THE PULSE

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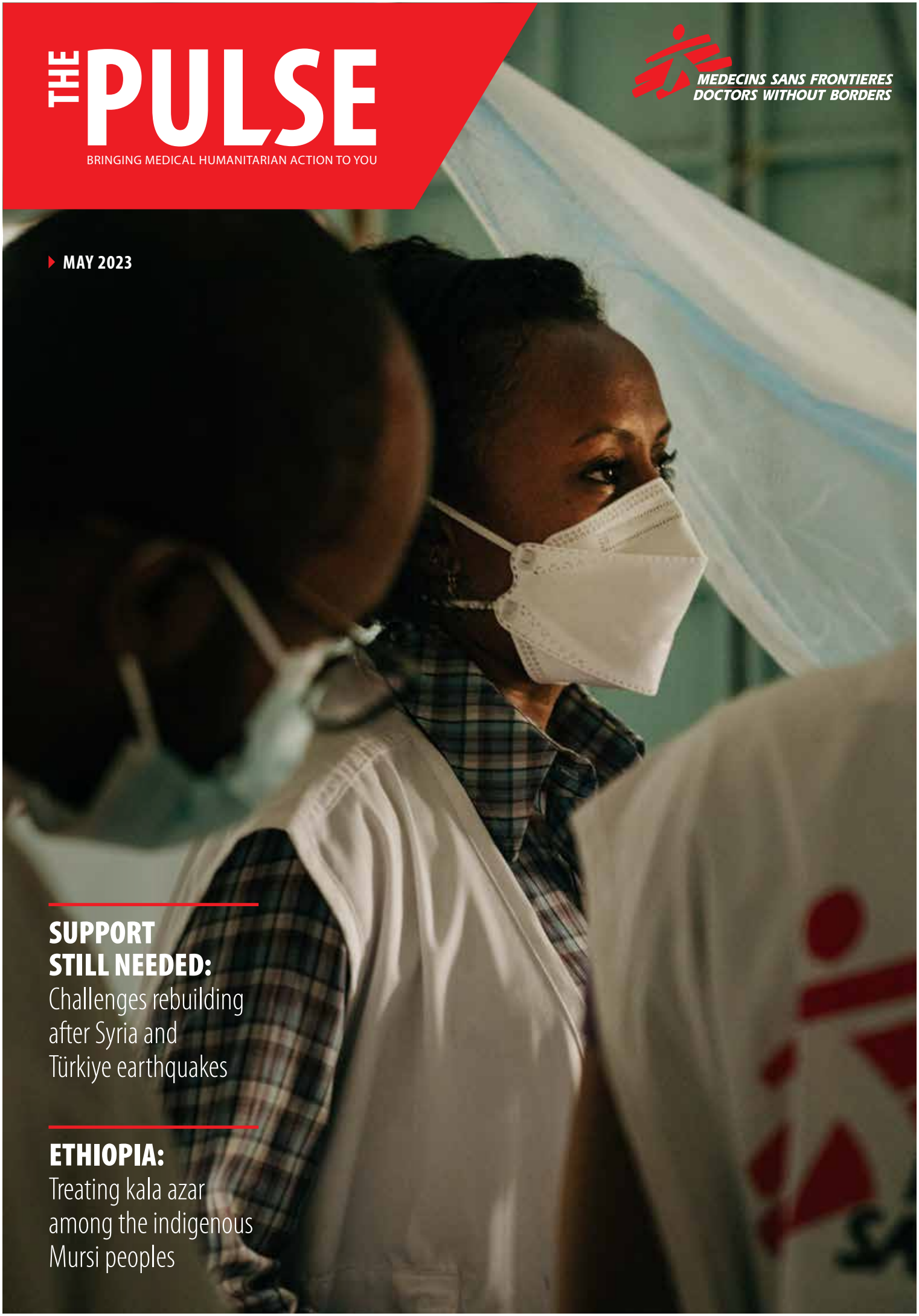
MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

MAY 2023



SUPPORT STILL NEEDED:
Challenges rebuilding after Syria and Türkiye earthquakes

ETHIOPIA:
Treating kala azar among the indigenous Mursi peoples

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Cover: *MSF doctor Hiwot Melak assesses a patient with kala azar in a dedicated ward of Jinka hospital, Ethiopia. © MSF/Julien Dewarichet*

MÉDECINS SANS FRONTIÈRES

Médecins Sans Frontières is an international, independent, medical humanitarian organisation that was founded in France in 1971. The organisation delivers emergency medical aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. Assistance is provided based on need and irrespective of race, religion, gender or political affiliation.

Today Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2022, 130 field positions were filled by Australians and New Zealanders.

Nāu te rourou, nāku te rourou, ka ora ai te iwi - *With your basket and my basket, the people will thrive*

This whakataukī encompasses the idea that when people work together and combine resources, we can all flourish. It was chosen by our Māori partners Deborah Harding and Tracey Poutama.

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An epidemic of the past?

Many New Zealanders look back on HIV/AIDS as a seemingly closed chapter in history, yet this disease still causes hundreds of thousands of preventable deaths globally each year.

Those of our readers who lived through the 80s would remember the early years of the global HIV/AIDS pandemic: the widespread fear and anxiety, the scramble to understand the disease in the absence of treatments and the devastating deaths around the world.

New Zealand experienced a relatively low rate of HIV during the 80s and 90s, however, still mourns the devastating losses of that time and recognises the long-lasting stigma and episodes of violence against the LGBTQIA+ community that grew out of that period.

Today, those who have been living with HIV long term continue to struggle with the impact of the virus. Despite this, New Zealand and other countries like Australia and the US have seen incredible progress in the prevention and treatment of HIV/AIDS. Yet in many other countries, horrific suffering from HIV/AIDS is still a present-day reality.

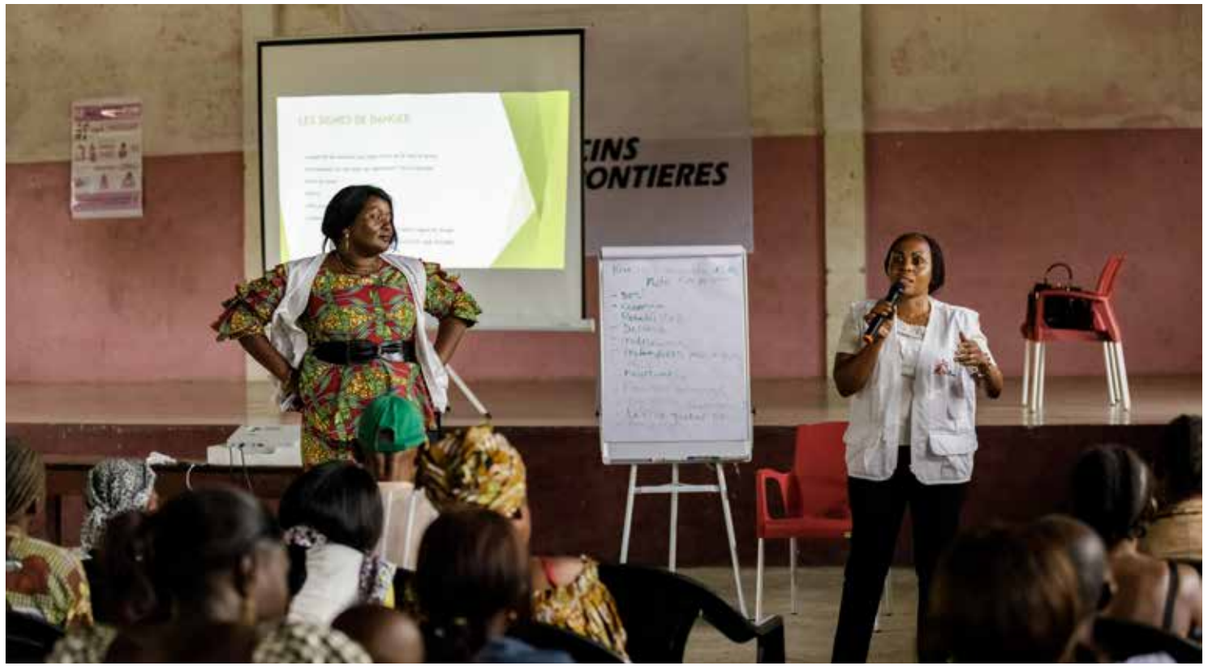
Last year, the United Nations (UN) warned the world was "losing the fight" against HIV. UNAIDS reported that an estimated 1.5 million people had been diagnosed with HIV in the 12 months prior: more than three times global targets. At least 650,000 people had died from AIDS-related illnesses in 2021.

