

Activity Report 2022



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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Managing Editor: Florence Dozol – **Contributors:** Rheda Adekpedjou, Rasha Ahmed, Faris Al-Jawad, Barbara Angerer, Stephanie Baer, Pierre-Yves Bernard, Simon Beswetherick, Kristina Blagojevitch, Juliette Blume, Tatiana Charpentier, Lucille Favre, Mersiha Grabus, Marjorie Granjon, Laila Harras-Pelletier, Fanny Hostettler, Nicolas Joray, Hassan Kamal Al-Deen, Florence Kuhlemeier, Benoît Lécorché, Lai Ling Lee Rodriguez, Alexandra Malm, Mélodie Mognetti, Cécile Pétriat-Gohl, Gianpiero Rastelli, Véronique Rautureau, Ricardo Rubio, Esteban Vial, Jena Williamson, Marie Zimmerman

Design: Latitudesign.com

Office in Geneva: 140, Route de Ferney, Case Postale 1224, 1211 Genève 1, tel. 022/849 84 84

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

www.msf.ch

PC account: 12-100-2

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



Reveka Papadopoulou
President



Stephen Cornish
General Director

While the international media and the world focused intently on the conflict in Ukraine in 2022, we endeavoured to place the spotlight on the needs of communities of other countries deeply affected by crises around the world. During the past year, we responded to massive floods in Pakistan and South Sudan, to the displacement of people due to conflict in the Sahel, and to cyclones in Madagascar. Our medical interventions addressed a wide range of epidemic outbreaks such as hepatitis, measles, meningitis and diphtheria. Undoubtedly, the past year challenged the limits of our emergency response, and our teams in DRC, Chad, Nigeria and many others, successfully delivered on a scale of emergency response never seen before at OCG.

Anticipating and building strength within the communities repeatedly affected by cyclones, floods or disease outbreaks is a central component of our disaster preparedness and emergency response work. The creation of local emergency teams enables us to be more agile and respond more quickly when alerts occur. These teams conduct evaluations and launch responses in real time, such as during the recent measles outbreaks in Chad. To respond to multiple and concurrent emergencies, we have developed a more networked, multi-centric organisation that can adapt more rapidly and intervene wherever needed. For example, in 2022 we added an operations desk in Jordan to better balance workload across all our operations desks; while in Mexico, we used an alternate operations management set-up and created new arbovirus and dengue projects in Central America.

Being prepared also means staying abreast of the links between the environment and health. For example, in Niger, seasonal malaria peaks emerge from seasonal floods while droughts negatively affect harvests and lead to malnutrition, which our teams can prepare for by scaling resources such as bed capacity, supplies and staff. In October, we reached an important milestone with the completion of our Environmental and Decarbonisation Roadmap, which contains a list of 32 solutions to reduce our carbon emissions. This roadmap is the result of contributions from field teams and headquarters staff and focuses on our energy, transportation and supply sectors. We actively participated in the November COP27 climate conference in Egypt to draw attention to our work in countries such as Mozambique, where we are seeing that the climate crisis is a health crisis.

In 2022, negotiating humanitarian space was a key priority for the safe provision of medical aid to our patients and the security of our staff and medical facilities. However, in South Sudan, we had to take the difficult decision to close our Agok hospital project following the outbreak of fighting that forced all the residents to leave. As a testament to the trust MSF teams garnered from community members in Agok, the MSF hospital was left protected and untouched despite the violence. The plight of the people in Agok did not make international news, which demonstrates the importance of raising awareness in tandem with our humanitarian action. To this end, our annual communications campaign used digital channels and provocative large-scale posters in train stations all over German- and French-speaking parts of Switzerland to raise funds and engage our supporters. Thanks to the amazing support of our donors, we can bear witness and restore dignity to the people we assist. Thank you for your trust, and for being by our side to strengthen the impact of our social mission year after year.

Reveka Papadopoulou
President of MSF Switzerland/OCG

Stephen Cornish
General Director

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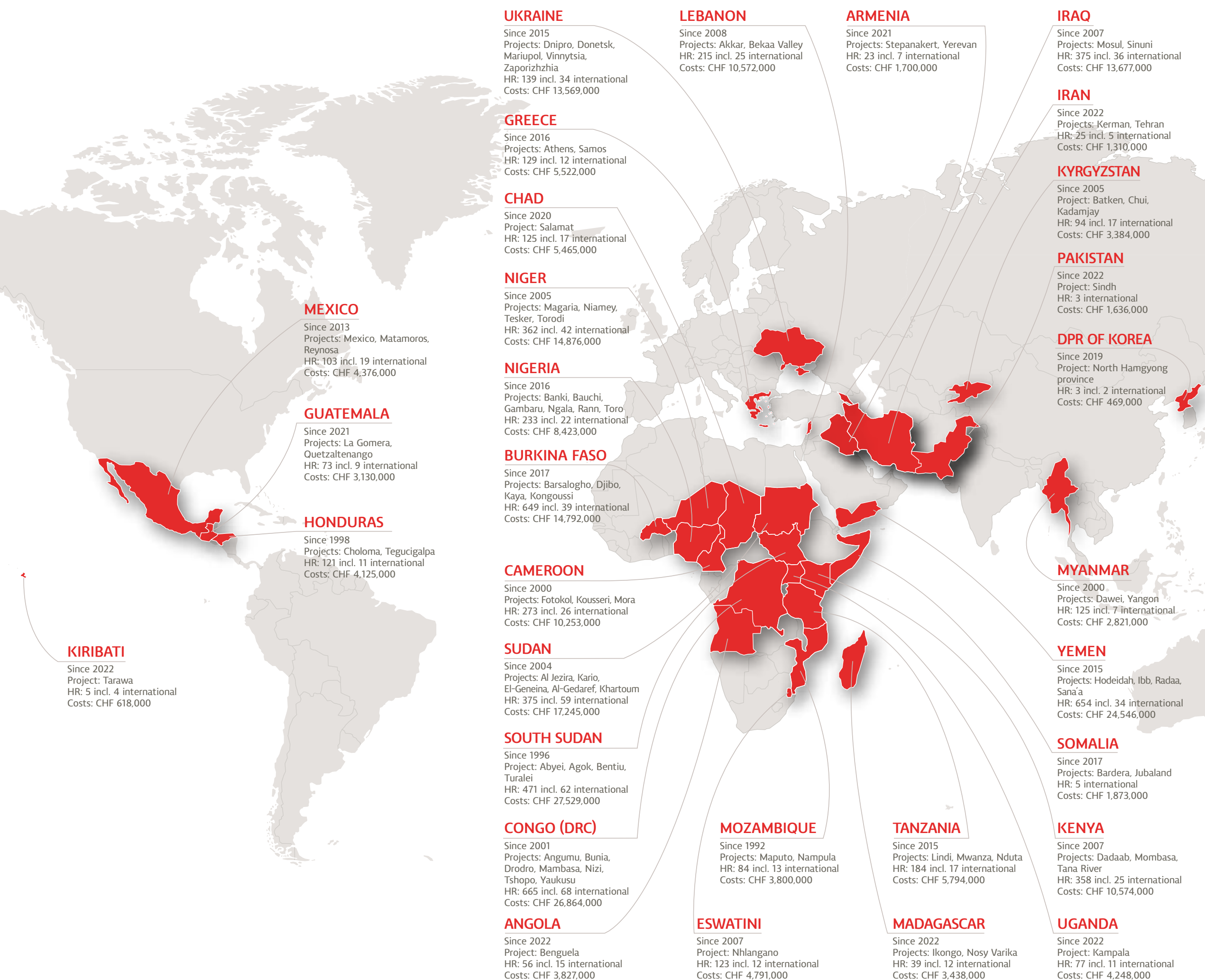
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31 countries

111 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.



UKRAINE

Since 2015
Projects: Dnipro, Donetsk, Mariupol, Vinnytsia, Zaporizhzhia
HR: 139 incl. 34 international
Costs: CHF 13,569,000

LEBANON

Since 2008
Projects: Akkar, Bekaa Valley
HR: 215 incl. 25 international
Costs: CHF 10,572,000

ARMENIA

Since 2021
Projects: Stepanakert, Yerevan
HR: 23 incl. 7 international
Costs: CHF 1,700,000

IRAQ

Since 2007
Projects: Mosul, Sinuni
HR: 375 incl. 36 international
Costs: CHF 13,677,000

IRAN

Since 2022
Projects: Kerman, Tehran
HR: 25 incl. 5 international
Costs: CHF 1,310,000

KYRGYZSTAN

Since 2005
Project: Batken, Chui, Kadamjay
HR: 94 incl. 17 international
Costs: CHF 3,384,000

PAKISTAN

Since 2022
Project: Sindh
HR: 3 international
Costs: CHF 1,636,000

DPR OF KOREA

Since 2019
Project: North Hamgyong province
HR: 3 incl. 2 international
Costs: CHF 469,000

MYANMAR

Since 2000
Projects: Dawei, Yangon
HR: 125 incl. 7 international
Costs: CHF 2,821,000

YEMEN

Since 2015
Projects: Hodeidah, Ibb, Radaa, Sana'a
HR: 654 incl. 34 international
Costs: CHF 24,546,000

SOMALIA

Since 2017
Projects: Bardera, Jubaland
HR: 5 international
Costs: CHF 1,873,000

KENYA

Since 2007
Projects: Dadaab, Mombasa, Tana River
HR: 358 incl. 25 international
Costs: CHF 10,574,000

UGANDA

Since 2022
Project: Kampala
HR: 77 incl. 11 international
Costs: CHF 4,248,000

MEXICO

Since 2013
Projects: Mexico, Matamoros, Reynosa
HR: 103 incl. 19 international
Costs: CHF 4,376,000

GUATEMALA

Since 2021
Projects: La Gomera, Quetzaltenango
HR: 73 incl. 9 international
Costs: CHF 3,130,000

HONDURAS

Since 1998
Projects: Choloma, Tegucigalpa
HR: 121 incl. 11 international
Costs: CHF 4,125,000

KIRIBATI

Since 2022
Project: Tarawa
HR: 5 incl. 4 international
Costs: CHF 618,000

GREECE

Since 2016
Projects: Athens, Samos
HR: 129 incl. 12 international
Costs: CHF 5,522,000

CHAD

Since 2020
Project: Salamat
HR: 125 incl. 17 international
Costs: CHF 5,465,000

NIGER

Since 2005
Projects: Magaria, Niamey, Tesker, Torodi
HR: 362 incl. 42 international
Costs: CHF 14,876,000

NIGERIA

Since 2016
Projects: Banki, Bauchi, Gambaru, Ngala, Rann, Toro
HR: 233 incl. 22 international
Costs: CHF 8,423,000

BURKINA FASO

Since 2017
Projects: Barsalogo, Djibo, Kaya, Kongoussi
HR: 649 incl. 39 international
Costs: CHF 14,792,000

CAMEROON

Since 2000
Projects: Fotokol, Kousseri, Mora
HR: 273 incl. 26 international
Costs: CHF 10,253,000

SUDAN

Since 2004
Projects: Al Jezira, Kario, El-Geneina, Al-Gedaref, Khartoum
HR: 375 incl. 59 international
Costs: CHF 17,245,000

SOUTH SUDAN

Since 1996
Project: Abyei, Agok, Bentiu, Turalei
HR: 471 incl. 62 international
Costs: CHF 27,529,000

CONGO (DRC)

Since 2001
Projects: Angumu, Bunia, Drodro, Mambasa, Nizi, Tshopo, Yaukusu
HR: 665 incl. 68 international
Costs: CHF 26,864,000

ANGOLA

Since 2022
Project: Benguela
HR: 56 incl. 15 international
Costs: CHF 3,827,000

MOZAMBIQUE

Since 1992
Projects: Maputo, Nampula
HR: 84 incl. 13 international
Costs: CHF 3,800,000

ESWATINI

Since 2007
Project: Nhlanguano
HR: 123 incl. 12 international
Costs: CHF 4,791,000

TANZANIA

Since 2015
Projects: Lindi, Mwanza, Nduta
HR: 184 incl. 17 international
Costs: CHF 5,794,000

MADAGASCAR

Since 2022
Projects: Ikongo, Nosy Varika
HR: 39 incl. 12 international
Costs: CHF 3,438,000

Democratic Republic of Congo



In Ituri province, escalating violence continues to undermine the humanitarian and security situation. More than 65,000 people are living at the Rho displacement site, where MSF teams are providing emergency care and mental health support.

South Sudan



Following violent clashes in Agok, in the disputed area between Sudan and South Sudan, residents are forced to flee, mostly to Twic County. In addition to healthcare, MSF provides essential supplies as well as support with hygiene and water treatment.

Madagascar



After a particularly devastating hurricane season, the teams continue to provide medical care to the residents of Nosy Varika, setting up mobile clinics and rehabilitating some medical facilities to make them more resilient to climate disasters.

Iraq



Five years after the end of the war, life is slowly resuming for the country's inhabitants. At its three hospitals, MSF continues to offer assistance with deliveries, surgical operations, treatment for paediatric emergencies and mental health support.

