

MSF Switzerland/Operational Centre Geneva

ACTIVITY REPORT | 2019



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 25 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, gathering 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. The audited financial statements are available on the website of MSF Switzerland. This report is a translation. Only the French version is legally binding.

IMPRESSUM

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As we reflect on the tumultuous events of 2019, it is sometimes hard to believe what our teams managed to accomplish in the face of countless obstacles to delivering lifesaving medical humanitarian aid.

In 2019, much of our operational capacity and resources were focused on the Democratic Republic of Congo, where we responded to three major humanitarian crises throughout the year: a massive population displacement due to ongoing conflict and violence, the biggest measles outbreak seen so far this century in DRC and an Ebola outbreak. And we had to address all these situations in a very challenging security context.



Reveka Papadopoulou
President

The Sahel region, which includes a number of countries where we have operations such as Niger, Nigeria, Cameroon and Burkina Faso, accounted for another large part of our operational portfolio in 2019. In this region, which is widely affected by protracted conflict, we face considerable security constraints and have to deal with many challenges in terms of access to populations. Marked by similar protracted crises, the Middle East, particularly Syria and Yemen, also represent difficult contexts where our ability to effectively carry out operations is heavily dependent on our network and our capacity to negotiate access.

In 2019, we resumed operations in Somalia, organising eight child health and nutrition interventions in two districts of Jubaland, reaching almost 8,000 children under five years of age.

In Latin America, MSF supports migrants facing high levels of violence, mainly in urban settings in Mexico, Honduras and, more recently, Colombia. As in Greece, people are often fleeing traumatising experiences, hoping for refuge and dignity. But what they often encounter is the opposite: more violence and more inhumane conditions. They face violence during their journey and end up trapped in camps or makeshift settlements where the living conditions are appalling, and their urgent needs, in particular for mental healthcare, remain unmet. We continued to denounce policies on both continents that keep refugees in horrific situations and deprive them of access to vital healthcare, placing them in even greater danger.

MSF OCG's new Strategic Plan 2020-2023 sets the course for our medical-operational ambitions over the next four years. The main pillars of this new plan include patients and communities as partners, planetary health and the response to emergencies. We are always looking at ways to optimise the way we work, by increasing our efficiency, achieving more with the resources we have and adapting to a constantly changing global environment. This succinct and bold strategy is the culmination of considerable input from numerous stakeholders and was unanimously endorsed by our Board of Directors in December. We are confident that it will help us meet the medical humanitarian challenges ahead.

We are constantly striving to find more creative and innovative solutions to the challenges we face. For that reason, we are testing new organisational models to better support our field operations in Mexico for the Latin America region, in Dakar for Central and West Africa, and in Greece.

Furthermore, shifts in the complexity of our working environment require even greater emphasis on our duty of care towards our staff. For instance, in 2019, we continued to strengthen our informed consent practices and address both the physical and mental health needs of our whole workforce.

Because MSF only exists thanks to everyone who is engaged in the organisation or stands by its side, we would like to thank the MSF teams around the globe, all our volunteers and all of you who support MSF. It is with your generous support that we are able to provide much-needed medical aid in a turbulent world. On behalf of all our patients and staff, we thank you!

There certainly are enormous challenges ahead, but we hope this report provides a glimpse of what we can achieve when we work together.



Liesbeth Aelbrecht
General Director

A handwritten signature in black ink that reads 'Reveka Papadopoulou'.

Reveka Papadopoulou
President of MSF Switzerland/OCG

A handwritten signature in black ink that reads 'L. Aelbrecht'.

Liesbeth Aelbrecht
General Director of MSF Switzerland/OCG

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24 countries
72 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: 63 incl. 8 international
Costs: CHF 1,912,000

HONDURAS

Since 1998
Projects: Choloma, Tegucigalpa and Comayagüela, San Pedro Sula
HR: 137 incl. 11 international
Costs: CHF 3,672,000

COLOMBIA

Since 2019
Project: La Guajira
HR: 18 incl. 3 international
Costs: CHF 1,005,000

2019

JANUARY Nigeria – In Borno state, an upsurge in violence in Rann forces tens of thousands of Nigerians to flee across the Cameroonian border into Goua. MSF launches an emergency response in the area to provide the refugees with urgently needed food, shelter and water.



FEBRUARY DRC – In North Kivu province, the Ebola treatment centres in Katwa and Butembo are attacked and burnt down on 27 and 28 February. MSF evacuates patients and staff and is forced to suspend activities in these facilities.



MARCH Mozambique – On 14 March, Cyclone Idai hits the coast, devastating the city of Beira. MSF teams respond immediately, providing healthcare and distributing relief items to thousands of people who have lost everything.



APRIL Greece – Almost three years after the signing of the Turkey-EU agreement, thousands of people are still stranded on the Greek islands. The dangerous living conditions are having a severe impact on their health. MSF continues to call on political leaders to act to end this harmful policy.



JUNE Mexico – The governments of the United States and Mexico extend the implementation of the Migrant Protection Protocols to cities that are extremely insecure. Migrants are stranded near the border, exposed to violence and extortion. MSF teams are working to offer medical, psychological and social support to these people.



GREECE

Since 2016
Projects: Athens, Chios, Samos
HR: 85 incl. 7 international
Costs: CHF 4,244,000

NIGER

Since 2005
Projects: Dungass, Magaria
HR: 700 incl. 33 international
Costs: CHF 11,934,000

BURKINA FASO

Since 2017
Projects: Barsalogho and Foubé, Djibo, Dori, Ouagadougou
HR: 200 incl. 23 international
Costs: CHF 5,846,000

NIGERIA

Since 2016
Projects: Banki, Bodo, Ngala, Rann
HR: 237 incl. 26 international
Costs: CHF 5,879,000

CAMEROON

Since 2000
Projects: Maroua, Mora
HR: 537 incl. 28 international
Costs: CHF 9,961,000

CONGO (DRC)

Since 2001
Projects: Biakato, Boga, Bunia, Butembo, Bwanasura, Drodoro, Mahagi, Mambasa, Nizi, Somé/Mayuano
HR: 581 incl. 90 international
Costs: CHF 27,181,000

ESWATINI

Since 2007
Project: Shiselweni
HR: 158 incl. 12 international
Costs: CHF 4,239,000

MOZAMBIQUE

Since 1992
Projects: Beira, Cabo Delgado, Maputo
HR: 210 incl. 20 international
Costs: CHF 8,391,000

TANZANIA

Since 2015
Project: Nduta
HR: 280 incl. 16 international
Costs: CHF 7,617,000

KENYA

Since 2007
Projects: Dagahaley, Likoni
HR: 467 incl. 16 international
Costs: CHF 13,175,000

SOUTH SUDAN

Since 1996
Projects: Agok, Mayom
HR: 539 incl. 37 international
Costs: CHF 14,753,000

UKRAINE

Since 2015
Projects: Mariopol, Mykolaiv
HR: 93 incl. 15 international
Costs: CHF 3,114,000

SYRIA

Since 2013
Projects: Derek, Al-Hasakah
HR: 123 incl. 15 international
Costs: CHF 5,522,000

KYRGYZSTAN

Since 2005
Projects: Kadamjay, Kara Suu
HR: 88 incl. 12 international
Costs: CHF 2,747,000

DPR OF KOREA

Since 2019
Project: North Hamgyong Province
HR: 5 incl. 4 international
Costs: CHF 1,606,000

IRAQ

Since 2007
Projects: Dohuk, Mosul, Sinuni, Zummar
HR: 422 incl. 52 international
Costs: CHF 16,556,000

LEBANON

Since 2008
Projects: Bekaa Valley, Tripoli
HR: 213 incl. 24 international
Costs: CHF 11,554,000

YEMEN

Since 2015
Projects: Ad-Dahi, Al-Nasr, Al Udayn/Far Al Udayn, Hodeidah, Kilo
HR: 773 incl. 40 international
Costs: CHF 23,212,000

MYANMAR

Since 2000
Projects: Dawei, Katchin, Naga
HR: 149 incl. 15 international
Costs: CHF 3,186,000

SOMALIA

Since 2017
Project: Jubaland
HR: 4 international
Costs: CHF 1,473,000

SUDAN

Since 2004
Projects: East Darfur, Gedaref, Khartoum, South Kordofan
HR: 281 incl. 30 international
Costs: CHF 9,000,000

JULY

SAR – MSF and SOS Méditerranée relaunch their search and rescue operations by chartering the *Ocean Viking*. By December, 15 rescue operations have been carried out and more than 1,150 people in difficulty rescued.



AUGUST

DRC – A year after it broke out, the Ebola epidemic is still raging. MSF continues to fight the virus, in collaboration with WHO and the Ministry of Health. Teams are working close to communities to manage Ebola cases as early as possible, and treat all the other diseases affecting the population.



SEPTEMBER

Yemen – The country has been at war since 2015 and a large number of its health facilities have been destroyed. In Hodeidah, months after the end of the offensive, gunfire is still the daily reality for the inhabitants. For a year now, surgical teams have been providing lifesaving care in the city's Al-Salakhanah hospital.



OCTOBER

Iraq – Following the Turkish offensive in northeast Syria, people continue to flee into Iraq to escape the ongoing conflict. In response, MSF launches medical activities at a reception site in Bardarash camp, in the Kurdistan region, near the border.



DECEMBER

DRC – Since January, more than 280,600 people have contracted measles in the country and over 5,600 have died from the disease. Teams have treated patients and run vaccination campaigns in several provinces. However, more resources are urgently required to tackle the epidemic in areas where it is still rife.



Overview of the year 2019

Given that our *raison d'être* is to respond to medical needs and provide assistance to people affected by epidemics, conflicts, displacement and natural disasters, 2019 was another challenging emergency year for MSF. It was particularly demanding in terms of the complexity of the emergencies and the security conditions in some of the places where we worked. Despite these challenges, MSF managed to deliver care to the people most in need in these difficult contexts.

Tackling outbreaks as a primary focus in 2019

In 2019, the Democratic Republic of Congo (DRC) was the country where MSF had the highest level of activity, responding not only to the ongoing Ebola outbreak but also to the biggest measles epidemic this decade. In addition, our teams assisted thousands of people displaced by violence and insecurity in Ituri.

The current Ebola outbreak, which was officially declared in August 2018, is by far the largest the country has experienced to date. During 2019, as it continued to spread across the provinces of North Kivu and Ituri, we reduced our regular activities so that our staff could focus on the virus. MSF continued to be part of the official coordinated response known as the 'Riposte', while also putting in place our own strategy to tackle the outbreak. Indeed, the 'Riposte' is not always well accepted by the people and, in February, two of our Ebola treatment centres (ETCs) were attacked, forcing staff to evacuate and suspend activities. These and other similar incidents led to a shift in the way we worked with communities. To increase acceptance, our teams focused on building stronger relationships by providing care that addressed all their health needs (not only those directly related to Ebola) and setting up a healthcare centre that will continue to operate after this Ebola outbreak.

At the same time, MSF has been working to treat and prevent measles in DRC. Since January 2019, more than 280,000 people have contracted the disease across the country's 26 provinces. At the start of the outbreak in 2018, MSF set up surveillance strategies to identify new infection hot-spots so that teams could respond as soon as possible. We also provided care for children suffering from other diseases associated with measles, such as malaria and malnutrition, which greatly increase the risk of mortality. For the first time in history, measles vaccination campaigns were conducted in an Ebola transmission area, proving that immunisation activities are possible

even in such challenging circumstances. In addition to directly performing vaccinations in Bunia, we supported the immunisation activities of the Congolese Ministry of Health and UNICEF in Ituri, providing technical advisors, supervisors and trainers. Thanks to this collaborative effort, a total of 300,000 children were vaccinated against measles in this area of high Ebola transmission. Our teams also treated patients and administered vaccinations in Ituri, Bas-Uélé, Haut-Uélé and Tshopo provinces.

As high vaccination coverage is required to stop the transmission of measles, MSF's strategy is to fill gaps where it is low, isolate simple cases and refer patients with complications. In Sudan, Lebanon and Cameroon, we integrate measles care into existing paediatric programmes, while also pushing for vaccination campaigns and implementing them as much as possible. In total, we vaccinated more than 340,000 children in 2019.

Malaria and dengue are two infections that are transmitted by mosquitoes. This year, the numbers of patients suffering from these two diseases reached unprecedented levels where MSF works. In Honduras, the dengue outbreak affected the north of the country, where we were already working. We supported the hospital's emergency response and ran activities to raise awareness of the importance of vector control. More than 5,000 patients were treated during this MSF emergency response. Another key aspect of our strategy was the decentralisation of care to community level, which opened up access to healthcare to a greater number of people. This strategy was implemented by MSF in Darfur, Sudan, Cameroon and Niger.

