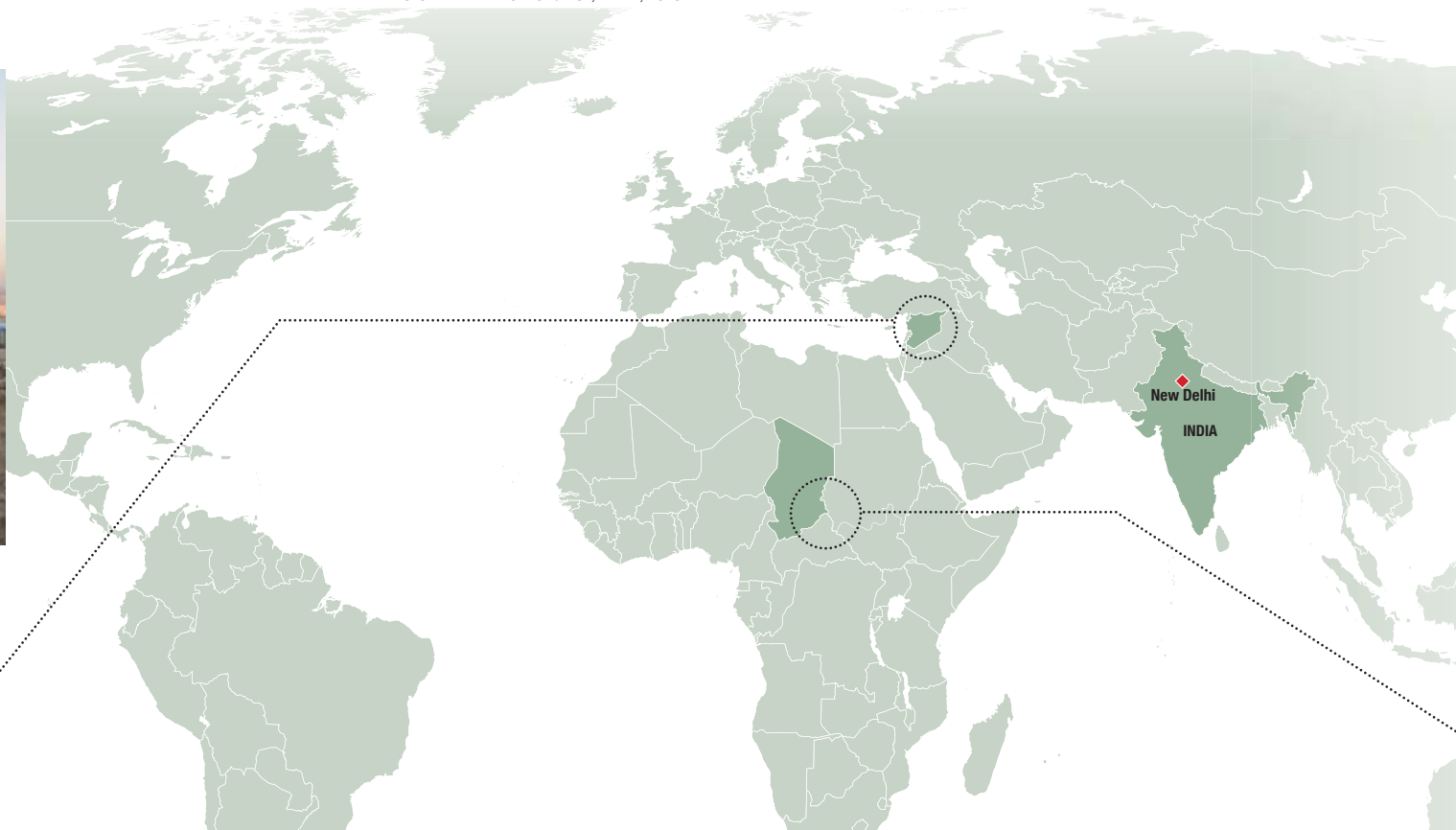
The medical conditions



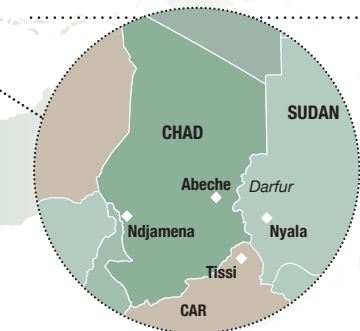
SCENES FROM THE TENT CITY, AND MSF'S 24-HOUR CLINIC AT DOMEZ REFUGEE CAMP. PHOTOGRAPH: © MICHAEL GOLDFARB/MSF, IRAQ, 2013

observed in our consultations are mainly related to poor living conditions aggravated by the bitter winter that hit the region earlier this year.

