

# THE RIGHT SHOT

REMOVING THE BARRIERS TO COVID-19 TREATMENTS AND VACCINES





# TODAY, THE HEALTH OF BILLIONS OF PEOPLE IS AT STAKE

As COVID-19 started to spread globally in early 2020, overwhelming some of the world's more advanced healthcare systems, countries like South Sudan, Yemen, Bangladesh and Democratic Republic of Congo – where Médecins Sans Frontières runs some of our biggest projects – braced for what was yet to come.

Our teams saw the devastating direct and secondary impacts of COVID-19 on these communities, especially in places with weak or fragile health systems. For people in already vulnerable circumstances, the disruption of essential healthcare has had serious, even fatal, consequences.

That is why, as soon as the first COVID-19 vaccines were registered and ready for rollout in late 2020, the world breathed a sigh of relief. The developed world, that is. In fact, countries representing only 13 per cent of the world's population have already reserved 50 per cent of new vaccines in the pipeline.

There is no place for profiteering or excessive nationalism as long as the world still faces the threat of COVID-19. This report highlights how

we are now ramping up the debate over the availability of COVID-19 diagnostics, treatments and vaccines for all, through our advocacy arm at the Access Campaign. Meanwhile, this pandemic remains a major challenge for Médecins Sans Frontières projects.

COVID-19 is not over until it is over for everyone, everywhere. We still need your help.

What is constant is the independent support you, our donors, provide. It allows us to respond to emergencies as they unfold, and run programs in some of the world's most conflict-ridden and inaccessible places. It will also enable us to speak out in solidarity for all.

## OUR SHARED VALUES

Wherever Médecins Sans Frontières works across the world, your independent support enables us to use our own resources, equipment and supplies to allocate

assistance based on need alone. Our work is guided by a charter, which sets out our commitment to medical ethics. It contains our principles of neutrality,

independence and impartiality, which have carried us through critical moments in many different contexts over the past five decades.

# A PANDEMIC IS NO TIME FOR BUSINESS AS USUAL

- Jennifer Tierney, executive director, Médecins Sans Frontières Australia & New Zealand.

**“Not even a global pandemic can stop pharmaceutical corporations from following their business-as-usual approach, so countries need to use every tool available to make sure that COVID-19 medical products are accessible and affordable for everyone who needs them,”**  
**Doctor Sidney Wong, executive co-director, Médecins Sans Frontières Access Campaign.**

You would think in this moment of global crisis where everyone is coming together, that we may see the pharmaceutical industry doing something different. But they are choosing not to. It is a tragic situation that they are not embracing this fully.

Through our Access Campaign, Médecins Sans Frontières is amplifying the debate, as we have done throughout our history. We are seeing the writing on the wall. There is a lot of talk about vaccines

and treatments for COVID-19 as a public good, because they are primarily publicly funded, but what we are actually seeing are bilateral agreements where the rich countries are securing what they need for their population and poor countries are being put to the side.

“Business as usual,” is a phrase that keeps coming up – and it is true.

This pandemic knows no borders, it knows no nations or ethnicity, it does not recognise power, nor does it distinguish between high-income or low-income countries. But the impact of the disease will not be distributed equally if the tools to combat it are only available to the privileged.

In October, India and South Africa proposed to waive some intellectual property rights on coronavirus tools during the COVID-19 pandemic. Médecins Sans Frontières supports the waiver, and urges all countries to back the proposal, which is already supported by more than 100 countries, to allow

COVID-19 tools to be more affordable and accessible.

As we continue to turn up the volume on this debate, we will not stop helping people. We remain committed to responding at scale for people most in need – running dedicated COVID-19 treatment centres, protecting frontline health workers, delivering medical care where health systems are overrun, and working with refugee and displaced populations and in remote regions where healthcare is non-existent.

I am incredibly grateful for the support we receive from our committed and dedicated supporters like you, which enables Médecins Sans Frontières to remain at the forefront of emergency medical response. You have stayed by our side, you care enough to get to know our programs, and you deeply care about the people we serve.

Together, we call for human lives over corporate profits at this critical moment for global health.

## OUR CHARTER

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. We do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of

universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assignments for any form of compensation other than that which the association might be able to afford them.



# HEALTH IS NOT A COMMODITY

## AND MEDICINES SHOULDN'T BE A LUXURY

**Multiple barriers still prevent access to lifesaving medicines in many parts of the world. At time of writing, the COVID-19 vaccines could be the latest in a long list.**

Médecins Sans Frontières Access Campaign was founded over 20 years ago to remove the obstacles that prevent people from getting the lifesaving medicines they need. Patents are the major barrier that stands in the way of lower cost generic drugs being made, which vastly limits the available supply and drives up prices. We have seen it happen to our patients with TB and to people living with HIV. The Access Campaign was launched at the height of the HIV/AIDS epidemic, when large numbers of people were

dying from the disease. This was despite the availability of lifesaving antiretroviral treatment. However, priced at US\$10,000 for one person for one year, because of patent monopolies, it was out of reach for many. Now, the same treatment is available for less than \$100 per person per year, thanks to the Access Campaign's push for robust competition among generic drug manufacturers. That is why Médecins Sans Frontières is demanding no patents and no profiteering on COVID-19 medical tools.



