

International Activity Report 2020



www.msf.org



The Médecins Sans Frontières Charter

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 2020. 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 at [msf.org/contact-us](https://www.msf.org/contact-us)

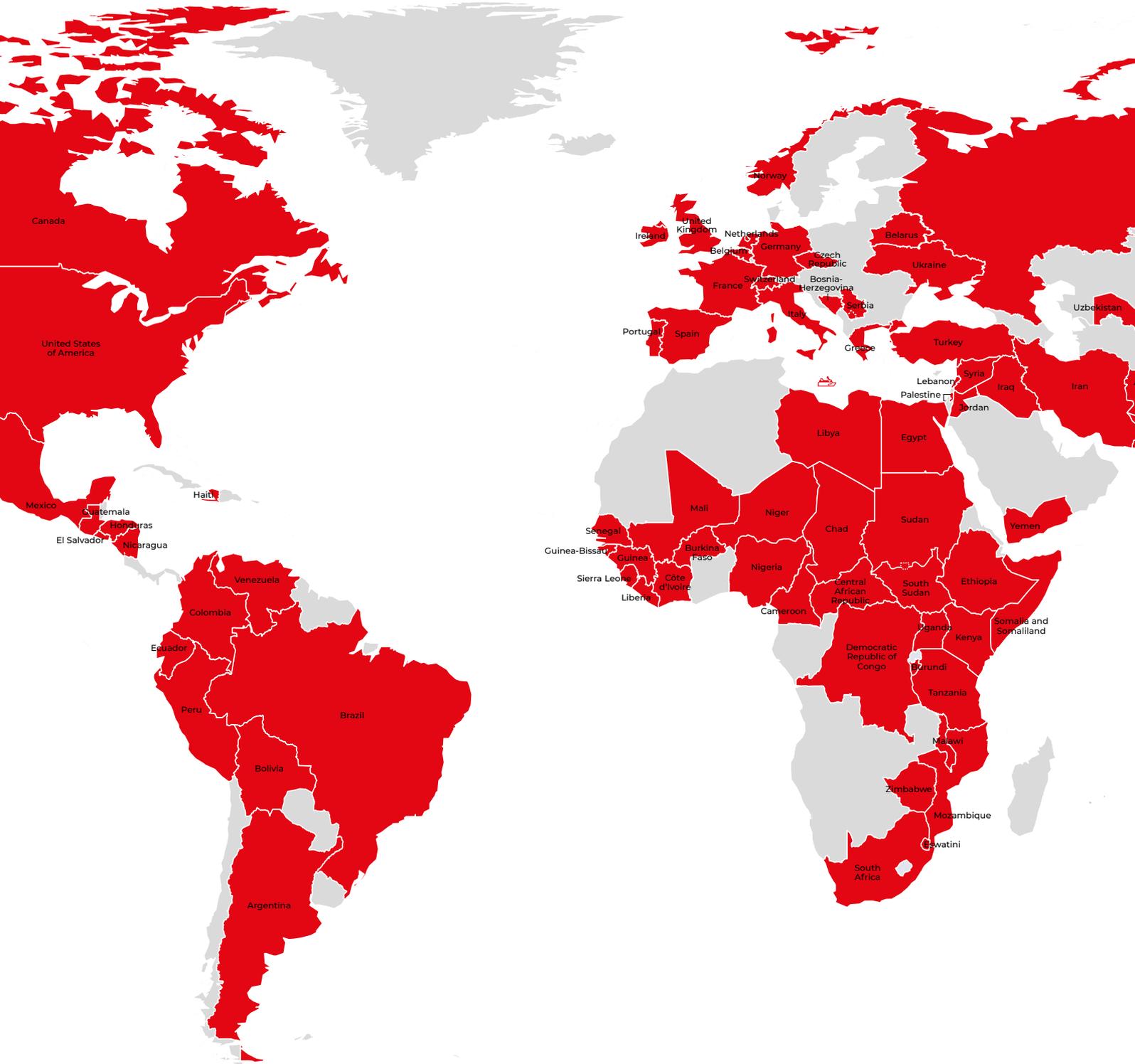
The place names and boundaries used in this report do not reflect any position by MSF on their legal status. Some patients' names have been changed for reasons of confidentiality.

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.

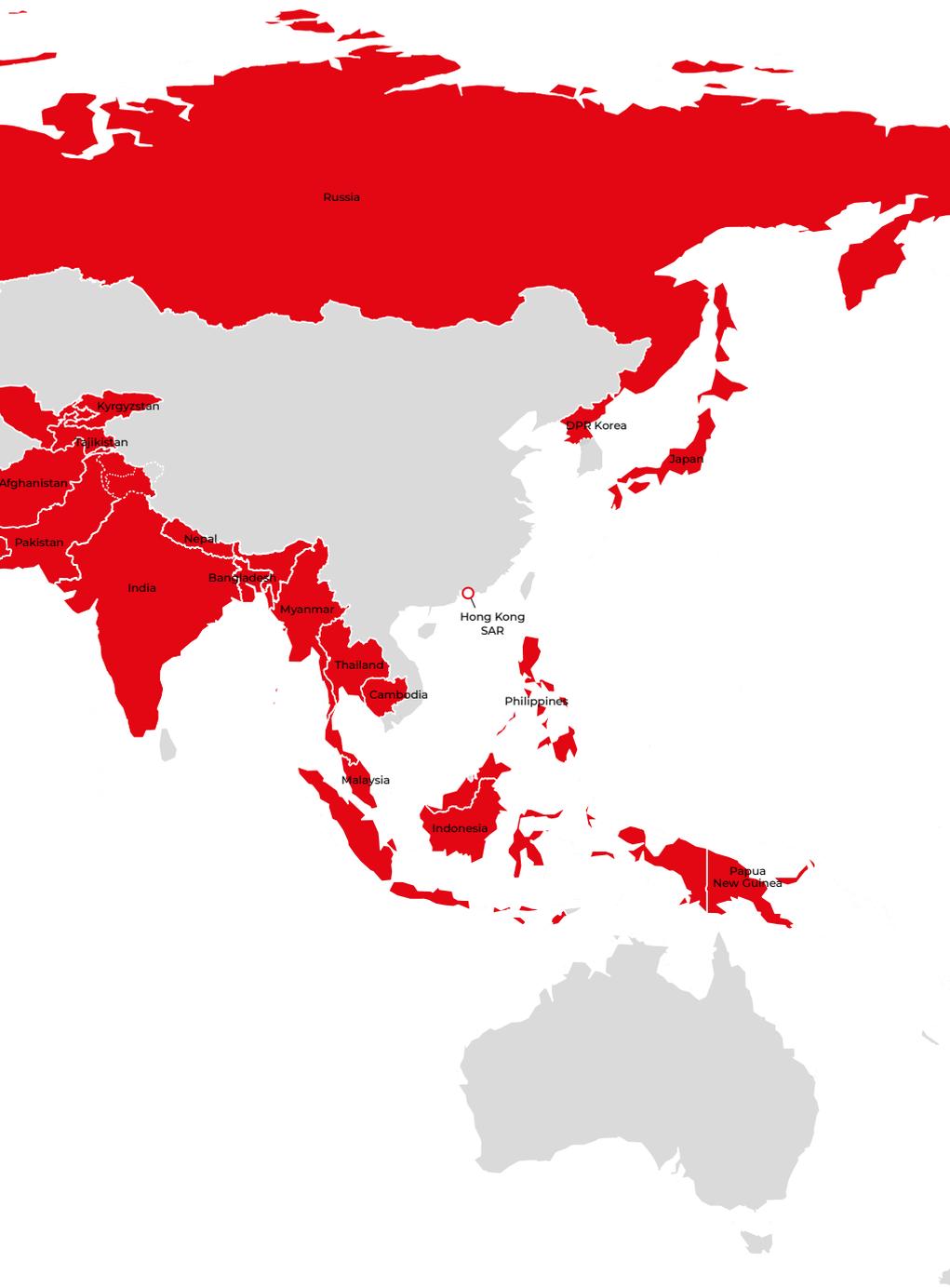
Contents



MSF programmes around the world



Countries/regions in which MSF only carried out assessments or small-scale cross-border activities in 2020 do not feature on this map.



19	Balkans	44	Lebanon
19	Bangladesh	45	Liberia
20	Afghanistan	45	Libya
22	Belarus	46	Malawi
22	Belgium	46	Malaysia
23	Bolivia	47	Mali
23	Burkina Faso	47	Mexico
24	Brazil	48	Mozambique
26	Burundi	48	Myanmar
26	Cambodia	49	Niger
27	Cameroon	50	Nigeria
27	Chad	52	Pakistan
28	Central African Republic	54	Palestine
30	Colombia	54	Papua New Guinea
30	Democratic People's Republic of Korea	55	Peru
31	Ecuador	56	Philippines
31	Egypt	56	Russia
32	Democratic Republic of Congo	57	Search and Rescue Operations
34	El Salvador	58	Senegal
34	Eswatini	58	Sierra Leone
35	Ethiopia	59	Somalia and Somaliland
35	France	59	South Africa
36	Greece	60	South Sudan
36	Guatemala	62	Syria
37	Guinea	64	Spain
37	Guinea-Bissau	64	Sudan
38	Haiti	65	Tajikistan
38	Honduras	65	Tanzania
39	India	66	Thailand
39	Indonesia	66	Turkey
40	Iraq	67	Uganda
42	Iran	67	Ukraine
42	Italy	68	Yemen
43	Jordan	70	United States of America
43	Kenya	70	Uzbekistan
44	Kyrgyzstan	71	Venezuela
		71	Zimbabwe

For countries on this map that are not listed above, please refer to pages 16 and 17.

For Côte d'Ivoire, visit [msf.org/côte-ivoire](https://www.msf.org/côte-ivoire)

Foreword



The spread of COVID-19 around the world presented Médecins Sans Frontières (MSF) with extraordinary challenges in 2020. It also exposed the weaknesses of many health systems and exacerbated the suffering of people in countries where we were already working before the pandemic. As the epicentre of the global public health crisis shifted, we lent our expertise in emergency response and infectious disease control to health authorities and medical staff in certain countries for the first time in our history.



Although we had to suspend our services in some locations, the relentless commitment and efforts of our teams allowed us – for the most part – to ensure that the communities we serve could still have access to surgery, mother and child care, vaccinations and treatment for other infectious and non-communicable diseases.

We learned valuable lessons too. In any given year, our staff originate from, and move between, more than 140 countries, with locally hired professionals making up over 80 per cent of our workforce. In mid-March, the closing of international borders and strict quarantine measures prevented MSF doctors, nurses, technical specialists and support staff from joining or replacing colleagues in the field. Our projects had to manage and mitigate substantial staff shortages, notably in humanitarian crisis settings and conflict zones such as Bangladesh, Nigeria and Yemen. Despite the difficulties, this situation provided an opportunity to accelerate the ongoing process of decentralisation and localisation efforts in the management of key elements of our interventions. It also forced our teams on the ground to find alternative operating solutions, including shifting away from our traditional, and mainly European-based, supply hubs, to sourcing more equipment and materials locally.

At a time when everyone, everywhere, was affected by the socio-economic impacts of the global health crisis, the generous public response to our appeal for donations to our COVID-19 Crisis Fund was astounding. It is thanks to the €121 million raised in 2020 that we were able to commit resources to dedicated COVID-19 projects and support health systems.

COVID-19 will remain a threat until it is under control everywhere. Only international solidarity and action will ensure fair and equitable access to protective equipment, diagnostic tools, therapies and vaccines. Yet as 2020 drew to a close, nationalistic and “me first” tendencies were trumping solidarity calls, especially as new vaccines had begun to roll out. As the richer countries negotiated to secure a surplus of vaccines for their own people, pharmaceutical companies offered to the highest bidder, leaving low- and middle-income countries out in the cold and unable to benefit from vaccines in the near future.

Against the backdrop of the race to develop vaccines, MSF continues to call for scaling up of resources through optimisation and diversification of manufacturing capacities, including knowledge transfer. To this end, we join other civil society organisations in supporting India and South Africa’s call to waive certain intellectual property rights.

We advocate access to these tools for marginalised people and communities in conflict and crisis settings who have no – or very limited – access to healthcare. Witnessing the situations the most vulnerable people face has been at the core of our work since the beginning and we will continue to push for no one to be left behind.

The year 2020 also shone a glaring spotlight on racial injustice and discrimination. The international outrage, protests and debate sparked by the killing of George Floyd in the USA in May 2020 led some organisations – including MSF – to assess their progress in fighting these issues.

Many of our staff across the globe raised their voices to highlight longstanding issues of structural racism and inequity within MSF. They rightly demanded change. Despite years of raising awareness and implementing improvements, our progress has been far too slow.

To dismantle barriers and ensure that all our colleagues are included, respected and valued as they should be, our Core Executive Committee launched an actionable plan on racism and discrimination towards the end of 2020. It aims to translate commitments into concrete and meaningful outcomes.

Priorities include guaranteeing fairness when it comes to staff recruitment and development, and reviewing how our global workforce is rewarded. Alongside these fundamental equity issues, we need changes in culture and mindsets at both institutional and personal levels. We are also painfully aware the current distribution of power within our movement does not adequately reflect the diversity of our organisation. We now need to explore governance and operational models that will enable us to better help those in need.

In 2020, the MSF movement formally recognised and responded to the medical and humanitarian consequences of climate change, environmental degradation and our own contribution towards it. We decided to hold ourselves accountable through a new Environmental Pact, which entails measuring and minimising our environmental footprint while continuing to deliver high-quality medical and humanitarian assistance. It is also a commitment to work with others to develop and share knowledge about the humanitarian consequences of climate and environmental changes.

As we embark on changing the way we understand and respond to crises, we know that we must do more, without compromising the quality and relevance of our medical humanitarian action.

Dr Christos Christou,
International President

Christopher Lockyear,
Secretary General

The Year in Review

By the Directors of Operations: Oliver Behn, Dr Marc Biot, Dr Isabelle Defourny, Michiel Hofman, Christine Jamet, Teresa Sancristoval



The pandemic exacerbated existing healthcare issues caused by conflict, displacement and poverty.

A woman carries tree branches to construct a new house in Pibor town, following devastating floods. South Sudan, October 2020. © Tetiana Gaviuk/MSF

The year 2020 was extremely challenging for people all over the world, as they experienced extraordinary levels of disease, loss, fear and isolation due to the COVID-19 pandemic and its consequences. In many countries where Médecins Sans Frontières (MSF) works – and some in which we normally don't – the pandemic exacerbated existing healthcare issues caused by conflict, displacement and poverty.

In one of the most demanding years in our almost half-century of providing assistance, our teams worked in nearly 90 countries to respond to COVID-19 and other emergencies, violence and disease outbreaks, that were made more complex by the pandemic.

COVID-19 – a global pandemic, global impact

Although the COVID-19 pandemic was ever present, it was a secondary problem for many people in the countries in which we usually work. People continued to die of malaria, malnutrition and other diseases, often for lack of available healthcare.

Vaccination campaigns were cancelled, and travel restrictions prevented people from reaching clinics. While responding to COVID-19, we also focused on maintaining access to healthcare and helping to prevent health systems from being overwhelmed.

We fought to continue our day-to-day work, working to avoid the 'ripple effect' of illness and deaths from other diseases. For example, we largely managed to maintain our HIV, hepatitis C and tuberculosis programmes, with adapted protocols and alternative approaches to provide treatment, while protecting patients and staff from COVID-19. In other cases, we tried to close gaps in healthcare. Staff in our Nablus maternity hospital, in Mosul, Iraq, increased capacity when other facilities in the city closed because of COVID-19. However, in some places the pandemic forced us to suspend activities; in Pakistan, our treatment programme for cutaneous leishmaniasis was put on standby, and a maternity hospital closed for two weeks when many staff became sick.

MSF initiated COVID-19 activities in January, assisting vulnerable people in Hong Kong. In February and March, as borders and airports closed, it became increasingly difficult to move supplies and staff to our projects. The scramble to find scarce personal protective equipment (PPE) in

early 2020 made it hard to ensure staff and patients were adequately protected, and highlighted glaring inequalities between wealthier and poorer countries.

Although our fears of the virus overwhelming the most under-resourced health systems weren't realised, the countries we work in were not entirely spared. Our teams treated patients with severe COVID-19 in Haiti, South Africa and Yemen, for example. In Yemen, we ran the only two COVID-19 treatment centres in the city of Aden, managing huge influxes of patients in critical condition, often with insufficient ventilators for patients and PPE for staff.

Meanwhile, our teams found themselves working in wealthy countries – in some cases for the first time – to bridge a knowledge gap in outbreak response. In Europe and the US, we assisted vulnerable and marginalised groups of people whom the authorities had forgotten, if not abandoned. Among these groups – including the elderly, the homeless and migrants – the rates of the disease soared. In Spain, Belgium and the US, we focused on responding in communal living facilities, including nursing homes; in France, we found infection rates of 94 per cent in a workers' hostel in Paris. We worked with the homeless and migrants in many countries, including Italy, Switzerland and Brazil.

During 2020, we continuously adapted our response as we gathered more knowledge about the virus. Our teams conducted consultations via telephone or online. We used innovative techniques such as 3D simulations to teach nursing home staff in Spain how to manage a flow of people to reduce infections. We repurposed existing facilities; for example, transforming our burns treatment centre in Port-au-Prince, Haiti, and our surgical units in Mosul, Iraq and in Bar Elias, Lebanon, into COVID-19 hospitals. We spoke out about inequalities, with MSF's Access Campaign urging pharmaceutical companies not to profit from the pandemic and calling on governments to challenge patent monopolies on tools to allow faster, cheaper access to them in the countries where we work.

Punishing people on the move

COVID-19 had a far-reaching impact on other areas where we work. Governments used the pandemic as an excuse to punish or deprive migrants of their rights and services, imposing restrictions on the movement of refugees in camps in Bentiu, South Sudan, and Cox's Bazar, Bangladesh. The Greek

authorities used flimsy town planning-related excuses to close our COVID-19 isolation centre for migrants trapped on Lesbos. In May, we called on the US and Mexican authorities to halt mass deportations of people from pandemic hotspots to countries in Central America and the Caribbean with more fragile health systems.

When possible, we continued our search and rescue activities in the Mediterranean Sea – first on *Ocean Viking*, and then on *Sea-Watch 4* – to assist people fleeing the dire conditions in Libya. But NGO search and rescue efforts were repeatedly targeted by Italian authorities: at one stage, virtually all NGO vessels were detained over minor technical issues, leaving little or no NGO rescue capacity in the Mediterranean. The *Sea-Watch 4* was detained for six months from September.

European authorities maintained their hard stance on migrants and refugees, resulting in the routine destruction of camps in Paris, and continued pushbacks and abuse by authorities in the Balkans. Harsh containment measures and deplorable living conditions in

Moria, Greece, led to the camp being burnt to the ground in September. In each of these locations, we provided medical assistance and psychological support.

Providing care in conflict zones

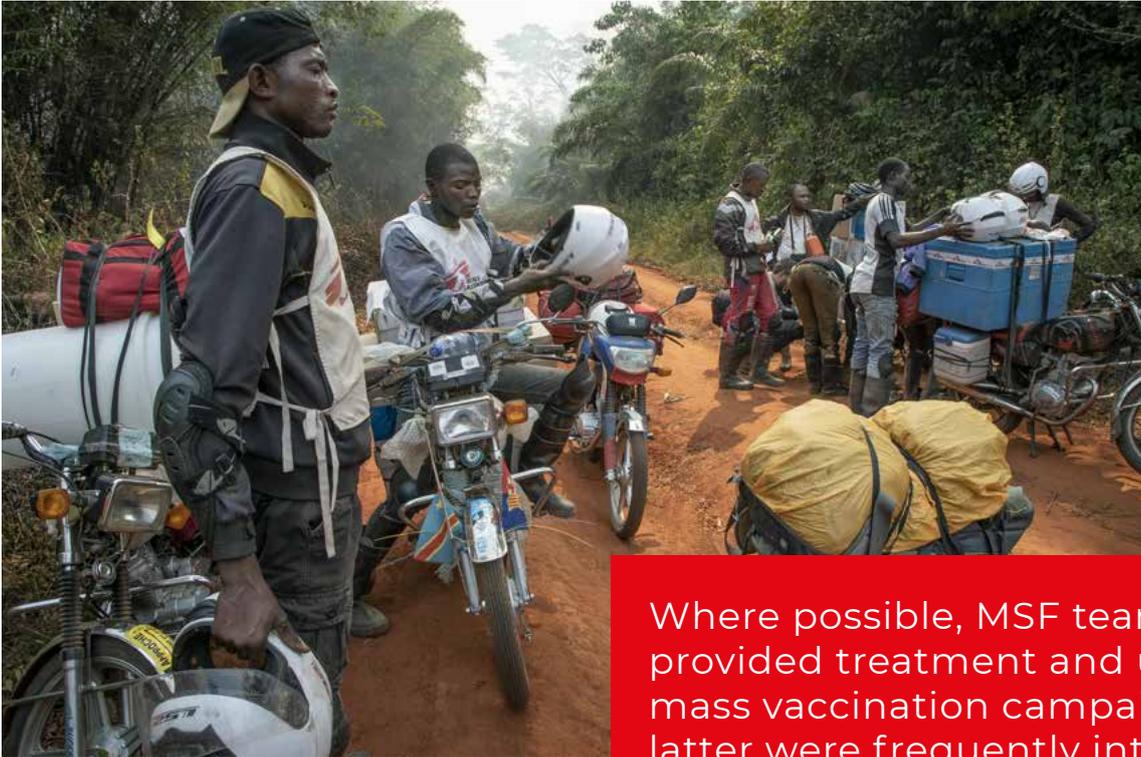
In 2020, we were forced to temporarily suspend or scale back some of our activities after violence against our facilities and staff, including in Taiz, Yemen; Borno state, Nigeria; Fizi territory, Democratic Republic of Congo (DRC); and northwestern Cameroon. On 12 May, following an attack on the maternity wing in Kabul's Dasht-e-Barchi hospital, Afghanistan, in which 16 mothers and an MSF midwife were killed, we had no option but to close the facility, thereby depriving women and babies of critically needed obstetric and neonatal care.

Our teams continued to assist displaced people living in camps across North and South Kivu and Ituri provinces in northeastern DRC, where violence has surged; and in Mozambique's Cabo Delgado province, where an ongoing, largely invisible conflict has driven thousands from their homes. In June, following an upsurge in intercommunal



A refugee, recently rescued by the *Sea-Watch 4* rescue ship, wraps up against the cold. Mediterranean Sea, August 2020.
© Hannah Wallace Bowman/MSF

European authorities maintained their hard stance on migrants and refugees, resulting in the routine destruction of camps in Paris, and continued pushbacks and abuse by authorities in the Balkans.



MSF staff delivering measles vaccines by motorbike take a break while on their way to Boso Manzi, Mongala province, to respond to an area badly hit by the measles epidemic. Democratic Republic of Congo, February 2020. © Caroline Thirion/MSF

Where possible, MSF teams provided treatment and undertook mass vaccination campaigns; the latter were frequently interrupted or cancelled though, due to COVID-19, as were routine vaccinations.

clashes in Greater Pibor, South Sudan, we sent mobile teams to provide emergency care to the traumatised communities who had fled into the bush.

In 2020, instability and violence continued across the Sahel – including in Burkina Faso, Mali and Niger – leading to the mass displacement of people and increasing humanitarian needs, which MSF teams did their best to respond to.

In October, conflict broke out between Armenia and Azerbaijan in Nagorno-Karabakh. During the fighting, MSF teams assessed needs and offered emergency assistance, before setting up regular programmes in December.

In early November, Ethiopia’s prime minister ordered military action against the Tigray People’s Liberation Front in the northern region of Tigray. By the end of the year, violent clashes had displaced hundreds of thousands of people both across Tigray and into neighbouring Sudan, where they sought refuge in makeshift camps. Our teams delivered food, water, sanitation services and healthcare to displaced people and host communities on both sides of the border.

Responding to natural disasters and diseases

In recent years, we’ve responded to emergencies brought on by a changing climate. In Niamey, Niger, where more rains have brought floods, our teams have observed and responded to increases in malaria and malnutrition cases, the latter due to wiped-out crops.

Across the Sahel, climate change has contributed to an imbalance of land available to livestock herders and farmers.¹ The competition over resources and the authorities’ inability to negotiate access to land have resulted in conflict between the two groups, adding to the violence and insecurity across the region.

Whether or not they were the consequences of climate change, MSF teams continued to respond to natural disasters and outbreaks of disease. In 2020, we assisted people affected by storms in El Salvador, floods in Somalia, Sudan and South Sudan, and a hurricane in Honduras.

Our teams also ran malaria treatment and prevention campaigns in countries such as

Venezuela, Nigeria, Burundi and Guinea, and treated patients with cholera and acute watery diarrhoea in Kenya, Ethiopia, Mozambique and Yemen.

More than two and a half years of consecutive Ebola outbreaks in DRC ended in November 2020, by which time over 2,300 people had died. MSF teams treated patients and assisted the authorities to control all three outbreaks.

The large-scale measles epidemics of 2019 persisted into 2020, with DRC, Central African Republic and Chad particularly hard hit. Outbreaks in Mali and South Sudan have also killed thousands of children. Some die at home, many without ever receiving proper medical care. Where possible, MSF teams provided treatment and undertook mass vaccination campaigns; the latter were frequently interrupted or cancelled though, due to COVID-19, as were routine vaccinations.

In 2021, we remain committed to doing our utmost to identify and help those in need, regardless of their race, religion or political conviction.

1. International Crisis Group, <https://www.crisisgroup.org/africa/sahel/b154-le-sahel-central-theatre-des-nouvelles-guerres-climatiques>

Overview of activities



Largest Country Programmes

By expenditure

Democratic Republic of Congo	€114 million
South Sudan	€78 million
Yemen	€76 million
Central African Republic	€69 million
Nigeria	€45 million
Iraq	€39 million
Afghanistan	€33 million
Bangladesh	€33 million
Syria	€32 million
Lebanon	€31 million

The total budget for our programmes in these 10 countries was €550 million, **50.1 per cent of MSF's programme expenses in 2020** (see pages 72 - 75 for more details).



A man leaves a distribution point after receiving a hygiene kit and jerry cans. Dadu district, Pakistan, November 2020. © Imran Soomro/MSF

By number of field staff¹

South Sudan	3,555
Democratic Republic of Congo	3,069
Central African Republic	2,927
Yemen	2,621
Nigeria	2,380
Afghanistan	2,196
Bangladesh	1,982
Pakistan	1,508
Niger	1,469
Haiti	1,316

By number of outpatient consultations²

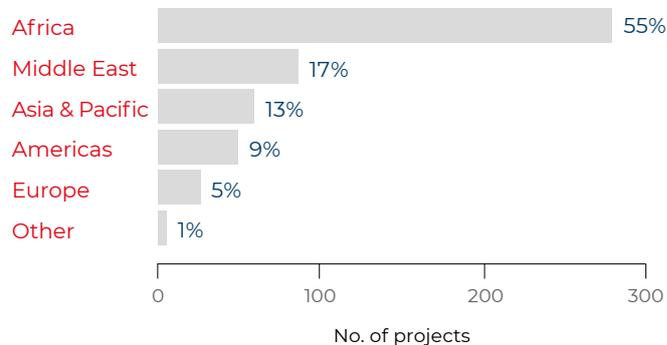
Democratic Republic of Congo	1,694,103
Central African Republic	766,900
South Sudan	687,979
Niger	681,161
Burkina Faso	589,363
Bangladesh	568,369
Mali	510,896
Nigeria	432,553
Syria	416,692
Tanzania	293,582

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

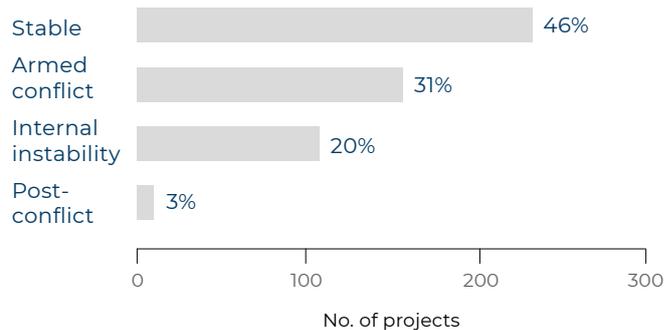
² **Outpatient consultations** exclude specialist consultations.



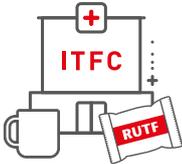
Project Locations



Context of Interventions



2020 Activity highlights

<p>9,904,200 outpatient consultations</p> 	<p>112,000 outpatient consultations for COVID-19</p> 	<p>306,800 births assisted, including caesarean sections</p> 
<p>877,300 patients admitted</p> 	<p>15,400 patients admitted for COVID-19</p> 	<p>8,300 people treated for cholera</p> 
<p>117,600 surgical interventions involving the incision or suturing of tissue, requiring anaesthesia</p> 	<p>1,008,500 vaccinations against measles in response to an outbreak</p> 	<p>2,690,600 malaria cases treated</p> 
<p>29,300 people treated for sexual violence</p> 	<p>395,000 families received distributions of relief items</p> 	<p>64,300 severely malnourished children admitted to inpatient feeding programmes</p> 
<p>13,800 people started on first-line tuberculosis treatment</p> 	<p>1,026,900 emergency room admissions</p> 	<p>63,500 people on first-line HIV antiretroviral treatment under direct MSF care</p> 
<p>6,230 people started on hepatitis C treatment</p> 	<p>349,500 individual mental health consultations</p> 	<p>13,800 people on second-line HIV antiretroviral treatment under direct MSF care</p> 

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).

Dasht-e-Barchi:

An attack on Hazara mothers

By Francesco Segoni

On 12 May 2020, armed men attacked MSF's maternity wing in Dasht-e-Barchi hospital in Kabul, Afghanistan, killing 24 people, including 16 mothers, an MSF midwife, and two young children.

Fearing that our patients and staff would be targeted again, we made the painful decision to withdraw from the hospital in mid-June. The assailants, whose brutal and despicable attack forced us to close our maternity and neonatology departments, have left women and babies without essential medical care in a

country that has some of the worst maternal and neonatal death rates in the world. In 2019 alone, our teams assisted 16,000 births in Dasht-e-Barchi, making it one of our biggest maternal care projects to date.

Our thoughts remain with the victims of this horrific incident, their families, and the health workers in Afghanistan who offer lifesaving care in the face of numerous attacks.

Below are two edited testimonies from staff who were working at Dasht-e-Barchi at the time of the attack.

For details of MSF's ongoing activities in Afghanistan, please see pages 20 and 21.



The entrances to MSF's psychosocial unit and office at Dasht-e-Barchi hospital in Kabul were riddled with bullets during an armed attack on the maternity ward. Afghanistan, 13 May 2020. © Frederic Bonnot/MSF

Aquila, a midwife from Afghanistan

I first worked with MSF in Bamyán province in 2003 and 2004. After MSF temporarily left Afghanistan in 2004, I worked in different places in the health sector.

When MSF opened the Dasht-e-Barchi project in November 2014, I was one of the first to start working there, as a midwife to begin with, then as midwife supervisor in the admission, labour and delivery rooms. After that, I became a midwife trainer – which I remained until the day of the attack.

Dasht-e-Barchi is an area with a large population. Most of the people living here come from other provinces and belong to the poorest layers of society. The vast majority of them are Hazara.

The maternity department offered good services for pregnant women, including labour, delivery and postnatal rooms, a neonatal unit, a blood bank, a laboratory and an operating theatre, as well as health education and family planning. It was one of the few places providing free, high-quality healthcare regardless of ethnicity, religion and nationality, and we looked after patients very well. For this reason, many women chose to come to the hospital to give birth. On average we'd assist 45 to 50 births every day, some of which would be complicated deliveries.

Although I was a midwife trainer, we'd stopped training because of COVID-19. I began helping out in other departments, for example by supervising colleagues assessing patients suspected of having COVID-19. When patients showed symptoms, we took them to an isolation room.

The day of the attack started like any other. I went to work, planning my day along the way. At 9 am, I went to the gate to collect the night report. I realised that there was no registration book and headed to the office to get a new one. Suddenly, I heard gunfire. At first, I thought it might be coming from the street outside; I did not expect a gun to be fired inside the hospital. I met my colleagues on the way, and we all looked at each other questioningly. Just then, the alarm bell rang, and we all headed to a safe room. We closed the door, after making sure most of our colleagues were inside. The sound of gunfire was getting closer and louder. We wondered what was happening. We asked each other why the hospital would be attacked when we were there to bring new life into the world, when most of the employees were female and the patients were pregnant women and newborns.

The attack started at about 9.50 am and lasted for around four hours. We stayed

inside the safe rooms for five hours. Many thoughts came to our minds: "I might not see my family or my children again"; "This might be the last moment of my life..." I was thinking about my patients and colleagues, the poor patients who were in labour and the innocent children who could not defend themselves. Because my work took me to each part of the hospital every day, I could imagine the patients in the delivery room and the labour room – each of them flashed before my eyes. After the shooting ended, we learned that we had lost one of our midwives, Maryam, as well as children, and mothers who had come here hoping for a safe delivery. A number of colleagues, patients and carers had been injured. It made us all very angry. Every time I think about it, I get angry and upset.

MSF's decision to leave the hospital was even more painful. It was almost as shocking as the attack. I cannot judge this decision, but I know that it will take a heavy toll on the people of Dasht-e-Barchi, because, every day, MSF's services saved the lives of many mothers who were at risk of dying. MSF's departure from the area not only affected patients, but also the hospital staff, many of whom are still unemployed. For me, my colleagues and the people of Dasht-e-Barchi, this was a black day that will not be forgotten.



