



INTERNATIONAL ACTIVITY REPORT 2019

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Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers, and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance, and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

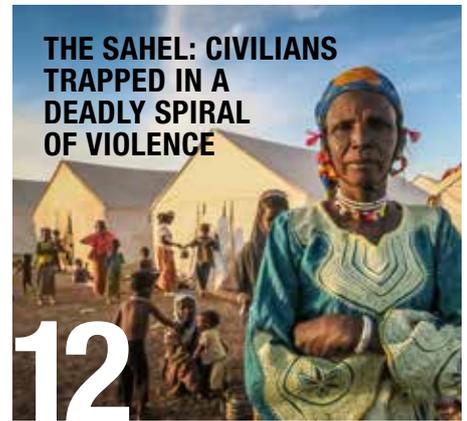
The country texts in this report provide descriptive overviews of MSF's operational activities throughout the world between January and December 2019. Staffing figures represent the total full-time equivalent employees per country across the 12 months, for the purposes of comparisons.

Country summaries are representational and, owing to space considerations, may not be comprehensive. For more information on our activities in other languages, please visit one of the websites listed on p. 100.

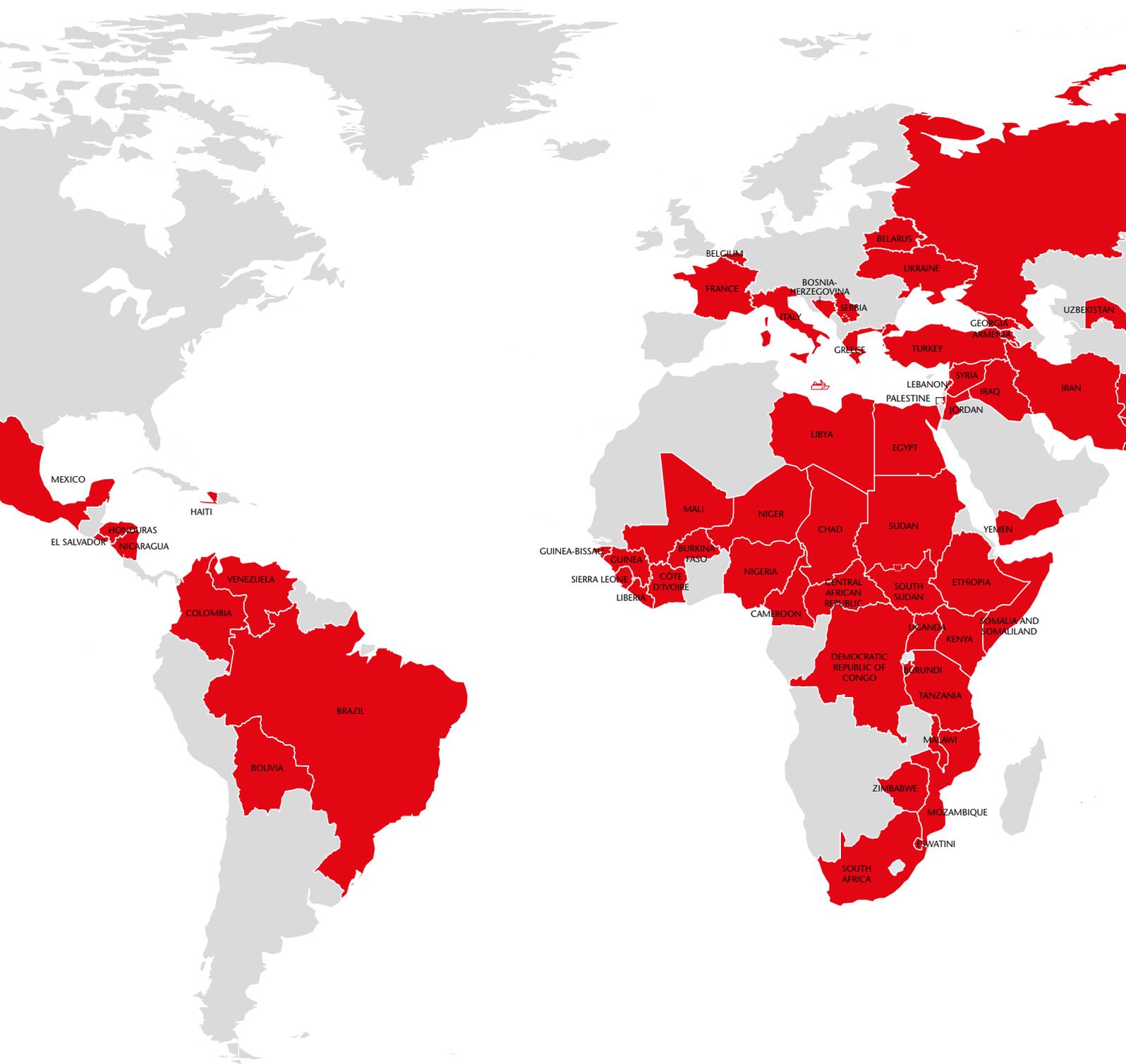
The place names and boundaries used in this report do not reflect any position by MSF on their legal status. Some patients' names have been changed for reasons of confidentiality.

This activity report serves as a performance report and was produced in accordance with the recommendations of Swiss GAAP FER/RPC 21 on accounting for charitable non-profit organisations.

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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.

FOREWORD

In 2019, tens of thousands of MSF staff undertook lifesaving work that impacted millions of people in more than 70 countries around the world. We begin this report by thanking them for their commitment and dedication. This is also an opportunity to raise two issues of growing concern to MSF.

Over the past two decades, governments have implemented increasingly restrictive legislation to fight radical armed groups. In certain situations, these restrictive measures conflict with the provisions of international humanitarian law and have direct consequences on MSF's ability to provide medical and humanitarian assistance to those in need. Our work is sometimes perceived as material support and collusion with criminal groups, rather than impartial and neutral medical humanitarian assistance to the wounded, the sick and other very vulnerable people. In some places, this is compounding an already very difficult situation where humanitarian aid is significantly curtailed as a result of the abduction and killing of humanitarian workers by armed groups.

In Nigeria and Syria, for example, we have for years been confronted with reduced access to people in dire need, living in highly insecure regions where states have criminalised some humanitarian and medical activities and personnel. Our staff have been arrested in Syria, military investigations into our activities have taken place in Nigeria and non-state armed groups have attacked and kidnapped humanitarian workers. International sanction regimes and restrictive state measures also affect the financial transactions of aid organisations by, for example, placing restrictions on where funds can be transferred. We have experienced this first-hand, notably when we endeavoured to transfer money to pay our staff in Somalia.

Monitoring and assessing how these restrictive measures threaten the security of our staff and impede our work is a priority for us, as is mitigating the way in which humanitarian action and principles are impacted. Security and humanitarian frameworks should be able to coexist so that people affected by conflict and violence are not denied the assistance they are entitled to.

Climate change, a human-induced reality, is also of great concern to us, as it may well alter the dynamics of conflict and the incidence of disease, impacting communities already at risk. Following a motion passed by our International General Assembly in 2019, we are evaluating how we can address environmental issues most effectively. On the basis of scientific reports outlining what can be expected in the future, it is vital that we prepare to assist the people who will be affected. At the same time, we need to assess our own carbon footprint and take steps to incorporate environmentally responsible working methods, products and equipment into our projects. Adapting the way we operate could greatly impact the communities we serve, which is why we must define and adopt a strategy as a matter of urgency.

The following pages present an overview of MSF's work in 2019. We extend our deepest gratitude to our donors, whose trust and generosity allow our organisation to continue to provide vital humanitarian and medical assistance wherever we can.



Dr Christos Christou

INTERNATIONAL PRESIDENT

A stylized, handwritten signature in black ink.



Christopher Lockyear

SECRETARY GENERAL

A handwritten signature in black ink, appearing to read 'Chris Lockyear'.



© Moises Saman/Magnum Photos

THE YEAR IN REVIEW

By Oliver Behn, Dr Marc Biot, Dr Isabelle Defourny, Kenneth Lavelle, Bertrand Perrochet and Teresa Sancristoval, MSF Directors of Operations

In 2019, the Ebola outbreak declared in northeastern Democratic Republic of Congo (DRC) in August 2018 continued to rage, alongside the worst-ever measles epidemic, while further east, two cyclones and severe flooding devastated parts of Mozambique, Sudan, and South Sudan. There was an upsurge in conflict across the Sahel and in Yemen, and thousands of migrants, refugees and asylum seekers remained trapped in Libya, Greece and Mexico, exposed to violence and disease.

Médecins Sans Frontières (MSF) teams responded to all these crises, and other emergencies around the world, during the year, with a workforce of approximately 65,000 people – around 80 per cent of whom were hired in the countries where we work.

Deteriorating situation for people and relief providers

Living conditions, including access to medical care, significantly deteriorated for many people in countries across the Sahel region – especially Mali, Niger and Burkina Faso – during 2019. Armed groups and intercommunity violence have made parts of the region extremely insecure and forced people to flee their homes. MSF provided care to address the immense medical needs, including

worrying levels of malnutrition and malaria, particularly among children. However, intense violence and the ever-present threat of abductions meant that it was no longer safe for our teams to work in some areas. We worked where it was safe to do so, although the precarious context requires a lot of time and staff resources to manage the risks, restricting who and where we are able to help.

In northwest and southwest Cameroon, where violence between government forces and separatist armed groups escalated sharply, MSF teams extended their activities. The conflict has displaced over 500,000 people since 2016, leaving them in dire need of humanitarian assistance.

continued overleaf ▶



Urgently needed water is distributed in Djibo to people displaced by an attack in Pobé Mengao, 25 kilometres away. Burkina Faso, November 2019.

© Noélie Sawadogo/MSF

In Yemen, where the war entered its fifth year, people are still dying from preventable diseases, due to the collapse of both the economy and the health system. An MSF report released in 2019 showed that a significant number of expectant mothers and sick children had died because of the delay in receiving care. Though the rate of airstrikes slowed in 2019, the fighting that has torn the country apart continued to rage on many of the frontlines. We struggled to provide relief in a context characterised by insecurity and bureaucratic restrictions imposed in Yemen's north.

In the Central African Republic (CAR), there were numerous attacks against civilians and civilian infrastructure in 2019. In late May, gunmen shot dead more than 50 people they had brought together under the pretence of organising a community meeting. The conflict severely limited access to medical care: when MSF teams came to administer vaccines in Mingala town, residents had not seen a doctor or humanitarian worker for more than two years.

Millions of people driven from their homes in war-torn Syria are still living in unsafe and precarious conditions in camps. Our efforts to deliver assistance to them were severely hampered in 2019, not only by insecurity, but also by administrative challenges.

MSF is working on obtaining registration to work in Syria and has not been authorised by the government of Syria to have direct access in some areas. Part of our medical aid supplies for northern Syria are normally routed through Turkey, a country in which we haven't been able to renew our registration, rendering the provision of support for our Syrian operations significantly more challenging.

In October, due to the Turkish military operation in northeast Syria, we were forced to reduce our presence or withdraw teams from several locations, including Tal Kocher, leaving vulnerable people with limited access to healthcare. Ain Issa displaced persons camp was entirely dismantled, leaving people to seek safety once again. MSF teams also reduced our presence in both Raqqa city and in

Al-Hol camp, where 70,000 people – 94 per cent of whom are women and children – are held.

Against all odds, we still maintain a presence in Syria and try to provide assistance where possible; much of our work is in supporting medical networks and local hospitals, which are able to provide some level of care to people. However, we are not currently able to work in the country to the level that we would like and that also meets people's needs.

Responding to epidemics

Large-scale measles outbreaks swept across several countries during 2019, resulting in thousands of deaths. DRC was particularly hard hit, with 310,000 cases reported and around 6,000 deaths, three-quarters of them children under the age of five. In one week alone in November, nearly 10,000 cases were recorded across the country.

Yet the epidemic has attracted very little international attention and funding; by August, only US\$2.5 million out of the required \$9 million had been raised for the UN-led response plan. In DRC, MSF launched activities in 16 provinces, vaccinating over half a million children and treating more than 30,000 patients. Our intervention has not been without its challenges, however; insecurity, vaccine stockouts and logistical issues have hindered operations in some areas.

MSF also responded to measles outbreaks in Cameroon, Nigeria, Chad and Lebanon, conducting vaccination campaigns and setting up new measles wards in health facilities.

By the end of the year, the Ebola outbreak in northeastern DRC had claimed over 2,200 lives. Despite the lessons learned from the West Africa epidemic and the availability of two new vaccines and investigational treatments, two-thirds of infected people died. MSF was frustrated with the slow, opaque and restricted vaccination efforts, leaving MSF vaccination teams on standby for weeks, while we publicly called on the World Health Organization for greater

vaccine supply transparency. Our teams continued to tackle the disease in North Kivu and Ituri provinces but insecurity and the failure to gain people's trust impeded activities. Two of the Ebola treatment centres we ran in North Kivu were attacked and burned down within days of each other in February.

Responding to natural disasters

In March, a weather system dumped heavy rain on Malawi, leading to severe flooding, before heading out to sea and developing into Cyclone Idai, which hit Mozambique first, and then Zimbabwe. Around 80 per cent of Beira town in Mozambique was destroyed in the storm. MSF launched a large-scale intervention to provide medical care, conduct water and sanitation activities, rebuild damaged health facilities and assist local authorities to contain a cholera outbreak, including through vaccination campaigns.

In October, parts of South Sudan, Sudan and Somalia were severely affected by floods. South Sudan was hard hit, with hundreds of thousands of people displaced and unable to meet their most basic needs. The price of food tripled, making it unaffordable for many. In the eastern town of Pibor, the MSF hospital flooded and had to move, before the new area also flooded, significantly reducing our lifesaving activities and access to healthcare for people.

Assistance to migrants and asylum seekers

Migrants and asylum seekers continued to be abandoned, neglected or pushed back by authorities across the world. From central America to the Horn of Africa, our teams see the suffering of people on the move. While MSF was able to resume our Mediterranean search and rescue operations in August with a new boat, the *Ocean Viking*, thousands of migrants were trapped in Libya in a context of

increasing violence. When conflict broke out in Tripoli in early April, many remained locked up and abandoned in detention centres. On 2 July, two airstrikes hit the Tajoura detention centre, killing at least 53 people.

In Europe, governments continue to sit on their hands while migrants trying to flee Libya are picked up and returned there by EU-funded Libyan coastguards, and thousands of people languish in miserable conditions on the Greek islands. MSF teams treat people in both places, including those with severe mental health issues that have developed as a result of their plight.

Medical advocacy in action

2019 marked 20 years since MSF was both awarded the Nobel Peace Prize and established the Access Campaign with the subsequent prize money. During the last two decades, the Access Campaign's advocacy work for more affordable and accessible drugs has enabled MSF to scale up treatment for a number of diseases, including HIV, hepatitis C and tuberculosis.

Twenty years after the then-MSF president Dr James Orbinski delivered the Nobel Prize lecture, the words in his speech still resonate: "As an independent volunteer association, we are committed to bringing direct medical aid to people in need. But we act not in a vacuum, and we speak not into the wind, but with a clear intent to assist, to provoke change, or to reveal injustice."

We are grateful to our donors whose support make our work possible, and to all MSF staff working in our programmes, who give their time and skills to assist others at often considerable risk to themselves. Our thoughts remain with Romy, Richard and Philippe, our colleagues abducted in DRC in July 2013, who are still missing.

Three-year-old Moraku Tabhu in the measles unit run by MSF at Biringi hospital, Ituri province, Democratic Republic of Congo, November 2019.



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OVERVIEW OF ACTIVITIES

Largest country programmes

By expenditure

1. Democratic Republic of Congo	€133.1 million
2. South Sudan	€85.4 million
3. Yemen	€74.9 million
4. Central African Republic	€58.2 million
5. Nigeria	€47.2 million
6. Iraq	€46.4 million
7. Syria	€41.4 million
8. Afghanistan	€35.4 million
9. Lebanon	€30.9 million
10. Bangladesh	€29.4 million

The total budget for our programmes in these 10 countries was €582.3 million, **53 per cent of MSF's operational expenses in 2019** (see Facts and Figures for more details).

By number of field staff¹

1. South Sudan	3,615
2. Democratic Republic of Congo	3,173
3. Central African Republic	2,775
4. Yemen	2,538
5. Nigeria	2,448
6. Afghanistan	2,388
7. Bangladesh	1,871
8. Niger	1,829
9. Pakistan	1,510
10. Iraq	1,379

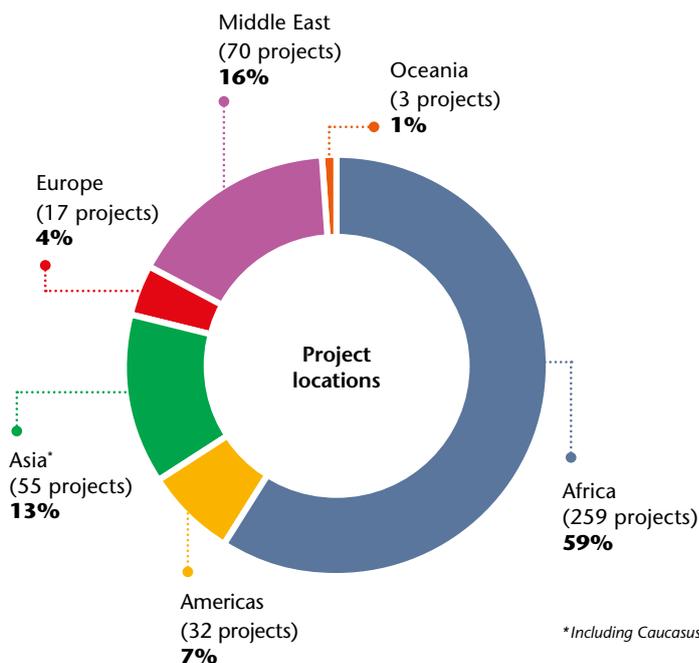
By number of outpatient consultations²

1. Democratic Republic of Congo	1,687,910
2. South Sudan	1,120,925
3. Central African Republic	967,031
4. Bangladesh	556,336
5. Syria	515,068
6. Niger	436,141
7. Sudan	434,765
8. Ethiopia	355,148
9. Mali	350,088
10. Tanzania	319,072

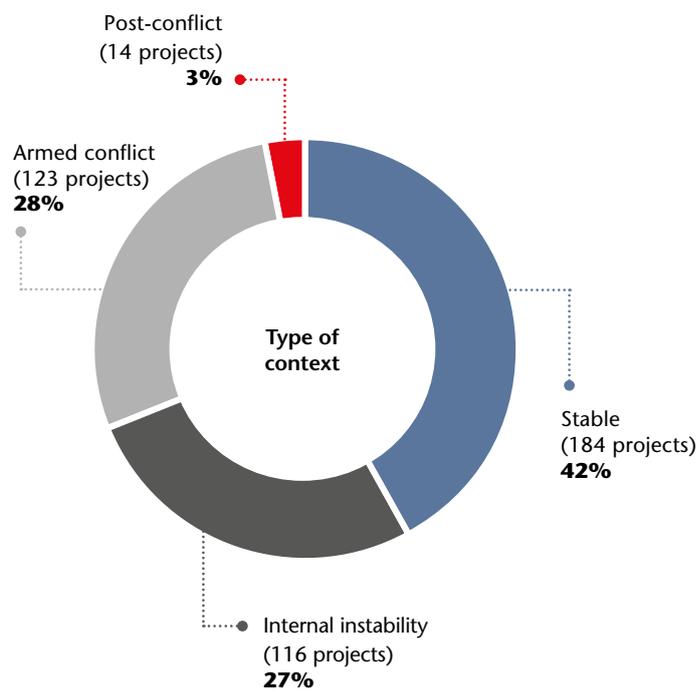
¹ **Staff numbers** represent full-time equivalent positions (locally hired and international) averaged out across the year.

² **Outpatient consultations** exclude specialist consultations.

Project locations



Context of intervention



2019 ACTIVITY HIGHLIGHTS



10,384,000
outpatient consultations



329,900
births assisted, including
caesarean sections



47,000
people treated
for cholera



840,000
patients admitted



112,100
surgical interventions
involving the incision,
excision, manipulation
or suturing of tissue,
requiring anaesthesia



1,320,100
vaccinations against
measles in response
to an outbreak



2,638,200
malaria cases treated



28,800
people treated for
sexual violence



4,970
people treated
for meningitis



76,400
severely malnourished
children admitted to
inpatient feeding
programmes



16,800
people started on
first-line tuberculosis
treatment



1,048,800
emergency room
admissions



59,400
people on first-line HIV
antiretroviral treatment
under direct MSF care



2,000
people started on
drug-resistant
tuberculosis treatment



10,000
people started on
hepatitis C treatment



11,100
people on second-line HIV
antiretroviral treatment
under direct MSF care
(first-line treatment failure)

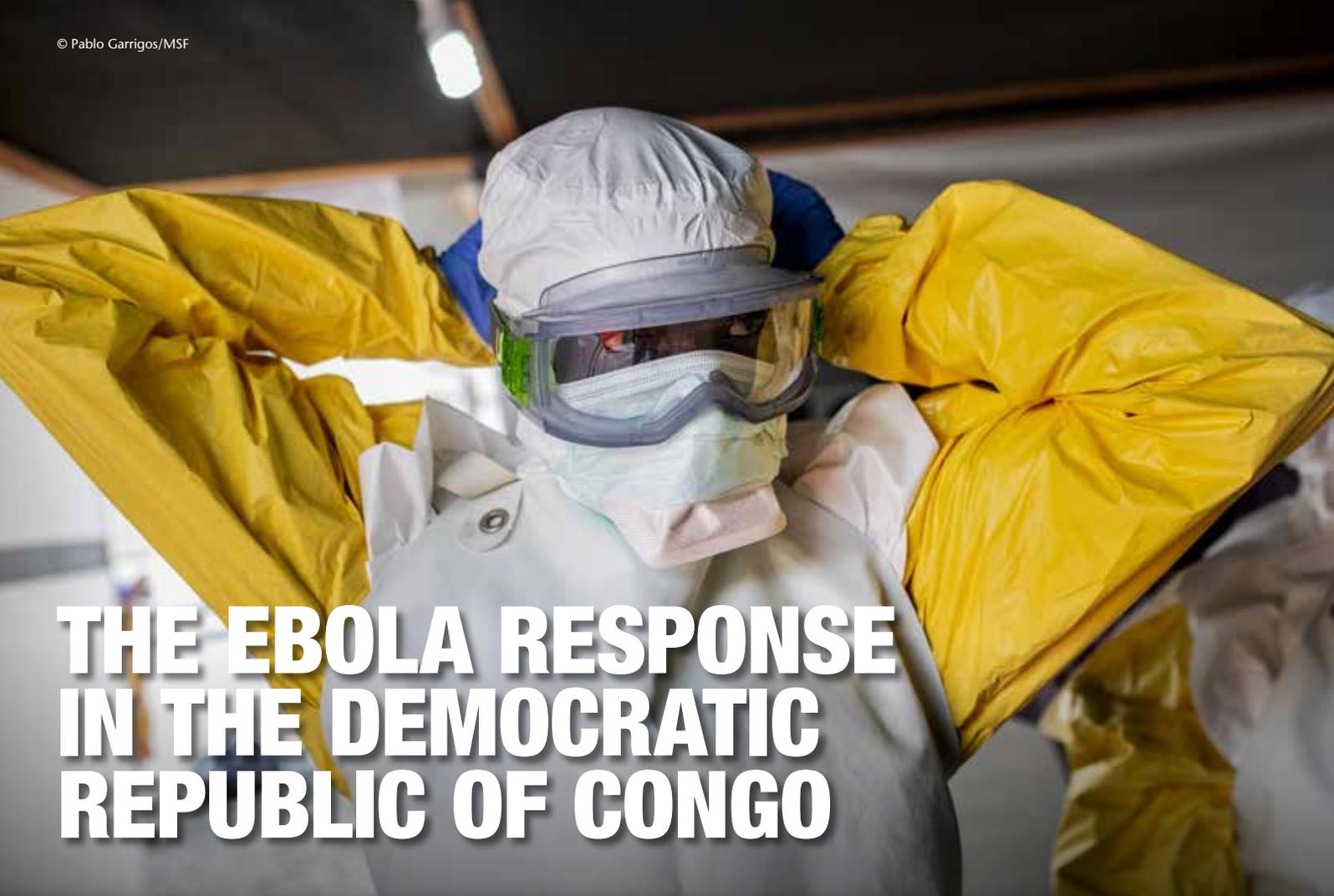


400,200
individual mental
health consultations



346,900
families received
distributions of
relief items

The above data groups together direct, remote support, and coordination activities. These highlights give an approximate overview of most MSF activities but cannot be considered complete or exhaustive. Figures could be subject to change; any additions or amendments will be included in the digital version of this report, available on [msf.org](https://www.msf.org).



THE EBOLA RESPONSE IN THE DEMOCRATIC REPUBLIC OF CONGO

By Dr Mercedes Tatay, MSF International Medical Secretary

Why did game-changing tools not work to their full effect?

In August 2018, the authorities in the Democratic Republic of Congo (DRC) declared an Ebola outbreak, which turned out to be the largest the country had ever known. The epidemic spread through communities in North Kivu and Ituri provinces that were already severely affected by decades of armed conflict.

This time, it seemed that we were better prepared to respond than in previous Ebola outbreaks; we had new ‘game-changers’ – tools that could potentially bring the outbreak to a quick end. These tools, which could perhaps determine the length and extent of the outbreak, included two vaccines and two therapeutic drugs. From the start, we had one vaccine with proven efficacy. During the outbreak, Médecins Sans Frontières (MSF) participated in a clinical trial that determined two new therapeutic drugs were effective to treat the disease, and we tested a second new vaccine to reduce transmission. Despite the proven efficacy of these new tools, two of every

three people with Ebola died and the virus continued to spread for more than 18 months.

With the promising resources at hand, we should have been able to reduce the number of deaths and number of new cases. But this did not happen. People slipped through the net and were not cared for by those responding to the Ebola outbreak. At some points in the epidemic, more than half of Ebola-related deaths were occurring within the community, with people never reaching Ebola treatment centres (ETCs). Those who did, arrived too late, when treatments were less likely to prevent a fatal outcome.

Why didn't these game-changers have a greater impact?

The care proposed by the Ebola response did not always meet patients' needs, including those who were not sick with Ebola. Having not gained the trust of the community, the response was perceived by people as hostile. Often, people were offered care in isolation, far away from their families and communities. Considering people perceived the mortality rate for Ebola patients in the ETCs to be high, for many, the proposed healthcare was not reassuring enough and did not offer much.

» ABOVE PHOTO: Medical and hygienist staff don personal protective equipment before going into the high-risk zone of the Ebola transit centre in Bunia, Democratic Republic of Congo, June 2019.

In North Kivu and Ituri provinces, Ebola is often not the top health priority. People in these areas face other life-threatening diseases such as measles, malaria and malnutrition, as well as a strained health system impacted by the ongoing armed conflict. The overall response was centred on the Ebola outbreak rather than patient and community health needs. It absorbed a lot of the fragile health system's already limited resources, leaving many seriously sick people without critical care. The failure to focus on local-level coordination and provide an individualised response for patients in each disease hotspot meant that MSF and other organisations tackling the disease were unable to obtain the trust and acceptance of the communities.

An important way of reducing the number of people infected with Ebola is preventing ongoing transmission through vaccination. The strategy implemented by the response in DRC was to vaccinate people who had been in close contact with confirmed Ebola patients, and people in contact with those contacts. Despite the effective vaccine, identifying contacts proved difficult in practice, with fewer people qualifying for vaccination, thereby limiting

the effectiveness of the targeted vaccination strategy. The restricted supply of the vaccine also impacted the strategy's implementation and its unregistered status made vaccination time-consuming. Overall, the vaccination strategy applied did not prevent the further spread of the virus quickly enough. Initially, MSF focused on vaccinating frontline workers. As the outbreak continued, we pushed for an adapted strategy that would reach more people and we participated in the testing of a second vaccine.

How do we address these issues in the future?

To get the best of any new 'game-changers' in an outbreak response, community ownership and social mobilisation are vital. For this to be achieved, patients and communities must clearly see the benefits of the response.

We have progressively moved away from Ebola-centric approaches to focus on the overall needs of communities. This includes decentralising Ebola triage to existing MSF healthcare facilities, so that both Ebola and non-Ebola care is addressed and is closer to communities, and conducting more outreach

activities so that patients can seek our assistance before it is too late.

We also need to make sure treatment is adapted to specific patient needs, rather than treating everyone the same way. For some patients, it may be possible to provide home-based care; others could be treated in smaller health units closer to where they live. Some people at risk of infection may benefit from the prompt use of post-exposure prophylaxis treatment, while others may need to go to a health centre on a regular basis.

In terms of prevention during an outbreak, we should also facilitate the development and testing of more vaccines and diverse vaccination strategies, adapted to context and addressing the expectations of communities. They should be easy to use in the context of an outbreak, with fast-tracked licensing if needed, while the vaccination strategy should facilitate access for those that need it. To better respond to future Ebola outbreaks, the medical response strategies should not be viewed alone. Patient-centred approaches and community ownership are the real game-changers.



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A boy receives his shot of the investigational Ebola vaccine rVSV-ZEBOV at a vaccination point set up in the community of Kimbangu, in the city of Beni, Democratic Republic of Congo, September 2019.

THE SAHEL: CIVILIANS TRAPPED IN A DEADLY SPIRAL OF VIOLENCE



By Côme Niyongabo, MSF's Deputy Head of Programmes for the Sahel

A complex security crisis has been developing across the Sahel since 2012, due to the emergence and proliferation of armed groups across the region. Beginning in northern Mali and then spreading to its central regions, the crisis has gradually engulfed northern Burkina Faso and western Niger and is threatening the stability of all the other neighbouring countries.

Government forces have responded to the violent activities of these groups, and there has been increasing international intervention, with the Barkhane counter-terrorism operation led by France in the G5 Sahel member states,¹ and the deployment of United Nations forces in Mali.²

In this volatile context, access for Médecins Sans Frontières (MSF) and other humanitarian organisations has become increasingly difficult, yet ever more urgent. The fragile health systems in these countries are struggling to function and the risks of food insecurity and epidemics remain very high.

The tragic example of Mali

One of the most serious problems caused by the clashes between these armed groups

has been the explosion of intercommunity violence. Longstanding quarrels among ethnic groups – traditionally grain or livestock farmers – have been exploited and exacerbated by the different parties to the conflict. In central Mali, we saw attacks on an almost weekly basis in 2019, often in areas where there were no government representatives or any basic services. Our teams collected numerous testimonies from survivors, describing scenes of unprecedented violence: children and women burned alive, entire villages razed to the ground. More than 4,700 deaths were reported³ in 2019, the highest number since the conflict broke out in 2012, and almost twice as many as in 2018.

To date, neither the government nor international efforts (which have been largely

limited to military actions) have been able to contain this violence or protect the civilian population. On the contrary, the state has lost control of entire areas, and the lack of protection and the fear of retaliation have given rise to a climate of hostility towards international forces. Furthermore, organised crime has increased significantly, since these conflicts are taking place around the country's main roads, and especially along the only road that connects the south and the north. This road, which is extremely dangerous in places, with kidnappings and carjackings common, undermines humanitarian operations.

Despite the extremely difficult situation, MSF, which in some places is the only humanitarian organisation present, continues to provide medical care, mental health

» ABOVE PHOTO: Haibata and her granddaughter in a camp for internally displaced people in Barsalogo. They escaped a massacre in their village during which Haibata's husband was killed. Centre Nord region, Burkina Faso, January 2019.

support, protection and other types of assistance to people displaced and affected by conflict.

Civilians, trapped between belligerents

Unfortunately, it is civilians, as usual, who bear the brunt of this spiralling violence. Not only do they face targeted killings, kidnappings, displacement, looting, death or injury from mines and harassment by the various armed groups, but also restrictions on their movements and access to basic services, such as healthcare and food supplies. On many occasions – and because of this juxtaposition of conflicts – entire populations are criminalised, ending up being directly associated with one of the warring parties, according to their ethnicity.

In addition to the lack of basic services, one of the main humanitarian needs for civilians is protection; they live in permanent fear of new attacks, which forces them to leave their homes and search for a place of safety in other regions of their countries or across borders.

Frequently, they choose not to settle in camps, out of fear, and instead seek refuge

in neighbouring villages, where it is more difficult for MSF to reach them. They have lost everything and need urgent help: food, shelter and medical care, as well as mental health support, due to the violence they have witnessed. Often these people return to their village of origin, even if it has been burned to the ground and no assistance is available there.

The limited humanitarian response

Access – for both humanitarian workers to reach people, and people to reach services such as healthcare – is tremendously complex, due the presence of many small, highly mobile armed groups and physical barriers such as road blockages. This explains in part the limited presence of aid providers on the ground. Many do not have the capacity to react to violent events or forced displacements, or they do so too late.

Another problem is the instrumentalisation of humanitarian aid by military forces in the region. In Mali, for example, international armies (one of the main parties in the conflict) have taken it on themselves to

distribute medicines in facilities supported by MSF in order to win the hearts and minds of the population, without any concern for the transfer of the risk of being associated with these parties to MSF staff and the population. In such a polarised context and with so many armed groups with different interests fighting on the same territories, it is essential that humanitarian action is carried out in a neutral and impartial way.

In this cross-border armed conflict that severely affects the civilian population, MSF remained the main health provider in this part of the Sahel at the end of 2019, with projects in Koro, Douentza and Ansongo in Mali; Djibo and Fada in Burkina Faso; and Tillabéri in Niger. We are firmly committed to continuing our activities in the region, assisting people in distress and fighting to preserve humanitarian principles and space.

¹ *The G5 Sahel is a framework created in 2014 by five countries (Burkina Faso, Chad, Mali, Mauritania and Niger) to collaborate in terms of development and security.*

² *In the framework of the MINUSMA (Multidimensional and Integrated United Nations Mission for Stabilization in Mali) deployed under a UN Security Council mandate.*

³ *ACLED, Armed Conflict Location and Event Data Project.*



© Lamine Keita/MSF

In Mondoro, MSF distributed relief items and gave medical and psychosocial assistance to displaced people fleeing attacks in the village of Bouldé. Mali, May 2019.

LESS THAN HUMAN HOW EUROPE'S POLICIES HARM REFUGEES, MIGRANTS AND ASYLUM SEEKERS



By Victoria Russell

People leave their homes for many reasons. Some are fleeing war, others persecution or extreme hardship. Whatever the reason, they usually share a common objective, which is to secure a safe and dignified future. Across the world, Médecins Sans Frontières (MSF) cares for people on the move, acting on health-driven needs and vulnerabilities alone. Our teams see people struggling to survive not just harrowing journeys, but also the harmful and inhumane policies put in place by governments trying to keep out refugees, migrants and asylum seekers at all costs.

In Europe, migration controls have been extended far beyond the continental borders. People in need are often met with punitive border policies, 'contained' in countries en route and deterred from seeking asylum on European soil. Policies can criminalise migrant status or deny refugees and migrants access to medical care and protection measures that would ensure their safety and dignity. Misleadingly, European states have co-opted the language of humanitarianism to justify these restrictive measures, claiming to save lives by deterring migrants from undertaking risky journeys. This ignores the dangers people face in their countries of origin that force them to leave their homes, and those they encounter in transit.

Furthermore, the lack of safe and legal alternatives means that people's only chance of reaching safety is to attempt a dangerous journey to Europe. They are left at the mercy of a criminal underworld who run the smuggling routes.

'Contained' out of sight in Libya

The majority of people attempting to reach Europe by crossing the Central Mediterranean pass through Libya, where they are exposed to horrific violence, kidnapping, torture and extortion. Despite the reality on the ground, and the fact that Libya is a country in active conflict, the main objective for European states remains the containment of migrants and refugees there, at any cost.

While claiming success in migration management, European states have implemented brutal containment and push-back policies. They have dismantled search and rescue capacities at sea, while sponsoring the Libyan coastguard to intercept refugees and migrants in international waters and forcibly return them to Libya, in violation of international law. To stem the flow of arrivals, they have made deals with militia groups in the country, despite their links with criminal and smuggling networks. As a result, the trafficking, abduction, detention and extortion

of migrants and refugees continues. The chance of drowning in the Mediterranean while attempting to reach Europe has only increased.

In 2019, MSF resumed our lifesaving search and rescue work in the Central Mediterranean and rescued 1,373 people in distress at sea.

Trapped on the Greek islands

Back in 2016, the EU and Turkey signed an agreement in which Turkey would prevent asylum seekers and migrants from reaching the EU in exchange for €6 billion in assistance for refugees in Turkey and other incentives. At the time, MSF warned of the likely humanitarian consequences of such a deal, highlighting that it undermined the right to asylum. In protest, we stopped accepting funds from the EU and its member states. Rather than acknowledging the flaws in the entire logic of this EU-Turkey deal and its humanitarian cost, European leaders continue to call it a success and ask the Greek authorities to implement it more forcefully.

» ABOVE PHOTO: Migrants and asylum seekers in a squat near Velika Kladuša, a Bosnian town near the border with Croatia. Bosnia-Herzegovina, November 2019.

For those refugees and migrants now trapped in deplorable living conditions on the Greek islands, the situation has become a chronic emergency. The situation exposes just how far Europe is willing to go in denying basic values of humanity and dignity to people in need of protection.

MSF teams have treated people whose health is suffering as a consequence of these policies, feeling compelled to do work that European and Greek authorities have refused to do. But the work that we can do is limited because, after treating patients, medics must send them back to the same conditions that made them ill.

Stranded at borders in the Balkans

In 2019, thousands of migrants and refugees attempted to cross the Balkans in the hope of reaching other European destinations but were violently pushed back. Stranded, many live in informal settlements and abandoned buildings in border areas.

In Serbia, MSF ran a clinic for migrants and refugees in the capital Belgrade and carried out outreach activities in informal settlements for people living outside Serbian

reception centres. In Bosnia, we provided medical care in collaboration with the medical authorities to people living both inside and outside the official camps. Most of the conditions we treated – such as skin diseases and respiratory tract infections – were linked to poor living conditions.

Unable to access protection

In France, many asylum seekers, migrants and recognised refugees are forced to live in squalid camps or on the streets, caught up in an endless cycle of having belongings confiscated, temporary evacuation and police harassment. Of particular concern are unaccompanied minors, often teenagers who arrive in France traumatised by violence suffered on their journeys. They face difficulties even registering for the protection to which they are entitled. Hundreds of young migrants and asylum seekers across France are being forced to sleep rough because of the state's failure to provide them with accommodation, despite having a legal obligation to do so.

MSF continues to assist young, unaccompanied migrants. We offer respite and care, and

facilitate access to legal support and medical, social, psychological, and administrative services in partnership with other organisations in an MSF-run centre in Pantin, a suburb of Paris. A total of 734 minors benefited from these services in 2019.

Let humanity prevail

Europe must fundamentally change its approach to migration and asylum. No political reasoning can ever justify measures that deliberately and consciously inflict harm. The devastating consequences of these policies cannot be ignored and should not be normalised. This is not an acceptable price to pay to keep as many people as possible out of Europe.

In the current political climate, refugees, migrants and asylum seekers are considered by many to be less than human. Respect for human life as a fundamental humanitarian value seems to have become an act of defiance. At MSF, we stand firmly in solidarity with people on the move and know that many citizens of Europe stand with us, whether as individuals, healthcare professionals, members of civil society organisations or representatives of local authorities.



In the olive grove next to the overcrowded Moria refugee camp on the island of Lesbos, people share tents with strangers and the level of hygiene is very low. Greece, October 2019.

ACCESS CAMPAIGN: 20 YEARS OF ADVOCACY IN ACTION

By Michelle French

Médecins Sans Frontières medical teams have long faced challenges in getting effective and affordable treatments for people in our care. In the late 1990s, as frustration mounted over people dying from treatable diseases, MSF began to document the problem, joining with patient groups to speak out forcefully and demand action.

In 1999, MSF publicly launched the Campaign for Access to Essential Medicines, now the Access Campaign, to tackle the policies, and the legal and political barriers that prevent people from accessing treatment in the communities where we work and beyond. That same year, MSF was awarded the Nobel Peace Prize and put the funds towards improving treatments and boosting research for neglected diseases, merging with the Campaign's work.

