





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.

As an independent and self-governed organisation, MSF's actions are guided by medical ethics and the principles of neutrality and impartiality. MSF offers assistance to people based only on need and irrespective of race, religion, gender or political affiliation

MSF strives to ensure that it has the power to evaluate medical needs freely, to access populations without restriction and to control the aid it provides directly, giving priority to those in most grave danger. MSF does not take sides in armed conflict and demands unhindered access to patients and the space it needs to carry out emergency medical interventions. In addition, MSF only accepts private donations and never accepts funds from parties directly involved in any conflict or medical emergency that MSF is dealing with.

MSF is a non-profit organisation founded in Paris, France, by doctors and journalists in 1971. Today, MSF is a worldwide movement of 30 associations and an international office in Geneva Switzerland, which provides coordination, information and support to the MSF Movement, and implements international projects and initiatives as requested. All of the associations are independent legal entities, registered under the laws of the countries in which they are based. Each association elects its own board of directors and president. They are united by a shared commitment to the MSF Charter and principles. The highest authority of the MSF Movement is the International General Assembly, which meets yearly.

The movement has five operational centres – MSF France, MSF Belgium, MSF Switzerland, MSF Holland and MSF Spain – which directly manage the missions. The partner sections contribute to the action of MSF through their recruitment efforts and by collecting funds, information and providing medical and operational support.

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**This Activity Report takes the place of the Performance Report. It was prepared in accordance with the provisions of the Swiss GAAP, FER/RPC 21.**

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## **IMPRESSUM**

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2015 and the beginning of 2016 were marked by an extraordinary number of concurrent humanitarian crises, including the forced displacement of nearly 60 million people, the highest number since the Second World War. In light of these events, MSF Switzerland's operational activities this year were more extensive than originally envisaged.



Thomas Nierle  
President, MSF Switzerland

The media focused on the refugee crisis in Europe and on international involvement in the Middle East conflict; however, the situation in certain parts of the Sahel and central regions of Africa is severe too, and we feel compelled, as humanitarians, to offer a balanced response to the various crises. We launched numerous projects in north Cameroon, Chad and Niger, regions severely affected by the fighting between government forces and Boko Haram\*. We also sent considerable human and material resources to Tanzania, in response to the influx of Burundian refugees. MSF Switzerland, already active in the Middle East with projects in Lebanon, Iraq, Syria and Yemen, also assisted other MSF sections in Greece and Italy, for example setting up a sexual violence programme in Athens.



Bruno Jochum  
General Director, MSF Switzerland

Responding to epidemics remained a priority in 2015, not just operationally, but also in terms of analysis and knowledge-building, with the publication of our report on the subject, which has been widely disseminated to governments and other organisations. MSF has to maintain its external relationships and continue to influence policy to bring aid to victims of conflicts. Following the Ebola epidemic, and given that most epidemics do not receive the attention they deserve – as was the case for the deadly measles epidemic in Katanga province in the Democratic Republic of Congo (DRC) – MSF will continue to focus on this issue.

In many respects, Ebola was a watershed. Due to our management of this unprecedented epidemic, and our stronger operational presence over the past few years, MSF has gained important recognition – but also a considerable responsibility – in the field of medical humanitarian action, which means we have to reflect more deeply. What role do we wish MSF to play? What is our role within the humanitarian community? These are key questions for our members, which we need to address during the next two years.

2015 will also be remembered for the series of attacks on medical facilities, including the Kunduz hospital in Afghanistan. An exceptional number of MSF staff, patients and patients' families fell victim to these unacceptable attacks. We pay tribute to them collectively. They remain forever in our thoughts. The bombings raise profound questions about the responsibility of states – including United Nations Security Council members – and their obligation to respect medical activities in conflict situations. With the full support of the MSF movement, MSF Switzerland will adopt new strategies to improve the protection of hospitals, medical personnel and patients. MSF must receive firm commitments of support for our operations and the political cost of these attacks affecting so many civilians must increase. This will require mobilising both public and medical professional opinion, and continued negotiations, political debate and representation at the highest levels in organisations and institutions such as the United Nations and national parliaments.

Human resources are the main challenge MSF faces in achieving these objectives. That is why MSF Switzerland is committed to investing in people – our most important resource – over the next four years.

Finally, we would like to express our deepest gratitude to all MSF staff. During the completion of this report, one of our colleagues was killed in Central African Republic, and three colleagues from MSF France are still unaccounted for in DRC. We have not forgotten them. Our teams often work in high-risk environments, under increasingly demanding security conditions. They continue their medical and humanitarian work in the field despite these risks, with the constant support of our office staff. Thank you for your unwavering commitment.

Thomas Nierle  
President, MSF Switzerland

Bruno Jochum  
General Director, MSF Switzerland

\*renamed Islamic State's West Africa Province (ISWAP)

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## MEXICO

Since 2013  
Projects: Nuevo Laredo, Reynosa  
HR: 30 incl. 7 international  
Cost: CHF 1,150,000

## HAITI

Since 2010  
Project: Léogâne  
HR: 223 incl. 11 international  
Cost: CHF 3,044,000

## HONDURAS

Since 1998  
Project: Tegucigalpa  
HR: 42 incl. 4 international  
Cost: CHF 1,230,000

**24** countries

**64** projects

HR: Human resource data is provided on a full-time equivalent (FTE) basis.

Statistics do not include casual employees, or staff from Ministries of Health working within our programmes.

JANUARY

**Sudan:** MSF-run hospital in the South Kordofan region bombed by the Sudanese air force.



©Pierre-Yves Bernard/MSF

**Tanzania:** Emergency cholera treatment center set up in the overpopulated Nyarugusu camp for Congolese refugees.

JUNE

**Democratic Republic of Congo (DRC):** Emergency intervention in three health zones in Tanganyika Province (formerly Katanga) due to a deadly measles epidemic.

JAN 2015

FEBRUARY

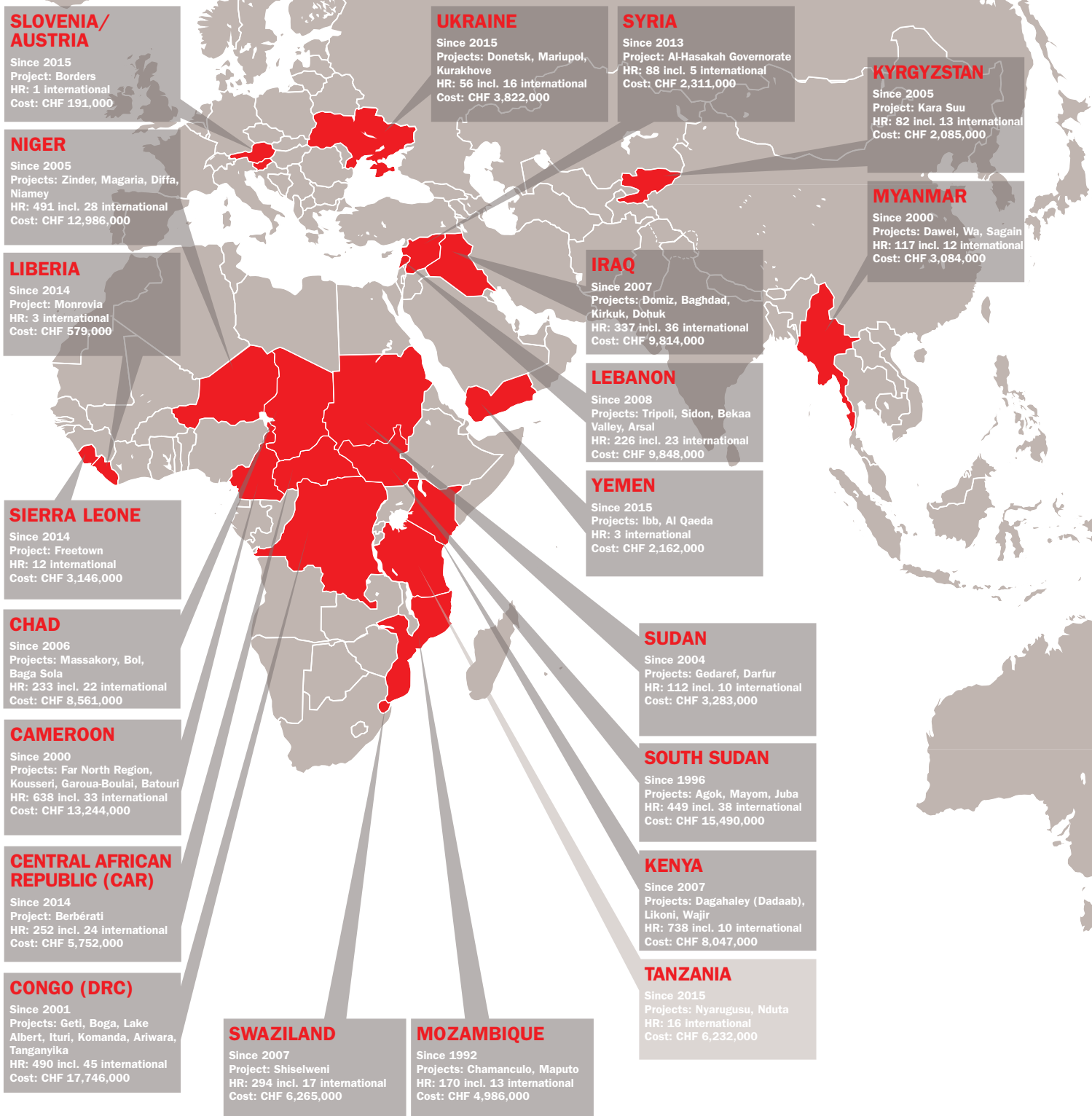
**Chad:** Intervention in the Lake region due to displacement of people following attacks by the armed Nigerian Boko Haram group.

MAY

**Niger:** Emergency intervention to stem a meningitis epidemic in the capital Niamey.



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**SEPTEMBER**

Ukraine: MSF was refused permission to work in the self-proclaimed People's Republics of Luhansk et Donetsk.



©Pierre-Yves Bernard/MSF

Afghanistan: US air force bombs the Kunduz trauma hospital in north Afghanistan, resulting in 42 deaths.

**NOVEMBER**

Austria/Slovenia: Mobile clinics were set up the length of the border for refugees heading to northern Europe.

Yemen: Work started to support Ibb and Taiz regional hospitals and those affected by the conflict.

**DEC 2015**

Haiti: Five years on, MSF closed our project in Léogâne, ending our presence in Haiti.



©Leonora Baumann/hanslucas.com

**OCTOBER**

Syria: 12 operational hospitals, of which six supported by MSF, were attacked and partially or totally destroyed by various warring parties.



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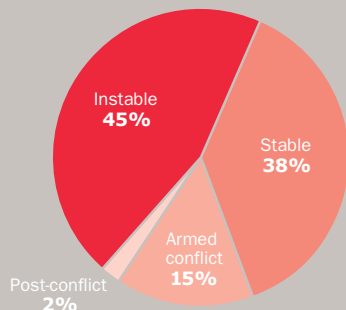
**DECEMBER**

Kenya: The cholera epidemic dominating the country also reaches Dadaab refugee camp.

**JULY**

## 2015 IN REVIEW

Programme costs per context



If 2014 will be remembered for the largest Ebola outbreak in history, 2015 will stand out as the year when unceasing violence caused the displacement of unprecedented numbers of people.

Half of all Syrians left their homes to flee a war that shows no signs of abating. Attacks committed by armed groups such as Boko Haram (renamed the Islamic State's West Africa Province – ISWAP) in the Sahel and by the Islamic State (IS) group in Iraq forced millions of people into exile. New refugee camps were set up in Cameroon (Minawao, Gawar), Chad (Dar es Salam) and Tanzania (Nyarugusu, Nduta), and MSF Switzerland provided assistance in all of them.

In addition to these human tragedies, there were indiscriminate attacks by various warring factions on civilian targets: schools, markets and medical facilities. The unparalleled levels of violence have severely hindered humanitarian work in Syria and Yemen, and in Sudan and South Sudan. 2015 will be remembered as the year when MSF's trauma hospital in Kunduz, Afghanistan was destroyed by a US airstrike. Forty-two people – 14 MSF staff, 24 patients and four visitors – were killed in the bombing, and many more wounded. The year was also marked by major epidemics, which struck populations without the means or ability to tackle them.

### VIOLENCE AND POPULATION DISPLACEMENT

In 2015, MSF Switzerland ran 64 projects in 24 countries. In the Lake Chad region, people from Niger, Cameroon and Chad joined the flow of Nigerian refugees escaping attacks by ISWAP and fighting between militants and government forces. Nearly 2.5 million people were forced to endure extremely precarious living conditions, in a region already ravaged by malnutrition and epidemics. MSF Switzerland responded extensively to this situation, conducting mobile clinics (focusing on paediatrics and malnutrition), setting up contingency plans to deal with large influxes of wounded patients, providing surgical support during attacks, and implementing epidemic control measures in the camps.