"In our consultations half of the patients we see suffer from respiratory infections," says Emilie Khaled, MSF field coordinator. "With milder temperatures and very poor water and sanitation systems we are seeing an increase in diarrhoea cases. Urgent solutions must be found to improve people's living conditions in the camp."



### Chad Civilians flee Darfur



Tens of thousands of displaced people from Sudan have been pouring into southeast Chad since early March to escape clashes in neighbouring Darfur.

"We arrived in Tissi in the first week of April to respond to a measles outbreak," says Stefano Argenziano, head of mission for MSF. "It soon became clear to us that most of the recently arrived refugees have no access to healthcare, food or clean water. They live mostly under trees, which do not provide much shade, and they have nothing to protect themselves against the dust and heat during the day and the cold during the night."

Under these circumstances the health of refugees is likely to deteriorate rapidly, making them vulnerable to epidemics and diseases such as malaria and

malnutrition.

As the Tissi area has no functioning hospital, MSF teams are working to provide emergency and general healthcare. An emergency room for victims of violence has been set up to treat wounded patients, children under the age of five and pregnant women. To date, MSF has treated 40 patients who suffered bullet and knife injuries while fleeing the conflict, as well as 24 local residents who were wounded in a road accident. In Tissi itself, MSF has improved the capacity of the town's only source of clean water and is planning to hold mobile clinics in the surrounding area.

The living conditions of the refugees are deteriorating quickly. Parents have told MSF teams that children are increasingly falling ill. With the rainy season just two months away, time is running out.

"Once the rainy season starts, our access to these camps will be impossible by road and the refugees will be completely cut off," Stefano Argenziano says.

None of the sites where the refugees have settled are official refugee camps, and so far, due to security concerns and their proximity to the Sudanese border, UN agencies and most aid organisations are reluctant to provide the refugees with assistance.

GROUPS OF REFUGEES IN TISSI. PHOTOGRAPH: © MSF, CHAD, 2013





# Stranded in the desert, the refugees driven out of Mali

Some 70,000 refugees are sheltering in tents in the middle of the Mauritanian desert after leaving their homes in northern Mali due to ethnic tensions, fear and fighting. We talked to **Henry Gray**, MSF's emergency coordinator, and **Azarra**, whose family fled Timbuktu. Photo essay by **Nyani Quarmyne**

MSF's emergency coordinator Henry Gray describes the situation in Mbera refugee camp, where MSF teams have just built a third health post and are seeing 2,500 patients every week.

Seventy thousand people have arrived over the past 15 months in three waves. With the tensions in northern Mali, we had a first wave at the start of 2012. More recently, with the combat operations by the French-Malian army against the people occupying the north, there's been a wave of 15,000 people who arrived in around 10 days, which overwhelmed



the existing infrastructure in the camp. The difficulty is that the camp has grown up in the middle of nowhere – we're around 300km [186 miles] from the nearest large town. Conditions are extremely difficult. It's 50C and there hasn't been enough water, shelter or even food for a lot of the refugees. The refugees have actually grown weaker whilst in the camp – the very place where they should have been receiving assistance.

The situation has improved in recent weeks, but it's still extremely



**“The camp has grown up in the middle of nowhere ... it's 50C and there hasn't been enough water, shelter or food”**

precarious, and shelter, clean water, latrines, hygiene and food need to reach all those in need – now and in the future.

Most people arriving in the camp are from the Tuareg and Arab communities, and say they left because of ethnic tensions. Their home in northern Mali is in the grip of fear and mistrust, and the majority fled from fear of violence due to their presumed links with Islamist or separatist groups. Until there's a political solution and they feel safe, they won't go home.



**Terrified by warplanes flying overhead after French and Malian military operations in the north of the country, Azarra and her family left Timbuktu and headed for the Mauritanian border.**

I left with my daughter who was nine months pregnant. We were very afraid of the planes, which frightened everyone, even the animals, which fled in all directions. We were terrified.