COVID-19 patients being treated in the severe case ward with medication and oxygen support at Al-Kindy hospital, in Baghdad. © MSF 2020

# ADVOCACY IN ACTION

The Access Campaign slogan – *Medicines Shouldn't be a Luxury* – is more relevant today than ever. Kate Elder, senior vaccines policy advisor for the Access Campaign answers five crucial questions.

## What brought you to the Access Campaign?

Every parent wants to have their child healthy. We take these services to people that are affected by crisis. Immunisation is one of the core building blocks to improving health. Immunisation is something that Médecins Sans Frontières has been doing since it was founded. For the last 50 years we have offered vaccination to children and other population groups, especially when we have these amazing medical tools that can prevent epidemics, and can stem outbreaks.

There are now more vaccines available against more diseases – it is miraculous – but it does not mean it is easy for us to get hold of them.

## What involvement does Médecins Sans Frontières currently have with the big pharmaceutical companies?

On the Access Campaign side we are laying the groundwork so that when the vaccines are available, and if Médecins Sans Frontières sees a role operationally, we will be able to get access to those vaccines. We are dealing with the pharmaceutical corporations to make sure – as everybody anticipates there will be finite supply – that we will be able to access the supply.

This means dealing with the pharmaceutical corporations themselves, going directly to the source. They are the ones that hold all the power in deciding who they are selling to, at what price and when, so we are trying to engage directly with these companies. We are sharing with them what we think our needs might be,



Kate Elder, senior vaccines policy advisor, Access Campaign. © MSF 2020

advocating for them to consider the needs of crisis affected populations, and advocating for them to not be so singularly minded about just how they are going to make the most money from which customers. We are asking them to also think about true health needs to guide some of their allocation work.

We are also engaging directly with high income country governments that have already signed advanced purchase deals for a tremendous volume of vaccines. We are asking them, “are you considering the needs of the humanitarian community? Or are you intending to absorb all of those vaccines that you have purchased?” We are making the case that maybe they bought more than they will need, and maybe they should think more globally.

## What will be the challenges for our patients in getting hold of these vaccines?

I think it is going to be really challenging. We have to think about it first in terms of the



Pallet loader and firefighter in Maastricht Airport, Netherlands. © MSF/Pierre Crozes 2020

people that Médecins Sans Frontières traditionally serve – do they fit? And if yes, where into the prioritisation criteria. The World Health Organization has very clearly stipulated priority groups, beginning with frontline healthcare workers, and then older people with co-morbidities, and they have put some indicative figures around what proportion of each population they think fits into those priority groups. We have to think about it very much through the epidemiological lens.

I think right now for the majority of the countries where we work, they are not going to get vaccines for at least a few months.

**And what about price?**

Price is subjective. What is a high price? What is a low price? I like to talk about price and affordability based upon what does it actually cost to make these vaccines? This COVID pandemic brought with it claims by some pharma companies that we literally had never seen before – that they would charge a not-for-profit price during the pandemic. That was a huge claim to make and more progressive than we have seen before. There are also some companies that have said, “No, we’re not charging a not-for-profit price.” I think about price first through the lens of, “Is there transparency around what the actual costs are of making these vaccines?” When we have indicative prices of what the

companies are going to charge, we can see if that aligns with the cost price. The bottom line is right now, no company – even companies that have claimed that they will charge a not-for-profit price – have committed to any real transparency.

That is why we need a strong Access Campaign, to be able to fight those battles if necessary, in a very public forum so that we can be heard, and so our patients can be heard.

**How would you describe the importance of donor support right now?**

Médecins Sans Frontières donors understand the value of impartial medical care – medical care in its purest form to people who need it, regardless. Donors right now are helping us to truly realise at this most historic moment what needs to be done to fulfil the humanitarian ideals and principles of not forgetting about people, of fighting for them to make sure that they have access to medical tools now, not years behind those in wealthy countries. Many of our donors, like myself and my parents who give to Médecins Sans Frontières, are going to be the people that get these vaccines first. They will probably accept them warmly. They will also know that there is something unjust in it, because they care about Médecins Sans Frontières. So their gift will achieve a better balance and promote truth, justice and equity.



A biotechnician is extracting a sample of a COVID-19 suspected case in the National Public Health Laboratory in Juba, South Sudan. © MSF/Tetiana Gaviuk 2020

## DEALS CLOAKED IN SECRECY

Deals done by pharmaceutical companies to develop COVID-19 vaccines are shrouded in secrecy, and the details that are released reveal worrying terms. At the same time, the six front running vaccine candidates have had a total of over US\$12 billion of tax payer and public money poured into them.

Médecins Sans Frontières urges governments – which have provided funding to these companies – to demand transparency on vaccine licensing deals, trial costs and data.

The six candidates and the amount that each has received in public funding so far are vaccines being developed by AstraZeneca/Oxford University (over \$1.7 billion), Johnson&Johnson/BiologicalE (\$1.5 billion), Pfizer/BioNTech (\$2.5 billion), GlaxoSmithKline/Sanofi Pasteur (\$2.1 billion), Novavax/Serum Institute of India (nearly \$2 billion), and Moderna/Lonza (\$2.48 billion).

