Médecins Sans Frontières

1971 – 2021

An interactive resource celebrating 50 years of humanitarian action
An interactive resource containing key information, videos and questions for students on the work of MSF.

Above: A map of MSF projects in 2020.

Front cover shows baby Nubia, an Ebola survivor. She is pictured here with her medical team, one of whom also survived the virus. Guinea, 2015.

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MSF is a global medical-humanitarian movement with 45,000 staff working in over 70 countries. It provides emergency medical care and humanitarian aid to those otherwise unable to access it and to victims of:

- Conflict
- Natural disasters
- Manmade disasters
- Epidemics and pandemics

MSF is independent, neutral and impartial (concepts explored later in this book).

Check out our great learning resources for schools.
A TIMELINE OF MSF
1971-2021
1971-1980

1971

MSF is founded
MSF is founded by a group of French doctors and journalists in the wake of the war and accompanying famine in Biafra, Nigeria, and the floods in eastern Bangladesh (formerly eastern Pakistan). See page 28.

Earthquake in Nicaragua
MSF moves quickly to help people affected by the natural disaster.

The world’s first email is sent in 1971.

1972

Cybotes La Estrella de Nicaragua

The first mobile telephone call is made in April 1973.

1973

Cambodians flee Khmer Rouge
MSF establishes its first large-scale medical programme along the Cambodian/Thai border, during a refugee crisis, providing medical care for Cambodians seeking sanctuary from Pol Pot’s rule.

1974

Haiti earthquake

MSF moves to help people affected by the natural disaster.

Hurricane in Nicaragua
MSF moves quickly to help people affected by the natural disaster.

Hurricane Fifi, Honduras, 1974.

1975

War in Lebanon
MSF teams conduct surgery in MSF’s first major project in a war zone.

1976

In 1978 the world’s first IVF baby is born in the UK. Her name is Louise Brown.

1977

First international appeal
“March for survival” for Cambodia, MSF’s first international appeal, is launched.

1978

MSF splits
MSF moves beyond sending isolated doctors into crisis zones in favour of creating a more structured organisation that can provide quality medical services in crises. One of the co-founders leaves in protest and later founds NGO Médecins du Monde / Doctors of the World.

1979

Vehicle travel is impossible so MSF staff use mules, Afghanistan, 1980.

1980

Vigdis Finnbogadottir, the first female Head of State in the world is elected President of Iceland in 1980.

85 MSF staff set up hospitals in Afghanistan, 1981.
1981–1985

1981
MSF hospitals bombed
Four MSF hospitals are deliberately bombed in Afghanistan.

1982
Refugees in Thailand
MSF gives support in Nam Yao camp where refugees from Laos, Cambodia and Vietnam have fled since 1975.

1983
Famine in Ethiopia
MSF starts programmes to treat malnutrition in hunger-stricken regions of Ethiopia. See page 30.

1984
MSF surgical centre, Medani, Sudan, 1983.

1985
Flying Doctors
MSF delivers medical and nutritional aid to the people of Mozambique by plane.

MSF France is expelled from Ethiopia by the government after denouncing the hijacking of humanitarian aid and the forced transfers of people.

Preventing medical and food supplies, Ethiopia, 1985.

1986 - 1990

**Civil war in Sri Lanka**
MSF organises mobile clinics to treat injured citizens in Sri Lanka.

**Earthquake in Armenia**
MSF provides medical care in the Soviet Union following a 6.8 magnitude earthquake which killed 38,000 people.

**Misuro, 1988.**

**MSF hospital ward, Armenia, 1988.**

**MSF grows in size**
MSF now has five headquarters, known as sections, in Amsterdam, Barcelona, Brussels, Geneva and Paris.

**The US approves the first medication for AIDS - AZT (zidovudine) - an antiretroviral drug originally used to fight cancer.**

**Destruction caused by earthquake, Armenia, 1988.**

**Iraq attacks Kurds**
MSF is the first medical organisation to report on the use of chemical weapons on the Kurdish town of Halabja.

**CIVIL WAR IN LIBERIA**
MSF teams provide emergency care at the height of the fighting.

**Waiting in line for vaccination, Liberia, 1990.**

**Nelson Mandela is released from prison after 27 years in 1990.**

**Free Nelson Mandela poster by HelenSTB is licensed under CC BY 2.0**

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**1991-1995**

**Emergency in Kurdistan**
One of MSF’s largest emergency relief projects to date, providing care in Turkey, Iran and Jordan to Kurdish refugees displaced by the Gulf War.

