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ABOVE: MSF health promoter Dayana Tabbarah (right) and nurse Hala Hussein visit the homes of people living in Burj al-Barajneh camp, Beirut, to help prevent the spread of COVID-19. The teams are training family members how to practice “shielding” vulnerable individuals—such as the elderly and those with chronic diseases. © Diego Ibarra Sánchez

COVER: A health worker dons personal protective equipment at the MSF care center for mild and moderate cases of COVID-19 in São Gabriel da Cachoeira, Brazil. The facility here is adapted to serve indigenous communities, who make up 90 percent of the local population. © Diego Baravelli/MSF
Dear Friends,

The unchecked spread of the coronavirus across this country and around the world has provoked deep uncertainty and fear. But as we look at the work of Doctors Without Borders/Médecins Sans Frontières (MSF) over the past year, there are also many reasons to stay hopeful. MSF teams in more than 70 countries reacted quickly to prepare our medical projects for the threat of COVID-19, to respond directly to this new disease, and to keep other vital health services running despite the unprecedented challenges.

MSF is a global movement—more than 65,000-people-strong. And it takes every one of us, working together, to deliver humanitarian aid to the people who need it most. As an emergency response organization, we must always be ready and willing to adapt. We welcome new voices and fresh perspectives. I am personally inspired by the spirit of cooperation and collaboration, and the constant drive toward innovation and improvement.

Each of us has a specific role, but there is no such thing here as “not my job.” Our commitment to helping people is steeped in purposeful and meaningful inclusion at all levels.

Early in my MSF career, working in Aweil, in what is now South Sudan, I learned that oxytocin, a medication commonly used in the delivery room, had to be kept refrigerated. I learned this when a midwife handed me a cooler containing a checklist, a block of ice, a thermometer, and three vials of the medication. She told me it was “the end of the chain,” and what she meant was that every dose of this drug that we used in our projects had to be kept cold all along the journey to the patient’s bedside. It takes incredible dedication to maintain this “cold chain.” At each link, someone is personally responsible for safeguarding these drugs, from the enormous shipping containers to that handheld cooler.

Over nearly 50 years of humanitarian aid work in countries around the world, MSF has learned a lot about how to work with different communities. This diversity of experiences and perspectives helps inform the pursuit of our social mission. Along the way, we are learning to see ourselves and our role with greater clarity. We are an international organization with wide-ranging expertise, but we must focus on community needs as identified by community members themselves. In this special issue of Alert, you will see how this approach works from the ground up, from Puerto Rico to Brazil to Syria.

As we strive to build an antiracist organization, we are learning to recognize our blind spots and shed our biases. And as president of MSF-USA, I insist that we do this important work in a culture where every person feels safe, every person is treated with respect, and every person has opportunities to grow. We all understand the urgency of the work that needs to be done. And with that understanding comes the responsibility to ensure that work is done right.

The furious pace of events makes it impossible to capture an entire year’s worth of our work in this slim magazine. But we want to give you a glimpse inside some of our projects that are doing impressive work under extraordinary circumstances. We also want to remind you of some of the forgotten crises that have been almost completely overshadowed by COVID-19. Our teams are fighting other infectious diseases, from tuberculosis to HIV/AIDS to measles. This year we helped support the COVID-19 response in projects across the United States—in New York, Florida, Michigan, Texas, Puerto Rico, and worked with Native American communities in the Navajo Nation and Pueblos (see the summer issue of Alert on doctorswithoutborders.org). We also continued to respond to the complex emergency in Yemen and scaled up activities in Burkina Faso, the world’s fastest growing humanitarian crisis.

The world sure does feel heavy at times. But when we pull together and unite behind a common purpose, we can do a whole lot of good. We could not do any of this without you. Thank you for your support as we continue this essential work.

Wishing you all a happy and healthy new year.

Sincerely,

Dr. Africa Stewart
President, MSF-USA Board of Directors
IN THE SHADOW OF A PANDEMIC

HOW MSF FIGHTS KILLER DISEASES
This year health workers everywhere are reeling from the response to the COVID-19 pandemic. Doctors Without Borders/Médecins Sans Frontières (MSF) teams across our medical projects had to adapt to this new emergency while keeping other essential services running. In the United States, we have seen how the spread of the pandemic put one of the world’s most advanced and well-resourced health systems under tremendous strain. In countries with already weak or fragile health systems, the coronavirus poses even greater threats. Meanwhile, the world’s obsession over this exotic new disease threatens to distract from other global health crises—including tuberculosis, HIV/AIDS, and measles.

REACHING OUT TO TUBERCULOSIS PATIENTS AT RISK

Although the death toll due to COVID-19 is staggering, tuberculosis (TB) is still the world’s deadliest infectious disease. (As of November 1, COVID-19 had claimed the lives of 1.19 million people—compared to 1.5 million people who die each year from TB, according to the World Health Organization.)

As the world’s largest nongovernmental provider of TB treatment, MSF is working hard to keep people on lifesaving treatment programs. For example, when the Indian government instituted a strict national lockdown in March to contain the spread of the pandemic, our teams immediately reached out to TB patients and other vulnerable groups living in the poorest areas of Mumbai—one of the most densely populated cities on earth.

“In the initial phase [of the outbreak], there was a lot of fear in the community with regard to spread of the coronavirus,” said Santosh B. Choure, MSF health promotion manager. “I still remember, when I heard about the first case in my neighborhood, I didn’t know how to react.”

MSF quickly mobilized to reach over 2,000 patients with drug-resistant TB (DR-TB) enrolled in treatment programs at our independent clinic in Mumbai’s M-East ward and two area hospitals. We provided clinical consultations, sent WhatsApp messages, and made phone calls. Our health promotion team conducted a campaign to tackle the spread of misinformation and reduce stigma, which can lead to targeted violence against patients. Tensions were high in this densely crowded area, as both TB and COVID can spread through the air.

