THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

DECEMBER 2023

SUDAN CRISIS:
Displacement and malnutrition

TUBERCULOSIS:
Triple breakthroughs in 2023

EMERGENCY RESPONSE:
How MSF mobilises in a crisis

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Cover: Sijood, a Sudanese refugee working as an MSF health promoter in Adré, Chad, says: "We lost everything." Care is provided at Adré for traumatic injuries, and for children with complications of malaria and malnutrition. © Annie Thibault/MSF

MEDECINS SANS FRONTIERES

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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Don't turn away from Afghanistan

Katrina Penney, president of MSF Australia and founding trustee of MSF New Zealand Charitable Trust, worked in Bamyan, in central Afghanistan, on her first MSF assignment as a nurse and midwife in 2002. Now, in the context of high levels of malnutrition and lack of access to healthcare, she shares her perspective.

Afghanistan is a country struggling with layer upon layer of challenges. The most recent earthquakes in Herat province have compounded an already desperate situation.

MSF is witnessing high levels of malnutrition in multiple provinces in Afghanistan; our teams are receiving increasing numbers of malnourished patients. The inability of the primary healthcare system to meet the needs of the Afghan people plays a critical role in acute malnutrition. Because primary healthcare services are not routinely picking up malnutrition and it's identified late, children are in a worse condition when they are admitted.

A key driver of malnutrition is food insecurity. Afghanistan's deteriorating economic situation has meant increasing food costs. Food prices have soared across the country. Many people – approximately 28 million in 2023 according to the UN – depend on aid to survive.

We can't expect the concerning upward trend of malnutrition and comorbidities to improve without sufficient availability and access to nutritious foods and a functioning primary healthcare system; that includes preventive care like vaccines, antenatal care and routine paediatric services. High-level or secondary healthcare also needs strengthening in order to treat complex cases.

In Afghanistan some of the most significant challenges are the distances people travel to reach healthcare, and the costs associated with this. The facilities we support and run receive patients who have travelled long distances because there is no quality healthcare near their homes. Plus, increased transportation costs mean patients delay seeking care, which means they are often very ill when they arrive at hospital.

When I was in Bamyan, the maternal mortality statistics were shocking – with one in 25 women dying in childbirth and one in five children not making it to the age of five years. Bringing women in to birth at the hospital where they could receive the support of a skilled birth attendant became a focus for our project. This in turn became one of my key goals while setting up the maternity unit and one of the most rewarding successes that I experienced as a midwife. Twenty years later, with maternal, neonatal and paediatric needs still very much a priority, we have again reignited a project for maternal and child healthcare with eight new health facilities in Bamyan in 2023. The centres provide antenatal and postnatal consultations, paediatric consultations, screening for malnutrition and referral to the provincial hospital for the treatment of more complicated health issues.

Despite the extreme hardships of life in Afghanistan, or perhaps because of them, people are resilient.

It was the strongest assignment of my humanitarian career because the Afghan people taught me so much about humanity. No matter what struggles they faced, they would wake up the next day and they would try and make the very best out of that day that they possibly could, no matter what they had suffered the day before.

I also learned how to laugh because no matter what struggles they were going through, they were still very much a people who have a community spirit, a spirit of support. Everyone looked after everyone, laughter was considered to be part of health. These two very large lessons I learned in life really came out of my experience there. In October, it was devastating to see the three significant magnitude earthquakes, and dozens of aftershocks, strike western Afghanistan. The earthquakes in Herat are being overshadowed by other catastrophes in the world. But we should not forget the people of Afghanistan. Since the coming to power of the Islamic Emirate of Afghanistan a lot of organisations have moved away from Afghanistan because of the political insecurity, so there aren't as many international humanitarian witnesses left, to share the message. It's different to a big urban city in an earthquake. The infrastructure is not so robust in a lot of environments where the earthquake has struck. There's nothing left and they need to start again. At the time of writing, it's estimated that around 1,500 people lost their lives, but 200 affected villages had not yet been assessed.

For now, our Herat-based teams are responding to the emergency, in addition to our ongoing projects. We have set up 10 tents on the grounds of Herat Regional Hospital to add to our capacity. We have treated hundreds of patients in Herat since the quakes, many of them children and women, but there are thousands more who need support, who have no homes to return to as winter approaches.