The reason? Despite effective HIV treatment and tools to prevent HIV infections, funding to tackle the disease has been faltering. In recent years, international donors have redirected money towards COVID-19 and other crises, and low- and middle-income countries have reduced domestic funding.

Médecins Sans Frontières (MSF) HIV advocacy coordinator, Stéfanie Dreze, says: "I think there is also some HIV fatigue from donors. It's not an issue anymore in the Global North, so people are a bit tired of talking about it." She paints a clear picture of the funding needed. "The more years are passing, the more people we have on treatment [for HIV], and the more we need to keep on treatment. Then you also need to test people to find positive cases, put them on treatment and make sure they stay in care—it all costs money."

MSF's care in HIV spans many countries and many years. But I would like to share with you one example which I think shows the challenges of tackling HIV—as well as the success we can have when the right support is in place.

It's been 21 years since MSF opened the first outpatient treatment centre to offer free care to people living with HIV in Kinshasa, the capital of the Democratic Republic of Congo (DRC). At that time, May 2002, the situation was critical.



An MSF educational counsellor and medical officer speak at an awareness session for patients living with HIV in Kinshasa, DRC. © Michel Lunanga/MSF

More than a million adults and children were living with HIV in the DRC, but antiretroviral (ARV) treatment was scarce and unaffordable in the country.

MSF's Dr Maria Mashako, then a young doctor at the facility, remembers the unbearable situation. "For many, being infected with HIV was just a death sentence. Even MSF, in the early months of the centre, did not have ARVs. Our team could only treat symptoms and opportunistic infections. It was very hard."

Once the centre was able to offer free ARVs, it was overwhelmed with patients. MSF started supporting other health centres and hospitals with provision of free screening tests, treatment and care. Our teams set up a pilot model of care that allowed nurses, rather than only doctors, to prescribe treatment and follow-up patients. This model has resulted in the training of countless health workers and nearly 19,000 people receiving free ARV treatment in Kinshasa alone.

Recognising that care needed to be brought closer to patients, MSF also worked with the national network of patients' associations to launch community-based ARV distribution posts, that were directly managed by patients.

There are now 17 community distribution posts across eight provinces of the DRC, assisting 10,000 patients to get their medicines, and the approach has also been integrated into the national HIV/AIDS plan.

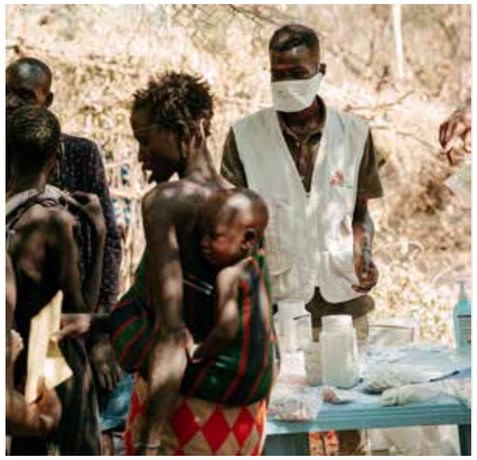
But there are still critical gaps in the response to HIV in the DRC, due to constantly insufficient national and international resources. Staff at the MSF inpatient unit established in 2008 to care for advanced HIV are still having to resort to tents to accommodate patients.

There is still a lack of free voluntary testing and training for healthcare providers, chronic shortages of medicines, and massive disparities in HIV services between provinces.

In 2021, UNAIDS estimated that one-fifth of the 540,000 people living with HIV in the DRC did not have access to treatment and that 14,000 people had died of HIV in the country. Dr Mashako is now MSF's medical coordinator in the DRC. "As a doctor, I am appalled that so many lives are still being lost for nothing."

While Dr Mashako and others continue to work for the care that people living with HIV deserve, we need a boost in global effort to make HIV a suffering of the past for everyone, everywhere.

Jennifer Tierney
Executive Director,
MSF New Zealand



An MSF staff member prepares kala azar medicines for patients at a mobile clinic in the Lower Omo Valley. © MSF/Julien Dewarichet

ETHIOPIA

Kala azar response

People in Ethiopia's Lower Omo Valley are facing a serious outbreak of kala azar (also known as visceral leishmaniasis): a neglected tropical disease that attacks the immune system and is spread by infected sandflies. The Mursi people are one of a dozen isolated indigenous groups living in the area. After receiving an alert of the health crisis, an MSF team visited the community and found an alarmingly high number of people with kala azar, with no access to healthcare. Many children and adults were also suffering from severe acute malnutrition caused by kala azar.

MSF is running mobile clinics to diagnose the disease and provide basic healthcare, and is supporting Jinka hospital to treat patients within a dedicated kala azar ward.

"I heard [about MSF] from other people," says Rugarom Medereholi. "Some people were already getting better [from the treatment]. That is why I brought my daughter. We don't know where this disease comes from. I saw it on people, people sick and dying." Almost all patients treated so far have recovered. The community says they are also worried by the extreme shortage of food, in the context of a severe drought and decades-long impacts on their nomadic lifestyles.

Kala azar has a **95% fatality rate** if not treated

MALAWI

Cyclone Freddy

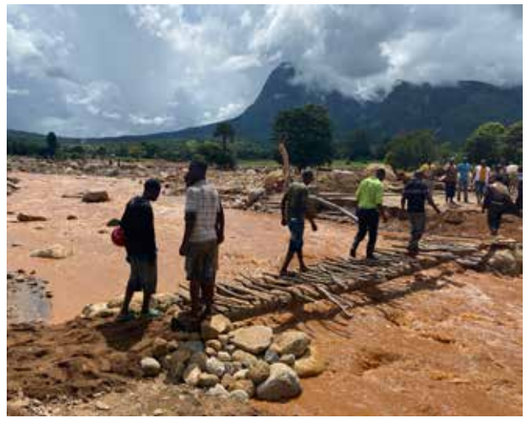
The most intense cyclone ever recorded by weather stations, Cyclone Freddy, hit southern Malawi between 12 and 14 March. Landslides and mudslides engulfed villages, and flash floods caused by torrential rains washed away houses, roads and bridges. The disaster cut off tens of thousands of people in some of the southern districts from health facilities. Access to several zones for responders, including MSF, the Ministry of Health and humanitarian partners, was also made extremely difficult.

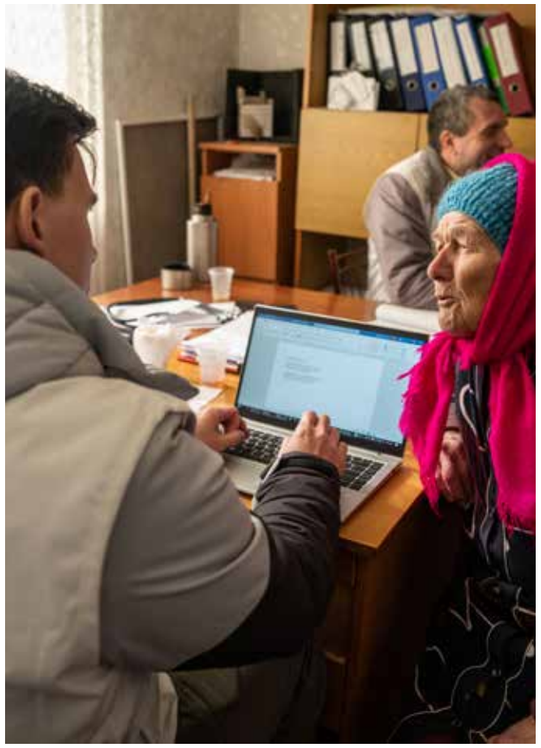
MSF launched responses in Phalombe, Mulanje, Chikwawa and Nsanje, some of the hardest hit districts. We focused on restoring people's access to healthcare, such as general outpatient services and referrals for medical or surgical emergencies. In Blantyre district, our cervical cancer project team supported the Queen Elizabeth Central Hospital with medical supply donations and staff to treat wounded people. We also provided clean water and chlorine (for water purification) to people living in camps, rehabilitated water networks and distributed essential items such as blankets, firewood and cooking equipment.

