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WHAT'S NEW AT MSF:

MSF WARNS OF POSSIBLE CHOLERA SPIKE IF CONDITIONS IN WAJIR ARE NOT ADDRESSED

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FIELD NEWS FROM SOUTH SUDAN

SOUTH SUDAN: MSF TREATMENT OF 73 WOUNDED IN MALAKAL FIGHT

Eighteen people were killed, including two South Sudanese MSF staff members, and the MSF team in Malakal was forced to temporarily suspend activities. Two clinics that other aid groups were running inside the PoC site were also destroyed. Aside from some sporadic gunfire, the fighting has now largely abated, allowing MSF teams to get back to work. They have admitted 73 patients, 46 of whom had gunshot wounds, to the hospital MSF runs in Malakal. Still, MSF remains concerned about the living conditions for the roughly 43,000 internally displaced people (IDPs) who were sheltering in the PoC site. > page 3

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WHAT'S NEW

Kenya: MSF Warns of Possible Cholera Spike if Poor Conditions in Wajir are Not Addressed Immediately

February 22, 2016

As the rainy season approaches in Wajir, northeastern Kenya, Doctors Without Borders/Médecins Sans Frontières (MSF) warns that the substandard water and sanitation situation is creating ideal conditions for a future increase in cholera cases.

Map of Wajir, Kenya

While today patient numbers in the Cholera treatment center in Wajir Hospital are stable, MSF urges for an immediate improvement in sanitation services to avoid another spike in **Cholera cases**.

CHOLERA

Cholera often breaks out when there is overcrowding and inadequate access to clean water, trash collection, and proper toilets. It causes profuse diarrhea and vomiting which can lead to death by intense dehydration, sometimes within a matter of hours. In 2014, MSF treated 46,900 people for cholera.

Cholera is a serious risk in the aftermath of emergencies, like the Haiti earthquake of 2010, but can strike anywhere. The situation can be especially problematic in rainy seasons when houses and latrines flood and contaminated water collects in stagnant pools.

According to the World Health Organization (WHO), cholera affects 1.4 to 4.3 million people worldwide, and causes between 28,000 and 142,000 deaths per year.

Doctors Without Borders'/Médecins Sans Frontières' water and sanitation engineers and logisticians play a vital role in the prevention of cholera. The disease is treatable and, in many situations, MSF teams have limited the death rate to less than one percent.

The health ministry declared a cholera outbreak in Juba. MSF opened and ran five cholera treatment centers and three oral rehydration points, and provided technical assistance at Juba Teaching Hospital. MSF also responded to small outbreaks in Torit, Eastern Equatoria state, and in Malakal and Upper Nile state.

Since July 2015, some 2,566 cholera patients have been admitted to Wajir Hospital, and 39 people have died. Today, many of the water sources are drying up and a lack of sufficient human waste disposal in the area means there is a high potential for further spread of the disease.

JULY 17, 2015

A cholera epidemic that has been spreading in Kenya for over a year has now hit the Dadaab refugee camp complex, on the border with Somalia. So far around 541 people have reportedly been affected, the majority of whom are living in Dagahaley camp. Doctors Without Borders/Médecins Sans Frontières (MSF) has expanded its regular hospital activities in Dagahaley and has constructed a cholera treatment center to deal with the influx of patients. With the rainy season making already poor living conditions even worse, MSF fears that the epidemic could spread further.

The cholera epidemic has affected 16 counties in Kenya since December 2014. It was officially declared in Dadaab on November 23, 2015.

Seven people in Dadaab have died since the cholera outbreak began. In the last three weeks, MSF has admitted 307 patients to its treatment center. Approximately 30 percent of the patients who have been admitted so far are children under the age of twelve.

MSF teams are also working throughout the camp to provide health education sessions on cholera and good hygiene practices. Additionally, teams are visiting the homes of patients admitted to its treatment center and spraying the houses with chlorine solution in order to prevent further spread of the disease.

Once people are infected through contaminated water or food, cholera spreads quickly. This spread is accelerated by poor hygiene practices and inadequate sanitation. The disease can only be halted by improving hygiene conditions. Cholera can be treated simply and successfully by immediately replacing the fluids and salts lost through vomiting and diarrhea.

