MSF SWITZERLAND / OPERATIONAL CENTRE GENEVA

ACTIVITY REPORT 2025

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 seven operational centres – MSF France, MSF Belgium, MSF Switzerland, MSF Holland, MSF Spain , MSF West Africa and MSF Ubuntu – 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 2025, humanitarian needs continued to rise while respect for international humanitarian law further eroded. For Médecins Sans Frontières (MSF), humanitarian action is no longer peripheral to global politics; it increasingly sits at its centre. The rules intended to protect civilians, patients and medical care are more frequently contested, and the principle that all lives carry equal worth is under growing strain. In this context, the Operational Centre Geneva (OCG), as part of the MSF Movement, remained committed to delivering lifesaving medical care while upholding our responsibility of témoignage, bearing witness and speaking out when the obstruction of humanitarian action makes silence untenable.

Against this backdrop, Sudan continued to be a defining priority throughout the year. As conflict and displacement persisted on a massive scale, our teams sustained medical operations while implementing a strong advocacy push to ensure this crisis was not forgotten. Constant adaptation to shifting access and insecurity was required, alongside public mobilisation reaffirming our commitment to standing with Sudanese staff, patients and communities.

Similarly, in Gaza, the collapse of the health system amid intense hostilities posed unprecedented medical and ethical challenges for our teams. In the final months of 2025, we supported medical evacuations for critically injured and ill patients. In Switzerland, this response was supported by sustained mobilisation towards the Swiss Parliament, with more than 30,000 signatures calling for respect for international humanitarian law, the protection of civilians and unhindered humanitarian access. We also marked an important milestone with the reopening of activities in Syria, addressing long-standing unmet medical needs.

Beyond these contexts, the Sahel faced a deepening humanitarian crisis, driven by escalating violence, repeated displacement and increasing constraints on access to healthcare and basic services. Across Niger and Burkina Faso, our teams responded to multiple dimensions of this crisis. In Chad, continued displacement prompted us to scale up our response and coordinate more closely with other MSF teams, translating into concrete action and stronger support to those on the ground.

Alongside these operational priorities, 2025 was a year of consolidation and transition at the organisational level. We finalised the MEDOPS (medico-operational) Strategic Ambitions 2026–2031, providing a more focused and actionable framework to guide our medical, operational and organisational priorities. This work was developed in coherence with Movement-wide reflections, including the Strategic Planning, Accountability and Resource Cycle (SPARC), which aims to strengthen alignment, shared priorities and collective accountability across the MSF Movement.

Building on these strategic directions, significant progress was made in bolstering our organisational foundations, including advances in the rollout of the new HR information system and important steps forward in the rewards review. Safeguarding remained a central commitment throughout the year. Alongside reinforced prevention, reporting and response mechanisms, we further consolidated our framework to prevent and address fraud and corruption, recognising that integrity and accountability are essential to our legitimacy and to the trust placed in us by patients, communities, staff and supporters. We also increased our commitment to gender equity, launching the "Breaking Barriers" campaign and affirming gender as a strategic priority central to the quality and relevance of our medical response and care. This included the establishment of more than 100 programme focal points, strengthened policies, particularly in recruitment, the development and deployment of multiple learning initiatives and the launch of our "Women in Leadership" initiative.

At the broader Movement level, the Korea and Central America and Mexico (CAMEX) branch offices, supported by MSF Switzerland, were granted section status, marking an important step forward in MSF's ongoing evolution. These developments will promote collaboration, shared responsibility and collective capacity across the Movement.

Ultimately, none of this work would be possible without the dedication of our staff, the trust of the communities we serve and the unwavering support of our donors and associative members. Our donors continue to provide outstanding support. For the second consecutive year, they contributed more than CHF 200 million, reflecting continued confidence in our mission and independence. Their commitment enables us not only to respond to emergencies, but also to defend medical ethics, principled humanitarian action and shared humanity in an increasingly constrained humanitarian landscape.

Micaela Serafini
President

Ricardo Rubio
General director ad-interim

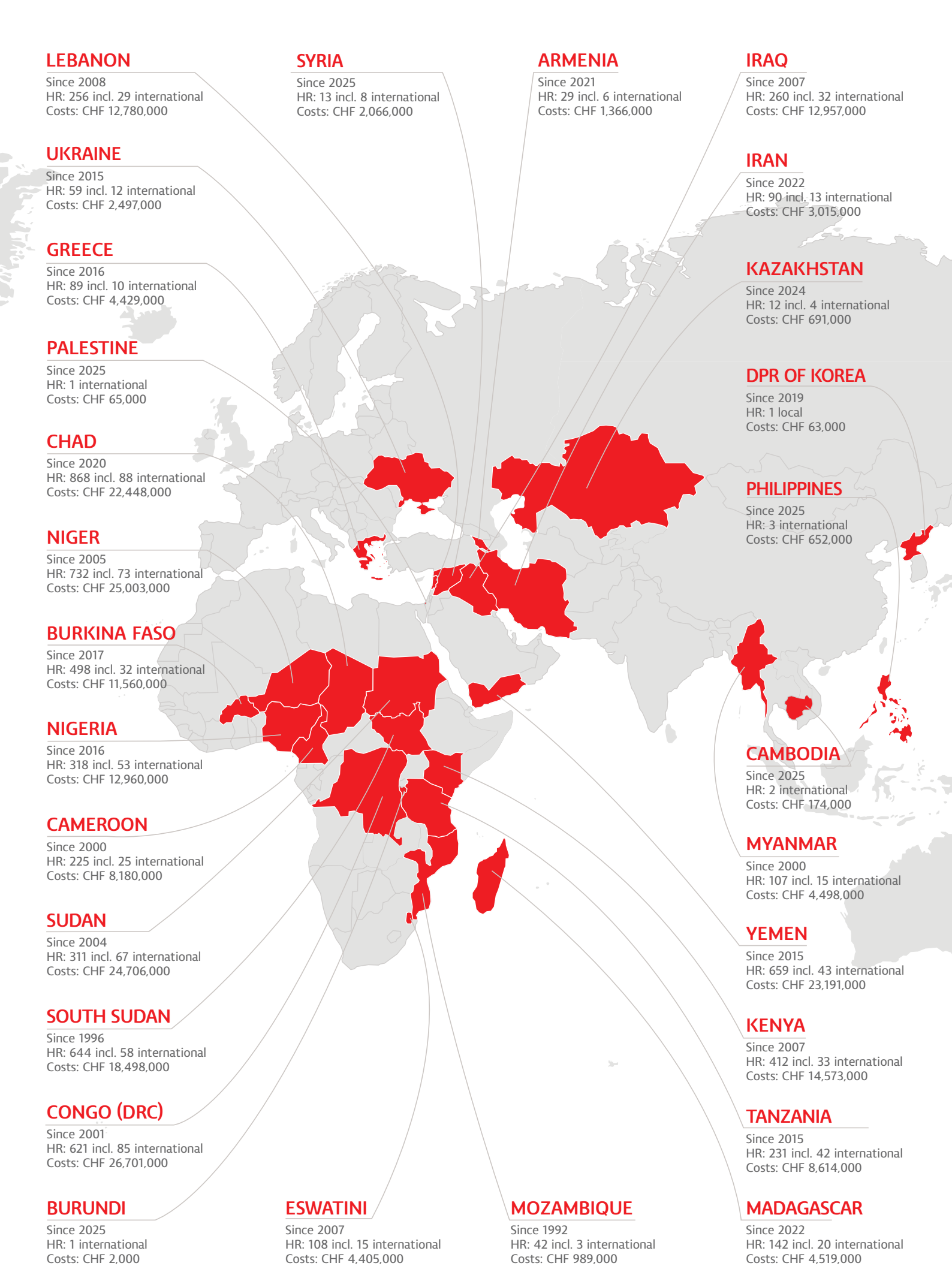
CONTENTS

33 COUNTRIES

112 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.



LEBANON
Since 2008
HR: 256 incl. 29 international
Costs: CHF 12,780,000

SYRIA
Since 2025
HR: 13 incl. 8 international
Costs: CHF 2,066,000

ARMENIA
Since 2021
HR: 29 incl. 6 international
Costs: CHF 1,366,000

IRAQ
Since 2007
HR: 260 incl. 32 international
Costs: CHF 12,957,000

UKRAINE
Since 2015
HR: 59 incl. 12 international
Costs: CHF 2,497,000

IRAN
Since 2022
HR: 90 incl. 13 international
Costs: CHF 3,015,000

GREECE
Since 2016
HR: 89 incl. 10 international
Costs: CHF 4,429,000

KAZAKHSTAN
Since 2024
HR: 12 incl. 4 international
Costs: CHF 691,000

PALESTINE
Since 2025
HR: 1 international
Costs: CHF 65,000

DPR OF KOREA
Since 2019
HR: 1 local
Costs: CHF 63,000

CHAD
Since 2020
HR: 868 incl. 88 international
Costs: CHF 22,448,000

PHILIPPINES
Since 2025
HR: 3 international
Costs: CHF 652,000

NIGER
Since 2005
HR: 732 incl. 73 international
Costs: CHF 25,003,000

BURKINA FASO
Since 2017
HR: 498 incl. 32 international
Costs: CHF 11,560,000

NIGERIA
Since 2016
HR: 318 incl. 53 international
Costs: CHF 12,960,000

CAMBODIA
Since 2025
HR: 2 international
Costs: CHF 174,000

CAMEROON
Since 2000
HR: 225 incl. 25 international
Costs: CHF 8,180,000

MYANMAR
Since 2000
HR: 107 incl. 15 international
Costs: CHF 4,498,000

SUDAN
Since 2004
HR: 311 incl. 67 international
Costs: CHF 24,706,000

YEMEN
Since 2015
HR: 659 incl. 43 international
Costs: CHF 23,191,000

SOUTH SUDAN
Since 1996
HR: 644 incl. 58 international
Costs: CHF 18,498,000

KENYA
Since 2007
HR: 412 incl. 33 international
Costs: CHF 14,573,000

CONGO (DRC)
Since 2001
HR: 621 incl. 85 international
Costs: CHF 26,701,000

TANZANIA
Since 2015
HR: 231 incl. 42 international
Costs: CHF 8,614,000

BURUNDI
Since 2025
HR: 1 international
Costs: CHF 2,000

ESWATINI
Since 2007
HR: 108 incl. 15 international
Costs: CHF 4,405,000

MOZAMBIQUE
Since 1992
HR: 42 incl. 3 international
Costs: CHF 989,000

MADAGASCAR
Since 2022
HR: 142 incl. 20 international
Costs: CHF 4,519,000

THE YEAR IN PICTURES

Chad, 2025 © Alessio Romenzi

In 2025, emergencies worldwide increasingly involved epidemics, malnutrition and escalating violence, but MSF teams remained mobilised to support affected people and communities by providing care and preserving dignity amid limited access to healthcare.

Lebanon, 2025 © Maryam Srour/MSF

Democratic Republic of Congo, 2025 © Sam Bradpiece/MSF

Jordan, 2025 © EDA, Alex Kühni

Guatemala, 2024 © Elsa Coronado/MSF

Chad , 2025 © Gabriella Bianchi/MSF

Sudan, 2025 © Moises Samara/Magnum Photos

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.

Democratic Republic of Congo, 2025 © Fanny Hostettler/MSF

Nigeria, 2025 © Isaac Buay/MSF

Sudan, 2025 © Thibault Fendler/MSF

Cameroon, 2025 © Vanessa Fodjo/MSF

We responded to many epidemics in 2025, through both treatment and preventive activities such as vaccinations, training and improvements to water and sanitation facilities. Our teams remained mobilised to deliver effective and rapid responses and maintained dialogue with affected communities, ensuring understanding, trust and engagement.

Democratic Republic of Congo, 2024 © Michel Lunanga

Tanzania, 2025 © Eugene Osidiana/MSF

Tanzania, 2025 © Vincenzo Livieri

Whether in conflicts, natural disasters or epidemics, women's regular health needs are becoming increasingly critical. Providing safe pregnancy and childbirth care, responding to sexual violence, offering gynaecological consultations, and preventing sexually transmitted infections and cervical cancer are among the ways MSF teams have prioritised women's health and wellbeing worldwide.

Tanzania, 2025 © Vincenzo Livieri

OVERVIEW OF THE YEAR 2025

Further cuts to humanitarian funding, combined with increasing conflict, access constraints and disregard for international humanitarian law, complicated the delivery of medical and humanitarian assistance in 2025, compounding the suffering of the most vulnerable and posing additional challenges for MSF teams around the world. We have already seen the immediate effects of these cuts in some locations, such as in refugee camps in Sudan and Democratic Republic of Congo (DRC), but the long-term structural impacts are yet to fully materialise.