Katrina Penney
President, MSF Australia

Malnutrition in Afghanistan

- **MSF started new nutrition projects in Kandahar (2021), Kabul (2022) and Kunduz (Chardara, 2022), and increased the number of beds in inpatient therapeutic feeding centres (ITFCs) to treat the growing number of malnutrition cases.**
- **Scaling up ITFCs has enabled MSF teams to treat more patients with severe acute malnutrition and medical complications, who are at high risk of death without intensive medical and nutritional care.**
- **In 2022, MSF-run or -supported facilities in Afghanistan admitted almost 9,500 children between 6 months and 5 years old to ITFCs and almost 6,500 children were enrolled in outpatient therapeutic feeding programs.**
- **MSF is receiving a high number of infants under 6 months of age in its ITFCs. In January 2023, 58% of MSF's paediatric patients in the Herat ITFC were under 6 months of age and this rose to 62% in February.**

MSF midwife Hajira Mohammadi examines six-year-old Sabzina, who suffers from malnutrition and ringworm disease in the MSF-supported community health facility in a remote valley of the Bamyan Province, Afghanistan. © Nava Jamshidi

MSF staff walk through rubble where homes used to stand in Sanjaib Village, Herat Province, Afghanistan. Teams conducted assessments of communities' needs following the October earthquakes. © Paul Odongo/MSF

Emergency update

War in Gaza

In the context of ongoing war between Hamas and Israel, MSF doctors have been providing medical care at hospitals across the Gaza Strip, where we have worked for 20 years. At the time of writing, we are calling for an immediate ceasefire for the preservation of medical facilities and lives on both sides of the conflict, as well as asking officials to allow desperately needed humanitarian supplies into Gaza. We call for the protection of civilians and health infrastructure; people must be able to safely access medical care. For the latest updates, please visit msf.org.nz

Libya flooding

In September, two dams and the centre of port city Derna were destroyed after Storm Daniel brought 40cm of rain in one day. More than 4,000 people died and thousands more are still missing – a loss of life which represents 10 per cent of the population of the area. Many people remain homeless and traumatised. We are working with Libyan doctors and focusing our efforts on mental health for communities as well as medical personnel and volunteers, who were particularly exposed during the retrieval of bodies.

Conflict in Sudan

October marked six months of war in Sudan. Heavy clashes continue, fighting is heaviest in the capital, Khartoum, and in Darfur, in the southwest, but the area affected is growing. Health staff are overwhelmed and the health system is on the edge of collapse.

"Sudan's crisis epitomises a catastrophic failure of humanity, marked by the warring parties' failing to protect civilians or facilitate essential humanitarian access, and by the dire neglect of international organisations in delivering an adequate response," said Dr Christos Christou, international president of MSF. MSF activities are threatened by blockages in access to surgical supplies.

Sudan has become the largest internal displacement crisis in the world with more than **7.1 million people displaced** within the country (UN OCHA).

Refugee crisis in Chad

While millions in Sudan are internally displaced, an estimated one million people have fled to neighbouring countries. Almost half a million Sudanese refugees have entered Chad seeking safety and humanitarian assistance.

Resources are already stretched and insufficient to meet the influx of people. MSF is responding to the gaps in access to water, sanitation, and primary healthcare. In October, MSF opened a health centre in a new Maji camp for Sudanese refugees in eastern Chad.

To find out more about how MSF mobilises in emergencies, turn to pages 10-11.

▲ MSF staff and local paramedics walk through Jenin refugee camp, Palestine, after an airstrike on 25 October. © MSF/Faris Al-Jawad

Safe abortion care

Among the five main causes of maternal death is abortion-related complications. One of the first studies on the subject, conducted by MSF's Epicentre research group, Institut Guttmacher and Ipas, in partnership with the Nigerian and Central African Ministries of Health, aims to assess the extent and severity of abortion-related complications in hospitals located in fragile and conflict-affected settings in Bangui, Central African Republic, and Jigawa State, Nigeria.

The AMoCo study found that severe complications were five to seven times more frequent in the two referral hospitals studied than in African hospitals in more stable settings. More than two-thirds of women surveyed in Bangui and almost all (95 per cent) of those surveyed in Jigawa State had used dangerous methods to induce an abortion. The severity of the complications can be explained by inadequate post-abortion care services and the many barriers to accessing these services. This is compounded by an increased risk of exposure to sexual violence in these settings, as well as difficulties accessing contraception.

Providing comprehensive abortion care, including post-abortion care, contraception and safe abortion services would mean unsafe practices could largely be avoided.

