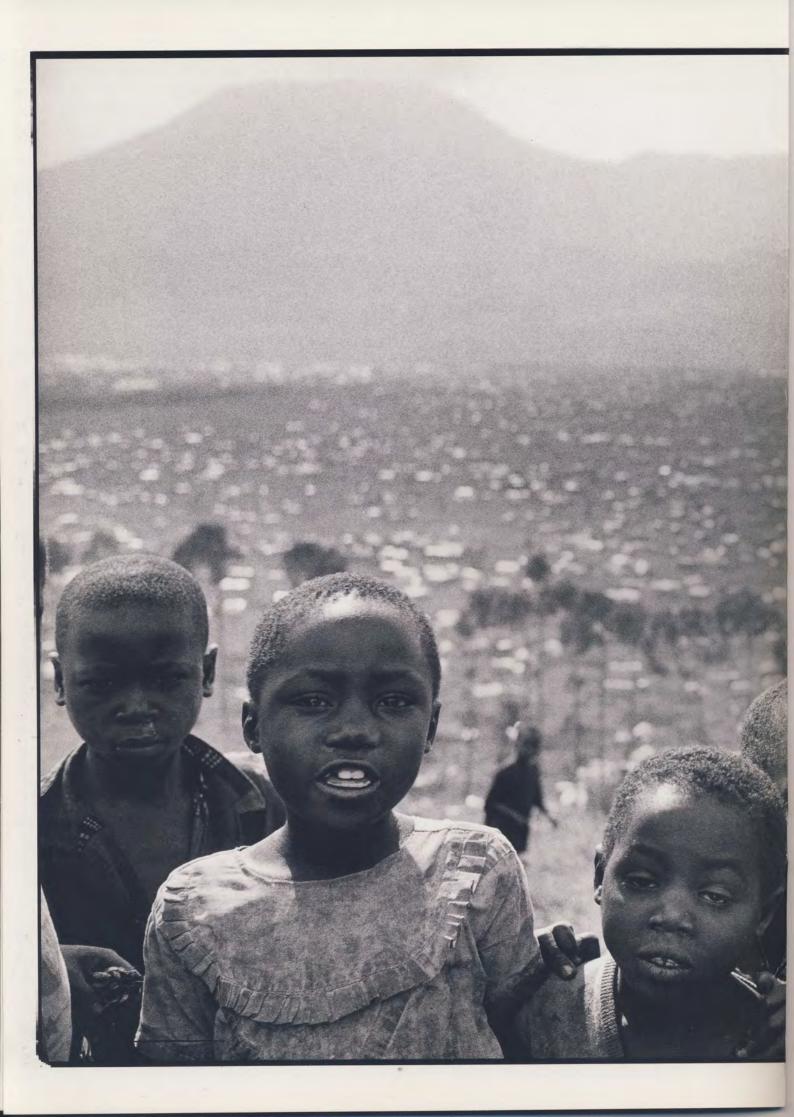


Providing immediate, professional and impartial emergency medical aid





## MERLIN's role in disaster relief

MERLIN (Medical Emergency Relief International) is a new British organisation which harnesses the skills of volunteers to provide medical relief when it is most needed; before a disaster occurs and in the early days and weeks of an emergency.

The best work done by MERLIN is in disaster prevention. By bringing skilled medical teams to provide vaccinations and health care, MERLIN can prevent further, unnecessary deaths from disease and epidemics. To do so it needs to be prepared, with human resources, logistics and independent funding in place. When MERLIN's work does not reach the headlines, it has succeeded; a disaster has been averted.

A rapid response is essential. Thousands of lives can be saved if medical assistance is provided early enough. In Rwanda, in Chechnya and in Afghanistan, one sees time and time again how wars or natural disasters destroy a people's ability to help themselves. Left without food, water or shelter, sometimes injured and increasingly vulnerable to disease, these people urgently need medical assistance.