The legend of Napolo

There is a popular belief in the mountainous south-eastern regions of Malawi to explain the destruction caused by Cyclone Freddy. It is the legend of the creature Napolo, a giant snake with numerous heads that dwells in a sacred pool in the mountains. When Napolo migrates, he causes rockfalls, landslides and floods. The tracks he leaves behind are visible on the mountain slopes on massive patches of bare red soil.

People cross a makeshift bridge over flooded waters after Cyclone Freddy, in Nkhulambe, Phalombe district, at the bottom of Mulanje mountain. © MSF/Pascale Antonie





UKRAINE

Local links to recovery

In southern Ukraine, MSF is working with local volunteers to re-establish access to healthcare in areas which were previously on the frontlines or under Russian control. During months of fighting and the presence of Russian troops, communities endured harsh living conditions and access to healthcare was limited, as many healthcare staff had left, supplies were difficult to maintain and the patient referral system had broken down. Local volunteers relied on limited resources to provide whatever care they could, effectively running outpatient clinics, handing out medicines and arranging private transport to connect people to emergency or advanced medical care.

In late 2022, MSF was able to begin operating mobile clinics in the area to provide healthcare, including psychological consultations. We continue to rely on these volunteers to reach out to local communities and assess their needs, and often to find places to provide consultations, including volunteers' own homes.

Tamara, 90, attends a consultation with MSF doctors in the town of Pervomaiske, Mykolaiv region. © Laurel Chor

YEMEN

Seven years of support

MSF has been working in Abs hospital, in Hajjah governorate, Yemen, since 2015. It is one of our largest responses worldwide.

IN 2022, OUR TEAMS:

Provided 79,325 emergency consultations

Assisted 10,181 births

Treated 2,944 malnourished children

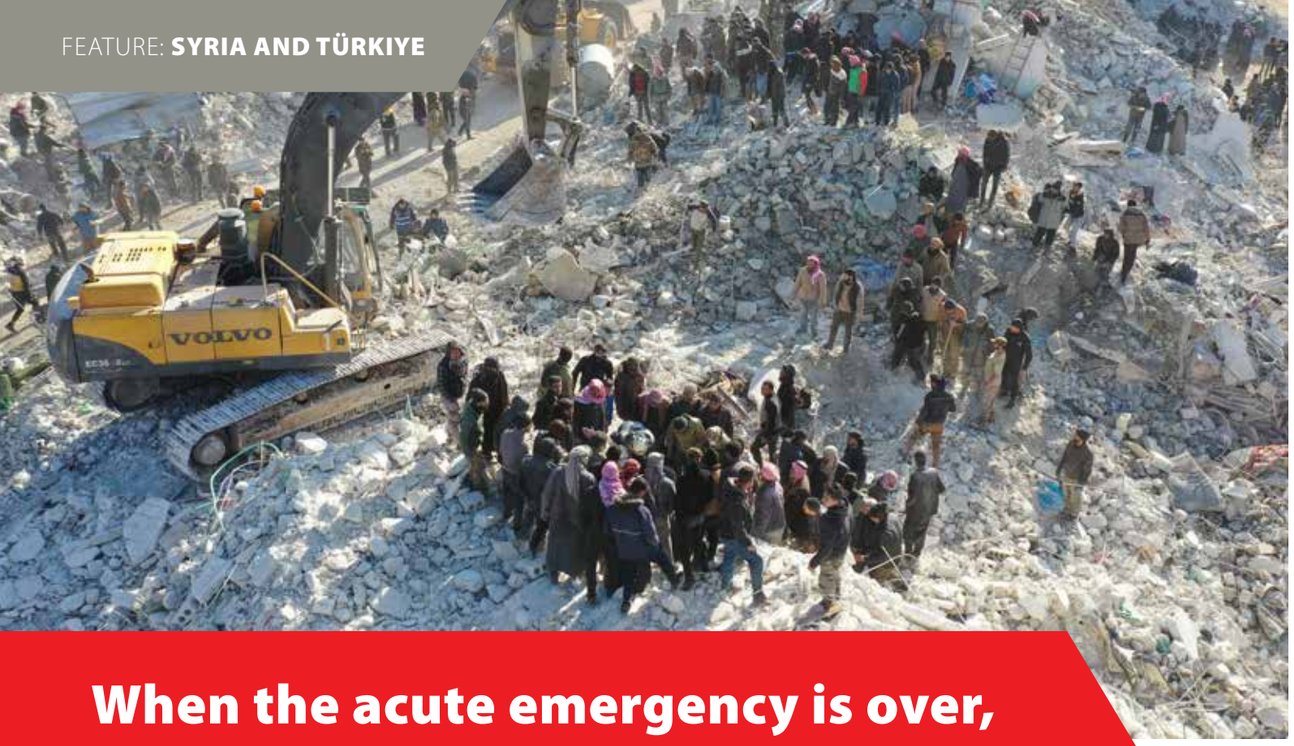
SUDAN

Conflict update

On 15 April, fighting broke out between Sudan's army and a paramilitary group in the capital, Khartoum, and other parts of the country. Thousands of people have fled Khartoum and many have been caught in the crossfire, with extremely serious injuries including gunshot wounds to the chest and abdomen. By 27 April, MSF had received 404 wounded people at the hospital we support in El Fasher, North Darfur, and 47 patients had died.

Many people, including MSF staff, have been trapped due to the violence and unable to reach health facilities. Overstretched hospitals and exhausted medical staff have been running out of supplies, water, electricity and fuel for generators.

MSF has been treating people in areas where it is safe enough to work, to help meet immense medical and humanitarian needs, and has been in contact with hospitals, medical authorities and associations to provide essential supplies wherever possible.



When the acute emergency is over, but the rubble remains

Months have passed since two earthquakes measuring magnitudes 7.8 and 7.6 struck southeast Türkiye and neighbouring northwest Syria. While the international spotlight on the crisis has dimmed, the impacts are still being acutely felt by the people affected.

Search and rescue efforts on 7 February 2023 in Idlib, northwest Syria.

"When the earthquake struck at 4.17am, my family and I were asleep," says Aisha. "We live in a five-storey building—we felt it shaking above our heads. We didn't know what was happening."

Aisha is an MSF midwife supervisor from A'zaz, in northwest Syria. She describes the first moments waking to the first 6 February earthquake.

"Our neighbours on the upper floors threw their kids down for us to catch them. We helped them out of the building.

"As a mother, I just wanted to be there for my children, especially as my eldest son was killed during the shelling of Aleppo. But I couldn't stay with them for long. Hospitals were asking for medical teams to come and support them.

"People rescued from under the rubble were arriving at hospitals, which were soon overwhelmed. I arrived at the emergency room [as a volunteer at one hospital] and started working.

"I was in close contact with MSF teams in the area and with MSF's medical advisor.

"It was very frightening. We received more than 50 injured people who arrived at the hospital from all regions. All four operating theatres were at capacity. The rooms were covered in blood. The surgeons were performing osteotomies (bone-cutting procedures) and laparoscopies (abdominal surgery). There was a huge shortage of equipment.

"One man had seen the bodies of his wife, kids, brothers and parents brought out from under the rubble. He was in a state of shock. He lost more than 13 family members, and he wasn't the only one.

"The scene was horrifying. Everyone was saying it felt like the end of the world."

Relief is still urgently needed

Disaster recovery anywhere takes time. Lives have been lost, homes and crucial infrastructure have been flattened, and the event has left physical and mental wounds on the people it has touched. In the case of these earthquakes, hundreds of aftershocks have added to the death tolls, injuries and damages.

But for these affected regions of Syria and Türkiye, the progress of the rebuild—of people's cities, lives, bodies and minds—is being determined by specific challenges.

In Syria, the earthquakes have compounded an already desperate humanitarian situation for people who've lived through 12 years of war. Around 180,000 Syrians are newly homeless, joining the 2.8 million people displaced—some up to 20 times—during the conflict. The country declared a cholera outbreak in September 2022 for the first time in 15 years.