▼ One study estimated that abortion-related complications accounted for almost one in four maternal deaths in the Central African Republic, which has one of the highest maternal mortality rates in the world. © Alice Wietzel

Fighting dengue

Half the world's population is at risk of dengue fever – and it's expected that another billion people will be exposed to the viral infection in coming decades due to climate change. Dengue, which is transmitted by mosquitoes, is reaching alarming levels in Honduras, with around 10,000 cases reported this year.

MSF has partnered with local communities, the Honduran Ministry of Health and the World Mosquito Program, to respond in Tegucigalpa in an innovative way: with mosquitoes! When *Wolbachia* bacteria is introduced to mosquito eggs in a laboratory, the bacteria makes it harder for viruses to reproduce in the mosquitoes; the adult mosquitoes then don't transmit arboviruses. MSF teams worked with the community to grow and release *Wolbachia* mosquitoes, which will eventually replace the existing population of mosquitoes and reduce the spread of dengue.

Widespread community engagement and support for the initiative has been key to its success.

"Many people have accepted that dengue fever is something they must live with but with this project we want to show there's another way to lower the level of dengue in our neighbourhood," said Sandra, a local resident who is assisting MSF's efforts.

▼ A staff member holds a jar containing *Wolbachia* mosquito eggs. Community members release the adult mosquitoes weekly over six months, helping to establish *Wolbachia* in the mosquito population. © Martín Cálix

MSF Academy

The countries where MSF works are affected by severe shortages of qualified health professionals, often due to conflict or crisis. The MSF Academy for Healthcare strengthens the skills and competencies of healthcare workers in MSF projects, to improve the quality of care and build local capacity.

"The learning from the academy has made a great impact on me, I learnt a lot of skills that I never practised before. With this training, I am a step closer to my dream of saving lives in my community and providing them with dignified quality of care," says Changkuoth Yoal, a nursing graduate of the MSF Academy for Healthcare in Lankien, South Sudan.

Read more on the Academy's new website: academy.msf.org

▼ Gabriel Kalany (left), an MSF Academy nursing student in Old Fangak, South Sudan, receiving mentorship from MSF nurse, Adaha Angelo Severino Othilo, prior to performing a procedure. © Florence Miettaux

750
LEARNERS CURRENTLY FOLLOWING A PROGRAM

570
HEALTHCARE WORKERS GRADUATED

35
COUNTRIES WHERE WE HAVE ACTIVE LEARNERS

9
COMPETENCY-BASED CURRICULA DEVELOPED

Triple breakthroughs for TB in 2023

Tuberculosis (TB) is preventable, treatable and curable. Yet it remains one of the world's deadliest infectious diseases, with at least 1.3 million TB deaths worldwide in 2022. TB survivors and advocates for accessible diagnostic and treatment tools have made hard-won advances this year, and MSF continues to advocate for better prevention, testing and treatment options for those affected by the disease.

When Phumeza Tisile took her last dose of TB tablets she put an end to the daily ritual of the previous three years of her life. She had taken close to 20,000 tablets and submitted to 20 notoriously painful injections to cure her extensively drug-resistant tuberculosis (XDR-TB), a type of TB that has a less than 20 per cent chance of cure.

Phumeza's story highlights the two biggest obstacles in managing TB: a lack of diagnostic tools to detect XDR-TB and a limited range of accessible drugs to treat it. It also highlights that success is possible.

"I didn't want to be a TB statistic and that kept me going. It was a long and painful journey. Firstly, I was late diagnosed. Secondly, I was given the wrong medication for a long time. It can only be a miracle that I am still alive and cured. At first, I was diagnosed (when I was 19) with 'normal' TB, but the tablets I received didn't work. Then I was told I was multi-drug resistant. The MDR-TB drug side effects were hellish.

It was a nightmare, from having skin problems, vomiting each and every day, developing pneumothorax [collapsed lung], going through surgery, and becoming deaf thanks to a kanamycin injection."

Before being treated by MSF, an accurate diagnosis of Phumeza's XDR-TB was delayed due to the lengthy process required to confirm XDR-TB infection using available diagnostic tests in the public sector. She received ineffective treatment for drug-sensitive TB before learning she had XDR-TB.

Phumeza says she took 25 or more tablets a day, supplements as well as enduring painful injections. "You have to be very brave to stand up to all of this. I saw many dead bodies while I was at the hospital, and I made it a dare that I wouldn't exit those gates in a body bag."