British doctors and nurses have the skills and the willingness to help; MERLIN provides the infrastructure to get them to where they are needed. With clear objectives, with appropriate medical supplies and support, its volunteers can make an enormous difference.

Well-targeted emergency relief is efficient and cost-effective. MERLIN's programmes are short, just three to nine months, but that is the critical period of an emergency. By providing immediate health care and by vaccinating against disease, MERLIN acts as a life-line when people are most vulnerable. By training local staff and re-building local health clinics, MERLIN leaves a solid framework to support these people as they start to rebuild their shattered lives.

As we reflect on the past two years and consider MERLIN's raison d'être, I am saddened to see that the world continues to struggle with an increasing number of man made disasters. The areas we have worked in include Sudan, Bosnia, Nagorno Karabakh, Azerbaijan, Burma, Siberia, Rwanda, Zaire, Afghanistan and now Chechnya. With the exception of our project in Tomsk in Siberia, the key feature behind all these interventions is conflict.

We know that public health issues such as epidemics and famine complicate the effects of war, claiming many more lives than the soldiers and their weapons. We know that conflict mitigation by governments and the UN so often fails to avert disasters; that the guilt poured on us by the media will continue week after week, disaster after disaster - today it is Chechnya, tomorrow perhaps Burundi. We know that armchair politicians will continue to pontificate on the whys and wherefores. In the meantime, the cellars of Grozny are filling up with the old, the hungry, the frightened, the homeless, the ill, and worst of all, the hopeless.

MERLIN's raison d'être is more than just an idea. Through our volunteers, we aim to have a positive impact on these emergencies and where possible, to prevent further disasters.

To do so effectively, we must continue to develop capacity, efficiency and financial independence. The objectives must be clear, focused and compatible with those of other agencies. The driving force must retain its humanitarianism through volunteerism and respect for human rights. Efficiency will come through professionalism and cautious growth. Since January 1993, we have expanded rapidly. Now, we can consolidate.

Work in a war zone is not for amateurs so we are right to professionalise but we must do so without losing our motivation and, most importantly, by nurturing our volunteers' remarkable spirit. It is they who, first and foremost, have demonstrated the courage, resolve, professionalism and integrity required. Without these volunteers we would have achieved nothing. But, they need support.

If, here in London, we can underpin them effectively and develop the financial independence to reach the "forgotten" people in the world then, and only then, will we have fulfilled our remit.

Dr Christopher Besse

Ung Pohn

Director



#### Chechnya

The Russian onslaught against the Chechen capital, Grozny, destroyed most of the city's medical facilities as well as water and fuel supplies. The lack of clean drinking water, the shallow graves throughout the city, and the warm weather, increased the risk of an epidemic. MERLIN brought drugs and equipment into the city, supplied hospitals and opened clinics. It also undertook a further emergency programme to supply 50,000 people with clean water.

#### Rwanda

Up to 350,000 displaced Hutu Rwandans settled in camps in the south west of Rwanda where MERLIN vaccinated children against measles and meningitis, preventing epidemics. When the Kibeho camp was violently closed in April 1995, resulting in thousands of deaths and injuries, the MERLIN team used its emergency stockpile of drugs and equipment to treat and save hundreds of those injured in the disaster.

#### Zaire

In the space of a week last July, up to 4,000 unaccompanied Rwandan children arrived at the Ndosho centre in Goma. MERLIN treated many of them for cholera and prevented the disease from infecting others. All children were vaccinated against childhood diseases. A pharmacy was established and local health staff trained to ensure that Ndosho became a healthy home for the children.

## Afghanistan

Years of warfare all but destroyed the city of Kandahar in Afghanistan. With no health system or health education, its people were poorly protected against disease. The region also had one of the worst child mortality rates in the world.

MERLIN delivered medical supplies and established health clinics throughout the city. Mothers and children were targeted for extra assistance and training was undertaken for health personnel in the prevention of disease.



