DISPATCHES

Médecins Sans Frontières 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.

‘Seeing 500 patients a day is a bit crazy’

The queue at Murwira clinic where MSF provides HIV/AIDS treatment Photograph © Diane Cheung/MSF, Zimbabwe 2009

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Miracles defy a meltdown in the township

Dr Melanie Rosenvinge talks about working in an MSF clinic near the Zimbabwean capital, where around 20 percent of the population is HIV positive

"Seeing 500 patients a day is a bit crazy", says Dr Melanie Rosenvinge, who left her job at St George's Hospital in London to spend nine months with MSF in Zimbabwe. She worked in MSF's HIV/AIDS clinic in Epworth, a township on the outskirts of the capital, Harare. Around 20% of the people living in Epworth are HIV positive and the area is extremely poor, meaning that most people cannot afford to see a doctor.

"Right now there's a 10-year-old child next door who won't stop screaming because of a terrible headache," says Dr Rosenvinge. "She's got a fungal meningitis. As your immune system gets weakened, it's one of the infections that AIDS patients become susceptible to, although it's not that common in children.

"We can treat it with two weeks of amphotericin injections, but the treatment has quite a lot of side effects so we need to watch her very closely. I need to put a needle in her spine, which is actually quite painful, but will relieve the pressure in her head. I think she's got herself worked up and I'm sure the crying is making her much worse. We need to settle her down – with all her wriggling and crying I can't even get near her.

'The people here are caught up in Zimbabwe's economic and healthcare meltdown. Many of the men have left to work abroad and the families are run by women who have little or no income'

"The people here are caught up in Zimbabwe's economic and healthcare meltdown. Many of the men have left to seek work abroad and the majority of families are run by women who have little or no income. Their nearest hospital is a half hour drive at reasonable speed, so you can imagine how accessible that is for people who are lucky if they can afford a wheelbarrow to come to the clinic in.

"You do go the extra mile for some patients. There's one lady in the community who we've gone and picked up quite a few times although she lives a 45-minute drive away. This possibly isn't the best use of resources, but actually it's important for all the staff here, including the drivers, to feel they are doing something to help.

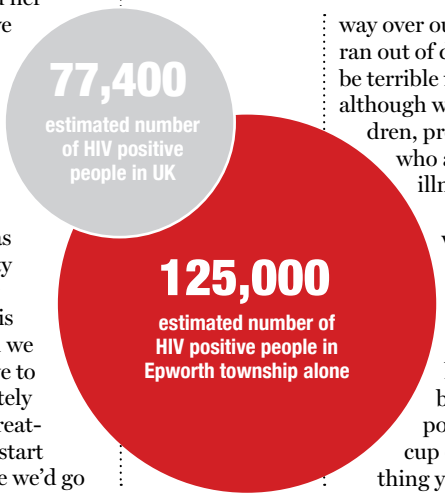
"Her husband ran off and left her when she was eight months pregnant, and she then delivered at home in quite dirty conditions. When she came to us she was really sick as she'd picked up an infection and also had tuberculosis. Her baby was only a couple of days old and she hadn't been able to produce any milk.

"She couldn't get to the clinic or to the hospital because she didn't have any relatives. So we would drive out to her quite a lot, and bring her here for her treatment. She is now walking, and able to cook and feed her child. That is very satisfying. We treated her baby after the birth, and gave drugs to the mother while she was pregnant as this helps reduce transmission of HIV from mother to child. We don't know yet whether her child is HIV positive, but so far so good.

"It's tough working here as we very rarely have electricity and we haven't had running water for over a year. There is so much more demand than we have resources for so we have to be quite careful – if I absolutely have to start somebody on treatment then I will, but I can't start everybody because otherwise we'd go way over our limits, and then if we ran out of drugs that would obviously be terrible for all our patients. But although we have a waiting list, children, pregnant women, and people who are in an advanced stage of illness do get fast-tracked.

