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.

'The first time I met Mirlanda she told me she wanted to play football'

A survivor's story, pages 6-7
Plus the latest news from Haiti, page 2

Mirlanda, a ten-year-old girl injured in the Haitian earthquake almost a year ago, with surgeon Delia Dammacco Photographs: © Nicola Vigilante, 2010

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Haiti
The cholera epidemic

Following January's earthquake, people in Haiti now face a cholera epidemic of massive proportions. MSF medical teams are working 24 hours a day to contain the epidemic.

The MSF head of mission, Stefano Zannini, describes the desperate situation

"It's a really worrying time for us at the moment. All of the hospitals in Port-au-Prince are overfilling and we're seeing seven times the total amount of cases we had three days ago.

We recorded 216 separate cases of cholera arriving at the hospital in the slum of Cité Soleil yesterday, while the total number recorded just five days ago was 30. Patients are coming from everywhere, slums and wealthier areas. We're hoping to have 1,000 beds ready by the end of the week, but we're worried about space. If the number of cases continues to increase at the same rate, then we're going to have to adopt some drastic measures to treat people. We're going to have to use public spaces. I can easily see this situation deteriorating to the point where patients are lying in the street, waiting for treatment. At the moment, we just don't have that many options.

We're looking for alternative spaces, but you have to remember what the situation in Port-au-Prince is like. Since the earthquake, every available space that wasn't damaged has been filled by camps where people live in extremely precarious conditions. Just to find an empty area in this city is a major logistical challenge.

At the moment we have more than 100 international staff and 300 Haitian staff working in the cholera treatment centres throughout the country, but it's just not enough. More medical staff are arriving, but there's a chronic lack of personnel and we are close to being overwhelmed. Our teams are working 24 hours a day and tiredness is becoming an issue. We're stretched and stressed from the workload, but we will keep providing treatment.

I am extremely proud of the passion and commitment my teams are currently showing in Port-au-Prince and in Haiti. But we're at critical point. There is no cholera in living memory in Haiti and thus little knowledge of the disease. This means there are a lot of misconceptions and rumours flying around which has caused panic. Some people are staying away from the cholera treatment centres or are afraid to have them in their neighbourhoods because they think they help spread the disease. We're trying to explain that the opposite is true: the closer a centre is to a population, the better. We're explaining that cholera can kill, but at the same time, it's a disease that is easily treatable. It's vital that the patient arrives as soon as possible to the medical facility.

'If the number of cases continues to increase … we're going to have to adopt drastic measures'

I visited our cholera treatment centre in Cité Soleil this morning and saw people being brought to our facilities, many crying and some screaming. Panic has spread throughout the city because cholera is something completely new here.

One of the saddest things I saw was a ten-year-old child bringing their mother to our cholera treatment centre. Usually, it's mothers and fathers who bring their children to hospital, but here it is the kids who are bringing their parents."

11 November, 2010

To find out more information please visit msf.org.uk

Honduras
Dengue Fever

An outbreak of dengue fever in the capital of Honduras, in Central America, has filled hospital wards and left health services struggling to cope. MSF has set up an emergency ward for children under 15 at the San Felipe Hospital on the outskirts of Tegucigalpa, near where the majority of cases have occurred.

Dengue is also known as 'breakbone fever', because of the excruciating aches and pains it causes. It is transmitted by the bite of an infected aedes mosquito, and in its most common form usually requires a hospital stay of about ten days. "There is no vaccine or specific medicine for the virus, so all we can do is to control the symptoms while waiting for the body to stabilise," says Dr Elisabeth Bragança, in charge of the MSF emergency ward.

The densely-populated hilly areas of the city provide a perfect breeding ground for mosquitoes, which lay their eggs in stagnant water. An MSF team has been going from door to door, explaining what people can do to help stop the disease from spreading and chemically treating standing water to prevent mosquito larvae from hatching.

Niger
Food crisis

Niger is once again in the grip of a food crisis, with thousands of people desperately short of food. In some areas, as many as a fifth of children under five are suffering from acute malnutrition. MSF teams and local partners have already treated more than140,000 severely malnourished children in 68 centres across Niger.

"These children are often in a critical health condition, which increases their risk of dying," says Patrick Barbier, MSF's head of mission in Niger. Out of every hundred children in the nutritional programme, three or four are so ill that they do not pull through. That is why preventing malnutrition is also crucial."

