

MSF SWITZERLAND / OPERATIONAL CENTRE GENEVA

Activity Report 2021



MEDECINS SANS FRONTIERES
ÄRZTE OHNE GRENZEN

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

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Reveka Papadopoulou
President



Stephen Cornish
General Director

The year 2021 marks the midpoint of OCG 2020 - 2023 Strategic Plan, which is proving to be an ambitious plan, guiding well our direction of travel until 2023 and perhaps beyond. Over the past year, the operational centre of Geneva (OCG) took important steps to improve its capacity to urgently assist populations in need, despite the many challenges it faced while responding to concurrent emergencies and critical incidents.

There was a significant surge in emergency response operations by missions in Burkina Faso, Yemen, Sudan, and the Democratic Republic of Congo, among others. This boost was a result of the team effort, financial investments and recommendations implemented from the 2020 emergency response review, which led to the creation of a new emergency response set-up in Geneva in 2021. The surge in emergency response was also visible through more local initiatives focused on emergency preparedness and capacity by OCG operations teams in Mexico and Senegal.

Throughout the year, OCG succeeded in maintaining a dynamic and balanced operational portfolio, closing 11 projects and opening seven new ones in complex environments. Looking at the evolution of the contexts where OCG works, many regions reverted to zones of tension, with populations held hostage between different parties – both state and non-state – and left without assistance. This is the case in the Lake Chad and Sahel regions where engaging with different stakeholders to secure space for humanitarian action continues to be a challenge. In parallel, the need to better manage operational growth planned for 2022 led to the decision last year to create a new operational cell through an extensive consultative process. The new cell to be created in 2022 stays true to our commitment to focus growth outside of Europe.

For the second year in a row, MSF teams faced the impact and consequences of the COVID-19 pandemic and adapted their responses by incorporating the lessons learnt in 2020, integrating COVID activities into regular projects and often with hybrid set-ups, which limited physical human interaction and connection. MSF teams once again demonstrated their ability to remain agile when confronted with changing situations and needs.

On the Planetary Health front, OCG measured its CO₂ emissions baseline in 2021, a first step in reaching our movement-wide commitment of halving our emissions by 2030. For the first time, OCG and MSF International colleagues were present at a UN climate change conference – COP26 – to learn and ensure that discussion at the global level takes into account health consequences of the climate crisis in humanitarian contexts. OCG continues to work in parallel on increasing its own knowledge and understanding of planetary issues while implementing concrete field solutions to reduce our environmental footprint.

Also in 2021, the work to make OCG a more diverse, equitable and inclusive organisation continued with the launch of an audit of HQ HR practices through a DEI lens. 2021 also saw the HR and OPS teams work closely together to find solutions to field HR challenges. For example, 17% of OCG coordination positions are now held by “home grown” OCG local staff.

After several years of financial constraints, the generosity of our donors and sound financial management have allowed OCG to finish the year with a positive financial result. The teams have done an impressive job of engaging supporters in various and creative ways. The events and celebrations organized around the 50-year anniversary of MSF were a particularly meaningful way to engage and rally support from all our supporters, staff, and association members.

OCG has positioned itself well for the year ahead, with a dynamic operational portfolio and enhanced, solution-driven and diverse teams. The important themes that we have integrated will ensure the continued strengthening of our medical humanitarian response for the years to come.

Reveka Papadopoulou
President of MSF Switzerland/OCG

Stephen Cornish
General Director

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26 countries

77 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.

GUATEMALA

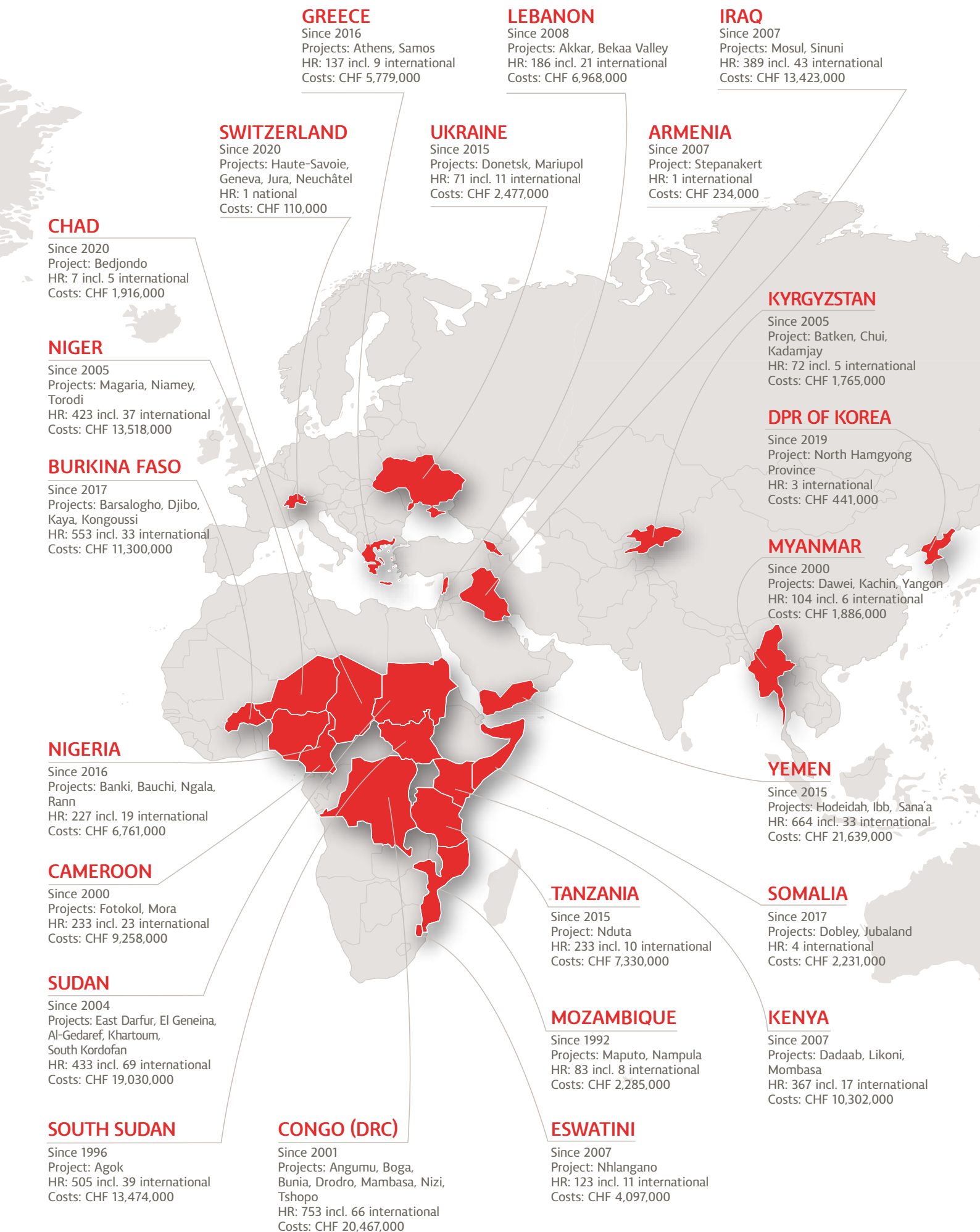
Since 2021
Projects: La Gomera, Quetzaltenango
HR: 24 incl. 4 international
Costs: CHF 1,481,000

HONDURAS

Since 1998
Projects: Choloma, Tegucigalpa
HR: 188 incl. 12 international
Costs: CHF 5,178,000

MEXICO

Since 2013
Projects: Matamoros, Reynosa
HR: 75 incl. 14 international
Costs: CHF 2,757,000



2021 Timeline

JANUARY



Sudan - The escalation in the conflict in Ethiopia's Tigray region continues to force tens of thousands of people to flee to neighbouring Sudan. MSF teams provide medical consultations and support with water and sanitation.

MARCH



Sexual and reproductive health - Empowering patients to take care of their own sexual and reproductive health is an essential goal. MSF is implementing this approach across increasing numbers of projects, in Malawi, Palestine, the Democratic Republic of Congo (DRC) and many other countries.

MAY



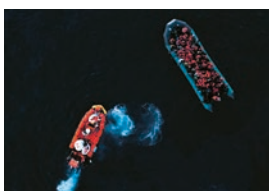
Palestine - Following the wave of violence in Jerusalem, which resulted in hundreds of casualties, including children, MSF condemns the unacceptable use of force by the Israeli forces and warns of the devastating impact of an escalation in violence in the Gaza Strip.

JULY



Madagascar - The south of the country is facing an unprecedented food and nutrition crisis that is pushing thousands of families to the brink of destitution. MSF emergency teams provide humanitarian and medical assistance, including nutritional support through therapeutic feeding centres.

SEPTEMBER



Greece - As a humanitarian tragedy continues to unfold at the gateway to Europe, the European Union and the Greek government open a new refugee centre in Samos on 18 September. This new centre is akin to an open prison. MSF reiterates its call for human dignity to be respected.

NOVEMBER



South Sudan - Due to severe flooding in the north of the country, at least 152,000 displaced people are living in appalling conditions. At the MSF hospital, our teams increase inpatient capacity and provide support with hygiene, sanitation and water supply.

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FEBRUARY



Burkina Faso - Over 1.3 million people have been internally displaced across the country due to insecurity. In Barsalogho region, MSF teams are working with communities to develop a strategy to respond to epidemics.

APRIL



Brazil - The absence of an effective public health strategy to address the COVID-19 epidemic is causing a humanitarian catastrophe. MSF repeats its call for the Brazilian authorities to acknowledge the severity of the crisis and implement a response to avoid further preventable deaths.

JUNE



Ethiopia - In Tigray region, three MSF staff members are killed while working to deliver medical care. No words can express our sadness and indignation. We urge all the parties involved not to target humanitarian workers.

AUGUST



Haiti - Following the earthquake that shook the island on 14 August, teams set up activities in the towns of Port-Salut, Les Cayes and Jérémie. In addition, medical equipment and essential supplies are dispatched and teams are deployed, including surgical specialists, to treat the wounded.

OCTOBER



DRC - On 28 October, an MSF convoy is targeted on the road to Bambu, in Ituri. Two of our staff members are injured, prompting the immediate suspension of activities. Once again, it is local people who are deprived of assistance in a region where healthcare is scarce.

DECEMBER



Kenya - Just over six months before the deadline for the closure of Dadaab, the world's largest refugee camp, MSF again calls for long-term solutions to be urgently found to ensure refugees can lead a safe and dignified life.

Overview of the year 2021

The past twelve months have been eventful in the countries where we work; in terms of both politics, in places such as Sudan and Myanmar, where there were coups d'état, and natural disasters, in Niger, South Sudan and Somalia, which were hit by catastrophic floods and other climate-related events.

2021 also marked our 50th anniversary, five decades of emergency medical action, driven by our ongoing commitment to reach the most vulnerable people, with a particular focus on women and children.

Continuing our focus on providing care to the most vulnerable

Filling the gaps in national responses to COVID-19

In several countries, including Yemen, Cameroon, Slovakia, Eswatini and Iraq, we collaborated with health ministries to improve access to care for patients with COVID-19. We extended our support to hospitals by managing dedicated COVID wards and donating oxygen concentrators to increase capacity to treat the most severely ill patients. In Iraq, we ran an intensive care unit in a hospital in Mosul.

In Eswatini, few rural communities have health facilities or vaccination points and people often have to travel over two hours to access basic healthcare. Furthermore, in a country fighting a dual HIV/TB epidemic, there is considerable fear and stigma around COVID-19, and many people are reluctant to get vaccinated. To dispel myths about vaccines and ensure communities had the correct information, MSF carried out health promotion campaigns, in which teams of rural health motivators went door to door in the community to share information about COVID-19 and encourage people to get vaccinated at mobile sites. A toll-free telephone line and a dedicated WhatsApp line were established to allow community members to contact us and have a more private conversation about their concerns regarding vaccines and their health. Eswatini is a good example of our comprehensive approach to tackling the disease.