Cholera remains a forgotten emergency in several countries, particularly those that have experienced major population displacements, such as Yemen and Sudan. In Mozambique, there was a very high risk of outbreak following the cyclone that hit Beira region in April, destroying everything in its path. MSF teams prepared for this risk by setting up cholera treatment centres and ensuring clean water supply.

As well as keeping our teams extremely busy, these epidemic emergencies show how difficult it is to guarantee the necessary space in which to respond and provide the right solution. This process requires constant reflection on how to work and ongoing exploration of innovative ways to intervene so that we can deliver adequate assistance, and also draw attention to the situation of the people we serve.



363,974

malaria cases treated

340,100

children vaccinated
against measles

12,197

HIV patients on antiretroviral treatment

1,504

tuberculosis patients

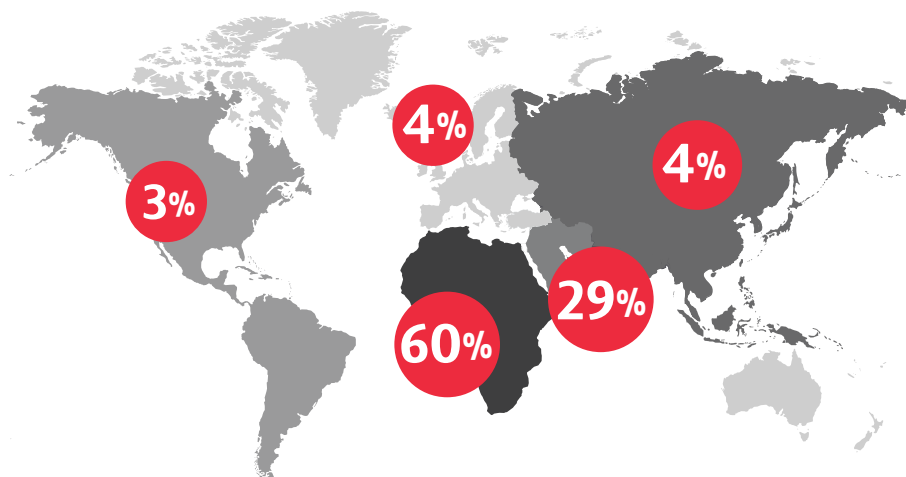
271

multidrug-resistance patients

96,554

non-communicable disease
consultations

Programme costs by continent



Inventing new *modus operandi*

Whether in the Middle East or the Sahel, or even in our Ebola response in DRC, in some contexts the space for humanitarian work is shrinking. Teams are more exposed to direct attacks, kidnapping or arrest as we are not accepted by some stakeholders. Consequently, in our operational decisions we must constantly evaluate the changing security conditions and weigh them up against the medical impact MSF can have. This forces us to devise new ways of working and interacting with existing stakeholders.

As we continue to work in conflict-affected areas, we have to negotiate our working space. Today, due to the complex nature of many conflicts, we do not have effective contact with all stakeholders; we are often forced to negotiate through intermediaries and in some contexts our leverage is non-existent, even though messages can still be passed on. Negotiation is a key component of any intervention strategy for MSF as it ensures that we are accepted by stakeholders at all levels. This is the case in Nigeria, Syria and Somalia. Some people have no choice but to flee their homes; many of them are displaced to areas that cannot be reached by aid organisations. Accessing people trapped in enclaves such as in Borno state (Nigeria) or Barsalogho (Burkina Faso) is MSF's mission. The increasing polarisation of conflicts makes it more difficult to maintain our neutrality and access to all stakeholders to undertake proper negotiations. In addition, the number of legal constraints imposed by governments – on what we can import, who we can talk to, etc – is increasing due to security reasons. This adds another layer of complexity that has an impact on our operations.

However, in 2019, our negotiations enabled us to gain access to some areas where we had previously been prevented from working. After a long process, we were able to secure regular visits by our team to North Hamgyong province in the Democratic People's Republic of Korea, with the aim of helping improve healthcare in general and tuberculosis treatment in particular.

In other countries, even though the level of violence may not have decreased, our teams were able to scale up the provision of care to an unprecedented capacity. For example, in Iraq, the dedication of our teams enabled us to conduct more than 50,000 emergency-room consultations and assist more than 8,000 deliveries across our two projects in Mosul and Sinuni. There was also a considerable increase in our operations in Yemen, with new activities in the city of Hodeidah and the nearby district of Ad-Dahi, as well as an ongoing response to the cholera and dengue outbreaks in the country throughout the year. Again, the restrictions on imports and the issuing of visas complicated our work; nonetheless, the provision of care reached a high volume in this country devastated by five years of war. In Sudan, meanwhile, the widespread demonstrations against the previous military government led to mass influxes of casualties in Khartoum. The teams already working in the country immediately adapted their activities. From the start of the demonstrations and throughout the following months, the medical team was active in the emergency room of the largest hospital in the country, taking care of the injured and supporting Ministry of Health staff. In Somalia, the teams carried out periodic visits to Jubaland to support paediatric healthcare and prepare for outbreaks. The 'in and out' strategy, which consists of short



1,488,102

outpatient consultations

151,245

antenatal consultations

13,675

children admitted to outpatient feeding programmes

69,048

individual mental health consultations

14,131

group mental health consultations

interventions focused on paediatric care, proved to be efficient as thousands of children were vaccinated and screened for malnutrition this year. In each context, the rapidly evolving situations were an opportunity for MSF to adapt its activities and how it runs them.

People still endure appalling living conditions in many of the countries where we work. In addition to expanding activities to assist them, for example in Greece or on Mexico's border with the US, our role is to denounce harmful policies that leave refugees stranded in over-crowded makeshift camps. The situation is also worrying for the Somalis living in Dadaab camp in Kenya and the Burundians living in Nduta camp in Tanzania. Both these refugee groups face the threat of 'voluntary repatriation', even though their safety is not guaranteed in their home countries. In 2019, we continued to call for the provision of medical and other essential services to be stepped up in view of the dramatic humanitarian and medical repercussions of the restrictive EU and US immigration policies and the voluntary repatriation being promoted by the authorities in Kenya and Tanzania.

To adapt to the reality of each context, we had to invent new *modus operandi* and remain agile to enable us to provide effective assistance in emergency situations.

Improvement of patient-centred care and use of technology

This year again, we placed improving healthcare at the heart of our activities to empower patients in the services we deliver to them. Although mental health is already a component of the majority of our projects, greater importance was given to treating trauma linked to violence and insecurity in 2019. Like any other pathologies that are treated by medical staff, mental health is no longer only treated by psychiatrists or psychologists. We continued to implement task shifting for psychiatric care, training medical and paramedical staff using the World Health Organization's Mental Health Gap Action Programme (mhGAP), and including mental health and psychological support in primary health programmes. In addition, we reinforced case detection at community level and trained community members to provide psychological first aid.

Using medical and technical innovations helps improve the delivery of care; therefore, we continued to distribute eCARE tablets to speed up

the identification of urgent and less urgent cases in admission units and rationalise the administration of antibiotics. MSF telemedicine is also an opportunity to offer expertise where no specialist is present. In 2019, 639 telemedicine referrals (compared with 517 in 2018) were submitted to the telemed platform, showing just how much this activity has expanded. The use of point-of-care ultrasound (POCUS) helps doctors, nurses and midwives provide better treatment for patients in need of trauma, obstetric or emergency care. Also this year, a new oral treatment was used in Ukraine for patients suffering from hepatitis C. The combination of new oral drugs can cure hepatitis C in as little as 12 weeks with few severe side effects. In comparison, older hepatitis C treatment models use injections and take at least four times as long. This is an amazing step forward in beating this chronic disease while alleviating the burden of treatment for the patient. To fight Ebola, teams in Equateur province in DRC ran vaccination campaigns with a promising new vaccine still under trial, while in Ituri, they collaborated in randomised control trials using new drugs to treat confirmed Ebola patients in ETCs. These trials are opening new doors to tackle future Ebola outbreaks.

Outlook for 2020

Our priority for the future is to maintain our ability to respond to emergencies in changing environments, ensuring access to patients and people in need. With regards to our operational portfolio, the Sahel region and East Africa will remain a central focus of our work, as people in these complex geopolitical contexts continue to be caught up in violent conflicts with no access to aid. Finally, we will continue to develop a patient- and community-centred approach to care. Working in health facilities and in the community, we will respond to needs wherever they arise, involving patients and communities in our intervention strategies. Because whatever the situation, the most important component is the people we care about: the staff and patients who are at the heart of our activities.

Christine Jamet and Kenneth Lavelle
Directorate of Operations

Dr Monica Rull
Medical Director



116,636

patients admitted

10,542

children admitted to inpatient feeding programmes for acute malnutrition

15,234

surgical procedures

35,565

births assisted

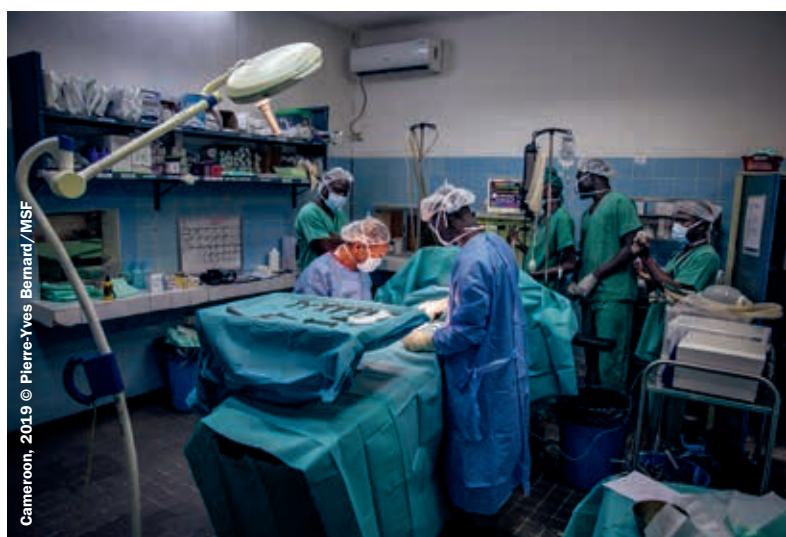
The year in pictures



South Sudan, 2019 © Laurence Hoening/MSF



DRC, 2019 © Pablo Garrigos/MSF



Cameroon, 2019 © Pierre-Yves Bernard/MSF



Yemen, 2019 © Agnès Varraine-Leca/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.



Iraq, 2019 © Moises Saman / Magnum Photos

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



DRC, 2019 © Alexis Huguet / MSF



Kenya, 2019 © Arjun Claire / MSF



Greece, 2019 © Anna Pantelias / MSF



Mozambique, 2019 © Pablo Garrigos/MSF



Burkina Faso, 2019 © Caroline Frechard/MSF

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



DRC, 2020 © Solen Moujoud/MSF



DRC, 2019 © Pablo Garrigos/MSF



Iraq, 2019 © Emilienne Malfatto



Kenya, 2019 © Arjun Claire/MSF



Sudan, 2020 © Florencia Dotti/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 death** such as haemorrhage and infection. For women who are victims of sexual violence, **access to emergency medical and psychological care is essential.**



Honduras, 2019 © Christina Simons/MSF



The measles outbreak in the Democratic Republic of Congo is **currently the largest in the world**. To stop the spread, the teams are running vaccination campaigns and treating patients, paying **specific attention to other pathologies associated with measles, such as malaria and malnutrition**, which greatly increase the risk of mortality.



Community engagement: the key to an MSF intervention

Respecting medical ethics is at the heart of MSF principles, particularly the duty to provide care without causing harm. Equally is the need to safeguard our patient's rights to autonomy, confidentiality, and informed consent. We respect the dignity of our patients, including respecting their cultural and religious beliefs.

In accordance with these principles, we endeavour to provide the best medical care possible. But in doing so, we must have the trust of the population, which in turn allows access to patients and people in need. We can create the largest and most sophisticated health structures, that is free and managed by highly experienced teams, but without the acceptance of the population and their involvement in shaping the response it will have no impact. This point sometimes can be overlooked, especially in the rush of an emergency response. In a medical emergency humanitarian crisis, teams are quickly mobilised with the ambition to be operational as soon as they hit the ground. While the provision of rapid lifesaving medical care is key in an emergency, we must also invest the time to listen to the affected population and establish an open and honest dialogue to ensure our response is adapted to their need. Failing to do so may have a hefty price for the organization, such as potentially being rejected including in a violent manner. But most importantly, no access to patients and their families means no assistance, and in turn no assistance is the opposite to our ultimate goal and the reason for being there in the first place.

