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This Activity Report takes the place of the Performance Report. It was prepared in accordance with the provisions of the Swiss GAAP FER/RPC 21. The audited financial statements are available on the website of MSF Switzerland. This report is a translation. Only the French version is legally binding.

REVELA PAPADOPOULOU
President

STEPHEN CORNISH
General Director

Not only was 2020 an unprecedented year of a global pandemic which affected everyone and all aspects of our functioning in every corner of the world, it was also a year of exceptional deployment of capacity by MSF to adapt to this context. Responding to emergencies or any type of health crisis in the world is in our DNA. Nevertheless, the challenges faced were so complex and global that even an emergency humanitarian organisation like ours had to demonstrate more creativity than ever to keep assisting those in need. Indeed, distributing equipment and supplies and – most importantly – providing the necessary human resources, when half of humanity was under lockdown required a Herculean effort in terms of innovation and solution-finding at a time when global mechanisms were severely challenged.

2020 was also the first year of implementation of our new 2020–2023 Strategic Plan, and given the global pandemic, emergency responses were at the forefront. For the first time, the whole organisation, from HQ to project teams, were operating both proactively and responsively, with the objective of ensuring continuity of care while overcoming the multiple constraints and difficulties related to the pandemic. Despite the COVID constraints, we managed to scale up emergency responses in DRC, deploying measles vaccinations and a mass drug administration to fight malaria. We also responded to emergency flooding in Somalia, Sudan and Niger and two category-four hurricanes in Honduras. The increasing frequency and severity of natural disasters are an inevitable consequence of the climate crisis and responding to those events reflects the importance of planetary health in our strategy.

Based on MSF’s experience of alternative models of care, OCG continued to push for complementary responses to COVID beyond hospital-based care management. A more conventional inpatient approach was implemented in Iraq, Yemen, Senegal and Mexico, while home-based care was provided in Eswatini, Ukraine and Kyrgyzstan to support the Ministries of Health in dealing with the COVID pandemic. In addition, in Switzerland and the Czech Republic we supported health authorities and local associations fighting COVID. Decontaminating care and relying more on communities was also a key part of our response plan in 2020, with an ambitious project to deliver care (advice and patient follow-up) via video and mobile phone in Eswatini. This is directly linked to the strategy of partnering with our patients and their communities to empower them in relation to their health care and increasing the deployment of digital technologies.

As usual, we had to make some tough decisions, to ensure we have enough space and capacity to respond to emerging needs. Thus, we decided to close our missions in Syria and Colombia, as well as regular projects such as in Mykolaiv (Ukraine) and Naga (Myanmar). Meanwhile, we massively scaled up our operations in Bhukinsu, and opened new projects in Kajap and Hongosi while continuing our operations in Baranshigo. DRC remained a major context of intervention and Sudan also kept us busy this year as we were working on three fronts: flooding and COVID in Khartoum and, at the end of the year, the Tigray refugee crisis.

COVID served as a crash course for the HQ and coordination teams on how to manage operations in emergency mode, and in looking for creative and innovative solutions when faced with HR and supply shortages. This also represented a shift in our way of working and something we will build on in the future as decentralised, more agile emergency response is in line with our long-term operational strategy.

The pandemic also prompted an acceleration of our digital transformation, beyond what we could have anticipated. Indeed, we stepped up the deployment of online resources and Information and Communication Technologies to respond to challenges as they arose. However, this wonderful capacity to deliver services and care remotely using technology also underlined the fact that we are, above all, a ‘people organisation’. Therefore, direct access to patients and colleagues working physically together is crucial, bedside training, proximity, and cross-context remains key as is the diversity, equity and inclusion of our global workforce.

In addition to our operational COVID response, we advocated and pushed for personal protective equipment, masks, drugs and other key supplies to be provided, while calling for all countries to have equal access to the COVID vaccines.

We would like to end this introduction by thanking all our supporters around the world, and all our colleagues, patients and their communities, for their trust in our social mission and for their commitment, however big or small, to give their best and offer support through a strong sense of solidarity that remains at heart of MSF.

We hope you enjoy reading this report.
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### 28 countries

### 80 projects

<table>
<thead>
<tr>
<th>Country</th>
<th>Since</th>
<th>Projects</th>
<th>HR: Total</th>
<th>International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland</td>
<td>2020</td>
<td>Projects: Haute-Savoie, Geneva, Jura, Neuchâtel, Vaud</td>
<td>HR: 2</td>
<td>Costs: CHF 315,000</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>2020</td>
<td>Projects: Prague</td>
<td>HR: staff from MSF Czech section</td>
<td>Costs: CHF 58,000</td>
</tr>
<tr>
<td>Lebanon</td>
<td>2008</td>
<td>Projects: Beirut, Bekaa Valley, Tripoli</td>
<td>HR: 180 incl. 21 international</td>
<td>Costs: CHF 7,950,000</td>
</tr>
<tr>
<td>Greece</td>
<td>2016</td>
<td>Projects: Athens, Samos</td>
<td>HR: 123 incl. 18 international</td>
<td>Costs: CHF 4,108,000</td>
</tr>
<tr>
<td>Niger</td>
<td>2005</td>
<td>Projects: Magaria, Najma, Nizam</td>
<td>HR: 619 incl. 31 international</td>
<td>Costs: CHF 12,142,000</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>2013</td>
<td>Projects: Barsalougha, Dori, Djibo, Kaya, Ouagadougou</td>
<td>HR: 396 incl. 29 international</td>
<td>Costs: CHF 10,635,000</td>
</tr>
<tr>
<td>Senegal</td>
<td>2020</td>
<td>Project: Dakar</td>
<td>HR: 3</td>
<td>Costs: CHF 273,000</td>
</tr>
<tr>
<td>Nigéria</td>
<td>2016</td>
<td>Projects: Ngala, Rano</td>
<td>HR: 207 incl. 15 international</td>
<td>Costs: CHF 4,773,000</td>
</tr>
<tr>
<td>Cameroon</td>
<td>2000</td>
<td>Projects: Douala, Kribi, Maroua, Moa, Yusufu</td>
<td>HR: 387 incl. 25 international</td>
<td>Costs: CHF 10,681,000</td>
</tr>
<tr>
<td>Sudan</td>
<td>2004</td>
<td>Projects: East Darfur, Al-Gadaref, Khatamah, South Kordofan</td>
<td>HR: 312 incl. 39 international</td>
<td>Costs: CHF 12,827,000</td>
</tr>
<tr>
<td>Congo (DRC)</td>
<td>1996</td>
<td>Project: Agok</td>
<td>HR: 477 incl. 31 international</td>
<td>Costs: CHF 11,904,000</td>
</tr>
<tr>
<td>Eswatini</td>
<td>2007</td>
<td>Project: Nhlangano</td>
<td>HR: 129 incl. 10 international</td>
<td>Costs: CHF 3,513,000</td>
</tr>
<tr>
<td>Croatia</td>
<td>2015</td>
<td>Projects: Donetšek, Marišpol, Mykolau</td>
<td>HR: 64 incl. 10 international</td>
<td>Costs: CHF 2,605,000</td>
</tr>
<tr>
<td>Ukraine</td>
<td>2015</td>
<td>Projects: Donetsk, Mariupol; Mykolau</td>
<td>HR: 64 incl. 10 international</td>
<td>Costs: CHF 2,605,000</td>
</tr>
<tr>
<td>Syria</td>
<td>2013</td>
<td>Project: Deraik</td>
<td>HR: 49 incl. 6 international</td>
<td>Costs: CHF 1,354,000</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>2005</td>
<td>Project: Kafarnaj</td>
<td>HR: 47 incl. 5 international</td>
<td>Costs: CHF 1,665,000</td>
</tr>
<tr>
<td>DPR of Korea</td>
<td>2019</td>
<td>Project: North Hamgyong</td>
<td>HR: 6 incl. 4 international</td>
<td>Costs: CHF 1,325,000</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2000</td>
<td>Projects: Dawei, Kachin, Nagi</td>
<td>HR: 118 incl. 9 international</td>
<td>Costs: CHF 2,588,000</td>
</tr>
<tr>
<td>Yemen</td>
<td>2017</td>
<td>Project: Juba</td>
<td>HR: 109 incl. 9 international</td>
<td>Costs: CHF 1,354,000</td>
</tr>
<tr>
<td>Somalia</td>
<td>2017</td>
<td>Project: Jibout</td>
<td>HR: 4 incl. 4 international</td>
<td>Costs: CHF 1,325,000</td>
</tr>
<tr>
<td>Kenya</td>
<td>2007</td>
<td>Projects: Dadaab, Likoni</td>
<td>HR: 469 incl. 19 international</td>
<td>Costs: CHF 1,325,000</td>
</tr>
<tr>
<td>Iraq</td>
<td>2007</td>
<td>Project:oubted</td>
<td>HR: 97 incl. 5 international</td>
<td>Costs: CHF 1,665,000</td>
</tr>
</tbody>
</table>
Overview of the year 2020

2020 Timeline

January

Iraq: Violent protests against the Iraqi government break out in Baghdad. MSF teams respond by donating emergency medical supplies and treating injured patients in MSF’s rehabilitation centre in the city.