Even telling the story of those five hours is painful for me. I did not expect to survive.

In December 2019, before the attack on Dasht-e-Barchi hospital, women in the post-delivery room of the maternity wing of the hospital recover after giving birth. Kabul, Afghanistan.
© Sandra Calligaro

Aman Kayhan, assistant project coordinator from Kabul

I live in Dasht-e-Barchi and I've worked with MSF since 2017.

Dasht-e-Barchi is in the west of Kabul. It has a population of around one and a half million. People living in this area struggle to access public services, especially healthcare. The hospital that was attacked is the only public facility in this area. Over time, the number of private hospitals has increased, but most people can't afford them. As long as MSF was in this area, women could seek care for obstetric and gynaecological problems. However, after the attack, MSF decided to leave and life got worse for local people. Dasht-e-Barchi hospital resumed operations without MSF on 25 June 2020, but it doesn't have enough qualified staff and is unable to meet everyone's needs. For example, it no longer admits patients with complications. The quality of care is not the same.

The security situation around Dasht-e-Barchi has deteriorated since 2017, as the area has become more exposed to threats from the local branch of the Islamic State group, known as ISK. The group has attacked an educational centre, a religious centre and a wedding hall in the last three years. All that remained was the

health centre, and unfortunately, that too has now been targeted.

On 12 May 2020, as usual, we attended the morning meeting to hear the latest information about the situation in the neighbourhood. We thought that things might be tense in Kabul because two key members of ISK had been arrested. The meeting ended, and at about 9.50 am, as we were talking to a government representative in my office, we heard gunshots. I thought it was a gunfight between robbers and the police. A minute later, the hospital alarm rang and we ran to the safe rooms.

The first thing I did was contact the local police and ask them to help. They said the patrol team would be sent out for support, but I told them what was happening was way beyond the capacity of the patrol team.

Every time we heard an explosion, we thought the attackers were blowing up the safe rooms one by one, and that it would soon be our turn. It was 4 pm when the security forces were finally able to rescue us.

Even telling the story of those five hours is painful for me. I did not expect to survive. I thought about what would happen to my two children if I was killed. It was very distressing.

In 2020, we mourned patients and colleagues who lost their lives during other direct attacks on health facilities or episodes of inter-communal violence. Others were injured, and our ability to provide medical assistance was compromised several times. Below are some examples of the incidents that marked the year.

In January, armed intruders killed patients in the MSF-supported Al-Thawra hospital in war-torn southwestern **Yemen**. Staff and patients in the hospital have been subjected to at least 40 incidents of violence since 2018. One month later, a nurse was injured when armed men fired on a clearly marked MSF ambulance in Muyuka, South-West **Cameroun**. In the same region, a community health worker supported and supervised by MSF was killed in July. Intense intercommunal violence in **South Sudan** forced us to suspend our activities in Pieri, Jonglei state, in May, after one of our South Sudanese colleagues was killed and two others injured. In June, we also had to suspend our services in the country's Pibor area, after thousands of people, including MSF staff, fled into the bush to seek safety.

In May, armed soldiers from two sections of the Sudanese security forces in Central Darfur state, Sudan, violently forced their way into a MSF-supported health facility in the town of Rokero. One of our nurses was severely injured during the incident.

Our teams in Kimbi and Baraka, in the **Democratic Republic of Congo's** Fizi territory (South Kivu province), took the difficult decision in December to end most of their support to healthcare provision. This followed the withdrawal of most MSF staff from Fizi territory in July, due to several violent incidents against them.

At the end of December, one of our medical colleagues succumbed to his injuries after a shooting incident on a public transport truck in Grimari city in Ouaka prefecture, **Central African Republic**.

Violence has taken a heavy toll on civilians in many places where we work and each attack on medical facilities or health workers deprives them of much-needed, often lifesaving, care.

Keeping pace with the pandemic: MSF's global COVID-19 response

By Samuel Sieber, COVID-19 Global Reporting Officer



People wait at the entrance to the emergency room at Vargas hospital in Caracas, Venezuela, November 2020.

© Carlos Becerra/MSF

In Venezuela, the political and socio-economic crises largely paralysed the national COVID-19 response.

The rapid spread of the novel coronavirus SARS-CoV-2 (COVID-19), and recurring waves of high infection and hospitalisation rates, posed enormous challenges for healthcare systems around the world, pushing some to the brink of collapse. From early 2020, in more than 300 existing projects and dedicated COVID-19 interventions in 70 countries, Médecins Sans Frontières (MSF) raced to scale up a global emergency response.

Our teams worked in both low- and high-resource countries throughout the year, and continued to deliver humanitarian medical assistance in hard-to-reach crisis and conflict settings. Global shortages of protective and medical equipment, and disrupted transport and supply networks, meant teams had

to make extraordinary efforts – and tough choices – to assist the people most in need of care.

Protecting healthcare facilities and medical personnel

In around 780 health facilities and 983 retirement and long-term care homes, MSF focused on ramping up infection prevention and control measures. Specialists provided staff training, set up patient flow and triage zones, and installed handwashing stations. Overall, we distributed more than 3.2 million masks, gowns, gloves and other personal protective equipment (PPE) to shield health workers and patients. In over 40 per cent of our COVID-19 interventions, we also offered mental health counselling and psychosocial support to health workers, as well as patients and their families.

Early in the pandemic, as a preventive measure, MSF teams installed isolation

wards in 10 health centres in the world's largest refugee camp, in Cox's Bazar in **Bangladesh**. Despite severe access constraints, almost 23,000 suspected COVID-19 patients were seen in our facilities in the camp between March and December. In addition, health promotion teams reached more than 266,000 families with door-to-door information campaigns on preventing infection, and distributed around 290,000 masks and other PPE items.

In **South Africa**, continuing care and ensuring protection for people living with diseases such as HIV and tuberculosis called for a flexible, community-centred approach. In 13 remote health facilities in Eshowe, KwaZulu-Natal province, we extended a network of easy-to-reach medication pickup points for stable patients with chronic conditions. To reduce fear and stigma around COVID-19, we supported the local health department to establish help desks and triage points outside several clinics.

Treating COVID-19 patients in crisis and conflict settings

During the year, MSF medical teams admitted 15,400 suspected and confirmed COVID-19 patients to 156 dedicated treatment centres and hospitals. Some 6,000 of these patients presented with severe symptoms and required oxygen support. Providing such specialised care was particularly challenging in conflict zones and countries affected by humanitarian crises.

In **Yemen**, where the health system has been shattered by five years of war, we admitted almost 2,000 COVID-19 patients, more than half of whom had developed severe symptoms. In three COVID-19 treatment centres in Aden and Sana'a, critical medication, equipment for respiratory support and oxygen were constantly in short supply, and had to be flown in on humanitarian charter planes. Many critically ill patients were treated in regular or improvised wards, and intensive care

concepts, such as ventilation management or intubated prone positioning, had to be taught on the job.

In **Venezuela**, the political and socio-economic crises largely paralysed the national COVID-19 response. With international staff and supplies denied access to the country, MSF teams struggled to care for the 1,400 patients admitted to five supported treatment centres. The situation was particularly worrying in the capital, Caracas, where around 700 severe patients were admitted between March and December. Due to the lack of qualified staff, drugs and medical equipment, MSF was forced to withdraw from one of the hospitals over concerns of no longer being able to ensure the quality of care.

Reaching remote communities and vulnerable people

Providing medical assistance to communities with no access to healthcare, and to migrants and refugees excluded from national health systems, continued to be a focus of our activities during the pandemic.

In May, reports of the catastrophic health situation in **Brazil's** vast Amazonas state prompted us to shift the centre of operations from coastal cities to areas along the Amazon River. After supporting hospitals in Manaus and in the hard-hit town of Tefé, a team continued by boat upriver to deliver medical services to small communities further inland.

Continued >

From late February to the end of the year, our three global supply centres packed close to 125 million items for the global COVID-19 response.



MSF staff check the loading of COVID-19 medical supplies for MSF projects on a cargo plane at Maastricht airport. The Netherlands, May 2020. © Pierre Crozes/MSF



Teams at an MSF mobile clinic consult with people living on the streets to provide basic healthcare, information and COVID-19 tests. Paris, France, December 2020. © Corentin Fohlen

From March, our teams in and around Paris, France, operated a mobile clinic for homeless people, migrants, refugees, asylum seekers and unaccompanied minors living in emergency shelters, makeshift camps or on the streets.

Several thousand kilometres to the south, in Mato Grosso do Sul state, our teams helped prevent, diagnose and treat COVID-19 in indigenous communities, where the high prevalence of chronic diseases such as diabetes and hypertension makes people particularly vulnerable to the virus. During the year, MSF ran 12 projects supporting close to 60 health facilities, including eight intensive care units or treatment centres, all over Brazil.

From March, our teams in and around Paris, **France**, operated a mobile clinic for homeless people, migrants, refugees, asylum seekers and unaccompanied minors living in emergency shelters, makeshift camps or on the streets. Through the mobile clinic and two dedicated treatment centres, we carried out consultations with more than 2,000 people with suspected COVID-19. In early October, an MSF study conducted in emergency shelters, food distribution points and workers' hostels found up to 94 per cent of people had been exposed to COVID-19 infection, with overcrowded living conditions and shared facilities likely accelerating transmission.

Staffing and supplying a global emergency response

The global shortage of medical and protective equipment and disrupted transport networks posed complex logistical challenges. With most commercial flights suspended for long periods, staff relied largely on humanitarian charter flights in the first half of the year. Close to 4,000 international staff were nonetheless able to reach MSF projects between April and December, only about 25 per cent less than during the same period in 2019.

From late February to the end of the year, our three global supply centres packed close to 125 million items for the global COVID-19 response, including PPE, medical devices, medication, testing material and specialised laboratory equipment. Most of these items were shipped to our projects in humanitarian crisis and conflict settings with limited local procurement options, such as **Central**

African Republic (CAR), the Democratic Republic of Congo, Yemen, South Sudan, Bangladesh and Afghanistan.

In **Syria, Yemen, Venezuela and Bangladesh**, where importing medical supplies was already difficult before the pandemic, COVID-19-related restrictions or blockades caused further complications and delays.

In some countries where case numbers remained lower than projected, such as **Burkina Faso, Niger and CAR**, the treatment centres built by MSF were not used to full capacity. These facilities were handed over to local health authorities. Unused PPE was either reallocated regionally, donated to partners, or stored in health facilities to strengthen preparedness.



A volunteer from the La Plateforme Citoyenne de Soutien aux Réfugiés in the protection equipment cleaning area of the COVID-19 treatment centre in the Tour et Taxis neighbourhood of Brussels, Belgium, April 2020. © Kristof Vadino



An MSF logistics team train staff working in a nursing home near Barcelona on infection prevention and control measures. Spain, April 2020. © Anna Surinyach

Responding to COVID-19 across the world

By Joanna Keenan

In 2020, Médecins Sans Frontières teams worked in more countries than at any other time in our history.



Frontline workers, including street cleaners, practice sanitary measures including coughing into the elbow during an MSF training session on infection prevention and control measures. Hong Kong, February 2020. © Shuk Lim Cheung/MSF

In 2020, Médecins Sans Frontières (MSF) teams worked in more countries (88) than at any other time in our history. We responded to the COVID-19 pandemic in 70 of them, implementing measures to improve infection prevention and control (IPC), testing, and treatment, among other activities. In many places, MSF was working for the first time ever; in others, it was our first intervention in decades.

As some of the richest nations in the world struggled to cope with the pandemic, MSF stepped in to boost capacity and provide care to neglected or marginalised groups, such as homeless people, migrants and refugees, and the elderly. We also worked in areas with little or no experience of dealing with epidemics, offering advice and expertise, honed from our extensive practice of responding to disease outbreaks across the world.

In March, we launched the COVID-19 Crisis Fund, aiming to raise €150 million

to both support our dedicated COVID-19 programmes and mitigate the associated impact on existing health services. In line with our principles of transparency, the following is a brief, non-exhaustive summary of activities in countries where we responded to COVID-19, but where expenditure was less than €500,000.¹

Argentina

In our first intervention in Argentina since 2003, we offered technical support, including training, and advice to local health authorities in Buenos Aires and Córdoba provinces. We helped to design protocols, staff and patient flow circuits, and IPC measures in health facilities, treatment centres and nursing homes. In both provinces, we trained prison and nursing home staff; in Buenos Aires, MSF teams also worked in care facilities for people with disabilities and homes for children and adolescents.

Canada

We responded for the first time ever in Canada, drawing on our expertise in epidemics to provide two e-briefings –

one on IPC measures and the other on adapting and developing medical facilities – to help medical organisations, government agencies and remote indigenous communities prevent and manage COVID-19.

MSF teams also carried out IPC assessments in homeless shelters in Toronto and in long-term care facilities in Montreal, and recommended ways to improve overall safety for staff and residents.

Czech Republic

In the first-ever MSF response in the Czech Republic, two small mobile teams conducted assessments and training on IPC measures in nursing homes. In partnership with the Ministry of Labour and Social Affairs, MSF teams worked in facilities in Pilsen, South Moravian, Zlin and Central Bohemian regions.

Ecuador

In the Ecuadorean capital, Quito, our teams supported health centres by following up on patients with the virus. In a COVID-19 treatment centre, we provided palliative care and trained staff in this field, a pioneering initiative in the country.

We also offered training and support on IPC, health promotion and mental health to mobile teams and health posts in Quito, and in nursing homes and shelters for homeless people across the country.

In Guayas and Las Esmeraldas provinces, teams assisted health centres and nursing/ care homes with IPC measures.

Germany

In Germany, teams advised organisations, volunteer groups and state institutions working with homeless people, migrants and other vulnerable groups on IPC measures, to enable them to continue their services. We also worked with the authorities in a centre for asylum seekers in the city of Halberstadt, in which hundreds of inhabitants were under quarantine, providing health education activities and psychological support.

Hong Kong

In late January, we started conducting face-to-face, and later virtual, health promotion sessions with vulnerable people less likely to be able to access information on the virus, and at-risk groups, such as street cleaners. We also ran workshops on managing stress and anxiety, and created a website offering tips and tools to cope.

Working with local NGO Impact HK, our teams provided free basic medical consultations and visited homeless people

twice a week in various locations, distributing food, drinking water and hygiene kits.

Ireland

In Dublin, an MSF medical team provided testing and treatment for people from marginalised groups, such as migrants, homeless people and the travelling community, with suspected or confirmed COVID-19.

Japan

A quarter of the crew members of a cruise ship docked for repairs in Nagasaki were infected with COVID-19 during an outbreak. MSF sent a doctor and two nurses to assess patients and assisted with referrals to health facilities. In Suginami, a district of Tokyo, MSF staff supported local health authorities with epidemiological analysis.

The Netherlands

MSF's mental health support to health workers included a short video featuring a well-known MSF clinical and health psychologist.

Nepal

MSF staff ran a 24/7 mental health hotline for people affected by the pandemic.

Norway

MSF offered strategic advice and IPC support to a hospital near Oslo, where one of the

largest clusters of cases in the country was located.

Portugal

MSF teams in Portugal visited nursing homes, and supported authorities and management teams to train staff and establish basic IPC measures.

Switzerland

Working in Switzerland for the first time in a decade, during the pandemic's first wave MSF provided logistical and sanitation support, as well as training for staff and volunteers, in vulnerable neighbourhoods around Geneva. Working with medical staff from the university teaching hospital, we treated patients and supported testing and contact tracing. In Lausanne, Vevey and Yverdon-les-Bains, we undertook IPC and health promotion activities with staff working in facilities serving homeless people and other vulnerable groups.

During the second wave, our teams worked to improve access to testing and medical care for marginalised people. We also offered advice on IPC to nursing homes in cantons Geneva and Jura, and in the neighbouring French department of Haute-Savoie.

United Kingdom

Responding for the first time ever in the UK, MSF staff provided nursing and logistical support at the London COVID CARE Centre, in partnership with University College London Hospital. Focusing on homeless people with suspected or confirmed COVID-19, the centre offered rapid testing, medical care and accommodation for those needing to self-isolate.

1 €500,000 is the threshold at which a country's activities must be outlined in an individual country overview in this report. More information on our COVID-19 activities, and details of the income and expenditure relating to the COVID-19 Crisis Fund, can be found in the three COVID-19 Global Accountability reports at www.msf.org/covid-19.



MSF nurse Kathrine Zimmermann (centre) helps provide treatment to patients with COVID-19 in the intensive care unit of the Geneva University Hospitals. Switzerland, April 2020. © Nora Teylouni/MSF

As some of the richest nations in the world struggled to cope with the pandemic, MSF stepped in to boost capacity and provide care to neglected or marginalised groups.

Activities by country

19	Balkans	35	Ethiopia	47	Mexico	65	Tanzania
19	Bangladesh	35	France	48	Mozambique	66	Thailand
20	Afghanistan	36	Greece	48	Myanmar	66	Turkey
22	Belarus	36	Guatemala	49	Niger	67	Uganda
22	Belgium	37	Guinea	50	Nigeria	67	Ukraine
23	Bolivia	37	Guinea-Bissau	52	Pakistan	68	Yemen
23	Burkina Faso	38	Haiti	54	Palestine	70	United States of America
24	Brazil	38	Honduras	54	Papua New Guinea	70	Uzbekistan
26	Burundi	39	India	55	Peru	71	Venezuela
26	Cambodia	39	Indonesia	56	Philippines	71	Zimbabwe
27	Cameroon	40	Iraq	56	Russia		
27	Chad	42	Iran	57	Search and Rescue Operations		
28	Central African Republic	42	Italy	58	Senegal		
30	Colombia	43	Jordan	58	Sierra Leone		
30	Democratic People's Republic of Korea	43	Kenya	59	Somalia and Somaliland		
31	Ecuador	44	Kyrgyzstan	59	South Africa		
31	Egypt	44	Lebanon	60	South Sudan		
32	Democratic Republic of Congo	45	Liberia	62	Syria		
34	El Salvador	45	Libya	64	Spain		
34	Eswatini	46	Malawi	64	Sudan		
		46	Malaysia	65	Tajikistan		
		47	Mali				



A boatman crosses the Niger river in Timbuktu region, where MSF is responding to an outbreak of measles. Mali, September 2020. © Mohamed Dayfour/MSF

Balkans

No. staff in 2020: 54 (FTE) » Expenditure in 2020: €0.8 million
MSF first worked in the country: 1991 » [msf.org/serbia](https://www.msf.org/serbia) [msf.org/bosnia-herzegovina](https://www.msf.org/bosnia-herzegovina)

KEY MEDICAL FIGURES

3,460
outpatient
consultations

180
people treated for
intentional physical
violence

140
individual mental
health consultations

In 2020, thousands of migrants and refugees attempted to cross the Balkans in the hope of reaching other European destinations, despite illegal pushbacks and reports of increasing border violence.

From January to March, Médecins Sans Frontières (MSF) ran a clinic in the Serbian capital, Belgrade, offering general healthcare, mental health services and social support for vulnerable people. We also provided general and mental healthcare to migrants arriving in Bosnia and Herzegovina. In both locations, our teams offered care to victims of physical violence reportedly perpetrated by Croatian and Hungarian border guards and authorities. Also, we provided assistance to people whose health had been affected by poor living conditions, significant gaps in medical assistance and a lack of food, shelter, clean clothes and hygiene facilities.



● Cities, towns or villages where MSF worked in 2020

The maps and place names used do not reflect any position by MSF on their legal status.

In the first months of the year, the COVID-19 pandemic led to extensive lockdowns in the region, which had an impact on our activities and the people we were assisting. With temperatures dropping and the number of COVID-19 cases increasing, migrants living outside the official accommodation system were transferred to camps, where they were forced to stay.

In December, we returned to the region to deliver care through mobile clinics to people stranded close to the border areas and to victims of violence.

Bangladesh

No. staff in 2020: 1,982 (FTE) » Expenditure in 2020: €32.9 million
MSF first worked in the country: 1985 » [msf.org/bangladesh](https://www.msf.org/bangladesh)

KEY MEDICAL FIGURES

10,000,000
litres of chlorinated
water distributed

568,400
outpatient
consultations

27,400
individual mental
health consultations

3,870
births assisted

Ensuring the continuity of healthcare amid the COVID-19 pandemic was crucial in Bangladesh. Médecins Sans Frontières (MSF) adapted services to respond to the virus, while maintaining other lifesaving activities.

Rohingya refugees and vulnerable communities in urban slums remain the focus of our projects in the country.

Cox's Bazar

In 2020, MSF ran 12 facilities in Cox's Bazar district, offering healthcare to both Rohingya and host communities. In three of these facilities, we set up dedicated isolation and treatment centres for severe acute respiratory tract infections. In six others, we adapted areas to treat potential COVID-19 patients. Movement restrictions and other measures imposed by the authorities because of the pandemic reduced the presence of humanitarian workers and disrupted access to healthcare for Rohingya and Bangladeshi communities. The movement restrictions also led to increased challenges for the community, humanitarian organisations and the authorities. MSF observed a sustained drop of around 50 per cent in outpatient consultations and a similar decrease in the number of refugees arriving with acute respiratory tract problems. This indicated that patients with COVID-19-related symptoms were not comfortable seeking care.

The restrictions, the need for staffing of COVID-19-related activities, as well as the protection of staff members from infection, forced us to scale down

routine vaccinations and community surveillance, and completely suspend other activities, such as regular outreach, community engagement and hygiene promotion, as only Rohingya volunteers were allowed to raise awareness of health issues inside the camps.

We supported public efforts to reduce transmission risks and our teams distributed nearly 300,000 face masks in Ukhiya.

Kamrangirchar

MSF runs two urban clinics in Kamrangirchar district in the capital, Dhaka, where we provide reproductive healthcare, and medical and psychological treatment for sexual and gender-based violence. We also provide occupational health services, which include treatment for workers diagnosed with occupational diseases, as well as preventive care and risk assessment in factories.

Our medical assistance is tailored to the needs of people working in extremely hazardous conditions. In 2020, our teams conducted almost 5,000 consultations for factory workers. Additionally, our mobile clinics brought healthcare – including tetanus vaccinations – to tannery workers in Savar subdistrict.



■ Regions where MSF had projects in 2020
● Cities, towns or villages where MSF worked in 2020

Afghanistan

No. staff in 2020: 2,196 (FTE) » Expenditure in 2020: €33.3 million
MSF first worked in the country: 1980 » [msf.org/afghanistan](https://www.msf.org/afghanistan)

KEY MEDICAL FIGURES

130,500
outpatient
consultations

36,300
births assisted

6,990
surgical interventions

2,560
children admitted
to inpatient feeding
programmes

1,370
people started on
treatment for TB

600
patients admitted
for COVID-19

On 12 May 2020 the Médecins Sans Frontières (MSF) maternity ward in Dasht-e-Barchi hospital, Kabul, was attacked. Gunmen killed 24 people, including 16 mothers, two children and an MSF midwife.

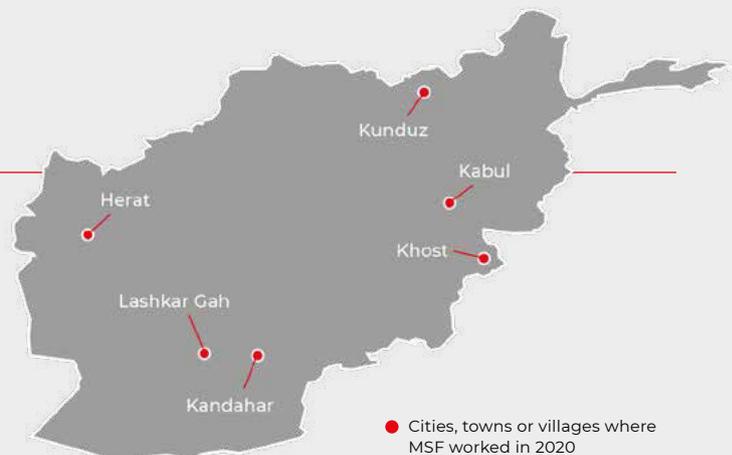
MSF started running the maternity and neonatology departments of the 100-bed Dasht-e-Barchi hospital in 2014 and provided ante- and postnatal care and family planning. We also supported maternity care in another hospital in the area with staff, training and essential drugs.

The attack rocked MSF to the core, and when no information emerged about the perpetrators or the motive behind it, we made the very difficult decision to withdraw from Dasht-e-Barchi in mid-June. To support the Ministry of Public Health after our departure, we donated medications and medical equipment.

The end of MSF's activities in Dasht-e-Barchi will likely have devastating consequences for the more than one million people, predominantly Hazara, who live in the area.

Boost hospital, Lashkar Gah

Helmand province has been the scene of violent clashes between government and opposition forces for more than a decade. In October, when intense fighting broke out around Lashkar Gah, the main trauma hospital in the city was overwhelmed with casualties within 24 hours, and our team at Boost hospital started to receive an influx of people wounded in the crossfire.



MSF supports several departments in Boost hospital, including the emergency room, which saw around 300 patients a day in 2020, most with trauma injuries, respiratory tract infections or acute watery diarrhoea. Our teams found that, due to a combination of insecurity and COVID-19, many patients delayed seeking care and arrived in a critical condition. From April, we also managed a COVID-19 isolation ward for vulnerable patients such as pregnant women, children, people with tuberculosis (TB) and those who had undergone surgery. All other patients were referred to Malika Suria COVID-19 hospital.

In February, MSF started supporting the outpatient department of Fatima Bayat hospital with training and drug supplies, in order to reduce the number of people with non-urgent medical problems coming to Boost's emergency room.

COVID-19 in Kabul and Herat

The first case of COVID-19 in Afghanistan was confirmed in Herat at the end of February. Kabul and Herat became the epicentres of the outbreak but the true number of people infected with the virus across the country is unknown due to lack of testing.

In Kabul, MSF supported infection prevention and control in the Afghanistan-Japan referral hospital and trained local health staff. These activities ceased after the attack on Dasht-e-Barchi. In early April, we set up a COVID-19 triage system in Herat regional hospital. Then in June, we opened the 32-bed MSF Gazer Ga COVID-19 treatment centre, focusing on oxygen therapy for severely affected patients referred from the regional hospital. The centre closed in September when the number of cases reduced but reopened on 2 December for the second wave.

In all MSF projects in Afghanistan, infection prevention and control measures were reinforced to reduce COVID-19 transmission.



MSF drug-resistant TB patient Badro has a blood sample taken at our TB treatment centre in Kandahar, Afghanistan, July 2020.
© Laura McAndrew/MSF



Dr Bart Scharuwen, nursing activity manager Jane Hancock, and nurse Marzia, perform cardiopulmonary resuscitation on a malnourished baby with asthma, who sadly passed away, in the operating room of Herat regional hospital. Afghanistan, December 2020. © Waseem Muhammadi/MSF

Other activities in Herat

In 2018, MSF opened a clinic for displaced people in the Kadhestan and Shadayee settlements on the outskirts of the city. Our team offers medical consultations, treatment for malnutrition, vaccinations, ante- and postnatal care and family planning, conducting an average of 266 consultations a day. Outreach activities started in December 2020. We also run an inpatient therapeutic feeding centre in the paediatric hospital.

Khost maternity hospital

Since 2012, MSF has been running a dedicated 24-hour maternity hospital in Khost, eastern Afghanistan. In 2020, to reduce possible transmission of COVID-19, the admission criteria for the maternity hospital were tightened and women in labour were no longer allowed to be accompanied by a caregiver. This led to a significant drop in the number of women giving birth in the facility and put more pressure on Khost provincial hospital; our deliveries dropped by 38 per cent, while those in the provincial hospital increased beyond their capacity. To address this negative impact on the population and other health providers, towards the end of the year we loosened the admission criteria and female caregivers were once again allowed to accompany patients. As a result, the number of births in the facility started to increase, rising to 1,000 in December. We also resumed family planning consultations at the hospital, and health promotion activities in the five community health centres we support in the districts.

Drug-resistant tuberculosis (DR-TB) in Kandahar

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 national tuberculosis programme in the diagnosis and treatment of DR-TB in Kandahar province since 2016. In December 2019, 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. The results are promising so far, with no-one defaulting from the short-course treatment. Since insecurity makes it difficult for patients to visit the centre for follow-up, they are provided with a buffer stock of medicine in case they cannot travel.

We also continued to support the health ministry in Mirwais regional hospital and at the provincial TB centre, by providing medical care for drug-sensitive TB patients. In 2020, we supported the Ministry of Public Health to detect TB and manage care for patients in Sarpoza prison.

Kunduz

Activities in Kunduz were hard hit by COVID-19 and they were all suspended in April. However, construction of the new trauma centre resumed in September, with increased infection prevention and control measures to guard against the virus. Stabilisation activities in Chardara for patients with trauma injuries are due to resume in early 2021. The wound care clinic will not reopen.

Belarus

No. staff in 2020: 46 (FTE) » Expenditure in 2020: €1.5 million
MSF first worked in the country: 2015 » [msf.org/belarus](https://www.msf.org/belarus)



KEY MEDICAL FIGURE
43 people started on treatment for TB

During 2020, Médecins Sans Frontières (MSF) continued to support the Belarusian national tuberculosis (TB) programme at four facilities in the capital, Minsk, and in two other locations.

Using a person-centred approach, MSF's multidisciplinary teams provide treatment as well as psychosocial support to patients with drug-resistant TB (DR-TB). This includes helping those who use alcohol or other substances to manage their dependency, so that they can successfully complete their treatment. Our teams also support the treatment of inmates who have DR-TB and co-infections, such as hepatitis C and/or HIV, in the TB hospital in the penal colony in Orsha in the east of the country and patients in a forced hospitalisation centre in Volkovichi, near Minsk.

Minsk is one of the five sites of the MSF-sponsored TB PRACTECAL clinical trial that is exploring innovative treatment regimens for multidrug-resistant tuberculosis (MDR-TB). The regimens are much shorter – six months instead of the current 18 – and do not require injectable drugs. The trial continued throughout 2020 and entered its second stage late in the year.

Following presidential elections in Belarus in August, frequent civil society demonstrations in Minsk and other cities have faced violent responses. MSF began preparations to support the Ministry of Health to offer psychosocial support to people in need and provide technical expertise to strengthen psychosocial referrals within the public health system.

Belgium

No. staff in 2020: 48 (FTE) » Expenditure in 2020: €4.3 million
MSF first worked in the country: 1987 » [msf.org/belgium](https://www.msf.org/belgium)



KEY MEDICAL FIGURES
260 patients admitted for COVID-19
96 outpatient consultations for COVID-19

In 2020, Médecins Sans Frontières (MSF) launched our largest intervention in Belgium to date to support the people most vulnerable to COVID-19.

The focus of the authorities' response was on maintaining hospitals' capacity to admit COVID-19 patients. Consequently, staff and patients in nursing homes were left to fend for themselves. In March, in response to the high number of deaths from the virus in nursing homes – which account for more than half the total in Belgium – we sent mobile teams to assist with health promotion and infection prevention and control. Working in 135 nursing homes across three regions, we also offered psychological support to staff.

Following this intervention, which ended in June, we published a report, *Left behind in the time of COVID-19*, and submitted our recommendations to the relevant authorities.

When the number of cases rose again in October, we resumed our activities in nursing homes, especially in Flanders and Brussels. Several of our team in the capital volunteered to support the daily running of the nursing homes during the second wave, as many were understaffed and the employees completely exhausted.

Migrants and homeless people

During the pandemic, we collaborated with two local organisations to set up a 150-bed reception

and accommodation facility for vulnerable people in the centre of Brussels. The project provided a place for them to self-isolate, receive medical follow-up and, if necessary, be transferred to a hospital. These activities ended in June.

In October, at the onset of the second wave, we opened a new centre in a hotel in the Marolles district of Brussels, where we offered shelter and medical care to homeless patients who were COVID-19 positive or at risk of contagion.

In addition, MSF outreach teams assisted people with or at risk of COVID-19 living in squats, and ran health promotion and infection prevention and control activities in shelters for homeless people and migrants.

In the humanitarian hub in Brussels, where we have been offering mental healthcare to migrants since 2017, we opened a clinic in April for patients requiring a longer follow-up period.

COVID-19 support in hospitals

During the first wave, MSF assisted two hospitals in Hainaut and Antwerp provinces, by expanding their inpatient capacity with extra staff and providing technical support and training on IPC measures.

Bolivia

No. staff in 2020: 48 (FTE) » Expenditure in 2020: €2 million
MSF first worked in the country: 1986 » [msf.org/bolivia](https://www.msf.org/bolivia)

KEY MEDICAL FIGURES

2,370
antenatal
consultations

1,140
consultations for
contraceptive
services

930
births assisted

90
people treated for
sexual violence

In Bolivia, Médecins Sans Frontières (MSF) continues to focus on improving maternal healthcare through a project in El Alto, the second largest city.

Bolivia has the highest maternal death rate in South America and some of the worst health indicators in the whole Latin American and Caribbean region. Despite investments in public health in recent years, the national health system is still not equipped to cope with the needs of the population. In 2020, the situation deteriorated with the onset of the COVID-19 pandemic, especially in El Alto.

Since 2019, MSF has been providing maternal care in two general healthcare centres in El Alto. This fast-growing city is home to almost a million people, most of whom have migrated from the countryside over recent years. In 2020, we assisted births and, despite COVID-19, managed to maintain essential services such as family planning and ante- and postnatal care.



● Cities, towns or villages where MSF worked in 2020

As increasing restrictions were imposed due to the pandemic, and people were unable to access the centres, we decided to send teams into the community to offer care. Between October and December, we carried out 493 family planning consultations at community level.

We also conducted individual mental health consultations, group psychoeducation sessions and health promotion activities, including talks on sexual and reproductive health that reached almost 8,200 participants. In addition, our teams offered medical and psychological assistance to victims of sexual and gender-based violence.

