

MSF SWITZERLAND / OPERATIONAL CENTRE GENEVA

ACTIVITY REPORT 2024



MEDECINS SANS FRONTIERES
ÄRZTE OHNE GRENZEN

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters.

As an independent and self-governed organisation, MSF's actions are guided by medical ethics and the principles of neutrality and impartiality. MSF offers assistance to people based only on need and irrespective of race, religion, gender or political affiliation.

MSF strives to ensure that it has the power to evaluate medical needs freely, to access populations without restriction and to control the aid it provides directly, giving priority to those in most grave danger. MSF does not take sides in armed conflict and demands unhindered access to patients and the space it needs to carry out emergency medical interventions. In addition, MSF accepts only private donations and never accepts funds from parties directly involved in any conflict or medical emergency that MSF is dealing with.

MSF is a non-profit organisation founded in Paris, France, by doctors and journalists in 1971. Today, MSF is a worldwide movement of 26 associations with an international office in Geneva, Switzerland, which provides coordination, information and support to the MSF Movement, and implements international projects and initiatives as requested. All of the associations are independent legal entities, registered under the laws of the countries in which they are based. Each association elects its own board of directors and president. They are united by a shared commitment to the MSF Charter and principles. The highest authority of the MSF Movement is the International General Assembly, which meets yearly.

The Movement has six operational centres – MSF France, MSF Belgium, MSF Switzerland, MSF Holland, MSF Spain and MSF West Africa – which directly manage MSF's missions. The partner sections contribute to MSF's work 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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In 2024, our rallying motto was embodied in the hashtag #Talk About Sudan. Despite the horrific escalation of the conflict, massive displacement of millions of Sudanese and a deterioration of access to humanitarian assistance, many of our teams – including doctors and nurses – worked under extreme conditions to maintain care for a population in desperate need. Whether from El-Geneina, Port Sudan, Geneva or Amman, they demonstrated an amazing and unprecedented level of collaboration. We opened and closed locations nimbly as the context evolved. These efforts not only sustained critical medical services but also brought high visibility to the plight of the Sudanese people across social media channels and public events. Our work and advocacy efforts translated into a record-breaking level of donor gifts for Sudan. In the Democratic Republic of Congo, Lebanon, Mozambique and Ukraine, we saw escalations in conflict and ever-shifting frontlines. Thousands of staff were involved in lifesaving vaccination campaigns and epidemic responses (measles, cholera, diphtheria and viral haemorrhagic fever), reinforcing our commitment to providing high-quality medical care to those most in need.

The Operational Centre of Geneva (OCG) Strategic Plan, extended to 2025, continues providing aspiration and clear direction of travel. Our organisation has achieved significant results in its medico-operational ambitions and witnessed a continuous rise in its emergency response deployment. Furthermore, we are very encouraged by the growing number of country teams taking up the ‘patients and populations as partners’ approach, leading to more inclusive, ethical and effective care delivery.

The transformation of our human resources function has taken renewed energy with the arrival of a team dedicated to revamping our HR information system. This investment will enhance our staff experience and reinforce our learning culture. We have launched the Breaking Barriers campaign to highlight the importance of diversity, equity and inclusion and a focus on women in coordination – which directly contributes to improving the quality and safety of patient care. Through many workshops at country level, we continue to foster a culture of belonging where every team member’s voice is heard and valued.

Our Planetary Health roadmap continues to guide our journey towards reducing our carbon emissions while safeguarding medical continuity of care. While this 2030 target will be very challenging to achieve, we are seeing significant reductions in fuel consumption and carbon emissions, thanks to the installation of 61 solar panels and the insulation of 34 medical warehouses worldwide. Solar energy solutions and warehouse insulation efforts are helping us protect medicines and maintain cold chain more sustainably. Our programmes are increasingly facing the consequences of climate change, such as floods and shifts in the patterns of climate-related diseases. We are endeavouring to adapt to these changes.

New digital tools at the disposal of our frontline staff continue to pay dividends. These tools cover a broad range of medical and operational activities. From eCare, which supports clinical decision making, to data protection platforms, which safeguard patients’ confidentiality, our commitment to a responsible medical practice is stronger than ever. We also enhanced our integrity line platform to include reports of fraud and corruption, along with a standard process to document and follow up on such reports.

We are showing advances in our organisational evolution and in enhancing decision making closer to the field through the launch of the Insight2Action project, which aims to transform the information we have from field visit recommendations into organisational learning. In line with our organisational evolution towards Southeast Asia, we launched a successful exploratory mission in Laos that allowed us to provide post-cyclone assistance. An exploratory mission in the Philippines also promises to develop into a meaningful operational presence in Southeast Asia.

These achievements were made possible thanks to strategic enablers in place for the implementation of the strategy. MSF Switzerland fundraising objectives surpassed the CHF 200 million mark – a reflection of the public’s engagement with our work and of the powerful impact of our medical mission. We have in place excellent financial management, committed and energetic staff, a dedicated management team, and an equally devoted Board of Directors.

We acknowledge the incredible and unprecedented generosity of all our amazing supporters, and we thank you from the bottom of our hearts! We succeed thanks to your trust and support.



Micaela Serafini
President



Stephen Cornish
General Director

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34 COUNTRIES

116 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
HR: 59 incl. 12 international
Costs: CHF 2,344,000

LEBANON

Since 2008
HR: 218 incl. 29 international
Costs: CHF 12,322,000

ARMENIA

Since 2021
HR: 38 incl. 6 international
Costs: CHF 1,764,000

IRAQ

Since 2007
HR: 268 incl. 29 international
Costs: CHF 11,456,000

BULGARIA

Since 2023
HR: 16 incl. 5 international
Costs: CHF 796,000

GREECE

Since 2016
HR: 128 incl. 15 international
Costs: CHF 6,037,000

CHAD

Since 2020
HR: 761 incl. 95 international
Costs: CHF 27,782,000

NIGER

Since 2005
HR: 673 incl. 52 international
Costs: CHF 19,313,000

NIGERIA

Since 2016
HR: 209 incl. 30 international
Costs: CHF 6,051,000

BURKINA FASO

Since 2017
HR: 541 incl. 36 international
Costs: CHF 11,735,000

CAMEROON

Since 2000
HR: 189 incl. 18 international
Costs: CHF 7,733,000

SUDAN

Since 2004
HR: 223 incl. 47 international
Costs: CHF 19,486,000

SOUTH SUDAN

Since 1996
HR: 605 incl. 59 international
Costs: CHF 18,231,000

CONGO (DRC)

Since 2001
HR: 595 incl. 72 international
Costs: CHF 26,265,000

ZAMBIA

Since 2024
HR: 4 international
Costs: CHF 1,009,000

MOZAMBIQUE

Since 1992
HR: 114 incl. 18 international
Costs: CHF 3,999,000

ESWATINI

Since 2007
HR: 90 incl. 14 international
Costs: CHF 3,458,000

COMOROS

Since 2024
HR: 7 international
Costs: CHF 1,918,000

MADAGASCAR

Since 2022
HR: 104 incl. 12 international
Costs: CHF 2,445,000

IRAN

Since 2022
HR: 81 incl. 12 international
Costs: CHF 2,958,000

KAZAKHSTAN

Since 2024
HR: 6 incl. 3 international
Costs: CHF 422,000

KYRGYZSTAN

Since 2005
HR: 85 incl. 12 international
Costs: CHF 2,309,000

DPR OF KOREA

Since 2019
HR: 6 incl. 5 international
Costs: CHF 478,000

LAOS

Since 2024
HR: 1 international
Costs: CHF 62,000

MYANMAR

Since 2000
HR: 119 incl. 8 international
Costs: CHF 2,879,000

YEMEN

Since 2015
HR: 662 incl. 40 international
Costs: CHF 21,450,000

KENYA

Since 2007
HR: 432 incl. 31 international
Costs: CHF 12,215,000

TANZANIA

Since 2015
HR: 234 incl. 34 international
Costs: CHF 8,218,000

2024 TIMELINE

Sudan



Violent fighting continues in Khartoum and throughout Sudan. Hundreds of thousands of people have been displaced and are forced to live in informal, unsanitary camps. MSF teams provide medical care, including treatment for malnutrition, which has reached alarming levels in several regions.

Democratic Republic of Congo



On 6 March, armed individuals attack and loot the general hospital in Drodro, Ituri province, kill a patient in her bed and steal medical equipment. Once again, MSF calls on all parties to respect and protect the civilian population and the medical mission.

Ukraine



Two years of brutal war have taken a severe medical and psychological toll on the people of Ukraine. In Donetsk, MSF teams run ambulance transfers from frontline hospitals to safer areas. In Vinnytsia, they provide specialised psychological care to people suffering from post-traumatic stress disorder.

Comoros



On 2 February, a cholera epidemic of unprecedented scale breaks out across the archipelago. After assessing the needs, MSF launches an emergency response on the island of Anjouan. Our teams support treatment centres and collaborate with the Ministry of Health to vaccinate hundreds of thousands of people.

Lebanon



The humanitarian situation in Lebanon worsens with the escalation of the conflict on 23 September 2024, following intense Israeli bombing. In response to this crisis, MSF deploys mobile medical teams in several governorates, distributes essential items and donates equipment to hospitals.

Climate and health



In Nigeria, a system of solar panels is installed in Kafin Madaki children's hospital, in Bauchi state, reducing its dependence on petrol generators. In this area, where access to electricity is poor, this sustainable energy source ensures continuity of care.

JANUARY

FEBRUARY

Gaza

Christopher Lockyear, Secretary General of MSF, calls on the UN Security Council to impose an immediate ceasefire in Gaza. Despite attacks targeting hospitals and healthcare workers, MSF scales up its efforts to provide vital care in catastrophic conditions.



MARCH

APRIL

Chad

The war in Sudan has been raging for a year now. Sudanese refugees in Chad live in several camps, with insufficient food and scarcely any access to essential services such as water, sanitation and healthcare. MSF facilities continue to treat patients, many of whom have been victims of violence, including sexual assaults.



MAY

JUNE

Nigeria

MSF therapeutic feeding centres in northern Nigeria are overwhelmed by a massive influx of severely malnourished children. In addition to delivering care, MSF calls on the authorities and donors to urgently step up their response to relieve this crisis.



JULY

AUGUST

Central America

Migrants transiting Mexico on their way through Central America are exposed to many dangers, including attacks, kidnapping and extortion. MSF responds to their urgent needs and publishes an alarming report denouncing the dire living conditions, the physical and sexual violence and the lack of access to healthcare they experience during their journeys.



SEPTEMBER

OCTOBER

Kyrgyzstan

After two years of activities, MSF completes its pilot project to improve cervical and breast cancer detection. The aim was to raise awareness and integrate a module on cancer screening – a procedure usually carried out by doctors – into training for nurses.

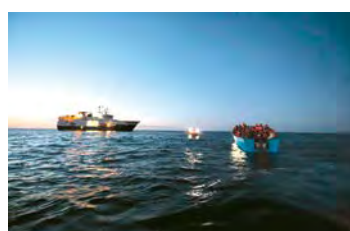


NOVEMBER

DECEMBER

Search and rescue in the Mediterranean

MSF is forced to end search and rescue activities in the Mediterranean, as the laws and policies imposed by the Italian authorities make it impossible to continue. MSF remains committed to returning to the Mediterranean to save lives on one of the deadliest migration routes in the world.



OVERVIEW OF THE YEAR 2024

2024 saw many emergencies around the world, with epidemics and nutritional crises occurring in highly complex settings, and violence escalating in many countries. In the 34 countries in which we operated last year, our MSF teams continued working to alleviate the suffering of crisis-affected communities. Our colleagues demonstrated a real ability to adapt to rapidly evolving situations, such as that in Sudan and neighbouring Chad, which was again the largest response we ran. In Lebanon, too, the situation became increasingly volatile from September onwards, and we had to step up our activities to help people displaced by the bombings.

In all, we launched 59 emergency projects in 2024. Our teams also carried out a very large number of exploratory missions in regions where we already operate. These allow us to assess needs or provide support in response to disease outbreaks and other crises.

The security situation continued to worsen in many of the areas in which we operate, against a backdrop of deteriorating political conditions and the criminalisation of aid. As a result, we had no choice but to suspend some of the vital support we provide in some settings. In others, we had to continuously adapt how we work in order to keep responding effectively despite increasing constraints.

Emergency teams on all fronts

2024 was the latest in a string of years filled with disease outbreaks and epidemics of varying severity. Whilst some of these occurred in places where we were already present, others prompted us to intervene in some countries for the first time. Cholera, which is often endemic, spreads easily when water and sanitation systems fail or are non-existent, or when there is a shortage of drinking water. This is often the case in countries affected by protracted conflicts, such as Yemen, which saw a sharp increase in the number of cholera cases compared with 2023. The disease also hit hard in war-torn Sudan, spreading particularly in areas that have become overcrowded with people who are fleeing the violence. Getting our teams and equipment to the worst-affected areas was extremely difficult. We were nevertheless able to set up cholera treatment centres close to the sites for displaced families. Our teams also managed treatment facilities, supported health centres in affected areas and set up water points – as cholera causes severe dehydration, these are essential. We mounted similar cholera responses in Abyei, South Sudan, in Bauchi state, Nigeria, in Lindi and Simiyu regions, Tanzania, and in Yangon, Myanmar. In addition, we sent teams to Lusaka, the capital of Zambia, which was hit by a cholera epidemic from October 2023 until early 2024, and to the Comoros islands (both countries where we were

not previously operational). Our response in the Comoros was a great success, with thousands of patients treated and hundreds of thousands of people vaccinated, in spite of a significant delay in the official declaration of the disease.