Burkina Faso: The country faces an unprecedented humanitarian crisis as COVID-19 begins to spread. Growing insecurity and violence hamper access to healthcare. MSF launches several emergency projects to meet essential medical needs.

February

COVID-19: On 11 March, the COVID-19 pandemic, declared a pandemic by the WHO. All over the world, the number of confirmed cases increases. MSF supports the most vulnerable communities, while ensuring the continuity of medical care and the safety of health workers in all its projects.

March

Honduras: As the number of COVID-19 cases increases in Central and Latin America, MSF starts treating severely ill patients in the Honduran capital Tegucigalpa. An annex of the National University is converted into a treatment centre for the most serious cases.

April

Afghanistan: On 12 May, 25 people are killed in a brutal attack on MSF’s maternity hospital in Dasht-e-Barchi in Kabul. As a consequence, MSF ceases its activities in the facility.

May

Lebanon: On 4 August, a massive explosion in the port area of Beirut on 4 August, which killed over 200 people and injured thousands more. The last acute emergency of the year occurred along the Ethiopian border with Sudan, following the outbreak of conflict in Tigray region. The MSF teams already working in Khatoum and Darfur immediately deployed to the border-crossing points and the official camps near Al-Gedaref. Setting up mental health services, and trucking in water supplies for the increasing numbers of people fleeing the violence.

June

Sudan: There has been a large influx of refugees following the outbreak of conflict in neighbouring Ethiopia. Most of them arrive in Hamdayet, where no food, shelter or sanitation facilities are available. MSF works at the transit point and in the new camp, providing healthcare and assessing the nutritional needs of new arrivals.

July

Brazil: COVID-19 spreads exponentially in Brazil, threatening to overwhelm the country’s health system. MSF launches an emergency interventions in some of the biggest cities and supports isolated communities in the Amazon region.

August

Hernandez: Since pharmaceutical companies generally have a very poor track record on transparency, MSF calls on governments to demand more information from them to ensure equitable access to vaccines.

September

Cameroon: During the night of 8-9 September, several fires break out in Moria camp on the Greek island of Lesvos, forcing over 12,000 people to evacuate. MSF informs the European Commission about the terrible living conditions in the camp.

October

Switzerland: MSF continues to operate in Switzerland, working closely with the health authorities and other organisations to assist the people most at risk during the pandemic. While distributing food in Geneva, MSF and the Geneva teaching hospital assess the health needs of the most vulnerable groups.

November

Although the COVID-19 pandemic imposed exceptional constraints on the way we respond to medical needs in humanitarian crises in 2020, it also pushed us to speed up some of the changes we had been implementing over recent years. It reaffirmed our identity as an emergency organisation that is agile, creative and dedicated to finding solutions and maintaining assistance in the most challenging of situations. The events of this year reminded us that there is no room for complacency: whatever expertise we may have on a particular issue may need to be completely revised from one day to the next.

Switching to emergency mode in all our missions

In 2020, all our missions in the 24 countries where we worked were suddenly forced to switch to emergency mode and prepare to respond to the COVID-19 pandemic. At the same time, it was essential to ensure continuity of care for all the patients we treat for other diseases. In each project, we focused on finding the right balance according to the level of needs.

Responding to a new disease

To respond to COVID-19, we had to quickly learn how this new disease spread and affected patients. We also developed strategies to tackle it. Field and headquarters staff worked closely together, drawing on MSF’s complementary expertise in medicine and operations. Our epidemiologists and medical department provided new guidelines for responding to the virus, while our logistics and HR teams worked to overcome the daily challenges that it presented: for example difficulties in moving staff and supplies, and shortages of personal protective equipment. For the first months of the pandemic, we focused on training Ministry of Health staff and our own teams in infection prevention and control (IPC). We addressed staffing issues by deploying international staff in our countries and asking international staff who were unable to return home after they finished their missions to extend their contracts. To overcome supply shortages, we tried to find local solutions for basic protective equipment for our teams, and partnered with local organisations in countries such as Tanzania and Niger to produce non-surgical masks to distribute to the population. All our activities had to be adapted or redesigned and everybody worked together to find solutions.

The first wave of COVID-19 hit Europe the hardest, and MSF was asked by various health ministries, medical facilities and civil society organisations to help set up the response. Our main contribution was sharing our experience of responding to large epidemics, something European countries have not had to deal with for many decades, and filling in gaps in the initial response, as we did in any emergency situation. In Switzerland, we later in Czech Republic, where we worked for the first time, we supported the local authorities and civil society organisations to implement IPC measures. In both countries, we urged the authorities to ensure equitable access to care for the most vulnerable and marginalised groups. As the virus reached other countries where we work, we implemented a range of responses, from setting up inpatient and isolation wards for critical patients in Iraq, Yemen, Kenya, Lebanon, Cameroon, Niger, Senegal and Mexico, to offering testing and home-based care in Ukraine, Kyrgyzstan and Eswatini. In all our interventions, health promotion was a key component of our COVID-19 response.

Responding to emergencies and ensuring continuity of care

In addition to tackling the COVID-19 pandemic, MSF continued to respond to emergencies, for example scaling up activities to assist the growing numbers of displaced people in Banihalighe, Kaya and Djibou in Burkina Faso and Iltini in the Democratic Republic of Congo (DRC) in Lebanon, where the deteriorating situation was already giving cause for concern, our teams provided emergency assistance in the first hours after the massive explosion in the port area of Beirut on 4 August, which killed over 200 people and injured thousands more. The last acute emergency of the year occurred along the Ethiopian border with Sudan, following the outbreak of conflict in Tigray region. The MSF teams already working in Khartoum and Darfur immediately deployed to the border-crossing points and the official camps near Al-Gedaref, setting up mental health services, and trucking in water supplies for the increasing numbers of people fleeing the violence.

In our established projects, we adapted quickly to continue our regular activities, further expanding our range of models of care. For example, to help our patients reduce their risk of catching COVID-19, we brought care even closer to their homes, so they could limit visits to health centres and avoid unnecessary journeys by public transport. In Eswatini, for many years, MSF has been developing community-based models of care to provide better access to treatment for patients with multidrug-resistant tuberculosis in rural areas. To protect the most at-risk patients, teams started to use a new technology called telemedicine to monitor patients’ conditions and ensure they were adhering to their treatment protocols.

Although the first wave of COVID-19 was relentless, the second wave crept up, unlike in previous years. IMSF was once again mobilised to respond to the pandemic. MSF’s permanent presence in Switzerland helped to assist those most vulnerable in the wake of the new measures to tackle the virus. At the same time, the financial, logistical and human resources available to our teams were stretched to the limit.

In 2021, there is no going back to normal. MSF’s response to previous epidemics has shown us that any country or region can be hit by an epidemic at any time, and that health systems need to be prepared to respond. Our priority is to continue to respond to the COVID-19 pandemic. At the same time, we have to consider the other threats to health, whether they are related to armed conflict, to the climate crisis or to other emergencies.

In the next sections, we provide an overview of our activities in 24 countries where we implemented our missions in 2020. This overview is based on the activities implemented by MSF teams in all the countries that they work. Each section includes an overview of the context of the country or region, a description of MSF’s activities in 2020, and the financial support received from our supporters. The overview is followed by a summary of our activities in the country, including the number of patients served, the number of HIV patients on antiretroviral treatment, and the number of children vaccinated against measles.

437,487 malaria cases treated

197,803 children vaccinated against measles

11,545 HIV patients on antiretroviral treatment

970 tuberculosis patients

139 multidrug-resistant TB patients

80,587 non-communicable diseases consultations

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This year, more than any before, has shown us the vital role of solidarity in enabling us to overcome a pandemic and protect each other. It’s been amazing to see how staff, patients and supporters have all got involved in unprecedented ways. The COVID-19 pandemic and the emergency at the Sudanese border are continuing into 2021, as are the conflicts and crises in many other parts of the world where we work. More than ever, we remain committed to alleviating pain and setting up sustainable activities that will last beyond MSF’s presence.

Christine Jamet and Kenneth Lavelle
Directorate of Operations
Dr Monica Rull
Medical Director

Reaffirming our medico-operational humanitarian mission

Medical expertise
2020 was definitely a year of epidemics, and in many countries, we put to use our considerable experience of taking care of patients, as well as organising vaccination campaigns in collaboration with local authorities. Teams administered measles vaccinations in Ituri, Haut-Uélé, Bas-Uélé and Tshopo in DRC, in Kari in Sudan, and in Kienyam in Somalia. Because the rainy season was particularly heavy this year, we saw a rise in cases of malaria, a deadly disease, especially when combined with malnutrition. MSF teams organised mass drug administration against malaria in Angola, north of Luiri, reaching a total of 79,874 people. They also launched an emergency intervention in Nagawa, near Mokoula, assisting more than 10,000 people (a 55% increase compared to 2019). Patients chose to give birth in our facility because they were concerned about the lack of infection prevention and control measures for staff and patients in other hospitals. Access to family planning is a challenge in many of the places where we work. However, in our project in Mambasa, in DRC, women now have the option of injecting themselves with a new contraceptive treatment, called Sayana Press. Our teams also treated numerous victims of sexual violence and provided safe abortion care to decrease maternal deaths due to unsafe practices.