***“As long as we do not know what is in these deals, pharma will continue to hold the power to decide who gets access when, and at what price. Without decisive action from governments demanding more transparency from companies, equitable access to COVID-19 vaccines is in jeopardy. The public has the right to know what is in these deals – there is no place for secrets during a pandemic, there is too much at stake.”***

Kate Elder, senior vaccines policy advisor, Access Campaign.

## THE COVAX FACILITY

We are in a time of unprecedented mobilisation to tackle COVID-19. Gavi, the Vaccine Alliance, is co-leading a new fund – the COVAX Facility – a global risk-sharing mechanism for pooled procurement and equitable distribution of COVID-19 vaccines.

COVAX aims to provide two billion doses of safe and effective COVID-19 vaccines for all nations by the end of 2021. Developed countries will be able to buy in and secure enough doses for their populations proportional to the amount they used to buy into the fund. Other countries will be guaranteed doses to vaccinate up to 20 per cent of their population until further doses become available.

Médecins Sans Frontières Australia and New Zealand executive director Jennifer Tierney notes, “it is unclear if they come first or how the prioritisation is going to be. We have been calling on every country that is participating in the COVAX Facility to again make sure that there are controls within the Facility for guaranteeing equal access, whether or not you are a rich or a less rich nation.”



# LOGISTIC CHALLENGES

## FOR THE ULTRA-COLD CHAIN COVID-19 VACCINES

**Virtually all of the 13 vaccines that currently are in the advanced phase require several doses or booster injections, and need to be stored and transported in cold chain at low temperatures with some requiring sub-zero conditions.**

This would make vaccination campaigns difficult to implement in many of the crises and conflict settings where Médecins Sans Frontières works. However, the AstraZeneca/Oxford University vaccine candidate was recently announced to require cold-chain management at standard 2-8°C

refrigerator temperatures. This is positive news, as it would potentially facilitate distribution in low-resource settings where the existing cold-chain equipment for storage of vaccines used in routine programs covers this temperature range.



Give civil society and communities a seat at the table in decisions on access to COVID-19 vaccines

**DECIDING TOGETHER**



Delivering measles vaccines to Boso Manzi, a hard-to-reach area of Northern DRC badly hit by the measles epidemic, was a real journey. Sent from Kinshasa to Lisala by plane, the vaccines had to be transported for over six hours in refrigerated boxes by motorbike on very difficult roads. Keeping the vaccines refrigerated throughout the process is essential to preserve the effectiveness of the vaccines. © MSF/Caroline Thirion 2020

### WHAT IS THE COLD CHAIN AND WHY IS IT SO IMPORTANT?

Each year Médecins Sans Frontières teams vaccinate millions of people in remote communities that are the most at risk from severe outbreaks of vaccine-preventable diseases like measles, meningitis, diphtheria and whooping cough.

Most of the vaccines we use need to be kept in a rigid cold chain, refrigerated at a constant temperature, from manufacture through to the point of vaccination of our patients.

This can be a huge logistical challenge in countries where electricity is scarce, and often involves hand-carrying vaccines packed in cold boxes across rough terrain, on motorbikes and even by canoe to reach the most remote communities. However, it is the only way to maintain their efficacy in order to give patients – particularly young children – the best shot against a deadly disease.

While the majority of developed nations are focusing on the realities of getting the COVID-19 vaccine quickly to their populations, one of the greatest barriers for vulnerable people who need it most is its stringent storage requirements.

Keeping vaccines cold remains a major constraint on their delivery in low and middle income countries. Half of the healthcare facilities in the poorest countries have no electricity supply, and only 10 per cent have a reliable electricity supply.

*Conventional cold chains are intended for vaccines that need to be stored between 2°C and 8°C. Frozen cold chains are used for vaccines that need to be stored at -20°C. Ultra-cold chains are needed for the few vaccines that need to be stored at ultra-temperatures, between -60°C and -80°C.*

***“As Médecins Sans Frontières knows best, getting a vaccine to somebody that lives in a remote area is very difficult. Some of the vaccines that are first off the block, like the Pfizer vaccine and the Moderna vaccine, which use the new technologies of the mRNA platform, require significantly different cold chain than the one typically used for vaccinations. If we are looking at those vaccines that require the ultra-cold chain, it is going to be a logistical nightmare.***

***This is not to say it is insurmountable, but the experience that we had for the Ebola vaccine, that had similar cold chain requirements, says that it was not easy. You have to think about exponentially magnifying that. People who work in developing countries like Médecins Sans Frontières, or foundations that support them like Gavi, do not really think that these first vaccines that require ultra-cold chain are best suited for the contexts where we work.”***

Kate Elder, senior vaccines policy advisor, Access Campaign.



***“Instead of stepping up for TB, we are at risk of slipping back due to COVID-19.”***

Sharonann Lynch, senior TB policy advisor for the Access Campaign.