The 2019 Ebola experience: "The hospital is being attacked"

On 27 February 2019, Trish Newport, MSF emergency coordinator for the Ebola epidemic in the Democratic Republic of Congo, received a call from the team on the field: the Ebola treatment centre (ETC) in the city of Butembo was attacked. Armed men forced open the main door and opened fire. Before leaving, they set fire to the

structure. At the time of the attack, more than 50 patients were in the centre, all of them fled together with the 60 staff present at the time in the hospital. Staff and patients hid together in the nearby buildings and in the surrounding forest. This incident was an extreme reaction of a few individuals, but it illustrates the failure of the Ebola response to include the populations of North Kivu and Ituri in the fight against the epidemic. When the epidemic began in August 2018, the actors in the riposte (World Health Organization, the Congolese Ministry of Health and NGOs including MSF) did not take the time to talk with the affected communities to build trust or to consider that the epidemic was occurring in a region that had been in conflict for years and had seen its population killed. Millions of dollars were invested in the humanitarian system in response to Ebola, but the number of cases continued to rise and spread to new areas due partially to the mistrust of the population on the response. One of our Congolese staff member told Trish Newport: "My husband was killed in a massacre in Beni. At that time, all I wanted was some organisation to come and protect us from the killings, but no international organisation came. I have had three children die of malaria. No international organisation has ever come to work in this area to make sure we have healthcare or clean water. But now Ebola arrives and all the organisations come, because Ebola gives them money. If you cared about us, you would ask us what our priorities are. My priorities are security and making sure my children don't die from malaria or diarrhoea. My priority is not Ebola. Ebola is your priority."

This was a reality check for MSF. From previous Ebola outbreaks we knew that community involvement is essential to stop an outbreak. Apparently, this was somehow forgotten. Following the attack on the CTE and the evacuation of the staff, our teams had to rethink our actions in the framework of this Ebola epidemic, we took the time to reflect on everything that had gone wrong so far. We returned with a changed attitude. We listened to the population

when they explained us their priorities and agreed to implement those activities that had their full support. We went beyond “Ebola response” and built wells, provided treatment for deadly diseases highly prevalent in the regions such as diarrhoea, malaria and pneumonia, and we did change our approach to Ebola treatment centres. Whereas before we were building ETCs in tents and following our own designs, the new structures were done in collaboration with the local communities, following as much as possible their wishes and constructing treatment facilities in permanent buildings that will be used as part of the health centres in the future.

The essential: patients and their communities are our partners

Community engagement is key, that is clear. But how as an organisation can we ensure our engagement is not only effective for all the reasons already outlined, but how to ensure our engagement is genuine and real.

As a priority we at MSF want not only that our patients and their communities are involved in their care but more importantly are a key central partner. A partner in order to find adapted solutions to their health needs and ensuring continuous changes to needs are supported. This approach is part of the holistic care approach critical to best health outcomes. Ultimately acknowledging the patient and the community are more than a disease but a human being with physical, mental, environmental, cultural and religious needs. While today at MSF true patient partnership is not always a reality we strive and will work to make this possible. This very point will be a strategic focus for us in the coming years.

When the population understands who we are, how we work and what assistance we can provide, we have gone a long way to gain their acceptance. When the patients, their communities and the population are part of their own care, success is almost guaranteed.

Activities by country

BURKINA FASO

Delivering assistance to displaced people

In the country since:	2017
Reason for intervention:	epidemics, displacement
Main activity:	hospital care, general healthcare
Emergency intervention:	water and sanitation
Human resources:	200 staff including
(FTE)	23 international staff
Cost for 2019:	CHF 5,846,000



In central Burkina Faso, MSF rapidly responded in Barsalogho and Foubé, providing basic healthcare and relief items for host communities and displaced people.

Burkina Faso experienced an upsurge in violence in 2019, leading to mass displacement and severely restricting access to health services in the affected regions. According to the authorities, close to 100 health centres had to cease activities altogether and many more could only function at reduced capacity. Increasing insecurity made it hard for remote communities to access the remaining health services in towns, and for humanitarian organisations to reach those in need. Despite security challenges, MSF scaled up its assistance to both host communities and displaced people during the year.

In early January 2019, violent clashes in Yirgou in the north of the country forced thousands of people to

flee. The violence, involving both communal and religious armed groups, quickly escalated. MSF rapidly responded in Barsalogho and Foubé in central Burkina Faso, providing basic healthcare, as well as shelter and relief items such as jerrycans, soap and mosquito nets for host communities and displaced people. Teams also rehabilitated water pumps, dug boreholes and trucked between 50,000 and 120,000 litres of drinking water per day to cover emergency needs from August to December in Centre-Nord and Sahel regions. As the situation prevented the provision of routine vaccinations, MSF supported measles vaccination campaigns, especially in displacement sites, where the risk of epidemics is high due to poor living conditions and overcrowding. In Foubé, MSF vaccinated

11,548 children aged between six months and 14 years against measles.

In Sahel region, MSF continued to support emergency rooms and operating theatres in the medical facilities of Gorom-Gorom and Djibo. During the year, teams conducted 1,508 emergency room consultations in Djibo and performed surgery on 287 patients.

In the capital, Ouagadougou, MSF has been running a dengue project since 2017, assisting with surveillance, diagnosis, staff training and preparedness in the event of a new outbreak through a network of facilities.

CAMEROON

Assisting people displaced by insecurity

In the country since:	2000
Reason for intervention:	armed conflict, displacement
Main activity:	hospital care, surgery, general healthcare
Human resources:	537 staff including
(FTE)	28 international staff
Cost for 2019:	CHF 9,961,000

In Cameroon, fighting intensified between government forces and secessionist groups in Southwest and Northwest regions, while an increase in violent attacks by armed groups in northeastern Nigeria drove thousands of refugees across the border into Far North region. In 2019, MSF continued to assist displaced people, refugees and vulnerable host communities in areas affected by conflict and violence in the north of the country.

People in Cameroon's Far North continue to suffer daily violence from the conflict, while also facing extreme poverty in a region subject to an unpredictable climate. MSF teams work in Mora and Maroua hospitals, where they offer medical support, including nutritional care, mental health services,

health promotion and emergency surgery in the event of mass casualties. During the year, teams conducted 76,838 medical consultations, 5,098 mental health consultations and 7,664 reproductive health consultations in Maroua and Mora, and performed 3,904 surgical interventions in Maroua. In addition, they admitted 3,028 children under five years old, 1,652 of whom were suffering from severe acute malnutrition with complications. A total of 18,184 children were treated for diseases such as malaria and diarrhoea within the community. Closer to the Nigerian border, teams assist health centres with general healthcare. In 2019, MSF also trained over 40 community health workers in Kolofata and Limani to diagnose and treat simple cases of the most common childhood diseases and

identify complicated cases to be referred to health centres or hospitals.

MSF responded to an ongoing cholera outbreak in North and Far North regions by providing treatment, vaccinations, epidemiological surveillance and health promotion in Mokolo, Gawar and Gadala, as well as in Minawao refugee camp. In addition, a team supported the response to a measles outbreak in Maroua, treating more than 1,512 patients through outpatient consultations and admitting around 289 for care. MSF continued to train local staff in emergency preparedness, organising regular sessions on the management of mass influxes of casualties.



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MSF continued to assist displaced people, refugees and vulnerable host communities in areas affected by conflict and violence in the north of the country.

COLOMBIA

Helping the refugee population

In the country since:

Reason for intervention:

Main activity:

Human resources:
(FTE)

Cost for 2019:

2019

healthcare exclusion

general healthcare, mental healthcare, sexual and reproductive health

18 staff including

3 international staff

CHF 1,005,000

Colombia saw a resurgence of conflict in 2019, as armed groups fought over disputed territories. In the midst of this panorama of increasing violence caused by the irregular implementation of the peace agreements, Colombia has become a country of transit and refuge for millions of people fleeing Venezuela's social, political and economic crisis. According to official figures, there are around 1.6 million Venezuelans in Colombia, and although most of them live in the main cities, thousands have settled in departments near the border with Venezuela, such as La Guajira. MSF launched activities in response to the growing needs of the Venezuelan population in this region.

MSF established a project focused on general healthcare, mental health and sexual and reproductive health in the department of La Guajira, targeting pregnant women and children under the age of five. MSF teams provided assistance in the municipality of Riohacha and conducted mobile clinics several times a month in places such as Uribia, Mingueo and Manaure in La Guajira. They carried out a total of 15,370 primary healthcare consultations including 1,487 for mental health. During their activities, the teams observed the multiple vulnerabilities of Venezuelan migrants and asylum seekers who have not been able to regularise their status in the country. As well as the risks of recruitment by

armed groups and forced prostitution, they face problems in obtaining medical assistance, as the public health system excludes them from all services other than childbirth, vaccination and medical emergencies. They also struggle to access education, shelter or work in places where they are not exploited or exposed to danger.

MSF called for greater international investment and involvement to support the migrant population, particularly in conflict zones, and for more assistance with sexual and reproductive health activities.



MSF launched activities in response to the growing needs of Venezuelan refugees in the department of La Guajira.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Improving access to tuberculosis treatment

In the country since:

Reason for intervention:

Main activity:

Human resources:
(FTE)

Cost for 2019:

2019

healthcare exclusion

tuberculosis, general healthcare

5 staff including

4 international staff

CHF 1,606,000

Approximately nine million people are deemed to be living with inadequate access to food, drinking water, sanitation and healthcare in the Democratic People's Republic of Korea (DPRK), and in dire need of humanitarian assistance.

The country has one of the highest burdens of tuberculosis (TB) and multidrug-resistant TB (MDR-TB) in the world, yet the capacity for diagnosing and treating the disease is extremely limited. MSF initiated healthcare activities in DPRK in March 2019, with a special focus on TB.

During the year, MSF helped improve TB diagnosis and treatment by upgrading laboratories and X-ray facilities at two TB hospitals in North Hamgyong Province. MSF supplied laboratory and medical equipment, such as X-ray machines, and training for clinicians and technicians, with a view to commencing medical activities in 2020. Teams also provided electrical infrastructure and other logistics support at the hospitals.

In addition, MSF teams worked to strengthen general healthcare, in particular paediatrics and

neonatology. This included training clinicians, supplying therapeutic and supplementary food for the management of children with malnutrition, improving sterilisation and referral capacity, and providing medical consumables, such as protective equipment, needles, syringes and laboratory items.

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, general healthcare, sexual and reproductive healthcare, mental healthcare, water and sanitation
Emergency intervention:	Ebola, measles, displacement
Human resources:	581 staff including
(FTE)	90 international staff
Cost for 2019:	CHF 27,181,000

The Democratic Republic of Congo (DRC) has endured decades of multiple overlapping crises and severe limitations in medical capacity. In 2019, MSF teams worked to tackle the country's largest outbreaks of measles and Ebola to date, while continuing to address its many other health needs.

The measles outbreak, the largest recorded, has ravaged DRC since mid-2018 and was declared a national epidemic by the Congolese government in June 2019. According to the World Health Organization (WHO), in 2019, more than 310,000 people contracted measles and over 6,000 died from the disease in DRC. In Tshopo, Ituri, Haut-Uélé and Bas-Uélé, MSF's response included support for local surveillance activities and treatment for complicated cases. Teams treated some 12,606 patients during the year. Measles is a vaccine-preventable disease, but the failure to cover all health zones with routine vaccination and the delay in organising supplementary campaigns are among the reasons this outbreak was so big. In Ituri, the outbreak occurred at the same time as the Ebola epidemic, which complicated the response, but this year, for the first time, MSF succeeded in organising a vaccination campaign that complied with the infection prevention measures in place due to the Ebola outbreak. A total of 258,123 children were vaccinated against measles in the four provinces during the year.

The Ebola outbreak declared on 1 August 2018 in the DRC continued throughout 2019,

although the number of new cases decreased significantly towards the end of the year. In July 2019, WHO declared the Ebola epidemic a public health emergency of international concern. By 31 December, there had been approximately 3,300 confirmed cases and 2,200 deaths, making it the second-largest outbreak ever recorded. Over 1,000 patients survived the disease. Although the Ebola treatment centres MSF supported in Butembo city came under violent attack in February, forcing staff to leave the area, MSF teams continued to provide assistance to people in North Kivu and Ituri during 2019. This included medical care for confirmed and suspected Ebola cases and vaccinations for people who had been in close contact with patients diagnosed with the disease. In addition, they worked to reinforce access to general healthcare in the region, develop community engagement and integrate Ebola care into local healthcare facilities.

The aim was to adapt activities to address the full medical and humanitarian needs of the population, which go well beyond Ebola. Progress was made in 2019 with respect to the new medical tools being used to tackle the virus; preliminary analyses indicated that the rVSV-ZEBOV vaccine, in use since the start of the outbreak, is effective in preventing infection, while two of the four developmental treatments subject to the randomised controlled trial gave positive indications and remained the only two treatments in use.