Planetary health is an important strategic pillar for MSF, and a field on which we plan to increase focus in our operations and emergency responses. In 2020, we responded to health needs triggered by unexpected or unusually severe climate events, including floods in Niger, Sudan and Somalia that led to mass displacement of people, cholera outbreaks and higher than usual cases of malaria and other diseases transmitted by mosquitoes such as dengue. We also assisted people in Honduras affected by the worst hurricanes to hit the country in 20 years. In Guatemala, we are in the process of opening a project to tackle the high level of chronic kidney disease, a condition that has many causes, but one in which the environment (exposure to agrochemicals and working conditions) seem to play an important role. This orientation towards planetary health and seeing health situations through the lens of environmental degradation is a strong position we want to maintain. As a responsible organisation, this also means addressing our own environmental footprint.

Negotiating
Negotiating is central to MSF’s daily work and it is usually a long process. One example of successful negotiation in 2020 was managing to deploy teams to the border between Ethiopia and Sudan as the first Tigrayan refugees started to arrive following the outbreak of fighting. Negotiating access to non-governmental controlled areas of Ukraine and reaching people in need in the anglophone zone in Cameroon remains major challenges in 2020. We also tried to negotiate access to Karabakh from Azerbaijan as another MSF section was already interventing on the Armenian side. This behind-the-scenes work requires deep knowledge and understanding of a region, something in which we invest a great deal of effort, along with strong advocacy.

Advocating and raising awareness
Giving voice to people directly impacted by political choices is also part of our mission. As in previous years, we continued to raise awareness regarding the plight of migrants in Central America as we worked at the border entry points between Honduras and Mexico. The situation of refugees in Greek camps further deteriorated due to COVID-19 and the lack of isolation facilities for patients. In autumn, the burning of Sarmos and Moria camps illustrated the growing tensions with part of the host population, reaffirming the necessity to evacuate these vulnerable people to safer places. We reiterated our call to European countries to assume their responsibilities and implement humane migration policies. Our 2020 advocacy activities also focused on improving access to tests and protective equipment during the COVID-19 pandemic. In collaboration with the Access Campaign, we repeatedly asked stakeholders to give up benefits on patents, future treatments and vaccines for this disease and to provide equitable access to care. Finally to facilitate future strategic decisions, we conducted in-depth operational context analyses in central Asia and Greece. This data will help us determine the type and scope of any future medical activities in these areas.

124,942 patients admitted
11,146 children admitted to inpatient feeding programmes for acute malnutrition
14,610 surgical procedures
32,445 births assisted

Planetary health

<table>
<thead>
<tr>
<th>Programme costs by continent</th>
<th>Africa</th>
<th>63%</th>
<th>Asia</th>
<th>24%</th>
<th>Europe</th>
<th>3%</th>
<th>Others</th>
<th>5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal consultations</td>
<td>107,934</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Children admitted to outpatient feeding programmes</td>
<td>36,194</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Feeding programmes for acute malnutrition</td>
<td>1,778,088</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Individual mental health consultations</td>
<td>51,022</td>
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<tr>
<td>Outpatient consultations</td>
<td>15,431</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim-observed therapy, which meant that patients who had to be supervised in person by a community member or a health worker when taking their medication (as per the treatment protocol) could now film themselves doing so with a smartphone. In addition, small mobile clinics were deployed to carry out mobile check-ups and deliver drug refills. In every project, the adapted, locally designed model of care allowed us to continue helping the patients most in need.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
COVID-19 knows no borders, so neither must solidarity. As the pandemic continues to affect people around the world, MSF teams are busier than ever, ensuring continuity of care and saving lives.

Improving access to medical assistance as well as the quality of healthcare provided in hospitals is a key part of MSF’s work, whether at admission, in emergency rooms, or in operating theatres.
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.

COVID-19 knows no borders, so neither must solidarity. As the pandemic continues to affect people around the world, MSF teams are busier than ever, ensuring continuity of care and saving lives.
Activities by country

BURKINA FASO
Delivering assistance to displaced people

The general humanitarian situation in Burkina Faso deteriorated further in 2020, due to an escalation in armed conflict. The number of people displaced by fighting in the country surged from around 960,000 at the end of 2019, to over one million by December 2020, a 75% increase during the year. The regions of Soum, Nord and Centre-Nord were the most affected, with thousands of people forced from their homes, leading to a significant increase in demand for basic necessities. MSF teams assisted displaced people and host communities in these areas, but the rising insecurity posed a significant barrier for MSF and other humanitarian organisations attempting to deliver care.

As well as opening new projects in the towns of Kaya, Pissila, Pensa, Kongoussi and Bourzanga in Centre-Nord, MSF responded to emergencies in the region and in neighbouring Sahel in Bangalight.

In July, MSF also responded to a hepatitis E outbreak in the town. MSF’s activities in Kaya, Kongoussi and Bourzanga focused on improving access to curative and preventive care through health posts in urban areas as well as rural communities. During emergency phases, teams distributed hygiene and relief items such as jerrycans, soap and mosquito nets. In addition, mobile teams worked to strengthen epidemiological surveillance and emergency response capacity. Overall, 121,951 outpatient consultations were carried out and 35,125 doses of a multi-antigen vaccine were administered to children under five.

In Djibo, in Sahel region, MSF continued to provide general healthcare, conducting a total of 61,943 outpatient consultations during the year. Many of these were carried out by community health workers, who have been trained by MSF to treat the most common diseases and conditions: malaria, diarrhea and acute respiratory infections. MSF further consolidated its emergency and surgical activities through capacity building, staff training, medical supplies and rehabilitation of buildings in Djibo, as well as Oudalan, in Gorom-Gorom health district.

To respond to the COVID-19 pandemic, MSF launched short-term interventions in the capital. Ouagadougou MSF teams also offered training support and epidemiological surveillance in existing projects and to other health facilities in the area, where they work.

CAMEROON
Assisting people displaced by insecurity and affected by disease outbreaks

The year was marked by repeated outbreaks of armed violence, followed by new waves of displacement, particularly in Northwest and Southwest regions. By December, a total of 705,000 people were displaced, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The conflict has had a severe impact on access to healthcare services in these regions. In 2020, MSF continued to provide healthcare in its projects in Far North region, while supporting the national response to COVID-19 and outbreaks of other diseases, such as cholera.

In the country since: 2000
Reason for intervention: armed conflict, displacement
Main activity: hospital care, general healthcare, cholera, COVID-19
Human resources: 29 international staff
Cost for 2020: CHF 10,635,000

People in Cameroon’s Far North continue to suffer the consequences of daily armed clashes, while facing high levels of food insecurity due to the unpredictable climate. MSF teams work in this region to address some of the gaps in healthcare. In 2020, the staff in Maroua concluded their activities at the regional hospital, which included training specialist staff and refurbishing the intensive care unit and other parts of the facility. A new general healthcare project was launched in Kolofata, and the project at Mora was extended to include emergency surgery. Previously, many of the trauma and obstetric surgery patients treated in Maroua were referred from Mora. The Mora project also continued to treat malaria, diarrhea and paediatric malnutrition, providing a total of 69,313 consultations during the year. In addition, MSF community health workers who have been trained to treat simple cases of common diseases, such as malaria and diarrhea, conducted more than 32,261 consultations in localities around the town. MSF supported the national COVID-19 response in the capital Yaoundé, by constructing isolation zones, donating oxygen supplies, training healthcare staff, conducting health promotion and research, and treating patients. In collaboration with the Ministry of Health and the epidemiological institute Epicentre, MSF carried out research on the efficiency of rapid serological and antigenic COVID-19 tests and found them to be a reliable alternative for resource-limited contexts. MSF also responded to cholera outbreaks in Kribi, deploying community outreach teams to make more than 80,000 home visits to raise awareness of prevention measures.
CHAD
Tackling measles

At the beginning of 2020, large swaths of Chad were still gripped by the measles epidemic, especially the southern regions, which saw a sharp increase in infections. During the first quarter of the year, the Ministry of Public Health reported 7,412 suspected cases. In Goundi district, MSF teams provided care for simple cases in the local health centre and referred patients with complications to the hospital isolation unit by ambulance. MSF also supported the management of severely ill children in the district hospital. The COVID-19-related restrictions prevented MSF from proceeding with a vaccination campaign, a key component in tackling the disease.

COLOMBIA
Assisting Venezuelan refugees

Colombia saw a resurgence of violence in 2019 as armed groups fought over disputed territories. In the midst of this panorama of increasing violence resulting from 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 1.8 million Venezuelans in Colombia. In 2020 MSF focused on supporting vulnerable communities trapped by violence and implementing protective measures against COVID-19.