For years, many TB patients were unable to benefit from TB drugs while they were under patent. When patents expire after a term of 20 years as per international trade rules and generic options enter the market, prices fall, making the medicines accessible to more individuals, and affordable to more governments.

South African Phumeza Tisile was first diagnosed with TB in 2010. South Africa has one of the highest global burdens of drug-resistant TB (DR-TB) and multi-drug resistant TB (MDR-TB) in the world. © Arne Von Delft, TB Proof

▲ Patients previously took up to 26 pills a day to treat XDR-TB. © Sydelle Willow Smith

Advocating for better options

In the later stages of her treatment, Phumeza started blogging on MSF's TB+ME platform.

Since being cured of TB, Phumeza has used her experience to advocate for other people living with TB. She now works as an advocacy officer at TB Proof in South Africa, and has spoken at several global conferences such as the World Health Assembly, The Union Conference and recently attended the second-ever UN High Level Meeting on TB in New York.

A breakthrough to end evergreening

Phumeza and another TB survivor, Nandita Venkatesan from India, made a successful patent challenge resulting in the Indian Patent Office rejecting Johnson & Johnson's (J&J) attempt to extend its monopoly in India on bedaquiline, a drug used to treat MDR-TB. Patent evergreening is the practice of continually extending patents to prevent generic versions of a drug being offered more cheaply by competitors. The result of the win in India is that generics will now be produced by manufacturers keen to enter the market, and more people should be able to afford treatment using them.

Phumeza and other activists continued to advocate for lowering of prices for this critical drug in South Africa which led to launch of an unprecedented investigation by Competition Commission of South Africa against J&J for excessive pricing and patenting. Amid huge pressure, the corporation has finally announced its intent not to enforce patents on this drug globally which will open up doors for access to affordable generic versions of bedaquiline in all countries with a high TB burden.

UN declares access for all

A UN High Level Meeting on TB in late September issued the second-ever UN Political Declaration on TB, in which world leaders committed to ramp up TB testing, treatment and prevention, and to close the deadly gaps in all these areas for adults and children.

"Governments must now turn words on paper into practice and take the necessary steps to save more lives of people with TB," said Dr Stijn Deborggraeve, diagnostics advisor for MSF Access Campaign.

Following the meeting, MSF urged all countries to urgently update their national TB guidelines with the latest recommendations by the World Health Organization (WHO) and to ensure that WHO-recommended tools to diagnose, treat and prevent TB are available to all.

Of course, one prerequisite for countries to be able to efficiently and equitably scale up overall access to TB medical tools is access to affordable tests and treatments.

MSF is the largest non-governmental provider of TB treatment worldwide and has been involved in TB care for 30 years.

In 2022, **MSF treated more than 17,000 people** with TB, including 2,300 people with DR-TB.

Significant wins for TB patients

In the same week as the UN declaration, after a decade-long campaign by TB activists, diagnostics manufacturer Cepheid and parent company Danaher finally announced a 20 per cent reduction of the price of the widely used GeneXpert Ultra test in high-TB-burden countries (from US$9.98/NZ$17.00 to US$7.97/NZ$14.00).

"This is a very important test for TB care providers, because it is highly sensitive [generating few false negative results] and tells you whether someone has TB and also whether they are resistant to the first-line drug rifampicin.

"For more than 10 years, we, and countries, have paid, almost US$10 for one test – this is the weekly income for some people in many affected countries. It's a huge amount of money.

"We have been asking for the price to be reduced so more people can access the test, and more lives can be saved. We have finally seen the reduction in cost. They have committed to sell the tests at cost price and make public annual cost analyses," says Stijn. "The impact cannot be underestimated, it's a 20 per cent cost reduction of a lifesaving test."

However, the price for the XDR-TB test, which is used to diagnose the deadliest form of TB still remains very high at $15 per test. MSF will continue to call on Danaher and Cepheid to drop the price for this crucial test as well.

In 2022, MSF scientists and public health experts launched a **groundbreaking clinic trial** – TB PRACTECAL – working with communities across multiple countries to find a shorter, safer and more effective treatment for patients with drug-resistant TB. The **treatment protocol is 24 weeks rather than the nine to 20-month standard regimen.**

The results of the trial were published in the *New England Journal of Medicine* and the new treatment – a combination known as BPaLM for DR-TB and BPaL for MDR-TB – has been recommended in place of longer regimens by the World Health Organization in affected healthcare systems. The BPaLM **cure rate was 89 per cent** in the DR-TB patients.

