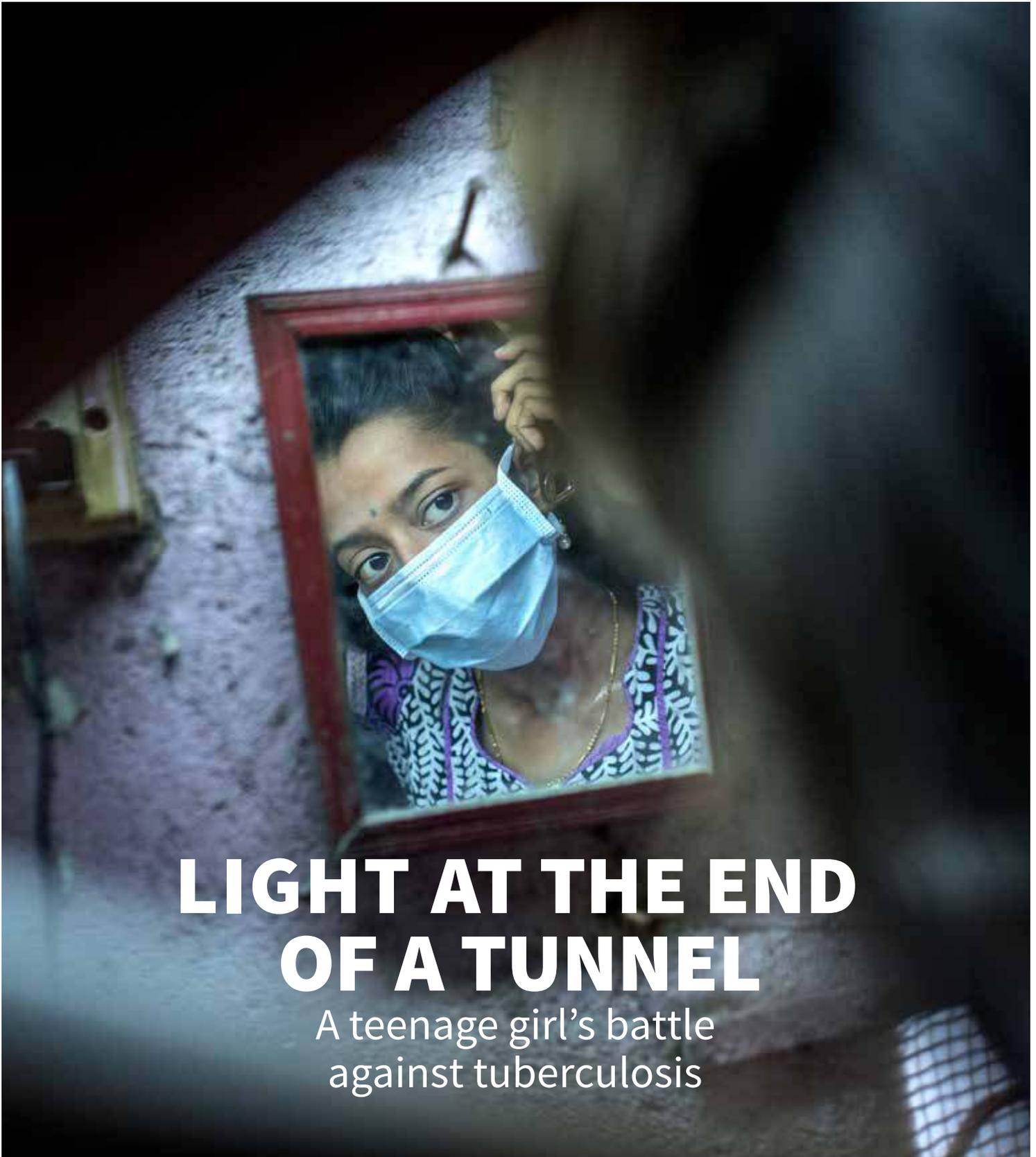


#WITHOUTBORDERS

A journal of what your support is making possible



LIGHT AT THE END OF A TUNNEL

A teenage girl's battle
against tuberculosis



© Deepak Sharma / MSF

“Humanitarian action is more than simple generosity, simple charity. It aims to build spaces of normalcy in the midst of what is abnormal.”