In Türkiye, despite a significant response by the authorities and civil society organisations, there are still unmet needs.

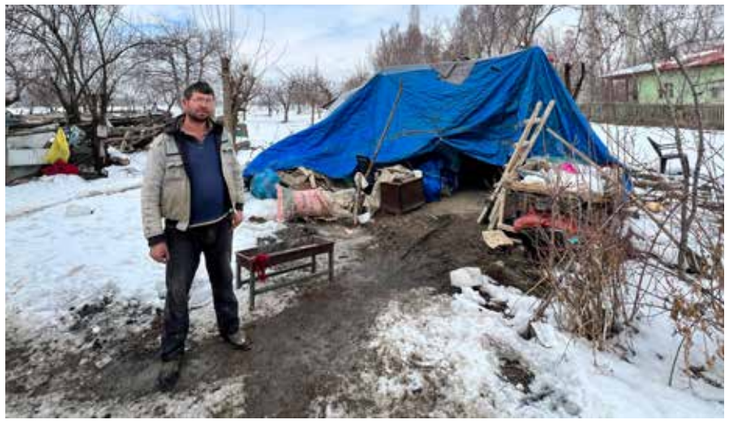
Around 2.5 million people have been living in formal and informal settlements, after an estimated 3 million were displaced. The earthquake-affected areas had been hosting the majority of the 3.5 million Syrian refugees living in Türkiye. Many of these refugees were already living in precarious and vulnerable situations.

"A lot of displaced people [in both countries] are still left with no shelter, food, clean water or any form of access to necessities," says Ahmed Rahmo, MSF's project coordinator in Idlib, Syria. "People need medical assistance, toilets, showers, heating systems, winter clothing, generators, blankets, hygiene kits and cleaning products."

When the earthquakes struck northwest Syria, MSF teams already present in Aleppo and Idlib were able to launch a response in hours. Since then, MSF has been supporting hospitals and health facilities with medical staff and donations of emergency kits, medical supplies and other items, providing ambulance transfers, running mobile clinics to provide care in camps and reception centres and distributing food, blankets and hygiene kits, and has launched a mental health hotline.

In Türkiye, we are working in partnership with local non-governmental and civil society organisations to distribute food, water, hygiene kits and relief items such as sleeping bags and electrical stoves, and to provide psychosocial support.

"The scene was horrifying. Everyone was saying it felt like the end of the world."



Ülkükaya stands next to the improvised tent where he and his children lived for several days after the earthquakes damaged their house in Karahoyük, southern Türkiye. He received a new tent donated by MSF through a local partner organisation.

MSF's support

(As at end March)

IN SYRIA

84,810
Relief items distributed

23,790
Mobile clinic consultations

6,000
Mental health consultations

35 tons
Medical supplies donated

32
Hospitals supported

IN TÜRKIYE

7,668
People engaged in psychosocial activities

25,666
Hygiene kits distributed

743,850
Litres of water provided

40 tons
Fruits and vegetables donated

267
Tents donated

50.5 tons
Firewood distributed

The earthquakes **damaged 55 health facilities** in northwest Syria – services were suspended in 15 of these

11 provinces hosting 16% of the population of Türkiye were **impacted by the earthquakes**

Syria has the largest population of internally **displaced people** in the world

Longer-term trauma impacts from a traumatic event start to present in 1-3 months

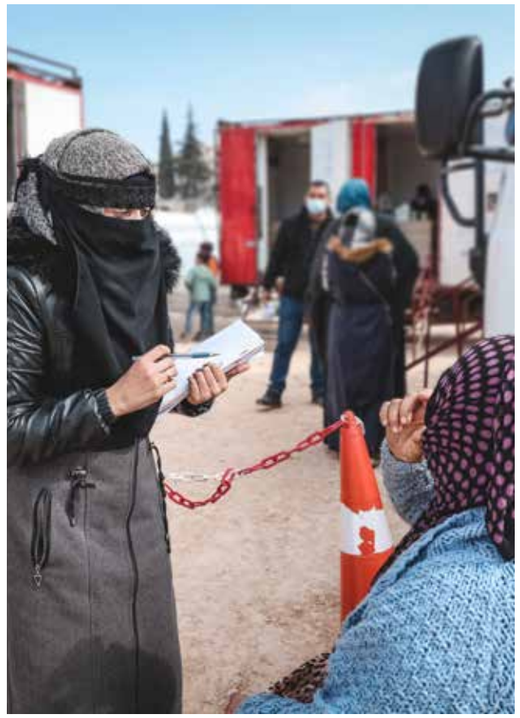
The struggle to access aid in Syria

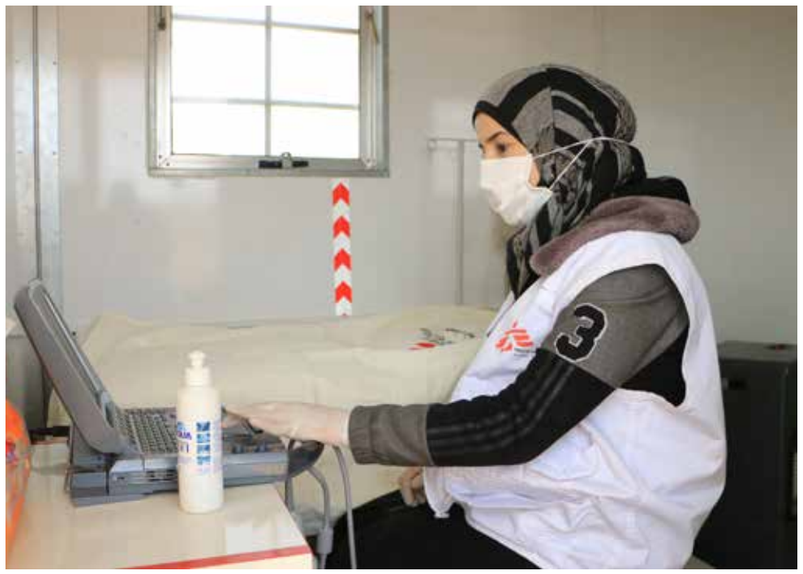
The earthquakes have pushed the war-weakened health system in northwest Syria to its limits. In Jindires in Idlib, 60 per cent of buildings were destroyed, including the MSF maternity centre.

Project coordinator Enrique Garcia says staff in Jindires have been working mostly in temporary structures such as tents and with insufficient medical supplies. "I saw a midwife who was herself made homeless by the quakes and living in the camp, receive patients in her tent."

Syrian Sherwan Qasem, of MSF's emergency team in Amsterdam, says getting supplies into northwest Syria remains a major challenge: "For years it has been difficult to deliver support and supplies to this region and unfortunately it has not been any easier [since the earthquakes]. No [external] aid could reach the area in the first 48 hours—the vital timeframe for survivors."

Two additional humanitarian crossing points were opened in mid-February to allow the transfer of supplies from Türkiye to northwest Syria, on top of the main United Nations-supported corridor, Bab Al-Hawa. But as equipment and medicines, including surgical supplies, dwindle, MSF is calling for more access points to urgently be made available.





An MSF mobile clinic providing care in a temporary shelter camp in the city of Salqin, Idlib, northwest Syria, for those affected by the earthquakes. © Omar Haj Kadour

An MSF midwife works in a mobile clinic in Al-Fuqara camp, Idlib governorate, northwest Syria. © Abdul Majeed Al Qareh

Supporting staff amid compounding trauma

Australian psychologist Scarlett Wong supported the immediate response in Türkiye and Syria from Gaziantep, Türkiye, as MSF's mental health coordinator. She says for Syrians, the earthquake was another layer of devastation and highly triggering.

"Some of my colleagues in Idlib in Syria said they've been through 12 years of war, shelling and bombing—but [the earthquakes were] completely unpredictable, and there was nowhere to seek shelter."

MSF's ongoing response to the earthquakes includes mental health support for Syrian staff, many of whom lost loved ones, saw their homes destroyed, or witnessed relatives and friends impacted.

Dr Bashar Ghassan manages MSF's psychosocial support care unit in Amman, Jordan, which is supporting 800 Syrian staff working with MSF or MSF-supported organisations. "The earthquake was what we call a critical incident, which requires a totally different psychological intervention and different approach to our regular support," he says. "It was life-threatening, unexpected and unthinkable."

