



# Philanthropy IN ACTION

## EDITORIAL

*It seems more necessary than ever to be present with the most vulnerable, to do our best to restore their health and dignity.*

Dear Sir, Dear Madam,

I am very pleased to present the second issue of our «Philanthropy in Action» brochure, which highlights some of MSF's priority projects.

You will discover missions linked to current events that are widely covered by the media, but also others that are less well known or that respond to contexts that are not covered by the media. This is why we feel it is important to keep you informed of these actions, to share with you their rationale, their implementation and the challenges they sometimes confront us with.

For more than 50 years, MSF has had only one goal: to alleviate human suffering, whatever the context and wherever in the world it may be. In this era of violence and inequality, it seems more necessary than ever to be present with the most vulnerable, to do our best to restore their health and dignity, and to bear witness to the situations they endure.

We do this every day, thanks to the support you generously provide, and I would like to thank you personally, as the new President of MSF Luxembourg. I know how much the values defended by our association are dear to you, and we will continue to apply them with the same attachment, the same dedication, to defend together what we have in common and what is most precious: our humanity.

**Dr Bechara Ziade,**  
*MSF Luxembourg President*

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# Finding the most useful role: MSF's response in and around Ukraine

Since the beginning of the hostilities in February 2022, Médecins Sans Frontières (MSF) is working to provide a medical and humanitarian response in various parts of the country, based on where the greatest need is, and where our assistance is more likely to have a significant impact. This is an extremely volatile situation and security is a huge concern for MSF.

Following continuous low-level conflict in eastern Ukraine, in Donetsk and Luhansk oblasts (provinces) since 2014, in late February 2022, Russian forces attacked multiple cities across all of Ukraine, leading to full-scale war. The intense fighting and shelling have led to over 6.5 million people leaving Ukraine and becoming refugees.

MSF has been present in the country since 1999, with a widening of its activities from 2014 within the context of Crimea, in regular programmes related mainly to tuberculosis in Zhytomyr, HIV care in Severodonetsk, access to health care in Donetsk, but also the treatment of chronic diseases such as diabetes.

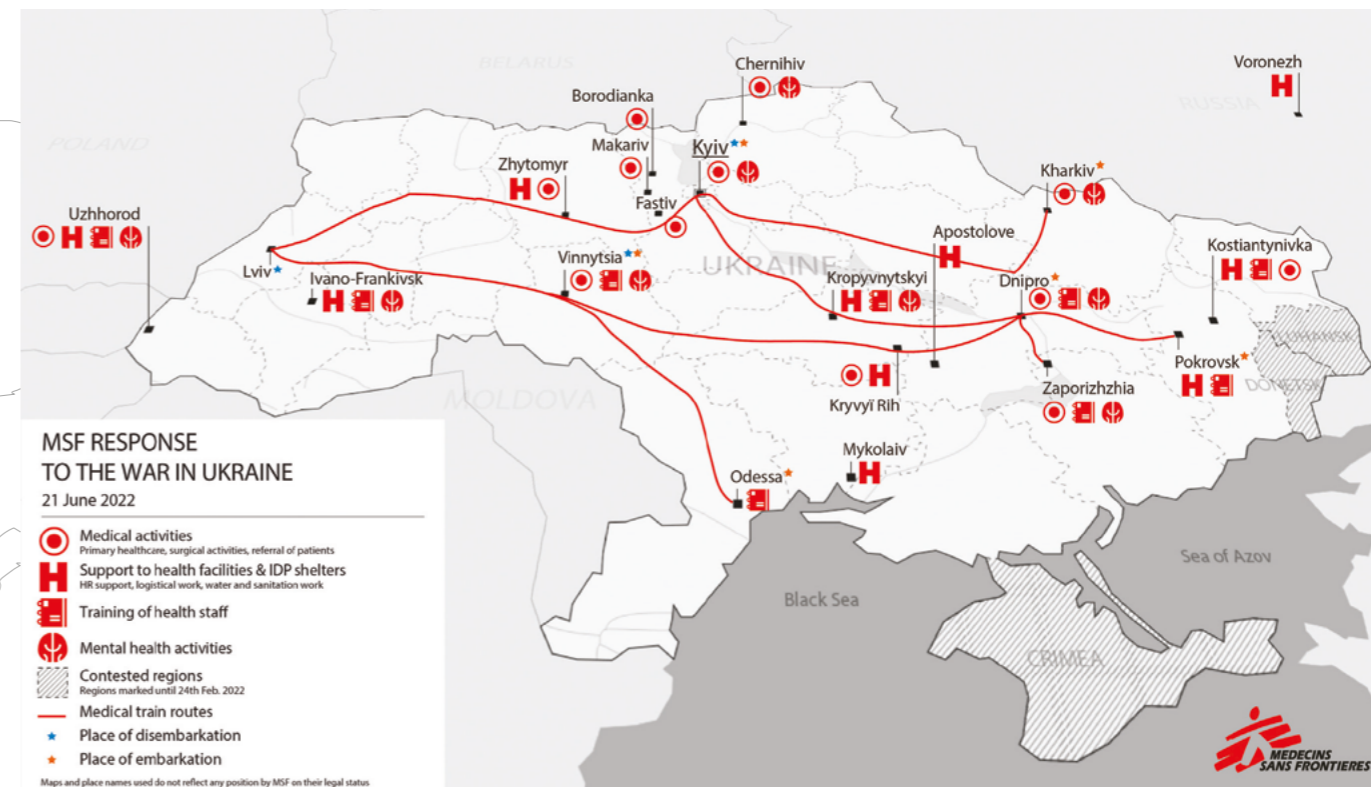
Since the 24th of February, MSF teams have suspended their usual medical activities, and part of the team was redeployed for the emergency response, and another part was evacuated in safer places, such as Hungary, where they could receive psychological assistance.