We didn't even think about whether

we should go or not; everyone got into the car and we left. We were all crammed in. We took nothing with us, we left the doors of our house open, we left our animals, we didn't even take clothes or food. We did not want to have these machines over our heads and so we left.

It took us two days to get to Fassala, on the border. We were tired, but still alive, and safe – that was the most important thing. Now we have to adapt to life in Mbera and it's going to be hard. My daughter gave birth



**Clockwise from far left: an expectant mother is rushed to MSF's maternity tent; a truck loaded with refugees waits outside Mbera for the rest of an 800-person-strong convoy to catch up; Dr Benoit Mbiya helps a dehydrated child; Mariama Walet Gali is still waiting to be allocated a tent in Mbera; Rosa Crestani, MSF's emergency coordinator, talks to Kalssou Walet Kiti in MSF's feeding centre**



**“We took nothing with us, we left our animals, we didn't even take clothes or food”**

here and we had nothing for the baby. He's suffering from malnutrition and has been admitted to MSF's feeding programme.

The food here isn't the same as what we normally eat. We are nomads, we are used to meat and curdled milk, but here they give us rice and oil. I was poor in Mali, but here it's even worse; I've got absolutely nothing. I feel completely foreign and far away from home. All I want is for northern Mali to return to peace so that I can go back home.



**In February, illustrator George Butler travelled to Turkey and northern Syria with MSF to document the effect the conflict is having on ordinary Syrian people, many of whom have been forced to flee to neighbouring Turkey to escape the fighting.**

Words and pictures by George Butler

### Taftanaz town

Parts of Taftanaz town were destroyed after the airbase was captured by the Free Syrian Army in mid-January. As I was drawing in Taftanaz, the distinctive whistling of a tank round punctuated the air.

It was close enough for my Free Syrian Army escort to put his fingers in his ears, but we were in no immediate danger and after a few seconds we carried on as normal. It did, however, give me a shallow insight into how difficult it must be to have any sort of life in Syria at the moment.

### Ahmed, 10

There doesn't seem anything more mundane than drawing when you are standing next to a child who has lost his mother, his brother and his leg within the last 48 hours. His father, Yassar, is wracked with worry as he sits in a clinic run by Syrian doctors at Bab al Hawa. Ahmed keeps pulling his adult-sized oxygen mask off his little face.

### Khalid

Khalid, who is 10, must be one of the bravest people I am ever likely to meet. Four weeks ago, his mother unknowingly told a Shia woman in their new village that her eldest three sons were fighting in the Free Syrian Army. The neighbour reported her to the Shabiha (mercenaries paid by the government).

According to Khalid, after a knock at the door his father was "turned into two pieces" by a heavy gun usually used against vehicles. He and his mother tried to escape to Turkey. At a checkpoint, his mother dropped told him: "Don't stop, move!" Khalid did as he was told, but at a safe distance he turned to see his mother's head cut off with a sword.

Khalid's 16-year-old brother has been killed in the fighting and another brother is missing. The only positive shred from this crushing story is that Khalid has been adopted by Mama Nazak and is now safe. For the time being.

### Mama Nazak

In a rented apartment in Kilis, Turkey, I sat and spoke to refugees supported by the MSF mental health team. Mama Nazak left Syria in 1980 after being hung by her hands under Hafez al-Assad's government for not being a member of the ruling party.



One of her sons, a police officer, returned to his base one day. What he found would change his family's lives forever. He caught three of his colleagues and a superior officer raping a 13-year-old girl. He drew his gun and killed three of them; the fourth was shot through the cheek. Mama Nazak's family fled to Turkey. Despite her pleading, her three sons returned to Syria to fight.

One was shot in the head and killed while launching a rocket, one in the arm trying to save him, and the other, on a separate occasion, in the stomach, which left him paralysed from the waist down. "You can say I had three flowers in my garden: one was eaten by the beast and two trampled down with the beast's foot," Mama Nazak says.