In South Sudan, more than a million people have abandoned their homes since fighting broke out between the government and rebel forces in December 2013; none of the peace agreements reached in 2015 have come into effect. In Tanzania, MSF Switzerland worked to ensure a second refugee camp was set up in Nduta for the thousands of Burundians who have crossed the border to escape the intense fighting in their country. The Nyarugusu camp was overpopulated and could no longer safely accommodate new arrivals.

In the Middle East, the war in Syria entered its fifth year and MSF Switzerland continued to deliver vital aid to refugees and internally displaced people. Reaching people on the move is a major challenge, and we have formulated a strategy to improve our support for them during their entire journey through neighbouring countries and Europe. We provide medical support in refugee camps in Lebanon and Iraq, such as the one in Erbil, and also in places close to the frontline, like Abu Ghraib district to the west of Baghdad, where families fleeing fighting have settled.

Yemen is experiencing a devastating war, its most serious crisis since the unification of the country in 1990. MSF has been responding to this humanitarian emergency since March 2015. Six medical facilities supported or run by MSF were partially or totally destroyed there during the past year.

2015 will also be remembered as the year when Europe failed to provide help and protection to more than a million refugee men, women and children. The European Union has actively contributed to the migration crisis and damaged the health of those fleeing violence in their countries through its policies and actions. At the end of 2015, MSF decided to provide medical aid to migrants along the Austrian, Hungarian and Slovenian borders.

The fighting in Ukraine has also displaced thousands of people. MSF responded by setting up mobile clinics to reach people trapped on both sides of the frontline. In addition to emergency assistance, our medical aid was focused on primary healthcare, in particular for chronic illnesses. MSF also donated medical equipment and drugs to numerous medical facilities during the year.

**1,158,492**  
outpatient consultations

**71,734**  
patients admitted

**86,208**  
antenatal consultations

**13,627**  
births assisted



**264,850**

malaria cases treated

**23,174**

children admitted to inpatient feeding programmes

**15,477**

children admitted to outpatient feeding programmes

**49,818**

HIV patients on antiretroviral treatment

**2,395**

tuberculosis patients

**290**

MDR tuberculosis patients

**2,993**

surgical procedures

**25,139**

individual mental health consultations

**3,506**

group mental health consultations

**504,076**

children vaccinated against measles

## EPIDEMICS

The Ebola epidemic that struck West Africa in 2014 monopolised media attention for months, eclipsing many other health emergencies. There are less spectacular epidemics of more common diseases such as measles, meningitis, malaria and cholera every year in different parts of the world. Current prevention strategies have limited success rates. Epidemics overwhelm already fragile health systems in less developed countries. MSF published a report to mobilise the international community regarding this issue. In 2015, MSF launched a major intervention in Katanga, in the Democratic Republic of Congo (DRC), to respond to a particularly deadly measles epidemic. The team developed a comprehensive approach to treatment there, as measles and malnutrition are frequently linked and malaria continues to be the most common cause of death in this region.

The OCG also responded to cholera epidemics in Mozambique, DRC, South Sudan, Kenya and Tanzania, and an outbreak of meningitis C in Niger, where we had to adapt our intervention strategy to deal with a lack of vaccines.

It is crucial that MSF is both reactive and flexible. When an epidemic occurs in a complex situation, we must adopt pragmatic approaches, such as single-dose vaccines against cholera – a strategy tested in South Sudan – and chemoprophylaxis for meningitis, as well as strategies to fight all major infectious diseases during an epidemic. These measures could all help to save many lives.

MSF's work in the fight against Ebola has not ended. Surviving patients have to deal with ongoing health problems and face stigma within their own communities. They remain particularly vulnerable and need specific care. MSF has opened five clinics for survivors in Liberia, Sierra Leone and Guinea, where they receive comprehensive treatment, including medical and psychosocial support. We now have a promising vaccine for Ebola; however, it still requires approval for public use. For it to be effective during the next epidemic, we need to ensure that it will be made available to those in need. A monitoring system and effective emergency response mechanisms are essential to enable early detection and rapid treatment. They will help to limit the spread of Ebola, and other potential epidemics such as measles and cholera. Local health systems, which were already struggling before the outbreak, have been seriously affected by the epidemic and require financial support and the right resources to help them rebuild.

## MEDICAL CHALLENGES

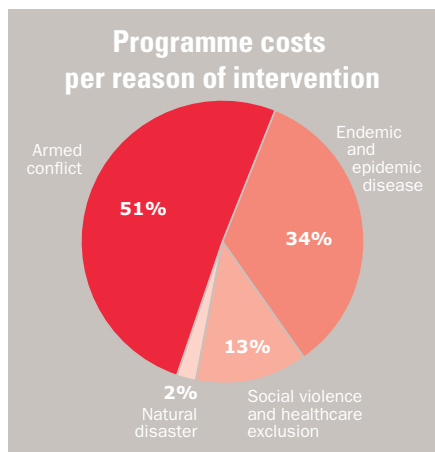
2015 was a pivotal year for medical research. Great progress was made on the rotavirus vaccine, with successful clinical trials completed and encouraging initial findings. This vaccine could make a real difference, as diarrhoeal diseases continue to be one of the main causes of infant mortality in the world.

MSF Switzerland also focused particularly on surgical activities, for example supporting Kousséri hospital in Cameroon to devise a contingency plan for major influxes of casualties. Teams assisted Bol hospital in the Lake Chad region to cope with a large number of wounded patients, and also hospitals near Taiz in Yemen.

In Mozambique, Swaziland, Myanmar and Kyrgyzstan, we made progress in treating HIV/AIDS and tuberculosis (TB). Our strategy of 'Early access to antiretroviral therapy (ART) for all' is being implemented. Treating all HIV-positive pregnant women is expected to be a significant preventive strategy. This model of care also integrates treatment for hepatitis B and C, and Kaposi's sarcoma. Decentralised treatment of TB and HIV is being rolled out, along with new medicines and new regimens. Much remains to be done, but these advances bring new hope to patients.

Finally, 2015 was a year of advocacy, shining the spotlight on a neglected medical issue: snakebites. Although they cause 100,000 deaths and numerous disabilities around the world each year, snakebites are not on the WHO's list of neglected tropical diseases. The lack of interest and epidemiological documentation means that there are no safe or effective antivenoms. MSF's efforts to draw more attention to this health crisis and to generate funding for antivenoms have started to bear fruit.

In 2015, MSF Switzerland launched major initiatives aimed at improving healthcare through infection control and nursing. These will be a major focus of our 2016-2019 strategic plan.



## LOOKING FORWARD: 2016

We live in a world riddled with conflict. The Middle East is on the verge of implosion, and borders may be redrawn. The whole region from the Sahel to the Horn of Africa is highly unstable and more and more difficult to access. Wars, climate change... nearly 60 million people are displaced in the world as a result and their humanitarian needs are unprecedented.

At the same time, the international capacity to respond to major health crises in countries with limited resources is very restricted. The Ebola epidemic has led to strong debate within the WHO that could lead to reforms in the global health system. But in what ways will it change?

Scientific discoveries in the field of medicine and the resulting opportunities pose new challenges. How can one ensure these discoveries, new technologies and new tools are made available to the most vulnerable populations?

In this context, MSF will focus on implementing the measures necessary to overcome these future challenges. 2016 marks the beginning of MSF Switzerland's four-year strategic plan. We will bring real change within three priority areas: improving practice, strengthening emergency responses and investing in staff to work in the field.

Dr Jean-Clément Cabrol,  
Director of Operations

Dr Micaela Serafini,  
Medical Director



# THE YEAR IN PICTURES

In 2015, MSF was faced with massive displacement of people fleeing war-torn areas across the globe. Medical teams were deployed to help the displaced and local populations in affected countries. The main issue impeding our work remains the volatile security situation.



Lake Chad, 2015 © Sylvain Cherkaoui/MSF



Lake Chad, 2015 © Sylvain Cherkaoui/MSF



Lake Chad, 2015 © Sylvain Cherkaoui/MSF



Nyarugusu, Tanzania, 2015 © Luca Sola/MSF



Lake Chad, 2015 © Sylvain Cherkaoui/MSF



Nyarugusu, Tanzania, 2015 © Luca Sola/MSF



The UNHCR currently estimates that one in every 122 people across the globe is a refugee, an internally displaced person or an asylum seeker. More than half of the refugee population are children. Within the European Union, the majority of asylum requests have been made in Germany and Sweden.





Every year, cholera, malaria, measles and meningitis epidemics incapacitate and kill many people. In parallel, we also face the threat of emerging and re-emerging viruses and parasites such as dengue fever, Zika, Ebola and kala azar. MSF constantly warns of the need for a global aid effort to strengthen the health infrastructure and capacity of affected countries, and to educate local communities on potential health risks. MSF stresses that the first step towards global health security is an individual's health, including the health of the sickest and most vulnerable.



Sierra Leone, 2015 © Fabio Basone /MSF



Niger, 2015 © Sylvain Cherkassi /MSF



Agok, South Sudan, 2015 © Pierre-Yves Bernard /MSF



Nyarugusu, Tanzania, 2015 © Erwan Rogard /MSF



Freetown, Sierra Leone, 2015 © Tommy Trenchard /MSF

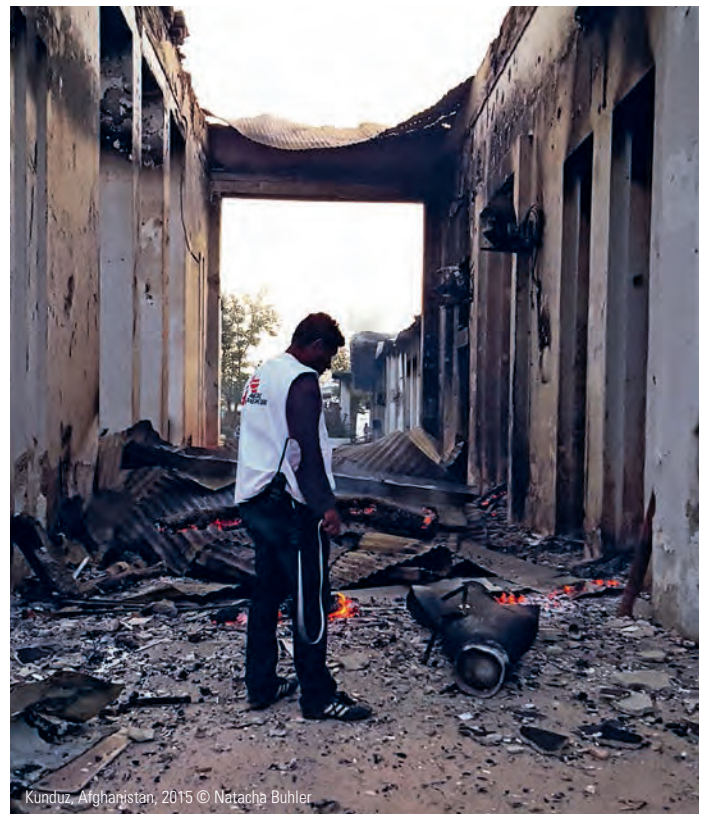


In 2015, MSF continued to invest in major medical research activities. The diagnosis and treatment of diseases such as the co-infection of HIV/AIDS and tuberculosis now follow a decentralised approach, with delegated responsibilities and community involvement. MSF has also developed wide-reaching plans to intervene in situations of violence and displacement across the globe and provides significant surgical support in numerous hospitals located in conflict areas and neighbouring countries.





In 2015, 106 air-strikes hit MSF-run or supported hospitals. MSF Switzerland took the lead to initiate and deploy a comprehensive communication strategy to help protect hospitals, medical personnel and patients.





# MEDICAL FACILITIES UNDER FIRE

This report is dedicated to our 14 colleagues who were killed in 2015 during the attack on an MSF hospital in Afghanistan.

**In the past year, MSF has had to contend with an almost uninterrupted series of attacks on the hospitals and health facilities it supports. Whether in South Sudan, Afghanistan, Syria or Yemen, these strikes have all had drastic consequences for MSF staff and patients, as well as for surrounding populations.**

Between 2.00am and 2.08am on Saturday 3 October 2015, a US plane flew over the trauma hospital in Kunduz, in northern Afghanistan, and dropped bombs onto medical personnel and patients. The US air force carried out a precision attack on the main building, housing the intensive care unit and emergency and general consultation rooms. It lasted an hour and continued for more than 30 minutes after we had alerted US and Afghan military authorities in Kabul and Washington that the hospital had been hit. At the time, 105 patients and more than 80 national and international MSF personnel were in the building. The toll was heavy: 42 people – 24 patients, including three children, 14 MSF staff and four carers – were killed. Our teams had not reported the presence of any armed fighters, or any clashes within the hospital grounds. MSF had provided the hospital's GPS coordinates to the Coalition and to Afghan military and civilian authorities several days before.