Longstanding intercommunal violence in Ituri flared up again in Djugu and Mahagi territories, displacing over a million people. At the end of the year, around 200,000 people were sheltering at some 80 makeshift sites, where the living conditions were extremely poor. Teams provided medical care, and distributed water, mosquito nets and relief items at around 30 sites. In areas that were hard to reach, MSF set up community care sites where staff trained local people to treat basic medical conditions and manage their own health. A total of 46,873 outpatient consultations were carried out in health centres, mobile clinics and community care sites, a large proportion of them for malaria, and 1,672 patients were admitted for care.

Teams continued to offer reproductive healthcare, including safe abortions and medical and psychological treatment for victims of sexual and gender-based violence in Mambasa territory. With multiple forms of violence often perpetrated at community level, MSF is training people to be first responders, or trusted focal points, for victims in their own communities. MSF is working to tackle the prejudice that leads to stigma and even family rejection, and where possible, organises referrals to other organisations that can offer socioeconomic assistance. During the year, 8,662 patients were treated for sexually transmitted infections.



In Ituri province, MSF set up treatment centres to fight the Ebola epidemic. The teams also responded to measles epidemics and assisted displaced people following episodes of violence.

ESWATINI

Tackling the HIV epidemic

In the country since:	2007
Reason for intervention:	epidemics
Main activity:	HIV/AIDS, co-infections
Human resources:	158 staff including
(FTE)	12 international staff
Cost for 2019:	CHF 4,239,000



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

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

In 2019, MSF focused on ensuring that effective, innovative and sustainable HIV/TB prevention, diagnosis and treatment interventions were available to vulnerable people in Shiselweni region. The first new initiatives were the introduction of post-natal clubs for mothers and their babies, as well as clubs for youths and teens, and the establishment of health posts in remote communities. Teams also

piloted the timely diagnosis of Acute HIV Infection (AHI), the first stage of HIV, which is not detected with routine testing, to prevent the early spread of the disease. Approximately 4 per cent of patients attending outpatient consultations with symptoms suggestive of HIV infection presented with AHI and initiated HIV treatment.

MSF teams also improved interventions at general healthcare and community level, for example making pre-exposure prophylaxis more easily available for people at high risk of HIV infection and training community health workers and traditional healers to distribute HIV self-testing kits. In addition, they began preparations to integrate care for

non-communicable diseases, such as hypertension and diabetes mellitus, into 10 'one-stop shop' HIV/TB general healthcare clinics.

MSF continued to work on improving drug-resistant TB diagnosis and care, including preparing for the implementation of oral-only shorter-course treatment regimens (lasting 9–12 months). Advocating better treatment options for patients with advanced HIV remained a cornerstone of MSF's work. Finally, the cervical cancer screening programme and the viral load/TB laboratory were handed over to the Ministry of Health.

GREECE

Assisting migrants and refugees

In the country since:	2016
Reason for intervention:	displacement
Main activity:	general healthcare, sexual and reproductive healthcare, mental healthcare
Human resources:	85 staff including
(FTE)	7 international staff
Cost for 2019:	CHF 4,244,000

Since the implementation of the EU-Turkey deal in March 2016, thousands of people on the move have remained trapped for an indeterminate period of time in reception centres in Greece and forced to live in inhumane and degrading conditions while they wait for a decision on their asylum claims. During the second half of 2019, the humanitarian situation in the reception centres quickly deteriorated. At the same time, the new Greek government approved a new, stricter law on international protection, which further reduced the already limited ability of asylum seekers to obtain healthcare. The new law also means that minors can now be detained, and post-traumatic stress disorder no longer qualifies as a vulnerability. As a result, even extremely vulnerable people have to spend long periods living in precarious conditions, which exacerbates their medical and mental health problems. In 2019, MSF continued to provide medical

services to migrants and refugees in Athens and on the islands of Samos and Chios.

Since 2016, MSF has been running a day care centre in Athens to respond to the specific needs of people on the move. The facility provides sexual and reproductive healthcare, mental health support, treatment for chronic and complex diseases, as well as travel medicine for people planning to move on from Greece. In total, MSF staff conducted 14,781 medical consultations and offered social and legal assistance to 3,877 people.

In response to the massive increase in arrivals on Samos, MSF scaled up its activities. The team installed a water and sanitation system for the people who live around the official reception centre, providing them with clean drinking water and

toilets. This is the first step in an intervention that will also involve the construction of showers, to prevent health problems associated with water shortage and poor hygiene. Near the camp, MSF runs a day centre offering mental health support and sexual and reproductive healthcare.

MSF services on Chios include general healthcare, sexual and reproductive healthcare, mental health support, social care and travel medicine for people at Vial camp, as well as cultural mediation services at the local hospital. A total of 6,157 consultations were carried out at the MSF facility in the camp.

To address the serious humanitarian and medical consequences of Greece's restrictive migration policies, MSF continues to call for an increase in the provision of healthcare and other essential services.

HONDURAS

Providing medical care for victims of violence

In the country since:	1998
Reason for intervention:	healthcare exclusion, sexual violence
Main activity:	outpatient care, sexual and reproductive healthcare, mental healthcare
Emergency intervention:	dengue
Human resources:	137 staff including 11 international staff
(FTE)	
Cost for 2019:	CHF 3,672,000



Comprehensive care for victims of violence continued to be the focus of MSF programmes in Honduras. Teams also responded to a dengue outbreak this year.

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

In 2019, comprehensive care for victims of violence, including sexual violence, continued to be the focus of MSF programmes in the country. Teams work in six health facilities in the cities of Tegucigalpa and Comayagüela, providing services such as medical treatment for rape, including post-exposure prophylaxis to prevent HIV and hepatitis B infection, and treatment for other sexually transmitted diseases such as syphilis. Counselling, group therapy and psychological first aid are also available.

In 2019, 4,059 mental healthcare consultations were conducted.

MSF has another team based in a mother and child clinic in Choloma, assisting births and offering family planning, antenatal and postnatal consultations and psychological support to victims of violence, including sexual violence. Overall, they carried out 16,838 outpatient consultations. Health promotion teams in this industrial city visit sites such as factories and schools to raise awareness of the clinic's services and provide information about sexual and reproductive health for adolescents.

During eight months in 2019, MSF responded to a dengue fever emergency in the north, mainly in Cortés department. In February, a team was deployed

to support the paediatric dengue unit at Mario Catarino Rivas National Hospital in San Pedro Sula city. More than 5,000 patients were treated for dengue at the hospital. In addition, MSF staff supported four general healthcare centres in Choloma to take care of patients who did not need to be admitted to hospital. MSF also ran health promotion activities providing people with information about the symptoms and how to prevent the proliferation of mosquitoes, the vector for the disease.

MSF continues to call for access to comprehensive medical care for victims of sexual violence in Honduras, including emergency contraception, which is still banned.

IRAQ

Providing hospital care in a country in recovery

In the country since:

Reason for intervention:

Main activity:

Human resources:
(FTE)

Cost for 2019:

2007

armed conflict, displacement

hospital care, sexual and reproductive healthcare, general healthcare, mental healthcare

422 staff including
52 international staff

CHF 16,556,000



Following the arrival of refugees in October, MSF deployed a team to Bardarash camp, to offer general healthcare consultations and psychological support.

Although displaced people continued to return to their homes in 2019, more than a million still face significant barriers that prevent them from doing so. Some have been living 'temporarily' in camps for years, with little access to basic services. At the end of the year, the violent crackdown on protests in various cities across the country put additional pressure on the health system. Many healthcare facilities have been destroyed and there is an overall shortage of healthcare specialists and services vitally needed to address general and specialist healthcare needs and violence-related trauma. In 2019, MSF continued to support the recovery of the health system in Ninewa governorate, which is still suffering from the effects of years of conflict and ongoing instability. In addition, a team was deployed to deliver emergency assistance to Syrian refugees in Kurdistan region in October.

The war against the Islamic State group had a devastating impact on the northwestern governorate of Ninewa, resulting in the destruction of health

facilities, the displacement of large numbers of people and severe mental trauma among the inhabitants. In west Mosul, teams run a comprehensive maternity unit in Nablus hospital with surgical capacity for caesarean sections. The facility provides emergency obstetric and neonatal care, inpatient paediatric services, as well as emergency treatment and stabilisation of patients before referral to other hospitals. In 2019, MSF staff conducted 43,085 emergency room consultations and assisted 9,317 deliveries. Mental healthcare was a key component of the project: MSF psychologists conducted a total of 1,391 mental health consultations there in 2019.

During the year, MSF extended its outreach activities for Yazidis and other communities in Sinjar district, offering sexual and reproductive health services, including deliveries, and paediatric care through the MSF hospital and in displacement camps. A total of 14,581 patients were treated in the emergency room in 2019. As in Mosul,

psychological support forms an important part of MSF activities in Sinjar. The Yazidi community is grappling with a severe and debilitating mental health crisis, with a high number of suicides and suicide attempts, due to the persecution they endured under Islamic State.

In June 2014, MSF started a project in Tal Afar district, in Zummar, to assist people displaced by conflict, and gradually adapted its activities to their evolving needs, with a particular focus on mother and child care. This project was handed over to a local organisation in April.

In October 2019, when the Turkish armed forces launched a military offensive in northeastern Syria, thousands of people fled over the border into the Kurdistan region. MSF deployed a team to Bardarash camp, to offer general healthcare consultations and psychological support. The emergency response ended when the refugees left the camp at the end of the year.

KENYA

Delivering assistance to the most vulnerable

In the country since:

Reason for intervention:

Main activity:

Human resources:

(FTE)

Cost for 2019:

2007

displacement, epidemics

hospital care, general healthcare, sexual and reproductive healthcare, mental healthcare

467 staff including

16 international staff

CHF 13,175,000

Kenya continues to host nearly half a million refugees and asylum seekers, over half of them from Somalia. According to the UN refugee agency, UNHCR, at the end of 2019 there were 217,197 people living in Dadaab, a refugee camp complex on the border with Somalia, where MSF has a long-running comprehensive care programme.

MSF supports a 100-bed hospital and two health posts in Dagahaley camp in Dadaab, with services that benefit not only refugees, many of whom have

been in the camp for close to 30 years, but also local communities. The comprehensive services in Dagahaley include sexual and reproductive healthcare, emergency obstetric surgery, medical and psychological assistance to victims of sexual and gender-based violence, psychosocial counselling, home-based insulin treatment, palliative care and specialist referrals. In 2019, teams conducted more than 210,000 outpatient consultations, admitted around 10,000 patients for care and assisted over 2,900 births.

In Likoni subcounty, Mombasa, MSF supports the Department of Health to provide comprehensive emergency obstetric and neonatal care at the fully renovated Mrima health centre. Teams there assist an average of 7,000 births every year, including more than 800 caesarean sections, and also perform lifesaving obstetric surgery. In 2019, they conducted 9,183 postnatal care consultations, and offered screening for cancer, HIV and other sexually transmitted diseases.



MSF continued to work in Likoni to provide sexual and reproductive healthcare to women in the community, including expectant mothers.

KYRGYZSTAN

Continuing the fight against tuberculosis

In the country since:	2005
Reason for intervention:	epidemics
Main activity:	tuberculosis, general healthcare
Human resources:	88 staff including
(FTE)	12 international staff
Cost for 2019:	CHF 2,747,000

The prevalence of drug-resistant tuberculosis (DR-TB) remains very high in Kyrgyzstan and many people struggle to access free treatment. In 2019, MSF concluded its TB-related activities in the country. The seven-year project had successfully supported the Ministry of Health to improve quality and accessibility of care. Teams continued to work in Batken province, focusing on chronic diseases and healthcare for women and children.

Since 2012, MSF has been working to introduce a decentralised model of care for drug-resistant TB (DR-TB) in Kara-Suu district, Osh Province, thereby reducing hospital visits and admissions for patients.

Between January and November 2019, an average of 80 per cent of patients received outpatient care. MSF helped introduce new and innovative DR-TB diagnosis and care, including video-observed treatment to support adherence, and less toxic, shorter drug regimens. Teams also improved case detection and supported more than 11,000 people to undergo TB testing with GeneXpert. Social and psychological assistance formed part of the comprehensive care package.

In Aidarken, Batken province, MSF continued to address the high incidence of non-communicable diseases in a context of possible environmental

pollution. In August, MSF and its partner conducted an environmental risk assessment in Kadamjay district. This assessment will inform future health interventions aiming to mitigate people's exposure to heavy metal pollutants. In close collaboration with the Ministry of Health, MSF teams also provided care for women and children, including the piloting of a cervical cancer screening and prelesion treatment programme. MSF and the Ministry of Health conducted a total of 4,794 outpatient consultations in Aidarken in 2019.