To build children's weight up and make malnutrition less likely, MSF has been distributing highly-nutritious food supplements, specially adapted to children's nutritional needs. So far, more than 143,000 children have received the supplements. This is the first time that supplementary food has been distributed on such a large scale; the hope is that preventive measures like these will help to finally break the cycle of malnutrition in Niger.

Photographs: © Juan-Carlos Tomasi/MSF, Honduras; Spencer Platt/Getty Images, Haiti; Jean-François Herrera/MSF, Niger; Sonya Frankem, Chad. All 2010

Port-au-Prince
Tegucigalpa
Niamey
N'Djamena
Mumbai

Chad
Cholera outbreak

MSF Epidemiologist Dr Ruby Siddiqui joined an emergency team in Chad (pictured), where there have been close to 5,000 cases of cholera to date. In October they travelled to Pala and Fianga districts in the south-west of the country.

"Arriving in Chad was like turning up in a forgotten land. So many terrible things have happened here in the past year — a major measles

outbreak, a sharp increase in malnutrition, floods, malaria and now cholera —this is a country that has seen more than its fair share of emergencies recently.

The team included a medical doctor, a water and sanitation expert and a logistician. We immediately went to work supporting the cholera treatment centres. Cholera hadn't been seen in this area for twenty years, so there was a lot of fear. Yet, through education and word-of-mouth, news spread of the free treatment we were providing.

Sindang was a 46-year-old man who was brought to us on the back of a bicycle. His son had pedalled miles over dusty and broken roads to get his father to us, but when we saw him, we were worried it was too late. Sindang was severely dehydrated, his eyes were rolling and he was lapsing into an unconscious state. We weren't sure of his chances of survival.

We had to act quickly, we put two IV lines into him and squeezed both bags of Ringers lactate in an attempt to rehydrate him. Slowly he began to improve.

His recovery was rapid, until four days on, he was on his feet, eating and laughing with his son who had kept vigil at his bedside. That was a fantastic moment. He had no memory of arriving at the clinic – it was as if the last few days hadn't happened.

Seeing him and so many other patients like him really brought home to me how treatable this disease is if it is caught in time."

India
Malaria in Mumbai

Malaria cases have doubled since last year in the worst affected areas of Mumbai, and about one-tenth of these are the falciparum strain, the most deadly form of the disease. MSF stepped in to help Mumbai's health authorities fight the disease, training health centre staff and providing over **100,000** diagnostic kits and **3,700** treatment kits to **64** health centres in the city.

The first six months of this year saw more than 14,700 cases in Mumbai — nearly as many as for the whole of 2009 — while a sharp rise in patients since the start of the monsoon rain in July has left hospitals struggling.

The cost of a cholera treatment kit to treat 625 patients **£13,847**

280,000 litres of clean water distributed by MSF each day in Cité-Soleil alone

New life emerges from the chaos of the floods

MSF's medical teams must meet the challenge of treating mothers and their babies in Balochistan, where the people are struggling to recover after the deluge

Haseena is sitting up in her bed, looking exhausted. She is due to give birth in a few weeks' time and is suffering from a prolapsed uterus. As she runs her hand gently over her bump, she tells us she is praying for her unborn baby's survival.

"I hope my husband will allow me to have a caesarean section and my baby will be fine," she says with a sad smile.

Even under normal circumstances, Haseena's situation would be serious. But since the August floods, nothing in this part of Pakistan has been normal. Like millions of others, Haseena was displaced by the flooding that destroyed homes and livelihoods in massive swathes of the country. Home for her and her family is now a makeshift shelter in an open space on the outskirts of Dera Murad Jamali in Pakistan's southern Balochistan province.

In such conditions, a lack of medical care has meant an increase in pregnancy complications for women like Haseena.

"In June, before the floods, we dealt with 13 complicated cases and carried out four caesarean sections," says Dr Linnea Ekdahl, an MSF obstetrician starting her morning rounds in the maternity ward of the hospital in Dera Murad Jamali. "Now, since the floods, we've seen 79 women facing complicated deliveries and our team have performed more than twice as many caesareans."

Haseena is one of the hundreds of women facing complicated deliveries who have been admitted to this hospital since MSF started offering free emergency obstetric services in March 2010.