Assisting displaced people, refugees and migrants

According to the *Global Trends, Forced Displacements in 2020* report published by the United Nations High Commissioner for Refugees, at the end of the year a total of 82.4 million people were displaced across the world. It should be noted that 85% of refugees are hosted in low- and middle-income countries, where health systems are often already stretched. More than half of MSF projects target people who have been displaced because of violence, insecurity and/or the consequences of climate change (natural disasters).

In 2021, Burkina Faso became a hotspot for violence, with a sharp rise in abductions and attacks. In the town of Djibo, the huge number of displaced people – more than 228,000, almost a fifth of them under five years old – outnumbered that of local residents. This demographic pressure, and the ongoing insecurity, are increasingly restricting access to healthcare and other basic services. People are therefore forced to move continuously to survive. MSF provided general healthcare to internally displaced people (IDPs) throughout 2021 in various locations, from Barsalogho to Kongoussi and Kaya.

In Ituri province in the Democratic Republic of Congo (DRC), escalating violence exacerbated the already dire humanitarian situation. More than 40,000 people were forced to take refuge in Roe camp in Djugu territory, a hard-to-reach area where few humanitarian organisations are able to operate due to recurring security and logistical problems. The living conditions were appalling in the camp, and the health needs immense, especially among children. As well as running mobile clinics, we set up a health post in the camp with the intention of providing referrals for patients requiring more specialised care to the general hospital in the town of Drodoro. However, at the end of the year, it was transformed into a basic field hospital to try to address the needs of the now more than 65,000 people living in the camp. In December, our teams carried out more than 800 consultations, including many for patients requiring mental health support, and assisted 35 deliveries on average each week.

Bringing healthcare to people on the move was also part of MSF's work in 2021. We not only provide medical care, but also listen to patients' stories and bear witness to their plight. We draw upon their experiences when we advocate to decision makers who have the power to act. In South and Central America, we deployed teams to border areas to assist vulnerable people who found themselves trapped in no-man's-land, with no access to basic services or medical care.

In Kenya, with the planned closure of the Dadaab camps in June 2022, the refugees, some of whom have been living there for 30 years, are at risk of being deprived of the few services they have access to. We are engaging with all parties to push for the integration of the refugee population into the national health system.

On Samos island in Greece, in addition to providing care, we partner with local authorities and other organisations to ensure refugees are met on arrival. In 2021, MSF published a report that provides a consolidated overview of the medical data collected over the last five years. The document highlights the way European Union migration policies deliberately jeopardise the health, well-being and safety of people stranded there.

Responding to concurrent and complex challenges

Responding to natural disasters and epidemics

In South Sudan, more than 800,000 people were affected by heavy rains that caused flooding in many parts of the country, particularly in Jonglei and Unity states, including the city of Bentiu. Tens of thousands of people fled their homes and took refuge in makeshift camps, where there was insufficient food and no access to healthcare. At the beginning of 2022, they continue to live in terrible conditions, without any means of income and at risk of infectious and water-borne diseases and malnutrition. Our teams responded to the immense needs, delivering emergency healthcare to remote areas through mobile clinics and treating patients with malaria, malnutrition and diarrhoea.

Heavy rainfall also caused floods in Niger in 2021, killing many people and destroying thousands of homes across the country. Our main



314,104

malaria cases treated

443,124

children vaccinated
against measles

9,966

HIV patients on antiretroviral on treatment

829

tuberculosis patients on treatment

93

multidrug-resistant TB patients on treatment

82,881

non-communicable diseases
consultations

Programme costs by continent

Africa
66%



Middle East
22%



Americas
5%



Europe
5%



Asia
2%



intervention was in the capital, Niamey, where we supported the hospital to tackle the extremely high malaria peak, which was related to the floods, as the large volume of water created ideal conditions for mosquitoes to breed.

MSF teams extended their medical activities in Honduras after Hurricanes Eta and Iota left more than 250,000 people with limited access to health-care services. Almost 50 per cent of the health centres in the country were closed or damaged, or experienced interruptions to their services.

Responding to epidemics is always a key activity for MSF and 2021 was no different. This year, we saw an exponential increase in the number of measles cases in Niger. In areas such as Diffa, Tillabéri and Tahoua, vaccination coverage was lower due to the worsening security situation, which displaced people from their homes and made it more difficult for them to obtain basic healthcare. The COVID-19 pandemic also delayed both routine and catch-up vaccination campaigns. Our teams supported the health authorities to tackle measles in Niamey and Zinder with epidemiological surveillance, case management, training for health workers and vaccinations. In Zinder region, we also vaccinated more than 222,000 children against meningitis.

In Somalia, Jubaland state experienced a catastrophic cycle of severe droughts and flash floods, causing flooding and epidemics. Our teams treated severely malnourished children, ran measles vaccination campaigns and responded to severe water shortages by providing water to 12 villages in Afmadow and El Wak districts. Between January and April, more than 3,500 children were enrolled in MSF-supported nutrition programmes.

In 2021, in Nigeria, there were over 90,000 cases of cholera. While there were outbreaks in nearly all of Nigeria's 35 states, the vast majority were

in the six northern states of Bauchi, Kano, Jigawa, Zamfara, Sokoto and Katsina. The population of this region was already extremely vulnerable, with hundreds of thousands of people displaced from their homes by conflict and violence, and living in precarious conditions with poor sanitation and no safe drinking water. In Bauchi, MSF emergency teams worked with the Ministry of Health to try to bring the spiralling outbreak under control, opening six cholera treatment centres across the state and treating more than 20,000 patients.

In DRC, we worked with the Ministry of Health to implement a mass drug administration in Angumu health zone, to reduce the incidence of malaria. The local community was proactively involved in the design and implementation of the campaign. In addition, a dedicated emergency team responded to measles and malaria peaks in Ituri and Tshopo provinces.

Finally, after consecutive years of drought, people in southern Madagascar experienced an exceptionally acute food and nutrition crisis, resulting in high levels of severe malnutrition among children and pushing thousands of families into extreme poverty. In 2021, we deployed teams to assess the needs and prepare our response for 2022.

Tackling challenges in our emergency responses

Planning for emergency responses is a crucial activity in many of our operations, especially in countries where the humanitarian situation is likely to deteriorate. We are increasing our focus on early identification of these areas so that we can be ready to react swiftly and effectively.

In many of the places where MSF works, for example, Lake Chad and Sahel regions, civilians are caught up in conflicts between different armed groups, both state and non-state, and cut

off from assistance, despite the high levels of need. To secure space for humanitarian intervention, it is necessary to engage with the different parties to the conflict, which can often be challenging. Where we have access and it is safe for us to operate, we continue to work to assist communities displaced by violence.



1,479,757

outpatient consultations

109,909

antenatal consultations

37,404

children admitted to outpatient feeding programmes

52,077

individual mental health consultations

25,475

group mental health consultations

In Sudan, we assisted Ethiopian refugees fleeing over the border in the east, as well as IDPs in Darfur in the west, forced from their homes by increasing tensions between official and unofficial armed groups. In both cases, the situation changed rapidly, and we had to be ready to adapt our response.

In Angola and Madagascar, there have been recurrent droughts and poor harvests for several years. Unfortunately, we know that planetary health-related crises are likely to increase all along the equator in the coming years. This means that we need to be ready in terms of gaining access and reaching agreements with health ministries to deliver support in a timely manner. These negotiations take time, as demonstrated by the fact that the first patients in these two countries were not treated until early 2022, despite all the work undertaken in 2021. Likewise in Iran, extensive negotiations in 2021 should bear fruit in terms of operations and patients treated in 2022.

In conflict areas, there are often multiple stakeholders acting according to local as well as international agendas. This changes the way we work and adds new levels of complexity, which we need to understand in order to build the humanitarian support of tomorrow. Securing space for humanitarian intervention relies on ongoing talks and negotiations with all parties, leaders and stakeholders, at local, regional and national levels. It is a major challenge and sometimes, despite all the efforts, we experience security incidents. On 28 October 2021, in DRC, an MSF team of five people travelled to Bambo health zone in Ituri province, to assist remote communities. On the way back, unidentified armed men shot at the MSF vehicle for an unexplained reason, injuring two staff members. Immediately after the incident, MSF suspended its activities in Bambo, thereby depriving the already vulnerable population of assistance in an area where there are very few healthcare providers.

In the conflict-affected anglophone area of Cameroon, MSF was accused of supporting local armed groups, something we consistently and categorically denied, both in meetings with the authorities and in the public arena. These unfounded accusations generated tensions with the authorities and continue to hamper the delivery of our services.

Tailoring our activities to our patients' needs

New projects focusing on vulnerable groups

In Kenya's Mombasa county, we have just launched a new project aimed at vulnerable groups, in particular adolescents and young people, and the LGBTIQ community. These marginalised groups are disproportionately affected by violence, stigmatised and rejected by relatives and exposed to health risks. In our new project, we are supporting five clinics in Mvita and Kisauni

to offer mental health support, prevention of sexually transmitted infections and care for victims of sexual violence. The involvement of community members will be key to providing care to these hard-to-reach groups. We are already running a sexual and reproductive health project in Honduras, in Choloma, which we have adapted to cater for vulnerable groups with specific needs, such as LGBTIQ persons.

Patients and communities as partners: empowering patients through self-care and communities through decentralised care

Continuously improving the well-being of patients and communities is a key concern for MSF and developing meaningful partnerships with them is a priority in our current strategic plan. While we are still testing different approaches and piloting projects, we have already started to get patients more involved in managing their own care.

We are currently developing projects that introduce and promote self-care as part of the therapeutic pathway, and projects that rely on community-led interventions.

Self-managed abortion is a good example of patient self-care. Throughout the years, MSF has included safe abortion care (SAC) in several of its projects; however, implementation proved to be challenging for a number of internal and external factors. Therefore, we started exploring ways to improve SAC by piloting new models of care adaptable to the different contexts in our various projects. One of these models, which provides women with a telephone number for remote counselling and abortion medications for self-administration, has proved to be very valuable as it increases access to SAC services even in projects that do not have a reproductive health component.

Integrated community case management of pneumonia, diarrhoea and malaria is an example of our community involvement strategy. The idea is that community health workers are appropriately trained, supervised and supported with an uninterrupted supply of medicines and equipment for the identification and correct treatment of children with acute respiratory infections, diarrhoea and malaria. The four communes where MSF has implemented this activity cover more than 60% of the population of Magaria district in Niger.

Outlook for 2022

In 2022, we plan to keep working in the most climate-vulnerable areas of the world, scaling up our interventions for vulnerable people experiencing the health impacts of the climate emergency first-hand; from infectious diseases such as malaria, dengue fever and cholera, which result from changing rainfall and temperature patterns, and zoonotic diseases arising from

increased pressure on the environment, to more frequent extreme weather events, such as cyclones and hurricanes, and drought, with its related threats to food security.

Through our project in Kadamjay, Kyrgyzstan, focusing on people affected by heavy metal exposure, we are trying to contribute to an understanding of the relationship between environmental factors and health. Likewise, our renal health project in Guatemala includes operational research on possible environmental causes. In the coming years, we plan to open more projects specifically dedicated to addressing the consequences of repeated climate events on people's health and changes in disease patterns. The first will open in 2022, in Nampula, Mozambique, a country already suffering the impacts of climate change.

Christine Jamet and Kenneth Lavelle
Directorate of Operations

Drs Monica Rull and Lucas Molfino
Directorate of Medical Department



165,811

patients admitted

11,928

children admitted to inpatient feeding programmes for acute malnutrition

13,139

surgical procedures

28,696

births assisted

The year in pictures



Sudan, 2020 ©Thomas Dworzak/Magnum Photos



Sudan, 2021 © Ihab Zawati



Burkina Faso, 2021 © Mario Fawaz/MSF



South Sudan, 2021 © Sean Sutton

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



DRC, 2021 © Alexis Huguet



Kenya, 2021 © Paul Odongo/MSF

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



DRC, 2021 © Alexis Huguet



South Sudan, 2021 © Sean Sutton



Niger, 2021 © Mario Fawaz/MSF



Yemen, 2021 © Majd Aljunaid/MSF



Kenya 2021 © Charlie Kimilu

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.



