

# #WITHOUTBORDERS

A journal of what your support is making possible

## NEW HOPE IN MEERUT

Stories from one year of  
treating hepatitis C





“Your support has been key to what we have achieved thus far, and it will be critical in the coming months”



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Dear friends of MSF

This issue of the magazine marks two important moments: one year of our hepatitis C programme in Meerut, Uttar Pradesh, and six months of the exodus of Rohingya refugees from Myanmar to Bangladesh. These milestones give us an opportunity to take stock of the crises we are up against, and to inform you about our response so far.

In 2017, an overwhelming number of hepatitis C patients knocked at the doors of our clinic in Meerut. With your support, we have placed nearly 1,200 patients on treatment. As many of our patients are believed to have been infected through poor medical practices, we are also focusing on raising awareness about how the disease spreads. We are delighted to bring you a snapshot of our activities through the testimonies of an MSF doctor and some of our patients.

Since August 2017, nearly 700,000 Rohingya refugees have arrived in Bangladesh following a wave of violence in Myanmar's Rakhine State. The stories of violence they faced are heartbreakingly sad. Living in the camps in Bangladesh has not been easy either. Our teams have been responding to the acute water and sanitation needs, and to outbreaks of diseases that have been eradicated in most of the world.

It is important to emphasise that the medical needs of Rohingya refugees and hepatitis C patients have not abated. Your support has been key to what we have achieved thus far, and it will be critical in the coming months as we look to continue supporting some of the most vulnerable people.

  
Peter Paul de Groote  
General Director  
MSF India



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# SITUATION REPORT

Every day our teams around the world provide 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.



## SYRIA

Between 18 February – 3 March, 4,829 people were wounded and 1,005 people were killed in airstrikes in East Ghouta near Damascus, Syria. This translates to 344 wounded and 71 dead per day. The data was collected from 20 facilities supported by MSF. Their capacity to provide medical care, already constrained by the lack of medical supplies, was affected further as 15 MSF-supported facilities were hit in bombing or shelling.

© Robin Meldrum/MSF

## DEMOCRATIC REPUBLIC OF CONGO (DRC)

DRC faced its most significant cholera outbreak in 20 years: in 2017, 55,000 people fell ill across 24 of the country's 26 provinces, and 1,190 died. MSF has been at the forefront of the medical and humanitarian response, treating half the cases (about 25,300 people) across the country.