Soon after the Wajir epidemic began, MSF deployed emergency teams from Nairobi and Dadaab Refugee Camp, including Kenyan staff and Somali refugee staff. Alongside the Wajir County Department of Health, MSF carried out a health promotion campaign and distributed water purification kits to 5,728 families. When the December rains triggered a significant increase in patients, MSF also provided additional staff to the cholera treatment center set up in the hospital. MSF has now withdrawn its staff back to Dagahaley Camp in Dadaab and Nairobi, but remains ready to support the Department of Health in Wajir if there is a new increase in cholera cases.

Cholera also hit Dadaab's refugee complex, further south in Garissa County. Since last November, 1,566 cholera cases have been reported among the 330,000 Somali refugees living in the camp in precarious conditions. New admissions have now decreased and MSF is closing the cholera center set up in its hospital in Dagahaley Camp, where 633 patients were treated. Any new cases will now be treated in an isolation ward in the hospital.

MSF Outreach Personel in Kenya

Since the cholera outbreak began in Kenya in late 2014, the Ministry of Health has reported over 10,000 cases countrywide. MSF is working in collaboration with the Ministry of Health in 17 of the 22 affected counties supporting patient care and epidemic control measures.

Developing Countries Hit with High Price Tag for Critical New Tuberculosis Drug in Demand

Febuary 24, 2016

International medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) today expressed great concern at the high price announced for the new tuberculosis (TB) drug delamanid. Japanese pharmaceutical company Otsuka said that it would make delamanid available to some developing countries at a price of $1,700 per treatment course. Delamanid is one of only two new drugs to treat TB to become available in the last half a century, and is effective against the deadliest strains of tuberculosis that are resistant to many of the other drugs used to treat TB, including multidrug-resistant (MDR-TB) and extensively drug-resistant TB (XDR-TB).

Delamanid needs to be taken with several other drugs to effectively treat drug-resistant TB (DR-TB); the regimens, without delamanid, already cost from $1,000 to $4,500 per treatment course at the lowest prices available to developing countries, which is unaffordable for governments. To help with widespread scale up of DR-TB treatment, MSF is advocating for a target price of $500 per treatment course for drug-resistant TB.

Countries that are eligible for funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) will be able to purchase delamanid for $1,700 per treatment course through the Global Drug Facility (GDF), a UN-based procurement mechanism for TB drugs, as long as the drug is registered for use in their country or the necessary import waivers have been put in place. "This project will help make MDR-TB treatment more effective and easier-to-bear, thereby helping to halt the disease's spread," said Lelio Marmora, executive director of UNITAID. "

Kyrgyzstan TB Patient Holding Chest X-ray

To date, Otsuka has registered delamanid in only four countries (Germany, Japan, South Korea, and the United Kingdom), none of which has a high burden of DR-TB. **The company should register delamanid in high DR-TB burden countries and in countries where clinical trials for the drug took place.**

TUBERCULOSIS & DELAMANID

International organizations Partners In Health (PIH), Doctors Without Borders/Médecins Sans Frontières (MSF), Interactive Research and Development (IRD), and their financial partner UNITAID announced the endTB project today, a partnership to begin in April aimed at radically changing the management of multidrug-resistant tuberculosis (MDR-TB).

By 2019, endTB will provide access to two new anti-TB drugs (bedaquiline and delamanid), for 2,600 MDR-TB patients in 16 countries. These are the first new anti-TB drugs developed in over 50 years and these drugs offer new hope to patients suffering from MDR-TB. endTB will use the new anti-TB drugs according to World Health Organization (WHO) recommendations in a closely monitored group of patients. And an innovative endTB clinical trial will test completely novel MDR-TB treatment regimens in 600 more MDR-TB patients. The shorter, more user-friendly regimens being tested will be nothing short of revolutionary if they are found to be safe and effective.

Although approved for treatment of MDR-TB for more than a year, the two drugs have scarcely been used. Access to the new drugs in countries with high burdens of MDR-TB has been almost exclusively through compassionate use programs, requiring a case-by-case authorization from the manufacturer for patients with no other treatment options.

As of today, it is estimated that fewer than 1,000 patients have received bedaquiline. Although delamanid is provided through compassionate use, it has yet to reach more than a handful of patients. endTB, however, will lay the groundwork for appropriate delivery of these drugs to hundreds of thousands of patients suffering from MDR-TB.

Current treatment for tuberculosis (TB) consists of six months on a cocktail of various antibiotics. MDR-TB is defined as the resistance of the TB bacterium to at least the two most powerful first-line antibiotics, rifampicin and isoniazid. The extreme form of MDR-TB, known as extensively drug resistant TB (XDR-TB), occurs when resistance appears to second-line drugs too.