MERLIN is providing urgent medical and sanitation assistance to the destroyed city of Grozny, Chechnya



Prompt vaccination programmes undertaken by MERLIN helped prevent epidemics amongst displaced Rwandans



An emergency team from MERLIN assisted hundreds of children affected by the cholera crisis in Goma, Zaire



Mother and child health clinics established by MERLIN in Afghanistan are helping to reduce the high child mortality rate





Mass population movements, wars and ethnic clashes, epidemics or natural disasters, can all precipitate an emergency. In these situations it is disease, not violence, that claims the greatest number of lives. With health care disrupted, food and water in short supply, overcrowding and poor sanitation, the risks are enormous. The increase in death rates in such situations can be dramatic, up to 45 times the normal rate. Early intervention can prevent this from happening.

How can we prepare for such situations? There are three key elements:

#### • Human resources

MERLIN is developing a pool of dedicated professionals who are willing to leave for a disaster region at short notice. These volunteers are backed by a core team with considerable experience of emergencies.

#### Logistics

Rapid reaction requires efficient logistics. To transport vehicles, radios, medical supplies and people to remote parts of the world, often in the middle of a conflict, is not easy. In emergencies, speed is a priority.

#### • Funding

MERLIN is developing an emergency fund to enable it to reach disaster zones quickly. Independent finance combined with government funding remains an important element in all interventions.

#### The Response

Many deaths in refugee situations are entirely preventable. Diarrhoea (including dysentery and cholera), respiratory disease, measles and malaria, take the greatest toll. In Goma in Zaire, thousands of Rwandans died of cholera with the most vulnerable being children under five, and women. However, simple health care, such as effective oral rehydration, saved many lives.

## **Emergency prevention**

By recognising the early signs of an epidemic such as meningitis, measles or cholera, action can be taken to prevent further cases. Basic measures such as vaccinating, isolating the infected and improving sanitation may be all that is needed.

#### Sustainability

Whilst the intervention may be a short one, MERLIN always looks at how its work can have a long term impact. This invariably involves training local health workers, close collaboration with other agencies more specialised in long term development work, support of the existing infrastructure (eg. government), and maintaining a careful follow-up on the programme, preparing to intervene again if necessary.



Many of the disasters MERLIN confronts have been caused by war. Each time it is civilians who pay the highest price. In Chechnya and in Afghanistan for example, entire cities have been sacrificed to bombs and shells. In the Chechen capital, Grozny, the suffering that started with the fighting, continues long after the soldiers have moved on.

#### The aftermath

More than 90,000 people stayed in Grozny throughout the conflict with Russia. The fighting started at the end of 1994 and lasted, in Grozny, for more than three months. In that time, water, food and fuel supplies were cut, hospitals gutted and buildings destroyed. It is estimated that at least 25,000 civilians died.

#### The needs

The citizens who fled Grozny during the fighting soon started to return. The number of inhabitants reached 200,000 in a matter of weeks. The needs were enormous:



#### • Shelter

The centre of Grozny was razed to the ground, people's homes were destroyed;

#### • Water and food

Although a river runs through the city, it was contaminated with corpses and untreated sewage. There was only one litre of 'safe' water available per person per day;

#### • Health

Ten of the city's 13 hospitals were destroyed in the Russian onslaught.

There were no medical supplies and medical staff had fled. Vaccination coverage in the previous two years was negligible, and diseases associated with overcrowding were rife.

Respiratory diseases, psychiatric and gastro intestinal illnesses claimed their toll.

Hypertension, asthma, arthritis, cardiovascular diseases - the chronic illnesses of the aged - all needed attention. Amongst the children, cutaneous diseases such as scabies and impetigo spread like wildfire.

#### The response

MERLIN's evaluation team was amongst the first to arrive in Grozny. The lack of sanitation, rising temperatures and shallow graves throughout the city increased the risk of epidemics and underlined the need for a swift response.

#### Immediate assistance included:

### • Provision of supplies

Five tonnes of emergency supplies were immediately transported to the region.

