

MSF Switzerland/Operational Centre Geneva



Activity Report 2018



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 accepts only 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 24 associations with 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.

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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The reality of humanitarian situations today is such that even responding to a preventable disease outbreak has become a huge challenge for MSF. Evolving contexts led to both the scaling down of some of our existing projects and the launch and scaling up of other operations, reflecting the very nature of our work. In Syria, for example, the volatility of the context and resultant reduced working space for independent humanitarian actors such as MSF led to a reduction of our activities over the year. Whereas in Iraq the evolution of the conflict and its impact on the population prompted us to shift the focus of our medical response to current acute needs. Meanwhile, in Yemen, MSF scaled up its operations, allowing us to achieve significant results and make a difference to people's lives by addressing the needs of the population whose access to healthcare has been hindered by the collapse of the health system and by providing support to people directly affected by the fighting. However, the outlook for Yemen remains bleak, with no clear will from the parties to the conflict to find a solution.

The needs of the population in the Middle East remain critical despite the changing dynamics of the ongoing conflicts, and the protection of patients and staff remains at the heart of our concerns.

One of MSF's core activities is responding to outbreaks and 2018 was definitely a year of epidemics, with several outbreaks particularly in the Democratic Republic of Congo (DRC). During the year we mobilised considerable resources and energy for the response to the ongoing major Ebola epidemic in North Kivu and Ituri, which is still not under control at the time of writing this report. Progress in the response, in the form of new treatments and a new vaccine, represents a real game-changer for the future management of epidemics. Nonetheless, there is still a need to improve work at the community level, which should be given special attention. Our mission in DRC, one of our largest in terms of resources, also responded to recurrent measles and cholera outbreaks in various locations and provided assistance to the vast numbers of people once again displaced in Ituri due to violence.

Our overall operational volume remained relatively stable, with OCG continuing to provide medical humanitarian assistance in 23 countries from the Middle East to the Lake Chad/Sahel region, in South Sudan, DRC, Kenya and Tanzania, up to Myanmar and right across to Mexico, Honduras and Colombia in Latin America. This reflects the fact that OCG is strategically positioned to respond to acute crises.

MSF is continually working to adapt support models to the reality of the field. To that end, we have continued to develop regional set-ups such as the office in Dakar, which is now scaling up its activities, our office in Mexico for Latin American operations and our Greek mission to address population displacements.

During 2018, MSF maintained its focus on displaced people and refugees, both directly at project level and through advocacy and speaking out, particularly in relation to the worrying trend towards a dehumanising rhetoric. This trend is not only affecting people in distress fleeing their homes, who have been reduced to cold numbers and statistics, but is also revealing a worrying attitude among some states (particularly in Europe) that are failing to fulfil their responsibilities of safe refuge and assistance to populations in need.

It is important to mention that we are still operating in a context of scarce resources. That is why our teams continued to work tirelessly, demonstrating creativity every day, to save lives and alleviate suffering. This was only possible thanks to the support of our many donors who put their trust in us. Today, it is important that we strengthen our relationship with them by better defining how to reach out to our home societies and partners, and channelling greater effort into broadening our loyal donor base and reaching new generations of supporters. Finally, as a humanitarian organisation, we already work in contexts where people are highly vulnerable. Striving to alleviate human suffering is our primary objective and we must keep people at the centre of our strategies. Therefore, the MSF movement has made a special effort to consolidate and clarify the internal mechanisms to address behaviour-related issues.

We want to ensure that humanity – in its truest expression of solidarity, empathy, kindness and caring for patients, communities and each other – is at the heart of everything we do.

We hope you enjoy reading this retrospective of 2018.



Reveka Papadopoulos
President



Liesbeth Aelbrecht
General Director

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President

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General Director

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23 countries
73 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.

MEXICO

Since 2013
Project: Reynosa
HR: 54 incl. 7 international
Costs: CHF 1,716,000

HONDURAS

Since 1998
Projects: Choloma, Tegucigalpa and Comayagüela
HR: 96 incl. 8 international
Costs: CHF 2,672,000

2018

JANUARY

Nigeria: A year on from the bombing of the town of Rann, the humanitarian needs in Borno state are still immense. MSF has stepped up its activities, but delivery of aid remains a challenge due to the precarious security situation.



FEBRUARY

DR Congo: Following outbreaks of violence in Ituri province, people have been fleeing en masse to take refuge in the city of Bunia. In the displacement camp supported by MSF, the teams are focusing on primary and mental healthcare.



APRIL

Ukraine: Four years ago, conflict broke out in Donetsk region in eastern Ukraine. The impact on the population continues to be far-reaching. MSF's mobile team regularly visits patients in the villages of Netailove and Opytne to offer primary and mental healthcare.



MAY

Kenya: In Likoni, after a year of building works, the maternity unit is finally ready to receive patients and their newborns. In 2017, before the permanent structure was opened, 7,864 babies were brought into the world in a delivery room and operating theatre made of shipping containers.



JUNE

Aquarius: On 9 and 10 June, Aquarius takes 629 people on board. The Italian and Maltese authorities refuse them disembarkation. On this overcrowded boat, where food and space are in short supply, MSF deals with the situation as best it can.



GREECE

Since 2016
Projects: Athens, Chios, Evros
HR: 76 incl. 5 international
Costs: CHF 3,481,000

NIGER

Since 2005
Projects: Diffa, Dungass, Magaria
HR: 865 incl. 42 international
Costs: CHF 17,319,000

BURKINA FASO

Since 2017
Projects: Djibo, Dori, Ouagadougou
HR: 104 incl. 17 international
Costs: CHF 5,170,000

NIGERIA

Since 2016
Projects: Banki, Ngala and
Gamburu, Rann
HR: 281 incl. 30 international
Costs: CHF 7,244,000

CAMEROON

Since 2000
Projects: Kousseri, Maroua, Mora
HR: 697 incl. 38 international
Costs: CHF 11,531,000

CHAD

Since 2006
Projects: Baga Sola, Bol
HR: 127 incl. 13 international
Costs: CHF 4,070,000

CONGO (DRC)

Since 2001
Projects: Adi, Bialkato, Boga,
Bunia, Butembo, Kalémie, Lubutu,
Mahagi, Makisso, Mambasa,
Mbandaka
HR: 438 incl. 61 international
Costs: CHF 23,888,000

UKRAINE

Since 2015
Projects: Mariupol, Mykolaiv
HR: 100 incl. 17 international
Costs: CHF 3,402,000

SYRIA

Since 2013
Projects: Derek, Al-Hasakah
HR: 289 incl. 42 international
Costs: CHF 14,832,000

KYRGYZSTAN

Since 2005
Projects: Kadamjay, Kara Suu
HR: 105 incl. 15 international
Costs: CHF 2,942,000

MYANMAR

Since 2000
Projects: Dawei, Sagaing
HR: 152 incl. 16 international
Costs: CHF 3,221,000

IRAQ

Since 2007
Projects: Mosul, Sinjar, Tikrit,
Zummar
HR: 492 incl. 50 international
Costs: CHF 17,664,000

LEBANON

Since 2008
Projects: Bekaa Valley, Tripoli
HR: 216 incl. 22 international
Costs: CHF 11,219,000

YEMEN

Since 2015
Projects: Al-Nasr, Al Udayn/Far
Al Udayn, Hodeidah, Kilo
HR: 433 incl. 22 international
Costs: CHF 12,540,000

SOMALIA

Since 2017
Project: Doble
HR: 2 internationals working
with the Ministry of Health staff
Costs: CHF 585,000

SUDAN

Since 2004
Projects: Darfur, Gedaref, South
Kordofan
HR: 210 incl. 20 international
Costs: CHF 5,889,000

SOUTH SUDAN

Since 1996
Projects: Agok, Akobo, Mayom
HR: 687 incl. 53 international
Costs: CHF 20,078,000

ESWATINI

Since 2007
Project: Shiselweni
HR: 207 incl. 16 international
Costs: CHF 6,367,000

MOZAMBIQUE

Since 1992
Project: Maputo
HR: 189 incl. 15 international
Costs: CHF 5,598,000

TANZANIA

Since 2015
Projects: Nduta
HR: 311 incl. 26 international
Costs: CHF 9,093,000

KENYA

Since 2007
Projects: Dagahaley, Likoni
HR: 464 incl. 18 international
Costs: CHF 13,447,000

JULY

Bangladesh: A year ago, the abuses committed by the Myanmar army forced 700,000 people into exile. In 2018, the Rohingya are still confined to unsanitary camps. MSF continues to provide them with care through 19 health facilities.



AUGUST

DR Congo: The tenth Ebola epidemic in DRC was declared on 1 August in the north-eastern province of North Kivu. MSF teams immediately set up a treatment unit in Mangina, the epicentre of the epidemic, as well as an isolation unit in Beni, 45 minutes away.



SEPTEMBER

Niger: MSF is tackling the alarming mortality rates among children under five years of age in Magaria, in the south of Niger. During the malnutrition and malaria peak, as many as 800 children are admitted to the Magaria paediatric unit.



NOVEMBER

Iraq: In the maternity units supported by MSF, including the one in Tal Marraq hospital in the north of the country, the teams assist more than 400 deliveries a month. Access to care is very limited for displaced people in the region.



DECEMBER

Yemen: In Hodeidah Governorate, at the heart of the conflict, access to care is almost non-existent. MSF teams are running the emergency department and operating theatre at Al Salakhanah hospital, treating patients mostly for gunshot or shrapnel wounds.



Overview of the year 2018

With 1,532,084 outpatient consultations and 43,493 assisted births, 2018 was again an intense year. The main challenge continues to be to provide the most adequate quality of care for people in need. Sometimes, tough choices have to be made, but assessing those needs and evaluating where we should carry on working and where we should open a new project is central to every MSF mission and reflects the agility needed within our organisation.

Tackling outbreaks and helping displaced people in DRC

MSF was busy in the Democratic Republic of Congo in 2018. The year started with major population displacements around Bunia in Ituri Province, prompted by an outbreak of violence in the region. Tens of thousands of people left their homes, either fleeing to other parts of DRC or taking refuge in Uganda. MSF supported the healthcare centres and organised water and sanitation activities in the makeshift camps. Then an Ebola outbreak occurred in Equateur Province, a remote rural region. Well prepared for emergencies, MSF teams were able to quickly organise the response in collaboration with the World Health Organization and the Congolese Ministry of Health. In addition to the essential components of an Ebola response (testing suspected cases, isolating and treating confirmed cases, tracing contacts, informing and raising the awareness of the population about the disease and where and how to be treated, supporting healthcare centres), an experimental vaccine was used through a ring strategy. While MSF vaccinated the frontline health workers, WHO and the MoH immunised the high-risk population. This innovative approach, which is still under clinical trial, offers promising possibilities for future Ebola responses. Mid-year, when the first outbreak was officially over, another outbreak started in the provinces of North Kivu and Ituri. Again, the response was quickly set up but, in this very volatile and insecure part of the country, the processes of tracing contacts and sensitising the communities proved much more challenging. The strategy was more difficult to define and, as we write these lines, the outbreak is still not under control. Meanwhile, MSF emergency teams also had to tackle measles outbreaks in different regions, including the city of Kisangani, and mass vaccination campaigns were organised targeting children under five. Throughout the year, teams kept responding to emergencies, sometimes suspending their regular activities to address outbreaks, such as in Mambasa. The multiple needs in DRC have required flexibility and permanent operational and medical adjustments to best help the populations in distress. DRC remains one of MSF's largest missions.

Accessing the most vulnerable populations of the Sahel region

In 2018, the Sahel-Lake Chad region continued to be affected by the conflict, forcing millions of people to flee across Cameroon, Niger, Chad and Nigeria. Accessing these populations caught in the midst of protracted violence is not always easy. In 2018, the end of MSF's medical activities at Bol hospital led to the closure of the Chad mission. However, the teams worked tirelessly to bring humanitarian aid and reach deprived areas and OCG continues to respond to the Sahel-Lake Chad crisis, particularly in Burkina Faso where activities were scaled up this year. In Borno State, in northeast Nigeria, for security reasons it was not possible to maintain a permanent team in the camps, so an in-and-out strategy was put in place. The risk-benefit assessment in such a tight and volatile context is crucial to find ways of continuing to bring assistance without exposing the teams and patients to security risks. This also applies in other contexts such as the Middle East.

Supporting health facilities in conflict zones: the Middle East

The Middle East remains a major conflict area and its complexity did not diminish in 2018. The health systems in Syria, Iraq and Yemen have collapsed and lack resources and trained staff. Since the population has limited access to basic hygiene and sanitation as well as healthcare, outbreaks spread easily and hit the most vulnerable. Close to the frontlines, emergency activities have been scaled up with teams opening, running and supporting emergency wards, operating theatres, maternity services and post-operative care units. In Iraq, the needs were particularly high for maternal health and assisted births, so the operational volume increased considerably. A new project opened in Sinjar, in the north of the country, for a very isolated population that previously had to travel hours to reach a health facility.

Despite the scale of the needs and the large volume of medical activities developed in Hassakeh hospital, Syria, the deteriorating context and reduced space for independent humanitarian action forced MSF to scale back its response at the end of 2018, leading to the closure of the project at the beginning of 2019. MSF continues to support medical facilities in Tal Koher.

In Yemen we addressed the re-emergence of diseases like diphtheria and cholera as well as care for trauma patients who remained our focus in Ibb Governorate. After long negotiations, teams were able to start working in Hodeidah,

very close to the frontline, where shots ring out in all directions and the population is caught between gunfire, bombings and shelling. To be able to care for patients under safer conditions, at the end of December our teams opened an urgently needed project in Ad Dahi, around 30 minutes' drive north of Hodeidah, on one of the few remaining roads via which it is still possible to enter or leave the city. We plan to remain in these two locations and adapt our approach as the situation develops.

MSF continued to provide outpatient consultations for refugees and host populations in the Bekaa Valley and organised vaccination campaigns for children under five as measles outbreaks were a regular occurrence in 2018.