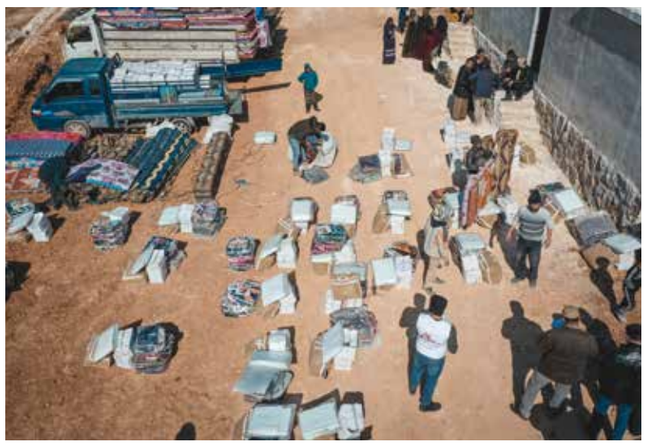
The first support needed was psychological first aid: "The aim is to stabilise people and address their basic needs: moving them to safe place to avoid further harm and ensuring they have food, water, shelter and the medications they need." The unit trained several MSF teams in Syria to help staff stabilise in this way.

After this initial response, their work shifted to a focus on trauma. "The main response is fear. People can start to develop flashbacks, where the scenario repeats in their memories… the other response is avoidance—avoiding the area where the traumatic event took place. People can also develop hypervigilance, which means being constantly on high alert and extremely anxious."

Dr Ghassan and his team use several tools to support staff experiencing these responses. One is cognitive behavioural therapy, a psychosocial intervention aimed at reducing stress by changing maladaptive thinking patterns.

Another is running diffusing sessions for groups of people who have lived the same experience. "For example, a group that was working in a certain hospital or living in a certain area when the earthquake struck. We create a safe environment for them to tell us what happened. One objective is to create solidarity between people. The other is to reduce the impact of the trauma. In the beginning it is very painful, the wound is fresh. But by allowing people to talk about their experience, we try to turn it into a scar."

Dr Ghassan says while the unit has thus far provided remote support, he plans to visit the area to provide face-to-face therapy and plan the next steps with staff. "Unfortunately, the hardships [Syrians] live through do not begin or end with this earthquake."

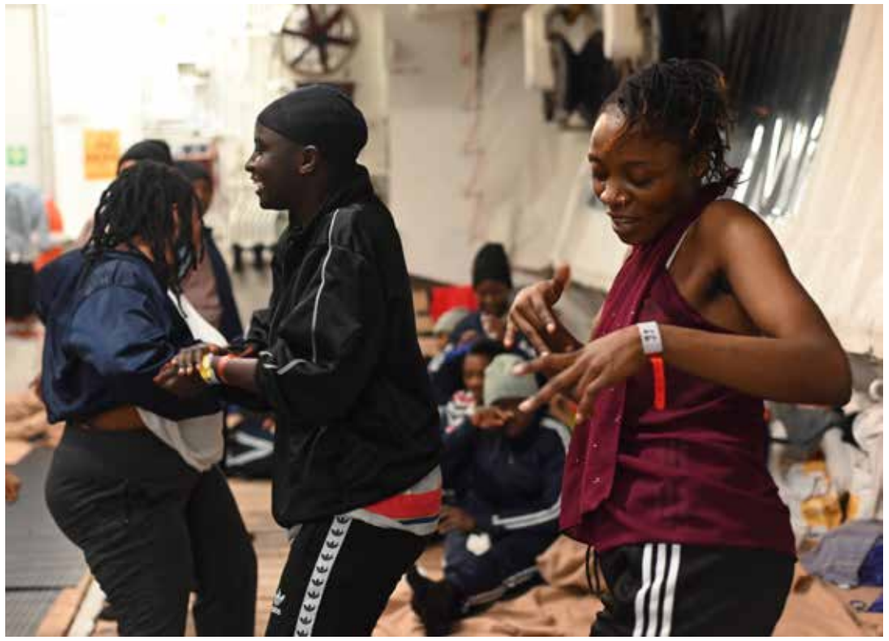


"Unfortunately, the hardships [Syrians] live through do not begin or end with this earthquake."

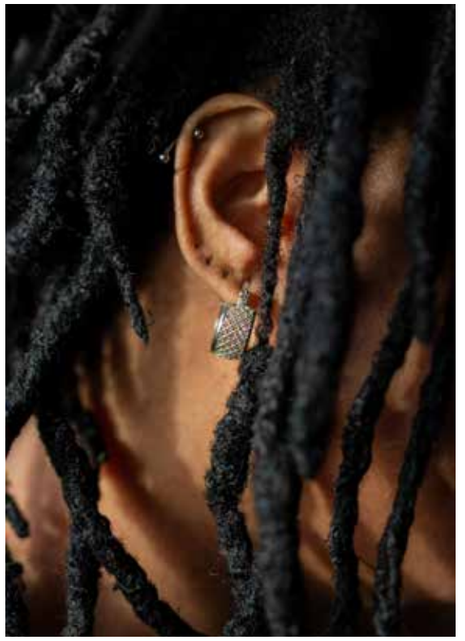
An MSF team distributes relief items to a reception centre hosting families displaced by the earthquakes near the village of Tal Ammar, Idlib, northwest Syria. © Omar Haj Kadour

Women at sea

Each day, women cross the world's deadliest sea border—the Central Mediterranean—for a variety of reasons. Alongside their individual stories, these women are united by the experiences of gender-based discrimination and, often, violence, along their routes. Photographers on board MSF's search and rescue ship *Geo Barents* captured moments of their grief, survival and care.

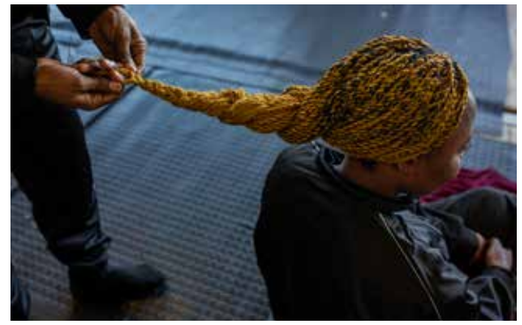


Women dance on the *Geo Barents* deck. Music is one way to pass the days before the ship reaches a port of safety—but also provides some relief to the traumatic experiences that have paved many of their journeys. © Candida Lobes

