106
Autumn 2022

Dispatches

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

SITUATION REPORT

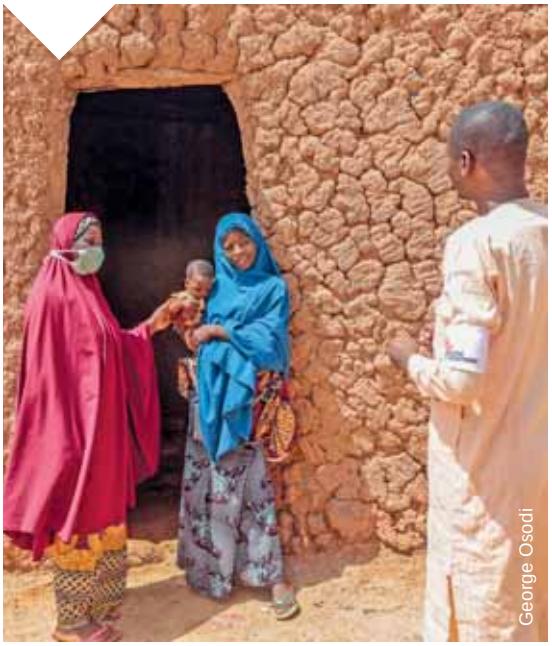
555

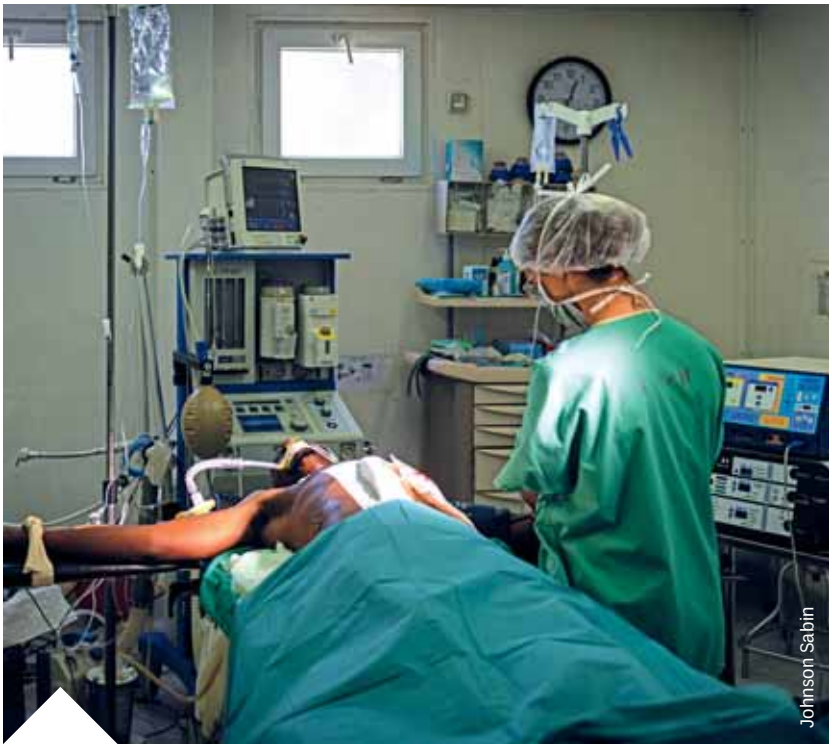
Number of malnourished children admitted to Maiduguri hospital in Nigeria in May

1. NIGERIA

MSF community health workers Nama Dahiru (left) and Ibrahim Sailau (right) visit Shafaatu Ashimu to check on the health of her child, who was treated for malnutrition at MSF's therapeutic feeding centre in Riko village, in Nigeria's Katsina state.

Northwest Nigeria is facing a malnutrition crisis and MSF staff are seeing an unprecedented number of children with severe acute malnutrition. Between January and May this year, the team in Maiduguri hospital admitted 1,312 children – around 50 per cent more than last year.


George Osodi


Johnson Sabin

2. HAITI

A patient with a gunshot wound undergoes surgery at MSF's Tabarre trauma centre in the capital, Port-au-Prince.

Violent clashes between armed groups have caused a major increase in the number of gunshot wounds treated by MSF surgical teams over recent months. At MSF's emergency centre in Turgeau, almost 80 people have been treated for gunshot wounds since the fighting began, many of them bystanders who were hit by stray bullets.


MSF

3. AFGHANISTAN

An MSF team travels through Paktika province in the aftermath of the 21 June earthquake. Measuring 6.2 on the Richter scale, the earthquake killed more than 1,000 people and injured approximately 6,000. MSF sent teams of medical and logistical staff to the worst-affected areas and set up an eight-bed clinic in Bermal, where the injured were stabilised before being transferred to hospital for further care.

Peter Caton/MSF

4. SOUTH SUDAN

MSF health promoter Debora Nyabol Gai calls on people in Bentiu camp to get vaccinated against hepatitis E, which is the most common cause of acute viral hepatitis.

In Bentiu camp – currently home to some 112,000 displaced people – there have been recurring outbreaks of hepatitis E since 2014, with the most recent outbreak declared in August 2021. In March 2022, MSF and Ministry of Health staff carried out a mass hepatitis E vaccination campaign in Bentiu, the first of its kind worldwide.

