MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

WEEKLY UPDATE

MSF AUSTRALIA
MSF NEW ZEALAND

MSF Australia is a member of the Operational Centre Paris Group

11 December 2018

Mediterranean: Aquarius forced to terminate operations

No dedicated search and rescue boats remain on the Central Mediterranean as Europe condemns people to drown

As refugees, migrants and asylum seekers continue to die in the Mediterranean Sea, Médecins Sans Frontières/Doctors Without Borders (MSF) and its partner SOS Méditerranée have been forced to terminate operations by the search and rescue vessel Aquarius.

Over the past two months, with people continuing to flee by sea along the world's deadliest migration route, the Aquarius has remained in port, unable to carry out its humanitarian work. This is the result of a sustained campaign, spearheaded by the Italian government and backed by other European states, to delegitimise, slander and obstruct aid organisations providing assistance to vulnerable people. Coupled with the EU's ill-conceived external policies on migration, this campaign has undermined international law and humanitarian principles. With no immediate solution to these attacks, MSF and SOS Méditerranée have no choice but to end operations by the Aquarius.

"This is a dark day," says Nelke Manders, MSF's general director. "Not only has Europe failed to provide search and rescue capacity, it has also actively sabotaged others' attempts to save lives. The end of Aquarius means more deaths at sea, and more needless deaths that will go unwitnessed."

Over the past 18 months, the attacks by EU states on humanitarian search and rescue operations have drawn on tactics used in some of the world's most repressive states. Despite working in full compliance with authorities, the Aquarius was twice stripped of its registration earlier this year and now faces allegations of criminal activity – allegations which are patently absurd. Amidst these smear campaigns and manoeuvres to undermine international law, people rescued at sea have been denied access to safe ports, refused assistance from other ships and left stranded at sea for weeks at a time.

The forced end to the Aquarius' operations happens at a critical time. An estimated 2,133 people have died in the Mediterranean in 2018, with departures from Libya accounting for the overwhelming majority of deaths. European member states have fuelled the suffering by enabling the Libyan coastguard to intercept more than 14,000 people at sea this year and forcibly return them to Libya. This is in clear violation of international law. In 2015, Europe made a commitment to the UN Security Council that nobody rescued at sea would be forced to return to Libya.

"Today, Europe is directly supporting forced returns while claiming successes on migration," says Karline Kleijer, MSF's head of emergencies. "Let's be clear about what that success means: a lack of lifesaving assistance at sea; children, women and men pushed back to arbitrary detention with virtually no hope of escape; and the creation of a climate that discourages all ships at sea from carrying out their obligations to rescue those in distress."

Since the start of its search and rescue mission in February 2016, the Aquarius has assisted nearly 30,000 people in international waters between Libya, Italy and Malta. Together with MSF's previous search and rescue vessels – the Bourbon Argos, Dignity, Prudence and Phoenix – MSF has rescued or assisted more than 80,000 people in the Mediterranean Sea since 2015. Despite recent efforts of other NGOs at sea, today there are no dedicated rescue boats operating in the Central Mediterranean.

Read the full article here.

The Aquarius forced by European authorities to remain in port, December 2018. © Ikram N'gadi / MSF-HOLLAND

Contents

FIELD UPDATES

OCP Updates

Chad

Back from the field, project coordinator Jean-Gilbert Ndong reviews Goré project

After an outbreak of fighting in December 2017 and January 2018 in the Paoua region of CAR, 20,000 Central Africans fled to southern Chad. 15,000 of them went to host villages in Logone Oriental. After an exploratory mission, a mobile clinic project was opened in mid-February 2018 along the road from Bekan to Begoné, near Goré and 3 km from the border with CAR, providing the host population and refugees with access to medical care. It initially opened for three months while awaiting the arrival of other humanitarian organisations.

MSF's previous projects in Goré date back to 2006-2009 (support to the Departmental hospital) and 2014 (emergency project for refugees).

In March, HGR installed emergency shelters and appealed to other humanitarian organisations to come to the area. In April, local health centres were unable to ensure continuity of care or refer critical cases to the hospital and there was concern about the impact the malaria peak that was to begin in June would have on under-five year old children. It was decided to extend the project to ensure continuity of care. We provided support to the health centres in Bekan and Bégoné and opened a stabilisation centre because it was impossible during the rainy season to refer patients to Goré. Community outreach workers received training on treating malaria; 3,200 people were screened and 2,000 treated. 21,781 consultations were given. 373 patients were referred to the hospital in Goré and 431 admitted to the stabilisation centre where the cure rate was 80%. This high rate was due to the population's relatively good health and early treatment of malaria cases provided by the community outreach workers. Almost as many refugees as locals benefited from our medical assistance.The team of 74 national and 10 international staff had several challenges. These included infrastructure (refit and construction of facilities) and access (canoes needed to cross the river during the rainy season in August and September when the road from Bekan to Goré was cut off because of rising water levels).

The team also worked in water supply activities (three new wells) and refitted health centres. In October we were able to formalize the project's closure as partners like ACF and Mentor were present and in capacity to take over from us, bed occupancy in the stabilisation centre had fallen sharply and there were no warning signs of an emergency (mortality, looming epidemic, issues with access to health care). Information sessions held with the local authorities and communities on MSF's withdrawal helped to prevent tensions and drugs were donated. The project is now closed.