LEBANON

Providing relief aid to refugees

In the country since:	2008
Reason for intervention:	displacement
Main activity:	general healthcare, sexual and reproductive healthcare, mental healthcare
Human resources:	213 staff including
(FTE)	24 international staff
Cost for 2019:	CHF 11,554,000

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. In 2019, the economic and political situation became increasingly complicated, leading to massive demonstrations across the country from October. Initially triggered by tax rises, they became more generalised protests against the stagnant economy, unemployment, corruption and the lack of basic services. The economic instability and political deadlock resulted in rapid inflation, and prices soared. As a result, living conditions deteriorated and health costs increased, affecting the most vulnerable communities, Lebanese as well as migrants and refugees. In 2019, MSF continued to provide basic healthcare to people affected by the Syrian crisis and the economic situation in the Bekaa Valley and North Lebanon.

In Bekaa and Baalbek-Hermel region, an area with a dense Syrian refugee population, MSF runs basic healthcare services in Aarsal, Hermel, Baalbek and Majdal Anjar clinics. Services include treatment for non-communicable diseases (NCDs), mental health support and sexual and reproductive healthcare, with a focus on mother and child health in Madjal Anjar and Aarsal. Teams conducted a total of 34,380 consultations for NCDs and 14,402 antenatal consultations during the year. MSF also started taking part in the World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP) in Hermel and Aarsal, in partnership with the Ministry of Public Health. The programme aims to train general practitioners, so they are able to prescribe medication when necessary, under the supervision of qualified psychiatrists.

In Tripoli and Al-Abdeh, teams continued to offer treatment for chronic diseases, family planning services and mental health support. As in Bekaa, teams are taking part in the WHO mhGAP in partnership with the Ministry of Public Health in this area. In total, they conducted 17,726 consultations for chronic diseases and 2,332 for mental health in 2019.

Early in the year, MSF participated in a vaccination campaign launched in response to measles outbreaks in several regions of the country. During the campaign, which mainly targeted schools and public places, our teams vaccinated more than 20,000 children.



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

MEXICO

Assisting victims of violence

In the country since:	2013
Reason for intervention:	social violence, healthcare exclusion
Main activity:	general healthcare, mental healthcare
Human resources:	63 staff including
(FTE)	8 international staff
Cost for 2019:	CHF 1,912,000

In Mexico, thousands of migrants continue to be trapped in dangerous cities along the border with the US, due to migration policies that are based on criminalisation, deterrence and containment. In 2019, MSF scaled up its activities to address the lack of assistance for asylum seekers and migrants in this region. During the year, teams saw an increasing number of women, children and entire families who had fled extreme violence and poverty in their home countries – Honduras, El Salvador and Guatemala, the so-called Northern Triangle of Central America – on a route previously undertaken mainly by men.

MSF continued its project in Reynosa caring for victims of violence, including sexual violence, and Mexican returnees from the US. Medical care is

offered at a fixed clinic and through mobile teams in different parts of the city. In April, teams witnessed a rise in the number of migrants arriving in the city due to the 'metering' policy, a practice that limits the number of people who can request asylum at a port of entry on the US–Mexico border each day. They therefore had to increase activities in order to maintain services for people living in the only shelter in the city. This shelter has capacity for 150 people, but at times up to 450 people were living there, and there were an estimated 2,000 on the waiting list, living outside it, vulnerable to kidnapping, extortion, theft and sexual violence. Operations were expanded in Matamoros city to assist people on the move. For the first part of the year, these were mostly Mexican returnees, but this changed in August, when the Migrant Protection

Protocols were implemented in the city and up to 100 asylum seekers forcibly returned to Mexico arrived each day. An improvised camp was set up next to the international bridge but people there had no access to water, sanitation or any type of services. In response, MSF deployed teams to offer comprehensive care to new arrivals. In total, MSF carried out 7,091 consultations, including 4,127 mental health consultations, in its projects in Mexico in 2019.

In addition, MSF continued to denounce the harmful policies and asylum restrictions implemented by the US in cooperation with Mexico and other countries in the region, which force people to return to places of danger, putting their lives at risk.

MOZAMBIQUE

Responding to the damage caused by cyclones and supporting treatment of chronic diseases

In the country since:	1992
Reason for intervention:	epidemics
Main activity:	HIV/AIDS, tuberculosis, hepatitis C, mental healthcare
Emergency intervention:	natural disaster
Human resources:	210 staff including
(FTE)	20 international staff
Cost for 2019:	CHF 8,391,000



After Cyclone Idai hit Mozambique in March, MSF deployed emergency teams to support the response and assist with the cholera outbreak.

In Mozambique, an estimated 2.2 million people are living with HIV, and 34,000 of them are co-infected with tuberculosis (TB). While continuing to provide care for people with HIV and TB, MSF responded to two tropical cyclones that hit Mozambique in March and April 2019, with devastating consequences for a country already facing considerable health challenges.

In the capital, Maputo, teams implemented specialised care and support packages for patients with advanced HIV who are facing the challenge of staying on lifelong treatment or have developed drug resistance. This includes improving the detection and rapid treatment of opportunistic infections. In Mafalala slum, MSF works with a local organisation to run a drop-in centre for people who use drugs, where testing and treatment for HIV, TB and

hepatitis C are available. It is the only programme in Mozambique offering comprehensive harm reduction services, including needle and syringe distribution. In 2019, the MSF project provided 1,792 patients with first- and second-line antiretroviral treatment and conducted 1,611 mental health consultations.

On 15 March, Cyclone Idai hit Beira in Sofala province, affecting some 1.85 million people. Homes, health facilities and other infrastructure were destroyed by the cyclone and subsequent flooding and more than 400,000 people were displaced. MSF deployed emergency teams to support the response and assist with the cholera outbreak that was declared 10 days later. As well as managing cholera patients, MSF supported the Ministry of Health to vaccinate 43,342 people against the

disease. In addition, logistics teams supplied clean water, rehabilitated health centres and distributed relief items, such as soap, mosquito nets, cooking utensils, blankets, mats and buckets. In total, MSF staff conducted 6,225 outpatient consultations, primarily for malnutrition and malaria, in six locations.

Six weeks later, Cyclone Kenneth made landfall in Cabo Delgado province, an area where access to healthcare was already extremely limited due to violence and insecurity. Teams conducted general health consultations and supported the Ministry of Health by donating drugs and rehabilitating health facilities, including Macomia health centre. Prior to the cyclone, MSH logistics teams had worked to improve the water supply system in the area.

MYANMAR

Treating the most vulnerable

In the country since:	2000
Reason for intervention:	epidemics, healthcare exclusion
Main activity:	HIV/AIDS, tuberculosis, general healthcare
Human resources:	149 staff including
(FTE)	15 international staff
Cost for 2019:	CHF 3,186,000

In Myanmar, access to medical treatment remains limited, particularly for marginalised communities and certain ethnic groups. In 2019, MSF continued to provide treatment for HIV and hepatitis C, and address gaps in healthcare in hard-to-reach areas and regions affected by conflict.

In Dawei, a port city in Tanintharyi, where many fishermen and migrants live, MSF offers comprehensive HIV care and treatment, including for patients with complex HIV-related diseases and co-infections, and prevention for people at risk. A total of 2,321 patients received antiretroviral therapy through the MSF programme in 2019. MSF health

promotion teams also supported local efforts in the city to prevent outbreaks of diseases, such as dengue.

In the northeastern state of Kachin, where there are large numbers of migrants, displaced people and vulnerable groups, such as drug users and sex workers, MSF started working in partnership with Médecins du Monde to treat HIV patients co-infected with hepatitis C. The team offered technical support, including diagnostic confirmation and data management, as well as treatment and patient follow-up.

MSF mobile teams continued to provide general healthcare, with a particular focus on mothers and children, in rural communities in Naga, Sagaing region, a remote, impoverished area with few healthcare facilities. Staff conducted 5,448 outpatient consultations in 2019, travelling by motorcycle across steep terrain to reach the 15 targeted communities. MSF worked to strengthen the role of community health workers, promote health education and support the outpatient and inpatient departments, and the pharmacy, at Lahe hospital. Emergency preparedness, surveillance and response remain key components of MSF activities in this region.

NIGER

Tackling the annual malnutrition and malaria peak

In the country since:	2005
Reason for intervention:	epidemics, displacement
Main activity:	hospital care, general healthcare
Emergency intervention:	malnutrition, malaria
Human resources:	700 staff including
(FTE)	33 international staff
Cost for 2019:	CHF 11,934,000

Niger is a country 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 healthcare. In 2019, the situation became increasingly unstable and violent, leading to further population displacements, particularly in the Lake Chad area. MSF continued to assist vulnerable communities, focusing on children under five years old and pregnant women, who are particularly exposed to disease outbreaks and malnutrition.

Each year between July and October, food shortages and heavy rains trigger a spike in malnutrition and malaria in Niger, especially in the southern regions. Although remarkable progress has been made in the prevention and treatment of childhood diseases in Niger over the past decade, hundreds of

thousands of children fall victim to this chronic emergency each year. During the peak, MSF increases the capacity in Magaria district hospital's paediatric unit to cope with the influx of patients, many of whom arrive in a critical condition. In 2019, MSF admitted more than 16,341 children under the age of five – an average of 42 a day – to the facility, 6,270 of whom were suffering from severe acute malnutrition with complications. During the peak, 46 children were admitted to intensive care each day. The strategy of decentralising services was implemented mainly to reduce the number of admissions to health facilities and prevent children from dying because no medical care is available in their villages. If sick children receive timely treatment in their communities, their symptoms can be prevented from worsening and they recover more quickly. MSF also strengthened its community approach in Magaria, for example by providing early

treatment for malaria, acute respiratory infections and diarrhoea in order to minimise the number of patients arriving at the paediatric unit with severe symptoms. Teams opened a total of 30 malaria treatment sites during the peak period.

In 2018, MSF teams supported health centres and ran mobile clinics in Diffa, a southeastern region bordering Nigeria. Between January and March 2019, the teams worked on closing this project, mainly for security reasons.

MSF continued to support the health authorities with vaccinations, epidemiological surveillance and emergency interventions to tackle disease outbreaks and other emergencies, for example, assisting people affected by floods in Tillabéri by providing water and medical consultations,



MSF provides medical, logistical and financial support to the paediatric unit at Magaria hospital to help tackle the annual malnutrition and malaria peak.

NIGERIA

Providing healthcare to displaced people in Borno state

In the country since:	2016
Reason for intervention:	armed conflict, displacement
Main activity:	general healthcare, vaccination, water and sanitation
Human resources:	237 staff including
(FTE)	26 international staff
Cost for 2019:	CHF 5,879,000



In northern Nigeria, MSF provides primary healthcare to people displaced by violence. Patients requiring specialist care are stabilised before being referred to a hospital.

In northeast Nigeria, more than a decade of conflict between the Nigerian government and opposition groups has taken a severe toll. The UN estimates that over two million people are now displaced, and around seven million depend on aid for survival. In 2019, as the situation further deteriorated, a number of aid workers were abducted and killed. Although operations were at times limited due to insecurity, MSF continued to assist people affected by conflict and displacement in Borno state.

MSF has been providing medical care in displacement camps in Ngala since 2016. In 2019, outpatient activities were handed over to other aid organisations, but teams continued to support the intensive care and maternity units and the inpatient department. During the year, a total of 2,329 patients were

admitted, many of them severely malnourished children. MSF staff also assisted nearly 1,000 deliveries.

The remote town of Rann is cut off from the outside world during the rainy season, between June and January. Due to the extremely volatile environment and the changing needs of the people in the town and the surrounding areas, MSF has to continuously adapt its activities. For example, in January 2019, when thousands of people crossed into Cameroon to seek refuge in Goura, following an attack on Rann by an armed group, MSF moved some of its activities to the Cameroonian side of the border for three months. Teams distributed water, food and relief items, such as jerrycans and soap, to the refugees, and provided medical consultations and referrals for patients requiring specialist

care. MSF had to suspend activities in Rann itself until June due to insecurity. When the teams returned to the town, they conducted outpatient consultations, treating a total of 9,221 patients by the end of the year, and ran a stabilisation unit for severely ill patients unable to reach a hospital. Preventive care was a key component of MSF activities in the fight against malnutrition and malaria. This included seasonal malaria prophylaxis, health promotion activities and work to improve water quality.

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, teams implemented four rounds of seasonal malaria prophylaxis in several locations around Banki, between July and November.

SOMALIA

Supporting paediatric care

In the country since:	2018
Reason for intervention:	epidemics
Main activity:	general healthcare, vaccination
Emergency intervention:	flooding
Human resources:	4 international staff
(FTE)	
Cost for 2019:	CHF 1,473,000

Due to prolonged conflict, drought and other climate hazards, over 2.6 million people were still displaced in Somalia in December 2019, and nearly five million were considered food insecure. Malnutrition rates among children remained well above the emergency threshold in many areas and the number of deaths during pregnancy and childbirth were among the highest in the world. Throughout the year, MSF provided paediatric care and other medical services in Jubaland State, and deployed a team to assist people affected by flooding in Beledweyne town.