Mpox (formerly known as monkeypox) was declared a public health emergency by the World Health Organization (WHO) for the second time in August last year. Our teams in the Democratic Republic of Congo (DRC) have been supporting the Ministry of Health's medical facilities in the worst-hit provinces, while also training health-care workers and raising community awareness of this highly stigmatised disease.

In Nigeria, which was affected by haemorrhagic fevers such as Lassa fever, we worked with the authorities to contain the outbreaks as quickly as possible. An Ebola alert was also issued for the DRC. The number of patients treated in our facilities for other diseases, such as measles, yellow fever, diphtheria and meningitis, was lower than in 2023, but we still launched 10 emergency projects for measles alone (mainly in DRC). Wherever epidemics occurred, our teams continued to manage patients in existing health facilities, isolating simple cases and referring complicated ones for specialist care. Where possible, our teams also helped with vaccination campaigns to address the gaps in immunisation coverage.

Malnutrition is a growing risk and affected millions of children in 2024. In Yemen, Sudan, Chad, Niger and Nigeria, MSF teams treated more than 110,000 patients through inpatient and outpatient nutrition programmes. In Nigeria's Bauchi state, admission rates increased by 40% compared to the previous year. As well as providing care, we continued to train members of affected communities to diagnose and treat malnutrition at an early stage.

In 2024, much of our work entailed helping people displaced by wars, and our teams were active in places such as Sudan, Ukraine and Lebanon. However, we also helped those fleeing escalating violence in the DRC and South Sudan, and assisted people displaced by flooding, particularly in the Sahel region. In Latin and Central America, we provided care for migrants. To respond to these people's needs, we deployed medical teams focused particularly on maternal care, paediatrics, and chronic illnesses, helping to ensure that patients' treatment was not interrupted.

Trauma can have a major impact on the health and wellbeing of displaced people, so mental health was central to our work. In multiple countries, our teams provided psychological first aid to new arrivals in gathering sites for families fleeing violence. As they often leave their homes rapidly, most displaced people arrive with nothing. Our logistics teams distributed plastic



574,045

malaria cases treated



229,983

people vaccinated against cholera



442,629

children vaccinated during measles outbreaks



148

HIV patients on antiretroviral treatment



860

tuberculosis patients



114,988

non-communicable diseases consultations

sheeting, hygiene kits and other basic necessities to displaced people in Sudan, to Sudanese refugees in Chad and to those in need in Lebanon. Conflict is not the only reason for displacement, and our teams also distributed these items in South Sudan during the rainy season and in Mozambique following floods. And to prevent water-borne diseases from spreading, our teams in Lebanon, Chad and Myanmar restored and set up drinking water points, water supply systems and sanitary facilities near displacement camps and medical facilities supported by MSF.

Adapting to the security situation and barriers to humanitarian access

Medical facilities are meant to provide a semblance of humanity in the midst of war, but in 2024 they were once again too frequently the target of attacks. This had a major impact on civilians, preventing them from accessing much-needed healthcare. In Burkina Faso, for instance, we were forced to suspend some of our activities in October 2024 after health centres, water distribution points and MSF premises were repeatedly targeted in the town of Djibo. Djibo was under siege by armed groups and the deteriorating security situation meant we had to make the difficult decision not to put our teams at risk any longer.

In March, during an upsurge in violence in Ituri province, eastern DRC, armed individuals attacked the town of Drodro and its MSF-supported general hospital, killing a patient in her bed and looting medical supplies. Our teams were forced to evacuate temporarily as locals also fled the town. MSF activities at the hospital were able to resume in June, once certain guarantees had been obtained from State and non-state armed groups.

In the midst of a crisis, the parties involved may be opposed to the presence of a foreign, independent non-governmental organisation. In Sudan, Myanmar, Niger, Burkina Faso and Yemen, the authorities continued to make it very hard for us to obtain work permits and visas for our international colleagues and to transport staff and equipment. In these situations, we must adapt to ensure that we can get as close as possible to those in need. In Sudan, for example, there are areas that our teams cannot enter, particularly in Khartoum State. Although it is not how we usually operate, we continued to support two hospitals there by maintaining contact with the medical teams, providing financial support and donating medical equipment and fuel for generators. Faced with a choice between suspending our operations or continuing to provide remote support, our decision was clear. In other places, such as Niger, Iraq, Iran and Yemen, we faced significant delays in obtaining visas for international colleagues, which meant we had to work in smaller teams or exclusively with local

colleagues. In certain contexts we continued our activities by working in close collaboration with local organisations, ensuring that the quality of care was maintained in line with MSF standards.

Facing an increasing number of hurdles, it's important both to consider how we respond to emergencies and to plan ahead, ensuring we are ready for the next crisis. For this, analysis, negotiation, and preparation are key. We must identify future needs and anticipate potential crises, as we did with the spikes in malaria and malnutrition in the Sahel region. We must be able to deploy supplies and human resources effectively in contexts that are often highly complex, even at short notice.

Negotiation and advocacy were once again important parts of our work last year, particularly in politically driven contexts where we have reduced scope for action. This was the case in Central and Latin America and in Greece, where migration policies meant that refugees were often deprived of their freedom and stripped of their dignity. In response to the current humanitarian crisis at Europe's borders, we provided medical and psychosocial care to new arrivals on the Greek island of Samos, and continued to call for safe migration routes and humane treatment for those entering Europe.

MSF teams from Operational Centre of Geneva do not work in Gaza, but last year we assisted people displaced by the conflict in Lebanon. Alongside our medical operations, speaking out against the ongoing massacres was part and parcel of our advocacy and témoignage (bearing witness). Speaking at the United Nations Security Council on 22 February 2024, Chris Lockyear, Secretary General of MSF International, called for an immediate ceasefire in Gaza. The medical consequences for people trapped in the territory, witnessed by MSF teams, were central to his call. In Bern, our advocacy and communications teams also took part in the large-scale, public-driven campaign against the attempts to reduce Switzerland's funding of UNRWA. Thanks in part to this campaign, the decision was postponed until 2025, with funding remaining in place for the time being.

Bearing witness and strengthening our commitment to patients and communities

Our medical facilities are located within the communities they serve. These communities are made up of the patients we treat, our colleagues and our neighbours. As a movement, MSF has an international platform, unlike many other NGOs. We therefore have a duty to ensure that the voices of our patients and communities are heard. As part of this, we continued to work to draw attention to forgotten or neglected crises. For example, in Ituri, DRC, our teams cared for

large numbers of injured patient and rising numbers of sexual violence victims, compared to 2023. Throughout 2024, our teams in Ituri also collected medical data and first-hand accounts of the crisis, which will be compiled in a report in early 2025.

In 2024 we also continued to speak out about the hardship faced by people displaced by the war in Sudan: both those inside the country and Sudanese refugees in Chad and South Sudan.

After almost two years of war, the overall humanitarian response falls far short of people's



2,308,682

outpatient consultations



176,645

antenatal consultations



80,988

children admitted to outpatient feeding programmes



67,836

individual mental health consultations



42,272

group mental health consultations



276,766

patients admitted



33,436

children admitted to inpatient feeding programmes for acute malnutrition



13,909

surgical procedures



29,812

births assisted



3,655

patients treated for sexual violence

needs. We again provided large-scale support, spending most heavily in Chad, with Sudan itself coming in third place in terms of financial outlay. In addition to this, we continued appealing to donor and other countries to engage with the warring parties in international and bilateral settings. Our Talk about Sudan campaign on social media reflects our commitment to ensuring that the war in Sudan and its tragic consequences are not forgotten.

It is also worth noting that in 2024 there was a sharp increase in the number of safe abortions

carried out by MSF medical teams in DRC, Eswatini and Iraq, thanks to years of engagement and hard work.

We remained committed to researching and treating neglected diseases in 2024. Snakebites kill between 80,000 and 130,000 people worldwide each year, primarily affecting the poorest members of society. Yet snakebite is neglected by the academic community and the pharmaceutical industry. Our teams treat thousands of snakebite victims every year, so in 2024 we launched a pilot project in South Sudan aimed at overcoming one of the main obstacles to successful treatment: identifying the species of snake responsible for the bite. Using an artificial intelligence programme trained on more than 380,000 images of snakes, we are creating an app that will help medical teams find the right antivenom.

Last year we used an innovative method to control disease-transmitting mosquitoes in Honduras. This involved phasing in mosquitoes carrying *Wolbachia*, a bacterium that reduces the mosquitoes' ability to transmit viruses like dengue fever. At the same time, we started using the next generation of insecticide-treated mosquito nets. One year on and the results are promising: there has been an increase in the number of mosquitoes unable to transmit dengue fever and a reduction in the number of people affected by the disease.

The wellbeing of patients with chronic diseases can be improved by providing them with the right tools. For instance, insulin pens and new, continuous glucose-measuring systems enable children with diabetes to lead a more normal life, without having to prick their fingers every four to six hours. We continued to work to make sure that as many medical products as possible are available at affordable prices in humanitarian settings.

In 2024, improving access to healthcare products more broadly was once again a key component of our work – as ever with the aim of helping patients. In children, tuberculosis is widely underdiagnosed, and therefore undertreated. In response, the WHO introduced treatment decision algorithms and guidelines on shorter treatment regimens in 2021. However, uptake of these new resources has been slow, prompting us to launch an initiative to step up implementation of the WHO treatment decision algorithms. The goal is to introduce shorter treatment regimens for less severe forms of tuberculosis, provide staff with training on these new resources and recommend strategies for integrating them into treatment both locally and nationally.

We have known for years that patients and communities need to be involved in finding solutions to each disease or situation they face. Our commitment to forging real partnerships with

patients and communities continued in 2024. Examples include our projects in Madagascar, where people are grappling with the health impacts of major environmental challenges, and in Mombasa, Kenya, where we worked with vulnerable groups, such as teenagers, drug users and the LGBTQI+ community. The aim of our innovative project in Madagascar is to improve the health of communities, preserve the local environment and then roll out activities based on people's needs. The project was designed and implemented with partner communities and local organisations. In Mombasa, we provided medical support designed in tandem with the beneficiaries themselves. In 2024, our teams there delivered healthcare services, including sexually transmitted infection (STI) prevention and the transfer of patients requiring treatment for HIV and other STIs to specialist care facilities. They also held health promotion sessions, particularly on nutrition and hygiene. As well as covering sexual and reproductive health needs, the project provided legal support to the most vulnerable people and worked to prevent stigma and social exclusion. Our work with target population groups, who are often left behind by the health system, remains at the heart of our medical and humanitarian efforts.

Outlook for 2025

Our in-depth work to draw up multi-year plans continues in 2025, and responding to emergencies and ensuring a balanced medical portfolio remain our strategic priorities. However, as 2025 gets under way, we are faced with numerous challenges. These stem mainly from unpredictable international politics and the drastic cuts in US public funding, the consequences of which are already visible in the areas where we work. NGOs and other organisations are struggling to continue their work; the UN High Commissioner for Refugees lacks resources in eastern Chad; there are fewer migrants at the US-Mexico border; sexual and reproductive health services have been shut down in Yemen; and HIV treatment could well be suspended for thousands of people – these are all tangible impacts that we will have to analyse and factor into our operational response strategy. Despite this, we remain focused on maintaining our capacity to respond to emergencies, consolidating our regular operations and reducing our carbon footprint as much as we can, in line with our environmental roadmap. Now more than ever, we will remain committed and responsive, standing side by side with communities and patients.

Kenneth Lavelle and Alan Gonzalez
Directorate of Operations

Drs Monica Rull and Lucas Molfino
Directorate of Medical Department

THE YEAR IN PICTURES



Amid rising levels of violence around the world, the number of displaced people, asylum seekers and refugees significantly increased in 2024. MSF scaled up its activities to help people forced to flee their homes in search of safety.



Through our mobile clinics and in the hospitals and health centres we support, our teams provide vital healthcare, as well as essential water and sanitation services, to displaced people and host communities.





Greece, 2024 © Myrtil Nourzaki/MSF

MSF aims to integrate mental healthcare into all its programmes, particularly for survivors of violence, displaced people, patients with chronic illnesses and victims of natural disasters.



Ukraine, 2024 © Florence Dorel/MSF



Lebanon, 2024 © Antoni Lalican/Hans Lucas



Lebanon, 2024 © Carmen Yahchouchi



Chad, 2024 © Thibault Fendler/MSF



DRC, 2024 © Michel Lunanga



South Sudan, 2024 © Paula Casado Aguirregabiria/MSF

Cholera, measles, malaria, we are working to protect communities from infectious disease and save people from preventable deaths, through health promotion, treatment, and prevention.