To see more of George's drawings visit [msf.org.uk/georgebutler](http://msf.org.uk/georgebutler)



**George Butler in northern Syria and Turkey**



**A family in their home**

This family is typical of the people MSF works with in Syria. They're living in a small room with mattresses stacked up at the sides ready to be laid out at bedtime. Often the room is shared by two or three or four families. Although they're now in Turkey, many families like this are so scared of the Syrian Government that they will not allow their pictures to be taken.

Even drawing takes some persuading. I felt such compassion for these people, but none more so when they thanked me for drawing them. So generous and so brave.

**Cilvegözü border**

Drawn 24 hours after a bombing where 14 people were killed and twice as many were injured. The border at the time remained shut - meaning aid could not get in and people could not get out.

**Refugee homes**

The Turkish foreign minister Ahmet Davutoğlu announced recently that the total number of refugees in Turkey was 182,000. This doesn't take into account the unregistered refugees, who are thought to number over 500,000.

Many of those I saw while working with MSF have been living in makeshift tents, as they can't fit into the camps provided by the government and aid agencies. It was MSF's job to locate these people, find out what they most needed and distribute the aid as soon as they could.



**MSF and Syrian refugees**

According to the UN's refugee agency, the UNHCR, over one million Syrians have been either registered or are waiting to be registered as refugees mainly in the neighbouring countries of Iraq, Jordan, Lebanon and Turkey. But their actual number could be much higher. In the past months as many as 7,000 people have been fleeing Syria each day. Most of them are reported to be women and children. MSF has been assisting refugees in Turkey since August 2011, and is also working with refugees in Lebanon, Iraq and Jordan. From the start of 2012 until the end of February 2013, MSF provided over 110,000 medical and mental health consultations to refugees in these four countries.



**CENTRAL AFRICAN REPUBLIC**

msf.org.uk



Patients at the community hospital in Bangui, where MSF continued to operate despite a lack of water and electricity Photograph: © François Beda/MSF, 2013

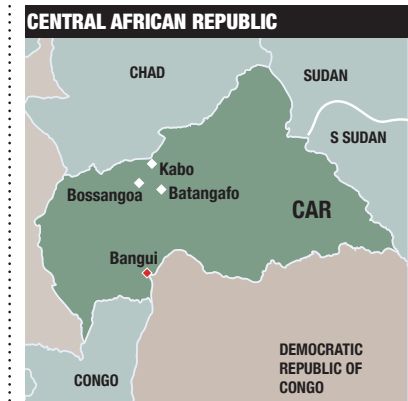
**Unrest halts healthcare for civilians**

Armed gangs caused chaos in Central African Republic (CAR) after the government was taken over in March by Seleka forces. As gangs went on a spree of looting, local health workers fled in fear, leaving large numbers of people without medical care. MSF managed to keep its seven projects in the country up and running throughout the crisis, as well as launching emergency responses in some of the worst affected areas, despite its own buildings being looted and staff threatened. Six weeks on, MSF head of mission Sylvain Groulx describes the situation.

There is a lot less looting than in the first month, less general insecurity, fewer gunshots at night. But life hasn't returned to normal. Schools reopened on Monday, but although most of the teachers were there, most of the children were not.

So there is still fear, tension, and economic woes following the looting. There's not one government office that wasn't completely looted, which means that the already extremely poor administration is now even worse.

In the capital, Bangui, health services are functioning pretty normally, but that's not the case elsewhere. When the rebels started making their way through



**'These people endure daily hardships just to survive ... the current insecurity is pushing their coping mechanisms to the limit'**

the country, all the doctors, nurses and midwives fled to Bangui, and they still don't feel secure enough to go back. Some hospitals and health centres are functioning, but the level of healthcare on offer was already extremely low, and without qualified staff, the situation has grown miserably worse for the population.

Even in times of peace, these people endure daily hardships just to survive. Mortality rates from preventable and treatable diseases were already above the emergency threshold in many areas. The current insecurity is pushing their coping mechanisms to the limit.

We are the only international organisation that has continued operating during this time of crisis. We had to evacuate staff from our projects in Batangafo and Kabo for 20 days following a small security incident, but apart from that our projects have all been running normally.