## HEALTH STRUCTURES TARGETED

MSF has always had to deal with violent situations, but the Kunduz attack marked a turning point for our organisation. It was the first time that a hospital exclusively managed by MSF had come under direct fire, and it resulted in the largest loss of life in our history. However, this was not the first attack on a medical centre. Throughout the year, health facilities were bombed in other parts of the world. In October alone, 12 hospitals in Syria were targeted, including six supported by MSF. In the north of Yemen, the Haydan health centre, supported by MSF, was completely destroyed by several Saudi coalition airstrikes. Several months before, an MSF-run hospital in South Kordofan was bombed by the Sudanese air force.

These attacks represent only the tip of the iceberg. Large-scale destruction of civil infrastructure (schools, markets, places of worship) and health facilities is commonplace in conflict zones. In Yemen and Syria, dozens of medical centres have been damaged or destroyed in recent months. These airstrikes are just one of the ways in which medical staff and infrastructure come under attack. From the very beginning of the insurgency in Syria, numerous health professionals and patients have been harassed, detained, tortured and summarily executed for providing aid to those in need. Many health centres have gone underground to avoid being targeted.

## ENTIRE POPULATIONS DEPRIVED OF MEDICAL CARE

Kunduz hospital had been operational for four years and had been welcomed by local populations and all parties to the conflict in the area. MSF provided free, high-quality surgical treatment, unavailable anywhere else in the region. This all ended with the attack: the hospital was destroyed and surviving patients were evacuated to other health centres.

Whether the intention is to target medical structures to deprive enemy-controlled territories of key infrastructure, or as a strategy to make civilian life unbearable, one thing remains true: medical professionals and patients are being killed and injured. Health centres are no longer able to function, populations are deprived of vital medical care and life is even more intolerable in these war-torn areas. The unprecedented numbers of displaced people we have seen across the world this year are directly linked to the massacre of civilians and the withdrawal of essential services such as healthcare. The only way to survive is to head for countries with access to these vital services.



In 2015, there were **106** airstrikes on **75** hospitals managed or supported by MSF: **63** in Syria, **5** in Yemen, **5** in Ukraine, **1** in Afghanistan and **1** in Sudan.

By 17 February 2016, there had been an additional **10** airstrikes on **7** hospitals run or managed by MSF: **6** in Syria and **1** in Yemen.

## THE RESPONSIBILITY OF STATES

A common characteristic of the recent attacks on MSF is that they were carried out by member states of the UN Security Council<sup>1</sup>, or by international coalition allies in Afghanistan, Syria and Yemen. The attack on Kunduz stands out as it took place in a country where MSF had made particularly extensive efforts to seek assurance from all parties, including the United States, that medical facilities would not come under fire.

Hospitals are highly symbolic places in conflict zones. They represent care, and humanity, and are essential for civilian life. They are the focus of MSF's activities. Intentional or not, any bombing of a functioning hospital is unacceptable. International humanitarian law demands warring parties take all precautions to ensure that medical facilities and personnel are protected. Before conducting a strike, combatants are obliged to identify legitimate military targets. The number of attacks on medical facilities, identified or not, clearly indicates that these procedures were not followed.

## UNACCEPTABLE INCREASE IN ATTACKS

In order to truly understand what occurred in Kunduz, for the victims, their families and the future of our organisation, MSF has called for an independent inquiry by the International Humanitarian Fact-Finding Commission, the only body specifically set up to investigate violations of international humanitarian law<sup>2</sup>. In addition, MSF has asked signatory states to reaffirm publicly the principles of the first Geneva Convention, which provide the framework for all humanitarian and medical action.

1 [www.un.org/en/sc](http://www.un.org/en/sc)

2 *There has been no response to this request as of yet, as it has been blocked by those States concerned*

### MSF calls for:

#### Respect for patients

All warring factions, government-backed or other, must respect patients requiring medical treatment, including those in war zones.

#### Protection for the Medical Mission

"Your enemy's doctor is not your enemy." Hospitals and medical personnel must be protected during conflicts. Governments and non-governmental parties must publicly and unambiguously reaffirm that they respect the protection of medical care during conflicts, as well as medical staff's duty to treat sick and wounded without discrimination, including combatants, enemies and terrorists.

#### Independent inquiry and transparency

To this day, many responsible for attacks have not faced justice, sometimes after self-led inquiries, for example by the United States. Neither victims nor those responsible for attacks can establish the truth. MSF calls for an independent and impartial fact-finding organization to investigate every attack. This level of transparency alone will ensure appropriate measures are put into place to prevent future attacks and that treatment can be provided to populations caught up in conflict.

#### Denunciation of attacks and political pressure

MSF requests regular, formal reporting detailing every attack against healthcare facilities. The UN Secretary General and other relevant authorities such as the World Health Organisation must publicly report and denounce all attacks.

\* While this report was being finalised, the UN Security Council unanimously adopted a resolution reaffirming medical installations, staff and patients' rights to protection during conflicts.

\* The American armed forces published their report on the Kunduz hospital attack on 29 April 2016.

# ACTIVITIES BY COUNTRY

## CAMEROON

### Emergency in the Far North

**In the country since:** 2000  
**Reason for intervention:** armed conflict, endemic/epidemic disease  
**Main activity:** hospital care  
**Emergency intervention:** medical care for refugees

**Human resources:** 638 staff including  
 (FTE) 33 international staff  
**Cost for 2015:** CHF 13,244,000



MSF teams offer paediatric consultations and intensive care for malnourished children in Mokolo hospital. ©Naoufel Dridi/MSF

Atrocities committed by Boko Haram in northern Nigeria have forced tens of thousands of people to seek refuge in neighbouring countries, including Cameroon. In 2015, the armed group stepped up incursions into the north of Cameroon, increasing suicide attacks and causing further waves of displacement. In December, 70,000 Nigerian refugees and almost 90,000 Cameroonians living near the border had to flee inland. In response to this influx of displaced people, MSF supported the Ministry of Health to expand its operations and provide medical assistance in Far North region. Insecurity remains a major obstacle to accessing populations in danger.

In February, MSF teams set up primary healthcare services, including nutritional care, at Minawao camp. Cholera is endemic in Cameroon, and there are epidemics almost every year. As the precarious living conditions in the camp make the refugees particularly vulnerable to the disease, MSF launched a mass vaccination campaign in August that reached 58,430 people from Nigeria and

Cameroon. In addition, 14,600 women of childbearing age were vaccinated against tetanus and all children under the age of five were screened for malnutrition. Other MSF teams supported the intensive nutritional rehabilitation centre and paediatric unit at Mokolo hospital. MSF also carried out major logistical work to provide the refugees with sufficient drinking water, which is scarce in this arid region.

In Mora, a town on the border with Nigeria, MSF provided paediatric and nutritional support. Working from two existing health facilities in Mora and Kourgi, teams also offered primary healthcare. In July, MSF assisted staff at Maroua regional hospital to treat around 200 victims of two suicide attacks perpetrated by Boko Haram. In Kousséri, on the border with Chad, where tens of thousands of people fleeing the violence have gathered, MSF provided surgical, paediatric and nutritional support at the regional hospital. Nutritional support was also available at three health centres in the city.

In eastern Cameroon, MSF continued to assist refugees from the crisis in the Central African Republic. Teams offered medical, nutritional and psychological care to both the refugees and the host communities in the towns of Garoua-Boulai, Gbiti and Batouri. The majority of patients were suffering from malnutrition, malaria and respiratory infections. In the course of the year, 1,270 malnourished children were treated at the outpatient feeding centre in Gbiti, and more than 1,240 children with severe acute malnutrition were referred to the therapeutic feeding centre at Batouri hospital.

### Samuel's story

"Boko Haram set fire to our house and took all our cattle and belongings," says Samuel, who is 45 years old and originally from Nigeria. "They kidnapped and imprisoned my wife and two of my children. My wife managed to escape and is trying to reach me in Minawao, but I've had no news about my children. I don't even know if they're still alive."

## HAITI

### Container hospital closed

**In the country since:** 2010  
**Reason for intervention:** natural disaster  
**Main activity:** hospital care

**Human resources:** 223 staff including  
 (FTE) 11 international staff  
**Cost for 2015:** CHF 3,044,000

In 2015, after five years of activity, MSF Switzerland closed its Chatuley hospital project in Léogâne. Teams originally arrived in the country on 17 January 2010, five days after the violent earthquake that destroyed 80 per cent of the town's infrastructure. Six months later, MSF relocated its emergency response facilities, initially set up in tents, to a temporary hospital housed in containers, which was better adapted to meet the population's medical needs. In 2012, the teams also responded to a major cholera outbreak.

Given the lack of public healthcare centres in Léogâne, MSF gradually expanded medical services over the following years to include primary and secondary care. The facilities, which included two operating theatres, became the referral centre for road accidents and complicated pregnancies. Between January 2010 and June 2015, teams at Chatuley admitted 56,790 patients, conducted



From November 2014, activities focused on the emergency paediatric, neonatal and obstetrics/gynaecology departments.  
 ©Emilie Régnier/MSF

335,100 outpatient consultations and treated 11,430 cholera patients. The maternity unit also provided 67,410 antenatal consultations and delivered 25,250 babies.

From 2013, MSF Switzerland intensified its efforts to ensure the continuity of health services after its departure, especially through its support of Sainte-Croix hospital and facilities in Darbonne and Gressier. This support involved training local staff, providing free materials and upgrading the buildings. In November 2014, MSF reduced its services at Chatuley, leaving only the emergency paediatric, neonatal and obstetrics/gynaecology departments. Between January and July 2015, teams assisted 690 births and admitted 301 newborns to the neonatal unit. The cholera treatment centre specialising in the treatment of pregnant women was closed in March.

During the five years since the earthquake, MSF has repeatedly asked the authorities to invest in rebuilding the country's healthcare system. MSF has also continuously appealed to international donors and received a large number of donations.

## HONDURAS

### Providing treatment for victims of sexual violence

**In the country since:** 1998  
**Reason for intervention:** social violence/healthcare exclusion  
**Main activity:** medical care for victims of violence, hospital care  
**Emergency intervention:** dengue fever

**Human resources:** 42 staff including  
 (FTE) 4 international staff  
**Cost for 2015:** CHF 1,230,000

Marked by years of political, economic and social instability, and plagued by organised crime and drug trafficking, Honduras is one of the most violent countries in the world. MSF focuses its activities on helping victims of violence, particularly sexual violence. In 2015, the teams continued to run the 'priority service' developed with the Ministry of Health, offering emergency medical and psychological care in Tegucigalpa, the capital. MSF provides this free and confidential service at two medical centres and in the city's main hospital.

In the course of the year, 790 victims of violence, including 590 victims of sexual violence, were treated. The teams also conducted 780 individual psychological consultations. The medical care offered to rape victims includes post-exposure prophylaxis to prevent HIV/AIDS infection and protect against other sexually transmitted diseases and tetanus. Mental healthcare includes initial counselling and follow-up consultations to help

victims after an assault. MSF is also involved in raising awareness among national medical teams. It trains them regarding the needs of victims of sexual violence and ensures that there are sufficient human resources within the facilities that it supports. In addition, teams run outreach activities to engage the population, especially women and girls, and inform them about the existence of the 'priority service'.

The teams regularly participate in advocacy work to convince the Ministry of Health to develop a national policy on sexual violence and victim support. The aim is to ensure access to healthcare, including emergency contraception, in compliance with international protocols. The organisation has repeatedly emphasised the disastrous psychological and medical consequences of pregnancy resulting from rape. Despite ongoing discussions in the Honduran Congress, the emergency contraceptive pill is still banned in the country.



Through various outreach activities, teams educate young women on the importance of receiving immediate treatment if raped.  
 ©Isay Pereyra/MSF



# IRAQ

**In the country since:** 2007  
**Reason for intervention:** armed conflict  
**Main activity:** hospital care  
**Emergency intervention:** medical care for displaced people

## Renewed fighting and major displacements

**Human resources:** 337 staff including  
 (FTE) 36 international staff  
**Cost for 2015:** CHF 9,814,000



Before the maternity ward in Domiz camp opened, many Syrian refugees chose to give birth in their tents, rather than travel to the hospital in Dohuk. ©Gabrielle Klein/MSF

The humanitarian situation in Iraq has continued to decline in the two years since the Islamic State group and the Sunni opposition took over Mosul and large swathes of Iraqi territory. The number of people affected by the conflict rose during 2015, and consequently more than 3.2 million Iraqis are now displaced within the country. In addition, there are 250,000 Syrian refugees in Iraqi Kurdistan; this has exacerbated poverty levels and tensions within the host community. MSF has been present in Iraq since 2006 and provides aid where possible, despite the volatile security situation. The constantly changing alliances and frontlines make the humanitarian space unstable and are the main constraints on developing a fully operational response. Teams intervene predominantly in northern and central Iraq.