Even before the floods, there was a critical lack of maternal healthcare for expectant mothers living in Pakistan's rural areas. Usually, women give birth at home with the help of a private birth attendant or midwife and, consequently, mothers and infants have a higher chance of catching deadly infections. The floods have only worsened the situation. A lack of access to proper medical care means that thousands of pregnant women are at risk of miscarriage – and even death – due to complications.

Dr Linnea Ekdahl, an MSF obstetrician, and the interpreter Sanobar, left, talk to a patient at the clinic in Dera Murad Jamali. The floods hit the troubled province of Balochistan particularly hard Photographs: © Seb Geo, 2010

> 'I'm so happy we found out about this MSF hospital and we don't have to pay for the services'

Like Haseena, Jamila and her husband were forced to flee their home when floodwaters inundated their rural village. Poor and with nowhere else to go, the couple ended up in a tented camp on the outskirts of Dera Murad Jamali. While at the camp, Jamila, who was heavily pregnant, began to suffer severe pains.

"I felt pain in my body and had fever during the last five months of my pregnancy," says Jamila from a hospital bed on the ward. "But I thought it was a normal part of being pregnant, so I never went to a doctor."

It turns out that these pains were symptoms of cerebral malaria and the severe swelling Jamila experienced was due to the excess of fluid in her body caused by the malaria.

"Even if I'd known I had malaria, my family couldn't have afforded to take me to a doctor as it's too expensive," says Jamila.

At the camp, her husband, who is a donkey driver, found out about the MSF hospital and the free medical care on offer.

"I've been so worried about Jamila," says Dr Ekdahl. "At first I thought she wouldn't survive and the baby wouldn't make it either. What makes it frustrating is that this could have been avoided if she'd received proper antenatal care and clear information about what to look out for earlier in her pregnancy."

But there are other worries for Dr Ekdahl. In Pakistan, there is excessive use during pregnancy of a drug called oxytocin. Oxytocin is a naturally occurring hormone that is released into the bloodstream during labour. If given in the correct dose and at the correct time, synthesised oxytocin can assist when natural labour is delayed. However, giving oxytocin unnecessarily, or at the wrong time or in the wrong dose, can cause mothers to super-contract — a condition which can cause the uterus to rupture and potentially result in the death of mother and child.

"Many people in Pakistan believe that a good delivery has to be short," says Dr Ekdahl. "As a result, pregnant women are often given large amounts of oxytocin – sometimes eight times as much as is recommended — in order to have a quicker delivery. This leads to dangerous complications.

"Another worry is with cases where the person assisting the delivery already knows the situation has become critical but, in order to claim the birthing fee may refuse to send the mother to the hospital. Many of these expectant mothers are poor and have been made poorer by the flooding, so their situation is extremely difficult."

All babies born in the MSF-supported maternity ward are transferred to an around-the-clock nursery next door, where they can be treated for complications due to prematurity, birth asphyxia, tetanus, or jaundice.

Back in the hospital two days later, the undercurrent of anxiety on the ward has been replaced by a sense of quiet calm. Jamila has given birth to a baby girl and is recovering from her bout of malaria.

"I'm so happy we found out about this MSF hospital and we don't have to pay for the services," she says.

Nearby, Haseena is sitting up nursing her newborn child. Her husband gave permission for a caesarean section and they are now the proud parents of a healthy baby boy. "I was very worried about my baby but now I'm so happy he is healthy," she says. "He is 3.5 kilograms."

She looks down and smiles at her young son. "Look at him — he's a big boy."

MSF does not accept funding from any government for its work in Pakistan and chooses to rely solely on private donations.

Since the onset of the floods MSF has

conducted **70,944** consultations through **5** hospitals, **7** mobile clinics and **6** Diarrhoea Treatment Centres.

Treated more than **4,260** malnourished children.

Distributed **1.25m** litres of clean water per day.

Built **843** latrines, **70** showers and set up **150** handwashing points.

Distributed **64,599** relief item kits, and **16,300** tents.

Sent **161** international staff to work alongside **1,500** Pakistani staff

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SPECIAL DELIVERIES

Since the start of the maternity and neonatal programme in Dera Murad Jamali in March 2010, MSF has conducted **439** deliveries, **287** of which were complicated and **64** of which were done through Caesarean section. The majority of these women would have died without the MSF service. MSF has also admitted **323** newborns to the nursery.