Our independent clinic also adapted its DR-TB services to ensure uninterrupted treatment. We delivered medications to patients’ homes and provided video and telehealth services. “In the absence of public transport during the lockdown, it was not possible to travel from my home to the clinic for a monthly appointment,” said Rabiya, a 27-year-old woman with extremely drug-resistant tuberculosis (XDR-TB). “But my drugs were sent home, and I was consulted over the phone.”

MSF is working with India’s national TB program and the WHO on strategies to maintain the continuity of essential services for people living with TB during the COVID-19 pandemic, including through more widespread access to community-supported testing as well as newer all-oral treatment regimens. Internationally we are calling on governments to make use of newer tests and drugs that could save hundreds of thousands of lives each year.

ENSURING CONTINUITY OF CARE FOR PEOPLE LIVING WITH HIV

We are also maintaining and adapting programs to treat people living with HIV, who may face increased risk from COVID-19 due to their underlying medical conditions. The interruption of health services and supplies caused by the pandemic could be disastrous. In May, a modeling study by the WHO and UNAIDS estimated that a six-month disruption of antiretroviral therapy could lead to more than 500,000 extra deaths from AIDS-related illnesses, including from TB, in sub-Saharan Africa alone in 2020–2021.

South Africa is still struggling with the world’s largest HIV epidemic—with around 7.7 million people living with the disease. When COVID-19 hit, one of the biggest questions for the medical community was how to protect people living with HIV and TB from the risk of infection in health facilities while ensuring that vital health services for vulnerable groups are maintained.

At MSF’s project in Eshowe—a small town in KwaZulu-Natal province where one in four people is living with HIV—the team came up with a strategy to deliver medications for stable, asymptomatic patients with chronic
FIGHTING INFECTIOUS DISEASE

conditions at pick-up points in their communities. “We worked out that there are approximately 19,000 individuals on antiretroviral treatment in our area and designed a process for identifying who would be eligible,” said Dr. Liesbet Ohler, who works with MSF in Eshowe.

Fortunately, the team was able to build on a program set in motion in 2019. “MSF and the Department of Health had previously established 12 health care hubs in the rural communities, called luyanda sites,” said MSF community program manager Neliziwe Mazibuko. Luyanda means “increase” in the Zulu language, and the idea is to expand access to HIV and TB services for rural communities. Four additional permanent sites were opened in August, as well as 21 more pick-up points in community sites such as schools and churches. “It is very ambitious—we worked until 10 or 11 at night in order to set this up—but it is a great thing,” said Mazibuko, noting that people in this rural area will benefit from improved access to medicines regardless of the additional threat posed by the pandemic.

VACCINATING CHILDREN AGAINST MEASLES AND OTHER PREVENTABLE DISEASES

Measures to prevent the spread of COVID-19, such as social distancing, have led to many routine and reactive vaccination campaigns being put on hold. This risks creating dangerous immunity gaps and a rise in vaccine-preventable diseases. We are particularly concerned about the spread of measles, which continues to be a leading killer of young children despite the availability of a safe, inexpensive, and effective vaccine.

This year, MSF teams have responded to measles outbreaks in countries including Democratic Republic of Congo (DRC), Central African Republic (CAR), Chad, and Mali. Together, these measles outbreaks have infected hundreds of thousands of children and killed thousands more. Some children die at home, never having reached proper medical care, or having been seen only by a traditional healer.
MSF teams have provided outbreak response and routine vaccination, and treated children for the disease and for other illnesses, such as malnutrition. These efforts continued despite logistical and security challenges, even as the COVID-19 pandemic loomed as a potential threat and distraction for governments, donors, and other health organizations.

In September, we worked with Mali’s Ministry of Health to carry out a vaccination campaign in Timbuktu, a region in the northern part of the country where pervasive insecurity and criminality have limited people’s access to health care—including routine vaccinations. A number of measles cases were reported in the area starting in February. Working together, the teams reached more than 50,000 children between six months and 14 years old.

The campaign coincided with the start of the rainy season, and rising waters meant that traveling by river was the only way to access remote areas. This did not deter the mothers, though, many of whom made the journey from surrounding villages to protect their children. “I came because vaccination is vitally important to protect children against disease,” said Mariam Hammadoun Maïga, mother of 16-month-old Amadou. She watched cautiously as the nurse slipped the needle into his arm. “We say that prevention is better than a cure, therefore it’s better to vaccinate children than to treat them.”
MSF ACTIVITIES

In 2019, Doctors Without Borders/Médecins Sans Frontières (MSF) ran medical humanitarian projects in 72 countries.

Largest Country Programs in 2019
Based on country expenses

<table>
<thead>
<tr>
<th>Country</th>
<th>Expenses</th>
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<tbody>
<tr>
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Staff Numbers in 2019
Largest country programs based on the number of MSF staff

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<tr>
<th>Country</th>
<th>Staff Numbers</th>
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<tbody>
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<td>IRAQ</td>
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Outpatient Consultations in 2019

Largest country programs based on the number of outpatient consultations (not including specialist consultations)

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<td>Tanzania</td>
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Countries in which MSF only carried out assessments or small-scale cross-border activities in 2019 do not feature on this map.
With more than 5.6 million confirmed cases of COVID-19, Brazil now has the third-highest number of cases worldwide—after the United States and India. Indigenous communities have been among those worst affected by the disease.
Limited COVID-19 testing by Brazil’s government has made both tracking and responding to the pandemic’s spread across this vast country extraordinarily difficult. When a Doctors Without Borders/Médecins Sans Frontières (MSF) team reached Manaus, the capital city of Amazonas state, in April, there were already signs of crisis everywhere. “When I arrived in Manaus, the grave diggers were working beyond capacity,” recalled Antonio Flores, medical coordinator for the MSF team. “All the hospital intensive care units (ICUs) were overflowing with dying patients, and there were lists with hundreds of severely sick people waiting in health centers for an intensive care hospital bed to become free. It was worse than we had feared.”