330,964

malaria cases treated

413,762

children vaccinated
against measles

12,454

HIV patients on antiretroviral treatment

1,643

tuberculosis patients

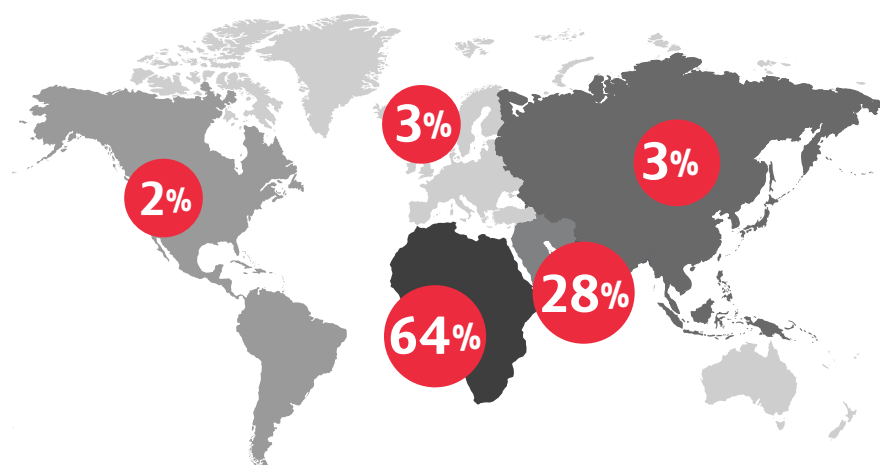
290

multidrug-resistant tuberculosis patients

132,966

non-communicable disease
consultations

Programme costs by continent



Mental support and cultural adaptation are essential to treating chronic diseases or offering a complete package of care. In 2018 mental health activities were implemented in almost all our projects as part of a comprehensive package and will continue to be deployed in the coming year.

Adapting resources and modus operandi to evolving contexts

Again, emergency responses to conflicts, violence and epidemics remained at the core of our action in 2018. Even though alert mechanisms are in place, the extent of an emergency cannot always be anticipated. That was the case in the paediatric unit in Magaria, Niger, during the malnutrition and malaria peak earlier this year. With up to 800 children a day in the unit, the teams struggled to cope with the continuous flow of sick children that kept coming to the hospital over a period of several months, sometimes in a very serious condition. Extra staff were sent to reinforce the team and support was given to surrounding health centres to make the triage easier and ensure that only critical patients were referred to the paediatric unit/intensive care. In this context, the biggest challenge was to maintain the best possible level of care and organise the most appropriate care path for each patient.

In addition to the ongoing MSF response in our current projects, it is important to always prepare for potential crises, particularly by constantly analysing the contexts in which we intervene. Negotiating access in advance of a possible deterioration of a given situation can also enable us to be well positioned in the event of an acute crisis. This reflects the agility required of an organisation like MSF. From this perspective,

OCG conducted several exploratory missions in 2018 to evaluate needs with a view to opening potential new projects. For example, a team went to Cabo Delgado Province in Mozambique to assess the humanitarian consequences of the ongoing violence. Other exploratory missions were undertaken in the anglophone region of Cameroon where populations are displaced, in Guatemala, regarding the high prevalence of kidney failure in some parts of the country, in Columbia in relation to the very tense political situation in Venezuela generating large-scale population displacements, as well as in Burkina Faso, Myanmar and the Democratic People's Republic of Korea (DPRK).

In terms of responding to emergencies, it is important to note that by the end of 2017 the Emergency Unit was fully in place after an in-depth analysis of our response mechanism and the preparation of a concrete set-up. 2018 saw further consolidation of this work, while the unit continued to provide ad hoc support to all cells with specific emergency situations, encompassing the identification of issues, support with defining strategies, negotiating space and ongoing evaluation of interventions.

2018: a year of successful medical operations

After a great deal of effort and long negotiations, 2018 saw MSF teams re-engage in Somalia. As it is not possible to have permanent teams there due to the volatility of the context, the strategy for OCG is to offer a preventive care package for children within in-and-out activities, together with population screening to anticipate potential medical risks. In Sudan, we were able to open a new project in Kario camp in East Darfur,



1,532,084

outpatient consultations

163,335

antenatal consultations

29,778

children admitted to outpatient feeding programmes

58,427

individual mental health consultations

9,413

group mental health consultations

providing primary and secondary healthcare for refugees and host communities. We opened another project in South Kordofan, offering sexual and reproductive healthcare in supported clinics. It is the first time in years that international staff have been able to work in projects in Sudan.

Among all the successes of 2018, we highlight an innovative new vaccine against rotavirus, which was tested in MSF projects in Niger and proved capable of preventing large numbers of children from dying of diarrhoea in sub-Saharan Africa. This vaccine has now been prequalified. In the meantime, the Ebola vaccine used through a clinical trial in the current outbreak in DRC is showing good prospects for fighting the disease. It remains challenging to use this vaccine under the conditions of a clinical trial within the ring vaccination strategy and to organise the logistics around it as the product needs to be kept below minus 60°C. But thanks to the collaboration between MSF, the Congolese Ministry of Health and the World Health Organization, this ring vaccination protected many frontline health workers who are particularly exposed to the virus. The diagnosis and treatment of hepatitis C has evolved thanks to MSF's involvement in simplifying protocols and advocacy on access to diagnosis and treatment. Our projects in Ukraine, Myanmar and Mozambique were crucial to the success achieved in relation to this disease, which we can now cure; this development gives real hope to those suffering from hepatitis C around the world. Moreover, the Access Campaign is still working to get the pharma companies to reduce the price as much as possible.

Innovative tools continued to be implemented in our projects in 2018 to bring expert advice into the hands of less highly trained staff during consultations, in order to improve the quality of care and optimise medical prescriptions (eCare). In Niger and Tanzania, for instance, eCare has been used by the teams to more accurately diagnose children arriving in emergency wards. Research into improving the rapid diagnostic test for malaria as well as infection prevention control are two axes on which our medical teams have been focusing. The aim is not only to be innovative, but above all to make sure that research and innovation serve the needs of our medical relief work by offering the best possible quality of care. This year, thanks to a big push by MSF, the World Health Organization has categorised snakebites as a neglected disease. We hope that this new classification will attract funding and that clear targets will be set to improve access to suitable antivenoms. OCG has been working

hard to raise the awareness of communities to the dangers, prevention and the rapid response needed upon arrival at a health centre. In order to bring the best knowledge to the field and facilitate this work, various medical technologies have been piloted and implemented in the field.

Outlook for 2019

The Sahel-Lake Chad region continues to be affected by conflict and major humanitarian needs, while the Middle East remains a region of acute conflict and extreme complexity. These key contexts of our operational portfolio will remain in 2019, while we will also increase our focus on the Horn of Africa. Other protracted crises, such as in DRC and South Sudan, will continue to comprise a significant part of our portfolio although we must carefully manage the balance between stabilising regular projects and maintaining the capacity to respond to emergencies.

In 2019, following long negotiation processes, we will start operations in DPRK. One of the hot contexts to follow will of course be Venezuela, with the rising political tensions and the large numbers of people fleeing the country. It is likely that the exploratory mission conducted in Colombia will lead to the opening of an intervention in the region.

We will continue to focus on improving patient-centred healthcare, innovative medical packages and hospital management. Chronic care will be further rolled out as part of the basic package of care, mental health and psychiatric care will be scaled up, and pregnancy terminations will continue to be proactively integrated as part of the women's health package.

Finally, environmental hazards and climate-related health consequences will receive special attention in 2019. We aim to build on the experience gained in Kyrgyzstan and Guatemala and explore the possibilities of integrating similar climate-related health work in existing and future OCG programmes.

Christine Jamet, Kenneth Lavelle and Monica Rull
Directorate of Operations

Dr Micaela Serafini
Medical Director



99,284

patients admitted

16,785

children admitted to inpatient feeding programmes for acute malnutrition

16,957

surgical procedures

43,722

births assisted

The year in pictures



South Sudan, 2017 © Peter Bauza



Niger, 2018 © Laurence Hoenig/MSF



Iraq, 2016 © Louise Annand/MSF



Cameroon, 2019 © Pierre-Yves Bernard/MSF

Improving access to medical assistance as well as the quality of healthcare provided in hospitals is essential for patients, whether at admission, in emergency rooms, or in operating theatres.



As the number of displaced people, asylum seekers and refugees reached historic highs, **MSF increased its presence among people forced to flee.**





In health centres or via mobile clinics, **teams provide primary healthcare, nutritional care and psychological support**, and refer patients to hospitals when needed. MSF also carries out **water and sanitation activities**, and **distributes water**.





Honduras, 2019 © Christina Simons/MSF



South Sudan, 2017 © Frederic Noy



Iraq, 2018 © Louise Annaud/MSF

MSF continues to address maternal mortality in its projects. **The provision of medical care during pregnancy, and during and after birth, can reduce the causes of maternal mortality** such as haemorrhage and infection. For women who are victims of sexual violence, **access to emergency medical and psychological care is essential.**



Tanzania, 2018 © Pierre-Yves Bernard/MSF



DRC, 2018 © John Wessels



DRC, 2018 © John Wessels

The MSF teams faced numerous challenges to tackle **the largest Ebola epidemic ever recorded in the Democratic Republic of Congo**. The priority continued to be to provide the best possible care to contain the virus, while **a new vaccine** was also used to limit its spread.



DRC, 2018 © John Wessels



DRC © Alexis Huguet

Adapting to developments in the world and humanitarian crises

In West or Central Africa, the Middle East or Latin America, the needs linked to humanitarian crises continue to grow. MSF remains committed to responding to critical situations during their most acute phases, be it in the Democratic Republic of Congo, where the MSF teams have been working with displaced populations and people affected by epidemics, or at the heart of conflicts, particularly in Yemen, to care for war casualties. That is the fundamental nature of MSF. Meanwhile, other projects have been running for years. For instance, MSF has been supporting the hospital in Agok, South Sudan, since 1996 and the needs of the population remain high. This is an example of a long-term emergency situation.

Today, MSF must operate in a wide variety of contexts, ranging from isolated parts of sub-Saharan Africa to urban centres in the Middle East, East Africa and Asia. Indeed, the focus of MSF's operations is no longer limited to rural areas or conflict zones. MSF assists a variety of groups; the patients it treats include both very young children, who face high infant mortality rates, and older people. The diversity of contexts reflects a key element: the nature of the crises has changed in terms of their duration and the forms they take. According to *the Global Humanitarian Overview 2019*¹, the average duration of humanitarian crises today is nine years and, in 2018, around three-quarters of those in need of assistance were in countries that have been affected by humanitarian crises for at least seven years. The majority of humanitarian crises today are considered as ongoing. These changes can be explained by demographic, socio-economic, political and structural factors. These trends influence the nature, location and vulnerabilities of the populations the organisation assists.

A shrinking humanitarian space?

In recent years there has been a decline in multilateralism and a change in power dynamics at the

international and regional levels. In many countries, the governments are implementing more standardised intervention frameworks for both emergency responses and ongoing activities. Conflicts have also transformed radically over the last two decades. The rules, means and parties involved in today's wars have changed drastically. Wars are no longer necessarily between states or against rebel groups confined to a single territory or linked to a particular ethnic group. Nowadays the belligerents are private mercenary armies, non-state armed groups operating across several countries and cross-border militias. In this environment, it has become increasingly complex to negotiate with defined and relatively accessible warring parties. This multitude of actors are fighting in new ways that impact the populations more violently, while respect for international humanitarian law and the protection of civilians and humanitarian actors remains a major challenge. In the midst of conflicts, health facilities are regularly bombed or attacked indiscriminately and in some regions all hospitals have had to be shut down. Where health systems have not been entirely destroyed, they struggle to cope with the very high needs, which explains the resurgence of diseases that had previously been eradicated, such as diphtheria, and the scale of certain epidemics. For instance, in Yemen in 2017, the cholera epidemic reached the historic figure of one million people affected. Increasingly extensive anti-terrorism legislation and, more generally, the tendency to criminalise a certain type of independent aid, will further test the capacity for organisations like MSF to take action. Moreover, the general evolution of global politics is adversely affecting humanitarian action. People fleeing violence and oppression are abandoned to their fate and the resources made available for humanitarian operations are not always sufficient. Today, the numerous live crises have resulted in tens of millions of people being displaced around the world. While MSF has been working tirelessly to help refugees and displaced populations for decades, the organisation is increasingly witnessing state policies of exclusion, which could well intensify over the coming

years. Furthermore, the effects of climate change are starting to have a real impact and have given rise to certain crises that MSF must now tackle. Finally, in recent years the humanitarian sector itself has been through some key moments of its evolution. The emergence of 'new actors' and the diversity of stakeholders in the aid landscape (the Gulf states or China, regional institutions, local organisations, private corporations) are gradually changing the understanding and identity of humanitarian action.

Adapting and creating tomorrow's ways of intervening – Our intervention in Yemen

Faced with these multiple factors, the challenge for MSF is to maintain a work space without compromising its ultimate aim of providing assistance to populations in distress and its capacity to quickly respond to critical humanitarian needs.