▼ Agustina, with her grandsons Clark and Ion, speaks with an MSF staff member at one of MSF's mobile TB-screening trucks in Tondo, Manila, Philippines. © Ezra Acayan

MSF staff conduct contact tracing of households with confirmed tuberculosis patients in Tondo, Manila, Philippines. © Ezra Acayan

AI innovations in TB care

In another innovation that promises progress for those living with TB, artificial intelligence (AI) is being used to aid diagnosis and contact tracing.

Because TB is highly contagious and the bacteria spreads easily though the air via water droplets when an infected person sneezes, coughs or speaks, it often affects communities where people live in close quarters, like informal urban settlements. In the densely populated neighbourhoods of Tondo, Manila, MSF has developed a mobile X-ray truck to provide digital chest X-ray screening for TB. We also recently started using computer-aided diagnosis (CAD4TB) software that incorporates AI to quickly analyse a digital X-ray image and give an indication of abnormalities.

"It's super quick. You get the X-ray done, the AI reads the heat maps, and then it tells you straight away whether a patient needs to test further. If yes, we process a sputum sample in the GeneXpert machine, which is still the gold standard for diagnosing TB. The next day we can call for the result," explains Jessa Pontevedra, MSF medical coordinator in the Philippines.

"Before, the turnaround would be a week or two, now we've reduced it to three days at most. Everyone sees the added value of the AI that we've been using and availability of GeneXpert machines and they ask: 'why are we not using this everywhere?'" says Jessa.

MSF has positioned two GeneXpert testing machines in the laboratories of the Department of Health in Manila, to confirm the diagnosis from the X-ray and AI combined. Patients diagnosed with TB are then referred to local health centres for treatment. Meanwhile, our team begins making home visits to offer preventive treatment and screen close household contacts who may also have TB.

We finally have most of the tools to treat the most difficult and drug-resistant forms of TB. With better diagnostics and more effective – and affordable – medicines, patients like Phumeza can identify their illnesses and start the right treatment much more quickly.

"With these new tools, I am happy that people won't have to endure what I went through with toxic drugs and terrible side effects," she says. "Making a drug but then making it out of reach for the people who need it doesn't make sense. We won't tire from this conversation until people can get the right treatment for the right diagnosis at the right time."

It's thanks to advocates like Phumeza and other TB survivors and activists that the landscape is changing for people living with TB. As always, there's more to do. The next step is to identify undiagnosed children and give them access to the right treatment by using newer algorithms and calling for better tools to diagnose TB in children. Currently 96 per cent of children under the age of five with TB cannot be tested in an accurate way.

"We need all newer TB innovations to be as affordable as absolutely possible, so governments can scale up prevention, testing and treatment to beat back this curable disease that continues to kill 1.6 million people every year. People with TB literally cannot afford to wait any longer," said Christophe Perrin, TB advocacy pharmacist, MSF Access Campaign.

Mobilising for emergencies

Rapid and effective response to emergencies is at the core of our work. From organising the provision of water and sanitation in a camp to setting up a field hospital or coordinating the delivery of pre-packed kits, supplies or medicines, these images capture the complex logistics not often visible but vital in providing medical assistance in a variety of locations at a moment's notice.

- With planes unable to land due to extensive flooding in South Sudan, supplies are shipped by barge along the river from Malakal in the north to Ulang. The trip takes two days, delivering essential items such as buckets, plastic sheeting, rope, blankets, mosquito nets, cooking pots and water containers. © Verity Kowal/MSF

- Gul Mohamed and his six-year-old grandson, Mohamed, inside one of the MSF tents at the Herat Regional Hospital, Afghanistan, where survivors of the earthquake received treatment. Following the third 6.3 magnitude earthquake MSF established 10 medical tents to extend the hospital's capacity as it quickly became overwhelmed. © Paul Odongo/MSF

Alexandre Michel, a Médecins Sans Frontières field communications officer, looks out of the window as he travels on a United Nations humanitarian air service helicopter to Les Cayes, Haiti, as part of an earthquake response team. © Pierre Fromentin/MSF

The team at MSF's warehouse in Omdurman, Sudan has coordinated the delivery of medical supplies, drugs, wound treatment and paediatric kits to Al Rahji Hospital in Khartoum State, amid the latest surge in conflict. © MSF