Uganda



On 20 September, the health authorities declared an Ebola outbreak after a confirmed case reported in Mubende district, in the centre of the country. From the outset, MSF works closely with the Ministry of Health to contain the spread of the epidemic.

Lebanon



A cholera outbreak was declared in the country for the first time in 30 years. The teams set up treatment units, carry out awareness-raising activities and provided medical equipment and supplies in various regions.

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

The first bombardments hit Ukrainian cities on 24 February. The MSF teams already in the country adapt their activities to ensure that those who chose to stay put had access to care, by setting up mobile clinics near the front lines.



Ukraine

After two months of war, fighting intensifies in the eastern part of the country. For the first time, a specially equipped medical train organised by MSF begins evacuating patients to safer areas in the west, where the necessary care is available.



Ukraine

In late June, a magnitude 5.9 earthquake hits the southeast of the country, causing more than 1,000 fatalities. Our teams in Kabul and Khost immediately offer support to the local authorities and teams of medical and logistics personnel are dispatched to the worst affected areas.



Afghanistan

As usual this time of year, our teams deal with a massive influx of acute malnutrition cases, particularly in the Sahel region, where climate change is increasingly disrupting the harvests.



Malnutrition

In a world first, MSF and South Sudan's Ministry of Health conduct a large-scale vaccination campaign in response to a hepatitis E outbreak. A success hopes in the fight against the disease.



South Sudan

Since the start of the year, more than 1,200 people have lost their lives in the Mediterranean. Boats continue to be blocked at sea, prolonging the anguish of the survivors. MSF continues to speak out against deadly migration policies and calls on Europe to adopt a humane approach to forced migration.



Search and Rescue

The past year has once again been challenging in the 31 countries where we work, in terms of disease outbreaks, conflict and extreme climate events. Emergency response was a key activity, with 111 separate interventions. In the Sahel and the Middle East, we responded to outbreaks of cholera and measles, and registered increases in the number of admissions to our nutrition projects, while in Ukraine and South Sudan, we scaled up our activities to address the needs of people affected by armed conflict. In both these locations, the fighting forced us to close our regular projects. Due to insecurity, we also closed projects in Nigeria, Cameroon, Burkina Faso and the Democratic Republic of Congo (DRC).

Tackling epidemics

As the COVID-19 pandemic entered its third year, case numbers increased in several of our countries of operations. Numerous strategies were put in place to scale up vaccination, especially for people with vulnerabilities (patients with HIV, tuberculosis and non-communicable diseases, migrants and refugees), as well as case management and home-based care, notably in South Sudan, Eswatini, Cameroon and Yemen.

The pandemic also had a negative impact on immunisation coverage, leading to an increase in outbreaks of vaccine-preventable diseases. In response, we expanded our routine vaccination activities in 30 of our projects in 16 countries, administering more than 500,000 doses. This represented an increase on 2021, when we administered 326,000 doses in 22 projects in 13 countries. Unfortunately, outbreaks still did occur. During the year, we responded to several major outbreaks of measles, treating 8,368 patients and conducting reactive vaccination campaigns in DRC, Niger, Somalia and South Sudan, where we administered a total of 1,357,162 doses. In addition, we launched a major emergency intervention in Magaria and Dungass in Niger in March, to tackle an outbreak of meningitis, providing case management and running a vaccination campaign that reached almost 200,000 people. We also vaccinated 10,000 people in Burkina Faso against the disease.

During the year, we continued to increase efforts to prevent hepatitis E, the most common cause of acute viral hepatitis. Worldwide, there are approximately 20 million infections and 44,000 deaths from the disease each year. It is particularly dangerous for pregnant women, with a fatality rate of up to 25%, and also increases the risk of spontaneous abortions and stillbirths. Large-scale outbreaks typically occur when water and sanitation are inadequate, such as in mass displacement camps, as it is transmitted through faecal contamination of food and water. There is no specific treatment for hepatitis E, so prevention is crucial. In March and April, MSF

supported the Ministry of Health to carry out the first two rounds of a hepatitis E vaccination campaign in Bentiou internally displaced persons camp in Unity state, South Sudan. Around 25,000 people, including pregnant women, received the vaccine. A third and final round was conducted in October. We are hoping that by drawing attention to this intervention and its positive results, we can demonstrate the feasibility of such campaigns and encourage other countries and global healthcare providers to use the vaccine as a measure to control future outbreaks of the disease.

In addition, we responded to outbreaks of cholera in Lebanon, which recorded its first cholera cases in almost three decades in 2022, and Cameroon, Lassa fever in Nigeria, where we also treated patients for measles and malnutrition during the year, dengue in Honduras, scabies in Yemen, diphtheria in Niger and yellow fever in Kenya and Chad. In all these interventions, we deployed staff to manage treatment as well as conduct vaccination campaigns, when possible. The resurgence of cholera, with cases reported in more than 30 countries, put pressure on global stocks of vaccines, leading to shortages for emergency responses. This demonstrated the importance of having a reliable and responsive vaccination production and supply chain to prevent the progression of an epidemic. Although vaccination is only part of the cholera response – which also includes the provision of water and sanitation facilities, health promotion and case management – it is vital in outbreak control.

Conflict and displacement

The year started with tensions and protests in Burkina Faso, culminating in a military takeover in January and exacerbating the already dire humanitarian situation, caused by ongoing conflict, which has displaced hundreds of thousands of people. Again, our team worked around the clock to adapt activities according to the evolving security situation and provide care and much-needed assistance for the displaced.

The escalation of violence in Ukraine on 24 February forced us to end our activities in and around Mariupol and Donetsk, where we had been working since 2015, and rapidly develop emergency interventions in an active conflict zone as well as delivering essential medical supplies to health facilities, we provided healthcare and mental health support to people caught up in fighting. Throughout the year, we endeavoured to adapt our activities to respond to the changing needs.

In between these two major events, at the beginning of February, violent clashes broke out in Agok in South Sudan, causing the entire

population to flee for safety. As a result, we had to suspend our activities in the hospital, where we had been working for 14 years. In what was our biggest emergency response in 2022, we rapidly set up new interventions in Turalei, Mayen-Abun and Abyei. As well as offering general healthcare and vaccinations, we distributed relief items and ran water, hygiene and sanitation activities in the numerous displacement camps. By the summer, we had established a mobile field hospital to provide specialist health services. These activities are continuing at the time of writing. Meanwhile, at the end of 2022, we took the decision to permanently close the Agok hospital.

In November, we started to see an increase in the number of refugees crossing into Kenya from Somalia, driven by drought and conflict, and our teams were quick to scale up the response for the new arrivals. In Mexico, we saw continuous flows of people of the move, both in Mexico City, where we launched an emergency intervention,



634,858

malaria cases treated

1,384,078

children vaccinated against measles

9,419

HIV patients on antiretroviral on treatment

397

tuberculosis patients on treatment

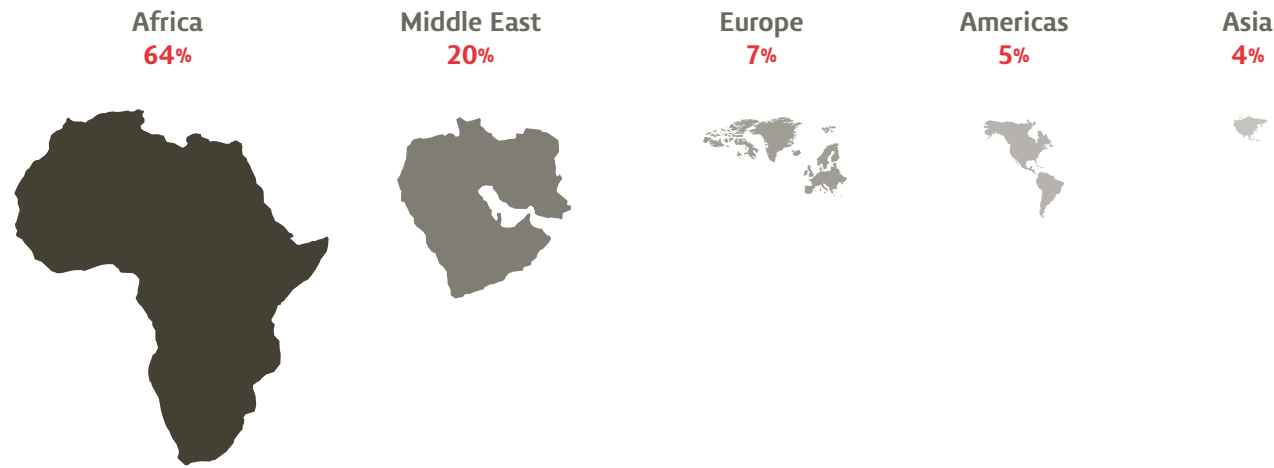
18

multidrug-resistant TB patients on treatment

119,241

non-communicable diseases consultations

Programme costs by continent



and in Reynosa, on the border with the US, where we were already running a project. Our teams in Guatemala and Honduras also witnessed an increase in migratory flows.

Extreme climate events: increasing and accelerating an already existing health crisis

Many of the emergencies we responded to in 2022 had a climate-related component. While cholera is primarily a disease of poverty, fragile health systems and a lack of access to safe water, sanitation and hygiene facilities, meteorological and environmental factors may also contribute to outbreaks.

Climate change affects not only the pattern of outbreaks (occurrence by time, place and person), as dry and rainy seasons become erratic, but also the number of cases. With malaria, cholera, diphtheria, measles and meningitis, climate change is an amplifying factor.

There is also an obvious direct link between climate change and malnutrition, in the loss of crops and livelihoods caused by floods and drought. However, this was not the only cause of the nutrition crisis in 2022. Food insecurity was compounded by the worldwide increase in prices, partly due to the conflict in Ukraine. During the year, we responded to alerts anticipating a rise in malnutrition cases by opening new nutrition programmes in Madagascar, Chad, Angola and Nigeria. Our teams working in hospitals in Yemen, Niger, Kenya and South Sudan also reported high numbers of children suffering from severe and moderate acute malnutrition this year.

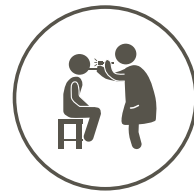
Cyclones Emnati and Batsirai brought further devastation to the people of Madagascar, and our teams in the country were quick to respond with general healthcare services, and longer-term

solutions are being developed to help the resilience of the communities. We also supported people affected by flooding in South Sudan, Niger and Sudan during the year. In Pakistan, following unprecedented monsoon rains, one-third of the country was covered by floodwaters in September, which caused widespread destruction and affected at least 33 million people. In response to a request for support from MSF teams already present in Sindh region, we deployed additional staff to help set up a short-term intervention, running mobile clinics and providing access to safe drinking water.

An anticipatory approach to better preparedness

As most of the people we assist are experiencing crises that are multi-factorial, we are working to improve our level of analysis and preparedness, so as to minimise the need for acute emergency responses in the places where we currently work. For example, we carried out a major analysis of the trends in malnutrition in our countries of intervention, which enabled us to better target support and pre-position nutritional products (this has the additional benefit of reducing the need for emergency orders, as well as our carbon footprint). We are also carrying out work on vector-related diseases, seeing what we can learn from past experiences. We know that climate has a significant impact on these diseases because changes in the environment affect the vector's survival. We are testing different approaches to vector control, from indoor spraying to control malaria transmission in rural Niger, to the introduction of mosquitos carrying *Wolbachia*, a bacterium that reduces their ability to transmit viruses like dengue, in an urban setting in Honduras, and the use of a new generation of insecticide-treated mosquito nets. In this way, we are learning to identify the best approach according to the vector, its environment and its sensitivity to insecticides.

Operational research is an important component of these initiatives, as it generates knowledge and informs decisions. In addition to vector control activities, we are testing new preventive approaches, such as mass drug administration for malaria in DRC prior to the malaria season and enhanced surveillance that also tracks meteorological conditions. Following the World Health Organization's prequalification of the first malaria vaccine in September, MSF is proactively looking to contribute to the introduction of the



2,073,119

outpatient consultations

123,457

antenatal consultations

43,134

children admitted to outpatient feeding programmes

66,112

individual mental health consultations

44,248

group mental health consultations

vaccine and respond to pending questions through research that will take place in 2023.

In 2022, Madagascar was hit by five cyclones and tropical storms, the latest in a series of climate shocks that have taken a severe toll on the country and its people. In the southern part of the island, they were only just starting to recover from the effects of a devastating drought that caused high levels of malnutrition. When the cyclones struck, MSF teams already on site were able to respond rapidly. After the initial emergency response, we switched our focus to offering general medical care and reconstructing health facilities.

In Mozambique, we started a new project in Nampula, one of the country's most populous provinces, which has alarming rates of malaria and other neglected tropical diseases. The community-based project provides case management, as well as permanent surveillance for emergency responses.