# Why I ♥ Shumanay: my dream job breaking new ground on Uzbek plains



**Emily Wise** is a British doctor working with MSF on tuberculosis projects in Karalpakstan, Uzbekistan, where drug-resistant tuberculosis is widespread

I miss our staff meeting because I am visiting two sick patients that cannot wait. When I return to the office, I am greeted by a smiling Marielle. Marielle is a brilliant French nurse and, as she spent 20 years working in England, we are tuned into each other's sense of humour. "Looks like we'll be together in Shumanay," she blurts out; "they announced it in the meeting!"

So, my fate is sealed: I am opening Shumanay. Up until now, my position has been as the doctor in the Khod-

jeily district. Already, by the time of my arrival, things were running pretty impressively. All of the hard graft had already been done by my predecessors: doctors Jan (some kind of Canadian medical god) and Johanna (an organisational guru). By the time I arrived, there was little left for me to do. No heroic lifesaving. No stamping my mark. No making a gigantic difference to rapturous applause. Great for the programme; great for the patients; Khodjeily is a real success story. But for me, working in Khodjeily has always felt akin to sleeping with someone else's husband.

And now my time has come. Shumanay is virtually uncharted territory for us. How many cases of TB will there be? How many will be drug-resistant? What is the state of TB care in Shumanay? I am granted an MSF dream team for the job: joining Marielle and I will be our nurse Sarbinaz and counsellor Koral, both of whom are industrious, kind and capable. Shumanay will be our baby.

**'My colleagues start addressing emails to me with "Dear ShuEmily..."'**

We travel the hour and a half to Shumanay and survey the environment. It is similar to the rest of Karakalpakstan – barren, parched plains as far as the eye can see, small shack houses and Lada cars kept just about roadworthy since Soviet days. But it's even more remote, rural and sparsely populated than I have previously experienced. I can practically hear the untreated Mycobacterium tuberculosis bacilli singing to me from the houses. This is a fine land.

Marielle catches me grinning. I tell her that I love Shumanay and that when I get home I'm going to buy a kitten and call it Shumanay.