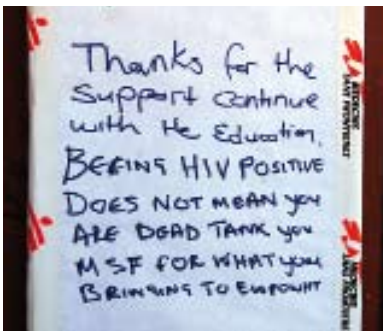
"You get people coming who are desperately sick, and everyone has an awful story here. One lady was really hungry and needed a cup of maize, and so she had sex with this guy and became pregnant and HIV positive as a result. For one cup of food. That's the kind of thing you're dealing with here,

Two years ago Dadirai started taking anti-retroviral medicines; she now works



Number of people receiving anti-retroviral HIV/AIDS treatment in UK in 2007 **40,307**

as a nurse assistant at MSF's Epworth clinic All photographs: © Joanna Stavropoulou/MSF, 2009



Top: Dr Rosenvinge discusses a patient's improvement; centre, a message left at the clinic; above, some of the educational materials available there

'One lady was really hungry and needed a cup of maize, so she had sex with this guy and became pregnant and HIV positive as a result. For one cup of food'

it's awful. But it's amazing what you can do. I have my favourite patients who have come in at death's door, and have somehow made this miraculous recovery. One lady had been in bed for 18 months and had horrific sores. She was in her early thirties and I think she was less than 30kg [4st 7lbs], but we couldn't weigh her because she couldn't stand up, I mean she actually had no energy to do anything.

"She was incredibly anaemic, and she had no white blood cells to fight off infection. I couldn't believe she'd lived that long – she must have been in a reasonably safe environment because normally someone in this condition would have died.

Online

Listen to Dr Rosenvinge talk about her work in Epworth at **msf.org.uk/melanie**

"After about three months of anti-retroviral treatment her health started to improve dramatically. I saw her the other day and she now weighs 72kg [11st 3lbs], she's wearing high-heel shoes, and she's going to work. She's a real heart-warming case; you need to remember patients like these when you lose people, because you do lose people and it can be very very tough.

"We have set up support groups so that the patients we are treating can help each other. Around 80% of them are women. Earlier this year some of the women in one support group decided to set up a football team, and their stories are amazing.

"I saw one of them playing in a tournament and I was absolutely gobsmacked because about six weeks previously she'd had widespread tuberculosis. I had drained I don't know how many litres of fluid off her abdomen and here she was playing football between breast-feeding her baby – and she did a headstand!

"She was one of these patients that I'd seen so regularly in the daycare centre and then she just didn't turn up for a while and I have to admit I thought she'd died. Although she is still living with HIV/AIDS, she's recovered from the tuberculosis. When I saw her on the football team I was like, 'Wow, you're better!' and she was like 'Yeah!'."

Raghu Venugopal, a Canadian doctor, explains how he and his team are running a programme in the Central African Republic to tackle the resurgence of sleeping sickness – a disease the world had thought eradicated

Before the new MSF-designed treatment kits were introduced, Dr Venugopal and his colleagues had to give patients four daily

'We're waiting for

In the small village of Maitikoulou, in northern Central African Republic (CAR), MSF is running a bustling and vital sleeping sickness programme. In the 1960s it was widely believed that the deadly disease Human African Trypanosomiasis had been virtually eradicated and efforts to develop new drugs and to set up treatment programmes were phased out.

But the disease has made a resurgence and among the remote villages in northern CAR the number of sleeping sickness cases is growing alarmingly. Dr Raghu Venugopal explains:

"It has been almost two months since I left home. I think I'm into a groove. I've started to get comfortable shaving using a computer screen as a mirror. It's tricky to not allow any water drip onto the keyboard, but totally do-able. I have mastered straining coffee through a hankerchief without making too big a mess. And I've got a vocabulary in the local language M'Bai of about 35 words – nothing builds a therapeutic relationship like greeting someone in their own language and genuinely telling them they have a beautiful child.

