

MSF SWITZERLAND / OPERATIONAL CENTRE GENEVA

Activity Report **2020**



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 26 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 six operational centres – MSF France, MSF Belgium, MSF Switzerland, MSF Holland, MSF Spain and MSF West Africa – 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

Imprint: Médecins Sans Frontières Suisse – **Publisher:** Laurence Hoenig

Managing Editor: Florence Dozol – **Contributors:** Manuel Albela, Imad Aoun, Pierre-Yves Bernard, Simon Beswetherick, Kristina Blagojevitch, Juliette Blume, Jan Bohm, Marianne Burkhardt, Arjun Claire, Mélodie Duval, Lucille Favre, Candice Geinoz, Mersiha Grabus, Marjorie Granjon, Fanny Hostettler, Nicolas Joray, Joanna Keenan, Florence Kuhlemeier, Etienne L'Hermite, Benoît Lécorché, Patrick Lloyd, Alexandra Malm, Eveline Meier, Solen Mourlon, Jennifer Ocquidant, Laura Panqueva Otálora, Fabrice Ressicaud, Alexandre Roux, Guilaine Thebault Diagne, Jena Williamson, Marie Zimmerman

Design: Latitudesign.com

Office in Geneva: Rue de Lausanne 78, Case postale 1016, 1211 Genève 1, tel. 022/849 84 84

Office in Zurich: Kanzleistrasse 126, 8004 Zürich, tel. 044/385 94 44

www.msf.ch

PC account: 12-100-2

Bank account: UBS SA, 1211 Genève 2, IBAN CH 180024024037606600Q

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.



Reveka Papadopoulou
President



Stephen Cornish
General Director

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 case 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. Decentralising 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 Burkina Faso, and opened new projects in Kaya and Kongoussi while continuing our operations in Barsalogo. 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 sans-frontierism remain 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.

Reveka Papadopoulou
President of MSF Switzerland/OCG

Stephen Cornish
General Director

Contents

| | |
|----------------------------|---|
| 2020 Timeline | 4 |
| Overview of the year | 5 |
| The year in pictures | 8 |

| | |
|---|----|
| Activities by country | 12 |
| Burkina Faso | 13 |
| Cameroon | 13 |
| Chad | 14 |
| Colombia | 14 |
| Czech Republic | 15 |
| Democratic People's Republic of Korea | 15 |
| Democratic Republic of Congo | 16 |
| Eswatini | 17 |
| Greece | 18 |
| Honduras | 19 |
| Iraq | 20 |
| Kenya | 21 |
| Kyrgyzstan | 21 |
| Lebanon | 22 |
| Mexico | 23 |
| Mozambique | 23 |
| Myanmar | 24 |
| Niger | 24 |
| Nigeria | 25 |
| Senegal | 25 |
| Somalia | 26 |
| South Sudan | 26 |
| Sudan | 27 |
| Syria | 28 |
| Switzerland | 28 |
| Tanzania | 29 |
| Ukraine | 29 |
| Yemen | 30 |

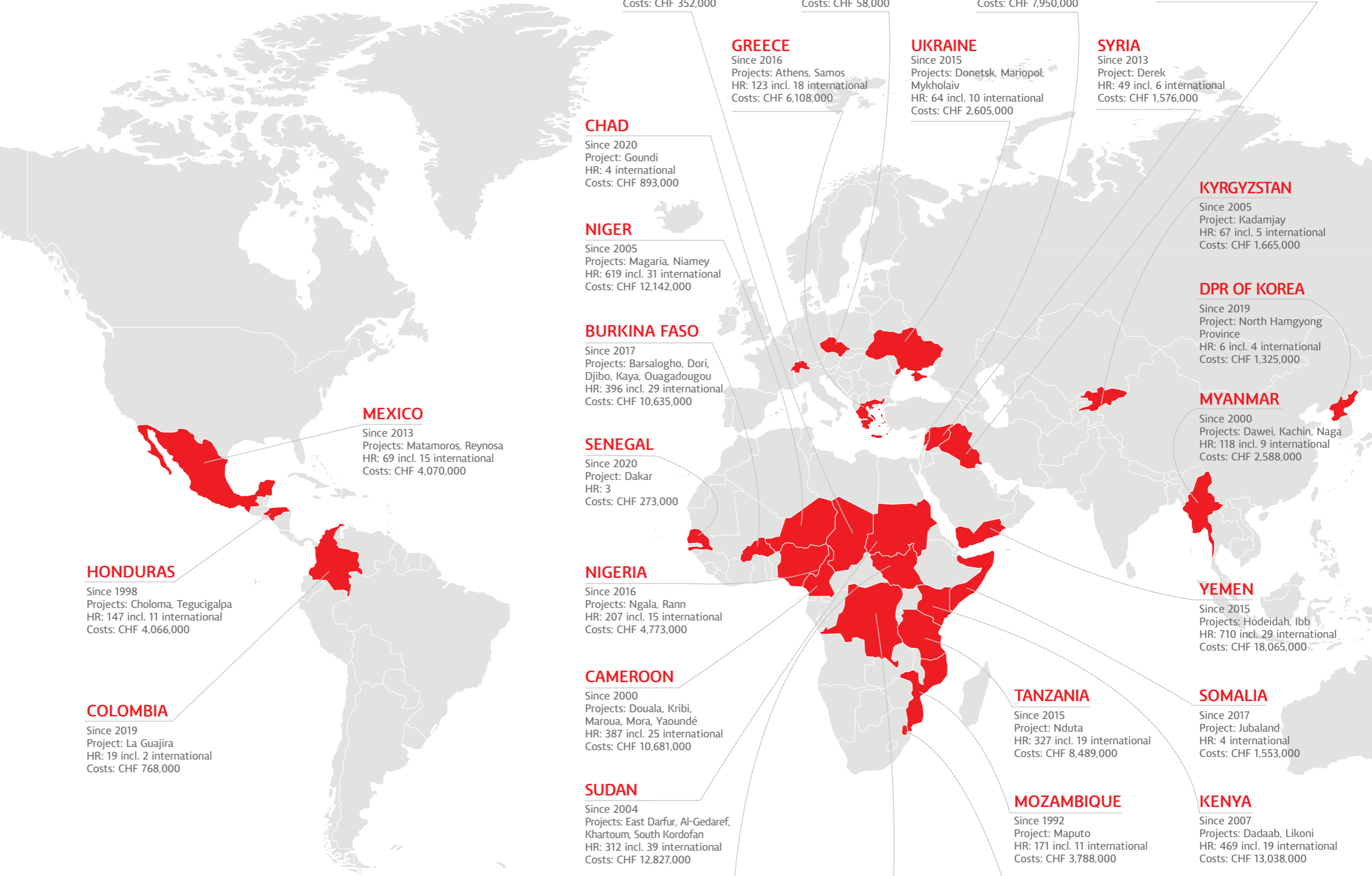
| | |
|---|----|
| Human resources | 31 |
| Financial results | 32 |
| Acknowledgements | 34 |
| Governance structure of MSF Switzerland | 36 |

28 countries

80 projects

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

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





JANUARY

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.