MSF continued to work in the border area of La Guajira, providing general healthcare, mental health support and sexual and reproductive healthcare to Venezuelan migrants. MSF conducted a total of 7,092 outpatient consultations, including 2,003 antenatal consultations. When COVID-19 arrived in Colombia, activities in the project were adapted and training was provided to ensure the safety of patients and staff. In August, MSF decided to withdraw from La Guajira, as the number of migrants and refugees with unmet needs had greatly diminished, thanks to the increased presence of other NGOs and funding from the government and other organisations.

CZECH REPUBLIC
Supporting the response to the second wave of COVID-19

The Czech Republic managed the first wave of COVID-19 in spring 2020 well, with very low numbers of infections and deaths. However, from August, when it was hit by a second wave, the epidemiological situation deteriorated rapidly, and by late October the country had some of the worst numbers in Europe, pushing the health system to its limits. For this reason, in November, after conducting a needs assessment, MSF decided to open a small project to support care homes in the Czech Republic, to fill the gaps in care caused by the COVID-19 pandemic.

Working closely with the Czech Ministries of Health and Social Affairs, MSF focused on residential and nursing homes in Bohemia and Moravia regions.

DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA
Improving access to tuberculosis treatment

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. Nevertheless, activities planned by MSF in the DPRK largely stalled in 2020, due to border closures triggered by the pandemic.

In January, DPRK completely closed its borders to people and most cargo — the first country in the world to do so — and implemented a strict lockdown within the country. According to the authorities, as a result of these measures, the country has had no confirmed cases of COVID-19. However, the lockdown has taken a heavy toll on the economic and humanitarian situation.

The border closure meant that MSF’s programme in North Hamgyong province was effectively put on standby. During the year, the team maintained regular contact with national authorities to discuss strategies for resuming medical activities as soon as possible. The programme was launched in late 2018, with the aim of strengthening general medical care and improving treatment, diagnosis and management of patients with TB.

The programme supports two TB hospitals in the province, a general hospital at county level as well as a smaller healthcare facility at community level. Unfortunately, the commencement of direct TB activities planned for 2020 was not possible due to the border closure.

In March, we were granted a sanctions exemption by the UN to deliver a cargo of COVID-19 supplies, including personal protective equipment, diagnostic materials and antibiotics (for any associated infections), following a request by the DPRK authorities.
COVID-19 brought an additional burden to the Democratic Republic of Congo (DRC), a country with immense medical needs caused by years of overlapping crises and a weak, underfunded health system. Despite repeated upsurges in violent conflict and restrictions imposed by the pandemic, MSF provided vital humanitarian and medical assistance in the provinces of Ituri, Haut-Uélé, and Itshango.

The impact of the COVID-19 pandemic was felt in all of MSF’s projects in DRC. In the provinces where MSF runs projects, facilities were adapted to ensure continuity of care. Teams launched a campaign on Facebook to address the lack of information that had led to mistrust, rejection and sometimes violent reactions towards medical staff.

While much of the world’s attention was focused on the COVID-19 pandemic, the DRC was still in the grip of the world’s biggest active outbreak of measles, which started in mid-2018. In 2019, MSF teams ran mass vaccination campaigns in the four provinces, reaching a total of 1,944,729 children. The outbreak was declared over in August by the Ministry of Health.

In Ituri province, which has been plagued by conflict and restrictions imposed by the pandemic, MSF maintained general and specialist healthcare in long-term projects in Djugu and Tshopo. MSF provided vital humanitarian and medical assistance due to restrictions on movement related to the COVID-19 pandemic. After this date, MSF continued its support by donating drugs and medical supplies to local health facilities.

In Iturí and North-Kivu, the tenth, and the biggest, Ebola outbreak in the country’s history was declared over on 25 June. By then, it had infected 3,470 people and claimed 2,287 lives. MSF supported the response by providing care in treatment and transit centres, collaborating in the vaccination programme and distributing health promotion information, as well as treating other health conditions.

In Iturí province, which has been plagued by conflict for many years, MSF maintained general and specialist healthcare in long-term projects in Djugu and Mahagi territories, ensuring continuity of lifesaving care while responding to epidemics and mass displacement, among other emergencies. Teams provided outpatient consultations and hospital care, and distributed mosquito nets and relief items in the makeshift camps where the displaced people live. A total of 14,178 outpatient consultations were carried out in health centres, mobile clinics and community care sites, a large proportion of them for malaria, and 12,906 patients were admitted for care. However, the escalation of violence in 2020 and its impact on teams operating in some of the affected areas led to a reduction in MSF’s activities. During 2020, MSF started to consider ways to adapt its way of working so that it can maintain its assistance to people in need without exposing patients and staff to the high risks they currently face.

Until March, MSF offered reproductive healthcare, including safe abortion and medical and psychological treatment for victims of sexual and gender-based violence, in Mambasa territory. The team conducted consultations for 4,649 patients with sexually transmitted infections, before suspending activities due to restrictions on movement related to the COVID-19 pandemic. After this date, MSF continued its support by donating drugs and medical supplies to local health facilities.

In Shiselweni region, the pandemic forced MSF to change how care was delivered to ensure that the most vulnerable people had uninterrupted safe access to lifesaving therapy. Teams strengthened community-based drug-resistant TB (DR-TB) care, with health workers visiting patients’ homes to give them medication, food, psychological support and COVID-19 preventive equipment (masks, sanitisers). Video-observed therapy allowed these patients to firm themselves taking their medication at home instead of travelling to health facilities for nurse-observed therapy. In addition, MSF increased its support to the national DR-TB ward in Nhlangano by providing nursing care, implementing COVID-19 prevention and detection protocols, and donating medicines.

In Eswatini, around one-third of adults are currently living with HIV, and many of them are co-infected with tuberculosis (TB). MSF supports the Ministry of Health by working on reducing the incidence and transmission of these diseases and improving treatment. In 2020, MSF adapted its activities to respond to the COVID-19 pandemic, while continuing to treat patients suffering from HIV, TB and non-communicable diseases (NCDs), like diabetes and hypertension.

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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. Throughout 2020, MSF continued to provide medical services to migrants and refugees in Athens and on the island of Samos, while dealing with the spread of the COVID-19 pandemic.

On Samos, at times there were as many as 8,000 people living in Vathy reception centre, which was originally planned for 650. The authorities’ COVID-19 response was inadequate, with only a handful of medical staff and unacceptable quarantine options for infected people. During 2020, MSF provided toilets and thousands of litres of water per day to help prevent health problems associated with poor water and sanitation. In Vathy town, MSF’s day care centre continued to offer mental health support and sexual and reproductive healthcare with a focus on sexual violence. A total of 5,982 consultations were carried out at the MSF facility in the camp.

### Greece

**Assisting migrants and refugees**

In the country since: 1998

**Reason for intervention:** Displacement

**Main activity:** General healthcare, sexual and reproductive healthcare, mental healthcare, water and sanitation

**Human resources:** 147 staff including 18 international staff

**Cost for 2020:** CHF 6,108,000

### Honduras

**Providing medical care for victims of violence and responding to COVID-19**

Honduras has experienced years of social, economic and political instability, which is reflected in the high rates of homicide, sexual violence and forced displacement of vulnerable people. In 2020, the combination of COVID-19 and natural disasters had a devastating effect on the country, exacerbating the already high levels of unemployment and food insecurity. During the year, MSF continued to assist victims of violence, while carrying out emergency responses to the COVID-19 pandemic and hurricanes Eta and Iota.

In February, when the government declared a state of emergency due to the pandemic, the lockdown measures confined women and children in violent domestic environments without the possibility of seeking support. In response, MSF rapidly introduced helpline services and organised mental health follow-up for victims of sexual violence. Overall, 4,489 mental healthcare consultations were conducted in 2020. In the department of Choluteca, MSF teams ensured continuity of care at a mother and child clinic, the only one in the area offering family planning, ante- and postnatal consultations and psychological support to victims of violence. They also assisted a total of 910 births.

In June, as COVID-19 cases rose dramatically, MSF started to offer comprehensive medical services to patients at a treatment centre set up in the National University sports facility in Tegucigalpa, in collaboration with the Ministry of Health and the regional authorities. In addition, MSF established COVID-19 triage and provided oxygen treatment at Nueva Capital health centre.

In November and December, when Honduras was hit by hurricanes Eta and Iota – the worst storms in Central America since hurricane Mitch in 1998 – 250,000 people were left with limited access to health services. MSF teams responded by providing medical and psychological care, as well as health promotion, in the shelters located in the most affected areas. They also assisted victims of sexual violence. Widespread destruction of infrastructure caused by the storms, means that a long-term period of reconstruction will be required.

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

Since 2000, MSF has continued to provide medical services to migrants and refugees in Athens and on the island of Samos, while dealing with the spread of the COVID-19 pandemic.
Providing hospital care and support to the COVID-19 response

In 2020, the arrival of COVID-19 in Iraq presented new challenges to a country still reeling from the effects of years of conflict and instability. Many healthcare facilities have been destroyed and there are not enough medical specialists and services to address urgent healthcare needs, such as violence-related trauma. From early 2020, it was immediately clear that the health system would struggle to cope with the increased demand and challenges generated by the pandemic. In 2020, MSF therefore decided to scale-up its lifesaving medical activities for people affected by conflict and respond to the pandemic, strengthening infection prevention and control measures and putting in place triage and referral procedures to protect patients and staff.