At the time, the HIV/AIDS epidemic was still raging across the world. While lifesaving antiretroviral medicines had transformed HIV into a manageable chronic condition in wealthy countries, treatment was priced out of reach for almost everyone else. In addition, treatments for neglected diseases such as tuberculosis, malaria and sleeping sickness were often ineffective, toxic, ill-adapted for use in the places we work, or simply did not exist at all.

For 20 years, MSF has worked with civil society to ensure that pharmaceutical corporations, governments and others, prioritise people's lives and health over patents and profits. The access to medicines movement overcame patent monopolies to make way for generic production and competition of antiretrovirals, and prices dropped 99 per cent over 10 years. This and other achievements of the Campaign, including for hepatitis C, malaria, pneumonia, sleeping sickness and TB, are highlighted on the following pages.

But many new drugs, diagnostics and vaccines are being sold at increasingly high prices, and monopolies are becoming more entrenched. We are still missing the tools we need to control rising antimicrobial resistance and outbreaks of epidemic diseases such as Ebola and COVID-19. MSF, through the Access Campaign, continues to advocate the transformation of the medical innovation ecosystem to better address the health needs of people in our care. For example, given that medical research and development is heavily financed by governments, MSF is calling for increased transparency in drug development and production costs, and a larger role for the public in making sure that medicines are made affordable and accessible.

The crisis of access to medicines and innovation is no longer affecting only low- and middle-income countries; it is now truly global. Our slogan, Medicines Shouldn't Be a Luxury, is still valid; together we must drastically step up efforts to expand people's access to lifesaving health tools.



Protestors outside the Supreme Court in Pretoria, South Africa.

1999

MSF launches the **Campaign for Access to Essential Medicines** to improve access to treatment and spur needed medical research.

2000

MSF helps bring down exorbitant prices for five key drugs used to treat **drug-resistant tuberculosis**.

2001

A landmark **\$1-a-day price** for HIV medicines, publicly offered to MSF, boosts political will to treat HIV/AIDS in low- and middle-income countries.

2001

Reviving treatments for sleeping sickness. In the late 1990s, the few drugs that could be used to treat sleeping sickness were at risk of going out of – or had already gone out of – production, with companies claiming they weren't profitable. The disease is fatal without treatment. After lengthy negotiations with MSF and the World Health Organization (WHO), Aventis agreed to resume production of eflornithine. MSF also helped persuade Bayer to restart production of two other drugs used to treat the disease.



An MSF nurse at Omugo Sleeping Sickness Centre, Uganda.



Dr Bernard Pecoul, MSF Access Campaign's first executive director

"The atmosphere in the hospital where we were treating sleeping sickness was very tense because one in twenty of the patients who came to us died simply from the toxicity of the treatment. That's been my fight ever since, for more than 35 years, to try to bring something better for those patients."



A child is tested for malaria in the Niger Delta, Nigeria.

2003

MSF and partners create the **Drugs for Neglected Diseases initiative (DNDi)**, a non-profit that has since delivered eight new treatments.

2005

MSF stands with India to defend low- and middle-income countries' rights to protect access to affordable medicines in **trade pacts and patent laws**.

2006

For the first time, MSF supports a **legal challenge to a patent**, for HIV drug tenofovir, to increase access to lower-priced generic medicines.

2006

Don't shut down the pharmacy of the developing world.

Swiss drug company Novartis takes legal action to gut India's section 3(d) patent law. A Novartis victory would have effectively cut the lifeline of affordable newer medicines from India, upon which millions of people rely. MSF's 'Novartis, Drop the Case!' campaign collected nearly half a million signatures, including from Archbishop Desmond Tutu. Novartis lost the case and appealed it all the way to the Supreme Court, but the decision against the corporation was finally upheld in 2013.



Protests against Novartis's first legal attack on affordable medicine production, New Delhi, India.

**Leena Menghaney, lawyer, MSF Access Campaign, India**

"We did everything we could; we shamed the company (Novartis), we went to shareholder meetings, we marched against them, we delivered petitions. I remember being so big and pregnant, and it being so hot, and we were all marching toward the court, and we were so determined. The only thing that we had were our voices."



A child is vaccinated in Elliniko refugee camp, Greece.

2015

A Fair Shot campaign for affordable vaccines.

MSF's 'A Fair Shot' campaign kicks off, calling on Pfizer and GSK to reduce the price of the pneumonia vaccine – the most expensive standard childhood vaccine – to \$5 per child. In 2016, a price of \$9 per child is offered to humanitarian organisations like MSF, for use in emergencies. But millions of children are unvaccinated in countries where the vaccine is still too expensive; we continue to demand an affordable price for all low- and middle-income countries.

2007

To prevent and treat **malnutrition**, MSF calls for global scale-up of ready-to-use therapeutic food that contains essential nutrients.

2010

Europe! Hands Off Our Medicine!

MSF campaigns to remove provisions from the EU-India trade pact that would block access to medicines.

2013

An MSF doctor and an XDR-TB survivor deliver their **Test Me, Treat Me DR-TB Manifesto** petition to the 2014 World Health Assembly.



© Todd Brown

A patient holds her medicine at the MSF hepatitis C clinic at Preah Kossamak Hospital in Phnom Penh, Cambodia, April 2017.

2013

Price reductions for hepatitis C medicines. Today's hepatitis C medicines are very effective, but high prices have prevented access, especially in middle-income countries. MSF and other civil society groups challenged patents and pressured pharmaceutical companies to reduce prices; in 2017, MSF obtained a price of \$120 per 12-week treatment – less than a tenth of what we had been paying, and a fraction of the commercial launch price of \$147,000. As MSF scaled up hepatitis C treatment, we advocated for all governments to have access the same low price.



Din Savorn, police officer, now cured of hepatitis C, Phnom Penh, Cambodia

"We were always desperately seeking a cure everywhere. Some people were bragging to me about getting (the new) treatment in Singapore for \$10,000 or in Vietnam for \$8,000. If I wanted to have treatment, I would need to sell my house. So, I decided to wait and if I died, well at least my kids would be left with the house. I am very grateful to now have this cure from MSF. It gives hope to my children and the chance to see their father's face when they are grown up."

2019

Affordable access to TB treatment. MSF has joined TB activists and civil society around the globe to demand that critical medicines to treat drug-resistant TB (DR-TB) be made more affordable. DR-TB remains exceedingly difficult and expensive to treat, with severe side effects and dismal cure rates. In 2019, MSF launched a global campaign calling on pharmaceutical corporation Johnson & Johnson (J&J) to lower the price of its TB medicine bedaquiline to no more than US\$1 per day for people everywhere who need it, in order to allow scale-up of treatment and reduce deaths.



© Siddharth Singh

Civil society groups protest against the high price of lifesaving TB medicines, Hyderabad, India.

2014

The West Africa **Ebola outbreak** spurs research and development (R&D) into vaccines and treatments; MSF later supports clinical trials and pushes for affordable, accessible tools.

2018

DND's collaborative, public interest R&D approach delivers a **new oral drug for sleeping sickness**, filling a longstanding medical need.

2019

After years of MSF advocacy, WHO releases its global strategy for the prevention and control of **snakebite envenoming**.

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A man takes his daughter to MSF's measles vaccination site under the shade of trees in an isolated community in Kieke, within Zakouma National Park, Chad, April 2019. © Juan Haro

ARMENIA

No. staff in 2019: 9 | Expenditure in 2019: €0.8 million
Year MSF first worked in the country: 1988 | [msf.org/armenia](https://www.msf.org/armenia)

Médecins Sans Frontières (MSF) has helped to tackle resistant forms of tuberculosis (TB) in Armenia since 2015. In 2019, we handed over our remaining activities to the national health authorities.

Armenia has one of the highest rates of drug-resistant TB (DR-TB) in the world. In 2005, MSF began working with the national tuberculosis programme to provide treatment for patients with this form of the disease in the capital, Yerevan. Ten years later, Armenia was one of the first countries to use delamanid, a drug that promised to be less toxic and more effective. Between 2015 and 2019, over 1,700 patients were enrolled in our DR-TB programme. More than 1,500 received conventional treatments, while 107 participated in the endTB observational study, an international initiative aimed at finding shorter, less toxic and more effective

treatments for DR-TB. Other patients received bedaquiline, another of the newer drugs, as part of a compassionate use programme, whereby patients are given access to investigational drugs. Such drugs are not approved for mass production but there is sufficient evidence of their potential benefits and limited risks.

With the National Control Centre for Tuberculosis (NTCC), the MSF-supported project in Armenia was able to implement many innovative advances, including systematic testing for chronic active hepatitis among multidrug-resistant TB (MDR-TB) patients, treatment with direct-acting



□ Cities, towns or villages where MSF worked in 2019

antivirals and all-oral regimens. We handed over activities to the NTCC once the endTB study was complete.

We first worked in Armenia in 1988 to respond to medical needs following the Spitak earthquake. Over the next three decades, activities included the provision of medical equipment and support during the Nagorno-Karabagh war (1992–1997), a TB project in Nagorno-Karabakh (1997–2002) and a project for children experiencing cruel treatment in a special education complex in Yerevan (1997–2004).

BALKANS

No. staff in 2019: 39 | Expenditure in 2019: €1.5 million | Year MSF first worked in the Balkans: 1991 | [msf.org/serbia](https://www.msf.org/serbia) | [msf.org/bosnia-herzegovina](https://www.msf.org/bosnia-herzegovina)



□ Cities, towns or villages where MSF worked in 2019
The maps and place names used do not reflect any position by MSF on their legal status.

KEY MEDICAL FIGURES:

16,600 outpatient consultations

630 individual mental health consultations

In 2019, thousands of migrants and refugees attempted to cross the Balkans in the hope of reaching other European destinations.

In the Serbian capital, Belgrade, Médecins Sans Frontières (MSF) continued to run a clinic providing general healthcare, mental health services, social support, and water and sanitation activities for migrants and refugees. Between January and December, we conducted 12,000 medical consultations and 590 individual mental health sessions in the city.

Our teams also carried out outreach activities in several informal settlements around the border towns of Šid, Subotica and Kanjiža for people living outside the Serbian reception centres. We provided a total of 560 medical consultations, 20 individual mental health consultations and 22 group mental health sessions.

In the second half of the year, we saw an increase in the number of people arriving in Bosnia-Herzegovina with the intention of entering Croatia and continuing further

west. Thousands tried to cross the Croatian border during the summer, and at times there were more than 3,500 people living in informal settlements and abandoned buildings around the border towns of Velika Kladuša and Bihać.

We returned to Bosnia to offer medical and mental health assistance in collaboration with the medical authorities to people living outside the official camps and in the new camp, Vučjak. We conducted a total of 3,560 medical consultations. Most of the conditions we treated – such as skin diseases, respiratory tract infections and musculoskeletal pain – were linked to poor living conditions.

Our teams also treated 116 patients for intentional physical violence. Of these, 104 (90 per cent) reported that the perpetrators were either state or border authorities.

AFGHANISTAN

No. staff in 2019: 2,388 | Expenditure in 2019: €35.4 million | Year MSF first worked in the country: 1980 | [msf.org/afghanistan](https://www.msf.org/afghanistan)

KEY MEDICAL FIGURES:

307,200 outpatient consultations

59,900 births assisted

6,280 surgical interventions

1,160 people started on treatment for TB

More than 40 years of conflict and instability have left Afghanistan's economy and infrastructure in ruins, and many people dependent on humanitarian assistance.

Médecins Sans Frontières (MSF) ran six projects in six provinces in 2019, with a focus on emergency, paediatric and maternal healthcare.

The crisis in Afghanistan is characterised by upsurges in conflict, recurring natural disasters, widespread internal displacement, very low health indicators, extreme poverty, and an overburdened and underfunded healthcare system. In 2019, presidential elections and peace talks between the US



and the Islamic Emirate of Afghanistan (IEA), better known as the Taliban, led to renewed violence, which had a severe impact on people's access to healthcare. It is estimated that around one-third of the population does not have a functional health centre within two hours of their home.¹

Activities in Kabul

The Ahmad Shah Baba project in eastern Kabul was the first one we opened when we returned to Afghanistan in 2009. Since then, MSF has worked to upgrade Ahmad Shah Baba to a district hospital, strengthening the

emergency department, maternity services and treatment protocols and increasing the medical services available so that fewer patients require referrals. In March, we completed our gradual handover to the Ministry of Public Health. Between 2009 and 2018, our teams conducted more than one million outpatient consultations, nearly half a million emergency room consultations and assisted over 124,000 births.

In 2019, we continued to deliver comprehensive emergency obstetric and neonatal care in the hospital in Dasht-e-Barchi, a neighbourhood of more than one million people. We supported the maternity and neonatology departments, as well as the operating theatre, and provided ante- and postnatal care and family planning. Other services included health promotion and psychosocial counselling for patients and their caregivers. During the year, our teams assisted nearly 16,000 births and admitted almost 1,500 newborns to the neonatal unit. We also supported maternity care in another public hospital in the area with staff, training and essential drugs.

Khost maternity hospital

Since 2012, MSF has been running a dedicated 24-hour maternity hospital in Khost, eastern Afghanistan, providing a safe environment for women to give birth. The team assisted over 23,000 births in 2019. We estimate that this is nearly half the total births for Khost province, but after many years of seeing increasing numbers of women giving birth at the hospital, we are



Bismillah and his daughter Najiba, from the embattled Bala Murghab district in Badghis province, during a consultation at the MSF health clinic on the outskirts of Herat city, Afghanistan, August 2019.

© Noor Ahmad Saleem/MSF



MSF doctor Azada Barez examines a young patient in Kahdistan clinic, Herat province. Afghanistan, July 2019.

beginning to observe a plateau. MSF teams also continued their support to five health centres in outlying districts, increasing their capacity to manage normal births.

Boost hospital, Lashkar Gah

In 2019, we celebrated the 10th anniversary of our project in Boost provincial hospital, one of only three referral facilities in southern Afghanistan, where we work to support the Ministry of Public Health. The hospital is located in the capital of Helmand province, an area severely affected by active conflict and insecurity, with very few fully functional medical facilities. Our teams assisted over 18,000 births, performed more than 184,000 emergency room consultations and treated more than 87,000 children, nearly 4,000 of whom for severe acute malnutrition, one of the main causes of child mortality in the province. In 2019, we extended our training and bedside coaching activities with rural healthcare workers to improve early referral of complicated births and reduce maternal deaths related to late arrival at the hospital.

Emergency and paediatric care in Herat

In 2018, an estimated 150,000 internally displaced people arrived in the city of Herat, having fled their conflict- and drought-affected villages. To respond to

their needs, MSF opened a clinic on the outskirts of the city in December 2018, offering medical consultations, treatment for malnutrition, vaccinations, ante- and postnatal care and family planning. Over the course of 2019, MSF teams treated more than 44,000 patients, most of whom were children suffering from acute respiratory infections and watery diarrhoea.

We ended our support to the emergency department of Herat regional hospital, one of the largest health facilities in western Afghanistan, in late 2019. From October, we started running an inpatient therapeutic feeding centre in the hospital's paediatric department. Around 350 children were admitted between October and December.

Drug-resistant tuberculosis in Kandahar

Drug-resistant TB (DR-TB) is a major concern in Afghanistan, exacerbated by a lack of knowledge about the disease and poor availability of treatment. MSF has been supporting the health ministry in the diagnosis and treatment of DR-TB in Kandahar province since 2016, during which time 126 DR-TB patients have been enrolled in the programme. In December, we introduced a nine-month oral regimen allowing DR-TB patients to change from

injectable drugs to pills and reduce their number of consultations at the hospital. Thirteen patients were enrolled before the end of the year.

We also continued to support the ministry in Mirwais regional hospital and at the provincial TB centre, providing care for drug-sensitive TB patients.

Trauma care in Kunduz

In 2019, due to increased awareness of our project, the number of patients attending the wound care clinic in Kunduz rose by almost 30 per cent. Our team treated a total of 3,383 people and conducted 21,148 follow-up appointments. The clinic, which we opened in July 2017, treats stable patients with wounds from minor burns, trauma, previous surgery or diseases such as diabetes that cause chronic skin lesions. We also run a small stabilisation clinic in Chardara district, west of Kunduz city, where we stabilised 3,177 patients in 2019.

Construction of the new MSF trauma facility in Kunduz continued despite challenges linked to the weather and the security situation in the region. It is due to open in late 2020.

¹ Afghanistan Humanitarian Needs Overview 2020, United Nations Office for the Coordination of Humanitarian Affairs

BANGLADESH

No. staff in 2019: 1,871 | Expenditure in 2019: €29.4 million
Year MSF first worked in the country: 1985 | [msf.org/bangladesh](https://www.msf.org/bangladesh)

Médecins Sans Frontières (MSF) continues to respond to the medical and humanitarian needs of Rohingya refugees and vulnerable Bangladeshi communities, and to address healthcare gaps in Dhaka's Kamrangirchar district.

At the end of 2019, MSF remained one of the main providers of medical humanitarian assistance to the stateless Rohingya, approximately one million of whom live in the largest refugee camp in the world, in Cox's Bazar. More than two years since the initial emergency, people still live in the same overcrowded and basic bamboo shelters, entirely dependent on aid and with little hope for the future. Outbreaks of water-borne and vaccine-preventable diseases, such as measles, acute watery diarrhoea and diphtheria, pose a serious ongoing threat.

Throughout 2019, MSF teams focused on improving the quality and reach of our healthcare, working closely with the refugee community to improve our understanding of their needs and build trust in our services. This resulted in a significant increase in the number

of people, especially women, attending our facilities. More women are now giving birth in our maternity units, with 2,670 births across all our facilities in Cox's Bazar.

We began to adjust our activities to ensure longer-term sustainability and handed over a number of facilities to local organisations, including an extensive network using solar energy to power the supply of clean drinking water. By the end of 2019, we were running three hospitals, three general health centres, one health post, two specialised clinics and four outbreak response facilities. These provide a range of inpatient and outpatient services, including emergency and intensive care, paediatrics, obstetrics, sexual and reproductive healthcare, as well as treatment for victims of sexual violence and patients with non-communicable diseases, such as diabetes and hypertension. Our teams celebrated the 10th anniversary of Kutupalong field hospital, which has served Rohingya refugees and the local Bangladeshi community since it opened in 2009.

Rohingya refugees struggle with unemployment, dire living conditions and a sense of hopelessness, coupled with traumatic memories; we have seen an increasing number of people with mental



KEY MEDICAL FIGURES:

388 million litres of chlorinated water distributed

556,300 outpatient consultations

27,700 individual mental health consultations

3,400 births assisted

health problems in our facilities. We have expanded our mental health services in response to the evolving needs, and more people are attending our individual and group counselling sessions. In Cox's Bazar, MSF remains the largest provider of specialised psychiatric care for Rohingya refugees and local Bangladeshis suffering from mental disorders such as psychosis, anxiety and epilepsy.

Kamrangirchar

Our teams in Dhaka continue to run a unique occupational health programme in Kamrangirchar, an inner-city area close to hundreds of small-scale factories. We deliver medical care tailored to the needs of the people working there in conditions that are often extremely hazardous. In 2019, we conducted 10,500 occupational health consultations for factory workers and started a new mobile health clinic specifically for tannery workers. We also run sexual and reproductive health services for girls and women, carrying out almost 11,500 antenatal consultations and assisting 700 births during the year, and offering comprehensive treatment for victims of sexual and intimate-partner violence, with integrated mental health support.



A Rohingya mother and her baby with midwife Christine Akoth, who leads the maternity services in MSF general healthcare centres in Jamtoli and Hakimpara, Cox's Bazar, Bangladesh, July 2019.

BELARUS

No. staff in 2019: 30 | Expenditure in 2019: €1.7 million | Year MSF first worked in the country: 2015 | [msf.org/belarus](https://www.msf.org/belarus)



□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURE:

68 people started on treatment for DR-TB

Médecins Sans Frontières (MSF) supports the Belarusian Ministry of Health to treat patients with multidrug-resistant tuberculosis (MDR-TB).

Belarus is listed as a high-burden country for MDR-TB in the World Health Organization's 2019 Global Tuberculosis Report.

In 2019, we supported the Ministry of Health in four TB facilities in Minsk, the capital, and in Volkovichi village in Minsk region. Our teams also regularly visited a penal colony in Orsha to assist with the treatment of inmates with drug-resistant TB (DR-TB) and co-infections. By the end of 2019, 54 patients with hepatitis C had received treatment with direct-acting antiviral drugs.

MSF, together with the Ministry of Health, devised a harm-reduction programme whose aim is to help patients with DR-TB and alcohol-use problems to manage their dependency on alcohol and other substances in order to finish their treatment successfully. Our psychosocial support team conducted a total of 4,255 consultations in 2019, with around 70-80 patients receiving consultations each

month. We also initiated a study to demonstrate the effectiveness and feasibility of this programme.

Medical research

Minsk is one of the five sites of the MSF-sponsored TB PRACTECAL clinical trial, which is looking into short, innovative MDR-TB treatment regimens.¹ By the end of 2019, 51 patients had been recruited for the trial.

Minsk is also one of the 17 sites of the endTB observational study, which is evaluating the safety and efficacy of the newer TB drugs bedaquiline and delamanid. In 2019, the team continued to follow up the 122 patients enrolled in the study.

¹ Led by MSF UK and conducted in partnership with the London School of Hygiene and Tropical Medicine, other global leaders in medical research, as well as the ministries of health of Belarus, South Africa and Uzbekistan. TB PRACTECAL is an innovative research project that seeks to find injection-free, short, tolerable, and effective treatments for people with DR-TB.

BELGIUM

No. staff in 2019: 13 | Expenditure in 2019: €0.8 million | Year MSF first worked in the country: 1987 | [msf.org/belgium](https://www.msf.org/belgium)



□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURE:

1,010 individual mental health consultations

The situation for migrants and asylum seekers in Belgium worsens every year, due to restrictive policies that make access to basic healthcare very difficult.

In 2019, Médecins Sans Frontières (MSF) continued to play a key role, alongside six other organisations, in running a 'humanitarian hub' in Brussels. This is a place where migrants and asylum seekers can find services that are not available to them elsewhere in the city, such as medical and mental healthcare and socio-legal advice, as well as assistance with family tracing and clothing. Many migrants and asylum seekers make use of these services, and overall the hub receives around 50,000 visits each year.

The main focus of MSF activities is mental healthcare. In 2019, we conducted individual consultations with 534 people. Most were men from Sudan, Ethiopia and Eritrea.

Our intervention operates on two levels. In the hub itself, we provide psychological support to people who need it, and at another site nearby, we offer more specialised care through psychologists or psychiatrists for those with more acute needs.

After ending our activities in several reception centres managed by the Belgian authorities in December 2018, we shared with other organisations the tools and approaches developed during this pilot project, such as specially adapted psychosocial and mental health modules. This was part of our effort to push for improved access to psychosocial support for vulnerable migrants and asylum seekers.

BOLIVIA

No. staff in 2019: 23 | Expenditure in 2019: €1.3 million | Year MSF first worked in the country: 1986 | [msf.org/bolivia](https://www.msf.org/bolivia)



Bolivia is one of the countries with the lowest health indicators in Latin America. Despite increased investment in public health facilities in recent years, availability and quality of care remain poor.

The rate of deaths due to pregnancy and childbirth in Bolivia, for instance, is the worst in Latin America. Within the country, it is highest in La Paz department, specifically in the El Alto municipality, which is adjacent to the capital city, La Paz. The municipality also has the largest adolescent population and, according to national surveys, almost one-third of 19-year-old women are already mothers.

The opening of a second maternity unit, in El Alto's San Roque neighbourhood, scheduled for mid-November, was delayed until mid-December due to political unrest. In its first month of activity, the team at San Roque assisted 27 births.

We work in close collaboration with the Ministry of Health at both centres, with the main objective of reducing deaths during pregnancy and childbirth and improving access to safe births through high-quality, culturally adapted services.

At the height of the unrest, we continued with our sexual and reproductive health activities in El Alto and offered mental health services in a health centre in La Paz. We were in touch with several hospitals in case they were in need of any ad hoc support, such as medical supplies, which we provided to Senkata hospital.

KEY MEDICAL FIGURES:

960 antenatal consultations

500 consultations for contraceptive services

In 2019, Médecins Sans Frontières (MSF) opened a small sexual and reproductive health programme in El Alto. The project focuses on the local indigenous population, among whom teenage pregnancies and death during pregnancy and childbirth occur most frequently. In September, we opened a maternity ward in the city's Franz Tamayo primary healthcare centre, and by the end of the year, our teams had assisted 54 births and organised 68 ambulance referrals to the centre.

BRAZIL

No. staff in 2019: 26 | Expenditure in 2019: €1.1 million | Year MSF first worked in the country: 1991 | [msf.org/brazil](https://www.msf.org/brazil)



Tens of thousands of Venezuelans have crossed into northern Brazil, seeking refuge from the political and economic crisis that is ravaging their country.

The crisis has generated the largest human displacement in Latin America's recent history, with approximately 4.5 million people having fled the country. Most Venezuelans entering Brazil arrive in Roraima, the least-developed state in the country, putting an additional strain on its already precarious public services. In 2019, due to the large influx of refugees, its population rose by five per cent, by far the highest rate in the country. The state now hosts between 50,000 and 60,000 Venezuelans.

By June, we had expanded our activities to include the provision of basic medical services and antenatal care in two health facilities run by Boa Vista city government. By the end of the year, our teams had conducted almost 7,580 outpatient consultations, including nearly 500 antenatal consultations, and reached over 18,000 people through health promotion activities. MSF is also the only organisation offering mental health assistance to Venezuelans in Roraima – over 3,500 people benefited from individual or group mental health sessions in 2019.

By the end of the year, our teams were also visiting informal shelters and abandoned buildings, as part of the strategy to reach the most vulnerable people in Roraima.

KEY MEDICAL FIGURES:

7,580 outpatient consultations

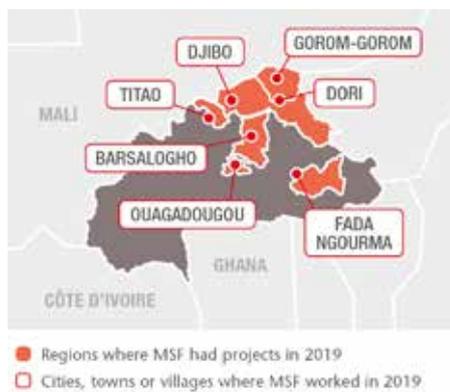
940 individual mental health consultations

290 mental health consultations provided in group sessions

Médecins Sans Frontières (MSF) returned to Brazil in 2018, to address the health needs of Venezuelans and the local population in the state capital, Boa Vista. Our work includes health promotion activities and mental health sessions in official shelters, which are home to around 6,000 migrants and refugees. We also carry out water and sanitation activities, such as the distribution of hygiene kits.

BURKINA FASO

No. staff in 2019: 219 | Expenditure in 2019: €7.0 million | Year MSF first worked in the country: 1995 | [msf.org/burkina-faso](https://www.msf.org/burkina-faso)



KEY MEDICAL FIGURES:

95,800 outpatient consultations

70,700 malaria cases treated

11,500 vaccinations against measles in response to an outbreak

Burkina Faso experienced an upsurge in violence in 2019, leading to mass displacement and severely restricting access to health services in the affected regions.

In early January 2019, violent clashes in Yirgou in the north of the country forced thousands of people to flee. The violence, involving both communal and religious armed groups, quickly escalated. Médecins Sans Frontières (MSF) teams, who were already in Sahel region to support emergency rooms and operating theatres in the medical facilities of Gorom-Gorom and Djibo, rapidly responded in Barsalogho and Foubé in central Burkina Faso, providing basic healthcare for host communities and displaced people.

According to the authorities, close to 100 health centres had to cease activities altogether and many more could only function at reduced capacity. Increasing insecurity made it hard for remote communities to access the remaining health services in towns, and for humanitarian organisations to reach those in need.

Despite security challenges, our teams had scaled up assistance by mid-2019, and started medical activities and water trucking in Titao and Ouindigui in the Nord region, as well as in Fada-Ngourma, Matiakoali and Gayéri in the east of the country.

At the end of the year, teams were deployed to the four most conflict-affected regions to provide basic healthcare, shelter and relief items such as jerrycans, soap and mosquito nets to local communities and displaced people. We rehabilitated water pumps, dug boreholes and trucked in more than 8.3 million litres of drinking water.

In the capital, Ouagadougou, we continued to run a dengue fever project, which assists with surveillance, staff training and preparedness in the event of a new outbreak.

BURUNDI

No. staff in 2019: 349 | Expenditure in 2019: €8.9 million | Year MSF first worked in the country: 1992 | [msf.org/burundi](https://www.msf.org/burundi)



KEY MEDICAL FIGURES:

174,500 malaria cases treated

1,080 people treated for cholera

In 2019, Médecins Sans Frontières (MSF) responded to major outbreaks of malaria and cholera across Burundi, while continuing to offer high-quality care for victims of trauma in the capital Bujumbura.

There was a significant increase in malaria cases in Burundi in 2019, with close to nine million recorded between January and December. MSF launched a response to this outbreak in Kinyinya health district, one of the most severely affected in the country. In June, our teams started supporting 14 health centres and two hospitals by providing free malaria treatment, and then in September, conducted an indoor residual spraying campaign, a technique that involves spraying individual houses with insecticide to kill off mosquitoes. In just one month, our teams sprayed 59,731 homes, protecting close to 287,000 inhabitants for the next six to nine months. In April and December 2019, we conducted similar campaigns in three camps for Congolese refugees.

In response to an unprecedented cholera epidemic, MSF built and supported four treatment facilities in Bujumbura, Cibitoke and Rumonge provinces, trained public health staff and assisted with awareness-raising campaigns. We also built an extensible 50-bed capacity cholera treatment centre in Kamenge, Bujumbura, co-managed by MSF and the Ministry of Health.

We continued providing care for victims of trauma and burns in the 68-bed l'Arche de Kigobe trauma centre in the capital. Our medical teams performed surgeries and carried out 13,500 outpatient consultations. In June, simple trauma cases were decentralised to four MSF-supported public health centres in Bujumbura.

CAMBODIA

No. staff in 2019: 90 | Expenditure in 2019: €3.0 million | Year MSF first worked in the country: 1979 | msf.org/cambodia



■ Regions where MSF had projects in 2019
□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

4,520 people started on hepatitis C treatment

570 malaria cases treated

New, more effective diagnosis and treatment strategies for hepatitis C proved successful in Cambodia in 2019.

Hepatitis C is endemic in Cambodia yet access to diagnosis and treatment is virtually non-existent. After three years of collaboration with Preah Kossamak hospital in the capital, Phnom Penh, and the introduction of simplified diagnosis and treatment, Médecins Sans Frontières (MSF) handed these activities over to the hospital's hepatology department in June. We continue to treat patients in the Municipal Referral Hospital with the aim of identifying barriers to hepatitis C care in this urban context.

MSF scaled up hepatitis C care in two rural operational districts in Battambang province. The team continued to work on identifying the most efficient screening strategies (e.g. active case finding) for communities unaware of the disease.

Our staff participated in a technical working group on viral hepatitis that resulted in the

development of a five-year national strategic plan and hepatitis C/hepatitis B clinical guidelines, based on the evidence provided by MSF's activities. These were endorsed by the Cambodian Ministry of Health and represent important steps towards tackling hepatitis C in the country.

In May, we organised a well-attended workshop in Phnom Penh to share the lessons learnt from our successful malaria project in northern Cambodia. The following month, we handed over the project to the NGO Malaria Consortium and the government. The project included passive screening, whereby patients visit health centres on their own initiative; proactive screening (the detection of malaria cases by health workers among communities and households); and reactive screening, involving people potentially linked to confirmed cases.

CÔTE D'IVOIRE

No. staff in 2019: 158 | Expenditure in 2019: €4.1 million | Year MSF first worked in the country: 1990 | msf.org/cote-divoire



■ Regions where MSF had projects in 2019
□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

3,490 births assisted, including
510 caesarean sections

Supporting local health authorities to take over our activities in Katiola was the key focus for Médecins Sans Frontières (MSF) in Côte d'Ivoire in 2019.

The Ivorian health system is slowly recovering from the political and military crisis that overwhelmed the country from 2002 to 2010. Due to the high rate of deaths during pregnancy and childbirth, the Ministry of Health has made maternal healthcare a priority, offering it free of charge to all pregnant women. However, budget restrictions, drug stockouts and a lack of trained staff mean that access to good quality services for women and their newborns is not always guaranteed.

For five years, we supported the ministry in rural areas of Hambol region in central Côte d'Ivoire, working in the maternity unit, neonatology ward and operating theatre at Katiola referral hospital. In 2019, we admitted 700 newborns for care and strengthened the referral system for obstetric and neonatal

emergencies. We also supported Dabakala and Niakara hospitals and six health centres.

In order to reduce perinatal transmission of hepatitis B, we collaborated with the Ministry of Health to introduce systematic vaccination immediately after birth in all MSF-supported facilities in the area. A total of 3,150 newborns were vaccinated against hepatitis B in 2019.

In view of the relatively low levels of activity, decreasing numbers of obstetric complications and limited prospects for development, we made the decision to progressively hand over all our activities in the country to the local health authorities. We stopped our support to health centres in April, to the maternity unit in June and to the operating theatre and neonatology wards at the end of the year.

CAMEROON

No. staff in 2019: 712 | Expenditure in 2019: €17.8 million | Year MSF first worked in the country: 1984 | [msf.org/cameroon](https://www.msf.org/cameroon)



KEY MEDICAL FIGURES:

221,600 outpatient consultations

83,200 malaria cases treated

6,050 surgical interventions

3,540 people treated for intentional physical violence

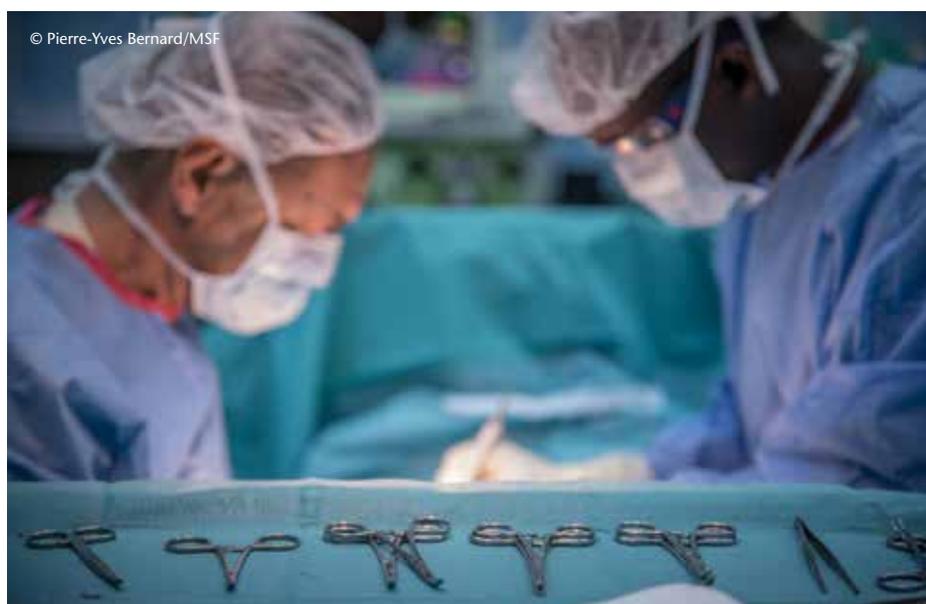
In 2019, Médecins Sans Frontières (MSF) continued to assist displaced people, refugees and vulnerable host communities in areas affected by conflict and violence in Cameroon.

Fighting intensified between government forces and secessionist groups in Southwest and Northwest regions, while violence and attacks by armed groups increased in bordering northeastern Nigeria, pushing thousands to flee across the border into the Far North region.

Civilians caught up in violence in Northwest and Southwest regions

The violence in Northwest and Southwest regions of Cameroon has displaced more than 700,000 people, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), and has hugely impacted the provision of health services in those regions.

To improve access to care and respond to increasing needs, our teams supported



Dr Rosso, MSF surgeon, and Mickael, MSF operating theatre nurse, during surgery on a child with severe malaria in Maroua Regional Hospital. Far North region, Cameroon, February 2019.

around 30 hospitals and health centres in Bamenda, Widikum, Kumba and Mamfe, and ran a free 24-hour ambulance service, which managed over 9,000 referrals throughout the year. The focus of our activities is emergency care, especially for victims of armed and sexual violence, children and pregnant women.

We also provided training to community health workers to conduct health promotion activities and treat simple cases of the most common diseases, such as malaria and diarrhoea. Such community-based health support is key as many have fled to the bush, where they have no access to healthcare or other basic services.

During the year, we provided close to 150,000 consultations through our community health workers, the majority being linked to malaria cases.

Refugees and displaced people in Far North region

People in Cameroon's Far North continue to suffer daily violence from the conflict, while also facing extreme poverty in a region subject to an unpredictable climate.

We have teams working in hospitals in Mora and Maroua, where they offer medical support, including nutritional care, mental health services, health promotion and emergency surgery in the event of mass casualties.

Closer to the Nigerian border, our teams assist health centres with basic healthcare and hospital referrals. In 2019, we also

trained over 40 community health workers in Kolofata and Limani to diagnose and treat simple cases of the most common childhood diseases and identify complicated cases to be referred to health centres or hospitals.

Early in the year, we provided emergency assistance in Goura to around 35,000 Nigerians who had fled across the border from Rann, following a violent attack by the opposition armed group.

During the year, our teams conducted around 75,000 consultations, 5,000 mental health consultations and 5,700 reproductive health consultations in our projects in Far North. In addition, we treated more than 23,000 children for diseases such as malaria, diarrhoea and malnutrition (in our facilities or within the communities), and performed 4,000 surgical interventions.

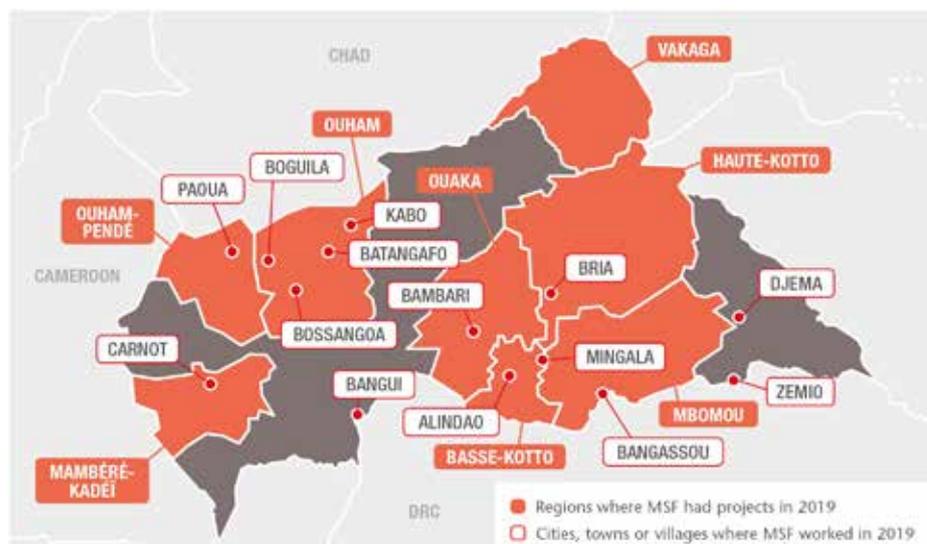
Response to disease outbreaks

We continued to respond to an ongoing cholera outbreak in the North and Far North regions and also launched activities to tackle a new one on Bakassi peninsula, in Southwest region. Our teams treated 260 patients for cholera and vaccinated more than 35,500 people against the disease. We also conducted epidemiological surveillance and health promotion.

In addition, we supported the response to a measles outbreak in Maroua, where we treated more than 1,300 patients in outpatient consultations and nearly 400 severe cases were admitted to the treatment centre at Dougoi.