MSF has adopted a flexible approach in Baghdad, Kirkuk, Saladin and Ninewa governorates, deploying mobile teams of doctors, nurses and psychologists to target areas where humanitarian organisations have a limited presence, or none at all. Teams carried out 121,490 consultations in the region in 2015. Blankets and first-aid materials were given to displaced populations and MSF also managed water distribution in certain areas.

In September, MSF assisted the Ministry of Health to contain a cholera epidemic in the centre of the country, which affected eight governorates. Teams also continued to provide primary healthcare and run mental and reproductive health programmes for the 40,000 Syrian refugees in Domiz camp, near Dohuk in

Iraqi Kurdistan. The maternity service provides ante- and postnatal consultations and assisted 1,160 births during the year. An epidemic monitoring system was set up, with the help of community health workers. At the end of the year, MSF transferred its general medical services to local authorities in order to focus on sexual and reproductive health, chronic diseases and mental health.

Over several months, the teams worked on updating the emergency contingency plan to ensure that a surgical team could be rapidly deployed in Zummar, and that teams could respond to the needs of displaced people in the case of armed conflict in Mosul. Flexibility and adaptability are the key features of our humanitarian response.

## KENYA

### Aid for Somali refugees and response to cholera epidemic

**In the country since:** 2007

**Reason for intervention:** armed conflict, social violence/healthcare exclusion

**Main activity:** medical care for refugees

**Emergency intervention:** cholera

**Human resources:**  
(FTE)

**Cost for 2015:**

738 staff including  
10 international staff  
CHF 8,047,000

In 2015, MSF continued to provide assistance to Somali refugees in Dadaab, the world's largest refugee complex, located on the border with Somalia. Although MSF has not been able to maintain a permanent international presence in the country since 2011 due to insecurity, a national team continues to work there.

MSF manages the hospital and four health posts in Dagahaley, one of the five camps at Dadaab. With a capacity of 100 beds, the hospital offers general consultations and specialised consultations in obstetrics/gynaecology, neonatal care and paediatrics, as well as emergency surgery. Outpatient and psychological consultations and treatment for HIV/AIDS and tuberculosis are also available. In 2015, the teams carried out 175,810 outpatient consultations and admitted 11,480 patients to the hospital.

In May, owing to a severe deterioration in security conditions, MSF had to evacuate staff and close down two of its health posts. During the year, MSF also carried out two major emergency interventions in the country, both of which were made possible by the Dadaab

team, which includes Somali refugee personnel. The team was immediately deployed in response to a cholera epidemic in Wajir region to support local authorities to carry out a health promotion campaign and distribute water purification kits to 5,720 families.

In November, when there was an outbreak in the Dadaab camps, regular medical activities in Dagahaley were extended. A cholera treatment centre was set up and 670 people received care. MSF reiterated to the authorities the need for long-term investment, in addition to stronger emergency measures, to improve the refugees' living conditions and prevent future epidemics.

On 2 April, 140 people were killed and dozens injured during an attack on Garissa University. MSF immediately sent a team from Dadaab to support the Ministry of Health to treat the wounded. The team helped with the triage of patients at the site and provided emergency medical care at the city's hospital. They also assisted the hundreds of students who took refuge in Garissa airport.



MSF has worked in Dadaab for the past 20 years and is currently the only organisation providing medical treatment to Somali refugees in the Dagahaley camp. ©Tom Maruko/MSF

## KYRGYZSTAN

### Innovation in the fight against tuberculosis

**In the country since:** 2005

**Reason for intervention:** endemic/epidemic disease

**Main activity:** tuberculosis

**Human resources:**  
(FTE)

**Cost for 2015:**

82 staff including  
13 international staff  
CHF 2,085,000

Kyrgyzstan has one of the highest rates of tuberculosis (TB) in the world, and a quarter of new patients have the drug-resistant strain of the disease, which is very difficult to treat.

Since the project began in 2012, MSF has continuously adapted its programme to facilitate adherence to the arduous treatment, which can last for up to two years. MSF has decided to decentralise care, bringing treatment as close as possible to patients' homes, and admit only the most seriously ill to hospital.

Three outpatient TB clinics offer rapid detection, medical consultations and psychosocial support. MSF has also set up health posts in villages to distribute drugs and support

patients to take their treatment each day, thus enabling them to remain at home. Patients attend monthly medical consultations to ensure that their treatment is effective. Teams also carry out around 20 home visits each month for patients who are unable to travel. Treating patients near their homes has helped to relieve pressure on the 80-bed Kara-Suu hospital, in the southwest of the country, freeing up its facilities for the most severely affected patients, such as people suffering from multidrug-resistant TB, who are accommodated in an isolation ward. Measures have been introduced to improve infection control at the hospital, such as ventilation systems and UV lamps, which kill the bacteria. MSF staff support the hospital's pharmacy and

laboratory, and assist with the management of the water, sanitation and hygiene systems.

The theoretical and practical training of health-care personnel is another key part of MSF's work in Kyrgyzstan. MSF hopes that the decentralisation of care, which has proven to be both effective and less costly, will be replicated in other regions of the country, and has carried out advocacy work at national level to this end.

This year, MSF and the 'EndTB' project, piloted by MSF amongst others, are negotiating the introduction of two new treatments for drug-resistant TB. These shorter and less toxic regimens will become available in the country in 2016.



# LEBANON

## Aid to refugee populations

**In the country since:** 2008  
**Reason for intervention:** armed conflict  
**Main activity:** medical care for refugees

**Human resources:** 226 staff including  
 (FTE) 23 international staff  
**Cost for 2015:** CHF 9,848,000



MSF provides health-related information to patients attending clinics. Many topics are covered, including mental and reproductive health, chronic illness and scabies. ©Louise Annaud/MSF

Since the Syrian crisis began in 2011, Lebanon has taken in more than 1.5 million Syrian refugees, Palestinians displaced from Syria and Lebanese returnees. One in four people in the country are refugees – the largest proportion in the world. It is a daily struggle for such a small country to meet the humanitarian and medical needs of so many people reliant upon aid to survive.

No official camps have yet been set up. The majority of families still have to live in informal settlements, building sites or garages, where conditions are deplorable. Refugees have no official right to work in Lebanon and free movement has become more complicated following the introduction of prohibitive government charges for the renewal of residence permits. As well as a lack of food and drinking water, access to healthcare is a major issue. MSF is present in the north, east and south of the country and will continue to adapt its programmes as the situation evolves.

The Bekaa Valley, in the east, is the main entry point for Syrian refugees. MSF carried out more than 125,000 consultations in this area last year from four clinics in Baalbek, Majdal Anjar, Aarsal and Hermel. Medical teams there provided primary healthcare, psychological counselling and antenatal care to Syrians, as well as vulnerable Lebanese. Patients suffer from exposure to harsh weather conditions: heat in the summer months, when temperatures climb to 40°C, and cold during the winter, when they drop below zero. Diseases such as scabies, which spread easily when hygiene conditions are poor, are frequently found in the settlements. MSF teams ran health promotion activities to improve detection and early treatment.

Care for chronic diseases also forms an important part of MSF's programme. Patients with chronic diseases such as diabetes and hypertension, whose treatment was interrupted when they left Syria, receive medication and monitoring.

MSF opened a maternity unit in Aarsal for refugees who would otherwise have no access to specialised maternal healthcare and who would be unable to afford the fees for a hospital birth. More than 770 women gave birth there during the year.

In Tripoli, in the north, MSF works in Dar al Zahraa hospital and in a clinic in Abde, opened in April 2015. The services include treatment of chronic diseases, as well as free reproductive healthcare. MSF works in two clinics in Jabal Mohsen and Bab al Tabbaneh, where fighting regularly breaks out. One of these clinics contains an emergency room where patients can be stabilised before being transferred to hospital.

In the Ein el Helweh camp near Sidon, housing Palestinian and Syrian refugees, MSF handed over the psychological counselling service it had been running since 2011 to the United Nations Relief and Works Agency. MSF has decided to focus on primary and reproductive healthcare.



# LIBERIA

## The fight against Ebola continues

**In the country since:** 2014  
**Reason for intervention:** endemic/epidemic disease  
**Main activity:** ebola epidemic

**Human resources:** 3 international staff  
**(FTE)**  
**Cost for 2015:** CHF 579,000



As health structures slowly reopen, ensuring infection control will be important in order to restore public confidence in the country's health system. ©Martin Zingg/MSF

In 2015, Liberia was still experiencing the effects of the unprecedented Ebola epidemic that hit West Africa in 2014. With more than 10,600 cases and 4,800 deaths, it was the country most severely affected by the outbreak. Its healthcare system, already weakened by years of civil war, completely collapsed, notably due to the many healthcare professionals that were infected. It is estimated that 370 health professionals were infected by the virus and 180 (8 per cent of Liberia's entire medical personnel) died.

Liberia was first declared Ebola-free in May 2015, but new cases were reported in July and November and it was not until

14 January 2016 that the end of the epidemic was officially confirmed, after the country had recorded 42 days without any new infections and the last patient had tested negative twice. However, although the epidemic has ended, the country's healthcare system is in a perilous state and will require considerable support to re-establish services that are capable of meeting the population's needs.

During the year, MSF continued to work at the Ebola transit centre near Redemption hospital in New Kru Town, a slum on the outskirts of Monrovia, assisting with the triage, isolation and diagnosis of patients, and transferring them to the Ebola treatment centre if

necessary. This support enabled the hospital to reopen its outpatient services. The teams also stepped up their health promotion activities in the western county of Montserrado, informing the population about how to protect themselves against the virus, reduce its spread and prevent stigmatisation of survivors. As only five cases of Ebola were identified in Liberia in February, MSF Switzerland withdrew from the project at the beginning of the year but the transit centre is still open and health promotion activities continue. In 2015, of the 80 patients sent to the centre, 30 were admitted and seven tested positive for the virus.

# MEXICO

## Mental healthcare and sexual violence programmes

**In the country since:** 2013  
**Reason for intervention:** social violence/healthcare exclusion  
**Main activity:** hospital care

**Human resources:** 30 staff including  
**(FTE)** 7 international staff  
**Cost for 2015:** CHF 1,150,000

There has been an escalation in violence in Mexico in recent years, due in particular to conflict between the various cartels and the government, and the country is facing a humanitarian crisis. Kidnappings, murders and extortion have become commonplace among poor and marginalised populations. The levels of violence are comparable to those of 'conventional' armed conflicts. Even though access to healthcare is a fundamental right guaranteed by the Mexican constitution, it is becoming increasingly limited for the most vulnerable groups. MSF provides a direct response to the needs of victims of violence and people excluded from healthcare.

In 2015, MSF continued to strengthen the emergency medical services at the hospitals of Nuevo Laredo (400,000 inhabitants) and Reynosa (1,000,000 inhabitants), in Tamaulipas state. Teams have been working in the general hospital in Nuevo Laredo since 2014, focusing on increasing the capacity of the emergency department. They set up a 24-hour triage unit and ensured the supply of medical materials and drugs, as well as staff training.

In the first eight months of the year, more than 900 medical consultations and 1,100 psychological counselling sessions took place. Trauma, mental illness and chronic diseases are the most common pathologies.

The activities at Nuevo Laredo were handed over to the health authorities in September.

In Reynosa, MSF continued to support the emergency department and also set up two new programmes for sexual violence and mental health. The aim is to increase healthcare services that address these major, yet overlooked, issues, and to make them available to everyone in Nuevo Laredo and Reynosa. Both cities are located near the American border and have been severely affected by violence. During the year, the teams also supported other, smaller facilities near Reynosa, which are facing similar challenges and provided them with materials and drugs.

## MOZAMBIQUE

**In the country since:** 1992  
**Reason for intervention:** endemic/epidemic disease  
**Main activity:** HIV/AIDS, tuberculosis

### Continued innovation in medical strategies

**Human resources:** 170 staff including  
 13 international staff  
**Cost for 2015:** CHF 4,986,000

Although there have been improvements in the national response to HIV/AIDS in recent years, it remains the leading cause of adult death in Mozambique. According to the Ministry of Health, only half of the 1.6 million people infected have access to appropriate care.

In addition, the country has one of the highest rates of HIV and tuberculosis (TB) co-infection in the world, and this has resulted in an increase in the number of cases of multidrug-resistant (MDR) TB. MSF continues to collaborate with the government to develop innovative strategies to combat HIV/AIDS and TB, and respond to emergencies like cholera epidemics.