DRC, 2021 © Alexis Hugnet



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.



Activities by country



ARMENIA

Providing mental health support

In 2021, Nagorno-Karabakh, a disputed region between Armenia and Azerbaijan, experienced spikes in tension as fighting broke out in the border area. As uncertainty loomed over the region's future, MSF started to offer mental health support to people suffering from chronic stress and anxiety.

In the country since: 2021
Reason for intervention: armed conflict
Main activity: mental healthcare
Human resources: 1 international staff (FTE)
Cost for 2021: CHF 234,000

From mid-2021, our team supported the healthcare authorities to improve the quality of psychological care for people affected by violence and displacement in Martuni, Martakert and Stepanakert. We conducted psychological consultations and worked to improve detection and diagnosis of mental

health problems. To ensure that patients in remote areas could access care, we also assisted with travel costs. In addition, we contracted a local company to build a waste management area in Martuni hospital and improve storage conditions for the medicines provided by the Ministry of Health.

BURKINA FASO

Delivering assistance to displaced people and host communities

In December 2021, the number of internally displaced people in Burkina Faso passed the 1.5 million mark, almost 8% of the total population, due to an upsurge in conflict between non-state armed groups and national and international forces. Sahel, Nord and Centre-Nord were the most severely affected regions.

The deteriorating security situation made it harder for MSF and other humanitarian and medical organisations to access remote areas and for patients to access healthcare: medical facilities were shut down or attacked, ambulances were hijacked and medical staff were abducted. This forced us to

adapt our projects and support in some places. In Foubé, we had to suspend our activities in November after the centre we supported was burnt down.

Throughout the year, we continued to provide medical assistance to displaced people and host communities across Sahel and Centre-Nord. In these two regions, which host almost 70% of the country's displaced people, our teams worked in and around the towns of Barsalogo, Kaya, Kongoussi and Djibo, focusing on major health problems, such as epidemics and seasonal malaria peaks, malnutrition, hepatitis E, measles, water-borne diseases, mental health, sexual violence, and

monitoring the COVID-19 situation. We also trucked in water and constructed and renovated boreholes to address the severe shortage of drinking water, caused by the climate crisis and exacerbated by the ongoing conflict. In Djibo, we provided emergency care and surgery as well as general healthcare. Overall, 374,061 outpatient consultations were carried out through both fixed health facilities and mobile clinics. Some consultations were conducted by community health workers, who have been trained by MSF to treat the most common diseases and conditions, including malaria, diarrhoea and acute respiratory infections.



CAMEROON

Assisting people displaced by insecurity and responding to disease outbreaks

In the country since:	2000
Reason for intervention:	armed conflict, displacement, epidemics
Main activity:	hospital care, general healthcare
Emergency intervention:	COVID-19
Human resources:	233 staff including
(FTE)	23 international staff
Cost for 2021:	CHF 9,258,000

In Cameroon, 2021 was marked by outbreaks of armed violence, which forced huge numbers of people to flee their homes in Far North and Southwest regions. By mid-year, almost two million people were displaced, according to the United Nations Office for the Coordination of Humanitarian Affairs. The situation remained volatile throughout the year, making it even more difficult for people to access healthcare. In addition, people in Far North continued to face high levels of food insecurity due to the unpredictable climate. In 2021, MSF provided assistance to displaced people, refugees and host communities in areas affected by conflict, violence

and epidemics, and supported the national COVID-19 response.

We continued to run our project general healthcare services in Kolofata and Mora, conducting a total of 79,369 consultations, mostly for paediatric malnutrition and diseases such as malaria and diarrhoea. In addition, MSF community health workers, who have been trained to treat simple cases of these and other diseases, provided more than 27,942 consultations in and around the towns. From June, as the number of measles and COVID-19 cases rose, we worked to increase the capacity of

Kousseri hospital. In August, following an outbreak of intercommunal fighting, we managed the referral of injured patients from Kousseri to N'Djamena and donated emergency medical kits. Our staff also provided medical assistance to people displaced by the violence.

During the second and third waves of COVID-19 infections, MSF supported the national response in Yaoundé by constructing isolation units, treating patients, training healthcare staff, conducting health promotion and research, and assisting with vaccinations.



CHAD

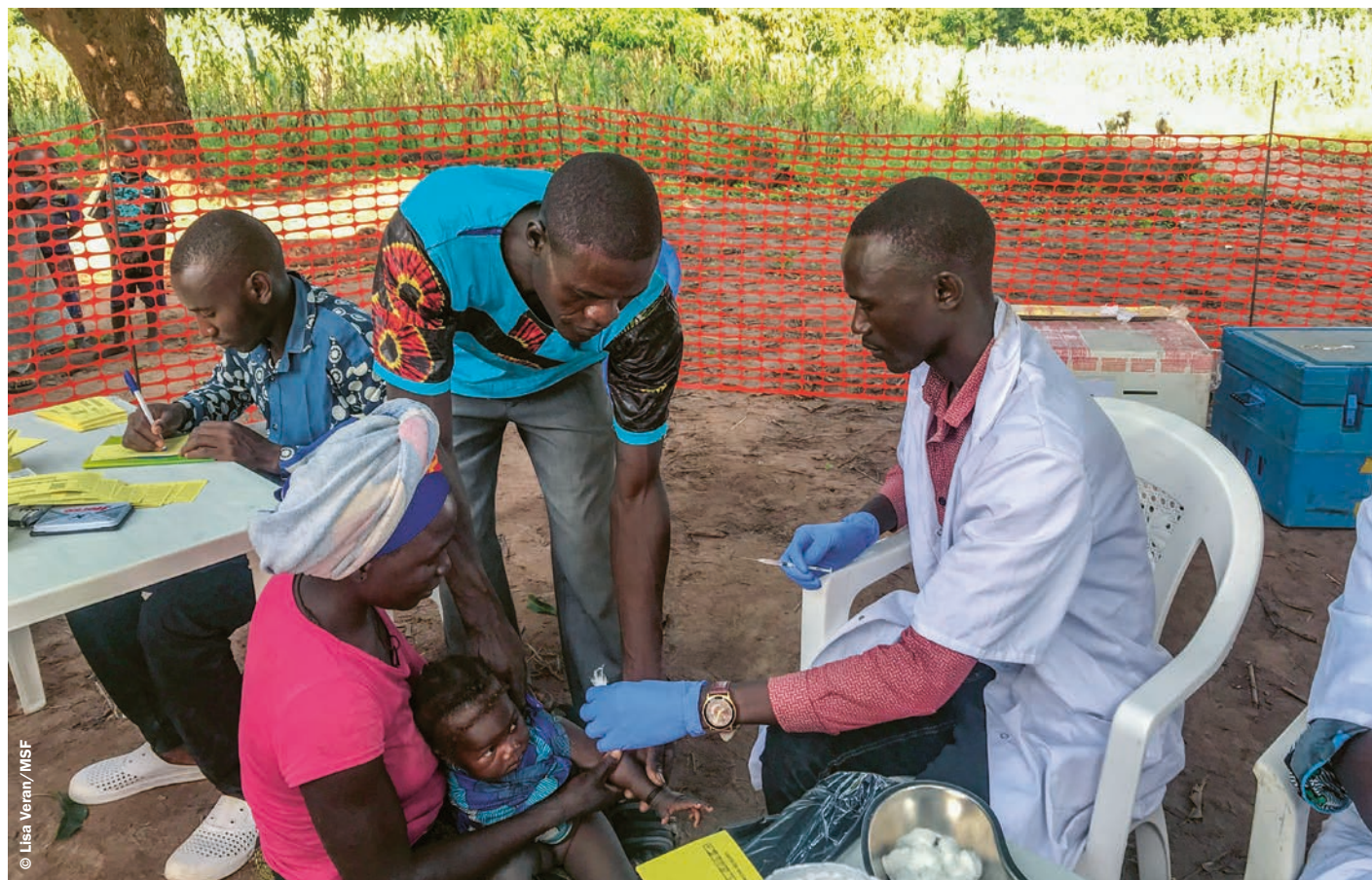
Responding to a measles outbreak

In the country since:	2021
Reason for intervention:	epidemics
Emergency intervention:	measles
Human resources:	7 staff including
(FTE)	5 international staff
Cost for 2021:	CHF 1,916,000

Access to basic healthcare is limited in Chad, and low vaccination coverage means that there are frequent, large-scale measles outbreaks. In April 2021, MSF teams responded to an outbreak in Bedjondo,

in the southern region of Mandoul, by supporting the local health authorities to carry out a mass vaccination campaign, which reached a total of 140,490 children between the ages of six months

and 14 years. In addition, MSF assisted the Ministry of Health with the management of simple and complicated cases of the disease.



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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:	3 international staff
(FTE)	
Cost for 2021:	CHF 441,000

The humanitarian situation in the Democratic People's Republic of Korea (DPRK) appeared to deteriorate sharply in 2021, with the ongoing border closure preventing access for both people and supplies. DPRK was one of the first countries to close its borders in January 2020 when the COVID-19 pandemic was declared. Although needs increased significantly, the restrictions made it virtually impossible for aid organisations to provide assistance in 2021. The MSF programme in North Hamgyong, which we launched in 2018 to improve general healthcare and tuberculosis (TB) treatment, was on standby throughout the year.

In 2021, although unable to run activities on the ground, we began to supply technical and scientific

materials to guide and strengthen the diagnosis and treatment of multidrug-resistant TB in the country. This support, in response to a request from the Ministry of Public Health, included providing guidance for the use of new drug treatment regimens for drug-resistant TB and management of TB infection. We also donated our remaining medical stocks in Pyongyang to health facilities, with the aim of supporting COVID-19 preparedness and general medical care.

We maintained an ongoing dialogue with the DPRK authorities both within the country and through embassies and coordinated with other NGOs and academics to better define MSF's approach and priorities should the borders reopen.

Following this consultation, the team identified TB and food insecurity support as the most likely relevant focus areas for the future programme. We are also exploring possible ways of supporting the programme remotely in discussions with the authorities.

In order to improve our responsiveness should on-the-ground operations resume, we have introduced a new procurement supply manager role based in China with the objective of exploring the Chinese market so that crucial supplies can be delivered quickly and efficiently into the country.

DEMOCRATIC REPUBLIC OF CONGO

Responding to disease outbreaks and the needs of displaced people

In the country since:

Reason for intervention:

Main activity:

Emergency intervention:

Human resources:
(FTE)

Cost for 2021:

2001

epidemics, displacement

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

measles, meningitis

753 staff including
66 international staff

CHF 20,467,000



Ituri province, in northeastern Democratic Republic of Congo (DRC), continued to be ravaged by conflict in 2021. Violent clashes between armed groups led to waves of mass displacement, exacerbating the already dire humanitarian situation in the region. Many health facilities have ceased to function, as health workers also fled for their own safety. Throughout the year, MSF scaled up activities to respond to the immense health needs in Ituri.

In our long-term projects in Djugu and Mahagi territories, MSF teams maintained general and specialist health services for displaced people, returnees and host communities in Drodro, Nizi, Bambo and Angumu. As well as launching emergency interventions to respond to epidemics and mass displacements, MSF provided both inpatient and outpatient care, mainly for malaria, respiratory infections and malnutrition, and ambulance referrals. During

the year, we carried out a total of 154,190 outpatient consultations in health centres, mobile clinics and community care sites, treating more than 110,000 patients for malaria alone, and admitted 18,870 patients for care. We also supported two general referral hospitals: in Angumu, we worked to improve the quality of paediatric and neonatal care, while in Boga the focus was on nutrition as well as paediatric care. In addition, our teams assisted people living in and around 20 makeshift camps by improving provision of drinking water and sanitation and distributing mosquito nets and relief items such as jerrycans and soaps. In all our projects, we continued to offer reproductive healthcare, including safe abortion and medical and psychological treatment for victims of sexual and gender-based violence. Following a deterioration in the security situation, and an attack on one of our teams in October, we were forced to suspend our activities

in Bambo and Nizi. After the incident, MSF called on all parties to the conflict to condemn the attack and to protect medical facilities, health workers and patients.