Recent interventions illustrate how MSF's modus operandi is being redefined. The conflict in Yemen began in 2015. Since then, one of the worst humanitarian crises has been underway. The fighting continues to cause heavy loss of human life and considerable damage to public infrastructure, including health facilities. Shortages of medical supplies and staff – given that many government health workers have not been paid in months or even years – are impacting access to care. Since the start of the hostilities, the teams have been supporting health structures, including hospitals, in order to treat the influx of casualties. From June 2018, the port town of Hodeidah, a strategic location in the country, was the scene of repeated exchanges of gunfire and aerial attacks. After lengthy negotiations, MSF has started more closely addressing the needs at the town's Al-Salakhana Hospital, which is located less than a mile from the front line. The staff have helped with the emergency service, operating theatre and intensive care

unit. However, the situation is evolving quickly and the ceasefire may not hold. Consequently, a second facility has been opened in Ad Dahi, around 25 miles from Hodeidah, to treat the population of that more rural area and to refer casualties to Hodeidah should the fighting resume. In Ibb Governorate, where there are large numbers of displaced people, the teams have continued to support the city's main hospital, while also providing primary health consultations to the inhabitants of the region through mobile teams. Further north, in Al Udayn and Far Al Udayn, the needs of the displaced population and the war wounded were considerable. In September, MSF strengthened the emergency services at both facilities, the only operational hospitals in the region, as well as improving the system for ambulance transfers from Far Al Udayn. When the rainy season began, bringing a rise in the number of cholera cases, the cholera treatment centres increased their capacity in order to bolster the response to this epidemic. In parallel to these projects, advocacy activities targeting the various stakeholders have continued with the aim of addressing the current limits to humanitarian action and improving populations' access to humanitarian assistance and a broader protection framework.

Finally, in order to remain alert and efficient despite the changes in the medical-humanitarian sector, it is essential to learn about the communities supported by MSF so that we can identify their specificities and vulnerabilities, and the types of care they need. Because the organisation is keen to ensure that humanitarian aid leads to the empowerment of the recipients, we must understand their specific situation as fully as possible and be mindful of the power balance between doctor and patient. That is the basis of medical ethics and the patient-centred approach is at the very origin of MSF's work.

¹ United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).

Activities by country

BURKINA FASO

In the country since: 2017
Reason for intervention: epidemics, displacement

Main activity: hospital care, primary healthcare

Supporting facilities to handle surgery and tackling outbreaks

Human resources: 104 staff including 17 international staff (FTE)
Cost for 2018: CHF 5,170,000

Burkina Faso is a landlocked country in West Africa, whose neighbours include Mali and Niger. In 2018, civilians in the northern provinces, particularly the Sahel region, were caught up in clashes between armed groups and the security forces, and thousands were forced to flee their homes. There are many longstanding health and humanitarian issues in these provinces, in part due to the volatility of the security situation in the border areas.

In mid-2018, MSF opened a project in the northern provinces of Soum and Oudalan, to increase the provision of emergency healthcare services and

assist local and displaced communities in remote health districts. Teams supported three hospitals in Dori, Gorom Gorom and Djibo, reinforcing their emergency room capacity by training health staff, rehabilitating buildings and operating theatres, and donating medical equipment and medicines. Gorom Gorom hospital's emergency room was fully equipped. A team of surgeons and anaesthetists was also deployed to increase the capacity of Djibo hospital's surgical unit. During the year, teams conducted 4,216 emergency room consultations in Djibo and admitted 3,512 patients to the facilities in Dori.

In addition, MSF started supporting several rural health centres in Soum and Oudalan, providing medical care for children with malaria and diarrhoea. However, these activities were repeatedly interrupted due to growing insecurity.

Further south, teams continued to support the Ministry of Health in its response to the dengue epidemic that was declared in Centre region in September 2017. MSF established a network of facilities to assist with surveillance and diagnose suspected cases, trained healthcare staff and set up a contingency plan in the event of a new outbreak.



In the north of the country, MSF teams are helping three hospitals by supporting emergency services, providing medical equipment and training health workers.

CAMEROON

Taking care of people displaced by insecurity

In the country since: 2000
Reason for intervention: armed conflict, displacement

Main activity: hospital care, surgery, primary healthcare

Human resources: 679 staff including 38 international staff (FTE)
Cost for 2018: CHF 11,531,000

Throughout 2018, insecurity and violence around the Cameroon–Nigeria border continued to drive thousands of people – both Nigerian refugees and local communities – southwards. Meanwhile, socio-political tensions in the English-speaking North-west and Southwest regions escalated into armed conflict, displacing nearly 440,000 people, most of them to the bush, where they have no access to shelter, food, water or basic health services.

MSF continued to provide medical care to both refugees and local communities in Far North, a region chronically afflicted by poverty, food insecurity and recurrent disease outbreaks, problems now compounded by violence and displacement. Teams in Kousséri hospital, near the Chadian border, offered paediatric care and surgery, admitting 5,394 patients and carrying out 530 surgical procedures during the year. In addition, 4,477 outpatient consultations were conducted through three local health centres. In October, as the capacity of local healthcare services had increased, these activities were handed over to the Ministry of Health.

In Maroua and Mora, MSF supports the Ministry of Health with emergency surgery, post-operative care and referrals. Together with other local healthcare providers, MSF has set up an emergency response plan, and teams organise regular training in the management of mass influxes of casualties.

At Mora district hospital, the main health facility serving displaced people, refugees and the host community in Mora and Kolofata districts, MSF teams run nutrition and paediatric care programmes for children under five, as well as mental healthcare, health promotion, a blood bank and an ambulance referral service to Maroua hospital for patients requiring lifesaving surgery. In addition to the 24-hour emergency surgical unit, the MSF team at Maroua manages a blood bank and provides post-operative care and mental health support. MSF staff also run health promotion activities, staff training and technical supervision to prevent and control infections and improve the overall quality of care.

Other MSF teams work in health centres in Kourgui and Amchidé, providing primary and reproductive healthcare and treatment for malnutrition. The Kourgui centre also offers mental health support and runs health promotion activities, while Amchidé has the capacity to stabilise severe cases prior to referral to Mora hospital.

Prevention activities remain another focus for MSF in Cameroon. This year, teams vaccinated 20,080 women against tetanus in Minawao camp and the surrounding villages. In May, in response to a cholera outbreak affecting four health districts in the north, MSF assisted with vaccinations and donations of drugs and logistical equipment. The teams also rehabilitated two cholera treatment centres in Djoungolo, Centre region, and Garoua, North region, and ran training for local staff on the key measures to be implemented during a cholera outbreak, including hygiene, sanitation, medical care and community engagement.

CHAD

Primary healthcare for displaced people

In the country since: 2006
Reason for intervention: armed conflict, displacement

Main activity: hospital care, primary healthcare, sexual and reproductive healthcare
Emergency intervention: cholera

Human resources: 127 staff including 13 international staff (FTE)
Cost for 2018: CHF 4,070,000

During the violent conflict around Lake Chad, hundreds of thousands of people were forced to flee their homes to escape brutal attacks, looting and incessant fighting between military forces and armed groups, and entire villages were systematically destroyed. In 2015, MSF set up projects in Bol and Baga Sola to fill the healthcare vacuum in the region and address the urgent needs of people on the run who had lost everything. MSF teams provided relief to hundreds of thousands of Chadians living in precarious conditions, without access to drinking water or healthcare.

In 2017, since the emergency in Lac region had been abating and other organisations had started to operate there, MSF took the decision to gradually wind down its activities in the area, and

finally handed over the projects in Bol and Baga Sola in July 2018.

Between January and the closure in July, MSF provided primary healthcare consultations to 25,208 displaced people and screened 7,083 children for malnutrition, via mobile clinics. Teams also offered psychological support to victims of conflict, including survivors of sexual violence.

MSF teams continued to work in Bol hospital and in the surrounding area through mobile clinics, providing obstetric care and assisting 118 deliveries in the first six months of the year. Paediatric care for children under 15 years of age was also available, with a particular focus on nutritional care for under-fives, among whom severe complications frequently occur.

In addition to continuing these regular activities, teams trained Ministry of Health staff – particularly midwives – at Bol regional hospital and the health centres around Bol and Baga Sola, and donated drugs and medical equipment to facilitate MSF's withdrawal and ease the transition for those taking over. At Liwa health centre, the MSF team built a 10-bed inpatient ward, donated biomedical equipment and trained staff.

With the humanitarian situation still giving cause for concern in Lac region, MSF remains vigilant and has teams deployed to assess medical needs and guarantee access to care where necessary.

DEMOCRATIC REPUBLIC OF CONGO

Responding to Ebola, measles and the needs of displaced persons

In the country since: 2001
Reason for intervention: epidemics, displacement

Main activity: hospital care, primary healthcare, sexual and reproductive healthcare, mental healthcare, water and sanitation
Emergency intervention: Ebola, measles, cholera, displacement

Human resources: 438 staff including 61 international staff (FTE)
Cost for 2018: CHF 23,888,000

The Democratic Republic of Congo (DRC) has endured decades of multiple overlapping crises and severe limitations in medical capacity. With the postponement of elections since 2016, and the political instability related to the elections in December 2018, the year was marked by further upsurges of extreme violence and frequent, far-reaching disease outbreaks, including Ebola. This year once again, DRC remained the largest country of operations worldwide for MSF, which continued to work in the provinces of Tshopo, Haut-Uélé, Tanganyika, Ituri and North Kivu.

2018 saw the largest Ebola outbreak ever recorded in the history of the country and became a focus of MSF's emergency activities. The first outbreak of the virus was declared on 8 May in Equateur Province, in northwestern DRC. Teams supported the Congolese Ministry of Health in Bikoro and Mbandaka. Using an investigational vaccine approved by the World Health Organization, MSF teams supported vaccination of those most at risk of contracting the virus, including first- and

second-line contacts of confirmed Ebola patients, and frontline workers such as health workers, burial teams, traditional healers and motorbike taxi drivers. On 24 July, the Ministry of Health declared the end of the outbreak. Yet, the following week, on 1 August, a second one was declared, this time in the northeastern province of North Kivu.

MSF immediately joined the response, investigating the first alert and setting up an Ebola treatment centre in Mangina, the small town where the outbreak was declared. They then opened a second treatment centre in Butembo, a city of one million people which became a hotspot later in the year. The level of care provided was progressively stepped up and from the early stages of the outbreak teams offered the first ever potential therapeutic treatment, under an emergency WHO protocol. As in Equateur, MSF contributed to the intervention by vaccinating frontline workers and helped local health centres prevent and control infections by setting up triage zones and decontaminating facilities where a positive case had been reported.

By the end of the year, over 600 confirmed and suspected cases had been reported and 350 people had died. The outbreak was not yet under control and the struggle continued in the face of numerous challenges. With new cases appearing in scattered clusters, the epicentre has moved many times. The high mobility of people in the region and the fact that some new cases are not linked to any previously known chains of transmission have made it even harder to trace contacts and control the evolution of the outbreak. Another hindrance is the location of the outbreak: an active conflict zone where insecurity prevents full access to certain areas and episodes of violence have interrupted activities, potentially causing precious ground to be lost.

As well as Ebola, the country was battling another infectious disease that rapidly spread through various provinces: measles. The outbreak that had begun the previous year in Maniema, Tshopo Province, extended into Ituri and Haut-Uélé, infecting close to 70,000 and killing more than 900 people between 2017 and 2018. MSF's Kisangani



In North Kivu, MSF is setting up treatment centres to fight the Ebola epidemic. The teams have also responded to measles epidemics affecting nearly 700,000 people and assisted displaced people following episodes of violence.

Emergency Response unit (KERE) – which monitors health alerts in Tshopo, Ituri and Haut-Uélé, runs exploratory missions and responds to epidemics, conflicts, mass casualty events and population displacements – mobilised various interventions. The sheer number of cases, however, quickly depleted national vaccine supplies and forced our teams to develop new strategies to contain the outbreak.

To adapt to the constraints posed by the high numbers of patients, the large geographical area and the insufficient availability of vaccines, the KERE team focused its case management and vaccination activities on high density areas, places close to transit routes and communities with a particularly high case fatality rate.

Overall, MSF teams, in collaboration with the Ministry of Health, managed to treat 10,642 patients and vaccinate 359,455 children against measles. While this is an immense result, sadly, by the end of the year, the outbreak was still ongoing and activities are continuing in 2019. In 2018, KERE ran

12 exploratory missions and responded to seven emergencies, most of which were related to the large-scale measles outbreak.

In addition, following intercommunal clashes and fighting between armed groups that had caused large-scale displacement in 2017, teams continued to work with displaced populations in Kalemie, Tanganyika Province, providing consultations to 28,908 children under five and facilitating access to drinking water and other water and sanitation services. These activities were transferred to other organisations and the Ministry of Health mid-year.

In February 2018, a peak in violence in Djugu Territory prompted several new population displacements with no concrete response from the humanitarian community. MSF teams responded by conducting medical consultations, referring complicated cases to health facilities, distributing non-food items and attempting to improve hygiene and living conditions for thousands of displaced families.

In Mambasa, where MSF has been present since 2016, the team focused on access to treatment for survivors of sexual violence, supporting six health centres around Mambasa, providing medical and psychological care and treatment for patients with sexually transmitted infections (STIs). Overall this year, the team provided consultations for 5,516 patients with STIs and 683 survivors of sexual violence.

In Adi, close to the borders with South Sudan and Uganda, MSF deployed mobile clinics, working mainly at the community level to provide primary healthcare, referral of severe cases, as well as epidemiological surveillance. 48,393 outpatient consultations, including for survivors of sexual violence, were carried out in 2018.



ESWATINI

Tackling the HIV epidemic

In the country since: 2007
Reason for intervention: epidemics

Main activity: HIV/AIDS, co-infections

Human resources: 207 staff including 16 international staff (FTE)
Cost for 2018: CHF 6,367,000



In Eswatini, MSF provides specialised care for HIV and tuberculosis patients and is working on improving the detection of these diseases.

Despite the decrease in the number of new infections and deaths from HIV and tuberculosis (TB) in Eswatini (formerly Swaziland), controlling the spread remains a challenge. One-third of adults in Eswatini are HIV positive, which makes them more vulnerable to TB and other infections. In this context, MSF continued to assist the Ministry of Health with prevention and care in Shiselweni region in 2018.

In Eswatini, MSF implements community-based, patient-centred models of care and what is known as a 'test and start' strategy, which involves initiating antiretroviral (ARV) treatment at the time of

diagnosis, irrespective of clinical criteria. In Matsieneni and Hlatikulu, for example, the community projects focus specifically on patient empowerment and health promotion. The increasing acceptance in the communities of outreach HIV testing demonstrates the impact health educators are having.