As war escalates across Ukraine and people flee, our teams are stepping up our response, both in Ukraine and in neighbouring countries. Helping to get the right medical supplies to the right hospitals when they need them remains one of the most useful ways MSF can support medical care in Ukraine.

So far, the focus has been more on surgical, trauma, ER (Emergency Room) and ICU (Intensive Care Unit) equipment and drugs. But a broader picture of other key medical items has emerged; medicines for patients with chronic diseases such as asthma, hypertension, tuberculosis or HIV. Some of these will need to be transported with the added complexity of a cold chain.



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Between 25 February and early April, the town of Hostomel, on the outskirts of Kyiv, was the scene of brutal fighting and for a time was under the control of Russian forces. As soon as it was relatively safe to do so, an MSF team began to work with local Ukrainian medical professionals to restart medical services in Hostomel. Our team is helping to provide basic medical care, mental healthcare and referrals where necessary. ©Maurizio Debanne/MSF

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## MSF response throughout Ukraine

### Ukraine Emergency Response

#### Main priorities:

1. Assisting those who have fled, or seek to flee, war zones is urgent.
2. Provide care to vulnerable people left behind when others fled: such as those in precarious shelters, the elderly who may suffer from chronic diseases or need ongoing access to treatment, and pregnant women who need maternity care.
3. We must ensure mental health care to people affected by this war.
4. It is crucial that we continue to work to get the right medical and humanitarian supplies to the right places.
5. MSF teams providing training and advice to hospitals on mass casualty influxes and war surgery.

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# Support and care for Ukrainian refugees in neighbouring countries



## Medical transfers

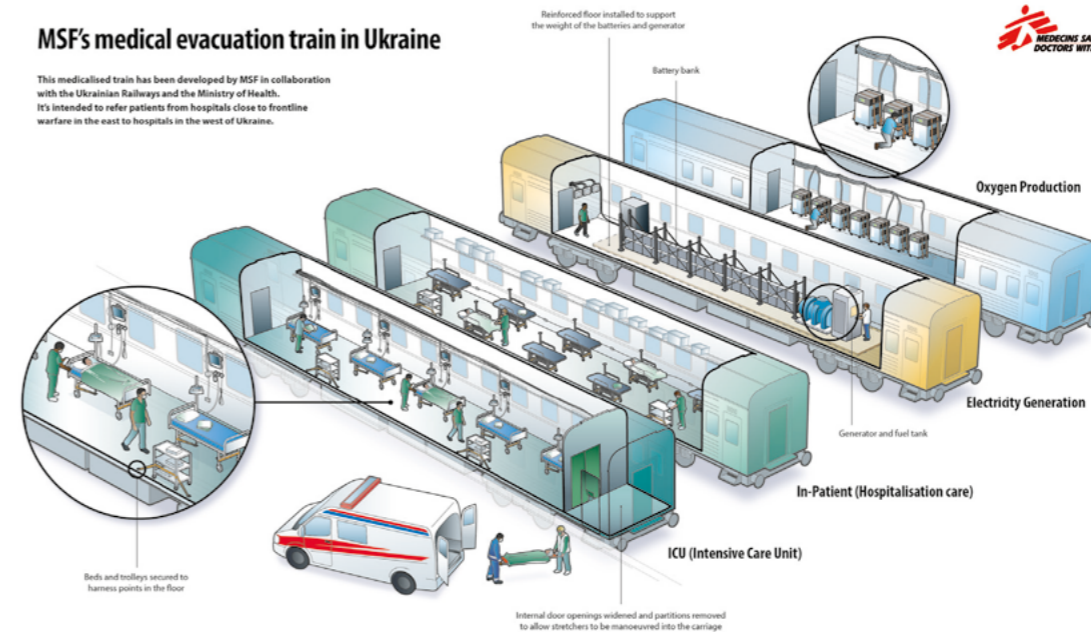
From April 1st onwards, MSF is undertaking medical train transfers of patients from a hospital in Zaporizhzhia, in the southeast of Ukraine, to major referral hospitals in Lviv, together with the Ukrainian Railways.