Responding to humanitarian emergencies, such as epidemics, mass displacements and natural disasters, remains a major concern in northeastern DRC due to the lack of local capacity and an inadequate health system. During the year, the Kisangani Emergency Response Unit, our team in charge of emergencies in the region, launched interventions in several health zones in Ituri, Haut-Uélé, Bas-Uélé and Tshopo, mainly in response to measles and meningitis. As well as carrying out vaccination campaigns and providing treatment (mostly to children under five), we supported the authorities to strengthen preventive vaccination, diagnosis and epidemiological surveillance.

ESWATINI

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

In Eswatini, around one-third of adults are currently living with HIV, and many of them are co-infected with tuberculosis (TB). In spite of the constraints imposed by COVID-19, MSF continued to tackle this dual epidemic through its long-running programmes in the country.

Our community-based model of care enables HIV patients to receive treatment and support nearer their homes. Patients can pick up their antiretroviral drug refills and access other HIV services, such as testing and chronic care, at community delivery points. This approach strengthens adherence to treatment as it reduces the effort – and cost – of seeking care and avoids exposure to COVID-19.

In the country since:	2007
Reason for intervention:	epidemics
Main activity:	HIV/AIDS, co-infections
Emergency intervention:	COVID-19
Human resources:	123 staff including
(FTE)	11 international staff
Cost for 2021:	CHF 4,097,000

In September, we started to integrate care for patients with non-communicable diseases, such as hypertension, in the clinics we support. As part of our effort to improve care for drug-resistant TB, we initiated a new short-course treatment study in Shiselweni and Lubombo regions. Patients enrolled in the study finish their course in just nine to 12 months, whereas earlier treatments had taken up to two years. Another advantage of the new course is that it uses only oral drugs, which have less severe side effects than the older injectables.

During the second and third COVID-19 waves, MSF stepped up its support to Nhlangu health centre by increasing capacity from eight to 26 beds

and supplying oxygen concentrators. In response to the shortage of oxygen in the country, the Oxygen Plant Project was launched in mid-2021, aimed at improving care for COVID-19 and other oxygen-dependent medical conditions. Two plants are being installed, one in Nhlangu and the other at Hlatikhulu. In November, we started integrating COVID-19 vaccination campaigns into our daily medical activities, mainly targeting rural communities in Shiselweni. We also supported the Ministry of Health's vaccination campaigns. By the end of 2021, 27.5 per cent of the population of Eswatini had been vaccinated.

GREECE

Assisting migrants and refugees

In the country since:	2016
Reason for intervention:	displacement
Main activity:	general healthcare, sexual and reproductive healthcare, mental healthcare
Human resources:	137 staff including
(FTE)	9 international staff
Cost for 2021:	CHF 5,779,000



Restrictive EU and Greek migration policies continued to have a negative impact on the health and dignity of asylum seekers and migrants arriving in Greece in 2021. Cuts in spending on housing programmes for asylum seekers and the withdrawal of cash assistance for recognised refugees have meant that many more people face the risk of ending up living on the streets, with insufficient food and access to shelter and hygiene facilities.

In 2021, MSF continued to provide mental health services, sexual and reproductive healthcare, including treatment for sexual violence, and social support to migrants and refugees on Samos island through our day care centre in Vathy town. Our staff witnessed the severe impact that the precarious living conditions, arbitrary asylum procedures

and fear of deportation were having on people's physical and mental health. In September, the European Union, in collaboration with the Greek authorities, inaugurated a detention-like reception and identification centre in Zervou, an isolated area far from the main town. The centre is surrounded by three barbed-wire fences, and people's movements are strictly controlled. Our team moved nearer the centre to make it easier for people to access care. Between August and November, we also offered first aid to people arriving on Samos by boat. This intervention enabled us not only to ensure people's safe landing, but also to bear witness to their reception by the authorities. During the year, a total of 2,731 consultations were carried out at the MSF facilities in Vathy and Zervou.

In Athens, we run a day centre for migrants, where a range of social, legal and healthcare services are available. In June, we launched a health promotion campaign to encourage and support migrants in Athens to register for COVID-19 vaccination. At the end of 2021, after seven years of operations, we closed our specialised clinic for victims of torture, referring patients still in need of treatment and long-term support to our day centre and other organisations.

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

GUATEMALA

Providing assistance to vulnerable communities

In Guatemala, the main humanitarian needs are related to the consequences of violence and poor access to medical care, especially for remote communities and people on the move. In 2021, MSF started to run activities to assist these communities. We also launched a project to address the high levels of chronic kidney disease in Guatemala.

Due to the COVID-19 pandemic, the start of our Mesoamerican nephropathy project, which aims to treat this chronic kidney disease, was delayed. We finally began activities in 2021. Our team works in three municipalities in Esquintla department (La Democracia, La Gomera, Sipocate), an area almost entirely given over to large-scale agriculture. The main activities of the project are early detection,

In the country since:	2020
Reason for intervention:	healthcare exclusion
Main activity:	general healthcare, sexual and reproductive healthcare, mental healthcare
Human resources:	24 staff including
(FTE)	4 international staff
Cost for 2021:	CHF 1,481,000

patient care and health promotion, as well as an advocacy strategy to improve diagnosis and care as we accumulate data and field experience. We started community screening and spreading health promotion messages in August and had tested nearly 600 people by the end of the year. A key component of the project is working with the community, as the region has well-established community structures and leaders, which wield significant influence. Our team is also considering different operational research topics that may support our advocacy regarding improving detection and treatment for chronic renal problems in the country.

In October, we started another new project, based in Quetzaltenango, Guatemala's second-largest city,

which focuses on assisting migrants. We deploy two mobile teams, consisting of a doctor, a psychologist, a social worker, a health promoter, a team manager and a driver, to different sites in San Marcos and Huehuetenango departments, where they provide a range of services to cater for the needs of people on the move, whether travelling north towards Mexico and the US, or returning home, such as the large numbers of deported Guatemalans. In addition, we support local health centres serving people who live in this border area. Like all MSF activities in Central America, the project has a strong advocacy component, mainly targeting repressive US migration policies and calling for greater access to care, particularly mental health services, and protection from violence for migrants.

HONDURAS

Providing medical care for victims of violence

In the country since:	1998
Reason for intervention:	healthcare exclusion, sexual violence
Main activity:	sexual and reproductive healthcare, mental healthcare
Emergency intervention:	COVID-19, natural disaster
Human resources:	188 staff including
(FTE)	12 international staff
Cost for 2021:	CHF 5,178,000



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 2021, MSF ran programmes to assist people affected by violence and discrimination and communities with little access to healthcare.

In Choloma, in the northern department of Cortés, MSF offered humanitarian and medical assistance to people still suffering the consequences of the two hurricanes that struck at the end of 2020. Our team at the mother and child clinic continued to provide family planning services, ante- and postnatal consultations and basic obstetric care. Overall, our teams carried out 6,593 antenatal consultations and 3,462

family planning consultations during the year. We also opened a new clinic in nearby San Pedro Sula, to improve access to medical and psychological care for sex workers and the LGBTIQ community. In December, we launched an emergency intervention to help people affected by the floods in Villanueva.

In the capital, Tegucigalpa, we run a project providing comprehensive care to victims of sexual violence. We also continue to work with the Ministry of Health and other organisations to approve a national protocol to guarantee access to medical and psychosocial care for victims. Between April and November, we supported the local government in Tegucigalpa by running a telemedicine service offering medical and mental health consultations,

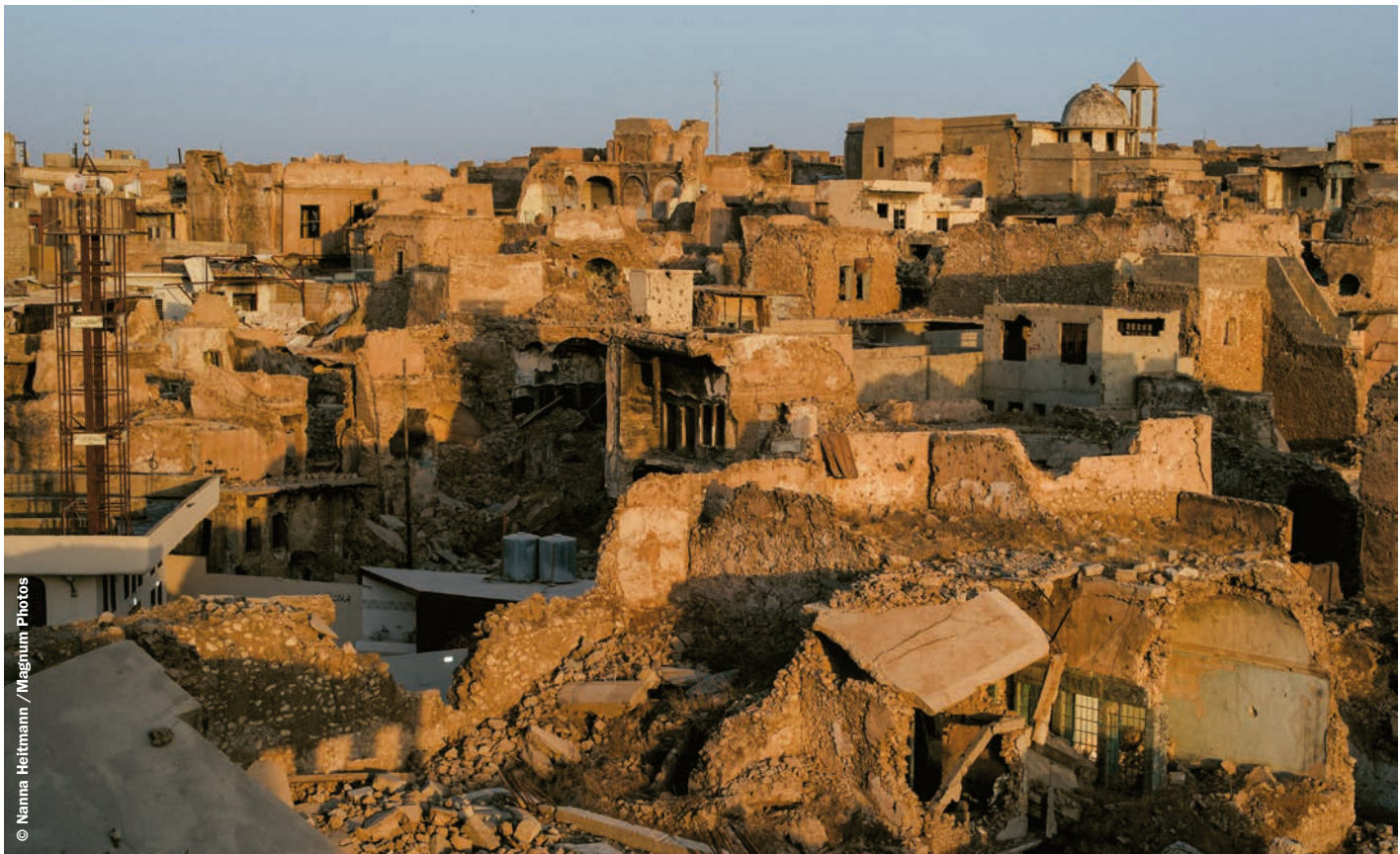
and transferring seriously ill COVID-19 patients from triage points to hospital. We provided three ambulances, which helped to reduce the waiting time and the risk of deterioration in the patients' condition.

MSF also launched a number of responses to assist migrants in 2021. We provided medical and psychological care to people migrating north in a very large caravan in January; hundreds of migrants who had been stopped at the southern border crossing with Nicaragua in April; and deportees from Mexico and the US arriving at the northern border with Guatemala. We also started to run a mobile clinic serving migrants at Comayagüela bus terminal in September.