## IRAQ

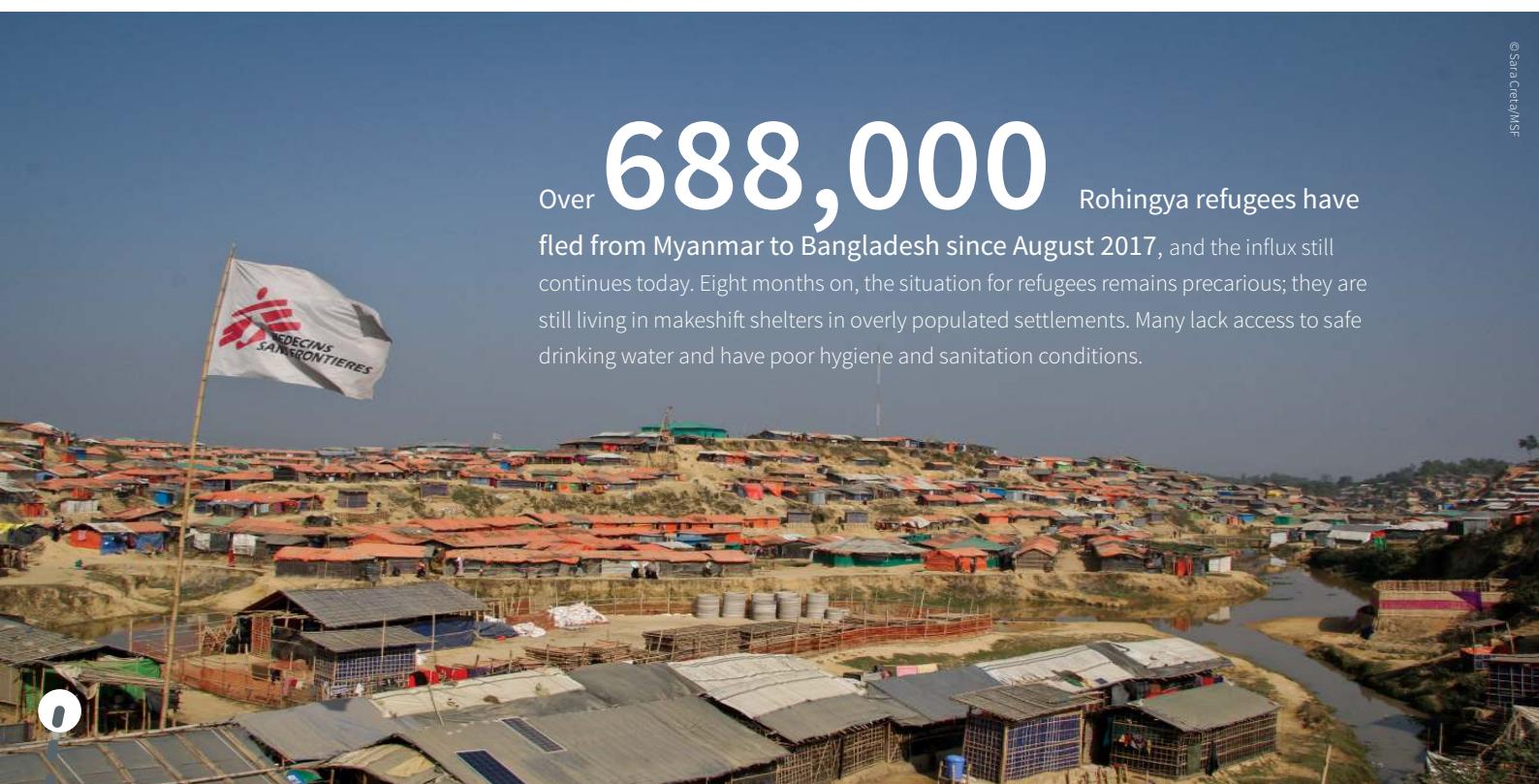
Accessing healthcare is a daily challenge for thousands of adults and children in Iraq. After years of conflict and instability, the health sector in certain areas has almost ground to a halt. Many health facilities have been destroyed and there are often gaps in the availability of medical supplies. In 2017, MSF provided basic healthcare, emergency surgery, maternity and mental health services, and treatment for malnutrition and chronic diseases.

© Hussein Amri/MSF




# Understanding the Rohingya refugee crisis

Since late August 2017, Rohingya refugees have arrived in Bangladesh following a wave of targeted violence – including sexual and gender-based violence – in the neighbouring Rakhine state of Myanmar. What are some of the health challenges faced by the refugees? And what have we done about it? We try to provide some answers.



Over **688,000** Rohingya refugees have fled from Myanmar to Bangladesh since August 2017, and the influx still continues today. Eight months on, the situation for refugees remains precarious; they are still living in makeshift shelters in overly populated settlements. Many lack access to safe drinking water and have poor hygiene and sanitation conditions.

Unfortunately, not everybody could flee the violence. According to a survey carried out by MSF, at least

**6,700**

Rohingyas were killed in one month following the start of the violence in August 2017, including at least 730 children below the age of 5 years. Gunshots were the leading cause of death.

**“** They were shooting people, burning all houses. We didn't take food from the house; we had to run. We could not take anything...They were chasing people and if they found anyone they killed them. If they did not find anyone they burnt down the house. I saw it with my own eyes. They were shooting rocket launchers. We were scared, that's why we fled.

- Mohammad Idriss,  
an 11-year-old patient



© Sara Cicali/MSF

To deal with the massive medical and humanitarian needs, MSF has significantly increased operations in Bangladesh.

From 220 staff in August 2017, MSF today employs over

# 2,400

national and

international staff on the ground. These include doctors, nurses, logisticians and cleaners among many other professionals.