# TB CRISIS

## THREE MILLION PATIENTS LEFT BEHIND

**Tuberculosis (TB) is one of the world’s biggest global health crises, with more than 10 million people falling ill with TB in 2019, and 1.4 million people dying. Even before the pandemic, new drugs and testing for the world’s deadliest infectious disease were not getting to people quickly enough. COVID-19 has now had a severe impact on services such as testing for TB.**

Spotlighting the damaging impact the pandemic has had on TB services, the World Health Organisation (WHO) revealed a sharp drop in the number of people now being diagnosed. A key finding was that 85 per cent of countries surveyed still do not use the lifesaving point-of-care urinary TB LAM test for routine diagnosis of TB in people living with HIV. Doctor Patrick Mangochi, Médecins Sans Frontières deputy medical coordinator in Malawi said:

“Working on the frontlines of the raging TB epidemic, it is distressing to see the sluggish uptake of TB LAM in national treatment programmes, despite its proven role in saving the lives of people living with HIV.”

By urgently rolling out up-to-date testing policies, countries can potentially reach nearly 3 million people still being missed. Sharonann Lynch, senior TB policy advisor for the Access Campaign, explained:

***“We cannot stress enough how urgent it is now for governments and donors to intensify their efforts so that critical medical innovations and tools reach people with TB. We finally have better drugs and tests to tackle and prevent this extremely infectious yet curable disease, so it is both mind-boggling and unacceptable that they are still not being used to save as many lives as possible.”***

A Médecins Sans Frontières mobile clinic brings life-saving medical care to an area of Greater Pibor, South Sudan after flooding made the roads impassable.  
© MSF/Tetiana Gaviuk 2020

We are continuing to highlight the need for immediate implementation of people-centred TB policies, and increase TB testing and treatment. This includes:

- Minimising the unnecessary risk of COVID-19 by reducing visits to health facilities, without disrupting TB treatment.
- Prioritising the use of all-oral treatment regimens for people with drug-resistant TB (DR-TB) that no longer include older, toxic drugs that have to be injected and cause serious side effects.



*"I do not want anyone else to have to go through this ordeal. With newer medicines, it is now possible to give people all-oral treatment that works to cure them. People with TB cannot be excluded from accessing these innovations anymore, especially when they are afraid to visit treatment centres due to COVID-19."*

Médecins Sans Frontières patient Meera Yadav, a survivor of extreme drug-resistant TB.

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*"Countries must step up the use of TB LAM as a core component of testing services, otherwise delays ... will continue to fail people with HIV who get TB."*

Doctor Patrick Mangochi, Médecins Sans Frontières deputy medical coordinator, Malawi.





# HOPE IN THE TIME OF EBOLA

**Ebola is a highly infectious virus that can kill up to 90 per cent of the people who catch it, causing terror among infected communities.**

Médecins Sans Frontières responded to the most recent outbreak in Equateur Province, Democratic Republic of Congo, which was declared over late last year. The new Ebola vaccine was deployed early in the outbreak, and may have played an important role in reducing the spread of the virus, explains Doctor Guyguy Manangama, Médecins Sans Frontières medical and operational lead for Ebola activities there:

“Our vaccination strategy prioritises vaccinating people who have had direct or indirect contact with the sick, but in rural and sparsely populated areas it is often more expedient and effective to vaccinate the entire community, which results in a higher level of protection.

The new treatments have also been rolled out in treatment centres. These tools allow for a radical change in approach. While limiting the circulation of the Ebola virus remains a very important objective for the response, efforts are now increasingly focused on patient care and recovery.

Previously, we could do little more than isolate the sick and provide them with symptomatic treatments. Having curative treatments at our disposal means that the patient and the quality of care can take centre stage.

Although this deadly virus is very serious, it is at last beginning to look like a treatable – and, through vaccination, preventable – disease, rather than a biological threat.”

# “COVID HAS TURNED THE CLOCK BACK 15 YEARS”

Maintaining care for common killers must never be underestimated.



Greg Elder, medical coordinator for the Access Campaign. © MSF 2020

Millions of vulnerable people have only been made more vulnerable during this pandemic. Médecins Sans Frontières continues to urgently respond and scale up our programs wherever the needs are greatest. However, in many of the crisis and conflict settings where we work, such as in Syria, Yemen, and Bangladesh, the negative impact of the pandemic casts a long shadow. Our challenge ahead is to preserve or rebuild lifesaving activities and other essential care for the vulnerable people who are at risk of being left behind.

Doctor Greg Elder, medical coordinator for the Access Campaign, explains the impact COVID-19 has had on Médecins Sans Frontières activities, but also the impact our teams have been able to make for

our patients, where we have been able to maintain continuity of care.

“When it comes to Médecins Sans Frontières activity during COVID-19, there are obviously direct human as well as health impacts. We have added over 60 projects that specifically care for patients with COVID-19, from hospital care and end of life care to social care. We work with people trapped at home, the elderly, people who are on chronic medicines, people needing mental healthcare, refugees, and more.

Then there is the big hidden impact of COVID-19 on our other activities, all the collateral damage – because all the work that we were doing a year ago in the field has not gone away. In fact, it has just become harder. We have had short supplies, staff have been reallocated elsewhere, there have been lockdowns. That has a huge social and economic impact particularly in the places where we work, where people live hand to mouth. Routine vaccination has been interrupted, as has malaria prevention, treatment for nutrition, safe maternity care, TB diagnostics and treatment.