**War in Bosnia**
Following the ethnic cleansing campaign carried out by Bosnian Serb forces in Eastern Bosnia, MSF provides aid for refugees.

**1991**

- Iraqi Kurdish refugees fleeing to Turkey, 1991.

**1992**

- The world’s first text message is sent in 1992.

**1993**

- The Channel Tunnel opens linking the UK and France in 1992.

**1994**

- British and French troops land in Rwanda.
- MSF team supports Srebrenica survivors
MSF teams working in former Yugoslavia witness the fall of the UN protected zone and denounce the subsequent massacre of up to 10,000 civilians by Serbian troops.

**1995**

- Apartheid ends in South Africa, Nelson Mandela becomes the first black Head of State in South Africa in 1994.

**GENOCIDE IN RWANDA and resulting refugee crisis**
MSF remains in Kigali throughout the genocide of more than 800,000 Tutsis (and moderate Hutus) by Hutu militia.

Over a million Rwandan refugees flee the violence to makeshift camps in the neighbouring country of Democratic Republic of Congo. Within days, MSF sets up one of its biggest cholera programmes to date in the camps. See page 32.

- MSF provides aid for refugees.
1996-2000

1996

Dolly the sheep is cloned in the UK in 1996.

Meningitis in Nigeria
MSF launches a massive vaccination and treatment programme helping 4.5 million people.

Famine in North Korea
Unable to ensure that medical aid is reaching the most vulnerable, MSF ends its programmes after three years, but continues to assist refugees fleeing to China.

1997

Hurricane Mitch
MSF assists victims in Honduras, Nicaragua, Guatemala and El Salvador.

1998

Launch of Access to Essential Medicines Campaign
With millions dying each year from treatable diseases, MSF starts an international effort to push for increased access to medicines for the world’s poor. See page 34.

1999

NOBEL PEACE PRIZE
MSF is awarded the Nobel Prize for Peace and is honoured for its “pioneering humanitarian work on several continents”.

Crisis in Kosovo
MSF provides humanitarian assistance to refugees.

2000

Civil war in Sierra Leone
MSF treats victims of the country’s brutal civil war.

Expansion at MSF
MSF has grown in size to 19 sections offices that run the organisation around the globe.

Bluetooth begins to be used in computers and mobile phones in 2000.

FIND OUT MORE
View the acceptance speech here
2001-2005

HIV/AIDS pandemic
MSF starts providing antiretroviral therapy to people living with AIDS in Thailand, Cambodia, Cameroon, Guatemala, Kenya, Malawi and South Africa. See page 40.

Famine in Angola
MSF runs one of the largest projects in its history, with more than 2,000 members of staff working throughout the country.


2001

Terrorists attack New York, USA, on 11 September 2001.

ARV therapy, South Africa.

2002

2003

US invades Iraq
MSF teams remain in Baghdad and challenge the US government on its failure to provide adequate medical care to civilians.

In 2003 Skype is launched making video calls affordable and accessible.

2004

Asian tsunami
MSF reacts immediately to the Asian tsunami disaster where 300,000 are killed. £100 million is donated to MSF’s appeal by the public. See page 38.

The first civil partnership takes place in UK on 5 December 2005.

2005

In 2003 Skype is launched making video calls affordable and accessible.

Global economic crisis of 2008
Huge borrowing pushed the world’s banking system towards the edge of collapse. Governments had to intervene, leading to a long period of financial instability worldwide.

Cyclone Nargis hits Myanmar
MSF teams already working in the country help thousands of people displaced by the cyclone.

CONFLICT IN GAZA
MSF supports hospitals in Gaza during the conflict. After a ceasefire is announced, MSF opens a surgical hospital and offers post-operative and psychological care.

Surgical care in Jordan
MSF sets up a reconstructive surgical programme in Amman, Jordan to treat severely war-wounded patients referred by medical colleagues in Iraq.

Emergency surgery in Libya, 2011.
2012-2016

The MSF responds to the conflict in Syria
In July, MSF begins medical programmes inside Syria. MSF initially sets up three field hospitals in the north of the country. One of the hospitals, located in a cave, would later be bombed after the MSF team left for more secure surroundings.