The need is high, so **MSF is actively looking to do more of these medical train referrals**. In support of the original train transferring patients from a hospital in Zaporizhzhia to the main referral hospitals in Lviv, a second, larger and more medicalised referral train has been developed by MSF to move patients who have been sent to Kramatorsk from the intense war zones in the Luhansk region.

MSF runs the trains **in almost permanent rotations**, leaving almost immediately after each referral of patients to Lviv. Using information from the Ministry of Health and the hospitals that need to evacuate patients, we decide on the locations for each return trip. The intensity of the medical needs depends on the trip. But one thing that does not change is the intensity of the emotional impact of the mission. Each time there are patients who have experienced terrible events, so each time there is an **emotional intensity involved** in this activity.

## MSF's medical evacuation train in Ukraine

This medicalised train has been developed by MSF in collaboration with the Ukrainian Railways and the Ministry of Health. It's intended to refer patients from hospitals close to frontline warfare in the east to hospitals in the west of Ukraine.



### CARRIAGE BY CARRIAGE\*



Illustration created by: www.richardpalmgraphics.com © MSF

## People on the move

As of May 2022, over 6.5 million people have crossed the Ukrainian border since the breakout of the war on 24 Feb. 2022 (UN Refugee Agency):

- > Poland: 3,505 million
- > Romania: 961,270
- > Russian Federation: 919,934
- > Hungary: 644,474
- > Rep. of Moldova: 471,223
- > Slovakia: 442,316
- > Belarus: 27,308

2.9 million people are identified as **in need of assistance in Ukraine before the recent events** (source: 2022 Humanitarian Response Plan)

An estimated **more than 7 million are displaced within Ukraine** (IOM).

MSF has conducted operations in the countries bordering Ukraine: **Hungary, Moldova, Slovakia, Russia, Belarus**, and continues to conduct operations **in Poland**.

In order to address the fast-evolving situation, MSF is mobilising general emergency-preparedness response to be ready for a variety of potential needs. MSF is mainly **providing first necessity equipment to the refugees** (distribution of cold weather kits, food, hygiene kits) but also **medical and paramedical assistance**.

27 February 2022. Hundreds of people trying to escape Ukraine wait for a train to Poland at the central train station in Lviv.  
© Emin Ozmen/Magnum Photos

## Facts & figures:

- **547 people evacuated to date** (along with their family members and caregivers)
  - 469 medical patients and
  - 78 orphans evacuated from an orphanage in Zaporizhzhia to an orphanage in Lviv
- **18 referral journeys** completed since the 18th of May, 2022
- On all the train referrals there are family members and caretakers
- Journey times from the east to Lviv take from 24 to 30 hours
- The more medicalised train can take 3 or 4 patients who are admitted in need of up to ICU level-3 care



# 2 Mokha field hospital Yemen

The Yemenite health system was already weak before the war and is nowadays ravaged as more than 50% of the health infrastructures are destroyed. The United Nations (UN) estimates that 24 million people need humanitarian aid in Yemen, on a total population of 27 million people.



© Hareth Mohammed/MSF

The conflict in Yemen showed no sign of abating, despite the rampant spread of COVID-19 in the country. More people than ever before were left without healthcare, as many of the last parts of the already crippled healthcare system stopped functioning during the outbreak.

Restrictions by the local authorities on the work of aid organisations complicated our work, and health-care facilities and workers continued to be attacked. Many civilians were killed or injured in shelling, air raids or shootings.