To give an idea of how busy we are, here's a snapshot of our sleeping sickness centre:

- **Tent 1** all 12 beds filled with sleeping sickness patients.
- **Tent 2** Seven of eight beds filled with malnutrition or severe malaria cases. One bed with one-month-old baby who has sleeping sickness and severe malaria.
- **Tent 3** One patient only. A one-year-old from Chad in isolation due to measles.
- **Tent 4** Twelve patients in 11 beds. Two newborn twins who arrived yesterday and I put them in the same bed. Their mother died in childbirth and the children have not breast fed in three days. Until the family and I find a long term solution, I've got to admit them.
- **Tent 5** All 12 beds filled; 11 with sleeping sickness patients and one with a young man with a possible seizure disorder.
- **Tent 6** Eight patients in eight beds. Five patients with sleeping sickness and three with other illnesses.
- **Hanger 1** Five sleeping sickness patients and one patient who needs transferring for surgery.
- **New admissions** Eighteen sleeping sickness patients (17 to the hanger, and one in the one free bed)
- **Total patients** 77
- **Free beds** 0

Although we primarily aim to treat sleeping sickness, people come with many other pathologies. Malaria, meningitis, malnutrition and emergencies related to pregnancy and childbirth - these urgencies require our attention as much as sleeping sickness. We can't treat one disease and close our eyes to the other problems here.

But our main focus is sleeping sickness and, busy as we are already, we are spreading the word and actively encouraging people from nearby villages to come and be treated. Our message must have spread to the village of Dilingala in southern Chad as that's where Jean came from. I found him in the laboratory. Something was obviously wrong. Jean was a boy who looked about six or seven years old and was draped across his older brother's arms, limp and barely able to open his eyes.

'We aim to move south and delve into untested villages'

One of our out-patient department staff had sent Jean to the lab. He had requested a serological screening test for sleeping sickness. This rapid test looks for antibodies for sleeping sickness and just requires a quick pin prick.

Jean's brother explained that Jean had become increasingly sick over the past week. He could not walk, he would sleep all day, he would not eat and he was having fevers. When I tried to make Jean walk, he could barely stand. He seemed to be in a confused, altered mental state. He could not talk and he could not swallow a few drops of water we tried to give him. He would not cry or protest if pinched.

Total cost per patient (medicines, medical treatment and transport) using the NECT kit **£203**

intravenous drips All photographs: © Michael Kottmeier/Agenda, 2009

Raghu in the sleeping sickness village

Villagers are encouraged to seek treatment

Crossing rough terrain to reach remote areas

a little boy's giggle'

Sleeping sickness

Sleeping sickness is caused by a parasite that almost exclusively affects humans. The infection is passed from human to human through the aggressive tsetse fly. It is only found in Africa, where MSF's treatment and research has done a lot to advance the care of this disease. Initially it causes intermittent fevers and a flu-like illness, followed by anaemia, cardiac problems and severe neurological manifestations. A wide variety of neurological and psychiatric changes can occur including difficulty sleeping, excessive daytime sleeping, clumsiness, confusion, mania, paranoia, depression and personality changes. Patients can also develop movement disorders where they involuntarily writhe around. The disease can ultimately end in coma and death.

New treatment

The first new sleeping sickness treatment for 25 years was approved by the World Health Organization (WHO) in May. Nifurtimox-Eflornithine Combination Therapy (NECT) requires 14, rather than 56, intravenous infusions and is better suited to remote locations.

"Until now, we have been losing patients because of toxic old drugs," says Jacqueline Tong, head of MSF's sleeping sickness programme. "So we welcome and urgently need this new, safer and less complicated treatment to save lives from this fatal disease."

MSF was one of the partners in developing NECT and has worked with the WHO to develop a kit that contains the medicine and all the equipment needed to administer the treatment.

'Jean was draped across his brother's arms, limp and barely able to open his eyes'

When he did open his eyes he looked around in a wild and confused manner. This is sleeping sickness – the worst kind.

Not surprisingly, the test for trypanosomiasis was positive, and other tests showed that he had moderately severe malaria as well. We did a lumbar puncture immediately to check the severity of the sleeping sickness. Lumbar punctures can actually be done pretty quickly and without too much suffering but – let's face it – it does hurt anytime someone sticks a big needle in your back.