DRC

Measles outbreak in Ex-Katanga provinces

The provinces of ex-Katanga experience recurrent and cyclical epidemics of measles approximately every 3 years, despite repeated mass vaccination campaigns. MSF has regularly responded to epidemics, but due to various constraints such as delays in identifying and confirming the epidemic and delays in importing vaccines, we often found ourselves responding very late and questioning the value of mass vaccination so long after an epidemic has already started.

The URGEPI project was started in 2018 with the intention of changing the approach of MSF and the MoH towards these measles epidemics, via improved surveillance, a more rapid detection and confirmation of cases and a more rapid response in both case management and vaccination, including targeting preventive vaccination campaigns towards populations who for whatever reason have not been covered by routine vaccination programmes. As soon as the project started they had to respond to an epidemic scenario, initially in the Haut Katanga province. From week 25 surveillance activities started to also note cases in the Haut Lomami province, with a large increase in cases starting in week 31. The MoH began requesting that MSF intervene with a mass vaccination campaign in the affected zones de santé. The URGEPI team, already responding to epidemics in other locations, was not in

Departures & Returns

Start of mission

- **Kerryn Whittaker**, Project Supply Chain Manager, Nigeria
- **Debra Hall**, Midwife Supervisor, Iraq
- **Corrine Baker**, Project Coordinator, Nigeria

End of mission

- **Ben Shearman**, Logistics Manager, Iraq
- **Nicholas Coulson**, Logistics Manager, Kyrgyzstan
- **Steven Purbrick**, Project Coordinator, Ethiopia

FIELD UPDATES

capacity to also cover Haut Lomami, so the Emergency Cell was requested to support. An emergency order of supplies was made, and human resources sent both to reinforce the team in Lubumbashi and to respond to the epidemic in the Haut Lomami.

An emergency team went on explo to Haut Lomami last week with the objective of reinforcing rapidly the case management, which should have a real impact on the mortality. Although we suspect that it is already too late in zones that have been now in epidemic for weeks or months, the team will also support the MoH vaccination plan, which is already in place but which cannot start without some basic logistic support. Cases have mainly been detected in 4 zones de santé – Malemba-Nkulu, Mulongo, Kitenge and Mukanga. The epidemic curve continues to increase exponentially in some of these zones, particularly in Kitenge, and most cases are in children under 5 years of age. We think it likely that there is a gross under-reporting of cases.

As a first step the team will ensure improved case management in MoH facilities in these 4 zones, as well as supporting and supervising the mass vaccination campaign for children aged between 6 and 59 months already planned in the same zones by the MoH in the coming weeks. 196,000 doses of vaccine are already in place in Kamina, but the MOH have not had adequate resources to start the campaign. As a second step, the emergency team will then try to understand better the situation in other neighboring zones de santé that have not been declaring cases. An epidemiologist has travelled with the team to ensure that adequate data collection is in place, and to try to better describe the epidemic in terms of age group, aires de santé etc. to allow us to target future interventions. As always, the team faces significant logistical constraints. The area is vast and roads very poor, so it can take up to 2 days to travel even between these 4 zones de santé, and 5 days to get there from Lubumbashi. Health structures are often lacking basic supplies, and management of the cold chain will be complex.

Cholera outbreak in Lubumbashi

As well as ongoing transmission in endemic zones in the east of the country, such as Goma and Kalemie, DRC has been experiencing a generalized epidemic of cholera since 2015 - according to WHO data this is now the worst epidemic that Congo has seen since 1994. In 2018 there have been already 25,000 cases of cholera recorded in the country, with 860 deaths.

All MSF sections have been responding in different locations at different times. MSF OCP treated 6000 cholera cases in Goma in late 2017, as well as managing a cholera response at the same time in Haut Lomami. We are now trying to engage with the MoH who last week created a new taskforce to coordinate all cholera prevention, control and response activities in the country, including coordinating the use of the 12 million doses of oral cholera vaccine recently requested by the MOH for use in cholera control, authorized via the Global Task Force on Cholera Control (GTFCC) mechanism.

Lubumbashi has a population of 1.3 million people and, unlike Goma, is not an endemic cholera zone. There is no persistent transmission of cholera in the city but instead regular outbreaks with a long lull period that can last for several years. The most recent epidemics were in 2008 and 2014. These outbreaks have shown a strong seasonal pattern with most starting between October and December and peaking during January-February. This seasonal pattern is likely dictated by the rainy season, which starts in October and ends in April. A large number of cases before the rainy season is an indicator of a potentially large outbreak, and in total, since August, the city of Lubumbashi has recorded 434 suspected cases of cholera with 12 deaths (case fatality rate 2.8%). This indicates a high risk of a large peak in the coming few months. Rapid Crystal VC tests are positive but the epidemic has not yet been declared as the lab in Lubumbashi has not confirmed via culture.

Although not officially declared, the MoH is already responding to the epidemic, with the support of MSF OCP, via cholera treatment units situated within 3 existing health facilities. However, there is a shortage of supplies and beds, very little activity has started within the community and there is no referral system for suspect cases.