Teams pack 80 tons of equipment in the MSF Supply warehouse in Brussels for the emergency response to earthquakes in Haiti. The cargo includes emergency medical structures and tents, materials to install emergency drinking water supply systems and medical supplies including items for stabilisation, first aid, vaccination and blood collection for 30,000 people. © MSF

As deadly hostilities between Palestine and Israel escalate in early October, Médecins Sans Frontières staff prepare essential medical supplies for the Ministry of Health in Gaza. © MSF

Food boxes, hygiene kits, medications and other aid is loaded on to a train headed for rural villages in Kharkiv province, Ukraine. Médecins Sans Frontières works closely with local volunteer networks to distribute aid to the most vulnerable communities which have been cut off from care and services by the ongoing conflict. © Pavel Dorogoy

“I’m not a returnee; I am a mother who has lost her children fleeing a conflict.”

In April this year, conflict erupted in Khartoum, the capital of Sudan, causing a regional humanitarian crisis as millions of people have since been displaced. Around 290,000 people, as of the start of October, have been forced to flee the escalating violence into South Sudan. One mother, Marta Kalibe, shares her family’s story.

I have been at the hospital for three weeks watching over my eight-year-old son and my five-year-old daughter, both suffering from malnutrition. They are not the same as I remember them back in our home city of Khartoum. They are receiving special food and medicines, and a doctor checks their vital signs many times a day.

Our lives changed in April. We were a family of eight living in Khartoum. I was at home caring for my six children, and my husband was earning enough as a construction worker. My youngest was a baby who I still breastfed. Our home was full, and children were running and playing all over the place.

Everything was okay until we heard the bombs and gunshots; neighbours and people we knew were dying.

As a family, we decided we had to leave. My husband stayed behind, and my six children and I embarked on a journey to South Sudan, the country we had originally migrated from. We took a bus, and from one displacement camp to another, we started moving.

> “The other children play; they climb trees, and I can’t wait for my children to be among them.”

As we arrived in Alagaya camp within Sudan, my children started to fall sick; they had measles. The baby was the first to get a fever; after one week, my three-year-old and later my nine-year-old. They all died. I had to bury three of my children far from home. Far from anyone they knew. Far from where we were going.

As I continued my journey to South Sudan, I arrived at Renk, where I discovered that my eight-year-old son and my five-year-old daughter were malnourished.

The change in food, the long journey and the grief have been arduous for me and my family. I have lost three children, and two are fighting for their lives.

Every day at the hospital, I find the strength to look after them. I cook what I can with the other mothers who also have their children at the hospital. We sit under a tree. The other children play; they climb trees, and I can’t wait for my children to be among them. Many families here struggle for food and water. Hardly anyone has a proper shelter.

As soon as my children feel better, my husband will join us and we will continue our journey, maybe to Malakal. I will try to contact my extended family in South Sudan, but I am uncertain of the future. We will need a lot of courage and help to survive during the coming difficult days as we try to start a new life in South Sudan. My house will still be half full.

▲ Marta Kalibe, sitting in an open area at the Renk Civil Hospital, Upper Nile state. Marta prepares meals for her three children. Two of them were admitted to the inpatient therapeutic feeding centre supported by MSF earlier this year. © Evani Debone/MSF

Renk is the busiest entry point into South Sudan, receiving more than 240,000 people, the majority of whom are fleeing the conflict in Sudan. Local authorities, with the support of humanitarian groups, have established a transit centre to accommodate people who pause here before continuing their onward journeys across the country.

According to the United Nations, around 50,000 people were in Renk town in October, either living with the host community or in transit centres. These 'returnees' live in deplorable conditions lacking basic necessities like food, shelter, water, sanitation and healthcare services.

MSF has been running two mobile clinics in Renk to provide primary healthcare services to those on the move and host communities. In addition, we are supporting the Renk Civil Hospital in running paediatric and measles wards and an inpatient therapeutic feeding centre. Our teams have also run a water treatment plant for four months to ensure a supply of safe drinking water.

There is an urgent need to strengthen medical and humanitarian activities at the border, including medical care, referral to medical facilities, and nutrition. Our teams are seeing a worrying rise in people with malaria and malnutrition at the facilities we support in Renk.

Out of an average of 300 consultations daily at mobile clinics, 70 per cent of people have malaria. In the three months up to October, 232 people were admitted for inpatient therapeutic feeding.