Dear friend,

In 1999, when Dr James Orbinski accepted the Nobel Peace Prize on behalf of Doctors Without Borders / Médecins Sans Frontières (MSF), he said, “Humanitarian action is more than simple generosity, simple charity. It aims to build spaces of normalcy in the midst of what is abnormal.”

We started working in India the same year, and these words are just as relevant 17 years later. We endeavour to bring medical care to people who need it most, regardless of their caste, creed, gender, religion or political beliefs. With your support, we are reaching out to tens of thousands of people in nine Indian states.

In our cover story, you will meet one such person: a young girl from Mumbai battling a form of tuberculosis that is resistant to nearly all available drugs. Her story mirrors the struggle of many others, but ultimately offers hope in the fight against this deadly disease. Through this story, you will also see the work MSF does in Mumbai.

In our inaugural issue in July, we informed you about attacks on healthcare. In the intervening months, despite a UN Security Council resolution mandating the protection of hospitals and health workers in conflict zones, little has changed on the ground. As the war in Syria shows no sign of relenting, we bring you a photo-essay about a hospital in Jordan – situated just five kilometres from the Syrian border – where MSF provides emergency care to war-wounded Syrians.

I see both these stories as instances of the effort “to build spaces of normalcy”. But these are not our efforts alone, for it is your support that makes our lifesaving medical action possible. I hope our bond becomes stronger in the coming years. If these stories resonate with you, please do tell us by writing in at donorservice@new-delhi.msf.org.

Peter Paul de Groote
General Director
MSF India

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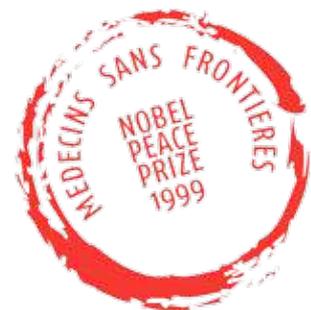
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SITUATION REPORT

Every day our teams around the world are providing emergency medical care to people affected by conflict, epidemics, disasters and neglect. Here we bring you updates from some of our projects around the world.

With more than 4,200 deaths in the Mediterranean Sea, 2016 has become the deadliest year for people attempting to seek refuge in Europe. October turned out to be the most appalling month of the year, partially because of the deteriorating weather conditions with the onset of winter, bringing gales and big waves. MSF, whose three boats have rescued nearly 18,000 people this year, continues to stress that although search and rescue is lifesaving and essential, the only way to truly stop deaths at sea is to provide safe and legal alternatives to dangerous sea crossings.



© Mohammad Ghannam/MSF

Mediterranean Sea



© Ghazi Yousof Al-Murshay/MSF

Syria

In east Aleppo, where 250,000 people are living under siege, heavy bombing has left medical care in tatters. The few remaining hospitals are overwhelmed by the massive number of wounded, and stocks of medical supplies are rapidly depleting. By the end of October, only 35 doctors were left in east Aleppo, with a devastating shortage of specialists. Furthermore, just 11 ambulances are left in working order in the city. MSF supports eight hospitals in east Aleppo, and continues to push to provide humanitarian and medical aid in areas we are currently unable to work in.



© Laura Bianchi/MSF

Haiti

Hurricane Matthew hit Haiti on 4 October, affecting many communities along the coast in southern Haiti as well as inland. Access to care was already scarce before the hurricane, as health centres were often under-resourced and healthcare costs were high, but the situation is now critical. MSF teams have set up 2 cholera treatment centres treating 229 patients with suspected cholera and consulted more than 2500 patients in 27 villages for diseases such as diarrhoea, gastro-intestinal infections, urinary infections and upper respiratory infections.



© Larry Towell/Magnum Photos

FLASHBACK

A mother and her child sleeping amidst the detritus of Hurricane Mitch in Honduras, 1998. MSF launched an emergency programme to prevent epidemic outbreaks and improve healthcare assistance to the victims of this unprecedented disaster in Honduras, Nicaragua, Guatemala and El Salvador.



TUBERCULOSIS:

LIGHT AT THE END OF A TUNNEL

After a long and frustrating battle with the disease, a teenage girl living with tuberculosis finally has reason for hope. MSF's **Siddhesh Gunandekar** tells her story.