Patients and populations as partners, a mindset shift

Our initiative 'Patients, communities and populations as partners' was one of our biggest challenges in 2022 and will continue to be a priority in 2023 and beyond. This year, we focused on applying the principle more widely across everything we do, not just in our medical activities. For years, we have known that patients and communities are part of the solution to any disease or situation they come up against; therefore, to achieve better medical outcomes, we must learn how to truly partner with them, and ensure our teams are fully supported in this effort.

Part of this work involves the development of different models of engagement and project design. In Mombasa in Kenya, our project supporting young people and the LGBTQI+ community was built and designed with its service users from day one. This approach is not without its challenges, and we are continually learning from our experiences. In Madagascar, following the cyclone response, the development of medium- to longer-term activities will only be possible through active engagement with the communities, and will greatly depend on our ability to develop partnerships with them and other organisations as early as possible in the process.

Building relationships for better access to patients and communities

Events in 2022 provided a stark reminder of the difficulties MSF faces in accessing and delivering medical care in complex environments. Insecurity and conflict forced the closure of some of our projects in Nigeria, Cameroon, DRC, Burkina Faso and South Sudan and Ukraine. Unfortunately, this is not a new phenomenon, and after reviewing these situations, we will continue to look at ways

to better support our teams to negotiate secure and safe access to communities.

Negotiation remains a key pillar of our work, and not only in insecure settings. After lengthy discussions with the Iranian authorities, and despite many challenges, we will finally be able to launch our new healthcare project in Kerman in 2023, offering care to people excluded from the health system. In some countries where we have been present for many years there are new and 're-emerging' administrative barriers, such as in Burkina Faso and Niger. Meanwhile, through our negotiations with medical partners in Kyrgyzstan, Armenia and Mozambique, we have been able to set up projects to address cervical cancer, hepatitis C and neglected tropical diseases respectively, with an initial focus on capacity building, continuity of care and where feasible, operational research. Collaboration with health authorities was also key to our work in Lebanon, when we worked with the Ministry of Health to develop an emergency response to the cholera outbreak.

Sometimes, long-term advocacy efforts delivers major policy changes, as we witnessed in Honduras in 2022. After many years of hard advocacy by our MSF teams, in collaboration with other NGOs and civil society organisations, the government finally presented the official protocol for comprehensive care for victims of sexual violence in December. The approval of this protocol means that care will be decentralised, medical staff will receive training and medicines – including the emergency contraceptive pill, which until now has been illegal in Honduras under any circumstances – will be available. This achievement is a major step towards ensuring that victims of sexual violence finally receive appropriate care.

Outlook for 2023

As mentioned above, vaccination will continue to be one of MSF's top priorities in 2023. Where feasible, we will boost immunisation through vaccination campaigns and other routine vaccination activities. Integration of care also remains very important for us; we aim to provide the most comprehensive medical care for patients and communities, incorporating additional services for sexual and reproductive health, as well as chronic and non-communicable diseases, into our projects, wherever possible. Following a preliminary review of our medical operational portfolio, we identified certain gaps in our provision of specialist healthcare. In 2023, we will ensure a better distribution of these activities in our countries of intervention. Given the significant increase in the number of planned activities, and the large number of ongoing emergencies in our countries of operation, this coming year will be one of consolidation, but we will also ensure we maintain our acute emergency response capacity. All our ambitions are linked to our ability to reach people in need and negotiate the delivery

of care and assistance, and we will continue to invest in our legal, security, advocacy and negotiation efforts to achieve these ends.

Finally, the principle of solidarity, working hand in hand with patients and communities, remains at the heart of everything we do. In 2023, we will continue to give voice to people suffering in silence away from the media spotlight, and draw the world's attention to forgotten crises and neglected diseases.

Kenneth Lavelle and Alan Gonzalez
Directorate of Operations

Dr Monica Rull and Lucas Molfino
Directorate of Medical Department



169,693

patients admitted

16,784

children admitted to inpatient feeding programmes for acute malnutrition

12,192

surgical procedures

24,782

births assisted

The year in pictures



South Sudan, 2022 © Verity Kowal/MSF



Mexico, 2022 © Oliver Barth/MSF



Chad, 2022 © Fausto Podavini



South Sudan, 2022 © Christina Simons



South Sudan, 2022 © Christina Simons

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.



Honduras, 2022 © Laura Aceituno/MSF



Ukraine, 2022 © Peter Braumig/MSF

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



Ukraine, 2022 © Pau Miraneda/MSF



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



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



Activities by country



ANGOLA

Strengthening the healthcare system

In the country since: 2022
Reason for intervention: healthcare exclusion
 Main activity: malnutrition, paediatric care
 Human resources: 56 staff including
 (FTE) 15 international staff
 Cost for 2022: CHF 3,827,000

In 2021, UN agencies sounded the alarm following three consecutive years of severe drought in Angola and forecast that soaring food prices, combined with poor harvests, could have an impact on child malnutrition, particularly in southern provinces. In 2022, MSF returned to Angola to improve paediatric care for malnutrition and malaria and prepare for the possible consequences of drought on health.

We worked in close collaboration with the health authorities, as well as with local communities, to open a project aimed at reducing child deaths and strengthening the existing healthcare system, particularly paediatric services, in the western province of Benguela. Through this project, we improved early detection of malnutrition cases in the community, increased access to health facilities by organising referrals and provided much-needed treatment and medical equipment.

As well as supporting San Pedro hospital's nutritional intensive care unit and five other outpatient nutritional care facilities, we conducted health promotion activities in the community, targeting children under five years old in the municipalities of Lobito and Catumbela.

ARMENIA

Providing mental health support

In the country since: 2021
Reason for intervention: armed conflict
 Main activity: mental healthcare
 Human resources: 23 staff including
 (FTE) 7 international staff
 Cost for 2022: CHF 1,700,000

In Nagorno-Karabakh region, internationally recognised as part of Azerbaijan but mainly populated and governed by ethnic Armenians, we support mental health services provided to people in public health facilities by conducting training and monitoring patient care in Martuni, Martakert and Stepanakert. The aim is to strengthen the technical

capacity of local psychologists, health workers and social workers in these locations and improve access to mental health services.

In addition, we began preparations for the opening of a new project in Armenia focused on providing hepatitis C treatment to people living in vulnerable

circumstances, including prisoners. The project, which will start in 2023, will offer access to timely screening, diagnosis and treatment for the disease through a simplified 'one-stop-shop' service model in a general healthcare facility in Yerevan.

BURKINA FASO

Delivering assistance to displaced people and host communities

In the country since: 2017
Reason for intervention: displacement
 Main activity: hospital care, general healthcare
 Human resources: 649 staff including
 (FTE) 39 international staff
 Cost for 2022: CHF 14,792,000



The security situation continued to deteriorate in Burkina Faso in 2022, as conflict between the government and non-state armed groups intensified, causing waves of displacement and exacerbating the already dire medical needs. Many cities were besieged by armed groups, sometimes forcing MSF to suspend or cease activities altogether.

After armed groups took control of Djibo, where our teams support basic healthcare, surgery and nutritional care, as well as the provision of water, land access soon became virtually impossible. Food and medical supplies could only be delivered by military convoys or by air, causing severe shortages

and a steep rise in prices. Health facilities in the country also face staff shortages as many medical professionals have fled the violence. Threats against our staff and patients, increased checkpoints and restrictions on our supply lines by armed groups forced us to close projects in Centre-Nord and Sahel regions during the year.

Nevertheless, our teams continued to deliver humanitarian and medical assistance to displaced people and host communities in the towns of Barsalogo, Bourzanga, Kaya, Kongoussi and Djibo throughout the year, focusing on tackling major health issues, including malaria, outbreaks of

measles and other infectious diseases, mental health and sexual violence, and supporting access to community-based basic and specialist healthcare. In total, we conducted 591,077 outpatient consultations and 13,008 mental health sessions. A significant proportion of the consultations were carried out by community health workers, whom MSF has trained to treat the most common diseases and conditions, such as malaria, diarrhoea and acute respiratory infections. Our teams also trucked in water and constructed and renovated boreholes to address the severe water shortage, which has been compounded by the ongoing conflict.

CAMEROON

Assisting people displaced by insecurity and responding to disease outbreaks

In the country since: 2000
Reason for intervention: armed conflict, displacement
Main activity: hospital care, general healthcare
Human resources: 273 staff including 26 international staff (FTE)
Cost for 2022: CHF 10,253,000

In Cameroon, disease outbreaks, floods and mass displacement caused numerous health emergencies during 2022. Meanwhile, the suspension of our medical activities ordered by Cameroonian authorities in Northwest region in December 2020 remains in place, meaning that these two anglo-phone regions, which have been engulfed in conflict since 2016, have been left without much-needed support.

In Far North region, MSF responded to the increasing medical needs by providing basic healthcare, staff

training and medical supplies in the health centres our teams support. We also helped improve access to healthcare at community level, by working with community health volunteers, whom we have trained to treat simple cases of common diseases.

Heavy rains in Kousseri caused thousands of people to abandon their homes. During the ensuing high peak in malaria, we scaled up our mobile activities and support to health facilities, conducting 8,018 out-patient consultations and admitting 1,121 patients for care. Due to insecurity issues, we took the difficult

decision to end our activities in Fotokol, where some of our staff were abducted in January.

There was a surge in cholera cases in several regions in 2022. MSF supported the national responses in Centre, East and Far North regions, by providing epidemiological surveillance, training for community health workers, hygiene activities to curb the spread of the disease and vaccinations. We also supported the national COVID-19 response in the capital, Yaoundé, with testing and vaccinations.



CHAD

Responding to disease outbreaks

In the country since: 2021
Reason for intervention: epidemics
Main activity: measles, malnutrition
Human resources: 125 staff including 17 international staff (FTE)
Cost for 2022: CHF 5,465,000



Access to basic healthcare is limited in Chad, and there are frequent, large-scale measles outbreaks, due to low vaccination coverage, and repeated nutrition emergencies. As a result, the country has some of the highest child and maternal death rates in the world.

Our teams focus on providing healthcare services for women and children and supporting the large numbers of refugees from conflicts in neighbouring

countries. In 2022, our teams responded to several emergencies in the capital, N'Djamena, and other parts of the country.

Between March and June, in the southwest, we conducted more than 20,000 medical consultations for people who had fled clashes in northern Cameroon. After N'Djamena was hit by floods in September, our teams provided medical care, nutritional support, essential relief items, and water and

sanitation services in several displacement sites. In Am Timan, we responded to high levels of severe malnutrition, treating children in six health facilities and the hospital. In addition, we conducted more than 183,000 health promotion and awareness-raising sessions. In Mandoul region, we assisted with vaccinations in response to an outbreak of yellow fever in Moïssala and Goundi districts.

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 staff including 2 international staff (FTE)
Cost for 2022: CHF 469,000

The medical humanitarian situation in the Democratic People's Republic of Korea (DPRK) reportedly deteriorated throughout the year. All international aid agencies have withdrawn from the country due to the ongoing border closures and strict movement restrictions imposed during the COVID-19 pandemic, as well as the UN-led sanctions. The

economic situation in the country appears to have worsened, with people facing severe shortages of food and medicines and limited access to healthcare.

Despite restrictions, we continued to engage with the authorities, aiming to resume activities when

possible. At the beginning of 2023, there were positive signs that borders may soon be reopened, allowing for the resumption of our medical activities, including general healthcare and tuberculosis treatment programmes.

DEMOCRATIC REPUBLIC OF CONGO

Responding to disease outbreaks and the needs of displaced people

In the country since: 2001
Reason for intervention: epidemics, displacement
Main activity: hospital care, general healthcare, sexual and reproductive, healthcare, mental healthcare
Emergency intervention: measles, meningitis
Human resources: 665 staff including 68 international staff (FTE)
Cost for 2022: CHF 26,864,000



The humanitarian situation deteriorated further in DRC in 2022, mainly due to increased levels of armed violence. As in 2021, the scale of activities carried out by MSF, in terms of budget and the number of patients treated, reflected the magnitude of the medical needs in the country. At the end of the year, over 26 million people were in need of assistance, and more than 5.7 million remained displaced, the largest number on the African continent.

Deliberate attacks against civilians continued unabated in Ituri province. Although the lack of security guarantees for our teams forced us to close our projects in Nizi and Bambu in Djugu territory, we maintained our activities in and around Drodro and

Angumu, treating victims of violence and improving access to basic healthcare, as well as water and sanitation, for displaced people and host communities. Our teams provided both inpatient and outpatient services, including paediatrics, sexual and reproductive care and mental health support. During the year, we carried out a total of 160,385 outpatient consultations in health centres, health posts and community care sites.

Although the resurgence of the armed group M23 was the main focus of public attention towards DRC in 2022, another underreported health crisis was once again a major cause of MSF's emergency interventions: a new, country-wide flare-up

in measles cases. Measles reached epidemic levels in nearly half of DRC's health zones, with close to 150,000 cases and 1,800 deaths officially reported. Our teams launched responses to numerous outbreaks in the country, while also continuing to run our usual immunisation and care activities in our regular projects. We vaccinated over 650,216 children against measles in the course of 2022.