In the southwest, the Nhlanguano project continued to offer community-based testing for HIV and TB, oral HIV self-testing for hard-to-reach groups such as sex workers and men who have sex with men, and pre-exposure prophylaxis for people at increased risk of HIV infection.

A total of 5,296 people accessed HIV self-testing and 468 were initiated on pre-exposure prophylaxis in 2018.

Teams provided specialised, integrated care for HIV patients, including second- and third-line ARV therapy for those whose previous treatment has failed to work, and point-of-care screening and treatment for other diseases, such as cervical cancer and drug-resistant TB, which commonly occur in people living with HIV. In 2018, 1,610 women were screened for cervical cancer, of whom 8 per cent tested positive.

GREECE

Assisting migrants and refugees

In the country since: 2016
Reason for intervention: displacement

Main activity: primary healthcare, sexual and reproductive healthcare, mental healthcare

Human resources: 76 staff including 5 international staff (FTE)
Cost for 2018: CHF 3,481,000

While the overall numbers have decreased since the so-called EU-Turkey deal was agreed in March 2016, over 70,000 people from countries such as Syria, Democratic Republic of Congo, Afghanistan and Iraq arrived in the country in 2018, more than half of them women and children, and thousands remain trapped in inadequate reception centres, waiting for their status to be determined, showing that the EU's containment and deterrence approach to managing migration has failed to create alternative pathways to safety for those forced to flee. Assisting migrants and refugees continues to be the focus of MSF activities on the Greek mainland and the islands of Chios and Samos.

Since 2016, MSF's day care centre in Athens has been providing sexual and reproductive healthcare, including termination of pregnancy on request, mental health support and treatment of chronic diseases for migrants and refugees living in the city or in transit. In September, a travel medicine clinic

was opened to assist patients planning to move on. The centre also offers social and legal support to help patients access the Greek healthcare system, as well as cultural mediators and translators. In 2018, 4,977 consultations and 9,441 health promotion sessions were conducted in the Greek capital.

In July, when wildfires broke out in Rafina, teams supported the health facility and offered additional medical and humanitarian assistance to people affected in the area.

The camps on Chios and Samos are at bursting point, with Vial camp on Chios hosting 1,361 people in a space meant for 1,014 and Samos camp hosting more than 3,000 people in a space meant for 648. Since December 2017, MSF has been providing care on Chios, and offering psychological support to patients with mental health issues, such as depression, anxiety and psychosis. In 2018, teams conducted a total of 4,300 consultations. MSF organised

a vaccination campaign against the most common childhood diseases, including measles, rubella, mumps and polio, for children aged between six months and 16 years on Samos, in collaboration with the Ministry of Health and another organisation. Overall, MSF vaccinated around 2,500 children on Lesbos, Chios and Samos in the last three months of the year.

Between July and December, in response to the huge increase in arrivals (more than 18,000 in 2018 compared to around 6,500 in 2017) and the absolute lack of healthcare provision by the Ministry of Health, MSF deployed a team to work in the reception and identification centre in Evros region, on the border with Turkey. Teams conducted 3,466 primary healthcare consultations, including sexual and reproductive healthcare consultations, as well as providing travel medicine services and vaccinations.

HONDURAS

In the country since: 1998
Reason for intervention: healthcare exclusion, sexual violence

Main activity: outpatient care, sexual and reproductive healthcare, mental healthcare

Treatment and support for victims of violence including sexual violence

Human resources: 96 staff including 8 international staff (FTE)
Cost for 2018: CHF 2,672,000

With its long history of political, economic and social instability, Honduras is one of the poorest and least safe countries in Central America. Women are among the worst affected by the medical, psychological and social consequences of the high rates of violence, especially in urban contexts.

To address the needs, MSF is running projects in the cities of Tegucigalpa and Comayagüela to ensure that victims of violence, including sexual violence, have adequate access to healthcare. The main goal is to provide medical and psychological care for this specific group. MSF conducted its activities at five health facilities and opened a new health centre in Nueva Capital, a peripheral neighbourhood where significant numbers of internally displaced people

have settled. MSF teams provide primary healthcare, mental health consultations for victims of violence and social support, as well as engaging in health promotion and community outreach activities. In total, 3,258 mental health consultations were carried out.

MSF also continued to work in Choloma, in the north of the country. Since March 2017, MSF has been providing sexual and reproductive healthcare at a mother and child clinic, in collaboration with the Ministry of Health. The team offers family planning, antenatal and postnatal consultations, and psychosocial support to victims of violence, including victims of sexual violence, as well as assisting deliveries. In total, MSF carried out 3,571 family

planning consultations and performed 7,869 antenatal care consultations. At the community level, MSF also offered healthcare, particularly targeting teenagers. Health promoters worked to raise awareness of the services available at the clinic and provided information about sexual and reproductive health for adolescents. To provide a comprehensive range of care, MSF started offering mental healthcare activities for returnee women at the deportation centre at San Pedro Sula Airport.

In accordance with international protocols, MSF continues to advocate for access to comprehensive medical care for victims of sexual violence in Honduras, where emergency contraception is still banned.

IRAQ

In the country since: 2007
Reason for intervention: armed conflict, displacement

Main activity: hospital care, sexual and reproductive healthcare, primary healthcare, mental healthcare

Offering healthcare for displaced people and returnees

Human resources: 492 staff including 50 international staff (FTE)
Cost for 2018: CHF 17,664,000



In Zummar, MSF offers sexual and reproductive health consultations, provides emergency obstetric and neonatal care, and works in the paediatrics and emergency departments.

With almost two million people still displaced and many health facilities damaged or destroyed, medical needs remained extremely high in Iraq in 2018. Throughout the year, MSF continued to offer secondary healthcare, including sexual and reproductive health services and mental health support, for displaced people, returnees and communities most affected by violence.

Several neighbourhoods in Mosul still lie under piles of rubble, following the battle for the city, during which thousands of people were displaced and almost all medical facilities destroyed. As residents started to return, they struggled to access basic services such as healthcare, water and electricity. In 2018, in Nablus, west Mosul, MSF teams ran a comprehensive maternity unit with surgical capacity for caesarean sections, and provided paediatric (including neonatal) healthcare, stabilisation and referrals

for emergencies and mental health services. Overall, teams assisted 5,311 deliveries, performed 1,117 caesarean sections and treated 34,530 patients in the emergency room.

Access to secondary healthcare facilities and medication for chronic diseases remains a challenge in Zummar. In Tal Marak hospital, teams continued to focus on sexual and reproductive health, providing emergency obstetric and neonatal care through a total of 14,110 consultations. They also worked in paediatric and emergency wards and ran mental health services. Through regular outreach activities, MSF staff were able to identify the villages in most need of healthcare and offer assistance, in particular treatment for chronic diseases. In addition, MSF supported the Department of Health to vaccinate 32,258 children aged between six months and 15 years in response to a measles outbreak in Ninewa

Governorate in July. The activities in Zummar are being progressively handed over to local authorities. In August, MSF completed the rehabilitation of Sinuni hospital, in Sinjar district, which was damaged during the conflict. The hospital reopened with a fully equipped emergency room, maternity unit, inpatient paediatric ward and mental health department. In just four months, 4,423 emergency consultations were carried out.

In Salahedin Governorate, west of Baghdad, MSF conducted outpatient and mental health consultations for returnees and displaced people through mobile clinics in Tikrit and managed a primary healthcare centre in Al-Allam camp. Due to the reduction in the number of displaced people and the increased presence of other organisations in the area, these activities were handed over to the Department of Health in June.

KENYA

Delivering assistance to the most vulnerable

In the country since: 2007
Reason for intervention: displacement, epidemics

Main activity: hospital care, primary healthcare, sexual and reproductive healthcare, mental healthcare
Emergency intervention: cholera, Rift Valley fever

Human resources: 464 staff including 18 international staff (FTE)
Cost for 2018: CHF 13,447,000



In May, MSF opened a new health centre in Likoni. It provides sexual and reproductive healthcare to women in the community, including expectant mothers.

Kenya continues to host nearly half a million refugees and asylum seekers, over half of them having fled from Somalia. According to UNHCR, at the end of 2018 there were 208,633 people living in Dadaab, a refugee camp complex on the border with Somalia. In 2018, MSF continued to provide medical care in Dadaab refugee camp, ensure access to sexual and reproductive health services for women in Mombasa County and respond to several disease outbreaks and other emergencies.

In Dagahaley, one of the camps in Dadaab, MSF has been providing comprehensive healthcare to the refugee population and the host community since 2009. MSF teams are running a 100-bed hospital and two decentralised health posts, providing a wide range of services, including nutrition support, sexual and reproductive healthcare, emergency surgery, medical and psychological assistance to victims of sexual violence, vaccinations, mental health services, treatment for HIV and TB, palliative care for patients with chronic illnesses and home-based insulin management for patients with diabetes. In total, MSF assisted 2,584 deliveries, provided

175,562 outpatient consultations and admitted over 10,315 patients for care.

In Likoni, Mombasa County, MSF opened the rehabilitated Mrima Health Centre in May, after more than two years of running sexual and reproductive health services from a temporary shipping-container facility. Previously, there were no emergency obstetric or neonatal care facilities in the highly populated sub-county. Expectant mothers had to take a ferry across the channel to Mombasa Island, which in emergencies put the lives of women and their babies at risk. The new 36-bed facility has more spacious consultation rooms and upgraded medical equipment, enabling the provision of better care for a higher number of patients. MSF teams assisted 6,927 deliveries, 3,559 of them in the new facility. They also offered antenatal services, medical assistance to victims of sexual violence, health promotion in the community and, from October, neonatal care in a new dedicated unit.

In 2018, MSF emergency teams responded to several disease outbreaks and other emergencies.

Following heavy rains in Kenya in early 2018, cholera outbreaks hit various parts of the country. In Hagarbul, in Dadaab Sub-County, MSF supported the Ministry of Health in the response to a cholera outbreak declared in January. In Dagahaley camp, MSF treated patients with cholera and donated medical supplies in a five-month long outbreak.

In June, MSF supported the Ministry of Health to respond to an outbreak of Rift Valley fever in Wajir County. The disease, caused by a virus transmitted by mosquitoes and blood-feeding flies, can lead to potentially lethal haemorrhagic fever. MSF helped treat 82 patients and contain the outbreak within a couple of weeks.

Finally, at the end of the year, MSF responded to an influx of wounded patients arriving from the Ethiopian town of Moyale, where violence had erupted. An MSF emergency team supported Takaba District Hospital in Mandera County, which received more than 100 wounded within three days, and provided urgently needed medical supplies.

KYRGYZSTAN

In the country since: 2005
Reason for intervention: epidemics

Main activity: tuberculosis, primary healthcare

Continuing the fight against tuberculosis

Human resources: 105 staff including
(FTE) 15 international staff
Cost for 2018: CHF 2,942,000

Kyrgyzstan is one of the countries with the highest rates of multidrug-resistant TB (MDR-TB) in the world. MSF is helping to bring care closer to patients' homes, thus reducing or eliminating the time they have to spend in hospital.

MSF continues to explore innovative ways of supporting patients with drug-resistant TB (DR-TB) in Kara-Suu district, where TB rates are among the highest in the country. In 2018, video-observed treatment was introduced to support medication adherence for DR-TB patients. MSF also supported 103 primary healthcare facilities in Kara-Suu to start collecting samples, to enable decentralised TB screening. By the end of the year, over 70 per cent of DR-TB

patients in the district were on outpatient treatment; only a small number were still admitted to ensure close follow-up and management of side effects.

In March, the seventh regional MSF TB symposium took place in Bishkek, bringing together 160 Eurasian experts to discuss new approaches to treatment and ways to increase the use of newer drugs and diagnostic tools.

MSF continued preparations to launch the endTB clinical trial to find radically shorter, more tolerable, injection-free treatments for MDR-TB. Unfortunately, after three years of preparatory work, the difficult decision was taken at the end of the year

not to run the trial in Kyrgyzstan due to the delay in obtaining regulatory approval.

MSF has a project in Aidarken, Batken oblast, where the prevalence of non-communicable diseases (NCDs) is the highest in Kyrgyzstan. Teams there provide diagnosis and treatment for NCDs as well as healthcare for pregnant women and children. With the support of technical experts and in collaboration with the Ministry of Emergency Situations, MSF also conducted a seismic survey to examine the risks of an earthquake to the residents of Batken, including the potential for heavy metal pollution due to the presence of mercury and anti-mony mines.

LEBANON

In the country since: 2008
Reason for intervention: displacement

Main activity: primary healthcare, sexual and reproductive healthcare, mental healthcare

Relief aid for refugees and vulnerable local communities

Human resources: 216 staff including
(FTE) 22 international staff
Cost for 2018: CHF 11,219,000



In the Bekaa Valley, teams provide primary, maternal and child healthcare to Syrian refugees as well as vulnerable local communities.

Since the conflict in Syria began in 2011, more than a million Syrians have fled into Lebanon, making it the country with the largest number of refugees per capita in the world. Many refugees are living in deplorable conditions with their most basic needs unmet. The huge number of extra people in the country has put a severe strain on services, including the health sector. Even where healthcare is available, the cost of consultations, laboratory tests and medication is a barrier for refugees as well as for migrants and vulnerable Lebanese. MSF continued to work in neglected areas, such as the Bekaa Valley and the north of the country, to provide these communities with high-quality medical assistance,

including treatment for non-communicable diseases (NCDs), sexual and reproductive healthcare, mental health support and maternity services.

In the Bekaa Valley, where most Syrian refugees have settled, MSF offered primary healthcare in Hermel, Aarsal, Baalbek and Majdal Anjar. Teams also worked in two mother and child health centres in Aarsal, where refugees continue to make up a large proportion of the population, and Majdal Anjar. Another team completed the rehabilitation of a hospital in Bar Elias in July, and towards the end of the year started providing wound care and general surgery there. Overall, MSF conducted 54,558 consultations

for acute conditions and assisted 2,001 deliveries in the Bekaa Valley in 2018. NCDs, such as diabetes and hypertension, remain an important focus of MSF work, and 41,915 consultations for these conditions were carried out during the year. In addition, MSF supported the Ministry of Public Health to vaccinate a total of 22,049 children against measles and polio at 17 sites in Baalbek and Hermel.