Despite the ambitious plan adopted in 2013 to tackle HIV/AIDS, 11.5 per cent of adults are infected with the virus and the numbers continue to rise. This alarming increase is partly due to structural issues, such as the lack of health professionals and recurrent shortages of drugs. MSF offers a wide range of services, from specialised medical care for patients at an advanced stage of the disease, to strategies facilitating access to treatment for more stable patients. This simplified monitoring is largely carried out by health advisors, who help patients adhere to their treatment, ensure that their stock of



MSF strives to remain at the forefront of the fight against HIV/AIDS, to enable thousands of currently untreated patients to access care.  
 ©Sarah-Eve Hammond/MSF

antiretroviral drugs (ARVs) does not run out and systematically monitor their viral load.

In the capital, Maputo, MSF focuses in particular on people requiring specialised treatment, for example patients for whom ARV treatment has failed, or who suffer from MDR TB or viral hepatitis co-infection, human papillomavirus, or even cancers, such as Kaposi's sarcoma.

HIV-positive women and children also receive comprehensive care. In 2015, MSF cared for 31,420 patients on ARV drugs and 790 people with tuberculosis.

There were a number of cholera epidemics of an unprecedented scale and virulence in the centre and north of the country in 2015. MSF treated 760 people in Quelimane.

## MYANMAR

**In the country since:** 2000  
**Reason for intervention:** endemic/epidemic disease, healthcare exclusion  
**Main activity:** HIV/AIDS, TB  
**Emergency intervention:** flood, dengue fever

### Decentralisation of antiretroviral treatment

**Human resources:** 117 staff including  
 12 international staff  
**Cost for 2015:** CHF 3,084,000

The prevalence of infectious diseases is high in Myanmar but access to healthcare is limited. Labourers, fishermen, migrants and sex workers are particularly vulnerable. Since 2000, MSF has been present in Dawei, in Tanintharyi region, where it is the main provider of HIV/AIDS treatment.

In 2015, MSF teams continued to provide free, comprehensive care to patients co-infected with HIV/AIDS and tuberculosis (TB). During the year, 2,910 patients received antiretroviral (ARV) therapy and 780 stable patients to ARV therapy centres across the region. They also started treating patients with hepatitis C,

and plan to scale up this support in 2016, when new treatments will become available. The teams continued to diagnose and treat patients with cytomegalovirus, an eye disease that can lead to blindness, using a new treatment that replaces eye injections.

In June, MSF worked with the Ministry of Health to control the spread of a dengue epidemic in Dawei. The teams provided logistical support, assisted the authorities with health promotion campaigns and supplied the clinics and hospitals with tests and treatments. According to the Ministry of Health 16,000 people

in Myanmar contracted dengue. MSF undertook an urgent intervention in July in response to severe flooding caused by a major cyclone. The teams supported the government in Sagaing region, which was declared a disaster zone. Drinking water and hygiene kits were distributed to reduce the risk of diseases related to poor sanitary conditions.

In September, following a medical assessment in the Wa Special Region – an unrecognised state bordering China – MSF started to provide primary healthcare in two clinics in Pang Yang and Lin Haw.



# NIGER

## A challenging nutrition situation

**In the country since:** 2005

**Reason for intervention:** endemic/epidemic disease

**Main activity:** malnutrition, paediatric care

**Emergency intervention:** medical care for refugees, meningitis

**Human resources:**  
(FTE)

**Cost for 2015:**

491 staff including  
28 international staff  
CHF 12,986,000

Niger is ranked at the bottom of the Human Development Index, and despite some progress, its infant mortality rate remains one of the highest in the world. The nutrition situation is immensely challenging and is unfolding in a climate of epidemics and forced displacement of people.

In May 2015, MSF emergency teams responded to a major outbreak of meningitis C (the most deadly form of this disease) in the capital Niamey. Patients with complications were admitted to a 120-bed unit in Lazaret hospital and more simple cases were managed in 10 health centres across the city. A total of 1,099 patients received treatment. MSF also provided assistance to Ouallam and Filingué district hospitals. At the end of 2015, the epidemic was still giving cause for concern and new cases of meningitis C continued to appear in certain areas of the country.

In 2015, there was an unprecedented spike in malnutrition in Magaria health zone. MSF supported the hospital's intensive nutritional rehabilitation centre and paediatric service, as well as seven outpatient feeding centres. In October, nearly 800 patients were admitted to the 600-bed facility. MSF had handed over outpatient activities to a partner organisation, but the teams were needed again during this emergency.

During the year, more than 8,400 children were hospitalised due to severe acute malnutrition, and over 5,230 children received care in the paediatric unit; 570 of these were newborns treated by the neonatal team. MSF ran a preventive anti-malaria campaign that reached 110,870 children. Another team ran a home water treatment project in nearly 90 villages.

In Zinder, MSF supports the national hospital to treat malnourished children during seasonal peak periods. The team provides training and supervision for hospital staff and financial assistance to recruit additional staff.

The violent activities of Boko Haram have caused massive displacement in Lake Chad, in the region bordering southern Niger. More than 210,000 people had to flee and have settled in Diffa region. The humanitarian needs are immense, and MSF responded in the villages of Chatimari and Gagamari and in Assaga camp, providing 17,700 general consultations and 2,320 antenatal consultations during the year. Teams also carried out a measles vaccination campaign and completed a significant logistical project, constructing latrines and distributing drinking water in Koublé.



Infant malnutrition is rife in the Zinder region. Infectious diseases, the lack of clean drinking water and poor hygiene result in deteriorating child nutrition. Malnutrition and malaria form a fatal combination for children under five. ©Sylvain Cherkaoui



# CENTRAL AFRICAN REPUBLIC

## Helping victims of conflict

**In the country since:** 2014  
**Reason for intervention:** armed conflict  
**Main activity:** hospital care

**Human resources:** 252 staff including  
 (FTE) 24 international staff  
**Cost for 2015:** CHF 5,752,000



Even before the crisis, CAR struggled to meet its population's health needs. The healthcare situation remains catastrophic and many people cannot access basic healthcare. ©Aurélien Lachant/MSF

The political crisis and intercommunity reprisals that shook the Central African Republic (CAR) in 2013 exacerbated an already desperate humanitarian situation and chronic healthcare emergency. Hopes of national reconciliation evaporated in September, when the capital city was hit by new waves of violence. The resulting insecurity once again forced thousands into the overpopulated camps in Bangui. One-fifth of CAR's population is currently estimated to be internally displaced, or sheltering in neighbouring countries. The security situation remains volatile and armed groups are active in numerous areas of the country. In addition, NGOs, and MSF in particular, are experiencing more and more attacks and thefts, and this significantly hinders the delivery of aid.

The health system, which was already failing prior to the troubles, has also been affected; nearly three-quarters of public health facilities have been looted, destroyed or damaged. Half of the population still need emergency humanitarian aid and numerous international

organisations are replacing public health authorities as the providers of medical services. Malaria is the main cause of mortality in children under five in CAR.

In January 2014, MSF intervened in Berbérati, CAR's second-largest city, to assist victims of conflict and to guarantee access to medical care. Since then, MSF has supported various services at the university hospital, including the paediatric, nutrition, maternity and neonatal units. In one year, MSF treated 1,840 children suffering from severe acute malnutrition and assisted 590 births. Teams also provided crucial medical and psychological support to victims of sexual violence.

In addition, MSF supported four health centres in the area surrounding the town, donating medicines to the pharmacy and offering consultations to pregnant women and children under five. In 2015, more than 20,470 consultations were carried out. MSF teams collaborated with community liaison workers

to increase screening and early treatment for common diseases such as malaria, and organise health promotion activities.

When fighting flared up in CAR, Muslims were violently forced out of Berbérati. For a year and a half, they lived in extremely precarious conditions, confined to a church. MSF set up a mobile clinic that visited the church several times a week to ensure the displaced people had access to medical treatment. MSF conducted more than 4,800 consultations and, with the help of the World Food Programme, also distributed food supplies. Following a successful 'social cohesion process', all families were able to return home in 2015.

In July, MSF launched a multi-antigen vaccination campaign across the country. The objective was to protect as many children as possible against eight common childhood illnesses. The campaign, the first of its kind, was rolled out in three stages and should finish by the end of 2016.



# DEMOCRATIC REPUBLIC OF CONGO

## Numerous emergency situations

**In the country since:** 2001  
**Reason for intervention:** armed conflict, endemic/epidemic disease  
**Main activity:** medical care for displaced people  
**Emergency intervention:** cholera and measles epidemics, medical care for displaced people

**Human resources:** 490 staff including 45 international staff  
**(FTE)**  
**Cost for 2015:** CHF 17,746,000

The security situation in the Democratic Republic of Congo remains volatile, especially in Orientale province, which has been beset by armed conflict for many years. Regular battles between militias and armed groups cause population displacements. The healthcare situation is poor; there is a lack of functioning medical infrastructure and trained medical personnel. The DRC's health system is often unable to cope with the frequent epidemics.

In 2015, recurrent clashes resulted in many casualties and massive displacements of people towards Geti health zone in the east. MSF supports the emergency service within Geti general hospital, as well as the

therapeutic feeding centre, paediatric and neonatal services. Between January and June, 2,950 babies were born in the MSF-supported maternity unit, and 470 were treated in the neonatal unit. In addition, MSF supports three nearby health centres.

In April, MSF opened a new project in the isolated Boga health zone, with a focus on intensive and emergency care. During the year, over 80 patients were admitted each month, half of whom were children under five. In Rubingo health centre, the team provided treatment for sexual violence and sexually transmitted diseases and family planning and conducted more than 800 antenatal consultations. Health

promotion sessions were also organised for the 25,000 people living in surrounding villages.

In 2015, the Bunia emergency team conducted 22 rapid exploratory missions; 12 resulted in interventions, for example for the cholera epidemics which occurred between April and August. MSF also responded to a deadly measles epidemic in in Tanganyika province (formerly Katanga), admitting 2,470 children under five to hospital and vaccinating around 180,000. During this campaign, teams also screened for malnutrition, and the alarming rates they found led them to renew their support for the region's health system in early 2016.



MSF's work includes community health awareness activities. In April, nearly 2,750 people participated in these activities in Boga region, where care for victims of sexual, domestic or armed violence is very limited. ©Gabrielle Klein/MSF



# SIERRA LEONE

## Treatment and support for Ebola survivors

**In the country since:** 2014  
**Reason for intervention:** endemic/epidemic disease  
**Main activity:** ebola epidemic

**Human resources:** 12 international staff  
**(FTE)**  
**Cost for 2015:** CHF 3,146,000

The Ebola epidemic in Sierra Leone was declared over on 7 November 2015. One of the main challenges now is to rebuild the health-care system, which is in a fragile state following the deaths of several hundred Sierra Leonean health professionals. In addition, a large number of Ebola survivors are suffering from physical and mental health issues and have difficulty accessing care. MSF maintained its presence in the country in 2015, with the aim of monitoring and supporting these survivors.

In collaboration with the Geneva University Hospitals, MSF set up a clinic in the Ebola treatment centre in the capital, Freetown,

offering medical testing and free access to care for Ebola survivors. The facility received its first patients in January. Joint pain, chronic fatigue and visual impairment that can lead to blindness if not treated quickly are some of the health problems experienced by Ebola survivors. In addition, the loss of loved ones, the experience of the illness and the fear that surrounds it often cause post-traumatic stress. Between January and June, 170 people received psychological support at the clinic and 100 people were referred to the eye clinic.

The Ebola treatment centre, which opened in November 2014, closed in February 2016.

It had a 100-bed capacity and provided comprehensive care for Ebola patients. More than 400 people were admitted to the centre; 170 of them were confirmed as having the virus and 80 died. The teams also trained 1,650 medical personnel and members of other organisations in patient care. Between January and April 2015, three mobile teams visited the slums of Freetown to promote health awareness among the residents.

MSF urges the international medical community to draw lessons from this unprecedented epidemic so that it is better prepared for similar future crises.



Ebola deprived many survivors of employment and support. They struggle to afford food and lodgings.



# SLOVENIA-AUSTRIA

## A humanitarian crisis in the heart of Europe

**In the country since:** 2015  
**Reason for intervention:** migrant crisis  
**Main activity:** medical care for migrants

**Human resources:** 1 international staff (FTE)  
**Cost for 2015:** CHF 191,000



Thousands of asylum seekers, refugees and migrants, who had risked their lives to reach Europe received no help from the various governments in countries they crossed. ©Juan Carlos Tomasi/MSF

Between September and December 2015, nearly 660,000 people fleeing conflict and poverty in their countries entered Austria via Hungary and Slovenia. Approximately 90,000 of them sought asylum during this period, while the remainder continued their journey to northern Europe, in particular to Germany, via the Balkans.