There have been estimates by a few clever modellers that say the clock has been turned back 15 years in terms of TB control, vaccine preventable diseases and infant mortality. So we are scrambling. However, I also think we have been

quite smart: we have added activities for COVID-19, but we have also, where we could, really strongly prioritised keeping all of the ongoing activities going. Because the cost of not doing that potentially dwarfs the impact of COVID-19. This is especially so in the places we are working now: for example, the impact of not providing preventative care for malaria during the next malaria season would have a staggering impact on mortality, much greater than COVID-19 has had. This is an important point that should not be lost in the shadows.

Then there is Médecins Sans Frontières advocacy – the positioning, the shining the light on the root causes that underlie all these health inequalities. These are now more visible – we are all in the same boat, rich and poor. There are opportunities that come with this from our perspective. In terms of the Access Campaign, vaccines and health policy, this is the fight of our lives.

This is what has been fascinating about COVID-19. It has brought together advocates from a whole range of different fields – civil rights movements, human rights groups, social justice movements, labour organisations, health professionals, all holding their hands around the idea of solidarity and equity, and that no one is safe until everyone is safe. This is a new deal on health. I think this is a moment to not miss, and a chance to shine that light on some of the root causes.”

# RESPONDING TO DOUBLE EMERGENCIES

## MEASLES AND FLOODING

**As a measles outbreak began in Pibor, South Sudan late last year, threatening thousands of children's lives, the area was also hit by severe flooding. Our teams immediately escalated their response to tackle urgent and increasing needs.**

When we began responding to the measles outbreak, patients were mostly coming from central Pibor town, but as the disease rapidly spread, many people walked and paddled through stagnant and moving water, sometimes for up to seven days, to reach care at our urgently erected healthcare clinic in Pibor. Médecins Sans Frontières doctor Adelard Shyaka in Pibor said:

“The severity of the outbreak is being magnified by other illnesses like severe malaria, pneumonia and severe malnutrition. Two children have already died and we are deeply concerned that without a prompt reactive vaccination

campaign, more children will continue to die.”

Measles is highly contagious and there is no specific treatment for it, but a well-conducted vaccination campaign is extremely effective to prevent new cases. In areas like Pibor, with large-scale movements of people and low immunisation coverage, vaccination can reduce infant mortality by 50 per cent.

However, a campaign of this scale also poses enormous challenges, explained Josh Rosenstein, Médecins Sans Frontières field coordinator in Pibor:

“Measles campaigns in this region are notoriously difficult



Above: Flooding in the Greater Pibor Administrative Area, South Sudan.  
© MSF/Tetiana Gaviuk 2020

Top right: People pass the Médecins Sans Frontières surface water treatment center in Greater Pibor, South Sudan.  
© MSF/Tetiana Gaviuk 2020

Right: A young patient recovers after surgery at Médecins Sans Frontières hospital in Bentiu Protection of Civilians Site. © MSF/Tetiana Gaviuk 2020

to implement for people living in remote and widespread locations. However, today with the floods, many communities are clustered on small islands of dry land. We accept that this is a challenge, but by no means impossible.

This is the moment to vaccinate as many children as possible through small mobile teams visiting these small islands.”

Teams have been urgently responding. Children with measles are generally expected to infect around 12 to 18 other people, but our teams expect the infection rate in Pibor today to be alarmingly

higher, Médecins Sans Frontières epidemiologist Laura Wright said: “There are many children in Pibor who, having fled ongoing conflict or the floods with their families, are now living in close contact to each other.”

Our teams are running mobile clinics in five villages and an emergency clinic in Pibor town, and are treating thousands of children with malaria and measles.

We have also been supporting water and sanitation activities, distributing about 60,000 litres of water daily.

# RESPONDING TO VULNERABLE COMMUNITIES

Throughout this pandemic, many people are unable to access healthcare simply because of who they are, because they are afraid to seek help, or because they are excluded and forced to live on the margins of society.

*“We have a specific role towards populations that are excluded from the system. We work with migrants and with refugees who are displaced or conflict affected, and various other groups of people who have just dropped out of the system, like prisoners. We will be making arguments to try to provide COVID-19 vaccination in these more limited settings.”*

Doctor Greg Elder, medical coordinator, Access Campaign

Our teams closely monitor the evolving situation in these contexts, ready to intervene where needs are greatest. In the first four months of the pandemic, our teams provided medical care in over 70 accommodation facilities for homeless people in the Île-de-France region (Paris area), to help prevent the spread of the virus.

With winter coming, and in the face of a second wave of infections, a survey co-conducted by Médecins Sans Frontières in the region found COVID-19 infection rates to be as high as 94 per cent among some people living in extreme hardship.

Participants were tested at emergency shelters, food distribution points and workers’ hostels. COVID-19 seroprevalence – the percentage of people who have been in contact with the virus and developed antibodies – was found to be extremely high in all 14 sites.