In Afmadow and Bardhere, in southern Jubaland, MSF frequently carried out short interventions focusing on nutritional care for malnourished children. Overall, 7,929 children benefited from medical consultations. In addition, teams administered a total of 4,023 vaccines against measles, diphtheria, tetanus, whooping cough, hepatitis B and polio, in a drive to increase preventive activities in these remote communities, where access to curative healthcare is extremely limited. As in 2018, MSF ran two cataract surgery camps in Bardhere and Afmadow, during which 2,927 patients were treated.

In the last two months of the year, MSF launched an emergency response to severe flooding in central Hirshabelle state. Beledweyne town, where the banks of the Shabelle river burst, was the most affected area, with approximately 270,000 people displaced. In the first phase of the response, MSF trucked in safe drinking water and delivered tents and relief items such as cooking equipment. In the second phase, the teams decontaminated water wells and provided healthcare through mobile clinics in displacement sites around the city, including nutritional support for malnourished children.

SOUTH SUDAN

Providing hospital care

In the country since:

Reason for intervention:

Main activity:

Human resources:
(FTE)

Cost for 2019:

1996

armed conflict, epidemics, healthcare exclusion
hospital care, general healthcare, malaria

539 staff including
37 international staff
CHF 14,753,000



In Agok, MSF continued to run 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.

Nearly four million people have been forced to flee their homes in South Sudan since conflict erupted in December 2013. Many are displaced internally, but more than two million have fled to neighbouring countries. The health system in South Sudan is extremely limited, with less than half the population having access to adequate healthcare. Around 80 per cent of medical services are delivered by NGOs, as only 2.6 per cent of the government's budget is allocated to health. For many communities, treatment is often difficult to reach or simply nonexistent.

In 2019, MSF continued to run the only hospital in Abyei Special Administrative Area, a disputed territory between Sudan and South Sudan with a population of 140,000. Following the completion of rehabilitation works in February, the facility, located in Agok, now has eight wards, providing emergency

surgery, treatment for HIV, tuberculosis, chronic diseases and neglected tropical diseases such as snakebites, as well as an X-ray machine, an incinerator for the safe disposal of medical waste and a pharmacy. It is equipped with solar panels, giving it an alternative, environmentally friendly power source in case of fuel interruptions. MSF also supported Save the Children with maternal health services at Agok's general healthcare centre. During the year, MSF teams conducted 27,285 outpatient consultations and admitted 10,878 patients for care.

One of the main focuses of MSF activities at Agok hospital was managing malaria, a major health concern across the whole country. The team admitted severe cases to the hospital and treated a total of 23,591 malaria cases through both outpatient and inpatient consultations. MSF also worked in the

community, with the help of volunteer 'malaria agents', treating over 48,942 patients for the disease in the course of the year. When a measles outbreak was declared by the Ministry of Health in February, MSF provided case management in Agok hospital and logistical support to the reactive vaccination campaign launched by the health authorities.

Following the improvement in the security situation in Mayom, in Greater Upper Nile region, MSF closed the general healthcare project it had been running there, offering outpatient consultations and referrals for patients in need of specialist care, such as pregnant women with complications – to the hospital in Agok. Nutrition activities were handed over to another organisation. During the year, teams conducted a total of 46,542 outpatient consultations.

SUDAN

Responding to emergencies and assisting vulnerable communities

In the country since:	2004
Reason for intervention:	healthcare exclusion, epidemics
Main activity:	general healthcare, kala azar, sexual and reproductive healthcare
Emergency intervention:	violence, cholera
Human resources:	281 staff including
(FTE)	30 international staff
Cost for 2019:	CHF 9,000,000

In 2019, Sudan was the scene of mass protests, sparked by its deepening economic and political crisis. The protests led to the ousting of President Omar al-Bashir in April after nearly 30 years of rule and paved the way for a political transition, agreed between civilian and military representatives. Although this resulted in better humanitarian access to conflict areas, needs remained great throughout the year, with nearly two million people internally displaced, and huge numbers of refugees, mostly South Sudanese stranded in the country for years after fleeing the civil war, living in precarious conditions. MSF conducted a range of activities in response, reshaping some existing projects, launching assessments to start operations in different areas of the country and carrying out numerous emergency interventions.

Some short-term interventions included providing healthcare to people in the 'sit-in' area of Khartoum during the months of the protests and referring

people wounded in the clashes to the main hospital. In Khartoum, MSF teams also worked at Omdurman teaching hospital from June, rehabilitating the isolation and emergency wards, improving infection prevention and control measures and helping implement a mass casualty plan. In response to the cholera outbreak that was declared in October, teams began to work in Sennar and Khartoum States, building cholera treatment centres and training Ministry of Health staff in cholera case management.

In East Darfur, MSF continued to run a hospital in Kario, a camp that hosts around 28,000 refugees from South Sudan. Teams offered general healthcare, such as maternity services and nutritional support for children, and also responded to a high malaria peak and a measles outbreak. Overall, they carried out 89,342 outpatient consultations and 7,242 antenatal consultations in 2019. In addition, MSF upgraded the hospital's pharmacy and

laboratory and ran health promotion activities through a network of community health workers, an important component of the Kario project.

In Al-Gedaref, MSF maintained its diagnosis and treatment programme for kala azar (visceral leishmaniasis) and other neglected tropical diseases at Tabarak Allah hospital. Since initiating the programme in 2009, teams have treated over 5,000 kala azar patients. In 2019, they also provided supervision and training to local health workers and Ministry of Health staff and organised awareness-raising campaigns.

In South Kordofan, MSF continued to focus on sexual and reproductive health, helping women and newborns affected by the humanitarian crisis in the region to obtain free, high-quality care and referrals for specialist services. MSF support extended to the towns of Dalam and Habila through a network of community health workers.



In East Darfur, MSF continued to run a hospital in Kario, a camp that hosts around 28,000 refugees from South Sudan.

SYRIA

Providing care to people affected by conflict

In Syria, where the war has been raging since 2011, civilian areas and infrastructure, including medical facilities, came under direct fire again in 2019. Thousands of people were killed or wounded, and many more driven from their homes. MSF continued to operate in the country, but its activities were limited by insecurity and access constraints. When staff had to be evacuated, MSF maintained remote support, comprising donations of medicines, medical equipment and relief items.

Until October 2019, MSF ran a general healthcare centre in Tal Kocher in Al-Hasakah governorate, serving a vulnerable Arab community, offering

In the country since:

Reason for intervention:

Main activity:

Human resources:
(FTE)

Cost for 2019:

2013

conflict, healthcare exclusion

sexual and reproductive healthcare, general healthcare, mental healthcare

123 staff including
15 international staff

CHF 5,522,000

paediatric care and services for pregnant women and patients with chronic diseases. During the year, teams conducted a total of 16,409 outpatient consultations and 1,094 mental health consultations and assisted 1,115 deliveries.

In October, the situation changed significantly in northeast Syria, with the sudden relocation of the US-led coalition forces further east. The Turkish military, alongside allied Syrian armed opposition groups, launched their 'Peace Spring' operation, aimed at clearing the Kurdish People's Protection Units from a strip of land 30 kilometres long and 440 kilometres wide along the Turkish border. As

a result, MSF had to temporarily evacuate international staff to Iraq and relocate some national teams to other parts of northeast Syria. However, a team was able to distribute relief items, such as hygiene kits and tents to displaced people in Newroz camp, and hygiene kits and blankets to people affected by floods in Tal Kocher. MSF also donated 1,000 blankets and a tent to assist with triage at Al-Hasakah national hospital during a mass-casualty response. From November, teams gradually resumed some medical activities in Tal Kocher and started to deploy mobile clinics to provide care to displaced people in Newroz camp.

TANZANIA

Offering care to refugees

Tanzania hosts more than half of all Burundians who fled their country after violence erupted in 2015. In 2019, they came under increasing pressure to return home. Some 167,000 Burundians have chosen to stay in Tanzania, despite mounting pressure on them to leave. Towards the end of 2019, a second tripartite agreement between the governments of Tanzania and Burundi and the United Nations refugee agency, UNHCR, reiterated the commitment to ensuring that returns remained voluntary. The Burundian refugee situation remains largely forgotten and chronically underfunded, as demonstrated by the lack of services in the three refugee camps in Tanzania's northwestern Kigoma region.

MSF continued to provide basic and specialist healthcare in Nduta, the camp hosting the largest

number of Burundian refugees. Services included mother and child care, nutritional support, mental healthcare and treatment for victims of sexual and gender-based violence. The innovative tool eCare, which improves the triage of patients on admission, was used for paediatric consultations in health posts, with a total of 75,006 consultations for children under five carried out during the year. MSF noted a significant increase in mental health needs among refugees, a result of many compounding factors, including limited mobility, fear of forced repatriation and poor living conditions, and conducted a total of 17,064 individual mental healthcare consultations and 10,504 group sessions. Teams also continued with comprehensive prevention and vector control activities to curb the spread of malaria, which is endemic in the camp, and

completed the renovations to the operating theatre and the sterilisation room in the nearby district hospital. These facilities, like all other MSF services in the area, are open to both refugees and host communities from surrounding villages. During the year, 319,072 outpatient consultations were carried out and 12,438 patients were admitted to the hospital.

Throughout 2019, MSF maintained its capacity to respond to emergencies. As well as responding to a cholera outbreak in Nduta camp, teams supported the Ministry of Health to swiftly control a diarrhoea outbreak in Dar es-Salaam and improve preparedness for viral haemorrhagic fever.



MSF continued to provide basic and specialist services in Nduta, including mother and child care, nutritional support and mental healthcare.

UKRAINE

Providing medical assistance to patients with chronic conditions

In the country since:	2015
Reason for intervention:	armed conflict, displacement
Main activity:	general healthcare, hepatitis C
Human resources:	93 staff including 15 international staff
(FTE)	
Cost for 2019:	CHF 3,114,000



In southern Ukraine, MSF continued to support the Ministry of Health in diagnosing and treating vulnerable people with hepatitis C.

As the conflict in eastern Ukraine entered its sixth year, access to healthcare remained limited for people living along the frontline. Since 2015, MSF mobile teams have been travelling to remote communities in this area to deliver much-needed healthcare, especially to elderly people with chronic health issues.

In 2019, the teams provided basic healthcare and conducted a total of 13,464 consultations for chronic ailments such as hypertension, diabetes and cardiovascular diseases. Mental healthcare was also a key component of MSF's programme in

eastern Ukraine. The protracted conflict has taken a heavy psychological toll. Many people are cut off from basic services and unable to move freely. During the year, MSF teams carried out 1,482 psychosocial consultations. However, as public health facilities in the conflict-affected regions gradually resumed services, MSF began transferring patients to the Ministry of Health for treatment. By the end of the year, all patients were receiving care in the public system.

In Mykolaiv, in the south of the country, MSF continued to support the Ministry of Health in

diagnosing and treating vulnerable people with hepatitis C with the highly effective direct-acting antiviral drugs daclatasvir and sofosbuvir. This new treatment, first implemented in 2018, can cure hepatitis C in as little as 12 weeks and has few side effects. The package of care includes up-to-date technologies for diagnosis, as well as counselling and health promotion. In 2019, MSF teams carried out 3,044 individual psychosocial support and health education sessions to improve adherence to treatment and combat stigma and discrimination. This new model of care has achieved a cure rate of 97.4 per cent.

YEMEN

Offering hospital and general care

In the country since:	2015
Reason for intervention:	armed conflict, epidemics
Main activity:	hospital care, general healthcare
Emergency intervention:	cholera
Human resources:	773 staff including
(FTE)	40 international staff
Cost for 2019:	CHF 23,212,000

In Yemen's fifth year of conflict, the deteriorating economic situation and frequent attacks on health centres and checkpoints by warring parties prevented civilians from accessing basic services. Although there were fewer airstrikes by the Saudi-Emirati-led coalition, ground fighting continued across several governorates, as frontlines shifted, causing huge waves of displacement – a total of 375,000 people were displaced in 2019. Around 80 per cent of the population – 24 million people – are in need of humanitarian assistance and protection. The destruction of health facilities and shortages of skilled medical staff, medicines and medical supplies have contributed to the breakdown of the healthcare system. For people living in rural areas and close to frontlines, insecurity, high costs and the long distances to facilities restrict access to the few remaining healthcare services. Throughout 2019, MSF teams worked to provide essential care by supporting hospitals in Ibb and Hodeidah governorates and responding to numerous outbreaks of disease.