We will increase support and try to work with the MoH, WHO, UNICEF and other actors to make sure of adequate preparation for a potential major epidemic peak in late January or early February. This should involve ensuring CTC capacity via provision of supplies and adequately trained and supervised staff in existing MOH structures, but also the decentralization of services to ensure early access to oral rehydration solution in the community, early sensitization of the community, the setup of a referral system for severe cases, and targeted WatSan and other control measures based around the specific vulnerabilities of the population. In previous epidemics cases have come predominantly from certain quartiers of the city, so well- or bucket-chlorination in those areas would be a priority, as well as measures to improve sanitation and prevent household transmission. There is an emergency team composed mainly of Congolese staff already responding, this will be soon boosted by members of the Pool d'Urgence and by an epidemiologist.

As now routinely recommended by MSF and the GTFCC, we will also formally request that the RDC authorities authorize an emergency cholera vaccination campaign in the city in early January, before the anticipated epidemic peak. We are confident that the ICG would

FIELD UPDATES

provide us an adequate stock of vaccines given the potential consequences of a severe epidemic in an unprepared major city. However, we are less certain we will obtain authorization to vaccinate from the MOH, the Kinshasa authorities generally refuses requests to consider emergency vaccination, recommending instead that organizations invest in long-term infrastructure projects.

Gaza

Treatment of patients wounded during the "Great March of Return"

Since the Great March of Return (GMR) began on March 30th, 2018, 230 people have died and 24,500 others have been wounded—5,800 had bullet wounds, principally in the legs. Between April 1st and October 31st, MSF treated 5,500 patients. Of the 2,800 who sustained wounds during the GMR, 1,200 had fractures. The remaining 2,700 were patients treated for burns in the Al-Shifa hospital.

In 2018, the patient cohort has risen dramatically compared to 2017. This raises the problem of the capacity to respond in a context with a fragile and overstretched local health system. MSF considers that to treat all patients who have bullet wounds would require 300 beds, 2 orthopaedic trauma surgery OTs, a microbiology laboratory, specific antibiotics to treat patients with infections, and post-operative rehabilitation services. We have already drawn up an agreement on 15 beds and an operating theatre exclusively for non-infected cases in Dar as Salam hospital and meetings are being held with the WHO and the MoH regarding inpatient beds and an operating theatre for infected cases in Nasser hospital.

Along with our medical-surgical activities, we are also running an advocacy campaign related to operations. The campaign emphasises the unprecedented nature of the emergency (scale of the patient cohort) and the complexity and management of wounds and the lengthy treatment they require. There are two priorities among the aims of the campaign. First, facilitating entry into Gaza for specialists, particularly orthopaedic surgeons, and transfer of patients out of Gaza to enable them to access treatment in other countries in the region or elsewhere. And second, mobilising donor funding. WHO estimates that between 40 and 50 million dollars are required. Among the countries targeted by the advocacy campaign and public communication: Israel (obtaining exit visas for patients and entry visas for specialists), Arab countries in the region (Qatar, Kuwait, Jordan, Turkey, Lebanon, Egypt), European countries, which include Norway, Switzerland and France, and international influencers (OMS, ECHO, etc.).

Mali

Antibiotic resistance – Bacteriology laboratory in Koutiala selected for Mali's first antibiotic surveillance site

MSF opened a bacteriology laboratory in Koutiala in 2014. Every year the laboratory collects around 5,000 blood cultures and carries out 1,000 cerebrospinal fluid tests (for detecting meningitis) and 700 urine tests. After two years of campaigning—the medical department the WHO and the Bamako coordination Mali's Ministry of Health—our laboratory is now recognised as the reference laboratory for antibiotic resistance surveillance in Mali. In August, the authorities' visit for technical validation purposes established a concordance of 98% with regard to the quality criteria for the performance of analyses. December will see the official launch of the national surveillance system that is based on the Global Antimicrobial Surveillance System (GLASS), the global surveillance network for participating countries to share antibiotic resistance data. The data collected facilitate the updating of therapeutic guides useful in establishing treatments. Unfortunately, most of the countries where MSF operates are not part of the initiative. As well as improving treatment provided to our patients, the aim of our antibiotic resistance activities will be to contribute to the global surveillance effort and share our data via national surveillance networks.

OCG Updates

DRC

Ebola - We finalized the first wave of vaccination in the zone of Katwa Butembo (1'400 frontline workers). We are preparing upon MoH request the vaccination of frontline workers in the south axis of Butembo in Lubero city. The city is exposed to further contamination by possible Ebola contacts. OCP is working in the main hospital. North of Beni we have an alert that our teams in Bunia are following, with a positive case of a 13 year old child. In Komanda area (between Bunia and Beni), 6 cases were confirmed, with 2 deaths, 2 patients were transferred to Beni's ETC, one patient who is gone and one who is hospitalized in the health zone. The problem in this area is that there is no road and it is at the border with North Kivu, where the ADF are quite active.In the health centre of Kazaroho village (Health zone of Idohu), where all these new cases come from, there is no proper isolation yet, nor screening. In that health centre, there are 37 patients. During our initial assessment on December 6th, patients were mixed with suspected cases. All are now considered as contacts. WHO is present and have started vaccination.Extension of the ETC in Butembo is ongoing. We have a total of 36 patients, 19 confirmed and 17 suspected.

Measles - We closed the intervention in Kisangani regarding measles at week 47 (5 health centres were supported).

FIELD UPDATES

In total, 1'345 simple cases were treated and 85 complicated cases. The intervention in Nia Nia is still ongoing and we are preparing for vaccination.