“You have different cultures within the Warao community, so it’s very important to work closely with them and with their leaders.”

The team got an ICU ward up and running right away, and then began activities to reach the most vulnerable and at-risk groups. We were particularly concerned about the safety of the indigenous Warao people, thousands of whom have fled economic and political upheaval in Venezuela in recent years to seek shelter in Brazil. MSF set up a special isolation center for Warao people who showed symptoms of COVID-19.

Vitória Ramos, who works with MSF as a humanitarian affairs and advocacy officer based in Manaus, highlighted the importance of engaging with members of the community at every stage. “You have different cultures within the Warao community, so it’s very important to work closely with them and with their leaders to see what’s the best way. And to build from bottom up,” she said. The center included hammocks, tailored to meet the community’s needs but spaced apart for social distancing. The team reached out to Warao leaders, who approved the center and conducted a ceremony to protect the space.

“This kind of bottom-up approach is very important,” Ramos said. “And sometimes during an emergency, in the
humanitarian world, we can forget that very easily because we’re just running around and want to get things done.” She said close consultation with the community is not only more respectful but also more efficient in the end.

Some 575 miles upriver from Manaus is São Gabriel da Cachoeira, a city in Amazonas state where more than 90 percent of the residents are of indigenous origin. MSF met with leaders and organizations linked to the indigenous communities. Our staff participated in radio programs to respond to questions coming from remote areas.

MSF set up a care center here to receive patients suffering from mild and moderate cases of COVID-19, and made sure the facility was specifically adapted to suit local traditions. Indigenous patients with COVID-19 could stay with a caregiver on hand for the duration of treatment, something that is not usually allowed in hospitals. Hammocks were available for patients and companions. Traditional medicines used by many people in the region were accepted at the center and could be taken together with treatments offered by MSF, as long as their combination did not cause any adverse effects. Shamans, spiritual leaders of indigenous communities, were also able to visit and perform rituals— as long as they used personal protective equipment.

Vilmar da Silva Matos is a Yanomami indigenous leader who occasionally travels from his community, Maturacá, to São Gabriel da Cachoeira. “We thought we were lost. We were especially concerned with the elderly,” he said. “We were afraid of losing our leaders—who are like our dictionaries, our storytellers.”

Teams also worked to prevent, diagnose, and treat COVID-19 in the western state of Mato Grosso do Sul. In addition, MSF provided support to medical staff from the local health agencies. There is a high prevalence of chronic diseases among the indigenous communities here, putting them at greater risk of serious complications and death from COVID-19.

“When it arrived, it arrived in full force,” said Alcery Marques Gabriel, a local indigenous leader of the Terena people, recalling the start of the coronavirus outbreak. “We lost elders who carried our history. Now what?” Oto Lara, a community leader from the village of Colonia Nova, in the indigenous land of Taunay/Ypegue, said the pandemic “has left a trail of destruction.”

When MSF responded to an acute peak of COVID-19 in the northern state of Roraima, our team reconnected with Jacir de Souza, a Macuxi leader who first encountered MSF nearly 30 years ago, during a major malaria epidemic. Many of the people MSF trained in the area in the early 1990s as indigenous health workers continue to serve their communities to this day. “There was malaria throughout the state, and then [with the work] it was gone,” recalls de Souza, who is now 72. “It was really over.”

ABOVE: Nurse Mayra Leandro works with a health worker from the Special Indigenous Health District of Mato Grosso do Sul attending to patients in Lagoinha village in the Amazon region of Brazil. They test this woman’s blood sugar levels, as many indigenous people here are living with diabetes. © Diego Baravelli/MSF
De Souza is now deeply concerned about the impact of COVID-19. Although he received treatment and recovered at the MSF-supported field hospital in the state capital, Boa Vista, many others who were close to him did not survive. “I did not expect it would be such a tough disease,” he says. “I lost my younger brother, I lost my mother-in-law, I lost my aunt. I don’t know when this disease will go away.”

Protecting indigenous communities from the ravages of COVID-19 is essential, in order to save lives and to preserve the irreplaceable knowledge of generations.

“We thought we were lost. We were afraid of losing our leaders—who are like our dictionaries, our storytellers.”
Doctors Without Borders/Médecins Sans Frontières (MSF) has a reputation for going wherever the needs are greatest, including some of the world’s most difficult and dangerous conflict zones.

Our teams around the world work hard to negotiate access to these areas and ensure that local communities, governments, armed groups, and other actors respect our independence and understand our principles. However, there are some extreme situations where our teams are not able to get the assurances we need to protect our staff and patients or simply cannot get access. In such humanitarian emergencies, we may be forced to provide remote support—meaning our coordination teams are not where the patients are.

Throughout more than nine years of war in Syria, the level of medical care MSF has been able to provide has shifted constantly. Despite ongoing requests, MSF has not been granted access to work in areas controlled by the Syrian government. Our activities in areas not controlled by the Syrian government are conducted in agreement with the relevant local health authorities. In some cases, MSF can run operations the way we do in the vast majority of our projects—with a team of locally hired staff supported by international staff working side by side. But there are other situations when remote support is our only option.
Sometimes, we are able to have Syrian staff on the ground supported by a remote management team, usually located in a neighboring country. This happens when international teams can’t get access to an area or the risk of employing foreign nationals there is too high, but it is still possible to staff our operations with people from the local area. In other instances, as the context becomes more volatile, our ability to have MSF staff on the ground in any capacity is impossible—so we provide remote support to local organizations that are already active in the response.