#### • Establishment of clinics

MERLIN set up small out-patient dispensaries around the city centre, manned by local doctors and nurses, and supported by expatriate staff.

A mobile clinic enabled a team of local and expatriate staff to reach those unable to attend a dispensary for consultation, in particular the elderly.

#### Equipping of the hospital

In addition to the dispensaries, MERLIN supplied basic medicines and medical



material to the main hospital in the region and organised its out patients' department. Part of the hospital was prepared for the management of an outbreak of cholera.

## Assessing future needs

A survey of people's living conditions focusing on health, food supply, water and sanitation was undertaken so that priority needs could be assessed for the second phase of the programme. This will certainly include vaccination against diphtheria and measles.

Although MERLIN's activities usually focus on specific medical issues, it is impossible to prepare against diarrhoeal diseases such as cholera, typhoid, hepatitis A and C, as well as dysentery, without ensuring a proper sanitation and water supply. There are no specialist water agencies able to gain access to the demolished city, so MERLIN is devoting half its resources to the provision of safe drinking water and waste disposal.



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# Prevention: the most effective emergency response

In 1993, the World Health Organisation (WHO) declared the resurgence of tuberculosis a global emergency. Nearly one-third of the world's population is infected and TB is the leading cause of death due to a single infectious agent.

In the former Soviet Union and Eastern Europe, TB is much more prevalent than in most of Western Europe and incidence is increasing fast. In Russia, for example, TB notifications have risen from 34/100,000 in 1990 to 43/100,000 in 1993. Incidence in Siberia is even higher and last year, in the Tomsk region of Siberia, three children died of TB; the first childhood deaths since the 1950s.

MERLIN has been working in Tomsk to help prevent the developing emergency. Part of the problem was found to be a result of the severe shortage of drugs and laboratory services. The Siberians also requested information and some technical expertise.

In the West and in much of the rest of the world, TB patients receive Short Course

Chemotherapy (SCC): a patient takes up to five drugs at a time for six months or more. This is cheap - on average it costs \$36.72 for the whole six month course and high cure rates of 95% or over are achievable. The World Bank evaluated SCC as the second most cost-effective health intervention known to them.

However, WHO recommended treatment regimes have never been tried in Russia. Russian doctors have a long, proud and very different tradition of much more individualised, and much more expensive treatments for TB. Now, with the breakdown of the health care system, there is not enough money available to buy the drugs they need.

MERLIN brought in several shipments of drugs to solve the immediate shortages. Its volunteers have also been involved in longer term work with Russian phthisiatrists (TB doctors). In Tomsk, a clinical trial has been set up to compare WHO recommended SCC regimes with Russian treatment methodologies. Patients are treated for six months or more and then followed up for 30 months to see how well both sorts of treatment really work.

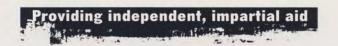
Before effective treatment can be started, patients have to be carefully diagnosed and MERLIN has been involved in this work as well. This includes the provision of microscopes to the newly centralised TB Dispensary laboratory.

MERLIN has also piloted education systems for nurse practitioners working hundreds of kilometres out of the city of Tomsk, as well as starting some Health Promotion for the general public. Russian doctors continue to work for MERLIN in Tomsk.

The Tomsk programme is a real opportunity to prevent a developing emergency and importantly, the work is being seen as a pilot for the rest of Russia.







Independence is a watchword in MERLIN: independence of thought, action and responsibility. MERLIN's aim is the prevention and relief of suffering wherever and whenever the need arises – this requires the ability to react, unfettered by political or financial considerations.

Providing humanitarian aid in an emergency is not cheap. It requires the capability to mobilise substantial sums at very short notice. Medical equipment, drugs and transport have to be procured quickly. As a result it is not surprising that, like other aid agencies, most of MERLIN's funding for emergency programmes is sourced from governments. We remain grateful for the support of the Overseas Development Administration (ODA) and the European Community Humanitarian Office (ECHO).

