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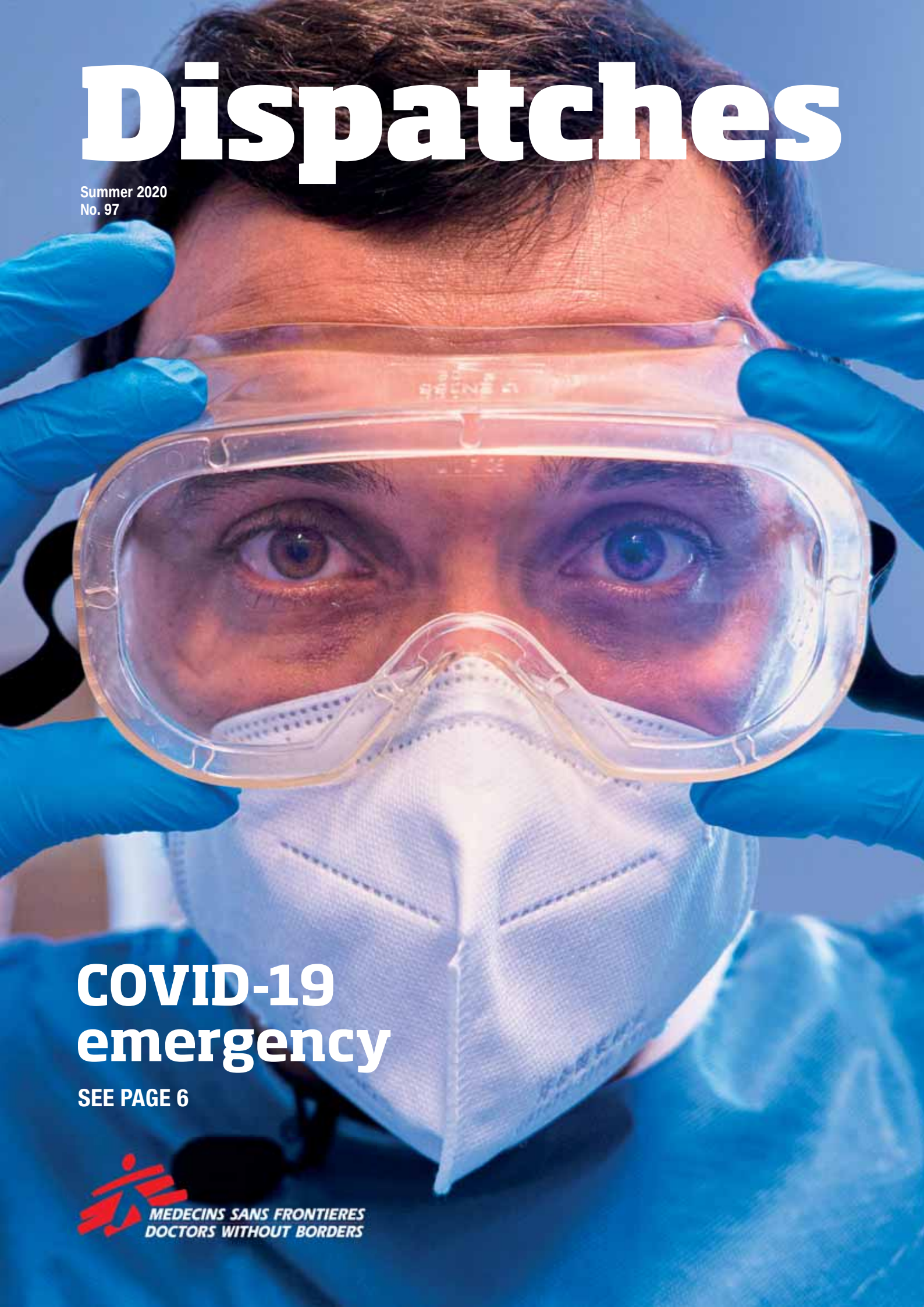

COVID-19 emergency

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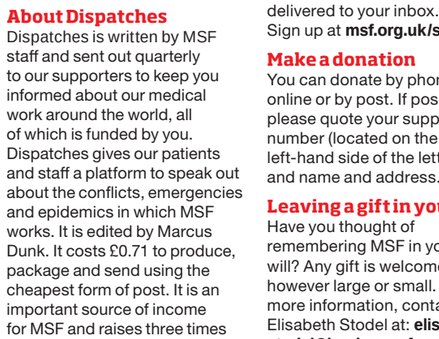

Front cover: Gennaro is an MSF water and sanitation specialist providing COVID-19 hygiene advice at Lodi, Codogno and Sant'Angelo hospitals in northern Italy.
Photograph © Davide Arcuri

Médecins Sans Frontières/Doctors Without Borders (MSF) is a leading independent humanitarian organisation for emergency medical aid. In more than 70 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics irrespective of race, religion, gender or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.