REACHING ACROSS THE DISTANCE IN EASTERN GHOUTA

During the five-year battle over eastern Ghouta, an area in the suburbs of the capital, Damascus, MSF struggled to assist the 400,000 people who were living under siege with little access to health care. Medical facilities were frequently attacked, and hospitals were forced to move underground. No one could get in or out, so the only support MSF could provide was from abroad.

From 2013 until 2018, MSF supported over 20 hospitals and health centers in besieged eastern Ghouta. “We always had MSF doctors outside Syria talking to doctors in eastern Ghouta on a weekly basis,” said Joel, an MSF project coordinator for Syria who also worked on the remote support team for almost five years.

One of the doctors MSF supported was Dr. Amani Ballour, a pediatrician and managing physician of a hospital known as the Cave—named after its network of tunnels that linked underground operating theaters and wards where patients would be evacuated during bombings by the Syrian government forces and their allies. (A documentary about life inside the hospital—“The Cave”—was nominated for an Academy Award this year.)

There were only five pediatricians and two medical residents for approximately 100,000 children under the age of 12 in eastern Ghouta. Dr. Amani treated between 30 to 50 children per day—sometimes more. “Every aspect of life was difficult,” said Dr. Amani. Medications for the wounded were rationed, and resources were prioritized for those more likely to survive.

Dr. Amani remembers resuscitating a five-month-old baby girl rescued from under the rubble: “This was a very happy moment because we were able to bring her back to life. I [often] felt that I had accomplished something, and that me

“MSF’s support was the reason why activities in the hospital continued. Without the organization’s support, we wouldn’t have been able to get the medical supplies, fuel, or anything else.”
being where I was had an important impact. This is what kept us going all these years.”

MSF provided material support. Initially, we were able to send surgical kits, anesthesia equipment, and medical supplies and equipment. As the siege tightened, we had to switch to financial aid so that hospitals could buy their own medical supplies and cover operational costs, such as salaries, fuel for generators, and food for staff and patients.

“MSF’s support was the reason why activities in the hospital continued,” said Dr. Amani. “Without the organization’s support, we wouldn’t have been able to get the medical supplies, fuel, or anything else.”

MSF carefully manages and tracks all financial support provided to local projects we do not directly operate. We also respect the needs identified by those on the ground. “Because of our financial independence, MSF is more flexible than many other organizations,” said Joel, “so that patients could anonymously report concerns about the quality of care or if they were charged for medical treatment.”

“It’s important for us here to keep an open mind and listen to the experience of our colleagues in Syria,” said Reynders. “My colleagues and I on the remote team have all been in conflict settings with MSF, which facilitates a certain understanding of the situation. But if I base my decisions on my experience in Democratic Republic of Congo or South Sudan and how we did things there, it will fail. Our team in Syria has an invaluable input, because in the end we are not there.”

In July, cases of COVID-19 began to spread in northwestern Syria—with health care workers among those infected. There are now more than 7,000 confirmed cases of COVID-19 in the region—with 524 new cases confirmed on November 3 alone. “The fact that essential services have been temporarily closed or reduced and that we are facing even more human resources shortages than before the pandemic is extremely worrying.”

MSF’s priority is to safely keep our regular operations running during the pandemic, but the needs are growing and there are still areas we cannot access.

CRISIS UPON CRISIS IN NORTHEASTERN SYRIA

The COVID-19 pandemic is also deepening the crisis in northeastern Syria, where some 700,000 people are displaced across Raqa, Hassakeh, and Deir Ez-zor provinces, as well as in parts of eastern Aleppo province. MSF is able to run operations here from inside the country—including an inpatient nutrition center and a tent-based wound care program in Al Hol camp for displaced people in Hassakeh. A Turkish-backed military operation late last year forced us to temporarily reduce activities. That offensive also damaged the Al Halouk water station, which served some 480,000 people in Hassakeh. MSF cannot access Al Halouk at this time, so we are supporting local authorities with a more recently established water station and donating laboratory equipment and chemicals needed to treat water.

Without this support, a dire situation could get much worse. “We are worried that there could be severe public health implications,” said Will Turner, emergency manager for MSF in Syria. “Access to clean water is essential in any emergency situation. Water shortages could spell disaster in the face of COVID-19.”

MSF is one of the few international aid organizations with staff on the ground in northeastern Syria, which means that we are in a unique position to speak firsthand about the enormous needs we see. We are calling for more humanitarian actors to step in. Right now additional staffing support is critical as COVID-19 continues to spread, adding to the array of existing medical needs.

We are particularly worried about the high rate of infection among health workers—some 30 percent have been infected. “First, of course, is the impact on them and their families. Then we see a knock-on impact on an already extremely fragile health system,” said Turner. “As MSF, we are trying to meet as many of the people’s needs as we can, and to support the work of other organizations. But, far more attention and commitments are needed.”

MAINTAINING A PRESENCE IN IDLIB

Today in Idlib, in northwestern Syria, a similar scene is unfolding as more than three million people are trapped in a narrow stretch of territory along the Turkish border with little access to health care. “The need for MSF to be present in Syria today is unquestionable. There is no debate about it,” said Cristian Reynders, who works remotely as a field coordinator for MSF in northwestern Syria. “It’s just how to be present.”

MSF has teams of Syrian staff working in pockets of Idlib province providing care and relief items to displaced people through mobile clinics. We also run a burn care unit in Atmeh and provide remote support to several health facilities, including through the co-management of three hospitals in Idlib province.