FEBRUARY



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.

MARCH

COVID-19: On 11 March, the COVID-19 epidemic is 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 missions.



APRIL



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.

MAY



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.

JULY



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

JUNE



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 annexe of the National University is converted into a treatment centre for the most serious cases.

AUGUST

Lebanon: On 4 August, a massive explosion tears through the port area of Beirut. MSF teams, already on site, provide assistance to the victims. This event, and the rapid spread of COVID-19, add further distress in a country already suffering from years of systemic crises.



COVID-19: 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

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



OCTOBER



SAR: Sea-Watch 4, the ship on which MSF teams provide care for migrants rescued from the Mediterranean Sea, is detained by the Italian port authorities. During its first lifesaving expedition, the ship rescued 354 people.

NOVEMBER

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 this transit point and in the new camp, providing healthcare and assessing the nutritional needs of new arrivals.



DECEMBER

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 while also developing 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 their own 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 sources for essential 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 do in any emergency situation. In Switzerland, and 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 Barsalogo, Kaya and Djibo in Burkina Faso and Ituri 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 medical facilities 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



437,487

malaria cases treated

197,803

children vaccinated against measles

11,545

HIV patients on antiretroviral treatment

970

tuberculosis patients

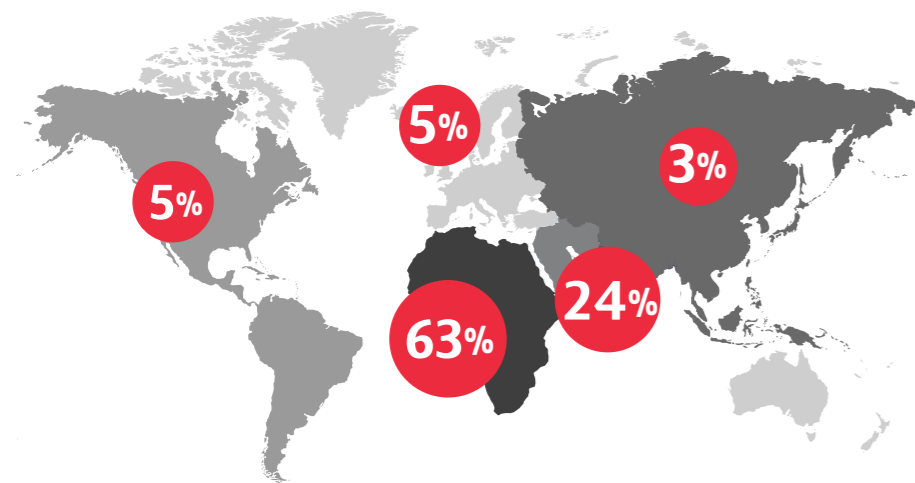
139

multidrug-resistant TB patients

80,587

non-communicable diseases consultations

Programme costs by continent



video-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 medical 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.

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 Kario in Sudan, and in Kismayo 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 Angumu, north of Ituri, reaching a total of 75,874 people. They also launched an emergency intervention Niamey, in Niger, following massive floods, and organised community workers in Agok, South Sudan, to tackle the disease through the CMAP (Community Malaria Agent Project). In Burkina Faso, teams responded to hepatitis E as well as COVID-19. Our decentralised approach to nutritional screening and support was particularly

important in DRC, Niger and Nigeria, where insecurity makes it difficult for us to reach patients.

The closure of medical facilities and staff shortages further complicated access to care this year. In Iraq, in addition to supporting the COVID-19 response, our team at the maternity hospital in Nablus, near Mosul, assisted more than 10,000 deliveries (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 displacements 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



1,778,088

outpatient consultations

107,934

antenatal consultations

36,194

children admitted to outpatient feeding programmes

51,022

individual mental health consultations

15,431

group mental health consultations

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 positioning 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 remained major challenges in 2020. We also tried to negotiate access to Karabakh from Azerbaijan as another MSF section was already intervening 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 Samos 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.

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



124,942

patients admitted

11,146

children admitted to inpatient feeding programmes for acute malnutrition

14,610

surgical procedures

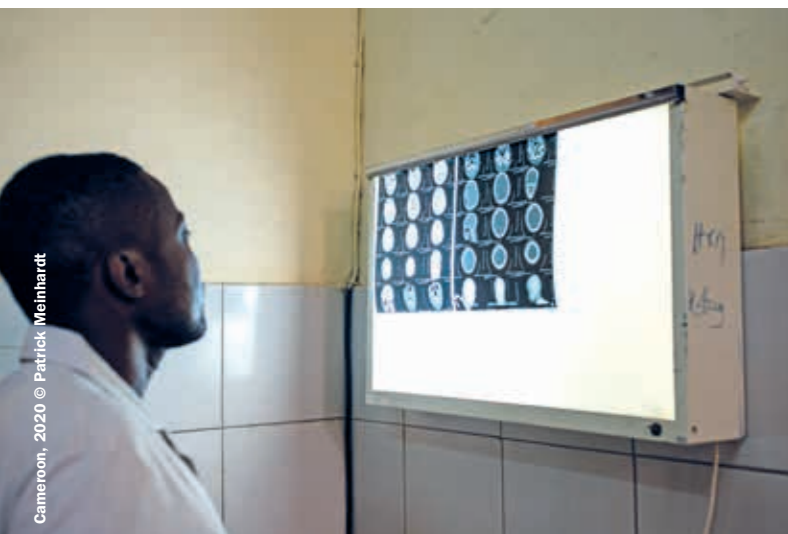
32,445

births assisted

The year in pictures



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.**





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: | COVID-19, hepatitis E, water and sanitation |
| Human resources: (FTE) | 369 staff including 29 international staff |
| Cost for 2020: | CHF 10,635,000 |



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 560,000 at the end of 2019, to over one million by December 2020, a 75% increase during the year. The regions of Sahel, 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 Barsalogo,

Centre-Nord, a town where many people fleeing violence in Sahel have sought refuge, MSF teams continued to provide general health services, emergency care, nutritional support and referrals to Kaya hospital. 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, 123,951 outpatient consultations were carried out and 35,325 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, diarrhoea 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 areas where they work.