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About Dispatches
Dispatches is written by MSF staff and sent out quarterly to our supporters to keep you informed about our medical work around the world, all of which is funded by you. Dispatches gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which MSF works. It is edited by Marcus Dunk. It costs £0.71 to produce, package and send using the cheapest form of post. It is an important source of income for MSF and raises three times what it costs to produce. We always welcome your feedback. Please contact us using the methods listed, or email: **dispatches.uk@london.msf.org**

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Why do we vaccinate?

When there is no sign of a disease in your day-to-day life, it can be easy to forget the importance of vaccines. But with the emergence of COVID-19, the vital role played by immunisation in combating diseases has been brought centre stage.


Photograph © Juan Haro

Every year, millions of lives are saved thanks to immunisation, which is widely recognised as one of the most successful and cost-effective health interventions.

However, nearly 20 million children worldwide still go unvaccinated or under-vaccinated, while in many developed countries, the anti-vaccine movement is growing. Such views are rare among the communities where our teams work.

WALKING FOR DAYS

During immunisation campaigns in response to epidemics, it is common for people to walk for days at a time to get themselves or their children vaccinated.

"When you see a disease devastating your community, you will never forget to get vaccinated," says MSF medical coordinator Myriam Henkens.

Vaccination can be an emergency response to curb the spread of a disease – as is the case right now with measles in Democratic Republic of Congo, where an epidemic has infected more than 300,000 people and killed more than 6,000 in just over a year. (Read about MSF's mass vaccination campaign on page 12)

Similarly, if a vaccine to protect against COVID-19 is developed and made available while the current pandemic is still underway, those people who are immunised will no longer run the risk of contracting and spreading the disease.

IMMUNISATION IN CONFLICT ZONES

Although many diseases can now be prevented by vaccines, our teams continue to see patients dying from preventable diseases such as measles, polio, cholera and pneumococcal pneumonia on a daily basis.

Even diphtheria, a disease that has been eradicated in most of the world – to the point that almost no drugs are manufactured to combat it – has reappeared in countries such as Yemen due to the lack of routine vaccinations in the middle of a war.

The collapse of public health systems due to conflict is one of the major reasons for epidemics breaking out. When routine vaccination programmes can no longer be guaranteed, diseases that were previously eradicated reappear.

Despite these challenges, in 2018 alone our teams vaccinated more than 1.4 million people against measles in response to outbreaks of the disease.

"Vaccines save lives," says Henkens. "But to do that, they need to be made available at fair prices." High prices for vaccines are a huge obstacle to people in poorer countries getting vaccinated. MSF is concerned that an eventual COVID-19 vaccine will remain out of reach to many people around the world due to its high price.

"As the whole world awaits a vaccine against COVID-19," says Henkens, "we need to ensure that the vaccine is not just a luxury for the few."

Take action

MSF's Access Campaign fights against the financial barriers which prevent medicines from reaching those in need. Find out more about our work campaigning for an accessible COVID-19 vaccine at **msf.org.uk/covidvaccine**

LIBERIA

New hope for epilepsy patients

Abraham brings his 10-year-old daughter Sidie to MSF's clinic in Monrovia, Liberia, for an epilepsy consultation. Photograph © Armelle Loiseau/MSF

Epilepsy affects nearly 50 million people worldwide, but, in poorer countries, more than 75 per cent of people with epilepsy get no treatment. In Liberia, MSF is working with five local health facilities to care for more than 1,300 epilepsy patients. MSF treatment supervisor Emmanuel Ballah describes the challenges of this vital work.

How does epilepsy affect your patients' lives?

"Many of our patients have serious problems relating to neglect and stigma, because people mistakenly believe that epilepsy is a contagious disease. This is especially true of patients who have convulsions throughout the day. Because of the seizures, they are not able to do anything for themselves, they lack self-care, and family members fear them and sometimes abandon them.

In January we ran a community awareness event in Monrovia. People talked about why they were afraid of epilepsy. One person said that when a patient has a seizure, their saliva is like a virus. We had a good discussion, explaining how people develop epilepsy and how it is not passed from person to person. We spoke about how it's treated and encouraged people to seek help."

How do you treat epilepsy in Liberia?

"We work with the local health authorities to provide training, medication and clinical supervision. We also work with teams of psychosocial workers to help them explain epilepsy to a patient's family and community, to advocate for their inclusion in school and other normal activities, and to help people understand that people with epilepsy are not a danger to others. We started in 2017 and now have more than 1,300 patients receiving care for epilepsy on a regular basis, and most report that their condition and their quality of life have significantly improved."

How does treatment affect patients' lives?

"People are so appreciative because we evaluate them, give them the right treatment and then they are seizure-free. We recently had four children who had been expelled from school because of the stigma of epilepsy, and we worked with their families and their schools to readmit them. Once they are on treatment, they can go back to school.

This is the most rewarding part of the work. We see patients having their lives restored."

Photograph © Léo Coulongeat/Hans Lucas

MEXICO

'The Beast' is a freight train running through Mexico that migrants use to reach the United States. MSF provides free healthcare along this dangerous route.

Photograph © Nicola Flamigni

SIERRA LEONE

MSF nurse Zainab holds one-year-old Mussa in the nutrition centre at Kenema hospital.