EU countries were uncoordinated in providing assistance, resulting in a full-blown humanitarian crisis in the heart of Europe. MSF deployed teams to deliver aid to refugees and migrants for the entire length of their journey. From the outset, MSF chose to support the facilities and organisations already in place, such as the Austrian Red Cross, present at the Hungarian-Slovenian border in the small towns of Nickeldorf and Spielfeld, where medical needs were greatest.

From September to November, teams provided general consultations and mental and psycho-social counselling to refugees. By the end of the year, aid provision had improved and the number of arrivals had fallen significantly. As a result, MSF decided to withdraw from Austria and to concentrate on Slovenia, where refugees and migrants had started to converge, following the closure of the border with Hungary.

### Aid for the Brezice transit camp

The Slovenian authorities were completely overwhelmed by the massive influx of refugees. At the end of October, between 10,000 and 15,000 people, frequently whole families, continued to arrive every day at reception centres set up to accommodate only 2,500 people. More than 80,000 people were stranded between Croatia and Slovenia in the overpopulated Brezice transit camp and in the countryside around Rigonce and Dobova, in the

east of Slovenia. MSF intervened in Brezice, providing logistical and medical support to improve migrants' living conditions and increase reception capacity. Mobile clinics were set up to offer systematic medical examinations for refugees, as well as treatment where required, in particular for pregnant women and children. The main health concerns in the camps are colds, respiratory infections and skin diseases. Teams also handed out emergency aid kits in Bogovada and Subotica, in Serbia. At the end of October, Slovenia and Croatia were finally able to coordinate a response to aid the flow of refugees and MSF left Slovenia on 28 October.

At the beginning of 2016, MSF established a project in Athens, Greece, focusing on reproductive healthcare for refugees and sexual violence – a common occurrence within these vulnerable populations.



## SUDAN

**In the country since:** 2004  
**Reason for intervention:** armed conflict, endemic/epidemic disease  
**Main activity:** neglected disease  
**Emergency intervention:** measles epidemic, viral haemorrhagic fever

### Treatment for kala-azar and responding to epidemics

**Human resources:** 112 staff including  
 10 international staff  
**Cost for 2015:** CHF 3,283,000

In terms of humanitarian aid, Sudan remains a priority for MSF. Years of civil war have taken their toll on the population and on the country's healthcare system. Medical care, which was already difficult to obtain, became completely inaccessible when the authorities prohibited foreign organisations from working in certain regions. In 2015, MSF scaled up its activities near those areas.

MSF teams continued to treat people suffering from kala azar at Tabarak Allah hospital in Al Gedaref state. Endemic in some regions,

this illness can be fatal if not properly treated. Between January and June 2015, 1,590 screening tests were carried out and 360 patients received treatment. MSF also supported the hospital's reproductive healthcare department, conducting 2,290 antenatal consultations and assisting 150 births during the year.

In West Darfur state, MSF supported four primary healthcare facilities, with staff training and drug supplies. This project closed at the end of 2015. The teams also assisted the Ministry of Health to contain a measles

epidemic by deploying mobile clinics. A major measles vaccination campaign to protect 266,670 children was undertaken. In addition, during the year teams responded to an outbreak of viral haemorrhagic fever in El Geneina, possibly caused by dengue.

MSF continued field assessments and negotiations with Sudanese authorities to increase assistance to the people of Darfur. Several new projects are planned, including a second facility in Al Gedaref for the treatment of kala azar and a paediatric clinic in El Geneina.

## SOUTH SUDAN

**In the country since:** 1996  
**Reason for intervention:** armed conflict, endemic/epidemic disease  
**Main activity:** hospital care  
**Emergency intervention:** cholera epidemic

### Help for people fleeing violence and responding to epidemics

**Human resources:** 449 staff including  
 38 international staff  
**Cost for 2015:** CHF 15,490,000

South Sudan is struggling to recover from the war of independence that led to its creation in 2011. Sporadic violence and inter-clan fighting continue throughout most of the country, displacing huge numbers of people. Medical facilities are not spared – many have been looted and destroyed, including those supported or run by MSF. The youngest country in the world is also one of the least developed. Maternal and infant mortality rates are particularly high. Since 2006, MSF has been working in Agok, a town in a demilitarised territory guarded by UN peacekeepers, on the border with Sudan. Around 140,000 people depend on the 160-bed MSF hospital for treatment. The teams treat malnutrition, chronic diseases, HIV/AIDS and tuberculosis, and also manage intensive care, surgery, and maternity, neonatal and reproductive health services. MSF provides theoretical and practical training for staff in each unit to boost local capacity and skills.

As the hospital is the only facility offering anti-venom, it has also become a referral centre for patients with snakebites, and treats approximately 300 people each year. In 2015, after learning that the only serum effective against several different snake venoms was being discontinued, MSF appealed to pharmaceutical

companies, urging them to take appropriate action. Due to the length and complexity of the production process, it is likely that stocks will run out in 2016. This will lead to many deaths and severe handicaps among the South Sudanese people.

In May, MSF launched a programme in Mayom, Unity state, to provide medical care to people fleeing the violence in Bentiu region. The team runs a health centre offering primary care and carries out preventive activities, such as vaccination campaigns. Referrals to the hospital in Agok are also organised for emergencies. In addition, teams distributed food and essential supplies to displaced people in Gawar, north of Agok. When a cholera epidemic was declared in the capital, Juba, MSF organised a vaccination campaign in the city.

Every year, malaria claims thousands of victims in South Sudan. Several emergency tents were set up in Agok hospital to deal with the influx of patients during the seasonal peak, which was particularly severe in 2015. MSF also organised outreach activities in 23 nearby villages to detect and treat the disease. Nearly 58,000 people in the region were able to receive treatment in 2015 as a result.



Children suffering from severe malnutrition are extremely dehydrated and need intensive care.  
 ©Pierre-Yves Bernard

# SWAZILAND

## Involving communities in HIV/AIDS treatment

**In the country since:** 2007  
**Reason for intervention:** endemic/epidemic disease  
**Main activity:** HIV/AIDS, TB

**Human resources:** 294 staff including  
 (FTE) 17 international staff  
**Cost for 2015:** CHF 6,265,000



Decentralizing care requires community involvement, for example delegating nurses' tasks to less qualified patient-experts (with HIV/AIDS and tuberculosis). Infected patients are more accepted within their community as a result. ©Giorgos Moutafis/MSF

In Swaziland, life expectancy has fallen from 60 to 39 years over the past 20 years as a result of the dual epidemics of HIV/AIDS and tuberculosis (TB). This small landlocked country in southern Africa has the highest prevalence of HIV and HIV-TB co-infection in the world; the multidrug-resistant strain of TB affects one in ten patients with HIV. Early access to antiretroviral (ARV) therapy has been clearly shown to reduce both mortality rates and HIV/AIDS transmission.

Since November 2007, MSF and the Ministry of Health have adopted innovative solutions to combat the co-epidemic in the southern region of Shiselweni, the poorest and most isolated

part of the country. In Hlathikhulu, Nhlangano and Matsanjeni, the teams have continued to improve HIV and TB prevention, diagnosis and treatment through a strategy of task transferal and community involvement. HIV/AIDS and TB services are being transferred to primary healthcare clinics closer to patients, and, to address the severe shortage of healthcare professionals, responsibilities are delegated to less qualified personnel – from doctors to nurses, and from nurses to community health workers. This has proven to be an effective model for dispensing treatment.

In 2015, MSF also continued to provide immediate ARV treatment to all people living with HIV, including those whose immune systems have not yet significantly deteriorated. This both keeps people healthy and prevents the virus from spreading to others.

Service decentralisation has considerably improved both patients' access to care and their adherence to treatment. Today, all 22 health centres in Shiselweni region offer treatment for HIV/AIDS and TB.

# SYRIA

## An increasing numbers of refugees

**In the country since:** 2013  
**Reason for intervention:** armed conflict  
**Main activity:** hospital care  
**Emergency intervention:** aid to refugees and displaced people

**Human resources:** 88 staff including  
 (FTE) 5 international staff  
**Cost for 2015:** CHF 2,311,000

As the Syrian conflict enters its sixth year, it is now estimated that more than 4.3 million people have left the country. Most have fled to Lebanon, Iraq, Turkey and Jordan. More than 6.6 million have also been displaced within Syria. Conflicting regional and international alliances continue to hamper the peace process launched in the autumn of 2015.

Many Syrians have been trapped in a number of besieged areas by the constantly moving frontlines and the presence of multiple armed groups. They lack essential aid, including healthcare and the option of medical evacuation. Civilian infrastructure, such

as schools and markets, frequently comes under attack and throughout the year many hospitals and health centres supported by MSF have been targeted by air strikes.

MSF teams are present in the northeast of Syria in Al-Hasakah governorate, where fighting has intensified during the year. MSF runs several health centres, providing the displaced and local host communities with primary healthcare, and supports the maternity unit at Al-Malikiyah hospital. In 2015, the team assisted 1,170 births and performed 390 caesarean sections. MSF also supplies the hospital with medicines and medical

equipment and runs three clinics offering outpatient consultations, mother and child healthcare and treatment for chronic illnesses. More than 35,000 consultations were carried out between January and December.

As well as providing medical aid, MSF distributed water, food and first-aid kits in the camps. MSF ceased working in the area near the Iraqi border after it was closed. New projects were set up in neighbouring countries to help the Syrian exiles: their needs, however, continue to be immense.



# TANZANIA

**In the country since:** 2015  
**Reason for intervention:** political violence  
**Main activity:** aid to refugees  
**Emergency intervention:** aid to refugees

## Assisting Burundian refugees

**Human resources:** 16 expatriates  
**(FTE)**  
**2015 expenditure:** CHF 6,232,000



New arrivals are housed in huge tents for 350 people. Diseases such as cholera spread due to overcrowding and poor hygiene conditions. © Luca Sola/MSF

In May 2015, MSF launched an emergency project in Tanzania to tackle a cholera epidemic that had spread among Burundian refugees fleeing political insecurity and violence in their country. Teams set up treatment centres at the transit sites at Kigoma and Kagunga, as well as in the main Nyarugusu camp. In three months, the population of the camp, already home to 60,000 Congolese for the past 20 years, more than doubled. Support services were unable to cope with this huge influx of people – nearly 1,000 new arrivals per day in June during Burundi's legislative elections – and humanitarian organisations struggled to provide sufficient water, food and shelter. Consequently, the refugees were forced to live in deplorable conditions for several months.

In coordination with the Tanzanian Red Cross, MSF deployed mobile clinics to provide basic healthcare to refugees and referred more serious cases to hospital. In 2015, teams conducted 18,830 consultations in Nyarugusu camp, most frequently for malaria, diarrhoea

and respiratory tract infections – the latter due to the cold nights and the constant dust. In the Red Cross-run camp hospital, an MSF team set up a 30-bed therapeutic feeding centre to admit children with complications from severe malnutrition.

In collaboration with the Tanzanian Ministry of Health, the WHO and the UNHCR, 130,000 people were vaccinated against cholera to contain its spread within the camp. In parallel to medical activities, MSF launched an ambitious programme to provide drinking water to refugees, including a pumping system and water treatment facility.

In early October, a second camp was opened in Nduta to relieve overcrowding in Nyarugusu and to accommodate new arrivals from Burundi. In two months, teams conducted 17,590 consultations and admitted 410 patients to the MSF hospital.

MSF also manages the camp's hygiene and sanitation services, and its water distribution. Teams erected 2,000 family tents and supplied 1,500 additional tents to improve living conditions for the refugees. At the end of 2015, the teams also set up a psychological counselling service to support the numerous victims of violence.

### Elodie's story

Elodie is a Burundian refugee in Nyarugusu camp.

"They started to single people out in my village and kill them outside their homes. They were shot and killed by machetes. We don't know who they were, but they were soldiers."

## CHAD

**In the country since:** 2006  
**Reason for intervention:** armed conflict, endemic/epidemic disease  
**Main activity:** malnutrition, paediatric care  
**Emergency intervention:** aid to refugees and displaced people

### A major humanitarian crisis in the Lake Chad Basin

**Human resources:** 233 staff including 22 international staff  
**(FTE)**  
**Cost for 2015:** CHF 8,561,000

In early 2015, the armed group Boko Haram started to launch attacks in Chad, particularly in the Lake Chad region and near the borders with Cameroon and Niger. The violence caused one of the largest displacements of people the region has ever experienced and exacerbated an already critical health situation. Chad is a country that is regularly affected by epidemics and malnutrition, where one child in ten does not reach the age of five.