25,000

Number of people who received the hepatitis E vaccine in Bentiu in March and April 2022


Sean Sutton

5. SOMALILAND

Fourteen-year-old Leila Abdi [not her real name] receives treatment for drug-resistant tuberculosis (DR-TB) in Hargeisa TB hospital in Somaliland. Three months into treatment, she is no longer coughing, has put on weight and has regained some of her appetite.

MSF'S UK VOLUNTEERS

Afghanistan: Joane Margarida Castro, *Nurse*; Riccardo Defrancesco, *Nurse*; Diana Pereira De Sousa, *Nurse*; Deirdre O'Donnell, *Doctor*; Maeve Gallagher, *Gynaecologist*

Bangladesh: Tanja Venisnik, *Advocacy manager*

Belarus: Emma Withycombe, *Doctor*

Benin: Michael Barclay, *Project coordinator*

Brazil: Alison Antunes, *Health promoter*

Burundi: Laura Holland, *Field support*

Central African Republic: Jean Willemyns, *HR manager*; Ewa Grocholski, *Doctor*; John Plank, *Hospital facilities manager*

Chad: Emily Hewitt, *Health promoter*

Colombia: Pedro Da Silva, *Nurse*

Democratic Republic of Congo: John Boase, *Logistician*; Mark Blackford, *Finance coordinator*; Emma Kinghan, *Medical activity manager*

Egypt: Leila Younes, *Health promoter*

Ethiopia: Rebecca Kerr, *Project coordinator*; Ruth Zwizwai, *Epidemiologist*; Paul Critchley, *Head of mission*; Cara Brooks, *Deputy head of mission*

Guatemala: Benjamin Jeffs, *Medical team leader*

Haiti: Nicole Hart, *Medical team leader*

Iraq: Annie Reynolds, *Doctor*

Kenya: Paul Banks, *Procurement manager*

Lebanon: Jacklyne Scarbolo, *Midwife*

Lithuania: Georgina Brown, *Project coordinator*; Philippa Tagart, *Nurse*; Hanna Yacoub, *Cultural mediator*

Mexico: Lindsay Solera-Deuchar, *Activity manager*

Mozambique: Ana Atti, *Epidemiologist*

Myanmar: Ben Small, *Field communications manager*

Pakistan: William de Glanville, *Epidemiologist*; Kate Thompson, *Finance coordinator*

Palestinian Territories: Helen Ottens-Patterson, *Head of mission*

Peru: Davina Hayles, *Project coordinator*

Russia: Ania Zolkiewska, *Head of mission*

Sierra Leone: Suzanne Thorpe, *Nurse*; Julia Smith, *Health promoter*; Thomas Duggan, *Logistician*; Stephen Payne, *Nursing manager*

Somalia: Abdirashid Bulhan, *Logistician*

South Sudan: Iina Hiironen, *Epidemiologist*; Sarah Cross, *Head nurse*; Rachel Fucella, *Nurse*; Chloe Widdowson, *Nurse*; Andrew Stevens-Cox, *Construction manager*; Amanda McNaughton, *Doctor*; Catherine McGarva, *Mental health manager*; Agnieszka Bielecka, *Humanitarian affairs officer*; Benedict Porter, *Doctor*

Sudan: Elizabeth Wait, *Health promoter*; Melissa Buxton, *Nurse*

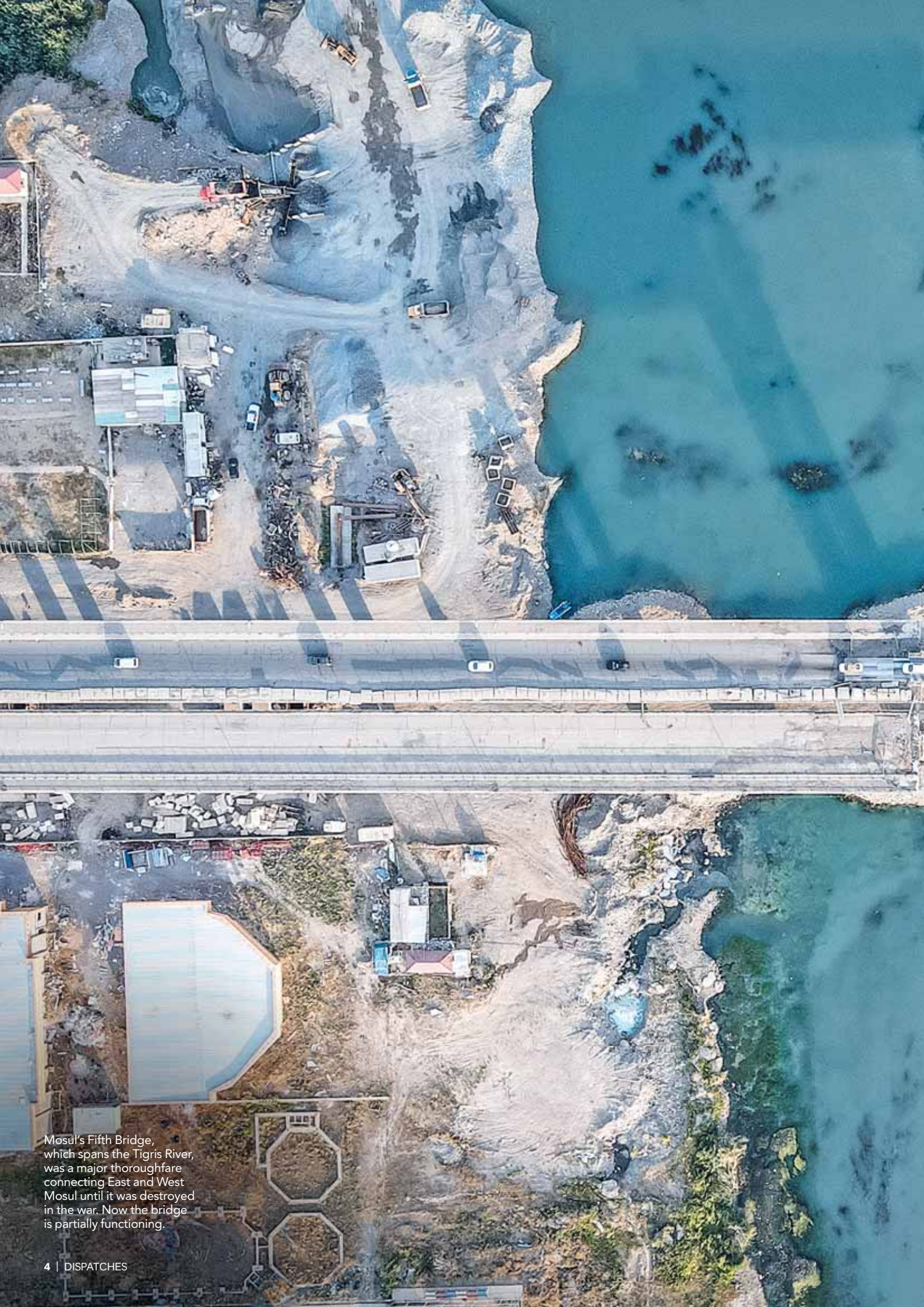
Syria: Beatrice Blythe, *Health promoter*