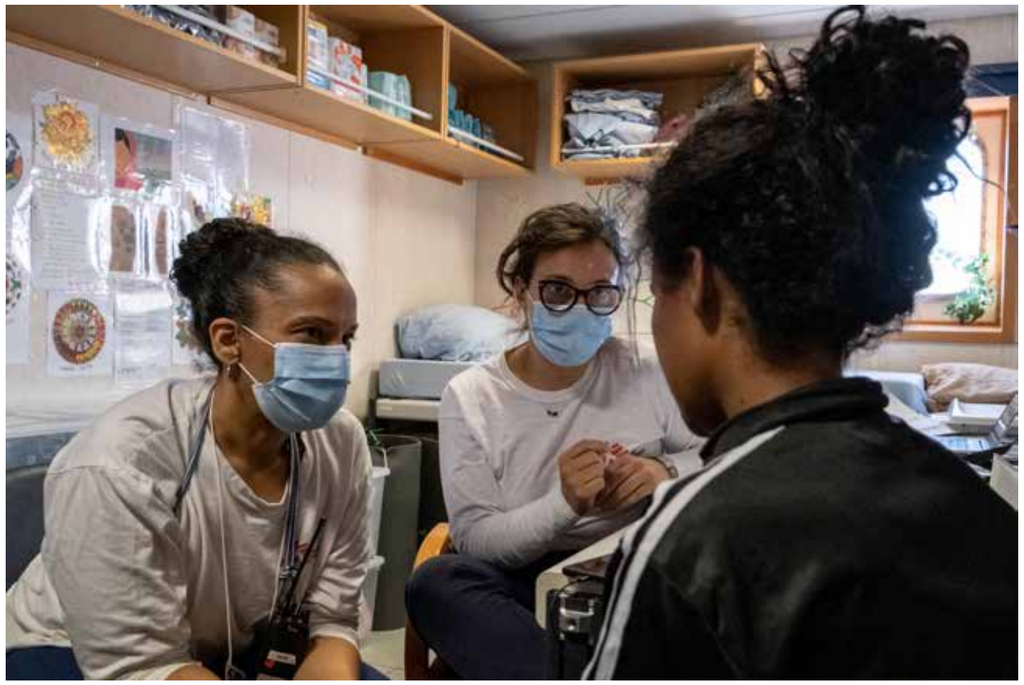


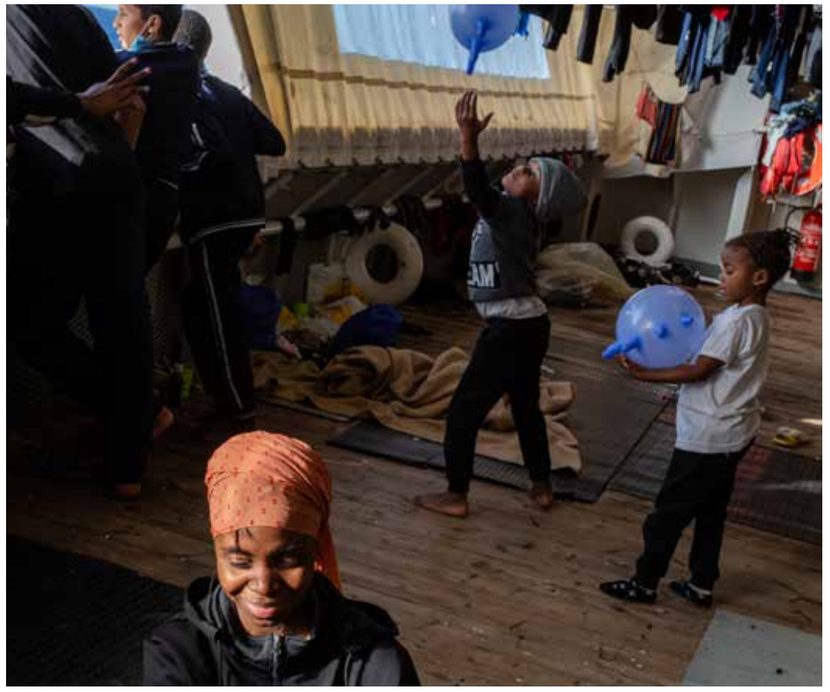
Mimi shows the photographer an earring she has kept with her throughout her journey from Côte d'Ivoire, through Libya and across the Central Mediterranean. © Mahka Eslami

A friend braids Decrichelle's hair. Decrichelle fled a violent husband in Cameroon, travelling through Nigeria, Niger and Algeria before reaching Libya. Her baby became ill and died along the route. "It hurts me to think that I am safe, but I had to leave her in the desert." She has a message for other women: "Don't accept violence anymore!" © Mahka Eslami

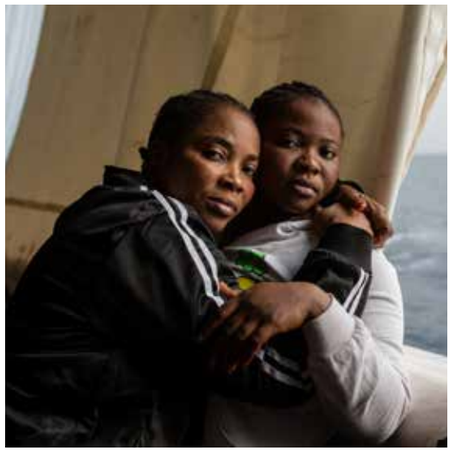


Midwife Kira (left) and psychologist Graziana (middle) talk with Julia (not her real name) during a medical consultation. Women survivors on the *Geo Barents* regularly disclose practices such as forced marriage and genital mutilation as being among the reasons they left their homes. Many also report experiencing physical, psychological and sexual violence along their journeys. © Nyancho NwaNri





Women and children share a deck on the *Geo Barents*. Of the more than 6,000 people rescued by the ship since May 2021, women represent only about five per cent. Yet when asked about the reasons for their journeys or the people they left behind, young male survivors always mentioned women. © Mahka Eslami



"Tomorrow, I want my children to be somebody," says Bintou (left), from Cote d'Ivoire, pictured hugging one of her daughters. "When I was a child, I experienced a lot of bad things. My mother was blind. She had 15 children but only three of them survived. I was married by force. I did not go to school. I do not want my girls to have the same life." © Mahka Eslami

*Names have been changed.

"What they need from us is empathy"

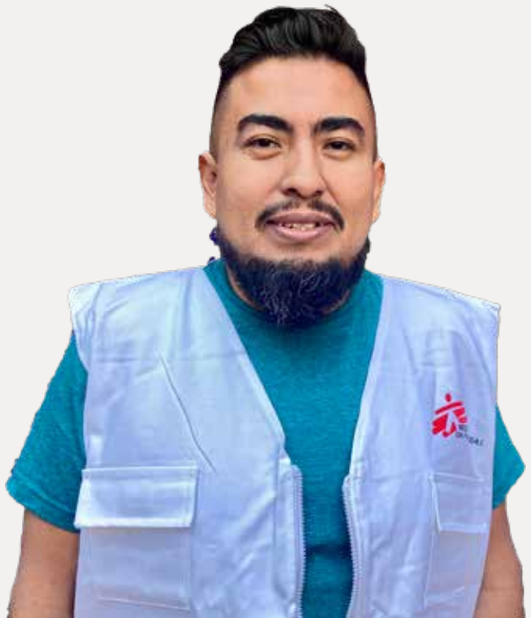
Miguel Gil has 10 years of experience working with migrants. He is currently working as an MSF psychologist in Tapachula on Mexico's southern border, where around 30,000 people on migration journeys gather daily.

When we first started this project in 2021, our mental health team visited places like migrant shelters. Our goal was to reach out to people who had survived extreme violence or torture and who might benefit from the treatment we provide in an MSF centre in Mexico City.

However, over the past year we've been expanding our activities, and now also provide mental healthcare for migrants and care for victim-survivors of sexual violence. Our team is made up of psychologists, doctors, social workers, a psychosocial community involvement agent, a mental health supervisor and a team leader. To date, we have assisted 173 people.

The municipality in Tapachula does not have sufficient capacity to assist the people here. There are no basic services. There are shelters run by other organisations, but they aren't able to care for so many people, and there is a lack of access to healthcare in general. We are the only organisation who offers specialised healthcare for migrants who have survived violence or torture.

There are migrants everywhere here, and they mainly live on the streets, although where they tend to stay is often based on their nationality. The majority of people are Haitians and Hondurans, while the number of people from Venezuela has recently grown significantly.



"So many people with suicidal ideation"

Surviving extreme violence can have a severe impact on people's mental health. The main conditions we see are post-traumatic stress, acute depression and anxiety. We have patients who have been victims of rape and others who have been injured with firearms. Some have been mutilated while others have witnessed the murder of family members.

Some of our patients don't want to continue living. To give some scale to the level of severity of the symptoms we see; I can safely say that I have never cared for so many people with suicidal ideation as I have here.

There are other factors that aggravate these symptoms, such as the lack of access to humanitarian assistance, which also affects people emotionally. Changes in immigration policies also have an impact on mental health, as well as uncertainty and rejection.

Patients barred from care

Access to healthcare is not guaranteed for migrants—especially when we consider mental health. Access to health centres is still very restricted and migrants are sometimes discriminated against. The reality is that there are certain services or medicines that are denied to specific people because they are migrants.

We have cases of psychiatric patients who are at risk, and access to public healthcare for them does not exist. This lack of specialised care also applies to local people. The only psychiatric hospital is in Tuxtla Gutiérrez—more than four hours from here.

There are women who need prenatal monitoring but who don't have access. We have documented cases of obstetric violence (abuse during childbirth). Many patients have told us that they were denied care or were not treated with respect.

We refer the most complex cases to the comprehensive care centre in Mexico City, where our team of medical, mental health and physiotherapy staff and social workers provide specialised multidisciplinary care to migrants, refugees and Mexicans who have been victims of extreme violence and torture.