MSF opens a specialised maternity hospital in Khost, Afghanistan
In July, MSF begins medical programmes inside Syria. MSF initially sets up three field hospitals in the north of the country. One of the hospitals, located in a cave, would later be bombed after the MSF team left for more secure surroundings.

Typhoon Haiyan devastates the Philippines
MSF responds to Typhoon Haiyan shortly after it makes landfall on 8 November.

Gay marriage is legalised in the UK in 2014.

Gene editing is discovered in the US through the use of a bacterial immune system.

FIND OUT MORE
Illustrated book about MSF’s Khost maternity hospital, Afghanistan

FIND OUT MORE
Illustrated book about MSF's Khost maternity hospital, Afghanistan

EU-Turkey Deal
In a historic move in June, MSF refuses EU funding in protest at the EU’s new policy towards refugees and migrants.

EBOLA
Response begins to unprecedented Ebola epidemic
In March, MSF begins responding in Guinea to what it describes as an unprecedented Ebola epidemic due to the geographical spread of the virus.

MSF goes on to open 15 Ebola management and transit centres, caring for more than 5,000 patients. Fourteen MSF staff and hundreds of other health workers lose their lives to Ebola. See page 44.

Pneumonia vaccine price drop
Following pressure from MSF, two big vaccine producers agree to drop the price of the pneumonia vaccine for use in humanitarian emergencies.
2017–2021

2017

Rohingya refugee crisis
Over 655,000 Rohingya refugees flee to neighbouring Bangladesh following targeted violence against them in Rakhine state, Myanmar. MSF expands its projects in the area to help these refugees. See page 46.

European governments aid business of suffering
Joanna Liu, MSF International President from 2013 to 2019, sends an open letter to European government leaders to speak out about the detention of migrants and refugees in Libya.

Climate emergency
MSF commits to tackle healthcare emergencies caused by climate change.

2018

Diplomatic stand-off at sea
In June, 630 vulnerable refugees and migrants are rescued by MSF and SOS Mediterranee on the Mediterranean Sea. Spain takes them in after they are denied entry to the nearest safe ports in Malta and Italy. See page 48.


Newborns being treated for jaundice, Ivory Coast, 2018.

2019

Cyclone Idai hits Mozambique, Malawi, Madagascar and Zimbabwe.

Second large-scale Ebola outbreak
This began in DRC. It led to more than 3,000 cases and 2,000 deaths. MSF deployed over 500 staff.

Donning PPE, DR Congo, 2019.

MSF in 2021: a global organisation
Fifty years after it was founded, MSF has transformed into a global organisation with a workforce of over 45,000 people. It has six operational entities, which oversee 23 sections and 17 branch offices. Decisions about how MSF is run are overseen by 25 independent associations made up of staff who have worked for MSF.

2020

MSF responds to the COVID-19 global pandemic
MSF teams support health authorities in over 40 countries to protect the vulnerable and keep essential medical services running. See page 50.

Donning PPE, India, 2020.

2021

50 years of MSF
MSF celebrates half a century of serving humanity and looks forward to the next 50 years!
KEY CHAPTERS IN MSF’S HISTORY
MSF was formed in 1971. That’s over 50 years ago!

In all its work, MSF is:
- **Impartial** – MSF does not discriminate on race, religion, gender or politics.
- **Neutral** – MSF does not take sides in conflicts and focuses only on the wellbeing of patients and their communities.
- **Independent** – MSF is funded through private donations and does not take money from governments, which means it is independent of any outside influence.

How did MSF start?
In 1968, the French public began to see harrowing images on their black and white TV screens. For the first time ever, television showed scenes of children dying from hunger in remote corners of the world.

In southern Nigeria, Biafra had become cut off during the Nigerian civil war. This tiny territory was surrounded by the Nigerian army and a blockade imposed. The Biafran people were dying from famine.

The French Red Cross issued an appeal. Max Recamier and Bernard Kouchner, two French doctors, volunteered to help.

In 1971, French journalists Raymond Borel and Philippe Bernard issued an appeal to establish a band of doctors who would help people suffering because of major disasters and conflicts. The two French doctors jumped at the chance to get involved. They had been to Nigeria and Yemen, and now wanted to start an emergency medical response group.