EMERGENCIES

MSF continued to focus on emergencies, running a total of 55 interventions during the year, reflecting the agility and preparedness of our teams. As well as addressing the high global burden of cholera, measles and malaria, we responded to outbreaks of neglected or emerging diseases, such as diphtheria, dengue, kala azar (visceral leishmaniasis), mpox, Lassa and Marburg fevers. We also implemented large-scale interventions to tackle malnutrition, triggered by deteriorating food security, notably in Madagascar and Chad.

In addition, MSF teams responded to natural disasters, including the earthquake in Myanmar, cyclones in Madagascar and the Philippines, Hurricane Melissa in Cuba, and severe flooding in several countries.

We maintained our operations in highly complex, conflict-affected settings such as Sudan, South Sudan and DRC, where mass displacements and disrupted health services exacerbated the risks of disease outbreaks and malnutrition.

In increasingly insecure and volatile contexts, we rely on strong risk management, solid preparedness and shared ownership to deliver effective lifesaving responses. MSF therefore worked to strengthen risk analysis and monitoring, and promote learning and innovation, to enable anticipatory action, secure access, build surge capacity and adapt to evolving humanitarian needs.

PROJECT LAUNCHES AND CLOSURES

After close consultations with other MSF sections, we took the decision to return to Syria, first with an emergency intervention in Sweida, and later to develop a long-term blood disease programme in Homs. After an absence of nearly 15 years, we returned to Ethiopia, where we aim to launch new projects in 2026. Following our emergency responses in Southeast Asia in 2025, we committed to expanding our presence in the region, by opening a regular project in the Philippines and another in Cambodia, with a coordination base in Phnom Penh. As a result of policy changes implemented by the US early in the year, migration flows dramatically reduced in Central America, leading us to close three of our four migration projects in the region. In Myanmar, after the earthquake response and an increase in access constraints, we took the difficult decision to close our two projects in Dawei and Yangon, though we continue to engage with the authorities to maintain an operational presence in the country. We also closed our programmes in Armenia and Mozambique as planned, and will cease our operations in Greece during 2026..

ACCESS AND SECURITY

In several locations, we struggle to overcome the many bureaucratic, administrative and political barriers to the delivery of direct care to people in need, in addition to those posed by insecurity. While some progress has been made in countries such as Sudan, where the changing lines of control have allowed MSF teams to enter Khartoum, extensive negotiations are still required to secure work permits and import licences for medical supplies. We continue to enhance legal, negotiation and security support to our teams to ensure that we can continue to deploy and develop interventions in complex environments.

ADVOCACY AND MOBILISATION

At a time of increasing conflict and exponential needs, the aid system we have grown accustomed to over the last 30 plus years is in peril. This dynamic new environment requires stronger collective advocacy across the whole MSF Movement to raise awareness and bring about change.

In 2025, MSF helped raise visibility of neglected humanitarian crises through its reports on the staggering violence and displacement in Ituri province, DRC ("Risking their Lives to Survive"); the alarmingly high rates of malnutrition in Yemen ("Review of seasonal trends 2022-2024"); and the catastrophic situation in South Sudan ("Left Behind in Crisis"), supported by media engagement and high-level advocacy.

We spoke out about the war in Sudan and the devastating impacts of displacement, widespread violence and rising malnutrition, and called again for greater protection of civilians and healthcare, unimpeded humanitarian access and increased international attention to this under-reported crisis.

We also focused on the situation in the Sahel, highlighting gaps in humanitarian response, access constraints, health priorities and the impacts of climate change, while supporting responses in eastern Chad through donor engagement and active participation in humanitarian platforms. In addition, we looked at ways to address funding disruptions, seasonal risks and emergency preparedness, and tackle the medical consequences of the climate crisis, thereby integrating environmental considerations into regional analysis and positioning.

As well as supporting the Swiss government's initiative to organise two medical evacuations from Gaza, MSF engaged with Swiss society to highlight the humanitarian and medical consequences of the war, by issuing public communications and organising a mobilisation on the Bundesplatz in Bern on 10 September.

Our advocacy on medical issues prioritised topics such as vaccinations, sexual and reproductive health, including safe abortion care and access to contraception, alongside work on neglected tropical diseases (NTDs) in support of MSF Access, the MSF campaign that works to improve access to affordable treatments and vaccines.

Advocacy teams also supported engagement with other organisations through briefings on key contexts (such as responding to needs after the conflict in Lebanon), with the aim of mobilising them to scale up activities to fill gaps in response.

At the end of the year, we completed our review of MSF's work on the Protection of the Medical Mission, ahead of the 10-year anniversary of UN Security Council Resolution 2286 regarding the protection of the wounded and sick, medical

Chad, 2025 © Léa Gillabert/MSF

South Sudan, 2025 © Nicolò Filippo Rosso

personnel and humanitarian personnel in armed conflict.

Today, at a time when the protection of civilians should be at the forefront of international crisis management, much of the aid sector has adopted a "survival mode" stance without credible reform, while accountability for war crime perpetrators remains a mirage. Humanitarian work is not just about providing relief: it is a moral imperative. Across the world, not only physical survival, but more fundamentally, human dignity, is at stake. How MSF reacts to the ongoing turmoil may very well influence its ability to respond in the future, but whatever adjustments we need to make, we will never compromise on our social mission or our principles.

SCALING UP ACTIVITIES AND STRENGTHENING QUALITY OF CARE

In 2025, we increased our medical activities significantly, reflecting both improved access to services and sustained, and in some contexts worsening, burden of disease. Outpatient consultations and hospital admissions both rose, with particularly sharp increases in paediatric and neonatal care. Projects such as El-Geneina in Sudan, Kaya in Burkina Faso and Dagahaley in Kenya were among the main drivers of this growth, illustrating not only the scale of the needs but also MSF's capacity to expand services in high-burden settings.

MSF's medical response continued to evolve during the year, with a greater emphasis on community-based approaches, increasingly interconnected services and improvements to clinical quality and patient safety, through strengthened reporting and analysis of patient safety incidents. A total of 109 incidents affecting 137 patients were reported, mainly linked to systemic factors rather than individual errors, particularly in clinical decision making and care processes. In response, MSF launched 86 quality improvement plans and issued targeted safety alerts to promote learning and reinforce essential clinical practices, especially in high-volume settings.

In addition, infection prevention and control has become more consistent across projects, and antimicrobial stewardship continues to strengthen with improved access to lab tests. Together, these efforts show a shift towards more standardised, evidence-based care across MSF operations.

Trends in outpatient and hospital care activities

In 2025, outpatient activity increased by 9% compared with 2024, driven by large-scale projects in Sudan, Burkina Faso and Kenya, as well as the continued expansion of nutrition programmes in the Sahel region. Outpatient healthcare consultations for children under five remained exceptionally high, with nearly 790,000 conducted during the year, more than half of which were in Niger, Burkina Faso and Sudan.

In parallel, inpatient admissions rose by 11%, notably through nutrition responses in northern Nigeria, emergency interventions in Yemen and expanded capacity in El-Geneina in Sudan. The most pronounced increases were observed in paediatric and neonatal care. Paediatric admissions rose by 30%, while neonatal admissions increased by 23%, due to both greater needs and improved access to referrals. Projects such as Kaya in Burkina Faso and Nablus in Iraq continue to function as key paediatric and neonatal referral centres, while El-Geneina has rapidly become one of MSF's largest neonatal projects, highlighting the scale of unmet needs in conflict-affected settings.

Nutrition and community-based care

Malnutrition remains a core challenge in many of the countries where MSF works, with admissions increasing markedly in 2025, particularly in northern Nigeria and the Sahel. Our programmes in Bauchi, Nigeria, and Magaria, Niger, saw consistently high caseloads.

Admissions rose by approximately 24%, largely due to emergency responses and the expansion of integrated community case management plus (ICCM+) approaches. These involve training community health workers to treat uncomplicated malaria and diarrhoea cases, screen children for severe acute malnutrition (SAM) and refer patients requiring specialist care to hospitals. SAM remained a priority in 2025, with around 34,000 inpatient and 54,000 outpatient admissions to our programmes. We also increased admissions for moderate acute malnutrition by 26%, underlining the importance of addressing moderate malnutrition to prevent progression to severe disease.

The expansion of ICCM+ significantly improved coverage and enabled earlier detection and treatment of both malnutrition and common childhood illnesses at community level, particularly in hard-to-reach and insecure areas. This shift towards decentralised care is an important development in MSF's operational model, bringing services closer to patients and reducing pressure on health facilities.

Despite the increasing caseload, we maintained strong quality of care. Cure and stabilisation rates in inpatient feeding programmes remained close to 90%, while outpatient therapeutic feeding programmes achieved recovery rates of around 79%. These results demonstrate MSF's continued ability to maintain standards even in high-volume and complex operational environments.

Surgical care in unstable environments

Surgical activity continued to increase, reflecting both growing trauma needs and strengthening capacity. Investments in training and staffing resulted in a more polyvalent surgical workforce and improved continuity of care in volatile settings. Abyei, in South Sudan, became the busiest surgical project for the first time, accounting for 27% of all surgical activity, followed closely by Al-Qaida, in Yemen.

More than half of all surgical procedures were for trauma, of which 49% were for violence-related injuries, up from 24% in 2024. This sharp increase was largely driven by worsening insecurity in Abyei and spillover from the Sudan conflict.

Sexual and reproductive health and care for survivors of sexual violence

We expanded our sexual and reproductive health services in 2025, with a strong focus on lifesaving obstetric care, safe abortion care and comprehensive services for survivors of sexual violence. Safe abortion care was provided in 15 countries, with most interventions delivered through medication-based methods, ensuring both safety and accessibility in line with best medical practices. This continued scale-up reflects MSF's commitment to maintaining comprehensive, evidence-based reproductive health services in humanitarian settings.

Emergency obstetric and newborn care activity increased substantially, with more than 37,000 deliveries supported, a 24% increase compared with 2024. Following programmatic adjustments in our Nablus project, in Iraq, caesarean section rates decreased and aligned more closely with World Health Organization recommendations.

Ante- and postnatal care remained key entry points for other services such as family planning, newborn screening and sexual violence services, although improving continuity of care beyond initial visits remains an ongoing challenge. Contraceptive uptake continued to rise, mostly for injectable methods.

The provision of care for survivors of sexual violence is a key component of MSF's work, particularly in countries such as DRC, Chad, Honduras and South Sudan. In 2025, over two thirds of survivors accessed care within the critical 72-hour window, and the uptake of preventive treatments remained above 90%. Most consultations were first presentations, confirming MSF's role as a primary access point in places where alternatives are limited.

Epidemics, malaria and vaccination

Malaria continued to be one of the largest medical burdens in 2025, with more than 720,000 cases treated, a 26% increase compared with 2024. Niger and DRC accounted for the majority of cases. In both countries, severe malaria and severe anaemia (mostly linked to malaria) were leading causes of sickness and death, with around 21,000 patients treated and 447 deaths recorded. Preventive strategies, including seasonal malaria chemoprevention, were expanded in high-risk settings, such as South Sudan.

Overall, cholera caseloads declined compared with 2024, but large outbreaks persisted, notably in Yemen and DRC, requiring sustained preparedness and close integration with water, sanitation and hygiene interventions. MSF also maintained responses to viral haemorrhagic fevers and emerging epidemics, including Lassa fever in Nigeria and support during the Marburg virus disease outbreak in Tanzania.

Our vaccination activities in 2025 reflect a strategic shift towards routine preventive immunisation. While the total number of doses administered decreased compared to previous years, largely due to fewer large-scale campaigns and funding constraints, routine vaccination now represents the majority of our immunisation activities in places like Chad, Burkina Faso, Nigeria and Sudan.

Nevertheless, we maintained our capacity to respond to outbreaks through emergency campaigns, including responses to measles, cholera and diphtheria, in countries such as Chad and DRC. We also made progress in the introduction of new vaccines, and in the expansion hepatitis vaccination for newborns in MSF facilities.

Integrated services for acute and chronic health needs

We continued to strengthen integrated models of care in our programmes, catering to both acute emergency needs and chronic conditions requiring long-term treatment.

Our tuberculosis (TB) activities significantly expanded in 2025, with a 43% increase in diagnosed cases, driven by improved screening and diagnostic capacity. Paediatric TB detection improved markedly through the implementation of a pilot initiative to "Test, Avoid, Cure Tuberculosis in Children" (TACTiC), particularly in Nigeria, Niger and South Sudan. We also opened a new TB project in Baghdad, Iraq, where we support outpatient care in health facilities and prisons, as well as clinician training and advocacy.

Our HIV activities remain relatively limited in scale but are increasingly integrated into broader services, rather than in standalone programmes, with a focus on testing, early identification and referral.