Ukraine: Tom Casey, *Field communications coordinator*; Danielle Wellington, *Medical team leader*

Uzbekistan: Mshauri Delem, *Project coordinator*

Yemen: Ana Moral Garcia, *Midwife*; Jasmine Armour-Marshall, *Paediatrician*

Zimbabwe: Caroline Bradley, *Mental health supervisor*



Mosul's Fifth Bridge, which spans the Tigris River, was a major thoroughfare connecting East and West Mosul until it was destroyed in the war. Now the bridge is partially functioning.

WHEN THE WAR IS OVER

MOSUL

PHOTOGRAPHY
MOHAMMED AL-BAYATI
FLORENCE DOZOL

FIVE YEARS HAVE PASSED SINCE THE END OF THE BATTLE TO RETAKE THE IRAQI CITY OF MOSUL FROM THE ISLAMIC STATE GROUP (IS). THE CONFLICT LASTED NINE MONTHS, KILLED AND WOUNDED THOUSANDS OF THE CITY'S RESIDENTS AND FORCED MORE THAN ONE MILLION PEOPLE FROM THEIR HOMES IN ONE OF THE DEADLIEST URBAN BATTLES SINCE THE SECOND WORLD WAR.

Mohammed Al-Bayati

Throughout the fighting, MSF teams provided medical and humanitarian aid in and around Mosul, and since then have been supporting the recovery of the city's shattered health system.

"Mosul has seen radical changes over the past five years," says MSF health promoter Sahir Dawood. "The first time I went back to the city, just after the end of the battle, it felt like a ghost town. I would look to my right, look to my left, and the only things I saw were rubble, destroyed buildings and empty streets, with a few exhausted people here and there. But now, when I go around the city, I see people working and going out. I see buildings standing, streetlights lit during the night."

Bridges destroyed during the war have been rebuilt, once again connecting west and east sides of the city. Barriers and checkpoints have been gradually removed – a sign of the improved security. Today, parents are no longer afraid to send their children to school or let them play outdoors.

"Life has changed from darkness back to light for us," says Saad Hamdoon, whose nephew is a patient at MSF's Nablus field hospital in West Mosul.

Despite these changes, challenges remain. Mosul once had the second-largest health service in Iraq, but much of the city's medical infrastructure was damaged or destroyed in the war. Those medical facilities that function are often overburdened, as people from surrounding regions travel to the city to see a doctor. Five years on, people in and around Mosul still struggle to get hold of affordable, high-quality healthcare.

"Patients are travelling long distances to give birth in our hospital," says Sulav Al-Hamza, MSF's maternity supervisor in Nablus hospital, West Mosul. "They are travelling even for simple procedures as there just isn't the care available."

Shortages of medical supplies and drugs are a recurring problem. With resources rationed and bed capacity limited, fewer surgeries can be carried out than before the war.

During the battle and in its aftermath, MSF teams treated the wounded in the emergency room and operating theatre of Nablus hospital. As people's medical needs have changed, MSF's activities have evolved, but the teams are as busy as ever.

"Today people's needs are clearly still massive," says Esther van der Woerdt, MSF head of mission in Iraq.

"It was so painful to see Mosul, our beloved mother, dying in front of our eyes"

▶ Imad Abdullah, who was injured in a motorbike accident, talks to the medical team at MSF's Al-Wahda hospital in East Mosul, which provides comprehensive surgical and post-operative care.

▼ A nurse cares for a newborn baby in the maternity ward of MSF's Nablus hospital in West Mosul.

Florence Dozol/MSF

Florence Dozol/MSF

"The three MSF facilities in town continue to receive large numbers of patients coming to seek maternity, paediatric, emergency and surgical care." In the first six months of 2022, 3,853 children were born in MSF's two maternity hospitals and 489 surgeries were performed at MSF's Al-Wahda facility.