Comoros, 2024 © Nisma Leboul/MSF

ACTIVITIES BY COUNTRY



ARMENIA

Improving access to healthcare for vulnerable groups

In the country since:

Reason for intervention:

Main activity:

Human resources:

(FTE)

Cost for 2024:

2021

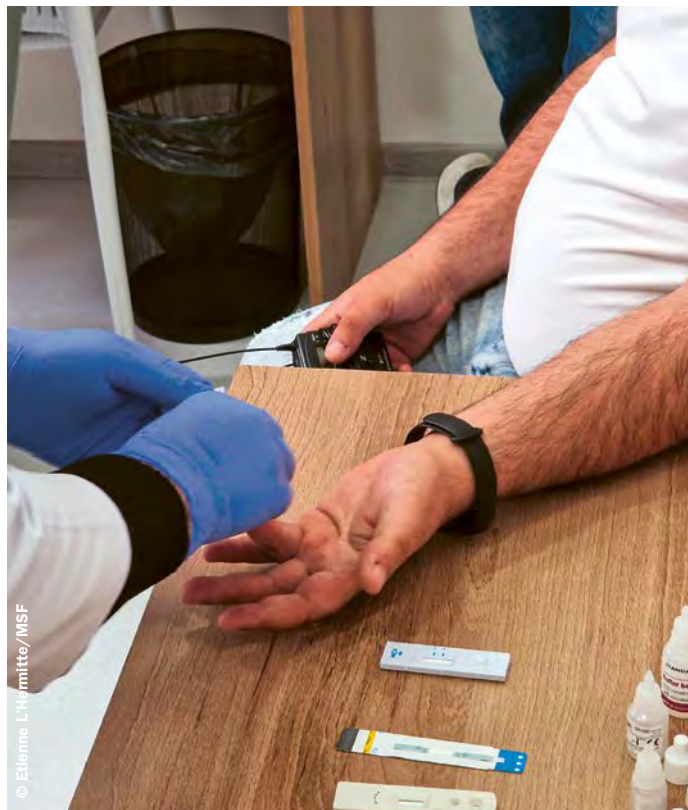
conflict

mental healthcare, hepatitis C

38 staff including

6 international staff

CHF 1,764,000



In Armenia, access to healthcare remains extremely limited for some vulnerable groups, such as people in prisons, sex workers and displaced communities, who are often excluded from public services. In 2024, MSF continued working to increase access to healthcare for these groups, and tackle the high prevalence of hepatitis C.

After more than 100,000 people fled into Armenia following the conflict in Nagorno-Karabakh region in September 2023, MSF launched a mental

healthcare project in Kotayk and Ararat regions. As well as providing psychological consultations, our teams assessed people's medical and social needs and connected them to additional resources and care. Our aim was to ensure their wellbeing and offer practical assistance to support their integration into Armenian society. In March 2024, we ended these activities.

Meanwhile, in the capital, Yerevan, MSF continued to run a project to address the high prevalence of

hepatitis C, a disease affecting four per cent of the population, one of the highest rates in the region. In close collaboration with the Ministry of Health and local municipalities, we supported testing and treatment at Arshakunyats polyclinic. The project aims to reduce the incidence of hepatitis C and improve health outcomes for patients diagnosed with the disease, including people in prisons, who are particularly vulnerable to infection.

BULGARIA

Assisting people on the move in Europe

In the country since:

Reason for intervention:

Main activity:

Human resources:

(FTE)

Cost for 2024:

2023

displacement

general healthcare, mental healthcare

16 staff including

5 international staff

CHF 796,000

For people on the move, travelling to Bulgaria through Türkiye on foot in winter is particularly gruelling. The harsh weather conditions and the lack of access to shelter, food and sanitation have a negative impact on their physical and mental health. In 2024, MSF continued to run a project providing healthcare to asylum seekers and refugees in Harmanli.

Harmanli registration and reception centre (RRC), located near the border with Türkiye, remains the main government-run centre for asylum seekers, migrants and refugees arriving in Bulgaria. Overcrowding, poor hygiene and limited access to medical services contribute to health problems, including frequent outbreaks of scabies and respiratory

infections. MSF began working there in July 2023, conducting general healthcare consultations, including mental health support and chronic disease management, as well as health promotion sessions. To tackle hygiene-related issues, our teams ran a vector-control programme, in which they disinfected rooms and mattresses, and trained both the RRC staff and residents in good hygiene practices. In 2024, stricter government policies, supported by the European Union and Frontex, led to a sharp decrease in the number of people crossing the border to seek asylum and protection. In view of the low occupancy rate in Harmanli, we decided to hand over our activities to the national authority in charge of refugees, the State Agency for Refugees,

in October. At the time of the project's closure, there were still some structural challenges at the centre; for example, a general practitioner was not regularly available and there was limited access to mental health support, despite the needs of many residents who had experienced trauma and violence. However, the overall provision of medical care had improved and a dermatologist conducted regular consultations. MSF's activities at Harmanli highlighted the ongoing gaps in Bulgaria's reception and healthcare system for refugees, migrants and asylum seekers. While our programme in Bulgaria has ended, we continue to monitor the humanitarian and medical needs in the country, ready to intervene again if needed.

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: 541 staff including 36 international staff (FTE)
 Cost for 2024: CHF 11,735,000

In 2024, our teams worked in two regions, delivering lifesaving care to thousands of displaced people and host communities living under blockade. Our office and the facilities we support were the targets of violent attacks several times; our teams and patients were threatened or assaulted, and one staff member was fatally shot in circumstances not yet clarified. Other NGOs and Ministry of Health teams were also targeted during the year.

After numerous security incidents, we had to end our support to the thousands of people living in the blockaded town of Djibo, Sahel region, who were mainly reliant on humanitarian aid.

In Centre-Nord region, MSF ran a range of medical activities, including basic, paediatric and maternal healthcare, sexual and reproductive health services and screening and treatment for malaria and malnutrition for the displaced and host communities

in Kaya and Kongoussi. In total, we conducted 393,567 outpatient consultations. We also admitted 6,438 patients for care in the facilities we support. Our other activities in 2024 included distributing water, responding to a surge in febrile jaundice in Kaya and supporting the local authorities' response to outbreaks of measles by providing vaccinations and medical treatment in Centre-Nord and Sahel regions.



CAMEROON

Assisting people displaced by insecurity and responding to disease outbreaks

In the country since: 2000
Reason for intervention: conflict, displacement
 Main activity: hospital care, general healthcare
 Human resources: 189 staff including 18 international staff (FTE)
 Cost for 2024: CHF 7,733,000

The ongoing conflict in the Lake Chad Basin continues to impact people in northern Cameroon, with many injured in repeated incursions by non-state armed groups and outbreaks of intercommunal violence.

In 2024, we strengthened our support for emergency surgery at Mora district hospital by rehabilitating the operating theatre. In Far North, we also focus on supporting community healthcare activities in areas where insecurity prevents people from accessing medical facilities. In these areas, we have

trained community health workers to treat uncomplicated malaria and diarrhoea cases, screen children for severe acute malnutrition and refer patients requiring specialist care to hospitals.

In response to the floods in Far North, which affected more than 365,000 people, we sent teams to Kai-Kai and Yagoua, where they conducted outpatient consultations, as well as screening and treatment for severe acute malnutrition. We also supported the routine vaccination programme and

organised awareness-raising campaigns to help prevent malaria and diarrhoeal diseases.

In the capital, Yaoundé, in Centre region, we launched a sustainable cholera prevention project to support the national plan to eradicate the disease. Our teams are working with the Ministry of Health to improve access to drinking water and sanitation services and raise community awareness of preventive measures.



CHAD

Addressing the needs of Sudanese refugees and remote communities

In the country since:	2021
Reason for intervention:	epidemics
Main activity:	general healthcare, hospital care
Emergency intervention:	displacement, measles, floods, diphtheria
Human resources:	761 staff including
(FTE)	95 international staff
Cost for 2024:	CHF 27,782,000

In response to the immense needs of refugees and Chadian returnees who have fled the horrific violence of the war in Sudan, MSF massively scaled up medical humanitarian activities in 2024. Our teams ran health and sanitation projects in Ouaddaï, in eastern Chad, serving both refugees and local communities. During the year, we remained one of the main aid organisations in Aboutengue and Adré camps.

Our field hospital in Aboutengue refugee camp offers emergency, paediatric, neonatal and sexual and reproductive care. In total, we admitted 5,348 patients to our facility, including 841 for severe acute malnutrition, and carried out 108,414 consultations. MSF worked to strengthen paediatric care in all its projects, in particular for children with acute malnutrition and seasonal malaria, by scaling

up screening and treatment in inpatient and outpatient therapeutic feeding centres. Our teams also worked in Adré transit camp, providing sexual and reproductive health services, mental health support and care for victims and survivors of sexual violence. Overall, in the camp and community sites in Adré, we conducted 172,880 outpatient consultations and treated 2,307 children for severe acute malnutrition. We also carried out extensive work to improve the drinking water supply in villages and refugee camps, with the construction of boreholes, latrines and showers, and water distribution.

In 2024, all 23 provinces of Chad were hit by devastating floods, affecting thousands of people and leading to more than 500 deaths. In collaboration with the Chadian authorities, MSF carried out several emergency responses to meet the immediate

needs of affected communities, who were facing severe shortages of food, shelter, drinking water and healthcare. In Milezi, a neighbourhood in the capital, N'Djamena, and in Koumogo, Moyen-Chari province, MSF supported the provision of emergency healthcare and distributed relief items such as hygiene kits to displaced families.

To address low vaccination coverage, MSF supported numerous emergency, routine and catch-up campaigns across the country. In collaboration with the Ministry of Health, we vaccinated children and adults against measles in Salamat and Moyen-Chari provinces. To tackle a resurgence in diphtheria, we launched a mass vaccination campaign in Batha province in January, administering a total of 49,486 doses. In N'Djamena, MSF also collaborated with the Ministry of Health on a malnutrition project.



COMOROS

Responding to an unprecedented cholera outbreak

In the country since: 2024
Reason for intervention: epidemics
Main activity: cholera
Human resources: 7 international staff (FTE)
Cost for 2024: CHF 1,918,000



In February 2024, after a cholera outbreak was declared in Comoros, a country consisting of three islands in the Indian Ocean, MSF began working there for the first time. We deployed teams to Anjouan and Mohale islands to support the Ministry of Health's response, focusing on improving care, infection control and patient flow through staff training and facility upgrades. MSF also expanded the treatment capacity in several facilities, for

example increasing the number of beds in Hombro cholera treatment centre (CTC) from 23 to 47 beds, and in Domoni CTC, from eight to 27 beds. In addition, we collaborated with UNICEF and the International Federation of the Red Cross/Comoros Red Crescent to decentralise care, by establishing six fixed and one mobile oral rehydration points (ORPs) on Anjouan and improve patient stabilisation and referral systems. As well as helping to strengthen

patient care and improve the organisation of health facilities, we supported the Ministry of Health by conducting vaccination campaigns with the oral cholera vaccine on both islands. By mid-July, as cases declined, the ORPs were reintegrated into health centres and we concluded our activities, after making a final donation of medical supplies and training staff to ensure continued cholera response capacity.

COSTA RICA

Assisting people on the move

In the country since: 2023
Reason for intervention: healthcare exclusion
Main activity: displacement
Human resources: 1 international staff (FTE)
Cost for 2024: CHF 135,000

Paso Canoas, a city in southern Costa Rica, serves as the primary entry point for migrants crossing the border from Panama. In 2024, MSF launched an emergency intervention to provide medical assistance to migrants, with a focus on victims and survivors of sexual violence, in Paso Canoas.

According to the Panamanian migratory authority, in 2024, more than 302,000 people crossed the Darién Gap, a remote area of mountainous jungle between Colombia and Panama, where they are

vulnerable to attacks by criminal gangs, as they make their way north to the United States. Although this figure represents a 42 per cent decrease compared to 2023, it was the second-highest number of crossings since the beginning of the migration crisis in this region.

In March, another MSF section was forced to suspend its activities in Darién by the Panamanian authorities. Given the urgency of treating victims of sexual violence within 72 hours of the assault to

prevent unwanted pregnancies and HIV infection, we launched an intervention in Costa Rica in April with Cadena, a local partner. Between April and July, MSF worked in Paso Canoas focusing on sexual and reproductive health, as well as psychological support, especially for victims of gender-based violence. After seven months of negotiations, the other MSF section received permission from the Panamanian authorities to resume activities in Darién. As a result, we closed the emergency intervention in Costa Rica.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Improving access to tuberculosis treatment

In the country since: 2019
Reason for intervention: epidemics, healthcare exclusion
Main activities: tuberculosis, general healthcare
Human resources: 6 staff including 5 international staff (FTE)
Cost for 2024: CHF 478,000

Although access to the Democratic People's Republic of Korea (DPRK) has remained exceptionally limited since the COVID-19 pandemic began in

2020, there were further signs of border restrictions easing in 2024. While there were no indications of any INGOs working inside DPRK at year's close, MSF

had successfully re-engaged with DPRK officials on multiple occasions, through face-to-face dialogue, to confirm our commitment to returning.

DEMOCRATIC REPUBLIC OF CONGO

Responding to disease outbreaks and the needs of displaced people

In the country since:

Reasons for intervention:

Main activities:

Emergency intervention:

Human resources:

(FTE)

Cost for 2024:

2001

epidemics, displacement

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

measles, mpox, displacement

595 staff including

72 international staff

CHF 26,265,000



The ongoing crisis in Ituri province has remained largely overlooked by the international community and the Democratic Republic of Congo (DRC) government, despite the continued and widespread attacks on civilians throughout 2024. Neither hospitals nor sites for displaced people were spared. On 6 March 2024, Drodro general hospital was attacked and looted by armed individuals, who killed a patient in her bed. This and other violations of international humanitarian law had a significant impact on people's access to healthcare in Ituri.