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:	389 staff including 43 international staff
(FTE)	
Cost for 2021:	CHF 13,423,000



Iraq is still reeling from the devastating effects of the 2014-2017 conflict. Many healthcare facilities were damaged or destroyed, and several healthcare providers were forced to flee. This has complicated the provision of sexual and reproductive healthcare for thousands of women across the country. In Nablus, Mosul, our teams continued to deliver much-needed maternity services, as well as paediatric and neonatal care, conducting a total of 40,466 emergency room consultations and assisting 10,797 deliveries, including 2,162 caesarean sections in 2021.

In areas affected by conflict both recently and in the past, mental health remains a critical issue. Despite the pressing need, Iraq faces a severe shortage of qualified mental health professionals, and the few mental health services available are principally located in big cities. For this reason, mental healthcare is an essential part of MSF's activities in Sinuni, in Sinjar district, and in Mosul. A total of 7,011 mental health sessions were provided in the country during the year.

Iraq continued to be severely affected by the COVID-19 pandemic, with many people falling ill

and dying, and hospitals diverted from their regular activities in order to treat the severely sick. During the year, we ran a COVID-19 unit in Mosul and a ward for mild and moderate patients at Sinuni general hospital. Our team reported that most patients admitted to the intensive care unit in Mosul were already in a critical condition on arrival because they preferred to be treated at home and only sought care at the hospital as a last resort. Unfortunately, this meant that many people had already developed severe complications by the time they arrived, and the death rate in our unit was high.

KENYA

Delivering care to the most vulnerable

In the country since:

Reason for intervention:

Main activity:

Human resources:
(FTE)

Cost for 2021:

2007

displacement, epidemics

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

367 staff including
17 international staff

CHF 10,302,000

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 2021 there were more than 228,000 people living in Dadaab, a refugee camp complex close to the border with Somalia. Within the complex, in Dagahaley camp, 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 2021, MSF teams conducted more than 128,920 outpatient consultations, admitted 10,759 patients for care and assisted 3,704 births. After the Kenyan government announced its decision to close Dadaab and another refugee camp by June 2022, we called for sustainable solutions to ensure that refugees can lead a safe and dignified life. We have been delivering healthcare in and around Dadaab camp for most of its 30-year existence.

In Mombasa county, we started a comprehensive healthcare programme tailored to the specific

needs of vulnerable adolescents and young people who are affected by social violence and excluded from healthcare. MSF is supporting health facilities in Mombasa to provide reproductive health services, including prevention of sexually transmitted infections, mental healthcare and treatment for victims of sexual violence.

In July, we completed the handover of our maternal and neonatal care project in Likoni, Mombasa county, to the health authorities. During the year, we supported the local response to the COVID-19 pandemic.



KYRGYZSTAN

Improving healthcare for women 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, armed conflict
Human resources:	72 staff including
(FTE)	5 international staff
Cost for 2021:	CHF 1,765,000



In the northern province of Chui, which experienced a high number of COVID-19 cases, our teams continued to provide home-based care for people showing mild and moderate symptoms, in order to prevent hospitals from being overwhelmed. They also organised referrals for patients requiring hospital treatment. As new infections fell, we stopped these activities in April. This approach, a first in the country, was introduced in collaboration with the Ministry of Health.

From mid-2021, our teams started to prepare new activities in Chui, focused on improving early detection, treatment and prevention of breast and cervical cancer in Sokuluk district. Kyrgyzstan is among

the countries with the highest prevalence of cervical cancer, and lack of active screening means that women are diagnosed at a very late stage. Our new project will pilot decentralising cancer prevention and care by integrating detection and treatment into basic healthcare facilities.

After delays caused by COVID-19 in 2020, our teams were finally able to conduct a comprehensive health risk assessment in Aiderkan, the largely rural and remote region of Batken province, to determine the extent of people's exposure to heavy metal pollution. Initial results revealed chronic exposure to heavy metals, including arsenic and antimony, especially among children. Our

teams will now work to better identify pathways to exposure in order to mitigate health risks associated with heavy metal pollution. In addition, our teams in Aiderkan continued to offer treatment for chronic diseases, such as hypertension and diabetes, as well as sexual and reproductive healthcare and screening for cervical and breast cancer. Our teams conducted a total of 6,241 outpatient consultations and 1,173 mental health consultations during the year.

In April, when fighting broke out along the disputed Kyrgyz-Tajik border in Batken province, our teams swiftly mobilised to provide basic healthcare and psychosocial counselling to displaced people.

LEBANON

Providing healthcare to vulnerable communities and refugees

In the country since:	2008
Reason for intervention:	access to healthcare, pandemic
Main activity:	general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency intervention:	COVID-19
Human resources:	186 staff including
(FTE)	21 international staff
Cost for 2021:	CHF 6,968,000

In 2021, the humanitarian situation continued to deteriorate rapidly in Lebanon, as the economic and financial crisis showed no sign of abating, and the health system struggled to provide basic services. Eighty-five per cent of people are now reportedly living below the poverty line, with insufficient access to food, fuel and medication. The breakdown of the healthcare system and severe shortages of essential drugs have pushed more people to seek assistance from MSF and other medical humanitarian organisations to cover their medical needs.

In Hermel and Arsal, in Bekaa Valley, our teams provide basic health services, including sexual and reproductive healthcare, consultations for non-communicable diseases (NCDs) and mental health support. We also offer paediatric care and assistance with births in these underserved areas of the country. During the year, we carried out a total of 45,496 NCD consultations and 10,007 antenatal consultations.

COVID-19 dealt yet another blow to the over-stretched healthcare system. Some healthcare workers left the country, while many health facilities in Beirut that were damaged in the port explosion in 2020 remained unrepaired. MSF supported the COVID-19 response by assisting the Ministry of Health with testing activities and vaccinations for people most at risk, such as the elderly, medical staff and detainees, and deploying mobile teams to vaccinate communities in the remote area of Akkar, in the north of Lebanon.

MEXICO

Assisting people on the move

In the country since:	2013
Reason for intervention:	social violence, healthcare exclusion
Main activity:	outpatient care, mental healthcare
Human resources:	75 staff including
(FTE)	14 international staff
Cost for 2021:	CHF 2,757,000

According to UNHCR, the UN refugee agency, the numbers of displaced people in Central American countries reached record levels in 2021, creating an unprecedented humanitarian crisis. Almost a million people fled their homes to escape violence and a lack of opportunities in their home countries, a situation exacerbated by the COVID-19 pandemic. The new US administration had indicated that it would adopt a more compassionate attitude towards undocumented migrants and refugees arriving from the south, but it maintained its restrictive asylum policies, citing public health reasons, closed its borders and deported hundreds of thousands of people to Mexico and other countries. This, and the criminalisation of migration by regional governments, forced people to risk more dangerous routes, where they were exposed to

robbery, extortion, torture, sexual aggression, rape and kidnapping.

Our teams worked to improve access to medical and psychological care at different points along the migratory route, prioritising assistance to the most vulnerable groups: children, unaccompanied minors, women travelling alone, non-Spanish-speaking people, extracontinental migrants, older adults, LGBTIQ people and victims of direct violence. The mobility of our operations enabled us to provide emergency responses to specific needs as they were detected. We deployed teams to work on Mexico's northern border, in Nuevo Laredo, Tamaulipas state, while our comprehensive care centre in Mexico City continued to offer medical, psychological and social support and physiotherapy to migrants, refugees and

Mexican citizens who had been victims of extreme violence. In September, we decided to reorient our project in Reynosa and Matamoros, Tamaulipas state, where we had been providing care for victims of violence and sexual violence since 2019, to assist thousands of migrants trapped in precarious conditions in shelters and makeshift camps. As well as medical and psychological consultations, we ran health promotion activities, offered social support and distributed drinking water and hygiene kits. In the autumn, we launched an emergency intervention in Mexico City focused on health promotion activities to support institutions to address the needs of the huge influxes of migrants, mainly from Haiti. In total, MSF carried out 11,463 consultations, and 22,862 people attended our health promotion sessions.



MOZAMBIQUE

Supporting treatment for chronic diseases

In the country since:	1992
Reason for intervention:	epidemics
Main activity:	HIV/AIDS, tuberculosis, hepatitis C
Emergency intervention:	COVID-19
Human resources:	83 staff including
(FTE)	8 international staff
Cost for 2021:	CHF 2,285,000



In Mozambique, around 2.2 million people are living with HIV, of whom 36 per cent are co-infected with tuberculosis (TB). For the past 21 years, MSF has been running a project in the capital, Maputo, focusing on improving the detection and rapid treatment of opportunistic infections among people with advanced HIV by implementing a specialised package of care.

In 2021, we gradually handed the project over to the Ministry of Health and other organisations who will ensure the continuation of these services. Back in early 2000, MSF started building what was to

become the country's first outpatient facility for specialised HIV care. A completely new and innovative model of care was put in place in Maputo, in the form of a one-stop shop offering diagnosis and treatment for advanced HIV and opportunistic infections such as TB, Kaposi's sarcoma and viral hepatitis. New treatment protocols were initiated, which facilitated better access to diagnosis and care, and thereby better health outcomes overall. In 2018, the Maputo project started providing tailor-made services for people who use drugs, including a full harm reduction programme, the only one of its kind in the country. Activities included testing

and referrals for HIV, TB and hepatitis C, needle/syringe distribution, opioid substitution therapy and overdose treatment. Advocacy was a key component of our medical activities and many important goals were achieved as a result, for example the integration of new treatment guidelines and medications into national health policies. As these activities were handed over, we launched a new project focusing on planetary health, a major issue affecting Mozambique, one of the African countries most vulnerable to climate change.

MYANMAR

Treating marginalised communities and vulnerable groups

In the country since:	2000
Reason for intervention:	epidemics, healthcare exclusion
Main activity:	HIV/AIDS, tuberculosis, general healthcare
Human resources:	104 staff including
(FTE)	6 international staff
Cost for 2021:	CHF 1,886,000

In Myanmar, access to medical treatment, which was already limited, particularly for marginalised communities and certain ethnic groups, was complicated further in 2021, amid a deepening political crisis. The Myanmar military seized power from the democratically elected government in February, imprisoning its leaders and imposing a state of emergency on the country. Days later, medical staff walked out of their jobs in protest, spearheading the civil disobedience movement that saw government employees of all stripes go on strike. Thousands of doctors and nurses are now in hiding, unable to practise for fear of attack or detention. Public healthcare services have been in disarray ever since. HIV and tuberculosis (TB) treatment has been disrupted, and both basic healthcare services and referrals for specialist care reduced. Throughout 2021, MSF stepped

up activities to help fill gaps in public healthcare and respond to the COVID-19 pandemic.

When a devastating COVID-19 outbreak hit the country in June, hospitals were quickly overwhelmed, and tens of thousands of people died, unable to access the care they needed. MSF supported a COVID-19 treatment centre that received patients with moderate to severe symptoms in Myanmar's biggest city, Yangon. We also started a COVID-19 information hotline for people in Dawei, Tanintharyi region, donated supplies to health facilities and trained frontline healthcare workers on infection prevention and control.

Shortly after the military seized power, we suspended the ongoing transfer of our HIV patients to

the Ministry of Health's programme. We diagnosed and began treatment for new HIV patients for the first time since 2019 at our clinics in Tanintharyi region, as well as continuing care for patients who could no longer access consultations and drug refills at their usual government facilities. We also continued treatment for TB patients, including those co-infected with HIV. A total of 1,520 patients received antiretroviral therapy through the MSF programme in 2021.

We expanded our basic healthcare services, opening clinics to help people on low incomes in Yangon, who have borne the brunt of the economic fallout of COVID-19 and the political crisis. We also added basic healthcare to our clinics in Dawei.

NIGER

Tackling the annual malnutrition and malaria peak and responding to disease outbreaks

Niger is a country chronically affected by poverty, underdevelopment, natural disasters and recurrent epidemics. Floods, droughts and agricultural shortfalls exacerbate food insecurity and people often struggle to access basic services, including healthcare. In 2021, MSF scaled up activities in response to the worsening humanitarian situation in the country.