Although the fighting is over, the years of stress and mental trauma have taken a heavy toll. During the war, people lived in constant fear, aware that at any time they might lose their homes, their family members or their lives. Hanan Arif constantly had to reassure her children that everything would be okay and to stay strong for her whole family, despite the pain she felt inside. "We fled our neighbourhood on foot, crossing to East Mosul," she says. "Halfway over the bridge I stopped and looked back at West Mosul. The scene of smoke and destruction broke my heart. It was so painful to see Mosul, our beloved mother, dying in front of our eyes."

Faris Jassim was wounded during the battle for Mosul. He went on to suffer various medical complications and underwent 25 rounds of surgery. "For two years I had suicidal thoughts because of the endless rounds of surgery and treatments," he says. "But when I started to see my leg recovering, I felt hope again. It's a huge leap to go from being confined to a wheelchair to walking independently, like I can now." Jassim will soon be discharged from hospital and is eager to get back to work in his carpentry shop.

In the months after the fighting ended, the majority of patients in MSF medical facilities in and around Mosul struggled with psychological issues as a result of their experiences. Although people's needs for mental health support have reduced, the trauma they experienced is not forgotten. "During the battle, we were locked in the city," says Rahma, an MSF translator from Mosul. "We had no choice but to witness the violence and the war. Even today, I hear sounds of rockets and explosion, even if they are only in my mind."

MSF offers a safe environment in which patients can share their stories of the war. During individual or group sessions, people slowly build up coping mechanisms, with the support of mental health professionals.

As its residents rebuild their lives, the city of Mosul is coming alive again. "It's very satisfying to actually see these positive developments in the city," says van der Woerdt. "People from Mosul always tell me how beautiful the city used to be. It deserves to come to life again. We hope that rebuilding the city and its health system will pick up more speed as it goes along. But Mosul still has a long way to go before it can stand on its feet again and before its people feel a full recovery. And this can only be achieved with support. Mosul will need that support for years to come."

WATCH A VIDEO AT
MSF.ORG.UK/MOSUL

UKRAINE

WORDS
YASSER KAMALEDIN

PHOTOGRAPHY
ANDRII OVOD

CARRIAGE TO SAFETY

IN UKRAINE, MSF IS OPERATING A MEDICAL TRAIN EVACUATING PATIENTS FROM NEAR THE FRONTLINES OF THE FIGHTING TO SAFER AREAS. **YASSER KAMALEDIN** IS THE TRAIN'S PROJECT COORDINATOR.

7 JUNE

"We arrived back at Lviv at six this morning with 14 patients on the train after travelling for 36 hours. We'd come from Kharkiv in eastern Ukraine, which is one of the cities that is very close to the hostilities. All of our patients were suffering from war-related injuries.

The train we're using has been kitted out by MSF and Ukrainian Railways with an intensive care unit, which can accommodate five patients, and two hospitalisation carriages with 18 beds. This was the twenty-fourth trip we've made with this medicalised train and we've now carried 653 patients. That's a lot of people.

The level of care we provide on the train is as close as you can get to hospital care in these conditions. We think of it as a long-distance ambulance, but one where we can stabilise critical cases throughout the long journey.

The patients we carried on this trip all had either blast injuries or shrapnel wounds. Most of them had external fixators to stabilise injuries and multiple patients had amputated limbs from blast injuries.

One of the patients I talked to on this trip told me he'd been out in his fields, not far from his village, when he began to hear shelling. It got closer and closer until suddenly he was blown into the air by an explosion. He suffered serious injuries, including a badly broken arm.

"We assisted with the evacuation of an orphanage from near the frontline and carried 78 children to safety"

▲ Medics monitor the condition of a war-wounded patient in the intensive care unit of MSF's medical train during the journey from Pokrovsk, in eastern Ukraine, to Lviv, in the west of the country.

Four of the 14 patients we transported told similar stories of being hit while outside their homes. We hear so many stories like this – of civilians and civilian areas being hit.

On average, we're carrying between 25 and 35 patients each trip. On the trip before this one we carried 44 people.

The journeys we take with the patients on the train are huge. It's easy to forget that Ukraine is a massive country. It's around 1,000 km on average from here to the areas around the frontlines. For many of these people, there is no way they could manage a journey like that by road with their injuries.

You get to know patients on such long journeys and you quickly learn how resilient people are. One of the women we transported today had lost a leg in a blast, but she was making jokes while she told me the story of what had happened to her. She told me she'd been out hunting for a rabbit to cook when she was caught up in the explosion. 'It turned out to be the most expensive rabbit I've ever had,' she said. 'It cost me my leg.'

People understand the intensity of the war, they know how it's changing their lives, but they want life to return to normal as soon as possible.

We're in close contact with the Ministry of Health and they notify us when there are injured patients in Donetsk, Pokrovsk, Kharkiv or elsewhere near the frontlines who need further medical treatment in safer areas of the country.

Most of the time we don't know the final number of patients or their conditions until we're already on our way. We try as far as possible not to fill up the intensive care unit from the beginning in case patients deteriorate on the journey, but sometimes that's not an option and we just have to.

We've also had a few surprises on the platform. Once we had a contagious case who had to be isolated during the trip so that the infection wouldn't spread. Another time we assisted with the evacuation of an orphanage from near the frontline and carried 78 children and their carers to safety. We added a few extra carriages for that trip, but it was still very crowded.