Iraq

Our RMP spent 3 weeks in Iraq, visiting Sinuni where the Yazidi population is re-settling progressively. The rehabilitation of the hospital is going well. We have a functional ER with around 800 to 900 consultations per month; we have an IPD for children and new born; the maternity opened in September and the number of deliveries is increasing gradually. We are facing challenges to open the OT (not easy to recruit the necessary staff) and we will review the strategy for surgery in the coming months. In Mosul, she visited Nablus. From March till now, a lot of renovation was done to address the increasing number of deliveries, to have more capacity and better use of space in the paediatric and new-borns unit, plus a larger project pharmacy to allow larger capacity. Management of the staff is still a challenge that the teams are facing, especially in the maternity. Our services seem greatly appreciated by the population of Mosul.

Kyrgyzstan

The seismic project is being finalized. A report will be ready for December and the results will be presented to the authorities regarding emergency response.

Mozambique

A new aspect of the mission in Mozambique that deals mainly with TB/HIV to address medical needs of people who use drugs (PWUD) is ongoing with 2 major recent achievements: the opening of a Drop-In Centre in Maputo and the distribution of safe syringes and needles for drug users. The third important milestone will be to import Methadone as substitution therapy for PWUD, this is an ongoing process that involves negotiation in importation procedures.

Nigeria

138'181 people were vaccinated against cholera in 6 days in Ngala IDP camps, Ngala town and Gambaru town. In Ngala a PBIED (Person Born Improvised Explosive Device) / suicide attack happened today late afternoon. First wounded are being referred to the MSF hospital while we are writing those lines. In Rann there is no more active case in the camp. Data show a cumulative total of 141 cases and 13 deaths (6 in MOH clinic and 7 in the community) from 30/11/2018 to 02/12/2018.

The strategy of community based care with the ORS corner and Doxycycline treatment to patients and their families seems to have also contributed positively to tackle the epidemic. ORS has been distributed to 1'709 patient under 5 and 776 over 5 with 614 patients receiving Doxycycline. We are preparing a vaccination in the area of Fotokol with 42'000 doses made available for MSF and the MoH. The vaccination should start between the 12th and 16th December with a target population of 42'000 people.

In Rann, there was an attack last night. Our understanding is that the military compound was targeted. The market area was badly affected by the fighting (houses burnt down / collateral damage). 3 deaths were reported (not confirmed) and 3 wounded. Local NGOs were present but all evacuated today. None of our staff was hurt in our cholera clinic, except one of our colleague at home who hurt while escaping. Our team was able to return today with UNHAS helicopter to MEDEVAC the 3 wounded patients Another attack took place in Bama and one in Limani (Cameroun) very close to Banki border.

South Sudan

There was a critical incident in Akobo with 2 armed men that entered the compound. Only material was robbed. Staff were evacuated the following day. Akobo project was planned to close completely next week, preparation for the closure was already underway and it will be finalized by next week.

Ukraine

Russia reopened the Kerch Strait near Crimea to shipping last week. In Ukraine, the martial law is still ongoing.

Yemen

We are observing an increase of cholera cases in Ibb Governorate (1,557 – 1,605 and 1,767 respectively in weeks 45, 46 and 47). We opened the CTC in Al Nasser university compound (we had already a CTU in the hospital). We also have a structure in Kilo and Al Udayn.

OCA Updates

DRC

Ebola

The suspected Ebola case in Mweso earlier this week, as expected turned out to be negative. In the areas of active transmission in North Kivu and Ituri provinces, the numbers of cases are increasing making this current outbreak the second largest recorded globally. As the numbers increase we continue to see that not all new cases have a clear epidemiological link to those that have been previously confirmed. An OCA team is currently on their way to support OCB in outreach so that MSF can increase its involvement in the other pillars of outbreak response.

Attack on campaigning convoy

As elections are getting closer in DRC, the campaigning period is in full swing. Yesterday evening, a political convoy was on the road between Goma and Mweso when it was attacked. There was an

FIELD UPDATES

explosion, followed by gunfire. 12 people were wounded (none seriously) and came to our hospital in Mweso. All is calm now and the team is fine.

Ethiopia

WatSan Intervention in IDP camp

Due to a mass displacement caused by ethnic conflict between Gedeo's and Guji's in the area bordering Oromio and SNNP regions in Ethiopia, an acute water and sanitation (WatSan) intervention in Ethiopia was organized. Even though a relatively small project, it has been rather complex to respond to the needs of the displaced people. Next to the 2.6 million Litres of water produced (equal to 260.000 bottles of water), the 506km of water piping installed throughout the camp and the 14.000 people that were reached with the help of a mobile clinic, the main reason for presence was related to advocacy. The main objective was to work with the local authorities on how to respond to IDP (Internal Displacement Camps), how to safely facilitate voluntary returns and what measures need to be taken for protection of people. The project was positively handed over back to OCBA.

India

Immigration Explo

MSF OCA conducted a 4- day explo mission in the state of Assam, to increase the understanding and create an information network related to the situation with the National Registry of Citizens (NRC) process. This process could potentially marginalize 2.000.000 people (mostly Bangladeshi immigrants) by altering their citizenship status. The NRC process of registration and appeals is expected to conclude by the end of 2018/beginning 2019. The explo team did not discover any urgent medical or humanitarian needs in the areas visited. However, the magnitude of the affected population, their potential shift to '2nd class' citizens, as well as the ongoing practice of treatment of foreigners, could spark widespread tension and potentially violence. MSF will continue monitoring the situation via the newly established network of contacts in the area.