Watch a short video of Mirlanda at www.msf.org.uk/mirlanda

At the Saint-Louis hospital in Haiti, MSF provides reconstructive surgery and physical rehabilitation for men, women and children who lost limbs in January's devastating earthquake. This is the story of one of our patients, a girl named Mirlanda.

Delia Dammacco, plastic surgeon (above, with Mirlanda)
Mirlanda is a ten-year-old girl who had a leg amputated and suffered crush injuries to her arm during the January earthquake. She's had several operations since her injury and has been through a lot.

Nicola Vigilanti, photographer
The first time I met Mirlanda she told me she wanted to play football. The fact she didn't have two legs made no difference to her. She climbed out of her bed and we went out onto the lawn. A nurse held her and we ran around, laughing and kicking the ball. The kids really enjoyed themselves and organised a match between 'the missing arms' and 'the missing legs'. They're incredibly strong youngsters.

Gilles Lavigne, physiotherapist
Mirlanda has an absolutely extraordinary smile, and an almost adult way of speaking. One day during her physiotherapy session, she told us her story. She said a wall fell on her, that she was stuck under it for several days and that all the people around her, including her mother and grandmother, became cold. But after a few days she heard noises and then she knew that she would get out because she had to go to school.

Nicola Vigilanti A few days after one football game I saw her pouting. She had received the prosthesis for her right leg and she wasn't happy with it. Then, very quickly – within four days – she was walking with it. She's a very strong-willed and determined young lady. Not long after she called me over to take her photo – she wanted to show me she could stand on her two legs. There she was, balancing and even dancing – it was incredible. I mean, have you ever tried dancing with one leg? Believe me, it's not easy!

▼ **Delia Dammacco** She had to practice walking a lot and was receiving a great deal of physiotherapy, but in the middle of all that she asked me to operate on her arm. It was a simple and effective operation which freed her wrist, elongated her tendons and helped her to regain some of the movement she'd lost in her hand.

Photographs: © Nicola Vigilanti, Saint-Louis Hospital, Haiti July 2010

Nicola Vigilanti All through this, the parents of the other children took care of her. She'd lost her mother in the earthquake and her father was struggling to make ends meet. She became the hospital mascot.

This girl has amazing qualities. She's highly intelligent and she has such a beautiful, strong character. It's Mirlanda and others like her who are Haiti's hope and future. My hope is that they will be given the chance to take an active role.

How the man with the green file managed to beat the odds

Tom How, a project co-ordinator for MSF, lives with his wife and 18-month-old son in Myanmar (Burma). Here he tells how six months made all the difference at a clinic in Yangon

Wednesday 5 May, 2010

The patient's file lay on my desk, its moss green soft card curling slightly in the humid pre-monsoon air. It was thin; containing perhaps nine sheets of paper and a chest x-ray but its contents had woken me twice during the previous night. The medical team had brought this case to my attention yesterday, as they struggled with the tragic story this thin file told.

Last year the man these notes belonged to arrived at Centre C, one of two clinics operated by MSF in the Hlaing Tharyar district of Yangon in Myanmar. Seriously ill and desperately thin, he presented himself for HIV testing and was diagnosed as being HIV+. The cruel reality of HIV is that the further it advances its attack on the immune system, the more it lowers resistance to other infections.

As he coughed his way through the first consultation, a tuberculosis co-infection appeared probable.

In this instance, though, it should have been good news. This man had managed to get himself to a MSF clinic with advanced symptoms of two diseases which, with the right treatment, he stood a good chance of recovering from.

Unfortunately, it wasn't quite that simple. With 9,000 people already enrolled in the project, the programme was closed to new patients except for a very limited quota. In November 2009, the monthly quota of fifty new entrants at Centre C had been filled by the end of the first week.

As seriously ill as the patient was, the best the doctor could do for him was some basic screening and diagnostic checks, before making an appointment for him with the hope he would be part of the 'lucky' 50 for the next month.

Sicker still, the patient turned up two weeks later but again too late; the month's quota was also full. Aware now of the advanced status of TB, the doctor started tuberculosis treatment, which is in itself ineffectual in the long term without treatment for HIV. The doctor's desperate hope was that there would be space to enrol the patient in January.