**Médecins Sans Frontières runs 12 hospitals and healthcentres, and support 13 others in 13 governorates across Yemen.**

**It is estimated that at least 100.000 fighters and 12.000 civilians have been killed over the past five years and that more than 3,6 million people have been force to flee their home due to the conflict.** Throughout 2021, the military conflict has increased, notably in the regions of Marib, Al Bayda, Shabwa, as well well as the civil unrest.

In the Southern Hudaydah Governorate, the Houthi occupied Mokha between 2015 and 2017. In 2017, the SLC coalition forces retook military control of Mokha, which has been ever since the central com-



© MSF

mand base for the coalition military operations along the entire Red Sea coast. The Houthi have been pushed back to the city of Hodeidah, further North. The frontline along the cost of this governorate remains amongst the most active ones within the whole of Yemen. In 2021, the frontline has continued to be active in this part of Yemen. In November notably, heavy fighting was ongoing in the west coast of the country, near Mokha, and our teams witnessed it with high number of war wounded patients reaching the hospital.

**Access to primary and secondary health care are critically limited for the population living along the Red Sea coast (coastal areas of Ta'izz and Hudaydah Governorates), where Mokha is situated.**

### The main reasons for the critical lack of access to health are:

- Critically low number of functional or semi-functional health facilities
- Long distances to the remaining health facilities
- Armed conflict and insecurity: semi-active frontlines and no possible night travel
- High costs of services in the remaining commercial health care structures (mainly private pharmacies)
- food security situation: Hudaydah Governorate is one of the worst affected areas.

### Our medical response

The Mokha project started as an emergency response targeting direct and indirect victims of violence in an active conflict, providing quality free of charge trauma surgery. Further, due to a lack of Comprehensive Emergency Obstetric and New born Care (CEmONC) capacity in the area, the MSF Mokha project began providing these services.

The project has shifted from an emergency focus to a mid-term strategy with outreach activities that emphasize strengthening the existing MoH facilities while also investing in the capacity building of the national staff in the hospital.

The MSF Mokha Field Hospital currently includes the following facilities:

- > Out-Patient Department (for patients follow up after being discharged and physiotherapy)
- > Mass casualty plan triage area (180m2 directly in front of the Emergency Room)
- > One Operating Theatre ( with two tables)
- > Intensive Care Unit (five adult/pediatric beds plus 2 neonatal beds)
- > In-Patient Department (20 male beds and 10 female beds)
- > Laboratory/blood bank, laundry, sterilization units, X-Ray, waste area, pharmacy
- > Two ambulances for referrals to Aden
- > Maternity/ Delivery room with one delivery table
- > Physiotherapy services

Following an assessment on **nutrition and food security levels**, it was decided to launch outreach medical activities in the southern Hudaydah governorate. As of April 2022, it will consist of a **weekly mobile clinic** and support to a hospital and a health center.

Target population and direct beneficiaries:
337 000 people living in the Red Sea coast districts of Ta'izz and Southern Hudaydah Governorates; direct and indirect victims of violence
and 107 000 people displaced along the Red Sea coast
Human Resources: 211 locally recruited staff work alongside 11 international colleagues
<b>Budget : 5,938,328€ (+15% vs 2021)</b>



# 3 Turgeau emergency centre Port-au-Prince - Haiti



© Pierre Fromentin/MSF

As the context in Haiti has become extremely violent, creating acute medical and humanitarian needs among the population, MSF is focusing on responding to lifesaving, most acute needs.

In a year, the inflation in the country reached 20% and the local currency lost 30% of its value. More than 6 million Haitians (60% of the population) live below the poverty line on less than \$2.41 (US) per day, and more than 2.5 million fall below the extreme poverty line of \$1.23 per day. Unemployment and underemployment affect 60% of the population.

## Haiti is in the grip of a major institutional, political, social and economic crisis.

Throughout 2020 and 2021, amidst the current political turmoil and institutional vacuum, **armed groups** have proliferated in Port-au-Prince, the capital city, and are controlling entire neighbourhoods of the capital. This is coupled with a sharp rise in violence and insecurity. This situation is threatening vital services, including medical ones, and reduced access to health care.

The unbearable levels of insecurity and violence committed have caused the **displacement** of approximately 19,000 people, many of whom are now staying in informal displacement sites. Those families are living in an extremely precarious situation, in unsanitary and over-crowded conditions, with limited or no access to healthcare and other basic services. Women and girls have reported sexual violence, harassment and physical violence in the sites, where they lack privacy and safe spaces.