CENTRAL AFRICAN REPUBLIC

No. staff in 2019: 2,775 | Expenditure in 2019: €58.2 million | Year MSF first worked in the country: 1997 | [msf.org/car](https://www.msf.org/car)



KEY MEDICAL FIGURES:

967,000 outpatient consultations

612,700 malaria cases treated

69,400 patients admitted to hospital

18,600 births assisted

9,700 surgical interventions

4,260 people treated for sexual violence

4,140 people on first-line ARV treatment and **280** on second-line ARV treatment under direct MSF care

Despite the peace agreement signed by the government and armed groups in the Central African Republic (CAR) in February, violence has continued unabated in many parts of the country.

Although there have been fewer large-scale attacks on civilians, thousands of people are still living in constant fear, exposed to beatings, rape and murder, with no access to healthcare or other basic services. By the end of 2019, over 687,000 people were internally displaced, while the number of refugees from CAR in neighbouring countries had risen to 592,000.

The pervasive insecurity repeatedly hampered the ability of Médecins Sans Frontières (MSF) to deliver medical care and respond to the urgent needs of vulnerable people. Nevertheless, we continued to run 12 projects for local and displaced communities in six prefectures and the capital, Bangui, providing general and emergency care, trauma surgery, maternal and paediatric services, assistance to victims of sexual violence and treatment for malaria, HIV and tuberculosis (TB). In addition, we launched a number of emergency interventions during the year and maintained our assistance to Central African refugees living in Ndu, Democratic Republic of Congo, across the River Mbomou from CAR's Bangassou.

Protecting women's health

In Bangui, we focused on improving sexual and reproductive healthcare with the aim of reducing sickness and death from obstetric complications, as well as from the consequences of unsafe terminations of pregnancy, which are the main cause of death among women at MSF-supported maternity facilities in the city. In 2019, our teams assisted a total of 11,400 births in Bangui. We also supported new health

structures in the provision of sexual and reproductive health services. These included family planning services to prevent unwanted pregnancies, for example by providing condoms, contraceptive implants and pills, tubal ligation, and safe abortion care if requested. In addition, we supported the organisation of high-level meetings aimed at finding solutions to the impact of unwanted pregnancies and unsafe abortion on maternal mortality.



Ten-month-old Ketira is pricked on the finger for a rapid test to detect malaria at a health facility in Boguila. Central African Republic, February 2019.



© Victor Manjon/MSF
 Mothers and children in Mingala, an area that is difficult to access due to insecurity and bad road conditions, during a two-day MSF vaccination programme. Central African Republic, March 2019.

Despite recurring insecurity incidents, we continued to run maternal health services and emergency obstetric surgery in our projects in other areas of CAR, including Batangafo, Kabo, Bossangoa and Bangassou.

General healthcare and paediatric activities

Malaria remains the main killer of children under five in CAR, and its effects are often exacerbated by the precarious conditions in which they live, exposed to malnutrition, infections, measles and other preventable diseases. Insecurity, drug stockouts, long distances to health facilities and transport costs are some of the barriers restricting access to effective and timely medical care for children.

Our teams intervene at all levels to address these challenges in all our projects outside Bangui.

Strategies to deliver care nearer to people's homes included supporting community health workers to test and treat patients with simple forms of malaria and diarrhoea cases in their villages in Bambari, and deploying teams to hard-to-reach areas and displacement sites, such as PK3 camp in Bria and the Catholic parish in Bangassou. In 2019, our teams assisted more than 50,000 displaced people as well as local communities in remote locations, such as Nzako in Mbomou prefecture, where the inhabitants have been trapped by three years of relentless violence.

MSF supplied health centres with medicines and equipment, staff and technical training and supported hospital emergency rooms and paediatric wards, enabling the most severely ill children to obtain free specialist

care. In total, 31,300 children were admitted to MSF-supported hospitals in 2019.

Prevention is essential to saving lives, which is why our efforts were also directed towards supporting routine vaccination and mass vaccination campaigns. During the year, our teams carried out vaccinations against diphtheria, tetanus, hepatitis B, whooping cough, polio and measles for children in Vakaga prefecture and set up two multi-antigen vaccination campaigns in Pombolo, Ouango district.

Trauma surgery and comprehensive support to victims of sexual violence

MSF is the main organisation delivering medical and psychosocial care for victims of sexual violence in CAR, and we have progressively integrated it into our programmes across the country. In Bangui, 3,230 victims of sexual violence received medical and psychological assistance in the outpatient department of SICA hospital, a surgical trauma facility we built in 2017. The hospital has 80 beds, an emergency room and two operating theatres, and offers comprehensive treatment, including post-operative care and physiotherapy. Of the 9,810 trauma patients we treated at the hospital in 2019, 80 per cent were victims of road accidents, and around 20 per cent victims of violence, with bullet or stab wounds.

We also launched a new project called Tongolo – meaning 'star' in the Sango language – offering comprehensive care for sexual violence, specifically adapted to male, child and adolescent patients, in four of Bangui's health facilities.

Tackling HIV and TB

Another focus of our activities in CAR is HIV/AIDS, a leading cause of death among adults, as the country has Central Africa's highest HIV prevalence. Our teams work to make treatment as accessible as possible in our projects in Carnot, Paoua, Boguila, Kabo, Batangafo and Bossangoa. We started similar activities in Bria, and in October, we launched a new project in Bangui, which aims to reduce sickness and death related to HIV/AIDS and tuberculosis. Our teams also offer care, treatment and training in the university hospital and support partner health structures.

Despite available funding, less than half of the 110,000 people living with HIV in CAR receive care. In 2019, when the country experienced a major stockout of antiretroviral (ARV) medication, we responded by providing emergency supplies to the Ministry of Health and medical facilities, while also maintaining provision to our regular HIV programmes. For example, in Carnot, where we follow a cohort of 1,850 patients, antiretroviral treatment was initiated for 414 patients, including 27 children. Six hundred and four adult patients were admitted into MSF-supported internal medicine hospital wards in Paoua, mainly due to advanced HIV and tuberculosis.

In addition, we worked with the Ministry of Health to set up more community-based patient groups with the aim of mitigating the daily challenges faced by people living with HIV and making it easier for them to adhere to treatment. For example, group members take it in turns to pick up each other's ARV medication, thereby reducing the number of times each person has to travel to a health facility. In the Carnot area alone, there are more than 60 patient groups. The groups also function as psychological support systems in which people can speak openly about their HIV status – in Zémio they hold their meetings outside under the mango trees. One group decided to jointly purchase chickens, not only to eat as a source of protein, but also to sell as a source of revenue to enable them to travel to health centres.

Responding to outbreaks of violence and disease

Throughout the year, we supported health centres in Alindao and Mingala in Basse-Kotto, where violence between armed groups continued despite the peace agreement, forcing thousands to flee. Our teams treated thousands of people for malaria and administered vaccines to children and pregnant women. We also conducted nutritional needs assessments and donated medical supplies to facilities in Zémio and Djema.

COLOMBIA

No. staff in 2019: 117 | Expenditure in 2019: €3.9 million | Year MSF first worked in the country: 1985 | [msf.org/colombia](https://www.msf.org/colombia)

KEY MEDICAL FIGURES:

63,700 outpatient consultations

15,200 consultations for contraceptive services

10,900 individual mental health consultations

460 women received safe abortion care

Colombia saw a resurgence of violence in 2019, as armed groups fought over disputed territories. Médecins Sans Frontières (MSF) assisted Colombians who were forcibly displaced and confined, and supported Venezuelan migrants.

In the department of Cauca, we offered mental health assistance to the Nasa indigenous community after a massacre in which several of their members were killed. In Chocó, our teams ran general and mental health services for members of the Wounaan Nonam indigenous community displaced by clashes between armed factions in Docordó town centre. In the last week of the year, an MSF team in Norte de Santander provided general and mental healthcare and shelter kits to more than 100 people confined in a school in Hacarí.

Our mobile emergency response team focused exclusively on humanitarian emergencies in the department of Nariño, one of the regions most affected by the renewed conflict and other violent events in the country. We offered medical and mental healthcare to people confined and displaced by clashes between armed groups in the municipalities of Olaya Herrera, Roberto Payán, Magüí Payán and Tumaco, among others. We also donated shelter kits to hundreds of families in temporary settlements.

Yet again, our teams witnessed the effect of displacement and confinement on people's mental health. Stress, worry and fear add to the psychosocial impacts of exposure to acts of violence. In addition, the absence of timely



A Venezuelan migrant family in Tibú, in the border department of Norte de Santander, where MSF provides healthcare. Colombia, May 2019.



Venezuelan migrants and indigenous Wayuu in a settlement in Uribia, La Guajira, where MSF runs a mobile clinic. Colombia, August 2019.

responses from the authorities intensifies the feeling of lack of protection and uncertainty.

In Colombia, we also address the effects on mental health of the threats, targeted killings and intraurban displacement associated with urban violence. In Buenaventura, we continued to offer consultations through a dedicated telephone helpline and comprehensive care for victims of sexual violence and women seeking access to termination of pregnancy.

Assisting Venezuelan refugees and migrants

In the midst of this panorama of increasing violence resulting from the inconsistent implementation of the peace agreements, Colombia has become a country of transit and refuge for millions of people fleeing Venezuela's social, political and economic crisis. According to official figures, there are around 1.6 million Venezuelans in Colombia, and although most of them live in the main cities, thousands have settled in departments near the border with Venezuela, such as La Guajira, Norte de Santander and Arauca, where they are affected by the conflict and the government response is much more limited.

In response to the growing needs of the Venezuelan population in Colombia, MSF established three projects focused on general healthcare, mental health and sexual and

reproductive health in these departments, targeting in particular pregnant women and children under the age of five. Our teams provided assistance in the municipalities of Riohacha, Tibú and Tame and conducted mobile clinics several times a month in places such as Uribia, Maicao and Manaure in La Guajira; Puerto Santander and La Gabarra in Norte de Santander; and Saravena and Arauquita in Arauca.

During their activities, our teams observed the multiple vulnerabilities of Venezuelan migrants and asylum seekers who have not been able to regularise their status in the country. As well as the risks of recruitment by armed groups and forced prostitution, they face problems in obtaining medical assistance, as the public health system excludes them from all services other than childbirth, vaccination and medical emergencies. They also struggle to access education, shelter and work where they are not exploited or exposed to danger.

Advocating on behalf of vulnerable women and migrants

Our advocacy work is aimed at improving women's access to safe termination of pregnancy. As part of the strategy, the report *Unsafe Abortion, Women at Risk* was published to expose the social, economic and institutional barriers that prevent access to this service. The report highlighted that

88 per cent of the 428 patients treated by MSF in 2017–2018 faced at least one of the following barriers: social obstacles (social stigma or harassment by family members and friends); economic or geographical obstacles; a lack of information about the law regarding the termination of pregnancy. Twenty-seven per cent of our patients who requested a safe abortion in a health facility prior to coming to MSF had had their request refused.

MSF helped 460 women in the termination of their pregnancies and accompanied 120 to have the procedure carried out in a public hospital. As a result of the findings in the report, we called on the health authorities to ensure the prevention of unwanted pregnancies by increasing and simplifying access to efficient family planning services, with an emphasis on adolescents living in poverty or in rural environments. We also called on them to prevent deaths and other consequences of unsafe abortions by making comprehensive safe abortion services available and accessible to women and girls across the country.

MSF called for greater international investment and operational presence, particularly in conflict zones, and for more assistance in sexual and reproductive health activities for the migrant population.

CHAD

No. staff in 2019: 317 | Expenditure in 2019: €9.9 million | Year MSF first worked in the country: 1981 | [msf.org/chad](https://www.msf.org/chad)



A member of MSF's Chad Emergency Response Unit informs a nomad woman of the arrival of our measles vaccination teams in the outskirts of Djouna, Am Timan district. Chad, April 2019.

KEY MEDICAL FIGURES:

352,500 vaccinations against measles in response to an outbreak

154,800 outpatient consultations

109,900 malaria cases treated

11,300 children treated for measles

5,600 children treated for severe acute malnutrition in outpatient feeding programmes

In 2019, Médecins Sans Frontières (MSF) launched several interventions across Chad to help control the measles epidemic that has continued to intensify since it was declared in May 2018.

In Chad, measles outbreaks usually begin in spring and die out when the rainy season starts in June, but the 2018 outbreak continued into 2019 and eventually spread to 75 of the country's 126 districts.

Our teams arrived in Am Timan in January when a new peak was declared. In four weeks, we vaccinated 107,000 children in the city and 13 other locations across the district. We also helped to manage measles

patients in Am Timan hospital and three health centres.

In the capital, N'Djamena, we converted our inpatient feeding centre, which was originally set up for a one-off emergency intervention in 2018, into a measles unit to provide care for the most severely affected children. We also supported 21 health centres to treat patients in the city.

In Bongor, Bouso, Ba'illi and Kouno districts, in the southwest of the country, and Bodo district, in the south, we vaccinated over 245,000 children, and supported five hospitals and 66 health centres to treat patients. In Bodo district, where measles was not the only life-threatening disease affecting children under five years of age, we provided treatment for malaria and acute malnutrition.

Responding to other emergencies

Malnutrition is endemic in the Sahel, the strip of land that runs across the middle of Chad. In recent years, several factors have exacerbated the prevalence and incidence of malnutrition, including severe seasonal food insecurity, a general lack of purchasing power and the deepening economic crisis.

Measles and malnutrition together are a deadly combination: measles can worsen a child's nutritional status, while low immunity

caused by malnutrition increases the severity of measles and even the risk of death.

In N'Djamena, the few facilities offering treatment for severe malnutrition were again overwhelmed from June to September by large numbers of patients. In response, we reopened an MSF-run inpatient feeding centre in the N'Djari neighbourhood. By the time we closed the centre in October, we had treated 970 children with severe malnutrition and medical complications.

In the southwest of the country, we also responded to a meningitis outbreak, treating over 750 children, 245 of whom received care at Goundi hospital from January to April 2019.

Improving mother and child healthcare in Moissala

In 2019, our teams treated over 90,600 children for malaria in MSF-supported health facilities in Moissala, in southern Chad. Of those, nearly 7,000 were admitted to Moissala hospital paediatric wards for severe malaria. We also decided to expand our activities in the area to improve access to health services for women and children at all levels, from community health centres up to inpatient care. During the year, we supported operating theatres, maternity, paediatric and neonatology wards in Moissala hospital and obstetric care in two health centres.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

No. staff in 2019: 3 | Expenditure in 2019: €1.4 million | Year MSF first worked in the country: 1995 | [msf.org/dpr-korea](https://www.msf.org/dpr-korea)



Médecins Sans Frontières (MSF) initiated activities in the Democratic People's Republic of Korea (DPRK) in March 2019, aiming to help improve general healthcare and in particular, treatment for tuberculosis (TB).

Around nine million people in the DPRK have limited access to adequate healthcare, and the country has one of the highest burdens of TB and multidrug-resistant TB (MDR-TB) in the world.¹ However, the capacity to care for patients with TB is extremely limited.

During the year, MSF helped improve TB diagnosis and treatment by upgrading laboratories and X-ray facilities at the two TB hospitals we support in North Hamgyong province. We supplied laboratory and medical equipment, such as X-ray machines, and training for clinicians and technicians, with a view to commencing medical activities in

2020. MSF also provided logistics support at the hospitals, such as electrical infrastructure.

In addition, our teams worked to strengthen general healthcare, with a focus on paediatrics and neonatology. This included training clinicians, supplying therapeutic and supplementary food for the treatment of children with malnutrition, improving sterilisation and referral capacity, and providing medical consumables such as protective equipment, needles, syringes and laboratory items.

¹ Based on absolute number of incident cases. *Global tuberculosis report 2019*, World Health Organization, Geneva, October 2019.

EGYPT

No. staff in 2019: 156 | Expenditure in 2019: €3.1 million | Year MSF first worked in the country: 2010 | [msf.org/egypt](https://www.msf.org/egypt)



In Egypt, Médecins Sans Frontières (MSF) runs services tailored to the needs of migrants, refugees and asylum seekers living in the cities of Cairo and Alexandria.

By the end of December 2019, more than 250,000 refugees and asylum seekers were officially registered in Egypt, according to the United Nations refugee agency, UNHCR. More than half of them were from Syria; the others came from countries such as Ethiopia, Eritrea, South Sudan, Sudan and Yemen.

Our Cairo programme, launched in 2012, has a multi-disciplinary approach adapted to the specific needs of migrants and refugees, consisting of medical and mental healthcare, sexual and reproductive health services, physiotherapy and social support. During the year, we conducted a total of 16,300 outpatient consultations, including 8,250 individual mental health consultations and 2,260 for physiotherapy. We also provided nearly 2,050 social support sessions.

In 2019, our teams enrolled 737 new survivors of ill-treatment/physical abuse in the programme. We strengthened our therapeutic mental health group approach,

conducting more than 110 sessions with a total of 1,140 participants. We provided a comprehensive package of care for 1,330 victims of sexual violence, 739 of whom received care within 72 hours of the incident. We also increased our engagement with civil society, government, key medical providers and academic institutions regarding the issue of violence against women. As part of this effort, we organised a conference at the end of the year to discuss the medical and mental health consequences of sexual and gender-based violence and find ways to improve access to care for victims.

MSF established a Medical and Psychological Support Unit (MPSU) to enable clinics run by partner organisations to offer comprehensive services to victims of sexual violence. The MPSU will support these organisations to integrate, maintain and sustain the services independently. It is currently partnered with three organisations in seven clinics in Alexandria and Greater Cairo.

KEY MEDICAL FIGURES:

16,400 outpatient consultations

8,600 individual mental health consultations

DEMOCRATIC REPUBLIC OF CONGO

No. staff in 2019: 3,173 | Expenditure in 2019: €133.1 million | Year MSF first worked in the country: 1977 | [msf.org/drc](https://www.msf.org/drc)

In the Democratic Republic of Congo (DRC), we are working to tackle the country's largest outbreaks of measles and Ebola to date, while continuing to address its many other health needs.

In 2019, Médecins Sans Frontières (MSF) teams worked in 21 of DRC's 26 provinces, providing a wide range of services including general and specialist healthcare, nutrition, vaccinations, surgery, paediatric care, support for victims of sexual violence, as well as treatment and prevention activities for HIV/AIDS, tuberculosis (TB), measles, cholera and Ebola.

The world's largest measles epidemic

The measles outbreak, the largest recorded, has ravaged DRC since mid-2018 and was declared a national epidemic by the Congolese government in June 2019. According to the World Health Organization, in 2019, more than 310,000 people contracted measles and over 6,000 died from the disease in DRC. MSF's response included support for local surveillance activities, mass vaccination campaigns and treatment for complicated cases in 16 provinces: North and South Kivu, Bas-Uélé, Kasai, Kasai Central, Kwilu, Mai-Ndombe, South Ubangi, Tshopo, Tshuapa, Ituri, Kongo Central and the four ex-Katanga provinces. Our teams vaccinated over 679,500 children and treated some 48,000 in our facilities.

Measles is a vaccine-preventable disease but the failure to cover all health zones with routine vaccination and the delay in organising supplementary campaigns are among the reasons this outbreak is so big. In DRC, factors contributing to low coverage include the lack of vaccines, vaccinators and access to healthcare facilities, as well as logistical difficulties such as transport. The outbreak occurred at the same time as the Ebola epidemic, which complicated the response.

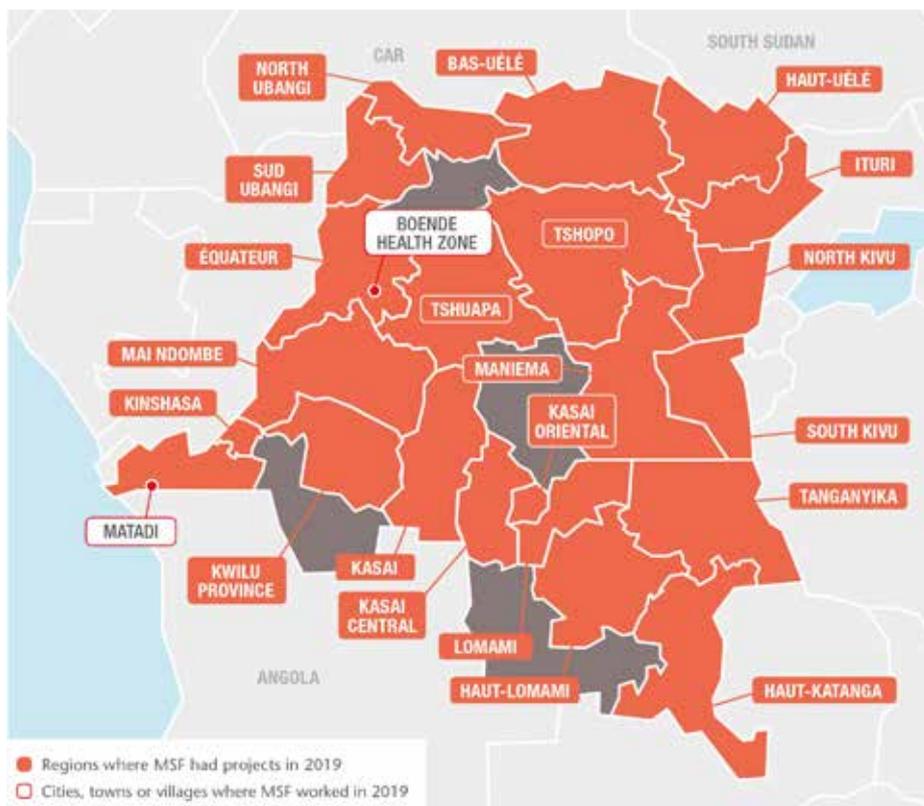
Assisting displaced people

Longstanding intercommunal violence in Ituri flared up again in Djugu and Mahagi territories, displacing over a million people. At the end of the year, around 200,000 people were sheltered in some 80 makeshift sites,



© Alexis Huguet

Five-year-old Souffrance undergoes treatment at the MSF-run measles unit at Biringi Hospital, Ituri province. Democratic Republic of Congo, November 2019.



KEY MEDICAL FIGURES:

- 1,687,900** outpatient consultations
- 679,500** vaccinations against measles in response to an outbreak
- 607,400** malaria cases treated
- 37,900** individual mental health consultations
- 37,000** births assisted
- 10,600** surgical interventions
- 8,710** people treated for sexual violence
- 4,400** people treated for cholera
- 2,190** people treated for intentional physical violence
- 1,310** people with advanced HIV under direct MSF care

where the living conditions were extremely poor. Our teams provided medical care and distributed water, mosquito nets and relief items at around 30 sites.

Until February, we continued supporting health facilities in Mai-Ndombe, following two days of intercommunity violence in December 2018, during which there were many casualties. We treated injuries and burns, ran mobile clinics and distributed relief items to around 2,850 displaced households. In North Kivu, we assisted displaced people in four camps through mobile clinics and water, hygiene and sanitation activities. In Kasai Central, we ran mobile clinics and health promotion activities to assist Congolese people pushed out of neighbouring Angola.

Comprehensive care in the Kivu provinces

In the Kivu provinces, which have been plagued by conflict for many years, MSF has maintained some long-term projects that ensure continuity of care, while also responding to epidemics, mass displacement and other emergencies.

In North Kivu, our teams operate in Goma, Mweso, Walikale, Masisi, Rutshuru, Bambu and Kibirizi health zones to support the delivery of general and specialist healthcare in hospitals, health centres and posts, and through mobile clinics and community-based outreach activities. Our services include emergency and

intensive care, surgery, referrals, neonatal, paediatric and maternal healthcare, mental health support, HIV and TB programmes, vaccinations, nutrition and treatment for sexual and gender-based violence.

In South Kivu, we support hospitals and health centres in Baraka and, Mulungu, Kalehe and Kimbi-Lulenge health zones, offering treatment for malnutrition, HIV,

TB and other infectious diseases, mental health support, and maternal and reproductive healthcare. In Baraka and Kimbi we work closely with communities to respond to the three main illnesses affecting the population; malaria, diarrhoea and respiratory tract infections. In 2019, we started constructing a new hospital in Baraka and upgraded Kuisa and Tushunguti hospitals by installing a solar energy system.



© Pablo Garrigos

A doctor listens to a patient at one of the health centres in Beni, North Kivu, where MSF provides medical staff support and treatment, and donates medical supplies. Democratic Republic of Congo, June 2019.

continued overleaf ➤

Treating victims of sexual violence

We have teams working in clinics in both Kivu provinces, as well as Kasai Central, Maniema and Ituri, offering reproductive healthcare, including safe abortion care, and medical and psychological treatment for victims of sexual and gender-based violence. With multiple forms of violence often perpetrated at community level, MSF is training people to be first responders, or trusted focal points, for victims in their own communities. In Kimbi-Lulenge and Kamambare health zones (South Kivu), and in Salamabila (Maniema), Masisi (North Kivu) and Kananga (Kasai-Central), MSF works with 88 such focal points. Most are female, as the majority of victims are women and girls. MSF tries to tackle the prejudice that leads to stigma and even family rejection, and tries to organise referrals to other organisations who can offer socioeconomic assistance.

Responding to epidemics

Throughout the year, our teams supported the national response to large cholera outbreaks across both Kivu provinces. Our teams treated patients in cholera treatment centres (CTCs) and ensured that they and their carers were made aware of good hygiene and sanitation practices to reduce the risk of spreading. We also carried out epidemiological surveys and donated medicines. During an outbreak between May and September, we opened a temporary CTC in Kyeshero (Goma), Lubumbashi (Katanga)



© Pablo Garrigos

Papa Lazard, health promoter supervisor, sings a song to promote the measles vaccine at Kweba village, Lungonzo district. Democratic Republic of Congo, May 2019.

and four more in Masisi, where we treated almost 700 patients in one month, most of them displaced people living in precarious conditions in camps.

Malaria also continues to be a major health issue in DRC. At Baraka hospital in South Kivu, we increase treatment capacity every year with 100 beds to respond to the seasonal peak. In 2019, we introduced larvicide

spraying in mosquito breeding hotspots as a preventive strategy. In Bili health zone, North Ubangi, where malaria is hyper-endemic, our teams ran a project across 62 health facilities focused on treating young children.

HIV/AIDS remains another deadly threat in DRC, with less than 60 per cent of people living with the disease having access to antiretroviral (ARV) treatment. Limited ARV supply, lack of information and prevention services, stigma and cost are some of the obstacles to care.

In the capital, Kinshasa, and Goma, we support 11 healthcare facilities to expand access to HIV treatment and screening, strengthen follow-up and ensure a steady supply of ARVs. In Kinshasa, we provided medical and psychosocial care for 3,167 HIV-positive patients at Kabinda hospital and seven other facilities. At Masisi health centre in South Kivu, MSF community health educators are part of an HIV support group called the Social Committee for Health Promotion, which raises awareness and fights stigma in the community. In 2019, the group followed 1,821 patients registered in HIV programmes in Masisi, Lulimba and Nyange health centres.

Throughout 2019, we continued our advocacy efforts to address the lack of bed capacity for advanced HIV/AIDS patients, tackle ARV stockout problems and enhance specialist care for paediatric patients.



© Pablo Garrigos

Villagers bring an elderly woman to the MSF-supported Louashi health centre in Masisi territory, North Kivu. Democratic Republic of Congo, October 2019.

EBOLA IN DRC

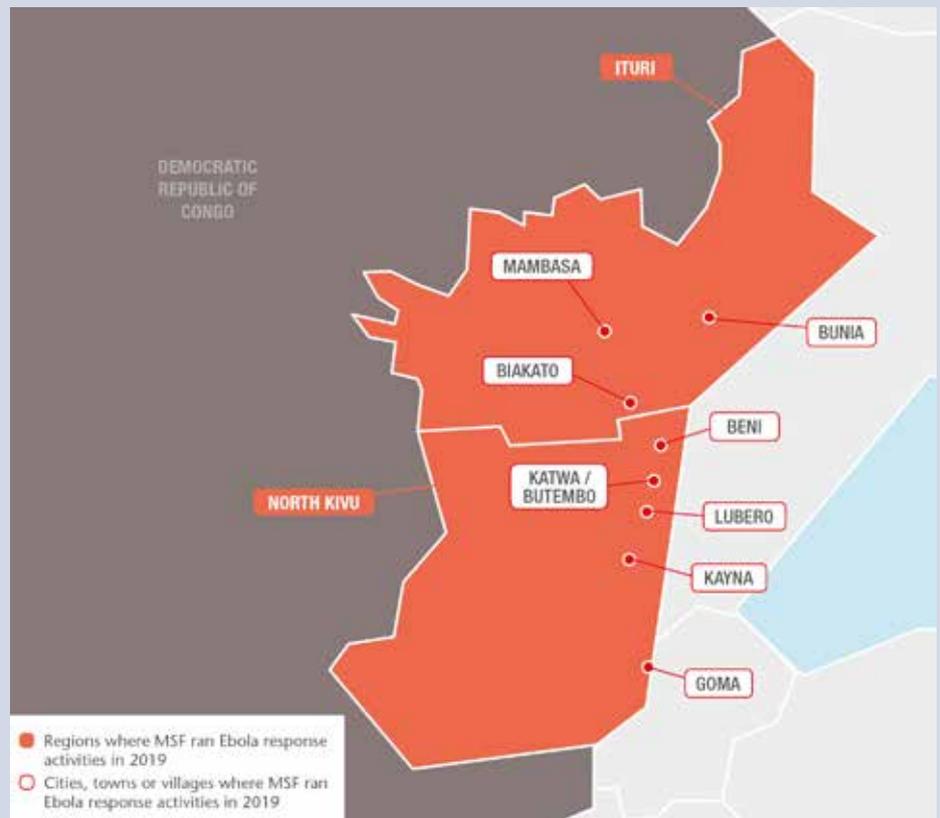
KEY MEDICAL FIGURES:

3,800 people admitted to Ebola treatment centres, of whom **170** were confirmed as having Ebola

The Ebola outbreak declared on 1 August 2018 in the Democratic Republic of Congo continued throughout 2019, although the number of new cases decreased significantly towards the end of the year.

In July 2019, the World Health Organization declared the Ebola epidemic a public health emergency of international concern. By 31 December, there had been approximately 3,300 confirmed cases and 2,200 deaths, making it the second-largest outbreak ever recorded, after the one in West Africa in 2014-2016. Over 1,000 patients survived the disease.

During the year, MSF teams continued to provide assistance to people in North Kivu and Ituri, including medical care for confirmed and suspected Ebola cases and vaccinations for people who had been in close contact with those diagnosed with the disease. In addition, we worked to reinforce access to general healthcare in the region, develop community engagement and integrate Ebola care into local healthcare



facilities. The aim was to adapt our activities to address the full medical and humanitarian needs of the population, which go well beyond Ebola.

In February, the Ebola treatment centres we supported in Butembo and Katwa came under violent attack, forcing our teams to leave the area. Over the following months, we scaled up our support to hospitals and health centres at a time when the contamination of facilities and the reassignment of local health staff to Ebola activities was reducing their capacity to provide healthcare.

Between July and August, confirmed Ebola cases were reported in Goma city and South Kivu province, as well as in neighbouring Uganda. In each location, we supported the health authorities to manage the response. These occurrences, which could have signalled a major expansion of the outbreak to new areas of the country and across the border, turned out to be short-lived, and North Kivu and Ituri continued to be the hotspots for the rest of the year.

Progress was made in 2019 with respect to the new medical tools being used to tackle the virus; preliminary analyses indicated that the rVSV-ZEBOV vaccine, in use since the start of the outbreak, is effective in preventing infection, while two of the four developmental treatments subject to the randomised controlled trial gave positive indications and remained the only two treatments in use. A clinical study of a second potential Ebola vaccine was launched in September.

In a context marked by violence against Ebola responders – over 300 attacks were recorded in 2019, resulting in an increased presence of security and military forces around Ebola treatment facilities – our ongoing challenges are gaining the trust of the population and getting local communities to participate in the response effort. These are crucial for an effective response strategy.



© Pablo Garrigos

An MSF-supported Ebola transit centre in Bunia. Democratic Republic of Congo, June 2019.

ETHIOPIA

No. staff in 2019: 1,288 | Expenditure in 2019: €22.8 million | Year MSF first worked in the country: 1984 | [msf.org/ethiopia](https://www.msf.org/ethiopia)

KEY MEDICAL FIGURES:

355,100 outpatient consultations

15,100 people admitted to hospital

14,700 individual mental health consultations

5,890 births assisted

1,280 children treated in inpatient feeding programmes

In Ethiopia, Médecins Sans Frontières (MSF) fills critical gaps in healthcare, responds to disease outbreaks, and assists internally displaced people and refugees.

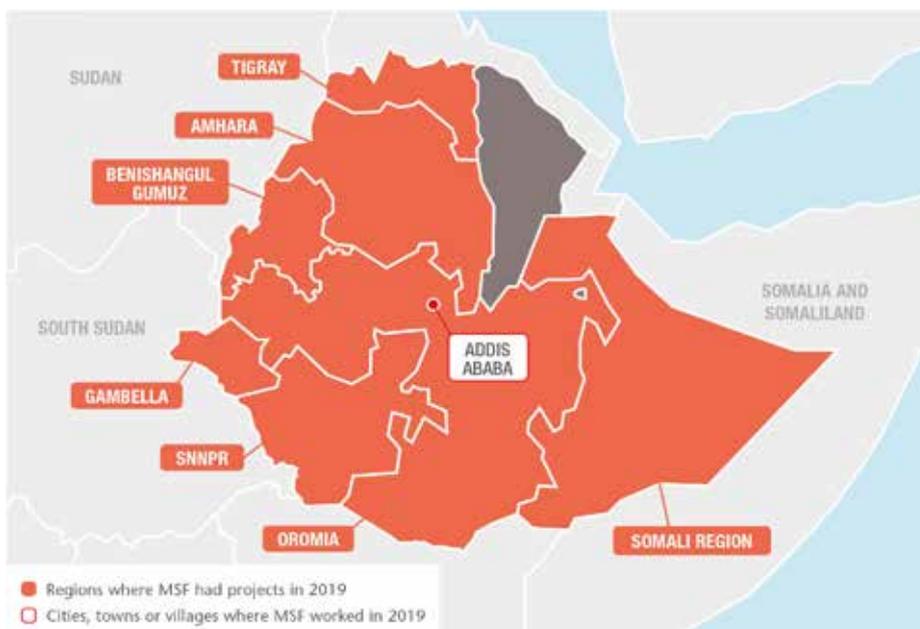
By the end of 2019, Ethiopia was hosting 750,000 refugees, most of whom were from neighbouring South Sudan, Eritrea and Somalia. The country with the second-biggest population in Africa witnessed episodes of intercommunal violence, which led to waves of displacement. Mainly for economic reasons, Ethiopia was also the origin of a fluid migration route towards Saudi Arabia.

MSF continued to work with the Ethiopian authorities to respond to emergencies such as cholera and measles outbreaks, and deliver healthcare to remote communities, refugees and displaced people, and providing treatment for snakebites, kala azar (visceral leishmaniasis) and other neglected diseases.

Displacement crisis

In the first quarter of the year, teams were still working in some *woredas* (administrative areas) in western Ethiopia, with a focus on emergency healthcare and water and sanitation for people displaced by violence on the border between Benishangul-Gumuz and Oromia. We concluded these activities in April.

In the same month, we launched another emergency intervention in Gedeo, in the



southern part of the country, only three months after closing one in the same place. This was in response to a huge deterioration in the humanitarian situation of the uprooted populations and assessments that showed alarming malnutrition levels among children and lactating women.

In five months, MSF teams treated 5,100 patients, 3,820 of them severely malnourished children under the age of five, in inpatient and outpatient therapeutic feeding programmes. In August, we ended these activities due to a sharp decrease in admissions following the government's



© Susanne Doetting

The MSF 'tea team' stops in the village of Caado to collect muddy water for a health education session on water purification. Somali region, Ethiopia, March 2019.



Hassan (right), a community leader in Ton-Habalan, in the tree-shaded men's waiting area of an MSF mobile clinic. Somali Region, Ethiopia, March 2019.

relocation of most of the internally displaced people to neighbouring West Guji.

These two displacement crises, both linked to ethnic tensions and conflict, were the worst to take place in Ethiopia in 2018 and 2019, with a total of around 1.2 million people displaced during peak periods.

MSF teams responded to outbreaks of violence elsewhere in the country with smaller, short-term interventions, for example in Moyale in Somali region, and Gondar and Metekel in Amhara and Benishangul-Gumuz regions respectively.

Deported migrants

Ethiopians continued to migrate from rural areas with the aim of reaching Saudi Arabia and other Gulf countries and finding better paid jobs. According to the International Organization for Migration, 138,000 people – mostly Ethiopians, but also people from other African countries – set off from the Horn of Africa across the Gulf of Aden towards Yemen in 2019; this exceeds the number who crossed the Mediterranean seeking safety in Europe.

At the same time, an average of 10,000 Ethiopians per month arrived in the capital, Addis Ababa, on flights from Jeddah, as part of a deportation drive that the Saudi authorities initiated in 2017.

Our teams maintained a medical screening project at the airport and mental health support at a counselling centre in the city. The migrants undergo an extremely perilous journey, during which most witness or experience traumatic violent incidents either at the hands of traffickers while crossing war-torn Yemen or in detention in Saudi prisons.

Somali region

In Doolo zone, we expanded our work to reach the most vulnerable pastoral communities. By the end of the year, we were operating in 18 flexible mobile clinic sites, offering comprehensive general healthcare, including maternal health services. We also strengthened a dynamic health surveillance system via 'tea teams' to engage the community over tea, as per local tradition.

In September, we handed over to the local health authorities our last medical activities in Dolo town, in Liben zone, after a continued presence of nearly a decade. Over the previous years, health indicators stabilised and there were no significant arrivals of refugees from Somalia.

Gambella region

We maintained our support to Gambella hospital, the only facility in the region offering specialised medical care for around 800,000 people, half of them refugees from South Sudan. Each month, MSF teams admitted between 60 and 70 newborns to

the intensive care unit and assisted around 250 births. We also carried out surgeries and treated dozens of people in the emergency room every day, including wounded people from the conflict in South Sudan and intercommunal violence conflict.

While the number of South Sudanese refugees decreased during the year, there were 309,000 in Gambella as of December 2019, according to the UN refugee agency, UNHCR. We continued our interventions in Kule, Tierkidi and Nguenyiel refugee camps and Pamdong reception centre, conducting around 264,000 outpatient consultations, assisting some 2,230 births and providing care for 2,950 patients admitted in the health centre.

At the end of the year, we closed our activities in Nguenyiel camp and reduced our operations in Tierkidi camp to be able to focus more on quality healthcare delivery in areas where no other healthcare provider is present.

Tigray region

More than 70,000 Eritrean asylum seekers sought refuge in Ethiopia in 2019, adding pressure on registration and reception facilities and exacerbating the already dire conditions in the camps. In Hitsats camp in Tigray region, our teams conducted over 3,000 psychiatric outpatient consultations and 1,160 individual mental health consultations, with both refugees and the host community.

Amhara region

In and around Abdurafi, in Amhara region, we continued to focus on visceral leishmaniasis, also known as kala azar, and on the management of snakebites. It is mostly seasonal migrant workers who are affected by both neglected diseases, as they have not built up an immunity to kala azar, live in poor living conditions and work unprotected in the agricultural sector, making them an easy target for snakebites.

We screened over 2,100 suspected cases of kala azar and treated 320 patients with the disease. We also continued with clinical research to develop safer treatment and better diagnostics.

Our teams treating snakebites witnessed an exponential increase in cases, from 647 in 2018 to 1,431 in 2019, which reflects the extent of the problem and the need to invest more in snakebite treatment research.

EL SALVADOR

No. staff in 2019: 76 | Expenditure in 2019: €1.6 million | Year MSF first worked in the country: 1983 | [msf.org/el-salvador](https://www.msf.org/el-salvador)



□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

11,300 outpatient consultations

3,030 individual mental health consultations

1,130 mental health consultations provided in group sessions

71 people treated for sexual violence



An MSF mobile team and staff from the Guadalupe health unit with a family during a vaccination day organised for a community in Soyapango. El Salvador, November 2019.

In 2019, Médecins Sans Frontières (MSF) continued to provide medical and psychological care in areas of San Salvador, El Salvador, labelled as 'red zones' due to their high levels of violence.

El Salvador is ranked among the countries with the highest homicide rates in the world: 36 per 100,000 inhabitants in 2019, according to the police. Gang violence and conflict with security forces have created humanitarian consequences and affected access to healthcare.