Our superb lab technician Yvonne – who is always keen to show us important lab findings – showed the actual trypanosome parasites swimming in Jean's cerebral spinal fluid. We whisked Jean off to the inpatient department and the nurses immediately started his intravenous treatment for sleeping sickness. At the same time we treated him for malaria. That evening, when I did the night rounds, I found Jean's mother sitting on the ground near our nurse's station and I told her Jean was very sick but he was getting everything we had to help him. And with that, we put Jean in the closest tent to the nursing station.

Today is the fifth day of his treatment and each day he gets a little better. He is able to eat some therapeutic food, though he vomits from time to time – a side effect I attribute to the drug eflornithine.

Jean's brother, who affectionately holds him a lot, says he talks to him but we could not coax any words out of him on today's ward round. Jean still cannot walk very much though he can now follow simple commands like eye closing and shaking hands. The normal smile and giggle of a seven-year-old boy is what we're waiting for. Maybe soon.

We've got big plans for the next few months. We're going to try to build up some mobile (village-based) activities. The first step will be to take two MSF Land Cruisers and a small team to one of the nearby villages where, amongst other things, we will do a simple blood test for sleeping sickness from the back of the Land Cruisers for about 60-80 villagers. We hope to bring back to our camp anyone who is obviously sick.

Longer-term, we aim to move south and delve into untested villages where we suspect there is much more sleeping sickness to diagnose and treat.

To me, this is what MSF is all about – doing our best and providing necessary medical care under difficult circumstances, and ultimately measuring our success and the meaning of our work one patient and one name at a time.

£407 Total cost per patient using the older eflornithine monotherapy treatment

Learning to wear eyeliner

Emma Sherriff, an anaesthetist from Cornwall, spent a month and a half working with MSF in Al Talh, northern Yemen, where she found a country and people that defied all her preconceptions

The only things I had read about Yemen before I left had been about kidnappings and that the women wear a full hijab. I had many preconceived ideas about Yemeni people and their life. I could not have been more wrong. The people are warm and tolerant, and the hospital staff could not have been more welcoming and open. The operating theatre staff cooked a whole goat for the MSF team one night and we all sat together eating from one large plate - it was delicious, even the brains and intestines.

It is, however, a country of great contradictions. In Yemen there seems to be an unfortunate love of many forms of weaponry and there are three times as many Kalashnikovs in the country as people, none of which are allowed in the hospital. Outside the hospital, one entrepreneurial 13-year-old currently charges people to watch their weapons - anything ranging from the traditional ornamental Jambiya dagger to an automatic rifle.

The women do indeed cover entirely but are strong and vivacious. I have enjoyed many special moments with the women in the hospital, none more so than when we have had women-only meals, doors locked and head scarves removed. During these meals the women laugh, joke and chat together like women all over the world, echoing conversations I have had with my own friends about boys, marriage and how to get the perfect hair. I grew up hopeless at putting on make-up and definitely didn't bring any out with me. I did however find myself being instructed by a group of the Yemeni nurses in how to apply eyeliner and lipstick - not a skill I thought I would pick up while working for MSF.

My work life is equally varied. I work very closely with the Yemeni doctors as a point of reference for all the medical patients in the hospital including the paediatric patients. I have found working with malnourished babies most interesting and challenging. I have never before found myself more worried about a group of patients nor more ecstatic when they recover.

A mid-upper arm circumference bracelet is used to check the progress of a malnourished child at the Al Talh hospital. The most

'There are three times as many AK-47s in the country as people'

We run a well-attended malnutrition programme in the small town of Al Tahl; we treat most of the children as outpatients, but the most severely malnourished get admitted to hospital. Time and again we admit severely underweight children too weak to play or even cry, so dehydrated they cannot blink their eyes. With care and attention from the great staff in the hospital we slowly see these children improve, their little cheeks begin to fill out and there is great excitement on the ward when they begin to smile and play again.