PHOTOS BY ATUL LOKE / PANOS PICTURES



ON A RAINY, HUMID AFTERNOON of July 2016, I am visiting Nischaya (name changed) in one of Mumbai's densest western suburbs. Her father Vishwas, a cobbler, is waiting for me in his shop at the corner of a main street. He waves at me and starts wrapping his tools.

We start walking towards Nischaya's house, leaving behind the concrete vertical buildings and slowly moving towards the horizontal structures, known as chawls. I enter a tiny brick house with no kitchen or bathroom; the family of six is crammed into a space no more than 3 sq. m. A small window next to the door is kept closed to facilitate access to a wooden loft; a creaky wooden stair leads one there. I see Nischaya sitting on one of its steps, sapped and skinny, wearing a surgical mask that covers her nose and mouth. I can only see her eyes and the dark circles under them. I know she is 18 years old, but she looks 12. The reason: tuberculosis (TB).

I accompany Nischaya to the loft, furnished with a small cupboard and a single bed. "Welcome dada, this is my room and this is my bed! These are my medicines and here is a recently built window. It wasn't there when I was healthy, but it's good we have it now," she says, orienting me to her tiny room excitedly.

DIAGNOSIS AND TREATMENT

NISCHAYA WAS DIAGNOSED with TB four years ago, and was first put on treatment in a public hospital. Her health didn't improve after six months of treatment, and she was then diagnosed with multi-drug-resistant TB (MDR-TB). The family then decided to turn to a private doctor.

"We knew that it was going to be an expensive affair. We sold our gold jewelry and a small piece of land to save her life," says her father Vishwas.

Unfortunately, even after 20 months of treatment, Nischaya's health did not improve. "We spent a huge amount of money, around 450,000 rupees, but the treatment didn't work. It was a complete waste of time and money," he says.

A community-based social worker knew that MSF was providing treatment for complex cases of TB. In January 2015, she was taken to MSF's independent clinic and diagnosed with extensively drug-resistant TB (XDR-TB) – meaning she was resistant to nearly all available TB drugs. After eight months of treatment for XDR-TB, Nischaya's sputum samples still showed signs of the TB bacillus.

In September 2015, she became one of a handful of patients to receive delamanid, one of two new drugs (along with bedaquiline) proving to be the very last life-line for people living with the most extreme forms of drug resistant TB. While a few patients benefit from these new drugs in India, many die before being able to access them as they are not widely available.

- ↑ Nischaya playing with her brother Ajay at home in Mumbai. Ajay was about to quit his education and get a job in order to help fund his sister's treatment. He says he is happy to see that his sister is now gaining weight and is feeling better.
- ←← Nischaya is 18 years old, lives in Mumbai, and is one of only a handful of extensively drug-resistant TB (XDR-TB) patients in India lucky enough to be able to have access to the new drugs.



↑ An MSF doctor examines Nischaya at MSF's clinic in Mumbai.

“I AM HOPEFUL”

“THE NEW GENERATION of TB drugs are often the last hope for people who are failing treatment on the other drugs,” says Sylvie Jonckere, MSF medical doctor in Mumbai.

“The problem is that they remain largely out of reach for most patients in India that need them. Either they are not registered for use here, or are restricted by the national TB programme to very limited geographical areas. Whilst it is important to ensure that these drugs are not misused - which could lead to resistance to these life-saving drugs, we believe that the Ministry of Health should expand access to these drugs for all those whose chances of survival depend on them.”

“I have been on treatment for more than four years now. I am hopeful that this new treatment regimen will put an end to my fight against this deadly disease,” says Nischaya, determined. ☼

MSF in Mumbai aims to demonstrate the importance and feasibility of adequate TB testing, treatment, counselling and comprehensive adherence support, with a specific focus on the most resistant TB strains. All patients with symptoms are fully tested to determine which drugs they are resistant to. MSF then offers an individualised treatment regimen based on the resistance pattern. Finally, adequate counselling and patient-centred support is offered in order to make sure that patients take their treatment correctly until they are cured.

Preventing TB Transmission at Household and Community Level

The cramped and unventilated living conditions in Mumbai's slums provide a conducive environment for transmission and spread of TB. Early diagnosis and prompt effective treatment of people living with MDR-TB are the most important factors in interrupting TB transmission at household and community level. In addition to offering free diagnostics and treatment to complex MDR-TB cases at its independent clinic, MSF also carries out an infection control assessment at the patient's house in order to recommend measures that may help to reduce further transmission at household level.