We continued to provide care for hepatitis C, mainly in Armenia, Iran and Myanmar, with around 645 patients initiated on treatment during the year. At the same time, screening data highlights a significant burden of hepatitis B, particularly in African countries, reinforcing the need for prevention and linkage to care. Preparations for integrated triple elimination approaches (HIV, hepatitis B and syphilis) are underway, further strengthening the coherence of MSF's response.

Non-communicable diseases are becoming an increasingly important part of MSF's medical programmes, with over 122,000 consultations conducted in 2025. In many of the places where we work, patients often face significant barriers to long-term care for chronic conditions such as diabetes and hypertension.

We also scaled up our response to neglected tropical diseases in 2025, improving detection and integrating care into broader medical activities. The achievement of zero deaths from snakebites, particularly in places such as South Sudan and Yemen, despite a 20% increase in cases, represents a significant milestone, demonstrating improved access to effective treatment and clinical management. However, there were renewed peaks in kala azar in countries such as Kenya and Sudan, requiring strengthened referral systems and clinical capacity, and an increase in detected cases of schistosomiasis (an acute and chronic parasitic disease) due to an expansion in screening, highlighting previously under-recognised burdens of disease, particularly among women and children in Madagascar and Kenya.

MSF's mental health and psychosocial specialists play a vital role in many of the countries where we work. Our teams conducted nearly 64,000 consultations across 23 countries, closely integrated with medical, paediatric and emergency services. While overall mental health activities reduced due to project closures in some migration settings, services expanded in other locations, with increased provision of psychiatric care and a focus on severe conditions such as psychosis and depression.

Operational research

Operational research remained a core component of MSF's medical approach in 2025, supporting our ability to generate evidence directly from field operations. Key studies reached important milestones during the year. In Honduras, arbovirus research projects evaluating innovative vector control strategies, including *Wolbachia* and pyriproxyfen-based interventions, completed their monitoring phase, contributing valuable evidence on dengue prevention.

Other research included a study on HIV and sexually transmitted diseases in Eswatini; an innovative project in Dagahaley, Kenya, bringing newer diabetes tools to refugee settings; and a maternal health study in Tanzania evaluating screening and prevention strategies for a bacterial infection (Group B Streptococcus).

OUTLOOK FOR 2026

The start of 2026 saw renewed conflict in the Middle East, with MSF teams responding in Iran and Lebanon, and closely monitoring developments elsewhere in the region. As we continue to run our emergency projects in Sudan, South Sudan and DRC, tackling the consequences of conflict, disease and mass displacement, we are consolidating our new programmes in Syria, Ethiopia and Southeast Asia and maintaining our regular activities across the world. Meanwhile, we are keeping a close watch on the global economic and political environment to understand how emerging challenges may affect our planning. MSF remains committed to being present in the harshest environments, providing lifesaving care to those most in need, and bearing witness for the communities bearing the brunt of these crises.

Kenneth Lavelle and Alan González
Directorate of Operations

Lucas Molfino and Philippa Boulle
Directorate of Medical Department

722,716
malaria cases treated

37,183
people vaccinated against cholera

140,796
children vaccinated against measles

229
HIV patients on antiretroviral treatment

1,232
tuberculosis patients

122,228
non-communicable diseases consultations

2,530,710
outpatient consultations

197,736
antenatal consultations

105,707
family planning consultations

90,345
children admitted to outpatient feeding programmes

64,534
individual mental health consultations

37,273
group mental health consultations

308,235
patients admitted

33,708
children admitted to inpatient feeding programmes for acute malnutrition

15,056
surgical interventions

37,436
births assisted

1,947
patients treated for sexual violence

ACTIVITIES BY COUNTRY

Chad, 2024 © Thibault Fendler/MSF

ARMENIA

Providing treatment for hepatitis C

In the country since:	2021
Reason for intervention:	healthcare exclusion
Main activity:	hepatitis C
Human resources: (FTE)	29 staff including 6 international staff
Cost for 2025:	CHF 1,366,000

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IIn Armenia, hepatitis C remains a significant public health concern, especially among marginalised groups, who are often excluded from public services. In 2025, MSF continued to address the high prevalence of the disease in the country, through improved testing, treatment, training and donations of materials.

In 2023, MSF opened a project at Arshakunyats polyclinic in the capital, Yerevan, which implemented a simplified model of care for patients with hepatitis C. As well as providing direct clinical support for patients with the disease, our team introduced new protocols to reduce delays to treatment and simplify follow-up. We also conducted training and mentoring activities for local healthcare professionals, enabling them to independently manage hepatitis C cases and integrate the simplified model into routine national health services. In particular, we worked to improve access to testing and treatment for communities who are underserved and at high risk for the disease, such as people who inject drugs and people who engage in sex work. In addition, MSF worked in Armavir prison, expanding testing coverage and treatment among incarcerated people.

Alongside direct medical activities, MSF supported national capacity building through workshops, technical guidance and donations of equipment and materials, thereby facilitating the continuation of services within the national healthcare system after we closed the project in December. Our programme in Armenia formed part of MSF's global work providing medical care to communities with limited access to healthcare, including marginalised people.

BURKINA FASO

Delivering assistance to displaced people and host communities

In the country since:	2017
Reason for intervention:	displacement
Main activities:	hospital care, general healthcare
Human resources: (FTE)	498 staff including 32 international staff
Cost for 2025:	CHF 11,560,000

In Burkina Faso, MSF continued to support displaced people and host communities affected by the volatile security situation and a significant reduction in international aid.

MSF offered medical and humanitarian assistance to displaced people and local communities in Kongoussi health district, in Koulsé region. Teams carried out 63,258 outpatient consultations, with a particular focus on paediatric care. We also worked to identify and treat cases of moderate and severe malnutrition.

In Centre-Nord region, we supported Kaya regional hospital by providing inpatient and outpatient care and building a neonatal unit.

BURUNDI

Responding to the needs of Congolese refugees along the border

In the country since:	2025
Reason for intervention:	displacement
Emergency intervention:	general healthcare
Human resources: (FTE)	1 international staff
Cost for 2025:	CHF 2,000

At the end of December, over 100,000 people fled across the border from South Kivu in Democratic Republic of Congo, rapidly overwhelming capacities in transit camps. In response, MSF teams implemented a short-term emergency intervention in Rumonge, a small port village that had become the main entry point following the closure of other border crossings. Our teams focused on strengthening existing services, including support to the cholera treatment centre; establishing a semi-permanent health post to provide basic healthcare and epidemiological surveillance; improving water and sanitation; and training Ministry of Health staff. MSF also supported vaccination activities and distributed essential relief items and hygiene kits to refugees in transit, aiming to reduce the risk of disease outbreaks and enhance basic living conditions.

CAMBODIA

Assessing the needs of displaced people along the border with Thailand

In the country since:	2025
Reason for intervention:	displacement
Emergency intervention:	general healthcare
Human resources: (FTE)	2 international staff
Cost for 2025:	CHF 174,000

In 2025, MSF conducted an emergency exploratory mission in Cambodia in response to displacement caused by armed conflict along the border with Thailand, which affected approximately 172,000 people across five provinces, with the largest concentrations in camps in Oddar Meanchey and Preah Vihear. From late July to mid-August, the exploratory team assessed humanitarian and health needs in the camps and engaged with health authorities and other organisations present in the region. MSF provided immediate support through the donation of 15,000 dengue rapid diagnostic tests and essential medicines to local health authorities. As acute needs were largely covered by national authorities and partner organisations, no further intervention by MSF was required.

CAMEROON

Assisting people displaced by insecurity and responding to disease outbreaks

In the country since:	2000
Reasons for intervention:	displacement, armed conflict
Main activities:	hospital care, general healthcare
Human resources: (FTE)	225 staff including 25 international staff
Cost for 2025:	CHF 8,180,000

The conflict in the Lake Chad Basin continues to have a severe impact on communities in northern Cameroon. Many people have been displaced and injured during repeated incursions by armed groups.

Throughout 2025, MSF maintained support to the emergency surgery department at Mora district hospital, treating patients with violence-related wounds and trauma. Overall, we performed 1,757 surgical interventions and admitted 4,519 patients to the emergency ward. In addition, our teams worked to bring care closer to home for communities cut off from medical facilities due to insecurity. We trained community health workers to identify and treat uncomplicated malaria, diarrhoea and severe acute malnutrition in children, and to refer patients requiring specialist care.

Following a resurgence in measles cases in Far North, we carried out an emergency vaccination campaign in Mora health district and treated children at the district hospital.

In Yaoundé, the capital, we launched a cholera prevention project in support of the national eradication plan. Our teams are working with local authorities to curb the spread of the epidemic that has persisted since 2021, by constructing and rehabilitating water distribution points to improve access to safe drinking water in the most at-risk neighbourhoods, and conducting community awareness-raising activities to promote good hygiene practices.


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CHAD

Addressing the needs of Sudanese refugees and remote communities

In the country since:	2020
Reasons for intervention:	epidemics, displacement
Main activities:	general healthcare, hospital care
Emergency interventions:	cholera, diphtheria, malnutrition
Human resources:	868 staff including
(FTE)	88 international staff
Cost for 2025:	CHF 22,448,000


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People in Chad faced recurrent outbreaks of cholera and diphtheria, as well as the continued threat of malaria and worsening malnutrition, during 2025. Meanwhile, cuts in international aid further reduced the fragile health system's ability to meet people's needs. In response, MSF ran a range of activities, maintaining support to hospitals, general healthcare centres and community-based health systems and deploying teams to assist in emergencies. We worked to deliver lifesaving care and reinforce local capacity in some of the most isolated communities.

In Ouaddaï province, eastern Chad, we continued to work in Adré and Aboutengue camps, delivering medical and humanitarian assistance to refugees and Chadian returnees who had fled the horrific violence of the war in Sudan, as well as local communities.

In Aboutengue camp, we offered both inpatient and outpatient care, and treated patients with moderate acute and severe acute malnutrition. Our team also supported treatment of chronic diseases and mental health conditions and collaborated with the Ministry of Health to run vaccination campaigns. In total, we admitted 4,230 patients to our facility, including 667 for severe acute malnutrition, and carried out 106,950 consultations. In the town of Adré, we maintained our integrated general healthcare at the health centre and in community sites. Our teams provided sexual and reproductive health consultations, mental health support and treatment for victims and survivors of sexual violence at our health centre. They also vaccinated children as they arrived at the border. Overall, in the camp and community sites in Adré, we conducted 121,894 outpatient consultations and treated 1,679 children for severe acute malnutrition.

Tackling epidemics remained a key activity for MSF in 2025. Northeast of the capital, N'Djamena, we responded to a diphtheria outbreak affecting multiple districts of Batha province, by providing both inpatient and outpatient care. To prevent further outbreaks, our teams, supported by teams of community health workers, launched preventive vaccination campaigns, immunising 40,130 individuals.

Our emergency response team in Chad supported surveillance and vaccination efforts in several provinces, including Batha, N'Djamena and Salamat. During the rainy season, we launched activities in Ouaddaï and Sila provinces in response to cholera outbreaks. We set up cholera treatment units and oral rehydration points, and improved water distribution and infection prevention measures. The team also assisted with an emergency response to malnutrition in Am Timan during the lean season – the period between harvests when food stocks are depleted – treating severely malnourished children and boosting hospital capacity. Climate shocks and the poor economic situation continue to affect food security throughout the country.

CUBA

Providing donations after Hurricane Melissa

In the country since:	2025
Reason for intervention:	natural disaster
Emergency intervention:	hurricane
Human resources: (FTE)	donations only
Cost for 2025:	CHF 34,000

Over the past decade, the Cuban health system has faced increasing constraints due to external economic pressures and a period of governmental transition, challenges that were further intensified by the COVID-19 pandemic. Following Hurricane Melissa, which severely affected eastern Cuba in late October 2025, MSF made donations of essential medicines. At the end of the year, we were in discussion with the Ministry of Health, exploring possibilities for further engagement and collaboration.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Improving access to tuberculosis treatment

In the country since:	2019
Reasons for intervention:	epidemics, healthcare exclusion
Main activities:	tuberculosis, general healthcare
Human resources: (FTE)	1 staff
Cost for 2025:	CHF 63,000

While access to the Democratic People's Republic of Korea (DPRK) remained closed for international aid workers throughout 2025, MSF remained in regular contact with DPRK counterparts, adapting our approach to explore alternative opportunities, increase dialogue and strengthen relationships. In 2025, this included submitting a comprehensive project proposal to the Ministry of Public Health, confirming the delivery of X-ray machines to rural hospitals, identifying additional health initiatives for future engagement and maintaining readiness for deployment should borders reopen.