CAMEROON

Assisting people displaced by insecurity and affected by disease outbreaks

| | |
|--------------------------|--|
| In the country since: | 2000 |
| Reason for intervention: | armed conflict, displacement |
| Main activity: | hospital care, general healthcare |
| Emergency intervention: | cholera, COVID-19 |
| Human resources: (FTE) | 387 staff including 25 international staff |
| Cost for 2020: | CHF 10,681,000 |

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 lifesaving care in its projects in Far North region, while supporting the national response to COVID-19 and outbreaks of other diseases, such as cholera.

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 team 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, diarrhoea 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 diarrhoea, 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

In the country since: 2020
Reason for intervention: epidemics
 Emergency intervention: measles
 Human resources: 4 international staff (FTE)
 Cost for 2020: CHF 893,000

At the beginning of 2020, large swathes 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

In the country since: 2019
Reason for intervention: healthcare exclusion
 Main activity: general healthcare, mental healthcare, sexual and reproductive healthcare
 Human resources: 19 staff including 2 international staff (FTE)
 Cost for 2020: CHF 768,000

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 teams 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

In the country since: 2020
Reason for intervention: epidemics
 Emergency intervention: COVID-19
 Human resources: staff from MSF Czech section (FTE)
 Cost for 2020: CHF 58,000

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.

MSF set up two mobile teams which supported a total of 83 facilities and trained staff in infection prevention and control to avoid further contamination among the residents. These activities were handed over to NGOs and local civil society organisations at the beginning of 2021.



DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Improving access to tuberculosis treatment

In the country since: 2019
Reason for intervention: epidemics, healthcare exclusion
 Main activity: tuberculosis, general healthcare
 Human resources: 6 staff including 4 international staff (FTE)
 Cost for 2020: CHF 1,325,000

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. 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.

DEMOCRATIC REPUBLIC OF CONGO

Responding to measles and the needs of displaced people

In the country since: 2001
Reason for intervention: epidemics, displacement
Main activity: hospital care, general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency intervention: Ebola, measles
Human resources: 697 staff including 72 international staff (FTE)
Cost for 2020: CHF 23,064,000

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, Bas-Uélé, Haut-Uélé and Tshopo.

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 grips of the world's biggest active outbreak of measles, which started in mid-2018. During the year, MSF treated 5,418 patients for measles in Tshopo, Ituri, Haut-Uélé and Bas-Uélé. 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. As in 2019, MSF teams ran mass vaccination campaigns in the four provinces, reaching a total of 194,729 children. The outbreak was declared over in August by the Ministry of Health.

In Ituri 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 Ituri 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 147,186 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.



ESWATINI

Adapting our model of care to treat COVID-19 and HIV

In the country since: 2007
Reason for intervention: epidemics
Main activity: HIV/AIDS, tuberculosis
Emergency intervention: COVID-19
Human resources: 129 staff including 10 international staff (FTE)
Cost for 2020: CHF 3,153,000



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.

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 film 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 Nhlngano by providing nursing care, implementing COVID-19 prevention and detection protocols, and donating medicines.

To relieve pressure on health facilities as COVID-19 cases surged, teams set up mobile clinics and a health post to offer care for TB, HIV and NCDs, including testing, screening, medication refills and advice on COVID-19 prevention. Other COVID-19 activities included supporting the health authorities to increase testing capacity and deploying an MSF

community team to provide home-based care and refer critically ill patients for oxygen therapy.

MSF also incorporated care for NCDs into general healthcare facilities, and increased the services offered at the MSF community site in Nhlngano to cover HIV self-testing, pre-exposure prophylaxis to prevent HIV infection, family planning and treatment for HIV and sexually transmitted infections. A total of 8,214 HIV self-testing kits were distributed in the community and 7,567 patients were enrolled on the HIV programme. In 2020, MSF completed a study looking at diagnosing and treating HIV earlier during the window period – the time between infection and the point when a test gives an accurate result. This will guide our future work on HIV epidemic control.

GREECE

Assisting migrants and refugees

In the country since: 2016
Reason for intervention: displacement
Main activity: general healthcare, sexual and reproductive healthcare, mental healthcare, water and sanitation
Human resources: 123 staff including 18 international staff (FTE)
Cost for 2020: CHF 6,108,000



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. 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 quarantining 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.

In Athens, MSF runs a specialised clinic for victims of torture and a day care centre that offers social and legal assistance, as well as health services. From July, MSF staff supported an increasing number of refugees with severe health and psychological issues who had been evicted or were at risk of eviction from their accommodation. In total, MSF teams conducted 18,602 medical consultations.

To address the serious humanitarian and medical consequences of Greece's restrictive migration policies, MSF continues to call for long-term integration programmes for refugees.

HONDURAS

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

In the country since: 1998
Reason for intervention: healthcare exclusion
Main activity: sexual and reproductive healthcare, mental healthcare
Emergency intervention: COVID-19, natural disasters
Human resources: 147 staff including 11 international staff (FTE)
Cost for 2020: CHF 4,066,000

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 Choloma, MSF teams ensured continuity of care at a mother and child clinic, the only one in the area offering family planning, ante- and post-natal 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.



IRAQ

Providing hospital care and support to the COVID-19 response

In the country since: 2007
Reason for intervention: armed conflict, displacement
Main activity: hospital care, sexual and reproductive healthcare, mental healthcare
Emergency intervention: COVID-19
Human resources: 391 staff including 50 international staff (FTE)
Cost for 2020: CHF 16,080,000

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 demands 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 Nablus, in Mosul.

There was also a considerable increase in medical needs in Sinuni, in Sinjar district, where MSF teams assist deliveries 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.



© Gabriele Casini/MSF

KENYA

Delivering care to the most vulnerable

In the country since: 2007
Reason for intervention: displacement, epidemics
Main activity: hospital care, general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency intervention: COVID-19
Human resources: 469 staff including 19 international staff (FTE)
Cost for 2020: CHF 13,038,000

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 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.

The MSF project in Likoni, in Mombasa county, offers maternal and neonatal care. In 2020, it conducted 6,137 postnatal care consultations and assisted 6,165 births, including more than 874 caesarean sections.

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.