Unable to move freely between neighbourhoods in areas dominated by rival gangs, people struggle to access health services. In some 'red zones', the Ministry of Health has suspended services due to violence and threats.

In 2019, as part of our health promotion and community-strengthening activities, we formed six health committees in neighbourhoods in San Salvador and

Soyapango, a nearby city. These committees were then able to liaise directly with the Ministry of Health to provide care.

In response to the community work of our health promotion team, the health committees also developed activities with local authorities to promote healthy habits and disease prevention. Water disinfection, sanitation campaigns, prevention of mosquito-borne diseases and first-aid training were among these activities.

MSF also collaborated with the Ministry of Health to facilitate access to communities perceived as dangerous, where they were unable to provide medical care and health promotion. As a result, vaccination and sexual and reproductive health services resumed and we were able to provide mental health services in medical facilities.

In partnership with the Emergency Medical System (a national ambulance service) and Rescue Corps (an association of volunteers), we continued to operate emergency and ambulance services in Soyapango. These enabled over 1,650 urgent referrals to be made from

communities where healthcare is unavailable. MSF also started evaluating the extension of services to the nearby city of Ilopango.

In addition, we collaborated with state-run institutions and other NGOs to provide aid and shelter to migrants, as well as deported and displaced people. We responded to the medical and mental health needs of 2,284 people.

In El Salvador, one in six women were victims of sexual violence in 2019. MSF gave mental health assistance to 71 victims of sexual violence. In addition, our social workers and medical teams worked with people affected by the murder or forced disappearance of family members, as well as those threatened or at risk of being forcibly recruited by gangs – all of them in need of protection.

MSF also advocated safe access to allow our staff to work in areas where violence is endemic.

During 2019, we ran approximately 7,100 community activities and MSF's mobile clinics conducted around 10,500 medical consultations and more than 2,900 sexual and reproductive health consultations in El Salvador.

ESWATINI

No. staff in 2019: 157 | Expenditure in 2019: €3.8 million | Year MSF first worked in the country: 2007 | msf.org/eswatini



● Regions where MSF had projects in 2019

KEY MEDICAL FIGURES:

6,900 people on first-line ARV treatment, and **230** on second- and further-line treatment in MSF-supported programmes

260 people started on treatment for TB, including **36** for MDR-TB

In Eswatini, we are supporting the Ministry of Health to curb the dual epidemic of HIV and tuberculosis (TB), which, although showing signs of stabilising, remains one of the worst globally.

Around one-third of adults in Eswatini are currently living with HIV, and many of them are co-infected with other diseases, such as TB. Médecins Sans Frontières (MSF) continues to look at ways to reduce the incidence and transmission of the diseases and improve patient care.

In 2019, our focus was to ensure that effective, innovative and sustainable HIV/TB prevention, diagnosis and treatment interventions were available to vulnerable people in Shiselweni region.

The first new initiatives were the introduction of postnatal clubs for mothers and their babies, as well as clubs for youths and teens, and the establishment of health posts in remote communities. We also piloted the timely diagnosis of Acute HIV Infection (AHI), the first stage of HIV, which is not detected with routine testing, to prevent the early spread of the disease. Approximately four per cent of patients who came for outpatient consultations with symptoms suggestive of

HIV infection presented with AHI and initiated HIV treatment.

Our teams also improved interventions at general healthcare and at community level, for example making pre-exposure prophylaxis more easily available for people at high risk of HIV infection and training community health workers and traditional healers to distribute HIV self-testing kits. In addition, we began preparations to integrate care for non-communicable diseases (hypertension and diabetes) into 10 'one-stop shop' HIV/TB general healthcare clinics.

We continued to work on improving drug-resistant TB diagnosis and care, including preparing for the implementation of oral-only shorter course treatment regimens (9-12 months). Advocating better treatment options for patients with advanced HIV remained a cornerstone of our work.

Finally, the cervical cancer screening programme and the viral load/TB laboratory were handed over to the Ministry of Health.

FRANCE

No. staff in 2019: 18 | Expenditure in 2019: €2.8 million | Year MSF first worked in the country: 1987 | msf.org/france



● Regions where MSF had projects in 2019
□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURE:

1,820 individual mental health consultations

Many unaccompanied minors who arrive in France are traumatised by violence and abuse suffered on their journeys. For most, obtaining recognition of their minority status is an arduous process.

In 2019, Médecins Sans Frontières (MSF) continued to provide assistance to young, unaccompanied migrants. Many of them had seen their applications for child protection turned down because they were not recognised as minors, often for disputable reasons.

We offer respite and care, and facilitate access to legal support and medical, social, psychological and administrative services in partnership with other organisations in an MSF-run centre in Pantin, a suburb of Paris. A total of 734 minors benefited from these services in 2019.

During the year, in partnership with Utopia 56, an association that helps migrants, we focused on expanding a network of volunteer families across the country to host minors throughout the course of their appeal, during which time they are excluded from

any protection or assistance from the state. Hundreds of young migrants and asylum seekers across France are being forced to sleep rough because of the state's failure to provide them with accommodation, despite having a legal obligation to do so. In response, from December, MSF started to provide emergency accommodation for up to 150 unaccompanied minors each night in Paris and Marseille.

We also ran mobile healthcare clinics for migrants of all ages in Paris and continued to monitor the situation across the country, especially along the borders with Italy and Spain. At the end of the year, we called for a parliamentary investigation to look into violations committed by public authorities and take action to stop the patterns of abuse and violence against migrants and people standing in solidarity with them.

GREECE

No. staff in 2019: 237 | Expenditure in 2019: €10.3 million | Year MSF first worked in the country: 1991 | [msf.org/greece](https://www.msf.org/greece)



KEY MEDICAL FIGURES:

46,600 outpatient consultations

11,600 routine vaccinations

7,470 individual mental health consultations

780 people treated for sexual violence

390 victims of torture treated

We continue to provide medical services to migrants and refugees in Athens and other parts of the Greek mainland, as well as on the islands of Lesbos, Samos and Chios.

Since the implementation of the EU-Turkey deal in March 2016, thousands of people on the move have remained trapped for an indeterminate period of time in five hotspots in the five Aegean Islands – Lesbos, Chios, Samos, Kos and Leros – and forced to live in inhumane and degrading conditions while they wait for a decision on their asylum claims. In 2019, Médecins Sans Frontières (MSF) teams conducted almost 46,600 outpatient consultations across Greece.

During the second half of 2019, the humanitarian situation in the five reception centres quickly deteriorated. At the same time, the new Greek government approved a new, stricter law on international protection, which reduced the already limited ability of asylum seekers to obtain healthcare. The new law also means that minors can



MSF doctor Leonidas Alexakis examines a child in the MSF paediatric clinic outside Moria camp on the island of Lesbos, Greece, January 2019.

now be detained, and post-traumatic stress disorder no longer qualifies as a vulnerability. As a result, even extremely vulnerable people have to spend long periods living in precarious conditions, which exacerbates their medical and mental health problems.

On Lesbos, we continued to run a paediatric clinic outside Moria camp offering general healthcare and mental health support to minors, and sexual and reproductive health services to pregnant women. In Mytilene town, we treated victims of torture and sexual violence, as well as people with severe mental health problems caused by trauma in their countries of origin, on their journeys to Greece, or by the stress and insecurity of their situation in Moria.

In response to the massive increase in arrivals on Samos, we scaled up our activities. We installed a water and sanitation system for the people who live around the official reception centre, providing them with clean drinking water and toilets. This is the first step in an intervention that will also involve the construction of showers, to prevent health problems associated with water shortage and poor hygiene. Near the camp, we run a day centre offering mental health support and sexual and reproductive healthcare.

Our services on Chios include general healthcare, sexual and reproductive healthcare, mental health support, social

care and travel medicine for people at Vial camp, as well as cultural mediation services at the local hospital.

We run two clinics in Athens to respond to the specific needs of people on the move. The first, a day centre, provides sexual and reproductive healthcare, mental health support, treatment for chronic and complex diseases, social and legal assistance, as well as travel medicine for people planning to move on from Greece. The second offers comprehensive care to victims of torture and other forms of violence and is managed in collaboration with two other organisations, the Day Centre Babel and the Greek Council for Refugees. It implements a multidisciplinary approach, comprising medical and mental healthcare, physiotherapy, and social and legal assistance.



Vathy camp, built for 650 people, hosts more than 7,300, including over 2,500 children. Samos, Greece, November 2019.

GEORGIA

No. staff in 2019: 15 | Expenditure in 2019: €0.6 million | Year MSF first worked in the country: 1993 | [msf.org/georgia](https://www.msf.org/georgia)



After 25 years in Georgia, Médecins Sans Frontières (MSF) activities, which have mainly focused on the treatment of multidrug-resistant tuberculosis (MDR-TB), are nearing completion.

Georgia is one of the 30 countries with the highest rates of MDR-TB. MSF first supported TB activities in Abkhazia and South Ossetia regions between 1993 and 1994, and drug-resistant TB (DR-TB) care in Abkhazia between 2001 and 2014.

In 2014, we began supporting the use of bedaquiline in Georgia through the compassionate use mechanism, whereby patients with life-threatening conditions gain access to investigational drugs. The following year, Georgia became one of 17 participating countries in the endTB observational study of bedaquiline and delamanid to find shorter, more tolerable, injection-free treatments for MDR-TB. A total of 297 patients were enrolled in this study. In 2017, the first patient was enrolled in the endTB clinical trial – a randomised trial that followed the endTB study in the search for better MDR-TB treatment.

Today, Georgia is one of only four MDR-TB high-burden countries to have implemented all-oral regimens for more than 95 per cent of MDR-TB patients.

MSF began working in Georgia in 1993 to deliver healthcare to people affected by internal displacement and conflict. Activities included surgery, vaccinations and supplying drugs to health facilities. Over the following years, we provided assistance to Chechen refugees in Pankisi Valley, running medical and surgical programmes as well as donating drugs. From 2000, we expanded our activities to include general healthcare for vulnerable people and treatment for visceral leishmaniasis.

When the last patients in the endTB trial complete their follow-up in 2020, MSF programmes in Georgia will close.

GUINEA

No. staff in 2019: 303 | Expenditure in 2019: €8.4 million | Year MSF first worked in the country: 1984 | [msf.org/guinea](https://www.msf.org/guinea)



Médecins Sans Frontières (MSF) continued to respond to malaria and HIV/AIDS – two of the main killers in Guinea – and conducted a selected catch-up vaccination campaign in Conakry.

In 2019, we expanded our community-based child health programme to cover the whole Kouroussa prefecture, providing training and logistical support to 152 community health volunteers and 23 health posts and health centres to improve the detection, treatment and referral systems for patients with malaria, malnutrition and respiratory infections. Thanks to this approach, 47,927 children were diagnosed with malaria using rapid tests, and more than 38 per cent of them were treated directly in the community.

Meanwhile, we continued our medical and logistical support to Kouroussa prefectural hospital, where nearly 2,460 children were admitted and treated for severe forms of malaria during the year. As we plan to close the project by the end of 2021, a roundtable with local, regional and central authorities was organised in order to guarantee continuity and community engagement.

Another focus of MSF activities in Guinea is HIV care. Fewer than half of HIV-positive patients have access to treatment and HIV-related deaths are on the rise. In the capital, Conakry, we continued to support testing, treatment and follow-up services for HIV patients through eight health centres and provide specialised care for advanced-HIV patients in the 31-bed unit at Donka hospital that we rehabilitated this year. We also ran public testing campaigns and awareness-raising activities, which led to 4,397 people being tested over the year.

In addition to running these regular projects, MSF conducted a selected catch-up vaccination campaign in Conakry's Matoto district, vaccinating nearly 14,800 children with measles, oral polio and 5-in-1 vaccines (diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenzae type B), and treated 1,390 patients for measles.

KEY MEDICAL FIGURES:

43,800 malaria cases treated

13,700 people on first-line ARV treatment, and **1,360** on second-line ARV treatment in MSF-supported programmes

GUINEA-BISSAU

No. staff in 2019: 247 | Expenditure in 2019: €4.0 million | Year MSF first worked in the country: 1998 | msf.org/guinea-bissau



□ Cities, towns or villages where MSF worked in 2019

Guinea-Bissau has been plagued by political instability for decades, resulting in a lack of development and weak public services. Healthcare is severely limited due to insufficient resources and qualified staff.

The focus of Médecins Sans Frontières (MSF) activities in Guinea-Bissau is paediatric care. The main diseases affecting children in the country are respiratory infections, malaria, diarrhoea and meningitis; for newborns, the principal causes of death are asphyxia and neonatal sepsis.

Our teams manage the paediatric emergency room as well as the paediatric and neonatal intensive care units in the country's only tertiary facility, Simão Mendes national hospital, in the capital, Bissau. We have established a triage system in the paediatric emergency unit to guarantee faster and more efficient treatment and have worked closely with the Ministry of Health to ensure that the

correct protocols and treatment procedures are implemented to reduce child mortality. We also support Ministry of Health staff with training and management skills development.

Neonatal care requires many resources, but we have proved it is possible to go beyond the basics by introducing new protocols and technologies that are not usually in place in low-income countries. In order to address the needs of our most complex and critical patients, we have introduced new tools and technologies, such as continuous positive airway pressure (CPAP) devices for respiratory problems, incubators, C-reactive protein (CRP) tests for sepsis diagnosis, and specific infection prevention and control protocols.

KEY MEDICAL FIGURES:

14,200 emergency room admissions

2,370 patients admitted to hospital, including **1,430** newborns

1,330 malaria cases treated

HONDURAS

No. staff in 2019: 136 | Expenditure in 2019: €3.3 million | Year MSF first worked in the country: 1974 | msf.org/honduras



□ Cities, towns or villages where MSF worked in 2019

The long-running Médecins Sans Frontières (MSF) programme in Honduras focuses on assisting victims of violence. This year we also responded to a dengue fever outbreak in the north.

In 2019, MSF continued to deliver comprehensive care to victims of violence, including sexual violence, in the capital, Tegucigalpa. Our teams provide medical treatment for rape, including post-exposure prophylaxis to prevent HIV and hepatitis B infection, and treatment for other sexually transmitted diseases such as syphilis. Counselling, group therapy and psychological first aid are also available.

Another team at a mother and child clinic in Choloma assists births and offers family planning, ante- and postnatal consultations and psychological support to victims of violence, including sexual violence. Health promotion teams in this industrial city visit sites such as factories and schools to raise awareness of the clinic's services and provide

information about sexual and reproductive health for adolescents.

We continue to advocate access to comprehensive medical care for victims of sexual violence in Honduras, where emergency contraception is still banned.

During eight months in 2019, we responded to a dengue fever emergency in the north, mainly in Cortés department. In February, we deployed a team to support the paediatric dengue unit at the Mario Catarino Rivas national hospital in San Pedro Sula city. Between February and April, as the number of cases kept growing, we triaged patients with a fever and fast-tracked them to the dengue unit. We also deployed staff to four general healthcare centres in Choloma, to take care of patients who did not need to be admitted to hospital.

KEY MEDICAL FIGURES:

42,500 outpatient consultations

5,170 individual mental health consultations

350 people treated for sexual violence

HAITI

No. staff in 2019: 1,097 | Expenditure in 2019: €17.7 million | Year MSF first worked in the country: 1991 | [msf.org/haiti](https://www.msf.org/haiti)



□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

2,860 people treated for intentional physical violence

880 people treated for sexual violence

Rising tensions severely strained all aspects of medical care in Haiti throughout 2019, and Médecins Sans Frontières (MSF) treated increasing numbers of patients, especially for trauma and violence-related injuries.

Since mid-2018, Haiti has been in the grips of a major political and economic crisis. In 2019, this led to massive demonstrations that shut down much of the country for months at a time, as streets were barricaded and protesters clashed with the police. Many public medical facilities struggled to keep running due to shortages of drugs, blood, oxygen, electricity, fuel and staff. Private medical centres were also badly affected and forced to reduce staff or even shut down altogether. During the worst of the violence, medical facilities were looted, and healthcare workers and ambulances attacked.

In the five medical facilities where MSF works in Port-au-Prince and Port-à-Piment, our teams observed the effects of the crisis first-hand. In a rapidly deteriorating situation, we had to deal with increasing demand for care.

Health services in Port-au-Prince

In November 2019, in order to meet the needs of people seeking lifesaving surgery,



An X-ray taken at MSF's emergency trauma hospital in the Tabarre area of Port-au-Prince. A bullet is lodged in the patient's spine. Haiti, December 2019.

we opened a trauma hospital in the former MSF-run Nap Kenbe facility in the Tabarre neighbourhood. We quickly expanded its capacity to 50 beds, and in the first five weeks alone, we saw 574 people at our triage. Of these, 150 were admitted with life-threatening injuries, 57 per cent of them with bullet wounds.

Our emergency and stabilisation centre in Martissant, a slum area severely affected by gang violence, treated 29,452 patients in its emergency room, 2,669 of whom had violence-related injuries. Patients requiring specialist care were referred to other hospitals, including the Haiti State University Hospital, which we supported by donating medical equipment and supplies, rehabilitating facilities and training staff.

We continued to run the 40-bed Drouillard hospital, the only specialist burns facility in Haiti, which is located in Cité Soleil slum. In 2019, we admitted 580 patients for care and conducted 27,800 outpatient consultations. Because of school closures during demonstrations, we saw a spike in the number of children injured in domestic accidents, for example while playing too close to stoves. We also treated several patients with burns from street fires or fire bombs used by protesters.

In addition, MSF provided support to victims of sexual and gender-based violence in two public hospitals and at our own Pran Men'm clinic in the Delmas 33 neighbourhood. In 2019, we treated more than 1,260 patients. The number of patients decreased during the months when the city was on lockdown, because insecurity prevented people from seeking care. In Haiti, sexual violence remains a neglected and largely under-reported medical emergency.

Port-à-Piment

In the southwest of the country, we supported emergency and maternity services, in Port-à-Piment health centre. During the year, our team there assisted 1,070 births and provided family planning services to more than 1,420 patients. We also supported health centres in Côteaux and Chardonnières by donating supplies, training staff and organising referrals.

INDIA

No. staff in 2019: 691 | Expenditure in 2019: €15.7 million | Year MSF first worked in the country: 1999 | [msf.org/india](https://www.msf.org/india)

KEY MEDICAL FIGURES:

55,000 outpatient consultations

4,540 individual mental health consultations

2,360 people on first-line ARV treatment in MSF-supported programmes

1,440 people started on treatment for TB, including **970** for MDR-TB

1,390 people started on treatment for hepatitis C

960 admissions of children to outpatient feeding programmes



Despite improved access to healthcare in India, a combination of high costs, poverty, social exclusion and an over-burdened public health system prevents people from seeking medical assistance.

Médecins Sans Frontières (MSF) continues to work with vulnerable communities, providing mental healthcare and treatment for infectious diseases, drug-resistant tuberculosis (DR-TB), sexual violence and malnutrition.

Specialised care for TB, HIV and hepatitis C in Manipur

Manipur has a high prevalence of HIV, hepatitis C and both drug-sensitive and drug-resistant forms of TB. Due to limited healthcare services in the state, it also has a high incidence of co-infection, making patients more vulnerable and treatment more difficult.

Through our clinics in Churachandpur, Chakpikarong and Moreh, and a new one built and inaugurated in 2019 in Chakpikarong, near the Myanmar border, our teams offer screening, diagnosis and treatment, as well as counselling and health education for all three diseases.

Mental healthcare in Jammu and Kashmir

Since 2001, we have been offering counselling services in Jammu and Kashmir, where years of conflict have taken a severe psychological toll on residents. This is compounded by the stigma associated with mental health issues. In 2019, our teams worked in hospitals in four districts – Srinagar, Baramulla, Pulwama and Bandipora – and assessed the mental health situation in most of the rest of the state. As a result of our findings, we are expanding our activities at community level in Sopore and Pulwama districts.

Sexual and gender-based violence in Delhi

In 2015, we opened a 24-hour clinic in North Delhi's Jahangirpuri district for victims of sexual and domestic violence. Services include post-exposure prophylaxis to prevent HIV/AIDS, unwanted pregnancies and sexually transmitted diseases, as well as psychosocial support. We also run counselling services at the local district hospital.



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Patients in the waiting area at MSF's clinic in Moreh, Manipur. All patients have to wear a mask when entering the hospital. India, April 2019.

We continued to work with local authorities and community-based organisations to raise awareness of our services throughout 2019. We also published the initial findings of our Knowledge, Attitudes, Practices (KAP) survey, which will increase the understanding of sexual violence and help MSF and others address it more effectively.

Advanced HIV project in Bihar

Patients with HIV continue to face substantial discrimination and limited access to care within the public and private health systems. Bihar, one of the most populous states in India, remains far from the UNAIDS 90-90-90 targets¹ for people living with HIV. MSF has in 2019 been focused on providing high level holistic care to the most vulnerable and unwell population of people living with HIV/AIDS, those with advanced HIV. We support the Ministry of Health in managing a dedicated holistic care inpatient ward that ensures patients are treated in a dignified manner, while providing safe and targeted treatment and – where appropriate – palliative care for their life-threatening opportunistic infections. In parallel, we work with the government and the Access Campaign to improve the guidelines and access to essential diagnostics and drugs that these critical patients require.

Treating severe acute malnutrition in Jharkhand

MSF has been working with the health authorities in Jharkhand to identify and treat children with severe acute malnutrition since 2017.

In 2019, we treated nearly 1,000 children with severe acute malnutrition through 47 outpatient feeding centres in rural and tribal areas of the state. MSF also conducted operational research to identify the optimal mid-upper arm circumference (MUAC, a screening method used to assess a child's nutritional status) for management of children with severe acute malnutrition. The aim is to give policymakers the best chance of upscaling community-based management of this condition. The results of the study will be shared with policymakers and health workers to demonstrate a model for better identifying child malnutrition.

Treating DR-TB and HIV in Mumbai

Since 1999, MSF has been working in close collaboration with the national TB and HIV programmes in Mumbai to reduce the incidence and mortality rates of the diseases. In M/East ward, which has one of



In southern Chhattisgarh, where MSF runs mobile clinics, Dr Vishwa Reddy attends to a patient who arrived in a critical condition. India, October 2019.

the highest rates of TB in the city, we run an independent clinic that offers comprehensive care for HIV and DR-TB patients, including those with very complex drug-resistance patterns. These patients require treatments that are difficult to obtain in either the public or the private sector. Our project was one of the first sites in the world to provide the newer drugs, bedaquiline and delamanid to both adult and paediatric patients with advanced DR-TB resistance.

In addition to the cutting-edge work undertaken in our clinic, we work with the national TB programme to strengthen DR-TB management in M/East ward through the outpatient department of a public hospital. We also support a TB hospital in Sewri in south Mumbai – the biggest in Asia – by providing DR-TB treatment for complicated cases and psychosocial assistance. In 2019, we extended our TB activities to eight health posts in the community.

Treating hepatitis C in Uttar Pradesh

Since 2017, we have supported the Ministry of Health in Meerut, Uttar Pradesh, to develop an effective, decentralised and simplified programme to diagnose and treat hepatitis C. We handed the programme over to the ministry in 2019. In two years, more than 10,000 people were tested for hepatitis C. Of those, 3,675 initiated treatment, 3,435 finished it and 3,430 were cured. Between August and December 2019,

433 community influencers and service providers (village heads, rural practitioners, barbers), 1,156 community-based health workers and 2,978 students received basic training in raising awareness about hepatitis C prevention in western Uttar Pradesh.

Healthcare for hard-to-reach communities

MSF runs mobile clinics offering general healthcare to people living in remote villages in Andhra Pradesh, Chhattisgarh and Telangana, three states in eastern India affected by longstanding, low-intensity conflict. General healthcare, treatment for malaria, TB and respiratory infections, ante- and postnatal care, vaccinations and referrals are all available through the clinics. We also carry out health promotion and disease surveillance activities.

¹ The globally agreed 90-90-90 targets require that 90 per cent of people living with HIV know their status, that 90 per cent of people diagnosed with HIV initiate and remain on ARV treatment, and that 90 per cent of people on ARV treatment reach and maintain an undetectable viral load by 2020.

IRAQ

No. staff in 2019: 1,379 | Expenditure in 2019: €46.4 million | Year MSF first worked in the country: 2003 | [msf.org/iraq](https://www.msf.org/iraq)

KEY MEDICAL FIGURES:

125,900 outpatient consultations

89,700 emergency room admissions

33,300 individual mental health consultations

11,200 births assisted

4,390 surgical interventions

In 2019, Médecins Sans Frontières (MSF) continued to provide essential healthcare services in Iraq, where people are suffering from the effects of years of conflict and ongoing instability.

Although displaced people continued to return to their homes in 2019, more than a million still face significant barriers that prevent them from doing so. Some have been living in camps for years, with little access to basic services. At the end of the year, the violent crackdown on protests in various cities across the country put additional pressure on the health system.

Many healthcare facilities have been destroyed and there is an overall shortage of healthcare specialists and services, vitally needed to address primary and secondary healthcare needs and trauma resulting from ongoing violence. Our teams have observed an increase in mental health needs generated by prolonged suffering among both internally displaced people and the rest of the Iraqi population, including trauma related to domestic violence, psychosomatic disorders, post-traumatic stress disorder, depression and anxiety.

In 2019, we maintained our range of basic and secondary health services, such as maternity and neonatal care, emergency rehabilitation, treatment for non-communicable diseases, surgery and post-operative care, and mental health support for displaced people, returnees and vulnerable communities. From October, when the demonstrations started, our teams also provided medical supplies and technical



support to various hospitals across the country. Throughout the year, our teams operated hospitals and clinics in some of the most war-affected regions to help restore some of the most indispensable healthcare services for the Iraqi people.

Ninewa governorate

The war against the Islamic State group had a devastating impact on Ninewa, resulting in severe physical and mental trauma among its inhabitants, the destruction of health facilities and the displacement of large numbers of people. Mental healthcare was

a main component of all MSF services in Ninewa, and our teams of psychologists conducted a total of 14,000 individual mental health consultations there in 2019.

To address the shortage of skilled surgery and post-surgical care, MSF opened a comprehensive centre for patients with violent or accidental trauma injuries in east Mosul in 2018. The hospital has a mobile operating theatre, a 33-bed inpatient ward, recovery rooms and rehabilitation units. During 2019, MSF teams conducted nearly 580 surgical interventions. We also donated

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MSF staff near Alwand 2 camp in the Khanaqin district of Diyala governorate. Many people displaced from different regions have been living in the camp for years. Iraq, August 2019.

© Moises Saman / Magnum Photos



Jamilla, a 58-year-old Syrian Kurdish refugee, at a clinic run by MSF inside Bardarash refugee camp. Jamilla came to the clinic with back and leg pain. Iraq, November 2019.

to the Department of Health a newly built facility dedicated to the treatment of infectious diseases in east Mosul.

In west Mosul, we run a comprehensive maternity unit in Nablus hospital with surgical capacity for caesarean sections. Our team there provides emergency obstetric and neonatal care, inpatient paediatric services, as well as emergency treatment and stabilisation of patients before referral to other hospitals. During 2019, they conducted 43,100 emergency room consultations and assisted 9,300 births.

As displaced families returned to west Mosul, we set up maternity services in Al-Rafedain basic healthcare centre to respond to the increased demand for sexual and reproductive healthcare.

We also extended our outreach activities for Yazidis and other communities in Sinjar district, offering sexual and reproductive health services, including births, and paediatric care through our hospital and in the displacement camps. We treated a total of 14,581 patients in the emergency room in 2019.

In Qayyarah subdistrict, we continued to run an emergency room and offer paediatric and maternity services, nutritional support, surgery and rehabilitative care, as well as treatment for burns. These services benefit

host communities as well as internally displaced people. During 2019, our teams conducted 2,670 surgeries, and were also able to boost the capacities of local healthcare providers through training and donations, and hand over our neonatal and paediatric activities.

Kirkuk governorate

In this conflict-affected area, MSF teams helped to restore healthcare facilities in Hawija, and provided health services in Al-Abbasi town and Laylan camp. Our teams provided basic healthcare, maternity and sexual and reproductive health services, treatment for non-communicable diseases, mental health support and health promotion activities. In addition, we supported the emergency room, laboratory and infection prevention department in Hawija general hospital.

Diyala governorate

In Diyala, MSF teams addressed the needs of displaced people, returnees and host communities by offering basic healthcare, mental health support, sexual and reproductive healthcare services, treatment for non-communicable diseases and health promotion in Khanaqin and Alwand camp, and through facilities in Sinsil, Sadiya, Al-Muqadiyah and Jalawla.

Baghdad governorate

The focus of activities at Baghdad Medical Rehabilitation Centre is rehabilitative care,

including pain management, physiotherapy and mental health support for people injured in violent incidents or accidents. After the mass protests broke out in October, we increased capacity from 20 to 30 beds. In addition, we gave mass casualty triage training to 80 doctors and nurses working in the emergency department at Imam Ali hospital in Sadr city, to enable them to cope with approximately 20,000 patients every month. We also opened a project aimed at providing shorter and injection-free treatment for drug-resistant tuberculosis patients and supported local diagnostic capacities for the disease.

Dohuk governorate

From the beginning of the clashes in northeast Syria in October until the end of 2019, more than 17,000 people crossed the border into Iraq. In October, we conducted mobile clinic activities in Bardarash camp and at the Sahela border reception site to provide refugees and internally displaced people with general healthcare services and mental health consultations.

Dhi Qar governorate

When protests started in southern governorates at the end of 2019, MSF launched an emergency response in Nasiriyah, which included training staff to deal with mass casualties, and supporting the emergency preparation of first-aid posts.

INDONESIA

No. staff in 2019: 39 | Expenditure in 2019: €0.9 million | Year MSF first worked in the country: 1995 | [msf.org/indonesia](https://www.msf.org/indonesia)

KEY MEDICAL FIGURES:

180 antenatal consultations

150 postnatal consultations

In Indonesia, Médecins Sans Frontières (MSF) focuses on improving adolescent healthcare.

The main goal of our adolescent healthcare programme in Jakarta province and Pandeglang district, Banten province, is to continuously improve the quality and availability of targeted health services for adolescents, such as ante- and postnatal care for pregnant girls and young mothers, by building connections between local communities, schools and health service providers. Our team supports local health centre staff to run adolescent health services and strengthens capacity through mentorship and training. We also deploy staff to run health



promotion activities and education sessions for teens and parents in their villages or in the MSF education centre, the Saung Rhino Youth Corner in Banten.

During 2019, we provided 75 counselling sessions, supported 5,161 consultations in adolescent healthcare services and carried out ante- and postnatal consultations with 297 pregnant adolescents. In addition, we initiated five health programmes in schools.

Indonesia is located on the tectonic 'Ring of Fire' and prone to natural disasters.

Drawing on the lessons learned from our interventions in three major natural disasters in 2018, MSF is engaging with Indonesian disaster management agencies with the aim of offering crucial technical support and assistance with the development of national response capacity.

We also continued our response to the December 2018 tsunami in the Sunda Strait. Our team conducted nearly 2,100 primary healthcare consultations and 34 individual and group mental health sessions in 2019, before ending the intervention in April.

IRAN

No. staff in 2019: 86 | Expenditure in 2019: €3.9 million | Year MSF first worked in the country: 1990 | [msf.org/iran](https://www.msf.org/iran)



KEY MEDICAL FIGURES:

41,700 outpatient consultations

5,410 individual mental health consultations

180 people started on treatment for hepatitis C

Médecins Sans Frontières (MSF) runs programmes to assist refugees, migrants and other vulnerable groups in Iran who face barriers when seeking healthcare, despite government efforts to implement universal health coverage.

Iran officially hosts 950,000 Afghan refugees, although the UN refugee agency, UNHCR, estimates that between 1.5 and 2 million undocumented Afghans also live there. They, and other excluded and marginalised groups, such as drug users (around three per cent of the population), homeless people and the Ghorbati ethnic community, struggle to obtain medical assistance.

In 2019, our teams continued providing comprehensive care to vulnerable groups at high risk of infectious diseases in South Tehran via a health facility and a mobile clinic. Services here include medical consultations, testing for communicable diseases (HIV, tuberculosis, hepatitis B and C), treatment for hepatitis C and sexually transmitted infections, specialist referrals, as well as ante- and postnatal care, midwifery and family planning. A team of

peer workers, social workers and psychiatrists offer mental health support.

We deliver similar services for refugees and host communities in our project in Mashhad, near the Afghan border, via mobile clinics in Esmail Abad and Golsharh. We also run a fixed clinic in Golsharh, where most of the 320,000 Afghans officially living in Mashhad have settled.

Following flash floods affecting several provinces, MSF launched an emergency operation in Lorestan at the end of April. For three months, we ran mobile clinics, where we provided 7,260 consultations in remote villages, and distributed hygiene kits. To mitigate the effects of heat in the summer, we set up evaporative water coolers and installed metal roofs in some of our health posts. We also donated medical material, hygiene kits and cooking sets in Golestan.

ITALY

No. staff in 2019: 32 | Expenditure in 2019: €2.4 million | Year MSF first worked in the country: 1999 | [msf.org/italy](https://www.msf.org/italy)



KEY MEDICAL FIGURES:

1,540 outpatient consultations

490 individual mental health consultations

The Italian government has introduced tougher asylum and migration policies, making access to healthcare even more difficult for people in need.

Médecins Sans Frontières (MSF) continued to address gaps in medical services for the most vulnerable people and challenge these restrictive policies in 2019.

From July to November, we ran a mobile clinic in Basilicata region in southern Italy to provide healthcare to migrants working as daily labourers in agriculture. Most of them live in crowded, unsanitary conditions in remote rural settlements, in makeshift camps or rural squats. In five months, MSF carried out more than 900 medical consultations and over 400 consultations for legal support via partners. At the end of the year, we identified a group of local doctors to take over these activities.

In November, we closed the rehabilitation centre for victims of torture that we opened in Rome in 2016. The project, run in collaboration with local partners Medici

Contro la Tortura and ASGI, implemented a multidisciplinary approach. This comprised medical and psychological consultations, physiotherapy and social support for over 200 patients. Most of our patients were discharged in 2019, with the most critical (around 10) being referred to our partners or other organisations.

Our teams continue to offer psychological first aid at disembarkation for people who have suffered traumatic events while crossing the Mediterranean. In 2019, MSF teams of psychologists and intercultural mediators assisted more than 38 people in two interventions in Lampedusa and Catania.

Throughout the year, in Palermo, Rome and Turin, we helped around 1,060 people to access national health services, in partnership with local health authorities.

KYRGYZSTAN

No. staff in 2019: 87 | Expenditure in 2019: €2.5 million | Year MSF first worked in the country: 1996 | [msf.org/kyrgyzstan](https://www.msf.org/kyrgyzstan)



KEY MEDICAL FIGURE:

15 people started on treatment for MDR-TB.

In 2019, Médecins Sans Frontières (MSF) concluded tuberculosis (TB) activities in Kyrgyzstan. The seven-year project had successfully supported the Ministry of Health to improve quality and accessibility of care.

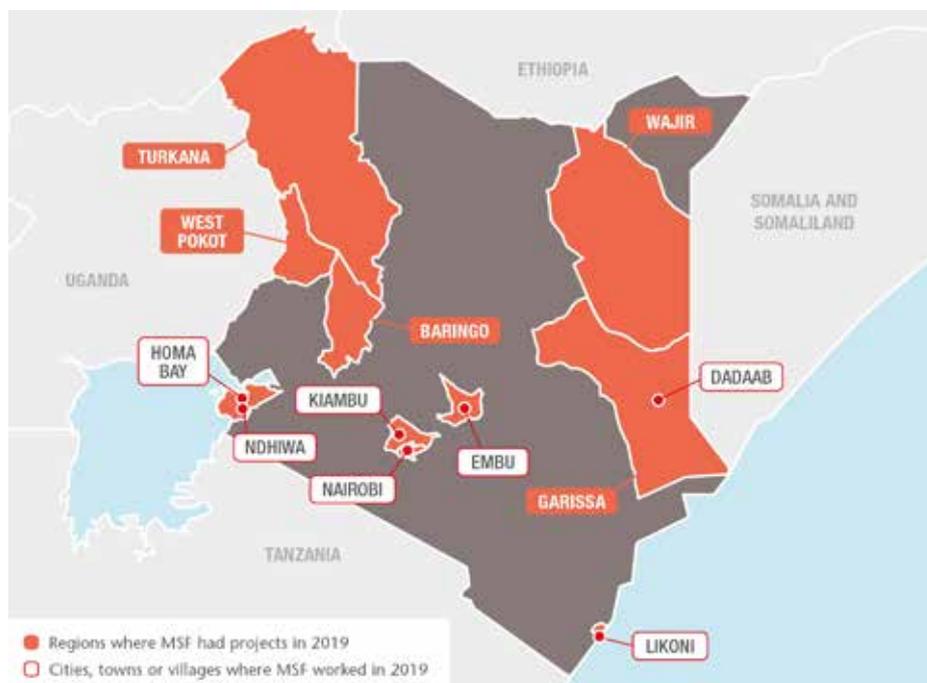
Since 2012, MSF has been working to introduce a decentralised model of care for drug-resistant TB (DR-TB) in Kara-Suu district, Osh province, thereby reducing hospital visits and admissions for patients. Between January and November 2019, an average of 80 per cent of patients received outpatient care. MSF has helped introduce new and innovative DR-TB diagnosis and care, including video-observed treatment to support adherence. We also promoted new, less toxic, shorter drug regimens, and improved case detection. Throughout the seven years of the project, our teams supported more than 11,000 people to undergo TB testing with GeneXpert, and around 705 of those confirmed to have the disease started treatment for DR-TB. Social and psychological

assistance formed part of their comprehensive care package.

In Aidarken, Batken province, we continued to address the high incidence of non-communicable diseases in a context of possible environmental pollution. In August, we assisted with an environmental risk assessment in Kadamjay district. This assessment will inform future health interventions aiming to mitigate exposure to heavy metal pollutants. In close collaboration with the Ministry of Health, MSF teams also provided care for women and children, including the piloting of a cervical cancer screening and pre-lesion treatment programme. MSF and the Ministry of Health conducted a total of 4,794 outpatient consultations in Aidarken in 2019.

KENYA

No. staff in 2019: 823 | Expenditure in 2019: €26.7 million | Year MSF first worked in the country: 1987 | [msf.org/kenya](https://www.msf.org/kenya)



KEY MEDICAL FIGURES:

60,600 emergency room admissions

21,400 patients admitted to hospital

13,200 people on first-line ARV treatment in MSF-supported facilities

8,900 births assisted

3,700 people treated for sexual violence

1,000 people on second-line ARV treatment in MSF-supported facilities

In Kenya, Médecins Sans Frontières (MSF) provides care to refugees, drug users and victims of violence, and responds to public health challenges such as advanced HIV and non-communicable diseases.

Kenya is MSF's largest programme outside a conflict zone or emergency crisis. In the sprawling slums of Nairobi and in the three-decade-old Dadaab refugee camp, for example, many people still struggle to obtain effective diagnosis and care for life-threatening diseases.

Treating non-communicable diseases

Since 2017, we have been working in Embu to integrate management of non-communicable diseases into general healthcare facilities. In that time, more than 4,000 patients with non-communicable diseases have enrolled for treatment. In August, the second cohort of 18 trainees taking part in our staff mentoring scheme graduated, having successfully completed their modules. They are now able to manage patients with non-communicable diseases independently.

We support the adult medical wards (90 beds) in Homa Bay county referral hospital. In 2019, 3,054 people were admitted, most with severe underlying chronic and non-communicable

diseases. We assisted the hospital by improving the quality of care through early identification and monitoring of severe cases. We also opened an outpatient clinic for closer follow-up of unstable/very sick patients after they are discharged from the inpatient wards.

Advanced HIV care

In Homa Bay, we continued to work on improving HIV care and reducing transmission

and mortality rates. We finalised a study to assess the results of the new approaches implemented in our HIV activities in Ndihiwa subcounty between 2014 and 2018. The programme, aimed at reducing new infections through treatment as a prevention strategy, is based on the idea that an HIV-positive person whose viral load is suppressed by effective treatment is unable to transmit the virus to others. We tested as many people as possible,



A patient with cancer of the oesophagus is cared for through MSF's palliative care programme in Dagahaley, part of Dadaab refugee camp. Kenya, November 2019.