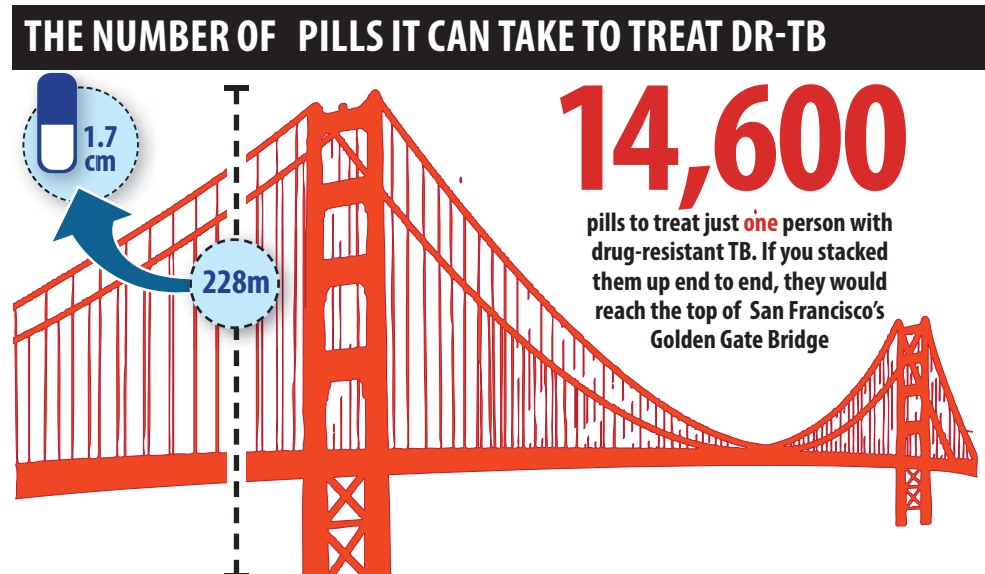
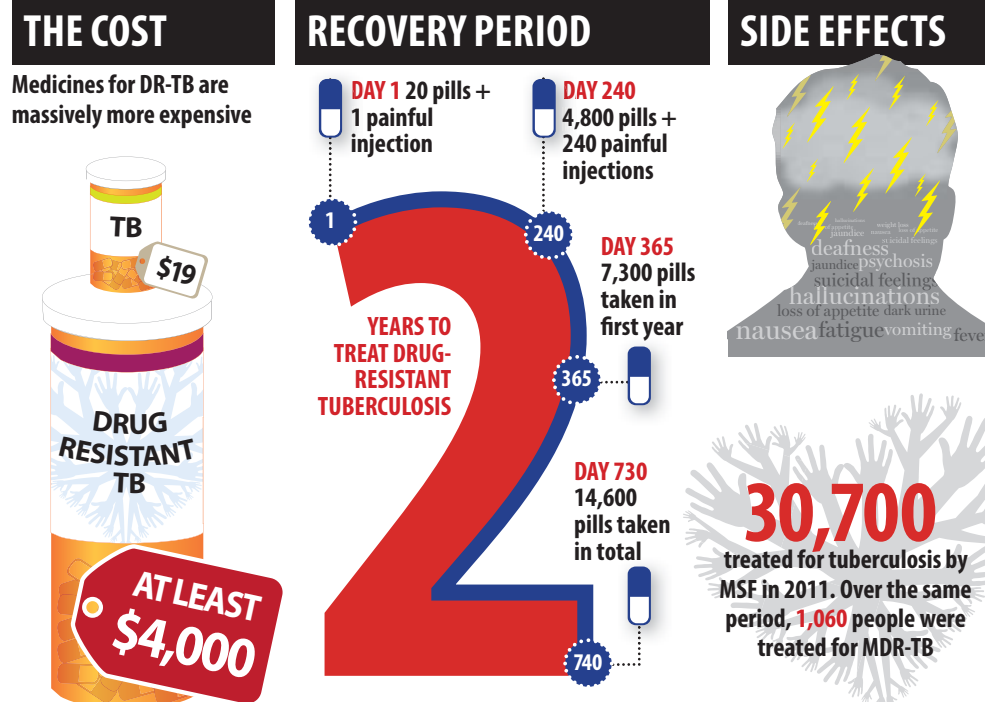
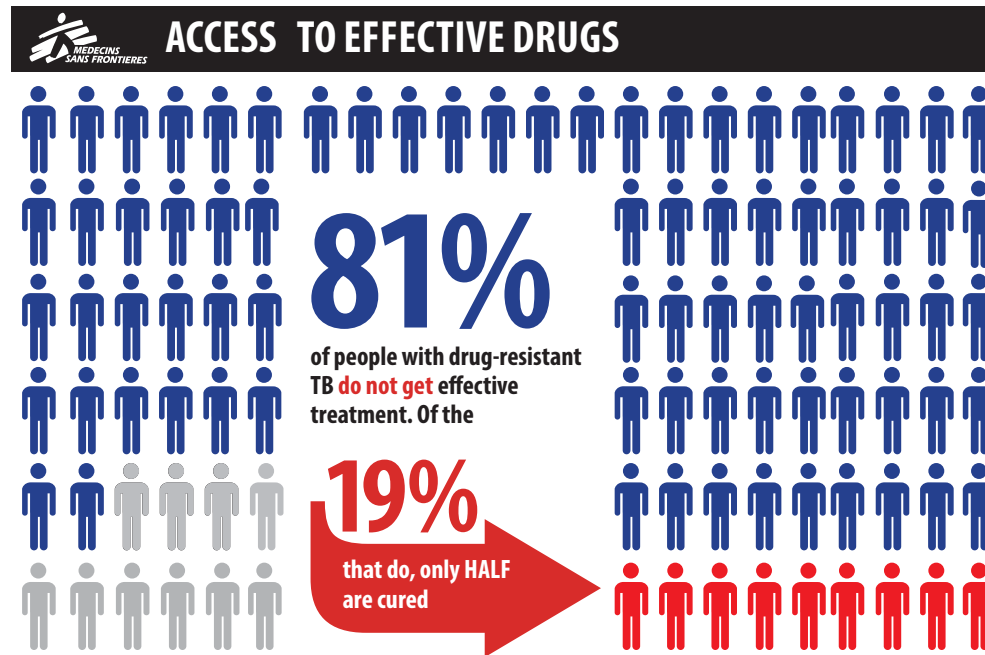
"Let's talk again in a month and see if you still love it," she chortles and then does an impression of an exasperated me, pulling out my hair, screaming "I hate Shumanay!"

But I don't hate Shumanay, I already know that I heart Shumanay.