© MSF



© MSF

KYRGYZSTAN

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

In the country since: 2005
Reason for intervention: healthcare exclusion
Main activity: general healthcare, sexual and reproductive healthcare
Emergency intervention: COVID-19
Human resources: 67 staff including 5 international staff (FTE)
Cost for 2020: CHF 1,665,000

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 four of the main hospitals in Kadamjay, 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 Sokuluk, in Chuy province, to prevent hospitals from being overwhelmed. This programme was also extended to Kadamjay. 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

In the country since: 2008
Reason for intervention: displacement, healthcare exclusion
Main activity: general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency intervention: COVID-19
Human resources: 180 staff including 21 international staff (FTE)
Cost for 2020: CHF 7,950,000



© Karine Pierre/Hans Lucas



© Karine Pierre/Hans Lucas



© Karine Pierre/Hans Lucas

The arrival of COVID-19 and a massive explosion in Beirut dealt further blows to Lebanon's health system, already fragile following years of economic, political and social unrest. The blast, which tore through the capital on 4 August, killed at least 200 people and destroyed many homes and businesses. It also caused a spike in COVID-19 cases, as thousands of injured and traumatised people took to the streets to seek treatment for their wounds or search for missing family members, abandoning all precautionary measures. MSF assisted residents of the devastated areas by providing medical care and mental health support, distributing hygiene kits and installing water tanks.

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 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 other 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, Aarsal, 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.

MEXICO

Fighting the COVID-19 pandemic and assisting migrants

In the country since: 2013
Reason for intervention: healthcare exclusion
Main activity: general healthcare, mental healthcare
Emergency intervention: COVID-19
Human resources: 69 staff including 15 international staff (FTE)
Cost for 2020: CHF 4,070,000

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 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 Reynosa 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.



© Ariette Bianco/MSF

MOZAMBIQUE

Responding to COVID-19 and supporting treatment for chronic diseases

In the country since: 1992
Reason for intervention: epidemics
Main activity: HIV/AIDS, tuberculosis, hepatitis C, mental healthcare
Emergency intervention: COVID-19
Human resources: 177 staff including 11 international staff (FTE)
Cost for 2020: CHF 3,788,000

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.

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 is the only one in the country, and implements all the interventions recommended by the

World Health Organization. These include needle and syringe distribution, opioid substitution therapy and overdose treatment. In Mafalala slum, MSF and a local organisation run a drop-in centre for people who use drugs, offering testing for HIV, TB and hepatitis C and referrals for treatment. In 2020, teams conducted 9,944 consultations in this centre.

MYANMAR

Treating the most vulnerable

In the country since: 2000
Reason for intervention: epidemics, healthcare exclusion
Main activity: HIV/AIDS, tuberculosis, hepatitis C, general healthcare
Human resources: 118 staff including 9 international staff (FTE)
Cost for 2020: CHF 2,588,000

In Myanmar, access to medical treatment remains limited, particularly for marginalised communities and certain ethnic groups. In 2020, it became even more restricted, due to the COVID-19 pandemic. During the year, MSF continued to address gaps in healthcare in hard-to-reach areas of the country.

In Dawei, Tanintharyi region, MSF maintained its programme for patients with HIV, including those co-infected with tuberculosis and hepatitis C,

focusing on key groups such as migrant workers, fishermen and sex workers. Activities were adapted to ensure continuity of care for patients in remote locations, who were unable to reach our clinic due to COVID-19 movement restrictions. A total of 2,192 patients received antiretroviral therapy through the MSF programme in 2020.

Since 2015, MSF had been providing general and specialist healthcare in Naga Self-Administered

Zone, Sagaing region. The project developed a community-based model of care, strengthened community health worker networks in Lahe township and supported referrals. In July, these activities were handed over to Medical Action Myanmar, a well-established organisation with whom the MSF team had been working informally for the past two years. MSF continued to support the health authorities in Dawei to respond to the seasonal dengue outbreak.

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, COVID-19
Human resources: 619 staff including 31 international staff (FTE)
Cost for 2020: CHF 12,142,000

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. The first few months of the year are usually the least busy for MSF teams in this country, but everything changed in March 2020 with the spread of COVID-19.

In the capital Niamey, the city with the most cases, MSF built a treatment centre to care for patients in the first months of the pandemic. Teams also

supported the COVID-19 call centre in Niamey and some health facilities in other major cities.

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 Niamey 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 under the age of five to the facility, 7,508 of whom were suffering from severe acute malnutrition with complications. MSF is developing preventive and community-based approaches to reduce the number of patients with complications from malnutrition, for example by providing early treatment for malaria, acute respiratory infections and diarrhoea.



NIGERIA

Providing general healthcare to displaced people in Borno state

In the country since: 2016
Reason for intervention: armed conflict, displacement
Main activity: general healthcare
Human resources: 207 staff including 15 international staff (FTE)
Cost for 2020: CHF 4,773,000

In northeast Nigeria – particularly in Borno state – more than a decade of conflict between the Nigerian government and non-state armed groups has taken a severe toll. The United Nations estimates that over 2.1 million people have already been displaced, and the numbers continue to rise. More than a million have been completely cut off from aid for years. In 2020, as the situation deteriorated, a series of brutal mass murders, abductions and kidnappings took place, but only people living in government-controlled areas in and around the state capital, Maiduguri, were able to obtain

assistance. In the areas MSF could access, teams continued to provide lifesaving care to people affected by conflict, displacement and disease outbreaks.

In 2020, malaria was a focus of MSF activities in displacement camps in Ngala and Banki. The team in Ngala also offered specialist healthcare in the camp and the local community. In Banki, where malnutrition remains a concern, 13,480 children were screened to identify the ones in need of therapeutic feeding treatment.

The remote town of Rann is cut off from the outside world during the rainy season, between June and January. Due to the particularly long rainy season and flooding in 2020, teams were unable to access Rann for a longer period than usual. For this reason, the seasonal malaria prophylaxis and health promotion activities carried out earlier in the year were of key importance in reducing cases. The teams in Rann also conducted 22,522 outpatient consultations, mainly for acute diarrhoea related to a lack of clean water.

SENEGAL

Responding to COVID-19 epidemic

In the country since: 2020
Reason for intervention: epidemics
Emergency intervention: COVID-19
Human resources: 3 staff (FTE)
Cost for 2020: CHF 273,000



When the COVID-19 epidemic reached Senegal, MSF deployed a response team in the country for the first time to help with patient care, epidemiological surveillance and health promotion. In March, the team from MSF's regional office in the capital, Dakar, which supports operations in West and Central Africa, mobilised to assist the national response.