MSF supported the response to the COVID-19 pandemic in Mosul in Ninewa governorate by opening a 15-bed intensive care unit at Al-Salam hospital in mid-November, offering advanced care for patients with critical and severe forms of the virus. At other facilities in Ninewa, as well as in Erbil and Dohuk governorates, MSF provided training sessions, with a focus on infection control.

Throughout the year, MSF continued to run general and specialist health services for displaced people, returnees and vulnerable communities. In all locations, including MSF COVID-19 centres, emergency room and mental health services were maintained. As a result of the pandemic, the closure of private clinics and the interruption of cross-border referrals, the maternity and paediatric teams in west Mosul saw a sharp increase in demand for care and admissions. In 2020, MSF staff conducted 41,075 emergency room consultations and assisted 10,825 deliveries in Nabuk, in Mosul.

There was also a considerable increase in medical needs in Sinuni, in Sinjar district, where MSF teams assist and provide paediatric care and sexual and reproductive health services to Yazidis and other communities. A total of 14,725 patients were treated in the emergency room in 2020 in Sinuni.

Delivering care to the most vulnerable

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, by the end of 2020 there were more than 224,000 people living in Dadaab, a refugee camp complex on the border with Somalia, where MSF has a long-running comprehensive care programme. In 2020, despite the restrictions imposed on access to healthcare by COVID-19, and strikes by healthcare workers, MSF continued to provide care for refugees and victims of sexual violence, while responding to public health challenges such as HIV. Teams also supported the national response to the pandemic by treating patients and training health staff.

In Dagahaley camp in Dadaab, MSF runs a 100-bed hospital and two health posts offering comprehensive healthcare to both refugees and the host community. Services 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 2020, MSF teams conducted more than 149,948 outpatient consultations, admitted 8,671 patients for care and assisted 2,956 births. In response to the COVID-19 pandemic, MSF ran a 40-bed isolation facility in the camp and trained staff working for Garissa and Wajir district health authorities.

In addition, they worked with government mobile brigades to gather samples for testing and supported epidemiological surveillance by assisting with data collection. When COVID-19 peaked in the country in July, MSF opened a COVID-19 home-based care programme for moderate and mild patients in Alamedin and Sikuluk, in Chy province, to prevent hospitals from being overwhelmed. This programme was also extended to Kadamaj. The home-based management of COVID-19 was a first in the country and was introduced in collaboration with the Ministry of Health in October, following political unrest, MSF supported the Kyrgyz Red Crescent by donating first-aid kits.

Providing general healthcare and treatment for COVID-19 in rural communities

In the largely rural and remote region of Aidarken, MSF offered strong support to the COVID-19 response, while continuing to run healthcare programmes in Batken province. MSF supports district health authorities to screen, diagnose and prevent a range of chronic diseases, including diabetes and hypertension. The high prevalence of non-communicable diseases in this region is potentially linked to soil and water pollution; however, plans to carry out further environmental assessments were delayed because of COVID-19. MSF teams in Aidarken also run health services for women and children, with an emphasis on sexual and reproductive health, including ante- and postnatal care. In 2020, MSF started a cervical cancer screening programme, but was unable to scale up activities as planned due to the COVID-19 pandemic. Although the team was forced to reduce outpatient consultations, they nevertheless managed to conduct a total of 5,855 during the year.

As early as March, MSF started to reinforce COVID-19 preparedness measures in flux of the main hospital in Kadamaj. Batken province teams adapted infrastructure to improve patient flow, offered advice and training on infection prevention and control, and provided disinfectants and personal protective equipment for health staff. In addition, they worked with government mobile brigades to gather samples for testing and supported epidemiological surveillance by assisting with data collection. When COVID-19 peaked in the country in July, MSF opened a COVID-19 home-based care programme for moderate and mild patients in Alamedin and Sikuluk, in Chy province, to prevent hospitals from being overwhelmed. This programme was also extended to Kadamaj. The home-based management of COVID-19 was a first in the country and was introduced in collaboration with the Ministry of Health in October, following political unrest, MSF supported the Kyrgyz Red Crescent by donating first-aid kits.
LEBANON
Providing relief aid to refugees and vulnerable communities

The spread of COVID-19 overwhelmed the health-care system, and the series of lockdowns imposed by the authorities further aggravated the economic crisis. As the number of cases increased, MSF adapted its activities in all its projects to tackle the virus. Health promotion teams reinforced messages regarding infection prevention and control in the community and organised awareness-raising sessions in MSF facilities. MSF staff also provided training and worked with the Ministry of Health and other organisations to coordinate the response.

For MSF, preventing the pandemic from disrupting essential health services was of fundamental importance in Lebanon. During the year, existing activities were maintained, to ensure access to free, high-quality healthcare for vulnerable people in need of medical or humanitarian support, such as Syrian refugees – there are over a million in the country. In Hermel, Ansal, Majdal Anjar and Baalbek, MSF ran clinics providing reproductive health services, maternity care, mental health support and treatment for non-communicable diseases (NCDs). A total of 28,898 consultations for NCDs and 10,750 antenatal consultations were conducted during the year. Activities in Majdal and Baalbek were handed over to the Ministry of Health and other organisations in October.

Until December 2020, MSF ran a project in Tripoli offering treatment for chronic diseases, family planning services and mental health support. As all patients have now been transferred to national programmes, the project was closed at the end of the year.

The MSF programme in Maputo offers specialised care for patients with advanced HIV and TB and is working to improve the detection and rapid treatment of opportunistic infections.

MSF’s harm reduction programme for people who use drugs, offering testing for HIV, TB and hepatitis C and referrals for treatment. In 2020, teams conducted 9,944 consultations, including 4,188 for mental health, in its projects in Mexico in 2020.

MEXICO
Fighting the COVID-19 pandemic and assisting migrants

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 2020, in addition to running activities to assist people in these locations, MSF organised a range of COVID-19 emergency responses in Mexico, a country with one of the highest numbers of deaths from the virus in the world.

As the number of coronavirus cases rose quickly, MSF adapted its activities to care for patients with mild to severe COVID-19 in two dedicated centres set up in the campuses of Rey nosa and Matamoros universities. These activities ended in October.

MSF continued to run its project in Reynosa, which provides medical, psychological and social work consultations for victims of violence, including sexual violence, and Mexican returnees from the US. Teams worked in all the migrant shelters in Nuevo Laredo, Reynosa and Matamoros, including an improvised asylum seekers camp. In total, MSF carried out 7,950 consultations, including 4,188 for mental health, in its projects in Mexico in 2020.

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. In February, MSF published a report entitled No Way Out on the damaging impact on health of US-Mexico migration policies.

MOZAMBIQUE
Responding to COVID-19 and supporting treatment for chronic diseases

In Mozambique, around 2.2 million people are living with HIV, of whom 36 per cent are co-infected with tuberculosis (TB). While continuing to provide care for patients with these diseases, MSF gave logistical and technical support to the main COVID-19 referral hospitals in the capital Maputo to assist the national response to the pandemic.

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Malaria, acute respiratory infections and diarrhoea.

In Magaria, where MSF manages the paediatric unit, teams treated more patients with malaria than in 2019, mainly due to a longer and heavier rainy season, a shortage of antimalarial medicines and the COVID-19 crisis. From October to December, MSF also supported a regional hospital in Naiyem to improve care for children under the age of 15 by increasing its inpatient capacity, training staff and donating drugs.

As in previous years, MSF supported the Ministry of Public Health by boosting inpatient capacity for the treatment of acutely malnourished children in Magaria. In 2020, MSF admitted 14,906 children for the treatment of acutely malnourished children.

In Naiyem, MSF’s emergency mental health team provided mental health and psychosocial support to people affected by the conflict. The team worked with partners to create a mental health support network and continue implementation of a mental health and psychosocial support programme.

In 2020, MSF admitted 14,906 children for the treatment of acutely malnourished children.
The COVID-19 pandemic aggravated the overall humanitarian situation in Somalia and Somaliland, where people were already struggling with the effects of climate hazards, locust infestations and recurrent outbreaks of fighting. Malnutrition rates among children were well above the emergency threshold in many areas and the number of deaths during pregnancy and childbirth remained among the highest in the world. In 2020, 2.6 million people were displaced, mainly due to conflict and floods, while 41.1 million people were considered food insecure.

In South Sudan, a disputed area between Sudan and South Sudan, our 180-bed hospital in Agok town continued to offer surgery, neonatal and paediatric care and treatment for malnutrition and diseases such as HIV, tuberculosis, malnutrition and diabetes. Throughout the year, MSF managed to maintain most of its activities, including support to pandemic care in Abyei and Juba, in northern Abyei land, teams continued to carry out frequent short interventions focusing on nutritional care for malnourished children. Some of the planned activities were delayed due to the pandemic. However, MSF was able to run eye surgery camps, which provide screening and treatment for cataracts and other common eye conditions.