Together in December 1971 they created ‘Médecins Sans Frontières’ (MSF), known internationally in English as ‘Doctors Without Borders’.

**Speaking out**
MSF believes in the importance of telling the world about its work and the people it supports. This includes describing the challenges faced by medical teams and speaking about the suffering they see.

This is known as ‘témoignage’, a French word for ‘bearing witness’.

‘We are not sure that words can always save lives, but we know that silence can certainly kill.’

Dr James Orbinski, former MSF President.

OVER TO YOU!

**QUESTIONS**

1. What help does MSF give?
2. What is the difference between impartial and neutral?
3. When and why was MSF created? Why the French name?
4. What is the French word for ‘speaking out’? Why do you think speaking out is important?
5. In your own words, what does Dr Orbinski mean when he says, ‘silence can certainly kill’?
A televised famine
In 1984, terrible images, showing thousands of starving people in Ethiopia reached our television screens.

MSF responds
From the start of the crisis in Ethiopia, MSF had been providing aid to starving people caught up in the famine. However, the Ethiopian government, at the time, also used the international aid, which poured in, as bait to attract people affected by famine and then forcibly resettle them in appalling conditions.

Expelled from the country
MSF felt it had to make sure that humanitarian aid was not used against the victims because of foreign or internal politics. It refused to support the resettlement programme and the Ethiopian government forced MSF France to leave the country.

An opportunity for témoignage
Once expelled from Ethiopia, MSF was free to speak out about what it had seen:

"Perhaps this transfer is justifiable. But what’s surprising about it is that, out of the dozens of reception camps set up for these people, humanitarian organisations only have access to two or three of them. So there are no witnesses and we’re extremely concerned about what might be happening."
said MSF’s president, Claude Malhuret, in late 1985.

The Ethiopian famine showed the dilemmas that can face all medical, humanitarian organisations.

Famine hits Ethiopia, 1984.
Ethnic conflict
MSF began running medical projects in Rwanda in 1982. There were two main ethnic groups in Rwanda, the Tutsis and the Hutus. In October 1990, civil war broke out between the Hutu-backed Rwandan Armed Forces (RAF) (representing the Hutu-led government of President Habyarimana) and the Tutsi-backed Rwandan Patriotic Front (RPF). The RPF entered Rwanda from the north, seeking to overthrow the President, but the Rwandan government, backed by France and Democratic Republic of Congo (DRC, known then as Zaire) just managed to avoid being defeated.

Ceasefire broken
Peace talks began but the ceasefire ended abruptly on 6 April 1994, when the plane transporting President Habyarimana was shot down on its way to the capital, Kigali.

How the genocide began
Many Hutus blamed Tutsis for his death. In the days that followed, the RAF and the groups it backed began revenge killings. From April to July, between 500,000 and one million Tutsi Rwandans were murdered. These same groups also killed many Rwandan Hutus who had opposed the massacre. MSF decided to ask for UN intervention. For the only time in its history, MSF demanded the deployment of military troops to Rwanda because “you can’t stop a genocide with doctors”.

MSF’s response
Several MSF teams were working in these camps, providing medical care and shelter to those who had fled the conflict in Rwanda. However, those behind the genocide took advantage of the chaos and moved from Rwanda into the same camps. MSF teams felt uneasy because of visible pressure, intimidation and violence in the camps from groups responsible for the genocide. At the same time, a cholera outbreak spread through the camps. MSF once again faced a difficult situation. To find out in detail how MSF resolved the issues, explore the Extension Exercise on this page.

Problems in the refugee camps
This violence forced hundreds of thousands of Rwandans to flee to the neighbouring countries of DRC, Tanzania and Burundi, where refugee camps had been rapidly set up. By mid-July 1994, between 800,000 and 1,000,000 refugees had arrived in DRC.
ESSENTIAL MEDICINES FOR ALL:
THE MSF ACCESS CAMPAIGN

How did the Access Campaign start?
In 1999, MSF was awarded the Nobel Prize for Peace for its work. MSF used the money that was part of the award to set up the MSF Access Campaign.

What is the aim of the MSF Access Campaign?
The MSF Access Campaign works to bring down the barriers that keep people from getting the treatment they need to live and be healthy. It advocates for effective drugs, tests and vaccines so that they are:

- available,
- affordable,
- suitable for all MSF patients,
- adapted to the places where MSF patients live.