To support the national COVID-19 response, MSF trained healthcare workers in infection prevention and control measures, and detection and treatment. We also supplied medicines and personal protective equipment in the departments of La Paz, and Beni, in the northeast.

Burkina Faso

No. staff in 2020: 691 (FTE) » Expenditure in 2020: €22.4 million
MSF first worked in the country: 1995 » [msf.org/burkina-faso](https://www.msf.org/burkina-faso)

KEY MEDICAL FIGURES

589,400
outpatient
consultations

226,700
malaria cases treated

149,900
vaccinations against
measles in response
to an outbreak

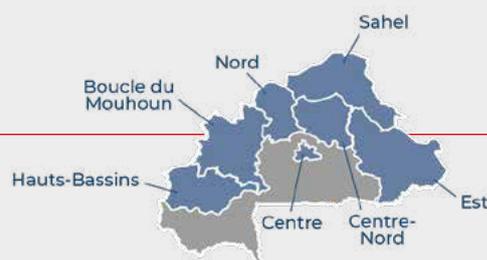
44,200
antenatal
consultations

In 2020, Médecins Sans Frontières (MSF) scaled up activities in Burkina Faso, opening several new projects and providing care to vulnerable communities affected by violence.

The number of people displaced by conflict in the country surged from around 560,000 at the end of 2019, to over one million by December 2020.¹ The regions of Sahel, Nord and Centre-Nord were the most affected by insecurity. Tens of thousands of people fled their homes and moved across these regions in search of safety. This led to a significant increase in demand for basic necessities, including shelter.

Our teams assisted displaced people and host communities in these regions, but the rising insecurity posed a significant barrier for MSF and other humanitarian organisations attempting to deliver care.

Despite the security concerns and the COVID-19 pandemic, we increased our level of support in the country, running general and specialist healthcare services for people in need. We also distributed relief items such as cooking and hygiene kits, trucked in water and supported vaccination campaigns.



■ Regions where MSF had projects in 2020

As well as opening new projects in the region of Centre-Nord, in the towns of Kaya, Pissila, Pensa, Kongoussi and Bourzanga, we responded to various emergencies in Sahel, Centre-Nord, Nord and Est regions. In Est, where armed groups remain a threat, we donated surgical kits to increase the capacity of Pama hospital. In March, we sent mobile clinics to assist people fleeing violence in Nord and vaccinated against measles following an outbreak in the villages of Boromo and Dédougou in Boucle du Mouhoun region. In June, a team travelled to Silmangué in Centre-Nord to provide healthcare and distribute tents and other essential items to people trapped by floods and heavy rains. In July, we responded to a hepatitis E outbreak in Barsalogo, Centre-Nord region.

To respond to the COVID-19 pandemic, our teams launched short-term interventions for outpatient follow-ups, contact tracing and awareness-raising activities in the capital, Ouagadougou, and in the second-largest city, Bobo-Dioulasso, in Hauts-Bassins region. We also offered training, support and epidemiological surveillance in our existing projects and to other health facilities in the areas we work in.

¹ The National Emergency Relief and Rehabilitation Council (CONASUR)

Brazil

No. staff in 2020: 125 (FTE) » Expenditure in 2020: €5.5 million
MSF first worked in the country: 1991 » [msf.org/brazil](https://www.msf.org/brazil)

KEY MEDICAL FIGURES

6,490
outpatient
consultations for
COVID-19

1,080
patients admitted
for COVID-19

The huge impact of the COVID-19 pandemic in Brazil prompted the launch of the largest Médecins Sans Frontières (MSF) operation to date in the country.

Brazil, a diverse and populous country with very uneven access to healthcare across its vast territory, was the second-worst affected by COVID-19 in the world in 2020. By the end of the year, almost 200,000 people had died of the disease. Hundreds of MSF staff, most of them Brazilians, responded to the crisis.

It is almost 30 years since MSF first arrived in Brazil, to respond to a cholera outbreak in the Amazon region. Since then, we have provided support to indigenous communities, migrants, slum dwellers and victims of socio-environmental catastrophes across the country.

In 2020, we ran projects in seven states (São Paulo, Rio de Janeiro, Amazonas, Roraima, Mato Grosso do Sul, Mato Grosso and Goiás). In addition to intense field activity, we worked to disseminate messages to people, emphasising the importance of hygiene and physical distancing measures. Unfortunately, some government officials acted in an uncoordinated, or even antagonistic, way, compromising adherence to the measures necessary to curb the spread of the disease, which ultimately undermined our efforts.

The first case of COVID-19 was reported on 26 February in the city of São Paulo. At first, it affected the most affluent areas, but it was not long before it spread to poorer neighbourhoods of



large cities. Vulnerable people from urban regions were the initial focus of MSF's activities, which started on 1 April in São Paulo.

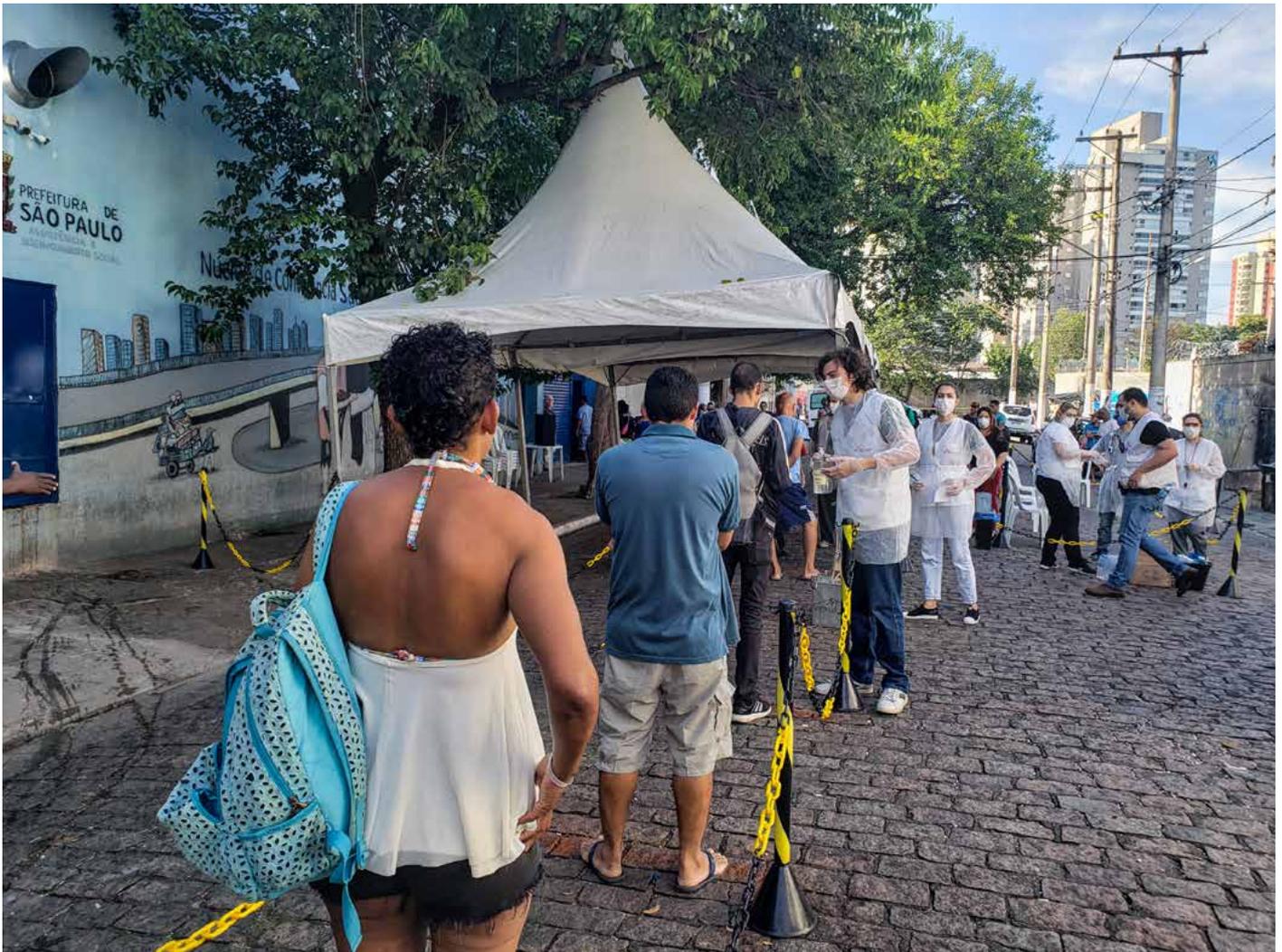
Brazil has a universal public health system, known as SUS, offering free care at all levels. However, marginalised groups such as the homeless, drug users, migrants and refugees, indigenous communities, and inmates in prisons and detention centres have little access to SUS, and they were hard hit by the pandemic. For this reason, MSF decided to prioritise these groups, concentrating initially on the homeless in São Paulo and, shortly afterwards, in Rio de Janeiro.

With the growing demand, we began to work in isolation centres in central São Paulo. These facilities, run by the local authorities and partly staffed by MSF personnel, gave homeless people with the virus a safe place to stay while they recovered.

Later, we sent a team to strengthen the capacity to treat critically ill patients in the intensive care unit at Tide Setúbal hospital, a facility on the eastern outskirts of the city. In addition, we carried out comprehensive health promotion work, contact tracing and testing in Jardim Keralux and Jardim Lapena neighbourhoods, referring patients to health centres or to the hospital if necessary. Subsequently, we launched a palliative care project at the same hospital that is considered somewhat pioneering, given the taboo nature of the topic and limited availability of palliative care in the country's public health system.

MSF and municipal health system staff disembark from a boat to visit communities to carry out routine screening and vaccination on lake Mirini. Brazil, July 2020.
© Diego Baravelli/MSF





MSF staff members evaluate and screen homeless people for COVID-19, and provide information on prevention measures, at shelters in downtown São Paulo, Brazil, April 2020. © Diogo Galvão/MSF

As the pandemic spread, signs of saturation began to appear, as hospitals became overcrowded and demand grew for more complex treatments, requiring intensive care. The first place to experience the tragic effects of the collapse of its health system was Manaus, the capital of Amazonas state, which was already suffering from a lack of medical resources before COVID-19 hit. As cases surged in the city, hospitals were unable to cope with the increasing demand for intensive care unit beds.

MSF boosted the capacity of the health system, managing 48 beds for severely and critically ill patients at 28 de Agosto hospital. Our teams supported health facilities in two other locations in the state, Tefé and São Gabriel da Cachoeira, several days' journey upriver from Manaus.

The COVID-19 crisis also affected the northern state of Roraima. MSF has worked in the state since 2018 to support the fragile health system, which has been further stretched by the arrival of a large influx of Venezuelan migrants.

While continuing our regular medical and mental health activities, we began to screen for suspected cases and carry out health promotion in migrant hotspots. When the local health system was overwhelmed, an MSF medical team staffed a field

hospital that had been built by the authorities to expand the capacity for COVID-19 patients. Our staff treated both local people and migrants at the facility.

In Mato Grosso do Sul state, we carried out specific activities aimed at the indigenous community, including screening, health promotion and improving water supply. We also supported the regional hospital in Aquidauana city, strengthening protocols and infection prevention and control measures.

In the same state, we provided medical assistance to male and female inmates and staff at two prisons in Corumbá city. In addition, we trained health workers in Goiás and Mato Grosso states.

At the end of 2020, we continued to monitor the evolution of the virus. We returned to Tefé and São Gabriel da Cachoeira in Amazonas following a rapid rise in cases and deaths. It was not yet possible to envision a clear pattern for the trajectory of the pandemic in Brazil, but we remained alert to responding to changes in it, while trying to apply the lessons learned during the year.

Burundi

No. staff in 2020: 363 (FTE) » Expenditure in 2020: €9 million
MSF first worked in the country: 1992 » [msf.org/burundi](https://www.msf.org/burundi)

KEY MEDICAL FIGURES

14,800
emergency room
admissions

1,530
malaria cases treated

In Burundi, Médecins Sans Frontières (MSF) continued to run malaria prevention and care activities, while responding to epidemics and unknown diseases, and offering high-quality care for victims of trauma in Bujumbura.

As in 2019, our teams implemented a massive malaria prevention campaign in Kinyinya district, which involved spraying over 67,000 houses with insecticide to kill mosquitoes, thereby offering inhabitants up to nine months of protection against the disease. MSF also improved standards for malaria patients in 17 medical facilities and ensured that they received treatment free of charge.

In Bujumbura, our 68-bed trauma facility l'Arche de Kigobe offered emergency care for patients suffering from moderate and severe trauma, mostly caused by road traffic accidents. We supported care for people with simple trauma injuries in other health centres and district hospitals, and started to hand over patients with moderate trauma to Kamege University Hospital Centre. In order to facilitate the handover of our activities at l'Arche



de Kigobe in February 2021, we entered into a partnership with Prince Régent Charles Hospital, aimed at reinforcing moderate and severe trauma case management through the provision of medical training, donations and financial support.

In January 2020, following the notification of hundreds – and eventually thousands – of patients with lower-limb ulcers in Muyinga province, we sent a team to offer medical care in the Giteranyi health district. As little is known about the nature or cause of this disease, which mostly affects children living in precarious conditions, we are also supporting environmental, laboratory and vector control surveys.

In addition to these projects, our teams responded to several emergencies in the country; for example, providing treatment during a measles outbreak in Cibitoke province, and assisting victims of floods around Gatumba. To help with COVID-19 prevention activities, we provided training on triage and infection control in the MSF-supported facilities in Bujumbura, Muyinga, as well as in Kinyinya, along the border with Tanzania.

Cambodia

No. staff in 2020: 63 (FTE) » Expenditure in 2020: €2.2 million
MSF first worked in the country: 1979 » [msf.org/cambodia](https://www.msf.org/cambodia)

KEY MEDICAL FIGURE

2,640
people started on
hepatitis C treatment

Between March and May, we suspended our long-running hepatitis C programme in order to support the Cambodian Ministry of Health's response to the COVID-19 pandemic.

Médecins Sans Frontières (MSF) continued to provide hepatitis C diagnosis and treatment at the Municipal Referral Hospital (MRH) in the capital Phnom Penh. Our staff also work in the outpatient departments of three other hospitals, where we organise referrals to MRH for confirmatory testing and treatment. From March, patients already enrolled were given their remaining dose so they could continue treatment from home, while newly diagnosed patients were put on hold.

We supported the health ministry's response to COVID-19 by assisting with the tracing of contacts of patients who tested positive for the virus, and the drafting of guidelines on infection prevention and control and clinical care, which were previously unavailable in the country. We also improved triage in six hospitals close to the border with Thailand, where hospital staff treated many migrant workers who were returning home.

The fear of infection with COVID-19 prevented many people from seeking care, including for



hepatitis C. Our teams adopted comprehensive personal protective equipment measures, which allowed the resumption of hepatitis C activities in Phnom Penh and Battambang province from May.

Working with provincial health staff, the team in Battambang finalised the roll-out of hepatitis C screening and diagnosis in all rural health centres across the province. MSF has trained nurses to screen the patient history and check if they currently have symptoms of cirrhosis, a complication of the disease. If they do, they are referred to the district hospital. Otherwise, the nurses initiate treatment with direct-acting antivirals at the health centre. The success of this simplified model of care demonstrates that it could be adopted nationally.

A mobile team was sent to Pursat and Kampong Chhnang provinces to investigate exceptionally high rates of hepatitis C (>30 per cent) among younger age groups and to provide treatment where necessary. Possible sources of the high infection rates include a traditional healer using the same needle and knife during consultations with patients from both provinces, and a dentist providing door-to-door care in Kampong Chhnang.

Cameroon

No. staff in 2020: 658 (FTE) » Expenditure in 2020: €20.9 million
MSF first worked in the country: 1984 » [msf.org/cameroon](https://www.msf.org/cameroon)

KEY MEDICAL FIGURES

137,200
malaria cases treated

39,200
people vaccinated
against cholera
in response to an
outbreak

6,930
surgical interventions

3,150
people treated for
intentional physical
violence

In 2020, Médecins Sans Frontières (MSF) assisted displaced people, refugees and vulnerable host communities in areas affected by violence in Cameroon and Nigeria, and supported the national COVID-19 response.

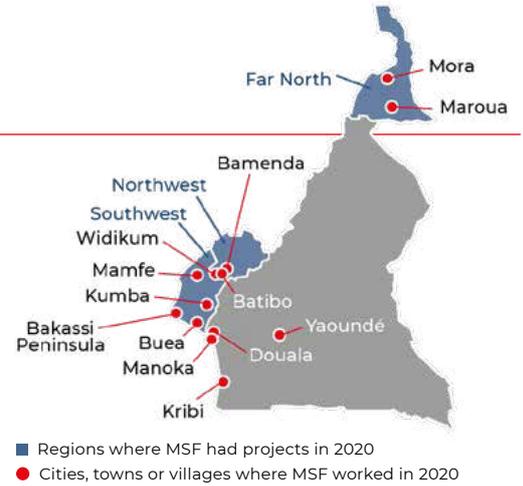
The year was marked by repeated outbreaks of armed violence, followed by new waves of displacement, particularly in Northwest and Southwest regions. By December, a total of 705,000 people were displaced, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The level of violence has had a severe impact on access to healthcare services in these regions.

To respond to increasing needs, our teams supported around 30 hospitals and health centres, and ran a 24-hour ambulance service, managing almost 9,000 referrals. Our community health workers, whom we have trained to treat simple cases of common diseases, such as malaria and diarrhoea, conducted more than 150,000 consultations.

On 10 December, agreements between MSF and Ministry of Health facilities in Northwest were suspended by the authorities, leading to the practical cessation of our activities, which has left significant gaps in medical services in the region.

Nigerian refugees and internally displaced people in Far North region

People in Cameroon’s Far North continue to suffer the consequences of daily armed clashes, while



facing high levels of food insecurity due to the unpredictable climate.

While we concluded our support to Maroua regional hospital after training specialist staff and refurbishing parts of the hospital such as the intensive care unit, we launched general healthcare activities in Kolofata and added emergency surgery to our Mora project. Previously, many of the trauma and obstetric surgery patients treated in Maroua were referred from Mora. Our Mora project also continued to treat malaria, diarrhoea and paediatric malnutrition.

Response to outbreaks

We responded to cholera outbreaks in Douala, Kribi and the Bakassi Peninsula with responses including vaccination campaigns and health promotion. In Kribi, community outreach teams made more than 80,000 home visits to raise awareness of prevention measures.

MSF supported the national COVID-19 response in five of Cameroon’s 10 regions by constructing isolation zones, donating oxygen supplies, training healthcare staff, conducting health promotion and research, and treating patients.

Chad

No. staff in 2020: 330 (FTE) » Expenditure in 2020: €11.7 million
MSF first worked in the country: 1981 » [msf.org/chad](https://www.msf.org/chad)

KEY MEDICAL FIGURES

165,700
outpatient
consultations

91,800
malaria cases treated

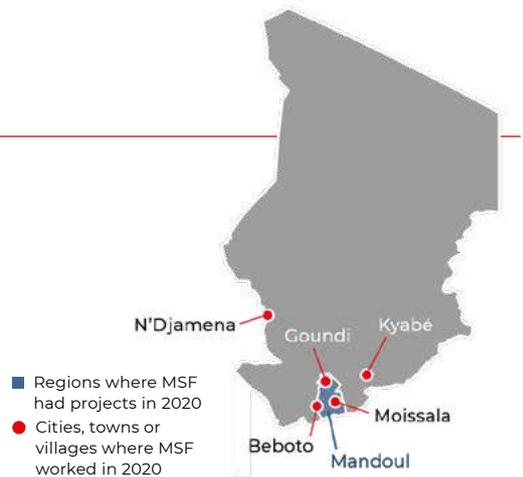
60,700
vaccinations against
measles in response
to an outbreak

20,200
admissions of children
to outpatient feeding
programmes

In Chad, our teams focused on tackling the measles outbreak that had been raging across the country since 2018, and responding to other health challenges such as malaria and malnutrition.

At the beginning of 2020, large swathes of the country were still gripped by the measles epidemic, especially the southern regions, which saw a sharp increase in cases. During the first quarter of the year, the Ministry of Public Health reported 7,412 suspected cases.

In Beboto district, the Médecins Sans Frontières (MSF) emergency response team supported local health authorities by providing treatment and vaccines. Our team learned that some families had lost three or four children to measles, and that many sick patients were not seeking care or using only traditional medicines. Consequently, we worked closely with community leaders to raise awareness about measles prevention and the free medical treatment available at MSF-supported health facilities. In Kyabé district, we ran a measles vaccination campaign and treated children suffering from other life-threatening diseases such as malaria and malnutrition. In Goundi district, we treated children affected by measles, but COVID-19-related restrictions prevented us from proceeding with a vaccination campaign.



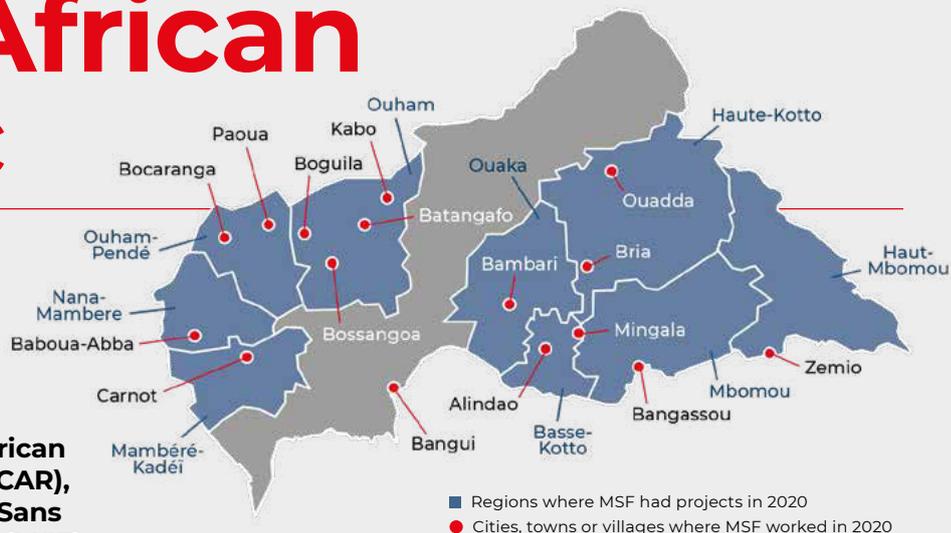
In the capital, N’Djamena, as in previous years, we supported the treatment of severely malnourished children during the ‘lean season’, between June and September. In 2020, frequent stock outs of ready-to-use therapeutic foods led us to donate supplies.

In Moissala, our teams continued to work on improving access to all levels of medical services for women and children, from villages to hospital. We also conducted a large-scale seasonal malaria chemoprevention campaign to reduce the devastating effects of complications of the disease on children.

To support the authorities’ response to the COVID-19 pandemic, we donated a central oxygen concentrator to Farcha referral hospital in N’Djamena to reinforce capacity to treat severely affected patients. We also provided medical and logistical support, ran health promotion sessions, and distributed masks and other items to help limit the spread of the virus.

Central African Republic

No. staff in 2020: 2,927 (FTE)
 Expenditure in 2020: €68.5 million
 MSF first worked in the country: 1997
msf.org/central-african-republic



KEY MEDICAL FIGURES

766,900
outpatient consultations

534,500
malaria cases treated

129,300
vaccinations against measles in response to an outbreak

77,900
patients admitted to hospital

19,500
births assisted

8,710
surgical interventions

5,820
people on first-line ARV treatment

3,470
people treated for sexual violence

In the Central African Republic (CAR), Médecins Sans Frontières (MSF) provides lifesaving care to communities devastated by years of violence and political turmoil.

Three-quarters of the population live below the poverty line in this country with the lowest life expectancy in the world (53 years). Ongoing conflict has forced thousands to leave their homes and their livelihoods, and most people have no access to healthcare because of financial, cultural and physical barriers.

Disease outbreaks

In January, the Ministry of Health declared a nationwide measles epidemic. Our teams supported the health authorities with vaccination campaigns in seven health districts across the country. We also treated children for the disease, and for other illnesses such as malnutrition. The spread of COVID-19 affected the response capacity of governments, donors and other health organisations in many countries; however, in CAR, pervasive insecurity, logistical constraints and the cost of setting up a large-scale vaccination campaign in remote parts of the country made the measles outbreak more challenging to manage than the pandemic.

Although COVID-19 did not have a notable impact on death rates in the facilities we support, it affected our activities because the restrictions on movement caused delays in the delivery of equipment and medicines, and the travel of staff. In response to the pandemic, our teams undertook activities around the country, including awareness-raising sessions on protection measures, and distributing masks and soap.

Malaria remained a major issue in the country in 2020. Our teams launched preventive treatment campaigns in Batangafo and Bossangoa targeting pregnant women and children, especially during the rainy season between July and October. To reach the maximum number of people and make sure communities understood the importance of prevention measures, we held discussions with community leaders, and broadcasted radio spots before distributing the medication. Post-distribution visits to verify that people had taken the treatment and to identify any side effects were conducted. This survey showed that both coverage and adherence were high. The number of malaria cases in 2020 compared to 2019 was also lower, indicating the effectiveness of this method.

Sexual violence

In the capital, Bangui, we expanded our maternal care services – a vital support in a country with one of the highest maternal death rates in the world – and opened a centre dedicated to the care of victims of sexual violence, to consolidate the activities that we had been running in different facilities in the city since 2017. Through the Tongolo project, we offer a complete programme of medical and psychological care that is free, accessible and inclusive, with specific adaptations for men, children and adolescents. At our facility, we collaborate with other organisations who can assist if victims wish to pursue legal action



MSF staff provide care to a woman and her firstborn child, delivered by caesarean section at a hospital in Bambari, Ouaka. Central African Republic, December 2020.
 © Adrienne Surprenant/MSF



An 18-year-old woman, a survivor of sexual violence, receives medical care and counselling at MSF's Tongolo centre. Central African Republic, November 2020. © Adrienne Surprenant/MSF

or are in need of protection or socio-economic support, thereby providing a holistic response to sexual violence.

HIV care and internal medicine

HIV/AIDS is still one of the main causes of death in CAR. In Bangui, we implement an integrative and progressively decentralised model of care for people living with advanced HIV, whereby they follow the same patient circuit and are cared for in the same hospital wards as everybody else. Healthcare staff are trained to tackle stigma in order to ensure equal quality of care for all patients. HIV testing is available in all MSF-supported facilities in the country. Many of our HIV patients take part in community antiretroviral (ARV) groups, which help mitigate the challenge of adhering to treatment. Group members take it in turns to pick up each other's ARV medication, thereby reducing transport costs and stigmatisation.

Continued efforts were made in adult medicine with the development in 2020 of outpatient follow-up care clinics for chronic diseases, particularly in Paoua and Carnot, with a view to improving the long-term management of HIV/TB and non-communicable diseases, and integrating patients into a continuum of care.

Protracted violence and instability

Initially planned for the whole country and finally restricted to the Ouaka prefecture due to the pandemic, we conducted a retrospective mortality survey due to a lack of reliable mortality estimates in the country. Results are alarming, with the crude mortality rate for adults above the emergency threshold and the under-five mortality rate just below the emergency threshold¹ – mostly due to malaria and violence. We also found a high maternal mortality rate and a high proportion of under-five deaths, suggesting a general malfunctioning of the health system, and particularly a lack of access to quality reproductive

healthcare. The outcomes of this survey are a reminder that CAR is experiencing a longstanding and under-reported health crisis.

As the year ended, there was a rapid deterioration in the security and humanitarian situation, linked to the presidential and legislative elections on 27 December. Violent clashes broke out across the country between the newly formed coalition of non-state armed groups (CPC), and government forces supported by foreign troops. These events took a severe toll on people already traumatised by years of civil war and caused further waves of displacement, both within CAR and into neighbouring countries.

On 28 December, several people, including an MSF staff member, were injured in a shooting incident on a public transport truck in Grimari. They were all taken to a nearby hospital to receive urgent medical care. We immediately dispatched a medical team from Bambari to provide assistance and referred five seriously injured patients, including our colleague, to the hospital that we support in the town. Sadly, our colleague succumbed to his injuries.

This incident is one of many examples demonstrating how CAR is entering a new cycle of violence. Our teams maintain their support to the health authorities by ensuring continuity of care in all our projects and launching emergency interventions to assist the wounded and displaced in conflict areas. These interventions include mobile clinics, donations of medicines, water and sanitation activities, distribution of relief items, and contingency and mass casualty training for health workers. Health workers trained through the MSF Academy programme are key in providing transversal support across the country.

¹ Mortality rate above which an emergency is said to be occurring. Usually taken as a crude mortality rate of 1 per 10,000 per day, or as an under-five mortality rate of 2 per 10,000 per day (WHO).

Colombia

No. staff in 2020: 140 (FTE) » Expenditure in 2020: €3.7 million
MSF first worked in the country: 1985 » [msf.org/colombia](https://www.msf.org/colombia)

KEY MEDICAL FIGURES

33,900
outpatient
consultations

11,400
consultations for
contraceptive services

6,300
individual mental
health consultations

290
women received safe
abortion care

In Colombia, Médecins Sans Frontières (MSF) focused on supporting vulnerable communities affected by the intensified conflict in recent years, and providing care to COVID-19 patients.

During 2020, MSF expanded activities to meet the challenges of COVID-19 and assist communities caught up in clashes between armed groups vying for territory.

In Nariño department, our emergency response team scaled up their support to local hospitals in the port city of Tumaco, with direct care for symptomatic patients, training in infection prevention and control, the creation of staff and patient flow routes, and donations. Mobile teams were sent to work in rural communities cut off from health services by the constant presence of armed groups.

Even in the city, our teams experienced constant security threats, with shootings between rival gangs restricting our community outreach work and incursions of armed groups into a hospital interrupting our treatment of critically ill COVID-19 patients in the intensive care unit.

In the border areas of Norte de Santander, Arauca and La Guajira, our teams continued providing general and mental healthcare to Venezuelan migrants. Our activities in La Guajira ended in August, and those in Arauca were handed over to Première Urgence Internationale as part of the MSF



strategy to assist other organisations to establish their presence in conflict areas of the country.

We also closed our mental health programme in Buenaventura, Valle de Cauca, where since 2015 teams had been offering psychological support to victims of violence. The project's innovative call centre and psychosocial activities were successfully handed over to the local health authorities.

In June, as part of our COVID-19 response, a mobile team was formed to support small hospitals in Atlántico, a coastal department that was the epicentre of the outbreak at the time. Support included training in infection prevention and control, and mental healthcare for staff.

Towards the end of the year, we carried out an emergency response to a category 5 hurricane which flattened Providencia, a small Caribbean island hundreds of kilometres off the coast. Despite huge logistical challenges, we quickly sent a team to deliver medical and mental health support to the traumatised community.

Democratic People's Republic of Korea

No. staff in 2020: 6 (FTE) » Expenditure in 2020: €1.2 million
MSF first worked in the country: 1995 » [msf.org/dpr-korea](https://www.msf.org/dpr-korea)

Activities planned by Médecins Sans Frontières (MSF) in the Democratic People's Republic of Korea (DPRK) largely stalled in 2020, due to border closures triggered by the pandemic.

In January, DPRK completely closed its borders to people and most cargo – the first country in the world to do so – and implemented a strict lockdown. This took a heavy toll on the economic and humanitarian situation.

The border closure meant that MSF's programme in North Hamgyong province was effectively put on standby. During the year, the team maintained regular contact with national authorities to discuss

strategies for resuming medical activities as soon as possible. The programme was launched in late 2018, with the aim of strengthening general medical care and improving treatment, diagnosis and management of patients with tuberculosis (TB). The programme supports two TB hospitals in the province, a general hospital at county level, as well as a smaller healthcare facility at community level. Unfortunately, the commencement of direct TB activities planned for 2020 was not possible due to the border closure.

In March, we were granted a sanctions exemption by the UN to deliver a cargo of COVID-19 supplies, including personal protective equipment, diagnostic materials and antibiotics (for any associated infections), following a request by the DPRK authorities.



Ecuador

No. staff in 2020: 10 (FTE) » Expenditure in 2020: €0.4 million
MSF first worked in the country: 1996 » [msf.org/ecuador](https://www.msf.org/ecuador)

KEY MEDICAL FIGURE
590
outpatient
consultations

Ecuador was one of the first South American countries to be hit hard by the COVID-19 pandemic, prompting Médecins Sans Frontières (MSF) to return there for the first time since 2016.

The biggest city, Guayaquil, was overwhelmed as cases rapidly surged. The authorities tried their best to respond, but were taken by surprise at the scale, speed and deadliness of the virus. By late March, the authorities were unable to cope with the number of deaths and bodies were left uncollected in the streets for several weeks.

MSF was not working in Ecuador but moved fast in April to bring in a team that had gained COVID-19 experience in Europe to support the Ministry of Health. Initially, the team assisted in health centres and nursing homes, with a focus on infection prevention and control. A health promotion programme was targeted specifically at more vulnerable communities to provide clear guidance about how to stay safe and keep others safe.

As the numbers came under control in Guayaquil, the situation started to become more critical in Las Esmeraldas region and in the capital, Quito. With



resources stretched worldwide, the team could not bring in additional support and had to decide where we could be of most assistance. As the case numbers were rising more steeply in Quito, we decided to help the city authorities with COVID-19 testing, and conduct training for staff in both fixed health posts and mobile teams responding in urban and rural areas.

We also trained staff working in nursing homes and shelters for homeless people in the capital, drawing on the experience we had gained in Europe and Brazil.