It wasn't to be. January's quota was full, as was February's and from March there would be no further admissions into the programme apart from pregnant women and family members of those already undergoing treatment. Why the closure to new patients? A fundamental fact of treating HIV is that treatment is never ending; this is not a disease where you take a course of pills and you're cured. The treatment – anti-retroviral therapy or ART for short – must be taken, without interruption, for life.

MSF may be a large organisation, but faced with so many potential patients with such long-term needs, there are limits to what we can do and to the number of people we can treat.

At my desk, I sit and stare at the file, mentally searching for the justification to enrol this man. No matter how imaginative or creative my reasoning becomes, I simply cannot find a way I can make this person fit the strict criteria for entry to the programme.

As I close the file I feel we're turning him away to die.

CYCLONE GIRI

Cyclone Giri struck the west coast of Myanmar on October 22, resulting in massive destruction to villages in Rakhine State. The cyclone left 81,000 people homeless and in desperate need of food and shelter. MSF teams continue to work in the area distributing food and shelter kits, while our medical teams are providing primary healthcare and medical supplies to local healthcare facilities.

Scenes at one of MSF's clinics and on the streets of Yangon, Myanmar's capital Photographs: © MSF, 2010

'The cruel reality of HIV is that the further it advances its attack on the immune system, the more it lowers resistance to other infections'

Tuesday 2 November, 2010

It's several months later, the monsoon season has almost past and I'm back at home with my 18-month-old son after a day of visiting the clinics. Even though Yangon is a big city, there are still frequent power cuts; today we were without for six hours, which means I'm writing this to the accompanying noise of a generator that I have finally managed to start and a disappointingly warm beer. It's 32 degrees and there's a hot and uncomfortable boy squirming in my arms. Yet despite all this, there's a broad smile on my face.

A few weeks ago we were finally granted approval for the enrolment of new patients and, after detailed planning and with sufficient medical supplies finally in stock, we opened the clinic doors on the 11 October.

I don't think I'll ever forget what that looked like. I arrived at one of the clinics early in the morning and sat and watched events unfold. There were so many people, they were queuing to sit down. Waiting areas were full and the MSF clinic teams were bustling through their triage, registration and appointment processes, working to get the assembled crowd under control.

In four days we registered 411 HIV+ patients, enrolled 100 into the programme to start treatment and are awaiting results for a further 240.

The day is a blur of images. I remember seeing a red, battered city-taxi arrive and park outside. The back doors were opened and the volunteers who help in the clinic reached in and, with as much care and dignity as possible, lifted a man from the back seat. He was gaunt faced, painfully thin with a pale grey pallor. I watched

'Waiting areas were full – there were so many people they were queuing to sit down'

the silhouette of him being carried through to an assessment room where the doctors would see him, feet disproportionally large against his wasted ankles.

Later I saw him asleep with an IV in his arm. There is no certainty that he will recover, nonetheless I left feeling happy. He and many of the others in the clinic that day were finally receiving the medical care they so urgently required.

Why the change of strategy following the closure earlier in the year? Like all things there is no single reason. Newly available resources, restructuring for improved efficiency, and agreement of a long term direction for the project were all contributory factors. I also think that it was in no small part down to the stories of patients like the one with the green file; those who would die without available treatment.

My son is now asleep, my wife has got home and it's getting late. In the dim light I look out the window and am struck once again by how green and lush Yangon is. Despite having a population of five and a half million, this city often feels like a village. Yet it's a city where the needs are great and we're only just scratching the surface.

We should be providing treatment for people in the early stages of HIV, as well as for those who are desperately sick with the disease. Waiting for people to get sicker before they get treated is a horrible compromise which one should never have to make. But that's a challenge for the future. Today we're just glad that people who urgently need treatment are finally getting it.

And the patient with the green file? I asked the clinic manager about him today; he is well established on ART, has almost finished his tuberculosis treatment and is steadily gaining weight. His wife and two daughters are delighted. So am I.