DEMOCRATIC REPUBLIC OF CONGO

Responding to disease outbreaks and the needs of displaced people

In the country since:	2001
Reasons for intervention:	epidemics, displacement
Main activities:	hospital care, general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency interventions:	displacement, cholera, measles
Human resources: (FTE)	621 staff including 85 international staff
Cost for 2025:	CHF 26,701,000

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In Ituri, Democratic Republic of Congo (DRC), the humanitarian crisis remains largely ignored by the national authorities and international media, despite people's immense needs. For decades, this province has been rocked by conflicts between local armed groups, militias and rebel movements, linked to community rivalries or broader regional dynamics. In 2025, the situation deteriorated further, with a series of attacks targeting civilians, displaced communities and even places considered safe havens, such as camps for internally displaced people and medical facilities. This resulted in large influxes of wounded people in the places where MSF worked, with victims reporting extreme levels of violence, including massacres, abductions and sexual assaults.

In Bunia, as the number of patients with serious violence-related injuries almost doubled in a few months, we expanded our support to Salama clinic, by installing additional beds. Many of the patients we treated had open fractures, gunshot wounds or shrapnel injuries. Overall, we performed 2,651 surgical procedures.

In 2025, MSF launched several emergency responses to tackle epidemics across DRC. Our teams provided treatment and vaccinations to curb measles outbreaks in Bas-Uélé province. DRC was also hit by a devastating cholera epidemic, one of the worst in the last decade. In response to the rapid spread of

the disease, MSF sent emergency teams to Tshopo, to support the health authorities with medical care and vaccinations.

Alongside our emergency activities, we run regular projects in several provinces. We train networks of community health workers and support health facilities in a range of areas, such as general and specialist health services, treatment for malnutrition, surgery, sexual and reproductive healthcare, malaria control and psychological support.

In 2025, MSF continued to work in general hospitals in Angumu and Drodro, as well as numerous health centres and community healthcare sites, supporting general and specialist healthcare, including treatment for malaria and respiratory infections, and maternal and paediatric services. During the year, we admitted 5,258 children to the hospitals, many of them for nutritional care, and carried out a total of 199,244 outpatient consultations in health centres, health posts and community care sites across Ituri. In addition, our teams offered medical and psychological care to thousands of victims and survivors of sexual violence, which continued to be rife in 2025.

We also provided general healthcare through mobile clinics and support for disease outbreaks through surveillance and vaccinations in Adii (Ituri) and Zapay (Bas-Uélé) following a massive influx of refugees from South Sudan and Central African Republic.


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ESWATINI

Running a comprehensive sexual and reproductive health programme

In the country since:	2007
Reasons for intervention:	epidemics
Main activity:	sexual and reproductive healthcare
Human resources: (FTE)	108 staff including 15 international staff
Cost for 2025:	CHF 4,405,000

HIV continues to be the leading cause of death in Eswatini. It is estimated that one quarter of the population, and nearly one third of women aged 15-49, live with the disease. Sexual and reproductive health services, including HIV prevention and care, remained the focus of MSF activities in Eswatini in 2025.

It has become increasingly difficult for people to obtain innovative preventive treatments, such as long-acting pre-exposure prophylaxis (PrEP), in Eswatini, due to the health ministry's overreliance on external funds in a context where United States (US) humanitarian aid is being dismantled and there is uncertainty around funding from programmes such as the US President's Emergency Plan for AIDS Relief (PEPFAR), which have strongly invested in HIV prevention, testing and treatment in the past. For this reason, in 2025, our teams rolled out a new HIV prevention tool, CAB-LA (cabotegravir long-acting), an injectable PrEP, which provides protection for two months. Along with other long-acting PrEP medications, such as lenacapavir, it could be a game changer in controlling the HIV epidemic if access is ensured for those who need it most. During the year, we supported the integration of CAB-LA within the PrEP regimens in our Sitsandziwe sexual health clinic in Manzini district by securing a number of doses of the medication. The initial uptake of CAB-LA was promising, with a majority of patients who began using it continuing to do so at the end of 2025, expressing appreciation for the ability to take it discreetly.

In addition to this initiative, we continued to run our other HIV counselling, testing, prevention and treatment activities in Sitsandziwe. The clinic also offered family planning consultations, comprehensive care for sexually transmitted infections and sexual and gender-based violence, mental health support and vaccinations, as well as screening and treatment for cervical cancer and chronic hepatitis. In Manzini city, the capital of Manzini district, an MSF team runs the high-dependency unit in the government hospital, providing care for people with non-communicable diseases.

GREECE

Assisting migrants and refugees

In the country since:	2016
Reason for intervention:	displacement
Main activities:	general healthcare, sexual and reproductive healthcare, mental healthcare
Human resources: (FTE)	89 staff including 10 international staff
Cost for 2025:	CHF 4,429,000

While the overall number of people arriving in Greece by sea decreased by 23.4% compared to 2024, many thousands continued to land on islands in the Aegean throughout 2025. During the year, Greece intensified its restrictive approach to migration, exacerbating poor reception conditions. Meanwhile, some services for asylum seekers, such as cash assistance, were suspended or reduced, leaving many unable to meet basic needs.

Over 5,000 people arrived on Samos, leading to severe overcrowding at the Closed Controlled Access Centre (CCAC) for several months. Gaps in state provision meant that many people struggled to obtain basic healthcare, while disruptions to referrals left others without access to specialised treatment. MSF ran mobile clinics inside the CCAC and at a day centre in Vathi to increase the availability of care.

In May, after nearly a decade of providing medical, psychosocial, social and legal support to migrants, asylum seekers and refugees, we closed our day care centre in Athens. The centre delivered general healthcare and mental health consultations, as well as treatment for sexual violence.

MSF also offered emergency assistance to people as they made landfall on the island, including survivors of shipwrecks. Many reported that they had been subjected to repeated pushbacks on their journeys. In addition to providing medical and psychological first aid, we distributed food and other essential items to new arrivals.

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GUATEMALA

Providing assistance to vulnerable communities

In the country since:	2021
Reason for intervention:	healthcare exclusion
Main activity:	general healthcare
Human resources: (FTE)	32 staff including 4 international staff
Cost for 2025	CHF 1,318,000

Between January and June 2025, people continued to travel through Guatemala on their way north to the United States (US). Many arrived exhausted and traumatised after long journeys through Central and South America, having experienced incidents of violence, theft and sexual assault along the route. Others needed care for respiratory infections, skin conditions and gastrointestinal illnesses linked to unsafe water, and untreated chronic diseases.

MSF teams worked in Esquipulas, near the border with Honduras, and in Tecún Umán, on the border with Mexico, offering general healthcare, psychological support, social work consultations and health promotion activities. We also treated victims and survivors of sexual violence, providing preventive treatment for infections, emergency contraception, and mental healthcare. Many patients delayed seeking help due to fear, stigma or uncertainty about their rights while travelling through the country.

However, by mid-year, the number of people crossing these border points had dropped significantly following changes in US migration policies, and, at times, many of the people we saw were recent deportees. In October, after observing a sustained reduction in crossings, we ceased activities in both locations. Rather than a reduction in health needs, this decision reflected shifting migration dynamics and increasing challenges in reaching the people most in need.

Although fewer people are now travelling north through Guatemala, and some have moved back to their places of origin, many remain stranded in the country with limited access to medical services. We will continue to assess how best to allocate our resources to respond to gaps in healthcare in Guatemala as the situation evolves.

HONDURAS

Offering care to marginalised communities and tackling dengue

In the country since:	1998
Reason for intervention:	healthcare exclusion
Main activities:	sexual and reproductive healthcare, mental healthcare
Human resources: (FTE)	118 staff including 9 international staff
Cost for 2025:	CHF 3,730,000


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Following the reduction in the number of people attempting to reach Mexico and the United States, we closed our project in Danlí, near the Nicaraguan border. For four years, we had offered medical, psychological and social support, as well as health promotion activities, for people on the move through the country.

After releasing mosquitoes carrying *Wolbachia* –an arbovirus prevention strategy implemented in collaboration with the World Mosquito Program, the Ministry of Health and the National Autonomous University of Honduras – in 2024, we completed a study on the results. The study suggests that *Wolbachia* contributed to a significant reduction in dengue incidence during 2024, specifically in the area where the mosquitoes were released. As a result of these findings, we set up community groups against dengue and a community-based epidemiological surveillance system. We also completed two chemoprevention activities for arboviruses – residual wall spraying and the installation of larvicide traps – in collaboration with the Honduran authorities and the community.

Throughout the year, we continued to run our sexual and reproductive health services for adolescents in health centres and educational institutions in San Pedro Sula. In this city, we also work to ensure access to comprehensive healthcare for people who engage in sex work and LGBTQI+ individuals, including psychosocial and basic psychiatric care, health promotion, screening and treatment for sexually transmitted infections, human papillomavirus vaccinations, screening for cervical cancer, family planning, pre-exposure prophylaxis to prevent HIV, and treatment for sexual violence.

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: (FTE)	90 staff including 13 international staff
Cost for 2025:	CHF 3,015,000

The UN refugee agency, UNHCR, estimates that around 2.5 million forcibly displaced people of varying documentation statuses were living in Iran in 2025, including approximately 770,000 registered refugees, the majority of whom are Afghan. Many of this people face stigma, economic barriers, obstacles to accessing healthcare, as well as the fear of deportation. In 2025, we continued to provide care to Afghan refugees, migrants, people who use drugs and other marginalised groups facing major barriers to care.

In South Tehran, MSF provided general healthcare through fixed and mobile clinics. Our activities included consultations for general and mental healthcare, sexual and reproductive health services and hepatitis C screening and treatment. We ran mobile clinics in selected locations despite security constraints, and expanded hepatitis C activities in compulsory drug rehabilitation camps.

In Kerman province, to the southeast, MSF focused on improving access to general and specialised care. We continued to provide general healthcare at the Vahdat clinic, in collaboration with a local partner, and offered financial support for uninsured patients requiring specialist care. In December, we inaugurated a new MSF-supported clinic to increase provision of treatment for communicable and non-communicable diseases, sexual and reproductive health services and mental health support.

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: (FTE)	260 staff including 32 international staff
Cost for 2025:	CHF 12,957,000

In 2025, as Iraq's health system continued its gradual recovery after decades of conflict and instability, MSF worked to address some of the gaps that remain, particularly in maternal and paediatric care.

At Nablus field hospital, we provided comprehensive maternity services, including assistance with deliveries and emergency obstetric care, such as caesarean sections. We also offered emergency paediatric services and neonatal care, ensuring that newborns with complications received timely, lifesaving treatment. In total, our teams conducted 18,419 emergency room consultations and 1,866 mental health consultations during the year. In addition, we assisted 7,582 deliveries, 1,159 of which were by caesarean section.

In Baghdad, we started to support the national tuberculosis (TB) programme through collaboration with the National Tuberculosis Institute. These activities had previously been carried out by another MSF section. Our assistance included strengthening treatment protocols, training healthcare staff, ensuring a continuous supply of medications and conducting screening activities in places of detention. These efforts aimed to improve early detection, treatment adherence and the overall quality of TB care.

As well as running our regular projects in Iraq, we support 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:	2024
Reason for intervention:	healthcare exclusion
Main activity:	mental healthcare
Human resources: (FTE)	12 staff including 4 international staff
Cost for 2025:	CHF 691,000

In Kazakhstan, survivors of violence and ill-treatment face significant barriers to obtaining care in the national health system. In 2025, MSF continued to develop a multidisciplinary rehabilitative care project to address this issue, with a focus on community engagement.

The project, launched in Almaty in 2024, supports vulnerable groups, such as the Kandastar community, ethnic Kazakhs who have returned to Kazakhstan after years or even generations of living abroad. Many of them struggle to integrate into society in Kazakhstan or suffer from mental health problems that developed during their emigrant life. We run a range of activities to help them overcome these challenges and adapt to life in Kazakhstan, including individual mental health consultations, health education sessions and support with medical referrals, with an emphasis on community-based approaches and collaboration with local partners. In addition, we run outreach activities, such as home visits, and help set up peer support networks. Our health promotion initiatives aim to build trust and ensure cultural relevance.

In Malovodnoye, a semi-rural settlement on the outskirts of Almaty, we started to run health promotion services to assist Kandastar communities to obtain healthcare. Throughout the year, the project helped people overcome barriers, such as language, cost and lack of transport, that prevented them from seeking assistance. The increased involvement of peer supporters and the establishment of a community advisory board fostered community participation and enabled people to tell us about the type of care they need.

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KENYA

Providing care to refugees and marginalised adolescents

In the country since:	2007
Reasons for intervention:	displacement, epidemics, healthcare exclusion
Main activities:	hospital care, general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency interventions:	kala azar, mpox
Human resources:	412 staff including
(FTE)	33 international staff
Cost for 2025:	CHF 14,573,000


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MSF ran a range of activities in Kenya in 2025, delivering lifesaving care to refugees and marginalised communities and tackling disease outbreaks.