Other activities in 2022 included responding to a meningitis outbreak in Haut-Uélé, conducting spraying campaigns and mass drug administration in Angumu, Ituri, to reduce the incidence of malaria and launching dedicated interventions in Tshopo and Haut-Uélé to tackle the high levels of malnutrition.

ESWATINI

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

In the country since: 2007
Reason for intervention: epidemics
Main activity: HIV/AIDS, co-infections
Emergency intervention: COVID-19
Human resources: 123 staff including 12 international staff (FTE)
Cost for 2022: CHF 4,791,000

In Eswatini, more than 25% 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 in early 2022, MSF continued to tackle this dual epidemic through its long-running programmes in the country.

As in previous years, during the fourth COVID-19 wave, we provided home-based support, enabling patients to receive treatment without having to travel long distances. As well as home visits, we offered follow-up care through teleconsultations. As new infections declined from July, we switched our focus to providing vaccinations and using the two oxygen plants we installed in Hlathikhulu and Nhlanguano in 2021 to improve care for patients with COVID-19 and other oxygen-dependent conditions.

As part of our patient-centred approach, we continued to run innovative digitally supported programmes that guarantee quality of care, such as video-observed therapy for drug-resistant TB, a practice whereby a health worker remotely watches a patient take their medication, and the introduction of 'The Pocket Clinic' project, which offers counselling sessions pre- and post-HIV testing through smart devices. These types of innovations strengthen adherence to treatment as they make seeking care easier and more affordable. To curb the spread of HIV in Eswatini, which has the highest incidence of the disease in the world, MSF offered health education and access to preventive measures, such as condoms and pre-exposure prophylaxis, to people who tested negative. We also initiated a study to examine the burden of sexually transmitted infections (STIs) and the feasibility of providing STI care in the community in

Eswatini. The study assessed the prevalence of asymptomatic and symptomatic STIs and involved continuous engagement with participants through interviews. The results will be disseminated at the end of 2023.

To address the rise in non-communicable diseases, we launched a pilot programme implementing fixed-dose combinations (FDC) of two drugs in a single pill for hypertension treatment. FDC have the advantage of simplifying both treatment and logistics.

We have also been implementing environmentally friendly measures to minimise MSF's carbon footprint, using solar panels to generate electricity in a remote clinic in Gege and hybrid energy vehicles for transport where possible.

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: 129 staff including 12 international staff (FTE)
Cost for 2022: CHF 5,522,000



Restrictive EU and Greek migration policies continued to have a negative impact on the health and dignity of asylum seekers, refugees and migrants arriving in Greece in 2022. Throughout the year, MSF staff witnessed the severe toll that precarious living conditions, arbitrary asylum procedures and fear of deportation were taking on people's physical and mental health. Our teams continued to provide general healthcare, treatment for chronic diseases, psychological and psychiatric support, and sexual and reproductive health services, with a focus on survivors of sexual violence, as well as access to social and legal assistance.

On Samos island, we run a day centre in Vathi town, supporting the medical needs of refugees, asylum seekers and other migrants. We also provided general healthcare through mobile clinics within the Samos Closed Controlled Access Centre (CCAC).

In Athens, our day centre offers a range of healthcare and social and legal services for migrants excluded from the national health system. Social workers and cultural mediators help patients navigate the system and ensure their basic needs are met, while legal experts give advice on their human rights. In addition, mobile clinics provide basic healthcare, sexual and reproductive health services

and health promotion to people living in precarious conditions in the city, and in seven refugee camps in Attica region. For the first half of 2022, we ran our Access to Vaccination Against COVID-19 project, aiming to facilitate access to vaccinations for excluded migrants and refugees residing in these locations.

As in previous years, MSF continued 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 the country since: 2020
Reason for intervention: healthcare exclusion
Main activity: general healthcare, sexual and reproductive healthcare, non-communicable diseases
Human resources: 73 staff including 9 international staff (FTE)
Cost for 2022: CHF 3,130,000



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. The country also has a high incidence of Mesoamerican nephropathy, also known as non-traditional chronic kidney disease. According to data from the Ministry of Health, more than 10,000 patients are currently undergoing renal function replacement treatment in Guatemala and the country has one of the highest death rates from chronic kidney failure in the Americas (14 per 100,000).

In 2022, MSF continued to run the project aimed at improving diagnosis and care for this disease, which affects mainly young agricultural workers. We also

maintained our activities supporting migrants transiting the country.

Since 2021, we have been running our Mesoamerican nephropathy project in three municipalities in Escuintla department, an area almost entirely given over to large-scale monoculture plantations. The main activities of the project are early detection, treatment, mental healthcare, social support and palliative care. We also run health promotion and education activities to increase knowledge of the disease and promote prevention measures at community level.

Guatemala is also a hotspot for migratory flows in Central America. Thousands of people transit the country every day on their way north towards

Mexico and the US or returning to their home countries after being deported. In 2022, we deployed two mobile teams to different sites in San Marcos and Huehuetenango departments, where we provided medical and psychological care, as well as health promotion and social support, to migrants. At the end of the year, we started to offer these same mobile services in Ciudad Tecún Umán, a city close to the border with Mexico, working at the bus station, the migrants' shelter and the centre for returnees.

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: dengue
Human resources: 121 staff including 11 international staff (FTE)
Cost for 2022: CHF 4,125,000

After many years of political and social instability, a new government took office in 2022, with the promise of resolving the country's problems of violence and poverty. According to the UN Office on Drugs and Crime, Honduras has the highest murder rate in Central America and is one of the most dangerous places for women in the world. Throughout 2022, MSF worked with the Honduran Ministry of Health, offering emergency medical and psychosocial care to victims of violence, including sexual violence, in San Pedro Sula, Choloma and the capital, Tegucigalpa.

In the capital, we run a comprehensive care project for victims of sexual violence, through which we conducted 18,135 outpatient consultations in 2022. During the year, our mental health team saw around 1,000 new patients.

In Choloma, our mobile clinics provide family planning, ante- and postnatal consultations and mental health support in marginalised communities. In San Pedro Sula, we work to improve access to medical and psychological healthcare for sex workers and the LGBTQI+ community, offering family planning, cervical cancer screening, pre-exposure prophylaxis to prevent HIV infection and human papillomavirus vaccinations.

In 2022, MSF also deployed mobile teams to two points on the Nicaraguan border to assist migrants making their way north to Mexico and the US, offering medical and psychological care, as well as social support.

In addition, we responded to emergencies, including an outbreak of dengue in one of Tegucigalpa's

most densely populated neighbourhoods and the aftermath of storm Julia in San Pedro Sula. As well as providing mental health support and health promotion, we fumigated houses and backyards and distributed hygiene kits.

After 11 years of sustained advocacy efforts, the comprehensive care protocol for victims and survivors of sexual violence was approved in Honduras, including the use of emergency contraception pills, which had been banned since 2009. We celebrated this important step towards high-quality and comprehensive care for survivors of sexual violence. However, important challenges remain in its implementation. We will therefore support the process, both technically and operationally.

IRAN

Providing medical care for refugees and other marginalised people

In the country since: 2022
Reason for intervention: healthcare exclusion, displacement
Main activity: chronic care, mental healthcare
Human resources: 25 staff including 5 international staff (FTE)
Cost for 2022: CHF 1,310,000

Officially, Iran hosts 800,000 Afghan refugees, but it is estimated that an additional 2.7 million are living there, mostly undocumented, with around one million having fled across the border since the Taliban takeover in August 2021. Restrictive policies and rising inflation continued to have a major impact on access to healthcare, for refugees as well as other marginalised groups, such as drug users, sex workers and homeless people.

In 2022, MSF ran programmes to assist these communities, who face a significant risk of contracting certain diseases, such as tuberculosis (TB), hepatitis C,

HIV and illnesses linked to poor living conditions, yet are unable to access services due to stigma and exclusion.

In South Tehran, we provided a range of medical services through a health facility located in the Darvazeh Ghar neighbourhood, as well as mobile clinics. Our teams offered general healthcare, nursing care, mental health support, screening and testing for COVID-19, treatment and referral for hepatitis C and B, HIV, syphilis and TB. During the year, we conducted a total of 17,355 outpatient consultations and 1,916 mental health consultations, and

initiated more than 50 patients on treatment for hepatitis C. We also provided family planning, mid-wifery and ante- and postnatal care.

In December, we launched new activities through three healthcare centres in Kerman city, aimed at filling gaps in services for the estimated 400,000 newly arrived Afghan refugees.

Throughout the year, we called for better access to healthcare for people living in vulnerable circumstances.

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: 375 staff including 36 international staff (FTE)
Cost for 2022: CHF 13,677,000



After years of conflict and instability, Iraq has started to see some signs of recovery, but its healthcare system is still far from being able to fulfil all the medical needs of the people, especially in areas directly affected by the most recent war with the Islamic State group. MSF continued to work across Ninewa governorate in 2022, filling gaps in healthcare exacerbated by conflict and the COVID-19 pandemic.

Since the battle of Mosul in 2016, when many of the district's healthcare facilities were damaged or destroyed, access to sexual and reproductive healthcare has been very restricted. In 2022, MSF continued to work in Nablus hospital in Mosul, offering emergency, neonatal and maternal care, including obstetric surgery, as well as mental health support. In total, our teams conducted 18,430 emergency room consultations and assisted 10,385 deliveries, including 2,102 caesarean sections, during the year. We also set up a mini laboratory in Nablus hospital to boost bacteriological analysis capacity, a

model that can potentially be expanded to other hospitals and used for antimicrobial research.

In areas affected by conflict both recently and in the past, mental health remains a critical issue. Despite the pressing need, Iraq has a severe shortage of qualified mental health professionals, and the few mental health services available are principally located in big cities and unaffordable for most people. Furthermore, there are high levels of stigmatisation, especially regarding sexual and gender-based violence, which prevent people from seeking care. For these reasons, mental healthcare is an essential part of MSF's activities in Mosul and Sinjar districts. In 2022, we extended access to mental health support in the community by offering services in four healthcare centres in villages around Sinuni town. Our teams conducted a total of 1,225 mental health sessions in Iraq during the year.

Access to specialised healthcare remains very limited in Tel Afar, one of the largest districts in Ninewa.

In 2022, we carried out assessments in Tel Afar hospital to identify gaps in emergency and critical care, and in prevention and infection control. In addition, we provided staff training, focusing on emergency care and triage to ensure preparedness for mass-casualty incidents.

Our teams assisted the Iraqi health authorities with the response to COVID-19, supporting intensive care, patient isolation (for mild and moderate cases) and health promotion campaigns to encourage vaccination. In all our regular activities, we implemented strict infection prevention and control measures to protect patients and staff from catching or spreading COVID-19. In addition, we provided medical supplies, technical training and support for emergency preparedness and response in several health facilities across the country.

KENYA

Delivering care to refugees and marginalised adolescents

In the country since: 2007
Reason for intervention: displacement, epidemics, healthcare exclusion
Main activity: hospital care, general healthcare, sexual and reproductive healthcare, mental healthcare
Human resources: 358 staff including 25 international staff (FTE)
Cost for 2022: CHF 10,574,000



Kenya continues to host nearly half a million refugees and asylum seekers, over half of them from Somalia. At the end of 2022, more than 220,000 people were living in Dadaab, a refugee camp complex in Garissa county, in the east of the country. 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

addition, our teams improved water and sanitation services in and around the camp.

In the last quarter of 2022, when an influx of new refugees arrived in Dadaab, we expanded our activities and responded to several outbreaks of cholera and measles. Our hospital was at the highest level of occupancy in many years, with a total of 13,074 patients admitted for care in 2022. We also conducted more than 140,847 outpatient consultations and assisted 4,487 births.

As the longest drought in Kenya in four decades intensified, we provided emergency care for children

and breastfeeding mothers with moderate and severe malnutrition, and also donated medical supplies to health facilities in Garissa and Wajir counties, in the northeast of the country.

Throughout the year, our teams in Mombasa continued working to increase access to healthcare for marginalised youth and adolescents affected by social violence, exclusion and stigmatisation. In health facilities and communities, we supported the provision of comprehensive, youth-friendly medical services, including prevention of sexually transmitted infections, mental healthcare and treatment for victims of sexual violence.

KIRIBATI

Improving healthcare for women and for COVID-19 patients

In the country since: 2022
Reason for intervention: healthcare exclusion
Main activity: sexual and reproductive healthcare
Emergency intervention: COVID-19
Human resources: 5 staff including 4 international staff (FTE)
Cost for 2022: CHF 618,000

Kiribati is a low-lying island nation in the Pacific Ocean, which is already experiencing the consequences of rising sea levels, including flooding, contamination of water sources and a lack of arable land. These factors have a direct impact on the health of the people of Kiribati; for example, insufficient availability of high-quality fresh food is contributing to high rates of obesity and diabetes. Furthermore, providing equitable access to healthcare is challenging, since the country's islands are scattered across a vast swathe of the Pacific.