Photograph © Majd Aljunaid/MSF

YEMEN

Three-year-old Aiman is operated on by the MSF team in Dhi As Sufal district's general rural hospital in Ibb governorate. He suffered severe burns after being caught up in an explosion.

Photograph © James Oatway

CENTRAL AFRICAN REPUBLIC

Two-year-old Ester receives treatment for measles in the intensive care unit of Bossangoa hospital, as her mother Evelyne lies next to her. MSF manages the paediatric ward, nutrition centre, intensive care unit and emergency department of Bossangoa hospital, located in an area where many people struggle to access medical care.

Photograph © Gabriele François Casini/MSF

SOUTH SUDAN

Mariel assess the condition of 10-year-old Nyaduoth in the emergency room of Bentiu hospital. Nyaduoth suffered several stab wounds and was transferred to MSF's hospital for surgery. In early March, MSF teams received 83 wounded people over the space of five days after intercommunal violence broke out in the area.

AFGHANISTAN

Shocking attack on maternity unit

Photograph © Frederic Bonnot/MSF

On 12 May, a number of assailants stormed Dasht-e-Barchi hospital in Kabul where MSF runs the maternity unit. The attack lasted several hours. Twenty-four people, including mothers, newborn babies and an MSF midwife, were killed.

"During the attack, from the safe room we heard shooting everywhere and explosions too," says Frederic Bonnot, MSF's head of programmes in Afghanistan. "We know this area has suffered attacks in the past, but no one could believe they would attack a maternity clinic. They came to kill the mothers. It's shocking."

At the time of the attack, 102 MSF staff from Afghanistan were working alongside a handful of international staff. While the fighting was going on, one woman gave birth to a baby. Both survived and are doing well.

BEYOND WORDS

MSF condemns this senseless act of violence which cost so many people's lives. For the moment, medical activities in the maternity unit have been suspended, with patients evacuated to surrounding hospitals and staff brought to safety.

MSF's medical team is continuing to care for the mothers and babies from the maternity unit, while caring for the injured, providing psychological support to hospital staff and supporting the bereaved.

"This country is sadly used to seeing horrific events," says Frederic. "But what happened on Tuesday is beyond words."

MSF opened the 55-bed maternity unit in Dasht-e-Barchi hospital in 2014. So far this year, the MSF team has helped deliver 5,401 babies and has cared for 524 babies in the newborn critical care unit.

MYANMAR

Almost three years since the August 2017 campaign of violence against the Rohingya in Myanmar, the Rohingya continue to be the most persecuted people in the world. British artist Richard Swarbrick has created a rotoscope animation to illustrate their plight. Watch the video at **msf.org.uk/rohingya**

COVID-19 emergency

MSF teams are providing urgent medical care and support to counter the COVID-19 pandemic in more than 70 countries where we run programmes, and opening projects in new countries as they become pandemic hotspots.

Our COVID-19 response focuses on three main priorities: supporting health authorities to provide care for patients with COVID-19; protecting people who are vulnerable and at risk; and keeping essential medical services running.

Across our projects, MSF teams have been improving infection prevention and control measures to protect patients and staff and prevent further spread of the coronavirus. We are deploying medics, sending supplies and applying nearly 50 years of experience fighting epidemics to protect the most vulnerable people and save lives.

CARING FOR THE VULNERABLE

In Europe and the US, which are currently the epicentres of the pandemic, MSF has focused on improving care for the most vulnerable, such as elderly people in care homes, homeless people and migrants living in difficult circumstances.

In Spain, Italy, Belgium and France we have supported several hospitals and care homes which were overwhelmed by the number of patients with COVID-19. Our support has ranged from providing advice and training on infection control and prevention methods to setting up wards for patients recovering from COVID-19.

"If you want people to wash their hands with soap and water, you need to provide them with soap and water. If they do not even have food to eat – why would they have soap?"

David Walubila Mwinyi, MSF medical supervisor, South Kivu, DRC

Tsholofelo Setsiba is an MSF COVID-19 contact tracer in Johannesburg, South Africa. Photograph © Tadeu Andre/MSF

A group of doctors and nurses turn a patient onto her stomach to clear her lungs so that she can breathe more easily in an intensive care unit in Switzerland, where MSF is providing support. Photograph © Nora Teylouni/MSF

Stephanie Goublomme is coordinating MSF's COVID-19 response in care homes in Brussels.

"My team went to a care home last week where 20 residents had already died from COVID-19. There were 51 residents left, and only four staff in the entire building – including cleaning staff, kitchen staff and nursing staff. Those four people were doing the very best they could and were running from person to person and trying to keep on top of it all, but obviously it was absolutely chaotic.

There were trays stacked up in the corridors and people shouting out for attention. Hearing one woman calling for help from her room, our health promoter tended to her and helped to get her up and dressed. There was nobody else to do it.

The situation there was shocking, but it hadn't happened overnight. It had deteriorated day by day and the managers of the care home hadn't been able to get on top of it. They'd tried, but it's difficult when you start the day thinking that you've got a full complement of staff but then, one after the other, people call in sick.