A doctor examines a baby in Dagahaley, Dadaab refugee camp, where MSF also provides healthcare to the host communities. Kenya, July 2019.

put all HIV-positive patients on treatment and worked on the quality and continuity of care to help them achieve viral suppression.

The study was completed in early 2019 and showed promising results. The findings are due to be published in 2020.

In 2019, we supported HIV services in 30 government health facilities. We focused on improving the holistic management and follow-up of advanced HIV patients, paediatric and adolescent care, and management of patients on second- and third-line antiretroviral therapy (ARV), as well as ARV treatment failure.

Care for people who use drugs

Many people who use drugs in Kiambu county had to travel to the capital, Nairobi, for opioid substitution treatment, as there were no medically assisted therapy clinics locally. They often had to visit several other facilities to obtain medical care and psychosocial support.

In September, we opened a clinic in Kiambu, offering a one-stop service centre for drug users, comprising opioid substitution therapy, treatment for HIV, TB, hepatitis C and non-communicable diseases, wound care, mental health support and counselling, and sexual and reproductive healthcare.

Care for victims of violence

MSF runs a trauma room in Mathare, Nairobi, to treat victims of urban violence

in the city's Eastlands area. The clinic is supported through a 24-hour, toll-free call centre and an ambulance programme that offers emergency care to patients and refers them for further treatment when necessary.

We also run a clinic providing specialised care for victims of sexual and gender-based violence in Eastlands, in addition to supporting Ministry of Health facilities. Services include medical consultations, treatment to prevent the transmission of HIV and sexually transmitted infections, pregnancy tests, swabs for legal purposes, psychological counselling and referrals for social and legal support. In 2019, our teams treated over 260 patients each month.

Medical care for refugees

We continue to support a 100-bed hospital and two health posts in Dagahaley camp in Dadaab. Our health services benefit not only refugees, many of whom have been in the camp for close to 30 years, but also local communities. Our comprehensive general and specialist healthcare programme in Dagahaley includes sexual and reproductive healthcare, emergency obstetric surgery, medical and psychological assistance to victims of sexual and gender-based violence, and psychosocial counselling. We also offer home-based insulin treatment, palliative care and specialist referrals. In 2019, we conducted more than 210,000 outpatient consultations, admitted close to 10,000 patients for care and assisted over 2,800 births.

Comprehensive obstetric care in Likoni

In Likoni subcounty, Mombasa, we support the Department of Health to provide comprehensive emergency obstetric and neonatal care in the fully renovated Mrima health centre. Our teams there assist an average of 6,000 births every year, perform lifesaving obstetric surgery and support ante- and postnatal care, as well as screening for cervical cancer, HIV and other sexually transmitted diseases.

Responding to medical emergencies

The high incidence of snakebites in Baringo county, northwestern Kenya, has been largely under-reported due to a lack of appropriate monitoring tools. For three months, an MSF team trained medical staff in prevention strategies and administering antivenoms and first aid to snakebite victims. We also donated antivenom vials to boost the county's supplies.

In addition, we responded to malaria outbreaks in Baringo and neighbouring Turkana county. In September, more than 45,000 people tested positive for malaria, in the worst outbreak in Turkana since 2017.

Heavy rains later in the year led to flooding and displacement in some parts of the country. In West Pokot county, when flooding and landslides forced many people to flee their homes, we donated medical supplies and treated mosquito nets. We also provided emergency relief items and food to the most affected refugees in Dagahaley camp.

JORDAN

No. staff in 2019: 354 | Expenditure in 2019: €20.5 million | Year MSF first worked in the country: 2006 | [msf.org/jordan](https://www.msf.org/jordan)



□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

30,700 outpatient consultations

8,070 individual mental health consultations

1,080 surgical interventions

620 births assisted



Abdallah lost his left arm during a bombing in his native Yemen. The socket below his elbow allows him to attach his prosthesis himself. MSF Reconstructive Surgery Hospital, Amman. Jordan, October 2019.

In Jordan, Médecins Sans Frontières (MSF) offers reconstructive surgery to war-wounded patients from across the Middle East and healthcare to Syrian refugees and host communities.

Despite the cessation of hostilities in southern Syria and the reopening of the border with Jordan at Jaber in 2018, only a small proportion of Syrian refugees have returned to their homes. There are still more than 650,000 Syrian registered refugees in Jordan, most of whom rely on humanitarian assistance to meet their basic needs.

In early 2019, the Jordanian government reinstated subsidised healthcare for Syrian refugees, which was suspended in 2018.

Reconstructive surgery in Amman

Our reconstructive surgery hospital in Amman provides comprehensive care to patients injured in wars across the Middle

East. We treat around 200 patients a month from places such as Yemen, and Gaza in Palestine, who have to make long and difficult journeys to reach the hospital. Our services include orthopaedic, plastic and maxillofacial surgery, physiotherapy, mental health support and fitting prosthetics.

Since 2016, we have been using 3D printing to create upper-limb prosthetic devices for patients. These prostheses help them to regain their autonomy and carry out many of the day-to-day activities that their injuries had prevented them from doing.

Non-communicable diseases

Our two clinics in Irbid governorate provide Syrians and vulnerable Jordanians with treatment for non-communicable diseases, a leading cause of death in the region. The teams offer medical and mental healthcare, including home visits, psychosocial support, physiotherapy and health education, to patients with diseases such as diabetes and hypertension. In 2019, we carried out 3,720 individual and group mental health consultations.

Mental health

In Irbid and Mafraq we run mental health services for children and their families who have been affected by the Syrian war or its consequences, such as displacement and poverty. Many of the patients we see now are not struggling so much with their experiences of the war, as with the fact that they still cannot return home and are living in very difficult circumstances as a result.

We offer individual, family and dyad therapy – whereby the parent and child are treated together – and also run group sessions and education activities.

Maternal and child health

In 2019, we handed over our neonatal care project in Irbid, which we opened in 2013 during an acute phase of the Syrian refugee emergency, to the International Medical Corps. Between 2013 and 2019, our staff assisted 17,272 births, including 1,365 caesarean sections, and admitted 2,779 newborns to hospital for treatment.

LEBANON

No. staff in 2019: 646 | Expenditure in 2019: €30.9 million | Year MSF first worked in the country: 1976 | [msf.org/lebanon](https://www.msf.org/lebanon)

KEY MEDICAL FIGURES:

217,600 outpatient consultations

10,700 individual mental health consultations

8,880 people admitted to hospital

4,850 births assisted

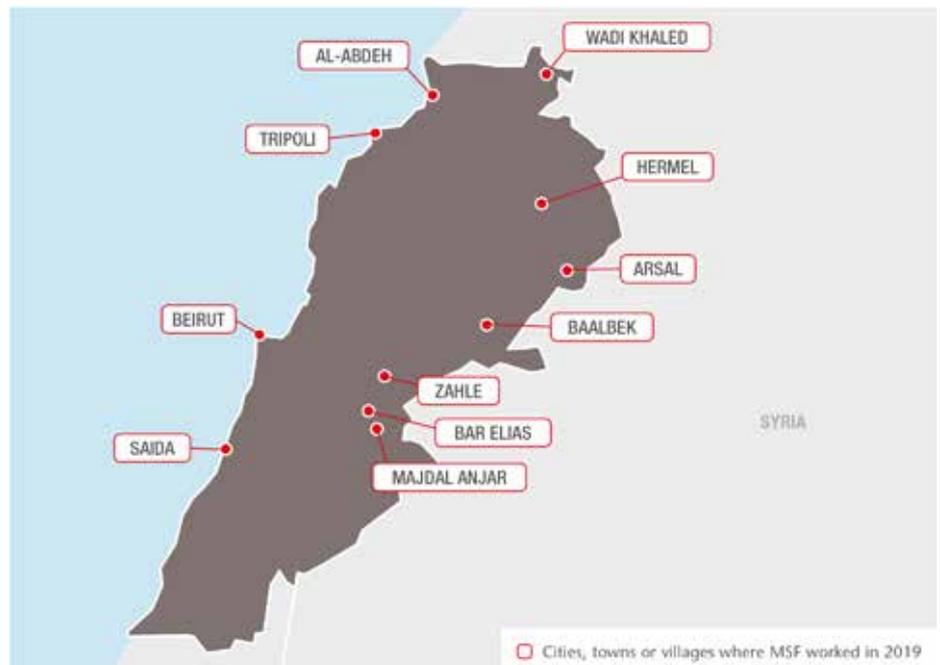
In a year marked by mass anti-government protests across Lebanon, Médecins Sans Frontières (MSF) continued to provide general and specialist healthcare to host, migrant and refugee communities.

The demonstrations that took place in 2019 were the largest in terms of numbers, geographical spread, and diversity for decades. Thousands of people protested against the sectarian Lebanese political system, which fuelled years of institutional corruption, leading to a stagnant economy, unemployment and limited access to basic services such as electricity and clean water. The economic instability and political deadlock led to rapid inflation. As a result, living conditions deteriorated and health costs increased, affecting the most vulnerable fringes of society, whether Lebanese, migrants or refugees.

In Lebanon, the health system is highly privatised and fragmented, and free medical services are almost non-existent. Ensuring free access to high-quality general and specialist healthcare has been MSF's main objective since 2008.

Bekaa Valley

In Bekaa Valley, an area with a dense Syrian refugee population, we run general healthcare services in Aرسال, Hermel, Baalbek and Majdal Anjar clinics. We treat chronic non-communicable diseases and provide mental health support and sexual and reproductive healthcare services, with a focus on mother and child health in Madjal Anjar and Aرسال. In 2019, MSF partnered with the Ministry of Public Health to implement part of its national mental health strategy by extending World Health Organization (WHO) Mental Health Gap Action Programme



activities to our Hermel and Aرسال clinics. The programme, known as mhGAP, aims to guarantee access to treatment for mental health disorders to more people, with general practitioners supervised and supported by psychiatrists.

We also run a specialised paediatrics programme in Zahle that includes emergency consultations, paediatric intensive care and treatment for thalassemia at Elias Hraoui governmental hospital.

In Bar Elias, we provide care for severe wounds, with a focus on burns patients, and essential elective surgery for adults and children.

Northern Lebanon and Akkar

In Wadi Khaled, we offer general healthcare for vulnerable local communities, including mental health support, treatment for chronic non-communicable diseases, and paediatrics.

Our teams in Tripoli and Al-Abdeh continue to provide treatment for chronic non-communicable diseases, family planning services and mental healthcare. As in Bekaa, we are partnering with the Ministry of Public Health to implement the WHO mhGAP programme.

In 2019, we initiated new operational research to test the feasibility of using a fixed-dose combination medication for patients with cardiovascular disease, particularly those living in a refugee setting.

South Beirut

Our services in South Beirut include sexual and reproductive healthcare, treatment for chronic non-communicable diseases and mental health consultations, in Shatila refugee camp and at our family clinic in Burj Barajneh camp. We also offer maternity services in our birth centre in Rafik Hariri University hospital.

South Lebanon

Our team in Ein Al-Hilweh, one of the most populated Palestinian refugee camps, operate a home-based care programme for patients with chronic non-communicable diseases and support medical personnel in the camp with emergency response training to enable them to stabilise patients with violence-related injuries.



A mother and baby at MSF's birthing centre in Rafik Hariri University Hospital, Beirut, Lebanon, April 2019.

LIBERIA

No. staff in 2019: 334 | Expenditure in 2019: €5.9 million | Year MSF first worked in the country: 1990 | [msf.org/liberia](https://www.msf.org/liberia)



Médecins Sans Frontières (MSF) runs a paediatric hospital in the Liberian capital and implements a new model of care for people with mental health disorders and epilepsy.

MSF opened Bardnesville Junction hospital in Monrovia in March 2015 to address gaps in paediatric care during the Ebola epidemic.

The 92-bed hospital continues to provide specialised care for children from a large impoverished urban area with conditions such as malaria and severe acute malnutrition. It also serves as a training site for Liberian nurses, medical interns and nurse anaesthetists.

The team in the two operating theatres, which opened in 2018, performed a variety of procedures during the year, including urological and reconstructive plastic surgery. In 2019, we added a microbiology laboratory, which enabled us to better diagnose infectious diseases, tailor treatment for patients and monitor antibiotic resistance.

In July, we expanded our community-based care programme for people with mental health disorders and epilepsy into a fifth location, West Point, a densely populated township in Monrovia.

Working with the Ministry of Health, we supervised and supported clinicians to treat mental health disorders and epilepsy in general healthcare facilities, with active follow-up for patients and their families. We also assisted psychosocial workers and volunteers to provide health education on epilepsy, schizophrenia and other mental health conditions in the communities, helping patients overcome social stigma.

In total, we treated 1,690 patients with epilepsy or mental health disorders during the year.

KEY MEDICAL FIGURES:

5,320 people admitted to hospital, including **1,490** children to inpatient feeding programmes

1,100 surgical interventions

NICARAGUA

No. staff in 2019: 18 | Expenditure in 2019: €0.9 million
Year MSF first worked in the country: 1972 | [msf.org/nicaragua](https://www.msf.org/nicaragua)

Médecins Sans Frontières (MSF) teams in Nicaragua expanded their activities in 2019 to offer medical, psychological and psychiatric care to patients affected by widespread political and social violence.

Throughout the year, MSF provided medical and mental healthcare to victims of traumatic episodes of violence experienced during armed unrest or while detained. We offered mental healthcare to patients and their relatives, most of whom were suffering from depression, anxiety and post-traumatic stress disorder. In addition to running basic medical services, MSF facilitated access to specialised care, such as physiotherapy and neurology and treatment for sexual violence. The teams strengthened their activities in the capital, Managua, and in Masaya, Jinotepe, León, Estelí, Jinotega and Matagalpa.

Until September, MSF staff also treated Nicaraguan patients who had crossed the border into Costa Rica to request asylum.

According to the UN refugee agency, UNHCR, Costa Rica has received more than 68,000 of the estimated 82,000 Nicaraguans who have fled the country since April 2018. Our teams there offered medical and psychological care and organised referrals to specialist services.

In both countries, MSF provided training in basic mental healthcare, psychological first aid and self-help to community leaders, groups and educators to enable them to give psychological support to others in crisis situations. After collaborating with other groups and organisations, the teams were able to extend these activities. At the end of the year, we handed over all services and referred patients to these organisations.



KEY MEDICAL FIGURES:

2,870 individual mental health consultations

50 mental health consultations provided in group sessions

LIBYA

No. staff in 2019: 85 | Expenditure in 2019: €8.6 million | Year MSF first worked in the country: 2011 | [msf.org/libya](https://www.msf.org/libya)



KEY MEDICAL FIGURES:

22,500 outpatient consultations

3,620 antenatal consultations

210 people started on treatment for TB



Some of the 700 refugees detained in the main warehouse of Zintan detention centre. In June 2019, the detainees were distributed among other buildings within the compound. Libya, July 2019.

In 2019, renewed conflict in Libya exacerbated the suffering of migrants and refugees trapped there without protection or assistance. Many who tried to flee across the Mediterranean Sea were forced back.

According to the United Nations refugee agency, UNHCR, there are more than 355,000 internally displaced people and nearly 50,000 registered refugees in the country.

In 2019, Médecins Sans Frontières (MSF) treated men, women and children who had been arbitrarily detained in official detention centres run by the Libyan authorities, as well as those who had escaped clandestine prisons run by traffickers. Our teams also provided care to people who had been intercepted at sea by the EU-funded Libyan coastguard and forced back to Libya, the country they had been trying to flee.

In detention centres in Tripoli, Misrata, Khoms, Zliten and Dhar El-Jebel, MSF medical teams mainly treated medical complaints resulting from, or aggravated by, the dire hygiene conditions.

The overcrowded facilities do not have enough drinking water, latrines or ventilation, and detainees have little access to medical assistance. We treated people for scabies, lice and fleas, as well as infectious diseases such as tuberculosis (TB), which spread easily in squalid conditions. In Dhar El-Jebel, we started an intervention for 500 people detained in the centre, after 22 died from TB. In addition, our teams treated patients for malnutrition resulting from the lack of food in the centres and carried out mental health activities, supporting people living with the trauma of indefinite detention.

Most migrants and refugees are believed to be detained in unofficial prisons, out of reach and out of sight. In Bani Walid, we provided medical assistance to people who had managed to escape captivity, many of whom had been tortured.

On 2 July, an airstrike hit the Tajoura detention centre and instantly killed at least 53 people – the deadliest attack on civilians since the start of the conflict. We sent ambulances and a medical team to assist survivors, including mental health staff to support people left in limbo and in fear for their lives.

In port areas of Khoms, our teams offered general healthcare to people who had been forcibly returned to Libya, including minors and asylum seekers, and to survivors of shipwrecks.

The closure of detention centres led to increasing numbers of migrants and refugees living on the streets. More and more people were left stranded and vulnerable to human trafficking, violence, forced labour and exploitation. As the conflict intensified and the deterioration of public health services started to affect Libyan nationals, we also conducted outpatient consultations in Misrata.

As well as continuing to denounce the unacceptable situation in official and unofficial detention centres, MSF called on the UN to scale up its intervention in Libya to provide protection and assistance for refugees, asylum seekers and migrants trapped there. We also advocated an immediate end to forced returns, and ultimately, the evacuation of all migrants and refugees from a country at war to a place of safety.

MALAWI

No. staff in 2019: 452 | Expenditure in 2019: €11.7 million | Year MSF first worked in the country: 1986 | [msf.org/malawi](https://www.msf.org/malawi)



KEY MEDICAL FIGURES:

13,600 people on first-line ARV treatment, and **880** on second-line ARV treatment in MSF-supported programmes

1,520 people started on treatment for TB

HIV remains the leading cause of death in Malawi. Médecins Sans Frontières (MSF) teams work there to improve detection and treatment, particularly for women, adolescents and other vulnerable groups.

Of the 300,000 people living in the rural district of Nsanje, in southern Malawi, around 25,000 are HIV positive. Many patients admitted to the MSF-supported hospital arrive at an advanced stage of the disease, despite having been on antiretroviral (ARV) treatment before. To tackle this issue, we focus on early detection of sick patients, treatment delivery at community level, improved care at the district hospital, post-discharge follow-up and a strong referral system. Since we initiated this model, the number of deaths due to advanced HIV at the hospital has decreased by half, to below 15 per cent.

In Nsanje, and also in Mwanza, Dedza and Neno districts, we provided peer-led outreach activities and a 'one-stop' clinic



Esther, a patient who was diagnosed with advanced HIV, is discharged from Nsanje District hospital. Malawi, October 2019.

integrating HIV, tuberculosis (TB) and sexual and reproductive health services for almost 6,000 female sex workers. Around half of the enrolled patients are HIV positive and of those, 82 per cent are virally suppressed, thanks to the treatment they receive. In 2019, we specifically targeted girls under 18, who face even bigger challenges in accessing healthcare due to fear of legal consequences and stigma.

Focusing HIV care on adolescents and AIDS patients

In Chiradzulu, we continue to implement two different models of HIV care: comprehensive 'teen clubs' and 'intensive clinic days'. In the clubs, teenagers with HIV are offered clinical consultations, individual counselling, health education, sexual and reproductive health services and group support sessions in a friendly environment, where peer presence and recreational activities encourage attendance and adherence to the treatment plan. 'Intensive clinic days' are held in 11 MSF-supported health facilities within the district, for patients whose treatment is failing or who have developed advanced HIV (AIDS). We provide them with consultations, counselling sessions, laboratory tests and hospital referrals.

Prevention and early treatment of cervical cancer

Cervical cancer is the most common cancer among women in Malawi, accounting for

45.4 per cent of all cancers and killing over 2,300 women every year. A major reason for this is the high prevalence of human papillomavirus, which causes cervical cancer, and inadequate screening and treatment services. Recently, MSF has been developing a comprehensive cervical cancer programme through primary, secondary and tertiary prevention. In 2019, we scaled up screening activities and opened a specialised operating theatre and inpatient ward at Queen Elizabeth Central Hospital in Blantyre. Our teams offer vaccinations, screening and diagnosis, treatment of various stages of cancer and palliative care for non-curable patients, as well as staff training and mentoring.

Prison project

Prisoners experience higher rates of TB and HIV than the general population due to factors such as overcrowding and delays in diagnosis. Through a partnership with the prison authorities, we provided systematic screening at entry, stay and exit for HIV and TB and access to treatment for prisoners at Chichiri prison in Lilongwe.

Emergency treatment

In response to flooding in Nsanje district in March 2019, we supported the local health authorities to deliver general healthcare. We also cleaned affected boreholes, set up latrines and showers and distributed hygiene kits to around 18,000 people.

MALAYSIA

No. staff in 2019: 56 | Expenditure in 2019: €2.1 million | Year MSF first worked in the country: 2004 | msf.org/malaysia

KEY MEDICAL FIGURE:

8,740 outpatient consultations

Médecins Sans Frontières (MSF) has been providing healthcare to Rohingya and other undocumented migrant communities in Malaysia since 2015.

Rohingya have been coming to Malaysia to escape discrimination in their native Rakhine state, Myanmar, for decades. While the urban environment in Malaysia offers refugees and asylum seekers some anonymity, there are few safety nets. Malaysia is not a signatory to the 1951 UN Refugee Convention, meaning refugees and asylum seekers are effectively criminalised by domestic law. In addition, they have no direct access to the UN refugee agency UNHCR.

The lack of legal status leaves them in a state of permanent stress. The constant fear of arrest, detention and even deportation pushes them underground. Most are reluctant to venture outside and delay seeking healthcare, even in emergencies, in case hospital staff report them to immigration services. Unable to work legally, they often disappear into



Malaysia's urban black-market economy, where they are vulnerable to exploitation, debt bondage or work accidents.

To respond to the gap in services for this vulnerable group, MSF provides healthcare, as well as mental health education, psychosocial support and counselling, via community-based mobile clinics and a fixed clinic in Penang. In 2019, our teams carried out more than 8,740 consultations at the fixed clinic and the mobile clinics run in partnership with the NGO ACTS. In addition, our teams offered nearly 490 basic healthcare, psychosocial support and counselling consultations in five government shelters for the protection of survivors of human trafficking (TIP shelters). These are located in Kuala Lumpur, Negeri Sembilan and Johor Bahru. After working

for more than 18 months in the shelters, we ended these activities in late 2019.

In partnership with MERCY Malaysia and SUKA Society, we provide medical care in the immigration detention centres in Belantik and Juru, respectively. During the year, MSF teams ran monthly mobile clinics and have been working to upgrade the water and sanitation systems at these centres, where many refugees and undocumented migrants are held. In total, 189 mental health education sessions and 120 mental health counselling sessions were provided, and 3,025 people were reached through psychosocial education.

In 2019, we continued to advocate unfettered, direct access by asylum seekers to UNHCR, as part of a proactive strategy to overcome the barriers to healthcare. Asylum seekers from Myanmar, most of whom are the stateless Rohingya, represent almost 90 per cent of the asylum-seeker population in Malaysia. They are still barred from making asylum claims directly to UNHCR. MSF is one of the few NGOs that can refer asylum claims to UNHCR based on a set of additional vulnerability criteria. In 2019, we made 467 such referrals.

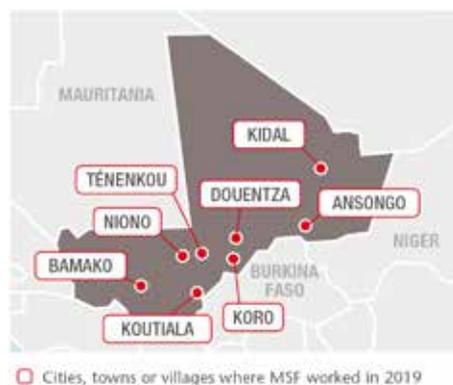
We also work alongside other organisations – including UNHCR and MERCY Malaysia – and Malaysia's ministries of health and home affairs on longer-term improvements to access to healthcare for refugees. This includes advocating measures to protect migrants from immigration enforcement when they seek medical care at public health facilities and developing sustainable health insurance schemes. We also train staff in Malaysia's public healthcare system in understanding the needs and vulnerabilities of undocumented people.



Muhammad, 25, a Rohingya refugee, is a construction worker on a condominium project in the Bayan Lepas district of Penang. He shares very basic accommodation on the site with other workers. Malaysia, April 2019.

MALI

No. staff in 2019: 907 | Expenditure in 2019: €17.2 million | Year MSF first worked in the country: 1992 | [msf.org/mali](https://www.msf.org/mali)



KEY MEDICAL FIGURES:

371,800 routine vaccinations

350,100 outpatient consultations

161,500 malaria cases treated

6,810 children admitted to outpatient feeding programmes for severe acute malnutrition



MSF doctor Djenabou Diallo examines her patient, who is staying with relatives in Bamako, where the only cancer care in the country is available. Mali, September 2019.

In 2019, spiralling violence in central and northern Mali continued to disrupt public services, restricting people's movements and preventing them from obtaining medical assistance.

Médecins Sans Frontières (MSF) programmes around the country focus on improving access to healthcare for the most vulnerable people in both rural and urban areas.

Responding to a growing crisis in central Mali

Insecurity in central Mali has reached an unprecedented level, with an increase in clashes between the military and non-state armed groups, together with a rise in intercommunal violence. In March 2019, 160 people were killed in an attack allegedly perpetrated by a militia group, sparking a cycle of violent reprisals in the region.

We have teams working in Douentza and Ténenkou hospitals in Mopti region, and organising referrals from surrounding rural areas. In the area surrounding Douentza, we worked in three health centres and implemented a community-based

programme to provide healthcare in 26 sites in villages most affected by violence. Around Ténenkou, we deployed mobile teams to around 40 villages to deliver general healthcare to nearly 15,000 patients. We expanded our activities in Koro, Bandiagara and Bankass to assist some of the people most affected by the escalating violence in the region, providing them with general healthcare, mental health support and relief items, such as blankets. In June, we opened a new programme dedicated to women and children under 15 in Niono, in Segou region. In addition to supporting the maternity and paediatric units at Niono hospital, we work in five outlying health centres. In 2019, we conducted 4,590 outpatient consultations.

Bringing healthcare closer to nomadic communities in the north

In Ansongo, Gao region, and in Kidal, north of Gao, we ensure that healthcare is available to nomadic communities by training community health workers to diagnose and treat the most common diseases affecting pregnant women and children under five. In 2019, our teams worked in 62 nomadic camps in Kidal and Ansongo regions.

We also have teams in a hospital and four health centres in Ansongo, providing

medical care and psychological support for victims of violence, and in six health centres in and around Kidal.

Caring for cancer patients in Bamako

Since November 2018, we have been working with the Ministry of Health in Bamako to facilitate access to diagnosis and treatment (radiotherapy, surgery, chemotherapy) of cervical and breast cancer. In order to assist patients receiving treatment in the capital's Point G University Hospital, most of whom are in the advanced stages of the disease, with few or no treatment options, we run free palliative care and support services in both the hospital and their homes. In 2019, we also trained healthcare staff and carried out rehabilitation works at the hospital in partnership with the health authorities.

Ten years of child healthcare in Koutiala

In the south, we support nutrition and paediatric services at Koutiala hospital through our newly built 185-bed paediatric care unit. Our teams also conduct preventive and curative activities in 36 health centres, especially during the seasonal malaria and malnutrition peaks. During the year, they conducted a total of 165,000 outpatient consultations.

MOZAMBIQUE

No. staff in 2019: 446 | Expenditure in 2019: €19.8 million
Year MSF first worked in the country: 1984 | [msf.org/mozambique](https://www.msf.org/mozambique)

Two tropical cyclones hit Mozambique between March and April 2019, with devastating consequences for a country already facing considerable health challenges.

In addition to supporting the emergency response to these natural disasters, Médecins Sans Frontières (MSF) continued to run regular projects providing care for HIV and tuberculosis (TB), a dual epidemic affecting a large proportion of the population: an estimated 2.2 million Mozambicans are living with HIV, and 34,000 of them are co-infected with tuberculosis (TB).

Responding to natural disasters

On 15 March, Cyclone Idai hit Beira in Sofala province, affecting some 1.85 million people. Homes, health facilities and other infrastructure were destroyed by the cyclone and subsequent flooding and more than 400,000 people were displaced. We deployed emergency teams to support the response and, 10 days later, a cholera outbreak was declared. As well as managing 57 per cent of cholera patients,¹ we supported the Ministry of Health to vaccinate 900,000 people against the disease, set up two water treatment plants, rehabilitated 18 health centres and distributed relief items, such as soap, mosquito nets, cooking utensils, blankets, mats and buckets. In total, we conducted nearly 11,900 outpatient consultations, primarily for malnutrition and malaria, in 25 locations.

Six weeks later, when Cyclone Kenneth made landfall in Cabo Delgado province, we built cholera treatment centres in Pemba, Mecufi and Metuge, carried out water and sanitation activities and conducted general health consultations. The catastrophic impact of two cyclones in such a short space of time was compounded by months of drought later in the year. Together they exacerbated the already serious food insecurity and malnutrition situation in the country.

Fighting the dual HIV/TB epidemic

In the capital, Maputo, we are implementing specialised care and support packages for patients with advanced HIV who are facing the challenge of staying on lifelong treatment or have developed drug resistance. This includes improving the detection and rapid treatment of opportunistic infections.

In Mafalala slum, we work with a local organisation to run a drop-in centre for people who use drugs, where testing and

treatment for HIV, TB and hepatitis C are available. It is the only programme in Mozambique offering comprehensive harm reduction services, including needle and syringe distribution.

In Beira, MSF runs mobile clinics providing sexual and reproductive healthcare, including HIV testing, counselling and family planning to vulnerable groups such as sex workers, who are at high risk of HIV infection. In 2019, we started offering advanced HIV care at Beira central hospital.

Delivering healthcare in conflict areas

In Cabo Delgado, access to healthcare is extremely limited due to violence and insecurity. In 2019, we started supporting a health centre in Macomia, with treatment for malaria, malnutrition and respiratory diseases. We also rehabilitated the centre, which was severely damaged by Cyclone Kenneth, ran training on maternal health, paediatrics and sexual and reproductive healthcare for Ministry of Health staff and upgraded the water supply system.

¹MSF emergency response to Cyclone Idai, report from Stockholm Evaluation Unit.



● Regions where MSF had projects in 2019
□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

131,300 families received relief items

4,330 people treated for cholera

890 people started on treatment for TB

810 people on first-line ARV treatment under direct MSF care and **15,900** in MSF-supported programmes



Nurse Celina Feliz Berto gives medication to a woman with her child at one of MSF's mobile clinics in Beira, an area hard hit by Cyclone Idai. Mozambique, March 2019.

MEXICO

No. staff in 2019: 181 | Expenditure in 2019: €5.5 million | Year MSF first worked in the country: 1985 | [msf.org/mexico](https://www.msf.org/mexico)

KEY MEDICAL FIGURES:

37,500 outpatient consultations

11,100 individual mental health consultations

2,360 consultations for contraceptive services

24 women received safe abortion care

Médecins Sans Frontières (MSF) runs a number of projects across Mexico, providing medical and mental healthcare to migrants and refugees from Central America and Mexican nationals deported from the United States.

MSF teams in Mexico scaled up their activities along the northern border with the US during 2019, as the collapse of the protection system for asylum seekers in the region and migration policies based on criminalisation, deterrence and containment trapped thousands of migrants in dangerous Mexican cities. We saw an increasing number of women, children and entire families who had fled extreme violence and poverty in their home countries – Honduras, El Salvador and Guatemala, the so-called Northern Triangle of Central America – on a route previously undertaken mainly by men.

In February, we deployed a team to Piedras Negras, Coahuila state, to assist around 1,700 Honduran migrants who had taken shelter in an abandoned factory and were being prevented from leaving by the police and the military. The migrants were then forcibly transported by bus to other equally or more dangerous cities, such as Reynosa.

MSF teams already working in Mexico City (at the Centre for Victims of Extreme Violence and Torture), in Tenosique and Coatzacoalcos in the south, and in Reynosa and Matamoros in the north, established bases in Mexicali, Nuevo Laredo and Monterrey to serve an increasing number



of people facing overwhelming physical, bureaucratic and political barriers, and unable to find refuge. Among those receiving care at the northern border were many Mexicans deported by the US.

Nuevo Laredo is the official port of entry into the US from Tamaulipas state, and one of the major points of repatriation for Mexican nationals. Here, and in other northern cities, migrants and asylum seekers are subjected to 'metering', a practice that limits the number of people who can request asylum at a port of entry on the US–Mexico border each day.

From July 2019, Nuevo Laredo also began receiving people sent back to Mexico to await judicial resolution after having applied for asylum in the US, under the so-called Migrant Protection Protocols (MPPs). MSF assists migrants in several shelters across the town and has repeatedly warned of the danger of forcing people to remain in cities like Nuevo Laredo, which, of all the places where we work, is the one where migrants are most exposed to kidnapping and extortion. Twenty-one per cent of the 643 migrants seen in our mental



Migrants stop to rest in Coatzacoalcos, a port city in the state of Veracruz, Mexico, December 2018.



© Juan Carlos Tomasi

A migrant talks to an MSF psychologist at the Piedras Negras Sports Pavilion, Nuevo Laredo, Mexico, February 2019.

health programme in Nuevo Laredo in 2019 had been victims of kidnapping. Our patients have faced a long cycle of inescapable danger. Many were forced to flee their homes as the only option for survival and experienced targeted violence throughout the migration route in Mexico. In Tamaulipas, they are vulnerable to more violence. In Mexicali, we set up a consultation room providing assistance to migrants, refugees, deportees, internally displaced people and those returned to Mexico under the MPPs. In October, we also launched activities in Monterrey, one of the main migrant hubs on the northeastern route, with the objective of detecting patients in need of special care after incidents of extreme violence. In addition, we trained staff in shelters to identify such cases so they could be transferred to our specialised centre for victims of torture in Mexico City.

In 2019, we continued our project in Reynosa caring for victims of violence, including sexual violence, and Mexican returnees from the US. In April, we witnessed a rise in the number of migrants arriving in the city due to the 'metering' policy. We

therefore had to increase our activities in order to maintain services for people living in the only shelter in the city. This shelter has capacity for 150 people, but at times up to 450 people were living there, and there were an estimated 2,000 on the waiting list, living outside it, vulnerable to kidnapping, extortion, theft and sexual violence.

We also had to expand our operations in Matamoros city to assist people on the move. For the first months of the year, these were mostly Mexican returnees, but this changed in August, when the MPPs were implemented in the city and up to 100 asylum seekers forcibly returned to Mexico arrived each day. An improvised camp was set up next to the international bridge but people there had no access to water, sanitation or any type of services.

In the south of the country, MSF works in the only shelter in Tenosique, a town next to the border with Guatemala, providing medical assistance and mental healthcare. In Tapachula, the main port of entry into Mexico, we carried out a short intervention similar to the one in Monterrey to assist with the detection of victims of torture and

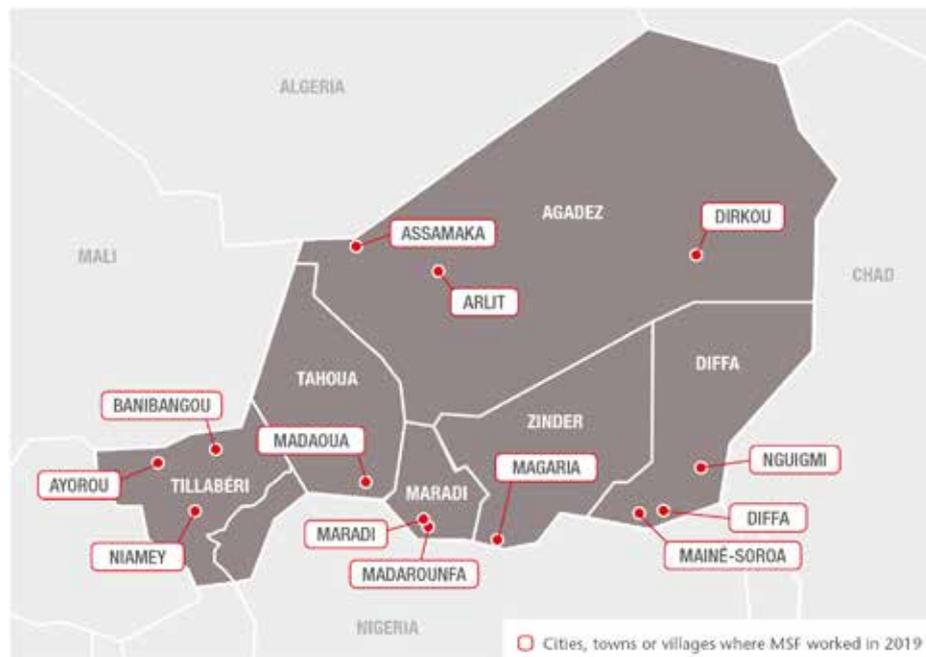
extreme violence. In Coatzacoalcos, a transit point where travellers usually take a break before continuing their journey aboard the *Beast*, the freight train that runs through Mexico, MSF teams operate a mobile clinic. In June, MSF denounced the Mexican authorities for carrying out raids and mass detentions, even while our teams were present assisting patients.

Although in Mexico 'illegal entry' is a civil offence and not a crime, apprehended migrants are locked up in detention centres and then deported to their countries of origin. We visited several detention centres and spoke out about the overcrowding, insufficient medical care, as well as the inadequate food, water and sanitation.

Increasingly, our staff in the north are seeing Mexicans who have fled from dangerous states such as Guerrero, where we also operate. Teams there assist communities affected or isolated by the pervasive violence in the area, perpetrated by numerous criminal groups. Three MSF teams run mobile clinics throughout Guerrero, targeting villages recently affected by attacks or violent events.

NIGER

No. staff in 2019: 1,829 | Expenditure in 2019: €28 million | Year MSF first worked in the country: 1985 | [msf.org/niger](https://www.msf.org/niger)



KEY MEDICAL FIGURES:

436,100 outpatient consultations

220,300 malaria cases treated

67,600 people admitted to hospital, including **53,600** children aged under five

28,000 children admitted to outpatient feeding programmes for severe acute malnutrition

19,000 children admitted to inpatient feeding programmes

7,250 births assisted

In Niger, the situation became increasingly unstable and violent in 2019, leading to further population displacements, particularly in the Lake Chad area.

Médecins Sans Frontières (MSF) continued to assist refugees, displaced people and vulnerable communities, but rising insecurity severely restricted our ability to reach many in need.

Delivering healthcare in conflict areas

In 2019, there were numerous attacks and incursions in Diffa, the southeastern region bordering Nigeria. These often involved killings and kidnappings, and caused thousands of people to flee their homes, particularly in Diffa and Nguigmi departments.

In response to the increased needs in Diffa, we ran mobile clinics and expanded our nutrition activities at Nguigmi hospital and two specialised health centres. We also provided technical assistance to outpatient feeding centres treating severely malnourished children. Another focus of our work was the district hospital, where we supported the opening of an operating theatre.

On 26 April 2019, unidentified armed men attacked our office in Mainé-Soroa in Diffa.

One staff member was slightly injured, four vehicles were set on fire and the premises were damaged. As we could not ensure the safety of our staff and patients, we decided to cease activities in June. The project, opened in July 2017, offered medical care to people both in Diffa and across the border in Nigeria.

In Tillabéri region, which shares borders with Mali and Burkina Faso, we worked to increase the availability of free healthcare for vulnerable and displaced people, refugees and local communities affected by the conflict by deploying mobile clinics to remote and inaccessible areas, administering vaccinations and screening for malnutrition.



Dr Claudine Meyer, MSF's project medical referent in Maradi region, examines a child in Dan Issa health centre. Niger, July 2019.

During the year, our teams in Ayorou rural commune carried out 12,400 consultations through health centres in Koutougou and Ayorou and mobile clinics deployed to displacement camps in Kongokiré and Igagan.

Following the almost daily attacks perpetrated by armed groups, the government declared a state of emergency covering Tillabéri and Diffa regions, and obliged humanitarian workers to use armed escorts. This had a serious impact on our activities and further reduced people's access to healthcare and other public services.

Increasing assistance for displaced people

Niger is a major transit country for migrants, asylum seekers and refugees expelled from Algeria, returned from Libya or travelling north to Europe. These people are often victims of abuse and social exclusion.