It's exhausting work. The train is moving all the time and there are a lot of doors to open. You spend your whole day moving from one end of the train to the other side and everything is in motion while you're walking, hanging up drips, treating patients. But it's an incredible and inspiring project to work on and the morale of the staff, our team spirit, is very high.

We have around 18 staff for each trip, most of whom are Ukrainian, and for everybody the work feels personal. We take a lot of pride in the work. We see how much our patients are suffering, especially when we are transferring kids or elderly people who have been left behind without anyone to care for them.

I think MSF's presence is needed. Ukraine's healthcare system is still largely functional, but there are gaps where we have a role to play, whether that's evacuating wounded patients, helping to treat people with chronic diseases or transporting medical equipment and supplies. We want to support the healthcare system and do everything we can for our patients. We need to be innovative and flexible. This war doesn't look like it's going to end anytime soon, and neither will the human suffering that comes with it. We need to be ready for that.

In a few weeks I'll be taking a break and I will definitely not be travelling on any trains during my holiday. But for now, we have more patients to evacuate. We've had a few hours' sleep since coming back this morning and we're now getting ready for the next trip. It will be our twenty-fifth and we depart tomorrow."

Yasser Kamaledin *is an Egyptian project coordinator who has worked for MSF in Afghanistan, Iraq and Syria. He is currently based in Beirut.*

READ MORE AT **MSF.ORG.UK/UKRAINE**

MSF'S AMBULANCE TRAIN

"Like so many projects in MSF, it all started with a group of people sitting around a table sketching out some ideas," says Elvina Motard, MSF systems engineer and manager for the ambulance train project. "We looked at what we were doing in Ukraine and what needed to be done. The most urgent problem was that hospitals in the east, close to the frontlines of the fighting, were getting overwhelmed, while those in the west of the country had more capacity. Somebody said: 'Ukraine has such an extensive railway system, why don't we just transport patients by train?'"

A rough concept was put on a piece of paper, Ukrainian Railways were approached and proved willing to help, and very quickly two small teams were put together and set to work.

While one team began preparing a preliminary train that could transfer clinically stable patients, Elvina's team was tasked with the more complicated job of preparing a train that could transport patients who needed intensive care.

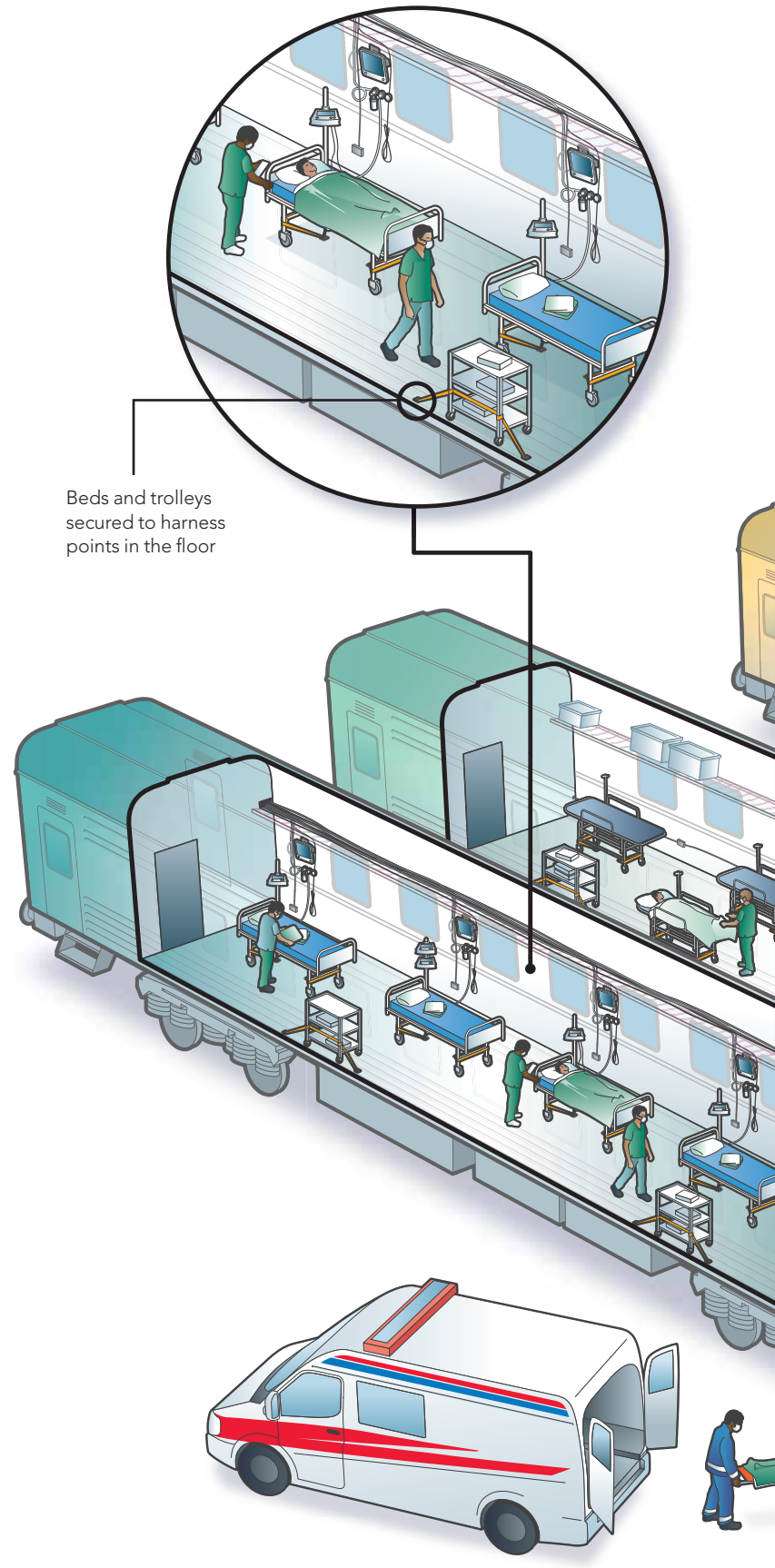
"One of the biggest hurdles we faced from the start was oxygen," says Elvina. "If you're transferring intubated intensive care patients, you need to have a large oxygen supply and a specific area of space around each patient. It requires a certain layout. It was clear from the start that there were a lot of complex problems that needed to be solved.