▼ MSF medical staff examine patients at the inpatient therapeutic feeding centre supported by MSF at the Renk Civil Hospital, Upper Nile state, South Sudan. © Evani Debone/MSF

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 person in a country where we work. This month a mother shares her story.

Beryl Schairer

Home: Whadjuk/Perth, WA

Beryl has been giving to Médecins Sans Frontières for more than 20 years.

I come from a family of five kids and am in my 50s. I love my work as an education assistant. Growing up it was my dad who influenced me to be sharing and generous.

Another influence has been my experiences in Malawi. I went there to visit a penfriend in the 90s and went back over the years. I stayed with my friend's family and got to know people in his church and community.

A lot of villages have no electricity and rely on good rainfall for each year's food. The Malawians I've met have wealth coming from their soul – kindness, hospitality and closely helping each other, showing respect and joy.

Aren't people all the same inside? Reaching out to others lets them know that they matter. Supporting MSF makes me feel as if I can reach out like this, to Malawi and all around the world.

I look at money from a practical point of view and my Christian viewpoint has coloured it. If I have something I don't need, why leave it sitting there doing nothing but earning interest? The chance to influence someone else's life is far more purposeful and meaningful. I encourage people to give with joy and make a difference. It brings so much good, and you won't regret it.

▶ For more information about MSF's programs or how to support, please visit **msf.org.nz**

MAIA BLENKINSOP

Nursing Activity Manager

MSF experience:
Bentiu and Lankien, South Sudan, 2021
Kharkiv, Ukraine, 2022
Cox's Bazar, Bangladesh, 2023

What led you to join MSF?

Since my early teens I dreamed of being a humanitarian aid worker after reading an inspiring book about an epidemiologist working with Ebola. Growing up, my parents would talk about world events, inequalities and social justice often, so I realised that a career in healthcare could be my way of contributing to the world I wanted to live in. I first worked with MSF in South Sudan in 2021, which was very interesting, rewarding and required a lot of adaptability. It was classic MSF; something needs to be done so you just do it.

Ukraine was my next assignment. My maternal grandparents were Ukrainian, and I am fluent in Russian and can understand some Ukrainian. My experience as a rural nurse at Twizel Medical Centre was good preparation. Rural work makes you think not only clinically, but also operationally. You need to overcome challenges such as poor roads, dangerous weather and poor directions to even get to your patients.

Can you share your first experiences of Ukraine?

The first thing I did on arriving was install the air raid app on my phone. Although when the sirens went off on my first night, I wasn't sure if I should go to the basement or stay in my room, but I was soon able to sleep through anything.

Kharkiv had been severely bombarded, with one of the city's suburbs right on the front line. Many of the apartment buildings had their fronts blown off by missiles, so you could see right into people's flats and virtually every window was broken or taped up. There was so much destruction.

Once the counter-offensive had pushed the front line back, all these villages were back in Ukrainian hands, but we didn't know what access they'd had to healthcare after eight months of terror, being shelled every day and forced to live in their basements for months.

What stood out for you about the community you were working in?

Stoicism. Seventy per cent of my patients were elderly ladies and they reminded me of my Ukrainian grandmother. They're from that generation that doesn't complain, they're incredibly tough. The sort of women who aren't often seen, who would never go on camera to say what they'd endured, but when they sat in our assessment room, many of them would cry.

In some towns, the soldiers took all the cellphones so civilians couldn't contact the outside world or report on military positions. The villagers were desperate to keep in contact with family, so they'd hide phones, but if they were found, sometimes people were threatened, lined up against a wall, guns held to their heads.

In one town we saw missiles fly over our heads. Our driver joked he could read their serial numbers. We finished the clinic, but if one of the missiles had been intercepted above us, it would likely have been an unsurvivable explosion.

How did you and the people you treated keep going in an active war zone?

Life goes on. Many restaurants and bars were open because people refuse to stop living their lives. Keep calm and carry on is a universal act of defiance.

I'm definitely thankful for life's simple pleasures. You just don't appreciate walking on grass until you've had to stick to paved surfaces for any length of time because you've been worried you might step on a landmine.

Nursing activity managers define, coordinate and monitor all care and nursing-related activities in our projects. Their work includes daily management of human resources – according to MSF nursing protocols – to achieve efficiency, quality and continuity of prescribed care.