MSF initiated activities in Kiribati in March 2022, in response to a request from the Ministry of Health

for support, as the country reopened its borders after the COVID-19 pandemic. Throughout the year, our teams worked to strengthen critical care capacity, by providing training to key healthcare workers and supplying medical equipment.

The project has now refined its focus to support maternal and neonatal health on the main island of Tarawa, as well as on the remote Southern Gilbert Islands. Our aim is to reduce the high rates of sickness and death among mothers and newborn babies. Our team works with local healthcare staff to improve the management of non-communicable diseases, particularly diabetes, during pregnancy, and

provide training and clinical support during labour and delivery. We also train midwives, nurses and doctors in the universal Helping Babies Breathe programme, which focuses on enhancing neonatal resuscitation and newborn care skills.

In addition, MSF is helping to upgrade the infrastructure at Tabiteuea North hospital, implementing a sustainable approach when possible, for example by using renewable energy and improving water supply and waste management.

KYRGYZSTAN

Improving healthcare for women and supporting people displaced by conflict

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: 94 staff including 17 international staff (FTE)
Cost for 2022: CHF 3,384,000

Although Kyrgyzstan is among the countries with the highest prevalence of cervical and breast cancer, the lack of a national screening programme means that patients are often diagnosed at a late stage of the disease and consequently have limited treatment options. In 2022, MSF focused on filling the gaps in these services, and assisting people affected by conflict along the disputed border with Tajikistan.

In June, in partnership with the Ministry of Health, we launched a women's health project in Sokuluk district, close to the capital, Bishkek, where we aim to decentralise cancer prevention by integrating screening services into general healthcare facilities.

Our team has trained nurses and midwives to carry out tasks such as visual cervical inspection and breast examination. During the year, we carried out a total of 2,016 consultations, and called on the health authorities to replicate this model of care in other parts of the country.

In September, the conflict along the disputed border between Kyrgyzstan and Tajikistan escalated again. There were hundreds of casualties and tens of thousands of people fled from the villages close to the border. MSF teams in Baktan immediately responded by providing essential medical care and psychosocial counselling to displaced people. We also supported

hospitals by donating medical supplies and surgical instruments and conducting training on the management of mass-casualty incidents.

In 2022, MSF completed a set of environmental health studies in former mining communities in Kadamjay district, in Batken, which revealed chronic exposure to heavy metals, such as arsenic and antimony. To mitigate exposure, our teams launched health promotion activities and remediated contaminated soil in a sports stadium and two school yards. In addition, we advocated the implementation of public health measures to prevent and treat the effects of heavy metal pollution.

LEBANON

Providing healthcare to refugees and host communities

In the country since: 2008
Reason for intervention: access to healthcare, disease outbreaks
Main activity: general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency intervention: cholera
Human resources: 215 staff including 25 international staff (FTE)
Cost for 2022: CHF 10,572,000

Since 2019, Lebanon's multi-layered crisis has pushed more than 80% of its population into poverty. The country's highly privatised healthcare system is a major barrier to ensuring accessible, affordable and high-quality medical services for all. In the past three years, it has become increasingly difficult to obtain healthcare, as more and more people have seen their income plummet and been forced to rely on deteriorating public services and medical humanitarian organisations for medical assistance. Moreover, Lebanon is home to an estimated 1.5 million refugees, mainly Syrians and Palestinians, many of whom live in precarious conditions in displacement camps. The country also hosts around 250,000 migrant workers. In 2022, MSF continued to adapt its long-term activities to cover the needs of Lebanese people, as well as refugees and migrants, who often have limited access to medical care.

In Hermel and Aarsal, in Bekaa Valley, our teams provide basic health services, including sexual and reproductive healthcare, with a particular focus on sexual and gender-based violence, consultations for non-communicable diseases and mental health support. We also offer paediatric care, routine vaccinations and midwifery services in these underserved areas of the country. During the year, we conducted a total of 82,900 outpatient consultations. We deploy teams to work in the community in Masharrah al Qaa, Hermel and Aarsal, so that patients can obtain care as close as possible to where they live.

In Akkar, we started to provide sexual and reproductive healthcare through our clinic and the health centre in Makassed, conducting a total of 11,673 outpatient consultations during the year. In addition, we expanded community-based provision of mental healthcare, health promotion and epidemiological surveillance and vaccinations in 23 villages in Wadi Khaled.

In 2022, Lebanon was hit by the first outbreak of cholera in almost three decades. As thousands of cases were recorded, we opened a cholera treatment unit and several oral rehydration points in Aarsal. To curb the spread of the disease, we ran awareness-raising and infection prevention campaigns and distributed 20,000 hygiene kits, containing items such as soap and detergent. Our teams also supported the national immunisation campaign by conducting door-to-door cholera vaccinations in the north and northeast of the country, reaching a total of 74,994 people.

We are constantly increasing our support to the Lebanese health system, by training staff and donating medicines and medical supplies, and building the capacity of health facilities across the country. Strengthening and enhancing the capacity of healthcare providers at local and national levels remains a priority.



MADAGASCAR

Assisting communities affected by cyclones

In the country since: 2022
Reason for intervention: natural disaster
 Main activity: general healthcare, nutritional care, rehabilitation
 Emergency intervention: cyclones
 Human resources: 39 staff including (FTE)
 Cost for 2022: CHF 3,438,000



The island of Madagascar frequently experiences extreme weather events. A few months prior to cyclones Batsirai and Emnati, people in the southern part of the country were suffering from the effects of a severe drought, which caused exceptionally high levels of malnutrition. Between the end of January and the beginning of March, the island was hit by five tropical storms and cyclones, with Batsirai reaching a catastrophic Level 4 and displacing tens of thousands of people.

In the aftermath of the cyclones, our emergency teams began providing medical consultations in the remote coastal districts of Nosy Varika and Mananjary, running mobile clinics by boat to reach communities that had been cut off from healthcare. We also helped to reconstruct two hospitals and five health centres that had been badly damaged.

In Ikongo district, the cyclones destroyed around 80% of the crops, exacerbating the dire food security

situation in the area, as people who were already vulnerable lost their main source of income. Following an assessment in December, our teams started offering medical care and nutritional support to people with moderate and severe malnutrition.

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: 103 staff including (FTE)
 Cost for 2022: CHF 4,376,000

During 2022, there was a surge in migratory flows through Mexico, leading to unprecedented levels of medical needs and a growing humanitarian crisis. The increasing criminalisation of migration is forcing people to risk more dangerous routes, where they are exposed to robbery, extortion, torture, sexual aggression, rape and kidnapping. In October, Mexico and the US agreed that Venezuelan nationals entering the US irregularly would be deported to Mexico under Title 42, a public health order that has been misused during the COVID-19 pandemic to effectively close the US's southern border to asylum seekers, resulting in more than two million expulsions in less than three years. Throughout the year, MSF continued to assist both people heading northwards and asylum seekers expelled from the

US, delivering medical and mental health services through mobile clinics in Reynosa, Matamoros and Nuevo Laredo (Tamaulipas), as well as the capital, Mexico City.

In Reynosa and Matamoros, more than 5,000 people were stranded in informal camps, with limited access to drinking water, health services and protection. Our teams adapted activities according to their changing needs over the year, focusing on offering assistance to the most vulnerable groups: children, unaccompanied minors, women travelling alone, non-Spanish-speaking people, extracontinental migrants, older adults, LGBTQI+ people and victims of direct violence. As well as conducting medical and

psychological consultations and health promotion activities, our teams offered social support and distributed food, drinking water, hygiene kits and items such as blankets, warm clothing and thermal sleeping mats when the weather turned cold.

In our comprehensive care centre in Mexico City, we provided a complete package of care for victims of extreme violence and torture, including medical and mental health treatment and social support. MSF teams composed of doctors, psychologists, community educators and social workers also offered support in the Mexican Commission for Refugee Assistance building, as well as in the northern bus terminal and six shelters in the city.

MOZAMBIQUE

Supporting preparedness for emergencies

In the country since: 1992
Reason for intervention: epidemics
 Main activity: outpatient consultations
 Human resources: 84 staff including (FTE)
 Cost for 2022: CHF 3,800,000

Mozambique is one of the countries most at risk of the effects of climate change in Africa. In recent years, the country has faced climate-related hazards such as droughts, floods and cyclones, with the latter increasing in intensity and frequency. Mozambique also has a high burden of climate-sensitive diseases, such as schistosomiasis, filariasis and scabies, which are borne by parasites or water. In 2022, MSF launched a new project in the country to address these neglected tropical diseases.

After handing over our longstanding HIV and tuberculosis activities to the national health authorities in Maputo, we started to work with the Ministry of Health in Nampula province to provide preventive and curative care for climate-sensitive diseases. As well as offering treatment, the objective is to strengthen surveillance and preparedness for emergencies such as cholera outbreaks and natural disasters. During the year, MSF supported over a dozen healthcare centres, providing 18,993 outpatient

consultations. In addition, we conducted 4,242 individual health promotion sessions. A further 19,525 people attended our group sessions. We also trained healthcare staff to detect and treat schistosomiasis, filariasis, scabies and other neglected tropical diseases.



MYANMAR

Filling gaps in healthcare for marginalised communities

In the country since: 2000
Reason for intervention: epidemics, healthcare exclusion
 Main activity: HIV/AIDS, tuberculosis, general healthcare
 Human resources: 125 staff including (FTE)
 Cost for 2022: CHF 2,821,000

In 2022, public health services continued to deteriorate in Myanmar after thousands of healthcare workers left their jobs to join the civil disobedience movement. Meanwhile, ongoing conflict and administrative barriers hampered humanitarian access, further limiting the availability of healthcare, especially for the 1.2 million people who have been displaced since the political upheaval in 2021. MSF scaled up activities during the year to fill the increasing gaps in general healthcare, while also maintaining our specialist services for HIV and tuberculosis (TB).

As COVID-19 cases declined, we refocused our activities in Dawei, Tanintharyi region, on HIV, providing prevention services as well as comprehensive care for our existing cohort of patients, as their

transfer to the Ministry of Health's programme was suspended in 2021. In our clinic, we continued to test patients' viral load, which enabled us to determine the choice of treatment and monitor their response to it, and provide antiretroviral (ARV) treatment to HIV-positive women during pregnancy, labour and breastfeeding to prevent mother-to-child transmission of the disease. We also offered treatment for patients co-infected with TB. A total of 1,230 patients received ARV treatment through the MSF programme in 2022. Due to the deterioration in the provision of basic healthcare, we expanded our activities to include general healthcare services and conducted 37,915 outpatient consultations during the year, a large

proportion of them for non-communicable diseases (NCDs).

In Hlaing Tharyar township, Yangon, we started to support a health centre by providing general healthcare and sexual and reproductive health services, including ante- and postnatal care and family planning, conducting a total of 21,415 outpatient consultations during the year. In addition, our health promotion teams carried out 11,094 counselling and health education sessions in the MSF clinic and in the community. In 2022, we also started to address the specific needs of patients with NCDs and had enrolled 1,239 for treatment in our programme by the end of the year.

NIGER

Tackling malnutrition and malaria and responding to disease outbreaks

In the country since: 2005
Reason for intervention: epidemics, displacement
Main activity: hospital care, general healthcare
Emergency intervention: malnutrition, malaria, measles, meningitis
Human resources: 362 staff including 42 international staff (FTE)
Cost for 2022: CHF 14,876,000

Medical needs remained exceptionally high in Niger in 2022, due to ongoing conflict, displacement, food insecurity and epidemics.

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. To boost inpatient capacity in Magaria, we constructed two observation rooms in Tinkim and Yékoua health centres. During the year, we admitted 16,688 children under the age of five to Magaria paediatric unit. Meanwhile, we continued to develop preventive and community-based approaches to care to reduce

the number of patients with complications from malnutrition, for example training community members to provide treatment for simple cases of common illnesses such as malaria, acute respiratory infections and diarrhoea. A total of 173,590 consultations were conducted by MSF-trained community members in 2022. We also supported the health authorities' responses to outbreaks of disease in Zinder region, vaccinating 653,420 children against measles and 257,078 against meningitis.

In Torodi, Tillabéri region, which is located in the southwest of the country, our teams ran mobile

clinics and supported the hospital's emergency ward and intensive care unit. In addition, we carried out mass vaccination campaigns, distributed drinking water and relief items, such as hygiene and cooking kits, and constructed shelters for displaced people.

In the second half of the year, Niger was hit by devastating floods, which affected hundreds of thousands of people. As well as running mobile clinics and distributing relief items to displaced people, we helped boost bed capacity in Niamey regional hospital.



NIGERIA

Responding to malnutrition and disease outbreaks

In the country since: 2016
Reason for intervention: armed conflict, displacement, disease outbreaks
Main activity: general healthcare, mental healthcare, nutritional care
Emergency response: measles, cholera, Lassa fever
Human resources: 233 staff including 22 international staff (FTE)
Cost for 2022: CHF 8,423,000

Northeast Nigeria, particularly Borno, has endured more than a decade of armed conflict between the government and non-state armed groups, and around one million people remain displaced across the state. In 2022, the authorities continued to close displacement camps in the capital, Maiduguri, with only three remaining in and around the city by the end of the year. Most displaced people now live in host communities and informal settlements.