"When we design a hospital, we work hard on the flow and the positioning of everything. How are patients and medical staff going to move around the space? Where does the waste go? We look at all the ins and the outs. But on a train there is one single line of movement, and everything and everybody – patients, medical staff, technical staff, food and waste – has to flow along that line."

Working with a team from Ukrainian Railways at an undisclosed location in Ukraine, MSF's team of four began to work on turning eight railway carriages from the 1980s into a cross between an ambulance and a state-of-the-art intensive care unit.

"It was a massive challenge, but also intense and inspiring," says Elvina. "The four of us from MSF (along with our colleagues in Brussels) brought our experience of medical facilities and of working in emergencies. The 50 or so Ukrainian Railways workers brought their knowledge of train engineering. Somehow we had to work together to find solutions and create something that would work for patients and staff.

"There were disagreements, language barriers and constant interruptions from air raid sirens and evacuations. We worked out that each one of us walked around 13 km every day on site, up and down the train and all around. It was exhausting, but we worked together, learnt from each other and never forgot why we were doing it. And after 23 days, we had the medical train we'd envisioned."



CARRIAGE BY CARRIAGE*

OXYGEN PRODUCTION

INTENSIVE CARE UNIT
5 beds

INPATIENT CARE
8 beds in each carriage

* For safety reasons, this diagram does not show the actual arrangement of the carriages

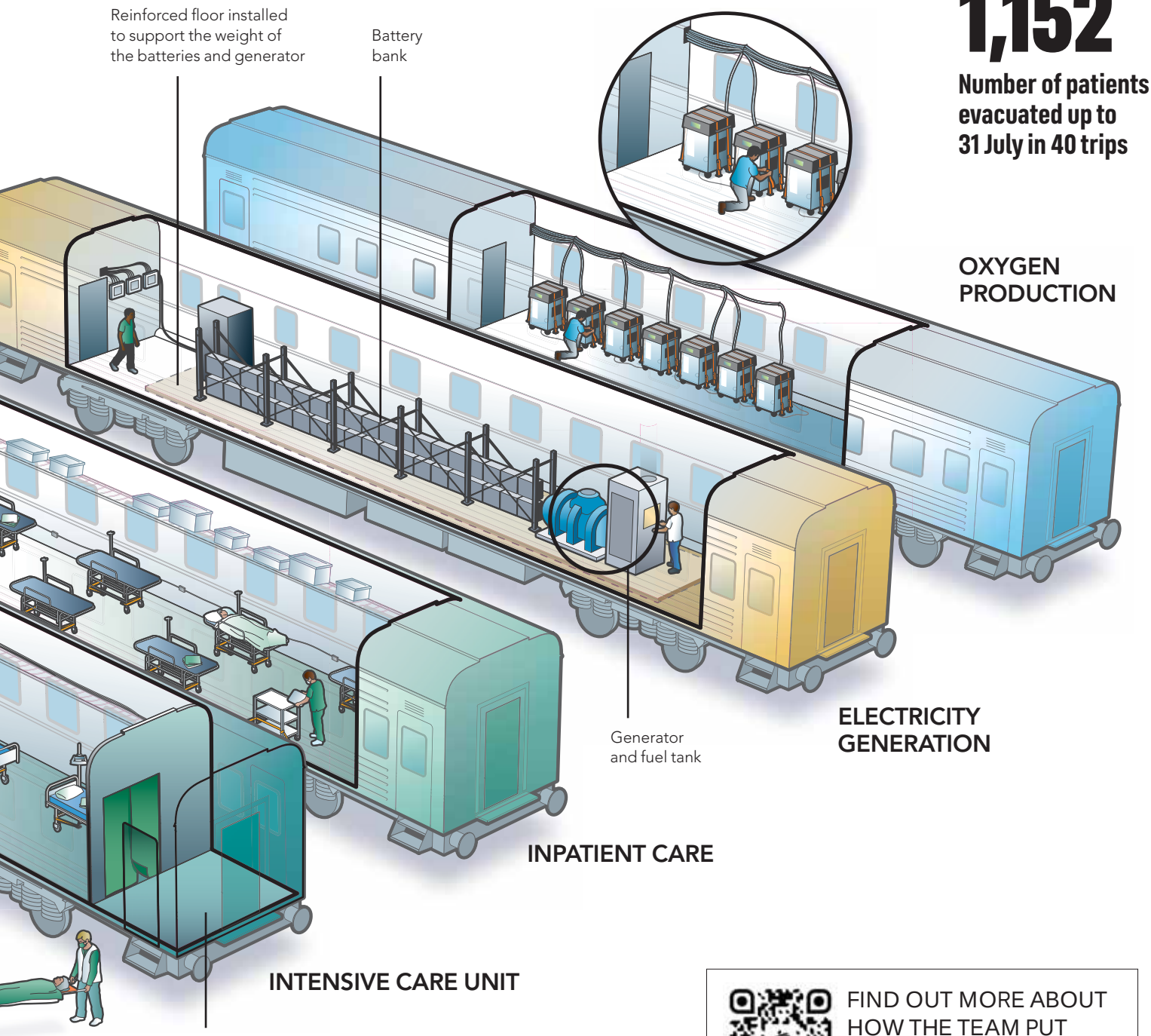
196 metres
Length of train (excluding locomotive)