MSF worked with national and regional partners to prepare for an increase in severely ill patients and improve communication around the virus. At Dalal Jamm hospital, MSF supported a 200-bed COVID-19 treatment centre. As the number of complex

cases rose, teams boosted capacity for patients requiring oxygen therapy. They also worked to improve patient care management, as well as prevention and control measures in the facility. In addition, MSF ran community engagement and health promotion activities at district level in Guédiawaye, one of Dakar's most densely populated suburbs. Teams collaborated with the national response team on prevention activities within communities, where they collected feedback in order to disseminate messages to combat fear, misinformation and stigma around the virus. Community-based surveillance was a key component of the response. An

MSF team of epidemiologists worked with other national and regional entities to strengthen case surveillance, supporting data analysis to better understand the epidemic. MSF's COVID-19 activities in Senegal continued until the end of September, when teams saw a clear reduction in both transmission and severity of cases.

Experience from this first project in Senegal was implemented in MSF's COVID-19 response projects in other West and Central African countries, such as Cameroon, Niger and Burkina Faso.

SOMALIA

Supporting child healthcare

In the country since: 2018
Reason for intervention: epidemics
Main activity: general healthcare
Emergency intervention: COVID-19, floods
Human resources: 4 international staff (FTE)
Cost for 2020: CHF 1,553,000

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 4.1 million people were considered food insecure.

Throughout the year, MSF managed to maintain most of its activities, including support to paediatric care. In Afmadow and Bardhere, in southern Jubaland, 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.

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 Jubaland and put in place hygiene, emergency preparedness and preventive measures to protect staff and patients.

Following a cholera outbreak in February, teams supported the local authorities to provide treatment. In addition to these activities, MSF launched emergency responses to assist people affected by flooding in Bardhere town after the Juba river burst its banks in April, and again in May in Beletweyne.

SOUTH SUDAN

Offering access to hospital care and tackling COVID-19

In the country since: 1996
Reason for intervention: armed conflict, epidemics, healthcare exclusion
Main activity: hospital care, general healthcare, malaria
Emergency intervention: COVID-19
Human resources: 477 staff including 31 international staff (FTE)
Cost for 2020: CHF 11,904,000

Two years after the signing of a peace agreement, and despite the formation of a unity government, the situation in South Sudan remains fragile. The country was hit by multiple emergencies in 2020, including escalating violence, COVID-19, severe flooding and high levels of food insecurity. A total of 7.5 million people – around two-thirds of the population – were in need of humanitarian assistance.

In Abyei, 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 snakebites and diseases such as HIV, tuberculosis, malaria and diabetes. During the year, MSF teams conducted 10,555 outpatient consultations and admitted 7,349 patients for care.

As the COVID-19 pandemic spread globally in early 2020, concerns that an outbreak would exacerbate

an already dire humanitarian situation led MSF to integrate COVID-19 measures in Agok hospital. In the facility, teams provided care for confirmed cases and COVID-19 testing in the laboratory. MSF teams also trained healthcare workers, donated supplies, conducted health promotion activities and set up handwashing points in several public locations. In addition, MSF supported the Ministry of Health hospital in Abyei with technical support and training.



© Damiana Giuliana/MSF

SUDAN

Responding to COVID-19 pandemic and other emergencies

In the country since: 2004
Reason for intervention: displacement, healthcare exclusion
Main activity: general healthcare, sexual and reproductive healthcare, water and sanitation
Emergency intervention: COVID-19, floods
Human resources: 312 staff including 39 international staff (FTE)
Cost for 2020: CHF 12,827,000



Thomas Dworzak/Magnum Photos



Thomas Dworzak/Magnum Photos



Thomas Dworzak/Magnum Photos



Thomas Dworzak/Magnum Photos

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, fleeing conflict in Tigray region at the end of the year.

From April, MSF started supporting the national response to the pandemic in Khartoum, by running training to improve infection prevention and control measures, ward and triage circuits and water and sanitation provision inside health facilities. This training, run in collaboration with the Ministry of Health and the World Health Organization, was provided to healthcare professionals in leadership roles at 90 hospitals in Khartoum state. In addition, staff were trained so that they could replicate the training sessions in hospitals in other states. In August, MSF opened a COVID-19 treatment centre

in Omdurman teaching hospital, in partnership with the Ministry of Health, for patients with moderate to severe symptoms of the virus. During the year, teams also conducted health promotion and awareness-raising sessions on COVID-19 in local communities and healthcare centres where MSF works.

In East Darfur, MSF runs a clinic in Kario, a camp that hosts around 30,000 South Sudanese refugees. After reinforcing infection and prevention control measures, teams continued to offer general healthcare, such as maternity services and nutritional support for children, carrying out a total of 91,011 outpatient consultations and 6,864 antenatal consultations in 2020. In response to a higher than usual malaria peak this year, MSF set up a malaria treatment unit to treat simple cases and organise referrals for patients with complications. Health promotion activities, conducted by a network of community health workers, are another key component of the Kario project.

In South Kordofan, MSF continued to focus on sexual and reproductive health, assisting women and

newborns affected by the humanitarian crisis in the region. From August, MSF started running mobile clinics to deliver care to communities in remote locations in the state.

In May, MSF began to hand over its kala azar (visceral leishmaniasis) activities in Al-Gedaref state, eastern Sudan. MSF has been working on the management of this disease in Tabarak Allah village and Bazura since 2010 and 2016 respectively.

In September, 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.

SYRIA

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.

In the country since: 2013
Reason for intervention: armed conflict, healthcare exclusion
Main activity: sexual and reproductive healthcare, general healthcare
Human resources: 49 staff including 6 international staff (FTE)
Cost for 2020: CHF 1,576,000

Many were killed, wounded or displaced as a result of this escalation in violence, and MSF had to evacuate 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.

SWITZERLAND

Supporting the response to COVID-19

Like most European countries, Switzerland has been and remains affected 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 supporting vulnerable people. Mobile teams were deployed to migrant and

In the country since: 2020
Reason for intervention: epidemics
Emergency intervention: COVID-19
Human resources: 2 staff (FTE)
Cost for 2020: CHF 352,000

night shelters to test for the virus and monitor patients, and MSF psychologists supported medical staff working in retirement homes. MSF also assisted with the implementation of infection prevention and control measures and conducted health promotion activities in public services, shelters and nursing homes. 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 poverty and precariousness faced by many during the COVID-19 crisis. The first wave of the pandemic

was quickly brought under control in Switzerland and 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 concluded its activities in the country as the second wave came to an end.



TANZANIA

Offering care to refugees

In the country since: 2015
Reason for intervention: displacement
Main activity: hospital care, general healthcare, mental healthcare
Emergency intervention: COVID-19, floods
Human resources: 327 staff including 19 international staff (FTE)
Cost for 2020: CHF 8,489,000



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 that 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 and local communities in Kigoma region. MSF remains the main healthcare provider in Nduta camp – one of three camps

hosting refugees in Kigoma. Four health posts linked to a hospital help to cover the medical needs of nearly 70,000 refugees in the camp and around 20,000 people from surrounding villages. MSF teams offer health services for women and children, including care and counselling for victims of sexual and gender-based violence, as well as mental health 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

sexual and reproductive healthcare consultations and assisted 4,262 deliveries. A total of 11,468 mental health consultations were also carried out.