MSF nursing activity manager Maia Blenkinsop (right) providing primary healthcare to Anna Ivanivna Nefedova in Kharkiv oblast, Ukraine. Most patients in the rural towns and villages of the region are *babushkas* (older women and grandmothers), many of whom live with limitations and chronic health conditions. The lack of doctors, nurses, medicines augmented by stress factors caused by the war make managing these conditions difficult.
© Linda Nyholm/MSF

**Story adapted from an article in Women's Day*

BUILD A CAREER WITH MSF

Watch our recent webinar to hear from leaders (and long-termers) about their experiences with MSF, and the training and development opportunities they've had, to enable them to take on that next management challenge, or to make a yearly or every-two-year commitment.

In November, we were joined by Dr Lisa Searle, MSF international staff member, who shared insights from her extensive experience working overseas with MSF; as well as Jennifer Craig, an experienced international project coordinator, and currently recruiter for MSF Australia.

If you are interested in exploring a career with MSF or becoming a long-term international fieldworker, we strongly encourage you to watch our recent webinar prior to applying!

Watch the webinar here:
msfa.me/3QfufmW

SEEKING MULTILINGUAL STAFF

Do you speak French or Spanish and want to work internationally with MSF?

Learn more about the roles we are currently recruiting for on **msf.org.nz/join-our-team/work-overseas**

ON ASSIGNMENT

Residents search for survivors in the destruction caused by airstrikes in Gaza, Palestine. As a neutral, independent and impartial humanitarian organisation, Médecins Sans Frontières calls on all parties to the conflict to ensure the safety of civilians and medical facilities. © Mohammed Abed

Staff from Australia and New Zealand currently on assignment with MSF.

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

Logistics Manager	QLD, AU
Doctor (Anaesthetist)	NSW, AU
ER Doctor	VIC, AU
Head of Mission	NSW, AU
Head of Mission	VIC, AU
Nursing Activity Manager	SA, AU
Head Nurse	NZ
Project Finance/HR Manager	ACT, AU
HR Coordinator	NZ

Bangladesh

Field Communications Manager	NSW, AU
Infection Prevention and Control (IPC) Manager	NZ
Psychiatrist	NZ
Hospital Director	WA, AU
Nursing Activity Manager	NT, AU
Mental Health Activity Manager	WA, AU
Paediatrician	NSW, AU

Central African Republic

Doctor	VIC, AU
Project Coordinator	NSW, AU

Guinea

Project Finance/HR Manager	NSW, AU

India

Project Coordinator	WA, AU
Mental Health Activity Manager	VIC, AU
Mental Health Activity Manager	VIC, AU

Iraq

Electricity Manager	QLD, AU

Kiribati

Paediatrician	NSW, AU
Project Coordinator	NSW, AU

Lebanon

Mental Health Supervisor	QLD, AU
Midwife Activity Manager	NZ
Nursing Activity Manager	NSW, AU

Mozambique

Epidemiology Activity Manager	QLD, AU

Nigeria

Epidemiology Activity Manager	QLD, AU

Pakistan

Project Coordinator	QLD, AU

Philippines

Medical Coordinator	NZ

Palestine

Personnel Administration Manager	SA, AU
Head of Mission	NZ
Medical Activity Manager	TAS, AU
Psychologist	NZ

Sierra Leone

Laboratory Manager	NSW, AU
Project Finance Manager	VIC, AU

South Sudan

Epidemiologist Op. Researcher	NSW, AU
Doctor	QLD, AU
Mobile Implementation Officer	VIC, AU
Paediatrician	NZ
Information, Education, Community Health Promotor (IECHP) Manager	SA, AU

Sudan

Operational Deputy Head of Mission	NSW, AU
Watsan Manager	NZ

Syria

Operational Deputy Head of Mission	QLD, AU

Tanzania

Doctor	NSW, AU
Assistant Deputy Coordinator Supply Chain	QLD, AU

Ukraine

Regional Communications Coordinator	NSW, AU

Yemen

Paediatrician	NSW, AU
Nursing Activity Manager	VIC, AU
Medical Activity Manager	VIC, AU
Hospital Nursing Manager	NSW, AU
Doctor	QLD, AU
Doctor (Anaesthetist)	NSW, AU

Various/ Multiple countries

Logistics Coordinator	VIC, AU
Finance Coordinator	SA, AU
Sexual Violence Program Implementer	SA, AU
Project Medical Referent	QLD, AU

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