Out of the estimated 500,000 people that develop MDR-TB every year, about 10 percent are XDR-TB. Currently, there are very few drugs with good efficacy for these patients; the drugs have to be combined in treatments that last up to two years, with severe side effects and only 50 percent success rate for MDR-TB overall—less than 20 percent for XDR-TB.

"We see every day how long, painful, and ineffective the current treatments for DR-TB patients are," said Dr. Michael Rich, endTB project leader at PIH. "For decades, we have been running after the disease, waiting for new tools to fight it. Today we have a chance to get the upper hand on TB. But in order to do so, we have to act quickly and set the framework for the optimal and effective use of these new drugs."

In countries where bedaquiline has been provided to XDR-TB patients through compassionate use, outcomes are extremely encouraging. In Armenia, for instance, after six months of treatment in an MSF-supported program, the TB bacillus was eliminated from the sputum of 85 percent of patients.

The agreement between GDF and Ostuka leaves out countries ineligible for GFATM funding, including high burden countries like the Russian Federation and the Philippines.If people can't access delamanid, this promising new drug will be effectively worthless. Efforts are being made to assist the people.

"Every effort should be made to ensure as many people as possible can benefit from this promising new treatment, but that's unfortunately not what we're seeing today."
-Dr. Bridgen

"Countries should start scaling up treatment for more people with drug-resistant TB using the most effective drugs available, but delamanid is neither affordable nor available in most countries today," said Dr. Grania Brigden, TB advisor for MSF's Access Campaign. The price for delamanid needs to come down to an affordable level, and Otsuka should also register delamanid quickly in all countries where the drug has been tested in clinical trials, as well as in countries with the highest burdens of drug-resistant TB. If people can't access delamanid, this promising new drug will be effectively worthless.

It is estimated that up to two-thirds of the nearly half a million people who acquire drug-resistant TB each year could benefit from delamanid; however, in the two years since the drug was approved, only 180 people have received this new treatment. "Otsuka should prioritize expanding access for people whose lives could be saved by delamanid," said MSF.

MSF Personel with TB Patient

These drugs bring a renewed hope for patients, and for caregivers endTB project leader in MSF. But drugs alone are a half-victory. We need to gather more evidence on the safety, the efficacy, and the effectiveness of those drugs when they are combined with other drugs, as well as the ideal length of the treatment and the associated side effects, amongst others parameters. Only then we will really be able to change the game in the fight against MDR-TB.

This new investment is part of our broader portfolio that introduces innovations for a more effective global TB response.

FIELD NEWS

South Sudan: MSF Treats 73 Wounded in Malakal Fighting

Febuary 19, 2016

Doctors Without Borders/Médecins Sans Frontières (MSF) teams in Malakal, South Sudan, worked through the night to treat patients injured on **February 18 when fighting erupted in the UN Protection of Civilians (PoC) site in the town.**

FEBRUARY 18, 2016

At least 18 people were killed in armed conflict that erupted last night in the Protection of Civilians site in Malakal, South Sudan, including two South Sudanese staff members of Doctors Without Borders/Médecins Sans Frontières (MSF) who were attacked in their homes, the organization said today.

Teams worked through the night to treat 36 wounded people at the MSF hospital in Malakal, including an MSF staff member. At least 25 patients had suffered gunshot wounds and eight required surgery. More casualties are continuing to arrive today.

"This attack on civilians is outrageous and we demand that armed groups stop these actions," said Marcus Bachmann, coordinator of MSF projects in South Sudan. "The Protection of Civilians site should be a sanctuary respected by all parties. Our thoughts are with the families of our colleagues who have lost their lives."

The violence initially forced about 600 people, mostly women and children, to gather inside the hospital.

People have been sheltering in the Protection of Civilians site in Malakal since conflict erupted in the area in December 2013. The number of people there has increased to 40,000, following an influx of 10,000 displaced people in April 2015 and a further 16,000 in July and August 2015.

Many came from areas where no aid had been available for months, arriving without any possessions.

Eighteen people were killed, including two South Sudanese MSF staff members, and the MSF team in Malakal was forced to temporarily suspend activities. Two clinics that other aid groups were running inside the PoC site were also destroyed.

Aside from some sporadic gunfire, the fighting has now largely abated, allowing MSF teams to get back to work. They have admitted 73 patients, 46 of whom had gunshot wounds, to the hospital MSF runs in Malakal.