Every day, MSF teams are frustrated by the lack of good medical tools available to them and the people they treat.

For instance, a doctor working in a mobile clinic who cannot diagnose the cause of a fever because the tests require a fully equipped lab for accurate results.

Or the man who must choose between selling his home and getting the lifesaving hepatitis C treatment he needs.

And a logistician struggling to keep vaccines cool so they remain effective in blistering temperatures without electricity for refrigeration.

So, MSF reports on what needs to be done and the Access Campaign responds by looking for solutions. It aims to transform the way medical innovation, access and pricing work so that MSF teams and those we support do not have to face these challenges in the future.

ACCESS CAMPAIGN

Access Campaign successes
Highlights from the Access Campaign’s work from the last 20 years include: securing better prices for treatments for HIV, hepatitis C and pneumonia; founding the Drugs for Neglected Diseases initiative (DNDi); and campaigning against patent abuse.

- Watch Video 1 about the Access Campaign (2 mins 20 secs).
- Watch Video 2 about the Access Campaign (2 mins 7 secs).

What is the slogan of the Access Campaign?
LEARN MORE

View the timeline of the Access Campaign.

Three women – a patient, a doctor and a lawyer – share their stories about being affected by the struggle for access to medicines and their work to protect and increase access to medicines for all:

Access Campaign 20 years (14 mins 30 secs).

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MSF has been providing medical care to patients with neglected tropical diseases (NTDs) for more than 30 years, with a focus on the deadliest and most overlooked diseases in this group.

In that time, hundreds of thousands of patients have been treated, who otherwise may not have survived. Many had life-threatening parasitic infections, such as kala azar, Chagas disease or sleeping sickness. Some were infected with noma, a deadly bacterial disease so neglected that it is not yet officially recognised as an NTD. Others were the victims of snakebites, which cause more deaths and disabilities than any other NTD.

“NTDs almost exclusively affect people living in extreme poverty,” said Dr Christos Christou, MSF International President, since 2019. “As a result, there are no vaccines, diagnostic tools are limited, and treatments are far from optimal and often unavailable and unaffordable.”
THE DEADLIEST TSUNAMI IN RECORDED HISTORY:
THE ASIAN TSUNAMI

What happened?
On 26 December 2004, a powerful earthquake, off the coast of Sumatra, created an enormous tsunami — or giant wave — that swept over parts of South Asia, killing more than 300,000 people and leaving behind widespread destruction and suffering. Hundreds of kilometres of coastline were destroyed. Houses, boats and buildings were washed away.

How did MSF respond?
MSF teams, working alongside local teams, began to provide people in need with medical care, food, water and other necessities.

Sri Lanka
In Sri Lanka, where the damage was more extensive, MSF initially provided medical assistance and distributed relief goods.

Indonesia
By far the greatest focus of MSF activities was in Banda Aceh, Indonesia, where many key health personnel had died in the tsunami and the health infrastructure had been destroyed. MSF continued activities in Aceh, with vaccination programmes, mother and child health care projects and treatment for infectious diseases like tuberculosis.

Thailand
In Thailand, MSF responded by supporting Burmese migrant workers who found themselves in a particularly precarious position.

India
In southern India, MSF offered psychological support programmes.

Public Generosity
In an extraordinary show of support, the public donated nearly £100 million to MSF’s worldwide tsunami appeal.

MSF deliver supplies in Sumatra, Indonesia, 2004.

OVER TO YOU!

IN-DEPTH QUESTIONS
Use the internet to find out more and answer these questions:

1. What is a tsunami?
2. How are they formed?
3. What are the most urgent needs for people following a disaster like a tsunami?
4. Why do epidemics sometimes follow a natural disaster like a tsunami?
5. How do countries protect against tsunamis?
What is HIV/AIDS?
The HIV virus was discovered in 1981. HIV develops into the disease AIDS, which has killed more than 32 million people. HIV gradually weakens the body’s immune system. A person living with HIV is considered to have developed AIDS when their immune system is so weak it can no longer fight off certain infections and diseases, such as pneumonia, meningitis, tuberculosis (TB) and some cancers.