50 kVA
Capacity of generator

400 litres
Water capacity per carriage

39
Number of batteries

1,152
Number of patients evacuated up to 31 July in 40 trips



FIND OUT MORE ABOUT HOW THE TEAM PUT THE TRAIN TOGETHER: **MSF.ORG.UK/TRAIN**

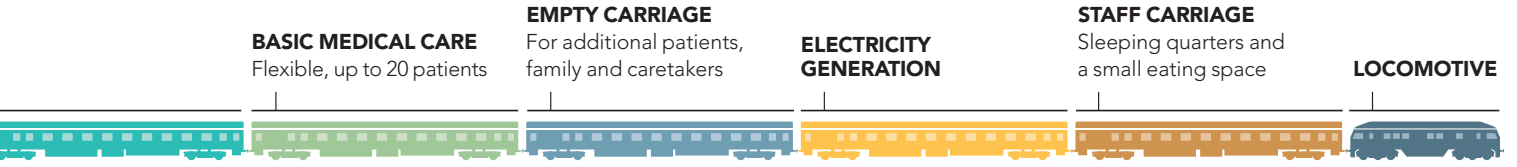


Illustration: richardpalmergraphics.com

Rebecca Smith holds a baby at an MSF clinic in Bangladesh.

STAFF PORTRAIT

‘We shared food and clothes’

Rebecca Smith

IN THE LATE 1990S, **REBECCA SMITH** FLED THE CIVIL WAR IN HER NATIVE LIBERIA AND ENDED UP IN THE SMALL TOWN OF GRABO IN CÔTE D'IVOIRE. HER DECISION TO START WORKING AT A MALNUTRITION CENTRE IN GRABO WAS THE START OF A LONG RELATIONSHIP WITH MSF.

You recently returned from working with MSF in Bangladesh. What were you doing there?
"I worked in the refugee camps in Cox's Bazar district where more than 800,000 people live, mainly Rohingya refugees from Myanmar. The camp where I worked is home to around 10,000 people. As medical officer, I was in charge of about 100 people – from nurses and hygiene managers to lab technicians and the staff in the laundry.

People in the area can have a difficult time reaching medical care, and many have diseases such as asthma, diabetes, high blood pressure, liver problems and hepatitis C. Our hospital is strategically located in the middle of the camp. That's why it's called 'the hospital on the hill'."

You've been a refugee yourself. How does that experience affect your work with refugees?
"Being a refugee creates a hole inside that you carry with you. You lose your own identity and are seen as a burden. You have to be strong because it is a great mental strain. But my experience allows me to relate to the situation of the refugees in Cox's Bazar. I know how important it is to have someone who sees you as a human being first and foremost. That is what I always try to do."

Was there a person or incident in Bangladesh that stood out for you?
"I remember a woman in her twenties who was brought to us by ambulance. She had had anaemia and liver problems for a long time; now she also had suspected COVID-19. Her father was taking care of her and her nine-month-old baby. They had no one else to help them. Unfortunately, she died and the father remained with the child. It really touched me and I told him that I had been through many similar situations during my days as a refugee. I also said that, if it had been at home in Liberia, I would have been happy to help take care of the child.

For me, humanitarian work is about so much more than just medical effort, as vital as that is. I saw my parents take care of other children, both orphans and children from other villages, so I was raised to think about the collective, the community. This is how society in Liberia works – everyone takes care of someone. I grew up with these children and saw them as my siblings. We shared food and clothes, and my parents paid the school fees for all of us. So, for me, it was natural to do the same thing when I grew up."

How many children have you looked after?
"I have five children of my own: the oldest is 32 and the youngest is 15. Then I have several other children that I cared for and who still see me as their mother. Two of my daughters are actually nurses, so I probably inspired them. Hopefully, they will work for MSF one day!"

How did you first hear about MSF?
"I was living as a refugee in Côte d'Ivoire. I had fled the civil war in Liberia and moved to Grabo, a small town near the border. I started volunteering as a nurse at the hospital in the refugee camp. One day in 1997 a doctor came to visit and told me that MSF was opening a malnutrition centre in Grabo. Thanks to him, I got a job there."

How many MSF assignments have you done since then?
"I have done ten in total. My first assignment outside Côte d'Ivoire was in Yemen in 2010. Since then I have also worked in South Sudan, Kenya, Nigeria and again in Yemen. I also worked for several years for MSF at home in Liberia. MSF started a vaccination project in my hometown of Harper at about the same time as I returned to Liberia, when the situation had calmed down in the country, so I started working there. After a few years, MSF opened its own hospital in the Liberian capital Monrovia, so I moved there and became head of the surgical department at the hospital. Since then, I have had several managerial positions within MSF."