Still, MSF remains concerned about the living conditions for the roughly 43,000 internally displaced people (IDPs) who were sheltering in the PoC site. They have been squeezed into a very tight area with limited access to water and sanitation, and it is now unclear how will be permitted to remain in facilities.

Malakal Family in UN Protection of Civilians Site

"After more than two years of conflict, the only system developed by the UN to protect vulnerable populations in South Sudan has been the creation of Protection of Civilians areas."
- Johanna Van Peteghem
MSF regional manager

"It's clear that this system is insufficient, as it protects only a small number of the population at risk. We are very concerned about the conditions in Malakal's Protection of Civilians site and the fate of those who have fled the location without any real protection. The PoCs are being presented as the only solutions on the table, leaving the rest of the country abandoned and to its own devices

People fleeing violence began taking shelter in the Malakal PoC site in 2013.

The number of patients treated by Doctors Without Borders/Médecins Sans Frontières (MSF) on a weekly basis in the UN Protection of Civilians Camp (PoC) in Malakal, South Sudan, has tripled since June, as overcrowding and substandard living conditions in the camp continue to jeopardize people's health.

Currently, almost 48,000 people are living in the Malakal PoC following an influx of more than 16,000 in July and August. Many came from areas where humanitarian access has been cut off for months by insecurity, forcing thousands to flee from conflict and hunger. Most arrived with nothing.

"The sickness of our patients is directly related to the overcrowded and deplorable conditions in which they are living," said Monica Camacho, MSF program manager for South Sudan. "More space must be immediately allocated for the population seeking shelter and humanitarian actors must urgently improve the provision of basic services and necessities." Since June, the number of medical consultations provided weekly by MSF has more than tripled. The number of consultations provided for children under five years old, who are the most vulnerable in these conditions, has increased five-fold. In recent weeks, the MSF hospital has been filled beyond its capacity with children suffering from life-threatening cases of pneumonia, malaria and other illnesses.

The number of patients treated for severe respiratory tract infections has already tripled since September. With the onset of the cold season, pneumonia is a particular concern given the crowded and unhygienic conditions. MSF fears these trends may worsen unless conditions are urgently improved.

Thousands of new arrivals are suffering in the worst living conditions, living in makeshift shelters in swampy areas of the camp not designated for habitation and lacking adequate access to water and sanitation. Children play in filthy mud surrounded by barbed wire and trash.

Seven thousand other new arrivals, most of whom are women and children, have been relocated to a contingency area that's been adapted to accommodate IDPs. In this area, people live in classroom-sized communal tents shared by more than 50 people. These families have less than 4.5 square meters of total living space per person, far below the 30 square meters required by international humanitarian standards.

Living conditions and sanitation are inadequate throughout the entire camp, where the population of a small city is squeezed into roughly one-half of one square kilometer. The overall living space for is barely more than 10 square meters per person, a figure that includes pathways and other spaces not used for habitation.

In the most populated areas, there is only one latrine for every 70 people, less than one third of the ratio required by humanitarian standards. Access to clean water also hovers below acceptable levels and many families lack access to essential household items such as blankets.

The population of the site more than doubled last year following an influx of 10,000 displaced people in April and 16,000 more from July to August.

MSF operates a 50-bed hospital in Malakal, including a 24-hour emergency room, as well as a separate emergency room inside the PoC site. Medecins Sans Fronteites has been working in the region that today constitutes the Republic of South Sudan since 1983. Today, MSF employs more than 2,937 South Sudanese staff and 329 nternational staff to respond to a wide range of medical, natural, and man-made emergencies and provide free, high quality health care in eighteen projects across seven of South Sudan's ten states and the Abyei Special Administrative Area.

Its Compound Looted, MSF Still Treats Wounded Civilians Amid Fighting in Pibor, Sudan

Febuary 23, 2016

A Doctors Without Borders/Médecins Sans Frontières (MSF) medical compound was looted during fighting that began on the afternoon of Tuesday, February 23, in the town of **Pibor, in South Sudan's Jonglei State.**

Map of Pibor, South Sudan

The fighting, which continued into today, wounded at least 35 people and drove approximately 1,000 to seek shelter at the United Nations Mission in South Sudan (UNMISS) base in the area.

The team from MSF's project in Pibor–which is one of the very few medical facilities in the area, and which has been looted on several occasions in recent years–took security precautions when they heard heavy gunfire approaching the facility. They first took shelter within the MSF compound but later had to move to the UNMISS compound as well.

