

MEDPULSE

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Venezuelan Migration to Brazil: A Lack of Healthcare, Shelter, and Services By Alexia Doican

An influx of asylum seekers and migrants from Venezuela has been seen since the partial reopening of Brazil's northern border in Roraima state. Of the hundreds of migrants arriving on a daily basis, most wind up in Pacaraima, a small town within Roraima state, awaiting legal status request processing. Clearing migration status is a slow process; the migrants are left with no healthcare or shelter accommodations from the town. This has resulted in thousands of migrants having to live on the streets during their wait. In response to this, Doctors Without Borders/Médecins Sans Frontières (MSF) has established mobile clinics in Pacaraima and Boa Vista, offering medical, sexual, reproductive, and mental health services.¹ The MSF teams cared for 14 551 patients between July and September, after the partial border opening and lifting of COVID-19 restrictions in July.¹ Respiratory tract and gynecological infections were the main reason for consultation. 69% of patients consulted by the mental health team had critical symptoms of stress, depression, and anxiety due to family separation, displacement, and experienced violence.¹

Apple
(*Malus pumila*)

Health Care Inaccessibility in Central African Republic By Jasmine Parmar

The Central African Republic (CAR) is experiencing an extreme health crisis due to a severe shortage in healthcare workers, medical supplies and health facilities. This instability has led to poor health outcomes, such as a high proportion of malaria-driven under-five deaths, high maternal mortality rates, and the highest prevalence of HIV in Central Africa. Additionally, a lack of access to good reproductive health care has had serious repercussions on preventing and treating sexually transmitted diseases.² A severe shortage of healthcare workers and medical supplies, such as vaccinations, have also resulted in preventable diseases impacting public health, such as malaria and HIV/AIDS.³ Independent of any political agendas, MSF began providing general and emergency healthcare in the CAR in 1997, working to make treatment for HIV/AIDS available and running reproductive health services to address this crisis.⁴ In 2019, MSF ran 12 projects to host medical facilities across CAR, and in the capital, Bangui.⁵ MSF health facilities are free of charge, and currently one of the only treatment providers for those individuals.⁶



Cupuaçu
(*Theobroma grandiflorum*)

MSF's Response to the COVID-19 Pandemic in Peru By Hayley Kupinsky

While the COVID-19 pandemic impacted all countries, it disproportionately impacted lesser-developed countries, like Peru. As of June 2021, Peru had the highest COVID-19 mortality rate in the world.⁷ The country experiences a large barrier to vaccine access and is struggling with an overwhelmed healthcare system. In 2020, MSF returned to Peru for the first time in over a decade to assist the Ministry of Health in their response to the pandemic.⁸ MSF expanded their intervention by creating a new facility in Cusco to relieve some of the pressure on the healthcare system and treat more critical COVID-19 patients.⁹ A team of doctors and nurses experienced in the clinical management of COVID-19 patients aimed to share knowledge acquired during COVID-19 responses in other countries. Personal protective equipment and medicines were also donated to help treat patients.¹⁰



Banana
(*Musa acuminata*)

Tuberculosis Program Implemented by MSF in Russia

By Iqra Chuadhry

Tuberculosis (TB) is a bacterial infection that generally affects the lungs and respiratory system.¹¹ TB is easily transmissible from person-to-person, which has led to several epidemics. The discovery of the antibiotic agent streptomycin in the mid-20th century significantly reduced TB cases in many parts of the world.¹² However, the over-prescription of the drug has led to a surge in multiple drug-resistant tuberculosis (MDR-TB), especially in Russia.¹³ With no treatment available, MDR-TB cases and the associated death rate in Russia increased by 7.5% and 11% each year since 1990, respectively.¹⁴ To help the country deal with the resurgence of TB, MSF began working with the Chechen Ministry of Health to develop a TB programme.¹⁵ This programme includes the provision of appropriate medications for treatment of severe cases, training for doctors and nurses, as well as laboratory support, health promotion, and psychosocial assistance for patients and their families. This programme continues to be in effect and has since been expanded to include research and development of novel oral short-course treatment regimens for MDR-TB patients.¹⁶



Lack of Access to Antifungal Medication During India's Surge in Mucormycosis Infections

By Saathana Mathirajan

The concurrent rise of the COVID-19 Delta variant and mucormycosis infections in India had placed significant pressure on their healthcare system.¹⁷ Nearly 71% of global mucormycosis infections in COVID-19 patients were from India during the first wave of the pandemic.¹⁸ Mucormycosis, otherwise known as “black fungus,” is a rare fungal infection that can cause adverse health outcomes relating to the brain, eyes, sinuses, and nasal passages.¹⁹ If untreated, mucormycosis can be fatal in up to half of those who contract it.²⁰ With the rampant increase in infections, several Indian states faced shortages of antifungal medications like liposomal amphotericin B, which is administered after surgically removing infected tissue.²¹ Along with the shortage, the cost of this medication has placed low-income families at a disadvantage for accessing treatment.²² Looking to reduce this disparity, MSF has requested the Gilead Sciences pharmaceutical corporation, a manufacturer of this liposomal amphotericin B, to promptly reduce the standard “access” price and expand the availability of this medication to all low- and middle-income countries.²³ The corporation has subsequently promised to partner with the Indian government to increase access to the medication.²⁴

References can be found on our website: meducator.org

Preventing and Treating Cervical Cancer in Malawi

by Maheen Raja

Inaccessibility of adequate medical care remains to be the driving force of many global health concerns, including cervical cancer. While great advances for cervical cancer prevention and care have been established in high-income countries, an unequal and clear difference in curative treatments for low-income countries is noticeably observed, making it the fourth most common female malignancy.²⁵ The alarming mortality rate in Malawi, located in East Africa, remains to be the greatest worldwide.²⁶ To counteract this concern, MSF established five main projects worldwide, targeting Malawi with their most exhaustive approach.²⁷ This project includes preventative and curable techniques including human papillomavirus (HPV) vaccination, visual acuity with acetic-acid screening, and various pre-cancer treatments.²⁸ Additionally, case management strategies, including palliative care and the accessibility to surgical procedures such as extended abdominal hysterectomies, began in 2019 following the commencement of MSF's operating theater.²⁹ Despite MSF's clinical approach, a greater emphasis on pharmaceutical companies creating affordable and accessible HPV vaccines is needed to overcome this global health concern.