This compared to one in ten people found to have coronavirus antibodies across the whole Île-de-France region. Epicentre-Médecins Sans Frontières epidemiologist Thomas Roederer, who led the survey, said:

“The results confirm that the spread of the virus is particularly



Matthieu, a logistician is registering two patients’ information before their consultation in Paris. © MSF/Mohammad Ghannam 2020

active in overcrowded and cramped conditions.

Our main objective with this survey was to evaluate the intensity of virus transmission among people in very precarious situations and to help define specific preventive activities to better protect them.

With the increase in the number of positive COVID-19 cases in France, it also highlights the need to conduct more epidemiological studies to better define priority strategies for those people most at risk.”

The majority of survey participants said they had used preventive measures (such as frequent handwashing and wearing masks) and followed physical distancing advice. However, spending lockdown in overcrowded conditions, with shared bedrooms, kitchens and bathrooms, greatly increased the risk of transmission.

This is highlighted by the fact that people temporarily housed in gymnasiums had a prevalence of the virus that was three times higher than for those housed in other types of accommodation. Corinne Torre, Médecins Sans Frontières head of mission for France warned:

“The emergency measures implemented to provide homeless people with temporary shelter must not be allowed to contribute to forming new clusters. Accommodation with individual living spaces, which enable the necessary precautions, is far preferable to communal facilities such as gymnasiums, which should be used only as a very last resort.”

## CARE HOMES: FIRST EVER RESPONSE IN CZECH REPUBLIC



As a part of COVID-19 response in Czech Republic, a Médecins Sans Frontières mobile team visit a care home in Božice, Southern Moravian region, Czech Republic.  
© MSF/Nikola Tenevová 2020

Late last year, the Czech Republic became one of the countries globally with the highest number of COVID-19 cases per million people. The disease spread particularly quickly among elderly people. Nursing home staff, who do not always have medical training, often find themselves having to implement infection prevention and control measures with little to no guidance or previous experience.

We responded with two mobile teams, comprising a nurse and a logistician,

to visit nursing homes around the country to give feedback and advice. Tereza Pokorná, a nurse on one of the teams, said:

“We plan with the staff how to introduce ‘clean’ and ‘dirty’ zones, whether they have isolation rooms, where staff will put on their protective gear and where they will dispose of it afterwards. We need to see all of this physically because that is how the best ideas arise.”

# A STRONG EMOTIONAL FIGHT

## RESPONDING TO MENTAL HEALTH NEEDS FOR PATIENTS AND STAFF

**Mental healthcare has been a vital part of our treatment for patients, and for their recovery from COVID-19.**

*“Not being able to breathe and the fear of dying obviously increase patients’ anxiety levels.”*

Lucia Samayao, Médecins Sans Frontières psychosocial strategy manager, Tijuana, Mexico.

Above: In collaboration with the Local Health Authority, Médecins Sans Frontières organizes awareness-raising sessions on how to prevent and manage COVID-19 in housing communities in Rome. © MSF/Vincenzo Livieri 2020

In the Médecins Sans Frontières COVID-19 hospital in Tijuana, northwest Mexico, our team found mental healthcare to be key to people’s recovery from the disease. Lucia Samayao, Médecins Sans Frontières psychosocial strategy manager, said:

“These are people who have had a very strong emotional fight in order to get better, and whose symptoms and physical state have forced them to think about life and death issues. They have had constant worries about what will happen if they can no longer see their family, if they can no longer hug them, increasing their anxiety and making it even harder to breathe.”

When patients were admitted to the hospital, they received a letter introducing Médecins Sans

Frontières and our psychologists and explaining what psychological support was on offer. The letter included a series of questions which allowed staff to evaluate a patient’s emotional state and determine what care they needed

After this, a psychologist would hold a phone call with the patient, encouraging them to let off steam, start to process what they were going through, and to know that they were on the road to recovery. Staff also gave patients tools like breathing techniques and relaxation exercises to reduce their anxiety, and other ways to express what they were feeling.

Our psychologists and social workers also worked with patients’ families, to help them cope with having a loved one affected by COVID-19. They ensured



## TACKLING ANXIETY IN INDIA

Médecins Sans Frontières opened a 100-bed COVID-19 treatment centre in Patna, the capital of Bihar, in the middle of last year. Bihar is one of India's most populated states, with around 100 million people. As well as providing medical care for COVID-19 patients, psychosocial support is also a critical part of our treatment.

Mohit Siwach, a Médecins Sans Frontières counsellor there, explained how the pandemic has impacted both the community and the way he does his work:

“Everyone in Patna knows someone who has had COVID-19. There is an overwhelming sense of hopelessness and fear. We try to change patients’ anxieties into hope.

As soon as I enter the ward wearing the personal protective equipment (PPE), I have to readjust to the ‘new normal’ way of providing guidance and counselling through face shields and masks.



© MSF/Garvit Nangia 2020

I recently spoke to a patient who lost her father and I had to comfort her through hand signals and body movements. This is not how I would ideally approach patients. However, it is immensely gratifying to find a way to change people’s fear into a sense of hope, despite the challenges.”

families had regular phone contact, and prepared them for the patient’s recovery process when they returned home, or for the possibility of the patient deteriorating or dying.