A seriously ill patient is readied for an emergency transfer

The security situation is at times tense and there have been nights we all lay awake listening to gunfire. The war here is claiming its victims indiscriminately. We have treated people of all ages and both sexes. One of our most difficult recent cases involved a young woman who was 36 weeks pregnant and was shot through the abdomen. Luckily she survived but her unborn child did not. It was difficult for all the staff involved to carry out the operation to remove the perfectly formed little girl from her mother's abdo-

Cost of basic 27-instrument emergency surgery kit, suitable for most complex wounds **£240**

in the war zone

severely underweight children are admitted to the wards

men. Truly an innocent victim of this war. But there are moments of great laughter too. Yemeni people share a very 'British' sense of humour. I have been teaching the doctors, medical assistants and nurses on a weekly basis on topics they feel are important to them. As an anaesthetist I would like to say my most attended teaching session had been on something anaesthetically-related.

However, it was on contraception. When the topic came up I was surprised but, as a woman of my generation who reads Cosmo and chats openly with my friends about such topics, I thought: 'why not?'

The room was packed, and the discussions, from a completely male audience, showed great insight and a desire to be involved in contraceptive decisions. Nobody could keep a straight face when the pharmacist unwrapped a female condom and I've answered questions I never thought would come out of the mouths of people here. I don't think male sterilisation will catch on any time soon, but in our little corner of Yemen the debate has started.

It truly is an amazing country and it is the people that make it so - aided by some wonderful scenery and good food. My overriding memories will be of working hard, laughing a lot and ending the day sitting on the roof of the hospital, cup of tea in hand, looking out over the hospital tents to the magnificent surrounding mountains. I don't think I will ever be able to get the dust out of my skin or the people out of my heart.

Since writing this, Emma Sherriff has completed her assignment in Yemen and is now working in an MSF clinic in Pakistan

'I don't think I will ever be able to get the dust out of my skin or the people out of my heart'

PHOTOGRAPHS: © MSF, 2009

Stray bullets

"When fighting is close there can always be stray bullets," says Arnaud Drouart, also working at Al-Tahl hospital, who took this picture. "A stray bullet or a piece of shrapnel, we don't know which, burst through a tent and injured a member of staff. Two or three times, we've had to postpone surgery, waiting for the fighting to stop so that we could transfer a patient to the recovery room."

Al Talh

Al Talh is a small town in the Saada governorate in northern Yemen. The region has been the theatre of six wars in five years between the army of Yemen and the Al Houthi rebels. At times, MSF has been the only international medical organisation able to carry on working in the region. The 'sixth war' started in August – heavy arms and aerial bombardments forced thousands of people to flee for their lives.

MSF UK volunteers

Afghanistan Michiel Hofman *Head of mission*
Bolivia Thomas Ellman *Head of mission*
Central African Republic Simon Brown *Logistician*
Chad Sarah Maynard *Logistical coordinator*
Colombia Dolores Allariz-Santiago *Nurse;* David Cook *Logistician/administrator*
Democratic Republic of Congo Colin Beckworth *Nurse;* Aisa Fraser *Nurse;* Harriet Cochrane *Project coordinator;* Eve Mackinnon *Water & sanitation specialist;* Geraldine Kelly *Midwife;* Pavithra Natarajan *Doctor;* Renate Reisinger *Nurse;* Estrella Lasry *Doctor;* Stephen Wooltorton *Doctor;* Laura Rinchey *Doctor*
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South Sudan Karl Lellouche *Water & sanitation specialist*; Sarah Tyther *Financial controller*
Thailand David Wilson *Doctor*
Uganda Anjum Khan *Doctor;* Alvaro Dominguez *Project coordinaator*
Zimbabwe Susannah Woodall *Nurse*; Nick Rowe *Water & sanitation specialist*; Andy Mews *Logistician*

PHILIPPINES

Medical care for people caught in typhoon Ketsana

Parts of Manila city and the surrounding region could be under water for months following typhoon Ketsana, which made landfall on September 26. A 20-strong emergency team has flown in to provide medical consultations in the area's evacuation centres. "We saw 92 patients today, most of whom had respiratory infections, watery diarrhoea, skin infections, or a combination of all three," said Dr Natasha Reyes-Ticzon on October 6. "Right now, the diseases are simple and preventable. However, if left untreated, they can become quite serious." MSF teams are using helicopters and boats to reach remote and cut-off communities that are still in need of urgent assistance.