Our teams in Dagahaley camp, within the Dadaab complex, continued to provide general healthcare and specialist referrals, working at health posts and conducting outreach activities to increase access to care for both refugees and the host community. Services included sexual and reproductive healthcare, emergency obstetric surgery, medical and psychological assistance for survivors and victims of sexual and gender-based violence, psychosocial counselling, home-based insulin treatment and palliative care. In 2025, we admitted a total of 13,419 patients to our facilities. We also conducted 232,599 outpatient consultations and assisted 3,858 births.

In Mombasa, we supported three health facilities to cater to the specific needs of vulnerable adolescents and young adults, such as people with disabilities, the LGBTQI+ community, individuals living on the streets and people who engage in sex work or use drugs. Our teams also ran a mobile clinic and conducted health education sessions, operational research and advocacy to improve access to health services for these groups, particularly in hard-to-reach and high-risk settings. Overall, we conducted 23,212 consultations through this project.

In Wajir county, we worked to reduce deaths from kala azar by strengthening treatment, water and sanitation services and preventive measures in Wajir hospital. In Mombasa, we supported the response to an mpox outbreak by offering inpatient care and vaccinations, expanding bed capacity for patients requiring isolation and improving infection prevention and control measures in Utange hospital.

KIRIBATI

Improving neonatal and paediatric healthcare

In the country since:	2022
Reason for intervention:	healthcare exclusion
Main activity:	sexual and reproductive healthcare
Human resources:	24 staff including
(FTE)	14 international staff
Cost for 2025:	CHF 1,946,000

Drought, saltwater intrusion and sea level rise have reduced the availability of fresh water and nutritious foods in Kiribati, a remote island nation in the central Pacific Ocean. This has contributed to a range of health issues, including undernutrition among women and children, obesity and non-communicable diseases, such as gestational diabetes and pregnancy-related hypertension, placing more pressure on an overstretched public health system.

In 2025, MSF continued to work closely with the Ministry of Health and Medical Services to strengthen care for pregnant women and people living with chronic conditions. During the year, MSF conducted health screenings across villages on Abaiang island and Eita, South Tarawa. Our teams screened a total of 616 women of childbearing age for high blood pressure and diabetes. We also trained community volunteers to identify early signs of malnutrition and monitor children aged six to 59 months for undernutrition and diarrhoeal diseases. We referred those found at risk to health centres. In addition, we trained community volunteers to use tools, such as the CRADLE Vital Signs Alert system, to detect early signs of hypertension, and carry out blood sugar tests for diabetes. In clinics, we worked to improve early detection of gestational diabetes by offering oral glucose tolerance tests, thereby ensuring safer pregnancies. Together with clinic nurses and community volunteers, we built stronger local capacity to identify at-risk women, reducing costly emergency referrals to the capital.

Our water and sanitation team tested wells in Abaiang for salinity and coliform bacteria. The results showed that nearly all were contaminated with coliforms and 19% were over safe salinity threshold levels for people with hypertension. We fed these findings, along with GPS data, into a multilayered interactive geographic information system map that we developed with the Ministry of Health and Medical Services. Our team is using this tool to guide well rehabilitation and improve rainwater harvesting methods.

Throughout the year, MSF continued to provide midwifery support and training at Tungaru Central hospital. Meanwhile, in October, we concluded our support to pharmacy services at the hospital, which included improving supply, waste and regulatory processes.

LEBANON

Providing medical assistance to displaced families and people excluded from the healthcare system

In the country since:	2008
Reason for intervention:	access to healthcare
Main activities:	general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency intervention:	displacement
Human resources:	256 staff including
(FTE)	29 international staff
Cost for 2025:	CHF 12,780,000

In Lebanon, most people who had been displaced by the Israel–Hezbollah conflict managed to return to their areas of origin, but not necessarily to their homes. Despite the November 2024 ceasefire agreement, Israeli attacks on the country continued in 2025, preventing people's recovery and taking a further toll on their mental health.

In war-affected areas, civilian infrastructure, including healthcare facilities, was severely damaged or destroyed. MSF sent mobile clinics to conduct general and mental health consultations for people struggling to access medical services in Nabatiyeh, Bekaa and Baalbek-Hermel governorates. Overall, our teams provided 14,582 mental health sessions: 9,849 for groups and 4,733 for individuals.

While some Syrian refugees who had been living in Lebanon returned to Syria, there were several new influxes of people during 2025, seeking refuge from violence and fears of persecution back home. To respond to the immediate health needs of refugees arriving over the northeastern borders, we ran mobile clinics in Baalbek-Hermel governorate.

Our clinics in Hermel and Arsal in Baalbek-Hermel offered comprehensive health services, including paediatrics, sexual and reproductive healthcare and treatment for chronic conditions, to communities who are otherwise excluded from care, such as Palestinian and Syrian refugees, and migrant workers from sub-Saharan Africa and Southeast Asia. Issues such as the high cost of medical care, a lack of local facilities and uncertain legal status can prevent them from accessing services. In 2025, we conducted a total of 128,900 outpatient consultations in the governorate.

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MADAGASCAR

Responding to the needs of communities affected by extreme climate events

In the country since:	2022
Reason for intervention:	natural disaster
Main activities:	general healthcare, nutritional care
Emergency interventions:	cyclones
Human resources:	142 staff including
(FTE)	20 international staff
Cost for 2025:	CHF 4,519,000

Madagascar is one of the countries most at risk from climate change. In recent years, it has been hit by numerous powerful cyclones, which have exacerbated health problems, such as malaria and malnutrition, for many vulnerable communities. MSF continued to run projects to assist these communities in Madagascar in 2025.

Early in the year, tropical cyclones Honde and Jude struck the southwest of the country, affecting thousands of people. Heavy rains also caused severe flooding in the capital, Antananarivo. MSF teams launched emergency responses in Toliara II and the capital, providing medical care through mobile clinics and distributing essential items, such as hygiene kits. In Toliara II, we also donated materials to rehabilitate health facilities damaged by the cyclones.

In Ikongo district, MSF responded to an increase in malaria cases by offering treatment through mobile clinics, conducting awareness-raising activities and distributing mosquito nets. In this remote area, where access to healthcare is limited, malaria and malnutrition remain persistent threats. Cyclones and heavy rains worsen living conditions and prevent people from travelling to health facilities. Overall, our teams conducted 9,265 malaria consultations between May and September.

In the last quarter of 2025, our teams responded to two other emergencies in southeast Madagascar. In Mananjary district, we distributed essentials items to families after a major fire broke out, affecting more than 1,700 households. In Ikongo, in response to an alarming rise in malnutrition cases, we expanded our activities to nine additional health centres and 22 outpatient therapeutic feeding centres.

During the year, in collaboration with local communities and partners, including Ny Tanintsika and Health in Harmony, we began providing care as part of the FAGNIMBOGNA project in Ikongo district. We developed medical activities based on needs that communities expressed through the project's participatory approach. In total, 89,152 consultations were carried out, including 6,504 by MSF-trained community health workers. Also, we collaborated with the Ministry of Health to administer 38,393 vaccinations to children under five years old to protect them against common childhood diseases such as diphtheria, tetanus and whooping cough. We are now working to reinforce local health services with the provision of care for children under 15 years old and pregnant women.

MEXICO

Offering medical and mental healthcare to migrants and asylum seekers

In the country since:	2013
Reason for intervention:	healthcare exclusion
Main activities:	general healthcare, mental healthcare
Emergency intervention:	hurricane
Human resources:	97 staff including
(FTE)	13 international staff
Cost for 2025:	CHF 4,346,000


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The new United States (US) administration that came into power in January implemented policies that had a severe impact on migrants travelling through Central America, including an increase in deportations and a significant reduction in movement in the entire region. In particular, the closure of the CBP One mobile app, through which people booked asylum appointments to enter the US, reshaped humanitarian needs across Mexico.

To adapt to these changes, we closed projects in Reynosa and Matamoros, where for more than seven years we had focused on assisting people in transit or waiting at the border. As people were unable to continue their journeys and remained in Mexico, they faced uncertainty about their futures, legal obstacles and difficulties in obtaining healthcare. Consequently, our activities shifted from emergency aid to addressing the chronic medical and psychological needs of people left in legal and social limbo.

Mexico City became a place of reception and long-term stay rather than a point of transit. In response, MSF continued working in the capital to support people no longer in movement but trying to rebuild their lives. Overall, our teams carried out 4,208 outpatient consultations. In addition, 3,939 people participated in health promotion sessions run by MSF in their communities.

Across all our projects, including an emergency response in Hidalgo state after the devastation caused by Hurricane Priscilla, we broadened our approach to include not only migrants and internally displaced people, but also local communities with limited access to healthcare due to socioeconomic and geographic barriers. We adapted our activities in fixed facilities and mobile clinics to reach dispersed and often invisible communities. Mental healthcare became increasingly important as people endured prolonged displacement and trauma.

MOZAMBIQUE

Concluding our neglected tropical diseases project

In the country since:	1992
Reasons for intervention:	epidemics
Main activities:	neglected tropical diseases
Human resources:	42 staff including
(FTE)	3 international staff
Cost for 2025:	CHF 989,000

In June, MSF concluded its long-term project focused on tackling the high burden of climate-sensitive diseases in Mozambique, which has been exacerbated by the effects of climate change, such as severe cyclones, floods and droughts.

In Nampula province, we worked to improve care for malaria and neglected tropical diseases, including surgery for hydrocele, a complication of a tropical parasitic disease called filariasis, which causes an abnormal accumulation of fluid in the testicles. MSF remains ready to provide support should any emergencies occur in the country in the future.

MYANMAR

Responding to an earthquake

In the country since:	2000
Reasons for intervention:	epidemics, healthcare exclusion
Main activities:	general healthcare, hepatitis
Emergency intervention:	earthquake
Human resources:	107 staff including
(FTE)	15 international staff
Cost for 2025:	CHF 4,498,000

Despite increasing access restrictions, MSF continued to work in Myanmar, running regular projects and delivering emergency assistance to people displaced by an earthquake in 2025.

When a 7.7 magnitude earthquake struck Myanmar on 28 March, MSF provided emergency assistance in the most heavily affected areas, including Mandalay and Sagaing city. We focused on distributing relief items and shelter kits, and improving water and sanitation conditions, by drilling boreholes, constructing a pipeline and installing water treatment systems.

In 2025, in Dawei, Tanintharyi region, in addition to HIV care, we offered general healthcare, including treatment for non-communicable diseases, such as diabetes, and sexual and reproductive healthcare. In Hlaing Tharyar township, Yangon, we maintained our support to a health centre by providing general healthcare, ante- and postnatal consultations, family planning and other sexual and reproductive health services. In summer 2025, we were forced to suspend all activities and eventually close all projects due to high levels of insecurity and until the situation evolves.

NIGER

Tackling malnutrition and malaria

In the country since:	2005
Reasons for intervention:	epidemics, displacement
Main activities:	hospital care, general healthcare
Emergency interventions:	malnutrition, malaria, measles
Human resources:	732 staff including
(FTE)	73 international staff
Cost for 2025:	CHF 25,003,000

In 2025, MSF collaborated closely with the Nigerien Ministry of Health at community, general and specialist levels to deliver care to people affected by malnutrition, displacement and epidemics across several regions of the country. We also distributed drinking water and essential items, such as hygiene kits, and helped rehabilitate healthcare facilities.

During the peak malaria season, we increased our support to public health facilities providing treatment. In Niamey region, MSF teams worked in health districts 3 and 4 and Poudrière regional hospital, and in Zinder region, in Matameye, Gouré, Damagaram Takaya and Zinder city health districts and Dungass paediatric unit. Overall, we carried out 264,157 consultations for malaria in Niamey, Zinder and Matameye.

In Magaria, also in Zinder, we continued to offer paediatric care, particularly for severe malnutrition, in the district hospital. We admitted a total of 8,655 children under five to the paediatric unit in 2025. In addition, MSF-trained community health workers conducted 86,236 consultations focusing on early detection and treatment of malaria in community sites in the region.

In Tillabéri, MSF supported medical care for displaced people in Torodi department and the surrounding areas and treated patients with gunshot wounds. Our teams conducted 18,764 consultations through health centres. An additional 21,079 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 1,909 patients during the year.

Throughout 2025, we supported the health authorities to respond to measles outbreaks in Niamey and Zinder regions and Torodi department.

NIGERIA

Responding to malnutrition and disease outbreaks

In the country since:	2016
Reasons for intervention:	disease outbreaks
Main activities:	general healthcare, nutritional care
Emergency interventions:	Lassa fever, diphtheria
Human resources:	318 staff including
(FTE)	53 international staff
Cost for 2025:	CHF 12,960,000

Millions of people in Nigeria are living in increasingly vulnerable circumstances, especially in the northern states, where ongoing conflict, poverty and climate shocks, such as flooding, are taking a severe toll on their health. During the year, MSF teams continued to respond to malnutrition and outbreaks of preventable diseases, such as Lassa fever, which have become recurrent in the country.