Ibb, one of the most populated governorates in Yemen, hosts almost a million displaced people who have fled the frontlines in the neighbouring governorates of Hodeidah, Ad-Dhale and Taiz. MSF runs the emergency room, operating theatre, intensive care unit and inpatient department of the hospital in Dhi As-Sufal district, close to Taiz, which serves

a population of several hundred thousand, including many displaced by the ongoing fighting. Teams performed an average of 370 surgical interventions per month, reaching a total of 4,464 during the year, and trained the local team to ensure preparedness in case of mass casualty events. MSF also donated medical equipment and supplies to the maternity and outpatient departments, laboratory and X-ray unit. At Al-Nasr hospital, in Ibb city, MSF mainly focused on supporting the emergency ward and isolation unit, as well as referrals and health promotion activities. In total, teams conducted 16,587 emergency room consultations in 2019.

Outbreaks of infectious diseases are common in Yemen, due to poor sanitation, a lack of clean water, a shortage of vaccines and gaps in the regular vaccination programme. During the year, teams treated patients for diphtheria, measles and meningitis in Al-Nasr hospital's isolation room. Thousands of Yemenis have died from cholera, which is continuing to spread across many communities. In 2019, MSF teams ran two cholera treatment centres and treated almost 22,000 patients for cholera in Ibb governorate.

In addition, during the first half of the year, MSF supported and strengthened the capacity of two operating theatres in the cities of Al-Udayn and Far Al-Udayn, which are located in a rural area not far

from the border with Hodeidah governorate and on the main transit route for people fleeing the frontline.

In the port city of Hodeidah, armed clashes and explosions caused several casualties. In September alone, teams treated 21 war-wounded patients, 14 of whom had been injured by explosive devices. Hodeidah also saw some of the country's highest rates of displacement, with civilians forced to live in extremely precarious conditions without even the most basic healthcare. MSF teams continued to work at Al-Salakhannah hospital in Hodeidah city, close to the frontline, managing the emergency ward, surgical unit and inpatient department. Teams conducted a total of 12,374 emergency room consultations during the year. From January, MSF also had a team working in the rural hospital of Ad-Dahi, north of the city, supporting inpatient services, including paediatric and neonatal care, and the emergency room. They conducted 15,631 consultations at the hospital in 2019.

Emergency preparedness is central to MSF's activities. For example, in every project in Yemen, MSF teams train staff to build capacity, especially to deal with mass influxes of wounded patients and to respond to epidemics. Due to product embargoes, insecurity and restrictions on access to people in need, working in Yemen remains a daily challenge for MSF.



MSF supports the remaining operational hospitals in Ibb and Hodeidah Governorates by providing life saving medical care and responding to many epidemics.

The presentation of the HR indicators for 2019 shows a relatively stable situation regarding the number of field employees compared with previous years. This stability, after several years of sustained growth, has led to better staffing outcomes in our field missions with a very low percentage of gaps in position coverage, which is important to ensure the quality of our field programmes and the safety of our field teams. At the same time, the levelling of staffing activity has allowed more time to build HR support mechanisms for our field teams. Significantly, the year was also a period of reflection, culminating in the drafting of the 2020-2023 strategic plan.

The extent to which OCG values its employees is expressed through the strategic plan pillar *People who work with us are our main assets*. The very title of this pillar reflects the importance we place on our staff and the priority given to human resource management. It is reassuring that in the process of building this plan it was acknowledged that the way forward is not to forge an entirely new path in our HR approach but rather to continue in the same direction, expanding on the accomplishments achieved over the last few years. This includes emphasis on becoming a more inclusive organisation, ensuring we comprehensively address our duty of care responsibilities, building our global workforce and transitioning to a learning culture. 2019 saw progress in achieving each of these objectives.

While MSF is a very diverse organisation, the goal of being truly inclusive requires constant attention and effort. In 2019 important steps were taken to ensure consistency in our policies and reduce

barriers to accessing influential and decision-making field positions. Our HR Principles on Team Diversity aim to guarantee the commitment to equal access to leadership positions in the field. Traditionally, many of the higher level decision-making positions in the field have been reserved for international staff and, while mobility is an essential element of providing medical care without borders, we now have a stronger framework for engaging a greater proportion of locally contracted staff at these levels. Similarly, harmonisation of the selection criteria for all international positions will facilitate equal treatment and consideration of candidates, regardless of their origin, and the introduction of recruitment workshops will ensure consistency in practices.

Our duty of care towards our staff was also bolstered in 2019. We increased the investment in our Staff Health team by introducing more psychological support services for field staff and continued holding workshops on tackling abuse in the workplace throughout our field projects. The security context in Syria proved that the emphasis placed on informed consent in recent years has resulted in stronger organisational awareness of the importance of ensuring all staff are not only properly supported but also informed of contextual changes, enabling them to choose whether to continue their engagement based on this knowledge.

With regard to learning, we introduced a field Learning Needs Assessment tool to support individual staff members and our field teams in building learning strategies that meet the most relevant contextual and individual needs at their level. Significantly, we also began to roll out *Welcome to*

MSF induction training. This programme will ensure consistent communication to all staff as they begin their work with MSF to better understand the organisation and the support available to them.

I have only just begun my time as HR Director for OCG. So, while I cannot attest first hand to the work undertaken by the OCG staff and our partners in 2019, I am acutely aware of the effort and drive required by all staff to ensure we continue to provide essential medical services around the world. Knowing this, I offer thanks, respect and appreciation for the hard work, persistence, motivation and adaptability of all our staff in OCG and our partner offices.

Kate Mort
Human Resources Director

6,489

field staff

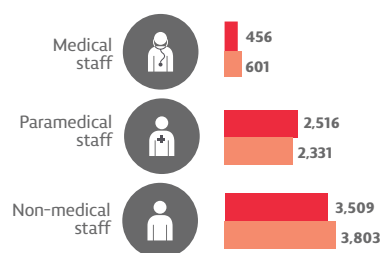
280

headquarters staff

2,569

volunteer hours
in Switzerland

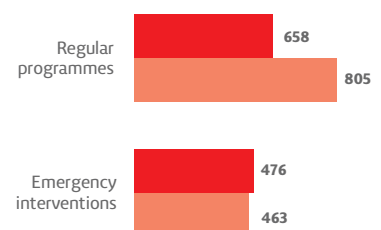
Staff per occupation (FTE) 2019 - 2018



Total field staff:	in 2019	in 2018
	6,489*	6,735

* including regional offices and detachments of headquarters staff to the field

Field mission departures 2019 - 2018



Total numbers on their first mission:	in 2019	in 2018
	142	180

Financial results

2019 ends with a financial loss of CHF 1.6 million. This almost balanced result is heartening for our organisation. Indeed, in 2018 the organisation recorded its first deficit since 2008, of CHF 30.7 million. We had sufficient reserves to absorb that deficit, which resulted from the organisation's choice to reduce our operational ambitions as little as possible so that we can continue to meet the medical needs of vulnerable populations.

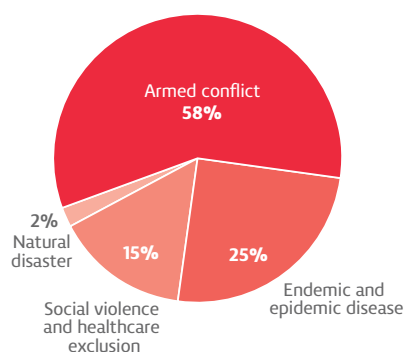
During 2019, measures were taken to support the growth of our revenue while limiting our expenditure. Thanks to these measures, spending on our ordinary activities was reduced by 1.3% compared with 2018, bringing it down to CHF 282 million. With the exception of expenditure linked to fundraising activities, which increased by 3.2%, all other expenditure was reduced. Spending on our social mission was reduced by 1.4%, while management and administration expenditure was reduced by 4.2%.

In 2019, programme expenditure was CHF 219.6 million, a decrease of 1.3% (CHF 3 million) compared with 2018. This amount includes funds that MSF Switzerland transferred to the Spanish and French sections of the organisation, which totalled CHF 20 million, almost CHF 9 million more than in 2018. Contributions to other MSF sections are part of a movement-wide resource-sharing agreement. Excluding these contributions, programme expenditure for activities carried out directly by MSF Switzerland teams was CHF 199.7 million, 5.4% less than in 2018 (down CHF 11.5 million). This decrease is due to a reduction in our field activities.

This year, MSF Switzerland ran 72 projects in 24 countries. The geographical distribution of our programme expenditure remained fairly stable. Africa accounts for 60% of our programme expenditure and the Middle East 29%. The proportion spent on other continents also remained

stable: 4% in Europe, 4% in Asia and 3% in Latin America. As has been the case in recent years, the Democratic Republic of Congo (DRC) is the country where programme expenditure is highest (CHF 27.2 million) and also where we have the largest number of interventions.

Programme costs per reason of intervention



Total expenditure on our six projects in response to the Ebola epidemic in the provinces of Ituri and North Kivu was CHF 14.7 million, accounting for 54% of the overall costs in DRC. In West Africa, programme expenditure was CHF 33.6 million, a reduction of CHF 11.7 million (-26%) compared with 2018. Most of this decrease is due to the closures of the MSF Switzerland mission in Chad, the Kousséri project in Cameroon and the Diffa project in Niger. Nonetheless, we still have a strong presence in West Africa. Indeed, MSF Switzerland provided medical assistance to people in the region through 13 projects in four countries: Burkina Faso, Cameroon, Niger and Nigeria. In East Africa and Southern Africa, our spending fell by 4.5% to a total of CHF 60 million. In Sudan we were able to substantially increase our activities, resulting in a total expenditure of CHF 9 million, compared with

CHF 5.9 million in 2018. Conversely, we considerably cut back activities in South Sudan, closing our projects in Akobo in 2018 and Mayom in 2019. The rehabilitation of the hospital in Agok was also completed in 2018. Consequently, our spending in South Sudan decreased from CHF 20.1 million in 2018 to CHF 14.8 million in 2019. MSF also continued its activities in Eswatini, Kenya, Mozambique, Somalia and Tanzania. In the Middle East, we had teams working in Iraq, Lebanon, Syria and Yemen, in 15 projects at a total cost of CHF 57.4 million, which was an increase of CHF 0.7 million (+1.3%) over 2018. We saw the greatest growth in expenditure (up by CHF 10.7 million) in Yemen, primarily due to our emergency interventions in Hodeidah, Al-Udayn and Ad-Dahi. Conversely, as a direct result of the security constraints, our activities in Syria were reduced considerably in comparison with 2018, with spending down by CHF 9.3 million. Our activities in Asia, Latin America and Europe were focused on Myanmar, Kyrgyzstan, the Democratic People's Republic of Korea, Mexico, Honduras, Colombia, Ukraine and Greece. Our total programme expenditure over those three continents was CHF 21.6 million, up 23.3% compared with 2018.

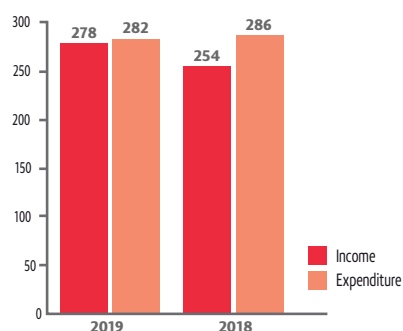
Spending was also down at headquarters, except in the area of fundraising. This decrease is due to different factors including the reduction or postponement of certain activities and measures to increase efficiency and reduce costs. During the year, we continued to increase our investment in various innovative projects using new technologies to improve the support to our programmes.

Overall, 2019 was an excellent year in terms of fundraising. Our final income increased by CHF 23.9 million, a 9.4% rise compared with the previous year. This is a very satisfactory result. Revenue in 2019 totalled CHF 278.2 million,

Expenditure (in thousands of Swiss francs)

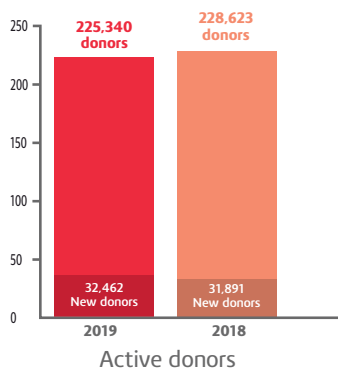
	2019		2018	
Programme	219,624	78%	222,583	78%
Programme support	35,050	12%	35,227	12%
Advocacy, awareness raising & other humanitarian activities	4,018	2%	4,595	2%
Social mission expenses	258,692	92%	262,405	92%
Fundraising in Switzerland	15,172	5%	14,696	5%
Management and administration	8,493	3%	8,866	3%
Administration expenses	23,665	8%	23,562	8%
TOTAL EXPENDITURE	282,357	100%	285,967	100%

Income and expenditure
(in millions of Swiss francs)



compared with CHF 254.3 million in 2018. 42% of this revenue came from fundraising activities in Switzerland, 55% from our MSF partner sections around the world and 3% from the public sector. Thanks to the investments made in fundraising activities in Switzerland, a record CHF 117.1 million was raised in 2019, which is an excellent performance and is 16.9% (CHF 16.9 million) higher than in 2018. Our MSF partner sections also benefited from 5.1% growth, raising CHF 152.2 million (an increase of CHF 7.4 million). Meanwhile, revenue from the public sector decreased by 5% to CHF 8.7 million.