MSF continued to support Salama clinic in Bunia, providing surgery and post-surgical care, including physiotherapy, orthopaedic services and mental health support for patients suffering from trauma or violence-related injuries. We also helped 13 health zones in the province to prepare for mass-casualty events by conducting training and strengthening the referral system. Overall, we performed 2,526 surgical

procedures. We maintained support for the two general hospitals in Angumu and Drodro, as well as the surrounding displacement sites, focusing on treatment for malaria and respiratory infections, and maternal and paediatric care. During the year, we carried out a total of 238,270 outpatient consultations in health centres, health posts and community care sites in Ituri.

Measles remained a major killer in the country. In addition to treating patients, our mobile teams launched emergency vaccination campaigns in Ituri, Tshopo, Bas-Uélé and Haut-Uélé provinces. In the course of 2024, we vaccinated 213,928 children against measles. During these campaigns, we also administered multi-antigen vaccines to curb the spread of other diseases, such as diphtheria, whooping cough, hepatitis, pneumonia and polio. While tackling measles epidemics was the main activity for MSF emergency mobile teams in 2024, we also

responded to an increase in outbreaks of mpox, formerly known as monkeypox. The rise in cases was due to a mutation that led to more effective human-to-human transmission of the virus and made critical by the extreme population density in the displacement sites. In Tshopo, Haut-Uélé, Bas-Uélé and Ituri, we conducted epidemiological surveillance, awareness-raising and operational research activities and supported the Ministry of Health with patient care. In Tshopo, we also assisted with surveillance and supported the Ministry of Health to set up and run two treatment centres.

Care for victims and survivors of sexual violence is another major component of many of our projects. Our teams provide not only medical treatment, but also psychological support, and engage communities with awareness-raising activities to ensure people know where to seek treatment.

ESWATINI

Offering a comprehensive sexual and reproductive health programme

In the country since: 2007
Reason for intervention: epidemics
Main activities: sexual and reproductive healthcare
Human resources: 90 staff including
(FTE) 14 international staff
Cost for 2024: CHF 3,458,000

Sexual health-related diseases, such as HIV, sexually transmitted infections (STIs) and cervical cancer, as well as the complications of unsafe abortions, remain significant issues in Eswatini. In 2024, MSF opened a high-dependency unit (HDU) for patients requiring life support and officially launched Sitsandziwe, a comprehensive sexual health clinic in Eswatini's Manzini region.

The HDU is the first of its kind to operate in Manzini region. High-dependency care had long been a health gap in Eswatini, with only three units operating nationwide. These are always full, potentially leading to premature deaths. The MSF HDU focuses on offering specialised care to critically ill patients,

particularly those with non-communicable diseases, including cardiological and neurological conditions. The unit currently has six beds and offers 24-hour care. We take referrals from all facilities in the area and discharge patients back to general wards, to a hospital with a higher or lower level of care, or to their homes, depending on their condition.

In the same project, we run our Sitsandziwe clinic — which means 'We are loved' in English. The clinic provides comprehensive sexual and reproductive healthcare, including family planning, laboratory-based diagnosis and treatment for sexually transmitted infections, screening for human papillomavirus, HIV testing and prevention, antiretroviral

therapy for people living with HIV and mental health support to marginalised communities. Sitsandziwe addresses the diverse needs of the LGBTQI+ community, students, factory workers and young women, implementing a patient-centred model of care and using innovative medical tools. In 2024, we held four roundtables with community leaders, the Ministry of Health, MSF staff and patients, emphasising our 'patients and populations as Partners' approach, where we made significant progress in informing and designing the care we provide. As a result, we have extended the clinic's opening hours to better meet patient needs and strengthened our partnerships by supporting community outreach events.

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: 128 staff including
(FTE) 15 international staff
Cost for 2024: CHF 6,037,000

Sea arrivals increased by 31 per cent compared to 2023, overwhelming poorly managed reception centres. On Samos, where over 10,000 refugees arrived in 2024, the closed controlled access centre (CCAC) remained severely overcrowded, with limited access to basic services. Ineffective public health policies led to the spread of diseases such as scabies and gastrointestinal infections, compounding the suffering of the people held there. We ran

mobile clinics outside the CCAC, as well as a day centre in Vathi, to provide people with essential medical care. MSF also responded to shipwrecks off Samos offering medical and psychological care to survivors and families of victims.

In Athens, our teams continued providing medical services for people on the move in the city and three nearby camps. In September, we started to

scale down this project by transferring our non-communicable diseases activities to the national health system and Médecins du Monde.

Throughout the year, we continued our advocacy efforts, calling for humane responses to migration, including improved access to healthcare and dignified reception conditions.



GUATEMALA

Providing assistance to vulnerable communities

In the country since:
Reason for intervention:
Main activities:
Human resources:
(FTE)
Cost for 2024

2021
healthcare exclusion
general healthcare
65 staff including
7 international staff
CHF 2,126,000

Guatemala is a hotspot for migratory flows in Central America. MSF runs projects at two border points, offering vital medical and psychological assistance to people on the move.

MSF has teams based in Esquipulas, on the border with Honduras, and Tecún Umán, on the border with Mexico, who provide a range of basic health services, as well as nutritional support, sexual and reproductive healthcare, continuum of care for non-communicable diseases (NCDs), diagnosis and treatment of high-risk communicable diseases and psychosocial and basic psychiatric care.

Our clinics remain strategically located, serving not only as medical care points but also as safe spaces where people can rest, access showers and toilets, and use the internet to contact their families. Health promoters are key members of our teams in both projects. Their work is crucial in recognising people's needs and connecting them to the right services; for example, identifying cases of sexual violence and ensuring victims and survivors receive the necessary medical care and emotional support. They also provide guidance on where people can obtain assistance and access MSF clinics along their journey. Mental health and health promoters run

both group and individual sessions with migrants, where they can identify people with a prior diagnosis of NCDs or psychiatric conditions and refer them for treatment. Our team in Danlí, Honduras, also refers patients with these conditions to our nearest project in Esquipulas. In addition to these activities, we offer staff training at both locations to build capacity among partner organisations and the Ministry of Health. This includes training to identify psychological disorders for health centre staff.

HONDURAS

Running clinics to treat survivors of sexual violence and assist migrants

In the country since:
Reasons for intervention:
Main activities:
Human resources:
(FTE)
Cost for 2024:

1998
healthcare exclusion, sexual violence
sexual and reproductive healthcare, mental healthcare
211 staff including
14 international staff
CHF 5,744,000

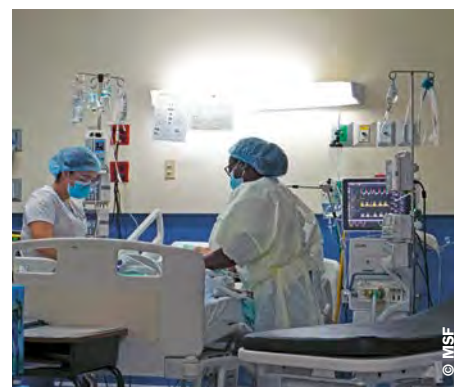


MSF marked the 50-year anniversary of our first response in Honduras in 2024. Today, we deliver healthcare for migrants and marginalised groups, including sex workers and the LGBTQI+ community. Our first-ever response in Honduras followed Hurricane Fifi in 1974, and since then, we have remained committed to providing medical care to people affected by natural hazards, sexual violence and disease outbreaks, as well as to migrants travelling through the country.

In 2024, we concluded the sexual and reproductive health activities we had been running for seven years to support Choloma's mother and child healthcare

clinic and mobile clinics. In San Pedro Sula, we continue to provide comprehensive health services for sex workers and members of the LGBTQI+ community, including psychosocial support, screening for cervical cancer and sexually transmitted infections, HPV vaccinations, family planning, and HIV pre-exposure prophylaxis (PrEP). Our team also treats victims and survivors of sexual violence.

As part of a study initiated in 2023 in collaboration with the World Mosquito Program, the Ministry of Health and the National Autonomous University of Honduras, we released mosquitoes inoculated with *Wolbachia*, a bacterium that prevents them from



carrying dengue. Future mosquito generations will inherit these bacteria, disrupting the transmission chain. By late 2024, most mosquitoes in the pilot area near the capital, Tegucigalpa, carried *Wolbachia*.

To address the high number of cases of the disease in northern Honduras, MSF supported the Ministry of Health with staff, medicines and medical supplies in four municipalities. We maintained our base in Danlí, a city near the border with Nicaragua, offering medical and psychological care, social support and health promotion services to migrants.

IRAN

Providing medical care for refugees and other marginalised people

In the country since: 2022
Reasons for intervention: healthcare exclusion, displacements
Main activities: chronic care, mental healthcare
Human resources: 81 staff including
 (FTE) 12 international staff
Cost for 2024: CHF 2,958,000

The UNHCR estimates there are around 4.5 million displaced people of varying statuses in Iran. Among them are 2.6 million Afghans, of whom only 750,000 are officially registered as refugees. Although most of them live in urban settings, refugees and migrants experience difficulties in accessing medical services due to stigma and exclusion.

In South Tehran, we run a project offering hepatitis C testing and treatment in a drug rehabilitation

camp for men. We also provide basic healthcare for Afghan women, with a focus on sexual and reproductive health, through a facility in the Darvazeh Ghar neighbourhood and mobile clinics. Our other activities include nursing care, mental health and social support and referrals for specialist healthcare and other services. During the year, we conducted a total of 7,386 outpatient consultations, including 1,179 mental health consultations, and initiated 239 patients on treatment for hepatitis C.

Further south, in Kerman city, we started providing basic healthcare and referrals for specialist care exclusively for Afghan refugees and migrants. Overall, we carried out 3,244 outpatient consultations. We are also rehabilitating three health facilities to improve access to basic healthcare services for newly arrived and unregistered Afghan refugees.

IRAQ

Providing hospital care and mental health support

In the country since: 2007
Reasons for intervention: armed conflict, displacement
Main activities: hospital care, sexual and reproductive healthcare, mental healthcare
Human resources: 268 staff including
 (FTE) 29 international staff
Cost for 2024: CHF 11,456,000



Although the Iraqi health system is showing some signs of improvement, it is still unable to fully meet people's medical needs. MSF's work in the country comprises comprehensive maternal, neonatal and paediatric care, as well as health education sessions, to address the needs of communities with limited access to healthcare. We also support people's mental health, offering individual and group counselling, psychological first aid and extensive health promotion activities.

At our field hospital in Mosul's Nablus neighbourhood, we offer basic maternity services, deliveries by caesarean section, neonatal healthcare and emergency paediatric care. In total, our teams conducted 19,190 emergency room consultations and

2,441 mental health consultations and assisted 8,078 deliveries, including 1,723 by caesarean section, during the year. In February, we finalised our activities in Tel Afar, where we had been rehabilitating the hospital and providing training, especially on infection prevention and control measures.

In addition to our regular projects in Iraq, we cooperate with Directorates of Health in various governorates and the Ministries of Health in both federal Iraq and Kurdistan region, by training healthcare staff and enhancing infection prevention and control measures in health facilities.



KAZAKHSTAN

Providing mental health support to survivors of violence

In the country since:

Reasons for intervention:

Main activities:

Human resources:

(FTE)

Cost for 2024:

2024

healthcare exclusion

mental healthcare

6 staff including

3 international staff

CHF 422,000

In Kazakhstan, survivors of violence and ill-treatment are excluded from the health system. In 2024, MSF launched a multidisciplinary rehabilitative care project to address this gap in care in Almaty, the country's largest city.

In collaboration with local partners, the project focused on mental health services, medical referrals and health education for vulnerable groups,

including the Kandastar community, ethnic Kazakhs who have returned to Kazakhstan after years or even generations of living abroad, primarily in China, Mongolia and Uzbekistan. Many Kandastar returnees face challenges integrating into society in Kazakhstan or suffer from mental health problems that developed during their emigrant life. In response, we started to provide them with individual mental health support and psychoeducation

sessions, to help them cope with stress, trauma and adjustment difficulties. Our team work to strengthen their resilience by promoting community-based support and mental health awareness. We aim to alleviate their trauma, and ensure they receive the care and support necessary to rebuild their lives.

KENYA

Delivering care to refugees and marginalised adolescents

In the country since:

Reasons for intervention:

Main activities:

Human resources:

(FTE)

Cost for 2024:

2007

displacement, epidemics, healthcare exclusion

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

432 staff including

31 international staff

CHF 12,215,000

MSF teams continued to deliver healthcare in Dadaab, a huge, overcrowded camp complex, which currently hosts more than 350,000 refugees. In one of the camps, Dagahaley, we run a 100-bed hospital and three 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 survivors and victims of sexual and gender-based violence, psychosocial counselling, home-based insulin treatment and palliative care. In 2024, we admitted a total of 13,386 patients for care. We also conducted

221,029 outpatient consultations and assisted 3,509 births. In March, in response to a measles outbreak, our teams provided treatment and conducted two rounds of vaccinations targeting children between the ages of six months and 15 years. During the year, we repeatedly called for improved living conditions and an increase in humanitarian assistance for the constantly growing population in the camps.