Northern Nigeria endured catastrophic levels of malnutrition again in 2025, with the peak season lasting longer than in recent years. Our teams reported that malnutrition rates and admissions were persistently high and that patient numbers had risen each year since 2022. In Ganjuwa, Bauchi state, we continued to work in both inpatient and outpatient feeding centres to manage the growing caseload during the peak season. Overall, we provided care to 34,655 patients with severe acute malnutrition. Community engagement was a key part of our work again this year. 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.

In Bauchi, we converted our seasonal Lassa fever response into a regular project, establishing a full-time presence within Abubakar Tafawa Balewa University teaching hospital. In addition to treating patients, we train staff, support research and improve infection prevention and control measures.

We also set up dedicated isolation and treatment centres for diphtheria in Bauchi. As well as providing patient care, we supported the Ministry of Health's vaccination campaign and trained local healthcare workers.


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PALESTINE

Supporting medical evacuations to Switzerland

In the country since:	2025
Reason for intervention:	armed conflict
Emergency intervention:	medical evacuation
Human resources: (FTE)	1 international staff
Cost for 2025:	CHF 65,000

In response to a call from MSF's International Office to encourage governments to provide medical evacuations for medically vulnerable patients from Gaza to their countries, we supported Switzerland's initiative. In close coordination with partner organisations, we assisted with two medical evacuation operations, ensuring patient advocacy, operational coordination, medical follow up, translation services, psychosocial support and safe transfer for evacuees and their accompanying family members from Gaza through Jordan to Swiss cantonal hospitals.

The first evacuation round, carried out in October 2025, allowed seven patients and 24 family members to obtain specialised care in six Swiss cantonal hospitals. When patients and their families arrived in Amman from Gaza, MSF teams welcomed them and helped them prepare for onward travel. Our staff accompanied them throughout the process, providing a trusted point of contact for each family until handover to hospital teams in Switzerland. A second, larger evacuation followed in late November, bringing 13 patients and 51 family members to eight cantonal hospitals. Despite border delays and last-minute changes, MSF adapted quickly, extending preparation time in Amman, strengthening psychological support for families and staff and using medicalised aircraft for the most critical patients. Together, the two evacuations highlighted the importance of flexibility and a patient-centred approach in complex operational contexts.

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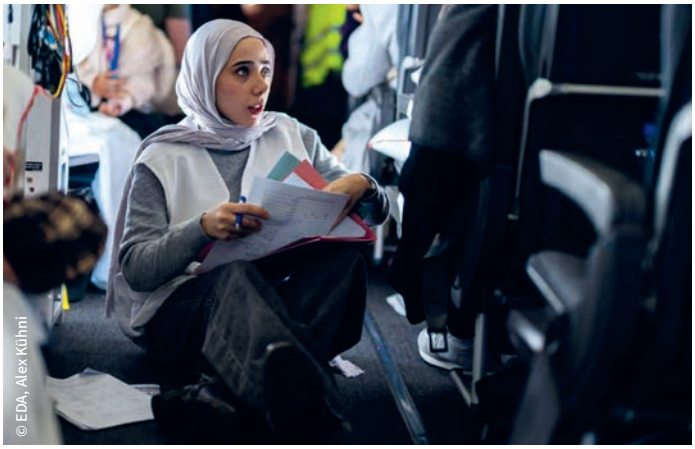
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PHILIPPINES

Assisting people affected by natural disasters

In the country since:	2025
Reason for intervention:	natural disaster
Emergency intervention:	typhoon
Human resources: (FTE)	3 international staff
Cost for 2025:	CHF 652,000

In 2025, the Philippines was hit by several natural disasters. In September, following deadly tropical storms in Ilocos region, MSF distributed hygiene kits. Soon after, when a 6.9 magnitude earthquake struck Cebu province, we responded again by distributing drinking water and hygiene kits.

SOUTH SUDAN

Assisting displaced communities and refugees

In the country since:	1996
Reasons for intervention:	conflict, epidemics, healthcare exclusion
Main activities:	hospital care, general healthcare
Emergency intervention:	cholera
Human resources:	644 staff including
(FTE)	58 international staff
Cost for 2025:	CHF 18,498,000


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In South Sudan, the dire situation was exacerbated by a significant reduction in international funding for humanitarian and development initiatives and the fragility of the national healthcare system in 2025. Rising political tensions and increasing violence further restricted people's access to medical care and other essential services. There was a sharp escalation in armed conflict, with increasing attacks on healthcare facilities, medical staff and patients. We recorded eight attacks on our staff and facilities during the year in locations including Ulang, Old Fangak, Morobo, Yei River and Lankien, where other MSF sections were working.

The cholera outbreak, which began in October 2024, continued to spread across South Sudan throughout 2025, affecting multiple states and putting additional pressure on the overstretched health system. The rapid transmission was fuelled by mass displacement, triggered by conflict; limited emergency surge capacity; and chronically underresourced water, sanitation and hygiene services.
We set up two cholera emergency projects: one in Mayom between January and March and one in Abyei between June and October. In total, we treated 1,323 patients during the year.

Malaria remains the leading cause of illness and death in South Sudan, with outbreaks closely linked to seasonal rains and environmental conditions. The high burden reflects broader gaps in healthcare, including shortages of antimalarial drugs and inconsistent rollout of prevention tools, such as seasonal malaria chemoprevention and insecticide-treated bed nets. MSF conducted chemoprevention ahead of the peak season to protect children under five in the worst-affected counties, including Twic. In the same county, we also continued to support the hospital in Mayen-Abun, one health post and five community healthcare sites. Our teams assisted 2,834 deliveries, admitted 8,326 patients for care, including 571 newborns to the neonatal unit, and conducted 103,373 outpatient consultations.

Since the beginning of the Sudan war in April 2023, more than one million refugees and returnees have crossed into South Sudan, placing an enormous strain on local health services, particularly in Abyei Administrative Area. Many people arrived with nothing after weeks of dangerous travel, having endured violence, including sexual and gender-based assaults, and extortion. 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 4,007 surgical interventions, admitted 8,174 patients for care and carried out 36,574 consultations in the emergency ward. MSF-trained community health workers provided a further 4,337 consultations in community sites.

SUDAN

Responding to spiralling humanitarian needs and repeated outbreaks of diseases

In the country since:	2004
Reasons for intervention:	armed conflict, displacement, healthcare exclusion
Main activities:	general healthcare, sexual and reproductive healthcare
Emergency interventions:	cholera, dengue, measles
Human resources:	311 staff including
(FTE)	67 international staff
Cost for 2025:	CHF 24,706,000


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Throughout 2025, Sudan continued to be ravaged by the ongoing war between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF). The humanitarian situation in the country remains catastrophic. While the warring parties bear primary responsibility, the limited aid response and the global failure to prioritise the protection of civilians and humanitarian access have exacerbated people's suffering. Although some progress was made on bureaucratic hurdles during the year, such as cross-border access to Darfur through Chad, it was often impossible to secure visas and travel permits in the east of Sudan or crossline access in a timely manner. In 2025, MSF teams delivered life-saving assistance to people exposed to atrocities and critical shortages of water, food and medical care, despite attacks on our facilities and access restrictions.

In Khartoum state, we continued to support Umdawanban and Alban Al-Jadeed hospitals, running a range of services, including paediatric and maternal care, nutritional support and emergency treatment for civilians affected by violence. In total, our teams assisted 1,294 deliveries and conducted 27,133 emergency consultations and 28,159 outpatient consultations. In August, in response to a major dengue outbreak in the state, we supported the health authorities by setting up dedicated treatment areas in Al-Ban Jadeed and Omdurman teaching hospitals. As well as treating severe cases of the disease, we assisted with patient transfers and trained Ministry of Health staff.

MSF also continued to tackle the worst cholera outbreak the country has experienced in recent years. Cases exploded in Khartoum in May and there was a new outbreak in Um Rakuba, in eastern Sudan. In response, often in partnership with other aid organisations, our teams set up or expanded treatment centres and oral rehydration points, distributed clean water, donated medical and logistical supplies, and improved sanitation and infection control in the affected areas. In total, we treated 1,680 patients for cholera during the year. Meanwhile, we continued our regular activities in Um Rakuba displacement camp, conducting 88,808 outpatient consultations, 11,641 of which were for antenatal care, and admitting 5,068 patients to our hospital.

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 94,510 outpatient consultations and admitted 6,875 children under five for care. Maternal care was another significant part of our activities in El-Geneina hospital. Pregnant women in Sudan struggle to obtain timely maternal care, due to the conflict, the scarcity of functional clinics and unaffordable transport costs. In total, we assisted 2,421 deliveries, 578 of which were by caesarean section. In Foro Baranga, also in West Darfur, we started to support a health centre and several departments of the hospital, including the paediatric inpatient and emergency wards and the therapeutic feeding centre. In addition, we provided malaria screening and treatment within communities, and administered 78,469 doses of vaccines to children as part of a routine immunisation campaign.

During the year, there was a steep rise in measles cases across the Darfur region due to a lack of routine and reactive vaccination campaigns. In Foro Baranga, we increased our capacity to isolate and treat measles patients and conducted vaccination campaigns, while calling on the authorities and health partners to take urgent measures to curb the outbreak. Many of the children we treated were suffering from acute malnutrition, as well as measles, which increased their risk of developing life-threatening complications.

SYRIA

Supporting emergency care and services for people with blood diseases

In the country since:	2025
Reasons for intervention:	displacement, healthcare exclusion
Main activities:	general healthcare, blood diseases
Human resources:	13 staff including
(FTE)	8 international staff
Cost for 2025:	CHF 2,066,000

In 2025, around one million Syrian refugees returned home, while over six million remained internally displaced, in a country devastated by 14 years of conflict. Entire neighbourhoods have been destroyed, and people face widespread poverty, severe shortages of water, food and healthcare, and the risk of injury from unexploded ordnance. During the year, we took the decision to return to Syria, to resume our work in Sweida and Homs governorates.

Despite relative stability, there were sporadic surges in conflict in several governorates, causing further waves of displacement within the country and over borders. Following an outbreak of violence in Sweida, which forced 180,000 people to flee their homes, MSF started to support emergency room services. As well as donating medical supplies, we rehabilitated facilities and trained healthcare staff. We also supplied fuel for ambulances and distributed blankets, hygiene kits and kitchen equipment to displaced people.

In Homs governorate, we improved services at the blood diseases centre and blood bank by providing medications, training staff and upgrading infrastructure.

MSF continues to address urgent health issues across Syria, while calling on the international community and humanitarian organisations to increase support, funding and coordination to reach those most in need.

TANZANIA

Supporting the Ministry of Health to respond to disease outbreaks

In the country since:	2015
Reason for intervention:	displacement
Main activities:	hospital care, general healthcare, sexual and reproductive healthcare
Emergency interventions:	cholera, Marburg virus disease
Human resources:	231 staff including
(FTE)	42 international staff
Cost for 2025:	CHF 8,614,000

For the past decade, MSF has been the sole provider of specialised healthcare for Burundian refugees in Nduta camp. The population has decreased by 50% since its 2017 peak and stood at 55,000 by the end of 2025. Despite funding cuts and the withdrawal of major partners, our teams remained a reliable presence, as accelerated voluntary repatriations ahead of the planned camp closure in March 2026 increased tensions and fears among refugees. In 2025, as well as running a range of general and specialist services, including maternal and neonatal healthcare and mental health support, our teams continued to speak out about the dire conditions in the camp and the need for sustained international support. During the year, we provided a total of 2,734 outpatient consultations in the camp and surrounding villages and admitted 5,133 patients to the hospital, more than half of them to the maternity unit.

In Liwale, we strengthened maternal and emergency services at the district hospital, by renovating the operating theatre and neonatal intensive care unit and donating biomedical equipment. We also installed solar panels to improve the power supply and upgraded sanitation and waste systems. Elsewhere in the district, our teams enhanced the quality of care by making regular monthly supervisory visits to health centres and donating medical supplies to dispensaries. We engaged with the community to help them obtain the care they needed. In addition, we had an ambulance based in Kimambi, to facilitate around-the-clock emergency referrals.

In January, MSF supported the Ministry of Health to respond to a Marburg virus disease outbreak in Kagera region, in Biharamulo district. As well as assisting with case management within the Marburg treatment unit, we strengthened infection prevention and control measures, trained health staff and donated medical and logistical supplies.