© Anna Surinyach



© Anna Surinyach

Our teams carried out

# 285,772

consultations between August 2017 and

**January 2018.** Our medics treat many people with diarrhoea and respiratory tract infections – diseases related to the living conditions in the camps. We also see wounds that have developed into serious infections after not being properly treated, chronic diseases that have never been properly addressed and fragmented families in which children or disabled people have to look after many others, secure essential supplies or build their own shelters.

# 4,280

people

treated for diphtheria in the Cox's Bazar district as of 31 January, most of them aged between five and 14 years.

Diphtheria is a contagious bacterial infection that is known to cause airway obstruction and damage to the heart and nervous system. It has been eliminated in most parts of the world, but Rohingyas were susceptible to the disease as they had very limited access to routine healthcare including vaccinations back in Myanmar. This, coupled with the crowded living conditions in the camps, made it possible for diphtheria to break out in the camps of Cox's Bazar in December.



© Anna Surinyach

**“**In those early weeks, it was difficult to manage...We had never seen anything like this before – or only in textbooks – as the last outbreak of diphtheria happened decades ago. We had to learn around the clock how to treat patients for diphtheria.  
**- Carla Pla, medical team leader, MSF**



# Love is all you need

It wasn't looking good for the thin 10-year-old girl lying on a bed in a darkened room at the MSF health facility in Kutupalong, in Bangladesh's Cox's Bazar region. After fleeing across the border with her family eleven days ago following a recent increase in violence in Rakhine State, Myanmar, she had been admitted with painful spasms of the spinal muscles causing her to arch her back, lockjaw and inflexible limbs. This was tetanus, a disease that, as a result of vaccinations, has virtually been eliminated throughout the world. But not in North Western Myanmar, the home of this girl's family. We keep the room quiet and dark to reduce sensory stimulation which can trigger another painful bout of spasms.

The tone in her arms was improving, but her legs were stretched out with toes pointed and stiff. She had tried to eat some food yesterday, but her mouth would not open widely enough. She looked at her father who was sitting beside her, cross-legged on the mattress. Tears started to run down his cheeks. We were doing everything possible to hasten her recovery, but it was a slow business.

She looked at her father and said something through gritted teeth. "What did she say?" I asked my Bangladeshi colleague Dr Sharma Shila.

"She wants her father to hold her," she said. The father looked distraught. He didn't want to set off another painful spasm. I gently lifted the child onto his lap and told him to give her a cuddle.

I turned to the other patient in the room, a month-old baby with neonatal tetanus. If his mother had been vaccinated against tetanus during pregnancy, this would have been prevented. Unfortunately, there was no antenatal care available in Rohingya areas across the border in Myanmar. I spent some time trying to teach the baby how to suck expressed breast milk from my little finger. If I could get him to do this, perhaps he could latch onto his mother's nipples properly to feed. After ten seconds, he started to get the idea and began sucking strongly and rhythmically. After feeding her child through a naso-gastric tube for three weeks, the mother was delighted at her baby's progress.

**Dr Ian Cross** worked with MSF in Bangladesh in the early days of the crisis. He shares the story of a very special patient...



© Ian Cross/MSF

As we were about to leave, I glanced back at the little girl in her father's arms. I was astonished. The muscle spasm had reduced enough for her to bend her knees by 60 degrees. Her jaw was no longer clenched and she was smiling properly at her dad.

I almost burst into tears. Love may not be a drug but it is as powerful as any medicine.

# Meerut: New hope for patients with hepatitis C

In February 2017, MSF in collaboration with the National Health Mission started a pilot hepatitis C project in Meerut, Uttar Pradesh. In the last year, we have initiated nearly 1,200 patients on treatment, of whom 298 have been declared cured. In this feature, we bring you the stories behind the numbers and show how your support is helping us fight a ‘silent killer’.

Photos © Ravi Mishra



## **“Hepatitis C is much more than a disease”**

I have been working at the clinic in Meerut from the day it opened. The assessment we had done prior to opening the clinic had indicated that Meerut district was one of the hepatitis C hotspots. But nothing could have prepared us for the numbers we are seeing now.