How do you see your leadership role within MSF?
"The most important thing is to be a good listener and to have patience. You also need to be prepared for challenges – I have met many over the years. In some countries, women have very little say and it can be difficult to get people to listen. There are many stereotypical notions that women should not lead but stand in the kitchen. We must do everything we can to counteract such ideas and attitudes. As a woman and leader, you must be very strong. You must not be discouraged but persevere and continue. I know that the future will be better."

What are your own plans for the future?
"I want to do at least one more assignment abroad, but I do not yet know where it will be. It will depend on where I am needed. But after that, I think I'm done. I want to open my own little pharmacy in Liberia. The supply of medicines is very poor in the area I come from, and I want to be able to give something back to the community where I grew up."

KENYA

WORDS
DR MARCUS BECH
PHOTOGRAPHY
TRACY MAKHLOUF
PAUL ODONGO

A new epidemic

IS THE TREATMENT OF EPILEPSY THE SORT OF WORK THAT AN EMERGENCY ORGANISATION LIKE MSF SHOULD BE DOING? YES, SAYS **DR MARCUS BECH**, WHO HAS HELPED PIONEER AN MSF PROJECT IN KENYA TREATING CHRONIC DISEASES SUCH AS EPILEPSY AND DIABETES.

Tracy Makhlouf/MSF

▼ Eight-year-old Hawraa has diabetes. Her family fled Syria when the war broke out and now live in Lebanon, where her parents have struggled to find work. Hawraa receives all her medication for free from MSF's clinic in Hermel.

▶ Ian, aged 15, has epilepsy. He lives in Embu, Kenya, with his family. Previously, attending school was a challenge because of his seizures. MSF is now providing his medical care and treatment.

"When you treat malaria, you save lives. When you treat epilepsy, you give the patient the opportunity to live.

Diseases such as epilepsy and diabetes may not be the first thing that spring to mind when people think of MSF, but in many of the places where we work they are a growing problem.

In our project in Embu, in Kenya, we are treating a lot of young people with epilepsy. Being around them and seeing how they've struggled has really affected me.

These young people have a hard time going to school: they get teased, they have to take many sick days and they miss so many classes that they fall behind and can't catch up. Some people believe that epilepsy is a kind of curse, which makes them feel even more isolated. To help counter this, we've sent health workers into schools and other places to talk about the disease and to counter some of the misinformation about it.

There was one 16-year-old boy with epilepsy who couldn't attend school because of his seizures. He couldn't even take a bath by himself, the seizures were so severe. He came to us, received treatment and was suddenly able to go to school, where he has done extremely well. It's so simple, but it's life-changing.

So many of our patients had not received any treatment before they came to us. But, with the right treatment, most get better and many stop having seizures altogether.

For many years, infectious diseases such as cholera and malaria have been the main focus of MSF's emergency work. Although those diseases still exist and are still a problem, in many places they are less of a problem than they once were.

On the other hand, chronic diseases such as diabetes and epilepsy are becoming bigger and bigger problems, just as they are in high-income parts of the world.

In the past, we faced malaria epidemics. Today, it's epidemics of chronic diseases. In a few years, these chronic diseases will be the leading cause of death here in Kenya, and they are a growing problem

Paul Odongo/MSF

worldwide. Not only are these diseases major killers, but they also cause complications such as blindness and amputations.

A solution has to be found. We cannot be the diabetes clinic of the whole world, but we can figure out ways of treating these diseases that can be scaled up elsewhere.

Our project started here in Kenya in 2016 and is based around the treatment of chronic diseases such as asthma, diabetes, epilepsy and high blood pressure.

We started out with no patients and now we have 6,000. It's probably the biggest project of its kind that MSF has been involved with. We need to see if we can create a standard for treatment that we can transfer to other parts of the world – a sort of universal template.

Beyond the care we're providing, one of the most unique things about this project is the vital data we're collecting. Previously we knew very little about, say, diabetic patients in an emergency situation – who they are, their age, their gender etc – but now we can find out much more about them and therefore about how we can better treat them. We can then take that information and implement what we have learnt from it in other situations, such as refugee camps. It's research that is not just important to MSF but can be used by anyone who does humanitarian work.

Our project is taking place in Kenya because, although it is now a middle-income country, there are still a lot of people who aren't getting the medical care they need. As the standard of living has risen in Kenya, chronic diseases have risen as well.

The project is structured as a mentorship programme and one of my many roles has been to mentor the mentors.

Initially, seven local clinics were involved, and later four more were added. The project is about teaching and sharing knowledge with local health staff, and also about instruction in the use of laboratory equipment, blood pressure monitors, machines for checking lung function etc. We do medical consultations together until the staff become self-sufficient. Then they became mentors to new staff members.

We have an ethical and moral responsibility towards this forgotten group of patients. It is a humanitarian crisis that has been overlooked for too long. These people have the right to treatment and, when it's provided, not only do they get a better quality of life, but they also have their dignity restored.

You can save the lives of a lot of people with malaria for very little money. Treating patients with chronic diseases is a lot more expensive and takes much longer – a lifetime, in fact – but it is vital that we do it."

Marcus Bech
is a doctor based in Kenya.

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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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Cover image: MSF's Dr Ibrahim Fori Bwala examines Ja'afar Ahmed, who is being treated for severe malnutrition at MSF's feeding centre in Maiduguri, Nigeria. Photograph © Nasir Ghafoor

ABOUT
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 is printed on recycled paper and costs £0.61 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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▲ Three young men ride a motorbike through the ruins of the Iraqi city of Mosul in September 2021.

Nanna Heitmann