Psychologists also offered individual and group psychosocial support to staff. The pressure of the COVID-19 emergency response was exhausting for health staff: many suffered panic attacks and feelings of helplessness in the face of the high number of patients who died, and from fear of getting infected or losing colleagues and loved ones to the disease, explained doctor Alberto Reyes Escamilla, director of the hospital:

“This collaboration has been very important for us.”

## SUPPORT TO OVERCOME TRAUMA

As a second wave of COVID-19 spread across France late last year, Médecins Sans Frontières stepped up support for nursing home staff as the country urgently appealed for medical personnel. Our appeal centred on recruiting doctors, nurses and psychologists to help care for people in nursing and residential care homes, to reduce the burden on the most vulnerable facilities and strengthen the provision of medical care.

Some care assistants told our teams that during the first wave of the pandemic, they were left alone at night with just a telephone for support to manage complex medical cases

they had no training for. Sometimes they witnessed the agony of residents suffering from a lack of oxygen, while doing the best they could to alleviate residents’ pain without appropriate equipment. Marie Thomas, psychologist for the Médecins Sans Frontières program in nursing homes, said:

“Psychological trauma, anxiety, visual and auditory flashbacks, as well as physical pain, such as weight loss and sleep disorders, are examples of the after-effects we frequently hear of from nursing home workers we meet in the course of our work.”

# INCREASED SUFFERING FOR THOSE FORCED TO FLEE

*"I have never bought a mask – I can barely buy bread. When I have the choice, I always go for bread."*

Umm Firas, Abu Dali displacement camp, Syria.

**Already made vulnerable by conflict, neglect and persecution, refugees and internally displaced people have been among the hardest hit during the pandemic. We report from three displacement hotspots where we continue to ensure as many as possible have access to medical treatment.**



**80 MILLION PEOPLE ARE CURRENTLY DISPLACED. OVER HALF ARE INTERNALLY DISPLACED**



THERE ARE NEARLY **27 MILLION REFUGEES** AROUND THE WORLD



LOWER-INCOME NATIONS HOST **85 PER CENT** OF THE WORLD'S REFUGEES

## **SYRIA:**

As we enter the 10th year of conflict, more than two million people are now living in camps in northwest Idlib governorate. The risk of COVID-19 transmission is high and self-isolation is almost impossible. Médecins Sans Frontières is providing healthcare in a number of the camps, including Abu Dali camp. Here around 16,000 people are crammed into tents, some as small as six square metres.

## **BANGLADESH:**

In the world's largest refugee camp, in Cox's Bazar, Bangladesh, we provide vital medical

treatment, maternity care and mental health support, and have set up isolation wards for COVID-19 patients.

## **GREECE:**

In the Greek islands, tens of thousands of refugees are living in tents or containers. With overcrowding, little clean water and scarce sanitation, our teams are concerned the pandemic could spread quickly in these camps. Médecins Sans Frontières is urging the Greek authorities to immediately scale up their response to COVID-19 and transfer people at high risk to safe accommodation on Greece's mainland or in other countries.

# VOICES OF THE DISPLACED

## SYRIA

As infection rates increased in Syria's displacement camps late last year, local authorities imposed a lockdown to help slow down transmission. Kamal Adwan, 25, lives with his parents and 12 other family members in two adjacent tents in Abu Dali camp. They fled their hometown in rural Hama province two years ago, after it came under heavy shelling.

Kamal is now the sole breadwinner for his family of 15. For him, the economic repercussions of the pandemic are more life-threatening than the pandemic itself. Before COVID-19 and the subsequent restrictions, Kamal used to find work on construction sites.

"I know leaving home is risky, but I do not have any choice. As scary as the virus is, I cannot leave my family without food," he said.

Umm Firas, 39, is also the sole provider for her family of 11 since her husband was partially paralysed in an airstrike. She earns her living by mending tents, mattresses and bedsheets in the camp. To prevent the spread of COVID-19 in the camp, students must wear a mask to school. However, money is so tight that Umm Firas and many local parents cannot afford masks. As a result, their children are forced to stop their schooling.

## GREECE

Oumaima, 52, a school teacher from Deir ez-Zor, made the perilous escape from conflict-torn Syria with her family a year ago. She lives in Vathy camp on Samos, Greece, with her husband and their three children. Oumaima has asthma and her husband has hypertension and cardiovascular problems. Both are at high risk of COVID-19 because of their medical conditions.

"We are afraid of COVID-19, as in these living conditions it is impossible to protect ourselves or isolate. My children have also developed mental health issues due to living in the camp."

## BANGLADESH

Living in dire conditions in the camp, Noor Haba struggles to raise her five children, two of whom suffer from thalassemia, a rare blood disease. Without regular blood transfusions, they could quickly become sick and die. Noor Haba brings them to our hospital every two months for their lifesaving treatment, relying on blood donors from the community. But because of the fear and stigma surrounding COVID-19, her seven-year-old daughter Shahara has waited three days for a blood donor. Shahara's legs and arms are stick thin; her belly is extended from the swollen spleen caused by her condition and exacerbated by malnutrition. She lies on the bed, semi-conscious while Noor Haba desperately awaits a lifesaving blood donation for her daughter:

"We are searching everywhere. Normally we can easily find someone to give blood. But this time I cannot find any blood donors due to the COVID-19 situation. No one wants to come to the hospital because they feel afraid."