However, government money cannot underwrite everything that MERLIN does.

Nor, given the desire to remain independent, would it be right for the Charity to be tied in this way. During 1994, MERLIN has been grateful to receive contributions in a number of crucial areas. Glaxo plc made a further, substantial donation to the Evaluation Fund, thus ensuring that the initial evaluation of a disaster remained independent and enabling MERLIN to gather information to support applications for subsequent funding. The Bulldog Trust, the Jerwood Foundation and the Network Foundation all supported the salaries of key members of the London core team.

Finally, generous support to the charity in general came from a number of major donors, notably: The Bernard Sunley Charitable Foundation; The Ernest Kleinwort Charitable Foundation; The Rich Foundation; Hardy Oil & Gas plc; and Minorco Holdings plc. Each of these, together with many individual donors, increased MERLIN's flexibility and enabled the teams in the field to react to the unexpected.

In 1995, MERLIN is seeking to develop further its ability to react swiftly and decisively in the face of human need. In particular it needs to raise independent funding in the following areas:

- Evaluations to maintain independent assessment of need
- An Emergency Fund to provide the financial cover to initiate work immediately
- A Logistic Stockpile to overcome the problem of procurement to very tight deadlines

"The Jerwood Foundation's support for Merlin, through its direct sponsorship of Dr Christopher Besse, Merlin's Director, is enabling the Charity to widen its public exposure and donor base. It also demonstrates the Foundation's aim of being imaginative, innovative and making a positive contribution to society..."

Jerwood Foundation

"...Glaxo's policy is to support those appeals which are innovative, with clear-cut and tangible aims, made by organisations which are able to convince us that they will make efficient use of our donation..."

Glaxo Wellcome plc

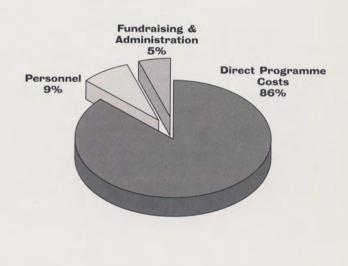
# Financial Summary 1994

1994	1993	Net assets £'000	1994	1993
357	197	Tangible Fixed Assets	39	16
2,222	1,164	Net Current Assets	253	65
			292	81
17	2	General Fund	164	50
		Restricted Funds	128	31
2,596	1,363		292	81
	357 2,222 17	357 197 2,222 1,164 17 2	357 197 Tangible Fixed Assets  2,222 1,164 Net Current Assets  17 2 General Fund Restricted Funds	357 197 Tangible 39 Fixed Assets  2,222 1,164 Net Current Assets 253 292  17 2 General Fund 164 Restricted Funds 128

## Total Expenditure £'000

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Direct Programme		
Costs	2,053	1,162
Personnel	200	67
Fundraising & Admin.	118	47
Depreciation	15	5
	333	119
	2,386	1,281



The above information is extracted from the financial statements for 1994, copies of which are available from the Secretary, Merlin, 1a Rede Place, London W2 4TU.

The financial statements were audited by Littlejohn Frazer, Chartered Accountants and Registered Auditors, whose report was unqualified.

## Working together for positive change

At the height of fighting in Kabul last year, I vividly remember civilians crying out for help from the West. After a decade and a half of conflict in Afghanistan, the war there is largely forgotten by the world outside. But on average, in Kabul alone last year, one member of each family was killed or injured. It is the innocent civilians who take the vast brunt of the casualties as indiscriminate shells and mortars are flung from one side of the city to the other.

Western governments argue – and in many ways they are right – that there is little they can do directly until the conflict ends. Only then, they say, can they help with reconstruction of the country which has been torn apart by fifteen years of chaos.