Number of people in Myanmar supplied with anti-retroviral drugs by MSF in 2009 **14,300**

4 Number of HIV clinics in Yangon run by MSF

War, fires and mud? Welcome to boot camp

Espace Bruno Corbé, near Brussels, was designed to train MSF's field workers on how to cope with the unexpected. Sinead Shannon Rocha talks about her experience

It's pouring with rain, I'm struggling to erect a tent and time is running out. We've just been told that riots have broken out in the capital and fifty wounded are on their way to us. There are disturbances nearby and there are just nine of us here to put up tents, prepare equipment and ensure the medical team have everything they need once the wounded arrive.

Annette rushes past and tells us that the land-cruiser we're using to transport equipment has a flat tyre. This is the last thing we need. As she goes to deal with it, Tom and I continue to work on getting the medical tent up. The canvas is wet, making it hard to stretch over the poles. "This thing is really heavy," Tom grunts. As he speaks, we hear a small explosion behind us and turn to see a jerry can going up in flames. We stand there stunned, unsure of what's happening and what we should do.

"Right, everybody stop!" From the side of the tent, Robin Vincent-Smith strides to the centre of the field and motions for everybody to gather around. Like a film director calling 'Cut!' his command stops all activity. "OK, let's talk through what just happened and see if you could have done anything differently," he says.

Much as it may look like a conflict zone, this muddy field we're standing in is just a short train ride from the centre of Brussels. And even though the sense of urgency we all feel is real, the emergency we're confronting is in reality a training exercise — albeit one we're all taking very seriously.

But then here at the Espace Bruno Corbé, or, as some call it, MSF Boot Camp, the situations have to be taken seriously. After all, this is where MSF trains for emergencies.

Logisticians, water and sanitation experts, co-ordinators – everybody who is heading out to the field on their first assignment is put through their paces here at the site in order to prepare them for the sort of situations they might encounter. When a Haiti earthquake or a Pakistan flood strikes, the lessons learned here enable MSF teams to move into action and start saving lives.

"The purpose of the training is to ensure that when people arrive in the field they can hit the ground running," says Robin, a veteran of numerous MSF stints in Ethiopia, Chad, Liberia and Congo who is now the Logistics Training Officer at the centre. "The more I can recreate the sort of situations that happen in the field, the better. We encourage people to make mistakes here so they won't make big mistakes in the field."

Along with re-enactments of war situations and vaccination campaigns – all of them based on MSF staff's personal experiences – we also learn about security and safety issues, shelter and construction procedures, fleet management, mechanics, energy, water and sanitation, IT and telecommunications. We practise putting up ready-for-surgery medical tents in thirty minutes and get to grips with the construction of sanitation facilities. Of equal importance is the emphasis that is placed on innovation.

"MSF is an emergency organisation, and emergencies require that you be innovative, resourceful and ready for absolutely anything," says Robin. "We work hard on preventative maintenance to avoid equipment breaking in the first place, but if it does, you can't just take it back to the shop – you have to fix it. Sometimes you might need to use gum from a banana plant to mend a hole in a radiator, or slice the inner tube of a tyre into strips to patch up some damaged equipment or to use as a door hinge on an urgently-constructed medical facility.

"At MSF we don't like to waste money, so we ensure that everything gets used."

For Isabelle Corthier, who will shortly be going to Haiti with MSF, the training has been invaluable. "It's been an incredibly useful week," she says. "It's hands-on, we were encouraged to share ideas, take the initiative and be creative in our approach to problems. It's given me the confidence to feel I'm ready to go."

As the last day of training comes to an end, we gather around for a group photograph. In a few weeks' time, most of us will be scattered around the world in different MSF projects. Yet whether it's Haiti, Congo or Nigeria, the preparation we've had here should hold us in good stead. At the very least, we can be grateful that we're not the next group of candidates coming through the programme.

"We've decided that from now on everybody doing this training will have to build their own tent and sleep in it for the week," says Robin. "My thinking is, you need to be able to look after yourself before you can start to help others. And if you can handle a Belgian winter, well, you can handle almost anything."

SUPPLY AND DEMAND

Standing next to Espace Bruno Corbé is MSF Supply, a giant warehouse crammed full of all the equipment, medical supplies and kit MSF teams use in the field. It is a hive of activity, with forklifts constantly ferrying piles of boxes marked 'Sudan', 'Afghanistan', 'Haiti' to trucks which transport their loads to waiting cargo planes.