Libya/Search & Rescue

To Sea or Not To Sea

A press release on the end of operations was published last night by MSF, with the advocacy aimed at the criminalization of aid, the lack of sufficient SAR capacity and the reality of people drowning at sea. We put a light on the ongoing harassment and criminalisation of aid with revoking of the flags but also the claim towards MSF that the rescued people waste which was transferred from the ship to the Italian ports would be toxic. Further discussions on how to move forward and if we should go back to sea with a new ship "To Sea or not To Sea" will be brought to different platforms and levels in the coming week. Amongst the initiatives will be a lunch debate at Thursday December 13th at the Amsterdam office, which will be open for the whole office and if we manage to set it up properly, to the London, Berlin and Delhi office. A few days ago, a boat with 12 survivors was rescued. They reported that they started their journey with 25 people but that after ten days at sea without water and food, only 12 people survived. According to the survivors they saw multiple commercial vessels passing by.

Malaysia

Symposium on the Access to Healthcare for Refugees & Asylum-Seekers

On Monday December 3rd a symposium has been organized by MSF in collaboration with MERCY Malaysia, in Kuala Lumpur. During the symposium representatives of national hospitals, the academia, ministries, refugee communities, UNHCR, MSF Malaysia and MERCY Malaysia are present.

The program consists out of four main topics related to these barriers, and its consequences and possible solutions. In a first session experiences of access to public healthcare services for refugees were shared from the perspective of refugee committees. After, the discussion focused on the health status of refugees and the impact of the restrictions of access to healthcare on refugee and public health. The second half of the day focussed on the way forward with best practices and proposed solutions for improving access, for example by looking at health financing for refugees and asylum-seekers, which was presented by the Minster of Public Health in Thailand and UNHCR Malaysia. Lastly, a discussion focussed on the need to identify better firewalls between Immigration and Healthcare Facilities. Malaysia has refugees and asylum-seekers with 59 different nationalities, for whom the main barriers in access to healthcare are lack of documentation, financial capacity, language barriers, insufficient health literacy and stigma & discrimination.

Despite the fact that Malaysia is not party to the Refugee Convention, the Malaysian Minister of Foreign Affairs, Saifuddin Abdullah, committed during his speech at the UN Global Compact on Refugees in September 2018, "to continue to render humanitarian assistance to asylum-seekers and refugees from 59 countries seeking shelter in the country" and assured that Malaysia wouldn't neglect its national obligations and commitments in addressing migration induced by war, natural calamities, political unrest and armed conflicts. He as well stated that in Malaysia refugees and asylum-seekers are given access to medical treatment at government healthcare facilities. With this symposium we and other actors want use the promises of the new government and further changes in law and policies, amongst others by providing a platform for constructive dialogue.

FIELD UPDATES

South Sudan

Continuation of Rape Cases

In Bentiu clinic continuation of rape cases is seen, currently showing the number going beyond 150. Some of the survivors of violence are also seeking care in the Bentiu MoH hospital and at the MSF hospital in the PoC (Protection of Civilians) though the majority is seen at the Bentiu Town clinic. The stories are still similar to the last 2 weeks; women are beaten, raped and robbed of their goods and at times even their clothes and shoes. The MSF press release triggered a large international and national response in public statements condemning the violence from, amongst others UNMISS, African Union, EU heads of missions, UN Security Council. The UN Human Rights Division and the CTSAMVM (Ceasefire and Transitional Security Arrangements and Verification Mechanism) have started investigations into the situation and patrolling of the area by the government and UN has been put in place.

OCBA Updates

Angola

Communication regarding the closure of MSF Mission in Angola was performed to authorities, who in return ensured they would call us in case of emergency, facilitating some of the possible actions necessary for a quick deployment.

Cameroon

Context

The fragmentation of groups is continuing to make the situation more & more complex.

The situation in Northwest region keeps deteriorating after the massacre of people in Bali. Some unconfirmed sources said that 37 people were killed in Bali with the use of deadly gas.

Operations

The first night that our Buea team was in the new house they had a robbery incident overnight where 2 laptops were stolen.

CAR

Context

PK5, Bangui, saw more clashes among self-defence groups which are known to be racketeering the population. One of the leaders of these armed groups died of his wounds, but for the time being the tensions have apparently come to a halt. In Batangafo town, the situation is calm but 5,000 IDPs remain inside the hospital compound.

Operations

In the Sexual Violence project in Bangui, we received 18 new cases, minors 9 (50%), < 72 h : 6 (33%). EURECA pursues the Hep E intervention in Bocaranga, with a focus on the WASH activities in the community, active case finding and sensitization, while building up the proposal to start up operations in Alindao and Mingala.

Colombia

MSF clinic for Venezuelans entering into Colombia continue with a very high attendance. 40% of our patients are children <5, meaning that the profile of the people leaving Venezuela is made up of entire families. The team is about to propose an extension of the intervention for 2019. In Tumaco, we are finishing the capitalization report after 4 years of intervention. Ideally it will be shared with relevant authorities and stakeholders before the end of the year.