The COVID-19 pandemic spread globally in early 2020, sparking by its deepening economic and political crisis. It led to the ousting of the president and to a political transition that is still ongoing. The arrival of COVID-19 in the country had a severe impact on the already fragile health system, especially in the densely populated capital Khartoum. In 2020, MSF assisted with the COVID-19 response and provided emergency assistance to people affected by violence and displacement within the country, as well as refugees from neighbouring Ethiopia. Reemerging conflict in Tigray region at the end of the year.

In May, MSF began to hand over its kala azar (visceral leishmaniasis) activities in Al-Gezaref state, eastern Sudan. MSF has been working on the management of this disease in Tabarak Allah village and some communities and healthcare centres where MSF works.

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MSF adapted its medical programmes to screen COVID-19 patients and referred them to designated treatment facilities. MSF also provided training for Ministry of Health staff in Juba and put in place hygiene, emergency preparedness and preventive measures to protect staff and patients.

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In 2019, Sudan was the scene of mass protests, sparked by its deepening economic and political crisis. It led to the ousting of the president and to a political transition that is still ongoing. The arrival of COVID-19 in the country had a severe impact on the already fragile healthcare system, especially in the densely populated capital Khartoum. In 2020, MSF assisted with the COVID-19 response and provided emergency assistance to people affected by violence and displacement within the country, as well as refugees from neighbouring Ethiopia. Reemerging conflict in Tigray region at the end of the year.

In May, MSF began to hand over its kala azar (visceral leishmaniasis) activities in Al-Gezaref state, eastern Sudan. MSF has been working on the management of this disease in Tabarak Allah village and Sennar states, running mobile clinics and distributing relief items such as hygiene kits.

In November, the Blue Nile burst its banks, causing devastating floods that affected more than three million people across 17 of Sudan’s 18 states. MSF launched an emergency response in Khartoum and Sennar states, running mobile clinics and distributing relief items such as hygiene kits.

In November, when conflict broke out in Ethiopia, thousands of people fled across the border into Sudan. Teams were sent to assist refugees in Al-Gedaref state; providing screening for malnutrition, general healthcare consultations, and water and sanitation in two camps, and at the main border crossing points.
Providing care to displaced people

By the end of 2020, over 11 million people in Syria needed humanitarian assistance. Hundreds of thousands have been killed or wounded in a war that is still raging after 10 years. MSF continued to operate in Syria, but its activities remained limited by insecurity and access constraints.

The Turkish military intervention and the activities of allied Syrian armed opposition groups had a severe impact on the people of northeast Syria, many of whom were killed, wounded or displaced as a result of this escalation in violence, and MSF had to evacuate its teams from several projects. In areas where they could continue to work, MSF staff carried out general healthcare consultations for displaced people.

At the beginning of 2020, MSF handed over its activities at the general healthcare clinic it had been supporting in Tel Kocher to the local health authorities. The team at the clinic had been providing paediatric care and services for pregnant women and patients with chronic diseases. MSF started working in northeast Syria in 2013 as an emergency response, offering medical and humanitarian support to people who had been directly or indirectly affected by the ongoing conflict and political instability. During this period, MSF teams ran general healthcare services for internally displaced people in camps. They also rehabilitated Hassakeh and Derek national hospitals.

Offering care to refugees

Like most European countries, Switzerland has been severely impacted by COVID-19. At the beginning of the pandemic, the Swiss health system struggled to adapt to the new reality and the needs of the population. This unprecedented situation led MSF to develop activities to help reduce transmission of the virus, focusing on the most vulnerable groups in society.

When the first wave hit the country in March, MSF worked to reinforce staff capacity in medical facilities and organisations to distribute food parcels to around 125,000 households. In addition, MSF collaborated with the city of Geneva and several local organisations to distribute food parcels to around 3,000 people. The need for this kind of support in a wealthy European country exposed the increasing relevance of migration. MSF’s support was only needed for two months.

Between November and February 2021, MSF set up a partnership with the cantonal doctors’ services – which are the focal point for COVID-19 care – and Geneva teaching hospital. Teams continued to support nursing homes in several cantons and in neighbouring French localities. After sharing its field-based emergency response expertise with relevant partners, MSF contributed its activities in the country as the second wave came to an end.

Displaced people in the camps prevented them from seeking work, forcing them to rely solely on an dwindling humanitarian assistance. The refugee response in Tanzania is one of the most chronically underfunded in the world. In 2020, MSF continued to provide healthcare for Burundian refugees in the camps and communities. MSF teams also supported the COVID-19 response in the camps, including care and counselling for victims of sexual and gender-based violence, as well as mental healthcare consultations and treatment for tuberculosis, HIV and a range of non-communicable diseases. The hospital has both paediatric and adult wards, as well as a maternity room and provides emergency surgical and obstetrical referrals to the nearest government facility. Overall, MSF teams conducted 24,243 consultations and treated 9,798 patients.

Reason for intervention: armed conflict, healthcare exclusion
Main activity: sexual and reproductive healthcare, general healthcare
Human resources: 61 staff including 18 international staff
Cost for 2020: CHF 1,576,000

Providing care to patients with chronic conditions

As the conflict in eastern Ukraine entered its seventh year, access to healthcare remained limited for people living along the front line. Since 2015, MSF has run a range of activities in the country, including tuberculosis care. In 2020, MSF teams opened new projects in Donetsk and Luhansk and supported the national COVID-19 response.

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

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

Reason for intervention: armed conflict, general healthcare, hepatits C
Main activity: hospital care, general healthcare, mental healthcare
Human resources: 64 staff including 10 international staff
Cost for 2020: CHF 2,605,000

Supporting the response to COVID-19

After violence erupted in Burundi in 2015, thousands of people fled into Tanzania. In 2020, some 20,000 returned home, but more than 147,000 are still living there in camps, as they do not believe their country is safe. Restrictions on movement outside the camps prevent them from seeking work, forcing them to rely solely on ever-dwindling humanitarian assistance. The refugee response in Tanzania is one of the most chronically underfunded in the world. In 2020, MSF continued to provide healthcare for Burundian refugees in the camps and communities. MSF teams also supported the COVID-19 response in the camps, including care and counselling for victims of sexual and gender-based violence, as well as mental healthcare consultations and treatment for tuberculosis, HIV and a range of non-communicable diseases. The hospital has both paediatric and adult wards, as well as a maternity room and provides emergency surgical and obstetrical referrals to the nearby government facility. Overall, MSF teams conducted 24,243 consultations and treated 9,798 patients.

In the country since: 2020
Reason for intervention: epidemics
Emergency intervention: COVID-19
Human resources: 2 staff including 1 international staff
Cost for 2020: CHF 352,000

Cost for 2020: CHF 8,489,000
19 international staff (FTE)

Yemen
Responding to COVID-19 and providing emergency care

Although the COVID-19 pandemic hit Yemen hard in 2020, it was just one of many crises unfolding in the country, still at war after five years. More people than ever before were left without healthcare, as many of the last parts of the already crippled healthcare system stopped functioning during the outbreak. Restrictions imposed by the local authorities on the work of aid organisations further complicated MSF's work, and healthcare facilities and workers continued to be attacked. Many civilians were killed or injured in shelling, air raids or shelling. Despite these challenges, MSF continued to provide essential care by supporting hospitals in Yemen, hampering activities such as needs assessments and the deployment of mobile clinics. Administrative difficulties around obtaining visas for specialist staff and importing supplies also complicated the provision of aid.

The potential for COVID-19 to devastate Yemen was evident from the beginning, a country fragmented by fighting, with a collapsed health system and a population too poor to simply stop working and stay at home. There was also a widespread reluctance to believe that the virus was real, or a threat to Yemen. MSF immediately began working with the health authorities, opening a small treatment centre in Ibb and running health promotion activities to raise awareness about the virus. Prevention measures were put in place in all MSF projects so that they could continue to offer essential healthcare. The number of cases appeared to reduce sharply during the summer, and by September, the majority of MSF's COVID activities had been handed over to the local health authorities. However, teams continued training and other activities in preparation for a potential second wave.

Despite the heavy toll that COVID-19 took on Yemen, the number of air strikes and active front-lines increased in Hodeidah and Ad-Dahi. MSF teams performed a total of 1,783 surgical interventions and conducted a total of 34,519 emergency room consultations during the year. Staff in these areas also saw how the fighting further limited people's access to care for complications and diseases such as malaria and dengue.

Both Ansar Allah and the Saudi-led coalition continued to impose movement restrictions on humanitarian aid workers in Yemen, hampering activities such as needs assessments and the deployment of mobile clinics. Administrative difficulties around obtaining visas for specialist staff and importing supplies also complicated the provision of aid.

2020 was an exceptional year in every way and the pandemic probably created the largest human resources challenge our organisation has ever faced. As an emergency humanitarian organisation, we are used to having to change and adapt, but this crisis was, and continues to be, global. It impacted all our headquarters and missions, testing our capacities and systems, and put a strain on our resources and our people. We quickly had to adapt to a scenario where international mobility was suddenly severely restricted and we had to ensure the health and wellbeing of our staff in response to a disease that we knew little about.