"The reality is that there are certain services or medicines that are denied to specific people because they are migrants."

Above: Migrants in Tapachula, Chiapas state, are a 'floating population', since thousands of people come through this entry point every day in southern Mexico, and many others leave for the northern border. © MSF/Yesika Ocampo

Grappling with humanity

I feel like I'm doing my bit. I'm managing to make effective referrals, achieving access for patients and guaranteeing their health; these are the most satisfying things for me. Serving people who have been forgotten about.

We have to educate the local people here and help them understand the stories of those who have suffered so much. Many of the parents, grandparents or great-grandparents of Tapachula were once migrants, too, so perhaps they can understand their struggle.

Unfortunately, crises continue, forcing people to leave their homes and seek shelter. The violence and cruelty they experience in their own countries and on the road continues. Since we've been running this project, the situation has not improved, it has only deteriorated. The cases of extreme violence and torture that we handle are just the tip of the iceberg.

In my opinion, what these people need from us as human beings, is empathy.

PASS THE MIC
As part of our commitment to greater diversity and inclusion of voices within *The Pulse*, each issue we are 'passing the mic' to a staff member locally hired in the countries in which we work.

Paige, Chloe and Rachael Gibson

Sisters Paige, Chloe and Rachael have donated their long hair to help make wigs for people who need them. Their 'Sisters Sans Hair Fundraiser' set a target of $3k and raised an incredible $9k to support MSF!

We are three sisters, currently living in Naarm/Melbourne on the lands of the Kulin Nation in Australia. We share a passion for giving back to our community and have done so through our different occupations. Rach is a mental health occupational therapist, Chloe is a law and international relations student, and Paige works in film and TV.

While we always wanted to donate our hair for a good cause, we realised that by holding a fundraiser for MSF we could also contribute beyond our doorstep! We wanted to acknowledge MSF's incredible work to provide equal access to lifesaving medical care regardless of race, gender or religious affiliations, no matter where patients were born or currently reside.

To anyone considering raising funds, get your supporters involved! We held our shave event at a local community park and even live-streamed it on social media for people watching from home. This allowed incredible supporters to come together and help us go beyond our goal, raising almost $9,500!

One of our shared philosophies is to give what you can: your compassion, your time and effort. We hope to inspire others to give to MSF.

For more information about community fundraising for MSF, please visit
msf.org.nz/community-fundraising-0

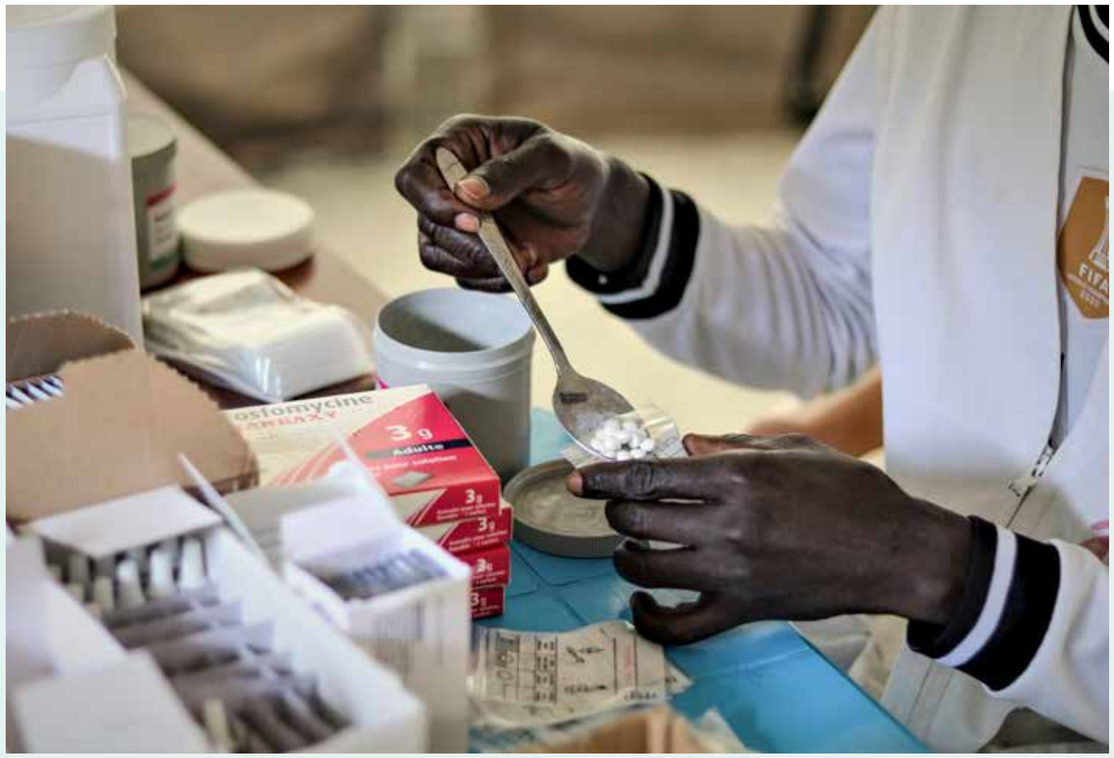
ROWAN POLLOCK

Pharmacy manager

Home: Christchurch/Ōtautahi

Médecins Sans Frontières experience:
South Sudan, 2019
Liberia, 2022

An MSF staff member organising medications in an emergency clinic in South Sudan. © Tetiana Gaviuk/MSF



What drew you to MSF?

I've always had an interest in understanding other cultures and experiencing the world outside of New Zealand. I can't remember exactly when I first learned about MSF, but I remember the excitement of discovering that even though the name is 'Doctors Without Borders', there's a whole range of job profiles involved, including pharmacists!

Your last assignment was in Monrovia, Liberia. What was your role there?

I first worked with MSF in South Sudan in 2019, and in 2022 I was interested to do a second assignment. But things had changed during COVID-19, and I couldn't travel as much. I was offered a short-term assignment as a pharmacy manager in Monrovia. MSF was closing our paediatric hospital in Monrovia, Barnesville Junction, which we had opened in 2015, and transferring our project to support paediatric care at Barnesville primary healthcare centre.

My role was mostly focused around taking inventory of the pharmacy supplies, supplying the new facility and assessing how if and how we could donate resources to other local hospitals and organisations.

Could you share a highlight from your MSF experience?

In Monrovia, the most rewarding part of that role was working closely with the pharmacy supervisor, a Liberian staff member who was staying on to work in MSF's other project there. I involved her in everything I was doing. She was a very determined person, and the only other woman in a team of men.

At the end of my time there I could see that she felt more comfortable managing the work, solving problems that came her way, and participating in decision making. I felt that contributing to her skills development was my biggest achievement.

What about some of the challenges?

In MSF projects you are usually working with a group of people from all different walks of life. You get a union of so many people and cultures, but there can be differences you need to account for. Asking questions and finding out about the people around you go a long way. Building interpersonal relationships within the team was one of the main components of my assignment in Liberia.

Because both of my assignments have been project closures, I've also become very aware of the potential impact closing a project can have on the lives of patients and other members of the community, including the local staff. MSF might close a project for several different reasons, including a change in needs in the community, insecurity threatening the safety of patients and staff, or the need to divert resources elsewhere. Especially when a project has been long-standing, this can cause disruption or frustration, and there's a lot of work that needs to be done to ensure a responsible and ethical closure.

What advice would you give to other pharmacists interested in MSF work?

As international staff members, we are coming 'in and out' of projects—we're not usually there long-term. In my assignments I've been conscious of not immediately trying to change anything, but instead working with what is already in place. It's often in place for a reason. Changes can be made slowly if need be—but they don't always need to be made, and sometimes you're simply there to support.

My advice is also to consider the differences in situations and expectations among colleagues. As an international staff member, I'm away from my day-to-day life when I'm on assignment, but local staff are working within their community.

They are often supporting their wider family; there can be a lot of people who are relying on them. It's important to look at the bigger picture and recognise your colleagues as people with full lives rather than people who simply come to work and then go home.

What's next for you?