But what about the civilians caught up in the trap of war? How are their immediate needs to be met? This is where Non-Governmental Organisations, or NGOs, such as MERLIN can, and are, playing such a vital role in conflict zones around the world. Apolitical and flexible, they can move in with speed to one or both sides of a frontline to assist the endless stream of civilians so badly in need of help.

In a country whose infrastructure has been all but destroyed, medical services are almost non-existent. I met a team from MERLIN in Afghanistan carrying out an assessment of priority needs. They identified Kandahar Province in the south of Afghanistan as an area which required urgent assistance and, within a short time, set up their operation.

As a journalist reporting for more than a year on a civil war with so much bloodletting, it was humbling to witness how ordinary Afghan families coped with much of the misery. But it was also humbling to witness, first hand, day after day, how they were helped by the NGOs – working together and complementing each other's particular expertise. MERLIN is a new, fast expanding charity that has stamped its own special mark, giving vital medical help in the world's troubled areas. To continue doing so, it needs all our help too.

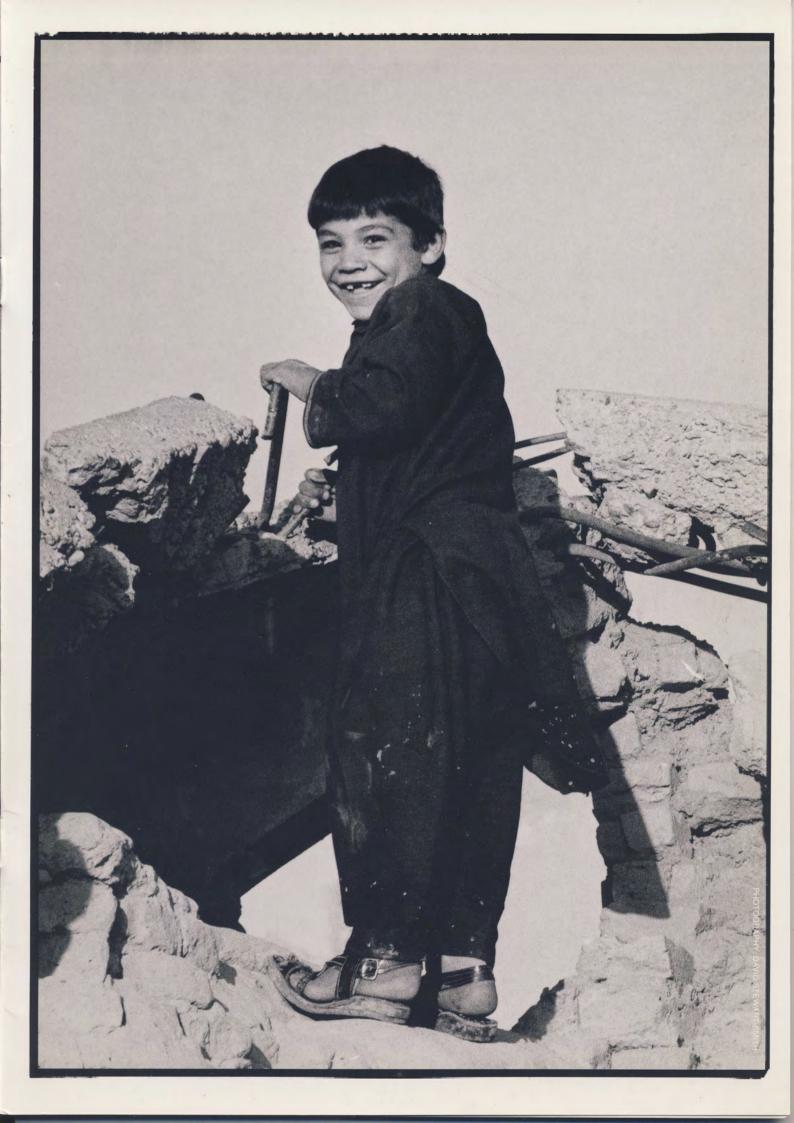
William Reeve, BBC Kabul Correspondent August 1993 - December 1994

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