In Mombasa, we supported three health facilities to cater to the specific needs of vulnerable adolescents and young adults, such as people with disabil-

ities, the LGBTQI+ community, individuals living on the streets and people who engage in sex work or use drugs. Overall, we conducted 23,661 consultations in these facilities.

MSF responded to several other emergencies during the year. In March, extensive flooding caused hundreds of casualties and destroyed homes and livelihoods. Our teams launched interventions in Tana River and Garissa counties, providing medical assistance, as well as clean water, jerry cans and warm clothes for children.



KIRIBATI

Improving neonatal and paediatric healthcare

In the country since: 2022
Reasons for intervention: healthcare exclusion
Main activities: sexual and reproductive healthcare
Human resources: 16 staff including
(FTE) 8 international staff
Cost for 2024: CHF 1,134,000

In Kiribati, an island nation in the central Pacific Ocean, storm surges, droughts and saltwater intrusion have reduced the availability of fresh water and nutritious foods. To address the burden of non-communicable diseases (NCDs) and malnutrition affecting women of childbearing age and children under five, MSF is implementing a community-integrated approach aimed at strengthening local health systems and providing people with a better understanding of the link between climate change and health.

MSF's partnership with the i-Kiribati Ministry of Health and Medical Services is central to this

initiative; we work together to enhance the national healthcare system's ability to manage the rising incidence of NCDs, including diabetes, high blood pressure and obesity, alongside malnutrition. We support nurses and medical assistants to improve recognition of health conditions and use key innovations such as the CRADLE Vital Signs Alert system, a device designed to detect pre-eclampsia, sepsis and other pregnancy-related complications in low-resource settings. During health screenings for women and children in 12 villages, MSF teams identified a number of issues: most women with diabetes had poorly controlled blood sugar levels; there was a high prevalence of high blood pressure

in women; and obesity was widespread, including among expectant mothers. They also saw evidence of poor water and sanitation conditions, and episodes of diarrhoea among children. In addition to these activities, MSF supports the Ministry of Health and Medical Services in improving pharmacy processes, for example, the ordering and monitoring of supplies. We also assist with waste management at Tungaru Central hospital and health centres on the outer islands, and test well water for contaminants. The MSF team frequently travels between islands to conduct assessments and deliver medical care to remote communities, where access to health services is limited.

KYRGYZSTAN

Improving cancer prevention for women

In the country since: 2005
Reason for intervention: healthcare exclusion
Main activities: sexual and reproductive healthcare
Human resources: 85 staff including
(FTE) 12 international staff
Cost for 2024: CHF 2,309,000

Kyrgyzstan is among the countries with the highest prevalence of cervical and breast cancer in the world. In 2024, MSF's work in Kyrgyzstan continued to focus on providing screening and treatment for women at risk of these diseases.

In June 2022, in partnership with the Ministry of Health, we launched a women's health project in Sokuluk district, close to the capital, Bishkek, where we worked to decentralise cancer prevention by integrating screening services into general healthcare facilities. Our teams trained nurses and midwives to carry out tasks such as visual cervical inspection and breast examination. The project

aimed to establish a sustainable early detection and treatment programme for cervical and breast cancer and promote its implementation countrywide. Our teams were also involved in conducting training on basic screening for nurses in public health facilities across all the districts of Chuy oblast (province).

Thanks to collective advocacy efforts supported by our team, basic screening training was incorporated into the national curriculum for medical colleges and postgraduate medical education in Bishkek and Osh in October 2024. During the year, our medical teams also conducted an operational research project on the prevalence of human papillomavirus and

presented their findings to about 100 different partner organisations in November. After completing our objectives, we closed the project at the end of December.

Pursuant to our planetary health strategic commitment, we continued to run the 'eco-village' we set up with local partners in Sokuluk in March 2023. This initiative allows people to drop off their recyclable waste in exchange for basic household goods. In addition, we supported hospitals' efforts to segregate medical waste by building a dedicated storage area and provided training on medical waste disposal.



LAOS

Responding to needs in the aftermaths of a typhoon

In the country since:	2024
Reason for intervention:	natural disaster
Main activities:	general healthcare, nutritional care, rehabilitation
Emergency intervention:	typhoon
Human resources: (FTE)	1 international staff
Cost for 2024:	CHF 62,000

Laos, a landlocked country in Southeast Asia, was severely affected by Typhoon Yagi in September 2024. The storm caused widespread flooding and landslides, particularly in Luang Namtha province.

More than 44,000 people were displaced and key infrastructure, including roads and bridges, was damaged, posing many logistical challenges to the distribution of aid. Given Laos' limited capacity to respond

to disasters, MSF launched an intervention in partnership with the NGO CARE Laos to distribute relief items, such as hygiene kits, to 1,300 affected families.

LEBANON

Expanding activities to assist displaced families

In the country since:	2008
Reason for intervention:	access to healthcare, epidemics
Main activity:	general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency intervention:	displacement
Human resources: (FTE)	218 staff including 29 international staff
Cost for 2024:	CHF 12,322,000



The war in Lebanon erupted amid an ongoing economic crisis, in which people were already struggling to obtain medical care. In 2024, one million were displaced from their homes, while two million required urgent humanitarian aid.

MSF has been active across Lebanon since 1976, running clinics providing treatment for non-communicable diseases, paediatric and reproductive healthcare and mental health services. From September 2024, we scaled up our operations to respond to the needs of people affected by the war.

In Baalbek-Hermel, we offered basic and reproductive healthcare, treatment for chronic diseases and mental health support through clinics in Aarsal and Hermel. We also facilitated emergency referrals for specialised care. In 2024, we conducted a total of 68,744 consultations. These included

appointments for paediatric care and sexual and reproductive health. In August, we partnered with Lebanon's Ministry of Public Health to conduct a cholera vaccination campaign in Aarsal, focusing on overcrowded refugee communities.

Following the escalation in Israeli bombardments and ground incursions in September, MSF sent 22 mobile medical teams to heavily affected areas, including Beirut, Mount Lebanon, Baalbek-Hermel and Akkar, to deliver trauma care and mental health services and support healthcare centres. We strengthened hospitals' capacity by conducting mass-casualty training and supplying tonnes of medical and relief materials. We also launched a telephone helpline to offer remote mental health support. These efforts were crucial as health facilities were unable to cope with the rising number of casualties and the destruction of their infrastructure. In

addition to these medical activities, we distributed hygiene kits, blankets, mattresses and water to the shelters for displaced people, and supplied hot meals for hundreds of families during the months of war.

After the November ceasefire, many displaced people returned to destroyed homes. Others were too afraid to return. Access to healthcare remains extremely limited, due to widespread damage to infrastructure and unaffordable costs. The war has been particularly devastating for healthcare staff and facilities. The World Health Organization reported that 226 health workers and patients were killed, and 199 injured, between 7 October 2023 and 18 November 2024. At the end of 2024, MSF continued to provide vital medical care and support to communities facing ongoing economic hardship and insecurity.

MADAGASCAR

Responding to the needs of communities affected by extreme weather events

In the country since:

Reasons for intervention:

Main activities:

Emergency interventions:

Human resources:

(FTE)

Cost for 2024:

2022

natural disaster

general healthcare, nutritional care, rehabilitation

cyclones

104 staff including

12 international staff

CHF 2,445,000



Madagascar is one of the countries most at risk from climate change. It has been hit by numerous powerful cyclones over recent years, which have exacerbated health problems for many vulnerable communities. MSF continued to run projects to assist those communities in Madagascar.

In 2024, the country was hit by tropical cyclones Gamane and Alvaro, which caused major damage in the north and southeast and affected more than 550,000 people. In addition to providing emergency medical assistance, our teams distributed hygiene kits, supplied health centres with essential medicines to meet basic needs and trained medical staff in Ambilobe, in Diana region.

In March, we ended our activities in Nosy Varika district, which began in 2022 as an emergency response to high levels of malnutrition and later also focused on improving access to maternal, paediatric and nutritional care for local communities.

Throughout the year, in collaboration with the Ministry of Health, we supported the response to malnutrition in Ikongo district, Fitovinany region. Our teams treated children for severe acute malnutrition and organised activities to raise awareness of the benefits of early screening among local communities. From February, we extended our treatment to moderate acute malnutrition cases. In Fitovinany region, access to healthcare is limited and malnutrition is a significant health issue,

exacerbated by the cyclones and heavy rainfalls that occur at the beginning of the year. They severely affect the livelihoods of communities who mainly rely on agriculture.

In 2024, in collaboration with two local NGOs, Ny Tanintsika and Health in Harmony, MSF started a new project, which aims to provide healthcare while also preserving the environment. The project has a participatory and inclusive approach, with communities playing an integral role in designing the health programmes, based on their perceived needs. MSF consulted people from 164 villages to identify solutions and actions to contribute to better health outcomes, preserve the environment and enhance livelihoods.

MEXICO

Providing medical and mental healthcare to migrants and asylum seekers

In the country since:

Reason for intervention:

Main activity:

Human resources:

(FTE)

Cost for 2024:

2013

social violence, healthcare exclusion

general healthcare, mental healthcare

135 staff including

20 international staff

CHF 5,571,000

The requests for asylum in Mexico have increased exponentially over the past decade, reaching 86,000 in 2024. However, asylum seekers were just a fraction of the total number of migrants travelling through Mexico, many of whom aimed to reach the United States (US). According to official statistics, between January and August 2024, there were 925,000 people on the move in the country.

In Mexico City, MSF teams provided a complete package of care for survivors of extreme violence and torture, comprising medical treatment and mental health and social support. In addition, we scaled up our mobile clinic activities in informal camps and shelters.

At the northern border, we continued to work in Reynosa and Matamoros, offering basic healthcare and mental health support to migrants living in dedicated shelters while waiting to cross the border to apply for asylum in the US. Overall, our teams carried out 10,818 outpatient consultations. This figure includes appointments for antenatal care. In

addition, 19,023 people participated in awareness-raising sessions ran by MSF in their communities.

In both projects, our teams reported that the migrants they treat, especially women and children, whom they are seeing in increasing numbers, usually have limited access to basic services and spend prolonged periods in unsanitary conditions and hostile environments, which exacerbate medical conditions such as respiratory infections, skin diseases, post-traumatic stress disorder and other mental health problems resulting from exposure to extreme violence.

On the Pacific coast, we assisted people affected by Hurricane Otis, which struck Acapulco in November 2023. Our mobile teams provided mental health consultations and health promotion activities until March.



MOZAMBIQUE

Supporting emergency responses and treating neglected tropical diseases

In the country since:

Reasons for intervention:

Main activities:

Emergency interventions:

Human resources:

(FTE)

Cost for 2024:

1992

epidemics

neglected tropical diseases

cholera

114 staff including

18 international staff

CHF 3,999,000



Mozambique is one of the countries most at risk of the effects of climate change in Africa. In recent years, it has faced climate-related disasters such as droughts, floods and in particular cyclones, which have been 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 2024, MSF continued to assist people affected by the consequences of climate change.

In Nampula province, MSF teams diagnosed and treated neglected tropical diseases (NTDs) through rural health centres and provided blood transfusions for people suffering from severe malaria. In November, we launched a surgery campaign in Nametil to assist patients with hydrocele, a complication of filariasis, an NTD which causes an abnormal accumulation of fluid in the testicles. We performed surgical interventions during the first weeks of the month; however, we had to suspend all activities in Nametil

by the end of November due to escalating security incidents.

During the year, we responded to several outbreaks of cholera, in Nampula and Zambesia provinces. Our activities included implementing measures to improve infection prevention and control in cholera treatment units, installing water and sanitation facilities and conducting staff training in collaboration with the Ministry of Health to improve patient care.

MYANMAR

Filling gaps in healthcare for marginalised communities

In the country since:

Reasons for intervention:

Main activities:

Human resources:

(FTE)

Cost for 2024:

2000

epidemics, healthcare exclusion

general healthcare, hepatitis B and C

119 staff including

8 international staff

CHF 2,879,000

Despite restrictions and violent attacks on our facilities, MSF continued to work in Myanmar to assist people affected by healthcare exclusion.

In 2024, in Dawei, Tanintharyi region, in addition to HIV care, we ran general health services, including treatment for non-communicable diseases, such as

diabetes, and sexual and reproductive healthcare. We expanded these services to cover Kawthaung, Myanmar's southernmost district, during the year.

In Hlaing Tharyar township, Yangon, we maintained our support to 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 32,961 outpatient consultations. This figure includes appointments for ante- and postnatal care. We also started to offer hepatitis C treatment and screening and hepatitis B vaccinations.

NIGER

Tackling malnutrition and malaria and responding to disease outbreaks

In the country since:	2005
Reasons for intervention:	epidemics, displacement
Main activities:	hospital care, general healthcare
Emergency intervention:	malnutrition, malaria, measles, meningitis, floods
Human resources:	673 staff including
(FTE)	52 international staff
Cost for 2024:	CHF 19,313,000

Working with the new government, MSF ran a range of community-based, general and specialised health services, including nutritional support, paediatric, maternal and reproductive care and treatment for malaria. We also helped with the humanitarian response to floods, the worst in five years.

Although border closures, insecurity and other challenges continued to disrupt supply chains, including for medicines and nutrition products, our teams treated an increased number of children at the facilities we support in Zinder region between June and November, the so-called lean season, when rainfall is heaviest and food stocks are depleted. In Magaria, we carried out an indoor residual spraying campaign in partnership with the national malaria

control programme in 25 villages to curb the proliferation of mosquitoes, which transmit malaria. During the year, we continued to support Magaria paediatric unit, admitting 56,153 children under the age of five for nutritional support or paediatric care.