Since opening the clinic, we have screened 2711 patients and initiated 1198 on treatment. Being the only facility in the district that provides free hepatitis C treatment, we receive patients from all



**“For me, the best day is when we can give the patient their ‘cured’ certificate. As a doctor, I look forward to it as much as a patient does.”**

**Dr Sevantee Ghosh**



## Hepatitis C at a glance

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV).

A blood-borne virus, hepatitis C is most commonly transmitted through unsafe injection practices, reuse or inadequate sterilisation of medical equipment, and the transfusion of unscreened blood and blood products.

If left untreated, hepatitis C can lead to potentially fatal conditions such as liver failure and liver cancer.



MSF's free clinic, located at the PL Sharma District Hospital, provides screening, counselling and health education as well as testing and treatment.

over the State. We have entire families receiving treatment at our facility. Although there is a scarcity of data about the prevalence of hepatitis C, as there is no notification or surveillance system for the disease, we often hear from patients that a large number of people in their villages are affected. Local media reports suggest that some villages have up to 80% of people infected, which is very alarming to hear.

Hepatitis C is a liver disease caused by exposure to infected blood. In a region like Meerut, where healthcare facilities are not easily accessible, people still go to traditional healers and informal practitioners. We don't know what kind of medical equipment is being used and whether it is getting properly sterilised. That's why, in addition to providing medicines at our clinic, health education plays a vital role. We tell patients how the disease spreads and what they can do to protect themselves and their families.

In the past year, we have seen how hepatitis C is much more than a disease. It affects many other aspects of patients' lives. There are young women who are not able to get married because they have hepatitis C; young men want to go out of the country and start businesses but they are unable to secure visas because they have hepatitis C.

So for me, the best day is when we can give the patient their 'cured'

certificate. As a doctor, I look forward to it as much as a patient does. I remember a 60-year-old man from Bijnor who was diagnosed with hepatitis C over five years ago. He had started treatment but had to drop out midway because it was so expensive. He was able to resume treatment last year with MSF, as we provide the treatment for free. When he was cured, he told me, "I was not sure I'd live to see this day."

Like him, a lot of patients are waiting for treatment but the prices are proving to be a hurdle. For example, a 12-week course of treatment cost can be as much as Rs 36,000 which could be what a person living below poverty line earns in one year. And many of our patients are so poor that they cannot afford to be diagnosed – let alone pay for treatment. Imagine the financial strain that families are under if more than one person is infected?

There is an urgent need to scale up access to this testing and treatment in the public sector. Ideally, a public health programme like HIV or TB that offers a free testing and treatment in each district needs to be there, so that people are not prevented from getting this lifesaving treatment for financial or geographical reasons.

- Dr Sevantee Ghosh, a medical doctor from Kolkata who has been working with MSF in Meerut since January 2017.



## “What is this new disease?”

“I had never heard of hepatitis C before. I felt jolted when I learned I am hepatitis C positive. I wondered, ‘What is this new disease that only I have?’ I later found out that approximately 80 per cent of my village has it. Even my sisters have it.” Ankush, 30, is a construction worker from UP’s Muzaffarnagar district who was diagnosed with hepatitis C in 2015. He lost his appetite as a result, and got tired very quickly.

Since getting cured in October 2017, Ankush has been able to resume work. Seeing him getting cured and regain energy has inspired his sisters to also finish their treatment with MSF.



## From doctor to patient

Shabir Ali, 42, works as a rural medical practitioner in Rajpur village in Uttar Pradesh’s Meerut district. He was diagnosed with hepatitis C in 2016, and his treatment began at the MSF clinic in early 2017.

During his treatment he learnt that, among other factors, the use of reusable syringes can lead to the undetected spread of HCV among communities. Shabir used reusable syringes in his practice, and has since switched to disposable syringes.



## “Everyone should get tested”

“I was very scared when I found out I have hepatitis C, because I had never heard of it. Some people scare you by spreading misinformation. But I am cured now, and I tell everyone there is no point getting scared. Everyone should get tested. And if they have hepatitis C, they should get it treated.”