Swiss private donations



Thanks to an almost balanced result, we still have substantial reserves, equivalent to 5.4 months of activity, the same as in 2018, which enables us to maintain our agility and responsiveness to major emergencies.

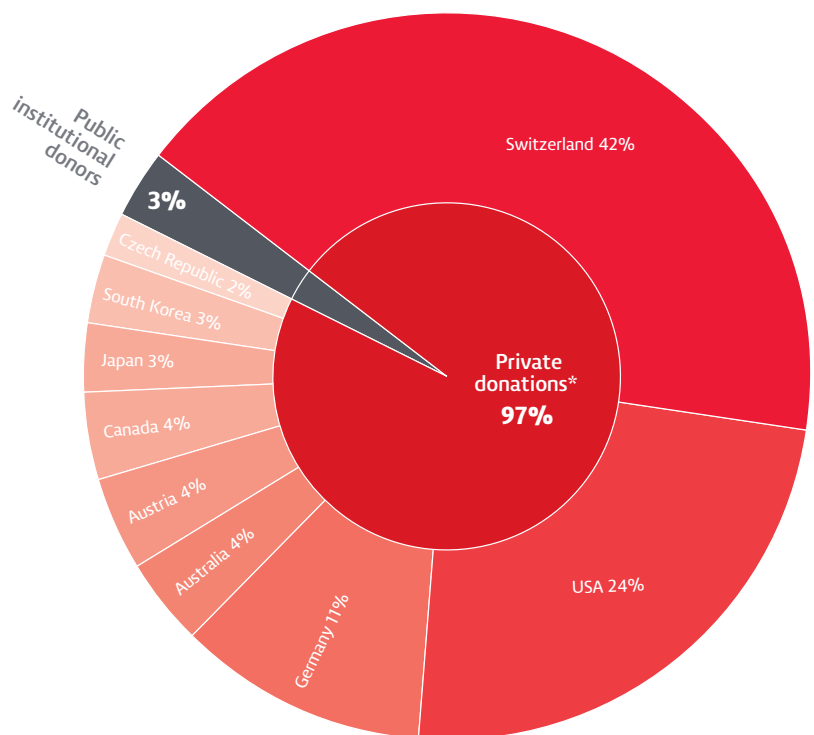
In 2019, as in 2018, we allocated 92% of our budget to our social mission. 3% of our expenditure was allocated to administrative costs and 5% to fundraising.

Finally, good progress has been made with the project to build our new headquarters in the United Nations district in Geneva. The building is being constructed on a plot of land provided free of charge by the Canton of Geneva for a period of 60 years. Work began in March 2020, the first stone is due to be laid in the first half of 2020 and the building is expected to be ready by the end of 2022. The project, which will have an estimated final cost of approximately CHF 56 million, is being financed from three sources: the sale of our building at 78 Rue de Lausanne in Geneva, funding from private foundations and, to a lesser extent, our reserves or a possible bank loan. Overall, this project will enable us to work more effectively and save us paying expensive Geneva rental costs.

We warmly thank all the donors who support us and make our actions possible.

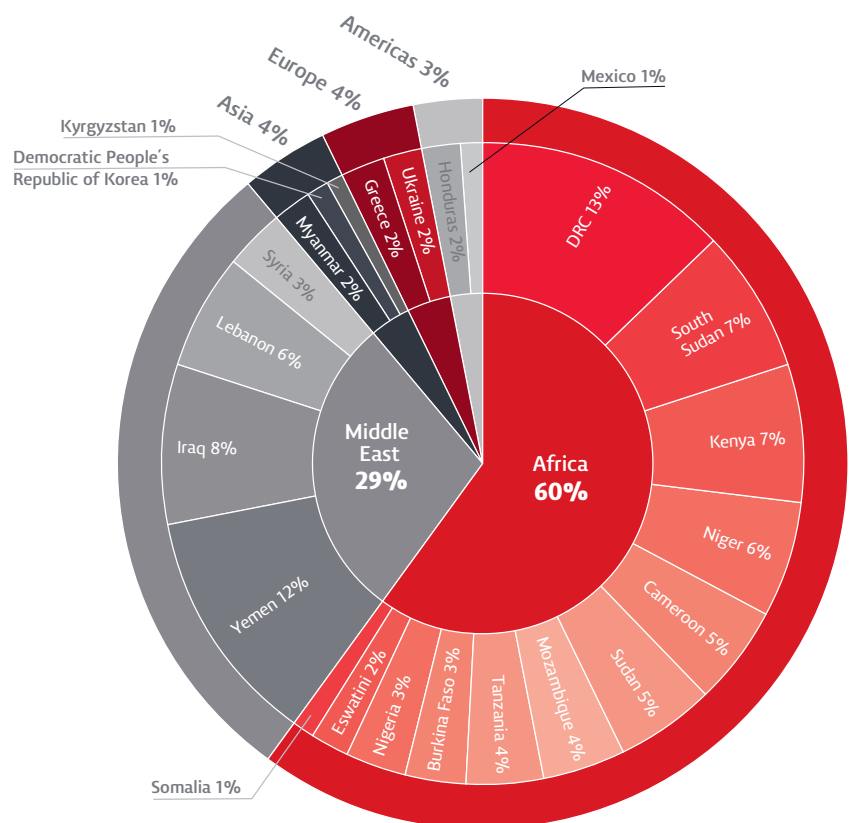
Nicolas Joray
Finance Director

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 2019. This year, 225,340 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
- Doctors of the World
- Global Fund
- UNHCR: UN Refugee Agency
- UNICEF
- WFP: World Food Programme

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

- Be Happy Foundation
- Cartier Philanthropy
- CHUV
- Erika und Conrad Schnyder-Stiftung
- Gebauer Stiftung
- Glückskette - Chaîne du Bonheur
- Hilfswerk GL Zürich
- Hilti Foundation
- IF! International Foundation
- IKEA Foundation
- Kahane Foundation
- Medicor Foundation Liechtenstein
- NAK Humanitas
- Ocean Foundation
- République et canton de Genève
- Walter Haefner Stiftung
- Wietlisbach Foundation
- Zimelien Stiftung

We would like to sincerely thank:

- A. Saesseli & Co. AG
- ACE International SA
- AgonPro AG
- Ameos Gruppe
- Basler Versicherung AG
- Blaser Swisslube AG
- BÜCHI Foundation
- Büchi Labortechnik AG
- C + S AG
- CA Indosuez (Switzerland) SA
- Capital Group
- cereneo Schweiz AG
- Charlotte und Nelly Dornacher Stiftung
- Christian Bachschuster Stiftung
- Cofra Foundation
- Commune de Collonge-Bellerive
- Commune de Cologny
- Commune de Plan-les-Ouates
- Commune de Troinex
- Consa Treuhand AG
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- Erica Stiftung
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- 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 Rifké
- Fondation Stella
- Fondation Turangalila

- Fondation W. et E. Grand d'Hauteville
- Frischknecht AG
- Gemeinde Zumikon
- Georges und Jenny Bloch Stiftung
- Google Switzerland
- Hans Konrad Rahn-Stiftung
- Hans-Eggenberger-Stiftung
- Heinis AG
- Hemmi Fayet Architekten AG
- HR Campus AG
- Htp Hitech Photopolymere AG
- Intellec AG
- Jensen AG Burgdorf
- Kanton Basel-Landschaft
- Kanton Schaffhausen
- Kanton Thurgau

- Koch AG
- Krister and Lena Jonsson Foundation
- Kuhn Landschaftsarchitekten GmbH
- Linguistic Search Solutions AG
- Link Marketing Service
- Martin Nösberger Stiftung
- mb-microtec ag
- Mitarbeiter der Zurich Insurance Group
- Musgrave Charitable Trust Ltd
- PartnerRe
- Poinsettiae Stiftung
- Pratohaus AG
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- Profilsager AG
- Provisa AG
- Raab-Verlag und Versandhandel GmbH
- R.G Riedweg et Gendre SA
- Rolf Hänggi AG
- Rütli-Stiftung
- Schumacher & CHIngS Ingénieurs SA
- Schweizerische Ärzte-Krankenkasse
- Senn Resources AG
- Sowatec AG
- Spitalinternist.ch AG
- Stefanie und Wolfgang Baumann Stiftung
- Stiftung Corymbo
- Stiftung Fürstlicher Kommerzienrat Guido Feger
- Stiftung Sonnenschein
- Stone Age Gems Ltd
- SYNERGON AG
- Teletrend AG

- The GivenGain Foundation
- The Kernco Foundation
- The Swatch Group SA
- The Tanner Trust
- Thurgau Travel AG
- UK Online Giving Foundation
- Ville De Genève
- Ville du Grand-Saconnex
- von Duhn Stiftung
- Wellington Partners Advisory AG
- WIR TEILEN: Fastenopfer Liechtenstein
- Yellow Bird Foundation
- Z Zurich Foundation

We would like to express our special appreciation for the following supporters:

- Anita Gurtner-Fehr, Meilen
- Gerlinde Spiess, Pregassona
- Jutta Prager, Mettmenstetten
- Maya Homburger und Barry Guy, Oberstammheim
- Peter Flubacher, Affoltern am Albis
- Sylvia Baumann, Zurich

and numerous other generous supporters

We also extend thanks to our event partners:

- L'AMAR – Lieu Autogéré Multiculturel d'Accueil et de Rencontres
- Festival of 5 Continents
- Galerie du Faubourg
- University of Neuchâtel

Finally, we would like to thank all those who volunteered time and energy to help MSF in 2019:

- Bingler Viola
- Bouhali Sonia
- Chevalley Dominique
- De Rivaz Romaine
- Greber Silja
- Habtemicael Eden
- Isler Carole
- Ivanovska Ivana
- Lucifora Agatino
- Nelson Brenda
- Robert Joan Lucy
- Roux Antonella
- Sigrist Mirca
- Stracquadini Daniela
- Tusiana Bryan
- Wuidart Gillie

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

- Meyer Madeleine
- Thiery Cécile

Many thanks to our
225,340
donors

We apologise for any inadvertent omissions.

Governance structure of MSF Switzerland

Médecins Sans Frontières Switzerland is an association registered under the 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 2019

- Reveka Papadopoulou, President
- Liza Cragg, Vice-President (until August 2019)
- Vinh-Kim Nguyen, Vice-President (since September 2019)
- Karim Laouabdia, Treasurer (since May 2019)
- Bruno Lab, Secretary (since May 2019)
- Dr Philippe Sudre
- Miriam Kasztura
- Tahar Hani
- Rhoda Chemati Moramba (until October 2019)

Co-opted Board Members:

- Dr Karim Laouabdia, Treasurer
- 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 2019

- Dr. Karim Laouabdia, Treasurer of MSF Switzerland and President of the Finance Commission
- Reveka Papadopoulou, President of MSF Switzerland
- Monika Weismann, Treasurer of MSF Austria
- Hans Isler, Financial Expert
- Dr Philippe Sudre, Member of MSF Switzerland
- Beth Hilton-Thorp, Member of MSF Australia
- Ian Adair, Treasurer of MSF Canada
- Lionel Bally, Financial Expert

The Board of Directors convenes a Human Resource 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 2019

- Beth Hilton-Thorp, Member of MSF Australia and Chairperson of the Human Resource Commission
- Reveka Papadopoulou, President of MSF Switzerland
- Margaretha Maleh, President of MSF Austria
- Liza Cragg, Vice-President of MSF Switzerland (until August 2019)
- Ulrich Holtz, Member of MSF Germany
- Miriam Kasztura, Member of MSF Switzerland
- Bruno Lab, Member of MSF Switzerland (until September 2019)
- Dr Philippe Sudre, Member of MSF Switzerland (since December 2019)

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 2019

- Liesbeth Aelbrecht, General Director
- Ralf de Coulon, Deputy General Director
- Christine Jamet, Operations Director
- Kenneth Lavelle, Operations Director ad interim (until December 2019)
- Micaela Serafini, Medical Director (until December 2019)
- Monica Rull, Medical Director (since December 2019)
- Emmanuel Flamand, Finance Director (until June 2019)
- Nicolas Joray, Finance Director (since June 2019)
- Aude Thorel, Human Resources Director (until August 2019)
- Kate Mort, Human Resources Director ad interim (September – November 2019)
- Stefano Manfredi, Human Resources Director ad interim (November – December 2019)
- Avril Benoît, Communications and Fundraising Director (until June 2019)
- Jose Luis Michelena, Communications and Fundraising Director (since September 2019)
- 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 makes it possible to identify risk events, their likelihood of occurring and their impact, and decide on mitigation measures.

The analysis completed at the end of 2019 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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