**On 7 July 2021, the president of Haiti was assassinated**, leaving the country in an ever-volatile situation. **On Saturday August 14 2021 at 8:30 am local time**, a magnitude 7.2 earthquake struck the southern region

of Haiti, specifically the provinces of Grand'Anse, Nippes and Sud. But the tremors were also felt in other areas of Haiti. The earthquake further impacted on an already fragile health system: 90 health facilities were damaged or destroyed. Many hospitals had to evacuate their patients, and the facilities that continue to function are overwhelmed and experiencing a lack of medical equipment and medicines. According to UN OCHA (United Nations Offices for the Coordination of Humanitarian Affairs), about 650,000 people need emergency humanitarian assistance.

**The population face critical gaps notably in primary health care, sexual and reproductive health care, pediatric care and trauma care.**

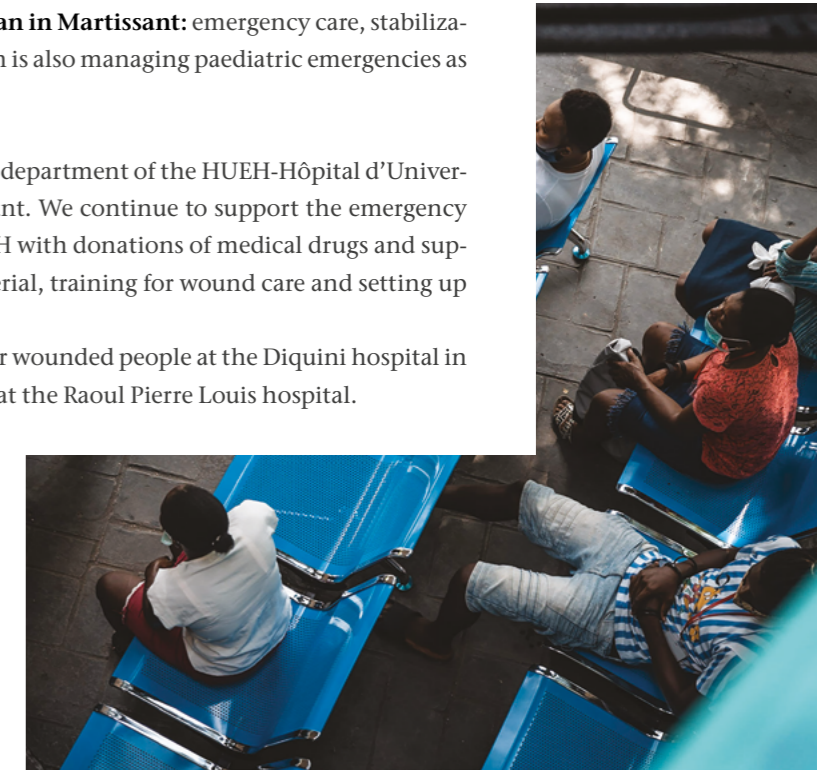
## Adapting to security risks

In June 2021, armed individuals robbed 2 MSF ambulance drivers traveling from Martissant. On 26 June 2021, Martissant emergency centre was the target of an armed attack, so we had to suspend our activities. A month later, for safety reasons, we were forced to leave the facility. That is why MSF teams are now operating in Turgeau emergency centre, 4 km away from our previous Martissant emergency centre.

**In Turgeau, we continue to provide the same health care than in Martissant:** emergency care, stabilization and referral of medical and surgical emergencies. Our team is also managing paediatric emergencies as well as a paediatric hospitalisation capacity.

Since the end of 2019, MSF has supported the Emergency Room department of the HUEH-Hôpital d'Université d'Etat d'Haiti as well as up to 9 health centres in Martissant. We continue to support the emergency department and the paediatric emergency capacity of the HUEH with donations of medical drugs and supply. We also support 3 health centers in Martissant, with material, training for wound care and setting up a good sterilization capacity.

As of November 2021, we started supporting the trauma care for wounded people at the Diquini hospital in Carrefour. We are also supporting the emergency department at the Raoul Pierre Louis hospital.