In addition, the team supported a dedicated COVID-19 treatment centre set up by the authorities with donations of medical supplies and technical training to strengthen clinical care. We also helped to adapt part of the centre for palliative care.

Egypt

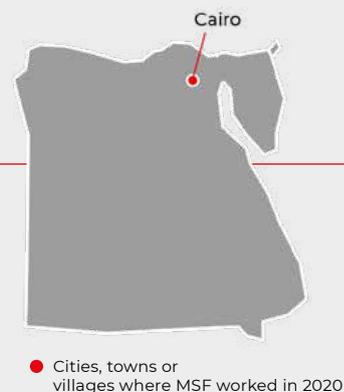
No. staff in 2020: 158 (FTE) » Expenditure in 2020: €3.1 million
MSF first worked in the country: 2010 » [msf.org/egypt](https://www.msf.org/egypt)

KEY MEDICAL FIGURES
15,200
outpatient
consultations
5,730
individual mental
health consultations

In Egypt, Médecins Sans Frontières (MSF) primarily responds to the needs of migrants, refugees and asylum seekers living in Cairo.

More than 259,200 refugees and asylum seekers are currently registered with the United Nations refugee agency, UNHCR, in Egypt. Around half of them are Syrian; the others are mainly from African countries, such as Sudan, South Sudan, Eritrea and Ethiopia. In 2020, we continued to run our integrated healthcare clinic in the capital. Launched in 2012, it offers a range of medical and mental health services, including sexual and reproductive healthcare, and treatment for people with physical and psychological trauma.

COVID-19 presented us with many operational challenges as airports closed, supply chains were interrupted, and curfews were imposed. Our teams developed innovative alternatives to in-person consultations in the areas of mental health, health promotion and social support to ensure the continuation of our services. For example, we developed phone-based



psychological support sessions for the first time, although we continued to offer emergency care in the clinic. From June, in-person consultations and services were gradually restored, reaching full capacity by the end of the year.

In spite of the challenges, our teams saw more new patients with symptoms of ill-treatment and physical abuse than in 2019. In addition to conducting mental health assessments and consultations both face to face and online, our teams connected patients to essential social services with our referral partners.

We continue to collaborate with the government, civil society groups, medical providers and academic institutions to identify pathways to expand our services to include more refugees, migrants and Egyptians who do not have access to care, specifically for sexual violence and ill-treatment.

Democratic Republic of Congo

No. staff in 2020: 3,064 (FTE) » Expenditure in 2020: €113.8 million
MSF first worked in the country: 1977 » [msf.org/drc](https://www.msf.org/drc)



KEY MEDICAL FIGURES

- 1,694,100 outpatient consultations
- 680,700 malaria cases treated
- 567,800 vaccinations against measles in response to an outbreak
- 136,800 inpatient consultations
- 11,900 surgical interventions
- 9,740 people treated for sexual violence
- 4,410 people treated for intentional physical violence
- 4,140 people treated for cholera
- 140 people with advanced HIV under direct MSF care

COVID-19 brought an additional burden to the Democratic Republic of Congo (DRC), a country with immense medical needs caused by years of overlapping crises and a weak, underfunded health system.

Despite repeated upsurges in violent conflict and restrictions imposed by the pandemic, Médecins Sans Frontières (MSF) provided vital humanitarian and medical assistance in 16 of DRC's 26 provinces. Our services included general and specialist healthcare, nutrition, vaccinations, surgery, paediatric and maternal care, medical and psychological support for victims of sexual violence and vulnerable people, as well as treatment and prevention activities for HIV/AIDS, tuberculosis (TB) and cholera. In 2020, we also responded to DRC's largest measles epidemic and two simultaneous outbreaks of Ebola, in addition to COVID-19, which had claimed 591 lives by the end of the year.

COVID-19

The impact of the pandemic was felt in all of MSF's 14 projects and 28 emergency interventions in DRC. In the capital, Kinshasa, the city hit hardest by the disease, emergency support, including providing treatment, in Saint-Joseph hospital was offered between April and September. In addition, our teams launched a campaign on Facebook to address the lack of information that had led to mistrust, rejection and sometimes violent reactions towards medical staff. In the provinces where we run regular projects, facilities were adapted to

ensure continuity of care, including for the 2,093 patients at the MSF-supported Kabinda hospital, which is dedicated to the treatment of advanced HIV/AIDS and TB.

Measles

While much of the world's attention was focused on the COVID-19 pandemic, DRC was still in the grips of the world's biggest active outbreak of measles, which started in mid-2018. Although the outbreak was declared over on 25 August, there was a rise in cases after this date in Mongala, Équateur, North Ubangi and Sankuru provinces, and MSF continued to carry out mass vaccination campaigns and treat patients with complications. According to the Ministry of Health, 70,652 confirmed cases and 1,023 deaths were reported between January and August 2020.

Ebola

In the east, the tenth, and the biggest, Ebola outbreak in the country's history was declared over on 25 June. By then, it had infected 3,470 people and claimed 2,287 lives. MSF supported the response by providing care in treatment and transit centres, offering non-Ebola care, collaborating in the vaccination programme and distributing health promotion information. When the eleventh outbreak was declared in Équateur province on 1 June, all responders knew from past experience that a high degree of decentralisation and strong logistical resources would be required, due to the widespread distribution of cases, accessibility and acceptance issues, and a strong preference for community-based healthcare. A decentralised model of care was gradually implemented,



Members of an MSF emergency team transport measles vaccines by motorbike to Boso Manzi, Mongala province, Democratic Republic of Congo, February 2020.
© MSF/Caroline Thirion



MSF's Dr Tathy consults a patient, who is not suspected of having Ebola, at a mobile clinic in the village of Bobua, Équateur province. Democratic Republic of Congo, October 2020.
© Caroline Thirion/MSF

in which mobile teams were sent to treat patients in difficult-to-reach areas. The joint response effort used the latest medical tools, increased laboratory capacity and set up temporary isolation units at community level. By the time the outbreak was declared over, on 18 November, there were 118 confirmed cases, and 55 people had died – a 42.3 per cent case fatality rate, which was significantly lower than the 66 per cent observed during the previous outbreak. In 2020, MSF treated 199 Ebola patients.

Sexual violence

The level of sexual violence remains extremely high in DRC, both in provinces affected by active conflict and in those considered more stable. During 2020, MSF provided medical and psychological care to victims of sexual violence in Kasai-Central, Ituri, North Kivu, South Kivu, Maniema and Haut Katanga. Although the number of victims who seek care in the facilities we support is high, we believe the scale of the problem is significantly under-reported. In 2020, more than half of the people who received medical and psychological care in an MSF-supported facility, or from MSF community outreach teams, had been assaulted by armed aggressors. In the areas where we work, we observe obstacles that hinder access to care for patients, such as armed conflict, a lack of infrastructure and drugs, stigmatisation, shame, and fear of reprisal. During the third quarter of the year, 66 per cent of victims of sexual violence sought care within 72 hours of the

assault. This enabled them to have access to post-exposure prophylaxis to prevent HIV; emergency contraception; antibiotics to prevent sexually transmitted infections; and vaccinations for tetanus and hepatitis B. They also received psychological support and treatment for physical injuries.

General and specialist healthcare

In Ituri and Kivu provinces, which have been plagued by conflict for many years, MSF has maintained general and specialist healthcare in long-term projects, ensuring continuity of lifesaving care while responding to epidemics and mass displacement, among other emergencies. However, the escalation of violence in 2020 and its impact on our teams operating in some of the affected areas led to a reduction in our activities and our ability to reach patients. In North Kivu's Masisi territory, where we have worked for more than a decade, the delivery of healthcare through mobile clinics, community-based outreach and ambulance services was reduced after an incident that affected patients and health teams. In South Kivu, MSF teams experienced several incidents in Fizi territory in 2020. These were the latest among many in recent years, and they forced us to make the reluctant decision to reduce our presence in Fizi and hand over all our activities except essential services to the authorities. During 2020, we started to consider how to adapt our way of working so that we can maintain our assistance to people in need, without exposing our patients and staff to the high risks we currently face.

El Salvador

No. staff in 2020: 80 (FTE) » Expenditure in 2020: €1.7 million
MSF first worked in the country: 1983 » msf.org/el-salvador

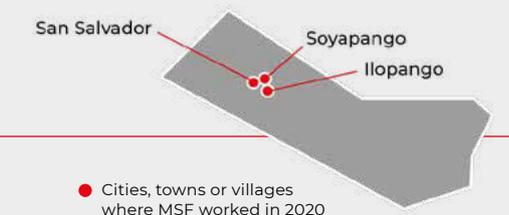
KEY MEDICAL FIGURES

- 11,600 outpatient consultations
- 2,030 individual mental health consultations
- 510 mental health consultations provided in group sessions
- 28 people treated for sexual violence

In El Salvador, Médecins Sans Frontières (MSF) responded to COVID-19 and assisted people in the aftermath of tropical storm Amanda, while continuing to provide care in areas affected by violence.

The homicide rate in El Salvador – once the world’s highest – is declining, but other forms of violence continue to affect the Salvadoran population. Decades of fighting between rival gangs, their clashes with security forces and violence against people continue to have humanitarian consequences and hamper access to healthcare. People are unable to move freely between neighbourhoods in areas dominated by rival gangs, marginalised by the authorities, and struggle to obtain medical assistance. In some areas, dubbed ‘red zones’, health services remain suspended due to violence and threats towards health workers. Measures to curb the spread of COVID-19, such as lockdowns, exacerbated the situation in 2020.

During the year, we extended the emergency services we operate in Soyapango in partnership with the Emergency Medical System (a national



ambulance service) to other stigmatised municipalities. These included Ilopango and some zones of San Martín, Tonacatepeque and Ciudad Delgado, which are difficult for emergency services to enter because of the violence. During the year, we made more than 2,580 emergency referrals.

Our mobile clinics assisted violence-affected communities in the capital, San Salvador, and in Soyapango by running health promotion activities with community leaders and health committees, and facilitating access for Ministry of Health staff. We also worked with state-run institutions and other NGOs to provide medical care to migrants, displaced people and deportees.

In response to the COVID-19 pandemic, we offered mental healthcare in isolation centres for deportees from Mexico and the United States. We also worked to alleviate the workload of the emergency services by supporting the transfer of COVID-19 patients with an additional ambulance.

When tropical storm Amanda hit El Salvador, we ran a mobile clinic to deliver medical and psychological care to the most affected communities and donated hygiene kits.

Eswatini

No. staff in 2020: 129 (FTE) » Expenditure in 2020: €2.9 million
MSF first worked in the country: 2007 » msf.org/eswatini

In Eswatini, the COVID-19 pandemic severely affected the lives of patients with HIV, tuberculosis (TB) and non-communicable diseases (NCDs) in 2020.

Around one-third of adults in Eswatini are currently living with HIV, and many of them are co-infected with TB. Médecins Sans Frontières (MSF) supports the Ministry of Health by working on reducing the transmission of these diseases and improving treatment.

The pandemic forced our teams in the Shiselweni region to change how care was delivered, to ensure that the most vulnerable people had uninterrupted safe access to lifesaving treatment.

We strengthened community-based drug-resistant TB (DR-TB) care, with health workers visiting patients’ homes to give them medication, food, psychological support and COVID-19 preventive equipment (masks, sanitisers). Video-observed treatment allowed these patients to film themselves taking their medication at home, instead of travelling to health facilities for nurse-observed treatment. In addition, we increased our support to the national

DR-TB ward in Nhlanguano, Shiselweni, by providing nursing care, implementing COVID-19 prevention and detection protocols, and donating medicines.

To relieve pressure on health facilities as COVID-19 cases surged, we set up mobile clinics and a health post to offer care for TB, HIV and NCDs such as hypertension and diabetes. Our services included testing, screening, medication refills and advice on COVID-19 prevention.

We also incorporated care for NCDs into general healthcare facilities, and increased the services offered at our community site in Nhlanguano to cover HIV self-testing, pre-exposure prophylaxis to prevent HIV infection, family planning, and treatment for HIV and sexually transmitted infections. In 2020, we completed a study looking at diagnosing and treating HIV earlier during the window period – the time between infection and the point when a test gives an accurate result. This will guide our future work on HIV epidemic control.

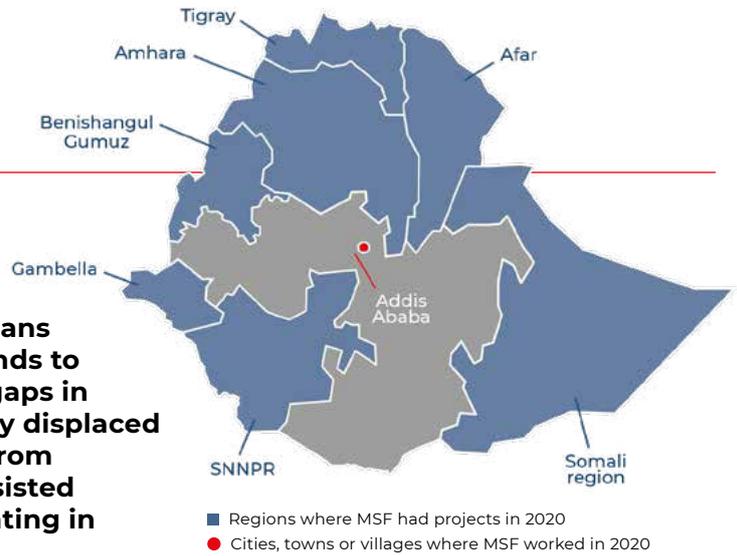
Other COVID-19 activities included supporting the health authorities to increase testing capacity, and sending an MSF community team to provide home-based care and refer critically ill patients for oxygen therapy.



■ Regions where MSF had projects in 2020
● Cities, towns or villages where MSF worked in 2020

Ethiopia

No. staff in 2020: 890 (FTE) » Expenditure in 2020: €15.5 million
MSF first worked in the country: 1984 » [msf.org/ethiopia](https://www.msf.org/ethiopia)



KEY MEDICAL FIGURES

79,600
outpatient consultations

6,360
people admitted to hospital

5,210
individual mental health consultations

4,010
births assisted

38
children admitted to inpatient feeding programmes

In Ethiopia, Médecins Sans Frontières (MSF) responds to emergencies and fills gaps in healthcare for internally displaced people and refugees. From November 2020, we assisted people affected by fighting in Tigray region.

In 2020, we provided general and specialist healthcare to South Sudanese refugees in the camps of Gambella region and specialist healthcare in Gambella hospital. In remote areas of Somali region, we offered general healthcare and responded to emergencies such as outbreaks of cholera and measles.

We also treated people for neglected tropical diseases, including kala azar and snakebite envenomation, in Amhara region. In Addis Ababa, we provided medical and mental health support to repatriated or deported Ethiopian migrants and ensured continuity of care for them in their regions of origin.

Our teams also assisted people displaced by floods in Southern Nations, Nationalities and People's Region (SNNPR) and Afar region, and supported internally displaced people and the host community in Benishangui Gumuz region.

In March, we ended our support to Hitsats refugee camp in Tigray region, where we offered mental healthcare to refugees and the host community.

We started supporting health facilities in southern Tigray with training and donations in November, and have been running mobile clinics and supporting some heavily damaged health facilities in other parts of Tigray since mid-December, providing them with oxygen and other vital supplies, and rehabilitating emergency, maternity, paediatric and inpatient services. On the border of the Amhara region, our teams offered healthcare to thousands of displaced people and supported several health facilities with medical supplies. We also gave nutritional and mass casualty training to Ministry of Health staff. In early November, we provided medical assistance to 278 people wounded in the first clashes in western Tigray.

France

No. staff in 2020: 92 (FTE) » Expenditure in 2020: €5.6 million
MSF first worked in the country: 1987 » [msf.org/france](https://www.msf.org/france)



KEY MEDICAL FIGURE

1,950
individual mental health consultations

When COVID-19 hit France, our priority was to assist the most vulnerable groups, including homeless people, refugees and undocumented migrants, as well as residents of nursing homes.

During the first wave of the pandemic, Médecins Sans Frontières (MSF) scaled up existing programmes supporting migrants, asylum seekers, refugees and unaccompanied minors to provide general healthcare to all vulnerable people living on the streets and in informal settlements in and around Paris. We also ran a hotline and sent mobile medical teams to emergency shelters and migrant workers' hostels to detect and manage suspected cases of COVID-19, follow up patients and raise awareness about infection prevention measures. In addition, we worked in facilities set up by authorities to accommodate people who needed to self-isolate. In Marseille, we supported testing and referrals centres in two of the city's poorest neighbourhoods.

From April onwards, as we became aware of the catastrophe unfolding in nursing homes, we sent teams to offer medical and psychological support. Many homes in Paris were experiencing critical

shortages of staff and equipment, yet having to care for severely ill patients who could not be referred as hospitals were overwhelmed. As the second wave spread across the country, we launched an emergency appeal for more staff to help us reduce the burden on the most vulnerable facilities, and expanded our activities to Provence-Alpes-Côte d'Azur and Occitanie regions.

In Paris and Marseille, we offered medical and administrative support to unaccompanied minors, and as winter approached, we set up emergency shelters to accommodate them as they waited to hear the outcomes of their applications for child protection. In collaboration with four other organisations, we also provided assistance at a campsite in central Paris. MSF continues to call on the departmental councils of Île-de-France region to fully assume their obligation to protect and care for this vulnerable group.

Greece

No. staff in 2020: 291 (FTE) » Expenditure in 2020: €13.3 million
MSF first worked in the country: 1991 » [msf.org/greece](https://www.msf.org/greece)

KEY MEDICAL FIGURES

48,800
outpatient
consultations

10,400
individual mental
health consultations

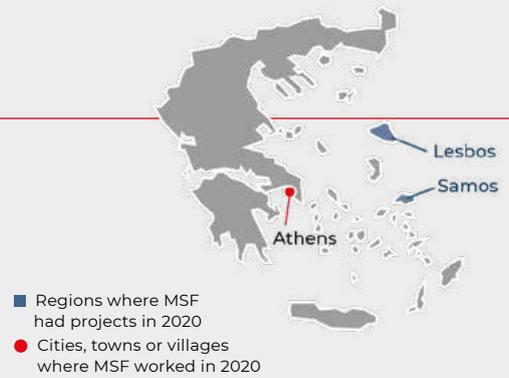
460
people treated for
sexual violence

100
victims of
torture treated

Throughout 2020, Médecins Sans Frontières (MSF) continued to denounce the policies that have trapped thousands of people in terrible conditions on Greek islands.

By March, more than 20,000 men, women and children were held in undignified conditions in Moria, a reception centre on Lesbos island with an official capacity of 3,000. COVID-19 lockdown measures further restricted their capacity to move, buy food and access healthcare or legal assistance.

MSF runs a clinic outside Moria to provide sexual and reproductive healthcare, and general healthcare and mental health support for children. In June, we opened an emergency COVID-19 isolation centre, which the local authorities forced us to close soon after. On the night of 7 September, Moria was completely destroyed by several fires and more than 12,000 people were displaced. We rapidly sent mobile clinics and opened an additional clinic to respond to urgent needs. People were moved to a new camp where, by the end of the year, 7,000 people were still living in tents.



On Samos island, at times there were as many as 8,000 people living in Vathy reception centre, which was originally planned for 650. The authorities' COVID-19 response was inadequate, with only a handful of medical staff and unacceptable quarantining options for infected people. During 2020, MSF provided toilets and thousands of litres of water per day to help prevent health problems associated with poor water and sanitation. In Vathy town, our day centre continued to offer mental health support and sexual and reproductive healthcare, focusing on sexual violence.

In Athens, we treated victims of torture at a specialised clinic and, at a day centre we manage, we offered social and legal assistance, as well as health services. From July, we supported an increasing number of refugees with severe health and psychological issues at risk of eviction from their accommodation.

Guatemala

No. staff in 2020: 1 (FTE) » Expenditure in 2020: €0.4 million
MSF first worked in the country: 1984 » [msf.org/guatemala](https://www.msf.org/guatemala)

COVID-19 seriously affected general healthcare provision in Guatemala, due to a lack of medical staff and testing equipment.

In March, Médecins Sans Frontières (MSF) started to assist with the COVID-19 response in the town of La Gomera, in Escuintla department. After assessing the needs, we scaled up health promotion and mental health support to the Escuintla Ministry of Health, which only had three psychologists for the whole department.

We set up a mental health helpline to provide psychological support for health workers. These mental health activities were among the very few

in the country aimed at reducing the effects of stress and anxiety produced by COVID-19.

We also assisted the local Ministry of Health with logistics for respiratory triage in La Gomera general healthcare clinic. This enabled the clinic to detect cases of COVID-19 among the local community and ensure patients received adequate medical care. In addition, we enlisted the help of people in the community to distribute health promotion materials with information about the virus and how to prevent its spread, as well as advice on protecting mental health, across the whole department.



Guinea

No. staff in 2020: 333 (FTE) » Expenditure in 2020: €9.5 million
MSF first worked in the country: 1984 » [msf.org/guinea](https://www.msf.org/guinea)

KEY MEDICAL FIGURES

40,500
malaria cases treated

12,500
people on first-line
ARV treatment in
MSF-supported
programmes

790
people treated for
measles

350
patients admitted for
COVID-19

In Guinea, Médecins Sans Frontières (MSF) focuses on treating and preventing HIV/AIDS, malaria, measles, malnutrition and respiratory infections. In 2020, we assisted with the emergency response to the COVID-19 pandemic.

MSF remains one of the main organisations offering medical and psychosocial care for people living with HIV in the capital, Conakry. In the HIV unit we run at Donka hospital, our teams provide care to patients living with an advanced stage of the disease. We also support HIV testing and treatment in eight health facilities, and conduct awareness-raising, testing and condom distribution campaigns. In 2020, we set up a new centre where HIV patients can benefit from peer support and access medication without having to go to hospital.

As the number of COVID-19 cases rapidly increased in Conakry in April, we established a 75-bed treatment unit in a centre we had originally built in 2014 to treat Ebola patients. In collaboration with the health authorities, our teams also carried out



contact tracing, disinfection of patients' homes and prevention and follow-up activities.

From March to August, when there was an increase in measles cases in Conakry, our teams supported care for children under five in Matoto, Matam and Ratoma communes.

In Bankalan, Kankan region, in response to floods which displaced hundreds of people, we rehabilitated a health post, built latrines and provided consultations and essential medicines.

In Kouroussa prefecture, we run a programme offering treatment for malaria, malnutrition, diarrhoea and respiratory infections for children under five. In 2020, the community health workers we trained, equipped and supported, treated over 27,000 children for malaria and diarrhoea in their communities. Meanwhile, we continued to support 24 health facilities in Kouroussa, including the prefectural hospital, where we treated patients requiring specialist care. A total of 65,000 people were admitted during the year.

Guinea-Bissau

No. staff in 2020: 130 (FTE) » Expenditure in 2020: €2 million
MSF first worked in the country: 1998 » [msf.org/guinea-bissau](https://www.msf.org/guinea-bissau)

KEY MEDICAL FIGURES

3,780
emergency room
admissions

850
patients admitted
to hospital

120
malaria cases
treated

For nearly six years, Médecins Sans Frontières (MSF) has been working in Guinea-Bissau to improve paediatric care. In 2020, we ended our activities, handing many over to the health ministry.

Our overall objective in Guinea-Bissau was to reduce the number of deaths in the under-15 age group in areas of the country which had some of the highest infant mortality rates in the world. The main diseases affecting children are respiratory infections, malaria, diarrhoea and meningitis. Among newborns, the leading causes of death are asphyxia and neonatal sepsis.

We managed the 15-bed paediatric emergency room as well as the paediatric and neonatal intensive care units (with a total of 64 beds) in the country's only tertiary facility, Simão Mendes national hospital, in the capital Bissau. We established a triage system in



the paediatric emergency unit to guarantee faster and more efficient treatment.

We also supported Ministry of Health staff with management skills development and training, both for their regular activities and for the COVID-19 response.

Neonatal care requires many resources, but MSF proved it was possible to go beyond the basics, and treat the most complex and critical patients by introducing new protocols and technologies that are not usually in place in low-income countries.

When our teams left in June 2020, we handed over not only the facilities, but also biomedical equipment, pharmaceutical products, a specialist laboratory for emergency services, and a knowledgeable, experienced and enthusiastic team.

Haiti

No. staff in 2020: 1,316 (FTE) » Expenditure in 2020: €23.4 million
MSF first worked in the country: 1991 » [msf.org/haiti](https://www.msf.org/haiti)



KEY MEDICAL FIGURES

3,780
emergency room
consultations

3,700
people treated for
intentional physical
violence

1,630
people treated for
sexual violence

Médecins Sans Frontières (MSF) runs a range of specialist and emergency medical services that many people would not be able to afford or access elsewhere.

People in Haiti continue to face multiple barriers to healthcare amid an ongoing political and economic crisis. Violence is rife, particularly in the capital, Port-au-Prince, where gangs fight for territory and influence. In 2020, there were repeated strikes and staffing shortages in public health facilities due to attacks on health workers, non-payment of wages and the risks of COVID-19.

Our emergency centre in the impoverished Martissant neighbourhood treats and stabilises patients with urgent needs, including severe asthma attacks, childhood medical emergencies, and injuries from violence and accidental trauma. In our trauma hospital in Tabarre, we offer emergency care, surgery, physiotherapy and psychosocial care for trauma patients with life-threatening injuries, such as open bone fractures or bullet wounds to the chest or abdomen. We also supported the adult and paediatric emergency rooms at the Haiti State University Hospital by donating medical supplies, rehabilitating facilities and training staff.

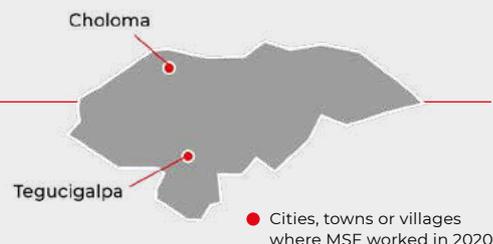
In May, we repurposed our specialist burns hospital in the capital to treat patients with COVID-19, until August, when we returned to treating patients with complex burn injuries. Drouillard hospital is the only facility of its kind in Haiti, and receives many referrals from areas where precarious living conditions increase the risk of domestic accidents, such as burns from stoves. In August, we also supported a local maternity centre to reopen safely by screening patients for COVID-19, and providing training and personal protective equipment.

We continue to run our clinic for victims of sexual and gender-based violence in the capital's Delmas 33 neighbourhood, and in February opened a second one in Gonaïves, northern Haiti. In both, we train public hospital staff and work with local organisations to raise awareness of sexual violence and adolescent sexual health issues. To help victims reach medical services, we set up a confidential telephone hotline.

In the rural southwest, we support sexual and reproductive health services in health centres in Port-à-Piment and the surrounding area. We are gradually increasing our support for comprehensive emergency obstetric and neonatal care in Port Salut.

Honduras

No. staff in 2020: 147 (FTE) » Expenditure in 2020: €3.8 million
MSF first worked in the country: 1974 » [msf.org/honduras](https://www.msf.org/honduras)



KEY MEDICAL FIGURES

26,800
outpatient
consultations

4,660
individual mental
health consultations

160
people treated for
sexual violence

In Honduras, Médecins Sans Frontières (MSF) continued to assist victims of violence, while carrying out emergency responses to the COVID-19 pandemic and hurricanes Eta and Iota.

Honduras has experienced years of social, economic and political instability, which is reflected in the high rates of homicide, sexual violence and forced displacement of vulnerable people. In 2020, the combination of COVID-19 and natural disasters, such as hurricanes Eta and Iota – the worst storms to hit Central America since hurricane Mitch in 1998 – had a devastating effect on the country, exacerbating the already high levels of unemployment and food insecurity. Widespread destruction of infrastructure, caused by the storms, means that a long-term period of reconstruction will be required.

In February, when the government declared a state of emergency due to the pandemic, the lockdown measures confined women and children in violent domestic environments without the possibility of seeking support. In response, MSF rapidly introduced helpline services and organised mental health follow-

up for victims of sexual violence. In the department of Choloma, our teams ensured continuity of care at a mother and child clinic, the only one in the area offering family planning, ante- and postnatal consultations and psychological support to victims of violence. We also assisted births.

In June, we started to offer comprehensive medical services to COVID-19 patients at the National University sports facility in Tegucigalpa, in collaboration with the Ministry of Health and the Metropolitan Health Region. In addition, our teams established COVID-19 triage and provided oxygen treatment at Nueva Capital health centre.

In November and December, when the hurricanes struck, leaving 250,000 people with limited access to health services, MSF teams provided medical and psychological care, as well as health promotion, in the shelters located in the most affected areas. We also assisted victims of sexual violence.

During the year, as migrant caravans gathered to travel north towards the United States, we sent teams to offer first aid and psychosocial support at different points along the route.

India

No. staff in 2020: 682 (FTE) » Expenditure in 2020: €15.1 million
MSF first worked in the country: 1999 » [msf.org/india](https://www.msf.org/india)

KEY MEDICAL FIGURES

21,900 people on first-line ARV treatment in MSF-supported programmes

1,180 people started on treatment for TB, including 770 for MDR-TB

400 people treated for sexual violence

64 people started on treatment for hepatitis C

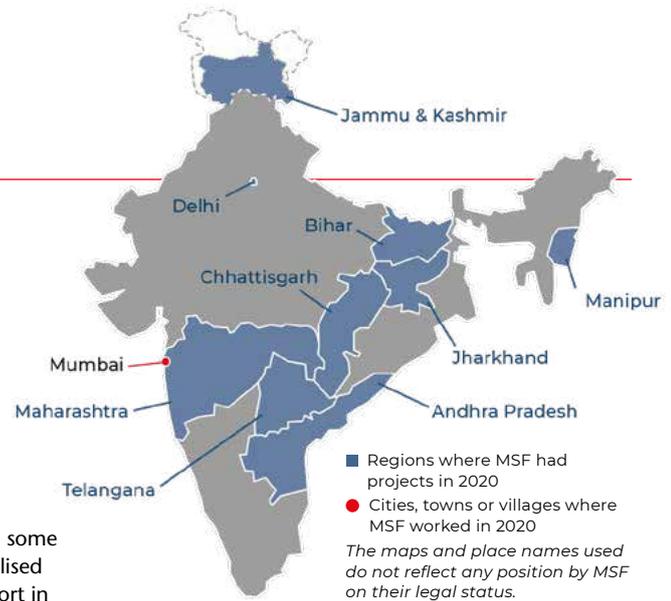
India is a country of vast size and inequality, with considerable disparity in the level of medical treatment available, depending on a person's income and where they live.

Médecins Sans Frontières (MSF) works to fill some of the gaps in services for the most marginalised communities, including mental health support in hospitals in four districts of Kashmir. We also treat victims of sexual and gender-based violence in our clinic in New Delhi, where we provide round-the-clock, confidential services for people of all ages. When COVID-19 restrictions were imposed, we switched to phone-based counselling services and digital health promotion activities to guarantee continuity of care.

Treatment for infectious diseases

In our HIV centres in Manipur, we implement a model of care that is tailored to patients' needs. We also support the antiretroviral treatment centre and inpatient management of HIV in a district hospital, and distribute food coupons and dry rations to homeless intravenous drug users.

MSF has been working with the government to increase access to holistic care for HIV patients with life-threatening opportunistic infections. In 2020, in Bihar, one of India's poorest states, we focused on antimicrobial resistance stewardship to guide the



prescribing and use of antibiotics. Palliative care, nutrition, mental health support and advocacy are also important components of our model of care.

In Mumbai, we continued to offer care for patients with drug-resistant tuberculosis (TB), with paediatric care a priority in 2020. The first patients were enrolled in the EndTB clinical trial using the new generation of drugs, aimed at finding shorter, more tolerable, injection-free treatments for multidrug-resistant TB.

Handing over projects

India has the world's highest rate of childhood malnutrition, and in Jharkhand, one of the worst-affected states, MSF has contributed to shaping the treatment protocol. Although we discontinued our project providing community management of acute malnutrition in early 2020, we continued to follow up children with severe acute malnutrition discharged from the programme.

Indonesia

No. staff in 2020: 42 (FTE) » Expenditure in 2020: €1 million
MSF first worked in the country: 1995 » [msf.org/indonesia](https://www.msf.org/indonesia)

KEY MEDICAL FIGURES

160 antenatal consultations

92 postnatal consultations

In Indonesia, Médecins Sans Frontières (MSF) focused on improving adolescent healthcare and working with the authorities to strengthen emergency preparedness and response capacity during the COVID-19 pandemic in 2020.

The main goal of our programmes in Banten and Jakarta provinces is to 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. Health education is given in a way that is adapted to the target group. We also support the provision of adolescent-friendly health services inside health centres.

In 2020, our programme in Jakarta included activities such as counselling sessions, as well as consultations in adolescent healthcare services at Islamic boarding



schools and for street children. However, we had to suspend these activities when COVID-19 broke out. Where possible, we adapted our other projects to the new health protocols during the pandemic. We were able to continue some of our face-to-face activities using the necessary protective equipment, while others had to be switched to online platforms.

Our teams in Jakarta and Banten also supported the response to the pandemic, by conducting workshops and training medical staff and community health workers involved in the management of suspected COVID-19 patients. In addition, the team in Banten worked in Labuan and Carita subdistricts, supporting the surveillance taskforce. In places where confusion about COVID-19 was widespread, our teams conducted training of trainers. Groups of household heads participated in interactive training sessions about the virus and were then able to educate and inform their communities. We also donated personal protective equipment to different health centres.

Iraq

No. staff in 2020: 1,076 (FTE) » Expenditure in 2020: €38.7 million
MSF first worked in the country: 2003 » [msf.org/iraq](https://www.msf.org/iraq)

KEY MEDICAL FIGURES

- 80,900 outpatient consultations
- 69,100 emergency room admissions
- 15,800 individual mental health consultations
- 14,400 births assisted
- 4,480 surgical interventions

In 2020, the arrival of COVID-19 in Iraq presented new challenges to a country still reeling from the effects of years of conflict and instability.