That's why protecting and supporting staff in care homes is so vital during this crisis. We have a lot of experience working in outbreaks, managing infection prevention and control and using personal protective equipment (PPE) properly. And that's where we, as MSF, can offer real assistance."

"Everybody here is working beyond their limits. It's been incredible to see people working around the clock, trying to adapt, trying to learn, trying to collaborate to save as many lives as possible, all while working in the face of so much death.

There's a small bakery near the entrance of Lodi hospital and yesterday I got talking to the baker there. She opens from five o'clock each morning so she can give a coffee and croissant to the medical staff coming off the night shift. She told me that a lot of the doctors and nurses get their coffee and then go and sit in a corner and start crying. They cry there so they can get it out of their systems before they go home and care for their families, so they don't show how hard it is."

Dr Chiara Lepora, MSF project coordinator in Lodi hospital, Italy.

In the UK, an MSF team is providing nursing and logistics support at the London COVID CARE Centre, in partnership with the University College London Hospital Find & Treat team. The project provides rapid testing, accommodation in which to self-isolate, and medical care for homeless people with suspected or confirmed COVID-19.

SCALING UP

In most countries where we have programmes, such as in Colombia, Iraq, and Nigeria, we have been opening dedicated wards inside health facilities to help separate COVID-19 and non-COVID-19 patients and to extend hospitals' capacity to provide care.

"The initial goal of our response is to help hospitals handle suspected or confirmed COVID-19 patients, and to prevent them spreading the virus to patients or staff," says Shaukat Muttaqi, MSF head of mission in Iraq, where MSF is supporting hospitals in Mosul, Baghdad and Erbil.

Similar activities are being carried out around the world. In the Haitian capital, Port-au-Prince, MSF has reconfigured an existing emergency care centre to isolate patients suspected of having COVID-19. In Nduta refugee camp in Tanzania, where MSF is the main health provider for 73,000 Burundian refugees, we are building triage and isolation areas in health centres and in the main MSF hospital where patients with suspected COVID-19 will be treated. In Bangladesh, where nearly one million Rohingya refugees live in sprawling camps across Cox's Bazar district, we have built dedicated COVID-19 wards and isolation rooms in our field hospitals in different locations.

Lili-Marie Wangari is MSF's emergency coordinator in Kenya. In Nairobi, the Kenyan capital, MSF teams are working in Kibera, one of the largest slum settlements in Africa.

"Because we know Kibera, we know how catastrophic an outbreak could be in this community.

We've worked here for more than 25 years, through the HIV/AIDS crisis in the 1980s, when we cared for people at home, campaigned for access to treatment and were the first doctors to provide antiretroviral drugs to patients in a Kenyan public health facility.

Maintaining physical distance in Kibera is almost impossible, as it is in many slum settlements around the world. People live in tiny, overcrowded homes with few windows or other ventilation. These conditions make it easy for a disease like COVID-19 to spread, and very difficult for people to stay inside for long periods.

Access to clean water is extremely limited, with only 200 water points for the 200,000 people who live in the settlement, making regular hand-washing almost impossible.

My greatest concern is that a large proportion of people here have underlying health conditions, such as HIV and TB, and diseases such as hypertension and diabetes, that could put them at increased risk of developing severe COVID-19.

For the past two weeks, a team of MSF staff have been setting up a screening system in a tent at the entrance of a health centre in Kibera. We take patients' temperatures and control the number of people who come into the health centre at any one time. If someone has a fever, they go to see an MSF nurse for a more in-depth health check. We also have a clinical officer who manages an isolation room for suspected COVID-19 cases."

MSF doctor Bastien Mollo treats vulnerable people at a makeshift clinic in Paris. Photograph © Agnes Varraine-Leca/MSF

An MSF health worker talks to a care home resident in a nursing home in the Marche region of Italy. Photograph © Vincenzo Livieri/MSF

KEEPING ESSENTIAL SERVICES RUNNING

Unfortunately, we have had to suspend a few projects as a result of the new restrictions linked to COVID-19, such as MSF's paediatric surgical programme in Liberia, which was suspended after travel restrictions made it impossible to replace the paediatric surgeon, who left at the end of March. In other countries, we have suspended non-urgent activities, such as elective surgery, and re-organised others to reduce the risks for patients and staff.

Faced with this pandemic, fragile health systems in countries with a weak infrastructure and too few health staff could quickly collapse under the impact of COVID-19. Common childhood killer diseases, such as measles, malaria and diarrhoea, could go untreated, while other essential services – such as maternal healthcare, surgery and treatment for HIV and TB – could also be affected.

A health worker prepares to swab a patient during a mass COVID-19 testing event held in Johannesburg, South Africa, where MSF contact tracers assisted with training, monitoring and conducting tests. Photograph © Tadeu Andre/MSF

Adrien Mahama, MSF water & sanitation coordinator in South Sudan, demonstrates the correct way to wear a face mask during a training on infection prevention and control at Al Sabah hospital in Juba. Photograph © Gabriele François Casini/MSF

Equipment shortages

Health systems worldwide are urgently in need of personal protective equipment (PPE) so that essential medical services can stay open. This global shortage is indicative of the reality for health workers in most countries where we operate, who face shortages of crucial items such as masks and aprons.