I meet one of the three TB doctors in the region, Tileubergen. He has olive-green eyes, a striking contrast to his handsome dark Uzbek features, and he smiles a lot. He is the Karakalpak George Clooney. He takes me to see a few patients he is worried about. One tells me, via my translator, Murat, that he is on 25mg of amitriptyline for depression. "That is a pretty old-fashioned drug and too low a dose," I comment to Murat. "I know," says Tileubergen, "but we do not have mirtazapine available locally and that is the dose the psychiatrist wanted to start. I know it is too low." Bingo! My Ministry of Health doctor speaks some English and he knows the correct dose of amitriptyline. I told you Shumanay was a great place.

I take Murat and Tileubergen for lunch at a café and we wolf down dishes of hamburger patties with runny fried eggs on top (I pray to the god of salmonella to let this one slide). Then, before I've even swallowed my last mouthful, I start to grill Tileubergen about the current TB resources

antibiotics, they are considered to have MDR-TB. MDR-TB is not impossible to treat, but the drug regime is arduous, taking up to two years and causing terrible side effects, including psychosis, deafness and constant nausea. Extensively drug-resistant tuberculosis (XDR-TB) is identified when resistance to second-line drugs develops on top of MDR-TB. The treatment options for XDR-TB are limited. MSF is calling for new drugs, new diagnostic tools and new funding streams to help tackle this global health crisis. For more information, visit: [msfaccess.org/TBmanifesto](http://msfaccess.org/TBmanifesto)



in Shumanay. I ask him how he feels about MSF entering his district. He replies: "We have been waiting for this time to come."

Over the following days, we perform our assessments to evaluate exactly what state Shumanay is in. There are no second-line drugs, no infection control, no capacity to perform drug sensitivity testing. The radiological provision for the entire district is one portable X-ray machine in a room less sturdy than a shed. They have an inpatient ward brimming with cases and over 300 'chronic' TB patients in the community that they cannot cure, presumably because they are infected with drug-resistant strains. Staff have been rationing a handful of respiratory masks between them, reusing them over months. Where to start? It's a mammoth task. This will have me working round the clock ... I am itching to go. My colleagues tease me for my enthusiasm and start addressing emails to me with 'Dear ShuEmily ...'

I Skype with my partner, Pete. He tells me he has taken to listening to a song called 'Pompeii' because its lyrics sum up his predicament since I left him for my MSF mission: "How am I going to be an optimist about this?" And in many respects the line sums up how I feel about our plight against drug-resistant TB. The problem is so vast, so complicated, so without obvious solutions. The TB epidemic here is out of control, we have hopeless drugs, insufficient global regard for our cause and the threat that our work will collapse as soon as we try to leave. How on earth am I going to be an optimist about this? But for now I have Shumanay, my new cause, a new hope. And I heart Shumanay.