In addition to providing surgical masks to patients and personal protective equipment to health care workers in the form of N95 respirators, MSF may install fans and air extractors in patients' houses and carry out minor infrastructural changes like opening a window, to improve household ventilation, thus reducing the concentration of TB bacilli in the air.

IN PHOTOS

On the Road to Recovery



© Dalia Ghassan / MSF

SINCE THE CONFLICT in Syria began, over four million Syrians have sought refuge in neighbouring countries, including Jordan. Doctors Without Borders / Médecins Sans Frontières (MSF) has been present in Jordan since August 2006, and has been supporting Syrian refugees since 2013 through its emergency trauma surgical programme at Ramtha Government Hospital. Working with the Ministry of Health, MSF provides emergency surgery and general inpatient care, as well as physiotherapy sessions and psychosocial support. In 2015, the team in the emergency room attended to 863 wounded patients, 315 of whom were admitted for surgery. They also undertook over 1,600 individual counselling sessions.

↑ "I was standing behind the window with my mum looking at the problems outside and then I fell down and I got injured. Then they took me to the hospital. I'm good now, I don't feel pain. I spend my days here drawing people around the hospital," says Hanan, a six-year-old Syrian girl who had to have her leg amputated.

↓ The war is never far away in Ramtha, a city in northeastern Jordan just three miles from the Syrian border. Explosions echoing in the distance are one indication of the conflict's proximity. The steady stream of wounded arriving at MSF's trauma surgery programme at Ramtha Hospital is another.



© Tom Koene



© Ali Saadi / MSF



© Tom Keene

↪ Omar Al Balkhi, 29, was injured in a bomb blast in Daraa, Syria and underwent multiple surgeries in the Ramtha hospital. "I left home for the first time after a long period of treatment in the hospital. There were good and not so good moments. Not so good, as in I still felt that I did not lose my limbs. Good moments being the first time I get out, or walk, or depend on myself since more than seven or eight months."

← OT Nurse Sunyoung Park spends time with a Syrian boy being treated in Ramtha hospital.



© Jongsang Lee / MSF

← →

An operating theatre at the Ramtha Government Hospital, Jordan.

In June 2016, Jordan sealed its borders with Syria, denying war-wounded Syrians access to the treatment they need. MSF calls on the Government of Jordan to remove barriers imposed on the provision of lifesaving medical care by allowing the medical evacuation of those in need.



© Dila Ghassan / MSF



↑ MSF's Dr Ben Gupta plays chess with 14-year-old Malik, who lost a leg and sustained severe injuries when a bomb fell on a wedding party at his family's home in Syria.



↑ MSF surgeon Hayder Alwash with a girl who survived an artillery injury.



© Ton Koene



Ashok Sankpal is in **Belarus**, where MSF provides diagnosis, treatment and psycho-social support for people living with multidrug-resistant TB.



An HIV/TB doctor from Jammu and Kashmir, **Samreen Hussain** is currently in **Russia**, where MSF runs TB, mental health and cardiac care programmes.

Meet Our Doctors



Hemant Pangtey, a long-time MSF doctor from Uttaranchal, is currently in **Ukraine**, where MSF runs a multidrug-resistant TB programme, and provides basic and psychological healthcare.



A surgeon from Uttar Pradesh, **Arif Hasan** is in **North Syria**, where MSF is re-establishing vaccination and basic health services, and creating psychological support programmes.



A doctor from Kerala, **Sreejith Sasidharan Nair** is working in **Lebanon**, where MSF is providing free healthcare for chronic diseases such as diabetes, hypertension and asthma.



Mitchell Sangma, a long-time MSF doctor from Meghalaya, is in **Bangladesh**, where MSF provides essential care for vulnerable groups in remote areas and urban slums.



A surgeon from Haryana, **Bhavna Chawla** is currently in her second assignment in **South Sudan**, where MSF provides healthcare to those who need it most.



After a stint in **South Sudan**, **Nishith Kumar** is now in **Yemen**, where MSF is delivering essential and emergency medical care as the war continues.



Anitha Muthusami, a surgeon from Tamil Nadu, is in **South Sudan**, where MSF provides essential and emergency medical care to those who need it most.