MSF staff brought medical equipment and supplies with them, however, and they have been supporting the provision of medical treatment to the wounded within the UNMISS compound. As of the early afternoon hours of February 24, MSF was supporting treatment for 35 patients. Unfortunately, the lack of surgical capacity in the compound makes it impossible to provide the level of treatment that many patients need.

The violence destroyed a number of homes in Pibor. At present, though, with the fighting still going, MSF has been unable to assess the damage to its compound.

"There are critical emergency medical needs right now in Pibor and really limited capacity to respond and save lives," says Corinne Benazech, MSF Head of Mission. " We need to assess the damage and looting of the MSF health center, but if we cannot restart activities this could make a bad situation catastrophic, since MSF provides the only health care in the area. We reiterate the call that all armed actors must respect international humanitarian law, which protects civilians, medical facilities and the provision of humanitarian assistance."

A DAY IN THE LIFE

For the first two months of her life, Mary James slept with no blanket on a steel bedframe inside a small, damp shelter in the middle of an overcrowded displaced persons camp. Now, she's sleeping in an MSF hospital bed, fighting for her life.

Each time the three-month-old exhales, her breath rasps in her tiny, infected lungs. When the infant cries, her body contorts with the effort of breathing. Until recently, she's been connected to an oxygen machine.

Forty-year-old Nya Gaw was among them. Formerly a midwife with a career and middle-class home, she is now almost completely reliant on humanitarian assistance. In the PoC she lives with 55 other people in a dirt-floored communal tent.

Sitting in her tiny living space, she removes the stems from a pile of leafy greens known as lum. It's a food-of-last-resort foraged from outside the camp to supplement her meager monthly food rations.

Nya arrived with two sons but her family has grown bigger since she came here. In spite of her difficult circumstances, Nya has taken in four other children who were separated from their parents during the conflict. Nobody knows where they are. Together, Nya's expanded family shares a single cot and a couple plastic mats on the floor for sleeping. Their living space is the size of a single bedroom.

At night, it is getting increasingly damp and chilly, and the air buzzes with mosquitos. The narrow ditches and alleys that separate Nya's tent from the others around it are filled with mud and stagnant water. There are barely more than four square meters of space per person in this area of the camp–less than one seventh the minimum space required by international humanitarian standards.

Only about half a square kilometer of the camp has been allocated by the United Nations for families like Nya's. More room is urgently needed. Currently, there is not enough space to expand life-sustaining services like water points, bathing areas, and latrines–never mind adequate schools, recreational spaces, or markets.

About 200 meters from Nya's tent, a set of taps is surrounded by winding lines of jerry cans. The taps are connected to a bladder that is filled with water twice a day, but never stays full. A group of women has been waiting in line for hours, but they don't always get the water they need. Latrines are a bigger problem. With less than one latrine for every 70 people in the largest section of the camp, one woman complains people are defecating in the few showers available for hygiene.

In these conditions, it is no surprise that queues for the few primary health care centers in the camp often form before sunrise. The clinics close at 5:00 p.m. and every second Sunday there is no primary health care available at all. When those tent clinics are closed, long lineups form at the emergency room in the MSF hospital. Too many of those patients, like young Mary James, arrive in serious condition.

Life in this camp is all Mary has ever known. Nya will never know anything different and neither will her family. This urgently needs to improve.

The fighting in Pibor comes on top of fighting Malakal, in Upper Nile State, earlier this week during which gunmen attacked the UN's Protection of Civilians site, killed 18 people, including two MSF staff members, and wounded at least 73. Taken together, the events highlight the chaos affecting much of the country right now and the toll fighting takes on civilians and civilian targets.

Since the beginning of the crisis in South Sudan, MSF has called on all parties to respect the integrity of medical facilities, and to allow aid organizations to access affected communities. In January 2014, there was heavy fighting in the town of Leer, southern Unity state, and the MSF-supported hospital was looted and set alight. The provision of outpatient and inpatient care for children and adults, surgery, maternity services, treatment for HIV and tuberculosis (TB), and intensive care was interrupted for several months.

Medical care has come under attack time and again in South Sudan, with patients shot in their beds, wards burned to the ground, and medical equipment stolen. Hundreds of thousands of people have been denied lifesaving assistance because of these acts. MSF staff witnessed the gruesome aftermath of armed attacks and clashes in Malakal when they discovered patients murdered inside the town's teaching hospital. After fighting in April, people who had been seeking shelter inside the hospital were killed on the grounds.

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