DRC

Operations

RUSK: intervention in Kalonge will be extended for another 3 weeks, continuing the support to displaced populations and including a vaccination campaign multi-antigene for children <2 and against measles also for <5. Simultaneously, a proposal to support the CTC in Bukavu's referral hospital is going to be submitted, since the cholera cases are still appearing and gaps have been detected. Finally, the contingency plan in case of massive influx of wounded at Panzi's hospital is being reviewed and updated, as part of the general plan shared with ICRC in view of the end of year's elections. Mulungu: once we have received guarantees in respect to humanitarian work, the team will assess the overall situation in the southern axe, the last area where MSF had no access and the most severe security incidents, including mass rapes, have happened along 2018. A combination of decentralised and community strategies, besides of eventually some fixed structures will allow us to better respond to the most critical needs of the populations there.

Ethiopia

Operations

We will start to disengage from the hospital in Kercha (Guji). We will finish the support to the maternity and neonatal intensive care unit. Following last week's visit to Asosa and West Wellega, we are still discussing the potential new operations in W Wellega in order to access B-Gumuz. Security is still the main constraint to access to B-Gumuz. Several incidents reported in the Oromia-B. Gumuz border areas in the last few days, including the killing of 38 Oromos & some clashes around Haro Limu. Plan and realise the rapid assessment in Haro Limu.

Mali

Context

In Ansongo, the security situation continues to be very volatile with some assassinations in Gao apparently aimed at increasing intertribal confrontation. In Douentza, radical groups attacked the police station in Hombori, causing 1 dead

FIELD UPDATES

and several wounded. Our team had to stay in hibernation at the Health Center during the attack.

Operations

In Ansongo, we have started the activities with nomadic population in the Indelimane Health Zone. In Douentza, there has been a reduction in the consultations at the Health Centers of Boni Hombori and Mondoro most probably related to the increase of the insecurity limiting the population's access to healthcare.

Mexico

Thousands of migrants from the caravans are still blocked in Tijuana and Mexicali, in the hope their refugee petitions are being processed by US authorities. Few of them were granted humanitarian visas in Mexico. The levels of violence they are exposed to are extremely worrying and MSF has reports of systematic kidnappings and torture episodes in the hands of some of the criminal cartels that are controlling the border. An MSF team is now in Tijuana in order to conduct an assessment and define the need or not to intervene.

Nicaragua

This week we had to stop mental health consultations in Jinotega and Jinotepe. The space to work is reducing due to the increasing pressure of the governmental authorities over all activities which are perceived as supporting the opposition. MSF is still trying to open a dialogue with the Ministry of Health, but up to now without success. HoM and MedCo were in Costa Rica to establish an MSF presence in the country. MSF received the support from the Ministry of Health to start mental health activities and we now have to comply with the bureaucratic steps in order to start.

Niger

In Madaoua, there have been 6 cases of suspected measles with 1 deceased and 4 cases of suspected meningitis. The team is also investigating measles cases in the district of Malbaza.In our project to assist migrants in Agadez, we received 239 migrants in Assamaka this week and did 233 consultations in the mobile clinics. EMUSA is doing an intervention in Bani-Bangou, in Tillabery region; 4 mobile clinics done during the week with 262 consultations.

Nigeria

Context

There are still many security incidents reported in the North East: 44, 26 of them in Borno. President Buhari visited Maiduguri to inaugurate the meeting of COAS (Chief of Army Staff). The EU Ambassador visited MSF hospital in Gwoza. Due to the recent level of conflict, all humanitarian actors have left locations North of Monguno.

Operations

No new arrivals in Gwoza last week, which is in line with recent trends. Food distribution by a WFP partner took place and there was discussion with WFP, IOM, CARE and MSF showing very different population figures. In Pulka, a large number of refugees came back from Cameroun; this return is not official and UNHCR is not involved. In Damaturu, the number of admissions continues to reduce due to the end of the season. There are still some admissions to the Cholera Treatment Unit. NIMERT: the first round of the OCV has finished with very low coverage due to the inflated population data; the team is considering adding another five wards to reach the target.

South Sudan

Two suspected cases of Ebola were alerted in the Yambio State Hospital and in another place within the county a few days ago. Samples were taken and the results were negative. Despite this, we continue preparing as the outbreak in neighboring DRC is not under control and movements across the region are habitual. The places for a new Ebola treatment unit and burial site have been identified in Yambio. At the same time, a yellow fever outbreak has been declared by the Ministry of Health in Gbudue state (whose capital is Yambio) after one of the suspected Ebola cases was positive for this disease following a confirmation test done in Uganda. WHO is planning to conduct a mass vaccination and we are sending today a team to investigate this case.

Venezuela

Context

Caracas ranks as the first most violent city in Latin America, registering 120 homicides per 100 thousand inhabitants. UN granted a 9 million Central Emergency Response Fund package that amongst other things will allow 70,000 people in HIV treatment to resume treatment.

Operations

Operations continue with good intake of new patients, including cases of male victims of sexual violence. Nevertheless, community engagement/outreach activities are still suspended until council elections due to pressure from community and political leaders. MSF is still awaiting the agreement proposed by the Ministry of Health on how to collaborate in the different programs we are supporting.