For the first five months of the year, MSF continued to work in Borno, running a 20-bed inpatient facility in Ngala hospital and supporting outpatient and inpatient services in Gamboru maternal and child health centre, where our teams focused on mental healthcare, sexual and reproductive health services

and nutrition. However, following an analysis of the security situation in May, we suspended our activities in Gamboru, Ngala and Rann, and in December took the difficult decision to close the project due to the unacceptably high risks faced by our teams. Between January and May, MSF teams conducted 42,944 outpatient consultations and admitted 2,282 patients for care. In addition, MSF-trained community health workers carried out 19,140 consultations during this period.

Throughout the year, a combination of factors, including escalating violence, displacement, high food prices, climate change and epidemics, contributed to an unprecedented health and malnutrition crisis, especially in the north of the country. In

response, we launched an emergency intervention in Bauchi state, supporting outpatient therapeutic feeding centres in Ganjuwa. Our teams offered nutritional care to more than 2,000 children through this project. We also started to support Toro general hospital's inpatient therapeutic feeding centre in December after an assessment of the situation in the region.

Elsewhere in Bauchi, MSF emergency teams supported the Ministry of Health's responses to outbreaks of measles, cholera and Lassa fever, by providing surveillance and training and isolating suspected cases.

PAKISTAN

Assisting people affected by disastrous flooding

In the country since: 2022
Reason for intervention: natural disaster
Main activity: floods
Human resources: 3 international staff (FTE)
Cost for 2022: CHF 1,636,000



Unprecedented monsoon rains that started in June caused extensive destruction across the country, leaving more than one-third of it under water. In one of the worst flooding disasters in Pakistan's history, millions of people were forced to leave their villages and spend months living in camps, often without shelter or access to basic needs such as clean drinking water. People lost their livestock,

food stores were destroyed and land was damaged, making it unfit for the next planting season. All this has had an impact on food security, and MSF teams reported very concerning numbers of malnutrition and malaria cases in Sindh province.

Areas of stagnant water were a major contributor to the rise in the number of people with water- and

vector-borne diseases. MSF delivered clean drinking water by truck to flood-affected villages and displaced persons camps in Sindh, helping to mitigate the risk of disease caused by contaminated water, and distributed tens of thousands of relief packages containing tents, cooking kits, hygiene items and mosquito nets to the families affected by the floods.

SOMALIA

Responding to malnutrition and disease outbreaks

In the country since: 2018
Reason for intervention: epidemics, malnutrition
Main activity: general healthcare, vaccination
Human resources: 5 international staff (FTE)
Cost for 2022: CHF 1,873,000

In 2022, Somali communities in the Horn of Africa experienced an unrelenting drought, the worst in 40 years, with more than 1.3 million people displaced by the end of the year, amid a decades-long conflict and recurrent disease outbreaks.

Malnutrition in children was exacerbated by measles, an extremely infectious disease that can be fatal. Rates of the disease increased dramatically in the overcrowded camps and informal settlements in towns and cities where people had fled to escape violence, or because they had run out of food and drink in their villages. As well as treating children

with measles in the health facilities MSF supports in Jubaland, our teams carried out active surveillance and screening and provided nutritional treatment and medical care to almost 2,000 children with moderate to severe acute malnutrition between January and May, the lean season (the period between harvests), when food insecurity is at its worst.

We also carried out a mass measles vaccination campaign in displacement camps and the surrounding communities in Bardheere district and protected more than 10,000 children aged between

6 months and 14 years in Jubaland against measles, polio and other diseases through multi-antigen vaccinations.

In Dobley, we responded to a cholera outbreak, by donating medical supplies and training Ministry of Health staff in case management.

In partnership with a local medical organisation, we ran five 'eye camps' in several locations, conducting screening and surgical interventions for common eye conditions that cause blindness if left untreated and distributing eyeglasses.

SOUTH SUDAN

Assisting displaced communities from Agok

In the country since: 1996
Reason for intervention: armed conflict, epidemics, healthcare exclusion
Main activity: hospital care, general healthcare
Emergency intervention: displacement
Human resources: 471 staff including 62 international staff (FTE)
Cost for 2022: CHF 27,529,000

People in South Sudan continued to suffer the consequences of recurrent violence, poor access to healthcare, economic instability and a fourth consecutive year of disastrous flooding. More than two-thirds of the population remained in need of humanitarian assistance in 2022, and this figure is likely to increase, as substantial cuts were made to aid during the year.

In March, we started to support services in Ameth-Bek hospital in Abyei, in particular emergency and inpatient care and midwifery, and offer humanitarian and medical assistance to displaced people in Twic county. As well as running mobile clinics, we distributed food, plastic sheeting and other relief items and constructed latrines and water points in the makeshift camps.

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 until February, when violent clashes broke out in the community, causing residents to flee their homes. Our teams followed the displaced – mostly women and children – to Abyei town and Twic county, so that they could provide them with medical assistance. One of our South Sudanese nurses from Agok hospital was killed inside his home during this incident.

From August, we adjusted our activities, focusing instead on improving access to comprehensive healthcare in the community by supporting a 86-bed hospital, two health posts and four community sites, where medical consultations were conducted by MSF-trained community health workers. During the year, our teams carried out a total of 137,911 outpatient consultations. A further 25,748 consultations were provided in the community sites, mainly for malaria, respiratory infections, diarrhoea, and malnutrition.

Around two-thirds of South Sudan was covered by floodwaters in 2022's rainy season, affecting over a million people. For the past four years, the flooding has been unprecedented in its intensity, putting the country on the frontlines of the climate crisis. At times, our teams had to travel by foot for several hours to deliver drugs to people displaced by flooding in Abyei Special Administrative Area.

In a world first, our teams carried out a mass vaccination campaign in the largest displacement camp in South Sudan in response to an active outbreak of hepatitis E, a virus that is particularly deadly among pregnant women, with a mortality rate of up to 25%. In March, April and October, MSF and the Ministry of Health jointly carried out three rounds of vaccinations in the camp in Bentiu county. MSF hopes that this precedent will encourage uptake of the vaccine in other countries experiencing similar outbreaks.



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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: 375 staff including 59 international staff (FTE)
Cost for 2022: CHF 17,245,000



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In 2022, humanitarian needs in Sudan were at their highest levels in a decade, amid conflict, erratic rainfalls, flooding, food insecurity, funding cuts and an ongoing political and economic crisis. MSF continued to respond to multiple health issues exacerbated by these issues, assisting both displaced people and host communities.

There was a surge in fighting between fragmented armed groups in several states, which displaced almost 400,000 people during the year. According to UN estimates, by the end of 2022, more than three million people remained displaced across the country, about 2.5 million of them in Darfur. In West Darfur, we continued to run a range of medical services in the city of El-Geneina, including basic and emergency healthcare, sexual and reproductive healthcare, health promotion and laboratory

support. Meanwhile, we closed our hospital in Kario refugee camp, East Darfur, which provided both inpatient and outpatient nutritional support, maternal care, sexual and reproductive health services and ambulance referrals. During the year, our teams conducted a total of 83,624 outpatient consultations and admitted 7,067 children for care, including for inpatient therapeutic feeding.

Our teams in Khartoum and Omdurman continued to offer general healthcare and emergency services for refugees, displaced people and host communities, with a focus on maternal healthcare. We conducted a total of 11,208 antenatal consultations, a significant increase compared to 2021.

In Al-Gedaref state, we assisted Ethiopian refugees and local communities by offering basic and

specialist healthcare, sexual and reproductive health services, nutritional support for children and treatment for neglected tropical diseases such as kala azar. We also worked to improve care for chronic diseases, for example implementing a home-based insulin programme, which enables diabetes patients to manage their own treatment. In total we carried out 73,390 outpatient consultations, of which 8,373 were for antenatal care, and admitted 11,937 patients to our facility.

From June to September, heavy rains caused widespread flooding. Partnering with local authorities, MSF responded in Al-Jazirah state, providing drinking water and relief items, such as hygiene kits along with sanitation and hygiene services.

TANZANIA

Assisting refugees in Nduta

In the country since: 2015
Reason for intervention: displacement
Main activity: hospital care, general healthcare, mental healthcare
Human resources: 184 staff including 17 international staff (FTE)
Cost for 2022: CHF 5,794,000



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After violence erupted in Burundi in 2015, thousands of people fled into Tanzania. At the end of 2022, 77,000 refugees were still living in Nduta camp, Kigoma region, 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 2022, MSF continued to provide healthcare for Burundian refugees in Kigoma, while also responding to cholera and COVID-19 outbreaks in the country.

We ran a range of specialist medical services for refugees in Nduta camp and people living in the surrounding villages, focusing on healthcare for children and women, including treatment and counselling for victims of sexual and gender-based violence. We also provided a total of 5,808 emergency mental health consultations, as well as diagnosis and treatment for tuberculosis, HIV and non-communicable diseases (NCDs). In August, we handed over our NCD clinic in Nduta hospital to another NGO.

Throughout the year, our teams also responded to other emergencies, such as a cholera outbreak in April in Uvinza, Kigoma region, and COVID-19 in Ukerewe district, Mwanza region, between January and April.

From September, in collaboration with the Ministry of Health, we started a new project in Liwale, in the Southern region of Lindi, supporting seven government health facilities by offering general and specialist healthcare to pregnant women and children under five years old.

UGANDA

Responding to an Ebola outbreak

In the country since: 2022
Reason for intervention: disease outbreak
Main activity: Ebola
Human resources: 77 staff including 11 international staff (FTE)
Cost for 2022: CHF 4,248,000

Uganda is a country prone to epidemics. When an Ebola outbreak was declared in September, MSF teams managed the construction and installation of six Ebola treatment centres. As well as supporting clinical care and providing staff training, we worked

to prevent the spread of the outbreak by deploying outreach teams to conduct health promotion, infection prevention and control and water, sanitation and hygiene activities, and provide epidemiological expertise in five districts: Mubende, Kassanda,

Kampala, Masaka and Jinja. In November, the number of cases started to decline, and the end of the outbreak was officially declared in January 2023.



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UKRAINE

Supporting the people caught up in the conflict

In the country since: 2015
Reason for intervention: armed conflict, displacement
Main activity: general healthcare, mental healthcare
Emergency intervention: violence
Human resources: 139 staff including 34 international staff (FTE)
Cost for 2022: CHF 13,569,000

After eight years of low-intensity conflict in eastern Ukraine, Russian forces launched an all-out military assault on 24 February 2022, causing thousands of civilian casualties and extensive damage to energy and other key infrastructure, particularly in the country's east, southeast and northeast. Many homes were destroyed and public services, including healthcare, water and power supply, were severely disrupted. By the end of 2022, 6.5 million people were internally displaced within Ukraine, and about eight million had fled abroad. Since 2015, MSF had been providing healthcare, including mental health services, to people affected by the hostilities in Donetsk region. Based in Mariupol, our teams ran mobile clinics and supplied facilities with drugs and equipment. On 24 February, these regular programmes were suspended and reoriented to meet emerging needs in Ukraine and nearby countries.

In the early days of the war, hospitals were in crucial need of medical supplies. We established supply lines to health facilities and displaced people in Mariupol, Donetsk region, and Dnipro, for the delivery of drugs, medical materials and other essential items. We also supported hospitals with donations and training on mass-casualty management, mental healthcare and treatment for sexual and gender-based violence. In addition, we launched mobile clinics to respond to the needs of displaced people in Ukraine and neighbouring countries such as Poland.

In March, Mariupol was besieged and thousands of people, including MSF staff, were cut off from the world, with no access to water or food. We called for the safe passage of civilians and donated some of our remaining medical supplies to an emergency room in the first few days. As the electricity and phone networks ceased to function, we were unable to maintain our activities.

Near the frontlines and retaken areas, our mobile clinics ensured continuity of care, particularly for the elderly and people with disabilities who had been deprived of healthcare for months. Our teams worked with local volunteers to re-establish access to basic healthcare and psychological counselling and helped rehabilitate health facilities, repairing damage and reconnecting them to water and electricity.

Throughout the year, we worked to ensure continuity of care for displaced people through mobile clinics in Dnipro, Zaporizhzhia and Vinnytsia, with a particular focus on treatment for chronic diseases. Mental health was a major concern, especially among vulnerable groups such as children and elderly people, as well as healthcare workers. We provided mental healthcare in shelters for displaced people and villages, conducting a total of 3,587 consultations during the year.



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YEMEN

Responding to emergencies and providing hospital care

In the country since: 2015
 Reason for intervention: armed conflict, epidemics
 Main activity: hospital care
 Emergency response: nutrition, measles, acute watery diarrhoea, scabies
 Human resources: 654 staff including 34 international staff (FTE)
 Cost for 2022: CHF 24,546,000



Yemen's humanitarian crisis is driven by armed conflict, but the consecutive deterioration of the economy has also had a direct impact on people's living conditions, health and access to essential treatment. As food and fuel prices continue to rise, many families cannot afford to eat or travel to healthcare facilities. Meanwhile, the availability of healthcare in Yemen, in particular high-quality, affordable basic medical services at community level, is diminishing. As we have seen in the health facilities we support, poor access to general medical care means that many people delay seeking treatment or are forced to travel further afield, so that by the time they arrive, they are often in a worse condition and have developed complications.