In Tripoli, MSF continued to offer essential primary healthcare and mental health support in a clinic serving both Syrian refugees and the local community. Treatment for NCDs and family planning services were also available.

MEXICO

In the country since: 2013
Reason for intervention: social violence, healthcare exclusion

Main activity: outpatient care, mental healthcare

Assistance to victims of violence

Human resources: 54 staff including 7 international staff (FTE)
Cost for 2018: CHF 1,716,000

In 2018, the level of violence steadily rose, affecting many regions of the country. In parallel, the influx of returnee migrants expelled from the United States increased pressure on basic services in cities near the border. In those areas, people are increasingly vulnerable, especially those on the move, as they are exposed to risks of direct violence, extortion and human trafficking. They also have reduced access to public health and social services.

In Reynosa, in the State of Tamaulipas in the north-east of the country, insecurity is a widespread

problem. People are constantly exposed to violence and, at the same time, have limited access to primary and mental health services in public clinics and hospitals. In 2017, MSF opened a project to offer medical, psychological and social care to the population. Medical care is offered at a regular clinic and through mobile teams in different parts of the city. The teams also offer assistance to migrants at two shelters in the city and began offering care to people recently deported from the US, whose number was up 47 per cent compared with the previous year at the reception centre on the border with Texas.

In Matamoros, another industrial city on the US border, an additional team consisting of a health promoter, a psychologist and a social worker is working at the reception centre for deportees and two migrant shelters, offering comprehensive care.

In total, MSF carried out 3,246 mental health consultations.



In Reynosa, a city on the border with Texas, MSF provides medical and psychological care. It also manages a social service with a fixed clinic and mobile teams.

MOZAMBIQUE

In the country since: 1992
Reason for intervention: epidemics

Main activity: HIV/AIDS, tuberculosis, hepatitis C, mental healthcare

Improving medical care for HIV and tuberculosis

Human resources: 189 staff including 15 international staff (FTE)
Cost for 2018: CHF 5,598,000

Mozambique has one of the highest HIV prevalence rates in the world. Around 13.2 per cent of people aged 15 to 49 – an estimated 2.1 million individuals – are living with HIV and 34,000 of them are co-infected with tuberculosis (TB). In 2018, MSF teams in Maputo focused on improving the detection and rapid treatment of opportunistic infections among people with advanced HIV by implementing a specialised package of care.

To improve the capacity to provide comprehensive, specialised care for patients suffering from advanced HIV and complications such as TB and viral hepatitis, MSF is working at six health centres and one referral facility in Maputo city. These activities aim to improve the quality of specialised HIV care by implementing innovative medical approaches and new models of care. An MSF feasibility study into the use of liposomal doxorubicin, a new drug to treat Kaposi's sarcoma, the most frequent cancer affecting

people with advanced HIV, showed better outcomes than existing available treatments. MSF teams treated 240 patients with this newer drug in 2018 and started advocating to bring down the price and get the national treatment guidelines updated to increase access to better treatment.

In March 2018, an advanced HIV care service was begun in the Emergency Department at José Macamo Hospital in order to streamline specialised care for patients. Since the project's launch, 1,803 patients have been screened through the programme and have started receiving care for their specific needs. MSF also provided treatment for drug-resistant TB patients at six health centres, with 70 per cent receiving new drugs that are better tolerated and produce fewer side effects. This is great news for DR-TB patients, for whom the road to recovery is long and often very painful.

Analysis of patients treated at MSF's main health facility in Maputo showed that people who use drugs constituted the majority of patients co-infected with HIV and hepatitis C. People who use drugs are particularly exposed to a range of severe health conditions and people who inject drugs are among the most at risk of acquiring and/or transmitting HIV and hepatitis C, as well as co-infections such as TB. At the same time, they have limited access to healthcare and prevention or support services. Therefore, together with a local civil society organisation, MSF opened a programme to provide comprehensive medical care for people who use drugs in Mafalala slum in Maputo. An average of 100 people a day come to the centre which offers testing as well as linkage to healthcare services and comprehensive harm reduction services such as a needle exchange programme.

MYANMAR

Improving access to healthcare

In the country since: 2000
Reason for intervention: epidemics, healthcare exclusion

Main activity: HIV/AIDS, tuberculosis, primary healthcare

Human resources: 152 staff including 16 international staff (FTE)
Cost for 2018: CHF 3,221,000



In northern Myanmar, in Naga, MSF provides support in 15 remote villages using mobile clinics. In Dawei, the teams offer primary healthcare and treatment for HIV and hepatitis C to vulnerable populations.

In Myanmar, access to medical treatment remains limited particularly for marginalised communities and certain ethnic groups. Moreover, this year, the Myanmar Government continued to refuse humanitarian access to conflict-affected areas and forcibly displaced people, thus limiting where MSF could deliver medical assistance. Very few humanitarian organisations were permitted access to northern Rakhine in 2018, and fewer still received authorisation to provide aid.

Plans to repatriate Rohingya refugees from Bangladesh in November did not proceed as none were willing to return to Myanmar. MSF remained concerned about the medical status and living conditions of those still in Rakhine, and in August reiterated calls for the authorities to allow international aid organisations unfettered access and the freedom to conduct an independent needs assessment.

In Dawei, a coastal town in the Tanintharyi Region in southern Myanmar, HIV prevalence remains very high, particularly among vulnerable populations such as fishing communities and migrant workers. MSF continues to focus its medical activities on HIV and co-infections such as hepatitis C and tuberculosis (TB). In 2018, MSF provided decentralised HIV care for over 2,267 patients and almost 90 per cent of our patients co-infected with hepatitis C received treatment with highly effective direct-acting antivirals in 2018. Health education and peer counselling are essential components in MSF's treatment programme in Dawei, offering patients a way to better understand and cope with HIV. The teams are actively working with the community to provide health education and promote testing and treatment, helping to alleviate the stigma associated with HIV. In Dawei, MSF health promotion teams have also supported local efforts to prevent epidemics, such as dengue.

In Naga, in Sagaing Region, in the far northwest of the country, MSF continued to provide basic healthcare in one of the most remote areas of Myanmar. The mountainous terrain makes it difficult for people to access basic healthcare services, especially during the rainy season when some villages can be cut off for several months. Each week, MSF sends mobile medical teams to 15 different villages in Lahe township, mostly using motorcycles to traverse challenging terrain, with some of the journeys taking up to 11 hours. The MSF medical teams provide primary healthcare, carry out health education and organise hospital referrals. In 2018, MSF provided 8,478 medical consultations and supported the Ministry of Health with vaccination campaigns and TB detection and screening. At Lahe hospital, MSF also provided medical supplies and technical support, including staff training.

NIGER

Tackling malnutrition and malaria

In the country since: 2005
Reason for intervention: epidemics, displacement

Main activity: hospital care, primary healthcare
Emergency intervention: malnutrition, malaria

Human resources: 865 staff including
(FTE) 42 international staff
Cost for 2018: CHF 17,319,000



MSF provides medical, logistical and financial support to the paediatric unit of Magaria hospital to help fight high rates of malnutrition and malaria.

Niger has been chronically affected by poverty, underdevelopment, natural disasters and recurrent epidemics. Floods, droughts and agricultural shortfalls exacerbate food insecurity and people often struggle to access basic services, including health-care. Armed conflict has also had a severe impact on the Lake Chad region and the areas bordering Mali and Burkina Faso. Tens of thousands of people have fled their homes in these regions and are currently displaced, often forced to live in precarious conditions. Children under five years old and pregnant women are particularly exposed and vulnerable to disease outbreaks and malnutrition.

In Diffa, a southeastern region bordering Nigeria, people continue to suffer the consequences of a conflict that has caused thousands of casualties, mass displacements and a wave of destruction over the last four years. In 2018, in response to this humanitarian crisis, MSF teams worked in 10 health centres and ran mobile clinics, providing primary healthcare and sexual and reproductive health services. In addition, they supported an ambulance referral system to ensure patients in a critical condition were able to reach specialised medical facilities. MSF teams carried out a total of 106,955 outpatient consultations including 14,364 antenatal consultations

and assisted 1,463 deliveries. They also offered mental health support and introduced 'eCARE' – a diagnostic tool that helps to establish the diagnosis for children in the admissions unit – in the health centres. Following the 2017 hepatitis E outbreak, the teams continued to conduct regular epidemiological surveillance.

Since 2005, MSF has been working in Zinder region, where chronic malnutrition and malaria rates remain high, especially during the annual 'hunger gap' between June and September, which results in massive spikes in childhood morbidity and mortality. MSF provides staff, training and medical, logistic and financial support to Magaria district hospital's paediatric unit and in 2018 constructed a new 80-bed building to improve the quality of care. In response to an enormous influx of patients during the malnutrition and malaria peak, bed capacity of the paediatric unit was increased to 830. A total of 22,042 children under five were admitted to Magaria's paediatric unit, a 50 per cent increase compared with the previous years. Teams conducted 127,455 outpatient consultations and treated 20,931 children with severe malnutrition in the outpatient therapeutic feeding centre, almost half of them between August and October. On one day, admissions to the hospital peaked at 1,000; of these, 250 required

intensive care, the highest number in the last 10 years. MSF also assisted the Ministry of Public Health with seasonal malaria chemoprevention activities, carrying out 18,000 rapid tests and providing treatment to the 12,209 children who tested positive.

In Dungass, we opened an emergency project, strengthened the capacities of observation rooms and supported the diagnosis of malaria in remote villages.

MSF teams also supported 25 health centres and posts in the region, where they screened children for malnutrition, tested them for malaria and stabilised severely ill patients before referring them to Magaria hospital by ambulance.

Dr Dorian Job, MSF's programme manager in Niger

"Each year, at about this time, we expect malaria infections to peak and the incidence of malnutrition to exceed emergency thresholds. But we've never seen the hospital overwhelmed by such large numbers of patients in such a severe condition before."

NIGERIA

Ensuring access to healthcare for displaced populations

In the country since: 2016
Reason for intervention: armed conflict, displacement

Main activity: primary healthcare, sexual and reproductive healthcare, vaccination, water and sanitation

Human resources: 281 staff including 30 international staff (FTE)
Cost for 2018: CHF 7,244,000

In northeast Nigeria, nine years of conflict between the military and non-state armed groups have taken a heavy toll on the population. Thousands of people have been killed or have died of easily treatable conditions such as malnutrition and malaria because they have been deprived of access to medical care. According to the United Nations Office for the Coordination of Humanitarian Affairs, 1.9 million people were internally displaced and 7.7 million were in need of humanitarian assistance in Borno, Adamawa and Yobe states at the end of 2018. At least another 230,000 have fled to the neighbouring countries of Niger, Chad and Cameroon.

In some places, people have been stranded for more than three years, with little prospect of returning home due to the continuing conflict. Hundreds of thousands remain heavily dependent on aid for their survival, yet services remain inadequate and the humanitarian response is hampered by insecurity and violence.

Aid is largely concentrated in Maiduguri, the capital of Borno state. Outside Maiduguri, most people live in towns or enclaves controlled by the military, and

their movements are restricted which makes them almost entirely dependent on humanitarian assistance to survive.

In Ngala, a town of 140,000 people, MSF has been providing medical care in a camp for internally displaced people since 2016. In 2018, the teams conducted a total of 3,266 inpatient consultations at a 50-bed inpatient department, mainly for diarrhoeal diseases, malnutrition and respiratory tract infections. In addition, they carried out 40,866 outpatient consultations.

The remote town of Rann is cut off from the outside world during the rainy season, between June and January. When the only hospital in the town was destroyed in 2014, people had no choice but to walk to Cameroon to seek healthcare. MSF started offering medical assistance in January 2017 but has been forced to continuously adapt its activities according to the changing needs of the population and the extremely volatile security situation. In October 2018, the team opened a stabilisation unit offering 24-hour care for severely ill patients unable to reach a hospital.

In Banki camp, near the Cameroonian border, malaria and diarrhoea were the most commonly reported causes of death for children under five years old. To protect against malaria, a mobile MSF team provided 41,557 children with seasonal malaria chemoprophylaxis. Teams also worked to improve the water quality inside the camp.

Between September and November, MSF opened five facilities to tackle an epidemic of watery diarrhoea in Borno State, providing treatment to a total of 1,433 patients. The teams implemented a range of measures to curb the spread, including water and sanitation activities, health promotion, staff training and vaccinations.

Stéphanie Rémion, MSF emergency coordinator in Nigeria

"The emergency is not over. People are still completely reliant on humanitarian assistance because no other service is available. People are still dying because they have no access to secondary healthcare."



In northern Nigeria, MSF supports people forced to flee due to the unstable security situation by providing primary healthcare and stabilising critical cases before referring them.

SOMALIA

In the country since: 2018
Reason for intervention: epidemics

Main activity: primary healthcare, vaccination

Supporting child healthcare and preparing for outbreaks

Human resources: 2 international staff working with the Ministry of Health (FTE)
Cost for 2018: CHF 585,000

MSF resumed activities in Somalia in May 2017, after an absence of close to four years due to extreme attacks on staff and other serious concerns. Since MSF's return to Somalia, the teams have been carrying out periodic visits to Jubaland to support child healthcare and prepare for outbreaks in Dholey, Bardhere and Garbaharey. MSF also conducted

cataract surgery camps in collaboration with local agencies in Bardhere.

MSF aims to ensure that people have access to medical care in areas where needs are critical and where the security conditions permit. The need for free quality healthcare is very high in Somalia

and MSF's strategy is to steadily increase the support to existing structures to improve the services. While the context is challenging, MSF can rely on dedicated local staff, who have often already worked with MSF, to build the capacity and ensure improved access to healthcare services in Somalia.