Yemen

13 airstrikes were reported over locations in Midi and Haradh over the past few days. In Saada, fighting was reported in Qais area north of Razeh district on Wednesday. And in Hodeida, Saudi-led coalition airstrikes hit several targets including positions in Hodeida city since Wednesday. We are starting to put together the closure plan for Razeh. In Abs hospital, we treated 17 diphtheria cases (+240%) and 14 measles cases (+75%), most of them coming from Az Zurah and Al Koshm district.

MEDIA AND WEBSITE

In the news

• Ebola:

Dr Saschy Singh spoke with Patricia Karvelas on ABC's RN Drive last week about MSF's response to the growing Ebola epidemic in DRC.

• Nauru:

Ahead of the launch of the MSF report, *Indefinite Despair*, at a press conference in Canberra, Executive Director of MSF-Australia Paul McPhun spoke with ABC's Radio National AM program about the key findings including the fact that the mental health conditions on Nauru are far more severe than in projects where MSF is treating victims of torture. You can also read the online version here.

Clinical psychologist Dr Christine Rufener interviewed with ABC's News Breakast about the report findings. ABC News 24 also live streamed the press conference.

Other media outlets that covered the story include: The Guardian, BuzzFeed Australia, AAP with the story syndicated across more than 130 news sites, SBS World News – TV and online, ABC The Drum, including an interview with Dr Christine Rufener. ABC The World, package including clips from the press conference.

Dr Beth O'Connor interviewed with Radio NZ Pacific, and with Radio NZ NewsTalk ZB.

Video clips on the following news sites:The Australian, Sydney Morning Herald, The Age, Canberra Times.

Website and social media updates

• Yemen:

Australian Robert Onus, former head of mission, analyses the situation in Yemen as the conflict enters its fourth year.

• Nauru:

"They are in a prison without a sentence": Psychologist Dr Patricia Schmid talks about her patients on Nauru.

Need an overview of the situation on Nauru? Watch our explainer here.

Hear from our mental health patients for the first time: read Kazem's* story.

Read the summary of MSF's report *Indefinite Despair*, detailing the disastrous mental health situation on Nauru. You can download the report here, and watch the livestream of our 3 December press conference in Canberr, here.

In Part 2 of testimonies from our Nauru field workers, Elma Smajic, Zoha Mazrooei and Anna Morandi share their reflections on working on the island. Part 1 features Virginie Thys and Dr Robyn Osrow.

"Waiting for answers": MSF psychologist Natalia Huerta Perez speaks about the situation on Nauru.

Dr Beth O'Connor explains resignation syndrome, or traumatic withdrawal syndrome - a condition seen in adults and children on Nauru.

Our petition to evacuate asylum seekers and refugees has reached 113,434 signatures! Add your voice here.

• Palestine: Gunshot wounds leave patients in Gaza with serious injuries and shattered lives.

• Greece: MSF teams vaccinated around 2,000 children in Moria camp, Lesvos.

• Indonesia: Responding to natural disaster in Central Sulawesi.

ASSOCIATION NEWS

Thanks for a great OAM!

A big thank you to everyone who attended the OAM on 23-25 November in Melbourne! The dust storm messed up lots of flights but people pushed through despite sometimes many hours of delay. I particularly appreciate our trainers' determination to carry out the trainings via zoom following their flights' cancellations. Some IT issues added another layer of complexity but thanks to everyone's flexibility and patience, the trainings took place and everyone got something out of it - gotta love the MSF attitude! The OAM was fantastic on Saturday and Sunday with lots of knowledge sharing, pertinent questions, provocative discussions, group work, and debates. There was also lots of small talks, laughs, networking, great food and overall the OAM brings together a group of people who are happy to connect again and spend time together. So much so that the dance floor was on fire that night and it goes without saying that we got quite a few tunes out of our dear President!

There are many more photos to come on the Association Facebook group.

The PSN has some new recruits!

We are very excited to announce that 5 new peers have joined our Peer Support Network. We held a PSN training on 1st December in our Sydney office with an energetic and enthusiastic group of current and new peers. Thank you to Iris Trapman from Mandala Staff Support (our new EAP system) for delivering the training.

Association Coordinator

Kim Wuyts

kim.wuyts@sydney.msf.org

02 8570 2655

Facebook group: www.facebook.com/groups/MSFAAsso/

The Portal: asso.ocp.msf.org/en (username: msf/ password: asso)

On the Portal

asso.ocp.msf.org/en
(login: msf ; password: asso)

Dispensing with humanitarian law?

If some humanitarian organization spokespeople are to be believed, the norms and principles underpinning their action have been under attack since the end of the Cold War, and that decline is endangering both humanitarian teams and the operations they conduct. References to "before" have been heard since the mid-1990s, in the wake of the Bosnian War and the Tutsi genocide (...) Read the rest of this article written by Rony Brauman.

Venezuela Crisis

Do we really want to help migrants?... Following the MSF LAT letter expressing its concern about the absence of MSF's response to the migration influx from the Venezuela crisis, the Operational Directors' platform (aka RIOD) provides its response.

Migration: A new operational approach?

"On the road with people on the move, should we develop a new operational approach?" The topic was debated on November 30th, during the next MSF France's Board meeting. On the topic, here is an interview with William Hennequin, Cell Manager dedicated to migration.

COMMUNITY ENGAGEMENT & HR

Community Engagement

MSF Australia has had a very successful year in 2018 with our Community Engagement activities and events.