GUINEA-CONAKRY

Emergency surgery in wake of violence

"We were completely shocked by the level of violence," says Christine Jamet, MSF's head of mission in the Guinean capital, Conakry. "Patients were desperate to get help for bullet wounds, knife cuts, beatings and rape." Violence erupted in Conakry on September 28, when opposition demonstrators were attacked and gunned down by security forces. MSF helped treat more than 400 wounded. The team has been reinforced with an extra surgeon, two anaesthetists and a psychologist specialising in assisting victims of violence, in preparation for possible further bloodshed.

SUMATRA

Teams head for remote areas in earthquake zone

A 40-strong MSF team, including doctors, nurses, psychologists and logisticians, has arrived on the Indonesian island of Sumatra. Substantial aid is reaching Padang, the regional capital, but rural areas are more difficult to reach and this is where MSF is initially focusing its mobile clinics. Close to 90% of the houses have been destroyed in the city of Pariaman, 50 km north of Padang, and several villages in that region have been completely destroyed by landslides.

A group mental health session in a Sumatran village partly swept away by landslides Photographs: © Juan-Carlos Tomasi, 2009

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tonnes of medical and relief materials on MSF's first cargo plane to the Indonesian earthquake zone

SOUTHERN SUDAN

24,000 villagers flee new escalation in violence

An attack in Jonglei State reportedly resulted in the deaths of 42 people, many of them women and children, on August 29. "This is new," says Jonathan Whittall, MSF head of mission in Southern Sudan. "The intention is to attack a village and to kill. The result is a population living in total fear, with significant humanitarian and medical needs." An estimated 24,000 people have fled from 17 villages. As well as providing medical care, MSF is carrying out an emergency food distribution for 4,500 children under five, to prevent malnutrition and cover the gap before more assistance arrives. This latest attack is just one in a series of escalating so-called inter-ethnic clashes that MSF has been responding to in Jonglei, Upper Nile and Lake States.

Your new Dispatches

We hope you find the information in this issue of *Dispatches* interesting, informative and easily intelligible. The design of *Dispatches* had not changed in the past 15 years and an opportunity to redesign the newsletter fortuitously came along.

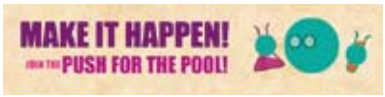
We'd like to reassure you that the changes have reduced the cost of producing *Dispatches*. The principal change is to have a more flexible layout and a new font that we hope makes the articles easier to read. And there is now more space to point out where you can find further interesting information – short videos, blogs, photo stories etc – on our website.

We are open to making further improvements to *Dispatches* so please send any feedback about the new layout and any suggestions of things you'd be particularly keen to read about to the editor: **robin.meldrum@london.msf.org**

ONLINE

Make it happen! Join the push for the pool

The cost of HIV medicines is rising all the time, meaning that many people with HIV will not be able to afford life-saving medicines. However, if drug companies share their drug patents in a 'patent pool', competition between different companies should bring prices down. The patent-holders still get their royalties, but other companies can get



hold of these patents to make cheaper drugs ... everyone wins. The international drug financing agency, UNITAID, is working on creating such a patent pool, but we need the pharmaceutical industry to play ball. Please visit our website to watch a series of short animations that explain the problem and solution and then use our email template to write to the major pharmaceutical companies urging them to participate: msf.org.uk/push4pool

Your support

ABOUT DISPATCHES

Dispatches is written by people working for MSF and sent out every three months to our supporters and volunteers in the field, and edited in London by Robin Meldrum. It costs 8p per copy to produce and 22.5p to send, using Mailsort Three, the cheapest form of post. We send it to keep you informed about our latest activities and how your money is spent. *Dispatches* also gives our patients, staff and volunteers a voice to speak out about the conflicts, emergencies, and epidemics in which MSF works and about the plight of those we strive to help.

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