SUDAN

In the country since: 2004
Reason for intervention: healthcare exclusion, epidemics

Main activity: primary healthcare, kala-azar, sexual and reproductive healthcare

Treating kala azar and assisting refugees

Human resources: 210 staff including 20 international staff (FTE)
Cost for 2018: CHF 5,889,000



In Al-Gedaref, MSF provides medical care to kala-azar patients. The teams travel to remote villages to detect cases and raise awareness.

According to the United Nations refugee agency, UNHCR, more than 851,000 refugees and asylum seekers from South Sudan are currently in Sudan. Although access for aid organisations improved in 2018, humanitarian needs remain very high. This year, MSF consolidated its projects in Al-Gedaref and East Darfur and opened a new one in South Kordofan. The project that had been supporting paediatric care and treatment for acute watery diarrhoea in West Darfur since 2017 closed in January.

Sudan is one of the highest endemic countries for kala azar (visceral leishmaniasis), with eastern and central regions particularly affected. Most of the population is deprived of access to care during the

rainy season due to poor road conditions and flooding. In Al-Gedaref, MSF teams collaborate with the Ministry of Health to tackle kala azar, offering medical treatment at Tabarak Allah hospital and technical support, including training, to improve care at Bazora hospital. In total, 731 patients were admitted. MSF also conducts mobile clinics in remote villages to detect cases and raise awareness about the disease.

Since 2017, MSF has been providing primary healthcare to South Sudanese refugees in Kario camp, East Darfur. After taking over the existing primary health centre, the only facility serving a population of more than 31,000, the team focused on

establishing comprehensive, high-quality healthcare services for this vulnerable population. Overall, 68,777 outpatient consultations including 6,684 antenatal consultations were carried out in 2018. In April, MSF started admitting children to an inpatient therapeutic feeding centre.

After years of discussions and negotiations, MSF reached an agreement to open a project that started in October in South Kordofan, a region inaccessible for humanitarian organisations for many years. The project, to be launched in 2019, will focus on supporting healthcare facilities to provide reproductive and maternal healthcare.

SOUTH SUDAN

In the country since: 1996
Reason for intervention: armed conflict, epidemics, healthcare exclusion

Main activity: hospital care, primary healthcare, malaria

Ensuring access to healthcare in remote areas

Human resources: 687 staff including 53 international staff (FTE)
Cost for 2018: CHF 20,078,000



In Agok, MSF is running the only hospital in the region, providing essential secondary healthcare, including emergency surgery, treatment for HIV, tuberculosis, chronic diseases and neglected tropical diseases such as snakebite.

Civilians have borne the brunt of the conflict that has been going on for over five years. More than four million people are still displaced, half of whom are refugees in neighbouring countries. The conflict has rendered the already inadequate health system unable to respond to the health needs of the population. Less than half the population have access to basic medical care and 80 per cent of health facilities are run by non-governmental organisations. In 2018, MSF responded to the medical needs of people in Agok, Mayom and Akobo.

In Agok, Abyei Special Administrative Area, the MSF hospital was still the only one in the region, serving a population of some 140,000. In 2018, MSF rehabilitated the hospital and continued to provide essential secondary healthcare, including emergency surgery, treatment for HIV, tuberculosis, chronic diseases and neglected tropical diseases such as snakebite. MSF teams provided 45,170 outpatient consultations for malaria and admitted 12,153 patients suffering from a severe form of the disease. MSF also worked in the community, with the help of community volunteers, known as

malaria agents, treating over 4,521 cases of malaria in the course of the year. In addition, the teams conducted mobile clinics to offer medical services to people displaced by unusually heavy rains.

Mayom, in the Greater Upper Nile region, is in an area more frequently disrupted by conflict and insecurity. MSF continued to provide primary healthcare during the year, including a total of 66,706 outpatient consultations. MSF also stabilised and referred patients in need of hospitalisation – such as pregnant women with complications – to the hospital in Agok. The ambulance journey to the hospital is three hours from Mayom and during the rainy season it can take up to eight hours due to the bad roads. For a third consecutive year, the health facility in Mayom saw an increase in outpatient consultations and deliveries.

In October 2017, to address the needs of host communities and displaced persons in remote areas with no access to healthcare, MSF opened a mobile clinics project in Akobo, eastern South Sudan. MSF teams travelled by boat and car to

several remote locations north and south of Akobo to provide much-needed primary healthcare services to populations in precarious situations. In Kier, MSF also built a primary healthcare facility to offer more advanced treatment, including a stabilisation room for more complex cases. MSF teams treated 15,121 patients at six different outreach sites and made several hundred referrals to other secondary healthcare facilities in the area. In early December, MSF handed over its activities to other health actors.

Raphael Veicht, MSF's Head of Mission in South Sudan

"Akobo and the nearby villages are almost entirely cut off from reliable, quality healthcare. Because medical facilities in the area have been abandoned or repurposed, this already highly vulnerable population has nowhere to turn for basic treatment."

SYRIA

In the country since: 2013
Reason for intervention: conflict, healthcare exclusion

Main activity: surgery, emergency care, sexual and reproductive healthcare, primary healthcare, mental healthcare

Responding to the health needs of returnees and the displaced

Human resources: 289 staff including 42 international staff (FTE)
Cost for 2018: CHF 14,832,000

In large parts of the northeastern governorates of Hassakeh and Deir ez-Zor, the situation was relatively calm in 2018. People previously displaced by the conflict in this part of Syria began returning home. However, intense fighting continued in some remote areas of Deir ez-Zor, causing displacement into neighbouring governorates and many civilian casualties. In response, MSF teams worked to address the health needs of returnees and displaced people and offer lifesaving care to war-wounded patients.

As people started to return home, the MSF-rehabilitated and supported emergency ward in Hassakeh hospital saw a surge in the number of patients wounded by landmines, booby traps, unexploded devices and remnants of war that had been

accidentally left, or planted on purpose, in and around their homes. More than half the patients were children. Teams at the hospital also treated war-wounded patients from the fighting in Deir ez-Zor. Overall, 12,358 consultations were carried out in the emergency ward. Many of the wounded had to travel up to six hours to obtain medical care, as most of the medical facilities in this vast region were damaged in the conflict. In addition to working in the emergency room, MSF teams performed 2,244 surgical procedures, including caesarean sections, provided obstetric care and mental health support through 2,214 psychological consultations, and ran the inpatient department, admitting a total of 1,146 patients. Despite the scale of the needs and the large volume of medical activities developed in this hospital, the evolving context led MSF to scale

back its response at the end of 2018, leading to the closure of the project at the beginning of 2019.

In addition to Hassakeh hospital, MSF supported two primary healthcare clinics in the governorate that provided a total of 3,255 outpatient consultations in 2018, focusing on non-communicable diseases (such as diabetes and hypertension), mental health support and sexual and reproductive healthcare, and assisted 2,509 deliveries. Health promoters worked in communities to raise awareness about MSF activities in the region. Teams were also deployed to camps hosting displaced people, where they offered mental health support and maternity services, and established a referral system for patients requiring specialist care.



In Hassakeh Governorate, MSF is supporting the emergency ward of the hospital treating patients wounded by landmines, booby traps, unexploded devices and remnants of war that had been accidentally left or planted on purpose.



TANZANIA

In the country since: 2015
Reason for intervention: displacement

Main activity: hospital care, primary healthcare, mental healthcare

Assisting refugees

Human resources: 311 staff including 26 international staff (FTE)
Cost for 2018: CHF 9,093,000

By the end of the year, Tanzania was hosting 326,942 refugees from both Burundi and Democratic Republic of Congo, the majority in three refugee camps: Nyarugusu, Nduta and Mtendeli, according to the United Nations refugee agency, UNHCR. In 2018, MSF continued to be the main healthcare provider for almost 100,000 Burundian refugees in Nduta camp in northwestern Tanzania.

The teams in Nduta run a 151-bed hospital and four health posts, as well as health promotion activities via a large network of community health workers. Outpatient services include mother and child care, nutritional support, mental healthcare and treatment for victims of sexual and gender-based violence. In 2018, MSF conducted 50,945 sexual and reproductive healthcare consultations and assisted 6,446 deliveries. The staff registered a significant increase in the mental health needs among refugees in the camp, the main diagnoses being

depression and anxiety, though they also saw some patients with psychiatric disorders. In addition to a sense of helplessness about what the future holds, many patients reported having experienced traumatic events and lost family members or friends. In total, 12,728 mental healthcare consultations were carried out in 2018.

Malaria remained a major medical problem in Nduta camp, particularly during the rainy season. We have been running comprehensive malaria prevention and control activities since 2016, including biological larviciding and mass distribution of insecticide-treated mosquito nets. These measures have proven effective, reducing the number of cases by more than half in our facilities in 2018.

In March, UNHCR and the governments of Burundi and Tanzania confirmed their commitment to facilitating the voluntary repatriation of more than

70,000 Burundian refugees by the end of the year, adding yet another element of uncertainty for many.

Petro Peter Jengela, MSF Mental Health Supervisor in Nduta

"They have experienced a lot of difficult issues, in Burundi, also here, and on the way when they were coming. Some of them lost their family. That's why you can see that they end up with depression, PTSD or anxiety. I remember one case, he came here, he was very depressed and he had attempted suicide twice. We helped him with good psychotherapy and medication and now he is improving well. Most of all I like to see people getting better."

UKRAINE

In the country since: 2015
Reason for intervention: armed conflict, displacement

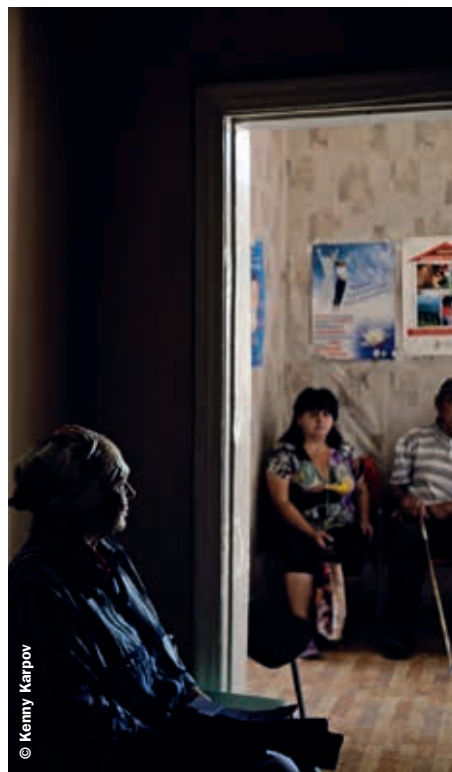
Main activity: primary healthcare, hepatitis C

Providing medical assistance to people along the contact line

Human resources: 100 staff including 17 international staff (FTE)
Cost for 2018: CHF 3,402,000



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In eastern Ukraine, MSF provides medical care and mental health support to populations isolated by conflict, mainly the elderly.

In 2018, the conflict in eastern Ukraine entered its fifth year, continuing to affect the people living near the contact line. Since the beginning of the conflict, an estimated 1.5 million of people have been displaced within the country. Moreover, Ukraine is characterised by high rates of people living with HIV/AIDS and hepatitis C. Over two million people (or five per cent of the population) are estimated to be living with hepatitis C, yet most of them lack access to affordable, effective diagnosis and treatment. MSF has been offering medical aid to people affected by the conflict in the east and has been carrying out medical activities in Mykolaiv, southern Ukraine, to support people living with hepatitis C.

In Eastern Ukraine, medical personnel are among those who fled the region, and many hospitals and medical clinics were damaged or destroyed by the fighting. Partially abandoned villages are now mostly home to elderly people living in relative isolation. Many people are in need of medical care to treat chronic diseases such as diabetes or high blood pressure and are receiving psychological support for conditions such as depression and intense anxiety. Mental healthcare is crucial to the effective treatment of chronic diseases as psychological stress can cause a patient's overall health to deteriorate more quickly and make it more difficult to treat and manage chronic diseases. MSF is running mobile clinics in over 20 locations to reach isolated people living

near the contact line. During 2018, teams offered psychological support to nearly 2,550 patients and carried out 2,418 primary healthcare consultations.

In Mykolaiv, southern Ukraine, between six and nine per cent of people are living with hepatitis C. In partnership with local actors and health authorities, MSF continued to improve access to diagnosis and treatment of hepatitis C for highly vulnerable people by providing free diagnostic tests, patient support, and education and counselling services. Patients were also offered treatment with the new oral drugs sofosbuvir and daclatasvir, which can cure hepatitis C in as little as 12 weeks with few side effects. Through its project in Mykolaiv, MSF treated a total of 1,000 patients for hepatitis C, 750 of whom are co-infected with hepatitis C and HIV. People living with HIV are extremely vulnerable to faster progression of hepatitis C, making them more likely to die of cirrhosis and liver cancer. In 2018, MSF provided 2,354 outpatient consultations for people living with hepatitis C and HIV and accompanied 386 patients through to completion of their treatments. Patients who completed a full course of hepatitis C treatment since the start of MSF's activities were found to have an impressive 95 per cent cure rate of the disease.

Undergoing hepatitis C treatment can still be a challenge for many. Therefore, MSF is working with

peer educators who have themselves lived with the disease. They help patients manage their treatment and give advice on how to cope with challenges that might affect their ability to complete treatment, such as discrimination, financial difficulties, and mental and physical hardships. This has proven effective, with no patients having failed to complete treatment due to missed doses or visits to date.

In November 2018, the MSF hepatitis C treatment programme was further extended to people who formerly injected drugs or are on opioid substitution therapy. MSF also encouraged the integration of hepatitis C virus care into existing health services and trained local non-governmental organisations to support patients on treatment.

Andrii Konovalov, peer educator for MSF in Mykolaiv

"The MSF programme uses new drugs which do not have such severe side effects. Patients can tolerate this treatment much better. But they still need support and I do my best as a peer educator to provide it. I can tell that people trust me and I see how important it is to support a person during the tough times in life."