In 2019, in Agadez region, we scaled up our activities to assist migrants who had been turned back at the border village of Assamaka and internal migrants working in the mining sites at Tabelot in Dirkou, as well as vulnerable host communities.

In Dirkou, we set up a search and rescue system for migrants lost/abandoned in the desert and a telephone hotline for migrants to call for assistance, and conducted search and rescue operations in Ténéré desert and Kawar.

Addressing the annual malnutrition and malaria peak

Each year between July and October, food shortages and heavy rains trigger a spike in malnutrition and malaria in Niger, especially in the southern regions.

Although remarkable progress has been made in the prevention and treatment of childhood diseases in Niger over the past decade, hundreds of thousands of children fall victim to this chronic emergency each year. Recently, violence and growing insecurity in Niger and neighbouring countries have put an additional strain on the health system.

In 2019, MSF collaborated with the Ministry of Public Health to treat 191,400 children for malaria and 43,400 cases of malnutrition in Madaoua, Madarounfa and Magaria. Most of the children who required inpatient care were admitted in July and August, the start of the seasonal peak.

Every year, to cope with the influx of patients, many of whom are in a critical condition, we increase our hospital capacity. In 2019, we admitted more than 15,300 children under



MSF staff provide care to a migrant in Assamaka, Agadez region. Niger, August 2019.

the age of five – an average of 42 a day – to Magaria district hospital's paediatric unit, and during the peak, we admitted 46 children to intensive care each day. We also provided care for over 17,000 children admitted to Madarounfa hospital's paediatric wards and intensive feeding centre.

To reduce the number of patients with complications, we continue to focus on developing preventive and decentralised approaches. In Madarounfa, we have extended our activities from reinforcement during the peak period to year-round support to facilitate timely access to healthcare for children under the age of five. Community health workers worked throughout the year to test and treat simple cases of malaria, carry out nutritional screening and manage simple diarrhoea in children in their villages.

This strategy of decentralisation was mainly implemented to reduce the number of admissions to health facilities and prevent children from dying at home in their villages because no medical care is available. If sick children receive early care in their communities, their symptoms can be prevented from worsening and they are cured faster.

We also strengthened our community approach in Magaria, for example by providing early treatment for malaria, acute respiratory infections and diarrhoea. Our teams opened 30 malaria treatment sites during the peak period.

Responding to disease outbreaks and other emergencies

We continued to support the health authorities with vaccinations, epidemiological surveillance and emergency interventions to tackle disease outbreaks and other emergencies, including floods and mass displacements across Niger.

In 2019, our Sahel Mobile Emergency Team (Équipe Mobile d'Urgence Sahel, or EMUSA) focused on assisting displaced people, refugees and vulnerable local communities in conflict zones in Tillabéri and Diffa regions. The team also provided medical and humanitarian assistance following flooding, particularly in Kirkissoy, Agadez, Niamey and Bouza health districts, and in Diffa region.

In 2019, EMUSA and other regular projects also supported the Ministry of Health to run measles vaccination campaigns in four health districts, one in Niamey and three in Maradi region, which reached more than 354,200 children. In addition, EMUSA vaccinated 41,800 children in Madaoua and 5,060 in Dirkou against the disease.

NIGERIA

No. staff in 2019: 2,448 | Expenditure in 2019: €47.2 million | Year MSF first worked in the country: 1996 | [msf.org/nigeria](https://www.msf.org/nigeria)



KEY MEDICAL FIGURES:

287,200 outpatient consultations

64,600 people admitted to hospital

53,300 malaria cases treated

18,900 births assisted

18,600 individual mental health consultations

12,400 admissions of children to outpatient feeding programmes

9,200 children admitted to inpatient feeding programmes

8,200 children treated for measles

290 people treated for haemorrhagic fever

In 2019, further intensification of violence and insecurity increased humanitarian needs in Nigeria. More than a million people are estimated to be entirely cut off from aid.

Médecins Sans Frontières (MSF) continued to assist people affected by conflict and displacement across several states, while also maintaining a range of basic and specialist healthcare programmes.

Displacement and violence Northeast Nigeria

In northeast Nigeria, more than a decade of conflict between the Nigerian government and armed opposition groups has taken a severe toll. The UN estimates that over two million people are now displaced, and around seven million depend on aid for survival. In 2019, as the situation further deteriorated, a number of aid workers were abducted and killed by armed opposition groups. In addition, new counter-terrorism laws increased restrictions on humanitarian action.

Only people living in government-controlled areas in and around the state capital, Maiduguri, were able to receive humanitarian assistance. In 2019, in the areas we could

access, we managed hospital emergency rooms, operating theatres, maternity units and children's wards. Services included nutritional care, vaccinations, treatment for malaria, tuberculosis and HIV, as well as for victims of sexual violence, and mental health support. We also ran water and sanitation activities. Over the year, we admitted 34,900 patients for care and treated 106,300 on an outpatient

basis. In Maiduguri, we run a therapeutic feeding centre and a paediatric hospital with an intensive care unit. At these facilities, more than 7,600 children were treated for severe malnutrition, around 7,700 for malaria and nearly 6,970 for measles during an outbreak that was exacerbated by the ongoing conflict. In Gwoza and Pulka, garrison towns controlled by the Nigerian military, our teams provided



In the burns unit of Benue State University Hospital, an MSF nurse changes the bandages of a patient injured in an oil tanker explosion. Nigeria, August 2019.



© Albert Masias/MSF

An MSF water and sanitation team arrives in Ndiouvu village to disinfect the house of a patient diagnosed with Lassa fever in Abakaliki. Nigeria, May 2019.

emergency care to nearly 18,600 patients in public hospitals. In Pulka, we treated 74,400 outpatients, most commonly for acute diarrhoea related to a lack of clean water. In displaced people's camps in Ngala, we treated 550 severely malnourished children and assisted nearly 1,000 births. In Rann, we conducted 9,200 outpatient consultations. In addition, we implemented seasonal malaria prophylaxis in Banki and Bama.

Zamfara state

In Zamfara, tens of thousands of people fleeing violence in the north of the state sought shelter in and around the town of Anka. In this town, our teams conducted nearly 31,800 medical consultations and distributed cooking utensils and personal hygiene products to more than 1,000 families. We observed a high prevalence of malnutrition in children under the age of five, and our teams registered admissions of nearly 12,000 inpatients and outpatients at our intensive therapeutic feeding centre in the state capital, Gusau, and hospitals in Anka, Zurmi, Shinkafi, Talata Mafara and Bukkuyum. In addition, in Anka hospital and in clinics in 11 locations in Zamfara state, we treated nearly 27,300 patients for malaria and around 920 for measles.

Benue State

In Benue state, an estimated 16,000 people, who fled violence as herdsman and farmers clashed over land in 2018, remain displaced. Around half of them live in official camps

in and around the state capital, Makurdi. In 2019, our support to the Ministry of Health included carrying out nearly 27,300 medical consultations, distributing relief items, building shelters, latrines and showers, and supplying drinking water inside the official camps. We also extended our activities to assist people living outside the camps. Between July and December, we supported Benue teaching hospital with surgery, counselling and physiotherapy for burns patients following an oil tanker explosion.

Cross River State

Since July 2018, we have offered care to refugees from Cameroon's Northwest and Southwest regions and host communities. In November 2019, we handed over our activities to the Ministry of Health. During the project, we conducted close to 36,000 consultations, treated over 4,400 cases of malaria and offered mental healthcare to nearly 1,300 people. We also rolled out sexual and reproductive health services, including responding to sexual and gender-based violence.

Women's health

The focus of our activities in Jahun general hospital, Jigawa state, is comprehensive emergency obstetrics and neonatal care. In 2019, our teams assisted over 13,400 births, 70 per cent of which were complicated cases. A specialised team at the hospital also performed vesico-vaginal surgery on 302 women with obstetric fistula, a condition

resulting from prolonged or obstructed labour. In addition, our staff supported basic emergency obstetric and neonatal care in four other facilities in the area.

In Port Harcourt, Rivers state, we run two clinics offering medical care and mental healthcare to an increasing number of victims of sexual violence. During the year, we treated 1,424 new patients, 61 per cent of them under 18 years old.

Lead poisoning and noma

In 2019, 938 patients completed chelation therapy in our treatment programme for children under five affected by lead poisoning associated with artisanal gold mining in Zamfara state. In October, together with the Ministry of Health, Occupational Knowledge International (OKI) and TerraGraphics International Foundation (TIF), we published results from the pilot programme we ran in Niger state from 2016 to 2018, showing how safer mining practices reduced blood lead levels by 32 per cent. We continue to treat lead poisoning cases, carry out operational research and advocate solutions with our partners and the federal authorities.

Noma is a gangrenous disease that causes disfigurement. It affects young children in particular, leaving scars that only complex reconstructive surgery can repair. Four times a year, we send specialised surgeons, nurses and anaesthetists to support noma treatment at Sokoto Children's Hospital. As well as surgeries, we provide nutritional and psychosocial care and physiotherapy. In 2019, our teams carried out 170 surgical interventions and 530 individual mental health consultations. With the Ministry of Health, we also conduct outreach with a focus on early detection and treatment in Sokoto, Kebbi, Niger and Zamfara states.

In 2019, we continued to call for recognition of, and solutions to, noma, through medical conferences, advocating increased surgical capacity, and screening the MSF-supported documentary 'Restoring Dignity' across Nigeria and worldwide.

Lassa fever

In Ebonyi state, in response to an outbreak of Lassa fever – an acute haemorrhagic illness – which was declared a national emergency, we assisted the state and federal ministries of health and the Nigerian Centre for Disease Control with technical support and staff training at a teaching hospital in Abakaliki.

MYANMAR

No. staff in 2019: 1,005 | Expenditure in 2019: €13.9 million | Year MSF first worked in the country: 1992 | msf.org/myanmar



KEY MEDICAL FIGURES:

41,000 outpatient consultations

15,100 people on first-line ARV treatment under direct MSF care

1,540 people started on treatment for hepatitis C

430 people started on treatment for TB

In Myanmar, Médecins Sans Frontières (MSF) continued to provide treatment for HIV and hepatitis C, and assist vulnerable people affected by conflict.

In 2019, we ran projects across the country, addressing gaps in healthcare in hard-to-reach communities and responding to the immense needs of people affected by interethnic tensions and displacement.

Conflict and displacement

More than 50,000 people were displaced in 2019 and several civilians died, including children, as a result of the continuous fighting between the Myanmar army and the ethnic Rakhine-backed Arakan army in Rakhine state. After several months of deadlock due to the authorities' refusal to grant access to international humanitarian organisations, MSF was able to resume activities to assist the displaced, first in Buthidaung, in June, and then in Maungdaw in November. As well as running mobile



An MSF team arrives to set up a mobile clinic in Ah Nauk Ye camp, where almost 5,000 people live. Central Rakhine, Myanmar, August 2019.

clinics and conducting health education and psychosocial support sessions, our teams distributed relief items, such as mosquito nets, blankets and soap, and constructed shelters and sanitation systems.

We continued to work in displacement camps in Pauktaw township, central Rakhine, where thousands of Rohingya and other ethnic minorities such as Kaman, remain confined as a result of previous outbreaks of violence. We deployed seven mobile clinics offering general healthcare and emergency referrals around these settlements and in nearby villages, as well as in Aung Mingalar, a closed Muslim ghetto in Sittwe, where we also run a mental health programme.

MSF also opened two new project sub-sites in Kachin and Shan, neighbouring states in the north where there are large numbers of migrants, displaced people and groups vulnerable to HIV infection, such as drug users and sex workers. Our services include general healthcare and treatment for sexual and gender-based violence, HIV, hepatitis C and tuberculosis (TB).

HIV and hepatitis C

We are working closely with the Ministry of Health to transfer our HIV patients – including those co-infected with hepatitis C, TB and multidrug-resistant TB (MDR-TB) –

to the decentralised national AIDS programme so they can receive care closer to home. A total of 8,012 patients from our projects in Kachin, Shan, and Yangon were transferred. In June, we closed Insein clinic in Yangon after a successful transition.

In Dawei, a port city in Tanintharyi, where many fishermen and migrants live, MSF offers comprehensive HIV care, treatment and prevention for people at risk.

In 2019, we also started working in partnership with Médecins du Monde to treat HIV patients co-infected with hepatitis C in Kachin. Our team offers technical support, follow-up and data management.

Healthcare in remote communities

Our mobile teams provide general healthcare to rural communities in Naga (Sagaing), a remote, impoverished region with few health facilities. The teams conducted 3,250 consultations in 2019, travelling by motorcycle across steep terrain to reach the 15 communities we have targeted. We are working there to strengthen the role of community health workers, promote health education and support the Ministry of Health with simpler, more accurate diagnosis of TB and MDR-TB.

PAKISTAN

No. staff in 2019: 1,510 | Expenditure in 2019: €18.2 million | Year MSF first worked in the country: 1986 | [msf.org/pakistan](https://www.msf.org/pakistan)



● Regions where MSF had projects in 2019
 □ Cities, towns or villages where MSF worked in 2019
 The maps and place names used do not reflect any position by MSF on their legal status.

KEY MEDICAL FIGURES:

33,200 births assisted

6,550 people treated for cutaneous leishmaniasis

5,150 children aged under five admitted to hospital

Improving healthcare for mothers, children and newborns remains a priority for Médecins Sans Frontières (MSF) in Pakistan. We also treat infectious diseases and respond to natural disasters.

The availability of free, high-quality medical care for women and children is limited, especially in rural areas of Pakistan. Even when services are available, many people cannot afford them. We provide reproductive, neonatal and paediatric care at five different locations in Balochistan and Khyber Pakhtunkhwa provinces. Local communities, Afghan refugees and people who cross the border from Afghanistan to seek medical assistance benefit from MSF's comprehensive 24-hour emergency obstetric services, which include surgery and referrals for complicated cases.

In addition, we run an inpatient and outpatient therapeutic feeding programme



A newborn baby at an MSF facility in Dera Murad Jamali is swaddled by her grandmother before being taken home. Balochistan, Pakistan, November 2018.

for severely malnourished children in Balochistan. We treated 910 severely malnourished children in our inpatient feeding programmes and admitted 10,200 malnourished children to our outpatient therapeutic feeding programmes in four districts across the province in 2019. Our teams manage trauma cases in Chaman, a town on the border with Afghanistan. In 2019, we also ran the emergency department in Timergara hospital, Lower Dir district. But after over 10 years of services, MSF announced that we would gradually hand over our activities in Lower Dir to the Khyber Pakhtunkhwa health department by January 2021.

Treating endemic diseases

MSF runs four treatment centres for cutaneous leishmaniasis. This neglected parasitic tropical disease is transmitted by the bite of a sandfly and characterised by disfiguring and painful skin lesions. Although not life-threatening, the severe physical disfigurement can lead to stigmatisation and discrimination. Cutaneous leishmaniasis is endemic in parts of Pakistan, but treatment is either unavailable or too expensive for most people. Consequently, they rely largely on international organisations such as MSF for care. As well as diagnosis and treatment, our teams offer health education

and psychological counselling. During an outbreak of the disease in 2019, we donated medical supplies to the Khyber Pakhtunkhwa Department of Health.

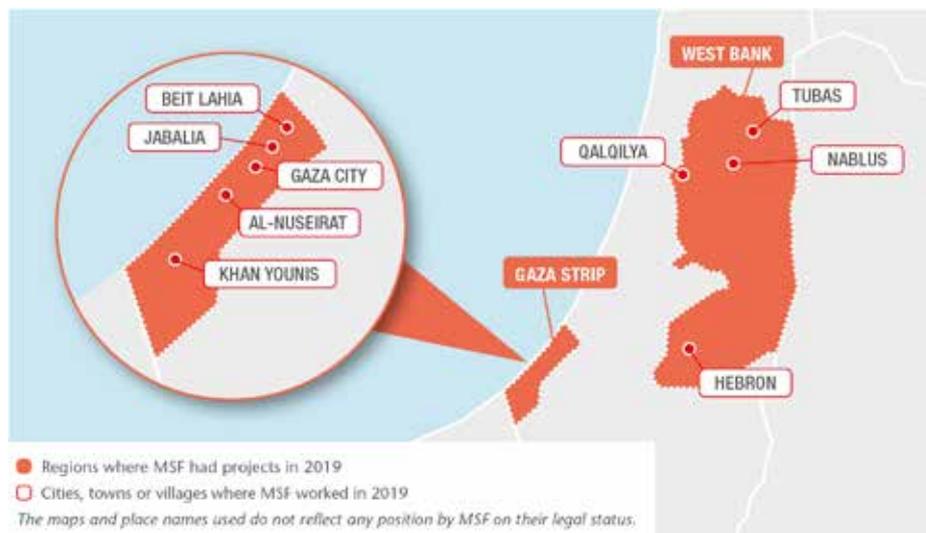
Pakistan has one of the highest prevalence rates of hepatitis C globally. In Machar Colony, a densely populated slum in Karachi, MSF teams provided nearly 8,740 consultations for hepatitis C, which included 1,410 new patients who were enrolled on treatment. The clinic provides diagnosis, treatment, psychological counselling and health promotion activities at a basic healthcare level in a decentralised model of care introduced by MSF in 2015.

Responding to emergencies

MSF assists the Pakistani authorities with emergency response preparedness in case of disease outbreaks or natural disasters. In 2019, during a dengue fever outbreak across the country, we supported the health authorities through awareness campaigns and donations of mosquito nets, logistical and medical equipment and insecticide. We also donated medical equipment to a hospital in Pakistani-administered Kashmir after it was damaged by an earthquake in September.

PALESTINE

No. staff in 2019: 329 | Expenditure in 2019: €17.6 million | Year MSF first worked in the country: 1989 | [msf.org/palestine](https://www.msf.org/palestine)



KEY MEDICAL FIGURES:

90,900 outpatient consultations

2,450 surgical interventions

In 2019, Médecins Sans Frontières (MSF) provided surgical and post-operative care to thousands of people injured in protests in Gaza, and mental health support to victims of political tensions on the West Bank.

Gaza

The protests known as the Great March of Return, along the fence that separates Israel from the Gaza strip, continued throughout the year, with lower turnout and casualties compared to 2018. According to the United Nations Office for Humanitarian Affairs, 1,822 Palestinians were injured by the Israeli army with live ammunition in 2019, while thousands of people wounded in the protests during 2018 still required complex and lengthy treatment. Their massive medical needs far exceed the health system's capacity, which has been crippled by the decade-long Israeli blockade, and lacks essential medical equipment and supplies.

We admitted 1,169 patients injured in the protests to four clinics in Beit Lahia, Gaza City, Middle Area and Khan Younis, where we provided post-operative dressings, physiotherapy and psychosocial support. In Dar Al-Salam hospital, southern Gaza, and in Al-Awda hospital, in the north,

our services included surgery and post-operative care, treatment for bone infections, physiotherapy and mental health counselling to help patients through long and painful treatment processes. Our teams operated on 609 trauma patients, performing 1,950 surgical interventions.

Due to the severity and complexity of the injuries and the high rates of antibiotic-resistant infections among our patients, we expanded the hospital and surgical capacity to a total of 36 isolation rooms, 19 beds in general wards and three operating theatres in Dar Al-Salam and Al-Awda hospitals.

In April, we opened the first laboratory equipped to analyse bone and soft-tissue samples in Gaza, an essential service to detect the bacteria causing infections in our patients. Previously, samples had to be shipped to Israel for analysis – a more complicated and time-consuming procedure.

In addition to our work with trauma cases, we admitted 5,531 burns patients to our clinics and supported the burns unit at Al-Shifa hospital with a team to perform elective surgery.

The West Bank

In a context of ongoing occupation and intensifying violence, our teams continued to offer free and confidential psychological support across the West Bank.

In Hebron district, our team of locally hired and international psychologists, counsellors and medical staff conducted home visits, individual and group psychosocial sessions, and psychotherapy consultations with adults, teenagers and children directly and indirectly affected by conflict-related violence.

In Nablus and Qalqilya, we provided psychotherapeutic and psychiatric assistance, group therapy, group mental health awareness sessions and psychosocial support activities in two clinics, and in a new consultation room opened in Tubas in December.

We ran a total of 5,240 counselling and psychotherapy sessions throughout the year and 2,398 patients received psychotherapy support.



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Sabrina Wadi, a physiotherapist working with MSF at Al-Awda hospital in northern Gaza, assists a patient with his exercises. Palestine, November 2019.

PAPUA NEW GUINEA

No. staff in 2019: 175 | Expenditure in 2019: €4.4 million | Year MSF first worked in the country: 1992 | [msf.org/papua-new-guinea](https://www.msf.org/papua-new-guinea)



□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

15,900 outpatient consultations

1,350 people started on treatment for TB, including **56** for MDR-TB

Tuberculosis (TB), the second-highest cause of mortality in Papua New Guinea, remained a key challenge for the country's health services and the focus for Médecins Sans Frontières (MSF) in 2019.

We are working in collaboration with the national TB programme to improve screening, diagnosis, treatment initiation and follow-up at Gerehu hospital in Port Moresby, the capital of Papua New Guinea, and in Kerema city in Gulf province.

In 2019, the World Health Organization's new treatment recommendations for multidrug-resistant TB (MDR-TB) were introduced for all patients, meaning that they no longer have to undergo painful daily injections and instead receive an all-oral treatment with six months of bedaquiline, a relatively new drug that has fewer side effects. This has enabled MSF to address the key issues of improving patient care, adherence to treatment and treatment success rates.

In Port Moresby, due to the high patient numbers, we built a dedicated TB clinic

within the compound of Gerehu hospital. The new facility allows us to screen, diagnose and treat more patients safely.

We scaled up our mobile activities, running clinics in remote areas of Gulf province and providing better access to diagnosis and treatment for patients previously excluded from these services for geographical, economic or cultural reasons.

This decentralised model of care means that patients do not need to visit medical facilities so frequently, saving them transport costs. Throughout 2019, we introduced improvements in quality of care, with the integration of HIV testing, greater emphasis on counselling and closer monitoring of patients, their treatments and any side effects. This has helped to reduce the number of patients failing to complete treatment.

PHILIPPINES

No. staff in 2019: 56 | Expenditure in 2019: €2.0 million | Year MSF first worked in the country: 1987 | [msf.org/philippines](https://www.msf.org/philippines)



□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

35,600 outpatient consultations

1,120 antenatal consultations

In the Philippines, Médecins Sans Frontières (MSF) works to improve sexual and reproductive healthcare for Manila's slum dwellers and assist internally displaced people and returnees in post-conflict Mindanao.

Since 2016, we have been running a comprehensive sexual and reproductive health programme through clinics in San Andres and Tondo, two of the most densely populated and impoverished areas in the capital. Working in collaboration with a local organisation, Likhaan, and focusing in particular on the health needs of girls and young women, we offer family planning, ante- and postnatal care, management of sexually transmitted infections, and screening and treatment for cervical cancer. Victims of sexual violence face stigma in the Philippines, yet we continue to see a steady increase in the number coming to our clinic for treatment.

In addition, our teams operate a mobile clinic four times a week, mainly in Tondo, for patients unable to come to the fixed clinic.

In 2019, our teams conducted a total of 15,049 family planning sessions and screened 4,352 women for cervical cancer.

Of these, 289 were treated with cryotherapy, a procedure that freezes a section of the cervix using nitrogen gas to destroy the targeted area. We also worked with the health authorities to vaccinate 2,229 girls against the human papillomavirus, which is responsible for cervical cancer.

We continued to work in Marawi city, in the Bangsamoro Autonomous Region in Muslim Mindanao, the region with the poorest health indicators in the Philippines, where violent confrontations are frequent.

Over 70 per cent of Marawi's health facilities were destroyed and around 200,000 people fled their homes during a battle for control of the city in 2017. In 2019, more than 70,000 people were still internally displaced, with little access to medical services. We support three facilities in the area with basic and mental healthcare and treatment for non-communicable diseases.

RUSSIA

No. staff in 2019: 30 | Expenditure in 2019: €1.2 million | Year MSF first worked in the country: 1992 | [msf.org/russia](https://www.msf.org/russia)

In Russia, Médecins Sans Frontières (MSF) is collaborating with health authorities and academic partners in Arkhangelsk region to reduce the burden of drug-resistant tuberculosis (DR-TB) and improve treatment for the disease.

Working in line with the latest World Health Organization recommendations for DR-TB, our teams began providing drugs and technical advice to support the treatment of patients with the most severe forms of TB in Arkhangelsk region in January. By the end of the year, we had supported the treatment of 23 patients. In partnership with Arkhangelsk Regional Ministry of



Health, Northern State Medical University and Arkhangelsk Clinical TB Dispensary, we are building on existing expertise and working together to implement novel all-oral short-course regimens. The aim of the collaboration is to provide evidence for future developments in TB policy in

Russia and increase the availability of more effective models of treatment.

Our teams have been working in Russia since the early 1990s, running programmes in Moscow, Saint Petersburg, Kemerovo region, Chechnya, Ingushetia and Dagestan.

TAJIKISTAN

No. staff in 2019: 112 | Expenditure in 2019: €2.7 million
Year MSF first worked in the country: 1997 | [msf.org/tajikistan](https://www.msf.org/tajikistan)

In Tajikistan, Médecins Sans Frontières (MSF) collaborates with the Ministry of Health to detect and treat paediatric tuberculosis (TB). Drug-resistant forms of the disease remain a clinical and operational challenge.

Children are particularly vulnerable to TB, and paediatric forms of the disease are especially difficult to diagnose and treat. In Dushanbe, we support the Ministry of Health to provide paediatric and family TB care, focusing on drug-resistant TB (DR-TB).

Our innovative and person-centred model of care includes tracing and testing contacts, providing child-friendly formulations, implementing new drugs, shortened regimens, and strategies to improve adherence such as family-provided directly observed therapy, a practice whereby a family member watches the patient take each dose of their medication. In 2019,

40 of the 46 paediatric patients started on DR-TB treatment in Dushanbe benefited from injection-free regimens. The remaining six patients stopped injections within the first months of treatment to follow all-oral regimens. By the end of the year, 77 patients, including 49 children, three of whom were on treatment before 2019, were continuing with treatment. The majority (96 per cent) were being treated with newer drugs.

We plan to hand over our medical activities at the HIV project we run in Kulob district to the Ministry of Health by March 2020. The project successfully brought attention to paediatric HIV, especially nosocomial modes of transmission.



KEY MEDICAL FIGURES:

190 people started on treatment for TB, including **58** for DR-TB

In early 2019, 110,040 schoolchildren (or their parents) consented to HIV testing at schools in Dushanbe as well as Kulob. Twenty of the 80 newly identified patients were from Kulob and subsequently started antiretroviral treatment. MSF has implemented the practice of HIV status disclosure to the children and by the end of 2019, more than 80 per cent of the children in the cohort have had their status disclosed.

SEARCH AND RESCUE OPERATIONS

No. staff in 2019: 11 | Expenditure in 2019: €3.5 million | Year MSF started search and rescue operations: 2015
[msf.org/mediterranean-migration](https://www.msf.org/mediterranean-migration)



KEY MEDICAL FIGURE:

3,660 medical consultations conducted on board

In 2019, amid deteriorating conditions in Libya, Médecins Sans Frontières (MSF) resumed search and rescue operations with a new vessel, the *Ocean Viking*, in partnership with SOS MEDITERRANEE.

For thousands of migrants and refugees caught in war-torn Libya, attempting a deadly journey across the Mediterranean is their only hope of escape. Without dedicated search and rescue interventions to save them from unseaworthy and overcrowded boats on the high seas, their desperate attempts are too often doomed to end in tragedy.

No one knows how many men, women and children have lost their lives while trying to make the crossing over the years. In 2019, at least 743 people drowned off the Libyan coast, according to the International Organization for Migration. In an interview with the German news magazine *Der Spiegel*, a Libyan coastguard official said half the boats that departed Libya during the year may have sunk undetected, without survivors.



© Hannah Wallace Bowman/MSF

MSF and SOS MEDITERRANEE teams from the *Ocean Viking* rescuing 84 people from an overcrowded wooden boat, 71 nautical miles off the coast of Libya. February 2020.

As EU states failed in their responsibilities to save human lives in the Mediterranean, MSF took the decision to go back to sea in July 2019, seven months after our previous shared vessel, the *Aquarius*, was forced to cease operations.

By the end of December, the *Ocean Viking* had rescued 1,107 people from flimsy boats in distress. The continued lack of a coordinated response at sea or adequate disembarkation mechanisms resulted in drawn-out suffering for survivors. Safe ports for all these survivors were granted in Italy or Malta, in line with international and maritime law, but this often came after an unnecessarily long time on board, waiting for the authorities to assign a place of safety. In August, 356 vulnerable people had to wait for 14 days on board before being allowed to disembark.

The people we rescued came from African countries – such as Sudan, Libya, Somalia, Eritrea, Nigeria and Ethiopia – as well as from Bangladesh, Yemen, Syria and elsewhere in Asia and the Middle East. All had endured horrific violence in Libya, caught up in endless

cycles of detention and abuse. Many had attempted the crossing numerous times.

In the onboard clinic, the MSF medical team treated patients for hypothermia, dehydration and seasickness. Many patients also had burns resulting from prolonged contact with fuel and saltwater at the bottom of rubber boats, and skin infections caused by terrible hygiene conditions in their places of captivity. Our teams sutured the visible wounds and tried to provide some relief for the invisible ones.

With growing insecurity in Libya, people continued to attempt the crossing over the winter, despite the increased risks. European governments were aware of and acknowledged the dangers faced by migrants and refugees in the country, yet they still supported the Libyan coastguard, who, in 2019, returned over 9,000 vulnerable people to the same circumstances that they attempted to escape from in the first place. MSF continued to highlight the unimaginable human price being paid for these policies of interception and detention and advocate more humane responses based on what our teams witness first-hand.

SIERRA LEONE

No. staff in 2019: 1,091 | Expenditure in 2019: €17.7 million | Year MSF first worked in the country: 1986 | msf.org/sierra-leone



■ Regions where MSF had projects in 2019
 □ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

115,900 outpatient consultations

46,600 malaria cases treated

32,200 antenatal consultations

4,690 births assisted

1,570 children admitted to inpatient feeding programmes



Seven-month-old Adama and her mother in the inpatient therapeutic feeding centre at MSF's newly-opened hospital in Hangha, Kenema district. Sierra Leone, June 2019.

In Sierra Leone, Médecins Sans Frontières (MSF) supports the recovery of the health services following the 2014-2016 Ebola outbreak, focusing on staff training and improving mother and child healthcare.

Our teams work alongside the Ministry of Health and Sanitation in hospitals, general health facilities and in the community to increase access to healthcare and fill gaps in the provision of essential medicines.

Mother and child health

We are working with the Ministry of Health and Sanitation to strengthen the health system in Kenema district through comprehensive assistance to 13 peripheral healthcare units in three chiefdoms (Gorama Mende, Wandor and Nongowa) and our new hospital in Hangha town. The aim is to reduce sickness and death among children and women during pregnancy and childbirth in Sierra Leone, a country with one of the highest rates of maternal and child mortality in the world.

The hospital has a range of facilities for paediatric care, including an emergency room, an intensive care unit, an inpatient therapeutic feeding centre, a general ward and an isolation ward for patients with suspected Lassa fever, a disease that is endemic in the country. We have also built a laboratory and a blood bank.

In the most isolated chiefdoms of Gorama Mende and Wandor, malaria prevalence and mortality rates are high. With challenging geography, poor road conditions and dispersed communities, access to healthcare is extremely limited. MSF targets children under the age of five, pregnant women and lactating mothers, providing general healthcare and coordinating emergency referrals for specialist care.

Our mother and child healthcare programme in Tonkolili continues to support Magburaka district hospital and eight peripheral healthcare units, with improvements to infection prevention and control measures and water and sanitation systems, donations of drugs and staff training. As well as assisting with referrals from the healthcare units, we offered family planning sessions, psychosocial support and medical treatment to victims of sexual and gender-based violence.

Emergencies

In 2019, we provided logistical support to the Ministry of Health and Sanitation in Kambia district during a measles outbreak. Our teams also assisted with the catch-up measles and rubella vaccination campaigns in Kenema and Tonkolili districts by donating

medical supplies, organising transport and safe waste management, and running awareness-raising and health promotion activities. Additionally, we helped manage Lassa fever cases in November, by sharing clinical protocols and guidelines, donating infection prevention and control materials and medical supplies to Kenema and Tonkolili districts and deploying ambulances to transport suspected and confirmed cases.

Human resources for health development

The professional development of national health workers is a top priority for MSF. On 18 December, the Nursing and Midwifery Council of Ghana inducted 47 Sierra Leonean registered nurses and midwives following their successful completion of a two-year MSF-sponsored Registered Diploma training course. The team will be deployed to work in our hospital in Hangha and other health facilities around the country. Another group of nurses enrolled in a diploma course in February.

Diagnosing and treating drug-resistant tuberculosis (DR-TB)

We also started a new drug-resistant TB project in Makeni town in Bombali district. Our teams are supporting the national TB programme efforts to decentralise DR-TB diagnosis and treatment by making it available in patients' communities. In 2019, we helped upgrade the TB ward in Makeni by improving ventilation and building a recreation area for inpatients. The first patients started an all-oral treatment regimen, meaning no injections are required.

SOMALIA AND SOMALILAND

No. staff in 2019: 154 | Expenditure in 2019: €13.8 million
Year MSF first worked in the country: 1979 | [msf.org/somalia](https://www.msf.org/somalia)

Due to prolonged conflict, drought and other climate hazards, over 2.6 million people were still displaced in Somalia and Somaliland in December 2019, and nearly five million were considered food insecure.¹

Access to healthcare remained limited in parts of the country, malnutrition rates among children were well above the emergency threshold in many areas and the number of deaths during pregnancy and childbirth ranked among the highest in the world.

Throughout the year, Médecins Sans Frontières (MSF) continued rolling out new operations across Somalia and Somaliland, supporting medical activities in hospitals in towns and cities, with a focus on maternal, paediatric and emergency care, nutrition, and diagnosis and treatment of tuberculosis (TB). We also ran mobile clinics for internally displaced people.

To address the health needs of women and children, we supported the maternity ward at Bay regional hospital in Baidoa, South-West state, and started activities in the paediatric department.

In Baidoa, MSF carried out a fistula campaign, treating 34 women suffering from this

stigmatising condition for which there are no available services in the public health system. We aim to carry out similar campaigns in other parts of the country in 2020.

We also scaled up medical care for women and children in Galkayo, a city in central Somalia divided administratively between Puntland and Galmudug states, where we first resumed operations after returning to the country in 2017. In addition, a team started assisting births and complicated pregnancies at the hospital in Las Anod, a city in Somaliland.

In Galkayo North, we strengthened our medical activities in Mudug regional hospital, the city's main referral facility, and ran frequent mobile clinics in displacement settings. Our teams here worked on treating patients with TB, a highly prevalent disease that spreads easily in overcrowded living conditions. At the end of 2019, we started to support Galkayo South hospital.



□ Cities, towns or villages where MSF worked in 2019
This map shows the project locations of the MSF Somalia and Somaliland mission and does not reflect any position on Somaliland's legal status.

KEY MEDICAL FIGURES:

111,700 outpatient consultations

3,000 admissions of children to outpatient feeding programmes

2,600 births assisted

57 people started on treatment for TB

In 2019, we launched a new TB project in Somaliland, supporting the treatment of the multidrug-resistant form of the disease in a dedicated hospital in Hargeisa and collaborating with TB centres in Burao, Berbera and Borama.

In addition to our regular malnutrition programmes in Galkayo and Las Anod, we frequently carried out short interventions focusing on nutritional care for malnourished children, but also providing vaccinations, eye surgery and staff training in Afmadow and Bardhere, in southern Jubaland state.

For the first time since 2012 and after our return to the country, we managed to launch an emergency response in a location without a regular project. In the last two months of the year, we responded to severe flooding in central Hirshabelle state. Beledweyne town, where the banks of the Shabelle river burst, was the most affected area, with approximately 270,000 people displaced.

In the first phase of the response, MSF trucked in safe drinking water and delivered tents and relief items such as cooking utensils and sachets of therapeutic food. In the second phase, the teams decontaminated water wells and provided healthcare through mobile clinics in displacement sites around the city, including nutritional support to malnourished children.

¹ OCHA Humanitarian Dashboard, December 2019



A mother holds her eight-month-old son as he is checked by Nurse Fartun Said Abdalla in the inpatient therapeutic feeding centre at Mudug Regional Hospital in Galkayo city, Somalia, July 2019.

SOUTH AFRICA

No. staff in 2019: 227 | Expenditure in 2019: €11.9 million | Year MSF first worked in the country: 1986 | msf.org/south-africa



- Regions where MSF had projects in 2019
- Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

18,600 people on first-line ARV treatment in MSF-supported programmes

1,390 people started on treatment for TB

630 people treated for sexual violence



An MSF vehicle in Rustenburg, on South Africa's platinum mining belt, where our teams work with the health department to provide victims of sexual violence with medical and psychological care. September 2019.

In South Africa, Médecins Sans Frontières (MSF) continues to develop innovative strategies to prevent and treat HIV and tuberculosis (TB) and provide comprehensive care for victims of sexual violence.

In 2019, our large-scale community HIV/TB project in King Cetshwayo district, KwaZulu-Natal, run in collaboration with the Department of Health, became the first in South Africa to reach the UNAIDS 90-90-90 targets.¹ A survey supported by Epicentre, MSF's epidemiological research arm, revealed that 90 per cent of people living with HIV knew their status, 94 per cent of those were on antiretroviral treatment, and 95 per cent of people on treatment had a suppressed viral load. In response to the growing phenomenon of disengagement from HIV care, we have developed services in the urban slum of Khayelitsha to encourage patients, including those with advanced HIV, to restart treatment. In Khayelitsha and rural Eshowe, where young people, particularly women, remain highly vulnerable to HIV, we offered preventive treatment to 204 patients. We also continued to develop different HIV

screening strategies, including distributing over 30,000 oral self-testing kits.

MSF supports two multinational, multi-site clinical trials: TB PRACTECAL and endTB, which aim to find shorter, less toxic and more effective treatment regimens for multidrug-resistant TB. In 2019, the endTB trial enrolled its 48th patient at the Khayelitsha site, and two new sites, Durban and Johannesburg, were added to the TB PRACTECAL trial, with a total of 70 patients enrolled by the end of the year. We welcomed the registration of the newer TB drug delamanid, and we continue to push for improved treatment for the disease nationally.

Sexual violence

MSF works with the provincial health department to provide victims of sexual violence with essential medical and psychosocial care through community clinics known as Kgomoitso Care Centres on South Africa's platinum mining belt. In 2019, we handed over two of the four clinics to the department. We also launched initiatives to identify victims of sexual violence, for example through our school health programme, which reached 26,000 students. Community-based initiatives accounted for at least 160 of the 1,294 new patients seen in 2019.

To meet the high demand for pregnancy termination, we trained 23 health providers in safe abortion care. In MSF-supported facilities,

an average of 209 abortions were performed monthly in 2019.

Migration

In Tshwane, we opened a hub offering medical and psychosocial care to migrants, refugees and asylum seekers, who struggle to access public health services under South Africa's increasingly restrictive migration policies. In 2019, 668 people received medical and psychological support and 456 attended group mental health sessions. In addition, our emergency teams responded to episodes of xenophobic violence against migrants in three provinces.

Access to medicines

We continue to call for wider availability of lifesaving drugs by addressing the patent, registration and financial barriers that prevent their supply. Through a national access programme set up by MSF, we donated 610 courses of flucytosine – an effective cryptococcal meningitis treatment not yet registered for use in South Africa – to 15 specialist facilities across the country. The programme seeks to build evidence to support its registration as an essential medicine.

¹ The globally agreed 90-90-90 targets require that 90 per cent of people living with HIV know their status; that 90 per cent of people diagnosed with HIV initiate and remain on ARV treatment; and that 90 per cent of people on ARV treatment reach and maintain an undetectable viral load by 2020.

SUDAN

No. staff in 2019: 748 | Expenditure in 2019: €18.7 million | Year MSF first worked in the country: 1978 | [msf.org/sudan](https://www.msf.org/sudan)



Regions where MSF had projects in 2019

The maps and place names used do not reflect any position by MSF on their legal status.