Reynders’ team works closely with our team in Idlib to define the operational strategy for MSF in the region—a big part of that strategy is training. “For example, we have a midwife working with the remote team who is constantly in touch with midwives in the three hospitals,” said Reynders. “We also have monitoring officers who are in charge of visiting the hospitals to ensure that agreed plans are being implemented.”

MSF carefully manages and tracks all financial support provided to local projects we do not directly operate. We also respect the needs identified by those on the ground. “Because of our financial independence, MSF is more flexible than many other organizations,” said Joel, “so that patients could anonymously report concerns about the quality of care or if they were charged for medical treatment.”
A young girl looks out from behind a fence in Al Hol camp for displaced people in Hassakeh governorate, northeastern Syria. MSF is concerned about dire conditions in the camp, where more than 90 percent of the residents are women and children. © Ricardo Garcia Vilanova

**ABOVE:** An MSF team distributes essential items, including blankets and hygiene kits, in a camp for internally displaced people in northwestern Syria. © MSF

**RIGHT:** An MSF nurse talks with a boy at a mobile clinic in a camp for displaced people in northwestern Syria. The child brings in a young family member for a medical consultation. © Omar Haj Kadour/MSF
Just days after the first COVID-19 cases were reported in Puerto Rico in mid-March, the governor imposed a lockdown—among the strictest measures anywhere in the United States. So when Doctors Without Borders/Médecins Sans Frontières (MSF) began exploring the need for an emergency response on the island, we relied heavily on local networks for advice.

For MSF, the first step before responding to any crisis is to evaluate the needs. This exploratory mission—or explo, for short—is typically carried out by staff already working in the area or specialists sent from headquarters.

This time we reached out to Sophie Delaunay, a former executive director of MSF-USA with more than 20 years of experience with the organization, and who now lives in San Juan. “So, it’s very difficult to move around,” she said, recalling conditions at the beginning of the lockdown. “I’m reaching out to organizations that are already on the ground. Because that was the best way for us to do an assessment—to figure out who was doing what, where the needs and the gaps were.” Delaunay eventually formed a nine-member team to help with the emergency response—all recruited from Puerto Rico.

The most immediate need, as in most places around the world, was for personal protective equipment (PPE) for frontline health workers. So we started with the distribution of N95 masks, donated by San Francisco-based nonprofit organization HumankindNOW. The team eventually delivered over 30,000 PPE items to health care facilities—including hospitals, medical universities, emergency rooms, and blood banks.

We also identified deeper needs among neglected and marginalized communities, for whom COVID-19 has only aggravated the risks. “Prior to the pandemic, the health care system had many problems,” said Dr. Jonathan Caldera, who was hired as the MSF physician. “Those who

ABOVE: In San Juan, Puerto Rico, MSF doctor Jonathan Caldera and MSF nurse Rosa Cifrian walk through La Península to provide home-based medical care for people who lack access to health services. © MSF
MSF worked closely with community leaders from across the island to reach people who were cut off from essential health care services. We partnered with several local organizations—including Taller Salud, a group focused on improving women’s access to health care; Coalicion de Coaliciones, which provides services to homeless people; and Intercambios, which runs needle-exchange and harm-reduction programs for people who use drugs.

The MSF team began offering home-based primary care services as well as monitoring for COVID-positive patients. Over three-and-a-half months we provided medical consultations to more than 1,200 patients, mostly older adults suffering from chronic conditions like diabetes and hypertension, which can make them even more vulnerable to the disease. In addition we supported 80 patients through our COVID monitoring program, which consisted of a 14-day check-in system for individuals who tested positive but had mild, moderate, or no symptoms. An MSF nurse checked in daily with each patient via text message, offering medical advice as well as psychosocial support. If a patient’s symptoms worsened, they were referred to a hospital or a primary care doctor.

MSF mobile medical teams traveled to isolated communities such as Buen Consejo in Rio Piedras, Puerto Rico. “There is a large aging population who are practically alone,” said Rolando Betancourt, a nurse on the MSF team. “Many houses do not have potable water, nor do they have basic sanitation services.”

With an ongoing crisis like the COVID-19 pandemic, it can be especially difficult to know when it’s time to close a project. By late September, it seemed as if the acute phase of the emergency in Puerto Rico had passed. Yet the crisis had exposed some of the chronic needs and systemic failures that demand sustained attention.

Betancourt and two other members of the original MSF team decided to form a new organization to continue to provide essential medical services: Puerto Rico Salud. “We know that the crisis is not over, and that many people in Puerto Rico do not have adequate access to health care,” said Delaunay. “But we close our program with a sense of reassurance that the very next day after MSF leaves, Puerto Rico Salud will continue this lifesaving work.”

When MSF closes a project, we generally seek a local partner or government agency able to carry on the activities in order to execute a successful “handover”. The ideal scenario is that when our immediate medical objectives have been reached, medical activities can continue even without MSF’s direct intervention and resources. Puerto Rico Salud stepped in at a critical moment to make this a smooth transition.

Betancourt said he was personally moved to see how many people on the island were struggling to survive without access to basic health services. “We set out to find a way to be able to continue the same work, with the same quality standards,” he said, “to reach the people who need it for a long time to come.”
At Doctors Without Borders/Médecins Sans Frontières (MSF), we see every day how the lack of access to tests, medicines, and vaccines can cause death and suffering. We simply cannot afford to repeat these mistakes with COVID-19, a pandemic that has now hit almost every country on earth. In this interview, MSF senior vaccines policy advisor Kate Elder discusses the importance of ensuring that any new vaccines created to fight COVID-19 are available to people everywhere.
Kate Elder is the senior vaccines policy advisor for the MSF Access Campaign. © MSF

Q: What’s your role as the senior vaccines policy advisor for the Access Campaign?