**Read more of Emily's blogposts at: [blogs.msf.org/emilyw](http://blogs.msf.org/emilyw)**

## MSF UK VOLUNTEERS

- Afghanistan Renate Reisinger Nurse
- Bangladesh Judith Robertson-Sherby Harvie Doctor; Laura Richardson Doctor; Benjamin Pickering Field Coordinator; Danielle Wellington Nurse
- Burundi Sophie Dunkley Epidemiologist
- Cambodia Davina Sharma Owusuansua Doctor
- Central African Republic Nadia Lafferty Doctor; Timothy Tranter Field Coordinator
- Democratic Republic of Congo Madhu Prasai Doctor; Eleanor Hitchman Mental Health Specialist; Kim Sunmi Logistician; Jonquil Nicholl Midwife; William Turner Field Coordinator; Louise Roland-Gosselin Humanitarian Affairs Officer; Hayley Morgan Logician; Bernadette Rooney Biomedical Analyst; Maria del Mar Estupiñán-Fernández de Mesa Pharmacist
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- Guinea Benjamin Le Grand Logistical Coordinator; Victoria Christensen Field Administrator
- Haiti Anna Carole Vareil Financial Coordinator; Elizabeth Ledger Doctor
- India Luke Arend Head of Mission; Sakib Burza Medical Coordinator; Mark Blackford Financial Coordinator; Christopher Peskett Nurse; Eimhin Ansbro Doctor
- Iraq Mireia Coll Cuenca Nurse
- Jordan Leanne Sellers Nurse
- Kenya Johan Briussel Logistical Coordinator
- Lebanon Aoife Doran Doctor
- Myanmar Duncan Bell Head of Mission; Victoria Hawkins Deputy Head of Mission; Haydyn Williams Logician; Lynsey Davies Doctor; Rebecca Inglis Doctor; Richard Kinder Logician
- Nigeria Simon Tyler Head of Mission
- Pakistan Judith Nicholas Midwife; Gerard Bowdren Midwife; Elaine Badrian Medical Team Leader; Forbes Sharp Project Coordinator
- Papua New Guinea Andrew Burger-Seed Logician; Michael John Patmore Biomedical Analyst
- Sierra Leone Jose Hulsenbek Head of Mission; Hannah Spencer Doctor; Benjamin Jeffs Doctor
- Somalia Donna Love Nurse
- South Africa Andrew Mews Head of Mission; Amir Shroufi Deputy Medical Coordinator
- South Sudan Georgina Brown Midwife; Zodiac Maslin-Hahn Financial Coordinator; Anna Ray Nurse; Zoe Allen Logician; Gillian Goldberg Doctor; Emma Rugless Nurse; Emma Pedley Nurse; Angelica Orjuela Water and Sanitation Expert; Kieran Turner Logician; Deirdre Lynch Doctor; Richard Delaney Logician; Michael Kemsley Project Coordinator; Neal Russell Doctor; Judith Starkulla Midwife; Alison Turner Nurse; Sylvia Garry Doctor
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- Thailand Paul Cawthome Consultant
- Turkey Alison Criado-Perez Nurse; Terri Anne Morris Intersectional HR
- Uganda Emma Kinghan Doctor; Christopher Hall Logistical Coordinator
- Uzbekistan Marielle Connan Nurse; Emily Wise Doctor
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**MEDECINS SANS FRONTIERES  
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Médecins Sans Frontières MSF (Doctors Without Borders) is a leading independent humanitarian organisation for emergency medical aid. In more than 60 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics irrespective of race, religion or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.

We have re-launched our website. Not only is it better looking and easier to use, it has more frontline stories, videos and blogs than ever before and is fully compatible with smartphones and tablets. Visit us at [msf.org.uk](http://msf.org.uk)



A child in the burns unit at MSF's Drouillard hospital in Port-au-Prince. It is the only specialist clinic for severe burns in Haiti and saw 481 admissions in 2012. Worsening living conditions in the wake of the 2010 earthquake have brought a big increase in domestic accidents such as burns from boiling water Photograph: © Andre Quillien/MSF, 2013

## Call for the release of captured aid workers

MSF again condemns the abduction of its two colleagues in Dadaab and calls for their release.

In October 2011, Montserrat Serra and Blanca Thiebaut were abducted from Ifo 2 refugee camp in Dadaab, Kenya, where they had been working to help some of the most vulnerable members of the Somali population. They were taken across the border to Somalia and they are still being held against their will.

While continuing to work for their release, MSF condemns this heinous act of violence perpetrated against humanitarian workers and reiterates its demand for their immediate release.

The Thiebaut and Serra families have expressed their concern and anguish over the kidnappings and remain committed to doing everything they can to gain the release of Blanca and Montserrat.



**Blanca Thiebaut**



**Montserrat Serra**

## Watch our science showcase

MSF's annual Scientific Day is a unique showcase of medical and scientific research carried out in MSF programmes around the world. This year the event took place at the Royal Society of Medicine on 10 May, and featured speakers such as global health expert and TED talks alumnus Hans Rosling. You can watch all the presentations and find out more online via our website.



[www.msf.org.uk/msf-scientific-day](http://www.msf.org.uk/msf-scientific-day)

### **i** YOUR SUPPORT

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*Dispatches* is written by people working for MSF and sent out every three months to our supporters and to staff in the field. It is edited in London by Marcus Dunk. It costs 6p to produce, 7p to package and 22p to send, using Mailsort Three, the cheapest form of post. We send it to keep you informed about our activities and about how your money is spent. *Dispatches* gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which

MSF works. We welcome your feedback. Please contact us by the methods listed, or email: [marcus.dunk@london.msf.org](mailto:marcus.dunk@london.msf.org)

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