Who is affected by HIV/AIDS?
According to the World Health Organization, at the end of 2019, approximately 38 million people were living with HIV/AIDS, most of them in southern Africa. In 2020, nearly 700,000 people died from AIDS, while 1.7 million became newly infected with HIV. It is estimated that more than 12.6 million people are still not receiving treatment, whether through lack of access, testing or availability of medication.

Treating HIV/AIDS
There is no cure for HIV/AIDS, although treatments are much more successful than they used to be. A combination of drugs, known as antiretrovirals (ARVs), help combat the virus and enable people to live longer, healthier lives without their immune systems rapidly deteriorating.

What does MSF do in the fight against HIV/AIDS?
MSF programmes offer HIV testing with counselling and treatment to prevent infections including mother-to-child transmission. MSF also provides ARV treatment for people in the late stages of the disease. MSF educates and raises awareness to help people understand how to prevent the spread of the virus. In 2019, MSF directly cared for 59,400 people on first-line HIV ARV treatment.

GENERAL QUESTIONS
1. What global proportion of AIDS deaths does the Central and Western Africa region account for?
2. What proportion of children are born with HIV?
3. Why do you think this part of the world is left behind in the fight against HIV/AIDS?

MORE RESOURCES
To learn more about diseases and global epidemics, check out our KS3, GCSE and A-Level Biology teaching resources.
On 12 January 2010, a magnitude 7.0 earthquake struck Haiti.

**Scope of the disaster**
The Haiti earthquake remains one of MSF’s largest emergency responses to date. Many thousands were killed or made homeless and 60% of the country’s health facilities were destroyed. 10% of Haiti’s medical staff either lost their lives or left the country. Haiti’s infrastructure was destroyed.

MSF staff lost
MSF, which had been providing healthcare in Haiti for 19 years prior to the earthquake, also suffered losses. Twelve staff members were killed, and two of their three medical facilities collapsed.

In the aftermath of the earthquake, thousands of Haitians, most of whom had been directly affected by the disaster, were joined by hundreds of international staff who flew in to help.

**MSF’s immediate response**
MSF’s team in the capital, Port-au-Prince, swelled from 800 to 3,400 staff, working in 26 hospitals and dozens of mobile clinics throughout the city. Over the next 10 months, MSF treated over 350,000 patients and performed 16,000 surgeries. When an outbreak of cholera began, MSF treated 60% per cent of patients countrywide.

By the end of 2010, MSF donors across the world had donated more than £90 million to MSF’s work in Haiti.

**Long term action**
MSF’s experiences in Haiti showed how responding to a natural disaster often goes beyond the immediate crisis. The emergency phase, where MSF responded by providing medical care, psychological support, food, shelter and clean water, was relatively short.

In the long term, MSF needed to contain and limit the spread of infectious diseases, re-establish healthcare systems and support people who had lost their homes and were living in temporary shelters.

**OVER TO YOU!**

- Watch the video ‘Haiti one year on’ (5 mins 44 secs).
- Listen to the podcast, ‘The letter that changed me’ (23 mins) and make a list of the issues that a humanitarian worker like Dr Javid faced during this time.

**GENERAL QUESTIONS**
1 Locate Haiti on a map. What do you find surprising?
2 Watch the animated video about the Haiti earthquake and then answer the following questions:
   a In how many months did MSF treat 350,000 patients?
   b What proportion of patients with cholera did MSF treat?
   c Why do you think cholera can follow a disaster like this?
   d How many people were made homeless?
3 a In how many months did MSF treat 350,000 patients?
b What proportion of patients with cholera did MSF treat?
c Why do you think cholera can follow a disaster like this?
d How many people were made homeless?

**TEACHING RESOURCES**
To learn more, check out our KS3, GCSE and A Level resources:
- Biology
- French
- Geography
- Spanish
# FIGHTING A DEADLY DISEASE:

## THE EBOLA VIRUS

### What is Ebola?

Ebola is a highly infectious virus that can kill up to 90% of the people who catch it, causing terror among infected communities. Ebola is so infectious that patients need to be treated in isolation by staff wearing protective clothing, such as a hazmat suit.

### How is it transmitted?

Human-to-human transmission occurs through contact with the bodily fluids of an infected person, including blood and secretions. Ebola is not spread through air or water, or from newly infected people who are not yet showing any symptoms.