I take the experiences of our medical teams on the ground and work with them to identify the most urgent needs. Then we do what we can to get access to and push for the development of lifesaving vaccines. The lower the price of vaccines and the more supply available, the more people can be protected. It’s been 24/7 COVID-19 vaccines lately, but I used to have my hands in many more pots—like working to make sure all children can be protected against measles, pneumonia, and yellow fever. It’s important to remember that more kids are dying from things like measles than COVID-19 in many of the places where we work. But the threats posed by the coronavirus limit mass vaccination campaigns and access to health care more broadly, so it’s vital to focus on getting this pandemic under control. Now, I’m almost solely working to ensure the people we serve aren’t left behind when any COVID-19 vaccines do hit the market.

Q: What is MSF most concerned about when it comes to ensuring that any new vaccine for COVID-19 is safe, affordable, and available?

We’re genuinely concerned about how we’ll secure any new COVID-19 vaccines for our patients and staff. That’s the thing keeping me up at night right now. We’re just one of many entities eagerly waiting, while every day we see new deals announced between wealthy countries and pharmaceutical corporations that tie up a huge portion of the expected total supply. Unfortunately, most of the decision-making power on who gets first access to future COVID-19 vaccines remains in company hands: companies are the ones deciding at which volumes they produce these future vaccines, what prices they set, and who they’re selling to first.

Rarely before have we been in the position where the entire globe is trying to get the same new vaccine at the same time. Generally with vaccines, there’s often a huge lag time between when a new vaccine is available in high-income countries that can pay top dollar and when it’s available in the poorer countries of the world that have significantly lower budgets to spend on public health and vaccinations. So at this moment, MSF has no idea how we’ll access future COVID-19 vaccines for the people we treat.

Q: What needs to happen to make sure any COVID-19 vaccines reach the people who need them?

It’s been said before, but it’s still worth repeating: This pandemic will not be over until it’s over for everyone, everywhere. To ensure everyone has access to any vaccines created, pharmaceutical corporations should do the right thing and price their COVID-19 vaccines at cost. There should be no profiteering off this pandemic. Also, corporations should not seek or enforce patents on tools to fight COVID-19, which would free up the production of more affordable versions of these lifesaving vaccines. If companies try to cash in on this crisis, governments must stand up to them and override their patents—or not grant them to begin with.

Q: There’s a lot of talk about the need for “a people’s vaccine” for COVID-19, what does this mean—and what is MSF calling for?

We absolutely need “a people’s vaccine”—meaning COVID-19 vaccines that are distributed fairly and equitably to people around the world on the basis of need. A lot of government leaders have been talking the talk about a people’s vaccine—and referring to the development of COVID-19 vaccines as “global public goods.” Companies are getting billions of dollars in taxpayer money to fund the research and development (R&D) of these vaccines, and additional public monies to already start scaling up the manufacturing of candidate vaccines. The public should benefit from these investments. We don’t want these statements to just be political slogans: governments must follow through and turn these words into concrete actions. This takes rebalancing the power between pharmaceutical corporations and the public’s interest, and that requires government intervention. It’s disappointing that governments and UN agencies have already missed important opportunities to attach conditions on the money they’ve doled out to make sure that people everywhere actually get a COVID-19 vaccine once it does become available. We think this money should come with strings attached to protect public health.

Q: Why are vaccines such an important tool for preventing and fighting diseases in the places in which MSF works?

Vaccines boost individual and collective immunity in communities and prevent the spread of diseases that have the potential to become epidemics. On an individual level, it’s better to prevent a disease than to treat it, especially in the types of places we work since accessing health care can be difficult, if not impossible. That being said, it’s important to recognize that a COVID-19 vaccine won’t magically solve all our problems and make the pandemic disappear—it’s just one tool, hopefully a very effective one, in the public health toolbox to fight this pandemic.

FACING PAGE, TOP: Last year a new vaccine against Ebola proved highly effective, however the limited number of doses made available meant it did not reach enough people at the height of the epidemic centered in eastern Democratic Republic of Congo. © Samuel Sieber/MSF

BOTTOM: Under a special mechanism supported by the MSF Access Campaign, pneumonia vaccinations were made available to humanitarian organizations and UN agencies at an affordable price. In April 2019, MSF used the humanitarian mechanism for the first time in Europe, to vaccinate refugee children in Greece. © Anna Pantelia/MSF
FORGOTTEN EMERGENCIES

Doctors Without Borders/Médecins Sans Frontières (MSF) has responded to the unprecedented threats posed by COVID-19 pandemic across all our projects. We also see how the pandemic can compound existing problems, trigger new emergencies, and overshadow other humanitarian needs. For this special edition of Alert, we highlight 10 forgotten crises—forgotten by much of the world but certainly not by our teams on the ground. In this photo essay, we bear witness to suffering, survival, and extraordinary strength during a tumultuous year.
MEXICO | ABOVE: In Coatzacoalcos, Veracruz, our teams distribute water bottles and hygiene kits to migrants and refugees. We also provide medical and psychological care to people all along the migration route through Mexico. Increasingly harsh migration policies imposed by the United States and Mexico have left many migrants and refugees stranded in makeshift settlements and overcrowded shelters. People on the move face threats to their health and safety, now exacerbated by COVID-19. © Léo Coulongeat/Hans Lucas

MEDITERRANEAN SEA | ABOVE: Mouliom Souleman and his family were taken aboard a search and rescue ship run by MSF in partnership with Sea-Watch on August 23. Originally from Cameroon, Souleman fled Libya in search of safety in Europe. Souleman wrote that on the day of the rescue, “I found a smile again. That is after more than three years of torture, forced labor, sleepless nights…. Libya for me is hell on earth.” © Chris Grodotzki/Sea-Watch.org