In Zinder region, the combination of an early malaria peak and a poor agricultural season led to a significant increase in the number of paediatric patients. We also saw an unprecedented number of severely malnourished children coming across the border from Nigeria. We set up observation rooms and extended observation time from 24 to 48 hours, which not only increased capacity but also relieved pressure on the

In the country since:	2005
Reason for intervention:	epidemics, displacement
Main activity:	hospital care, general healthcare
Emergency intervention:	malnutrition, malaria, measles, meningitis, cholera
Human resources:	423 staff including
(FTE)	37 international staff
Cost for 2021:	CHF 13,518,000

inpatient wards. During the year, MSF admitted 37,179 children under the age of five to Magaria hospital. Meanwhile, we continued to develop 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. A total of 137,264 consultations were provided by MSF-trained community members.

The security situation in Tillabéri region, which shares borders with Mali and Burkina Faso, deteriorated in 2021. There were numerous attacks on civilians, leading to waves of displacement. To respond to the increased needs in Torodi district, MSF recruited extra medical staff, conducted mobile clinics, rehabilitated

the emergency unit and built a blood bank, an observation unit, a sterilisation room and a mental health consultation room.

Throughout the year, in Niamey, Zinder and Tillabéri regions, MSF supported the health authorities' responses to epidemics and floods, as well as vaccination campaigns against measles, meningitis and cholera. During the malaria peak, which was higher than in 2020 because of the flooding, our teams provided additional support to the paediatric ward of La Poudrière regional hospital in Niamey, with staffing, logistics and training. We also supported five health centres to treat exceptionally high numbers of children with malaria and malnutrition.



NIGERIA

Providing general healthcare to displaced people in Borno state

In the country since: 2016
Reason for intervention: armed conflict, displacement, epidemics
Main activity: general healthcare, mental healthcare
Human resources: 227 staff including 19 international staff
Cost for 2021: CHF 6,761,000



Northeast Nigeria, particularly Borno state, has endured more than a decade of armed conflict between the government and non-state armed groups. Around 1.6 million people are displaced in Borno, and those living in areas controlled by armed groups have no access to humanitarian assistance. In 2021, the authorities began to close displacement camps in Maiduguri and encouraged people living in them to return to their home regions.

Throughout the year, MSF continued to run a 20-bed inpatient facility in Ngala hospital and support outpatient and inpatient services in Gamboru maternal and child health centre, focusing on mental health support and sexual and reproductive healthcare. In total, our teams carried out 46,640 outpatient consultations. MSF-trained health workers also conducted community-based consultations in Ngala and Rann, and screened more than 35,000 children for malnutrition.

This year, Nigeria experienced the worst cholera outbreak in a decade, affecting most of the country and killing around 3,600 people. MSF emergency teams worked alongside the Ministry of Health to bring the outbreak under control, opening cholera treatment centres in Bauchi state, launching vaccination and health promotion campaigns and improving water and sanitation.

SOMALIA

Supporting paediatric healthcare

In the country since: 2018
Reason for intervention: epidemics, malnutrition
Main activity: general healthcare, vaccination
Human resources: 4 international staff
Cost for 2021: CHF 2,231,000



Conflict and extreme weather patterns, such as prolonged droughts and seasonal floods, continue to displace huge numbers of people and have a severe impact on access to food, water and healthcare in Somalia and Somaliland. In 2021, 5.9 million people needed humanitarian assistance, while 2.9 million people were displaced, mainly due to conflict and climate-related disasters, and 3.5 million people were considered food insecure (according to the United Nations Office for the Coordination of Humanitarian Affairs). In addition, the rates of childhood deaths, and deaths during

pregnancy and childbirth, were among the highest in the world. Measles, a preventable but highly contagious disease, remained prevalent in the country, with outbreaks hitting several regions in 2021. In Lower Juba, MSF teams supported the Ministry of Health with measles vaccination campaigns, treatment and health education sessions. A total of 7,859 children between the ages of six months and 15 years were vaccinated in one month.

After the third consecutive season of poor rainfall, and resulting drought conditions, we responded to

an acute malnutrition emergency in Jubaland during the 'hunger gap' or lean season between harvests. Teams carried out active surveillance and screening and provided nutritional treatment and medical care to 10,305 children under the age of five.

In partnership with a local medical organisation, we ran 'eye camps' in Jubaland and Southwest state, conducting screening and surgical interventions for common eye conditions that cause blindness if left untreated.

SOUTH SUDAN

Improving 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
Emergency intervention:	COVID-19
Human resources:	505 staff including
(FTE)	39 international staff
Cost for 2021:	CHF 13,474,000

In July 2021, the Republic of South Sudan marked 10 years of independence. However, despite a peace agreement and a unified government, the security situation remained volatile in many areas. During 2021, the country was hit by several concurrent emergencies, including severe flooding, violence, food insecurity and disease outbreaks. By the end of the year, 8.9 million people – more than two-thirds of the population – were estimated to be 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. Overall, we conducted 29,621 consultations in the emergency room and admitted 9,693 patients for care. To tackle malaria, a major health concern across the whole country, MSF teams, assisted by volunteer 'malaria agents', worked in the community to improve access to diagnosis and treatment. In 2021, we treated over 41,805 patients for the disease in 19 villages.

We also continued to run our COVID-19 activities at the hospital. These included providing treatment

and testing and running an isolation unit. In addition, we trained healthcare workers, and conducted health promotion activities. Another MSF team worked in the Ministry of Health hospital in Abyei, providing technical assistance and training and, until August, support to the COVID-19 isolation and treatment wards. In December, we also supported seven local facilities with testing and referrals of severe COVID patients.



SUDAN

Responding to the needs of displaced people

In the country since:	2004
Reason for intervention:	displacement, healthcare exclusion
Main activity:	general healthcare, sexual and reproductive healthcare
Emergency intervention:	COVID-19
Human resources: (FTE)	433 staff including 69 international staff
Cost for 2021:	CHF 19,030,000



Sudan's military takeover at the end of October 2021 prompted massive demonstrations across the country. In response to the violent crackdowns that ensued, MSF launched a mass-casualty plan to support hospitals. MSF teams in Omdurman, a city close to the capital, Khartoum, worked in emergency rooms, trained staff in mass-casualty planning and donated medical supplies. When COVID-19 cases rose during the year, we ran health promotion activities in communities south of Khartoum. During the year, we continued to run our Omdurman project, providing basic healthcare and emergency services for refugees, displaced people and host communities.

Since November 2020, we have been working in Al-Gedaref state, assisting both Ethiopian refugees and local communities with basic and maternal healthcare, mental health support, vaccinations, malnutrition screening, water and sanitation, and treatment for neglected tropical diseases through mobile clinics, health centres and hospitals in the camps. In total, we carried out 89,800 outpatient consultations and admitted 5,346 patients to our facilities.

In Darfur, a remote region that has suffered over a decade of conflict, security remains fragile, with recurrent violent clashes followed by waves of

displacement. Our teams were present in two states, East and West Darfur, providing medical care through hospitals and both mobile and fixed clinics, and running mass vaccination campaigns. Services included basic and emergency healthcare, sexual and reproductive healthcare, as well as health promotion and laboratory support. Our teams conducted a total of 97,351 outpatient consultations and 7,134 antenatal consultations in 2021. We also worked to improve access to safe drinking water and upgraded sanitation by constructing and rehabilitating latrines.

SWITZERLAND

Supporting the response to COVID-19

In the country since:	2020
Reason for intervention:	epidemic
Main activity:	general healthcare
Emergency intervention:	COVID-19
Human resources: (FTE)	1 staff
Cost for 2021:	CHF 110,000

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 number of cases began to rise again in the country in November 2020, MSF worked to reinforce staff capacity in medical facilities and organisations supporting vulnerable people. Mobile teams were deployed to migrant and night shelters and retirement homes in several cantons and in neighbouring French localities, in order to test for the virus and monitor patients. MSF also assisted

with the implementation of infection prevention and control measures and conducted health promotion activities in public services, shelters and nursing homes. After sharing its field-based emergency response expertise with relevant partners, MSF concluded its activities in the country in February 2021.

TANZANIA

Assisting refugees in Nduta

In the country since:	2015
Reason for intervention:	displacement
Main activity:	hospital care, general healthcare, mental healthcare
Human resources: (FTE)	233 staff including 10 international staff
Cost for 2021:	CHF 7,330,000

After violence erupted in Burundi in 2015, thousands of people fled into Tanzania. At the end of 2021, 77,000 refugees were still living in Nduta camp, as they did not believe that their country was safe to return to. Restrictions on movement outside the camp prevent them from seeking work, forcing them to rely solely on ever-dwindling humanitarian assistance. In 2021, MSF continued to provide healthcare for Burundian refugees and local communities in Nduta and the surrounding Kigoma region.

We offer a range of 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 non-communicable diseases. Our hospital in the camp has both paediatric and adult wards, as well as a maternity room, and provides emergency surgical and obstetric referrals to the nearby government facility. Overall, MSF teams conducted 4,154 sexual and reproductive health consultations and assisted 3,605 deliveries during the year. We also carried out 64,051 outpatient

consultations, 7,957 of which were for mental health. In addition, we supported emergency preparedness and response activities, for example, opening a COVID-19 isolation unit in the hospital in Nduta camp, where we took care of 41 patients.

During the year, we handed over three health posts and an outpatient therapeutic feeding centre to the Tanzanian Red Cross Society, to enable us to increase our focus on specialist care. We also reduced bed capacity in the camp hospital from 100 to 92 beds.



UKRAINE

Treating patients with chronic conditions

In the country since:	2015
Reason for intervention:	armed conflict, displacement
Main activity:	general healthcare, hepatitis C
Emergency intervention:	COVID-19
Human resources:	71 staff including
(FTE)	11 international staff
Cost for 2021:	CHF 2,477,000



Conflict has been simmering in eastern Ukraine since 2014. For people living in small villages close to the fighting, getting the healthcare they need remained a challenge in 2021. In response, MSF ran a range of activities in the country, including treatment for chronic conditions such as hepatitis C and support for the COVID-19 response.

In Donetsk oblast (province), MSF continued to support innovative, local solutions, working with

community volunteers who drove fellow villagers to medical facilities in their own cars. Volunteers also delivered prescription medications and shared important health information. Throughout the year, MSF offered basic healthcare workers peer support and trained them to provide mental healthcare to patients – something that was previously limited to specialist health facilities in urban areas. We also donated medical items, including essential medicines, to health facilities.

In addition, we supported the COVID-19 response by donating personal protective equipment, rapid diagnostic tests and oxygen concentrators to health facilities. We also offered psychological support to healthcare workers, who were under intense pressure, and to patients and communities. In Donetsk, our mobile teams treated 3,685 COVID-19 patients with mild-to-moderate symptoms in their homes.

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:	664 staff including
(FTE)	33 international staff
Cost for 2021:	CHF 21,639,000

As the war in Yemen entered its seventh year, civilians continued to bear the brunt of the fighting. Many were injured, killed or displaced in clashes between the various factions. COVID-19 also took its toll, with significant waves of infections in spring and autumn compounding what is already one of the world's worst humanitarian crises.

MSF managed treatment centres in Sana'a, Hodeidah and Ibb, which had some of the country's only intensive care units (ICUs). Death rates were high, and we know that many people in remote areas were unable to obtain treatment because it was not available locally and they could not afford to travel to the cities where we were working. Rumours and misinformation about COVID-19 circulated freely, exacerbating fears of the disease and stigmatisation of those infected with it. Moreover, the Ansar Allah authorities continued to refuse to address the spread of the virus publicly. Their refusal to use the vaccine, combined with other factors, such as issues with the supply of doses and the roll-out of vaccinations in government-controlled areas, as well as public distrust, meant that Yemen had one of the

lowest rates of vaccination in the world in 2021. In Ibb, one of the most populated governorates in Yemen, MSF continued to run the emergency room, operating theatre, ICU and inpatient department in Al-Qaida general hospital. We performed an average of 310 surgical interventions per month, reaching a total of 4,135 during the year, and trained the local team to ensure preparedness in case of mass-casualty events. Individual and group mental health sessions were also provided in the hospital. In addition, we donated medical equipment and supplies to the maternity department and X-ray unit.