Throughout 2020, MSF supported emergency preparedness and response activities. A team ran a 100-bed COVID-19 quarantine facility in Nduta camp and trained more than 430 staff to respond to a potential outbreak. In April, following floods in Lindi, MSF donated medicines to prevent and treat malaria, acute diarrhoea and dehydration. In May, a team organised a measles vaccination campaign after an outbreak in the camp.

UKRAINE

Providing care to patients with chronic conditions

In the country since: 2018
Reason for intervention: armed conflict
Main activity: general healthcare, hepatitis C
Emergency intervention: COVID-19
Human resources: 64 staff including 10 international staff (FTE)
Cost for 2020: CHF 2,605,000

As the conflict in eastern Ukraine entered its seventh year, access to healthcare remained limited for people living along the frontline. 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.

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.

MSF is collaborating with the Ministry of Health to improve basic healthcare in Donetsk region's remote, conflict-affected communities. MSF teams

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

MSF teams also supported the COVID-19 response in Donetsk, by training Ministry of Health staff in infection prevention and control and offering psychological support to patients and healthcare workers. In Mariinka district, MSF mobile teams provided home-based care and transported COVID-19 samples for testing.

YEMEN

Responding to COVID-19 and providing emergency care

In the country since: 2015
Reason for intervention: armed conflict, epidemics
Main activity: hospital care
Emergency intervention: COVID-19
Human resources: 710 staff including 29 international staff (FTE)
Cost for 2020: CHF 18,065,000

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 shootings. Despite these challenges, MSF continued to provide essential care by supporting hospitals in Ibb and Hodeidah governorates and responding to COVID-19.

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 frontlines 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 snakebites and diseases such as malaria and dengue.

Both Ansar Allah and the Saudi-led coalition continued to impose movement restrictions on humanitarians inside 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, tested 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 usually 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 15 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 nationalities 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 we have field 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 our people: countless 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 fatigued 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 L&D 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 DEI coordinator in 2020 has allowed us to bring together the 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

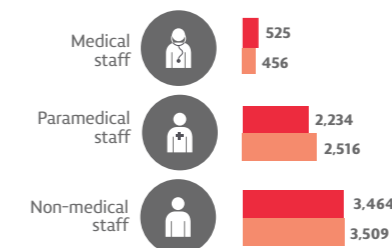


6,224 field staff

319 headquarters staff

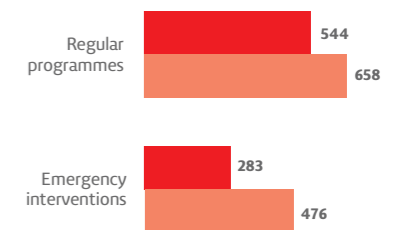
1,489 volunteer hours in Switzerland

Staff per occupation (FTE) 2020 - 2019



Total field staff: **6,224** in 2020 / **6,440** in 2019

Field mission departures 2020 - 2019



Total numbers on their first mission: **126** in 2020 / **142** in 2019

Financial results

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.

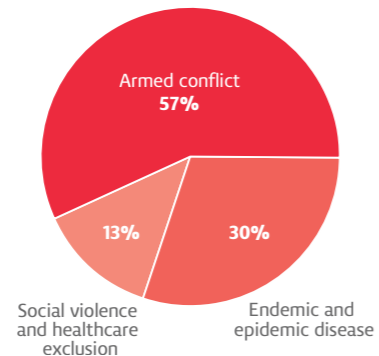
Total programme expenditure was CHF 189 million, a decrease of 14% (or CHF 30.6 million). More than half of this reduction was due to a scaling back of contributions to other MSF operational sections, as reflected by the fact that within the framework of a resource-sharing agreement, in 2019 MSF Switzerland financed projects implemented by other sections to the sum of CHF 20 million, whereas in 2020 this figure was just CHF 2 million.

Operational Centre Geneva (OCG) directly carried out 80 projects in 28 countries. Africa accounted for 63% of our programme spending and the Middle East 24%; Europe, America and Asia accounted for 5%, 5% and 3% of the total, respectively. This geographical distribution remained broadly stable compared with 2019. In 2020, spending on these projects stood at CHF 187 million, a reduction of 6.3% (or CHF 12.7 million). This decrease was primarily due to the COVID-19 pandemic. Although MSF was able to respond to numerous emergencies, some activities, mainly in our ongoing projects, had to be cut back or postponed for reasons

of operational capacity (procurement challenges, reduced mobility, etc.).

OCG carried out projects in direct response to the COVID-19 pandemic in several countries, at a total cost of CHF 23.3 million.

Programme costs per reason of intervention



Once again, in 2020 the Democratic Republic of the Congo (DRC) was the country where programme expenditure was highest, at CHF 23.1 million, and also where we conducted the largest number of interventions. Expenditure on our three projects to assist displaced people in Ituri province totalled CHF 12.4 million, accounting for 54% of the overall costs in DRC.

In West Africa, programme expenditure was up 17% to CHF 39.4 million, an increase of CHF 5.8 million. The bulk of this increase was linked to our projects to support displaced people in Barsalogho and Kaya in Burkina Faso. MSF Switzerland provided medical assistance to people in the region through 19 projects in Burkina Faso, Cameroon, Niger, Nigeria, Chad and Senegal.

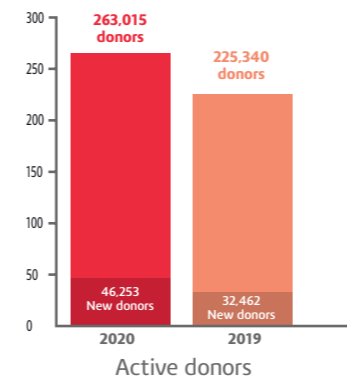
In East Africa and Southern Africa, our spending fell by 6.3% to CHF 56.2 million. The largest decrease was recorded in Mozambique, where the process of withdrawing from certain activities is under way, with a view to the complete closure of the mission in 2021. Meanwhile, the largest increase in spending 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 across these three continents was CHF 24.1 million, up 11.5%.

Headquarters spending on supporting our programmes and on *témoignage*, awareness-raising and other humanitarian activities decreased by 2.5% and 3.9%, 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 totalling 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 totalled CHF 135.2 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.