People in Tillabéri region have extremely limited access to healthcare and other essential services due to armed violence and forced displacement. In Torodi, our teams conducted 17,239 consultations through health centres. An additional 12,622 consultations were carried out by MSF-trained community health workers. We also maintained our support to the hospital's emergency ward and intensive care unit, admitting 2,124 patients during the year.

From September, Niger was hit by devastating floods, which affected hundreds of thousands of people. As well as supporting healthcare centres and hospitals in Zinder region, and distributing relief items, such as cooking and hygiene kits, to displaced people, we helped boost bed capacity in Niamey regional hospital. In addition, we supported the health authorities to respond to several disease outbreaks during 2024. In response to a meningitis outbreak in Niamey, we launched a campaign to vaccinate children. When measles broke out in the city, we set up an isolation unit to treat patients. We also helped tackle malaria during the peak season by carrying out more than 19,000 consultations. Finally, in Belbédji district, Zinder region, we treated more than 300 patients for diphtheria.

NIGERIA

Responding to malnutrition and disease outbreaks

In the country since:	2016
Reasons for intervention:	conflict, displacement, epidemics
Main activities:	general healthcare, nutritional care
Emergency interventions:	cholera, Lassa fever
Human resources:	209 staff including
(FTE)	30 international staff
Cost for 2024:	CHF 6,051,000

In Nigeria, many healthcare facilities are barely functioning, due to understaffing and drug shortages, while some have closed altogether. The ones that remain open are often inaccessible to people struggling with rapid inflation and widespread poverty. During the year, MSF teams continued to respond to malnutrition and outbreaks of preventable diseases such as cholera and Lassa fever, which have become recurrent in the country, due in some part to extremely low vaccination coverage.

In 2024, in Ganjuwa, Bauchi State, we again saw a significant increase in malnutrition admissions at the facilities we support, compared to the previous

year. In response, we expanded the capacity at both inpatient and outpatient feeding centres to manage the growing caseload. Overall, we provided care to 50,733 patients with severe acute malnutrition. Community engagement was a key part of our work. Our activities included training community health workers in the early detection and treatment of malnutrition and setting up 'malaria corners' closer to communities during the peak season to facilitate access to diagnosis and treatment for the disease.

During the year, our teams launched an emergency intervention in response to a cholera outbreak, in which we treated patients, supported water and

sanitation and ran awareness-raising sessions within communities. We also supported the Ministry of Health's response to two Lassa fever outbreaks in Bauchi, by isolating suspected cases, setting up a referral system and providing surveillance and staff training.

As climate-related events continue to have an impact on communities in Nigeria, we are committed to reducing our carbon emissions. In 2024, we finalised the solar panel installation at the hospital we support in Bauchi, so that it is now entirely run on renewable energy.



SOUTH SUDAN

Assisting displaced communities and refugees

In the country since:

Reasons for intervention:

Main activities:

Emergency intervention:

Human resources:
(FTE)

Cost for 2024:

1996

armed conflict, epidemics, healthcare exclusion

hospital care, general healthcare

displacement

605 staff including
59 international staff

CHF 18,231,000



Health needs remained extremely high in South Sudan in 2024, due to ongoing conflict, displacement, recurrent floods and disease outbreaks. All these issues were compounded by a marked decrease in international funding for humanitarian and development programmes, and the precarious state of the national healthcare system.

There were numerous surges in malaria cases across the country in 2024, especially during the rainy season. Flooding also increased incidence rates, as areas of stagnant water encouraged the proliferation of mosquitoes, and led to a rise in severe cases, as it impeded access to treatment centres. In Twic county, between May and November, MSF provided seasonal malaria chemoprevention ahead of the

peak malaria season to protect the most vulnerable to the deadly disease. We also continued to support the hospital in Mayen Abun, one health post and five community healthcare sites. Our teams assisted 2,378 deliveries, admitted 8,341 patients for care, including 530 newborns to the neonatal unit, and conducted 106,180 outpatient consultations.

MSF began activities in response to the massive influx of people fleeing the conflict in Sudan in May 2023 and continued to run medical and humanitarian services for refugees, returnees and host communities in the Abyei Special Administrative Area throughout 2024. We maintained our support to Ameth Bek hospital, focusing particularly on emergency services (including surgery), inpatient care and

midwifery. During the year, our teams performed 3,261 surgical interventions, admitted 7,269 patients for care and carried out 39,413 consultations in the emergency ward. MSF-trained community health workers provided a further 5,624 consultations in community sites.

Another key project in South Sudan is our work with the University of Geneva and the Ministry of Health to improve snake species identification using an AI tool. This innovative approach, which is being piloted in Twic and Abyei, aims to increase knowledge of local snakes and raise awareness among medical staff and communities.

SUDAN

Responding to spiralling humanitarian needs

In the country since:

Reasons for intervention:

Main activities:

Emergency intervention:

Human resources:

(FTE)

Cost for 2024:

2004

conflict, displacement, healthcare exclusion

general healthcare, sexual and reproductive healthcare

displacement

223 staff including

47 international staff

CHF 19,486,000



The fighting between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF), which started in April 2023, has caused the world's largest displacement crisis, in which 14 million people have been driven from their homes. Many have been subjected to ethnically motivated and sexual violence, and are facing malnutrition, as well as the loss of their homes and livelihoods. People's suffering was compounded in the country's east and central states by outbreaks of cholera and spikes in malaria and dengue fever during the year. MSF ran a range of activities in Sudan to respond to the immense needs, despite numerous challenges, including restrictions imposed by both warring parties, delays in receiving travel permits, disruptions to supply routes due to insecurity and attacks on our facilities and staff. Notwithstanding these obstacles, we remained one of only a handful of organisations operating in areas controlled by both the SAF and the RSF. To date, the international humanitarian response to the crisis has been insufficient.

Outbreaks of vaccine-preventable diseases occurred in many parts of the country during 2024. In the second half of the year, the east and centre were hit by a major cholera outbreak after heavy rains. The situation was particularly dire in displacement camps, where people were living in overcrowded conditions with little access to clean water. Our teams responded in Al-Gedaref state by setting up a new treatment centre, where we treated a total of 3,016 patients. Meanwhile, we continued our activities in Um Rakuba displacement camp, conducting 75,018 outpatient consultations, 8,803 of which were for antenatal care, and admitting 4,680 patients to our hospital.

In 2024, in West Darfur, we maintained our support to El-Geneina teaching hospital, running the paediatric, emergency and inpatient departments and the therapeutic feeding centre. Overall, we carried out 68,692 outpatient consultations and admitted 3,675 children for care. In addition to providing healthcare in overcrowded displacement camps and battlegrounds in urban areas, we ran

mobile clinics in remote and isolated communities around Foro Baranga. Our main activities in these areas involved nutrition and malaria screening and treatment within the communities in the surrounding villages. We also administered 46,757 doses of vaccines to children and pregnant women as part of routine immunisation campaign.

It was especially difficult for mothers and children to obtain medical care. Across our projects in Sudan, we provided ante- and postnatal care, assistance with deliveries, including caesarean sections, and other health services for women and children. A particular focus was medical and psychological care for women and girls who had been subjected to sexual violence.

Despite the escalating violence in Khartoum state, we continued to support Umdawwanban and Alban Al-Jadeed hospitals with incentives, medical supplies and logistical assistance to maintain essential healthcare services and respond to a cholera outbreak in October.

TANZANIA

Supporting the Ministry of Health to respond to disease outbreaks

In the country since:

Reason for intervention:

Main activity:

Emergency intervention:

Human resources:

(FTE)

Cost for 2024:

2015

displacement

hospital care, general healthcare, sexual and reproductive healthcare

cholera

234 staff including

34 international staff

CHF 8,218,000



MSF supported the Tanzanian Ministry of Health to respond to several epidemics in 2024, while continuing to run regular projects in several regions, with a particular focus on mother and child health-care.

When violence broke out in Burundi in 2015, thousands of people fled over the border into Tanzania and sought refuge in Nduta camp. Despite the authorities' plans for the camp's closure, we continued to deliver vital medical services to both the refugees and the local community in 2024, including malaria prevention activities such as indoor residual spraying campaigns. During the year, we provided a

total of 3,163 outpatient consultations in the camp and surrounding villages and admitted 6,509 patients to the hospital. More than half of these patients were women requiring maternal care.

Elsewhere in the country, we supported the Ministry of Health's responses to disease outbreaks, including three cholera interventions launched in Lindi and Simiyu regions. In Kilwa district, our teams set up cholera treatment centres (CTCs) and supported the existing CTC in Ilitima district. As well as improving the quality of care and the local capacity for early detection and surveillance, we referred suspected cases to CTCs and oral rehydration

points, strengthened community engagement and awareness, and helped with patient contact tracing.

During 2024, we also continued to run our project aimed at enhancing access to basic and specialised healthcare services, particularly for mothers and children, through seven public health facilities in Liwale, a southern region located near the border with Mozambique. In total, our teams conducted 43,679 outpatient consultations and assisted 3,423 deliveries in Liwale. To improve the referral network, especially for patients living in remote and underserved areas, we provided two additional ambulances.

UKRAINE

Supporting people caught up in conflict

In the country since:

Reasons for intervention:

Main activities:

Emergency intervention:

Human resources:

(FTE)

Cost for 2024:

2015

conflict, displacement

general healthcare, mental healthcare

violence

59 staff including

12 international staff

CHF 2,344,000

In 2024, as the armed conflict in Ukraine showed no sign of abating, MSF continued to support the health authorities by filling critical gaps in care.

We increased our mental health activities in Vinnytsia province (oblast), focusing on treating

post-traumatic stress disorder at our dedicated centre in Vinnytsia city and establishing a professional and community network to deliver trauma care for displaced people. In 2024, we expanded our support to reach people who have endured prolonged exposure to traumatic experiences,

helping them manage their symptoms. Overall, we conducted 3,146 consultations and ran 2,040 community mental health awareness sessions. In February, we handed over the mobile clinic activities we had been running close to the front-line in Pokrovsk-Sloviansk, Donetsk region.



UNITED STATES OF AMERICA

Working with local groups to assist people on the move at the US-Mexico border

In the country since: 2024
Reason for intervention: social violence, healthcare exclusion
Main activities: general healthcare, mental healthcare
Human resources: 1 international staff (FTE)
Cost for 2024: CHF 109,000

In 2023, the United States introduced legislative changes that severely restrict access to asylum. This had a significant impact on the number of people who ended up stranded at Mexico's northern border during 2024. For some, the risk of staying in Mexico was too high and they decided to walk north across the Sonoran desert into Arizona. Several Tucson-based non-profit groups ran

activities at this crossing point to assist migrants and asylum seekers.

From April, a small MSF team worked alongside Humane Borders, Samaritans, No More Deaths and other local non-profit groups to assess the medical needs in the region. We also donated supplies for sanitation and hydration points and assisted mental

health providers with training in psychological first aid. In addition, we supported social work and health promotion, as well as care for sexual violence. By the end of the year, we had gradually handed over all these activities to the local groups after a transition phase.

YEMEN

Responding to emergencies and providing hospital care

In the country since: 2015
Reason for intervention: conflict, epidemics
Main activity: hospital care
Emergency intervention: cholera, diphtheria, floods
Human resources: 662 staff including 40 international staff (FTE)
Cost for 2024: CHF 21,450,000

Yemen is experiencing one of the worst humanitarian crises in the world, with millions of people displaced and in need of assistance. In 2024, regional armed escalations following Israel's war on Gaza had a direct impact on the country. The lack of healthcare in many areas and the worsening economic landscape are having severe repercussions on people's health and living conditions. Key infrastructure, such as Hodeidah port, Sana'a airport, as well as power stations and storage structures vital for delivering much-needed humanitarian aid, have been badly damaged by airstrikes. In 2024, MSF continued to provide medical services such as emergency, maternal and paediatric care, nutritional support and specialised surgery.

In recent years, our staff have seen worsening trends in malnutrition, especially among children, as many Yemeni families have lost their sources of livelihood during the last decade of political and economic instability and conflict. To date, the international humanitarian response to the crisis in Yemen has

been insufficient to meet people's immense needs. In 2024, MSF offered acute and intensive therapeutic nutritional care in several governorates, both as part of our regular activities and as stand-alone emergency responses. These included outpatient and inpatient paediatric therapeutic feeding centres in the towns of Ad-Dahi and Az-Zaydiyah, in Hodeidah.

There has also been a marked increase in outbreaks of vaccine-preventable diseases in Yemen in recent years, due in part to falling vaccination coverage. As the country's healthcare system has continued to deteriorate, many people, in particular children, have missed out on routine vaccinations, leaving them vulnerable to diseases such as cholera, acute watery diarrhoea, measles and diphtheria. In 2024, MSF launched emergency responses to tackle disease outbreaks. As well as treating patients for cholera and acute watery diarrhoea in our regular facilities, in collaboration with the health authorities, we managed or supported treatment units or centres across Dhamar and Hodeidah. In addition, our teams

responded to outbreaks of measles in Hodeidah and diphtheria in Dhamar.