### An increase in outbreaks

MSF has cared for thousands of people with Ebola since the mid-1990s. From Ebola’s discovery in 1976 until 2014, most outbreaks were in isolated rural areas with fewer than 100 cases.

MSF intervened in the 2014-2016 West African epidemic, which marked a turning point in how the world responded to Ebola. The scale of the outbreak was unprecedented: 67 times the size of the largest previously recorded outbreak. It reached urban areas and killed over 11,300 people.

### Treating Ebola

No cure exists for Ebola, but two vaccines have now been approved; Ervebo in 2019 and the two-dose Zabdeno/Mavbea in 2020. Other treatments and vaccines are in development, which is bringing hope in the battle against this deadly disease.

Standard treatment is limited to keeping the patient hydrated, maintaining their oxygen status and blood pressure, and treating them for any infections.

### How MSF responds to Ebola

To mount an effective Ebola response MSF employs a series of actions, all of which are crucial to containing an outbreak:

- Newly infected people must be traced and isolated.
- Patients must be cared for and isolated.
- To reduce transmission, the burials of those that have lost their lives to Ebola must be made safe and dignified.
- Ambulances, patients’ homes and health facilities must be thoroughly and regularly decontaminated.
- Health awareness must be promoted so that at-risk communities can identify new cases.
- Health facilities, which provide care for illnesses other than Ebola, must be fully supported.

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Sadly, there have been other outbreaks since then, in 2019 and 2020, particularly in the DRC.

### WIDER READING

5 In your own words, what are the main differences between Ebola and Covid-19? You can use the internet to help you.
Unprecedented movement
At the end of 2019, there were nearly 80 million people forced from their homes around the world, more than at any time in modern history. These are people who have fled extreme dangers, including bombing campaigns, conflict, war, gang violence, poverty or other life-threatening circumstances.

Increasingly, people on the move are trying to survive not just the harrowing challenges of migration itself, but also the harmful policies put in place by governments trying to keep out migrants, refugees and asylum seekers.

How does MSF help?
MSF works around the world to provide refugees and internally displaced people (IDPs) with the medical care they need, from psychological care to lifesaving nutrition. It cares for large numbers of displaced people in the world’s leading host countries for refugees, including Pakistan, Bangladesh, Jordan, Lebanon, Uganda and Ethiopia. MSF works in countries that have experienced massive population shifts due to conflict and natural disasters, including Syria, Iraq, Afghanistan, South Sudan, DRC and Honduras. It also runs a search and rescue operation on the Mediterranean Sea for migrants attempting the crossing from north Africa to Europe, and supports people along European migration routes.

Support in camps
MSF sets up hospitals in refugee camps, helps women give birth safely, vaccinates children to prevent epidemics and provides access to safe drinking water. Examples of refugee camps where MSF works include Cox’s Bazar, the largest refugee camp in the world, in Bangladesh. This is now ‘home’ for 800,000 Rohingya who were forced out of Myanmar by violence. Other camps include Moria on the island of Lesvos in Greece.

Help in Europe
Over the last few years, MSF has supported refugees taking European migration routes to escape war and violence. From 2015, MSF worked in the so-called ‘Jungle’ camp in Calais where more than 6000 lived in terrible conditions. Many had reached there following long and dangerous journeys to escape conflict, food insecurity and torture. The ‘Jungle’ has now been shut down but MSF still runs mobile clinics for migrants sleeping rough in the Calais area.

Most recently, MSF is responding in Sudan to where victims of the violence, (including sexual and gender-based violence), in neighbouring Tigray, Ethiopia, have fled.

TRUE or FALSE
Look at these statistics from UNHCR here. Then decide which of these statements are true or false.

1. Germany took in the most refugees last year
2. Colombia was second for taking in refugees
3. Most refugees came from Syria
4. 68% of all refugees come from just five countries
5. 85% of all refugees are hosted in developed countries

OVER TO YOU!
Give me Hope is an animated film created to highlight the plight of the Rohingya by Richard Swarbrick with music by Three Laws; Twitter@rikkileaks, Twitter@Wearepresence.

FIND OUT MORE
Watch this animated film about the Rohingyas forced out of Myanmar (2 mins).

PEOPLE ON THE MOVE:
RESPONDING TO GLOBAL MIGRATION

Athens day care centre, Greece, 2019.