Swiss private donations



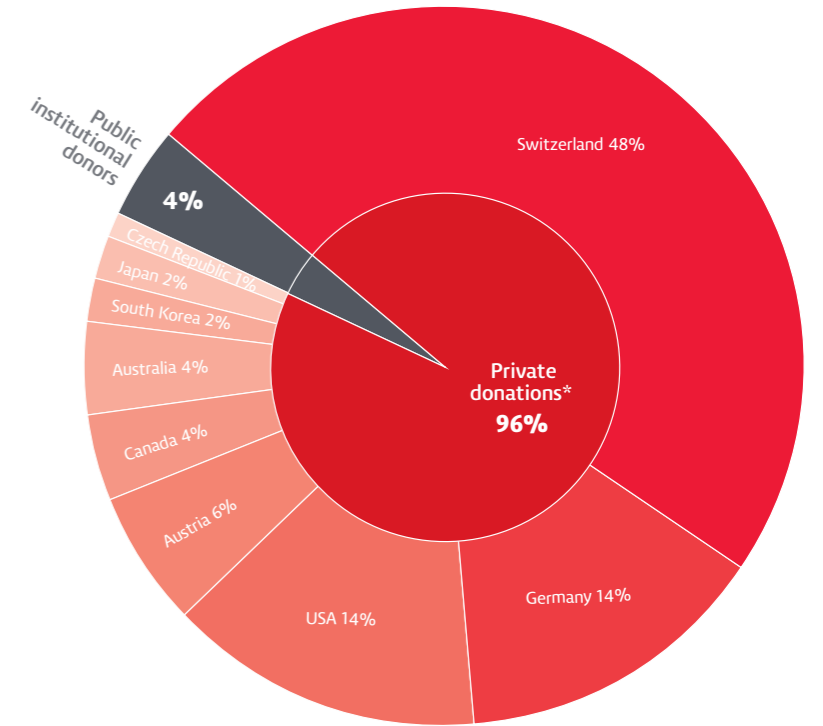
This boosted our reserves to 7.5 months of activity, which will allow us to maintain our agility and responsiveness to emergencies and resume projects that have been temporarily suspended or reduced because of the COVID-19 pandemic. It will also make us better able to cope with future uncertainties regarding the economic situation.

In 2020, we allocated 91.4% of our budget to our social mission, 3.2% to administrative costs and 5.4% to fundraising.

We warmly thank all the private and institutional donors who supported us in 2020, making our activities possible, and thank them in advance for their support in 2021.

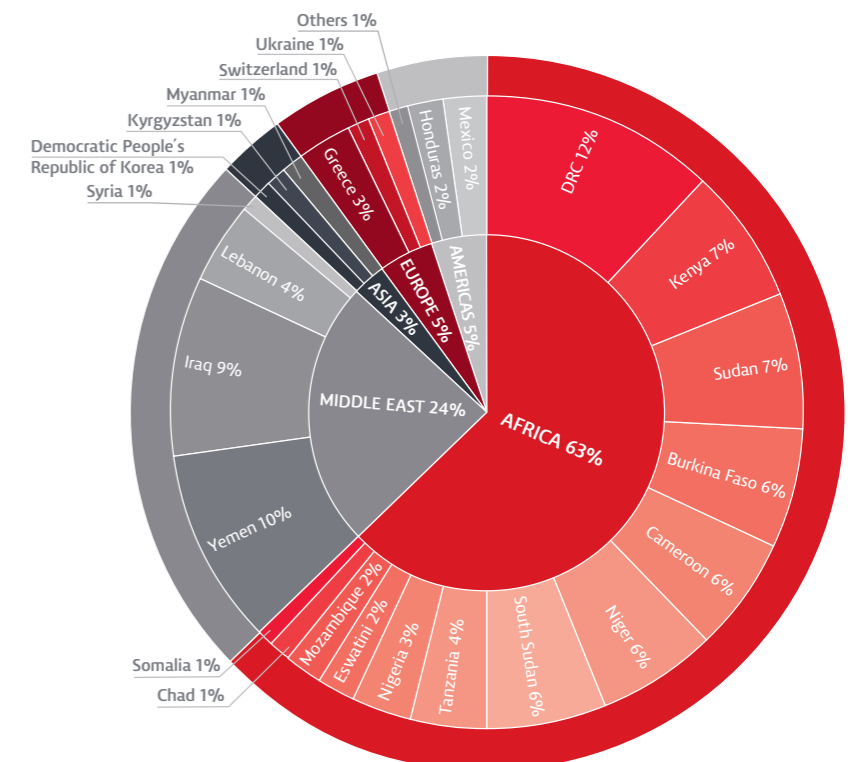
Nicolas Joray
Finance Director

Income (%)



* Private donations from MSF Switzerland and other MSF partner sections

Programme costs per country**

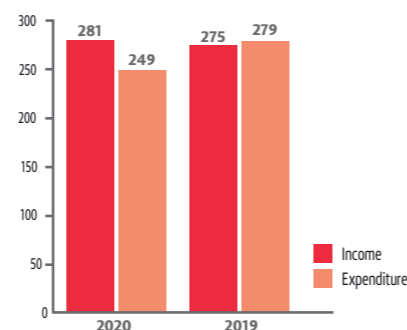


** Excluding financing of projects carried out by other MSF sections

Expenditure (in thousands of Swiss francs)

| | 2020 | | 2019 | |
|---|----------------|---------------|----------------|---------------|
| Programme | 189,040 | 76.0% | 219,624 | 78.6% |
| Programme support | 34,170 | 13.8% | 35,050 | 12.5% |
| Advocacy, awareness raising & other humanitarian activities | 3,861 | 1.6% | 4,018 | 1.4% |
| Social mission expenses | 227,071 | 91.4% | 258,692 | 92.6% |
| Fundraising in Switzerland | 13,532 | 5.4% | 12,134 | 4.3% |
| Management and administration | 8,036 | 3.2% | 8,493 | 3.0% |
| Administration expenses | 21,568 | 8.6% | 20,627 | 7.4% |
| TOTAL EXPENDITURE | 248,639 | 100.0% | 279,319 | 100.0% |

Income and expenditure (in millions of Swiss francs)



Acknowledgments

We would like to thank all the donors who made the work of Médecins Sans Frontières Switzerland possible in 2020. This year, 263,015 people generously supported our organisation – we thank them all for their confidence in our work.