Emergency care and maternal and child health services continue to be core components of our activities in Yemen. In 2024, we provided paediatric and neonatal care for rural communities in Ad-Dahi district, in Hodeidah, conducting 25,698 emergency room consultations and admitting 17,748 children for care in this area. In addition, we ran mental health and health promotion sessions, which were attended by a total of 56,346 people. In Ibb, one of the country's most densely populated governorates, MSF ran the emergency room, operating theatre, intensive care unit and inpatient services, including the paediatric and neonatal wards, in Al-Qaida general hospital, Dhi As-Sufal district. We performed a total of 3,535 surgical interventions and 23,776 consultations in the emergency room during the year. We also offered mental health support, conducting a total of 615 individual consultations.

ZAMBIA

Responding to a cholera outbreak

In the country since: 2024
Reason for intervention: epidemics
Main activity: cholera
Human resources: 4 international staff (FTE)
Cost for 2024: CHF 1,009,000

Cholera is a persistent public health challenge in Zambia. In January 2024, MSF responded to an outbreak in the capital, Lusaka.

There are many factors that contribute to the frequent outbreaks of cholera, including rapid population growth, the proliferation of informal settlements, inadequate access to safe drinking and sanitation services, pollution and insufficient water quality monitoring. In October 2023, cholera was again reported around Lusaka and spread rapidly because there were inadequate sanitation

services for the large number of people who had gathered for seasonal festivities. Cases continued to increase, leading to a surge in early 2024, which overwhelmed health facilities. The Ministry of Health declared a national emergency, setting up a 1,000-bed cholera treatment centre (CTC) at Lusaka stadium and requesting aid from various organisations, including MSF. We started to support the response in January 2024, seeking to reduce transmission and strengthen community resilience through awareness-raising activities and various water, sanitation and hygiene initiatives. In

addition, we set up oral rehydration points (ORPs) in districts such as Kanyama and Chawama, to increase access to care at the community level and reduce the risk of people becoming severely ill. By establishing these ORPs in the community, we also reduced pressure on CTCs. Our key achievements included developing national cholera guidelines in collaboration with the Ministry of Health, training ministry staff on the management of ORPs and improving patient care and infection prevention across treatment centres. We finished our response in March 2024.

HUMAN RESOURCES

MSF had another busy year in 2024. We implemented some major HR initiatives and saw encouraging signs that the investments we have made in the way we work are starting to prove their value. Meanwhile, we continued to carry out our day-to-day work in our projects, and mobilise staff at all levels of the organisation to respond to acute emergencies. We can be proud of what we accomplished during the year, knowing that it made a real difference to the people we served. Our teams in the field, supported by headquarters, deserve sincere recognition and thanks for their hard work and dedication over the past year.

In 2024, we saw some results from our ongoing efforts to invest in emergency preparedness and capacity building for our regional and local staff. For example, cholera was a concern in many of the locations where we worked throughout the year. This is nothing new for MSF: we have many staff, local staff, who have been working on cholera responses for years and years. However, through our collective efforts to increase our responsiveness, we have been better able to deploy them to work in outbreaks either in their own countries or in other countries in close proximity. This is an important link that we need to nurture to improve capabilities at all levels of our organisation and make the best use of the skills of our whole workforce.

Building people's skills and expanding their learning opportunities was again at the heart of our Learning and Development unit's work. A total of 5,678 learners were enrolled in our training programmes in 2024, 40% of them women, which is a higher proportion than in our global workforce. Field staff represent 95% of OCG's enrolled learners and include a variety of genders, nationalities and job roles. The majority of the deployed learning programmes are delivered onsite in our countries of operations, ensuring better accessibility for field workers, and promoting inclusive, high-quality learning that emphasises practical application and workplace skills transfer, with specific adaptation to each field and operational context.

In 2024, we took the important decision to make a major investment in a new human resources information system. The objective is to allow us, for the first time, to have an overview of our global workforce and much better visibility of the HR needs of our field teams. We will have a single information system where we will store all the data relating to our entire workforce. This system will enable us to support emergency responses and regular programmes with the most appropriate staff in a far more efficient and effective way than has been possible in the past. We aim to have the system ready for deployment very early in 2026.

In last year's report, I presented the huge task we are undertaking to review the benefits and remuneration of staff across MSF, with the aim of reducing the disparities between different groups, in particular between international staff and locally recruited staff. During 2024, this project achieved important steps, such as improved and consistent leave allowances for all staff, better pay for staff at the lower end of our salary grid by function, and more attractive pay for local staff at the higher end of our salary grid to encourage more of them to take up greater levels of responsibility.

In terms of diversity and inclusion, our commitment to creating a more inclusive work environment remained a key pillar of our work. Whether it was wheelchair access in some projects, adjustments to make it easier for women to breastfeed or improvements in parental leave policies, we continued to implement changes at all levels of the organisation. However, to prevent these changes from remaining local initiatives, and to adopt a more coordinated approach across the organisation, we also launched the Breaking Barriers campaign, which aims to improve the gender balance in our workforce, and address the cultural and structural barriers that women face at work.

Ensuring zero tolerance of abuse, as well as zero tolerance of inaction on abuse, is essential for MSF, as we operate in precarious contexts,

characterised by conflict or deprivation, where social inequalities, power imbalances, marginalisation, systemic discrimination and corruption can occur. Our MSF Prevention team was deployed in seven countries (Democratic Republic of Congo, Honduras, Guatemala, Mexico, Kenya, Madagascar and Iraq). They conducted over 120 sessions in around 23 project locations, reaching 1,310 staff. No matter their role (nurses, drivers, cooks, heads of programmes), all MSF colleagues are enrolled in these sessions to be trained regarding their rights and responsibilities in terms of behaviour. Our integrity line portal has proved to be an important channel for reporting allegations of inappropriate behaviour occurring in our projects. Local feedback and reporting mechanisms for patients and communities are equally necessary in our programmes and we need to continue working hard to ensure their accessibility.

Once again, in 2024, we can be proud of the work we have achieved, both in the day-to-day work of caring for individuals and in improving policies and processes for the future of MSF and the best interests of patients and communities.

Kate Mort
Human Resources Director



7,854
field staff

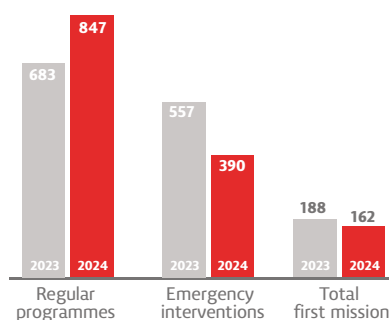


344
headquarters staff

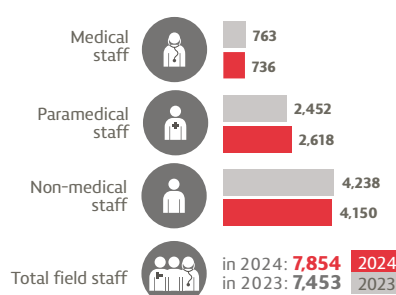


1,340
volunteer hours in Switzerland

Field mission departures 2023 - 2024



Staff by occupation (FTE) 2023 - 2024



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.

FINANCIAL RESULTS

In 2024, MSF Switzerland strived to maintain ongoing operations despite economic and political uncertainties affecting many of the places where we work. From a finance perspective, 2024 was intended to be a year of stabilisation. Our total expenses amounted to CHF 361.5 million, out of which CHF 254.5 million were spent on programmes, a very similar figure to 2023. In 2024, we ran 116 operational projects across 34 countries. This year, we recorded a surplus of CHF 1.1 million, compared to CHF 12.6 million in 2023.

During the year, MSF Switzerland ran a major emergency response in Sudan and neighbouring eastern Chad, on which we spent CHF 30 million, more than half the total allocated to our emergency responses. While we were able to consolidate our activities for displaced people in Chad, due to the relatively stable context, we had to repeatedly readjust our operations in Sudan, due to the volatile situation and difficulties in accessing people in need. Despite these challenges, we were able to set up nutrition projects south of El-Geneina, our main location of operations in Darfur region. We also responded to a cholera outbreak in Al-Gedaref in 2024. Both these interventions demonstrated MSF’s ability to rapidly adapt as needs arose.

We also responded to cholera epidemics in cooperation with local health authorities in two countries where MSF Switzerland had not been present before the start of the outbreaks: Comoros and Zambia.

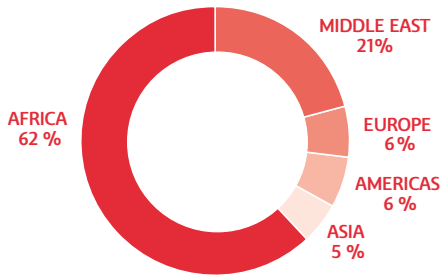
Sub-Saharan Africa remains the greatest region of intervention for MSF Switzerland, accounting for about two-thirds of programme expenses, for emergencies as well as regular programmes.

The Middle East is the second-largest region of intervention, representing one-fifth of our programme expenses. MSF Switzerland’s entire operations in Lebanon were repurposed to meet the new needs of internally displaced people, notably in the Bekaa valley and in the south of the country. We also

continued to run large-scale operations in Yemen and Iraq; sustained investments in these countries enable us to develop our projects and build new services to improve the overall quality of care.

MSF Switzerland also worked in Europe, Asia and the Americas. Our projects in these regions are usually smaller in size and focused on specific services such as medical research and post-traumatic stress disorder.

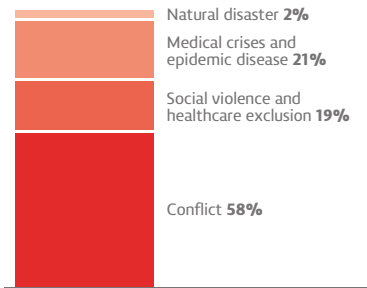
Programme costs by continent



MSF Switzerland significantly reduced its operations in two countries: in Mozambique, due to the completion of the project and to difficulties in accessing populations; and in Kyrgyzstan, where our project had achieved its stated objectives.

With regards to income, we would like to commend the excellent performance of the Swiss fundraising team, whose efforts enabled us to exceed the symbolic landmark of CHF 200 million. In 2024, we registered a total income of CHF 201.2 million, thanks to the generosity of more than 250,000 individual donors. The private income collected in Switzerland accounts for 58% of the total received by MSF Switzerland; private funds collected outside Switzerland account for 37%; while the remaining 5% were public funds. In Switzerland, private income was boosted by donations from foundations (CHF 78.1 million), yielding an overall better

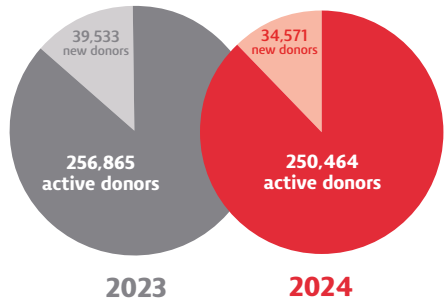
Programme costs by reason of intervention



return on investment. A grant of EUR 35 million received from the IKEA Foundation enabled us to significantly ramp up activities in Sudan and eastern Chad and contributed to our record performance in 2024. The grant will be used across 2024 and 2025.

Donations from public institutions, including an exceptional grant of CHF 5 million from the canton of Geneva, also helped us to increase our activities in Sudan. The Swiss Agency for Development and Cooperation (CHF 8 million) and the Government of Canada (CHF 1.7 million) are also long-term contributors who have continued to support MSF Switzerland.

Swiss private donations



Nevertheless, the overall revenue available for MSF Switzerland declined compared to the previous year. In 2023, MSF USA distributed USD 67.2 million of their reserves accumulated in 2021 across the movement (of which USD 11.7 million went to MSF Switzerland). This distribution of funds did not occur in 2024, and is the main reason for the reduction in resources from the MSF movement available for MSF Switzerland.

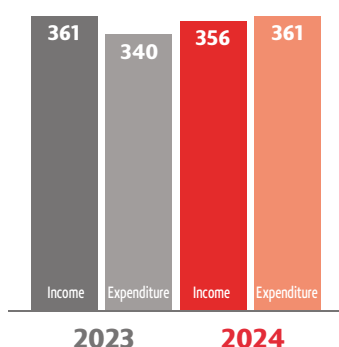
In addition to contributing to MSF Switzerland’s operations, Swiss fundraising supported activities managed by other MSF operational centres for the Sudan/Chad projects (CHF 15.6 million in 2024), MSF France’s Gaza operations (CHF 5.7 million), as well as programmes in Afghanistan, Syria and Bangladesh (CHF 1.5 million for these three countries combined). It also made a significant contribution to the financing of the MSF Brazil office and the operations in the country, through a dedicated grant of CHF 4.5 million.

Expenditure (in thousands of Swiss francs)

	2023		2024	
Programme	254,720	75 %	254,478	70,4 %
Programme support	38,633	11,4 %	38,200	10,6 %
Funding of partner sections’ activities	14,499	4,3 %	34,255	9,5 %
Advocacy, awareness raising & other humanitarian activities	4,615	1,3 %	4,629	1,3 %
Social mission expenses	312,467	92,0 %	331,562	91,8 %
Fundraising in Switzerland	18,616	5,5 %	21,186	5,8 %
Management and administration	8,626	2,5 %	8,711	2,4 %
Administration expenses	27,242	8,0 %	29,897	8,2 %
TOTAL EXPENDITURE	339,709	100 %	361,459	100 %

During the year, the MSF movement put into action its review of the rewards system, demonstrating the importance of investing in people. The first components implemented in 2024 primarily applied to locally hired staff, for instance ensuring a maximum of 48 working hours per week. This investment will continue and extend to international staff from 2026, thereby increasing efforts to retain personnel. On another note, MSF Switzerland made a CHF 1.6 million investment in carbon footprint reduction across all missions, with 50% of this figure being dedicated to energy equipment.