KEY MEDICAL FIGURES:

434,800 outpatient consultations

6,000 births assisted

1,680 children admitted to inpatient feeding programmes

570 people treated for kala azar

In 2019, Sudan was the scene of mass protests, sparked by its deepening economic and political crisis.

The protests led to the ousting of President Omar al-Bashir in April after nearly 30 years of rule and paved the way for a political transition, agreed between civilian and military representatives.

Needs remained great throughout the year, with nearly two million people internally displaced, a severely weakened health system and huge numbers of refugees, mostly South Sudanese stranded in the country for years after fleeing the civil war, living in precarious conditions.

Médecins Sans Frontières (MSF) reshaped some existing projects, launched assessments to start operations in different areas of the country and carried out frequent emergency interventions.

During the months of the protests, we treated people gathered in the crowded 'sit-in' area of the Sudanese capital for conditions such as dehydration. When



A mother holds her child in a ward for malaria patients at the paediatric hospital in El Fasher, North Darfur, Sudan, October 2019.

clashes between demonstrators and security forces took place, our teams provided medical care and referred people to the main hospitals when necessary.

Other short-term interventions included addressing the needs of people affected by floods in Khartoum and White Nile states; and tackling outbreaks of disease, such as malaria in North Darfur state and cholera in Blue Nile, Sennar and Khartoum states.

MSF was the only international organisation directly supporting victims of violence during the protests in the emergency room of Khartoum's largest hospital, Omdurman Teaching Hospital. The emergency intervention turned into a regular project by the end of 2019.

In Tawila, North Darfur, we handed over to the Ministry of Health and other organisations some of the activities that we have been running since 2007 to assist isolated communities and people affected by chronic conflict and displacement.

In East Darfur, we continued to run our health structure in Kario, a camp that hosts around 28,000 refugees from South Sudan. Our teams offer primary and secondary healthcare, such as maternity services and nutritional support for children. The services are also accessible for local residents living in the region.

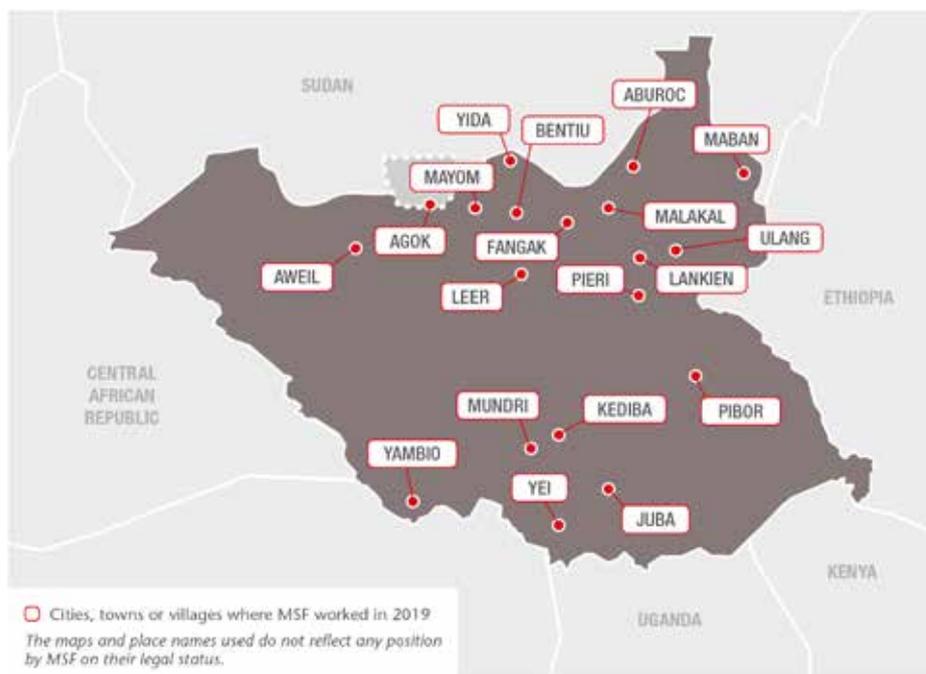
South Sudanese refugees have also been the main focus of our operations in White Nile state for the past five years. By the end of 2019, there were still approximately 248,000 refugees living there, mostly in camps. In December, we opened a new 85-bed hospital in Kashafa camp, upgrading existing services, and handed over a smaller health facility in Khor Wharal camp. The upgraded facility treats patients with complicated conditions, including severely malnourished children and people with chronic infectious diseases, such as HIV and tuberculosis.

In Al-Gedaref, we maintained our diagnosis and treatment programme for kala azar (visceral leishmaniasis) and other neglected tropical diseases in Tabarak Allah hospital. In 2019, our teams also provided supervision and training to local health workers and Ministry of Health staff and organised awareness-raising campaigns. Our team contributed to scientific research by participating in a phase two, randomised, multicentric clinical trial.

In South Kordofan, in areas controlled by both governmental and opposition armed groups, MSF continued to focus on sexual and reproductive health helping women and newborns affected by the humanitarian crisis in the region to obtain free, high-quality care and referrals for specialist services. Based in Dilling, support extends to other localities including Dalami and Habila.

SOUTH SUDAN

No. staff in 2019: 3,615 | Expenditure in 2019: €85.4 million | Year MSF first worked in the country: 1983 | [msf.org/south-sudan](https://www.msf.org/south-sudan)



KEY MEDICAL FIGURES:

1,120,900 outpatient consultations

292,100 malaria cases treated

61,000 vaccinations against measles in response to an outbreak

60,500 people admitted to hospital

14,100 births assisted

6,720 people treated for measles

5,400 surgical interventions

4,480 people treated for intentional physical violence

4,010 children admitted to inpatient feeding programmes

370 people treated for sexual violence

Less than half the population of South Sudan has access to adequate medical services, despite a period of peace and a promise of unity after years of civil war.

Médecins Sans Frontières (MSF) worked in 19 project sites across South Sudan in 2019. Activities ranged from treating gunshot wounds in Agok and providing comprehensive medical care in Protection of Civilians (PoC) sites, to vaccinating children against deadly diseases such as measles and ensuring Ebola preparedness at the border with the Democratic Republic of Congo.

Most medical services in South Sudan are delivered by NGOs, as only 2.6 per cent of the government's budget is allocated to health. For many communities, treatment is often difficult to reach or simply inexistent.

Responding to massive flooding

Nearly one million people were affected by unprecedented heavy flooding, which began in July. On 30 October, the South Sudanese government declared a national state of emergency.

Thousands of people were displaced, including many of our local colleagues, who lost their homes, crops and livestock. To respond to the health needs, we deployed

emergency teams in and around Pibor, Maban, Lankien and Ulang. In Pibor, one of the worst affected areas, our health centre was submerged and destroyed. A temporary tented facility was set up to provide care for people in Pibor, Maban and Gumuruk, including outpatient, inpatient and maternity services.

Mobile clinics were set up in all areas where we were working to prevent and treat

malaria, respiratory tract infections, diarrhoea, skin infections and malnutrition. We also repaired latrines and boreholes, set up water purification systems to supply safe drinking water to the displaced and host communities and distributed thousands of relief items to those most affected by the flooding. These included water purification solution and mosquito nets people could use themselves to prevent diseases such as diarrhoea and malaria.



A child is checked for malnutrition during MSF's emergency response to the unprecedented heavy flooding in Ulang, South Sudan, November 2019.



An MSF staff member examines the head injury of a young girl at a hospital in Ulang, Northeast South Sudan, April 2019.

In Bentiu, the largest PoC in South Sudan with over 100,000 people, we provide specialist healthcare, surgery and emergency services for adults and children in our 160-bed hospital. The Bentiu and Malakal projects also include community outreach activities, such as treatment for infectious diseases at local health centres, raising awareness on prevention and identifying people who may need medical treatment.

In Yei, we support the hospital's paediatric ward and manage a general healthcare clinic, which offers vaccinations, mental health support and referrals. Outside the town, our staff work in health centres in areas affected by the ongoing violence, which has displaced many people. In some areas of Yei River state, the security forces occupied clinics and there were reports of harassment and abuse of healthcare workers.

In Maban, we provide services in our hospital in Doro camp, which hosts around 60,000 refugees. Our staff also work in the outpatient department in Bunj hospital, which serves some 30,000 people. In 2019, an outreach team undertook regular assessments and spot interventions to address unmet needs around Maban county, such as a lack of basic healthcare and safe water for displaced people. Additionally, in its first phase of activities in South Sudan, the MSF Academy for Healthcare increased the number of trained healthcare professionals in Pibor by bolstering the skills of 42 students. We continued to assist Sudanese refugees in the area.

Mother and child healthcare

In Aweil, we manage a regional hospital that includes a maternity component. This hospital also serves as a training ground for nurses and midwives of a local school, while three physicians are receiving essential surgical skills training there.

Our 80-bed hospital in Lankien also provides obstetric and paediatric care, nutritional support and treatment for HIV, TB and kala azar. Treatment for victims of sexual and gender-based violence, which is integrated into all our projects in South Sudan, is available too.

Abyei Special Administrative Area

In Abyei, a disputed area between Sudan and South Sudan, we completed the reconstruction of our hospital in Agok in February. It is the only secondary healthcare facility in the region and has eight wards, an operating theatre and a pharmacy.

Working with the community to tackle malaria

In 2019, malaria remained a major health concern in South Sudan. We treated more than 292,100 adults and children and ran prevention and awareness-raising activities in nearly all our projects. Strategies included distributing mosquito nets and implementing new outreach methods.

For example, in March, we introduced integrated community case management in Old Fangak, delivering malaria rapid tests and treatment through trained community health workers in remote settings that have limited access to healthcare. Teams treated 530 patients for malaria and 3,450 patients for simple diarrhoea in 2019.

Our staff in Yambio also worked on treating and preventing malaria at a community level, conducting 38,000 general consultations and treating 24,900 patients, as well as administering seasonal malaria chemoprevention (oral treatment to prevent the disease) to more than 48,100 of the most vulnerable children aged between three and 59 months.

Responding to measles outbreaks

MSF vaccinated or supported the vaccination of over 96,400 children against measles in Yambio, Malakal, Bentiu PoC site, Aweil, Pibor and Maban. We also provided case management wherever possible.

Health services in Leer reopened

In April, we reopened our maternal, emergency and reproductive services in Leer, closed in 2016 due to repeated attacks on our patients and staff. In the first month alone, we treated 300 people, including more than 100 pregnant women.

Refugees and internally displaced people

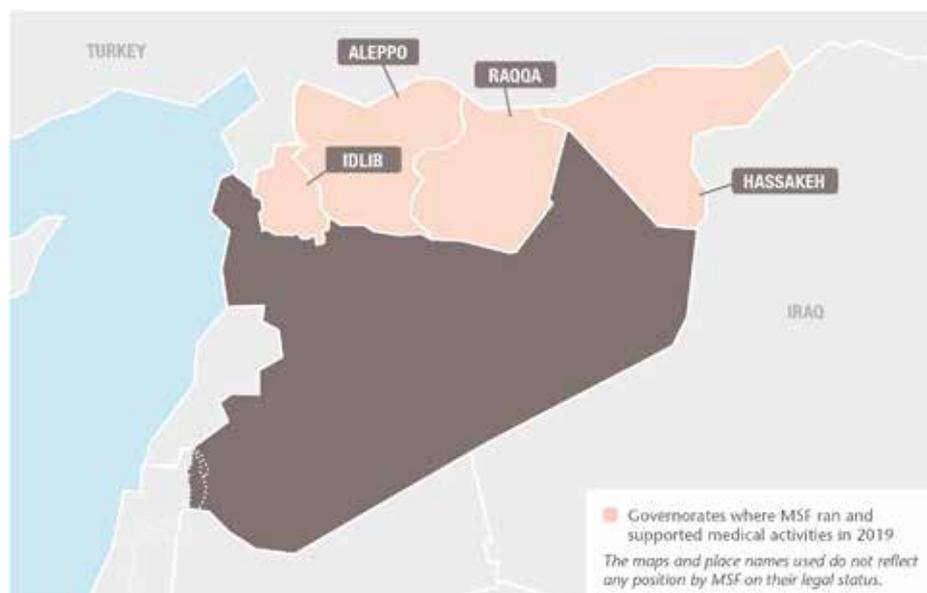
There are an estimated 1.5 million internally displaced people in South Sudan, as well as nearly 300,000 refugees from neighbouring Sudan. In 2019, we offered medical assistance and distributed relief items to refugees and displaced people in Bentiu, Mundri, Lankien, Malakal, Yida, Yei, Leer, Old Fangak and Doro camp in Maban.

The United Nations PoC sites in Bentiu and Malakal, where we manage a hospital in each, offer protection to vulnerable people who would otherwise be exposed to armed violence. In these sites, the humanitarian and medical needs are great due to poor living conditions, ongoing violence and mental trauma. MSF has repeatedly called for conditions and services within the sites to be improved beyond current levels, in particular water and sanitation.

At our 55-bed hospital in Malakal PoC, where we offer a range of general and specialist services, mental health is also an important focus. Many of the patients have experienced extreme levels of violence and feel a sense of despair because of their environment and situation. We conducted 3,090 individual and group mental health consultations in 2019, most of them in the hospital's outpatient department. In Bentiu, the largest PoC in South Sudan with over 100,000 people, we provide specialist healthcare, surgery and emergency services for adults and children in our 160-bed hospital. The Bentiu and Malakal projects also include community outreach activities, such as treatment for infectious diseases at local health centres, raising awareness on prevention and identifying people who may need medical treatment.

SYRIA

No. staff in 2019: 939 | Expenditure in 2019: €41.4 million | Year MSF first worked in the country: 2009 | [msf.org/syria](https://www.msf.org/syria)



KEY MEDICAL FIGURES:

515,100 outpatient consultations

169,100 routine vaccinations

37,200 people admitted to hospital

14,800 births assisted, including **3,670** caesarean sections

13,500 surgical interventions

7,280 individual mental health consultations

In Syria, civilian areas and infrastructure, including medical facilities, came under direct fire again in 2019. Thousands of people were killed or wounded, and many more driven from their homes.

Médecins Sans Frontières (MSF) continued to operate in Syria but our activities were limited by insecurity and access constraints. In areas where access could be negotiated, our teams ran or supported hospitals and health centres and provided healthcare in displacement camps, following independent evaluations to determine medical needs. In areas where no direct presence was possible, we maintained our distance support, comprising donations of medicines, medical equipment and relief items; remote training of medical staff; technical medical advice; and financial assistance to cover facilities' running costs.

Northwest Syria

In northwest Syria, hundreds of thousands of people were displaced as a consequence of the offensive launched by the Syrian government forces and their allies, notably Russia, in Idlib province, the last opposition stronghold, in April 2019. Most newly displaced people headed for densely populated areas where no clean water or medical care was available. They had few options, as most areas that were considered

relatively safe were overcrowded and overstretched in terms of humanitarian assistance.

Schools, hospitals, markets and camps for internally displaced people were also hit and damaged during the offensive. On multiple occasions, most notably in August and from late October, medical teams at MSF-supported hospitals had to deal with mass-casualty influxes, with 10 or more wounded people arriving at once. Some MSF-supported hospitals were damaged

by bombing, while others had to reduce or suspend their services, for fear of being hit.

We supported basic and specialist healthcare in several hospitals and clinics in Idlib and Aleppo governorates, in areas such as outpatient and inpatient departments, emergency rooms, operating theatres and maternity wards, in coordination with local partners or health centre managers. We also continued our co-management partnerships with three reference hospitals, which entail developing medical strategies and protocols



MSF distributes relief items and provides water to newly displaced people in a camp in northwest Syria, May 2019.



MSF mobile clinic doctor Mohamed Yaqub conducts a consultation with a woman and her child recently displaced by the conflict in northwest Syria, May 2019.

mental health services and water and sanitation activities until October, when the camp closed and its residents fled because of the fighting and insecurity. We then started supporting the local health authority hospital in Ain Issa with donations of medical supplies, before withdrawing due to insecurity. Comprehensive medical activities, including thalassemia treatment for more than 280 patients, were also suspended in Tal Abyad hospital after Turkish-backed groups took control of the area. Our programme in the hospital closed towards the end of the year, as we were unable to negotiate the resumption of our activities with the newly installed authorities.

In Raqqa city, we continued to run a general healthcare centre offering emergency care, outpatient consultations, mental health support and vaccinations. At Raqqa National Hospital, MSF completed a large rehabilitation of the facility, then set up and supported emergency, inpatient and post-operative care, general and orthopaedic surgery and radiology, as well as the blood bank and laboratory. We continue to support these activities at the hospital with regular donations of medical supplies and financial assistance for health workers.

We maintained our support for the maternity hospital in Kobanê/Ain Al-Arab, in Aleppo governorate, with provision of medical supplies and financial support to health workers. We continued to support routine vaccination programmes (EPI) in 12 locations across the district and donated relief items to displaced families from Tal Abyad and Afrin.

Following the temporary evacuation of our international colleagues, we were also forced to suspend our activities in Tel Kocher in Hassakeh governorate, where we run a general healthcare centre serving a vulnerable Arab community, offering paediatrics, services for pregnant women and patients with chronic pathologies. From November, we gradually resumed some medical activities and started to deploy mobile clinics to assist displaced people in Newroz camp.

In October, our teams distributed relief items to displaced people living in camps, schools or with families and friends in Tal Tamer, Hassakeh and Newroz camp. We donated hygiene kits, blankets and multi-purpose tents. In Tel Kocher, we provided hygiene kits and blankets to victims of floods and donated 1,000 blankets and a tent for triage to Hassakeh National Hospital during a mass casualty response.

with the hospital directors, supporting all services, donating drugs and other medical supplies, and covering the running costs (including salaries).

In Atmeh, we run a specialised burns unit, offering surgery, skin grafts, dressings, physiotherapy and psychological support. An average of 150 procedures per month were performed in 2019, and severe or complex cases were referred to Turkey by ambulance. We also maintained our support for the key departments in Al-Salama hospital in Azaz, an area hosting a large and increasing displaced population.

In addition, we supported vaccination programmes in health facilities, conducted vaccination campaigns in and around the camps and assisted with lifesaving medication and follow-up for almost 100 patients in Idlib who had received kidney transplants.

In response to the influx of displaced people in Idlib, we increased our activities in the camps, scaling up our distributions of relief items – such as hygiene kits and mattresses – as well as our improvements to water and sanitation systems and donations of emergency medical material. Following the intensification of the military offensive, we also scaled up the mobile clinics we had been running in displacement settlements, delivering general healthcare, maternal health services and treatment for non-communicable diseases.

Northeast Syria

In January, we launched a large emergency response in Al-Hol camp in Hassakeh

governorate. The camp's population of approximately 10,000 swelled after the arrival of 60,000 more displaced people. The camp is made up of 94 per cent women and children, who arrived from the Islamic State group's last stronghold of Deir ez-Zor. In a highly politicised and militarised setting, we started by donating relief items and providing emergency care at the reception area of the camp, and then opened a comprehensive healthcare facility offering around-the-clock emergency care, and an inpatient nutrition centre. We began community-based surveillance, camp-wide water and sanitation activities, a tent-based wound care programme for those who could not reach the clinics, and referrals to an MSF surgical facility in Tal Tamer. We opened another primary healthcare centre in the 'Annex', as well as water and sanitation activities, in an area of the camp where foreigners are held.

The situation changed significantly in northeast Syria in October, with the sudden relocation of the US-led coalition forces further east. The Turkish military, alongside allied Syrian armed opposition groups, launched their 'Peace Spring' operation, aimed at clearing the Kurdish People's Protection Units from a strip of land 30 kilometres long and 440 kilometres wide along the Turkish border. As a result, we had to suspend some projects and temporarily evacuate international staff to Iraq and relocate some national teams to other parts of northeast Syria.

In Ain Issa camp, Raqqa governorate, teams provided general healthcare, vaccinations,

TANZANIA

No. staff in 2019: 279 | Expenditure in 2019: €6.7 million
Year MSF first worked in the country: 1993 | msf.org/tanzania

Tanzania hosts more than half of all Burundians who fled their country after violence erupted in 2015. In 2019, they came under increasing pressure to return home.

Some 167,000 Burundians remain in Tanzania despite mounting pressure on them to leave. Towards the end of 2019, a meeting of the Tripartite Commission for the Voluntary Repatriation of Burundian Refugees in Tanzania, attended by representatives of the Burundian and Tanzanian governments and the UNHCR, its signatories, reiterated the commitment to ensuring returns are voluntary.

The Burundian refugee situation remains largely forgotten and chronically underfunded in the three refugee camps in Tanzania's northwestern Kigoma region. In 2019, Médecins Sans Frontières (MSF) continued to provide basic and specialist healthcare in Nduta, the camp hosting the largest number of Burundian refugees. We run a 150-bed hospital and four health posts in the camp and organise health promotion activities. Our services, which are also open to host communities from surrounding villages,

include mother and child care, nutritional support and treatment for tuberculosis, HIV and non-communicable diseases. We also offer mental healthcare and treat victims of sexual and gender-based violence.

Mental health needs among refugees remain a key area of concern due to many compounding factors, which include the lack of access to basic services, fear of forced repatriation, limited mobility and few livelihood opportunities.

MSF also continued prevention and vector control activities to curb the spread of malaria, which is endemic in the camp.

In 2019, MSF renovated the operating theatre and sterilisation room in the nearby Kibondo district hospital, to ensure adequate surgical facilities for the referral of refugees.

We maintained our emergency response capacity. In addition to responding to a



■ Regions where MSF had projects in 2019
□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

319,100 outpatient consultations

75,500 malaria cases treated

19,900 emergency room admissions

17,100 individual mental health consultations

diarrhoea outbreak in Nduta camp, we supported the Ministry of Health to control a cholera outbreak in Dar es-Salaam and improve preparedness for Ebola.

THAILAND

No. staff in 2019: 27 | Expenditure in 2019: €1 million
Year MSF first worked in the country: 1976 | msf.org/thailand

In Thailand, Médecins Sans Frontières (MSF) provides mental healthcare to people affected by years of unrest in the deep south, an area with a majority Muslim population near the Malaysian border.

The project aims to support the most vulnerable people, particularly those who may be hesitant to seek care.

In 2019, while continuing to run counselling centres in Pattani, Yala and Narathiwat provinces, we started to work in collaboration with government service providers, including public hospitals, and other NGOs, to offer medical care and social support, such as help with access to education and the job market.

We also increased our outreach programme of community-based engagement activities, particularly in Yala and Narathiwat provinces. This enabled our teams to provide support in areas where little medical care is available.

The focus of activities was raising awareness of mental health issues. By taking a

preventive approach, we were able to reach people who had not yet experienced violent incidents and help them learn to develop mechanisms to cope with any future events. Our teams ran these activities, which included psychoeducation and psychological first-aid training, not only in our counselling centres, but also at times in mosques, schools and other locations within communities where there had been a large number of incidents.

MSF continues to share information and knowledge with local networks, groups and both state and non-state entities on various aspects of mental health, to strengthen their capacity and improve referral pathways to our facilities.



■ Regions where MSF had projects in 2019

KEY MEDICAL FIGURES:

2,070 individual mental health consultations

20 mental health consultations provided in group sessions

TURKEY

No. staff in 2019: 32 | Expenditure in 2019: €0.7 million | Year MSF first worked in the country: 1999 | [msf.org/turkey](https://www.msf.org/turkey)



□ Cities where MSF supported projects in 2019

Turkey hosts the largest refugee population in the world – over four million – of whom 3.5 million are Syrian.¹

In 2019, Médecins Sans Frontières (MSF) continued to provide support to a local organisation, the Citizens' Assembly, which works with migrants and refugees in Turkey.

The Citizens' Assembly Nefes Centre provides support and advisory services in Istanbul for migrants and refugees who have suffered ill-treatment.

As well as providing technical and financial support to local NGOs, we are engaging in efforts to renew our registration to operate directly.

¹ United Nations refugee agency, UNHCR, 2019

UGANDA

No. staff in 2019: 415 | Expenditure in 2019: €6.1 million | Year MSF first worked in the country: 1986 | [msf.org/uganda](https://www.msf.org/uganda)



■ Regions where MSF had projects in 2019

In Arua, where 1.2 million people are HIV positive,¹ Médecins Sans Frontières (MSF) is working to address gaps in care, particularly for adolescents and people at advanced stages of the disease.

In Arua, our HIV programme focuses on children and adolescents and patients with advanced HIV disease or a high viral load, particularly those in treatment failure and in need of third-line regimens. In Kasese district, we provide HIV services for the fishing communities living around lakes George and Edward, facilitating access to testing and simplifying follow-up and drug refills to enable them to continue their work.

Our adolescent clinic in Kasese provides a safe space for teenagers to seek sexual and reproductive healthcare. Our services include contraception, treatment of sexually transmitted diseases, ante- and postnatal care, as well as recreational activities to encourage attendance. We also treat victims of sexual and gender-based violence and provide safe abortion care.

MSF teams have been working in refugee camps in north Uganda since 2016, when there was a large influx of South Sudanese

refugees. Following the handover of some activities in 2018, we are now focusing on medical and psychological care for victims of sexual and gender-based violence in the Omugo settlement and providing safe abortion care.

Uganda has experienced recurring Ebola and Marburg outbreaks in recent years. After the declaration of the Ebola outbreak in the Democratic Republic of Congo (DRC) in early August 2018, MSF started supporting the Ugandan national task force to improve Ebola response preparedness. Our teams set up Ebola treatment units in the districts bordering DRC. Only three Ebola cases were confirmed in Uganda in 2019.

¹ Uganda Population-Based HIV Impact Assessment (UPHIA), 2016-2017

KEY MEDICAL FIGURES:

44,400 outpatient consultations

15,100 individual mental health consultations

7,050 people on first-line ARV treatment, and **1,470** on second-line ARV treatment under direct MSF care

1,320 people treated for sexual violence

UKRAINE

No. staff in 2019: 170 | Expenditure in 2019: €7.5 million | Year MSF first worked in the country: 1999 | msf.org/ukraine



■ Regions where MSF had projects in 2019

--- 'Contact line'

The maps and place names used do not reflect any position by MSF on their legal status.

KEY MEDICAL FIGURES:

19,900 outpatient consultations

5,440 mental health consultations

510 people started on treatment for hepatitis C

110 people started on treatment for MDR-TB

In 2019, Médecins Sans Frontières (MSF) continued to deliver healthcare in the conflict zone in eastern Ukraine and support the Ministry of Health's hepatitis C and tuberculosis (TB) programmes.

For five years, MSF mobile teams have provided basic healthcare and psychosocial support to people living close to the frontline in eastern Ukraine. As public health facilities in the country's conflict-affected regions gradually resumed services, we began transferring patients to the Ministry of Health for treatment. By the end of the year, they were all receiving care in the public system.

Treating hepatitis C in southern Ukraine

In Mykolaiv, we support the Ministry of Health in diagnosing and treating people with hepatitis C. Patients are treated with the highly effective direct-acting antiviral drugs daclatasvir and sofosbuvir. In 2019, psychosocial support and health education helped improve adherence to treatment and combat stigma and discrimination. This new model of care has achieved a cure rate of 97.4 per cent.

Drug-resistant TB (DR-TB)

In 2019, the project we run in Zhytomyr in partnership with the Ministry of Health initiated operational research to demonstrate that an effective model of treatment for DR-TB can be implemented in Ukraine. It involves reliable diagnostics, psychological and social support, and newer, more effective all-oral drugs (bedaquiline and delamanid), which have fewer severe side effects. Patients will spend less time in hospital and their treatment regimens will be shorter, lasting from nine to 12 months.

MSF is also building a state-of-the-art laboratory in the TB dispensary, which will be the first in the region with such an advanced level of biological safety.

UZBEKISTAN

No. staff in 2019: 301 | Expenditure in 2019: €8.3 million | Year MSF first worked in the country: 1997 | msf.org/uzbekistan



■ Regions where MSF had projects in 2019

□ Cities, towns or villages where MSF worked in 2019

KEY MEDICAL FIGURES:

2,130 people started on treatment for TB, including **660** for DR-TB

In Uzbekistan, Médecins Sans Frontières (MSF) focuses on improving diagnosis and treatment for people with tuberculosis (TB), including drug-resistant forms of the disease, and HIV.

In January 2019, we started to enrol new patients in Tashkent region for our multi-site TB PRACTECAL clinical trial. This trial was launched in 2017 in Nukus, Karakalpakstan, to evaluate the safety and effectiveness of two of the newer TB drugs – bedaquiline and pretomanid – on a much shorter and more tolerable regimen lasting just six months. By the end of 2019, we had 166 patients enrolled across the two sites.

We also work with the Ministry of Health at our project in Tashkent, which focuses on improving the availability of integrated care for HIV patients co-infected with TB, sexually transmitted infections and hepatitis C through a 'one-stop shop' model. Since the end of 2018, we have been providing services to high-risk groups, such as sex workers and people who inject drugs, in the greater Tashkent area. We are also moving

forward with plans to use the TB LAM test to facilitate diagnosis of TB in HIV patients.

The Karakalpakstan TB project implements a comprehensive patient-centred model of care. In 2019, 2,130 patients received treatment as part of this programme, 660 of whom were treated for drug-resistant TB (DR-TB) and 1,470 for drug-sensitive TB. Towards the end of the year, as part of our commitment to introduce best practice guidance, we supported the Ministry of Health in the rollout of a TB care protocol based on the revised WHO consolidated guidelines for DR-TB treatment in Karakalpakstan. In line with the policy recommendations of the WHO consolidated guidelines, we upgraded the laboratory capacity by introducing drug-susceptibility testing for both new and repurposed TB drugs (bedaquiline, linezolid, clofazimine, moxifloxacin, amikacin and pretomanid).

VENEZUELA

No. staff in 2019: 200 | Expenditure in 2019: €12.1 million | Year MSF first worked in the country: 2015 | [msf.org/venezuela](https://www.msf.org/venezuela)



KEY MEDICAL FIGURES:

87,500 malaria cases treated

5,390 individual mental health consultations

750 people treated for sexual violence

The political and economic crisis in Venezuela continues to take a heavy toll, with millions of people facing severe shortages of food, medicines and other basic goods.

The state of public health services is particularly alarming. Many hospitals across the country do not have supplies, operating equipment or even access to basic services such as water.

In 2019, Médecins Sans Frontières (MSF) scaled up our projects in Venezuela, rehabilitating hospitals and health posts, distributing medical supplies to facilities and patients, rebuilding water and sanitation systems and training staff, as well as continuing our usual medical activities.

In Amazonas state, we started rehabilitating the José Gregorio Hernández and the Mother and Child hospitals, as well as three clinics. In addition, we launched a pilot project to improve the medical supply system and the way we generate epidemiological data for each facility we support, in order to optimise our activities.



© Adriana Loureiro Fernandez
Monserrat Vargas, MSF bioanalyst, takes a blood sample from 53-year-old Omar for a test to determine whether he has malaria. Bolívar, Venezuela, October 2019.

In Anzoátegui state, more than 25,300 people benefited during 2019 from the services we offer through a general healthcare centre, which include vaccinations, health promotion, and mental, sexual and reproductive healthcare.

In Caracas, one of the most violent cities in the world,¹ we worked with local organisations and public institutions to provide medical treatment and mental health support to victims of sexual and urban violence in Libertador and Sucre municipalities. In 2019, we conducted nearly 580 medical consultations and 4,100 individual mental health sessions in the capital. In addition, we started supporting Vargas hospital, one of city's major health facilities, through a technical rehabilitation process of the infrastructure and biomedical equipment.

We continued working with the national malaria programme in Sifontes, Bolívar state, a mining area with the highest number of reported malaria cases in the country. To support the Malariology Institute in Sucre state, where the numbers were particularly high, we detected the breeding hotspots for infected mosquitoes. Our activities in 2019 included diagnosing and treating more than 87,500 patients, distributing mosquito nets,

running health promotion campaigns and improving vector control.

In Delta Amacuro state, we provided logistical and technical support to the Ministry of Health's immunisation programme, which was expanded in order to reach remote communities in the far east of the country. By travelling along the waterways, it was possible to administer routine vaccinations to nearly 2,400 people against diseases such as polio, measles, hepatitis B, diphtheria and yellow fever.

In 2019, we also responded to emergencies. We offered mental healthcare to people affected by the violent events in the first quarter of the year, during which we donated essential medicines and medical supplies to health workers. In addition, when a nationwide electricity blackout in March led to water shortages, we prevented and treated outbreaks of diarrhoea. We also trained public institution staff on water conservation.

¹ Venezuelan Violence Observatory, 2019

YEMEN

No. staff in 2019: 2,538 | Expenditure in 2019: €74.9 million | Year MSF first worked in the country: 1986 | [msf.org/yemen](https://www.msf.org/yemen)



KEY MEDICAL FIGURES:

308,900 outpatient consultations

75,800 people admitted to hospital

35,100 people treated for cholera

31,000 births assisted

27,100 surgical interventions

1,150 people treated for measles

In Yemen's fifth year of conflict, violent clashes on frontlines and frequent attacks on health facilities prevented civilians from accessing critical healthcare.

Although the number of airstrikes decreased in the last quarter of 2019, ground fighting continued across several governorates throughout the year, as frontlines shifted, causing waves of displacement and many thousands of casualties.

The destruction of health facilities, and shortages of skilled medical staff, medicines and medical supplies, have contributed to the breakdown of the health system.

Médecins Sans Frontières (MSF) worked in 12 hospitals and health centres and provided support to more than 20 health facilities across 12 governorates in Yemen in 2019.

Insecurity and access constraints prevented us – and other organisations – from collecting reliable data on nutritional and humanitarian needs across the country. In Hajjah, Sa'ada, Amran, Ibb and Taiz governorates, our teams treated 7,330 children for malnutrition in inpatient feeding programmes during the year.

Violence against civilians, medical staff and facilities

From the beginning of 2019, our staff witnessed numerous attacks on patients, medical facilities and civilians.

In April, we resumed our activities in Aden surgical hospital after a month of suspension following the kidnapping and

killing of a patient. The situation in the city throughout 2019 remained unstable as different groups fought for power. The MSF hospital received mass casualties on several occasions; during an incident in August, our teams treated 119 people in less than 24 hours. In the same month, we performed 800 violence-related surgical interventions.



Displaced children in northern Abs, where MSF operated mobile clinics to provide consultations, vaccinations and referrals to the hospital we support there. Yemen, April 2019.



© Agnes Varraine-Leca/MSF

Dr Scaini examines two-month-old Kenan, who is suffering from apnoea and respiratory distress at Haydan hospital, Sa'ada governorate. Yemen, April 2019.

MSF-supported Al-Thawra hospital in Taiz city was subjected to 11 armed intrusions, during which one patient was killed. We reiterated our call for pledges ensuring the protection and safeguarding of health facilities, medical workers, patients and their caregivers to be upheld and respected.

On 6 November, a hospital we run in Mocha, southwestern Yemen, was severely damaged when surrounding buildings, including a military warehouse, were hit during an aerial attack. Fortunately, there were no casualties and we were later able to reopen the hospital.

MSF and MSF-supported facilities have been hit by aerial attacks six times since the start of the conflict, impeding our ability to provide care.

Assisting the displaced in Hajjah and Ibb governorates

The number of patients seeking healthcare in Abs hospital in Hajjah increased, partly due to ongoing fighting in the north of the district. In October, we admitted more than 7,000 patients to emergency rooms, the highest number since we started supporting the hospital in 2015.

The number of displaced people swelled from 100,000 to approximately 120,000 in the first half of 2019. Many lacked the most basic necessities, such as water, food, shelter and access to medical care. Abs hospital is the only facility providing specialist medical services to over 1.2 million people living in Abs and the surrounding districts.

Ibb, one of the most populated governorates in Yemen, is thought to host hundreds of thousands of displaced people who have fled the frontlines in neighbouring Hodeidah, Ad Dhale and Taiz. MSF runs the emergency room, operating theatre, intensive care unit and inpatient department at the hospital in Dhi As-Sufal district, close to Taiz, which serves a population of several hundred thousand.

Lifesaving care for mothers and children

MSF provides maternal and child healthcare in most of the governorates we support in Yemen. The demand is high and increases each year. On several occasions during 2019, our mother and child hospital in Taiz Houban, in Taiz governorate, was filled to capacity. In 2019, MSF teams assisted more than 5,900 births in Taiz, Hajjah and Ibb.

Many mothers, children and newborns died in or on arrival at hospitals that MSF runs or supports in Yemen. Many newborns brought to us for care had a low birthweight or were born prematurely, at home or in small private clinics. The most common causes of death among newborns were prematurity, birth asphyxia and sepsis.

The high numbers of deaths are linked to many factors, most of which are a direct result of the war. They include the lack of functioning health facilities, insecurity and active fighting preventing people from seeking care, and an inability to pay for treatment.

In response to the increased maternal and child healthcare needs, MSF started to build a new maternity hospital in Al-Qanawes to serve Hajjah and Hodeidah governorates.

Outbreaks of disease

Outbreaks of infectious diseases are common in Yemen, due to poor sanitation, a lack of clean water, a shortage of vaccines and gaps in the regular vaccination programmes. Between January and April, we admitted 15,265 suspected cholera patients to our facilities and opened cholera treatment

centres in Khamer and Taiz, with 50 and 60 beds, respectively. Our teams also supported facilities in Abs, Ibb, Kilo and Taiz, and opened two in Sana'a and in Aden. From the end of April, as the number of cholera cases decreased across the country, we either closed facilities or reduced their bed capacity, but remained ready to respond to further outbreaks.

An increase in the number of measles cases was reported between late December 2018 and February 2019. During this period, MSF treated people with measles in Abs, Haydan, Ibb, Khamer and Taiz. In mid-February, the local authorities in the northern governorates launched a measles vaccination campaign, which helped reduce the number of new cases.

Our teams also responded to outbreaks of diphtheria and dengue fever in Ibb, Taiz, Hajja and Haydan governorates, treating 720 people for diphtheria and 4,686 for dengue.

STAFF STORY

MAHMOUD – works for MSF as lead health educator in Wadi Al-Ameer, Houban, Taiz governorate, in his native Yemen.

"We dream of free education, of free healthcare. We dream of medical care that is not for sale and is not traded with anything – that when a pregnant woman goes to hospital to give birth, she doesn't have to pay for her own child to be born."



© Maya Abu Ata

ZIMBABWE

No. staff in 2019: 140 | Expenditure in 2019: €6.6 million | Year MSF first worked in the country: 2000 | [msf.org/zimbabwe](https://www.msf.org/zimbabwe)

KEY MEDICAL FIGURE:

13,000 girls aged 10 to 15 years vaccinated against human papillomavirus

Médecins Sans Frontières (MSF) continues to address gaps in healthcare in Zimbabwe, where chronic underfunding of the health sector has led to shortages of essential medicines and supplies and deteriorating facilities.

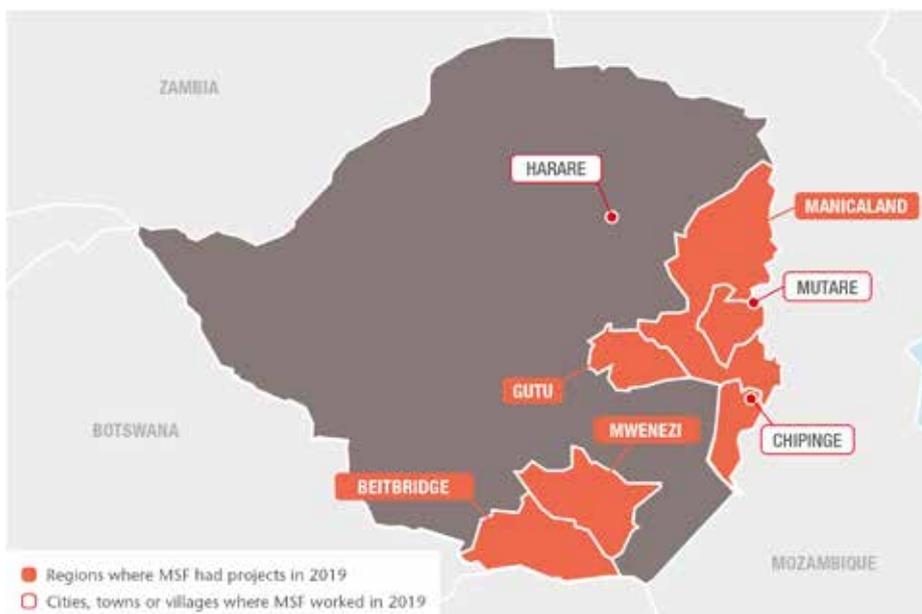
The socioeconomic situation remained unstable in 2019, with year-to-year inflation estimated at more than 500 per cent and teachers, doctors and other civil servants taking to the streets to protest over wages. There were frequent arrests, and doctors went on a four-month strike. In addition, an ongoing drought led to failed harvests, making food insecurity a real issue.