In the face of these risks and constraints, MSF teams are striving to find ways to keep as much of our lifesaving medical work running as possible, while adapting to the serious challenges presented by the COVID-19 pandemic.

"Continuing our medical activities in areas already facing massive health needs is an absolute priority for MSF. COVID-19 activities require extra resources, staff and materials in a situation where the global movement of people and goods has become very, very difficult. Our teams are working around the clock to maintain our regular lifesaving activities while responding to this new outbreak."

Albert Viñas, MSF emergency coordinator for Cameroon

Find out more

msf.org.uk/coronavirus

Support us now at msf.org.uk

Using the sun to save lives

Keeping the lights on – and medical devices working – is a huge challenge in remote regions of Democratic Republic of Congo (DRC) where MSF works. In many places, life-threatening power cuts are a regular occurrence.

Many hospitals and health centres rely upon diesel-powered generators, but transporting fuel is difficult and expensive. The lack of roads means fuel must be brought in by experienced drivers navigating the treacherous mud by motorcycle, or it means using expensive helicopters.

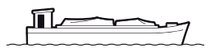
To address these challenges, MSF has installed solar energy systems in Kingulube hospital and Kusisa health centre, providing a cost-effective, reliable and clean energy source.

"Before, we sometimes had to operate in the dark because there was no lighting anywhere in the building," says Dr Pacifique Kapimbu, director of Kingulube hospital. "Now, all the rooms have electricity and we can ensure that oxygen machines and other biomedical devices will not be affected by power outages, even though we're in the middle of the jungle."

The 24/7 power supply not only allows medical staff to provide better quality care, it also enables both health facilities to be more independent of MSF's presence, making the projects more sustainable in the long term.

1 The panels are transported from Europe on a shipping container, via the Suez Canal, to Dar es Salaam, Tanzania

2 Off-road vehicles are used to move the cargo, through Tanzania and Rwanda, to Goma in DRC



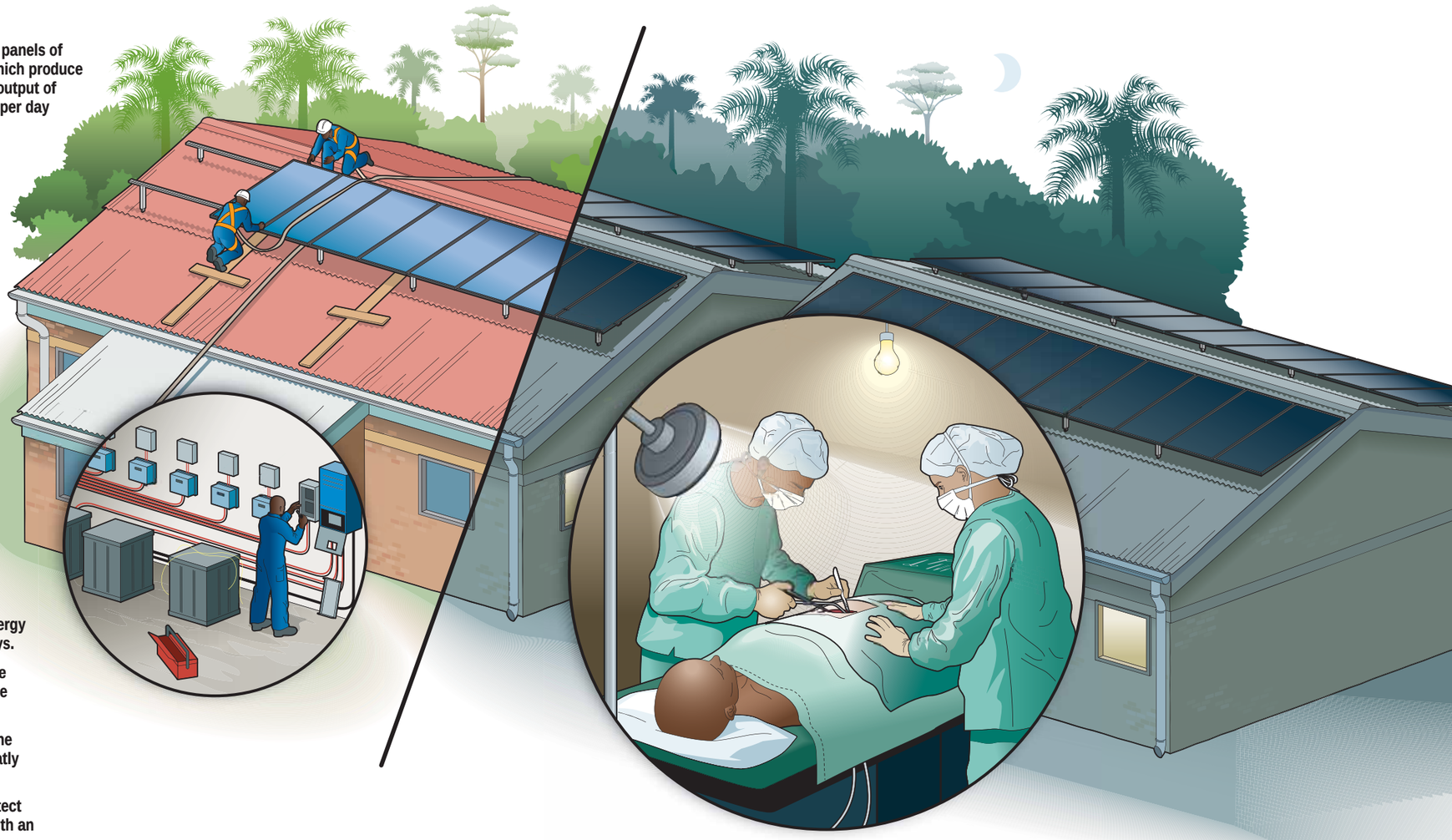
The panels cross Lake Kivu on a small cargo boat