In the port city of Hodeidah, MSF teams worked in Al-Salakhana hospital until September, managing the emergency ward, operating theatre and intensive care unit, conducting a total of 13,219 emergency room consultations and 1,313 surgical interventions. Throughout the year, our teams at the rural hospital of Ad-Dahi, north of the city, supported inpatient services, including paediatric and neonatal care, and the emergency room. Overall, we conducted 23,168 emergency room consultations and admitted

2,741 children for care. In addition, we offered mental health and health promotion sessions, reaching a total of 47,457 people. When an outbreak of acute watery diarrhoea was reported in August in Ad-Dahi district, MSF launched an emergency response, supporting the hospital and local healthcare centres with ambulance referrals and surveillance activities. In both Hodeidah and Ad-Dahi, we recorded slight increases in the numbers of children suffering from severe and moderate acute malnutrition, a consequence of the ongoing conflict, which has exacerbated food insecurity for people living in vulnerable conditions. In response, we scaled up bed capacity in the inpatient therapeutic feeding centre and provided training on the management of acute malnutrition to healthcare staff.

In Ibb, one of the most densely populated governorates in Yemen, MSF continued to run the emergency room, operating theatre, intensive care unit and inpatient services, including paediatric and neonatal care, in Al-Qaida general hospital. We performed a total of 4,537 surgical interventions during the year. We also offered mental health support to patients. As the number of COVID-19 infections declined in 2022, we stopped supporting

the dedicated treatment centres in both Ibb and Sana'a governorates.

Following an escalation in fighting in Shabwah governorate, we launched an emergency intervention, providing triage and treatment for the war wounded, as well as staff training and human and financial resources.

In 2022, we saw a resurgence of preventable diseases, such as acute watery diarrhoea, measles and scabies, in Ad-Dahi district, due to low vaccination coverage, poor living conditions and the collapse of the healthcare system. In response, we provided treatment and managed isolation centres, and also ran health promotion and education activities.

Public services continue to deteriorate in Yemen, leading to increasing gaps in healthcare and leaving millions of people in need of assistance. The situation has been compounded by restrictions imposed by the Yemeni authorities on humanitarian staff and supplies, which have hampered the effective and timely delivery of essential aid. MSF continues to call for better access to people in need, and a greater international response in Yemen.

Human Resources

Last year's HR report ended with a prediction that we would see significant operational growth in 2022, and the figures below confirm this has indeed been the case.

In terms of growth in international staffing, 2022 was the strongest year in MSF's history, with an increase of around 25% compared to 2021, and a 50% increase in our recruitment intake. This growth corresponds to the opening of new projects and new countries of operations around the world, as well as a continued increase in emergency response.

Notably this year, some projects based in locations that had been relatively stable were faced with sudden upheaval, leaving the community, including our staff, in extremely vulnerable circumstances. When conflict unexpectedly broke out in Agok in South Sudan in February, the entire population fled, including our staff of around 440 people, and we were forced to abandon our largest and longest-running hospital. Throughout this incident and its aftermath, our HR teams worked tirelessly to make and maintain contact with all our staff to ensure their safety and provide what support they could in terms of personal care, solidarity, and making sure they received their salaries while dispersed and later re-hiring many of them to work in other newly opened projects in the country. This outbreak of violence in South Sudan coincided with the escalation of the war in Ukraine, which also had a direct impact on our staff, turning their lives upside down, curtailing their movements and posing serious risks to their safety. Once again, our HR teams had to react quickly and do what they could to support our staff in this extremely volatile situation. These are just two of the numerous crises that our teams had to contend with in 2022, and I draw particular attention to them because it was their juxtaposition that prompted us to look critically at our decision-making in situations where our staff are caught up in conflict or other disasters.

While in both cases our HR teams and staff went to great lengths to support our colleagues, it was also evident that the external environment, in which a European crisis garnered far more international attention than an ongoing conflict in Africa, influenced our internal reactions and discussions, leading us to give more attention to the situation in Ukraine than the one in South Sudan. It is a reminder that we must always be vigilant regarding the influence that bias in emphasis on specific events can have on us, when so many conflicts, epidemics and natural disasters across the world are going almost unnoticed.

As an organisation, we are committed to acting as a responsible employer, not only in our emergency responses to situations such as those described above, but also in our everyday work of ensuring that our staff are properly paid, that their health and wellbeing are taken care of, and that they are given opportunities to learn and to grow within the organisation. All these, and the many other activities that we perform, enable our colleagues to work in the best possible circumstances in some of the most difficult environments around the world. I take this opportunity to once again thank our HR department, and all our staff for their work in 2022.

Kate Mort
 Human Resources Director

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

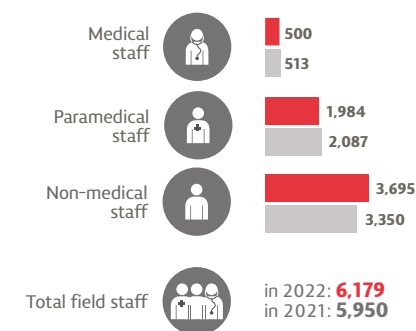
Statistics do not include casual employees, or staff from ministries of health working within our programmes.

6,179
field staff

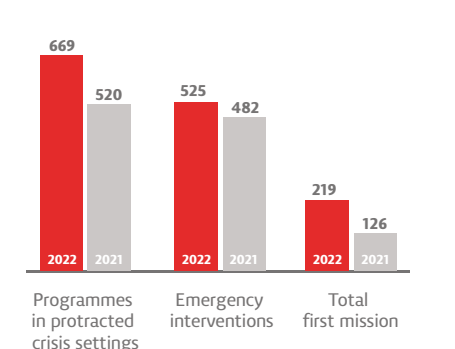
321
headquarters staff

1,231
volunteer hours in Switzerland

Staff per occupation (FTE) 2022 - 2021



Field mission departures 2022 - 2021



Financial results

In many respects, 2022 was an exceptional year for MSF Switzerland. Thanks to the funds available at the end of 2021 and the generosity of donors in 2022, our organisation was able to considerably increase its operational footprint around the world, including opening programmes in several new countries. In 2022, MSF Switzerland activities included 111 projects in 31 countries, with total expenses of CHF 329.6 million, CHF 256.4 million of which was spent on our programmes. These figures represent an increase of more than 33% in programme spending compared to 2021.

The majority of our operations were concentrated in Africa, where expenses were CHF 163.8 million – 64% of total expenses. The largest operations were carried out in the Democratic Republic of Congo (DRC) (CHF 26.9 million) and South Sudan (CHF 27.5 million) where we had to completely revise our plans due to fighting. The other countries with large-scale operations were Burkina Faso, Cameroon, Kenya, Niger and Sudan. We carried out a wide variety of activities, ranging from major vaccination campaigns to hospital and basic care, often providing healthcare to communities and people who have been displaced. In Angola, Madagascar and Chad, we augmented the activities we began in 2021.

In the Middle East, expenses were CHF 51 million – 20% of total expenses. Yemen, where one of the largest humanitarian crises in history is occurring, was the biggest operation in this region and which even required nutrition-related care. MSF Switzerland invested more than CHF 24.5 million in this country. MSF Switzerland also ran major projects in Lebanon, where an unprecedented political and economic crisis has led to a resurgence of cholera, and in Iraq. In each of these countries, expenses were over CHF 10 million.

In Asia, expenses were CHF 10.8 million – 4% of total expenses. Operations were carried out in response to floods in Pakistan, and projects were launched in the Republic of Kiribati.

In the Americas, expenses were CHF 11.6 million – 5% of total expenses. Operations were carried out in Mexico, Honduras and Guatemala to respond to the migration crisis on the continent and to the consequences of sexual violence.

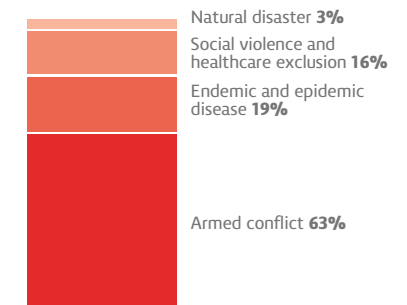
In Europe, expenses totalled CHF 19.1 million – 7% of the total. Operations in Ukraine were completely restructured due to the outbreak of war. Almost CHF 14 million were spent in Ukraine.

In recent years, MSF has increasingly had to contend with deteriorating security contexts, particularly in the countries of the Sahel, making our interventions considerably more challenging and complex. We have been forced to close a number of projects in Cameroon and Nigeria because the safety of our staff could no longer be ensured. Such tough decisions, which have serious consequences for our patients, are only taken as a last resort when no other solution can be found.

In 2022, MSF Switzerland also carried out activities aimed at reducing its environmental footprint, including insulating field pharmacies, installing solar panels and replacing 4x4 vehicles with more fuel-efficient vehicles. MSF also worked to improve waste and water treatment. This is part of our overall strategy on the climate emergency.

Finally, MSF Switzerland also contributed CHF 6.4 million towards projects carried out by other MSF sections, mainly due to restrictions on the use of donations specified by donors, notably for Brazil, Uganda and Afghanistan. This includes

Programme costs per reason of intervention



funding of CHF 1.2 million granted to our partner, MSF Logistics, based in Bordeaux, France, for the implementation of measures to reduce its energy consumption.

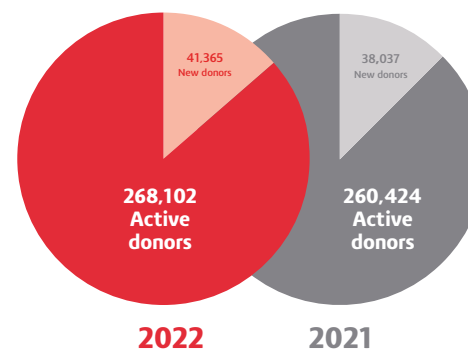
A key development in 2022 was MSF Switzerland's move to its new headquarters in Geneva, at 140 Route de Ferney. This work environment enables us to better manage our ongoing projects and emergencies. The building was built on land provided free of charge by the Canton of Geneva for a period of 60 years and was also made possible thanks to generous funding from a private foundation. We are extremely grateful to both.

Furthermore, MSF Switzerland extended its operations support network by opening an operational cell in Amman. This is in addition to the support teams already based in Geneva, Dakar and Mexico City, as well as through our MSF partners in Athens and Sydney. Operations in our countries of intervention grew extremely rapidly in 2022, in an emergency mode. The level of our other activities evolved too, albeit at a slower pace given their more permanent nature. Consequently, the total

share of programme spending was temporarily higher in 2022 (77.8%) than in 2021 (73.8%). These other activities are due to be strengthened in 2023. The "social mission ratio", which includes all social mission activities, increased slightly to 92% compared with 91.1% in 2021. This increase is also due to strong growth in our operations in 2022.

MSF Switzerland's revenue increased by 4.3% to CHF 314.8 million in 2022, compared with CHF 301.7 million in 2021. This increase is partly attributable to increased donor generosity linked to the conflict in Ukraine. Private funds raised in Switzerland accounted for 49% of total revenue, or CHF 154.4 million, a slight increase on 2021 (45%). 47% of our revenue was raised by our MSF partners around the world from private donors. Institutional donors provided 4% of our revenue. Institutional donors included Swiss Agency for Development and Cooperation (SDC) (CHF 8.3 million), the Government of Canada (CHF 1.8 million) and the Canton of Geneva (CHF 1 million). We express our warm gratitude to all our donors, wherever they are located and however much they contributed. MSF Switzerland ended 2022 with a deficit of CHF 14.7 million. To offset this, MSF Switzerland drew on its reserves, which now represent 6.6 months of activities, a level deemed adequate.

Swiss private donations

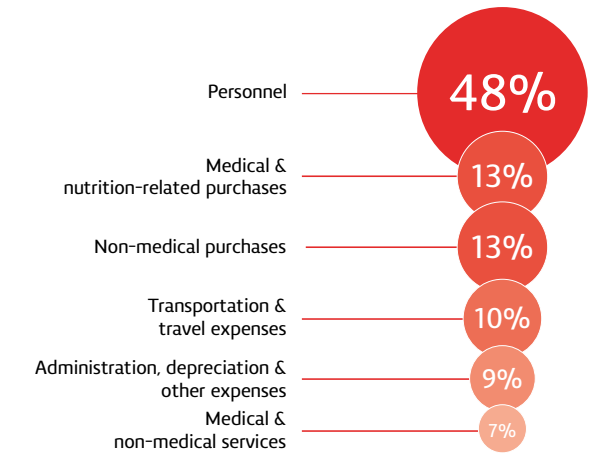


In 2023, MSF Switzerland will face new emergencies but also new financial challenges, such as rising costs for energy, staff and medicines. We have already responded to several crises in 2023, including the earthquake in Turkey and Syria, a cholera epidemic and a cyclone in Malawi.