Harare

In the capital Harare, we provide sexual and reproductive healthcare for adolescents through our clinic in the suburb of Mbare. In 2019, we conducted consultations with over 5,900 adolescents aged between 10 and 19, including vulnerable people living with disabilities. A social media health promotion campaign led to improved reach and coverage.



An MSF doctor attends to a man in Chimanimani who sustained injuries after being swept away by heavy rains caused by Cyclone Idai. Zimbabwe, March 2019.



There are frequent outbreaks of cholera and typhoid fever in the city, due to the unreliability of the public water supply. Using innovative borehole technology and empowering communities to manage their own water points, MSF has developed an environmental health toolkit to supply safe drinking water in vulnerable neighbourhoods. In 2019, we drilled three new boreholes, and trained three community health clubs in three suburbs. The toolkit developed in Zimbabwe was rolled out in Malawi and Mozambique.

MSF also participated in a typhoid vaccination campaign in the city that reached 320,000 people.

Manicaland province

In Manicaland province, we run services for non-communicable diseases through a nurse-based model in rural clinics, thereby bringing care closer to patients. In 2019, 3,800 patients with moderate/severe diabetes and hypertension received care in MSF-supported facilities, including 120 patients on insulin. After Cyclone Idai hit Chimanimani district, we provided wound stabilisation, mental healthcare and water and sanitation support. We also took part in the cholera vaccination campaign led by the World Health Organization and the health authorities.

Masvingo province

In Gutu district, we performed close to 6,000 cervical cancer screenings in six health centres. More than 13,000 girls aged 10 to 15 years were vaccinated against human papillomavirus, a leading cause of cervical cancer. In 2019, nearly 200 women received cancer treatment.

In September, after three years supporting the health authorities to scale up access to HIV and tuberculosis treatment in Mwenezi, one of the most remote districts in rural Zimbabwe, we handed over the programme to the Ministry of Health and Child Care. At the time of the handover, more than 1,000 patients were receiving treatment for HIV. The 289 patients enrolled in the new delivery model, whereby trained community health workers distribute the antiretroviral medication to patients, were also handed over to the health authorities.

Assistance for returning migrants

We provided medical services for almost 2,500 returned migrants in a reception centre in Beitbridge, mainly coming from Lindela detention camp in South Africa. We also ran outreach services at informal border crossing points, where we treated more than 2,600 patients.

An MSF team heads to a village cut off by damage caused by Cyclone Idai to assess health needs and distribute medicines to clinics and village health workers. Chimanimani, Zimbabwe, March 2019.
© MSF



FACTS AND FIGURES

Médecins Sans Frontières (MSF) is an international, independent, private and non-profit organisation.

It comprises 21 main national offices in Australia, Austria, Belgium, Brazil, Canada, Denmark, France, Germany, Greece, Hong Kong, Italy, Japan, Luxembourg, the Netherlands, Norway, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the United States. There are also branch offices* in Argentina, China, Colombia, the Czech Republic, Finland, India, Ireland, Kenya, Lebanon, Mexico, New Zealand, Russia, Singapore, South Korea, Taiwan, the United Arab Emirates and Uruguay. MSF International is based in Geneva.

The search for efficiency has led MSF to create eight entities called 'satellites'. These satellites provide specific activities to the benefit of the MSF movement and/or MSF entities, such as humanitarian relief supplies, epidemiological and medical research, fundraising, facility management and research on humanitarian and social action. As these entities are controlled by MSF, they are included in the scope of the MSF International Financial Report and the figures are presented here.

These figures describe MSF's finances on a combined international level. The 2019 combined international figures have been prepared in accordance with Swiss GAAP FER/RPC. The figures have been audited by the accounting firm Ernst & Young.

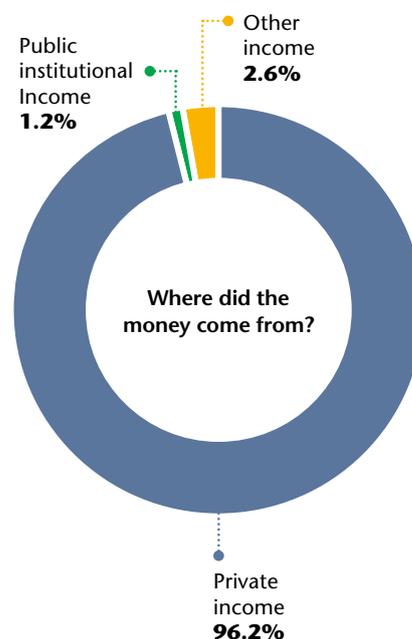
The full 2019 International Financial Report can be found on www.msf.org. In addition, each national office publishes annual, audited Financial Statements according to its national accounting policies, legislation and auditing rules. Copies of these reports may be requested from the national offices.

The figures presented here are for the 2019 calendar year. All amounts are presented in millions of euros. **Rounding may result in apparent inconsistencies in totals.**

**Figures relating to all the branch offices are included in the International Financial Report although some are not disclosed separately.*

WHERE DID THE MONEY COME FROM?

	2019		2018	
	in millions of €	percentage	in millions of €	percentage
Private income	1,570.1	96.2%	1,459.9	95%
Public institutional income	20.0	1.2%	20.7	1.4%
Other income	42.0	2.6%	55.8	3.6%
Total income	1,632.1	100%	1,536.4	100%

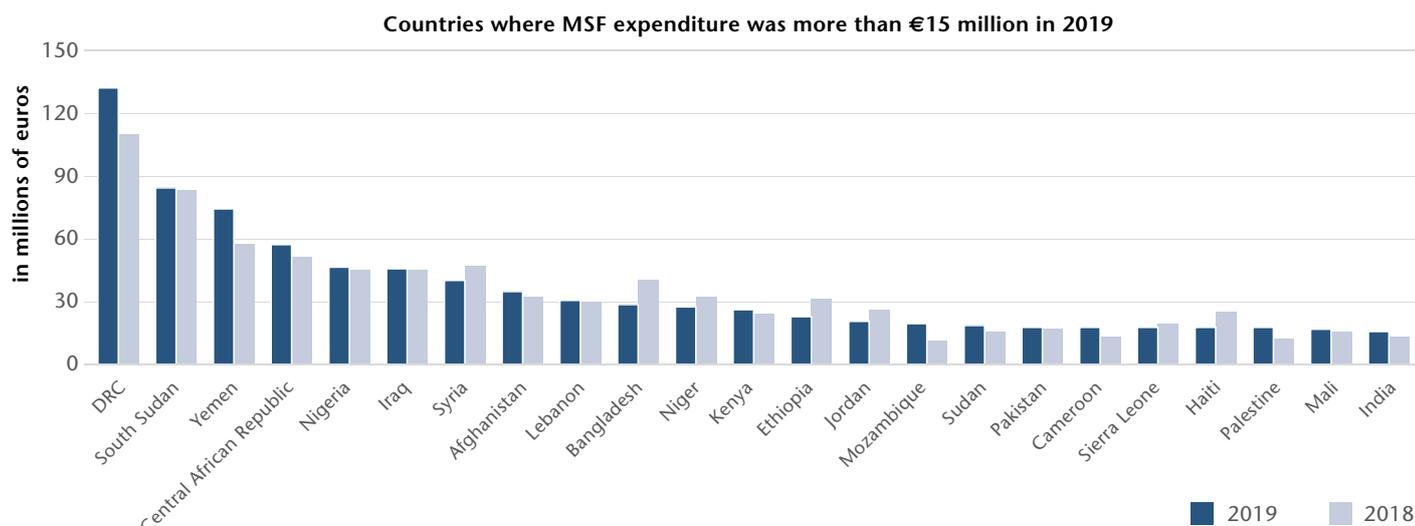


6.5 million private donors

As part of MSF's effort to guarantee our independence and strengthen our link with society, we strive to maintain a high level of private income. In 2019, 96.2 per cent of MSF's income came from private sources.

More than 6.5 million individual donors and private foundations worldwide made this possible. Public institutional agencies providing funding to MSF included, among others, the governments of Canada, Japan and Switzerland, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the International Drug Purchase Facility (UNITAID).

WHERE DID THE MONEY GO?



AFRICA

	<i>in millions of €</i>
Democratic Republic of Congo	133.1
South Sudan	85.4
Central African Republic	58.2
Nigeria	47.2
Niger	28.0
Kenya	26.7
Ethiopia	22.8
Mozambique	19.8
Sudan	18.7
Cameroon	17.8
Sierra Leone	17.7
Mali	17.2
Somalia and Somaliland	13.8
South Africa	11.9
Malawi	11.7
Chad	9.9
Burundi	8.9
Libya	8.6
Guinea	8.4
Burkina Faso	7.0
Tanzania	6.7
Zimbabwe	6.6
Uganda	6.1
Liberia	5.9
Côte d'Ivoire	4.1
Guinea-Bissau	4.0
Eswatini	3.8
Egypt	3.1

Total **613.3 (56.2%)**

ASIA AND THE MIDDLE EAST

	<i>in millions of €</i>
Yemen	74.9
Iraq	46.4
Syria	41.4
Afghanistan	35.4
Lebanon	30.9
Bangladesh	29.4
Jordan	20.5
Pakistan	18.2
Palestine	17.6
India	15.7
Myanmar	13.9
Uzbekistan	8.3
Iran	3.9
Cambodia	3.0
Tajikistan	2.7
Kyrgyzstan	2.5
Malaysia	2.1
Philippines	2.0
DPR Korea	1.4
Thailand	1.0
Other countries*	3.9

Total **375.2 (34.4%)**

THE AMERICAS

	<i>in millions of €</i>
Haiti	17.7
Venezuela	12.1
Mexico	5.5
Colombia	3.9
Honduras	3.3
El Salvador	1.6
Bolivia	1.3
Brazil	1.1
Nicaragua	0.9

Total **47.4 (4.3%)**

EUROPE

	<i>in millions of €</i>
Greece	10.3
Ukraine	7.5
France	2.8
Italy	2.4
Belarus	1.7
Balkans	1.5
Russia	1.2
Belgium	0.8

Total **28.3 (2.6%)**

OCEANIA

	<i>in millions of €</i>
Papua New Guinea	4.4

Total **4.4 (0.4%)**

UNALLOCATED

	<i>in millions of €</i>
Other countries and transversal activities	20.1
Search and rescue operations	3.5

Total **23.6 (2.2%)**

Overall programme expenses **1,092.2 (100%)**

* 'Other countries' combines all the countries for which programme expenses were below €1 million.

HOW WAS THE MONEY SPENT?

Social mission

Programme expenses¹
 Programme support
 Awareness-raising and Access Campaign
 Other humanitarian activities

Total social mission

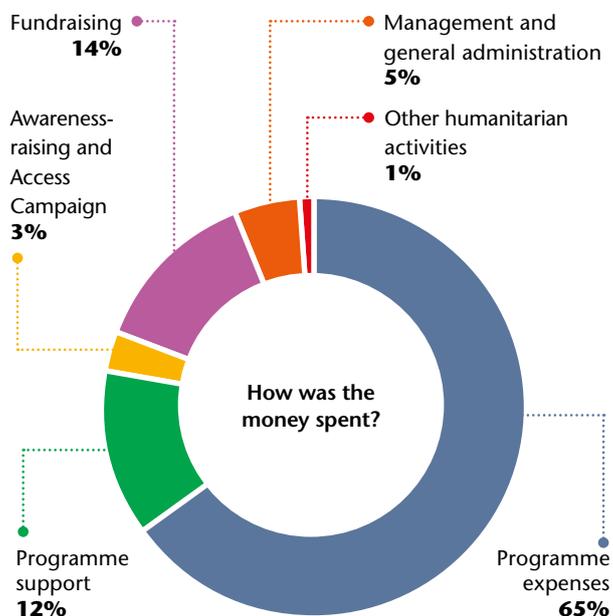
Other expenses

Fundraising
 Management and general administration

Total other expenses

TOTAL OPERATING EXPENSES

	2019		2018	
	in millions of €	percentage	in millions of €	percentage
Total social mission	1,370.8	81%	1,319.2	82%
Total other expenses	313.8	19%	289.0	18%
TOTAL OPERATING EXPENSES	1,684.60	100%	1,608.30	100%

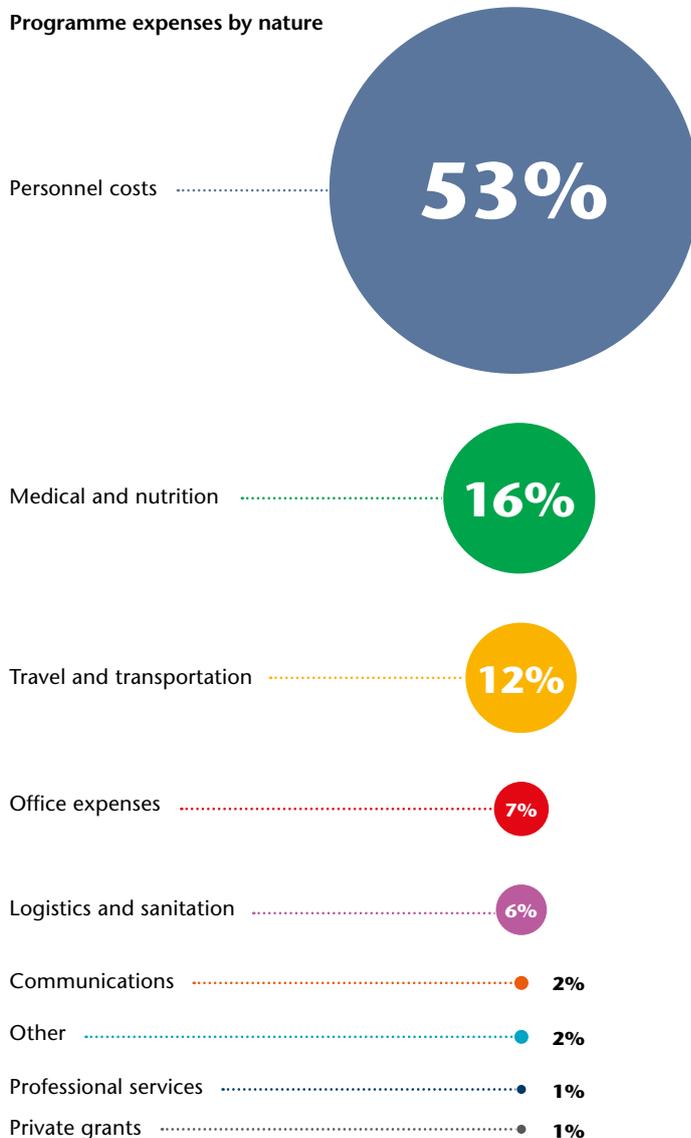


The biggest category of expenses is dedicated to personnel costs: 53% of expenditure comprises all costs related to locally hired and international staff (including plane tickets, insurance, accommodation, etc).

The medical and nutrition category includes drugs and medical equipment, vaccines, hospitalisation fees and therapeutic food. The delivery of these supplies is included in the category of transport, freight and storage.

Logistics and sanitation comprise building materials and equipment for health centres, water and sanitation and logistical supplies. Other includes grants to external partners and taxes, for example.

Programme expenses by nature



¹ **Programme expenses** represent expenses incurred in the field or by headquarters on behalf of the field. All expenses are allocated in line with the main activities performed by MSF according to the full cost method. Therefore, all expense categories include salaries, direct costs and allocated overheads (e.g. building costs and depreciation).

YEAR-END FINANCIAL POSITION

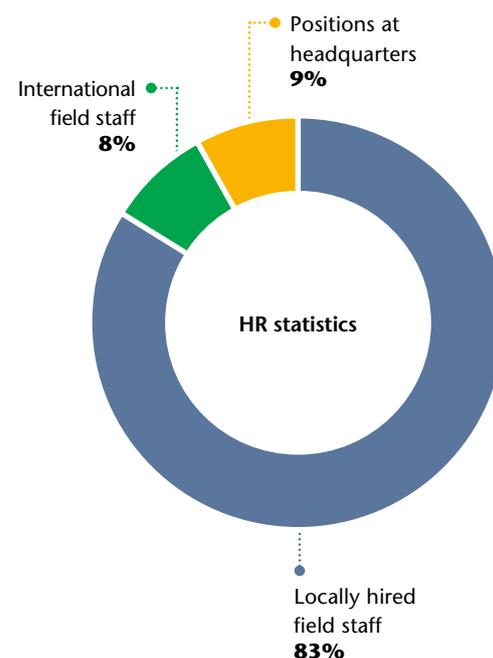
	2019		2018	
	in millions of €	percentage	in millions of €	percentage
Cash and cash equivalents	678.2	54%	726.1	57%
Other current assets	254.5	20%	266.1	21%
Non-current assets	327.3	26%	289.6	22%
TOTAL ASSETS	1,260.0	100%	1,281.8	100%
Restricted funds²	35.5	3%	41.9	3%
Unrestricted funds ³	882.0	70%	927.6	72%
Other funds ⁴	47.0	4%	35.2	3%
Organisational capital	929.1	74%	962.8	75%
Current liabilities	230.7	18%	202.6	16%
Non-current liabilities	64.7	5%	74.5	6%
Total liabilities	295.4	23%	277.1	22%
TOTAL LIABILITIES AND FUNDS	1,260.0	100%	1,281.8	100%

The result for 2019, after adjusting for exchange gains/losses, shows a deficit of €47 million (deficit of €72 million for 2018). MSF's funds have been built up over the years by surpluses of income over expenses. At the end of 2019, the remaining available reserves (excluding permanently restricted funds and capital for foundations) represented 6.9 months of the preceding year's activity.

The purpose of maintaining funds is to meet the following needs: working capital needs over the course of the year, as fundraising traditionally has seasonal peaks while expenditure is relatively constant; swift operational response to humanitarian needs that will be funded by forthcoming public fundraising campaigns and/or by public institutional funding; future major humanitarian emergencies for which sufficient funding cannot be obtained; the sustainability of long-term programmes (e.g. antiretroviral treatment programmes); and a sudden drop in private and/or public institutional funding that cannot be matched in the short term by a reduction in expenditure.

HR STATISTICS

	2019		2018	
	no. staff	percentage	no. staff	percentage
Staff positions⁵				
Locally hired field staff	37,670	83%	39,519	84%
International field staff	3,627	8%	3,824	8%
Field positions⁶	41,297	91%	43,344	92%
Positions at headquarters	4,072	9%	3,974	8%
TOTAL STAFF	45,369	100%	47,318	100%
International departures				
Medical pool	1,868	25%	1,743	22%
Nurses and other paramedical pool	1,924	26%	2,439	31%
Non-medical pool	3,721	49%	3,684	47%
TOTAL DEPARTURES	7,513	100%	7,866	100%



The complete International Financial Report is available at www.msf.org

² **Restricted funds** may be permanently or temporarily restricted: permanently restricted funds include capital funds, where the assets are required by the donors to be invested or retained for long-term use, rather than expended in the short term, and minimum compulsory level of funds to be maintained in some countries; temporarily restricted funds are unspent donor funds designated to a specific purpose (e.g. a specific country or project), restricted in time, or required to be invested and retained rather than expended, without any contractual obligation to reimburse.

³ **Unrestricted funds** are unspent, non-designated donor funds expendable at the discretion of MSF's trustees in furtherance of our social mission.

⁴ **Other funds** are foundations' capital and translation adjustments arising from the translation of entities' financial statements into euros.

⁵ **Staff numbers** represent the number of full-time equivalent positions averaged out across the year.

⁶ **Field positions** include programme and programme support staff.

GLOSSARY OF DISEASES AND ACTIVITIES

Cholera

Cholera is a water-borne, acute gastrointestinal infection caused by the *Vibrio cholerae* bacterium. It is transmitted by contaminated water or food, or direct contact with contaminated surfaces. In non-endemic areas, large outbreaks can occur suddenly, and the infection can spread rapidly. Most people will not get sick or will suffer only a mild infection, but the illness can be very severe, causing profuse watery diarrhoea and vomiting that can lead to severe dehydration and death within a few hours after the start of symptoms. Treatment consists of a rehydration solution – administered orally or intravenously – which replaces lost fluids and salts. Cholera is most common in densely populated settings where sanitation is poor and water supplies are not safe.

As soon as an outbreak is suspected, patients are treated in centres where infection control precautions are taken to avoid further transmission of the disease. Strict hygiene practices must be implemented, and large quantities of safe water must be available. An oral vaccine is available as both a preventive measure and to respond during outbreaks.

MSF treated 47,000 people for cholera in 2019.

Ebola

Ebola is a virus that is transmitted through contact with the bodily fluids of an infected person, including someone who is deceased, or through surfaces contaminated with these fluids. Ebola first appeared in 1976, and although its origins are unknown, bats are considered the likely host. MSF has intervened in almost all reported Ebola outbreaks in recent years, but until 2014 these were usually geographically contained and involved more remote locations. Ebola has a mortality rate of between 25 and 90 per cent and starts with flu-like symptoms, followed by vomiting and diarrhoea, symptoms that are common to many illnesses. As the disease progresses, people in some cases experience haemorrhaging, and death. Despite being so deadly, it is a fragile virus that can be easily killed with

sunshine, heat, bleach, chlorine, and even soap and water. Two investigational vaccines are available to help protect health workers and the contacts of infected people. Anti-viral drugs have also been used in outbreaks to treat people on compassionate use and investigational bases. Otherwise, patient care is centred on rehydration and treating the symptoms such as fever and nausea.

Preventing transmission is essential: patients are cared for in Ebola treatment centres where strict infection control procedures are reinforced. Identifying people the patient was in contact with when they were ill becomes a priority to protect them and prevent further transmission, as do safe burials. Community health promotion is also important to inform the community about the risk of exposure and how to try and keep themselves safe, and what to do if they develop symptoms of the disease.

MSF treated 910 people for haemorrhagic fevers, including Ebola, in 2019.

Health promotion

Health promotion activities aim to improve health and encourage the effective use of health services. Health promotion is a two-way process: understanding the culture and practices of a community is as important as providing information.

During outbreaks, MSF provides people with information on how the disease is transmitted and how to prevent it, what signs to look for, and what to do if someone becomes ill. If MSF is responding to an outbreak of cholera, for example, teams work to explain the importance of good hygiene practices because the disease is transmitted through contaminated water or food, or direct contact with contaminated surfaces.

Hepatitis C

Hepatitis C is a liver disease caused by the blood-borne hepatitis C virus (HCV). It is most commonly transmitted through unsafe injection



MSF community health educators raise awareness of Lassa fever in Amuzu Igbeagu village market. Nigeria, May 2019.

practices, reuse or inadequate sterilisation of medical equipment, and the transfusion of unscreened blood and blood products.

The virus can cause both acute and chronic infection, ranging in severity from a mild illness lasting a few weeks to serious, lifelong illness. Infected people often do not show symptoms for many years, although those with acute infection may experience fever, fatigue, decreased appetite, nausea, vomiting, abdominal pain, dark urine, joint pain and jaundice.

It is estimated that 71 million people are chronically infected with hepatitis C. The disease kills an estimated 400,000 people each year, the vast majority of whom live in low- and middle-income countries where there is little or no access to diagnosis and treatment. While hepatitis C is found worldwide, central and east Asia, Egypt, China, and Pakistan are the regions and countries most affected.

In the last few years, new drugs called direct-acting antivirals (DAAs) have been developed that allow for treatment to be given orally, with few side effects, over a course of three months. These new drugs are very effective – with different combinations curing well over 95 per cent of patients – but can be very expensive in high- and middle-income countries. Prices for a three-month course of treatment in wealthy countries started at well above US\$100,000, and treatment remains unaffordable for many, particularly in middle-income countries. Through the use of generic DAAs, MSF has been able to secure a price of just \$75 per treatment in most projects.

MSF started 10,000 people on hepatitis C treatment in 11 countries in 2019.

HIV/AIDS

The human immunodeficiency virus (HIV) is transmitted through blood and body fluids and gradually breaks down the immune system – usually over a 3 to 15-year period, most commonly 10 years – leading to acquired immunodeficiency syndrome, or AIDS. As immunodeficiency progresses, people begin to suffer from opportunistic infections. The most common opportunistic infection that often leads to death is tuberculosis.

Simple blood tests can confirm HIV status, but many people live for years without symptoms and may not know they have been infected. Combinations of drugs known as antiretrovirals (ARVs) help combat the virus and enable people to live longer, healthier lives without their immune systems deteriorating rapidly. ARVs also significantly reduce the likelihood of the virus being transmitted.

As well as treatment, MSF's comprehensive HIV/AIDS programmes generally include

health promotion and awareness activities, condom distribution, HIV testing, counselling, and prevention of mother-to-child transmission (PMTCT) services. PMTCT involves the administration of ARV treatment to the mother during and after pregnancy, labour and breastfeeding, and to the infant just after birth.

In 2019, 144,800 people were on first-line or second-line ARV treatment under direct MSF care or in MSF-supported programmes.

Kala azar (visceral leishmaniasis)

Largely unknown in high-income countries, kala azar – Hindi for 'black fever' – is a tropical, parasitic disease transmitted through bites from certain types of sandfly. Of the estimated 50,000 – 90,000 annual cases, 90 per cent occur in Brazil, Ethiopia, India, Kenya, Somalia, South Sudan and Sudan, where the disease is endemic. Kala azar is characterised by fever, weight loss, enlargement of the liver and spleen, anaemia, and immune-system deficiencies. Without treatment, kala azar is almost always fatal.

Today, liposomal amphotericin B is becoming the primary treatment drug in Asia, either alone or as part of a combination therapy. While safer and shorter than previously used medication, it requires intravenous administration, which remains an obstacle to its use in local clinics. An oral drug, miltefosine, is often added to optimise treatment regimens in some patients. In Africa, the best available treatment is still a combination of pentavalent antimonials and paromomycin, which is toxic and requires a number of painful injections. Research into other treatment combinations is underway.

Co-infection of kala azar and HIV is a major challenge, as the diseases influence each other in a vicious spiral as they attack and weaken the immune system.

MSF treated 1,970 patients for kala azar in 2019.

Malaria

Malaria is transmitted by infected mosquitoes. Symptoms include fever, pain in the joints, shivering, headache, repeated vomiting, convulsions and coma. Severe malaria, nearly always caused by the *Plasmodium falciparum* parasite, causes organ damage and leads to death if left untreated. MSF field research has helped prove that artemisinin-based combination therapy (ACT) is currently the most effective treatment for malaria caused by *Plasmodium falciparum*. MSF also piloted the use of injectable artesunate for the treatment of severe malaria in many countries.

Long-lasting insecticide-treated bed nets are one important means of controlling malaria. In endemic areas, MSF prioritises the distribution of bed nets to pregnant women and children under the age of five, who are most vulnerable and have the highest frequency of severe malaria. Staff advise people on how to use the nets.

Since 2012, MSF is also strongly involved in prevention strategies, such as 'seasonal malaria chemoprevention' (SMC), based on the use of antimalarial drugs, implemented in the Sahel, in which children under five take oral antimalarial treatment monthly over a period of three to four months during the peak malaria season.

MSF treated 2,638,200 malaria cases in 2019.

Malnutrition

Two of the most immediate causes of malnutrition are a reduced intake of food and/or essential nutrients and repeated episodes of illness which go untreated. Children under five, adolescents, pregnant or breastfeeding women, the elderly, and the chronically ill (e.g. with HIV, TB, diabetes) are the most vulnerable to malnutrition.

Acute malnutrition in children is usually categorised in two ways: it can be calculated from a ratio using weight and height or weight and age; or by measuring the mid-upper arm circumference (MUAC). Different measurements are used for different age groups. According to these measurements, malnourished children are diagnosed with moderate or severe acute malnutrition. Their clinical status and appetite is then assessed to determine whether they should be treated in hospital or receive outpatient care.

In outpatient clinics, MSF uses ready-to-use therapeutic food (RUTF) along with supportive medical treatment. Ideally, local foods should be used to treat malnutrition, but with RUTF's long shelf-life which requires no preparation, these nutritional products can be used in all kinds of settings and allow malnourished patients to be treated at home, unless they are suffering severe medical complications. Malnourished children with medical complications are treated in hospital with therapeutic milks designed to stabilise their metabolism, and medication to treat their other illnesses. In situations where malnutrition is likely to become severe, MSF takes a preventive approach with our nutritional activities to cover at-risk individuals and prevent their condition from deteriorating further.

MSF admitted 76,400 malnourished children to inpatient feeding programmes and registered 109,300 admissions to outpatient feeding programmes in 2019

continued overleaf ▶



A child is vaccinated against measles during a campaign targeting children aged between six months and nine years in Ryad II village, Ablelaye District, Am Timan. Chad, April 2019.

Measles

Measles is a highly contagious viral disease. Symptoms appear on average 10 days after exposure to the virus and include a high fever, rash, runny nose, cough and conjunctivitis. There is no specific treatment against measles; all patients receive vitamin A to prevent eye complications, antibiotics to prevent respiratory tract infections, and nutritional support. Other case-based care can include treating symptoms for stomatitis (a yeast infection in the mouth) and dehydration.

In high-income countries, most people infected with measles recover within two to three weeks, and mortality rates are low. In low- and middle-income countries, however, the mortality rate can be up to 10 per cent, rising to 20 per cent in outbreaks with limited access to care. Death is mostly due to severe respiratory infections, such as pneumonia; diarrhoea and stomatitis that can lead to malnutrition; and, more rarely, neurological complications such as encephalitis (inflammation of the brain).

A safe and cost-effective vaccine against measles exists, and large-scale vaccination campaigns have significantly decreased the number of cases and deaths. However, large numbers of children are left susceptible to the disease, especially in countries with weak health systems, where outbreaks are frequent and where there is limited access to health services.

MSF carried out 1,320,100 vaccinations against measles in response to outbreaks in 2019.

Meningococcal meningitis

Meningococcal meningitis is a bacterial infection of the thin membranes surrounding the brain and spinal cord. Symptoms may

occur one to four days after infection. It can cause sudden and intense headaches, fever, nausea, vomiting, sensitivity to light and stiffness of the neck. The infection can progress rapidly, and death can follow within hours of the onset of symptoms. However, even with treatment, up to 10 per cent of people infected can die; in the absence of treatment this may rise to 50 per cent. Among survivors, 10 to 20 per cent are left with lifelong conditions such as deafness, intellectual disability and epilepsy.

Six strains of the bacterium *Neisseria meningitidis* (A, B, C, W135, X and Y) are known to cause meningitis. People can be carriers without showing symptoms and transmit the bacteria when they cough or sneeze. Cases are diagnosed through the examination of a sample of spinal fluid and treated with specific antibiotics.

Meningitis occurs throughout the world, but the majority of infections and deaths are in Africa, particularly across the 'meningitis belt', an east-west geographical strip from Ethiopia to Senegal. Prior to the introduction of a meningitis A conjugate vaccine in 2010, epidemics were mostly caused by meningococcus A. The first large-scale meningococcal C epidemic was recorded in Niger and Nigeria in 2015. Conjugate vaccines against multiple meningococcus strains (ACWY) are in extreme shortage, are very expensive and are therefore impossible to use for wide-scale preventive campaigns. However, a new meningococcus conjugate vaccine against the ACWYX strains is currently being developed and expected to be available at an affordable price in 2021 or 2022.

In total, MSF vaccinated 197,700 people against meningitis in response to outbreaks in 2019.

Mental healthcare

Mental healthcare refers to any type of activity that aims to protect or promote mental wellbeing of communities; to prevent the development of mental health conditions; and to treat or alleviate psychological suffering of people experiencing mental health problems and disorders, while improving their ability to continue performing life's daily activities.

These goals are achieved by supporting people in using their strengths, developing their individual and collective adaptation strategies, reconnecting to their support networks, and managing their emotions, through individual, group, family and community interventions. These interventions are counselling, psychological support, medication, and other psychosocial activities.

People caught up in natural and man-made disasters, epidemics, war and conflict have an increased risk of experiencing distress and mental disorders. For this reason, mental healthcare is an essential part of MSF interventions.

MSF staff provided 400,200 individual mental health consultations and 104,200 consultations in group sessions in 2019.

Relief items distribution

MSF's primary focus is on providing medical care, but in an emergency, teams often organise the distribution of relief items that are essential for survival. Such items include clothing, blankets, bedding, shelter, cleaning materials, cooking utensils and fuel. In many emergencies, relief items are distributed as kits. Cooking kits contain a stove, pots, plates, cups, cutlery and a jerrycan so that people can prepare meals, while a washing kit includes soap, shampoo, toothbrushes, toothpaste and laundry soap.

Where people are without shelter, and materials are not locally available, MSF distributes emergency supplies – rope and plastic sheeting or tents – with the aim of ensuring a shelter. In cold climates, more substantial tents are provided, or teams try to find more permanent structures.

MSF distributed relief kits to 346,900 families in 2019.

Reproductive healthcare

Emergency obstetrics and newborn care are an important part of MSF's work. Medical staff assist births, performing caesarean sections when necessary and feasible, and mothers and newborns receive appropriate care during and after delivery.

Many of MSF's programmes offer more extensive maternal healthcare. Several ante- and postnatal visits are recommended and include, where needed, prevention of mother-to-child transmission of HIV. Contraceptive services are

offered, and safe abortion care is available. The need for medical care for terminations of pregnancy is obvious: in 2019, MSF treated 25,800 women and girls with abortion-related concerns and complications, many of which resulted from unsafe attempts to terminate pregnancy; we also provided safe abortion care to over 21,500 women and girls who requested it.

Skilled birth attendance and immediate postnatal care can prevent obstetric fistulas, a stigmatising medical condition resulting in chronic incontinence. MSF provides surgical care for fistula repair in some of the most remote areas.

Since 2012, MSF has piloted cervical cancer screening and treatment. Human papillomavirus infection is the main cause of cervical cancer and particularly affects HIV-positive women.

MSF assisted 329,900 births, including 27,300 caesarean sections in 2019.

Sexual violence

Sexual violence occurs in all societies and in all contexts at any time. Destabilisation often results in increased levels of violence, including sexual violence. Sexual violence is particularly complex and stigmatising, has long-lasting consequences, and can result in important physical and psychological health risks.

MSF medical care for victims of sexual violence covers preventive treatment against sexually transmitted infections, including HIV, syphilis and gonorrhoea, and vaccinations for tetanus and hepatitis B. Treatment of physical injuries, psychological support and the prevention and management of unwanted pregnancy are also part of systematic care. MSF provides a medical certificate to all victims of violence.

Medical care is central to MSF's response to sexual violence, but stigma and fear may prevent many victims from coming forward. A proactive approach is necessary to raise awareness about the medical consequences of sexual violence and the availability of care. Where MSF sees large numbers of victims – especially in areas of conflict – advocacy aims to raise awareness among local authorities, as well as the armed forces when they are involved in the assaults.

MSF provided medical care to 28,800 victims of sexual violence in 2019.

Sleeping sickness (human African trypanosomiasis)

Generally known as sleeping sickness, human African trypanosomiasis is a parasitic infection transmitted by tsetse flies that occurs in sub-Saharan Africa. In its latter stage, it attacks the central nervous system, causing

severe neurological disorders and death if left untreated. More than 98 per cent of reported cases are caused by the parasite *Trypanosoma brucei gambiense*, which is found in western and central Africa. The reported number of new cases fell by 96 per cent between 1999 and 2018 (from around 28,000 to 977).

During the first stage, the disease is relatively easy to treat but difficult to diagnose, as symptoms such as fever and weakness are non-specific. The second stage begins when the parasite invades the central nervous system and the infected person begins to show neurological or psychiatric symptoms, such as poor coordination, confusion, convulsions and sleep disturbance. Accurate diagnosis of the illness requires three different laboratory tests, including a sample of spinal fluid.

A new drug, fexinidazole – the first all-oral treatment that works for both stages of the disease – has been developed by Drugs for Neglected Diseases *initiative* (DNDi) and received approval in late 2018. While it is being made gradually available, nifurtimox-eflornithine combination therapy, or NECT, is a safe, highly effective but cumbersome treatment developed by MSF, DNDi and Epicentre in 2009.

MSF treated 48 people for sleeping sickness in 2019.

Tuberculosis (TB)

One-third of the world's population is currently infected with the tuberculosis (TB) bacillus, but they have a latent form of the disease and so have no symptoms and cannot transmit it. In some people, the latent TB infection progresses to acute TB, often due to a weak immune system. Every year, over 10 million people develop active TB and 1.6 million die from it.

TB is spread through the air when infected people cough or sneeze. Not everyone infected with TB becomes ill, but 10 per cent will develop active TB at some point in their lives. The disease most often affects the lungs. Symptoms include a persistent cough, fever, weight loss, chest pain and breathlessness in the lead-up to death. Among people living with HIV, TB incidence is much higher, and is the leading cause of death.

Diagnosis of pulmonary TB depends on a sputum sample, which can be difficult to obtain from children. A molecular test that can give results in two hours and can detect a certain level of drug resistance is now being used, but it is costly and still requires a sputum sample, as well as a reliable power supply.

A course of treatment for uncomplicated TB takes a minimum of six months. When patients are resistant to the two most powerful first-line antibiotics (isoniazid and rifampicin), they are considered to have multidrug-resistant TB

(MDR-TB). MDR-TB is not impossible to treat, but the drug regimen is arduous, can take up to two years and cause serious side effects. Extensively drug-resistant tuberculosis (XDR-TB) is identified when patients show resistance to the second-line drugs administered for MDR-TB. The treatment options for XDR-TB are very limited. Three of the newest drugs – bedaquiline, delamanid and pretomanid – can improve treatment outcomes for patients with drug-resistant versions of the disease, but their availability is currently limited.

MSF started 18,800 patients on treatment for TB in 2019, including 2,000 for MDR-TB.

Vaccinations

Immunisation is one of the most cost-effective medical interventions in public health; according to the World Health Organization, vaccination with a series of vaccines recommended by WHO and MSF prevents between two and three million deaths each year. Currently, these vaccines are BCG (against tuberculosis), poliomyelitis, DTP (diphtheria, tetanus, pertussis), hepatitis B, Haemophilus influenzae type b (Hib), conjugate pneumococcal, rotavirus, measles rubella, yellow fever and human papillomavirus – although not all vaccines are recommended everywhere.

In countries where vaccination coverage is generally low, MSF strives to offer routine vaccinations for children under five as part of our basic healthcare programme. Vaccination also forms a key part of MSF's response to outbreaks of vaccine-preventable diseases such as measles, cholera, yellow fever and meningitis. In humanitarian emergencies, frequently involving population displacements or the rapid deterioration of living conditions and health, MSF conducts large-scale preventive campaigns to reduce the burden of vaccine-preventable diseases as well as to reduce the risk of outbreaks, such as measles or cholera.

MSF carried out 2,271,900 routine vaccinations in 2019.

Water and sanitation

Safe water and good sanitation are essential to medical activities. MSF teams make sure there is a clean water supply and a waste management system in all the health facilities where we work.

In emergencies, MSF assists in the provision of safe water and adequate sanitation. Drinking water and waste disposal are among the first priorities. Where a safe water source cannot be found close by, water in containers is trucked in. Staff conduct information campaigns to promote the use of sanitation facilities and ensure good hygiene practices.

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MSF is a non-profit organisation. It was founded in Paris, France in 1971. Today, MSF is a worldwide movement of 25 associations. Thousands of health professionals, logistical and administrative staff manage projects in more than 70 countries worldwide. MSF International is based in Geneva, Switzerland.

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COVER PHOTO

Subhan calms his daughter Afia as she receives an injection for cutaneous leishmaniasis at MSF's treatment centre in Naseerullah Khan Babar Memorial hospital, Peshawar, Pakistan, June 2019.

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