In the port city of Hodeidah, MSF teams maintained their support to Al-Salakhani hospital, managing the emergency ward, operating theatre, ICU and inpatient department, conducting a total of 21,034 emergency room consultations. North of the city, MSF also worked in the rural hospital of Ad-Dahi, supporting inpatient services, including paediatric and neonatal care, and the emergency room, where we provided 21,298 consultations. At the end of the year, we integrated mental healthcare into our programmes in both hospitals. In both

places, we recorded slight increases in the numbers of malnourished children treated. Much of the malnutrition that we see in Yemen is caused by a lack of access to basic healthcare for children – if children become ill and cannot get the treatment they need, they are much more likely to become malnourished. Inflation is also making it increasingly difficult for Yemenis to feed their children and afford the cost of transporting them to hospital, which contributes both to malnutrition and the late treatment of illnesses.

MSF continues to call for a radical overhaul of the aid system in Yemen. Despite the large amounts of money spent on the humanitarian response, much of the international aid continues to be inefficient because it lacks both the flexibility to respond effectively to emergencies and the planning to ensure the provision of healthcare over the long term.



I want to sincerely thank our staff for their amazing work in 2021. A second year of pandemic brought many constraints and challenges, which we have strived to overcome together.

Reading the figures below, which show a small decrease in our field workforce, one could conclude that 2021 was a slow and less challenging year. However, this would not do justice to the work of our all our staff teams. The year was unusual in many ways; COVID-19 continued to rampage across the world and forced us to continually adapt to constant changes and challenges.

Strengthening our emergency response capacity in the Operational Centre Geneva (OCG) is an important strategic priority and the increase in emergency departure figures shows that we are advancing on this goal. This year, responding to emergency needs has been a particular challenge, due to the restrictions and disruptions we have faced with the pandemic, and also because the growth comes after several years of stagnation and even a small decline in our field teams. Therefore, even more effort than usual is required to rebuild our international pools and to scale up recruitment in our field missions.

One very important trend we have seen in 2021 is the continued growth in our inter-mission mobility programme. This programme allows locally hired field staff who usually work in fixed positions to be deployed to work in one of our projects in another country. The programme has been in place for several years, but we have seen an impressive growth over the last two years. Well over 100 staff participated in 2021. This programme has multiple benefits: it provides a mechanism for the sharing of knowledge and skills between our field projects; it helps our workforce build skills and capacities through exposure to new contexts and ways of working; and finally, it offers a means to cover gaps

in staffing. It is a programme we will continue to promote and develop in 2022.

Following the ambitions of the current strategic plan, OCG is committed to enhancing the mix of profiles and backgrounds in our field teams. We saw some promising trends in this regard in 2021; for example, there were more locally hired staff working in higher-level country coordination positions and other management roles in the field. However, although women now occupy many senior leadership positions, there are some concerning indicators regarding the male/female ratio in our field teams. In general, they remain too male dominated. Addressing this imbalance has become a major focus on our work on diversity, equity and inclusion.

Finally, at MSF we place great emphasis on learning and staff development. Our approach is constantly evolving as we make use of multiple new, innovative tools to facilitate learning across the many varied contexts in which we operate. In 2021, we had almost 3,500 staff participating in face-to-face or virtual classes, and around 2,800 actively engaged in our online learning platform. We are consistently improving access to learning for everyone who works for us, with locally hired staff now forming a significant, and growing, majority of participants.

As I write this report, we are seeing major emergencies emerging around the world, from South Sudan and the Sahel region, to Ukraine and the Democratic Republic of Congo, and beyond. We already know that our operations will grow considerably in 2022 and we are confident that the foundations laid in 2021 will enable HR to support the increased needs.

Kate Mort
Human Resources Director

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.

5,950

field staff

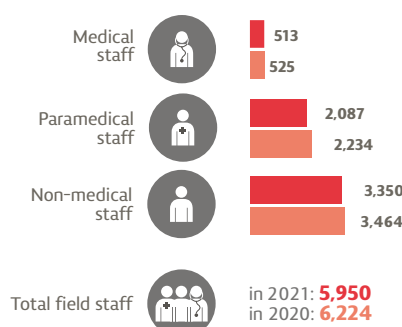
313

headquarters staff

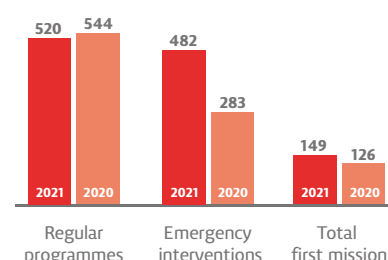
1,270

volunteer hours in Switzerland

Staff per occupation (FTE) 2021 - 2020



Field mission departures 2021 - 2020



Financial results

After 2020, which was so strongly marked by the COVID-19 pandemic, 2021 was a year of transition to a post-pandemic 'new normal'. Many projects were able to resume activities that had been temporarily reduced or suspended in 2020. Nevertheless, COVID-related restrictions continued to have a significant impact on our operational capacity, affecting issues such as staff mobility and the supply of equipment and medicines. In addition, MSF Switzerland undertook a number of actions to increase our operational footprint from 2022, with a view to better meeting the ever-increasing needs of patients and communities.

In 2021, Operational Centre Geneva (OCG) directly ran 77 projects in 26 countries. Africa accounted for 66% of our programme spending and the Middle East 22%. Europe, America and Asia accounted for 5%, 5% and 2% of the total, respectively. This geographical distribution remained largely unchanged from 2020. Spending on these projects totalled CHF 192.3 million, up 2.9% (or CHF 5.3 million) compared with the previous year, when there was a 6.3% reduction in our activities.

Yemen was our largest mission in terms of expenditure, with an allocation of CHF 21.6 million. Considerable efforts were also deployed in the Democratic Republic of Congo (DRC) and Sudan, to the sum of CHF 20.5 million and CHF 19.0 million respectively. These three missions together accounted for 32% of our programme costs in 2021.

Expenditure in East Africa totalled CHF 54 million, up 9.7%, due in particular to the Ethiopian refugee project in Sudan (CHF 8.9 million). This overall increase for the region is remarkable considering that there was a significant reduction in activities in Kenya following the handover of the maternity ward in Likoni to the Kenyan Ministry of Health (CHF -2.7 million). Meanwhile, there was an

8.7% drop in expenditure in Central Africa, with CHF 31.6 million being spent in DRC, Cameroon and Chad. This decrease was particularly marked in DRC (CHF -2.5 million), where fewer emergency interventions were undertaken. By contrast, West Africa saw significant growth in 2021 (+14.3%), owing to the opening of a second project in Niger and the expansion of activities in Nigeria, both emergency interventions (cholera response in Bauchi) and ongoing projects such as the one in Ngala. Finally, in southern Africa, our presence in Mozambique was further reduced, leading to a CHF 1.5 million decrease in spending, following the closure of the Chamanculo project. However, we decided to maintain our presence in Mozambique and to set up some new projects. Overall, in this region, which includes Angola, Eswatini, Madagascar and Mozambique, expenditure was up 11.4%, to CHF 7.7 million. This increase is mainly due to the opening of the Madagascar mission, initially focused on nutrition, with programme expenditure of CHF 0.8 million, and the opening of a mission in Angola, where medical activities will commence in 2022.

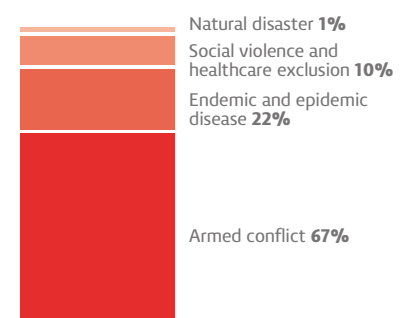
Spending in the Middle East decreased by CHF 1.7 million (-3.8%) to CHF 42.6 million, despite the expansion of our activities in Yemen. This reduction was partly linked to the transfer of some activities in Lebanon and Iraq to other humanitarian organisations or local authorities, as well as the large exchange rate fluctuations caused by economic instability in the region.

Across all the other regions (Europe, America, Asia), OCG spent a total of CHF 22.6 million, down CHF 1.5 million (-6.3%) on the previous year. Significant events included the deterioration of the situation in Myanmar (CHF -0.7 million), the end of our programmes in Colombia (CHF -0.7 million) and further delays to the expansion of our activities in the Democratic People's Republic of Korea (CHF -0.9 million).

MSF Switzerland contributed a total of CHF 9.3 million to projects and activities carried out by other MSF sections. The corresponding funds were raised in Switzerland, and were subject to restrictions on their use specified by the donors. CHF 3.2 million was allocated to projects in India, CHF 1.3 million to projects in Afghanistan, CHF 1.1 million to projects in Brazil and CHF 0.9 million to projects in Palestine, all of which were managed by other MSF sections.

Overall headquarters expenditure on supporting our programmes and on *témoignage*, awareness-raising and other humanitarian activities decreased by 6.4% in 2021. This represents a reduction of CHF 2.4 million, which is partly due to the post-pandemic effects that limited some support activities, despite the increase in our programme spending. Meanwhile, management and administration costs rose slightly. Following a drop in 2020, a catching-up effect can be observed. Nevertheless, the relative share of those costs remains stable. Finally, MSF

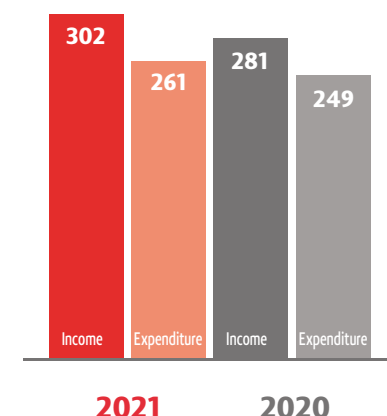
Programme costs per reason of intervention



Expenditure (in thousands of Swiss francs)

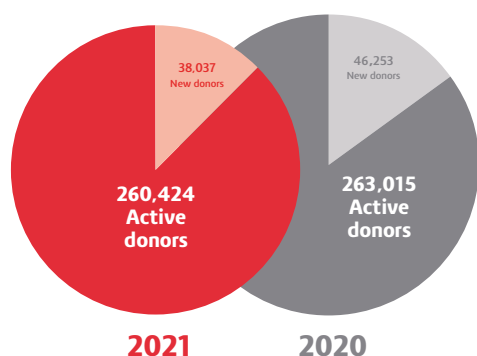
	2021		2020	
Programme	192,349	73.8%	187,001	75.2%
Programme support	31,545	12.1%	34,170	13.8%
Funding of partner sections' activities	9,344	3.6%	2,039	0.8%
Advocacy, awareness raising & other humanitarian activities	4,037	1.6%	3,861	1.6%
Social mission expenses	237,275	91.1%	227,071	91.4%
Fundraising in Switzerland	14,800	5.6%	13,532	5.4%
Management and administration	8,505	3.3%	8,036	3.2%
Administration expenses	23,305	8.9%	21,568	8.6%
TOTAL EXPENDITURE	260,580	100%	248,639	100%

Income and expenditure (in millions of Swiss francs)



Switzerland continued its investment in fundraising activities in Switzerland to sustain its revenue over the medium term.