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

- DDC: Swiss Agency for Development and Cooperation
- Global Fund
- UNHCR: UN Refugee Agency
- UNICEF
- 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 - Chaîne du Bonheur
- Ai Weiwei Mask Project team
- Cartier Philanthropy
- CHUV
- Erika und Conrad Schnyder-Stiftung
- Ernst Göhner Stiftung
- Gebauer-Stiftung
- Hilfswerk GL Zürich
- Hilti Foundation
- IFI International Foundation
- J&K Wonderland Stiftung
- Kanton Zürich
- Oak Foundation
- République et canton de Genève
- Stanley Thomas Johnson Stiftung
- Stiftung Symphasis
- Swiss Re Foundation
- Wietlisbach Foundation

We would like to sincerely thank:

- A. Saesseli & Co. AG
- ACE International SA
- Alfa Klebstoffe AG
- Ameos Gruppe
- Anne Frank Fonds
- Anne und Peter Casari-Stierlin Stiftung
- Barbara Keller-Stiftung
- Be Happy Foundation
- Blaser Swissslube AG
- BÜCHI Foundation
- C + S AG
- CA Indosuez (Switzerland) SA
- Capital Group
- Carl und Elise Elsener-Gut Stiftung
- Catherine und Harry Morath-Stiftung
- Charlotte und Nelly Dornacher Stiftung
- Commune de Bernex
- Commune de Collonge-Bellerive
- Commune de Cologne
- Commune de Plan-les-Quates
- Commune de Troinex
- Consa Treuhand AG
- Crédit Suisse AG
- Daniel Swarovski Corporation AG
- Doris Dietschy und Denise Dietschy-Frick-Stiftung
- Dr. Guido und Frederika Turin Stiftung
- Dr. Margrit Schoch-Stiftung
- E. Schellenberg Textildruck AG
- Eckenstein-Geigy-Stiftung
- Elbro AG
- Elisabeth Nothmann Stiftung
- EM2N, Mathias Müller, Daniel Niggli, Architekten AG, ETH SIA BSA
- Erica Stiftung
- Ernst & Elsbeth Blind-Stiftung
- Familie Scheller Stiftung
- 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 Johann et Luzia Graessli
- Fondation Pierre Demaurex
- Fondation Rifké
- Fondation Stella
- Fondation Tellus Viva

- Fondation W. et E. Grand d'Hauteville
- Gemeinde Baar
- Gemeinde Küsnacht
- Gemeinde Riehen
- Georges Birchler Stiftung
- Georges und Jenny Bloch Stiftung
- Google Switzerland
- Hans Lüscher Stiftung
- Hans-Eggenberger-Stiftung
- Heinis AG
- Hemmi Fayet Architekten AG
- HR Campus AG
- Jean Wander Stiftung
- Karl Zünd Stiftung
- Katholische Kirchgemeinde Bülach
- Koch AG
- Krister and Lena Jonsson Foundation
- Krüger Foundation
- Link Marketing Services AG
- Lumentum Switzerland AG
- Martin Nösberger Stiftung
- Merumpress AG
- Mitarbeiter der Zurich Insurance Group
- Musgrave Charitable Trust Ltd
- PartnerRe, Zurich Branch
- Procuritas Partners GmbH
- Profilsager AG
- Provisa AG
- Raab-Verlag und Versandhandel GmbH
- René und Margrit Waibel Stiftung
- République et canton du Jura
- Rolf Hänggi AG
- Rosa und Bernhard Merz-Stiftung
- Rüegg Bollinger Stiftung
- Rütli-Stiftung
- Schaad-Keller Stiftung
- Schumacher & CHIngS Ingénieurs SA
- Schweizerische Ärzte-Krankenkasse
- Senn Resources AG
- Spitalinternist.ch AG
- Stadt Bern
- Stadt Biel / Ville de Bienne
- Stadt Luzern
- Stadt Rapperswil-Jona
- Stefanie und Wolfgang Baumann Stiftung
- Stiftung Corymbo
- Stiftung Dr. Valentin Malamoud
- Stiftung Freie Evangelische Schule Zürich (FES)
- Adolf Hugentobler
- Stiftung Fürstlicher Kommerzienrat Guido Feger
- Stiftung Helene Arnold
- Stiftung Mano

- Stiftung NAK Humanitas
- Stiftung Primavera
- Stiftung Sonnenschein
- Stone Age Gems Ltd
- Stumme Brüder Stiftung
- SYNERGON AG
- Teleios Capital Partners GmbH
- The GivenGain Foundation
- The Swatch Group SA
- The Tanner Trust
- Thurgau Travel AG
- Treuhand von Flüe AG
- Ville de Genève
- Ville de Meyrin
- Ville du Grand-Saconnex
- von Duhn Stiftung
- Wellington Partners Advisory AG
- Yellow Bird Foundation
- Z Zurich Foundation
- Zimelien Stiftung

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

- Anita Gurtner-Fehr, Meilen
- Antoinette Poschung, Schindellegi
- Dietlind Antretter, Zürich
- Jutta Prager, Mettmenstetten
- Marcel Zemp, Bern
- Margrit und Hans Rudolf Heinemann, Zug
- Peter Flubacher, Affoltern am Albis

and numerous other generous supporters

We also extend thanks to our event partners:

- M.E.T.I.S
- 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:

- Romaine De Rivaz
- Sonia Bouhali
- Brenda Nelson
- Silja Greber
- Maryvonne Grisetti
- Eden Habtemicael
- Carole Isler
- Agatino Lucifora
- Eva Rust
- Cécile Thiery
- Gillie Wuidart

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 omissions.



Governance structure of MSF Switzerland

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

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

MSF Switzerland's Board of Directors in 2020

- Reveka Papadopoulou, President
- Vinh-Kim Nguyen, Vice-President (until June 2020, member until August 2020)
- Karim Laouabdia, Treasurer
- Bruno Lab, Secretary
- Philippe Sudre
- Miriam Kasztura, Vice-President (from June 2020)
- Tahar Hani (until February 2020)
- Meklis Nday (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 Finance Committee in 2020

- Karim Laouabdia, Treasurer of MSF Switzerland and President of the Finance Commission
- Reveka Papadopoulou, President of MSF Switzerland
- Monika Weiszmann, Treasurer of MSF Austria
- Hans Isler, Financial Expert
- Philippe Sudre, Member of MSF Switzerland
- Manuel Brunner, Member of MSF Switzerland (from July 2020)
- 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 2020

- 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
- Ulrich Holtz, Member of MSF Germany
- Meklis Nday, Member of MSF Switzerland (from July 2020)
- Miriam Kasztura, 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 Cavin, 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.

Rue de Lausanne 78
P.O. Box 1016
1211 Geneva 1
Switzerland
Tel.: +41 22 849 84 84
Email: office-gva@geneva.msf.org

www.msf.ch

ccp 12-100-2