© Pierre Fromentin/MSF

## Objectives for 2022 are:

- Guarantee and maintain the availability of emergency and quality care 24 hours a day, seven days a week at Turgeau emergency centre;
- Setting up a surgical mass casualty plan capacity together with MSF OCP;
- Guarantee quality care for patients under observation and paediatric hospitalization at Turgeau emergency centre;
- Guarantee a medical referral system to the various referral structures; follow up closely on the patients referred in the HUEH;
- Continue our support to the emergency and paediatric department at the HUEH;
- Support trauma care for wounded people at the Diquini hospital where we refer patients and emergency department at the Raoul Pierre Louis hospital, both in Carrefour neighbourhood;
- Continue teams' training.

**Target population and direct beneficiaries:**

Inhabitants of Martissant (290,000) & the population of Carrefour municipality (500,000), of Delmas and Port-au-Prince

Hum. Res.: 301 locally recruited staff working alongside 5 international positions

**Budget : 4,511,329€ (+31% vs 2021)**





## AFGHANISTAN 3 questions to... Fazli Kostan, MSF project coordinator at the MSF Khost maternity hospital

In order to reduce mortality and morbidity for mothers and their new-borns in Afghanistan, MSF is providing since 2012 free of charge, high-quality maternal and paediatric healthcare in Khost province, not far from the border with Pakistan.

### THIS IS HOW WE RESPOND TO EMERGENCIES.



#### How the rise to power of the Taliban in August 2021 has influenced and/or changed the activity within the maternity hospital?

In Afghanistan the health system is very dependent on international donors. Initially they stopped their funding after the change in government and a lot of the clinics closed down or were not really operational. The health system was very weak at that moment. Funding has since been restored, but the health system still has a lot of problems, as it has for years. MSF decided to stay, providing medical care at a time when there were even fewer healthcare facilities available for people than before.

In Khost we normally focus on providing healthcare to women who are experiencing some form of complication during pregnancy, however at this time we widened our admission criteria, so we would give medical care to any pregnant woman who came to us. We really needed to do it as many other health facilities were closed or barely functioning.

Our relationship with the authorities has been pretty good recently. We have always respected MSF's principles of neutrality and impartiality. What was very difficult at that time, was the renewal of our network of contacts, as the authorities and the government changed. This took a lot of time and a lot of effort for security and communication reasons.

#### What are the daily difficulties faced by women attending your facilities?

From our medical perspective, the main problem is access to healthcare coupled with the security concerns of the population. Public facilities are understaffed, underfunded and under equipped, lacking sufficient medicines and equipment.

Women must also be accompanied by a maharam, a kind of companion person for women, who must always go with them, whether it is their husband, their cousin or another male relative. Another factor to consider is that due to long standing cultural customs the husband, or in some cases the mother in law, has to make the decision regarding whether to proceed with treatment. These customs aren't new, they have always existed since long before MSF started working in Khost.

#### What are your main needs?

The health system has been unable to meet people's needs for years, and there seems to be little attempt to improve things. Preserving a barely functioning health system is better than nothing, but it means many people can't access the healthcare they need.

On the other hand, finding qualified staff can be challenging as many have left the country. The problems in the health system mean that public health facilities don't always identify complications quickly and immediately refer them to MSF. This can lead patients to arrive at our hospital in more critical conditions.



#### Facts & Figures

→ **Maternal mortality** in Afghanistan is one of the highest in the world. The rate of stillbirths in Khost in 2021 is **37 stillbirths per 1000 births**.

→ In 2021, nearly 19,000 deliveries took place at the Khost maternity hospital.

- Our focus in 2022 remain to:
- offer **quality free of charge** care for complicated deliveries;
- **address the barriers** faced by women to access to **sexual and reproductive care**;
- and ensure women can deliver closer to home for normal deliveries and be **referred adequately** from the health centres MSF supports when a complicated delivery is expected.

and we do it **within 48 hours.**





Do you want to know more  
about our missions?  
Support a particular project?  
Let's talk about it!



**Eléonore Macé de Gastines**

*Philanthropy Project Officer*

[eleonore.mace.de.gastines@luxembourg.msf.org](mailto:eleonore.mace.de.gastines@luxembourg.msf.org)

+352 33 25 15 – 304



**Pascale Soares**

*Major Gifts & Partnerships Manager*

[pascale.soares@luxembourg.msf.org](mailto:pascale.soares@luxembourg.msf.org)

+352 621 553 310

**MÉDECINS SANS FRONTIÈRES LUXEMBOURG**

68, rue de Gasperich L-1617 Luxembourg

Tél: +352 33 25 15

WWW.MSF.LU



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