Constructing an emergency water borehole at Espace Bruno Corbé, the training facility for MSF field workers in Belgium Photographs: © MSF, 2010

Basic medical kit with drugs and medical equipment for 1,000 people for three months

£462

© Asako Tamura/MSF, Pakistan 2005

Medical tent for the treatment of patients

£1,054

© Above and far left, Lindsey Mackenzie

Nutrition kit for 500 malnourished children for three months

£4,178

© Laurent Chamussy/Sipa Press, Niger, 2008

Basic plastic sheeting tent shelters for 100 families

£1,656

© Jean-Pierre Amigo, Pakistan, 2009

We rely on private contributions to supply our teams with the medicines, equipment and instruments they need to save lives.

Thank you for your support

MSF UK VOLUNTEERS

Afghanistan Michiel Hofman *Head of Mission;* Sophie Sabatier *Project coordinator*

Bangladesh Rory Fletcher *Nurse;* Imogen Eastwood *Nurse;* Tim Tranter *Logistician*

Central African Republic Georgia Seiti *Midwife;* Elaine Badrian *Nurse;* Niamh Ryan *Nurse;* Eve Mackinnon *Water and sanitation expert;* Eleanor Gray *HR coordinator;* Brona Geary *Doctor;* Mark Blackford *Financial coordinator*

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Egypt Mario Stephan *Head of mission*

Ethiopia Gillian Onions *Nurse;* Daniela Stein *Nurse;* Laura Todd *Doctor;* Declan Barry *Doctor;* Margaret Othigo *Doctor*

Guatemala Olivia Blanchard *Regional Advocacy officer*

Haiti Javid Abdelmoneim *Doctor;* Thomas Needham *Water and sanitation expert;* Josie Gilday *Nurse*; Declan Overton *Logistician;* Michael John Patmore *Biomedical analyst;* Angeline Wee *Doctor;* Thibaut Mills *HR coordinator;* Mya Hornsby *Financial coordinator;* Danielle Catherine Ferris *Field coordinator*

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Kenya Paul Arobmoi *Epidemiologist;* Sophia Paracha *HR coordinator*

Kyrgyzstan Duncan Bell *Deputy head of mission;* Elizabeth Bell *Doctor;* Jane-Ann McKenna *Field co-ordinator*

Malawi Emma Diggle *Epidemiologist*

Myanmar Sarah Quinnell *Medical team leader;* Wai Ching Loke *Doctor;* Thomas How *Project coordinator*

Niger Claudia Garcia Diaz *Administrator*

Nigeria Natalie Thurtle *Doctor;* Catriona Carmichael *Field coordinator;* Sanjay Joshi *Logistician;* Christopher Houston *Logistician;* Gemma Davies *Deputy head of mission;* John Mowatt *Logistician;* Gemma Naughton *Financial coordinator*

Pakistan Edward Crowther *Logistician;* Christopher Peskett *Nurse;* Leanne Sellers *Nurse;* Matthew Lowing *Logistician;* Olivia Lowe *Midwife;* Simon Tyler *Project coordinator;* Elisabetta Caria *Pharmacist;* Ailsa Stott *Medical Doctor*

Papua New Guinea Jacqueline Ryan *Medical team leader;* Bryn Button *Logistician;* Ben Gupta *Anaesthetist;* Nina Rajani *Doctor;* Susan Sandars *Humanitarian affairs officer*

Russia Jonathan Heffer *Head of mission*

Somalia Joan Hargan *Nurse*

Somaliland Georgina Brown *Midwife;* Peter Camp *Logistician;* Harriet Rees-Forman *Midwife*

South Africa Helen Bygrave *Ambassador*

Sri Lanka Tim Egan *Anaesthetist;* Janet Simpson *Medical team leader*

Sudan Patrik Kontinka *Anaesthetist;* Jim Mara *Administrator;* Alice Sisson *Anaesthetist;* Keith Longbone *Logistician;* Elin Jones *Medical coordinator;* Richard De Butts *Doctor;* Emily Goodwin *Field coordinator;* Terri Anne Morris *Head of mission*Peter Knight *Logistician;* Jose Hulsenbek *Head of mission;* Alison Buchanon *Nurse;* Katharine Roberts *Logistician;* Rupert Allan *Logistician*