From March, MSF set up mobile clinics offering basic healthcare and psychological counselling for displaced, refugee and host populations near Baga Sola and in Dar es Salam camp. In early November, the teams began collaborating with the health authorities to provide maternal and infant healthcare at Bol regional hospital. Throughout the year, staff distributed water treatment kits and essential supplies to displaced people in the Lake region.

In 2015, there were numerous suicide attacks in Baga Sola, in the capital, N'Djamena, and on various islands on the lake including Kelfoua, where MSF treated almost 200 injured. MSF treated the victims, and transferred those needing further care to the district hospital in Mani, a town on the border with Cameroon, where tents were erected to increase capacity.

MSF also provided support to Massakory hospital in Hadjer Lamis region. During the year, 1,310 children were admitted to the hospital, 3,280 were treated through the outpatient therapeutic feeding programme and 30,640 outpatient consultations were carried out. Additionally, primary healthcare was provided at four nearby health centres.

In late January, the MSF teams in Massakory launched a mass vaccination campaign in response to a measles outbreak that had spread throughout the country. They also treated 23,900 patients for malaria during the



In Dar es Salam camp, MSF teams provide psychological counselling to victims of Boko Haram, in particular to children.

seasonal peak, between August and December. Treatment for malnourished children was provided throughout the year.

After five years of activity, the Massakory hospital programme was handed over to the Ministry of Health at the end of 2015.

## UKRAINE

**In the country since:** 2015  
**Reason for intervention:** armed conflict, social violence/healthcare exclusion  
**Main activity:** medical care for displaced people  
**Emergency intervention:** medical care for victims of violence

### Treating populations along the frontline

**Human resources:** 56 staff including 16 international staff  
**(FTE)**  
**Cost for 2015:** CHF 3,822,000

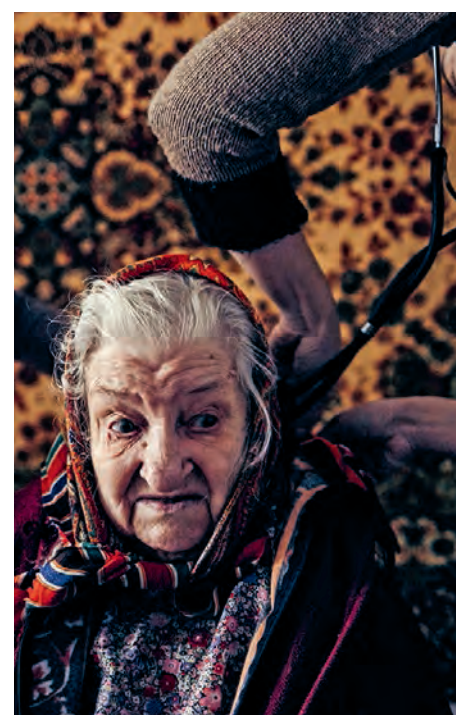
In January and February 2015, nine months after the start of the conflict, there was an escalation in the fighting between the Ukrainian and separatist armies. MSF deployed mobile clinics on both sides of the frontline to provide primary healthcare and psychological support to civilians and also donated supplies to medical facilities. However, heavy fighting made it difficult to reach the hardest-hit areas where many civilians were trapped. Despite the February ceasefire, health centres were regularly bombed, forcing personnel to flee and depriving thousands of people of care. For over a year, MSF has been one of the main providers of medicines in the eastern part of the country.

When the healthcare system in the self-proclaimed Republic of Donetsk ceased to function, MSF teams supported the hospitals treating the war-wounded. Throughout the year, 19 healthcare facilities benefited from a regular supply of medical materials and drugs, enabling 35,590 patients to be treated, especially in the areas of surgery, trauma and psychiatry. In response to the immense needs, MSF quickly extended its activities

to include primary healthcare for displaced people and others with no access to medical services. Between February and October, 14,170 consultations were carried out without charge in the mobile clinics that served the towns of Donetsk, Gorlovka, Novoazovsk, Telmanove, Yasinuvata and Starobesheve. In August, an extensive support programme was also launched to provide care for the many elderly people who were unable to flee.

Other MSF teams worked in Kurakhove and Mariupol, providing medical and psychological assistance to people affected by the conflict, and donating drugs and medical supplies to 15 health facilities. Between March and December, they carried out 3,150 psychological consultations.

In autumn, MSF was denied authorisation to work in the self-proclaimed republics of Luhansk and Donetsk. Activities could only continue in a limited territory controlled by the Ukrainian government, leaving thousands of people without essential healthcare. MSF continues to do its utmost to access people in need.



MSF provided medical and psychological assistance to conflict victims via mobile clinics of doctors, nurses and psychologists.  
 ©Misha Friedman/MSF



# YEMEN

**In the country since:** 2015

**Reason for intervention:** armed conflict

**Main activity:** hospital care

**Emergency intervention:** medical care for victims of violence

## Treating conflict victims

**Human resources:** 3 international staff  
(FTE)

**Cost for 2015:** CHF 2,162,000



MSF supported the hospitals' surgical and emergency services to ensure all patients could receive treatment. ©Hugues Robert/MSF

The conflict that has raged in Yemen since March 2015 is the result of multi-faceted local, regional and international power struggles. For over a year, a military coalition led by Saudi Arabia has been bombing the Yemeni rebels who have taken control of the capital, Sana'a, and Aden, the main port in the west of the country. Rebels and civilians in Aden and other besieged cities such as Taiz suffer relentless attacks and many people have been killed. Thousands of Yemenis are living in precarious conditions in abandoned buildings and schools. Despite the violence, MSF continues to provide vital healthcare to vulnerable Yemenis.

MSF's French, Dutch and Spanish sections had already been in the country for several years when fighting broke out in May 2015 and were therefore able to respond immediately. Teams from MSF Switzerland joined them to strengthen the response, setting up additional activities in December. The teams helped to increase capacity at the emergency and surgery units of the hospitals in Ibb and Taiz, which were overwhelmed by the influx of casualties from the conflict. MSF provides all the services at these two facilities, including mother and child healthcare, which had been particularly affected by the war.

The war in Yemen is being waged with complete disregard for the most basic rules governing armed conflicts and no civilian facility is being spared. Between October 2015 and January 2016, three healthcare centres supported by MSF were attacked and the Yemeni people are being held hostage. More than 2.5 million Yemenis have fled their homes but have been unable to leave the country. To date, there are no signs of reconciliation on the horizon. In 2016, MSF plans to expand its activities in the country in order to bring relief to the vulnerable people.

# HUMAN RESOURCES

In 2015, airstrikes and attacks on the medical facilities we support, most notably on the Kunduz hospital in Afghanistan, have had a huge impact on our organisation. In addition to depriving millions of people of free, high-quality medical care, these attacks, which are becoming more and more frequent, and the general insecurity across regions where we work (such as the Sahel and the Middle East), have compelled us to increase our security measures. This makes for extremely difficult working conditions for both local and international personnel. 'Bunkerisation', reductions in staff numbers and mobility, exposure to risks and unstable conditions have obliged us to implement HR practices that were formerly used only in exceptional circumstances but have now become the norm.

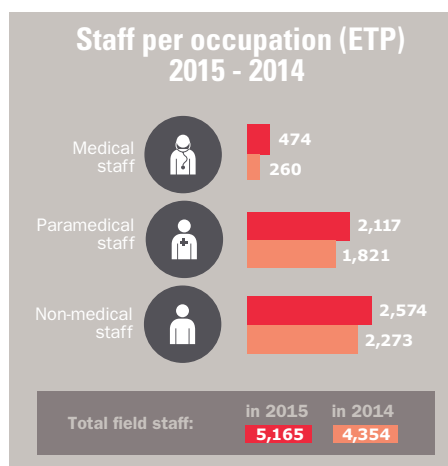
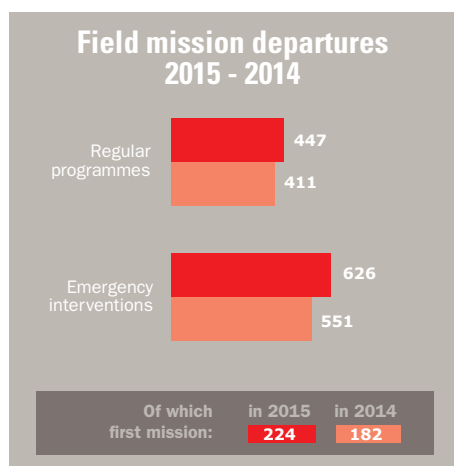
While humanitarian needs have increased exponentially, our ability to place experienced international staff where they are needed has dramatically decreased. Certain nationalities have become targets, some ethnic or religious groups are no longer accepted in particular contexts, and extreme working conditions result in a high staff turnover. All this makes the work of our HR network, both in headquarters and in the field, very difficult. MSF must quickly adapt to respond to this new reality, and to the expected growth of our organisation during the next four years. MSF Switzerland has therefore made investment in human resources the focus of its strategic plan.

In 2015, we deployed over 5,000 people (of whom 1,000 were international staff) in 24 countries. Once again this year, we mobilised teams for emergency interventions, setting up significant projects in the DRC, Burundi and north Cameroon. Our teams in the field were supported by our Geneva and Zurich offices, which employ 202 people. We also benefited significantly from the valuable time donated by our numerous volunteers.

In addition, I would like to pay tribute to the colleagues we have lost during interventions, in particular in Afghanistan and Syria. Despite the heightened levels of risk experienced this year, our staff have worked ever harder to deliver adequate care to the populations most in need. We thank all those who enable us to do our work.

Franck Eloi, Director of Human Resources

*All data is provided on a full-time equivalent (FTE) basis.  
Statistics do not include casual employees, or staff from ministries of health who work within our programmes.*



**5,165**  
field staff

**202**  
headquarters staff

**2,710**  
voluntary hours



## FINANCIAL RESULTS

There was a **sharp increase in expenditure in 2015 (+12%)**. The total for the year was CHF 200m, of which CHF 157m **(+16%) was for programmes**, both emergency interventions and regular projects. MSF Switzerland also contributed CHF 8m to projects run by other MSF operational centres.

In 2015, MSF Switzerland set up 64 projects in 24 countries. With respect to geographical distribution, Africa remained stable compared with 2014, accounting for 74% of programme expenditure, half of which was allocated to the Democratic Republic of Congo (DRC), South Sudan and Cameroon, our three largest missions. Asia accounted for 20% of expenditure, of which three-quarters was allocated to the Middle East. The proportion for the Americas reduced from 9% to 4%, as a consequence of the closure of our mission in Haiti. Finally, Europe figured in our accounts again at 3% of programme expenditure, with the opening of our mission in Ukraine and our intervention to assist migrants in Austria/Slovenia.

The increase in our budget for our 31 regular projects in 2015 demonstrates the dynamic nature of our operational portfolio. The opening of five new projects this year resulted in an additional cost of CHF 10m. A new project was set up in DRC, where MSF supported Boga hospital, providing primary and secondary healthcare services. Two sexual and reproductive healthcare projects were opened, in Mrima hospital in Likoni, Kenya, and in Bol hospital in Chad. In addition, two primary and preventive healthcare projects were set up, one in Mayom, South Sudan, and the other in Wa, Myanmar. Regular projects currently include programmes in the Central African Republic and Lebanon, which opened as emergency projects in 2014. We closed missions in North Korea and Haiti in 2015.

In 2015, there were **33 emergency projects, which represented one-third of operational expenses**. DRC, with eight projects and a budget of CHF 10m, is where we have our largest presence. We mobilised significant resources in the Lake Chad region, which had suffered repeated attacks by Boko Haram, opening four projects in Chad, Niger and the Extreme-North region of Cameroon, at a total cost of CHF 11m.

We also remain very involved in the Middle East, with eight projects across Syria, Iraq and Lebanon, at a total cost of CHF 21m.

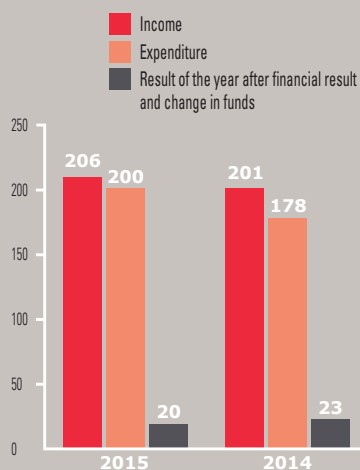
**The cost of running our headquarters has remained stable at CHF 43m** for the second consecutive year. Management and communication costs decreased, offset by an increase in programme support.