YEMEN

In the country since: 2015
Reason for intervention: armed conflict, epidemics

Main activity: hospital care
Emergency intervention: cholera, diphtheria

Emergency care in the midst of a humanitarian crisis

Human resources: 433 staff including
(FTE) 22 international staff
Cost for 2018: CHF 12,540,000



MSF supports the remaining operational hospitals in Ibb and Hodeidah governorates by providing lifesaving medical care and responding to many epidemics.

The situation remained tense throughout 2018 in Yemen, as it entered its fourth year of conflict. The collapse of the economy has had a serious impact on the provision of basic services, including access to water and sanitation. Some public health workers have not received their salaries for almost two years, and this has led to a further deterioration in the health system. Only 51 per cent of the country's health facilities are still functioning; those that have not been destroyed are experiencing severe shortages of medical supplies and staff. Due to the war and the economic crisis, the number of people in need of humanitarian assistance increased from 22.2 million in late 2017 to 24.1 million in December 2018 (HNO 2019). Insecurity, a lack of qualified staff, high costs and the long distances to facilities restrict access to healthcare, especially for people living in rural areas and close to frontlines. MSF aims to support facilities that are able to function, providing essential care in deprived regions. Throughout 2018, MSF teams worked in hospitals in Ibb and Hodeidah governorates and responded to numerous outbreaks of disease, a direct result of the collapse of the health system.

In Kilo, a city located between Ibb city and Taiz, MSF continued to work on improving the surgical capacity, intensive care unit, emergency ward and inpatient department of one of the main hospitals.

The team performed an average of 79 surgical interventions per week, reaching a total of 4,066 during the year. Overall, 6,127 consultations were carried out in the emergency room, 40 per cent of which were for trauma. In April, in response to a cholera epidemic that broke out in the region, MSF set up cholera treatment centres and organised outreach activities, including health education, active case finding and household disinfection to prevent the spread of the disease. A total of 4,196 patients were admitted to Kilo cholera treatment centres. Teams also treated patients for diphtheria at two specialist treatment units.

To address the medical and humanitarian needs inside Ibb city, a new emergency ward was opened at Al-Nasr hospital. Since March, teams have been running the ward and referring patients requiring lifesaving surgery to another hospital by ambulance. During 2018, 8,617 patients were admitted to the emergency ward. At the end of the year, MSF started to support the emergency wards and operating theatres in Al-Udayn and Far Al-Hudayn hospitals, which are located in a rural area along the main transit route for displaced people fleeing from frontline zones.

In the middle of the year, the conflict intensified again in the south of Hodeidah Governorate and

expanded towards the city. Following exploratory missions to assess the health situation, MSF launched emergency and trauma care activities. In order to offer lifesaving care as close as possible to the frontline, MSF teams began to work in Al Salakhanah hospital in Hodeidah city, managing the emergency ward, the surgical unit and the inpatient department. A total of 354 surgical interventions and 2,764 emergency consultations were carried out. MSF also supported the blood bank and sterilisation unit and donated medical supplies.

Emergency preparedness is central to MSF's response strategy. For example, in each project in the country, MSF teams train staff to strengthen the capacity for mass casualty incidents and to respond to disease outbreaks. Due to embargos on products, insecurity and restrictions on access to the people in need, working in Yemen remains a daily challenge for MSF.

Marc Poncin, MSF's emergency coordinator in Ibb

"Globally, diphtheria has been eradicated from most countries after systematic childhood vaccination campaigns, and it's become something of a neglected and forgotten disease. The ongoing war and blockade are sending Yemen's health system decades back in time."

Human Resources

In 2018, the number of employees working in missions stabilised, with more than 6,600 people in our projects for the second year running. Although the total volume of activities has levelled off, work has remained steady, and both the teams and the HR support staff have focused on providing assistance in complex contexts like the Middle East and mobilising around major emergencies (Ebola, nutrition).

We have made considerable progress with the priorities identified last year as part of our *responsible employer* drive: duty of care (workplace health and safety), safeguarding (prevention and management of misconduct), and diversity and inclusion. To enhance our duty of care, we have fully rolled out informed consent for our staff in high-risk contexts and have identified risks and set up specific support for staff working in the most sensitive places.

Following the wave of awareness about misconduct and abuses of power that swept through the humanitarian sector from early 2018, we have firmed up the commitments made last year, particularly in terms of prevention, we have increased our case management capacity and we have strengthened our misconduct system. There is now greater clarity and transparency regarding the behavioural commitments made by the organisation and what is expected of each of the 45,000 people who make up the MSF movement. Furthermore, we have begun training people to better respond to different situations and have opened dialogue at all levels of the organisation and in all the places where we work.

The MSF teams are our most valuable asset; it is thanks to their commitment and skills that we

are able to provide the most appropriate medical care in some of the most inaccessible places in the world. We recognise the strength in our diversity and are working on our inclusion strategies. In the management of missions and careers, we have integrated the HR principles of mobility and diversity. This will foster the development of our staff and the diversity of our teams, while ensuring we have the core competencies needed by the organisation. To achieve the integration and development of MSF workers we are also investing in enhancing their skills and careers. We have made progress regarding the integration of new staff in the field, strengthening their ownership of values that are important to us, such as humanity, professionalism and commitment.

We have also begun a movement-wide reflection to define the future remuneration system and the basis of the human resources management system: how to attract, develop and retain the people we need in order to achieve our purpose and objectives, in a way that is faithful to MSF's identity. We have a global approach for all staff around the world and the aim is to define HR systems that best support our operational medical activities.

Geneva Operational Centre also draws strength from the network of partner MSF sections and the coordination of recruitment, development and mobilisation efforts around values that we hold dear. In particular, we thank our colleagues in Austria, the Czech Republic, Mexico, Canada, Germany, Australia, the US and Japan for their long-standing support, and our colleagues in the Dakar, Seoul, Kampala, Amman and Beirut offices for their exceptional dynamism.

Every day, the teams in our Geneva and Zurich offices also provide essential support to our field teams; their commitment and dedication are remarkable. Finally, I would like to thank the numerous volunteers and all the staff who make up the heart of our organisation, working with professionalism and exceptional humanity.

Aude Thorel
Human Resources Director

6,735

field staff

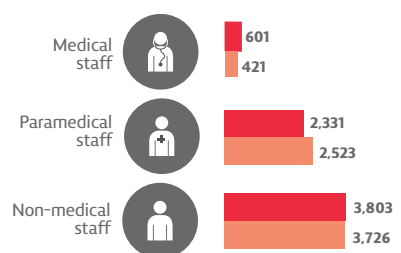
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headquarters staff

2,997

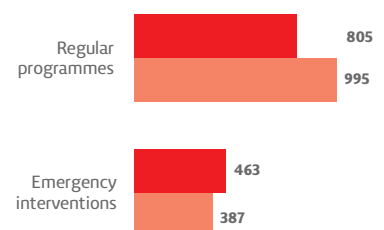
volunteer hours
in Switzerland

Staff per occupation (FTE) 2018 - 2017



Total field staff:	in 2018	in 2017
	6,735	6,670

Field mission departures 2018 - 2017



Total numbers on their first mission:	in 2018	in 2017
	180	205

Financial results

In 2018, MSF Switzerland increased its expenditure by 15%, reaching a total of CHF 286 million. Programmes account for most of this increase, with a total of CHF 223 million spent, up 16% compared with the previous year. This includes CHF 11 million to finance operations implemented by MSF Spain.

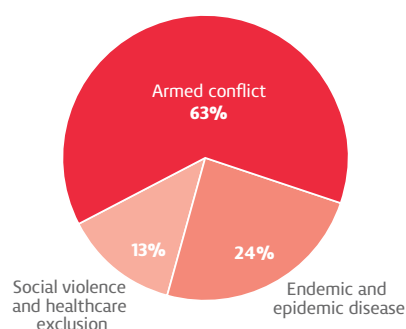
This year, MSF Switzerland ran 73 projects in 23 countries. After four years of absence we returned to Somalia, conducting preventive activities against measles and providing treatment for severe malnutrition, despite the extremely difficult security situation. Meanwhile, we ceased operating in Burundi and the Central African Republic.

Our teams continued to be very active in the Middle East. They were deployed across 18 projects in Iraq, Lebanon, Syria and Yemen, accounting for total spending of CHF 57 million. This is six more projects than in 2017, at an increased cost of CHF 7 million (+14%). Syria is where we saw our greatest increase in expenditure, mainly due to our support to Hassakeh hospital. In Yemen, we opened three new projects, which expanded our capacity to provide assistance to victims of the conflict.

In Western Africa, our programme expenditure was CHF 45 million, an increase of CHF 2 million (+5%) compared with 2017. Although we closed our mission in Chad and a project in Cameroon, MSF Switzerland was still very active in this region, opening two new projects in Burkina Faso, offering primary healthcare and surgery, and launching two emergency responses to cholera epidemics in Nigeria and Cameroon. Overall, MSF Switzerland provided medical assistance in this region through 16 projects in five countries: Cameroon, Chad, Niger, Nigeria and Burkina Faso.

As in 2015 and 2016, the Democratic Republic of Congo was both the country where our expenditure was highest (CHF 24 million) and where we had the most projects (12). We spent a total of CHF 9 million on our three projects in response to the Ebola epidemic in Equateur, Ituri and North Kivu provinces, accounting for 37% of our total expenditure in the country.

Programme costs per reason of intervention



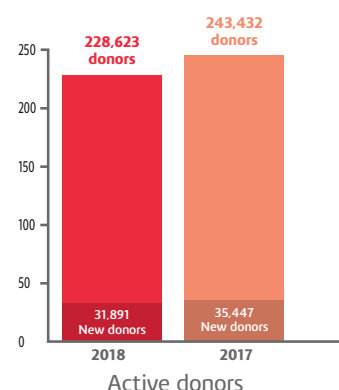
The geographical distribution remains stable. Africa accounted for 64% of our programme expenditure, compared with 65% in 2017, while the Middle East increased from 27% to 28%. The proportion spent on the other continents remained unchanged at 3% for Europe, 3% for Asia and 2% for the Americas.

At our headquarters, we strengthened our support to programmes (+13%). We continued to invest in new technology and set up a collaborative platform dedicated to innovation. We rolled out "eCARE paediatrics", a digital tool that provides access to medical expertise in hard-to-reach settings, thus improving the quality of patient care. We also improved our geographic information system, which

allows us to visually map humanitarian needs, as well as our operations. In addition, we strengthened the misconduct prevention, detection and management strategy for all our staff. Finally, we increased the training capacity for our staff in the field.

Although we invested 10% more in fundraising, the amount we raised in Switzerland remained stable at CHF 100 million, the same as in 2017. Meanwhile, we received 5% more from other MSF sections, with this amount rising to CHF 145 million. This increase is mainly thanks to MSF USA, which contributed CHF 64 million (+11%). Funds from the public sector came to CHF 9 million (including CHF 7 million from the Swiss Government), a decrease of 12%.

Swiss private donations



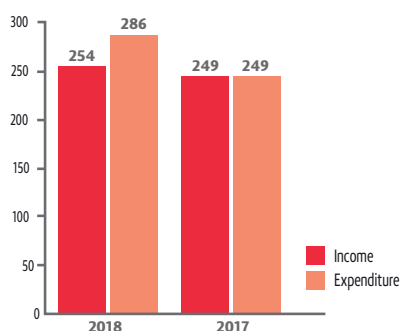
Expenditure (in thousands of Swiss francs)

	2018		2017	
Programme	222,583	78%	191,346	77%
Programme support	35,227	12%	31,214	12%
Advocacy, awareness raising & other humanitarian activities	4,595	2%	4,851	2%
Social mission expenses	262,405	92%	227,411	91%
Fundraising in Switzerland	14,696	5%	13,379	6%
Management and administration	8,866	3%	7,925	3%
Administration expenses	23,562	8%	21,304	9%
TOTAL EXPENDITURE	285,967	100%	248,715	100%

Therefore, 96% of our income came from private funds, the highest proportion to date. This reflects our independence from public bodies and large institutional donors.

Total income for 2018 was CHF 254 million, up just 2%, while our expenditure increased by a much greater proportion. We made the decision not to reduce the volume of our operations and so ended 2018 with a deficit – our first since 2008 – of CHF 31 million. This amount was absorbed by our reserves, which have consequently decreased from 7.7 to 5.4 months of activity. Our financial situation remains healthy and our reserves still allow us to maintain our responsiveness and to tackle major emergencies.

Income and expenditure (in millions of Swiss francs)

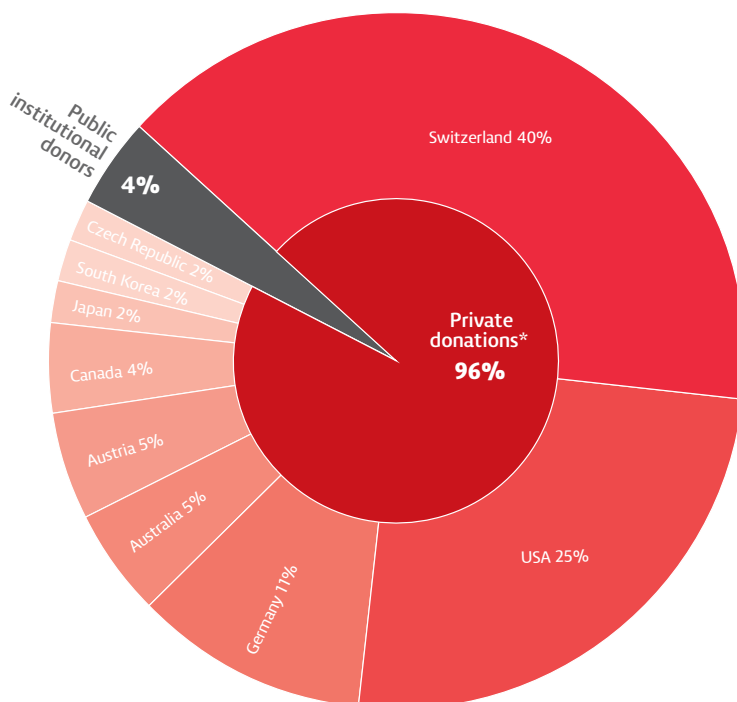


In 2018, we allocated an even greater proportion of our expenditure to our social mission, dedicating 92% of our budget to it. 5% of our expenditure was allocated to administrative costs and 3% to fundraising.