# STAFF REFLECTIONS

***"Idlib province has become like a huge prison: people cannot move south or north, and they are stuck here in the middle. They think that the virus will reach them and their families at some point. They only hope it will not get to them all at once. The healthcare system simply could not manage to treat a lot of COVID-19 patients at once."***

Hassan, Médecins Sans Frontières logistics manager, Idlib.

***"Refugees and people in displaced situations are the most vulnerable of the vulnerable when it comes to outbreaks. They are mostly living in poverty, in very unsanitary conditions, with no access to hand sanitiser, or hand-washing. When they are asked to lock down it is very difficult for them."***

***To not be able to go to work means they are making the choice between food for the family, and isolating from a virus. For them, the rates of transmission can be very high, and they also do not have access to testing the same way either. The idea of contact tracing and being able to prevent the disease from spreading like wildfire throughout a refugee camp, is tough."***

***One of the most important things is that population gets access to COVID-19 vaccines and drugs right away, if at all possible."***

Jennifer Tierney, executive director, Médecins Sans Frontières Australia.

# CELEBRATING FRONTLINE WORKERS

Nurses and midwives are the backbone of Médecins Sans Frontières, essential to providing treatment, education and community care in all our programs. We salute their contributions during our COVID-19 response.



© Arlette Blanco/MSF 2020

## REYNOSA, MEXICO

The Médecins Sans Frontières nursing team at the COVID-19 treatment centre. During a surge of COVID-19 cases, they provided mental healthcare, support and health education as well as medical treatment for increasing patient numbers.



© Manhal Alkallak/MSF 2020

## MOSUL, IRAQ

A Médecins Sans Frontières nurse checks on a baby in the paediatric and neonatal ward in Nablus hospital, west Mosul. Our team supports intensive therapeutic feeding programs, as well as caring for children with conditions such as bronchiolitis and asthma, and treatment for newborns with birth asphyxia.

## TAIZ HOUBAN, YEMEN

“I hope there will come a day when this war is over.” Wadha, a midwife at Médecins Sans Frontières Mother and Child Hospital, is part of the team helping women deliver safely, despite their own daily challenges close to the frontline of conflict.



© Maya Abu Ata/MSF 2020



© Maxime Fossat/MSF 2020

## KADAMJAY, KYRGYZSTAN

Midwife Gulinsa provides antenatal training for pregnant women in our maternal school in Kadamjay. Amid the threat of COVID-19, in this remote region having midwives closer to their community means these young women can safely prepare for childbirth.



© Patrick Meinhardt/MSF 2020

### FAR NORTH CAMEROON

Nurse Silviane at our hospital in Far North Cameroon treats difficult cases such as complicated fractures, severe soft tissue and abdominal infections and burn wounds.



© Nasir Ghafoor/MSF 2020

### TIMERGARA, PAKISTAN

In Pakistan, thousands of women and infants die each year from medical conditions that are easily preventable. Midwife activity manager assistant Aarzo is on the frontline of the fight to save as many fragile lives as possible.

**KENEMA, SIERRA LEONE**  
Nurse team supervisor Jerwin with a young patient in the intensive care unit of our paediatric hospital. During the disruption of Sierra Leone's COVID-19 restrictions last year, our teams treated increased numbers of children arriving late at the hospital, in critical condition.



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## VACCINATING ALL HEALTHCARE WORKERS IS ESSENTIAL

One of the cornerstones of Médecins Sans Frontières, response throughout this pandemic has been protecting both the physical and mental health of frontline health workers. With the advent of the new COVID-19 vaccines, Médecins Sans Frontières will push for the protection

of frontline healthcare workers to be prioritised, especially in low-income countries. This includes ensuring that these workers have access to any treatments for COVID-19, including pre-exposure and post-exposure prophylaxis.

# INSPIRED BY OUR DONORS

*“Médecins Sans Frontières is in such a good place because our donors are so loyal. They understand that the organisation can be trusted to decide where the resources need to go, from a medical humanitarian perspective. I get to build the advocacy and policy route and plan based upon what I hear from the medical operational experts. There is no greater privilege than to be able to work purely based upon the needs.”*

Kate Elder, senior vaccines policy advisor, Access Campaign

*“For me, donor’s support is around the notion of solidarity and equality, and the fact that we provide a unique service to people who are left behind or left out. We continue to do that work, and we continue to provide, on a day-to-day basis, a million or so consultations under a tree or in a tent that make a huge difference to the communities where we work. Everything else is secondary for me. First and foremost, the donations that people provide, and that are prioritised for our operations in the field, go into providing absolute urgent and necessary healthcare that saves lives every single day.”*

Doctor Greg Elder, medical coordinator, Access Campaign



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Nurse Josiane takes care of patient Edith, in the sorting room of the Centre Hospitalier Universitaire Communautaire, where Médecins Sans Frontières runs the advanced HIV unit.

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