Marco, Greece, 2019.
SAVING LIVES ON THE MEDITERRANEAN:
SEARCH AND RESCUE AT SEA

From Libya to Europe
The Central Mediterranean remains the world’s deadliest sea border, with at least 1,300 people reported dead or missing in 2019 alone.

People who have been forced to leave their homes pay smugglers to help them cross the sea from Libya to Europe in what are often dangerous, unseaworthy boats.

Forced back to Libya
Not only are European governments turning a blind eye to these people when they run into trouble at sea, abandoning them for hours, days and sometimes weeks without assistance, they are also actively conspiring to push vulnerable people back to Libya.

According to the United Nations, Libya is not safe. Yet thousands of people have been intercepted and forcibly returned, in a cycle of torture, abuse and arbitrary detention.

This is part of a bilateral agreement with Libya, funded by European member states.

Everyone has the right to flee for their safety, to seek asylum, and to have their asylum claim assessed. At no point should this involve anyone being forced to risk their lives.

MSF’s response
Since 2015, MSF has been involved in search and rescue in the Mediterranean Sea and has been active in advocating for the rights of refugees. In the five years since MSF began this work, over 80,000 people have been rescued or assisted at sea in operations carried out by MSF.

“No human being should be left to drown, to sink beneath the waves. No human being should be forced to endure torture and suffering. Yet this is the consequence of criminal dereliction of duty by European governments.”

Oliver Behn, MSF Director of Operations

OVER TO YOU!
GENERAL QUESTIONS
Look at this interactive map of MSF rescues in the Mediterranean Sea:

1 To date, how many people have been assisted by MSF?
2 How many rescue operations have there been?
3 How many transfer operations?

IN DEPTH QUESTIONS
Listen to the podcast:
How We Rescued 560 People on the Mediterranean (26 mins).

1 Why would refugees risk the trip across the Mediterranean?
2 What are the steps involved in a rescue?

FIND OUT MORE
Click here for a downloadable Resource – Refugees the facts

Watch this video: ‘A message to Europe’ (3 mins).

A GLOBAL HEALTH EMERGENCY:

THE COVID-19 PANDEMIC

What is COVID-19?
A new coronavirus was first reported in Wuhan, China, in December 2019. The virus is very contagious, and everyone is presumed to be susceptible. Coronaviruses are a large family of viruses most of which are harmless to humans. Four types are known to cause colds. Two other types can cause severe lung infections: Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). COVID-19, which stands for ‘coronavirus disease 2019’, is known by specialists as SARS-CoV-2 because of its similarities to the virus that causes SARS.

COVID-19 seems to target cells in the lungs and possibly other cells in the respiratory system. Cells infected by the virus will produce more virus particles, which can then spread to other people, for instance by coughing.

How widespread is it?
As of 2021, COVID-19 remains a worldwide pandemic with infections detected in over 212 countries so far. This is the worst global outbreak of a disease since the influenza pandemic, which began in 1918. The rapid spread of the disease has overwhelmed healthcare systems, disrupted economies and completely altered normal life in many parts of the world. Since it was first reported by the World Health Organization, COVID-19 has killed more than 3.4 million people and infected over 163 million, with many more cases going unreported.

How is MSF responding?
MSF teams are working in projects in more than 70 countries to fight the spread of COVID-19. They are also helping to sustain other lifesaving medical care for communities who are further threatened by the pandemic. Everywhere it works, MSF sees how this pandemic hurts already vulnerable and marginalised communities.

Providing training for vital infection prevention and control measures in health facilities, and supporting response efforts by local authorities.

Everywhere it works, MSF sees how this pandemic hurts already vulnerable and marginalised communities.

OVER TO YOU!

YOUR EXPERIENCE OF LOCKDOWN

1. Without thinking or feeling judged write down three words to describe lockdown for you
2. What did you miss most in lockdown?
3. What has been hard during the pandemic?
4. What has surprised you during the pandemic?
5. How do you think life will be different for you after COVID-19?

FIND OUT MORE

An illustrated record of MSF’s COVID-19 intervention in Switzerland.

A video of mental health tips during COVID-19 (1 min).

TEACHING RESOURCES

To learn more, check out our KS3, GCSE and A Level resources.

Biology
French
Spanish

COVID-19 Treatment Centre

PPE checks, India, 2020.