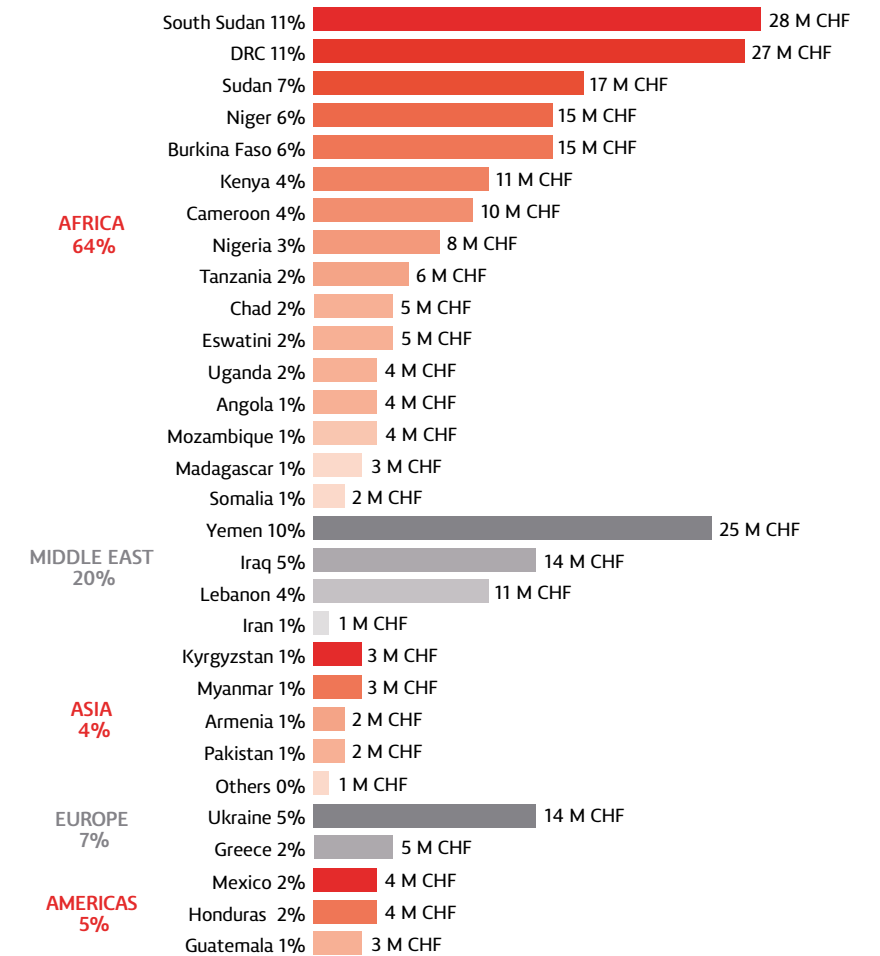
MSF relies on the generosity of its donors to continue its vital interventions in the most critical humanitarian situations.

Nicolas Joray, Director of Finance

Programme expenses by nature



Programme costs per country**

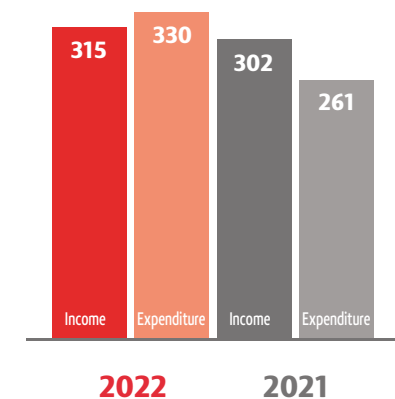


** Excluding financing of projects carried out by other MSF sections

Expenditure (in thousands of Swiss francs)

	2022		2021	
Programme	256,350	77.8%	192,349	73.8%
Programme support	36,303	11.0%	31,545	12.1%
Funding of partner sections' activities	6,368	1.9%	9,344	3.6%
Advocacy, awareness raising & other humanitarian activities	4,329	1.3%	4,037	1.6%
Social mission expenses	303,350	92.0%	237,275	91.1%
Fundraising in Switzerland	16,936	5.1%	14,800	5.6%
Management and administration	9,357	2.9%	8,505	3.3%
Administration expenses	26,293	8.0%	23,305	8.9%
TOTAL EXPENDITURE	329,643	100.0%	260,580	100.0%

Income and expenditure (in millions of Swiss francs)



Acknowledgments

We would like to thank all the donors who made the work of Médecins Sans Frontières Switzerland possible in 2022. This year, 268,102 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:

- Fondation Hans Wilsdorf
- IKEA Foundation
- Hilti Foundation
- Ocean Foundation
- Cartier Philanthropy
- Chaponnière et Firmenich SA
- CHUV
- Däster-Schild Stiftung
- Fondation Suisse de la Chaîne du Bonheur
- Gebauer Stiftung
- Hilfswerk GL Zürich
- Irene M. Staehelin Stiftung
- J&K Wonderland Stiftung
- LGT Capital Partners AG
- Linsi Foundation
- Nico und Ruth Kats Stiftung
- République et canton de Genève
- Richemont International SA
- Rütli-Stiftung
- Stiftung pro Evolution
- Stiftung Symphaxis
- Swiss Re Foundation
- Tarbaca Indigo Foundation
- The Ambrogio Foundation
- Ursimone Wietlisbach Foundation

We would like to sincerely thank:

- ACE International SA
- Alfred und Annemarie Käser-Stiftung
- Alters- und Pflegeheim Blumenau AG
- AMEOS Gruppe
- Anne und Peter Casari-Stierlin Stiftung
- Atelier 19, HP, Sihler
- Banque Reyl
- Be Happy Foundation
- Bildhalle AG
- Blaser Swissslube AG
- BÜCHI Foundation
- C + S AG
- CA Indosuez (Switzerland) SA
- Canton du Valais
- Charlotte und Nelly Dornacher Stiftung
- Commune de Bernex
- Commune de Collonge-Bellerive
- Commune de Troinex
- David Feldman SA
- Dr. Kurt L. Meyer - Stiftung
- Dr. Margrit Schoch-Stiftung
- E. Schellenberg Textildruck AG
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- EM2N, Mathias Müller, Daniel Niggli, Architekten AG, ETH SIA BSA
- Epatocentro Ticino
- Erica Stiftung
- Erika und Conrad Schnyder-Stiftung
- European Stroke Organisation
- Firmenich SA
- Fondation Charitable Bienvenue
- Fondation du groupe Pictet
- Fondation Hubert Looser
- Fondation Johann et Luzia Graessli
- Fondation Rifké
- Fondation Stella
- Fondation Tellus Viva
- Fondation W. et E. Grand d'Hauteville
- FREITAG lab.AG
- Gemeinde Baar
- Gemeinde St. Moritz
- Giovanni und Caroline Ferrari-Stiftung
- gynécologie suisse SGGG
- Heinis AG
- Hemmi Fayet Architekten AG
- HTP HiTech Photopolymere AG
- Kanton Thurgau
- Kanton Zürich
- Karl Zünd Stiftung
- Keytrade AG
- Korporation Baar-Dorf

- Krüger Foundation
- Mafli Stiftung
- mb-microtec ag
- Mitarbeitende der Zurich Insurance Group
- Mitarbeitende der SMG Swiss Marketplace Group
- Multidisciplinary Digital Publishing Institute
- Musgrave Charitable Trust Ltd
- NILE Clothing AG
- Oak Foundation
- OPERA TICINESE
- Oswald Gruppe Zug AG
- Procuritas Partners GmbH
- Profilsager AG
- Provisa AG
- QoQa Services SA
- Räschle Stiftung
- Residence Immobilien AG
- Rolf Hänggi AG
- Rosa und Bernhard Merz-Stiftung
- Schiller AG
- Schweizerische Ärzte-Krankenkasse
- SHL Medical
- SoftwareONE AG
- Spitalinternist.ch AG
- Spline AG
- Stadt Bern
- Stadt Rapperswil-Jona
- Stadt Uster
- Stefanie und Wolfgang Baumann Stiftung
- Stiftung Accentus
- Stiftung Corymbo
- Stiftung Fürstlicher Kommerzienrat Guido Feger
- Stiftung Juventus Schulen
- Stiftung NAK Humanitas
- Stiftung Sonnenschein
- Stone Age Gems Ltd
- Swislos-Fonds Basel-Stadt
- Synergon AG
- The Kernco Foundation
- The Rosalbe Trust
- Thurgau Travel AG
- Tumor- und Brustzentrum ZeTuP St. Gallen
- Uniscientia Stiftung
- Ville de Genève - DGVS
- Ville De Genève - Service des relations extérieures
- von Duhn Stiftung
- Yellow Bird Foundation
- Z Zurich Foundation
- Zimelien Stiftung
- Züger Frischkäse AG

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

- Carla Besana
- Irène und Markus Borer-Signer
- Peter und Renata Flubacher
- Birgitta und Göran Grosskopf
- Ester und Sascha Gruber
- Anita Gurtner-Fehr
- Andrea Jansen
- Susanne Feldmann und Christian Jucker
- Jürg Keller
- Walter Knabenhans
- Karl-Theo und Bernadette Vinzent
- Leslie und David Wartenweiler
- Hannelore und Felix Wattenhofer
- Marcel Zemp

and numerous other generous supporters

We also extend thanks to our event partners:

- 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
- M.E.T.I.S
- Paléo Festival Nyon
- Photobastei
- photoSCHWEIZ
- Ville de Genève
- Fantasy Basel
- The Circle of Young Humanitarians

Finally, we would like to thank all those who volunteered time and energy to help MSF in 2022:

- Samira Belorf
- Christina Simons
- El Marto
- Oona Bannwart

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



Many thanks to our
268,102
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 2022

- Reveka Papadopoulou, President
- Miriam Kasztura, Vice-president (until May 2022)
- Armando García Guerrero, Vice-president (from May 2022)
- Karim Laouabdia, Treasurer (until May 2022)
- Jana Armstrong, Treasurer (from May 2022)
- Bruno Lab, Secretary
- Meklis Nday
- Silas Adamou Moussa
- Jorge Mazuze
- Véronique Urbaniak (from May 2022)
- Wacuka Maina (from May 2022)

Co-opted Board Members:

- Ian Wadley
- Karim Laouabdia (from May 2022)
- Aine Markham (from May 2022)
- Antoine Chaix (from May 2022)

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 2022

- Karim Laouabdia, Treasurer of MSF Switzerland and President of the Finance Commission (until May 2022)
- Jana Armstrong, Treasurer of MSF Switzerland and President of the Finance Commission (from May 2022)
- Reveka Papadopoulou, President of MSF Switzerland
- Monika Weiszmann, Treasurer of MSF Austria
- Hans Isler, Financial Expert

- Armando García Guerrero, Member of MSF Switzerland (until May 2022)
- Jorge Mazuze, Member of MSF Switzerland
- Beth Hilton-Thorp, Member of MSF Australia (until May 2022)
- Dwin Tucker, Treasurer of MSF Australia (from May 2022)
- Ian Adair, Treasurer of MSF Canada (until June 2022)
- Byron Sonberg, Treasurer of MSF Canada (from June 2022)
- Patricia Carrick, Member of MSF USA
- Marc Briol, Financial Expert

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

MSF Switzerland's Human Resources Commission in 2022

- Beth Hilton-Thorp, Member of MSF Australia and Chairperson of the Human Resource Commission
- Reveka Papadopoulou, President of MSF Switzerland
- Leo Ho, President of MSF Austria
- Meklis Nday, Member of MSF Switzerland
- Miriam Kasztura, Member of MSF Switzerland (until May 2022)
- Jorge Mazuze, Member of MSF Switzerland (until May 2022)
- Patricia Carrick, Member of MSF USA
- Cristina Rusu, Member of MSF Austria (from December 2022)

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 2022

- Stephen Cornish, General Director
- Ralf de Coulon, Deputy General Director (until October 2022)
- Ricardo Rubio, Deputy General Director (from November 2022)
- Lai Ling Lee Rodriguez, Deputy General Director

- Christine Jamet, Operations Director (until June 2022)
- Kenneth Lavelle, Operations Director (from July 2022)
- Monica Rull, Medical Director
- Nicolas Joray, Finance Director
- Kate Mort, Human Resources Director
- Marc Joly, Communications and Fundraising Director
- Benjamin Lanneau, Director of Logistics and Supply
- Philippe Gras, Informations System 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. The major risks identified cover the following risk areas: strategy, safety and security, legal and compliance, human resources, medical, fraud and corruption, information management, financial and fundraising, and communication.

This analysis allows to identify risk events, the likelihood of their occurrence and their possible impact, and to decide on relevant mitigation measures to implement and monitor.

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.

Route de Ferney 140, P.O. Box 1224, 1211 Geneva
Switzerland
Tel.: +41 22 849 84 84
Email: office-gva@geneva.msf.org

www.msf.ch

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