Following the cholera outbreak declared on 18 August in Nyansha ward, Kasulu district, we supported the Ministry of Health's response, focusing on treating patients in the 20-bed cholera treatment centre and curbing transmission by improving infection prevention and control measures and running community awareness-raising activities.

Ahead of the October 2025 general elections, MSF supported emergency preparedness in Dar es Salaam, where unrest risked overwhelming public facilities. At Amana regional referral hospital, and in Buguruni and Magomeni health facilities, our teams assisted with mass-casualty planning, triage, staff training, logistics and referral systems.


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UKRAINE

Supporting people caught up in conflict

In the country since:	2015
Reasons for intervention:	conflict, displacement
Main activity:	mental healthcare
Human resources:	59 staff including
(FTE)	12 international staff
Cost for 2025:	CHF 2,497,000

As the war in Ukraine continued into 2025, MSF teams scaled up activities to assist people experiencing psychological trauma. In Vinnytsia, we run a specialised post-traumatic stress disorder project offering psychological support, health promotion and social assistance. During the year, we saw not only an overall rise in consultations at the clinic, but also an increase in complex and severe cases, with many patients suffering the effects of prolonged exposure to frontlines, including children. Overall, we conducted 4,420 consultations and ran 2,685 community mental health awareness sessions.

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YEMEN

Responding to emergencies and providing hospital care

In the country since:	2015
Reason for intervention:	conflict, epidemics
Main activity:	hospital care
Emergency interventions:	cholera, measles
Human resources:	659 staff including
(FTE)	43 international staff
Cost for 2025:	CHF 23,191,000


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Yemen is experiencing a severe medical humanitarian crisis, exacerbated by deep cuts in international funding. In 2025, escalations in the Middle East, including the Red Sea crisis, posed serious risks for civilians and civilian infrastructure and further hampered the delivery of aid. As funding shortfalls and ongoing insecurity force clinics and hospitals to scale down operations or close altogether, millions of people are left with little or no access to essential services such as maternal care, vaccinations, emergency surgery and treatment for chronic diseases. The facilities that continue to function are overwhelmed with patients and struggle to provide adequate care due to shortages of medicines and staff. This growing strain on the healthcare system is putting more lives at risk. MSF teams continued to deliver a range of medical services, including emergency care, maternal and paediatric services, nutritional support and specialised surgery, in several governorates.

Once again in 2025, facilities where we work in Yemen recorded an increase in malnutrition cases, aggravated by gaps in healthcare and vaccination coverage. Teams offered acute and intensive therapeutic nutritional care in Ibb and Hodeidah governorates through both outpatient and inpatient paediatric therapeutic feeding centres, including the 103-bed inpatient centre in Ad-Dahi.

Maternal and child healthcare remains an important component of our activities in Yemen. In 2025, we ran comprehensive maternal, neonatal and paediatric services, comprising inpatient and outpatient care, ante- and postnatal consultations and assistance with deliveries, including caesarean sections. We provided paediatric and neonatal care for rural communities in Ad-Dahi district, in Hodeidah, conducting 33,021 emergency room consultations and admitting 18,047 children under five for care in this area. 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 3,860 surgical interventions and 25,821 consultations in the emergency room during the year. We also conducted health promotion activities, which were attended by 35,528 people.

Years of protracted conflict, crumbling infrastructure and a lack of access to clean water and sanitation services, compounded by heavy rains, have consistently fuelled the spread of water-borne diseases in the country. 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 Hodeidah. In addition, our teams responded to outbreaks of measles in Hodeidah and Dhamar.

HUMAN RESOURCES

In 2025, HR continued to develop its strategic partnering role for MSF operations, making progress on major organisational change initiatives while also managing a large workload to ensure support for our teams in the field. It is vital that we remain responsive to communities in need and support our staff to continue their work through these difficult times. Meanwhile, we must also look to the future to build the organisational capacity, effectiveness and resilience that we need in order to navigate an uncertain future.

In 2025, Operational Centre Geneva saw the highest-ever number of field staff departures, with a total of over 1,300 individuals leaving to support our programmes around the world. This includes a significant growth (170 versus 115 in 2024) in the number of local staff leaving one country to work in another. This programme is growing year on year and provides important surge capacity for our operations, opportunities for learning and career growth for our staff and important cross-fertilisation between projects and countries of operations. The increase in the number of departures reflects our continued commitment to growing our emergency response portfolio. Emergency response requires shorter-term assignments for field staff due to the intensity of the work and changing needs as emergency situations develop. An enormous amount of work goes into sustaining this level of activity, and we can be proud of the efforts of our HR department and all our teams to deliver this level of support during the year.

While managing this significant volume of activity, we also worked on developing new compensation and benefits packages that are more suited to the evolution of our global workforce, reducing disparities and aligning practices across different entities and programmes throughout MSF. We made progress on improving gender balance, safeguarding and our approach to people management and development. Finally, we are in the process of deploying a new HR information system for all our staff. I am amazed that the HR team has been able to support all these activities this year, and I offer them sincere thanks and congratulations for all the work they do.

The 2025 "Breaking Barriers" campaign represented our most significant organisational efforts to advance gender inclusion. Launched as a strategic response to observed gaps in gender representation, leadership pathways and workplace culture, the campaign looked at cultural and structural barriers to improving gender balance at all levels of the organisation. We held a series of workshops with colleagues from countries of operations around the world, exploring workplace culture, recruitment and attraction practices and career development opportunities. We launched the "Women in Leadership" mentoring programme, with 43 participants from 30 countries participating in the first year, and we established Diversity Equity and Inclusion (DEI) focal points in most of our projects to work on contextualised initiatives to improve gender balance, along with other DEI considerations. We also included male colleagues in structured conversations to reflect on allyship, the use of power and how their behaviour and decisions shape women's experience in the workplace. In total, more than 2,000 staff members engaged in activities linked to the campaign in one form or another. Unfortunately, we are still not seeing a significant increase in the number of women in our workforce. There are some positive changes, with more women departing for first assignments (57% of first-assignment departures were women in 2025) and some improvements in some countries in the number of women in managerial positions. We are laying important foundations, but we must do more.

Building people's skills and expanding their learning opportunities remains a core activity for MSF. Once again, over 5,000 learners were enrolled in our training programmes in 2025, 48% of them women (up 8% in comparison to the previous year). Field staff represented 95% of the enrolled learners and included a variety of genders, nationalities and job roles. The majority of the learning programmes were delivered onsite in our countries of operations, ensuring better accessibility for field workers, and promoting inclusive, high-quality learning that emphasised practical application and workplace skills transfer, with specific adaptation to each field and operational context.

We also sustained our efforts to address abuse through prevention, detection and response to reported cases in 2025. We saw increases in the number and severity of sanctions in response to behavioural issues, and in the number of cases reported through our integrity line portal. While this shows an improvement in trust in our systems, greater efforts need to be made to better protect patients, community members and staff. We are therefore making significant investments in a more comprehensive approach to safeguarding.

This summary of activities does not do justice to the work that our HR and field teams accomplished during the year. Once again, in 2025, 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.

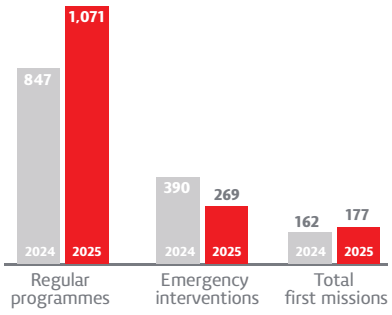
Kate Mort, Human Resources Director

7,944
field staff

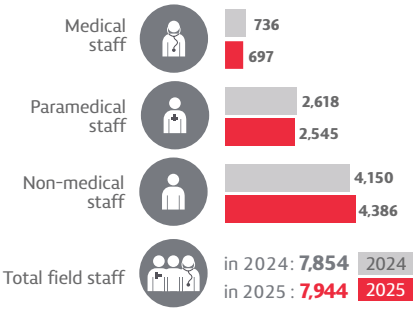
371
headquarters staff

1,212
volunteer hours in Switzerland

Field mission departures 2024 - 2025



Staff by occupation (FTE) 2024 - 2025

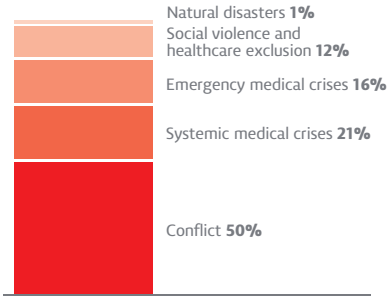


HR: Human resource data is provided on a full-time equivalent (FTE) basis.
Statistics do not include casual employees, or staff from Ministries of Health working within our programmes.

FINANCIAL RESULTS

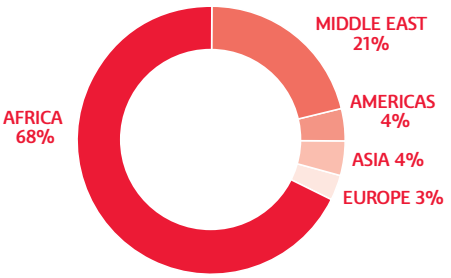
In 2025, the humanitarian and global health sector experienced a severe funding crisis. Existing funding schemes were re-evaluated and many were drastically reduced, creating a climate of uncertainty for all aid organisations. MSF Switzerland did not suffer major losses but our teams witnessed the consequences of the cuts in the places where we worked and endeavoured to fill the gaps. Our organisation continued to grow, with global expenditure reaching CHF 373.9 million; operational expenditure represented CHF 267.6m, a 4.9% increase compared to 2024. MSF spent these funds in 112 projects across 33 countries. At the end of 2025, we recorded a CHF 3.7 million surplus, compared to CHF 1.1 million in 2024.

Programme costs by reason of intervention



In Sudan and eastern Chad, which remained key areas of intervention, we continued to develop and adapt our activities. In addition to running the project in El-Geneina, we started to work in Foro Baranga in southwestern Sudan. MSF made a specific contribution to the Sudan Family Planning Association, as a pragmatic way to keep maternity services running in El-Geneina. In Magaria, Niger, we maintained our regular nutrition activities and also launched an extensive emergency response to tackle malnutrition and malaria during the peak season, with the opening of a dedicated project. DRC was the single main country of intervention in 2025. As well as regular malaria and surgery activities in Angumu and Bunia, we carried out emergency cholera interventions along the Congo River, which were managed by our dedicated emergency response team in Kisangani. MSF Switzerland's total expenditure in sub-Saharan Africa amounted to CHF 185.8 million or 68% of the operational budget.

Programme costs by continent



As a result of geopolitical developments in the Middle East, we reorganised our Lebanon mission (CHF 12.8 million), treating it as an emergency context throughout the year. Our main activities were sexual and reproductive healthcare and assistance to displaced, refugee and local communities. We continued to work in Yemen, despite the challenging administrative environment, spending a total of CHF 23.2 million during the year. In Iraq, we plan to close our Mosul project and hand activities over to local authorities.

MSF Switzerland initiated several new projects during 2025. In Syria, we launched an emergency response to assist displaced people, as well as a longer-term project on blood diseases. We also made preparations for two new projects in Ethiopia, and we are gradually switching our emergency activities in the Philippines and Cambodia to longer-term programmes.

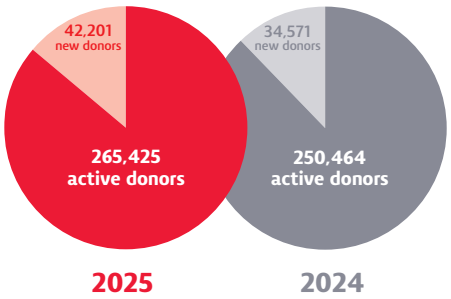
We also worked in Europe, Central America and Asia, on more targeted projects (for example, mental health support for patients with post-traumatic disorder in Ukraine and assistance for people affected by cyclones and tropical storms in the Philippines). In general, these were smaller-scale interventions. Meanwhile, we started to wind down our activities in Greece and hand the project over to MSF Belgium. We aim to complete this transfer by mid-2026.

In terms of fundraising, MSF Switzerland collected a record CHF 213.8 million in 2025. Income streams such as large and medium-sized donors and digital giving performed well, due in particular to extensive media coverage of the ongoing humanitarian crisis in Gaza. Our fundraising team worked hard to expand our base of regular donors, boosting the number to 86,000 by the end of 2025. They now make up over 30% of the total 265,425 active individual donors to MSF Switzerland. During the year, we used part of the EUR 35 million grant we received from the Ikea Foundation in 2024 (CHF 14 million).

The Swiss Agency for Development and Cooperation made a CHF 11.9 million contribution to MSF Switzerland's activities, out of a total of CHF 16.3 million public funding received in 2025. The Geneva canton is also a loyal contributor to our budget (CHF 1.7 million), as is the Government of Canada (CHF 1.6 million).