GREECE | BELOW: In September, a series of fires destroyed Moria refugee camp on the island of Lesbos, leaving some 12,000 people with no safe place to stay in the middle of a COVID-19 outbreak, MSF provides medical and mental health care to tens of thousands of refugees and asylum seekers trapped on the Greek islands. We are calling on European leaders to evacuate vulnerable people and end harmful migration policies. © MSF
LEBANON | ABOVE: After the deadly explosion in Beirut this August, MSF teams carried out door-to-door visits in Karantina—a crowded neighborhood that was once a quarantine area for immigrants and refugees arriving by sea. We provided wound care and mental health care for people affected by the disaster, as well as continuity of care for people with chronic diseases. © Mohamad Cheblak/MSF

BANGLADESH | BELOW LEFT AND RIGHT: The MSF Goynmara Mother and Child hospital is a specialized facility in Cox’s Bazar district, now home to nearly 900,000 Rohingya refugees forced to flee Myanmar. Staff have created a mural featuring the footprints of babies discharged after treatment at the hospital. Three years after the Rohingya exodus, MSF teams manage 10 hospitals and primary health centers here in the world’s largest refugee settlement. © Hasnat Sohan/MSF
SYRIA | ABOVE LEFT: MSF distributes essential items, including blankets and hygiene kits, at a camp for internally displaced people in Idlib, in northwestern Syria. MSF has also distributed more than 300 tons of heating materials to people living in 21 camps and settlements across the region. A military offensive by the Syrian government and its allies uprooted almost a million people in the Idlib region between December 2019 and March 2020. © MSF

YEMEN | ABOVE RIGHT: Workers at the Al-Sahul COVID-19 treatment center in Ibb governorate carry an oxygen cylinder to the intensive care unit. Patients with moderate to severe symptoms of COVID-19 need about six oxygen cylinders a day—and maintaining adequate supplies in this war-torn country is a major challenge. BELOW: The MSF health promotion team in Ibb trains health workers and conducts regular awareness sessions with local communities about how to protect vulnerable family members from COVID-19. © Majd Aljunaid/MSF

SYRIA | ABOVE LEFT: MSF distributes essential items, including blankets and hygiene kits, at a camp for internally displaced people in Idlib, in northwestern Syria. MSF has also distributed more than 300 tons of heating materials to people living in 21 camps and settlements across the region. A military offensive by the Syrian government and its allies uprooted almost a million people in the Idlib region between December 2019 and March 2020. © MSF
CAMEROON | ABOVE: In February—just a few weeks before this photograph was taken—Felix and his family were attacked by armed men amid the spiraling conflict in the northwestern region. An assailant cut off his left hand with a knife. “I lay bleeding on the ground for two hours before my sister dared to come back for me,” said Felix, age 23. “We hid in the forest for two weeks.” He was eventually brought to the MSF-supported Saint Mary Soledad Hospital, where he was treated for his physical wounds and for psychological trauma. © Albert Masias/MSF

BURKINA FASO | ABOVE RIGHT: MSF teams distribute essential household items to displaced families living in Simangué. The world’s fastest-growing humanitarian crisis is unfolding in this country, where escalating violence has forced more than one million people to flee their homes. BELOW RIGHT: At a health center in Bouroum department, an MSF nurse checks a patient’s vital signs and does a rapid diagnostic test for malaria. MSF provides primary health care to people at community outposts and dispatches mobile clinics to serve people in remote areas. © MSF
SOUTH SUDAN | ABOVE: People collect water from MSF’s surface water treatment center in Pibor town, where severe flooding has displaced thousands of people and deepened an already complex emergency in the region. MSF has been providing over 60,000 liters of drinking water per day here after boreholes were contaminated by floodwaters. Teams are also responding to a rise in measles and malaria cases, increased fighting, and high levels of food insecurity. RIGHT: An MSF medic examines a child at our inpatient unit in Pibor town. MSF has relaunched an emergency intervention here, opening a clinic in the only place that did not get flooded during last year’s rainy season. © Tetiana Gaviuk/MSF
MALI | CLOCKWISE FROM LEFT: An MSF team travels by dugout canoe around Tassakane in the Timbuktu region, as part of a major vaccination campaign against measles. Teams are working with the Ministry of Health to vaccinate 95 percent of children between 6 months and 14 years old. Here, a classroom in Tassakane becomes a vaccination site. © Mohamed Dayfour/MSF

CENTRAL AFRICAN REPUBLIC | MSF launched an emergency intervention in response to a nationwide measles epidemic. Teams helped vaccinate more than 340,000 children against the disease, despite enormous logistical challenges and security constraints. © James Oatway
WHY SOCIAL IMPACT IS AT THE CENTER OF CREDO MOBILE’S BUSINESS MODEL

CREDO Mobile is a progressive cell phone company founded in 1985, when activists launched a for-profit business to fund the causes they care about most. They knew they could have a big impact if they could turn bills people don’t love paying into ones they can be proud of. Since its founding, CREDO has donated more than $90 million to nonprofit organizations supporting climate justice, civil liberties, peace, women’s rights, voting rights, and more—including over $1.6 million since 1992 to support the medical humanitarian work of Doctors Without Borders/Médecins Sans Frontières (MSF). Here, CREDO Mobile CEO Ray Morris discusses why supporting MSF is important to him, and why integrating social impact into your business model matters.

How does CREDO’s business model support the company’s philanthropy?