Every year, MSF India recruits medical, paramedical and non-medical personnel from Central and South Asia to provide medical care in more than 65 countries. In 2016, over 130 such personnel were sent on international assignments.

WHY I DONATED

MANJUNATH DINAKER
DOCTOR, HYDERABAD



The first thing I would like to say about MSF is that I am very impressed with their quality and service delivery.

Have I experienced their delivery first hand? No. But as a doctor, when I see them working for patients of Ebola – a disease with very high mortality – when no other organisation could do it; when I see them offering healthcare to people in Afghanistan, Syria, Yemen because the conflict has destroyed all other means to healthcare; and when I see them working on infectious diseases like HIV, TB, hepatitis C because deaths from these disease are easily preventable, I am assured of their commitment to healthcare and the quality of their service because these are not easy projects to execute successfully.

I first became aware of MSF through the TIME magazine cover story on person of the year which featured the Ebola health worker and have followed their work closely since. I have been supporting them financially and would strongly recommend other people to also donate for their work in India.

Indians are rich but many parts of India remain poor with limited or no access to healthcare and MSF tries to address this gap in access to healthcare in India by reaching out to those who need it most. They work in remote areas, they provide healthcare to rural populations, they also work on diseases like HIV and TB which are still highly prevalent in our country and as donors we can do our bit to support them.



I want to provide medical care to people who need it the most.

My donation amount is:

- INR 4000
- INR 10,000
- INR 50,000
- (any amount)



The Receipt to my donation will be made in the name of:

Name :

Address :

City : PIN :

Telephone : Email :

Cheque No : Bank Name :

WRITE CHEQUE/ DD IN FAVOUR OF MSF INDIA AND MAIL IT TO THE ADDRESS:

MSF India
AISF Building, First Floor, Amar Colony,
Lajpat Nagar-IV, New Delhi 110024
Tel: +91-11-49010000

For more information or to donate online visit www.MSFIndia.in

All donations to MSF can be made by Cheques/ Demand Drafts payable to "MSF India" only. All MSF representatives have Identity Badges. You can call the office and verify the identity of the representative.

#HANDSOFFOURMEDS

MSF relies heavily on generic medicines made in India to carry out its medical work in more than 65 countries. But the 'pharmacy of the developing world' is currently facing pressure from the US, the EU, Japan and others, backed by multinational pharmaceutical companies, to change its intellectual property (IP) policies. If the Indian Government caves in under this pressure, it could severely restrict access to affordable medicines in the future, and could be disastrous for millions of people around the world.

94%

of the medicines MSF uses to **treat people with HIV, TB, malaria and other infectious diseases** are generics.

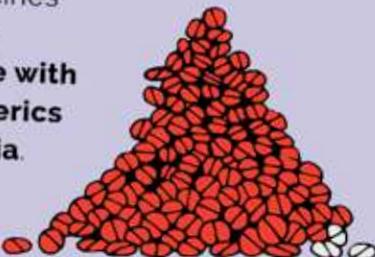


#HandsOffOurMeds
Find out more: handsoff.msf.org



97%

of the medicines MSF uses to **treat people with HIV** are generics made in India.

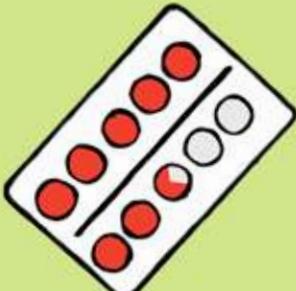


#HandsOffOurMeds
Find out more: handsoff.msf.org



77%

of the medicines MSF uses to **treat people with TB** are generics made in India.

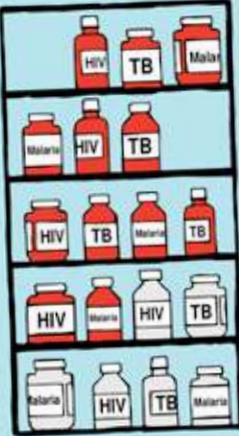


#HandsOffOurMeds
Find out more: handsoff.msf.org



2/3

of the medicines MSF uses to **treat people with TB, HIV and malaria** are generics made in India.



#HandsOffOurMeds
Find out more: handsoff.msf.org



For more information and to take action, visit handsoff.msf.org

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