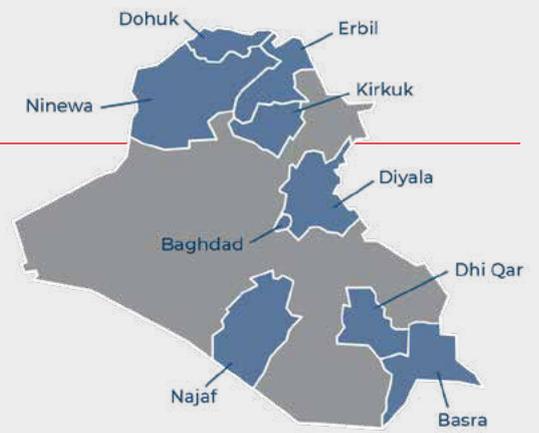
Médecins Sans Frontières (MSF) responded to multiple health emergencies across Iraq in 2020, providing care to thousands of people displaced by the war against the Islamic State group, protesters injured in violent clashes with security forces, and patients with COVID-19. We also supported the national health system, which is still in the early stages of reconstruction, by filling gaps in essential healthcare.

Supporting emergency preparedness

The mass demonstrations that started at the end of 2019 continued into 2020, prompting MSF to launch an emergency intervention in Najaf, Dhi Qar and Basra governorates to respond to an increase in the number of patients with violence-related injuries. In Najaf, we ran training in mass casualty planning at three local hospitals to help staff deal with a sudden influx of patients. In Nasiriyah, our teams supported the emergency room of Al-Hussein hospital with training on trauma care, focusing on critical injuries and resuscitation. Teams in Basra provided training on emergency preparedness at city level, as well as trauma training for paramedics, in collaboration with the Department of Health.

COVID-19 response

As many health facilities damaged in recent years have yet to be rebuilt or rehabilitated and returned to full capacity, and there is a shortage of specialised healthcare staff and drugs, it was



■ Regions where MSF had projects in 2020

immediately clear that the health system would struggle to cope with the increased needs and challenges generated by the pandemic. We therefore decided to maintain our lifesaving medical activities while strengthening infection prevention and control measures, and putting in place triage and referral procedures to protect our patients and staff.

In Baghdad, the city hit hardest by the virus, we supported Ibn Al-Khateeb hospital, a facility run by the Ministry of Health. When it was identified as one of the three main hospitals for COVID-19 care in the early stages of the pandemic, we sent a team to train medical staff on patient triage and infection prevention and control. We also supported the capital's Al-Kindi hospital by treating patients with severe cases. At the beginning of the outbreak, our staff worked in the hospital's respiratory care unit (which included beds for patients in intensive care). Later in the year, we opened our own 24-bed ward, and then gradually moved to a 36-bed ward in a purpose-built wing.

We also supported the response to the outbreak in Mosul, in Ninewa governorate, temporarily transforming our 64-bed post-operative care facility in the east of the city into a COVID-19 treatment centre for suspected and confirmed cases. In mid-November, we opened an additional 15-bed intensive care unit at Al-Salam hospital to offer advanced care for patients with critical and severe forms of the virus.

At other facilities in Ninewa, as well as in Erbil, Diyala, Kirkuk and Dohuk governorates, we provided training sessions, with a focus on infection control. In addition, we set up a 20-bed isolation unit and treatment facility at Laylan displacement camp in Kirkuk, in preparation for a potential spike in COVID-19 cases.

An MSF nurse adjusts the oxygen supply of a patient with COVID-19 at the COVID-19 treatment centre in Al-Kindy hospital, Baghdad, Iraq, September 2020. © Nabil Salih/MSF





An observer looks on as an MSF nurse examines a patient during a training simulation exercise at Al-Hakim General Hospital in Najaf. Iraq, February 2020.
© Hassan Kamal Al-Deen/MSF

Essential healthcare for vulnerable communities

In the rest of the country, we continued to run general and specialist health services at our ongoing projects for displaced people, returnees and vulnerable communities. In all locations, including our COVID-19 centres, we maintained our emergency room and mental health services.

As a result of the pandemic and the closure of private clinics, our maternity and paediatric teams in west Mosul and Sinuni saw a sharp increase in demand for care and admissions.

In Ninewa, we provided emergency and intensive care, burns treatment, physiotherapy and mental healthcare at our hospital in Qayyarah, until October, when we handed over all our activities to local government hospitals. As part of the process, we trained staff and donated medical supplies and other equipment. Until October, at the Qayyarah displacement camp, MSF also offered general healthcare, maternity services, and treatment and follow-up for non-communicable diseases, until we handed over our activities to another organisation.

We also had teams working in general healthcare centres in the towns of Hawija and Al-Abasi in Kirkuk governorate, and in Sinsil Al-Muqdadia in Diyala governorate, where we supported maternity services, sexual and reproductive healthcare, treatment for non-communicable diseases, health promotion and mental healthcare. Our general healthcare services were also available in Laylan camp (Kirkuk), until its closure in November, and in Alwand and Sinsil camps (Diyala), until August, when MSF handed over these activities to the Department of Health and other organisations.

In Baghdad, MSF continued to collaborate with the national tuberculosis (TB) programme, with the introduction of a new, more effective oral treatment for drug-resistant TB.

Due to the COVID-19 outbreak, we were forced to temporarily suspend our activities at the Baghdad medical rehabilitation centre, where people injured in violent incidents or accidents receive comprehensive care, including mental health support. However, we were able to maintain our support to patients through online physiotherapy and mental health consultations, for example using Skype, and restarted activities later in the year.

Iran

No. staff in 2020: 93 (FTE) » Expenditure in 2020: €2.4 million
MSF first worked in the country: 1990 » [msf.org/iran](https://www.msf.org/iran)

KEY MEDICAL FIGURES

29,500
outpatient
consultations

6,060
individual mental
health consultations

190
people started
on treatment for
hepatitis C

Since 2012, Médecins Sans Frontières (MSF) has been providing medical services to vulnerable groups in Iran, including drug users, Afghan refugees and homeless people, who are often excluded from healthcare.

Iran officially hosts 950,000 Afghan and 28,000 Iraqi refugees. In addition to the refugees, there are around 2.5 million Afghans residing in Iran, inclusive of passport holders and undocumented Afghans.¹ For them and other marginalised groups, such as homeless people, the Ghorbati ethnic community, and drug users (whose official number is estimated at 2.8 million – 3.5 per cent of the population), obtaining medical assistance is a struggle, despite the government's pledge to implement universal health coverage.

In 2020, MSF continued to offer comprehensive care to these vulnerable groups at high risk of infectious diseases in South Tehran, via a health facility and a mobile clinic. Services include medical consultations, testing for communicable diseases (HIV, tuberculosis, hepatitis B), treatment for



sexually transmitted infections such as syphilis, specialist referrals, ante- and postnatal care, and family planning. We also offer testing and treatment for hepatitis C, the most common infection among drug users in Iran, and mental health support.

In Mashhad, Iran's second largest city, our mobile clinics deliver similar services for refugees, host communities and residents of a women's shelter. We also work in a fixed clinic in Golshahr district, where 80 per cent of Afghans in Mashhad live. In 2020, we extended these activities to 11 camps for drug users in remission.

Iran was heavily affected by the COVID-19 pandemic in 2020. During the initial peak, we started preparations to set up a 50-bed field treatment unit in Isfahan to support a local hospital. Shortly after the arrival of the equipment and the team, approval for the set up of the unit was revoked. As it was not possible to set it up elsewhere in the country, the equipment was exported to our project in Herat, Afghanistan.

¹ <https://www.unhcr.org/ir/refugees-in-iran/>

Italy

No. staff in 2020: 27 (FTE) » Expenditure in 2020: €2.7 million
MSF first worked in the country: 1999 » [msf.org/italy](https://www.msf.org/italy)

KEY MEDICAL FIGURE

270
outpatient
consultations
for COVID-19

When the epicentre of the COVID-19 pandemic shifted to Europe, Médecins Sans Frontières (MSF) supported the response in Italy. We also continued to provide medical and psychological assistance to migrants.

Italy was the first European country to be hard hit by COVID-19. In early March, at the request of the health ministry, we started working in hospitals in Lombardy, the region with the highest number of cases, sharing our epidemic expertise in infection prevention and control, and patient care. We extended our activities to other regions, focusing on vulnerable groups. Our teams worked in care homes, prisons, migrant centres, shelters for the homeless, informal settlements and squats, supporting civil society groups providing assistance, and running multilingual health promotion and online mental health activities.

Although our emergency response ended in July, we continued to carry out COVID-19 activities. On the outskirts of Rome, we supported the early detection and management of cases, while in



Palermo, we responded to outbreaks in shelters for the homeless and migrant centres.

In the summer, our team in Lampedusa, Sicily, responded to a sharp increase in the number of migrants arriving from Libya and Tunisia. For two months, we supported and trained national health service medical teams in triage at disembarkation and offered psychological first aid to people traumatised by experiences during their journey.

Throughout the year, our teams continued to monitor the situation of migrants in transit at Italy's northern borders. We denounced the dire living conditions, and the harsh treatment to which they were exposed, including physical abuse and pushbacks across the borders. We also worked with civil society groups to distribute relief items such as blankets and winter clothes.

Jordan

No. staff in 2020: 372 (FTE) » Expenditure in 2020: €17.7 million
MSF first worked in the country: 2006 » [msf.org/jordan](https://www.msf.org/jordan)

KEY MEDICAL FIGURES

- 23,900 outpatient consultations
- 4,530 individual mental health consultations
- 700 surgical interventions

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.

When the Jordanian government imposed a strict lockdown between mid-March and end May because of the COVID-19 pandemic, we had to adapt, change or suspend our projects.

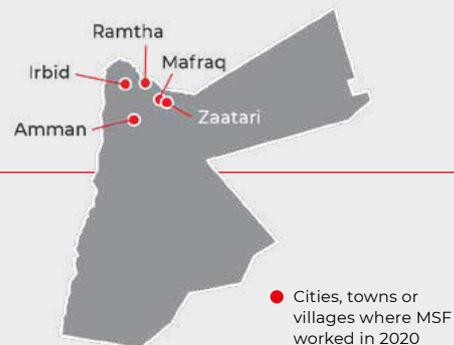
Reconstructive surgery

Our reconstructive surgery hospital in Amman offers comprehensive care to patients injured in conflicts across the Middle East. However, border closures at the beginning of the pandemic forced us to suspend admissions for some months and limit activities to essential surgery for existing patients.

As cases peaked in November, we responded to the health ministry's request for assistance by opening a 40-bed dedicated COVID-19 ward in the hospital. The ward was shut at the end of December, following a reduction in cases.

Non-communicable diseases (NCDs) and mental health

Our two clinics in Irbid governorate provide Syrian refugees and vulnerable Jordanians with treatment



for NCDs such as diabetes and hypertension, leading causes of death in the region. Our services include medical and mental healthcare, psychosocial support, physiotherapy and health education. In March, when the lockdown started, we switched to phone-based consultations and door-to-door medicine refills.

Our mental health projects in Irbid and Mafraq also conducted remote consultations until it was safe for patients to return to the clinic.

Zaatari camp

At the start of the COVID-19 pandemic, in response to needs identified by UNHCR, the UN refugee agency, we supported the treatment of patients with the virus inside Zaatari camp. It was assumed that COVID-19 would spread quickly in the camp and overwhelm public hospitals. We assessed the needs and opened a small treatment centre, where we offered inpatient care in collaboration with the health ministry, UNHCR and other organisations.

We also monitored the condition of confirmed patients and their contacts, and transferred patients in need of care to our treatment centre. More serious cases were referred to the public hospital in Mafraq.

Kenya

No. staff in 2020: 891 (FTE) » Expenditure in 2020: €26.1 million
MSF first worked in the country: 1987 » [msf.org/kenya](https://www.msf.org/kenya)

KEY MEDICAL FIGURES

- 17,800 patients admitted to hospital
- 9,120 births assisted
- 3,750 people treated for sexual violence
- 2,280 people on second-line ARV treatment in MSF-supported facilities

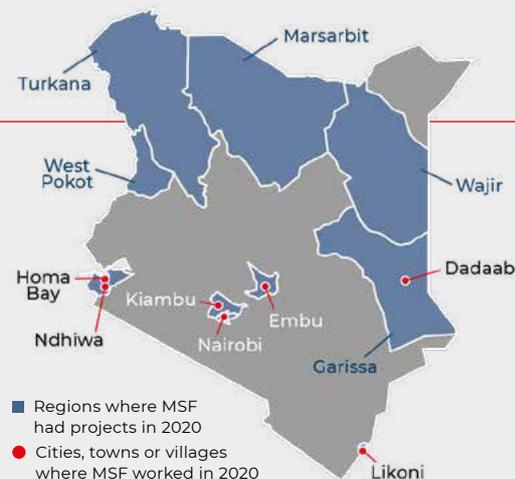
In Kenya, we provide care for refugees, victims of sexual violence and drug users, while responding to public health challenges such as HIV, and in 2020, the COVID-19 pandemic.

Despite the restrictions imposed on access to healthcare by COVID-19, and strikes by healthcare workers, Médecins Sans Frontières (MSF) continued to run programmes across the country. In Nairobi, medical services, phone-based counselling for victims of sexual and gender-based violence, and our trauma room and ambulance services were a lifeline for many patients, including women in labour.

In March, we launched our medical programme for people who use drugs in Kiambu. Our one-stop facility provides opioid substitution therapy, treatment for diseases such as HIV and tuberculosis, mental health support and wound care.

In Homa Bay, our team continues to work on improving HIV care, focusing on patients with advanced HIV, as well as children and adolescents. Reducing the mortality at the county's apex hospital through better identification, management, and follow-up of patients with critical conditions remains a priority for MSF.

In Embu county, we are working to decentralise and integrate treatment for non-communicable diseases (NCDs) such as hypertension, diabetes and epilepsy, within 11 existing general health centres. The project



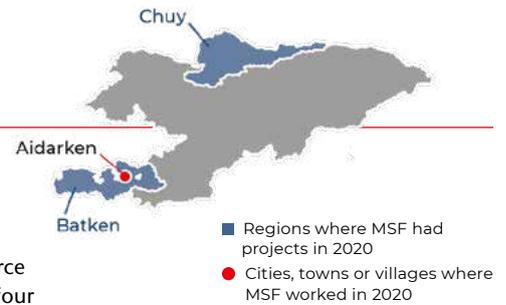
involves mentoring Ministry of Health staff in the care and management of NCDs, as well as guaranteeing continuity of treatment for patients.

Our project in Likoni, Mombasa county, offers maternal and neonatal care. We also assist births and offer ante- and postnatal services. In Dagahaley camp, which hosts some 70,000 refugees, we run a 100-bed hospital and two health posts. Our comprehensive services, which are also available to the host community, include sexual and reproductive healthcare, emergency obstetric surgery, medical and psychological assistance to victims of sexual and gender-based violence, psychosocial counselling, home-based insulin treatment, palliative care and specialist referrals.

In response to the COVID-19 pandemic, we ran a 40-bed isolation facility in the camp and trained staff working for Garissa and Wajir district health authorities on infection prevention and control measures, screening and collecting swabs for testing.

Kyrgyzstan

No. staff in 2020: 67 (FTE) » Expenditure in 2020: €1.6 million
MSF first worked in the country: 1996 » [msf.org/kyrgyzstan](https://www.msf.org/kyrgyzstan)



In 2020, Médecins Sans Frontières (MSF) provided support to the COVID-19 response in Kyrgyzstan while continuing to run healthcare programmes in Batken province.

In the largely rural and remote region of Aidarken, MSF supports district health authorities to screen, diagnose and prevent a range of chronic diseases including diabetes, hypertension and anaemia. The high prevalence of non-communicable diseases in this region is potentially linked to soil and water pollution; however, plans to carry out further environmental assessments were delayed because of COVID-19.

Our teams in Aidarken also run health services for women and children, with an emphasis on sexual and reproductive health, including ante- and postnatal care. In 2020, we started cervical cancer screening, but a more ambitious scale-up was halted as COVID-19 forced us to reduce outpatient consultations to prevent its spread.

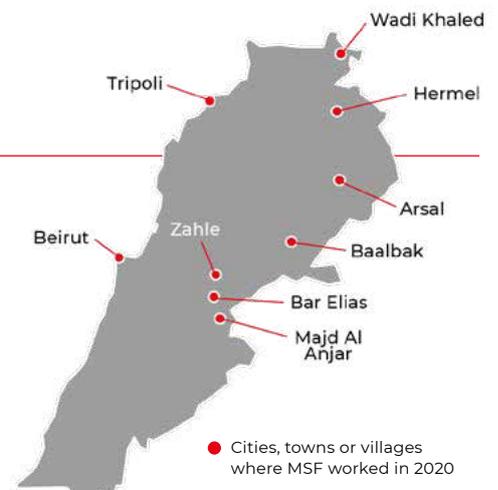
As early as March, we started to reinforce COVID-19 preparedness measures in four of the main hospitals in Kadamjaj, Batken province. We adapted infrastructure to improve patient flow, offered advice and training on infection prevention and control, and provided disinfectants and personal protective equipment for health staff. In addition, we worked with mobile government brigades to gather samples for testing and supported epidemiological surveillance by assisting with data collection.

When COVID-19 peaked in the country in July, we opened a COVID-19 home-based care programme for moderate and mild patients in Alamedin and Sokuluk, in Chuy province, to prevent hospitals from being overwhelmed. This programme was also extended to Kadamjaj. The home-based management of COVID-19 was a first in the country and was introduced in collaboration with the Ministry of Health.

In October, following political unrest, we supported the Kyrgyz Red Crescent by donating first-aid kits, to provide care during demonstrations.

Lebanon

No. staff in 2020: 627 (FTE) » Expenditure in 2020: €31.3 million
MSF first worked in the country: 1976 » [msf.org/lebanon](https://www.msf.org/lebanon)



KEY MEDICAL FIGURES
152,900
outpatient
consultations

11,600
individual mental
health consultations

9,430
people admitted
to hospital

4,610
births assisted

The arrival of COVID-19 and a massive explosion in Beirut dealt further blows to Lebanon's health system, already fragile following a year of economic, political and social unrest.

In August, a huge explosion tore through the capital, Beirut, killing at least 200 people and destroying many homes and businesses. The blast resulted in a spike in COVID-19 cases as thousands of injured and traumatised people took to the streets to seek treatment for their wounds or search for missing family members, abandoning all precautionary measures. Médecins Sans Frontières (MSF) assisted residents of the devastated areas by providing medical care and mental health support, distributing hygiene kits and installing water tanks.

COVID-19 spread from September and overwhelmed the healthcare system. A series of lockdowns further aggravated the economic crisis. As the number of cases increased, we transformed our hospital in the Bekaa Valley into a COVID-19 facility and supported an isolation centre in Siblin, in the south of the country. In Elias Haraoui in Zahle, we adapted and expanded our activities in the emergency room to

ensure effective triage of patients. Our teams also carried out COVID-19 testing and health promotion activities in several locations across Lebanon.

Preventing the pandemic from disrupting other essential health services was of fundamental importance to our teams in Lebanon. During the year, we kept existing activities running, to ensure access to free, high-quality healthcare for vulnerable people in need of medical or humanitarian support, such as Syrian refugees – there are over a million in the country. We ran reproductive health services and maternity centres in south Beirut and Aarsal, and offered general and intensive care, including vaccinations and treatment for children with thalassemia, an inherited blood disorder. Mental health support and care for non-communicable diseases were also available in our projects.

Liberia

No. staff in 2020: 328 (FTE) » Expenditure in 2020: €6.1 million
MSF first worked in the country: 1990 » [msf.org/liberia](https://www.msf.org/liberia)

KEY MEDICAL FIGURES

4,250
children admitted
to hospital

2,370
people received care
for mental health
disorders or epilepsy

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.

In 2020, we continued to provide specialist paediatric care in Bardnesville Junction hospital, which we opened in Monrovia during the Ebola epidemic in 2015. When COVID-19 led to travel restrictions in March, we were forced to suspend paediatric surgery because of the difficulty in sending surgical staff to the hospital. We reinforced our infection prevention and control measures and maintained our emergency and inpatient services for children, treating many with malaria and malnutrition.

In recent years, Bardnesville Junction hospital has served as a paediatric training site for Liberian medical workers. From January to March, we trained nurses, medical doctors and a nurse anaesthetist, before suspending medical internships because of COVID-19 risks.

In April, we distributed soap to 78,000 households in Monrovia and carried out a hygiene awareness campaign to help prevent COVID-19. We provided technical support in infection prevention and control



at the city's military hospital, where COVID-19 patients were treated by the Ministry of Health.

Mental health and epilepsy

Around 13 per cent of Liberians experience mental health disorders, and past studies have shown a high prevalence of epilepsy.¹ Yet these conditions often remain untreated, exacerbating social stigma. Working with five health facilities in Montserrado county, our teams supported mental health and epilepsy care through diagnosis, treatment and referrals. We supplied the essential mental health and epilepsy medications in these facilities, as they are generally unavailable in Liberia.

COVID-19 risks led us to suspend face-to-face consultations with our mental health and epilepsy patients for around four months. Instead, we conducted patient consultations by phone and organised monthly outdoor appointments for their medication refills. We resumed face-to-face consultations from July onwards, helping stabilise patients whom we could not reach by phone.

1 Liberia Mental Health Policy and Strategic Plan for 2016-2021.

Libya

No. staff in 2020: 153 (FTE) » Expenditure in 2020: €6.8 million
MSF first worked in the country: 2011 » [msf.org/libya](https://www.msf.org/libya)

KEY MEDICAL FIGURES

16,800
outpatient
consultations

3,030
antenatal
consultations

250
people started on
treatment for TB

In 2020, refugees, asylum seekers and migrants trapped in war-torn Libya were left even more vulnerable as armed conflict escalated and COVID-19 spread across the country.

Although some detention centres closed in 2020, thousands of men, women and children remained held in overcrowded, unsanitary conditions with little access to healthcare, insufficient food and drinking water, and no possibility of physical distancing. Médecins Sans Frontières (MSF) continued to provide medical and mental healthcare in detention centres in Tripoli, Khoms, Zliten, Zuwara and Zintan. Our teams also worked to improve access to water and other basic services, reinforce COVID-19 infection prevention and control measures and refer the most vulnerable cases to protection agencies.

In February, a 26-year-old Eritrean man lost his life when a fire broke out in the overcrowded Dhar El-Jebel detention centre in Zintan. We offered psychological support to survivors of the fire and distributed basic necessities to replace items they had lost, while reiterating our call for the end of arbitrary detention of migrants and refugees in Libya.



The vast majority of the estimated 650,000 migrants currently in Libya live on the streets, exposed to arbitrary arrest and detention, human trafficking, exploitation and severe violence. Most of those detained are in clandestine prisons and warehouses run by people smugglers rather than official centres. In Bani Walid, our teams offered general healthcare and medical referrals to refugees and migrants who had escaped from captivity, and to victims of torture and trafficking.

Throughout 2020, refugees and migrants were subjected to numerous violent attacks; for example, at disembarkation points where the Libyan coastguard forcibly returns those who try to flee. On 28 July, our teams responded with medical and psychological care after a shooting at a disembarkation site in Khoms that left three teenagers dead.

Tuberculosis (TB) care is another focus of our activities in Libya. Our teams work in three TB facilities: two in Tripoli and one in Misrata, a 17-bed clinic that we opened in March.

Malawi

No. staff in 2020: 492 (FTE) » Expenditure in 2020: €9.1 million
MSF first worked in the country: 1986 » [msf.org/malawi](https://www.msf.org/malawi)

KEY MEDICAL FIGURES

4,010 people on second- or further-line ARV treatment in MSF-supported programmes

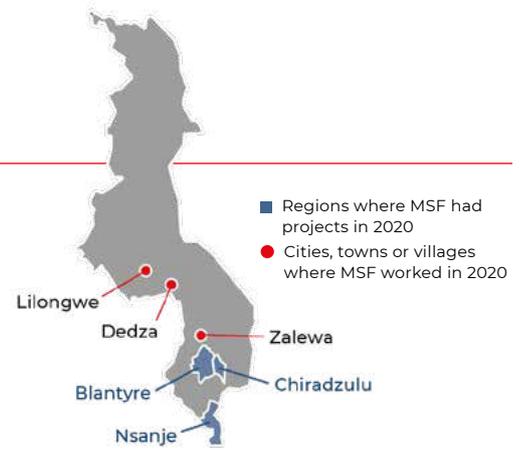
310 people started on treatment for TB

In Malawi, Médecins Sans Frontières (MSF) continues to run programmes to improve care for people living with HIV, the leading cause of death in the country, and for women with cervical cancer.

Malawi is making progress in tackling HIV, but prevalence is still high at almost nine per cent. In Chiradzulu, where the rate is 17 per cent, MSF has been supporting HIV care for 15 years. Our focus is on vulnerable groups, such as children, adolescents and patients whose first- and second-line anti-retroviral (ARV) treatments are failing.

In Blantyre, MSF works with Queen Elizabeth Central Hospital to treat cervical cancer, a major public health issue due to high rates of HIV co-infection and inadequate screening and care. The programme includes health promotion, screening, surgery, chemotherapy and palliative care for advanced-stage cancer.

In 2020, COVID-19 forced reductions in our activity, although Malawi did not see a significant number of cases until the end of the year, when a second wave hit.



MSF supported the national response to the pandemic by assisting with infection prevention and control, triage, health promotion and patient care at Nsanje district hospital.

In 2020, we closed or handed over to local authorities and community organisations three projects dedicated to specific groups: the advanced HIV project in rural Nsanje district to improve detection and treatment at community level, hospital care and follow-up; our Chichiri prison project, which offered preventive tuberculosis (TB) treatment to over 1,000 patients through regular screenings, treatment and management of co-infections; and a female sex worker project, which implemented an innovative, peer-led approach, allowing almost 7,000 women to access HIV, TB and sexual and reproductive health services in the community, and one-stop clinics in Neno, Dedza and Nsanje districts.

Malaysia

No. staff in 2020: 58 (FTE) » Expenditure in 2020: €2.3 million
MSF first worked in the country: 2004 » [msf.org/malaysia](https://www.msf.org/malaysia)

KEY MEDICAL FIGURE

11,700 outpatient consultations

In Malaysia, Médecins Sans Frontières (MSF) continued to offer general healthcare and mental health support to the Rohingya and other refugee communities, despite barriers posed by the COVID-19 pandemic.

MSF has delivered medical assistance to refugees and asylum-seekers in Malaysia since 2015. Malaysia is not a signatory to the 1951 UN Refugee Convention and refugees are effectively criminalised by domestic law. They risk arrest and detention, and have limited access to healthcare and protection.

In 2020, we worked closely with refugee communities to support the needs they identified. Although COVID-19 temporarily interrupted some of our services, we continued to support refugees, focusing on those affected by the pandemic by distributing food and supplying medicines. We provided general healthcare, health education, psychosocial support and counselling via mobile clinics and a fixed clinic in Penang, in partnership with the local NGO ACTS. We also collaborated



■ Regions where MSF had projects in 2020

with local clinics and public hospitals to refer patients with specialised needs.

In partnership with MERCY Malaysia and SUKA Society, we work in several immigration detention centres. As well as offering general healthcare and mental health support, we distribute hygiene and relief items, such as soap, sanitary pads and nappies, for the detainees.

Through our advocacy and liaison activities, we assist refugees and asylum seekers in need of protection. We refer asylum seekers to UNHCR, the UN refugee agency, for assessment of their refugee status and continue to appeal for safe disembarkation of Rohingya refugees in distress at sea. In June, we provided medical care and counselling to Rohingya boat refugees on the island of Langkawi. Publicly, MSF called on the authorities to introduce a 'healthcare for all' response to COVID-19 and update laws so that no refugees or asylum seekers are penalised and detained for seeking medical care, including COVID-19 testing and treatment.

Mali

No. staff in 2020: 1,243 (FTE) » Expenditure in 2020: €26.9 million
MSF first worked in the country: 1992 » [msf.org/mali](https://www.msf.org/mali)

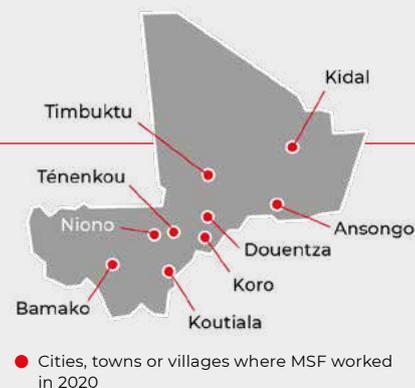
KEY MEDICAL FIGURES

- 510,900 outpatient consultations
- 459,300 routine vaccinations
- 193,100 malaria cases treated
- 1,700 children admitted to outpatient feeding programmes for severe acute malnutrition

An upsurge in armed conflict and intercommunal violence in the first half of 2020 in central Mali, resulted in more than 2,840 deaths, and forced thousands of people to flee their homes.

Despite widespread insecurity, due to violent clashes between armed groups, rising levels of criminality and the proliferation of landmines, Médecins Sans Frontières (MSF) continued to provide medical care and relief to people trapped in remote areas of Mopti and Ségou regions, in Bandiagara, Mondoro, Koro, Douentza, Ténenkou and Niono districts. We scaled up our mobile clinics to assist both displaced people and host communities in these areas, where availability of basic services is extremely limited.

We also worked with the Ministry of Health to treat severe COVID-19 patients in Bamako and supported the response to the pandemic across the country, while maintaining our focus on cancer care and paediatric services. In 2020, we expanded



our work in oncology by facilitating early screening and diagnosis of cervical and breast cancer in the capital and providing treatment, including surgery and chemotherapy.

MSF continued to respond to epidemics in the country, such as outbreaks of Crimean-Congo haemorrhagic fever in Douentza, and measles in Timbuktu, Ansongo and Douentza. In Timbuktu, we launched a large-scale measles vaccination campaign. The seasonal peak of malaria was particularly virulent in 2020, especially in northern Mali, due to heavy rains and delays in the implementation of prevention campaigns. We maintained our support for nutrition and paediatric services in Koutiala district and launched an emergency project in Timbuktu to assist with testing and treating people for malaria.

Mexico

No. staff in 2020: 192 (FTE) » Expenditure in 2020: €7.8 million
MSF first worked in the country: 1985 » [msf.org/mexico](https://www.msf.org/mexico)

KEY MEDICAL FIGURES

- 29,200 outpatient consultations
- 9,480 individual mental health consultations
- 2,450 consultations for contraceptive services
- 47 victims of torture treated

Médecins Sans Frontières (MSF) responded to the COVID-19 pandemic across Mexico, supporting treatment and infection prevention in health facilities and centres for migrants and victims of violence.

In 2020, MSF organised a range of COVID-19 emergency responses in Mexico, which had one of the world's highest number of deaths from the virus. In May, we began working in a hospital extension unit at Los Zonkeys stadium in Tijuana, Baja California, where patients with mild and moderate COVID-19 symptoms received treatment. In June, we handed the facility back to the health authorities. We also cared for patients with mild to severe COVID-19 in two dedicated centres set up in the campuses of Reynosa and Matamoros universities. These activities ended on 1 October.

We adopted a mobile strategy focused on supporting infection prevention and control. Our teams visited nine states to evaluate 46 health facilities, train medical personnel and implement staff and patient flow routes. Another COVID-19 team provided technical support and training in 40 shelters along the migration route.



In addition, our teams conducted medical, psychological and social work consultations to assist migrants trapped at the northern border. We worked in all the migrant shelters in Nuevo Laredo, Reynosa and Matamoros, including an improvised asylum seekers camp. In Reynosa, we also continued to assist victims of violence and, in Guerrero, visited communities without access to health services due to pervasive violence. In the south, our teams continued caring for migrants through mobile clinics. In February we published the report *No Way Out* on the damaging health impact of US-Mexico migration policies.

In Mexico City, we run a specialised centre offering medical and mental healthcare for migrants who have been victims of torture or extreme violence in their countries of origin or on their journeys.

Mozambique

No. staff in 2020: 421 (FTE) » Expenditure in 2020: €9.5 million
MSF first worked in the country: 1984 » [msf.org/mozambique](https://www.msf.org/mozambique)

KEY MEDICAL FIGURES

22,400
people on first-line
ARV treatment in
MSF-supported
programmes

1,660
people treated
for cholera

140
people started on
opioid substitution
therapy

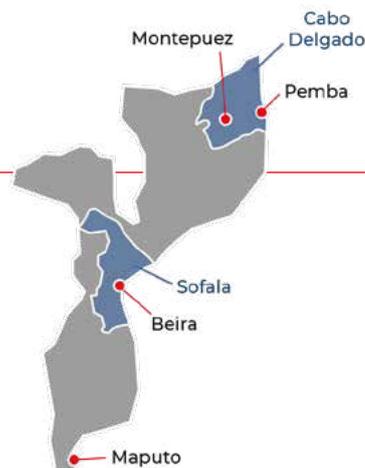
110
people treated
for MDR-TB

A humanitarian crisis is unfolding in Mozambique's northern Cabo Delgado province, where escalating violence has displaced over half a million people.

Médecins Sans Frontières (MSF) was forced to suspend activities in Mocimboa da Praia and Macomia villages in Cabo Delgado in March and May respectively, due to an upsurge in violence. We relocated our base to Pemba, where many displaced people had gathered in camps, and started delivering general health services and medical care through mobile clinics. Our teams built latrines, supplied water and supported cholera treatment centres. In December, we sent a team to Montepuez, Cabo Delgado's second-largest city, to increase access to general and mental health services and water supplies for vulnerable people.