The unprecedented drop in flight availability and restrictions on movements meant that the usual routine activity of sending our international staff to the field and arranging for them to return home became a highly complex challenge. That we were able to continue to provide care to patients is testament to the dedication of our field teams and the problem-solving capacity of our HR teams. Over the last 20 years, we have made progressive changes in our approach to field staffing, including investing in and promoting local capacity and diversifying recruitment, so that we now have more than 140 nationals represented in the global MSF workforce. These changes enabled us to implement local and regional staffing solutions at a time when international movements were so restricted, providing a solid foundation for our field activities to continue even in this extraordinary situation. This experience has also confirmed that while international mobility is an essential aspect of our identity and necessary for humanitarian responses, the approaches adopted during this pandemic will inform and strengthen our emergency interventions in the future.

The pandemic also required us to consider staff health in a truly global way. Workplaces across the whole organisation were impacted, from Geneva and Zurich to Mexico, Dakar and the 28 countries where MSF operations Policies and support practices were developed globally and implemented locally. For example, we had to ensure that staff vulnerable to COVID-19 were not exposed to unnecessary risks, with similar policies and practices being put in place in our workplaces around the world but adapted to each local context. In the early stages of the pandemic we faced a potential shortage of personal protective equipment and had to take decisions about how to balance operational needs with the safety of our staff. The psychological impact of the crisis has taken a toll on people. Staff have dealt with personal and family tragedy while continuing their work; field staff reported to mental and emotional distress due to limitations in responding all the needs they were confronted with; and many staff were fatigue by the seemingly never-ending workload. We stepped up the psychosocial support for all our staff but the impact of this crisis is still being felt by many of the people working with us.

In some ways this year also proved to be an interesting catalyst for change. We continued to provide Learning and Development opportunities to our staff and our LED team did a remarkable job of adapting the learning offer to the context. For instance, numerous courses were developed online, bedside training was conducted remotely and remote mentoring was offered for staff taking up higher levels of responsibility.

In last year’s report I mentioned the efforts we are making to become a more inclusive organisation. Diversity, equity and inclusion discussions were amplified this year with the ‘Black Lives Matter’ movement and it was clear from the voices of our own staff that even if advancements have been made, they are not enough. While these expressions are not always easy to hear, they have allowed us to accelerate our work in this area and to better identify the barriers staff see in our organisation structure and practices. The introduction of a D&I coordinator in 2020 has allowed us to bring together various initiatives that have emerged in recent years and ensure a more coordinated and comprehensive approach in the future. We have seen change in 2020, with more of our locally recruited staff moving into higher levels of responsibility, and our international workforce is becoming more and more diverse. These are positive signs, but ensuring inclusion of the highly diverse MSF workforce remains a daily challenge and a commitment we continue to invest in.

Our common objective was to ensure that our operations were affected as little as possible and that quality care continued to be available for the people we serve. While we all greatly miss working physically side by side, 2020 showed us new ways of providing care for our patients.

I want to sincerely thank our staff for their amazing work in this exceptional year. 2020 demonstrated the creativity, motivation and dedication of our people. While those were qualities we already valued, seeing them reaffirmed under such circumstances was moving and we are grateful to all our staff for their efforts. The crisis is not over and despite the constraints and challenges, I am convinced we will continue to find ways to keep MSF operating as an international movement without borders and remaining true to our identity.

Kate Mort
Human Resources Director

Human Resources

<table>
<thead>
<tr>
<th>Staff per occupation (FTE) 2020 – 2019</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff</td>
<td>616</td>
<td>548</td>
</tr>
<tr>
<td>Paramedical staff</td>
<td>3,004</td>
<td>2,994</td>
</tr>
<tr>
<td>Non-medical staff</td>
<td>2,004</td>
<td>3,094</td>
</tr>
<tr>
<td>Total staff</td>
<td>5,624</td>
<td>6,224</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field mission departures 2020 – 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total numbers on their first mission</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Regular programmes</td>
</tr>
<tr>
<td>Emergency programmes</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

30 ACTIVITY REPORT 2020

HUMAN RESOURCES 31
Financial results

Expenditure (in thousands of Swiss francs)

<table>
<thead>
<tr>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmes</td>
<td>199,040</td>
</tr>
<tr>
<td>Programme support</td>
<td>941</td>
</tr>
<tr>
<td>Advocacy, awareness raising &amp; other humanitarian activities</td>
<td>1,161</td>
</tr>
<tr>
<td>Social mission expenses</td>
<td>227,071</td>
</tr>
<tr>
<td>Fundraising in Switzerland</td>
<td>15,516</td>
</tr>
<tr>
<td>Management and administration</td>
<td>17,306</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>21,548</td>
</tr>
<tr>
<td>TOTAL EXPENDITURE</td>
<td>248,639</td>
</tr>
</tbody>
</table>

Income and expenditure (in millions of Swiss francs)

<table>
<thead>
<tr>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>236,877</td>
</tr>
<tr>
<td>Expenditure</td>
<td>248,639</td>
</tr>
</tbody>
</table>

Programme costs per reason of intervention

- Armed conflict: 55%
- Social violence and healthcare exclusion: 12%
- Epidemic and epidemic disease: 30%

Our activities in 2020 were unquestionably defined by the COVID-19 pandemic. Never before has MSF had to contend with a situation that simultaneously affected all its countries of intervention as well as its headquarters. All our activities were disrupted. An extremely high level of responsiveness and dedication was required from our teams in order to adapt all our projects to the new constraints imposed by this pandemic and provide adequate support and care to the patients and people assisted by MSF. We set up numerous emergency projects directly linked to the COVID-19 pandemic in several countries, including Switzerland.

At the end of 2020, we had a surplus of CHF 28.6 million. This exceptional result follows losses of CHF 1.6 million in 2019 and CHF 30.7 million in 2018. Total programme expenditure was CHF 189 million, a decrease of 5.4% (or CHF 12.7 million). This decrease was primarily due to a lower programme expenditure across these three continents: Africa (12%), Middle East (24%), Europe, America and Asia (3%) accounted for 80 projects in 28 countries. Africa accounted for 17% of the expenditure (28.6 million), whereas in 2019, expenditure was CHF 56.2 million. The bulk of this increase was linked to costs that were previously incurred by the suspension of activities.

In Africa, the Democratic Republic of Congo (DRC) was the country where programme expenditure was highest, at CHF 231 million, and where we conducted the largest number of projects. Once again, in 2020, we had a surplus of CHF 28.6 million, 57% of which was attributed to fundraising.

In East Africa and Southern Africa, our spending fell by 6% to CHF 62.6 million. The largest decrease was recorded in Mozambique, where the process of withdrawing from certain activities is ongoing. With a view to the complete closure of the mission in 2021, MSF has also continued its activities in Eswatini, Kenya, South Sudan, Somalia and Tanzania. In the Middle East, our teams ran a total of 13 projects in Iraq, Lebanon, Syria and Yemen, at a total cost of CHF 44.2 million, 23% less than in 2019. The majority of this reduction was linked to the closure of our mission in Syria in early 2020, as well as the closure of our Trippoli project and two clinics in the Bekaa Valley in Lebanon, the Al-Udayn project in Yemen and the Zummar project in Iraq. In 2020, we had teams working in Asia (Myanmar, Kyrgyzstan and the Democratic People’s Republic of Korea), Latin America (Mexico, Honduras and Colombia) and Europe (Ukraine, Greece, the Czech Republic and Switzerland). Our total programme expenditure for these three continents was CHF 24.1 million, up 11.5%.

Headquarters spending on supporting our programmes and on remuneration, awareness-raising and other humanitarian activities decreased by 2% and 11.3%, respectively, in 2020. Management and administration expenses, meanwhile, were down by 5.4%. These reductions are in part due to MSF Switzerland’s policy of cutting headquarters costs, but also to the COVID-19 pandemic, which restricted mobility and the implementation of activities. Nonetheless, MSF Switzerland invested 11.5% more resources in fundraising in Switzerland to bolster its revenue in the medium term.

Following on from a positive 2019, 2020 was a very good year in terms of fundraising. Our total revenue was CHF 280.6 million, a CHF 5.4 million increase (2%) compared with 2019. Funds totaling CHF 132.7 million were raised in Switzerland, which was 13.2% (CHF 15.5 million) more than the previous year. This increase is partly attributable to a number of contributions received in relation to our COVID-19 activities. Revenue from our MSF partner sections totaled CHF 156.2 million, compared with CHF 149.1 million in 2019. This decrease is due to a new resource-sharing agreement within the MSF movement. Indeed, the majority of MSF sections worldwide recorded net growth in 2020 compared with 2019. Finally, 4% of our revenue came from the public sector. This revenue increased by 42.3% to CHF 12.4 million, including CHF 10.2 million from the Swiss Agency for Development and Cooperation.