Swiss private donations



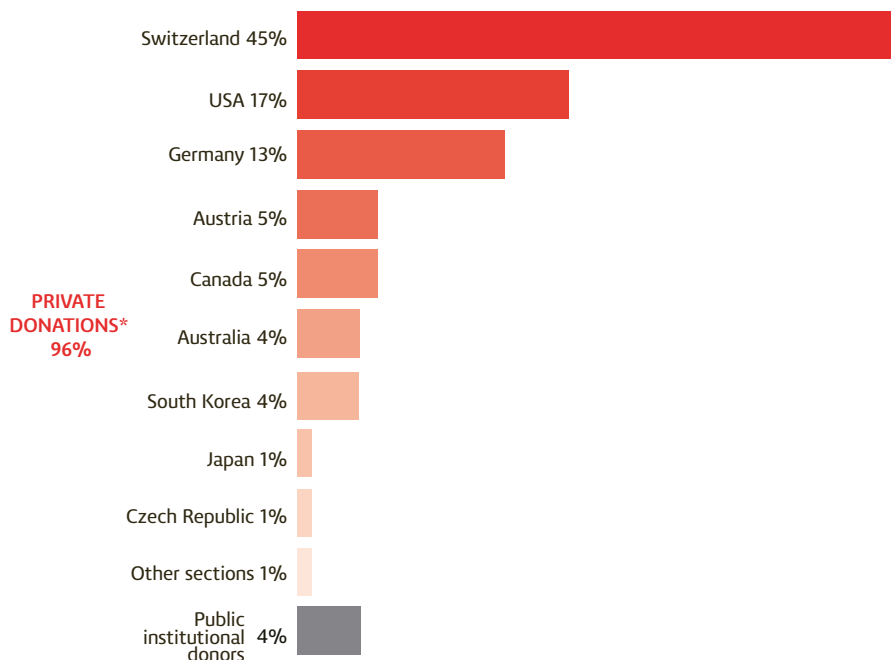
2021 was a very good year in terms of fundraising. Our total revenue was CHF 301.7 million, an increase of CHF 21 million (+7.5%) compared with 2020. The majority of the MSF sections recorded net growth in 2021 compared with 2020, and the global income was shared between the various operational centres, including OCG. The majority of the MSF sections recorded net growth in 2021 compared with 2020. In Switzerland, excluding non-operating income, CHF 135.1 million of funds were raised, an increase of 1.6% (CHF +2.1 million). This is a very welcome result, especially considering that 2020 was already an excellent year for fundraising. Finally, our revenue from the public sector remained broadly stable at 4% of our total revenue.

The 2021 period ended with a surplus of CHF 39.8 million. This exceptional result increases our reserves to nine months of activity, allowing us to maintain our agility and responsiveness to emergencies and to plan the expansion of our operational capacity over the coming years. In 2021, we allocated 91.1% of our budget to our social mission, 3.3% to administrative costs and 5.6% to fundraising.

We warmly thank all the private and institutional donors who supported us in 2021, making our activities possible, and thank them in advance for their support in 2022.

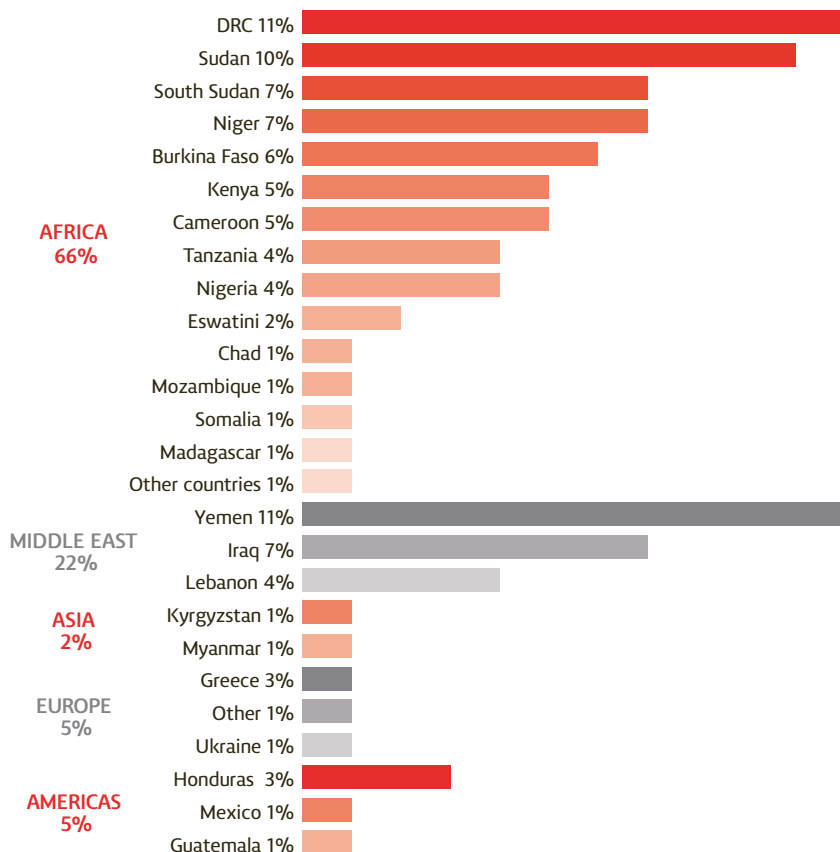
Nicolas Joray,
Director of Finance

Income (%)



* Private donations from MSF Switzerland and other MSF partner sections

Programme costs per country**



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

Acknowledgments

We would like to thank all the donors who made the work of Médecins Sans Frontières Switzerland possible in 2021. This year, 260,424 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:

- CIDA/IDA: Canadian International Development's Agency's International Humanitarian Assistance
- 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
- Ocean Foundation
- Glückskette - Chaîne du Bonheur
- Cartier Philanthropy
- CHUV
- Fondazione Araldi Guinetti
- Gebauer-Stiftung
- Georg und Emily Von Opel-Stiftung
- Hilfswerk GL Zürich
- Hilti Foundation
- IF! International Foundation
- J&K Wonderland Stiftung
- Oak Foundation
- République et canton de Genève
- Rütli-Stiftung
- Tarbaca Indigo Foundation
- Wietlisbach Foundation
- Stiftung pro Evolution
- David Feldman SA

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- Association des amis de Jost Steiger
- Banque Reyl
- Baugenossenschaft Freiblick Zürich
- BDS eSport Ltd
- Binder Rechtsanwälte KLG
- Blaser Swissslube AG
- BÜCHI Foundation
- C + S AG
- CA Indosuez (Switzerland) SA
- Canton de Vaud
- Canton du Valais
- Capital Group
- Charlotte und Nelly Dornacher Stiftung
- Commune de Bernex
- Commune de Collonge-Bellerive
- Commune de Troinex
- Daniel Swarovski Corporation AG
- Dr. Guido und Frederika Turin Stiftung
- Dr. Margrit Schoch-Stiftung
- Eckenstein-Geigy-Stiftung
- Elbro AG
- Elisabeth Nothmann Stiftung
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- Erika und Conrad Schnyder-Stiftung
- Ernst & Elisabeth Blind-Stiftung
- fleurs suisse gmbh
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- Fondation Alfred et Eugénie Baur
- Fondation Charitable Bienvenue
- Fondation du Groupe Pictet
- Fondation Hubert Looser
- Fondation Johann et Luzia Graessli
- Fondation Pierre Demareux
- Fondation Rifké
- Fondation Stella
- Fondation Tellus Viva
- Fondation W. et E. Grand d'Hauteville
- Giovanni und Caroline Ferrari-Stiftung
- Hans-Eggenberger-Stiftung
- Heinis AG
- Htp Hitech Photopolymere AG
- Kanton Zürich
- Korporation Baar-Dorf



- Krister and Lena Jonsson Foundation
- Krüger Foundation
- Martin Nösberger Stiftung
- Menzli Sport AG
- Musgrave Charitable Trust Ltd
- PartnerRe, Zurich Branch
- Procuritas Partners GmbH
- Profilsager AG
- Provisa AG
- René und Margrit Waibel Stiftung
- République et canton du Jura
- Rolf Hänggi AG
- Rosa und Bernhard Merz-Stiftung
- Schumacher & CHIngS Ingénieurs SA
- Schweizerische Ärzte-Krankenkasse
- employees of SIX
- Stadt Bern
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- Stiftung Accentus
- Stiftung Corymbo
- Stiftung Freie Evangelische Schule Zürich (FES)
- Adolf Hugentobler
- Stiftung Fürstlicher Kommerzienrat Guido Feger
- Stiftung Helene Arnold
- Stiftung NAK Humanitas
- Stiftung Sonnenschein
- Stiftung Symphasis
- Stone Age Gems Ltd
- Stumme Brüder Stiftung
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- The GivenGain Foundation
- The Swatch Group SA
- The Tanner Trust
- The Rosalbe Trust
- Ville De Genève
- von Duhn Stiftung
- Walter und Louise M. Davidson-Stiftung
- Wellington Partners Advisory AG
- Yellow Bird Foundation
- Z Zurich Foundation
- Zimelien Stiftung
- employees of the Zurich Insurance Group

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- Urs Witzig, Wetzikon
- Theo Paul Wolleb, Gelterkinden
- Marcel Zemp, Bern

and numerous other generous supporters

We also extend thanks to our event partners:

- BDFIL
- Città di Locarno
- Città di Lugano
- FFDUL (Human rights Film Festival – Lugano)
- FIFDH (International Film Festival and Forum on Human Rights of Geneva)
- Fumetto - International Comic Festival of Luzern
- Human Rights Film Festival Zurich
- Humanit'Art
- La Ferme des Tilleuls
- M.E.T.I.S
- Paléo Festival Nyon
- Photobastei
- photoSCHWEIZ
- The Ink Link
- Ville de Genève

Finally, we would like to thank all those who volunteered time and energy to help MSF in 2021:

- Lucifora Agatino
- Samira Belorf
- Laure Garancher
- Silja Greber
- Daniel Habermehl
- Sandro Hagen
- Carole Isler
- Stella Napolitano
- Brenda Nelson
- Eva Rust
- Felix Schaad

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

Many thanks to our
260,424
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 2021

- Reveka Papadopoulou, President
- Miriam Kasztura, Vice-president
- Karim Laouabdia, Treasurer
- Bruno Lab, Secretary
- Meklis Nday
- Jana Armstrong (from May 2021)
- Silas Amadou Moussa (from May 2021)
- Jorge Mazuze (from May 2021)
- Armando García Guerrero (from May 2021)
- Manuel Brunner (until May 2021)
- Jean-Hervé Jézéquel (until May 2021)
- Philippe Sudre (until May 2021)

Co-opted Board Members:

- Ian Wadely
- Philippe Sudre (from May 2021)

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 2021

- Karim Laouabdia, Treasurer of MSF Switzerland and President of the Finance Commission
- Reveka Papadopoulou, President of MSF Switzerland
- Monika Weismann, Treasurer of MSF Austria
- Hans Isler, Financial Expert
- Manuel Brunner, Member of MSF Switzerland (until May 2021)
- Jana Armstrong, Member of MSF Switzerland (from May 2021)
- Philippe Sudre, Member of MSF Switzerland (until May 2021)

- Armando García Guerrero, Member of MSF Switzerland (from May 2021)
- Beth Hilton-Thorp, Member of MSF Australia
- Ian Adair, Treasurer of MSF Canada
- Lionel Bally, Financial Expert (until April 2021)
- Marc Briol, Financial Expert (from July 2021)

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 2021

- 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 (until July 2021)
- Leo Ho, President of MSF Austria (from July 2021)
- Ulrich Holtz, Member of MSF Germany
- Meklis Nday, Member of MSF Switzerland
- Miriam Kasztura, Member of MSF Switzerland
- Jorge Mazuze, Member of MSF Switzerland (from May 2021)
- Patricia Carrick, Member of MSF USA

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 2021

- Stephen Cornish, General Director
- Ralf de Coulon, Deputy General Director
- Lai Ling Lee Rodriguez, Deputy General Director (from November 2021)
- Christine Jamet, Operations Director
- Monica Rull, Medical Director
- Nicolas Joray, Finance Director
- Kate Mort, Human Resources Director
- José Luis Michelena, Communications and Fundraising Director (until July 2021)
- Marc Joly, Communications and Fundraising Director (from July 2021)
- Stéphane Cavin, Logistics Director
- Philippe Gras, Information Systems Director

The General Assembly appoints an auditor to audit MSF Switzerland's annual accounts. Deloitte, Geneva, was appointed by the Board of Directors in May 2021 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 us to identify risk events, the likelihood of their occurrence and their possible impact, and decide on mitigation measures.

The analysis carried out in 2021 highlighted certain risks in the following areas: safety and security, medical, access to populations, behavior and ethics, legal and compliance, data and information management and security, fraud and corruption, human resources, procurement, and more generally crisis management (COVID).



THE MSF CHARTER

Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

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