Thailand Paul Cawthorne *Consultant*

Uzbekistan Maeve Lalor *Epidemiologist*

Zambia *Maria de los* Llanos Ortiz Montero *Medical coordinator*

Zimbabwe Bethan Davies *Logistician;* Jessica Cosby *Nurse*; Sarah Taaffe *Doctor;* Eleni Chrysoula Belivanaki *Mental health specialist;* Emer Kilbride *Doctor;* Rebecca Welfare *Nurse;* Philippa Millard *Project coordinator*

Hours it takes to construct an emergency water borehole **2**

250 Number of people trained and briefed at Espace Bruno Corbé each year

CAMPAIGN

Hands Off! battle for affordable medicines

Millions of people in developing countries rely on affordable generic medicines produced in countries like India to stay alive. But through free trade agreements and new customs regulations, the European Commission is pushing aggressive policies that will severely restrict people's access to these medicines.

That's why MSF has launched the Europe! Hands Off Our Medicine campaign - to push Europe to back down and ensure that India can continue to produce the affordable medicines that millions rely on. "India is the pharmacy of the developing world," says Dr Unni Karunakara, president of MSF's International Council. "We buy 80% of our Aids medicines from India – medicines that keep 160,000 people alive today. On their behalf, we cannot remain silent as Europe works to close the door on every aspect of drug supply."

To join the campaign to put pressure on Europe to back down, sign up at **msf.org.uk/handsoff**

MENINGITIS

30p vaccine promises hope for 430 million people

The development of a revolutionary new vaccine against meningitis A could transform the health of millions of people at risk of the disease in Sub-Saharan Africa. Each year, MSF teams launch vast reactive campaigns against this bacterial disease that kills up to half of those infected. But the development of this cheap vaccine – which costs 30 pence per dose — means we can vaccinate people before epidemics hit. MSF has ordered three million doses of the vaccine, with the second phase of its roll-out in Mali and Niger starting this month.

"This vaccine opens up whole new possibilities," says Dr Cathy Hewinson, medical adviser at MSF. "In 2009, we vaccinated more than seven million people for Meningitis A, but until now we have been confined to trying to stop and slow epidemics. This new vaccine gives four times greater protection and lasts ten years. It's a game changer to prevent epidemics in the future."

Counting out HIV medication at Madi Opei health centre in Uganda Photograph: © Brendon Bannon, 2009

i Appeal

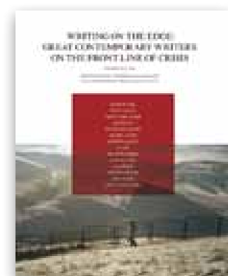
For the second year in a row, The Sunday Times Christmas Appeal features MSF as its chosen charity. The appeal is raising funds for projects where MSF is helping children affected by conflict, with a different project featured in the newspaper each week between November 28 and Boxing Day.

OFFER

A writers' eye view of MSF's work in conflict zones

Writing on the Edge is a collection of 14 first-hand accounts of life inside conflict zones where MSF provides emergency medical care. The book takes readers on a harrowing tour of countries in crisis, profiling people struggling to cope with war, disease and a lack of access to basic healthcare.

Photographer Tom Craig teamed up with MSF and an influential collection of 14 writers, directors and actors, visiting MSF projects throughout the world and returning with poignant accounts of their experiences. Martin Amis writes about gang violence in Colombia; Tracy Chevalier focuses on abused women in Burundi; Daniel Day-Lewis describes his trip to Gaza, and DBC Pierre addresses the unusually high incidence of mental illness in Armenia.



These stories, accompanied by Tom Craig's compelling photographs, offer readers a glimpse into a world that might otherwise remain unknown.

To order a copy of Writing on the Edge for the discounted price of £12 (including p&p) call: 01235 465577 and quote the code: D/WOTE

i YOUR SUPPORT

ABOUT DISPATCHES

Dispatches is written by people working for MSF, sent out every three months to our supporters and volunteers in the field, and 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 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. We welcome your feedback on *Dispatches*. Please contact us by the methods listed or email **marcus.dunk@london.msf.org**

CAN WE HELP?

If you have any questions about your support of MSF's work we would be delighted to hear from you. Please contact us by the methods listed or email **anne.farragher@london.msf.org**

MAKING A DONATION

You can donate by phone, online or by post. If possible please quote your supporter number (located on the top right-hand side of the letter) and name and address.

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