**Income increased by 3% to CHF 206m in 2015**; CHF 102m was raised in Switzerland, the same amount as in 2014, which had already been considered an exceptional year. Private funds from other MSF sections amounted to CHF 88m, an increase of 21% compared with 2014. Public funding decreased by 38% to CHF 16m. **Sources of financing in 2015 were therefore 92% private and 8% public.**

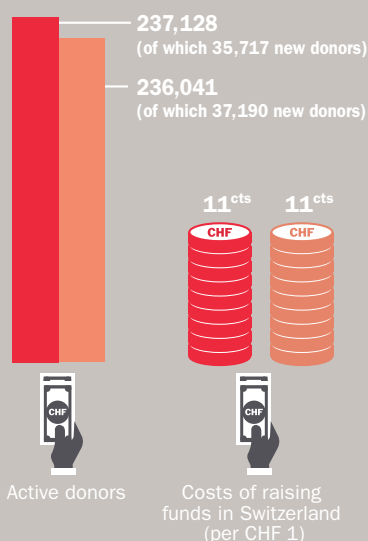
**The 2015 operating result showed a small surplus of CHF 6m**, demonstrating a good balance between income and expenditure.

At the end of 2014, the balance sheet included funds of CHF 3m relating to gifts for specific projects that had yet to be allocated. These funds were assigned as follows in 2015: CHF 2m to the Ebola intervention in West Africa and CHF 1m for MSF France's projects in the Philippines. The balance sheet also included CHF 14m from the "Innovation and Specific Operational Initiatives Fund". This fund was dissolved in 2015 due to overlap with other schemes. All these restricted and unrestricted funds have since been used. The total variation in the funds was CHF 17m. Taking into account the operating and financial results for the year, **the overall net result is a CHF 20m.**

### Statement of operations (in millions of Swiss francs)

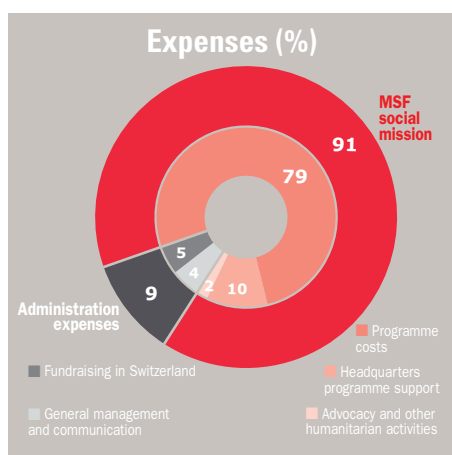


### Donors in Switzerland



Average donation per donor:	2015	2014
	287 CHF	301 CHF

The ratio "Costs of raising funds in Switzerland" relates the total amount of funds raised during the year (including the change in deferred donations) to the total of the fundraising expenses.



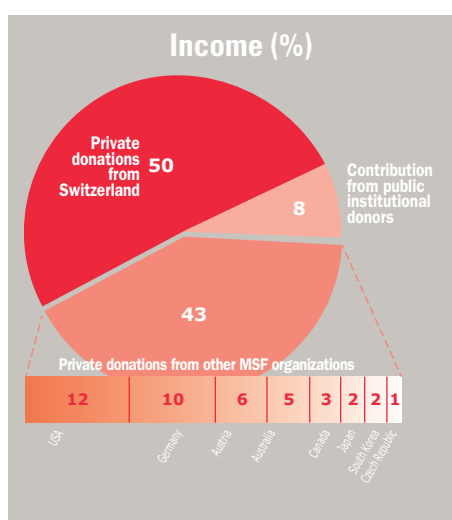
We hold **reserves equal to 8.6 months of activity**, compared with 9.2 at the end of 2014. These enable us to remain operationally reactive with the ability to act independently.

We would like to thank all donors who supported us during this year of strong growth, in which **91% of expenses were allocated to our social mission**, 5% to fundraising and 4% to management and communication.

Geneva, 13 May 2016

Dr Philippe Sudre  
Treasurer

Emmanuel Flamand  
Finance Director



## EXPENSES AND REVENUES BY PROJECT

(in thousands of Swiss francs)

PROJECTS	Public funds	Private funds and other income	Total income	Expenditure 2015	Expenditure 2014
Cameroon	488	12,756	13,244	13,244	10,787
Guinea	-	-	-	-	5,128
Kenya	500	7,547	8,047	8,047	7,053
Liberia	-	579	579	579	6,481
Mozambique	59	4,927	4,986	4,986	3,835
Niger	499	12,487	12,986	12,986	10,991
Central African Republic	325	5,427	5,752	5,752	9,098
Democratic Republic of Congo	3,492	14,254	17,746	17,746	9,003
Sierra Leone	23	3,123	3,46	3,146	1,699
Sudan	114	3,169	3,283	3,283	2,645
South Sudan	3,438	12,052	15,490	15,490	15,899
Swaziland	1,615	4,650	6,265	6,265	6,956
Tanzani	-	6,232	6,232	6,232	-
Chad	1,234	7,327	8,561	8,561	5,989
Other	135	1,996	2,131	2,131	1,702
<b>TOTAL AFRICA</b>	<b>11,922</b>	<b>96,526</b>	<b>108,448</b>	<b>108,448</b>	<b>97,266</b>

PROJECTS	Public funds	Private funds and other income	Total income	Expenditure 2015	Expenditure 2014
Iraq	256	9,558	9,814	9,814	7,939
Kyrgyzstan	-	2,085	2,085	2,085	2,584
Lebanon	16	9,832	9,848	9,848	8,602
Myanmar	1,729	1,355	3,084	3,084	2,824
Syria	-	2,311	2,311	2,311	1,958
Yemen	-	2,162	2,162	2,162	-
Other	-	189	189	189	864
<b>TOTAL ASIA</b>	<b>2,001</b>	<b>27,492</b>	<b>29,493</b>	<b>29,493</b>	<b>24,771</b>
Haiti	15	3,029	3,044	3,044	9,098
Honduras	50	1,180	1,230	1,230	1,502
Mexico	100	1,050	1,150	1,150	1,214
<b>TOTAL AMERICA</b>	<b>165</b>	<b>5,259</b>	<b>5,424</b>	<b>5,424</b>	<b>11,814</b>
Slovenia/Austria	-	191	191	191	-
Ukraine	-	3,822	3,822	3,822	3
<b>TOTAL EUROPA</b>	<b>-</b>	<b>4,013</b>	<b>4,013</b>	<b>4,013</b>	<b>3</b>
Transversal activities	-	2,428	2,428	2,428	1,316
Financing other MSF sections' projects	-	7,579	7,579	7,579	325
<b>TOTAL</b>	<b>14,088</b>	<b>143,297</b>	<b>157,385</b>	<b>157,385</b>	<b>135,495</b>



# ACKNOWLEDGEMENTS

**We would like to thank all donors who have made the work of Médecins Sans Frontières Switzerland possible in 2015. This year, 237,128 people generously supported our organization – we thank them all for their show of confidence in our work.**

**We would like to thank the governments, governmental agencies and international organizations that have supported our projects:**

- Auswärtiges Amt, Ministry of Foreign Affairs, Germany
- DFATD / IHA – Department of Foreign Affairs, Trade and Development, Canada
- ECHO – European Community Humanitarian aid Office
- SDC – Swiss Agency for Development and Cooperation
- SIDA – Swedish International Development Cooperation Agency
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- UNHCR – The UN Refugee Agency
- UNITAID

**We would also like to thank the following foundations, businesses, towns and cantons in particular:**

- Biltema Foundation
- Cartier Charitable Foundation
- Ferster-Stiftung
- Fondation Pierre Demaurex
- Fondation Mérieux
- Fondazione Araldi-Guinetti
- Hilti Foundation
- IKEA Foundation
- Lanfrosa Stiftung
- Leopold Bachmann Stiftung
- Medicor Foundation
- Oak Foundation
- République et Canton de Genève
- UBS Optimus Foundation
- Ville de Genève
- Wietlisbach Foundation

**We would like to thank sincerely:**

- A Better World Fund
- Alimenta SA
- Ameos Spital-Gesellschaft mbH
- AMZ Architekten AG
- Arcanum Stiftung
- At Rete AG
- Baugenossenschaft Freiblick Zürich
- Baumer Electric AG
- Berner Augenklinik am Lindenhofspital
- Binder Rechtsanwälte
- Bolliger & Mabillard
- Borer Chemie AG
- Breitling SA
- Büchi Foundation
- Büchi Labortechnik AG
- Capital International SA
- Carpi Tech B.V. Amsterdam, Balerna Branch
- Charlotte und Nelly Dornacher Stiftung
- Christoph Sax Data Analytics GmbH
- CHUV
- Commune de Bardonnex
- Commune de Bernex
- Commune de Carouge
- Commune de Collonge-Bellerive
- Commune de Cologny
- Commune de Lancy
- Commune de Plan-les-Ouates
- Commune de Troinex
- Commune de Veyrier
- Commune du Grand-Saconnex
- Couvent Ste-Ursule à Sion
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- Xerof Financial Services SA
- Yellow Bird Foundation
- Zurich Z Foundation
- Zweifel Holding AG

#### We also extend thanks to our event partners:

- Blofeld Entertainment
- Festival Diritti Umani Lugano
- Human Rights Film Festival Zurich
- Paléo Festival Nyon
- Zurich Film Festival

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Many thanks to our  
**237,128**  
donors



# MSF SWITZERLAND – GOVERNANCE STRUCTURE

Médecins Sans Frontières Switzerland is an organisation registered under Swiss Civil Code in 1981 and governed by legal articles of association, updated in June 2012.

The General Assembly is the supreme governing body of MSF Switzerland. It elects members to the Board of Directors, approves the activity and financial reports as well as the financial statements and deliberates on all matters indicated on the agenda.

## MSF Switzerland's Board of Directors in 2015

- |  |                                     |
|--|-------------------------------------|
| - Dr Thomas Nierle, President                        | - Liza Cragg                        |
| - Dr Anne Perrocheau Vice-President (since May 2015) | - Claude Mahoudeau (since May 2015) |
| - Dr Philippe Sudre, Treasurer (since May 2015)      | - Nicolas Cantau (until May 2015)   |
| - Jean-Christophe Azé, Secretary (since May 2015)    | - Dr Abiy Tamrat (until May 2015)   |
|  | - Ralf de Coulon (until May 2015)   |
| - Dr Slim Slama                                      | <u>Co-opted Board Members:</u>      |
| - Gillian Slinger (since May 2015)                   | - Dr. Karim Laouabdia               |
| - Andrej Slavuckij (since May 2015)                  | - Andreas Wigger                    |

The Board of Directors is responsible for the overall management and supervision of MSF Switzerland, including setting the organisation's strategic direction, action plans and annual budget. The Board of Directors has appointed a Finance Committee, composed of Board Members and external representatives. The Committee's mandate is to assist the Board of Directors to supervise the financial management of MSF Switzerland.

## MSF Switzerland's Finance Committee in 2015

- |   |   |
|---|---|
| - Dr Philippe Sudre, Treasurer of MSF Switzerland and President of the Finance Committee (since May 2015) | - Hans Isler, Financial Expert                                |
| - Dr Thomas Nierle, President of MSF Switzerland  | - Frank Copping, Treasurer of MSF Canada                      |
| - Marcel Mittendorfer, Member of MSF Austria (since May 2015)   | - Liza Cragg, Board Member of MSF Switzerland                 |
|   | - Beth Hilton-Thorp, Member of MSF Australia (since May 2015) |
|   | - Ralf de Coulon, Financial Expert                            |

The Board of Directors elects a General Director, who is responsible for executing decisions made by the Board of Directors and overseeing the smooth running of daily operations at MSF Switzerland. The General Director leads a Management Team of eight Directors.

## MSF Switzerland's Directors in 2015

- |   |   |
|---|---|
| - Bruno Jochum, General Director              | - Laurent Sauveur, Communications and Fundraising Director (until October 2015) |
| - Dr Jean-Clément Cabrol, Operations Director | - Avril Benoît, Communications and Fundraising Director (since November 2015)   |
| - Franck Eloi, Human Resources Director       | - Mathieu Soupart, Logistics Director   |
| - Emmanuel Flamand, Finance Director          |   |
| - Susanna Swann, Deputy General Director      |   |
| - Dr Micaela Serafini, Medical Director       |   |

The General Assembly appoints an auditor to audit MSF Switzerland's annual accounts. PricewaterhouseCoopers SA, Geneva, was appointed by the Board of Directors in May 2014 and will henceforth perform this function.

## Risk evaluation

MSF Switzerland has conducted an annual analysis of potential strategic, operational and financial risks to the organisation since 2008. This analysis is led by the Management Team and is subject to approval by the Finance Committee and the Board of Directors. The report covers areas of risk associated with the environments in which MSF operates, as well as internal processes and procedures. Risk mitigation procedures are defined and executed for any identified risks.

The analysis completed at the end of 2014 highlighted a number of issues within nine internal and external risk areas, including staff security, medical practices, behaviour management, availability of resources and the changing legal landscapes in the countries where MSF Switzerland works.



## THE MSF 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.

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