Our programme in the capital, Maputo, continues to provide specialised care for patients with advanced HIV, tuberculosis (TB) and other opportunistic infections. Around 2.2 million Mozambicans live with HIV, of whom 36 per cent are co-infected with TB.

MSF's harm reduction programme for people who use drugs is the only one in the country, and implements all the interventions recommended



■ Regions where MSF had projects in 2020
● Cities, towns or villages where MSF worked in 2020

by the World Health Organization. These include needle/syringe distribution, opioid substitution therapy and overdose treatment. In Mafalala slum, MSF and a local organisation run a drop-in centre for people who use drugs, offering testing for HIV, TB and hepatitis C, and referrals for treatment.

In Beira, we are working to reduce HIV-related sickness and death by delivering sexual and reproductive healthcare, including HIV testing, counselling and family planning services, to vulnerable groups through mobile clinics. We also provide advanced HIV care at three health facilities in the city.

To assist the national response to COVID-19, we gave logistical and technical support to the main COVID-19 referral hospitals in Maputo, and helped the health authorities to install four isolation centres, two in Pemba and two in Beira. In Beira, we also supported the follow-up of HIV patients with COVID-19.

Myanmar

No. staff in 2020: 972 (FTE) » Expenditure in 2020: €12.8 million
MSF first worked in the country: 1992 » [msf.org/myanmar](https://www.msf.org/myanmar)

KEY MEDICAL FIGURES

58,100
outpatient
consultations

9,670
people on first-line
ARV treatment under
direct MSF care

1,540
people started
on treatment for
hepatitis C

330
people started on
treatment for TB

In 2020, Médecins Sans Frontières (MSF) continued to run projects across Myanmar, addressing gaps in healthcare in hard-to-reach communities and responding to the needs of people affected by inter-ethnic tensions.

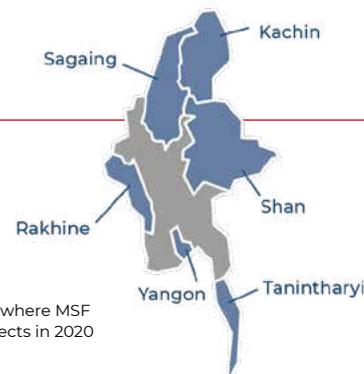
During the year, we gained significant access in Rakhine and Shan states, which allowed us to reach people most affected by conflict.

COVID-19

Despite the COVID-19 pandemic, we were able to send mobile teams to several locations across Rakhine, including Mrauk-U in the north, to provide general healthcare and mental health support for internally displaced people. We also offered medical and logistical support to public hospitals, assisted the Ministry of Health and Sports with the management of quarantine sites and provided personal protective equipment to its staff.

HIV and hepatitis C

In June, we finalised the transfer of HIV-positive patients in Yangon to the national AIDS programme. Although some patients' access to antiretroviral (ARV) drugs was interrupted due to restrictions on movements during the pandemic, our team in Shan state made home visits to



■ Regions where MSF had projects in 2020

deliver medication where possible. We closed our HIV clinic in Bhamo, Kachin state, at the end of December.

In Dawei, Tanintharyi region, we continued to treat patients with HIV, including those co-infected with tuberculosis and hepatitis C, focusing on key groups such as migrant workers, fishermen and sex workers. We adapted our projects to ensure continuity of care for patients in remote locations unable to reach our clinic, due to COVID-19 movement restrictions.

Healthcare in remote communities and urban areas

Since 2015, MSF had been providing general and specialist healthcare in Naga Self-Administered Zone, Sagaing region. Our team developed a community-based model of care, strengthened community health worker networks in Lahe township and supported referrals. In July, we handed over these activities to Medical Action Myanmar, a well-established organisation with whom we had been working informally for the past two years. We continued to support the health authorities in Dawei to respond to the seasonal dengue outbreak.

Niger

No. staff in 2020: 1,469 (FTE) » Expenditure in 2020: €26.8 million
 MSF first worked in the country: 1985 » [msf.org/niger](https://www.msf.org/niger)

KEY MEDICAL FIGURES

681,200
 outpatient consultations

291,600
 malaria cases treated

55,300
 people admitted to hospital, including **41,700** children aged under five

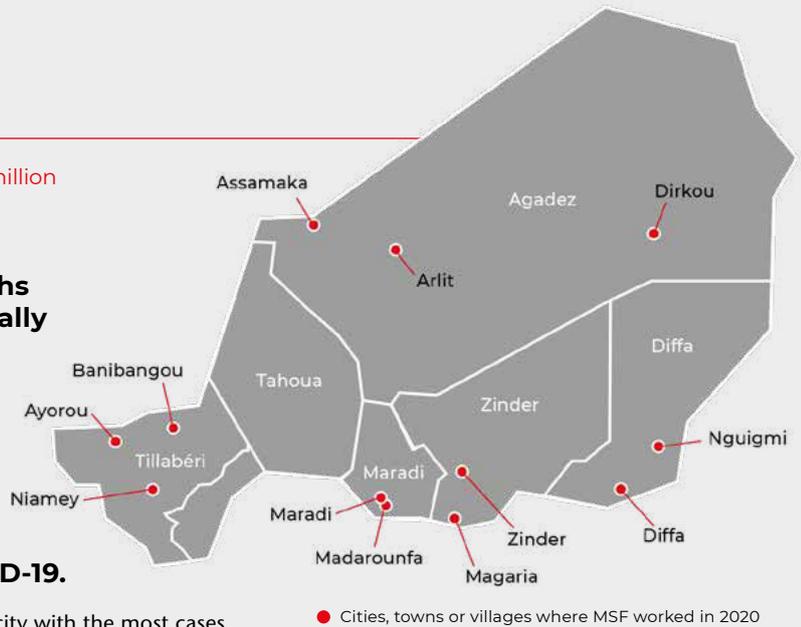
27,000
 children admitted to outpatient feeding programmes for severe acute malnutrition

The first few months of the year are usually the least busy for Médecins Sans Frontières (MSF) teams in Niger. But everything changed in March 2020 with the spread of COVID-19.

In the capital, Niamey, the city with the most cases, MSF built a treatment centre to care for patients in the first months of the pandemic. We also supported the COVID-19 call centre in Niamey and some health facilities in other major cities.

From June, heavy rains fell, submerging the most impoverished districts of the capital and several parts of Maradi, Tahoua, and Tillabéri. In Niamey, we supplied drinking water and set up mobile clinics to assist people displaced by the floods. In addition, we distributed relief items and provided psychological support in the hardest-hit areas of the city.

In Diffa, Maradi, Magaria, and Tillabéri, our teams treated more patients with malaria than in 2019, mainly due to the shortage of antimalarial medicines and a lack of access to healthcare, both due to the COVID-19 crisis. The early onset of the rainy season also resulted in increased transmission of the disease.



From October to December, we supported a regional hospital in Niamey to improve care for children under the age of 15 by increasing its inpatient capacity, training staff and donating drugs. We also maintained our support to the Ministry of Public Health by boosting inpatient capacity for the treatment of acutely malnourished children in Madarounfa and Magaria. Our teams are developing preventive and community-based approaches to reduce the number of patients with complications from malnutrition; for example, by providing early treatment for malaria, acute respiratory infections and diarrhoea.

Despite the closure of the border during the pandemic, the systematic and illegal expulsion of migrants from Algeria to Niger continued in 2020. MSF teams in Agadez donated essential healthcare supplies, gave psychosocial support, and ran search and rescue operations for migrants lost or abandoned in the desert.

Throughout the year, our teams assisted host communities and displaced people affected by violence in Tillabéri and Diffa regions by offering healthcare and distributing relief items. We also asked the relevant authorities to ensure the protection of civilians and improve assistance to them.



A young man fills a water bottle at a pump installed by MSF in Assamaka, Niger, November 2020. © Mariama Diallo/MSF

Nigeria

No. staff in 2020: 2,380 (FTE) » Expenditure in 2020: €45 million
MSF first worked in the country: 1996 » [msf.org/nigeria](https://www.msf.org/nigeria)

KEY MEDICAL FIGURES

432,600
outpatient
consultations

127,600
malaria cases treated

78,900
people admitted
to hospital

23,300
admissions of children
to outpatient feeding
programmes

22,600
births assisted

18,600
individual mental
health consultations

10,700
children admitted
to inpatient feeding
programmes

3,210
children treated for
measles

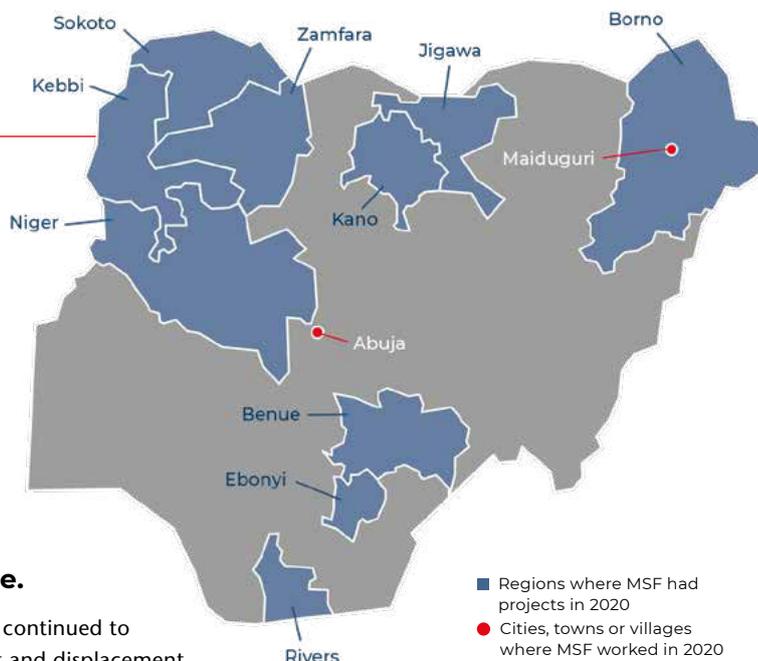
Escalating violence in Nigeria, especially in the northern states of Zamfara and Borno, led to a deterioration in the humanitarian situation, with thousands more people displaced and cut off from healthcare.

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

Displacement and violence

Northeast Nigeria

In northeast Nigeria – particularly in Borno state – more than a decade of conflict between the Nigerian government and non-state armed groups has taken a severe toll. The United Nations estimates that more than 2.1 million people have already been displaced,¹ and the numbers continue to rise. More than a million have been completely cut off from aid for years. In 2020, as the situation deteriorated, a series of brutal mass murders and kidnappings took place, but only people living in government-controlled areas in Borno state were able to obtain assistance. In the areas we could access, we managed hospital emergency rooms, operating theatres, maternity units and paediatric wards, providing services such as treatment for malaria, tuberculosis, HIV and sexual violence, nutritional care, vaccinations and mental health support.



In Maiduguri, we manage a 72-bed therapeutic feeding centre treating severely malnourished children with medical complications. We also run a 65-bed paediatric hospital with a specialist intensive care unit, which is the only facility of its kind providing free healthcare in Borno. At these facilities, we treated thousands of children for malaria, measles, and malnutrition in 2020. In addition, our teams provided treatment for malaria in displacement camps in Ngala and Banki, and delivered seasonal malaria prophylaxis in several locations across the state. We also offered specialist healthcare in Ngala to people in the town and in displacement camps. In Gwoza and Pulka, towns controlled by the Nigerian military, our teams supported emergency care in public hospitals. In both Pulka and Rann, we conducted thousands of outpatient consultations, mainly for acute diarrhoea related to a lack of clean water.

Northwest Nigeria

Increasing violence and banditry in the northwestern states have driven people from their homes, forcing them to lose livelihoods, food sources and access to basic services. Around 100,000 people sought safety in the Zamfaran towns of Anka, Zurmi and Shinkafi, following an upsurge in fighting in 2018. In these towns, our teams conducted medical consultations, provided treatment for malaria and admitted thousands of children to our therapeutic feeding centres. In Zamfara, we also continue to screen and treat for lead poisoning, a result of unsafe mining practices that put people, especially children, at risk. In 2020, we admitted 1,500 children for monitoring and treatment.

A grandmother holds her sick grandson as he receives care in the paediatric ward of MSF's Shinkafi hospital in Zamfara, Nigeria, October 2020.
© Abayomi Akande/MSF





A young woman cooks an evening meal for her family in an open-air cooking area at a camp in Abagana, Nigeria, June 2020.
© Scott Hamilton/MSF

COVID-19

MSF supported several isolation facilities opened by the Ministry of Health across the country by renovating facilities, training medical staff on infection prevention and control measures, and providing treatment to patients. We also reinforced infection prevention and control measures, and adapted the triage and patient flow systems in our facilities to ensure the continuity of activities.

In Kano state, where COVID-19 led to the closure of many health facilities, we conducted consultations in two general healthcare centres from June onwards. Nearly half were for malaria.

Women's health

In Jahun general hospital in Jigawa state, we continued to offer comprehensive emergency obstetrics and neonatal care, as well as vesico-vaginal surgery for obstetric fistula. A total of 205 women underwent this procedure in 2020. MSF also gave logistical, technical and medical support to four centres providing basic emergency obstetric and neonatal care around Jahun.

Noma

Noma is an infectious but non-contagious disease that particularly affects young children, with the infection destroying the bone and tissue of the lower half of the face if left untreated. Those who survive are left with severe disfigurement, which can only be corrected with extensive reconstructive surgery. In 2020, although COVID-19 restrictions had an impact on our noma activities, we were still able to perform surgery on 73 patients. Our care package for noma patients includes physiotherapy and nutritional support, and mental healthcare for both them and their families. MSF and the Ministry of Health also conduct outreach activities with a

focus on early detection and referrals for noma patients in northwest Nigeria.

Benue and Rivers states

In 2020, the number of people displaced by violent clashes over land between farmers and herdsmen over land continued to rise. By the end of 2020, an estimated 197,000 people had fled their homes. Around half of them live in official camps in and around the Benue state capital, Makurdi. In 2020, MSF supported the health authorities by running a range of services in the camps, including general, reproductive and mental healthcare, nutritional support, health education, treatment for victims of sexual and gender-based violence, and vaccinations. We also assisted with the response to outbreaks of cholera and yellow fever and improved water and sanitation. When COVID-19 arrived in Benue, we triaged suspected patients and organised referrals to public facilities. In two clinics in Port Harcourt, Rivers state, we offered comprehensive healthcare to victims of sexual violence, including prophylaxis for HIV and other sexually transmitted infections, vaccinations for tetanus and hepatitis B, emergency contraception, and psychological and social support.

Lassa fever

In Ebonyi state, Lassa fever – an acute haemorrhagic illness – is endemic. In response to an outbreak, we assisted the state and federal ministries of health and the Nigerian Centre for Disease Control by giving technical support, training staff and treating patients at a teaching hospital in Abakaliki. We also raised awareness within the community, conducted case tracing and decontaminated the homes of patients.

¹ <https://www.unhcr.org/en-au/nigeria-emergency.html>

Pakistan

No. staff in 2020: 1,508 (FTE) » Expenditure in 2020: €15.8 million
MSF first worked in the country: 1986 » [msf.org/pakistan](https://www.msf.org/pakistan)

KEY MEDICAL FIGURES

31,500
births assisted

9,190
admissions of children
to outpatient feeding
programmes

6,770
outpatient
consultations
for COVID-19

4,800
people treated
for cutaneous
leishmaniasis

170
patients admitted
for COVID-19

In Pakistan, Médecins Sans Frontières (MSF) focused on supporting the national response to COVID-19, while ensuring continuity of care in essential paediatric, maternity and trauma services.

MSF launched a range of COVID-19 activities, including infection prevention and control, screening and treatment in some of the worst-hit areas of the country. In April, we installed a COVID-19 screening system at Timergara District Headquarters hospital in Lower Dir, to help protect against the virus and prevent it from spreading inside the facility to healthcare workers, patients and their caregivers and, by extension, outside in the community. For six months, we also ran an isolation ward that, at the peak of the first wave of the outbreak in June 2020, had 30 beds for patients with suspected and confirmed COVID-19. Those requiring ventilator support were referred to specialist care facilities in Peshawar.

The spread of COVID-19 among staff at our women's hospital in Peshawar forced us to suspend activities for six weeks. The services resumed after structural changes in the hospital, the establishment of an isolation area, and the implementation of strict infection prevention and control measures, including a COVID-19 screening system for patients and their caregivers.

In August, in Chaman, a town in Balochistan located on the border with Afghanistan, MSF supported the establishment of a 32-bed isolation ward in Killa Abdullah New District Headquarters hospital, providing electricity and



■ Regions where MSF had projects in 2020
● Cities, towns or villages where MSF worked in 2020
The maps and place names used do not reflect any position by MSF on their legal status.

waste management, as well as personal protection equipment (PPE) for healthcare workers. Our teams also screened people entering the hospital.

In Karachi, Pakistan's worst-affected city, MSF worked with the Ministry of Health to distribute around 160,000 reusable cloth masks and 70,000 bars of soap to over 20,000 households in Machar Colony, a densely populated slum, where physical distancing was hard to maintain. Through teams on the ground and a media campaign, we conducted extensive awareness-raising activities on ways for people to protect themselves and prevent the spread of the virus.

MSF also donated drugs and PPE to the provincial authorities of Sindh and Khyber Pakhtunkhwa.

Emergency responses

COVID-19 was not the only emergency that struck Pakistan in 2020. Torrential rains during the monsoon season led to flooding in more than 350 villages in Sindh's Dadu district. MSF set up mobile clinics as part of a post-emergency response and treated more than 4,000 people in a month. We also distributed relief items including cooking, hygiene and shelter kits to around 2,500 families, rehabilitated the main water supply sources and distributed water purification tablets.

We donated mosquito nets in Sindh and Khyber Pakhtunkhwa, and worked with the health authorities in both provinces to disseminate transmission prevention and vector control messages on dengue fever when health facilities started to report cases.

An MSF emergency response team distributes relief items to families affected by floods in Tehsil Johi, in Dadu district, Pakistan, November 2020. © Imran Soomro/MSF





MSF health promoters provide masks and soap to community health workers who will be distributing them to people living in Machar Colony in Karachi, to help prevent the spread of COVID-19. Pakistan, July 2020.
© Nasir Ghafoor/MSF

Continuation of regular activities

COVID-19 posed further barriers to healthcare for women and children in Pakistan, where the availability of free, high-quality services is already limited, especially in rural settings. Many public and private facilities closed temporarily due to fear of infection.

In spite of several challenges, such as staffing issues and a shortage of drugs and PPE caused by high demand and restrictions on exporting items from Europe, our teams continued to provide essential reproductive, neonatal and paediatric care at five different locations in Balochistan and Khyber Pakhtunkhwa provinces. Local communities, Afghan refugees and people from the border areas benefited from MSF's comprehensive 24-hour emergency obstetric services, which include surgery and referrals for complicated cases. We also operate a nutrition programme for severely malnourished children in Balochistan. In addition, MSF runs the only emergency room in Chaman for the management and referral of critical trauma cases.

Our hepatitis C programme in Machar Colony, Karachi, includes screening, diagnosis, treatment and counselling, as well as health promotion activities. From March to June, to avoid possible exposure to COVID-19, we reduced our timetable at the clinic to two days per week and patients scheduled for monthly visits were given enough medication for three months.

Cutaneous leishmaniasis

Cutaneous leishmaniasis is a skin infection caused by a parasite transmitted by the bite of a phlebotomine

sandfly and is endemic in Pakistan. In March, MSF opened a new diagnostic and treatment centre at the District Headquarters hospital in Bannu, Khyber Pakhtunkhwa, for patients with the disease. We run four other treatment centres in Quetta and Peshawar. However, following the authorities' decision to close outpatient services because of COVID-19, we had to suspend these activities between March and July.

Handover of activities in Timergara

In March, we began the gradual closure of our Lower Dir project with the handover of the emergency room to the Department of Health. Our teams had provided over a million emergency care consultations to patients since opening the project in 2008. The second step was the handover of the neonatal unit, which had admitted more than 9,000 babies between May 2014 and August 2020. The handover process was finalised in January 2021.

Misuse of labour-inducing drugs

We continued our advocacy and awareness-raising activities regarding the safe use of labour-inducing drugs such as oxytocin, which are often administered unnecessarily and outside of health facilities. Misuse of such drugs is linked to maternal and neonatal health complications. In Pakistan, oxytocin is available in many pharmacies without prescription and is a favoured means of speeding up labour and relieving pain. We used mass communications tools to promote safe medical practices, and engaged parliamentarians and the Ministry of Health to reinforce existing legislation related to labour-inducing medicines.

Palestine

No. staff in 2020: 335 (FTE) » Expenditure in 2020: €18.2 million
MSF first worked in the country: 1989 » [msf.org/palestine](https://www.msf.org/palestine)

KEY MEDICAL FIGURES

87,300
outpatient
consultations

2,650
surgical interventions

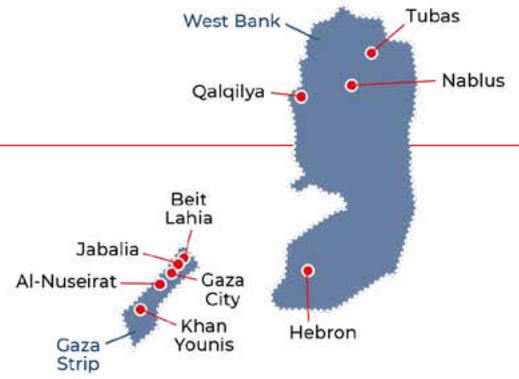
In 2020, COVID-19 exacerbated the health crisis in Palestine caused by the ongoing occupation of the West Bank and the blockade of the Gaza Strip.

Gaza

The health system in Gaza has been crippled by the 10-year-long Israeli blockade and, even before the COVID-19 pandemic, was struggling to meet patient needs, due to severe shortages of essential medical equipment and supplies.

Médecins Sans Frontières (MSF) continues to provide orthopaedic care in Al-Awda hospital, in the north, and post-operative care, for both children and adults, at our outpatient clinics. Services include physiotherapy and mental health counselling to help patients through long and painful treatment processes. We also run several projects in Gaza dedicated to the treatment of bone infection caused by violent trauma. In 2020 we opened a new one at Nasser hospital, in the south.

We supported Ministry of Health teams in the European hospital when the COVID-19 pandemic broke out, donating oxygen concentrators and offering training on oxygen management, patient support and intensive care.



■ Regions where MSF had projects in 2020
● Cities, towns or villages where MSF worked in 2020
The maps and place names used do not reflect any position by MSF on their legal status.

The West Bank

To support the overstretched health services in Hebron during the pandemic, MSF provided technical advice and training to hospital staff on personal protective equipment (PPE), infectious waste management, infection and prevention control, oxygen therapy and intensive care in Dura and Alia hospitals, two facilities treating COVID-19 patients.

The occupation and associated violence continue to have a profound impact on the mental health of Palestinians. Our teams offered psychological support in Hebron, Nablus and Qalqilya, adapting activities to respond to needs related to COVID-19, with remote counselling by phone temporarily replacing in-person support sessions. We extended our services to treat COVID-19 patients and their families, distributed hygiene kits and PPE, including face masks, and conducted health promotion activities in the most at-risk communities.

In late 2020, we began to run mobile clinics to provide healthcare in remote communities in the south of Hebron district.

Papua New Guinea

No. staff in 2020: 153 (FTE) » Expenditure in 2020: €3.7 million
MSF first worked in the country: 1992 » [msf.org/papua-new-guinea](https://www.msf.org/papua-new-guinea)

KEY MEDICAL FIGURES

18,600
outpatient
consultations

1,090
people started on
treatment for TB,
including 65 for
MDR-TB

In Papua New Guinea, Médecins Sans Frontières (MSF) continued to treat patients with tuberculosis (TB), the second-highest cause of death in the country. We also supported the national COVID-19 response.

Our teams collaborate with the national TB programme to improve screening, prevention, diagnosis, treatment initiation and follow-up at Gerehu hospital in the capital, Port Moresby, and in Kerema in Gulf province.

MSF follows the World Health Organization's new treatment recommendations for multidrug-resistant TB (MDR-TB), which means that all medication is oral and patients no longer need to have painful daily injections. This, and the reduction in severe side effects, leads to better treatment adherence.

In Port Moresby, we provide care to patients with drug-sensitive and drug-resistant forms of TB, including home visits when required. In 2020, many patients came from outside our clinic's catchment area to seek care. We referred those who were diagnosed with TB to different treatment facilities for registration and treatment. We also built a TB laboratory at Tokarara clinic to support



● Cities, towns or villages where MSF worked in 2020

the National Capital District provincial health authority in expanding diagnosis in the North West catchment area.

Kerema is a largely rural district, with isolated communities spread over a wide area and limited access to healthcare. Although we saw fewer TB patients compared to previous years, we continued to offer diagnosis and care to patients in the catchment areas of two general healthcare facilities, Kerema and Malalawa. We strengthened patient follow-up, which resulted in fewer patients stopping treatment prematurely. In Kerema public hospital, we supported TB laboratory activities and integrated HIV screening.

The country saw a relatively small number of COVID-19 infections throughout 2020. Our teams conducted training in infection prevention and control, and provided technical assistance to the Department of Health for the construction of a dedicated COVID-19 treatment facility in Port Moresby. We also supported the laboratory of that makeshift hospital by implementing rapid COVID-19 testing, reducing the turnaround time to less than one hour. The implementation of a well-coordinated find, test, trace, isolate and support system aimed to identify and end outbreaks before they became unmanageable.

Peru

No. staff in 2020: 4 (FTE) » Expenditure in 2020: €0.5 million
MSF first worked in the country: 1985 » [msf.org/peru](https://www.msf.org/peru)

In 2020, Médecins Sans Frontières (MSF) returned to Peru for the first time in more than a decade to assist the Ministry of Health in responding to the COVID-19 pandemic.

By mid-May, the country had reported over 70,000 people confirmed with the virus and, although fewer than 2,500 deaths were officially reported, the excess mortality figures warned of an unprecedented health crisis. Borders were closed, a state of emergency was declared, and a strict quarantine and curfew were imposed. Only three months later, in August, the number of confirmed cases exceeded half a million and more than 26,000 people had died.

MSF worked in Peru between July and October 2020. In collaboration with the health services of the Basque Country in Spain, we sent a team of doctors and nurses experienced in the clinical management of COVID-19 patients. The aim of our intervention

was to share the knowledge acquired during our COVID-19 responses in other countries, and in the management of epidemics, such as Ebola.

Specialist teams were sent to Tarapoto, Huánuco and Tingo María hospitals in San Martín and Huánuco regions, to support intensive care, emergency and inpatient services. In these hospitals, and in several facilities in Lima and Amazonas regions, MSF also helped to set up segregated zones and circuits, to reduce the risk of contagion for health personnel and COVID-19-negative patients.

Our objective in Amazonas and Loreto regions was to support the basic healthcare system to guarantee good clinical management and health promotion, contact follow-up and detection of symptoms, while also avoiding inadequate medication and the risk of infection for personnel. We trained staff and visited health facilities to ensure services were appropriately adapted. In addition, we donated medicines, personal protective equipment and other medical materials.



MSF staff provide medicines and medical equipment to a health post in Matico, Amazonas region. Peru, August 2020. © MSF



Philippines

No. staff in 2020: 75 (FTE) » Expenditure in 2020: €2.5 million
MSF first worked in the country: 1987 » [msf.org/philippines](https://www.msf.org/philippines)

KEY MEDICAL FIGURES

12,500
outpatient
consultations

200
antenatal
consultations

In the Philippines, Médecins Sans Frontières (MSF) worked to improve sexual and reproductive healthcare for Manila's slum dwellers, assisted internally displaced people in Mindanao, and responded to COVID-19 and natural disasters.

Between 2016 and 2020, MSF partnered with a local organisation, Likhaan, to deliver sexual and reproductive healthcare, as well as screening and treatment of cervical cancer, in San Andres and Tondo, two of the capital's most densely populated and impoverished areas. In December, we handed over our activities to Likhaan, who will continue to run these services.

When COVID-19 broke out, our teams supported contact tracing and infection prevention and control activities at community level and in health facilities treating COVID-19 patients in San Andres and Tondo.

In June, we started supporting the COVID-19 ward, laboratory and pharmacy at Manila's San Lazaro hospital, with staff, personal protective equipment (PPE), biomedical equipment and drug supplies. At the end of October, following a decrease in the number of cases, we stopped our activities at the hospital.



MSF continued to work in Marawi, in the Bangsamoro Autonomous Region in Muslim Mindanao. This southern region has the poorest health indicators in the Philippines and frequently experiences outbreaks of violence. We provide displaced people and returnees with general and mental healthcare, as well as treatment for non-communicable diseases, in three medical facilities. In 2020, we assisted with the COVID-19 response in these facilities; for example by training staff in surveillance and contact tracing.

Two typhoons – Goni, locally known as Rolly, and Ulysses – hit the Philippines in quick succession in November. In Albay, we supplied two evacuation centres with jerry cans for storing drinking water, and provided COVID-19 prevention kits, which included face masks and sanitiser. We also conducted COVID-19 infection prevention and control training and donated PPE to the staff at the centres. In Catanduanes, we distributed jerry cans and water tablets in the community.

Russia

No. staff in 2020: 20 (FTE)
Expenditure in 2020: €1.3 million
MSF first worked in the country: 1992
[msf.org/russia](https://www.msf.org/russia)



In Russia, Médecins Sans Frontières (MSF) provides drugs and technical advice to support the treatment of patients with the most severe forms of TB. In 2020, we launched several new activities.

During the COVID-19 pandemic, MSF supported drug-resistant TB (DR-TB) patients with food parcels and health education about infection prevention measures. We also donated laboratory materials to Ministry of Health partners conducting COVID-19 testing.

In addition to our ongoing partnership with Arkhangelsk Regional Ministry of Health, Northern State Medical University and Arkhangelsk Clinical TB Dispensary, we entered into a technical agreement with the Regional TB Control Centre in Vladimir, to build on existing expertise and work together to implement novel, all-oral, short-course treatment regimens. A study on oral short-course DR-TB regimens was approved by the Ethical Review

Board of MSF and Ethical Research Committee of Northern State Medical University, with patient enrolment expected to begin in early 2021. The purpose of conducting the study in Arkhangelsk and Vladimir regions is to provide evidence for future developments in TB policy in Russia, and increase the availability of effective models of treatment that are more tolerable for patients.

In Moscow and Saint Petersburg, we work with two civil society organisations who offer high-quality healthcare to vulnerable people, including those living with HIV. People who are excluded from access to health clinics receive medical care through fixed and mobile units operated by these partners and supported by MSF. In addition, during the COVID-19 pandemic, we delivered training and health education on prevention measures, and gave material support for hygiene and personal protective equipment for people treated by the civil society organisations. The training was adapted so it could be delivered online.

Search and Rescue Operations

No. staff in 2020: 15 (FTE) » Expenditure in 2020: €2.6 million
MSF started search and rescue: 2015 » [msf.org/mediterranean-migration](https://www.msf.org/mediterranean-migration)

KEY MEDICAL FIGURE
1,144
medical consultations
conducted on board

In 2020, despite major obstructions to operating in the central Mediterranean, Médecins Sans Frontières (MSF) continued search and rescue operations at sea, assisting people on the move along the world's deadliest migration route.

For thousands of migrants, refugees and asylum seekers who find themselves trapped in Libya along their journey, escaping across the Mediterranean Sea is the only available way out of an endless cycle of violence and abuse. In 2020, the COVID-19 pandemic – which prompted the closure of borders and the suspension of resettlement, relocation and repatriation mechanisms – further reduced their chances of reaching a place of safety.

Meanwhile, on the other side of the Mediterranean, European states continued to abdicate their responsibilities, while co-opting the Libyan coastguard to police the sea and take people back to extremely unsafe places.

Despite a hostile context, with administrative and procedural roadblocks in Italian ports that significantly reduced the capacity of NGOs to conduct lifesaving missions at sea in 2020, we remained committed to providing medical and humanitarian assistance to people rescued from overcrowded, unseaworthy dinghies.



Until April, an MSF team worked on board the *Ocean Viking*, in partnership with SOS MEDITERRANEE. In early August, we relaunched operations with our new partner Sea-Watch, on board the *Sea-Watch 4*, where we managed the clinic, until September, when the ship became the fifth humanitarian rescue vessel grounded by the Italian authorities during the year.

At sea, we treated patients for respiratory infections, hypothermia, dehydration and seasickness. Many also had burns resulting from prolonged contact with fuel and saltwater, or skin infections caused by terrible hygiene conditions in their places of captivity. Some were suffering from the consequences of violent trauma, neglected wounds and sexual violence.

Although most of the people we assisted were originally from African countries, some had travelled from the Middle East or Asia. Some had attempted the crossing numerous times and even survived shipwrecks, only to be intercepted at sea and forced back to Libya by the Libyan coastguard; there, many faced additional atrocities.

In 2020, MSF rescued 1,072 people at sea. Based on what our teams witnessed and experienced first-hand at sea, we denounced the deadly consequences of European migration policies, while tirelessly continuing to advocate a more humane response.



Souleman (centre) was rescued from a rubber boat in distress, along with his wife Layla and 2-year-old son Cillian, during the maiden voyage of the *Sea-Watch 4*. They later disembarked to a quarantine ferry in Palermo in Sicily, Italy. Mediterranean Sea, August 2020. © Chris Grodotzki/Sea-Watch.org

Senegal

No. staff in 2020: 5 (FTE) » Expenditure in 2020: €0.5 million
MSF first worked in the country: 2020 » msf.org/senegal

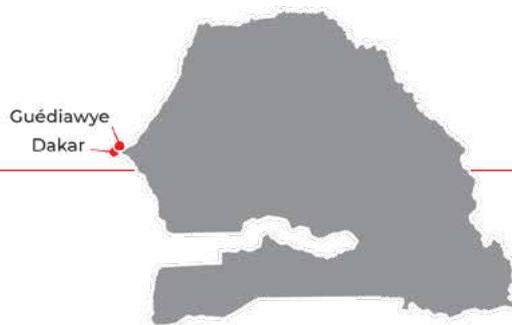
When the COVID-19 epidemic reached Senegal, Médecins Sans Frontières (MSF) mobilised a response team in the country for the first time, to help with patient care, epidemiological surveillance and health promotion.

In March, our team from MSF's regional office in the capital, Dakar, which supports operations in West and Central Africa, assembled to assist the COVID-19 response in Senegal. We undertook activities in Dakar's northern suburb of Guédiawaye, and worked with national and regional partners to prepare for an increase in severely ill patients and improve communication around the virus.

These activities continued until the end of September, when we saw a clear reduction in both transmission and the severity of cases.

At Dalal Jamm hospital, we supported a 200-bed COVID-19 treatment centre. As we began to see an increase in complex cases, we boosted capacity for patients requiring oxygen therapy. We also worked to improve patient care management, as well as infection prevention and control measures.

In addition, we ran community engagement and health promotion activities at district level in



● Cities, towns or villages where MSF worked in 2020

Guédiawaye, one of the most densely populated of Dakar's suburbs. We collaborated with the national response team on prevention activities within communities, where we collected feedback in order to disseminate messages to combat fear, misinformation and stigma around the virus. Community-based surveillance was a key component of the response. Our team of epidemiologists worked with other national and regional entities to strengthen case surveillance, supporting data analysis to better understand the pandemic.

Experience from this first project in Senegal was implemented during our COVID-19 response projects in other West and Central African countries, including in Cameroon, Niger and Burkina Faso.

Sierra Leone

No. staff in 2020: 1,232 (FTE) » Expenditure in 2020: €16.5 million
MSF first worked in the country: 1986 » msf.org/sierra-leone

KEY MEDICAL FIGURES
140,100
outpatient
consultations

53,100
malaria cases treated

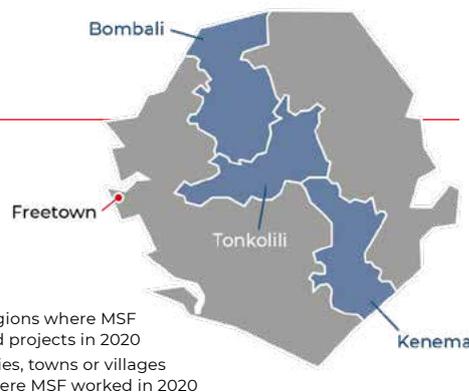
11,400
patients admitted

5,850
births assisted

In Sierra Leone, Médecins Sans Frontières (MSF) focuses on maternal and paediatric care, with the aim of reducing the high rates of sickness and death among mothers and children under five.

There is a critical shortage of medical staff, resulting in a lack of services for the most vulnerable groups. Our teams work to fill some of these gaps, providing healthcare for children under the age of five, pregnant women and lactating mothers. We have staff in 13 peripheral health units in three chiefdoms (Gorama Mende, Wandor and Nongowa), and a hospital in Hangha, Kenema district, supporting intensive therapeutic feeding centres, general paediatric care and malaria treatment.

In Tonkolili district, we support Magburaka district hospital and nine peripheral health units, with improvements to infection prevention and control measures and water and sanitation systems. We also support the supply of essential drugs, and staff training. Our services include family planning, prevention of mother-to-child transmission of HIV, psychosocial support, and medical treatment for victims of sexual and gender-based violence.



In Makeni town, Bombali district, we are working with the national TB programme to implement an ambulatory model of care in the community for drug-resistant tuberculosis (TB) diagnosis and treatment. We also continue to support the country's main TB facility in Lakka hospital, in the capital, Freetown.

MSF assisted the national response to COVID-19 by transforming a government facility in Freetown into a 120-bed treatment centre, and trained staff. The Lassa fever isolation unit in Kenema public hospital was renovated and used as a COVID-19 treatment centre with an initial capacity of 25 beds.

A group of nurses and midwives, who went to study in Ghana for two years under an MSF Academy for Healthcare sponsorship, returned to work in Sierra Leone. MSF's investment in human resources for healthcare is a commitment to improving the quality of care for patients.

Somalia and Somaliland

No. staff in 2020: 115 (FTE) » Expenditure in 2020: €14.8 million
MSF first worked in the country: 1986 » msf.org/somalia

KEY MEDICAL FIGURES

121,500
outpatient
consultations

7,390
births assisted

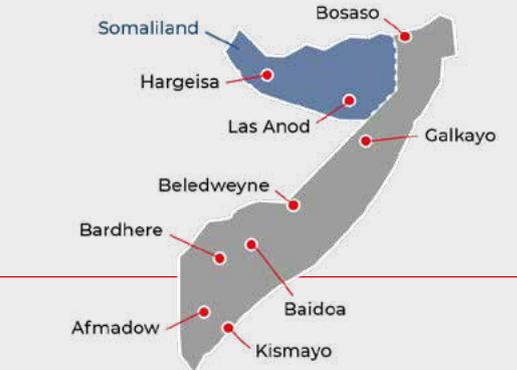
3,600
admissions of children
to outpatient feeding
programmes

39
people started on
treatment for MDR-TB

In 2020, COVID-19 further complicated access to healthcare in Somalia and Somaliland. Médecins Sans Frontières (MSF) assisted with the response to the pandemic while continuing to run core activities wherever possible.

The COVID-19 pandemic aggravated the overall humanitarian situation in Somalia and Somaliland, where people were already struggling with the effects of climate hazards, locust infestations and recurrent outbreaks of fighting. Malnutrition rates among children were well above the emergency threshold in many areas, and the number of deaths during pregnancy and childbirth remained among the highest in the world. In 2020, 2.6 million people were displaced, mainly due to conflict and floods, while 4.1 million people were considered food insecure.¹

Throughout the year, despite the restrictions imposed by the COVID-19 pandemic, we managed to maintain most of our regular activities and support to hospitals, including maternal, paediatric and emergency care, nutrition, and diagnosis and treatment of tuberculosis (TB). Some activities, such as mobile clinics, were put on hold, while others that had been planned, such as 'eye camps' – providing



● Cities, towns or villages where MSF worked in 2020
This map shows the project locations of the MSF Somalia and Somaliland mission and does not reflect any position on Somaliland's legal status.

screening and treatment for common eye conditions – and fistula surgery campaigns, were delayed.

In Somaliland, which has a high burden of TB, MSF supported the diagnosis and treatment of drug-resistant TB (DR-TB) at a TB hospital in Hargeisa and three regional TB centres. We supplied patients with longer medication refills to reduce the number of medical appointments for which they would need to travel, lessening the risk that patients would contract COVID-19.

We adapted our medical programmes to screen COVID-19 patients and referred them to designated treatment facilities; provided training for Ministry of Health staff in several locations; and put in place hygiene, emergency preparedness and preventive measures to protect staff and patients.

In addition to these activities, we launched emergency responses to assist people affected by flooding in Bardale and in Bardhere town after the Juba river burst its banks in April; a cholera outbreak in Beledweyne and in Baidoa town in May; and the aftermath of cyclone Gati, which hit the coast of Puntland in November.

¹ <https://reports.unocha.org/en/country/somalia>

South Africa

No. staff in 2020: 254 (FTE) » Expenditure in 2020: €12 million
MSF first worked in the country: 1986 » msf.org/south-africa

KEY MEDICAL FIGURES

18,400
people on first-line
ARV treatment in
MSF-supported
programmes

340
people started on
treatment for TB

320
people treated for
sexual violence

240
patients admitted
for COVID-19

In South Africa, Médecins Sans Frontières (MSF) supported the COVID-19 response, while continuing to provide care for HIV and tuberculosis (TB) patients, victims of sexual violence and vulnerable migrants.

To address the secondary consequences of COVID-19, which included a sharp decline in the uptake of health services, we adapted our existing activities in novel ways. Our sexual violence project in South Africa's platinum belt ensured that health services for victims remained accessible through the provision of phone-based counselling and transport at a time when public services had ceased. Our teams in Eshowe and Khayelitsha worked to maintain HIV and TB diagnosis and treatment through large-scale distribution of oral HIV self-testing kits, and by making sure that local facilities tested for COVID-19, HIV and TB at the same time. Staff delivered antiretrovirals (ARV) and medications for other chronic diseases to patients' homes or community pick-up points, and provided home-based care for drug-resistant TB (DR-TB) patients.



■ Regions where MSF had projects in 2020
● Cities, towns or villages where MSF worked in 2020

Our teams worked in numerous shelters for homeless people in the cities of Tshwane and Johannesburg, delivering mental health and medical services, which in Tshwane included the distribution of opioid substitution therapy. During the first COVID-19 wave, we set up, staffed and managed a 60-bed COVID-19 field hospital in a sports hall in Khayelitsha, treating patients with moderate-to-severe COVID-19 in their community. In the second wave, we supported COVID-19 wards in seven hospitals in three provinces.

In 2020, MSF celebrated 20 consecutive years of operations, with milestones including the development of the first ARV treatment programmes on the continent and a successful push for shorter, less toxic treatment for DR-TB.

South Sudan

No. staff in 2020: 3,555 (FTE) » Expenditure in 2020: €77.8 million
MSF first worked in the country: 1983 » [msf.org/south-sudan](https://www.msf.org/south-sudan)



● Cities, towns or villages where MSF worked in 2020
The maps and place names used do not reflect any position by MSF on their legal status.

KEY MEDICAL FIGURES

- 688,000
outpatient consultations
- 195,300
malaria cases treated
- 54,300
people admitted to hospital
- 13,400
births assisted
- 5,100
surgical interventions
- 2,340
people treated for intentional physical violence
- 2,050
children admitted to inpatient feeding programmes
- 1,460
people treated for measles
- 820
people treated for sexual violence

Two years after the signing of a peace agreement, and despite the formation of a unity government, the situation in South Sudan remains fragile.

South Sudan was hit by multiple emergencies in 2020, including escalating violence, COVID-19, severe flooding and high levels of food insecurity. A total of 7.5 million people – around two-thirds of the population – were in need of humanitarian assistance.

Médecins Sans Frontières (MSF) responded to the urgent medical and humanitarian needs, while ensuring essential healthcare services continued in the 16 projects we run in the country.

Increased violence and fighting

There were repeated outbreaks of intense fighting, some lasting for months at a time, across South Sudan in 2020. Between January and October, more than 2,000 people were killed – including a South Sudanese member of our staff – and tens of thousands of people were displaced.

In Jonglei state and the Greater Pibor Administrative Area, our teams in Pieri, Lankien and Pibor provided emergency medical care to people arriving in mass influxes of casualties, many with serious gunshot and stab wounds. The most critical patients from Pieri and Lankien were evacuated by plane to our hospital in the Protection of Civilians (PoC) site in Bentiu for surgery. Our teams also improved water and sanitation for the thousands of people who took refuge in an area next to the United Nations Mission in South Sudan (UNMISS), in Pibor town.

Brutal fighting forced our teams to suspend medical activities in Pieri for two days in May.

In June, we suspended activities in Pibor after most of our staff sought safety in the remote bush area. When violence broke out again in August, we launched an emergency response. The project was closed in December, to enable the reorganisation of our medical activities in a more agile and efficient manner to respond to the community's emergency health needs.

Widespread flooding

For the second consecutive year, severe flooding affected more than one million people across a wide swathe of South Sudan, submerging their homes and health facilities, and leaving them without adequate food, water or shelter.

Our teams in Pibor, Old Fangak and Leer responded to the massive needs, delivering emergency healthcare through mobile clinics, hospitals and clinics. In Upper Nile state, we set up an emergency clinic serving the towns of Canal and Khor Ulus – which can only be reached by boat from Malakal town – and carried out an emergency intervention in Ulang Sobat region.

In Greater Pibor, malnutrition was a major concern. We scaled up our nutritional support for young children, through mobile clinics and our inpatient therapeutic feeding centre in Pibor town. We also distributed 60,000 litres of drinking water per day where floodwater had contaminated wells.

Across these projects, our teams treated thousands of people, mostly for malaria, respiratory tract infections and acute watery diarrhoea. We also supported a mass measles vaccination campaign in Malakal town and PoC. In addition, we offered psychosocial assistance and distributed relief items, including plastic sheeting, mosquito nets and soap, to thousands of displaced families.



People collect water from MSF's surface water treatment centre in Pibor town, Greater Pibor Administrative Area. South Sudan, October 2020. © Tetiana Gaviuk/MSF



An MSF health worker assesses the nutritional status of a child in Pibor town, Greater Pibor Administrative Area, South Sudan, September 2020.
© Tetiana Gaviuk/MSF

COVID-19 response

As the COVID-19 pandemic spread globally in early 2020, concerns that an outbreak would exacerbate an already dire humanitarian situation led MSF to integrate COVID-19 measures and new activities into all existing projects across the country, and start dedicated projects in Juba and Malakal teaching hospitals.

In Juba, we focused on strengthening infection prevention and control measures in health facilities, including the teaching hospital, and in the national public health laboratory, the country's primary testing facility. Our teams also trained healthcare workers, donated supplies, conducted health promotion activities and set up handwashing points in several public locations.

Refugees and internally displaced people

In July, UNMISS announced it would begin to hand over the five PoC sites in the country to the national government. In Bentiu and Malakal PoCs, where we manage hospitals, the process had not yet started. However, in Bentiu, patients and community members voiced concerns to our staff about their safety once the UN is no longer protecting the site.

In both PoCs, our teams continued to treat conditions caused mainly by the living conditions, including malaria, diarrhoeal disease, hepatitis E, cholera, typhoid fever, trachoma and skin infections, and call for improved water and sanitation.

In Yei county, following new waves of displacement, MSF outreach and mobile teams

distributed relief items and offered general medical consultations, immunisations and psychosocial help. We also supported the paediatric ward of Yei state hospital and ran general healthcare services at our clinic in Jansuk.

At our clinic in Doro camp, and in the hospital in Bunj in Upper Nile state, we provided medical care to refugee and host communities, including vaccinations, treatment for malaria and malnutrition, care for victims of sexual and gender-based violence, and assistance with births.

Mother and child care

We offered paediatric and maternal healthcare throughout the year at Aweil state hospital, which serves around 1.3 million people. In October, we supported the health ministry's response to a seasonal peak in malaria, with rapid diagnostic tests, medication and supervision at the hospital and in general healthcare centres.

Abyei Special Administrative Area

In Abyei, a disputed area between Sudan and South Sudan, our 180-bed hospital in Agok town continued to provide surgery, neonatal and paediatric care, and treat people for snakebites and diseases such as HIV, tuberculosis, malaria and diabetes.

Project closure

In July, we closed the projects we had been running for 14 years in Yambio county, Western Equatoria state. These projects focused on seasonal malaria chemoprevention for vulnerable children in rural areas, support for the regional hospital and an intervention assisting demobilised child soldiers.

Syria

No. staff in 2020: 547 (FTE) » Expenditure in 2020: €32 million
MSF first worked in the country: 2009 » [msf.org/syria](https://www.msf.org/syria)

KEY MEDICAL FIGURES

416,700
outpatient
consultations

177,300
routine vaccinations

31,100
people admitted
to hospital

18,600
families received
relief items

16,900
surgical interventions

10,600
births assisted,
including 2,220
caesarean sections

1,080
individual mental
health consultations

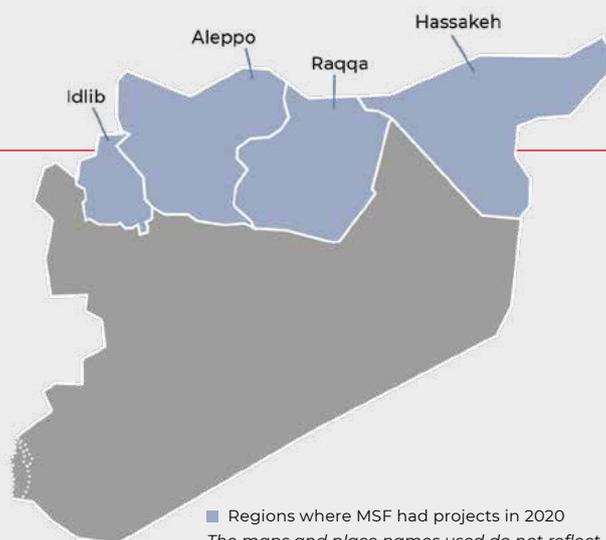
By the end of 2020, 13 million people in Syria were in need of humanitarian assistance. Thousands were killed or wounded, in a war that is still raging after 10 years.

Médecins Sans Frontières (MSF) continues to operate in Syria but our activities are 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. 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 health facilities' running costs.

Northwest Syria

The huge military offensive in northwest Syria, led by the Syrian government and its allies, continued into 2020, resulting in the displacement of almost one million people, many of whom were already far from their homes, having fled the conflict multiple times. In response, our teams quickly scaled up distributions of essential items (such as soap, kitchen utensils, blankets and heating materials) and water supply in the camps where they had gathered.

On multiple occasions, 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 their services, for fear of being hit. Although the intensity of the fighting decreased after the signing



■ Regions where MSF had projects in 2020
The maps and place names used do not reflect any position by MSF on their legal status.

of the latest ceasefire in March, more than half the people in the region remain displaced and live in precarious conditions.

The already enormous needs in northwest Syria were exacerbated by the COVID-19 pandemic. From its onset, our priority was to continue our regular activities, while ensuring the safety of our patients, staff and facilities. To assist the response, we donated protective personal equipment (PPE), set up triage systems in hospitals we support or co-manage, and ran isolation and treatment centres.

Prevention was another focus of activities, especially in camps for displaced people, where physical distancing is not an option and there is limited access to soap and water. We distributed hygiene kits and spread awareness messages about COVID-19, and, as winter approached, gave out kits containing warm clothes, tarpaulins, mattresses, heating materials, blankets and tents to thousands of displaced families. We also installed latrines and distributed drinkable water in the camps.

In addition to our COVID-19 activities, we maintained our support for basic and specialist healthcare in several hospitals and clinics across the northwest. We also boosted vaccination coverage by supporting programmes and conducting campaigns in and around the camps. In Idlib, we provided lifesaving medication and follow-up for almost 100 patients who had received kidney transplants, and continued to run a specialised burns unit in Atmeh.

Northeast Syria

The Turkish military intervention, alongside allied Syrian armed opposition groups, had a severe impact on the people of northeast Syria. Many were killed, wounded or displaced as a result of this escalation in violence, and MSF had to evacuate teams from several projects.

A nurse checks the oxygen levels of a patient in MSF's COVID-19 treatment centre in the city of Idlib, Syria, December 2020.
© Abdul Majeed Al Qareh/MSF





MSF staff members distribute hygiene kits and winter supplies to displaced people living in camps across the northwest region. Syria, November 2020.
© Abdul Majeed Al Qareh/MSF

Many health facilities have ceased to function in the northeast, and those that remain open are unable to respond to all the needs. The closure of Al-Yarubiyah border crossing point (which was part of the UN cross-border aid mechanism for Syria) in July further compounded the dire healthcare situation, as it prevented vital assistance from reaching the country from Iraq.

More than 700,000 people are estimated to be internally displaced in northeast Syria. The majority of them are significantly dependent on humanitarian assistance and live in overcrowded and unsafe conditions, with poor access to water and sanitation, and low vaccination coverage.

At the beginning of 2020, we handed over activities at a general healthcare clinic we supported in Tel Kocher to the local health authorities. We continue to run an inpatient nutrition centre and a tent-based wound care programme in Al-Hol camp. According to the UN, the overcrowded camp now houses some 62,000 people. They are Syrians, Iraqis or third country nationals, and are contained in the camp by local security forces. Eighty per cent of them are women and children, and most were displaced from the Islamic State group's last stronghold in Deir ez-Zor governorate.

In July, we opened another clinic in the camp, providing general healthcare, including a stabilisation room for emergency cases. In addition, we conducted hygiene and health promotion activities and work to improve water and sanitation.

MSF also supports Raqqa national hospital and Mishlab health centre with medical supplies and

salary incentives, and assists local health authorities with routine vaccinations across 12 locations in Kobanê/Ain Al-Arab. In the cold winter months, our teams distributed blankets, mattresses and floor mats to 2,300 internally displaced families.

Since the start of the COVID-19 pandemic, MSF has been part of the humanitarian taskforce, chaired by the local health authorities, in northeast Syria. We provided support to Hassakeh national hospital by introducing surveillance measures, improving the identification and management of patients with the virus, setting up patient flow, triage processes and infection prevention and control measures, and conducting training on how to use PPE. We also established a 48-bed isolation ward inside the facility. Later in 2020, we handed over these activities to the local health authorities and started supporting another COVID-19 treatment centre in Washokani, outside Hassakeh town. Meanwhile, our teams identified and supported measures to protect 1,900 people in Al-Hol camp who were particularly vulnerable to COVID-19, such as patients with diabetes, hypertension, asthma or heart conditions.

During the year, in response to continuing issues with water supply in Hassakeh province, MSF trucked in water to Al-Hol and other camps for displaced people, as well as nine neighbourhoods in Hassakeh city.

At the end of the year, we continued to carry out assessments in the region, looking at the health and humanitarian needs of people living in remote, socially and economically excluded areas, informal settlements and camps.

Spain

No. staff in 2020: 16 (FTE) » Expenditure in 2020: €1.7 million
MSF first worked in the country: 1994 » [msf.org/spain](https://www.msf.org/spain)

The gravity of the COVID-19 pandemic in Spain in 2020 prompted Médecins Sans Frontières (MSF) to support the national response.

In March, we reached out to the health authorities in Spain to share our epidemic control expertise and offer support on strategies to manage the public health crisis. Our response in the country lasted until 31 May. One of our objectives was to help increase hospital capacity by setting up field facilities in nearby venues, such as sports centres. Decongesting hospitals in this way enabled them to focus on treating the most serious patients. We supported 20 hospital extensions in total. We also advised the management of these facilities on infection prevention and control, circuits and zoning, to protect health workers as much as possible.

Another focus of our activities was to reinforce the care and protection of elderly people in care homes. We supported around 500 centres across the country. Our teams provided tools and training to the staff; for example, in the use of protective equipment and designing circuits to keep positive and asymptomatic cases in separate areas. Some 27,000 people benefited from these programmes.



Our teams also offered advice in crisis management through an online platform aimed at health professionals, care homes and directors in public administration involved in the response to the pandemic.

Finally, our testimony and advocacy work on the pandemic included the publication of briefings and external reports, such as *The protection of healthcare personnel during the COVID-19 outbreak in Spain* and *Too little, too late: The unacceptable neglect of the elderly in care homes during the COVID-19 pandemic in Spain*, which described the difficult situation in which elderly people, the most vulnerable population, lived during the worst moments of the pandemic.

Sudan

No. staff in 2020: 642 (FTE) » Expenditure in 2020: €23 million
MSF first worked in the country: 1978 » [msf.org/sudan](https://www.msf.org/sudan)

KEY MEDICAL FIGURES

176,100
outpatient consultations

3,660
births assisted

1,240
children admitted to inpatient feeding programmes

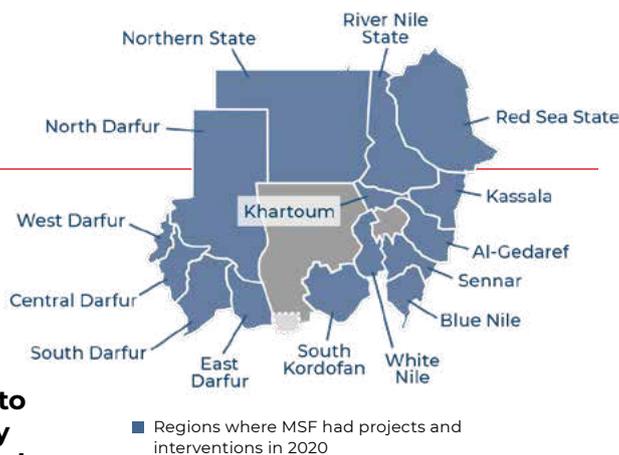
290
people treated for kala azar

In Sudan, Médecins Sans Frontières (MSF) assisted with the COVID-19 response and provided emergency assistance to people affected and displaced by violence, including those who fled Tigray, Ethiopia.

From April, MSF started supporting the national response to the pandemic in the capital, Khartoum, by running training to improve infection prevention and control measures, ward and triage circuits, and water and sanitation provision inside health facilities. This training, run in collaboration with the Ministry of Health and the World Health Organization, was provided to healthcare professionals in leadership roles at 90 hospitals in Khartoum state, as well as staff, so they could replicate the training sessions in hospitals in other states.

In August, we opened a COVID-19 treatment centre in Omdurman teaching hospital, in partnership with the Ministry of Health, for patients with moderate to severe symptoms of the virus. During the year, we also conducted health promotion and awareness-raising sessions on COVID-19 in local communities and healthcare centres across the country.

Following violence and subsequent displacement, we provided emergency response assistance to people, via mobile clinics in Geneina in West Darfur and Sortony in North Darfur, and by donating humanitarian aid in Port Sudan, Red Sea State and Gereida, South Darfur.



The maps and place names used do not reflect any position by MSF on their legal status.

In September, the Blue Nile burst its banks, causing devastating floods that affected more than three million people across 17 of Sudan's 18 states. MSF provided emergency response, including in River Nile state, where we distributed relief items such as hygiene kits and constructed latrines. During an outbreak of a viral haemorrhagic fever caused by mosquitoes in Northern State, we provided treatment and water and sanitation activities.

In November, when conflict broke out in Tigray, Ethiopia, thousands of people fled across the border into Sudan. We sent teams to assist refugees in Al-Gedaref and Kassala states, providing screening for malnutrition, general healthcare consultations, and water and sanitation in two camps, and at the main border crossing points.

Throughout the year, we continued our regular medical activities in Khartoum, and in North, East, and Central Darfur states, as well as White Nile, Al-Gedaref and South Kordofan states. These activities included nutritional support for children, maternity care, and treatment for diseases such as tuberculosis, HIV and kala azar (visceral leishmaniasis).

Tajikistan

No. staff in 2020: 76 (FTE) » Expenditure in 2020: €2.2 million
MSF first worked in the country: 1997 » [msf.org/tajikistan](https://www.msf.org/tajikistan)

KEY MEDICAL FIGURE

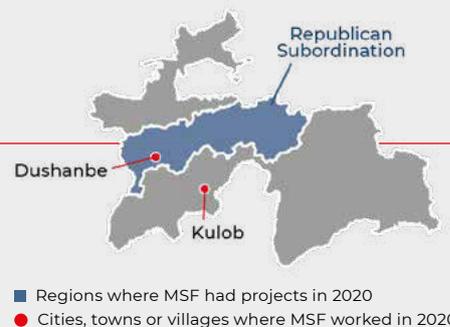
52
people started on
treatment for TB

In Tajikistan, Médecins Sans Frontières (MSF) provided treatment and diagnosis of tuberculosis (TB) for children and their families, and adopted measures to protect TB patients against COVID-19.

During the global pandemic, MSF aimed to enrol all patients in the Family-Directly Observed Treatment (F-DOT) programme to shield them from COVID-19 as a vulnerable group. F-DOT allows a selected supporter (usually a member of the household) to administer TB treatment at home, thereby eliminating the need for the patient to travel to the health centre every day. Our holistic model of care for TB patients also includes nutritional and psychosocial support. For those who were required to travel to a clinic for care in 2020, we developed a triage system to minimise the risk of the spread of COVID-19 within the health centres.

Of the new patients diagnosed with TB during the year, 66 per cent were found through contact tracing activities and half of these were children. This demonstrated the urgency to adopt contact tracing as a key method to stop the spread of the disease in Tajikistan.

In March, we started a pilot study in Dushanbe to diagnose and treat latent TB infection (LTBI)



with new tests and shorter treatment regimens. Standardised LTBI diagnosis and treatment protocols, based on the 2020 World Health Organization guidelines drafted by MSF in cooperation with the Republican Centre for Protection of the Population from Tuberculosis and other partners, will contribute to effective control of TB in Tajikistan.

In April, we handed over to the Ministry of Health and Social Protection of the Population the waste management zone at Machiton hospital (National Centre for Tuberculosis, Pulmonology and Thoracic Surgery), the construction of which was started by MSF in 2019 to improve waste management and infection control.

Our teams also ran a paediatric and family HIV project in Kulob city and the surrounding area from 2016 to 2020. The project raised the quality of care available for paediatric HIV patients and significantly improved infection prevention and control measures to reduce transmission. It was successfully handed over to the Ministry of Health and Social Protection of the Population in March, after achieving its objectives of reducing the rates of sickness and death for paediatric HIV in Kulob.

Tanzania

No. staff in 2020: 327 (FTE) » Expenditure in 2020: €7.9 million
MSF first worked in the country: 1993 » [msf.org/tanzania](https://www.msf.org/tanzania)

KEY MEDICAL FIGURES

293,600
outpatient
consultations

30,600
malaria cases treated

14,500
emergency room
admissions

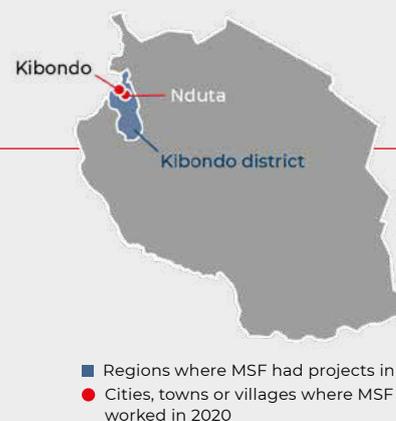
11,500
individual mental
health consultations

The focus of Médecins Sans Frontières (MSF) activities in Tanzania is providing healthcare for Burundian refugees and local communities in Kigoma region.

After violence erupted in Burundi in 2015, thousands of people fled into Tanzania. In 2020, some 20,000 returned home, but more than 147,000 are still living there in camps, as they do not believe that they would be safe in their country. Restrictions on movement outside the camps prevent them from seeking work, forcing them to rely solely on ever-dwindling humanitarian assistance. The refugee response in Tanzania is one of the most chronically underfunded in the world.

MSF remains the main healthcare provider in Nduta camp, one of three camps hosting refugees in Kigoma. Four health posts linked to a hospital help to cover the medical needs of nearly 70,000 refugees in the camp and around 20,000 people from surrounding villages.

MSF teams offer health services for women and children, including care and counselling for victims of sexual and gender-based violence, as



well as mental health consultations and treatment for tuberculosis, HIV and a range of non-communicable diseases.

We run paediatric and adult wards at the hospital, serving both refugees and host communities. We also assist deliveries in our maternity room, and facilitate emergency surgical and obstetric referrals to the nearby government hospital.

Throughout 2020, we supported emergency preparedness and response activities. We ran a 100-bed COVID-19 quarantine facility in Nduta camp and trained more than 430 staff to respond to a potential outbreak. In April, following floods in Lindi, on the country's southeastern coast, our teams donated medicines to prevent and treat malaria, acute diarrhoea and dehydration. In May, we organised a measles vaccination campaign after an outbreak in the camp.

Thailand

No. staff in 2020: 24 (FTE) » Expenditure in 2020: €1.2 million
MSF first worked in the country: 1976 » msf.org/thailand

KEY MEDICAL FIGURES

1,930
individual mental
health consultations

29
mental health
consultations
provided in group
sessions

In Thailand, Médecins Sans Frontières (MSF) continues to provide mental healthcare to people affected by unrest in the southern provinces of Pattani, Yala and Narathiwat.

The aim of our project is to work with public hospitals, government service providers and other NGOs to offer patients a holistic model of care, including counselling, medical assistance and social support.

In 2020, we continued our outreach programme of community-based engagement activities, particularly in Yala and Narathiwat provinces, where medical care is otherwise scarce.

Raising awareness of mental health issues remains the focus of our activities. We work with communities to prevent violent incidents and build mechanisms to cope with them should they occur, by running psychoeducation sessions and psychological first-aid training in counselling



centres, mosques, schools and other venues in areas that have experienced numerous violent events.

MSF continues to share information and expertise on various aspects of mental health with local networks, groups and both state and non-state entities, to strengthen their capacity and improve referral pathways to our facilities.

Turkey

No. staff in 2020: 23 (FTE) » Expenditure in 2020: €0.7 million
MSF first worked in the country: 1999 » msf.org/turkey

Turkey hosts the largest refugee population in the world – over four million – including more than 3.6 million Syrian nationals.¹

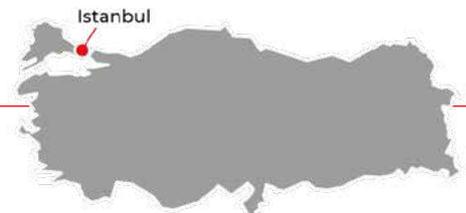
In 2020, Médecins Sans Frontières (MSF) continued to provide support to a local organisation, the Citizens' Assembly, which works with migrants and refugees in Turkey.

The Citizens' Assembly Nefes Centre runs support and advisory services in Istanbul for migrants and refugees who have suffered ill-treatment.

We also responded to the COVID-19 pandemic by distributing hygiene kits, blankets, and plastic sheeting to 2,000 families.

As well as offering technical and financial support to local NGOs, we continue to engage in efforts to renew our registration to operate directly.

¹ United Nations refugee agency, UNHCR, 2020



Uganda

No. staff in 2020: 407 (FTE) » Expenditure in 2020: €5.3 million
MSF first worked in the country: 1986 » [msf.org/uganda](https://www.msf.org/uganda)

KEY MEDICAL FIGURES

29,000
outpatient
consultations

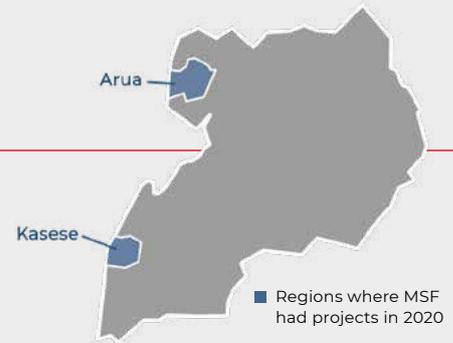
7,820
individual mental
health consultations

1,820
people on first-line
ARV treatment, and
1,480 on second-line
ARV treatment under
direct MSF care

680
people treated for
sexual violence

In Uganda, Médecins Sans Frontières (MSF) offers HIV care, supports victims of sexual and gender-based violence in refugee settlements, and provides adolescents with sexual and reproductive health.

In Kasese, our adolescent clinic provides sexual and reproductive healthcare, including ante- and postnatal care for teenage mothers, in a safe, youth-friendly environment. Awareness-raising and recreational activities encourage youngsters to come for consultations and health education. In 2020, these services were moved to a public health facility to facilitate access and decrease stigma. The COVID-19 pandemic and strict hygiene measures forced the suspension of recreational activities, resulting in slightly reduced attendance. MSF also offers HIV care to the fishing communities around nearby lakes George and Edward, a high-risk group for HIV infection due to time spent away from home, a cash-based income and the presence of sex workers in fishing ports. In collaboration with local authorities and other providers, we tailor HIV services to the specific needs and habits of these communities.



Our HIV project in Arua is integrated into the local HIV care infrastructure and focuses on children and adolescents, and on patients with advanced HIV disease or a high viral load. During the COVID-19 pandemic, we conducted physically distanced consultations. However, we lost contact with our Congolese cross-border patients from March when lockdown measures were implemented and were unable to provide them with medication. While most of our cross-border patients resumed their treatment in July, our efforts to trace around 13 per cent of them were unsuccessful.

Also in Arua, MSF outreach activities support victims of sexual violence in the Omugo and Imvepi refugee settlements, hosting hundreds of thousands of mainly South Sudanese refugees who fled conflict in their homeland. Mental health support for refugees and host communities is available too.

We stand ready to respond to emergencies such as disease outbreaks and displacement caused by natural disasters or violence.

Ukraine

No. staff in 2020: 167 (FTE) » Expenditure in 2020: €6.9 million
MSF first worked in the country: 1999 » [msf.org/ukraine](https://www.msf.org/ukraine)

KEY MEDICAL FIGURES

3,930
outpatient
consultations

1,050
mental health
consultations

170
people started
on treatment for
hepatitis C

91
people started on
treatment for MDR-TB

We run a range of activities in Ukraine, including tuberculosis (TB) and HIV programmes. In 2020, we started new projects in Donetsk and Luhansk, while also supporting the national COVID-19 response.

Médecins Sans Frontières (MSF) is collaborating with the Ministry of Health to improve basic healthcare in Donetsk region's remote, conflict-affected communities. Our teams have switched from running mobile clinics to working in general healthcare facilities, providing technical and practical assistance to staff. We are also strengthening community healthcare through the involvement of local volunteers.

In Luhansk region, we started supporting the regional HIV programme to improve diagnosis and treatment for patients with advanced HIV disease, focusing on putting patients at the centre of care provided in health facilities and in the community.

In Mykolaiv, we treated hepatitis C patients living with HIV, using a new direct-acting antiviral regimen. We handed this project over to the Mykolaiv Regional Centre of Palliative Care and Integrated Services in May.

In partnership with the regional TB dispensary in Zhytomyr, MSF is running an innovative treatment



regimen for patients with drug-resistant TB (DR-TB). The treatment plan is shorter, lasting between nine and 12 months, and uses highly effective oral drugs that cause fewer side effects than the older injectable ones. The operational research study that started in 2019 is examining the effectiveness of this model of care, which also includes outpatient consultations, psychological counselling and social support.

MSF teams also supported the COVID-19 response in Kyiv, Donetsk and Zhytomyr. Our teams trained health ministry staff in infection prevention and control, and offered psychological support to patients and healthcare workers. In Marinka district, Donetsk region, our mobile teams provided home-based care and transported COVID-19 samples for testing. In Zhytomyr, we ensured TB patients received their medicines and psychosocial support throughout the lockdown.

Following widespread fires in Luhansk in October, our teams donated hygiene kits for distribution in Syrotyne village, near Sievierodonetsk city.

Yemen

No. staff in 2020: 2,621 (FTE) » Expenditure in 2020: €76.3 million
MSF first worked in the country: 1986 » [msf.org/yemen](https://www.msf.org/yemen)

KEY MEDICAL FIGURES

250,300
outpatient
consultations

84,600
people admitted
to hospital

26,600
surgical interventions

23,400
births assisted

1,950
patients admitted
for COVID-19

1,410
people treated
for cholera

160
people treated for
measles

Although the COVID-19 pandemic hit Yemen hard in 2020, it was just one of many crises unfolding in the country, still at war after five years.

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

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

Despite these challenges, Médecins Sans Frontières (MSF) continued to run 12 hospitals and health centres, and support 13 others in 13 governorates across the country.

COVID-19

The potential for COVID-19 to devastate Yemen was evident from the beginning of the pandemic: a country fragmented by fighting, with a collapsed health system and a population too poor to simply stop working and stay at home. There was also a widespread reluctance to believe that the virus was real, or a threat to Yemen.



We immediately began working with the health authorities across the country. We supported Al-Amal hospital in Aden and Al-Kuwait hospital in Sana'a, the main treatment centres in the two biggest cities. We also opened smaller treatment centres in Ibb, Haydan and Khamir, and assisted screening in Abs and Hajjah. In May, we took over the management of Al-Amal, and in June opened treatment centres in Al-Gamhuriyah hospital in Aden and Sheikh Zayed hospital in Sana'a. We also put in place prevention measures in all our regular projects so that we could continue to offer essential healthcare.

The first case of COVID-19 was officially confirmed in Yemen on 10 April, although rumours of cases had been circulating before then. Testing remained extremely limited throughout the country and the health authorities in areas controlled by Ansar Allah decided to not publicly release the results of tests.

What we saw spoke for itself, however: at the end of April many people were already sick and, by May, the situation was catastrophic, particularly in Aden, with a surge in deaths. Fear of the virus was widespread, and people were hesitant to come to hospital. Many patients arrived too late for our teams to save them.

We also saw that many other hospitals and health facilities had shut their doors as their staff feared the virus and lacked personal protective equipment. Yemenis, who already had very few options for accessing healthcare, were therefore deprived of their last remaining chance to get lifesaving treatment.

The number of cases appeared to reduce sharply during summer, and by September, we had handed over all our major activities to the local health authorities. However, we continued training and other activities in preparation for a potential second wave.

Ghanem (third from left) is given a warm farewell from the medical team after being discharged from the Al-Sahul COVID-19 treatment centre, following his recovery from severe COVID-19. Yemen, July 2020. © Majd Aljunaid/MSF





Workers at the Al-Sahul COVID-19 treatment centre carry an oxygen cylinder to the intensive care unit. Yemen, July 2020. © Majd Aljunaid/MSF

Responding to other crises

Despite the heavy toll that COVID-19 took on Yemen, the number of air strikes and active frontlines increased. Our teams across the country offered surgical care for the wounded, and in 2020 built a new operating theatre in Haydan, in the far north of Sa'ada. Our teams in Taiz, Hodeidah and Mocha also witnessed dramatic upsurges in fighting that sent many wounded people to us for lifesaving treatment. In Marib, also the scene of active conflict, we provided general healthcare to Yemenis, migrants and marginalised people.

Caring for mothers and their newborn children remained a priority for us; for example, in Abs hospital, where we frequently assisted more than a thousand births every month, and at our mother and child hospital in Taiz Houban. Our teams in Hodeidah saw how the fighting there further limited people's access to care for snakebites and diseases such as malaria and dengue.

The hospital we support in Abs, in Hajjah governorate, witnessed a sustained increase in the number of malnourished children admitted for treatment. Our hospitals in Haydan and Khamir also saw higher than usual seasonal peaks of malnutrition. While it is difficult to know for certain what the causes of the increases were, living costs in Yemen have risen, particularly for food and fuel. Some healthcare facilities previously supported by international aid organisations have reduced their services, as the funding for the relief effort in

Yemen has dried up. As a result, sick children have not received treatment for their illnesses and have gone on to develop malnutrition.

Nevertheless, in the areas where we work, we have not yet seen evidence that a famine is imminent, a situation where large swathes of a population, adults as well as children, are affected, and die from a combination of a lack of food and diseases brought on by this deficiency.

Restrictions and attacks on our activities

Both Ansar Allah and the Saudi-led coalition continued to impose movement restrictions on humanitarian workers inside Yemen, hampering activities such as needs assessments and the activation of mobile clinics. Administrative difficulties around obtaining visas for specialist staff and importing supplies also complicated the provision of aid. When Ansar Allah shut the airport in Sana'a – the only functioning airport in the areas under its control – during part of September, it further restricted our ability to bring staff and cargo into the country.

Healthcare facilities were still not spared from attack in 2020. This was particularly true in Taiz City, where armed men killed a patient at the MSF-supported Al-Thawra hospital in January. The hospital was subject to further armed incursions throughout the year, and was also damaged during fighting in the city.

United States of America

No. staff in 2020: 2 (FTE) » Expenditure in 2020: €2 million
MSF first worked in the country: 2002 » [msf.org/united-states-america](https://www.msf.org/united-states-america)

In the United States of America, Médecins Sans Frontières (MSF) worked with local authorities and partner organisations in 2020 to prevent the spread of COVID-19 in marginalised communities.

In New York City, the early epicentre of the pandemic in the US, we provided showers, portable toilets, handwashing stations, hygiene kits and other essentials for people experiencing homelessness. We improved infection prevention and control measures in facilities for the homeless or housing insecure, and distributed mobile phones to help them stay connected to information about local services.

We set up mobile testing clinics in Immokalee, Florida, for migrant farmworkers, a community at high risk of contracting COVID-19. We also ran a public health education programme in partnership with a local human rights group.

In Detroit, Michigan, and Houston, Texas, where COVID-19 devastated nursing homes and long-term care facilities, we offered support to help protect residents and staff, including assessment and guidance to improve infection prevention and control practices, and technical on-site assistance and training. We also ran mental health workshops for staff.

In Native American communities in Navajo Nation and Pueblos in the southwest – neglected by



■ Regions where MSF had projects in 2020

the federal government and lacking access to clean water, electricity and passable roads – MSF provided infection prevention and control training, and logistical and technical medical support in partnership with local groups.

Puerto Rico continues to grapple with the health impacts of devastating hurricanes in 2017 and experienced a series of powerful earthquakes in 2020. We began a home-based care programme for people on the island with chronic conditions unable to access health services during the pandemic. We provided COVID-19 monitoring for people isolated at home and prepared thousands of hygiene kits for those experiencing homelessness or living in remote communities. We supported hospitals and care facilities by distributing personal protective equipment, conducting infection prevention and control training, and running health education programmes. We handed the programme over to Puerto Rico Salud, a new organisation established by several Puerto Rican MSF staff.

Uzbekistan

No. staff in 2020: 310 (FTE) » Expenditure in 2020: €7 million
MSF first worked in the country: 1997 » [msf.org/uzbekistan](https://www.msf.org/uzbekistan)

KEY MEDICAL FIGURE
700
people started on treatment for TB

In Uzbekistan, Médecins Sans Frontières (MSF) works with the Ministry of Health to improve diagnostics and treatment for people with tuberculosis (TB), including drug-resistant forms of the disease, and provide HIV care.

In 2020, in collaboration with the health ministry, we updated the national protocol to support the use of an all-oral short-course TB regimen with bedaquiline as a core component. Bedaquiline is a highly effective drug that has been proven to improve outcomes for patients. The protocol now also includes a section on palliative care for TB patients who have limited therapeutic options.

In our project in Karakalpakstan, we continued to roll out the latest evidence-based TB treatment guidelines across all 17 districts.

In September, we launched a new health promotion unit in Nukus, which will conduct awareness sessions in the community as well as health education and support groups for patients in TB facilities.

Meanwhile, we are continuing our multi-site clinical trial, TB PRACTECAL, at two sites in Nukus and Tashkent to develop radically improved treatment



■ Regions where MSF had projects in 2020
● Cities, towns or villages where MSF worked in 2020

for people with multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB).

During the global COVID-19 pandemic, we reinforced infection prevention and control measures in healthcare settings, and ensured continuity of care for our HIV and TB patients. Innovative practices such as Video Observed Treatment (VOT) and Family-Directly Observed Treatment (F-DOT), in which health workers or family members watch the patient take their drugs, played an important role in supporting patients to adhere to their treatment during the lockdown. We continue to strengthen outpatient models of care that are tailored to patients' needs and requirements, and expect to roll out VOT and F-DOT further in 2021.

In 2020, MSF started cooperating with the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to implement the 'one-stop shop' model developed in Tashkent, in another region, Syrdarya. The 'one-stop shop' is a person-centred approach that allows people living with HIV to receive multidisciplinary care in the same location. This is the first time that such an approach has been proposed and implemented in Central Asia.

Venezuela

No. staff in 2020: 477 (FTE) » Expenditure in 2020: €18.9 million
MSF first worked in the country: 2015 » [msf.org/venezuela](https://www.msf.org/venezuela)

KEY MEDICAL FIGURES

49,000
malaria cases treated

6,130
individual mental
health consultations

5,710
consultations for
contraceptive services

310
people treated for
sexual violence

COVID-19 has further limited access to healthcare for the millions of people in Venezuela affected by the political and economic crisis.

Hospitals across the country lack staff, supplies, equipment and basic services such as water. In 2020, despite the complications caused by COVID-19, Médecins Sans Frontières (MSF) continued to provide healthcare for vulnerable people in 38 public health facilities in seven states: Amazonas, Anzoátegui, Bolívar, Miranda, Sucre, Táchira and Capital District. In addition, we gave technical support, such as assistance with surveillance, setting up isolation areas and triage systems, and strengthening the emergency response, to public health facilities as needed.

Most of our work focused on strengthening general and specialist healthcare, including sexual and reproductive health and vaccinations. Health promotion and mental health support were also available in all our projects. We distributed medicines to patients and health facilities, trained healthcare workers and upgraded the infrastructure of health facilities, by improving waste disposal, water distribution and sanitation.



In Bolívar and Sucre, two of the Venezuelan states with the highest levels of malaria, we continued to run prevention and treatment programmes, including early diagnosis and vector control. This resulted in a considerable reduction in cases in 2020 (40 per cent in Bolívar and 50 per cent in Sucre, in the areas we were working in).

As part of our response to the pandemic, in Petare, Caracas, we set up a dedicated COVID-19 hospital wing, with a triage circuit for patients requiring medical and psychological care. We also implemented a triage system to handle possible COVID-19 cases in the health centres where we work across the country. In the border state of Táchira, we assisted hundreds of Venezuelan returnees from Colombia, and supported healthcare workers in installing water and sanitation systems and a medical laboratory in COVID-19 quarantine centres.

Zimbabwe

No. staff in 2020: 154 (FTE) » Expenditure in 2020: €6.5 million
MSF first worked in the country: 2000 » [msf.org/zimbabwe](https://www.msf.org/zimbabwe)

KEY MEDICAL FIGURES

11,600
outpatient
consultations

4,320
consultations for
diabetes

2,850
consultations for
contraceptive services

In 2020, Médecins Sans Frontières (MSF) continued to collaborate with the health ministry and other partners in Zimbabwe to deliver health services in rural areas and impoverished urban communities.

In Harare, the capital, MSF teams provided comprehensive, youth-friendly, sexual and reproductive health services to adolescents, in Mbare. We continued health promotion activities at the clinics and youth centres we support in Mbare. We also improved the provision of clean water to vulnerable communities in the city by rehabilitating and upgrading boreholes and drilling new ones.

In Manicaland province, MSF supported the Ministry of Health and Child Care (MoHCC) to implement a nurse-led programme to scale up treatment of patients with hypertension and diabetes in rural clinics in Chipinge and Mutare. This project was handed over to the MoHCC in November 2020.

After nine years of offering treatment, care and support to communities in the Gutu district of



Masvingo province, we handed over our HIV and cervical cancer project to the MoHCC and partners. In April, during the lockdown due to COVID-19, many people in need of care for chronic diseases across the country were unable to access their medicines. To address this, we ensured continuity of care through means including home visits to deliver refills for HIV and non-communicable disease medications.

As a key healthcare service provider at the Beitbridge border post in Matabeleland South, we supported the MoHCC and the Ministry of Labour and Social Welfare by implementing targeted interventions to reach migrants on the move across the border between Zimbabwe and South Africa. These activities included regular mobile outreach and provision of a comprehensive outpatient package that includes mental health support, prevention, screening and treatment.

Facts and Figures

Médecins Sans Frontières (MSF) is an international, independent, private and non-profit organisation.

It comprises 23 main national offices in Australia, Austria, Belgium, Brazil, Canada, Denmark, Eastern Africa (Kenya), France, Germany, Greece, Hong Kong, Italy, Japan, Latin America (Argentina), Luxembourg, the Netherlands, Norway, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the United States. There are also branch offices in China, Colombia, the Czech Republic, Finland, India, Ireland, 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 nine 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, IT services, 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 presented here.

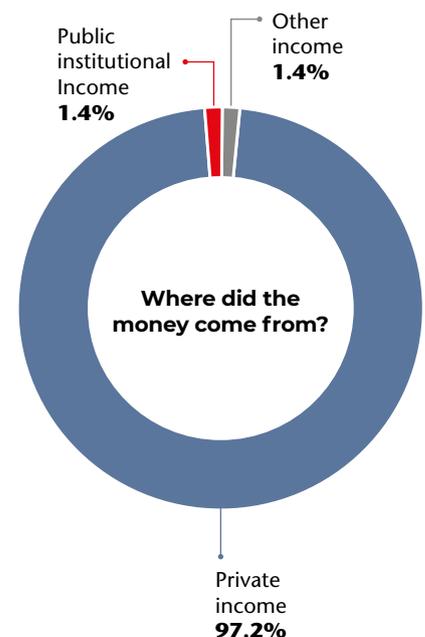
These figures describe MSF's finances on a combined international level. The 2020 combined international figures have been prepared in accordance with Swiss GAAP FER/RPC. The figures have been audited by the accounting firm of Ernst & Young.

The full 2020 *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 2020 calendar year. All amounts are presented in millions of euros. **Rounding may result in apparent inconsistencies in totals.**

Where did the money come from?

	2020		2019	
	in millions of €	percentage	in millions of €	percentage
Private income	1,848.1	97.2%	1,570.2	96.8%
Public institutional income	26.5	1.4%	20.0	1.2%
Other operating income	27.2	1.4%	31.4	1.9%
Total operating income	1,901.8	100%	1,621.5	100%



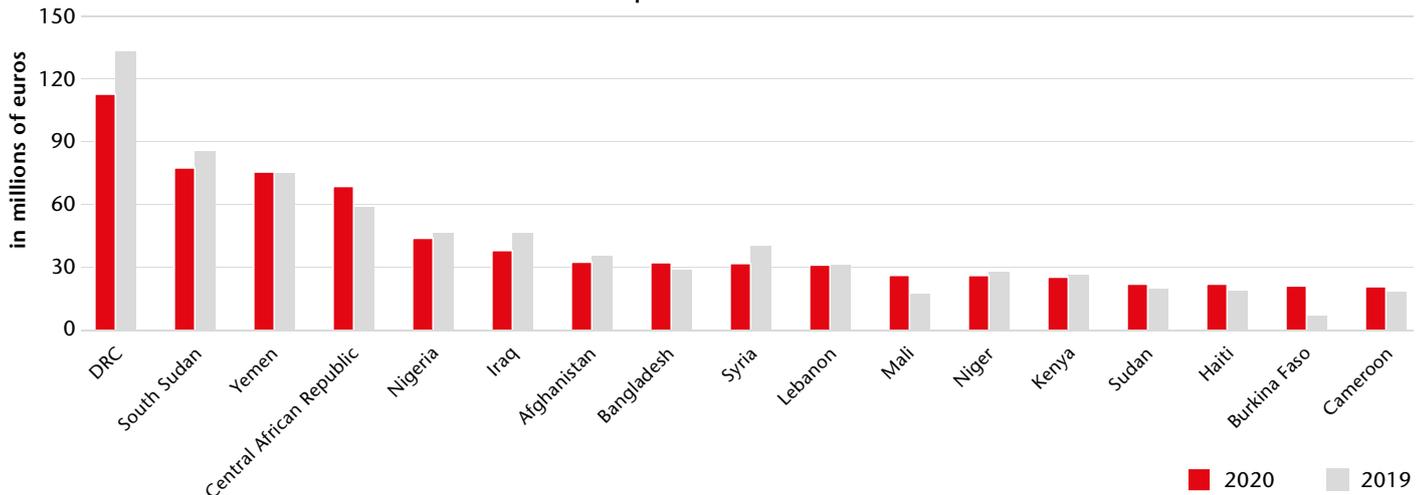
7 million private donors

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 2020, 97.2 per cent of MSF's income came from private sources.

More than 7 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?

Countries where MSF expenditure was more than €20 million in 2020



Africa

	<i>in millions of €</i>
Democratic Republic of Congo	113.8
South Sudan	77.8
Central African Republic	68.5
Nigeria	45.0
Mali	26.9
Niger	26.8
Kenya	26.1
Sudan	23.0
Burkina Faso	22.4
Cameroon	20.9
Sierra Leone	16.2
Ethiopia	15.5
Somalia	14.8
South Africa	12.0
Chad	11.7
Guinea	9.5
Mozambique	9.5
Malawi	9.1
Burundi	9.0
Tanzania	7.9
Zimbabwe	6.5
Liberia	6.1
Uganda	5.3
Eswatini	2.9
Côte d'Ivoire	2.6
Guinea-Bissau	2.0
Other countries*	0.9
Total	592.7 (54.8%)

Asia and Pacific

	<i>in millions of €</i>
Afghanistan	33.3
Bangladesh	32.9
Pakistan	15.8
India	15.1
Myanmar	12.8
Papua New Guinea	3.7
Philippines	2.5
Malaysia	2.3
Cambodia	2.3
DPR Korea	1.2
Thailand	1.2
Other countries*	1.5
Total	124.6 (11.5%)

MENA

	<i>in millions of €</i>
Yemen	76.3
Iraq	38.7
Syria	31.9
Lebanon	31.3
Palestine	18.2
Jordan	17.7
Libya	6.8
Egypt	3.1
Iran	2.4
Other countries*	0.6
Total	227.0 (21.0%)

The Americas

	<i>in millions of €</i>
Haiti	23.4
Venezuela	18.9
Mexico	7.8
Brazil	5.5
Honduras	3.8
Colombia	3.7
Bolivia	2.0
United States	2.0
El Salvador	1.7
Other countries*	1.2
Total	70.0 (6.5%)

Europe and Central Asia

	<i>in millions of €</i>
Greece	13.3
Uzbekistan	7.0
Ukraine	6.9
France	5.6
Belgium	4.3
Italy	2.7
Tajikistan	2.2
Spain	1.7
Kyrgyzstan	1.6
Belarus	1.5
Russia	1.3
Other countries*	2.4
Total	50.5 (4.7%)

Unallocated

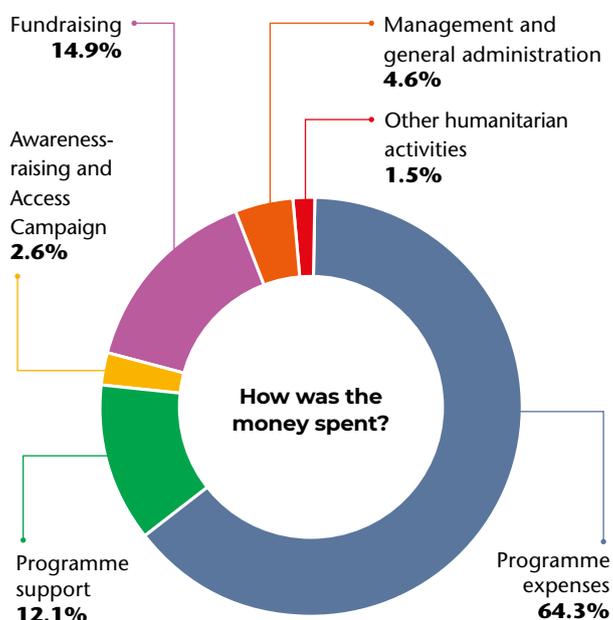
	<i>in millions of €</i>
Other countries and transversal activities	13.4
Search and rescue operations	2.6
Total	16.0 (1.5%)

Overall programme expenses 1,080.7 (100%)

* 'Other countries' combines all the countries for which programme expenses were below €1 million.

How was the money spent?

	2020		2019	
	in millions of €	percentage	in millions of €	percentage
Social mission				
Programme expenses ¹	1,081	64.3%	1,092	64.8%
Programme support	203	12.1%	208	12.4%
Awareness-raising and Access Campaign	43	2.6%	45	2.7%
Other humanitarian activities	26	1.5%	25	1.5%
Total social mission	1,353	80.5%	1,371	81.4%
Other expenses				
Fundraising	250	14.9%	229	13.6%
Management and general administration	77	4.6%	84	5.0%
Total other expenses	327	19.5%	313	18.6%
TOTAL OPERATING EXPENSES	1,680	100%	1,684	100%

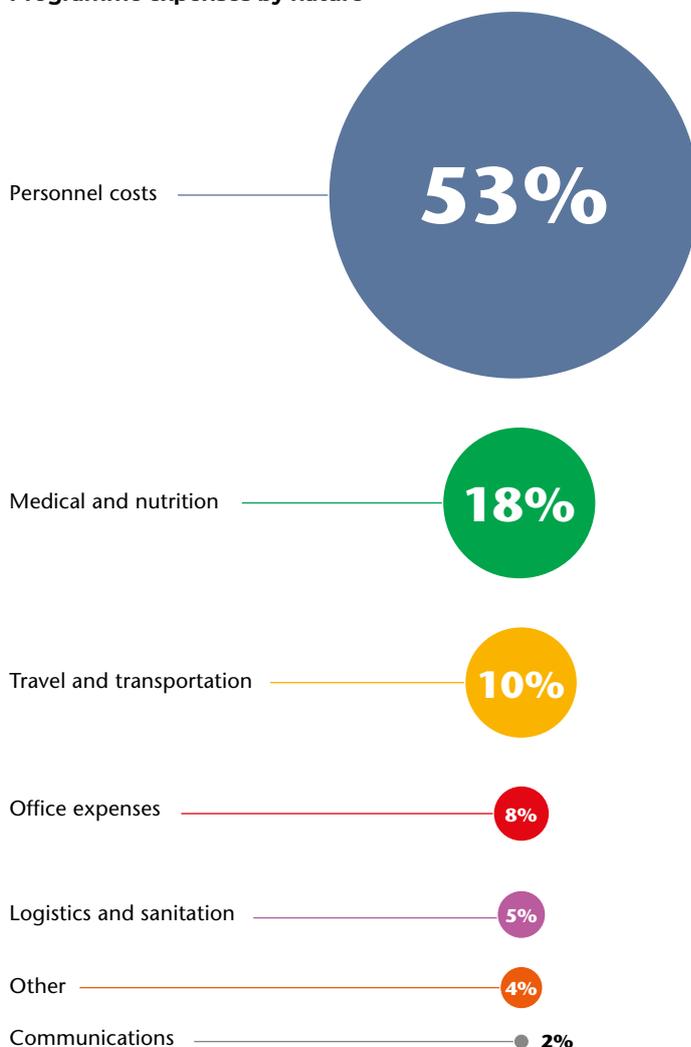


The biggest category of expenses is dedicated to personnel costs: 53% of expenditure comprises all costs related to locally hired and international staff (including plane tickets, insurance, accommodation, etc).

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

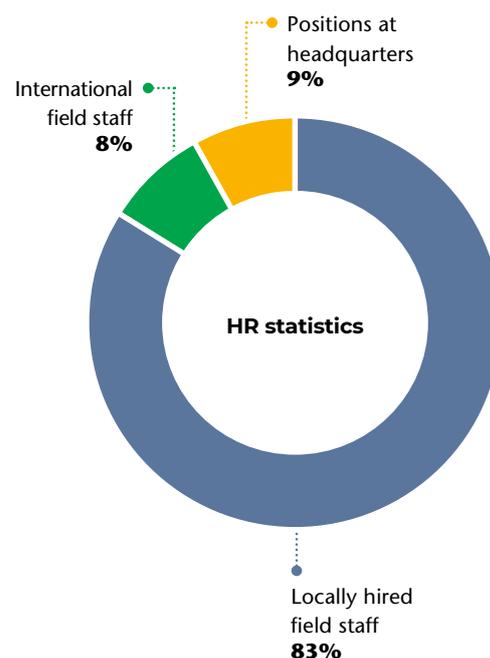
	2020		2019	
	in millions of €	percentage	in millions of €	percentage
Cash and cash equivalents	827.6	57%	678.2	54%
Other current assets	303.2	21%	254.5	20%
Non-current assets	328.6	22%	327.3	26%
TOTAL ASSETS	1,459.4	100%	1,260.0	100%
Restricted funds²	32.2	2%	35.5	3%
Unrestricted funds ³	1,079.6	74%	882.0	70%
Other funds ⁴	24.1	2%	47.1	4%
Organisational capital	1,103.7	76%	929.1	74%
Current liabilities	240.0	16%	230.7	18%
Non-current liabilities	83.5	6%	64.7	5%
Total liabilities	323.5	22%	295.4	23%
TOTAL LIABILITIES AND FUNDS	1,459.4	100%	1,260.0	100%

The result for 2020, after adjusting for financial results, extraordinary result and exchange gains/losses, shows a surplus of €192 million (deficit of €47 million for 2019). MSF's funds have been built up over the years by surpluses of income over expenses. At the end of 2020, the remaining available reserves (excluding permanently restricted funds and capital for foundations) represented 8.1 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

	2020		2019	
	no. staff	percentage	no. staff	percentage
Staff positions⁵				
Locally hired field staff	37,763	83%	37,670	83%
International field staff	3,409	8%	3,627	8%
Field positions⁶	41,172	91%	41,297	91%
Positions at headquarters	4,088	9%	4,072	9%
TOTAL STAFF	45,260	100%	45,369	100%
International departures				
Medical pool	1,386	23%	1,868	25%
Nurses and other paramedical pool	1,550	26%	1,924	26%
Non-medical pool	3,056	51%	3,721	49%
TOTAL DEPARTURES	5,992	100%	7,513	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.



A member of the MSF team walks through the internally displaced people's camp in Djugu, Ituri province, Democratic Republic of Congo, May 2020. © Avra Fialas/MSF

About

Contributors

Imad Aoun, Igor Garcia Barbero, Dr Marc Biot, Claudia Blume, Anne Boher, Brigitte Breuillac, Jacob Burns, Lali Cambra, Sara Chare, Sean Christie, Arjun Claire, Nico D'Auterive, Maurizio Debanne, Dr Isabelle Defourny, Susanne Doettling, Anaïs Deprade, Mario Fawaz, Elisa Fourt, Amanda Furtado Bergman, Diala Ghassan, Lorène Giorgis, Wairimu Gitau, Damaris Giuliana, Caroline Gwature, Scott Hamilton, Michiel Hofman, Christine Jamet, Frederic Janssens, Lauren King, Jo Kuper, Tracy Makhlouf, Alexandra Malm, Sophie McNamara, Robin Meldrum, Simon Ming, Pau Miranda, Waseem Muhammadi, Ivan Muñoz, Sandra Murillo, Jean-Christophe Nougaret, Laura Panqueva, María Fernanda Pérez Rincones, Oliver Rehn, Cici Riesmassari, Catherine Robinson, Céline Ronquetti, Tamara Saeb, Teresa Sancristoval, Nathalie San Gil Coello, Francesco Segoni, Samuel Sieber, Tim Shenk, Alessandro Siclari, Guilaine Thebault, Rena Timsah.

Special thanks to

Valentina Carnimeo, Jean-Marc Jacobs, Joanna Keenan, Chris Lockyear.

We would also like to thank all the field, operations and communications staff who provided and reviewed material for this report.

Managing Editor Marianne Burkhardt

Photo Editor Bruno De Cock

Media Database Officer Frédéric Séguin

Copyeditor Kristina Blagojevitch

Proofreaders Liz Barling, Sarah-Eve Hammond and Joanna Keenan

Medical data collection MSF Operational Centres and Epicentre

International Communication Intern Asala Dalab

French Edition

Translation Alette Chaput, Emmanuel Pons

Editor/Proofreader Laure Bonnevie, Histoire de mots

Arabic Edition

Coordinator Basheer Al Hajji

Translator Simon Staifo

Editors/Proofreaders Basheer Al Hajji, Salam Daoud, Souhir Maalej

Designed and produced by

ACW, London, UK

www.acw.uk.com



Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation.

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.

MSF INTERNATIONAL

78 Rue de Lausanne, Case Postale 1016, 1211 Geneva 21, Switzerland
Tel: +41 (0)22 849 84 84 Fax: +41 (0)22 849 84 04

 @MSF  fb.com/msfinternational

Cover photo »

An MSF nurse prepares her personal protective equipment before entering the control area of the MSF treatment centre for people with mild and moderate cases of COVID-19 in São Gabriel da Cachoeira. Brazil, July 2020. © *Diego Baravelli/MSF*