Spending was recorded in Sudan, where three new projects were set up, including two emergency interventions. MSF also continued its activities in Eswatini, Kenya, South Sudan, Somalia and Tanzania. In the Middle East, our teams ran a total of 13 projects in Iraq, Lebanon, Syria and Yemen, at a total cost of CHF 44.2 million, 23% less than in 2019. The majority of this reduction was linked to the closure of our mission in Syria in early 2020, as well as the closure of our Tripoli project and two clinics in the Bekaa Valley in Lebanon, the Al-Udayn project in Yemen and the Zummar project in Iraq. In 2020, we had teams working in Asia (Myanmar, Kyrgyzstan and the Democratic People’s Republic of Korea), Latin America (Mexico, Honduras and Colombia) and Europe (Ukraine, Greece, the Czech Republic and Switzerland). Our total programme expenditure for these three continents was CHF 24.1 million, up 11.5%.

Programme costs per country**

- Democratic People’s Republic of Korea 1%
- Kyrgyzstan 1%
- Switzerland 1%
- Eswatini 2%
- Kenya 7%
- South Sudan 6%
- Somalia 9%
- Chad 1%
- Middle East 24%
- Africa 3%
We would like to thank the governments, governmental agencies and international organisations that have supported our projects:

- DDC: Swiss Agency for Development and Cooperation
- Global Fund
- UNHCR: UN Refugee Agency
- WFP: World Food Programme

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

- IKEA Foundation
- UBS Optimus Foundation
- Ocean Foundation
- Glückskette – Chaine du Bonheur
- Alte Weisse Mask Project team
- Carriere Philanthropy
- CHUV
- Erlika und Conrad Schwyzer-Stiftung
- Ernst Göhner-Stiftung
- Gebauer-Stiftung
- Hilfswerk GL Zürich
- Hilti Foundation
- Hilfswerk GL Zürich
- Ernst Göhner Stiftung
- Erika und Conrad Schnyder-Stiftung
- CHUV
- Cartier Philanthropy
- Glückskette - Chaîne du Bonheur
- UBS Optimus Foundation
- IKEA Foundation
- Fondation Tellus Viva
- Fondation Stella
- Fondation Rifké
- Fondation Pierre Demaurex
- Fondation Johann et Luzia Graessli
- Fondation Hubert Looser
- Fondation Dr. Corinne Schuler
- Fondation de bienfaisance du Groupe Pictet
- Fondation Charitable Bienvenue
- Fondation Alfred und Eugenie Baur
- Fondation Charitable Bienvenue
- Fondation de bourse d’avancement du groupe Pictet
- Fondation Dr. Corinne Schuler
- Fondation Hubert Looser
- Fondation Ishahn und Luisa Graessli
- Fondation Pierre Demaurex
- Fondation Réflé
- Fondation Stella
- Fondation Tellus Viva
- Stiftung NAK Humanitas
- Stiftung Primavera
- Stiftung Sonnenschein
- Stone Age Gems Ltd
- Stimmw. Bäder-Stiftung
- SYNERGON AG
- Teleco Capital Partners GmbH
- The Givens Foundation
- The Swissch Group SA
- The Tanner Trust
- Thargaz Travel AG
- Treuhand von Flik AG
- Ville de Genève
- Ville de Meyrin
- Ville du Grand-Saconnex
- von Duhn Stiftung
- Wellington Partners Advisory AG
- Yellow Bird Foundation
- Z Zurich Foundation
- Zimelen Stiftung
- Stiftung W. et E. Grand d’Hauteville
- Gemeinde Vaar
- Gemeinde Küsnacht
- Gemeinde Riehen
- Georges Reichler Stiftung
- Georges und Jenny Bloch Stiftung
- Google Switzerland
- Hans Lüscher Stiftung
- Hans-Eggenberger-Stiftung
- Heiris AG
- Himmel’s Fayet Architekten AG
- HR Campus AG
- Jean Wender Stiftung
- Kärl Zund Stiftung
- Katholische Kirchgemeinde Balach
- Koch AG
- Kreister und Lena Jonsson Foundation
- Krüger Foundation
- Link Marketing Services AG
- Lumentum Switzerland AG
- Martin Nüsberger Stiftung
- Messmossen AG
- Mitarbeiter der Zurich Insurance Group
- Musgrave Charitable Trust Ltd
- PartnerRe, Zurich Branch
- Procantias Partners GmbH
- Profilüşer AG
- Provia AG
- Raab-Verlag und Versandhandel GmbH
- Riebel und Maag Stiftung
- République et canton du Jura
- Rolf Hanggi AG
- Rosa und Bernhard Merz-Stiftung
- Rüegg Bollinger Stiftung
- Saalhoff-Földi Stiftung
- Schaub-Hecker Stiftung
- Schumacher & Chäninge Ingenieurs SA
- Schweizerische Ärzte-Krankenkasse
- Semn Resources AG
- Spitalinternist.ch AG
- Stadt Bern
- Stadt Bülach / Ville de Bienne
- Stadt Biel
- Stadt Lausanne
- Stadt Rapperswil-Jona
- Stiftung Fürstlicher Kommerzienrat
- Stiftung Dr. Valentin Malamoud
- Stiftung Corymbo
- Stiftung Dr. Valentin Malamoud
- Stiftung Freie evangelische Schule Zürich (FES)
- Adalp Hugentobler
- Stiftung Fürstlicher Kommerzienrat
- Guido Feger
- Stiftung Helene Arnold
- Stiftung Maxo
- Stiftung W. et E. Grand d’Hauteville
- Gemeinde Vaar
- Gemeinde Küsnacht
- Gemeinde Riehen
- Georges Reichler Stiftung
- Georges und Jenny Bloch Stiftung
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- Adalp Hugentobler
- Stiftung Fürstlicher Kommerzienrat
- Guido Feger
- Stiftung Helene Arnold
- Stiftung Maxo

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

- Anita Gartner-Fehr, Meilen
- Antoniette Posching, Schindellegi
- Dietlind Antretter, Zürich
- Jutta Prager, Münchwilen
- Marcel Zemp, Bern
- Margrit und Hans Rudolf Heinmann, Zug
- Peter Rubacher, Affoltern am Albis

and numerous other generous supporters

We also extend thanks to our event partners:

- M.E. FIS
- BFB Bildung Formation – Biel
- Kino im Uferbau – Solothurn
- Skino – Schaan
- Foraus - Forum Aussenpolitik
- Espace des inventions

Finally, we would like to thank all those who volunteered time and energy to help MSF in 2020:

- Romane De Rivaz
- Sonia Bousé
- Brenda Nelson
- Silva Greber
- Maryvonne Gisetti
- Esther Halenmarks<br>Carole Iler
- Agatino Lucifora
- Eva Rust
- Cécile Thiery
- Gillie Wuralt

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

- Madeleine Meyer

Many thanks to our
263,015 donors

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

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

**MSF Switzerland’s Board of Directors in 2020**

- Reveka Papadopoulou, President
- Vinh-Kim Nguyen, Vice-President (until June 2020, member until August 2020)
- Karim Laosabda, Treasurer
- Bruno Lab, Secretary
- Philippe Sudre
- Miriam Kautzura, Vice-President (from June 2020)
- Tahar Hani (until February 2020)
- Mehls Niday (from May 2020)
- Manuel Brunner (from May 2020)
- Jean-Hervé Jézéquel (from May 2020)

Co-opted Board Members:
- Andreas Wigger (until May 2020)
- Jean-Hervé Jézéquel (until May 2020)
- Ian Wadley (from June 2020)

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 Human Resources Commission in 2020**

- Beth Hilton-Thorp, Member of MSF Australia and Chairperson of the Human Resource Commission
- Reveka Papadopoulou, President of MSF Switzerland
- Margareth Malie, President of MSF Austria
- Ulrich Holz, Member of MSF Germany
- Mehls Niday, Member of MSF Switzerland (from July 2020)
- Miriam Kautzura, Member of MSF Switzerland
- Philippe Sudre, Member of MSF Switzerland (until July 2020)

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 2020**

- Liesbeth Aelbrecht, General Director (until November 2020)
- Stephen Cornish, General Director (from November 2020)
- Ralf de Coulon, Deputy General Director
- Christine Jamet, Operations Director
- Monica Rull, Medical Director
- Nicolas Joray, Finance Director
- Kate Mort, Human Resources Director
- Jose Luis Michelena, Communication and Fundraising Director
- Mathieu Soupart, Logistics Director (until September 2020)
- Stéphane Cavay, Logistics Director (from September 2020)
- Philippe Gras, Information System Director

The General Assembly appoints an auditor to audit MSF Switzerland’s annual accounts. PricewaterhouseCoopers SA, Geneva, was appointed by the Board of Directors in May 2014 and has performed this function since then.

**Risk evaluation**

MSF Switzerland has conducted within its annual planning process an analysis of potential strategic, operational and financial risks to the organisation. This analysis is led by the Management Team and is subject to approval by the Finance Committee and the Board of Directors. The report covers risks associated with the environments in which MSF operates, as well as internal processes and procedures. This analysis allows MSF Switzerland to identify risk events, the likelihood of their occurrence 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.