Fatima, 45, recently completed her hepatitis C treatment with MSF in Meerut. In the course of her treatment, her mother-in-law Rabia was also diagnosed with hepatitis C. She is currently receiving treatment from MSF.

\*Names changed on request

## How we treat hepatitis C

MSF uses the latest generation of drugs, called direct-acting antivirals (DAAs), to treat hepatitis C. They are available in India at a much lower cost compared to many other countries.

As many patients seeking care at MSF’s clinic are thought to have been infected through poor medical practices, health education plays a vital role in educating the community about prevention and access to testing and treatment.



**Shazeer Majeed** and **Arif Hasan**, surgeons from Mangalore and Lucknow respectively, are in **north Syria**, where MSF provides emergency medical and surgical care to victims of war.



**Anand Ganesh**, an anaesthetist from Coimbatore, is in **north Syria**, providing surgical care to war-wounded patients.



Bengaluru-based physician **Nagaraja Mallikarjuna** is in **Iraq**, providing essential and emergency medical care to people who need it most.

# Meet Our Doctors

**Meera Mohan Metha**, an anaesthetist from Raigad, Maharashtra, is in **South Sudan**, where MSF responds to the medical needs of people affected by conflict and neglect.

Every year, MSF India recruits medical, paramedical and non-medical professionals from Central and South Asia to provide medical care in more than 65 countries. In 2017, 151 such professionals went on international assignments.



Kolhapur-based surgeon **Mahesh Prabhu** and Bengaluru-based anaesthetist **Jyothi Jose** are in Sokoto, Nigeria, where MSF provides surgical and psychological care to children with noma, a disfiguring condition.



# “The decision to support MSF was a very easy one”



**JANAKI PUTCHA**  
NEW DELHI

I am delighted to be part of the community that is supporting MSF's work around the world and in India. I have lived in the UK for the past 22 years with my husband who works for INMARSAT, a company which provides mobile satellite communications. INMARSAT has supported MSF over the years and I became aware of their work through this association. There is also regular reporting in the British and International media about MSF's work in war-torn and disaster zones, where there is no governance and little or no infrastructure. Medical care is provided very often by MSF or the International Red Cross in these conditions.

I met some MSF representatives on a recent visit to Delhi and was pleased to learn that they are actively involved in a variety of projects in India. The decision to support MSF was a very easy one because I know that this money is going to provide humanitarian relief to anyone

and everyone irrespective of their identity, and save lives. Doctors and others who work for this organisation often put their own lives in danger to help others and reach people and places that governments cannot or will not reach.

I have considered the work that MSF is carrying out in India. Each of these areas is incredibly important - how can one make a choice between maternal and child healthcare and helping survivors of gender and sexual violence or those suffering from kala azar, pneumonia, TB, HIV/AIDS? The need is great and resources are few. I am happy to support any of these projects. I would like to congratulate MSF on their Campaign for Access to Essential Medicines and support their case in the Delhi High Court against the patent granted for the anti-pneumonia vaccine. I have no hesitation in recommending MSF to the public in India and around the world and urge people to donate generously.

## TCS WORLD 10K BENGALURU: Meet our runners



Aakash Nambiar, a social media strategist and diehard sports fan, is supporting MSF by participating in the TCS WORLD 10K Bengaluru. He believes “healthcare is a necessity and not a commodity”, and urges people to support MSF so more people in desperate need of healthcare are able to access it.



Bharat Bhushan, a corporate professional, is taking part in his first-ever TCS 10K Bengaluru run to support MSF. Concerned about the urban-rural gap in healthcare, he believes “good healthcare facilities should be made available to everyone in our country”.



Nishith is a medical doctor from Darbhanga, Bihar, and has worked with MSF in Yemen and South Sudan to provide lifesaving medical care to people affected by conflict and neglect. Having seen how the goodwill of donors can save lives on the ground, he has decided to take the plunge and raise funds by participating in the 10K run.

**Help Aakash, Bharat and Nishith go the extra mile. Find out more about them on  
<http://www.icfn.in/tcsworld10k/MSF-India>**



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