3 A helicopter is used for the penultimate leg of the journey

4 5 Pairs of porters carry each panel from the helicopter to the installation site at Kingulube hospital

Twenty-five litres of fuel are saved per day, resulting in money saved and reduced CO2 emissions. The initial cost outlay is expected to be recouped in just two or three years.

There are 100 solar panels of 32 kilowatt peak which produce an average energy output of 100 kilowatt-hours per day



- The seven batteries can store enough energy to run the health facilities for two full days.
- Each battery has a lifespan of at least five years, although they may last two or three times longer.
- A control unit regulates the charge and the release of energy from the batteries, greatly extending their lifespan.
- The control unit, which is also able to detect anomalies, can be controlled remotely with an internet connection, so that technicians can monitor the system from anywhere in the world.
- Everything is designed to guarantee a continuous and autonomous supply, but in the unlikely event of failure, there is a back-up diesel generator ready to take over and maintain the power supply at all times.

Illustrations: www.richardpalmergraphics.com

When the health situation in Kingulube and Kusisa stabilises, MSF will send its medical teams to other regions. Yet even after our teams have left, the solar power system will remain. For the inhabitants of this remote area, the lights will stay on for many years to come.

Battling the biggest measles outbreak in the world

Democratic Republic of Congo (DRC) is currently in the grip of a measles epidemic. Since January 2019, more than 335,000 people have contracted the disease and more than 6,600 people – mostly children – have died. Health crises continue even in the shadow of COVID-19, and MSF is working to ensure that the fight against this measles outbreak continues.

Our teams are on the ground running vaccination campaigns and providing medical care for measles patients. **Dr Chris Hook** describes how we fight an outbreak in a remote region with no roads.

260,000
children vaccinated against measles by MSF since January 2020

An MSF mobile team delivers measles vaccines in Lunyeka, Democratic Republic of Congo. Photograph © Pablo Garrigos/ MSF

"The only way to get around many of the areas where we're working is by motorbike. It's dense jungle terrain with narrow, muddy tracks. It takes hours to travel a few kilometres and you spend a lot of time getting off the bikes to push them and crossing rivers. It's tough going, but there are some areas that you can't even get to by motorbike – the only way in or out for MSF vaccination teams is on foot.

One village we went to took five hours to reach. It was pouring with rain and we had two punctures along the way which we had to stop and fix. But all of that was forgotten as soon as we arrived. People were so happy to see us. They knew that we were there to provide medical care and that it was completely free.

A SCARY RIDE

In one village we found a set of triplets, all with measles. They were around 18 months old and two of them were very sick, one with severe malnutrition. That's the added problem with measles here – it's rarely just measles. It's measles with malnutrition, measles with malaria.

We needed to get two of the triplets to our hospital in Muanda for specialist treatment, but their mother was understandably reluctant. She had four other children to look after and she was worried about them; she was also worried about the cost. We were able to reassure her that we'd pay for food, transport and accommodation in Muanda. An old lady in the village offered to step in and help, and it was all agreed.

But first we had to get them to the hospital. A nurse carried one triplet on the back of a motorbike and the old lady, on another bike, carried the second one. We wrapped the babies up and covered them in waterproof jackets, but it was a scary ride. It was pouring with rain and the bikes were sliding all over the place. All the time I was thinking: 'If they go down, the babies are going down too…' But we finally made it to the hospital hours later, covered in mud.

TREATING MEASLES

A lot of measles treatment is about preventing complications. We give the patients vitamin A, along with antibiotics to prevent or fight infection – usually pneumonia. With the malnourished kids, we start them on a specially formulated milk which has the right amount of calories, vitamins and minerals. You have to reintroduce food and calories slowly, along with protecting them from measles complications.