We would like to warmly thank all our donors for their support, which enables us to carry out our activities.

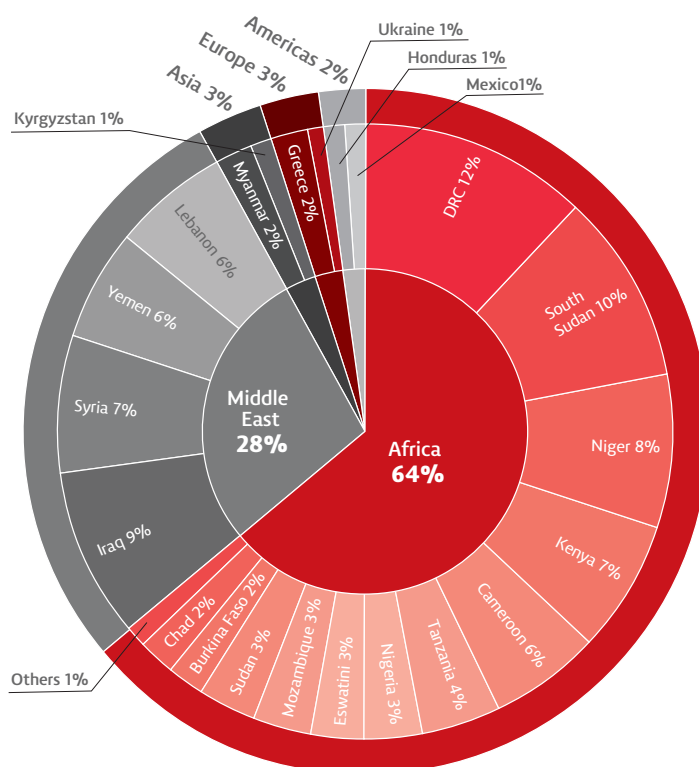
Emmanuel Flaman
Finance Director

Income (%)



* Private donations from MSF Switzerland and other MSF partner sections

Programme costs per country**



** Excluding financing of projects carried out by other MSF sections

Acknowledgments

We would like to thank all donors who made the work of Médecins Sans Frontières Switzerland possible in 2018. This year, 228,623 people generously supported our organisation – we thank them all for their confidence in our work.

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

- DDC: Swiss Agency for Development and Cooperation
- Global Fund
- La Chaîne de l'espoir
- PSI (Population Services International) South Sudan
- Save the Children
- UNHCR: UN Refugee Agency
- UNICEF
- UNITAID
- WFP: World Food Program

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

- Cartier Philanthropy
- Chaîne du Bonheur / Glückskette
- Fondation Rifké
- Gebauer Stiftung
- Hilfswerk GL Zürich
- Hilti Foundation
- IKEA Foundation
- Medicor Foundation
- République et canton de Genève
- UBS Optimus Foundation
- Ville de Genève
- Wietlisbach Foundation

We would like to sincerely thank:

- ACE International SA
- Ameos Spital-Gesellschaft GmbH
- Arthur Waser Stiftung
- Association des amis de Jost Steiger
- At Rete AG
- Blaser Swissslube AG
- Blooming Juniper Foundation
- C + S AG
- CA Indosuez (Switzerland) SA
- Canton du Valais
- Capital Group Companies Global
- Charlotte und Nelly Dornacher Stiftung
- Commune d'Anières
- Commune de Bernex
- Commune de Collonge-Bellerive
- Commune de Cologny
- Commune de Plan-les-Ouates
- Commune de Troinex
- Consa Treuhand AG
- Couvent Ste-Ursule
- Daniel Swarovski Corporation AG
- Däster-Schild Stiftung
- Dominikanerinnenkloster St. Peter & Paul
- Dr. Margrit Schoch-Stiftung
- Duthaler AG
- Eckenstein-Geigy-Stiftung
- Egon-und-Ingrid-Hug-Stiftung
- Elbro AG
- Elisabeth Nothmann Stiftung
- Erika und Conrad Schnyder-Stiftung
- Ernst & Elsbeth Blind-Stiftung
- Ernst & Young AG
- Euxinus AG
- Evang. Ref. Kirchgemeinde Urdorf
- Evangelische Kirchgemeinde Buchs
- Evangelisch-Reformierte Kirchgemeinde Herisau
- Evangelisch-Reformierte Kirchgemeinde Obwalden
- Evangelisch-Reformierte Kirchgemeinde Wallisellen
- Evangelisch-Reformierte Kirchgemeinde Luzern
- Exedra AG
- Fent AG
- Fight4Sight Foundation
- Fleurs Suisse GmbH
- Fondation Albatros
- Fondation Alfred et Eugénie Baur
- Fondation Charitable Bienvenue
- Fondation de bienfaisance du Groupe Pictet
- Fondation Dr. Corinne Schuler
- Fondation Hubert Looser
- Fondation Idryma Georges Katingo Lemos
- Fondation Johann et Luzia Graessli
- Fondation Pierre Demareux
- Fondation pour l'aide humanitaire
- Fondation Stella
- Fondation Turangalila
- Fondation W. et E. Grand d'Hauteville
- Gebrüder Kägi Stiftung
- Gemeinde Berikon
- Georges und Jenny Bloch Stiftung
- Hans-Eggenberger-Stiftung
- Heinis AG
- Htp Hitech Photopolymere AG
- Huwa Finanz & Beteiligungs AG
- I+P Public Benefit Foundation
- ImmoHELP AG
- Intellec AG
- Kanton Aargau
- Kanton Thurgau
- Karelsie Stiftung
- Kirchgemeinde Vechigen
- Koch AG
- Korporation Baar-Dorf
- Labmed
- Linguistic Search Solutions AG
- Martin Nösberger Stiftung
- Mitarbeiter der Zurich Insurance Group
- Musgrave Charitable Trust Ltd
- Nico und Ruth Kats Stiftung
- PartnerRe
- Pelican Immobilien AG
- Procuritas Partners GMBH
- Profilsager AG
- Provisa AG
- Raab-Verlag und Versandhandel GmbH
- Radio-Onkologiezentrum Biel-Seeland-Berner-Jura
- Ref. Kirchgemeinde Dietlikon
- Reformierte Kirchgemeinde Zumikon
- République et Canton du Jura
- Rolf Hänggi AG
- Röm. Kath. Pfarramt Aarburg
- Rosa und Bernhard Merz-Stiftung

- Rütli-Stiftung
- Samariterverein Oetwil Am See
- Savain AG
- Schumacher CHings Ingenieure Sa
- Schweizerische Ärzte-Krankenkasse
- Senn Resources AG
- Srg Engineering R.G. Riedweg et Gendre Sa
- Stefanie und Wolfgang Baumann Stiftung
- Stiftung Fürstlicher Kommerzienrat Guido Feger
- Stiftung NAK Humanitas
- Stiftung Sonnenschein
- Stone Age Gems Ltd
- Storz Medical AG
- Synergon AG
- Targa 5 Advisors
- Teletrend AG
- The Kernco Foundation
- The Tanner Trust
- Thurgau Travel AG
- Tumor- und Brustzentrum ZeTuP St. Gallen
- UK Online Giving Foundation
- Verband der Evang. Ref. Kirchgemeinden Zürich
- Ville de Meyrin
- Ville du Grand-Saconnex
- Wellington Partners Advisory AG
- WIR TEILEN: Fastenopfer Liechtenstein
- WorldConnect AG
- Yellow Bird Foundation
- Z Zurich Foundation
- Züger Frischkäse AG

We also extend thanks to our event partners:

- Asyl Biel & Region
- Caritas
- Chefs en Cuisine
- FIFDH - International Film Festival and Forum on Human Rights Geneva
- Foraus - Swiss think tank on foreign policy
- Furmetto Comic Festival Luzern
- Haus pour Bienne
- Human Rights Film Festival Zurich
- Integration Aargau
- InterNido
- Kala Julia
- Kino Gotthard Zug
- Markthalle Basel
- Multimondo
- Netzwerk Asyl Aargau
- Offener Hörsaal Basel
- Paléo Festival Nyon
- photoSCHWEIZ
- Planète Santé
- Speak Out ! Sans-Papier
- Swiss Red Cross
- Verband Aargauer PsychologInnen (VAP)
- Wegeleben

Finally, we would like to thank all those who volunteered time and energy to help MSF in 2018:

- Ajiz Eid Muhammad
- Albertalli Reto
- Alghamian Nuran
- Amoka Alaa
- Aquilini Sabine
- Baloch Hatim
- Bektas Zeynep
- Bertschi Patricia
- Bingler Viola
- Briner Natalia
- Chahid Yasmina
- Chamas John
- Chevalley Dominique
- De Rivaz Romaine Josephine

- Fehr Sandy
- Friedli Sandra
- Gerig Hanna
- Greber Silja
- Grisetti Maryvonne
- Gyger Catherine
- Hunziker Lelia
- Ivanovska Ivana
- Kamawal Shawali
- Käslin Felicia
- Larerad Sarah
- Lucifora Agatino
- Mäder Imma
- Michalik-Imfeld Sara
- Moser Bettina
- Moulin Hélène
- Münger Laura
- Nelson Brenda
- Premachandran Jathurshan
- Reiser Christiane
- Roux Antonella
- Schwager Bea
- Serroukh Naima
- Stooss Raphael
- Stracquadini Daniela
- Suter Selina
- Yerkebayeva Saule

For their loyal support over the years, we would like to extend our special thanks to:

- Meyer Madeleine
- Rasmussen Thérèse
- Serfass Irène
- Thiéry Cécile

Many thanks to our
228,623
 donors

We apologise for any inadvertent omissions.

Governance structure of MSF Switzerland

Médecins Sans Frontières Switzerland is an association registered under Swiss Civil Code in 1981 and governed by legal articles of association, updated in May 2016.

The General Assembly is the supreme governing body of MSF Switzerland. It elects members to the Board of Directors, approves the President's report as well as the annual financial statements and the annual report (also referred to as the activity report), and deliberates on all matters indicated on the agenda.

MSF Switzerland's Board of Directors in 2018

- Reveka Papadopoulou, President
- Liza Cragg, Vice-President
- Patrick Reybet-Degat, Treasurer (until October 2018)
- Dr Philippe Sudre, Secretary
- Dr Slim Slama
- Miriam Kasztura
- Tahar Hani (since May 2018)
- Rhoda Chemati Moramba (since May 2018)
- Bruno Lab (since May 2018)

Co-opted Board Members:

- Dr Karim Laouabdia, Treasurer ad interim (since October 2018)
- 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 Commission, composed of Board Members and external representatives. The Commission's mandate is to assist the Board of Directors to supervise the financial management of MSF Switzerland.

MSF Switzerland's Finance Committee in 2018

- Patrick Reybet-Degat, Treasurer of MSF Switzerland and President of the Finance Commission (until October 2018)
- Dr Karim Laouabdia, Treasurer of MSF Switzerland ad interim and President of the Finance Commission (since October 2018)
- Reveka Papadopoulou, President of MSF Switzerland
- Monika Weiszmann, Treasurer of MSF Austria
- Hans Isler, Financial Expert
- Dr Philippe Sudre, Secretary of MSF Switzerland

- Beth Hilton-Thorp, Member of MSF Australia
- Frank Copping, Treasurer of MSF Canada (until April 2018)
- Ian Adair, Treasurer of MSF Canada (since April 2018)
- Lionel Bally, Financial Expert (since September 2018)

The Board of Directors convenes a Human Resources Commission, composed of Board Members and other partners. Its purpose is to assist the Board to fulfil its governance responsibilities for human resources and human resource management. It provides guidance and advice on the human resources of the organisation to ensure that it attracts, develops and retains the people needed to deliver its mandate and achieve its social mission.

MSF Switzerland's Human Resources Commission in 2018

- Beth Hilton-Thorp, Member of MSF Australia and Chairperson of the Human Resources Commission
- Reveka Papadopoulou, President of MSF Switzerland
- Margaretha Maleh, President of MSF Austria
- Liza Cragg, Vice-President of MSF Switzerland
- Ulrich Holtz, Member of MSF Germany
- Gillian Slinger, Member of MSF Switzerland (until May 2018)
- Frauke Jochims, Member of MSF Switzerland (until May 2018)
- Miriam Kasztura, Member of MSF Switzerland (since May 2018)
- Bruno Lab, Member of MSF Switzerland (since May 2018)

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 is supported by a Management Team of Directors.

MSF Switzerland's Directors in 2018

- Liesbeth Aelbrecht, General Director
- Ralf de Coulon, Deputy General Director
- Christine Jamet, Operations Director
- Kenneth Lavelle, Operations Director ad interim (since August 2018)
- Micaela Serafini, Medical Director
- Emmanuel Flamand, Finance Director
- Aude Thorel, Human Resources Director
- Alexandre Roux, Human Resources Director ad interim (since November 2018)

- Avril Benoît, Communications and Fundraising Director
- Mathieu Soupart, Logistics Director
- Philippe Gras, Information System 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 has performed this function since then.

Risk evaluation

MSF Switzerland has conducted within its annual planning process an analysis of potential strategic, operational and financial risks to the organisation. 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 risks associated with the environments in which MSF operates, as well as internal processes and procedures. This analysis allows MSF to identify risk events, the likelihood of their occurrence and their impact, and decide on mitigation measures.

The analysis completed at the end of 2018 highlighted a number of risks within nine risk areas: strategy, safety and security, legal and compliance, human resources, medical, fraud and corruption, information management, financial and fundraising, and communication.

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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