Philanthropy and progressive values are built into our business model, our company culture, and our interactions with all customers. CREDO commits a portion of its revenue to its donation program. Many customers also make additional donations by rounding up their monthly bills to send extra support.

Donations are then distributed democratically: CREDO supports three different nonprofits each month, then asks anyone (customers and the wider public) to vote to determine how $150,000 should be divided up. With every action we take and with every product we offer, we show that profit and giving can, and should, go together.

How does CREDO’s social mission impact its financial bottom line?

We don’t practice philanthropy just to make money. In fact, we use our profits to fund our philanthropy. We give because it is the right thing to do, and because we want to provide a better option for consumers.

Why is it important to you that CREDO creates social impact?

Many of us feel the tension between having to make money and wanting to live by our values. At a certain point in my career, I decided that I wanted to work with a company that focused on doing good as a first priority, not as an afterthought or as a way to get good press.

Various traits define a person, but to me, integrity, honesty, compassion, and empathy are everything. I decided that the company I work with should reflect these personal values. Each of us is a brand to ourselves. Our body of work is a reflection of who we are.

I love working with a company that shares my own passion for helping others, that gives voice to those who have been neglected and marginalized. Emotionally, it feels great to make a difference, and CREDO’s employees and customers connect with that purpose.

Why does CREDO support MSF?

MSF, like CREDO, works to improve the lives of people who need help. We speak out—via our branding, messaging, content production, and philanthropy—to protect the lives, health, and wellness of people within our society. MSF’s conviction, sense of purpose, willingness to act, and the value it places on all human lives resonates deeply with CREDO’s core values. We strive to rise to the occasion whenever we can, and we often stand in awe of MSF’s unwavering, lifesaving efforts.
INCREASE YOUR IMPACT
Does your employer have a matching gift program? Many companies have matching gift programs that will double or even triple the impact of your gift. Companies will sometimes also match donations made by spouses, retirees, and board members. Because conditions and criteria for gift matching vary by employer, please check with your company’s human resources department for details. MSF-USA is happy to confirm your gift or to satisfy any other requirements your company may have.

If you or your company is interested in learning more about our work, or have any questions about our matching gift program, please email corporate.donations@newyork.msf.org or call (212) 763-5745.

THE MULTIYEAR INITIATIVE
MSF-USA would like to thank all of our donors who have made commitments towards the Multiyear Initiative. With annual commitments of $5,000 or more, these generous supporters help provide MSF with a predictable revenue stream that better serves our ability to respond rapidly to emergencies and ensure the continued operation of our programs. To date, we have received commitments totaling more than $74 million towards the initiative.

To find out how you can participate, please contact Mary Sexton, director of major gifts, at (212) 655-3781 or mary.sexton@newyork.msf.org, or visit doctorswithoutborders.org/multiyear.

JOIN OUR LEGACY SOCIETY
MSF is able to provide independent, impartial assistance to those most in need thanks to the dedication, foresight, and generosity of our Legacy Society members. Every day, legacy gifts help us keep our commitment made more than 40 years ago to assist people in distress regardless of race, religion, creed, or political affiliation.

To learn more about joining MSF-USA’s Legacy Society by making a gift through your will or other legacy gift that will save lives for years to come, please contact Lauren Ford, planned giving officer, at (212) 763-5750 or lauren.ford@newyork.msf.org.

SET UP A GIFT ANNUITY WITH MSF
MSF’s charitable gift annuities make it easy to provide for our future as well as your own. When you set up a gift annuity with MSF you will receive fixed payments for life and an immediate income tax deduction. The minimum age when payments begin is 65. We follow the ACGA suggested rates.

For more information, including a personalized proposal showing how a gift annuity can work for you, please contact Beth Golden, senior planned giving officer, at (212) 655-3771 or plannedgiving@newyork.msf.org.

STOCK DONATIONS
Did you know you can donate gifts of securities to MSF-USA? Making a stock gift is simple and offers a number of valuable financial benefits. You can donate appreciated stocks, bonds, or mutual funds, and the total value of the stock upon transfer is tax-deductible. Also, there is no obligation to pay any capital gains taxes on the appreciation.

MSF-USA currently maintains an account with Morgan Stanley Smith Barney to offer donors an easy way to transfer securities hassle-free. For more information on how to make a security donation, please visit our website doctorswithoutborders.org/support-us/other-ways-give. You can also call (212) 679-6800 and ask to speak to our donor services department.

SHOP FOR GOOD
Did you know you can generate a donation to MSF every time you shop at Amazon? When you register with and shop through AmazonSmile, the company donates 0.5 percent of the price of your eligible purchases to MSF. Simply go to smile.amazon.com, type “Doctors Without Borders” into the search bar, and start shopping! Once you have signed up, remember to go to AmazonSmile for all future Amazon purchases.

If you have any questions or comments, contact our Donor Services team:
Toll free: (888) 392-0392
Tel: (212) 763-5797
Email: donations@newyork.msf.org

BELOW: In San Juan, Puerto Rico, MSF commissioned a series of street murals to promote public health messages during the COVID-19 pandemic. The face mask pictured here reads, “Pasara”: This shall pass. © Gabriella N. Báez/MSF

FACING PAGE: An MSF aid worker shows children living in a refugee settlement in Lebanon how to use our new app with health information about COVID-19. © MSF
DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) WORKS IN MORE THAN 70 COUNTRIES PROVIDING MEDICAL AID TO THOSE MOST IN NEED REGARDLESS OF THEIR RACE, RELIGION, OR POLITICAL AFFILIATION.

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LEFT: MSF health promotion manager Santosh Choure reaches out to residents and street vendors in Govandi, in the narrow alleyways of the M-East ward in Mumbai, India, to help prevent the spread of COVID-19. © Abhinav Chatterjee/MSF