Across Australia and New Zealand we reached over **13,000 people** in 2018 across **116 events**. In **New Zealand** we had **11 events** and reached over **1,000 people** face-to-face. This is a huge success and we more than doubled the audience that we reached in 2017.

A big thank you to all those staff and field workers who gave up their time to speak at events this year! We hope to strengthen this program and provide more support, resources and training for those who will be speaking at events in 2019.

We also held a number of training sessions for you in 2018. Thank you to those who attended Speaker Training in March, Advanced Speaker Training in November, and MP Liaison Training in May.

Don't forget to keep an eye out for the training options in 2019 so you don't miss out!

If you want to find out more about the Speakers Program, MP Liaison Program and other programs that are in planning for Community Engagement in 2019 you can contact Nathan Dart at Nathan.dart@sydney.msf.org.

Thanks to all our 2018 engagement speakers!

Alexandra Stewart, Allen Murphy, Amrita Ronnachit, Amy Neilson, Ana Montoya, Andrea Atkinson, Andrew Dimitri, Benjamin Black, Beth O'Connor, Chatu Yapa, Chris Lee, Claire Fotheringham, Colin Chilvers, David Dandy, Devash Naidoo, Dr Javid Abdelmoneim (MSFUK President), Eileen Goersdorf, Eric Boon, Hannah Rice, Heidi Spillane, Heidi Woods Lehnen, Helmut Schoengen, Herwig Drobetz, Jananie Balendran, Jane Hancock, Janine Issa, Jean-Christophe and Sean Healy, Jennifer Gibson, Jessa Pontevedra, John Swinnen, Judy Coram, Kate White, Katie Treble, Katrina Penney, Kerry Atkins, Kevin Baker, Laura Latina, Laura Villoldo, Lauren King, Liam Hannon, Lisa Umphrey, Marg Bell, Matthew Reid, Mee Moi Edgar, Megan Graham, Melissa Hozjan, Mohamad-Ali Trad, Nastaran Rafiei, Natalie Thurtle, Nicholas Evans, Nikola Morton, Noni Winkler, Patricia Schwerdtle, Rachel Lister, Sally Thomas, Sam Templeman, Sarah Dina, Saschveen Singh, Shaun Cornelius, Siva Namasivayam, Stewart Condon, Susan Crabtree, Suzel Wiegert,Tambri-Anne Housen, Tanya Coombes,Tien Dinh,Tiffany Button,Toby Gwynne,Virginia Lee.

HR News

Training Courses: The MSF Foundation Scholarship

The MSF Foundation aims to complement MSF's existing skills development initiatives, facilitating access to external training opportunities for those non-eligible for other grants.

Objectives:

- To contribute to developing the skills of OCP managers and future managers.
- To contribute to developing the employability of OCP staff in the humanitarian sector.

For more information, please see the brochure attached to the Weekly Update. Application form and enquiries to bourses.fondation@paris.msf.org.

The deadline for application is 25th January 2019 for the March 2019 commission.

Positions Vacant: Field & HQ

OCB: Project Coordinator/Project Medical Referent

12 months / Banten, Indonesia

The Banten project is looking for a midwide or nurse with interest/experience in sexual and reproductive health. In close collaboration with the capital team. The PC/PMR will define and plan the project objectives and priorities, identifying target population's health needs, analysing the context in the area of intervention and the risks and constraints, and calculating human and financial needs in the project.

For more information or to express interest, please contact theodora.fetsi@sydney.msf.org. You can also view info at http://career.msf.be/.

Positions Vacant: MSFA

Field Departure Coordinator

Full time / Permanent

The Field Human Resources (FHR) Department of MSF Australia recruits, places and manages medical and non-medical field staff for MSF's medical humanitarian projects worldwide. The Field Departures Coordinator plays a key role in coordinating the logistics of departures and returns of Australian and New Zealand-based field workers who are placed on overseas projects with MSF. This role is responsible for ensuring efficient HR administrative processes related to deployment, working closely with each of the Operational Centres to achieve their primary objectives.

For a copy of the job description including the full selection criteria, please see the attached job description or visit the MSF website.

Applications MUST address individual selection criteria. You should also write a cover letter indicating why you want to work for Médecins Sans Frontières Australia Ltd and attach a copy of your CV.

Applications and enquiries to the HR Advisor: officerecruitment@sydney.msf.org.

Closing date: 6 JANUARY 2019

Please apply as soon as possible. Applications will be reviewed as they are received.

Positions Vacant: MSFA

Regular Giving Coordinator (Face to Face Fundraising)

Full time / Permanent

The primary role of the Regular Giving Coordinator (Face to Face Fundraising) is to work with the Regular Giving Manager in the successful running of a Face to Face Fundraising Donor acquisition program, along with implementing various projects and processes that support Regular Giving acquisitions and retention. The Regular Giving Coordinator (Face to Face Fundraising) will contribute to the success of the program by taking project management responsibility for projects directly related to the success of the program.

Applications and enquiries to the HR Advisor: officerecruitment@sydney.msf.org.

Applications must address individual selection criteria. You should also write a cover letter indicating why you want to work for MSFA and attach a copy of your CV. For a copy of the job description including the full selection criteria, see the MSF website.

Please apply as soon as possible. Applications will be reviewed as they are received.