Income and expenditure (in millions of Swiss francs)



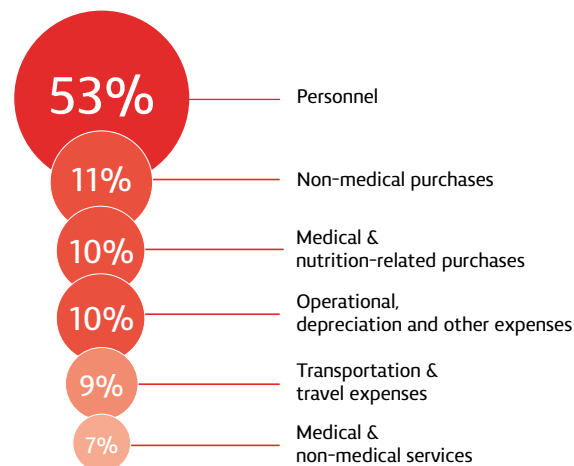
The overall result of MSF Switzerland's activities shows a deficit of CHF 5 million. The financial interest accrued from short-term, liquid placements and from favourable exchange rate variations during the year represented a CHF 6.1 million surplus, resulting in an overall CHF 1.1 million surplus.

The EUR 35 million grant received from the IKEA Foundation had not been distributed to other MSF sections by the end of 2024, making our liquid reserves appear inflated. The current reserves remain at last year's level of 5.9 months of activities, which is adequate for managing unexpected short-term emergencies.

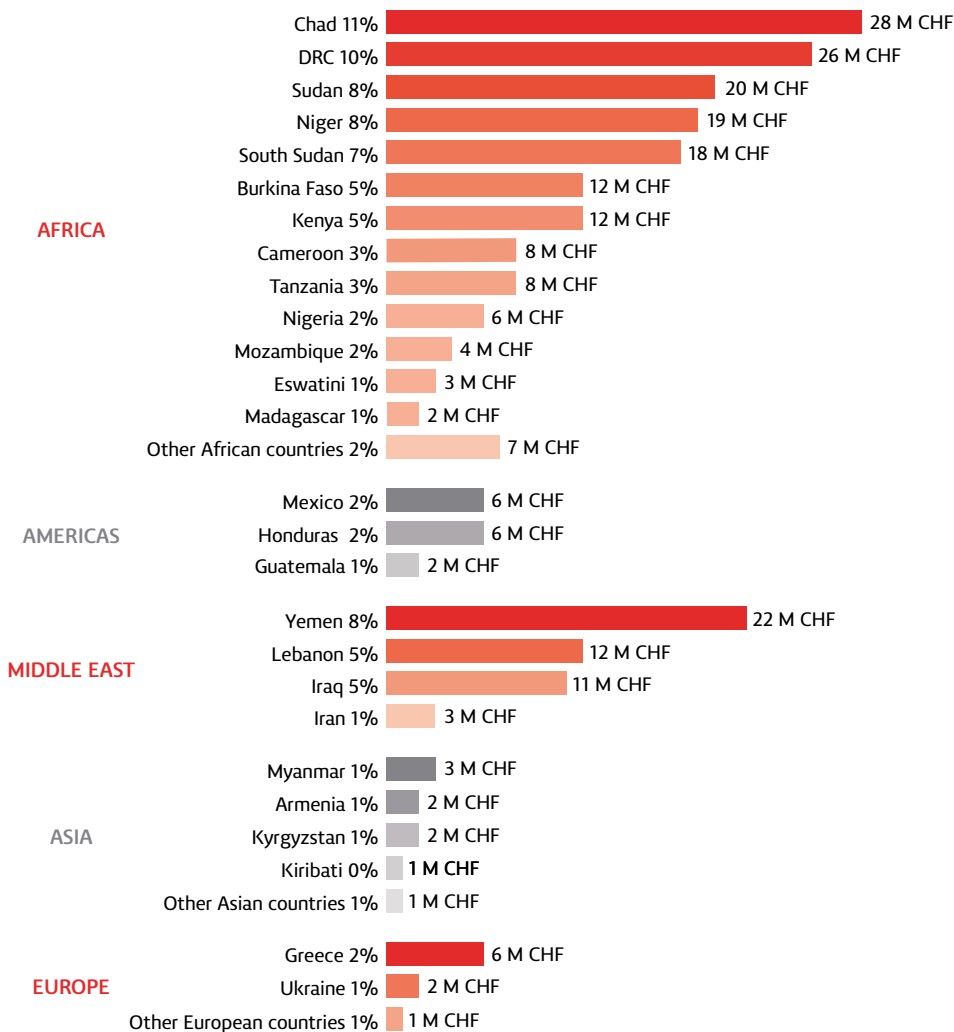
This report provides an opportunity to thank all MSF Switzerland supporters, whose contributions enable us to continue our medical-humanitarian operations. No matter the size of the contributions, they help MSF maintain a unique position in the global humanitarian landscape, directly bringing resources to where they are most needed. Frontline MSF staff are also to be commended for their continuous, outstanding dedication to patients and the delivery of our social mission.

Matthias Chardon, Finance Director

Programme expenses by nature



Programme costs per country**



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

ACKNOWLEDGMENTS

We would like to thank all the donors who made the work of Médecins Sans Frontières Switzerland possible in 2024. This year, 250,464 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
- SDC: Swiss Agency for Development and Cooperation (including in-kind donations)
- UNFPA: United Nations Population Fund*
- UNHCR: UN Refugee Agency*
- UNICEF*
- WFP: World Food Programme*
- WHO: World Health Organization*

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

- Dr. Guido und Frederika Turin Stiftung
- Hilti Foundation
- IKEA Foundation
- Irene M. Staehelin Stiftung
- Ocean Foundation
- AIEP
- Arab Bank Switzerland
- Cartier Philanthropy
- Däster-Schild Stiftung
- EF Education First
- Erika und Conrad Schnyder-Stiftung
- Fondation du Groupe Pictet
- Fondation Rifké
- Fondation Suisse de la Chaîne du Bonheur
- Hilfswerk GL Zürich
- J&K Wonderland Stiftung
- Krüger Foundation
- Linsi Foundation
- Medicor Foundation
- République et canton de Genève
- Second Mile Stiftung
- Stiftung Fürstlicher Kommerzienrat Guido Feger
- The Ambrogio Foundation
- Ville de Genève - DGVS
- walter haefner stiftung
- Z Zurich Foundation

We would like to sincerely thank:

- acuity GmbH
- Adobe Systems (Schweiz) GmbH
- Alfa Klebstoffe AG
- Anne und Peter Casari-Stierlin Stiftung
- Banque Reyl
- Be Happy Foundation
- Blaser Swissslube AG
- BÜCHI Foundation
- C + S AG
- Canton de Vaud
- Canton du Valais
- Charlotte und Nelly Dornacher Stiftung
- Commune de Bernex
- Commune de Collonge-Bellerive
- Commune de Troinex
- CONCORDIA Versicherung AG
- Cosanum AG
- Cynkra GmbH
- Dr. Kurt L. Meyer - Stiftung
- Dr. Margrit Schoch-Stiftung
- DR. WECHSLER & PARTNER Experten für berufliche Vorsorge AG
- Eckenstein-Geigy-Stiftung
- Egon-und-Ingrid-Hug-Stiftung
- Elbro AG
- Erica Stiftung
- Eversheds Sutherland AG
- Fondation Gertrude Hirzel
- Fondation Hubert Looser
- Fondation Johann et Luzia Graessli
- Fondation Papoose
- Fondation Tellus Viva
- Fondation W. et E. Grand d'Hauteville
- Freie Schule Zürich
- Gemeinde Baar
- Gemeinde Küsnacht
- Gemeinde St. Moritz
- Georg und Emily Von Opel-Stiftung
- Hans und Marianne Schwyn-Stiftung
- Hans-Eggenberger-Stiftung
- Heinis AG
- HTP HiTech Photopolymere AG
- Jensen AG Burgdorf
- Kanton Basel-Landschaft
- Kanton Schaffhausen
- Kanton Zürich
- Korporation Baar-Dorf
- LEP AG
- Martin Nösberger Stiftung
- Menzli Sport AG
- Mitarbeitende der Zurich Insurance Group
- Musgrave Charitable Trust Ltd
- Nico und Ruth Kats Stiftung
- Oak Foundation
- Olio Holdings Private Foundation
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- Rosa und Bernhard Merz-Stiftung
- Rütli-Stiftung
- Schmidiger AG - Fenster Türen Innenausbau
- Schweizerische Ärzte-Krankenkasse
- Senn Resources AG
- Spitalinternist.ch AG
- Spline AG
- Stadt Bern
- Stadt Uster
- Stadt Wil
- Stiftung Corymbo
- Stiftung NAK Humanitas
- Stiftung Pro Humanitate
- Stone Age Gems Ltd
- Swiss Life Investmet Managing Holding AG
- Synergon AG
- Tannobau AG
- The Dunemere Foundation
- The Kernco Foundation
- The Nando and Elsa Peretti Foundation
- The Rosalbe Trust
- Ursimone Wietlisbach Foundation
- Varioprint AG
- VAT Group
- Verein Chramschoopf
- Ville De Genève - Service des relations extérieures
- Ville de Meyrin
- Ville du Grand-Sacconnex
- von Duhn Stiftung
- Walter und Louise M. Davidson-Stiftung
- Züger Frischkäse AG

* in-kind donations exclusively

Many thanks to our **250,464** donors

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

- Anita Gurtner-Fehr
- Bernadette & Karl-Theo Vinzent
- Birgitta & Göran Grosskopf
- Ester & Sascha Gruber
- Irène & Markus Borer-Signer
- Jutta Prager
- Katinka & Romain Braud
- Lotty Seiler Guntern
- Louise & Werner Seehaus
- Peter Flubacher
- Peter Götz
- Richard Pink

and numerous other generous supporters

We also extend thanks to our event partners:

- Fantasy Basel
- FIFDH (International Film Festival and Forum on Human Rights of Geneva)
- Fumetto - International Comic Festival of Luzern
- Human Rights Film Festival Zurich
- Multiverse Swiss Expo
- M.E.T.I.S
- Paléo Festival Nyon
- photoSCHWEIZ
- Polymanga
- The Circle of Young Humanitarians
- Ville de Genève
- Zurich Pop Con

Finally, we would like to thank all those who volunteered time and energy to help MSF in 2024:

- Thuy Chau
- Agatino Lucifora
- Nora Nussbaumer

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 2024

- Reveka Papadopoulou, President (until October 2024)
- Micaela Serafini, President (from October 2024)
- Armando Garcia Guerrero, Vice-president (until May 2024)
- Wacuka Maina, Vice-president (from May 2024)
- Jana Armstrong, Treasurer
- Bruno Lab, Secretary
- Silas Adamou Moussa
- Jorge Mazuze (until May 2024)
- Coralie Léchelle (until March 2024)
- Naoufel Dridi

Co-opted Board Members:

- Aine Markham
- Max Morel (from June 2024)
- Frederique Jacquerioz (from June 2024)
- Ahmad Samro (from June 2024)

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 2024

- Jana Armstrong, Treasurer of MSF Switzerland and President of the Finance Commission
- Reveka Papadopoulou, President of MSF Switzerland (until October 2024)
- Micaela Serafini, President of MSF Switzerland (from October 2024)
- Najet Makhouloufa, Treasurer of MSF Austria (until December 2024)
- Leo Ho, President of MSF Austria (from December 2024)

- Hans Isler, Financial Expert (until October 2024)
- Wacuka Maina, Member of MSF Switzerland
- Kerry Atkins, Treasurer of MSF Australia
- Ian Adler, Treasurer of MSF Canada (until October 2024)
- Akash Kapoor, Treasurer of MSF Canada (from October 2024)
- John Wetherington, Treasurer 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 2024

- Beth Hilton-Thorp, Member of MSF Australia and Chairperson of the Human Resources Commission
- Reveka Papadopoulou, President of MSF Switzerland (until October 2024)
- Micaela Serafini, President of MSF Switzerland, (from October 2024)
- Leo Ho, President of MSF Austria (until July 2024)
- Cristina Rusu, Member of MSF Austria (until July 2024)
- Naoufel Dridi, Member of MSF Switzerland

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 2024

- Stephen Cornish, General Director
- Ricardo Rubio, Deputy General Director
- Lai Ling Lee Rodriguez, Deputy General Director
- Kenneth Lavelle, Operations Director
- Monica Rull, Medical Director
- Nicolas Joray, Finance Director (until July 2024)
- Matthias Chardon, Finance Director (from July 2024)
- Kate Mort, Human Resources Director
- Marc Joly, Communications and Fundraising Director
- Benjamin Lanneau, Director of Logistics and Supply

- Philippe Gras, Information System Director (until February 2024)
- Pascale Cornut, Information System Director (from February 2024)

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 enables MSF Switzerland to identify risk events, the likelihood of them occurring and their 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.

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