A woman dances to welcome an MSF measles vaccination team in Makao. Photograph © Caroline Thirion/MSF

MSF doctor Robert checks the heartbeat of a child at the measles treatment centre in Mayi-Munene. Photograph © Pablo Garrigos/MSF

MSF health promoter Papa Lazard sings a song encouraging people to come for measles vaccinations in Kweba. Photograph © Pablo Garrigos/MSF

816,000
children vaccinated against measles by MSF in 2019

One of the triplets just needed antibiotics and oxygen for a few days and then was fine. The other was very sick. His skin was a mess and it took almost a week to get him to take any milk. He was with us for nearly a month, but slowly he came back to us and fully recovered. It was a great moment being able to send these healthy children back on the bikes to their mother.

For many people in these remote areas, medical emergencies and illnesses are a disaster. Getting any form of healthcare is difficult and expensive. That's why the work MSF is doing here is so important. We're providing free medical care to people who desperately need it."

Find out more

msf.org.uk/measles-covid

Support us now at msf.org.uk

Hope in the crossfire

A group of boys ride on a vehicle in Hodeidah.
Photograph © Agnes Varraine-Leca/MSF

Illustration © Isabella Sutton

The conflict in Yemen has now entered its sixth year.

Recent outbreaks of diseases and an upsurge in fighting have exacerbated the already dire humanitarian situation in Yemen. With the country's health system in tatters and more than three million people displaced from their homes, the spread of COVID-19 could be devastating.

A new podcast series, Inside Yemen (msf.org.uk/inside-yemen), tells the story of this desperate conflict and MSF's role in providing medical care in the midst of the suffering.

UNDER THE SAND, LANDMINES

The coastal city of Hodeidah is Yemen's main port on the Red Sea. In 2018, an offensive was launched on the city that saw troop incursions and intense airstrikes.

"From the beginning of 2018 to June, we saw coalition forces advancing along the entire southern frontline that extends from just above Taiz towards Mocha and up to Hodeidah," says MSF production manager Agnes Varraine-Leca. "It was this offensive that led us to set up a hospital in Mocha in August and then Hodeidah shortly after."

The road running from Mocha to Hodeidah cuts through a wide desert strip along the Red Sea. Small villages, burnt-out tanks and rusting boats are the only landmarks.

"When we say there's nothing else there, it's not just a figure of speech," says Agnes. "There really is nothing: a road, and that's it. So, if you happen to be a haemophiliac and you cut your little finger, you're not going to make it to a doctor. It's literally a medical desert."

Within a few weeks of the offensive starting, MSF had set up a tented hospital in Mocha and the first patients began to pour in – women about to give birth and people with war wounds, often the victims of landmines.

"Landmines are the most cruel and senseless of the lot," says MSF surgeon Bernard Leménager. "Many are anti-personnel mines. I don't know if, in Yemen, landmines are laid intentionally to target the population, but it's the kids who are worst affected, because kids run around all over the place."

SHRAPNEL WOUNDS

The impact of landmines extends beyond the wounds they inflict, as they also prevent people from moving around freely and cultivating their fields to feed themselves.

Many patients arriving at MSF's field hospital in Mocha have shrapnel wounds – small fragments of bombs or shells, which cause damage that can be difficult to evaluate. Sometimes it is safest to leave the body to heal itself around the metal fragments.

The consequences for people too close to a landmine when it explodes can be devastating.

"There are lots of amputations," says Bernard. "Amputations pose a problem for surgeons who have to decide whether or not to proceed. They need to know the patient's chances of recovery and if they'll have a functional limb. Then, both the patient and their family have to be persuaded."

Many of the patients that Bernard operates on are civilians. "The war affects people of all ages," he says. "It's affecting everyone. And it's not just seven to 77-year-olds we treat. We've had a seven-month-old and somebody over 100. The seven-month-old baby had taken a bullet in the abdomen, which perforated his stomach. It was quite a serious wound, because a Kalashnikov bullet does a lot of damage. But he came through. And the granddad of 100-plus years was born during the Ottoman Empire. We don't see many patients born during the reign of the Sultan of Istanbul. This old man had small shrapnel fragments that weren't that serious, and a few days later he was able to go home."

"I'm proud of the work that MSF is doing in Mocha. All the staff in the hospital are very committed, both the nurses and the young doctors. I've rarely witnessed such a spirit of cooperation."

On 6 November 2019, MSF's hospital in Mocha was partially destroyed following an aerial attack on surrounding buildings. Fortunately, there were no casualties. Medical activities were briefly suspended while the hospital was repaired.

Above: Nour and her mother were successfully treated for cholera at MSF's treatment centre in Dhi As-Sufal district, Ibb governorate.
Photograph © Majd Aljunaid /MSF

MSF's UK volunteers

Afghanistan
Jacklyne Scarbolo, *Midwife*; Laura McAndrew, *Communications manager*; Cara Brooks, *Project coordinator*

Bangladesh
Jennifer Benson, *Health promoter;* Daniella Ritzau-Reid, *Communications manager*; Hanadi Katerji, *Nurse*; Rachel Folwell, *Doctor*; Richard Galpin, *Water & sanitation expert*; Rebecca Robey, *Advocacy manager*