I'm currently working on my PhD focusing on the treatment of minor ailments via community pharmacy rather than in general practice, and the potential benefits for the New Zealand community. I am interested in doing another assignment with MSF. I've found that working with MSF has changed and renewed my perspectives on the world, and as a New Zealander it feels good to contribute to the bigger picture.

Our pharmacists are responsible for managing the order, supply, inventory and distribution of medicines and medical supplies to MSF-supported clinics and hospitals. They work to ensure compliance with national rules and regulations, evaluate the availability and quality of medicines for local purchase, and manage supply chain issues as well as the storage of medicines in challenging, under-resourced contexts.

© MSF/Evgenia Chorou

Urgently needed!

- Mental health specialists
- Staff who speak French, Arabic, Spanish and Portuguese

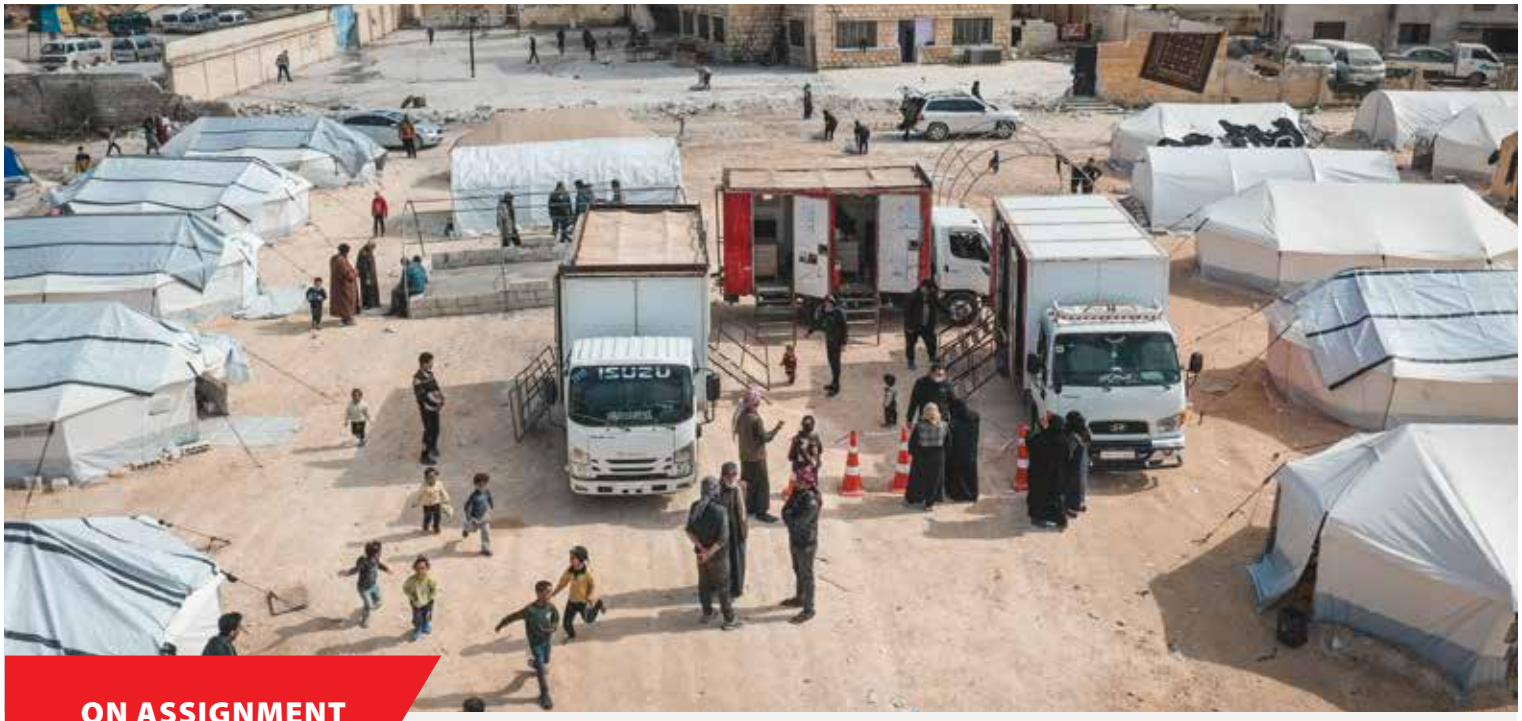
Interested? Visit **msf.org.nz/join-our-team/work-overseas**

JOIN OUR TEAM

Hear from doctor Adelene Hilbig, and finance/HR coordinator Isaac Chesters, in our 'Ask Us Anything' webinar recorded in May.

You can also find out about our upcoming online recruitment information evenings.

Please visit **msf.org.nz/join-our-team/work-overseas/recruitment-events**



ON ASSIGNMENT

MSF distributes relief items to families displaced by the February earthquakes in a reception centre near Salqin city, northwest Syria. © Omar Haj Kadour

Staff from Australia and New Zealand currently on assignment with Médecins Sans Frontières.

This list of field workers comprises only those recruited by Médecins Sans Frontières Australia. We also wish to recognise other Australians and New Zealanders who have contributed to Médecins Sans Frontières programs worldwide but are not listed here because they joined the organisation directly overseas.

Afghanistan
Finance and HR Manager	ACT, AU
Specialised Doctor	NSW, AU
Specialised Doctor	NSW, AU
Nursing Activity Manager	VIC, AU

Bangladesh
Medical Doctor	VIC, AU
Paediatrician	NSW, AU
Paediatrician	NSW, AU

Central African Republic
Project Coordinator	NSW, AU

Democratic Republic of Congo
Project Coordinator	NZ
Project Coordinator	WA, AU

Ethiopia
Midwife Activity Manager	SA, AU
Project Coordinator	NSW, AU
Head Nurse	QLD, AU
Medical Activity Manager	SA, AU
Finance HR Manager	NSW, AU
Mental Health Activity Manager	NZ

Haiti
Sexual Violence Program Activity Manager	TAS, AU

Iraq
Electricity Manager	QLD, AU
Specialised Doctor	VIC, AU
Mental Health Activity Manager	NSW, AU

Jordan
Regional Technical Advisor	TAS, AU

Kenya
Regional Technical Advisor	NSW, AU
Psychiatrist	VIC, AU

Kiribati
Midwife Supervisor	NZ
Finance and HR Manager	VIC, AU
Paediatrician	NSW, AU
Nurse Specialist Supervisor	NSW, AU

Liberia
Psychologist	SA, AU
Psychologist	VIC, AU

Libya
Logistics Coordinator	NSW, AU

Malawi
Logistics Manager	WA, AU
Logistics Manager	QLD, AU
Logistics Manager	QLD, AU

Niger
Nurse	VIC, AU

Nigeria
Epidemiology Activity Manager	QLD, AU
Supply Chain Coordinator	NSW, AU
Epidemiology Activity Manager	QLD, AU

Pakistan
Medical Advisor	QLD, AU
Project Coordinator	QLD, AU

Palestine
Psychiatrist	QLD, AU
Doctor	TAS, AU
Psychologist	ACT, AU

The Philippines
Deputy Medical Coordinator	NSW, AU
Medical Coordinator	NZ

Sierra Leone
Logistics Team Leader	VIC, AU
Obstetrician Gynaecologist	WA, AU
Finance Coordinator	WA, AU
Midwife Supervisor	VIC, AU
Finance Manager	VIC, AU

South Sudan
Hospital Nursing Manager	NSW, AU
Mobile Implemenation Officer	VIC, AU
Epidemiologist/Researcher	NSW, AU
Anaesthetist	WA, AU
Anaesthetist	SA, AU
Doctor	QLD, AU

Syria
Deputy Head of Mission	QLD, AU
Project Coordinator	WA, AU
Nursing Activity Manager	NT, AU

Tanzania
Doctor	NSW, AU

Uganda
Logistics Coordinator	VIC, AU

Ukraine
Logistics Manager	NSW, AU
Nursing Activity Manager	NT, AU

Yemen
Deputy Head of Mission	NSW, AU
Hospital Nursing Manager	NSW, AU
Hospital Director	WA, AU
Laboratory Manager	NSW, AU
Doctor	QLD, AU
Nursing Team Supervisor	QLD, AU

Various/Other
Finance and HR Coordinator	NZ

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS