



AN OVERVIEW OF ACTIVITIES 2024

MÉDECINS SANS FRONTIÈRES (MSF) IN PAKISTAN



e www.msf.org/Pakistan



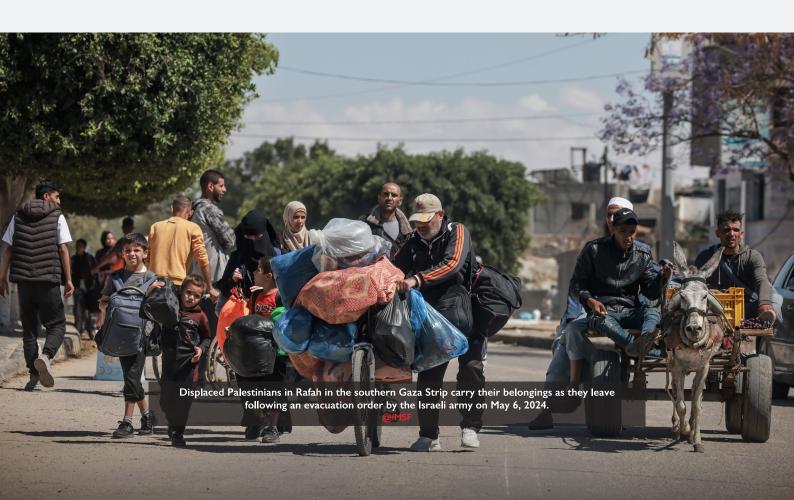


THE MÉDECINS SANS FRONTIÈRES CHARTER

Médecins Sans Frontières (MSF) is a private international association. The association is made up mainly of doctors and health sector workers and is also open to 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 conviction.
- 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 the professional code of ethics and 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.



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ABOUT MSF

MSF also known as Doctors Without Borders provides medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Our teams are made up of tens of thousands of health professionals, logistic and administrative staff bound together by our charter.

Our actions are guided by universal medical ethics and the principles of impartiality, independence and neutrality. We are a non-profit, self-governed, member-based organisation. MSF was founded in 1971 by a group of journalists and doctors.

Today, we are a worldwide movement of nearly 68,000 people working in more than 70 countries across the world.

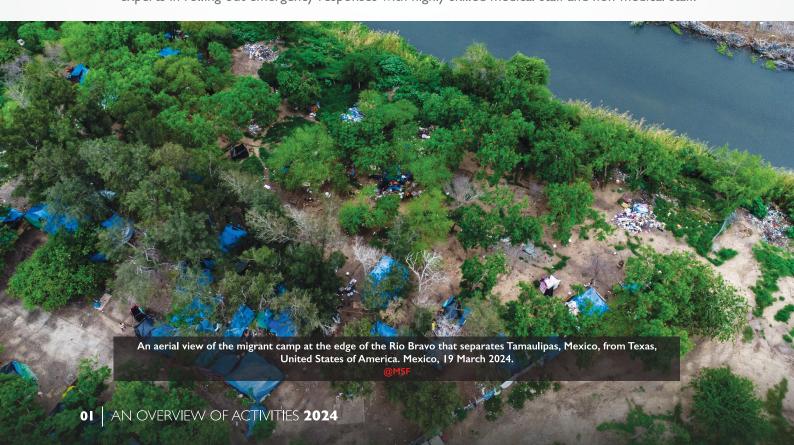
HOW WE WORK

MSF provides free, quality medical care to millions of people caught up in crises around the world. We provide medical care to people based on need alone, irrespective of race, ethnicity, religion, gender or political affiliation. With over seven million individual donors and private foundations worldwide, more than 90% of MSF's income comes from private sources.

Our teams conduct independent evaluations to determine medical needs and assess what assistance to provide. Different criteria determine what we do, such as the magnitude of a given crisis, the levels of illness and mortality in the population, the severity of exclusion from healthcare, and the added value we can bring to the affected people.

Rapid and effective response to emergencies is at the core of our work. MSF keeps pre-packaged kits so that teams can offer rapid lifesaving aid – from surgical kits to inflatable hospitals to cholera equipment. Our cash reserves for emergencies mean we can quickly provide assistance, when and where the need is greatest.

From large-scale catastrophes to local emergencies, MSF's network of aid workers and supplies around the world enables us to quickly respond to disasters. With 50 years' experience, we are experts in rolling out emergency responses with highly skilled medical staff and non-medical staff.



MSF IN PAKISTAN

MSF has been working in Pakistan since 1986. By the end of 2024, MSF closed its long-running hepatitis C project in Karachi, ending nine years of free, lifesaving treatment in one of the country's most underserved urban communities.

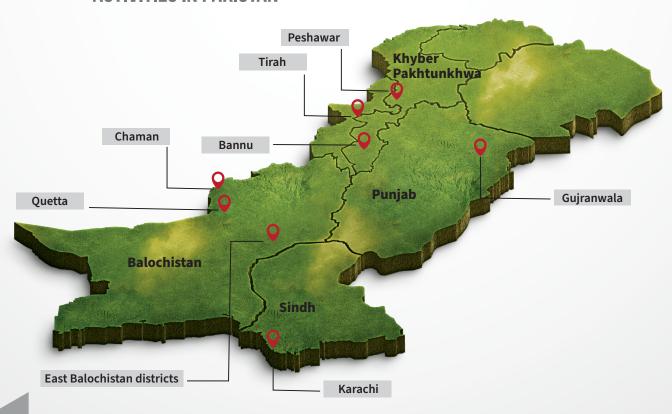
Most of MSF's regular activities continued in 2024, including the provision of mother and child healthcare at three locations in Balochistan: Kuchlak, Chaman, and Dera Murad Jamali.

MSF also continued operating its cutaneous leishmaniasis (CL) program at three locations in Balochistan and two in Khyber Pakhtunkhwa and closed the satellite clinic in Badabher.

In Gujranwala, Punjab province, we continued diagnosing and treating people with drug-resistant or multidrug-resistant tuberculosis through outpatient care and outreach activities, bringing care closer to the patient's home. In 2024, MSF began implementing TACTiC (Test, Avoid, Cure TB in Children) through household contact screening.

In Tirah Valley, Khyber Pakhtunkhwa province, we continued providing medical services, including primary healthcare, antenatal care, and postnatal care for people displaced by conflict who have been returning to the area. In 2025 MSF is planning to open a new project for improving access to Maternal and Neonatal care, as well as access to CL treatment, for the population in Bara, and adjacent areas in Khyber.

LOCATIONS WHERE MSF HAS MEDICAL **ACTIVITIES IN PAKISTAN**



The map and place names do not reflect any position of MSF on their legal status

FACTS AND FIGURES 2024









63,351Outpatient consultations









55,231
Antenatal and postnatal consultations





12,458
People screened for hepatitis C





Patients enrolled for DRTB treatment 210





52,124





956 Staff in 2024 (full-time/equivalent):





MOTHER AND CHILD HEALTHCARE IN BALOCHISTAN

In Pakistan, improving healthcare for mothers, newborns, and young children remains a key priority for MSF. We help bridge gaps in maternal care in Balochistan, which has one of the highest maternal mortality rates in the country—298 deaths per 100,000 live births, compared with a national average of 186. MSF is one of the largest international healthcare providers in Balochistan, offering mother and child healthcare in three locations: the Kuchlak healthcare facility, the District Headquarters Hospital (DHQ) in Chaman, and the District Headquarters Hospital in Dera Murad Jamali.



A. DERA MURAD JAMALI

Since 2008, MSF has been working in the districts of Jaffarabad and Naseerabad. At the DHQ hospital in Dera Murad Jamali, our teams provide essential health services, including inpatient therapeutic feeding for malnourished children under five years old, a general pediatric ward, and a neonatal intensive care unit. We also support the Ministry of Health Expanded Program on Immunization (EPI). Additionally, we offer basic emergency obstetric and newborn care through a 24-hour birthing unit, antenatal and postnatal care, family planning, and integrated nutrition services for pregnant and lactating women. Complicated cases are referred to Larkana in Sindh. At the DHQ Hospital, MSF, in collaboration with the Ministry of Health, has initiated the rollout of the hepatitis C program. MSF's team based in Dera Murad Jamali also frequently provides medical support and emergency response, including during floods and manage infectious disease outbreaks such as diphtheria and measles, to other districts across the East Balochistan region.

Our health promotion and counselling teams engage with the communities to disseminate valuable health messages and promote safe medical practices.

IN THE YEAR 2024

13,856
Antenatal consultations

7,236
Postnatal consultations

9,915Children received nutritional support

3,501Births assisted

2,912Total inpatient admissions

20,539
Children tested for malaria

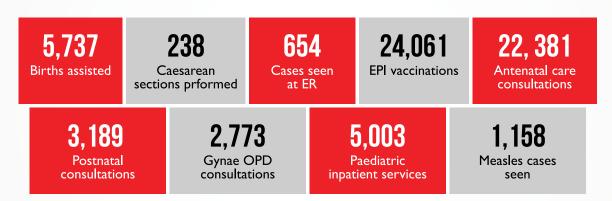
3,945
Children treated for malaria

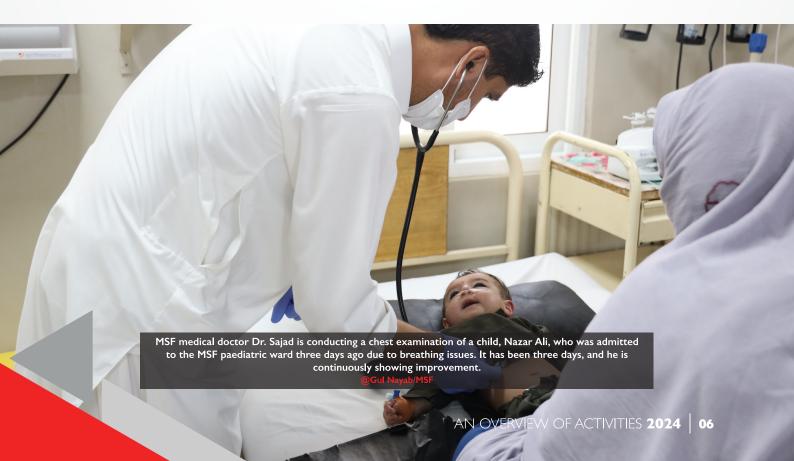


B. CHAMAN

Médecins Sans Frontières has been collaborating with the Ministry of Health since 2007, supporting the DHQ Hospital in Chaman (District Chaman) across various departments. MSF deals with emergency obstetric cases, manages in-patient pediatric/neonatal services, and runs a therapeutic feeding program for children and pregnant and lactating women. MSF's work has contributed to lowering morbidity and mortality rates among the local population and those in surrounding areas, as well as people across the border. MSF provides healthcare services to both local residents and Afghan people living in Chaman, including those who have been there for many years and those who arrived more recently after the Taliban takeover in 2021. Many of these individuals, affected by the ongoing humanitarian crisis in Afghanistan, cross the border seeking —healthcare and other humanitarain aid including protection

IN THE YEAR 2024





C. QUETTA

Established in 2006, the Quetta Primary Healthcare Project aimed to improve maternal, newborn, and child health for -Afghan people and local populations in Kuchlak and nearby areas. Its cornerstone is the Birthing Unit, which offers lifesaving delivery, antenatal care, and postnatal care services for mothers and newborns. This was supported by an Outpatient Department (OPD) dedicated to children under five. Until its closure in May 2024, the OPD also offered routine checkups and immunizations (in collaboration with the Ministry of Health's EPI program), and the vaccination program continues now.

IN THE YEAR 2024

15,867

Outpatient consultations (until May 2024, program end)

4,723

Births assisted

5,426

Antenatal care consultations

3,143

Postnatal care consultations

2,593

contraceptive methods dispensed

28,063

EPI vaccinations

6,238

Individual mental health counseling sessions



CUTANEOUS LEISHMANIASIS

Cutaneous leishmaniasis (CL) is a parasitic tropical skin disease transmitted by the bite of a phlebotomine sand fly. It is endemic in Pakistan and is characterized by lesions on exposed skin—typically the face, hands, and feet—that can lead to severe disfigurement, stigma, and discrimination. Although CL can be cured with antimonial drugs (meglumine antimoniate or sodium stibogluconate), these are often unavailable in the public health system or sold privately at high prices.

CUTANEOUS LEISHMANIASIS IN BALOCHISTAN

In 2008, the project in Quetta began addressing this neglected tropical disease, screening and treating patients at Kuchlak, Benazir Bhutto Hospital, and Bolan Medical Complex in Quetta city. The project also conducted a clinical trial on cutaneous leishmaniasis to explore alternative treatments to the first-line pentavalent antimonial drugs, which have been in use for over seven decades, with the goal of improving CL treatment options.

IN THE YEAR 2024

10,564

Individuals were screened for CL

6,410

Patients started CL treatment



CUTANEOUS LEISHMANIASIS IN KHYBER PAKHTUNKHWA

A. PESHAWAR

In Peshawar, MSF continued providing CL services at Government Nasirullah Khan Babar Memorial Hospital (GNKBMH), one of the few treatment centers in Khyber Pakhtunkhwa offering free diagnostic and treatment services for CL. In October 2024 MSF closed its small CL satellite clinic in Badabher, redirecting the patients to GNKBMH.

Overall, during 2024, MSF saw a sharp rise in patients due to greater awareness of the free services and supply challenges at other treatment centres. As a result, MSF treated 48 percent more patients than in 2023.

IN THE YEAR 2024

4,142

CL patients screened

2,819

CL patients started



B. BANNU

In Bannu, MSF offers services to patients from the southern districts of Khyber Pakhtunkhwa at Khalifa Gul Nawaz Teaching Hospital. In 2024, MSF treated 25 percent more patients compared to 2023, indicating that consistent access to treatment remains crucial in the south of the province.

IN THE YEAR 2024

2.889

CL patients screened

2,262

CL patients started on treatment

PRIMARY HEALTHCARE IN TIRAH VALLEY, **KHYBER PAKHTUNKHWA**

MSF is currently the only organization providing free primary healthcare (PHC), including antenatal and postnatal care, in the Tirah Valley. Many people who fled their homes due to violence between 2008 and 2013 have gradually returned. However, buildings are largely destroyed, and returnees often face significant hardship, especially during winter.

Occasional displacement of people persisted in 2024. MSF teams observed a significant increase in consultations, particularly in summer, when higher malaria rates posed risks to children under five.

IN THE YEAR 2024

40,590 Outpatients' consultations

516 Mobile clinic consultations

546 Antenatal consultations

17 **Postnatal** consultations

STARTING MSF SUPPORT TO THE MINISTRY OF HEALTH IN KHYBER DISTRICT FOR PROVISION OF MATERNAL, NEONATAL AND CL CARE IN BARA, KHYBER PAKHTUNKHWA

Following the closure of the MSF maternity project in Peshawar in 2022, MSF has sought to continue supporting the most vulnerable people in tribal districts. Access to maternal and neonatal healthcare remains difficult in these communities, where maternal and neonatal mortality rates are

In December 2024, MSF signed an MoU with the Department of Health to enhance access to maternal and neonatal services as well as care for cutaneous leishmaniasis for populations in Bara Tehsil and surrounding areas of Khyber District.

TUBERCULOSIS

Tuberculosis (TB) is an infectious disease caused by bacteria that most often affects the lungs. It spreads through the air when people with TB cough, sneeze or spit. According to the World Health Organization, Pakistan ranks fifth among the world's high-burden TB countries and fourth for drug-resistant TB (DR-TB). The gap between the number of people who develop DR-TB and those enrolled in treatment is one of the largest worldwide. Of an estimated 16,000 annual DR-TB cases, only about 28 percent (4,514) are diagnosed, and just 23 percent (3,682) initiate treatment, highlighting challenges in case detection and access to treatment.

DRUG-RESISTANT TUBERCULOSIS (DR-TB) IN PUNJAB

In 2024, MSF's DR-TB clinic in Gujranwala, Punjab, entered its third year. The clinic works with the Provincial Tuberculosis Control Program (PTP), the Primary and Secondary Healthcare Department, Gujranwala Teaching Hospital, and the Specialized Healthcare and Medical Education Department. It became one of the first sites in Pakistan to adopt the WHO's new six-month, all-oral BPaL/M regimen (bedaquiline, pretomanid, linezolid, and moxifloxacin). Introduced in 2023, this shorter, more tolerable regimen significantly reduces pill burden. By the end of 2024, 151 patients had received it, avoiding older, lengthier treatments with severe side effects, often worse than the disease itself.



The team focuses on improving case finding, conducting household contact screening, and ensuring high-quality care centered on patient needs. Patient support groups address treatment adherence, and a committee of patients and treatment supporters fosters community involvement. Home visits in Gujranwala and the neighboring Gujrat district help follow up with patients who have missed appointments, bridging access to care and strengthening contact tracing, health education, and infection prevention at home. Patients who complete treatment are also followed up to one year after completion of treatment to monitor sustained treatment success

In 2024, MSF started the TACTiC activity (Test, Avoid, Cure TB in Children) through household contact screening, enrolling 42 patients under the age of 15.The team also bolstered collaboration with the pulmonology and pediatric departments at Gujranwala Teaching Hospital to improve case detection, as well as with other specialist departments such as Hepatology, HIV clinics for integrated management of comorbidities and better outcomes. Regular contact with GeneXpert TB testing sites and community health workers in Gujranwala, Gujrat, and Hafizabad reinforced patient referrals, capacity-building, and DR-TB awareness.



After securing all necessary approvals, including from the National Bioethical Committee, the team launched operational research in December 2024. This study seeks to identify effective, well-tolerated, safe and shorter treatment regimens recommended by WHO. The findings will also support the National Tuberculosis Program in planning TB care across the country.

IN THE YEAR 2024

210 Patients enrolled

544 Home visits for health education

2,281 Individual patient-support discussions

INITIATION OF TB PROJECT IN RHC BALDIA, KARACHI, SINDH

MSF in collaboration with the Communicable Disease Control (CDC), and Health Department Sindh, started the 'TB Project with a Focus on Paediatrics' in the Rural Health Center (RHC) Baldia in district Kemari, Karachi. The project will start in the first quarter of 2025. Key components of the project include free TB diagnostics, health promotion activities to increase awareness and case detection rate of TB, and free treatment as per standard TB protocols.

Additionally, the project will conduct operational research on pediatric TB, advocate for sustained funding for TB in Pakistan, and implement a decentralized paediatric TB model of care at the RHC level. To ensure effective implementation, the project will also provide capacity building of health staff on TB guidelines.

HEPATITIS C IN SINDH — A DECADE OF IMPACT

For over 10 years, MSF has been providing medical assistance to high-burden communities in Karachi, focusing on Hepatitis C (HCV) treatment and care. Pakistan has the highest HCV prevalence globally, with 1 in 20 Pakistanis affected, making it a major public health concern. The virus, transmitted through bloodborne exposure, can lead to chronic liver disease, cirrhosis, and cancer. Despite no vaccine being available, timely diagnosis and treatment can prevent severe complications and save lives.

In 2015, MSF integrated HCV care into primary healthcare (PHC) at Machar Colony, an underserved urban settlement in Keamari District, Karachi. This intervention aimed to reduce HCV-related morbidity and mortality while serving as a model for decentralized HCV treatment at the PHC level.

Over the years, MSF adopted innovative strategies for HCV management, including: decentralised and simplified patient pathways, a test-and-treat approach, second- and third-line treatment for complex cases, and community sensitisation and prevention strategies.

BENDING THE CURVE (BTC) — A MODEL FOR HCV ELIMINATION

Since March 2022, MSF launched its flagship "Bending the Curve" (BTC) initiative in Machar Colony—a 3-year intervention focused on rapid screening, diagnosis, and treatment. This initiative also involved community engagement and health promotion activities to prevent new infections. BTC served as a model for large-scale HCV interventions in low-resource urban settings, aligning with WHO's 2030 HCV elimination targets and the Pakistan Prime Minister's Hepatitis Programme.



As MSF concluded its Hepatitis C intervention in Karachi, the final phase of the landing process began in March 2024 with the completion of outreach screening. The final follow-ups and SVR12 testing were completed by September 2024.

IN THE YEAR 2024



Since its launch, BTC has successfully screened approximately 74,000 individuals, provided treatment to over 4,000 patients, and introduced self-testing and door-to-door mobilisation. Additionally, in 2024, MSF played a key role in contributing to Pakistan's National Hepatitis Strategic Framework (2024-2030), providing input to the WHO-led Pakistan Hepatitis Report 2024, and presenting BTC research at the World Hepatitis Summit and national conferences (PSSLD & PSH) and publishing an article related to "the usability and feasibility of HCVST in the Machar Colony setting" in the international journal BMC Infectious Diseases in September 2024.

SCALING UP HCV CARE AT BALDIA RHC

Beyond BTC, MSF also worked on integrating and decentralizing Hepatitis C care at Baldia Rural Health Centre (RHC) in Keamari District. In August 2022, MSF supported the Sindh Health Department in implementing a one-year intervention focused on training MoH staff (doctors, nurses, LHWs, lab technicians), providing diagnostic and treatment tools, and ensuring sustainable HCV care.

Following the handover in July 2023, Baldia RHC was declared the first Sentinel Site for HCV in Keamari and the only facility in Sindh with an in-house Point-of-care testing, Xpert HCV PCR, for HCV diagnostics. MSF continued its support in 2024 through donations of Xpert PCR cartridges and supplies, technical guidance for difficult-to-treat cases, and presenting Baldia RHC's HCV intervention at two national conferences.

The MSF Hepatitis C intervention in Karachi has demonstrated a successful, patient-centered model for scaling up HCV diagnosis and treatment in low-resource urban settings. With BTC and the Baldia RHC project, MSF has contributed to national HCV elimination efforts while creating a replicable model for Pakistan and beyond.



ENVIRONMENTAL HEALTH

Considering the high presence of breeding sites for Anopheles and Aedes mosquitoes in Islamabad, MSF donated mosquito control granules to the Directorate of Malaria Control (DoMC). The DoMC identified hotspots in the city and did larviciding in two different phases.



CONTACT

MSF IN QUETTA, CHAMAN, DERA MURAD JAMALI

Landline: +92 (0) 512102101-3 Fax: +92 (0) 512102104

MSF IN PESHAWAR, BANNU AND GUJRANWALA

Landline: +92 (0) 518312156 Fax: +92 (0) 518439050

MSF IN KARACHI

Landline: +92 (0) 51 220 4140 Fax: +92 (0) 51 220 4144

COMMUNICATIONS DEPARTMENT

Mobile: +92 (0) 336 550 4309 msf-pakistan-com@msf.org