Brazil
Michael Parker, *Head of mission*

Central African Republic
Benjamin Hargreaves, *Logistician*; Amy Mikhail, *Epidemiologist*; Marcus Wilson, *Hospital facilities manager*; Aissa Sara Edon, *Midwife*; Iain Bisset, *Project coordinator*

Democratic Republic of Congo
Mark Blackford, *Finance coordinator*; Liana Kemp, *Midwife*; Marc Wilkinson, *Pharmacist*; Harriet Zych, *Nurse*; Aimen Sattar, *Project coordinator*; Michael Barclay, *Deputy project coordinator*; Perrine Herrenschmidt, *HR manager*

Egypt
Elizabeth Wait, *Health promoter*

Guinea
Arnaud Badinier, *Head of mission*

Greece
Sunny La Valle, *Doctor*; Anton Zhyzhyn, *Water and sanitation manager*

India
Lakshmi Jain, *Doctor*; Sakib Burza, *Head of mission*; Jacob Goldberg, *Medical coordinator*

Iraq
Catherine McGarva, *Mental health manager*; Alice Higginson, *Health promoter*

Jordan
Vittorio Oppizzi, *Head of mission*

Lebanon
Laura Gregoire Rinchey, *Doctor*; Elizabeth Ashford, *Doctor*

Libya
Hannah Wallace Bowman, *Communications manager*

Netherlands
Julianna Smith, *Emergency team epidemiologist*

Nigeria
Andrew Mews, *Head of mission*; Miriam Wills, *Logistician*

Pakistan
Rachael MacLeod, *Paediatrician*

Palestinian Territories
Helen Ottens-Patterson, *Head of mission*; Erin Kilborn, *Doctor*

Sierra Leone
Elena Rossi, *Midwife*; Laura Holland, *Water and sanitation expert*; Geraldine Munn-Mace, *Nurse*; Sarah Cross, *Nurse*

South Sudan
Anna Zolkiewska, *Deputy head of mission*; John Boase, *Logistician*; Joshua Rosenstein, *Deputy head of mission*; Andrew Burger-Seed, *Project coordinator*; Sara Mary Cronin, *HR manager*; Olivia Butters, *Water and sanitation manager*; Richard Maltman, *Logistician*; Sarah Hoare, *Nurse*

Syria
Alicia Takahashi Bensusan, *Epidemiologist*

Venezuela
Carl Rendora, *Water and sanitation manager*

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Roiber's recovery

Roiber is comforted by his mother, Karina, during his recovery. Photograph © MSF

When an 11-year-old boy is shot in the head in the Venezuelan capital, Caracas, it's a race against time for medical teams to save his life. But with the country in crisis, will they have the equipment they need?

Eleven-year-old Roiber was in Caracas for the weekend, visiting his father, when he heard two men arguing loudly. Shots rang out and he ran to see what was happening. He was hit in the head by a stray bullet and collapsed in the street. His father took him by motorcycle to Vargas hospital, one of the largest in the capital. When they arrived, Roiber was in a critical condition.

CRISIS IN VENEZUELA

Vargas is one of Venezuela's leading hospitals, but it has been badly affected by the country's economic crisis. There are shortages of staff, drugs and even running water.

MSF has been supporting Vargas hospital since June 2019, helping to improve post-surgical care, paediatric care and infection prevention and control. It has also contributed medicines, biomedical equipment and water and sanitation equipment.

The intensive care unit has 15 beds, but in early January only one was in use, due to the lack of mechanical ventilators. "This situation limited the number of patients we could admit to intensive care," says Dr Argenis Portillo, assistant director of the hospital.

On 16 January, two days before Roiber was shot, MSF delivered nine repaired ventilators to the hospital.

AN INDISPENSABLE VENTILATOR

When Roiber reached the hospital emergency room, he was rushed straight into surgery. A neurosurgeon operated on him, helped by an anaesthetist using ventilatory support equipment. After the operation, Roiber was taken to the intensive care unit, where he was put on a ventilator.

"The hours following an operation of that complexity are critical," says Dr Portillo. "The mechanical ventilator is indispensable to help patients breathe while they are sedated and their brain is at rest. A brain that cannot rest does not recover and the patient may die."

After 48 hours of total sedation, Roiber was taken off the ventilator and the medication. He woke up breathing on his own, helped by an oxygen mask, without suffering any complications. The team kept him under neurological surveillance for 72 hours, after which he was moved to the children's ward.

A SLOW PROCESS

A few days after Roiber's operation, his mother Karina is sitting in the hospital courtyard after visiting her son. "Today I saw him and he opened his eyes and moved his hand," she says, "but it is a slow process."

On 26 January, 10 days after the shooting, Roiber was able to move his body and touch his head. He was able to say his name and recognise the doctor who had "cured his head". On 15 February he was discharged from hospital, though he returns for regular physiotherapy sessions. Three weeks into his physiotherapy sessions and well on his way to recovery, Roiber celebrated his twelfth birthday.

"We believe that good hospitals and health centres are key to reducing mortality in Venezuela," says Isaac Alcalde, MSF coordinator in Caracas. "Roiber's recovery is just one example of this. MSF works across Venezuela, wherever the needs are greatest."

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