MSF Switzerland also benefited from CHF 173.6 million in contributions from the MSF Movement, made possible by the increased performance of fundraising in major markets such as the US and the UK.

Swiss private donations



Expenditure (in thousands of Swiss francs)

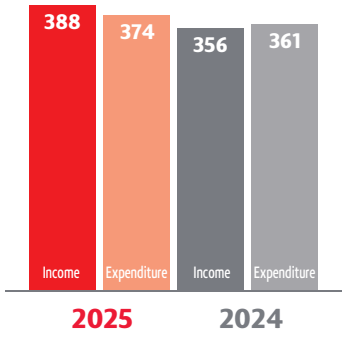
	2025		2024	
Programme	267,619	71,6%	254,478	70,4%
Programme support	38,783	10,4%	38,200	10,6%
Funding of partner sections' activities	29,881	7,9%	34,255	9,5%
Advocacy, awareness raising & other humanitarian activities	4,799	1,3%	4,629	1,3%
Social mission expenses	**341,082**	**91,2%**	**331,562**	**91,8%**
Fundraising in Switzerland	23,646	6,3%	21,186	5,8%
Management and administration	9,194	2,5%	8,711	2,4%
Administration expenses	**32,840**	**8,8%**	**29,897**	**8,2%**
TOTAL EXPENDITURE	**373,922**	**100%**	**361,459**	**100%**

Some of the funds received in Switzerland were distributed to other MSF sections, notably for the Gaza emergency (CHF 7.9 million) for interventions managed by MSF France and MSF Spain. Funds were also allocated to projects in Afghanistan, Pakistan and Bangladesh, where MSF Switzerland is not present.

We made significant investments in multi-year support projects that will be finalised in 2026, notably in Human Resources (HR), with the integration of a dedicated HR information system that will help MSF streamline HR-related procedures and deal with all staff lifecycle processes in a more systematic way. We also invested in systems to help us plan and forecast resources both in the field and at headquarters, such as the introduction of barcode readers to manage stocks and inventories in our projects.

Income and expenditure

(in millions of Swiss francs)



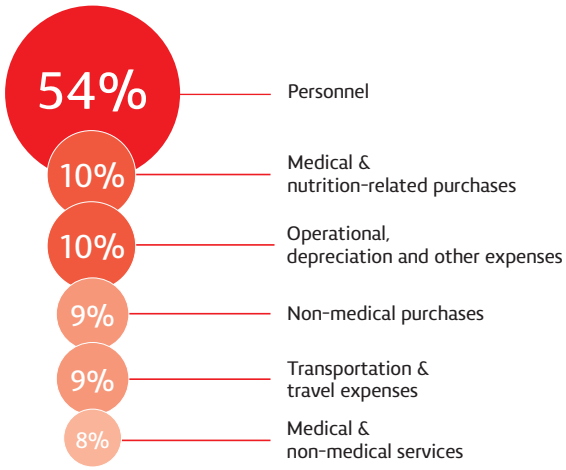
At the end of the year, MSF Switzerland recorded an operating surplus of CHF 14 million. This was largely due to the Movement's excellent fundraising performance, which exceeded forecasts. However, the financial result showed a CHF 10.3 million deficit, driven primarily by the depreciation of the USD against the CHF following the revaluation of liquidity balances in USD at year-end. This takes the net result to a CHF 3.7 million surplus, close to equilibrium.

The 2025 result provides good visibility for 2026 and 2027 budget projections, as our cash reserves represent 5.6 months of activity.

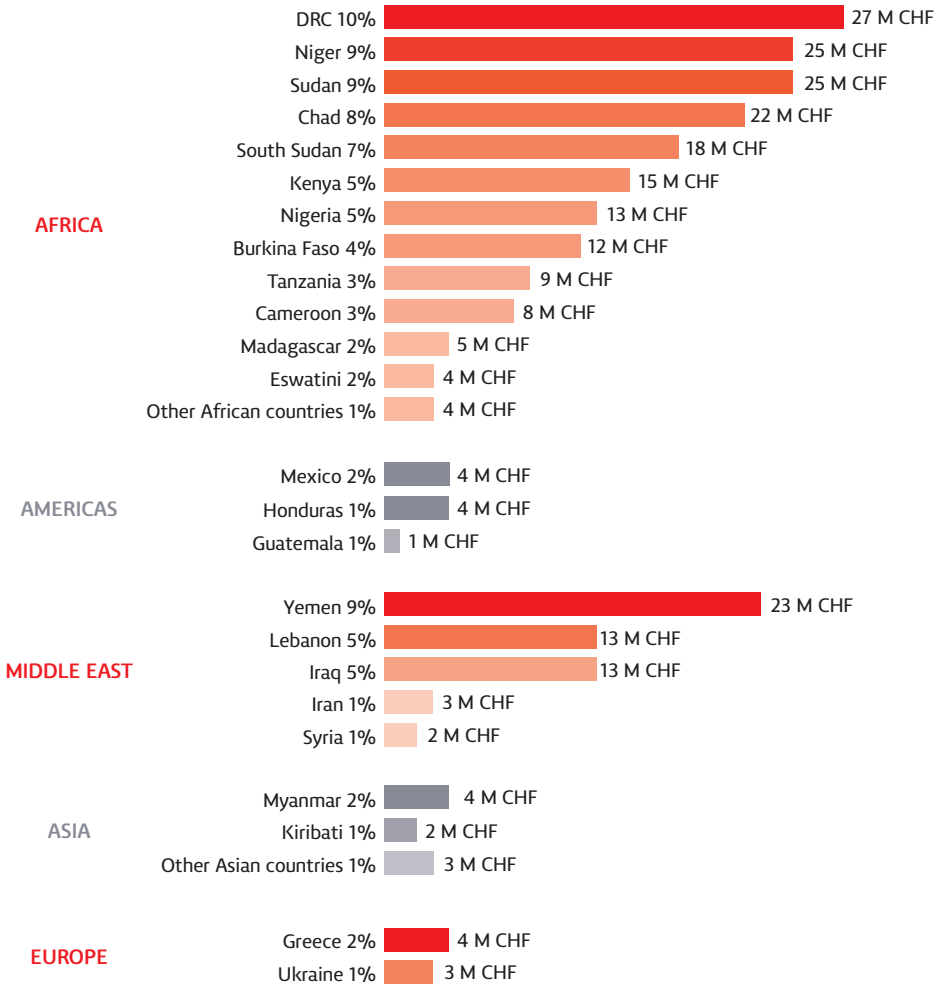
We are extremely thankful to all our supporters, whose contributions enabled us to maintain our lifesaving services for people most at need in 2025. The changes affecting the humanitarian sector exposed significant weaknesses, from which MSF was largely shielded thanks to our distinctive funding model. We would also like to commend our dedicated staff on the ground, who continue to deliver care to patients amid persistent global uncertainty.

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 2025. This year, 265,425 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)
- 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
- Cartier Philanthropy
- Däster-Schild Stiftung
- EF Education First AG
- 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
- Medicor Foundation
- République et canton de Genève
- Second Mile Stiftung
- Stiftung Fürstlicher Kommerzienrat Guido Feger
- The Ambrogio Foundation
- walter haefner stiftung
- Gebauer Stiftung
- UK Online Giving Foundation
- Stiftung Symphasis
- Eckenstein-Geigy-Stiftung
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We would like to sincerely thank:

- Acuity GmbH
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- Be Happy Foundation
- Blaser Swisslube AG
- C + S AG
- Canton du Valais
- Charlotte und Nelly Dornacher Stiftung
- Commune de Bernex
- Commune de Collonge-Bellerive
- Commune de Plan-les-Ouates
- Commune de Troinex
- Cosanum AG
- Cynkra GmbH
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- Elbro AG
- Erica Stiftung
- Eversheds Sutherland AG
- Fondation Alfred et Eugénie Baur
- Fondation Hubert Looser
- Fondation Johann et Luzia Graessli
- Fondation Papoose
- Fondation Tellus Viva
- Fondation W. et E. Grand d'Hauteville
- Fondazione Araldi-Guinetti
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- HOTEL BRISTOL SAAS-FEE AG
- HTP HiTech Photopolymere AG
- Hydro Building Systems Switzerland AG
- ITSIS GmbH
- Jensen AG Burgdorf
- Kanton Luzern
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- Kanton Zürich
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- Mdpi AG
- Menzli Sport AG
- Merumpress AG
- Mitarbeitende der Zurich Insurance Group
- MRT Zentrum Suhr
- Musgrave Charitable Trust Ltd
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- Rolf Hänggi AG
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- Spline AG
- Srg Engineering R.G. Riedweg et Gendre Sa
- Stadt Bern
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- Stadt Zug
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- Ville de Genève - DGVS
- Ville de Vevey
- Ville du Grand-Saconnex
- VZ Dachstiftung für gemeinnützige Zwecke
- Walter und Louise M. Davidson-Stiftung
- WIR TEILEN: Fastenopfer Liechtenstein
- workfashion.com AG *
- Z Zurich Foundation
- Zero Zero Baden
- Züger Frischkäse AG

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
- Ruedi Fasnacht & Maja Hanselmann
- Peter Flubacher
- Monica Grandini

* in-kind donations exclusively

Many thanks to our **265,425** donors

- Vercoutere Family
- Urs Witzig
- Maya Homburger & Barry Guy
- Marianne Kienast-Krapf
- Sabine Reber
- Hannelore & Felix Wattenhofer
- Marcel Zemp
- Heinrich & Jenny Heusser
- Barbara Weilenmann
- Familie Beeler

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
- The Circle of Young Humanitarians
- Zurich Pop Con

Finally, we would like to thank all those who volunteered time and energy to help MSF in 2025:

- Serge Abramowski
- Delphine Berthod
- Ismahan Ciftci
- Graziella De Vecchi
- Bettina Debrunner
- Evelyne Devaud
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- Berhard Frey
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- Simon Mueller
- Melanie Premstaller
- Guénaèle Rota
- Dominique Schwab
- Kiyoshi Sugimoto
- Corine Wagner
- Erika Widmer

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 2025

- Micaela Serafini, President
- Wacuka Maina, Vice-president
- Jana Armstrong, Treasurer (until May 2025)
- Max Morel, Treasurer (from June 2025)
- Bruno Lab, Secretary (until May 2025)
- Fleur Pialoux, Secretary (from June 2025)
- Silas Adamou Moussa
- Julie Habran (until May 2025)
- Reveka Papadopoulou (until May 2025)
- Naoufel Dridi
- Oskar Bänziger
- Lisa Merzaghi (from May 2025)

Co-opted Board Members:
- Aine Markham (until May 2025)
- Max Morel (until May 2025)
- Frederique Jacquerioz (until May 2025)
- Ahmad Samro (until May 2025)
- Heinz Bähni, (from August 2025)

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 2025

- Jana Armstrong, Treasurer of MSF Switzerland and Chair of the Finance Commission (until May 2025)
- Max Morel, Treasurer of MSF Switzerland and Chair of the Finance Commission (from June 2025)
- Micaela Serafini, President of MSF Switzerland
- Siegfried Mayrhofer, Treasurer of MSF Austria (from October 2025)
- Leo Ho, President of MSF Austria
- Michael Braumoeller, Treasurer of MSF Germany
- Wacuka Maina, Member of MSF Switzerland
- Kerry Atkins, Treasurer of MSF Australia
- Akash Kapoor, Treasurer of MSF Canada
- 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 2025

- Sandra Tacina, Member of MSF USA and co-chairperson of the Human Resource Commission
- Scarlett Wong, Member of MSF Australia and co-chairperson of the Human Resource Commission
- Micaela Serafini, President of MSF Switzerland
- Liana Mailli, Member of MSF Greece
- Lisa Merzaghi, Member of MSF Switzerland (from July 2025)
- 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 2025

- Stephen Cornish, General Director
- Ricardo Rubio, Deputy General Director
- Lai Ling Lee Rodriguez, Deputy General Director
- Kenneth Lavelle, Operations Director
- Monica Rull, Medical Director (until April 2025)
- Lucas Molfino, Medical Director (from May 2025)
- Matthias Chardon, Finance Director
- Kate Mort, Human Resources Director
- Marc Joly, Communications and Fundraising Director
- Benjamin Lanneau, Director of Logistics and Supply
- Pascale Cornut, Information System Director

The General Assembly appoints an auditor to audit MSF Switzerland's annual accounts. Deloitte, Geneva, was appointed by the Board of Directors in May 2021 and has performed this function since then.

Risk evaluation

As part of its annual planning cycle, MSF Switzerland conducts a comprehensive risk assessment, which is updated each year to address and anticipate changes in the organisational and operational context in which MSF operates. Led by the Management Team, reviewed by the Finance Commission and approved by the Board of Directors, this analysis aims to ensure a shared understanding and alignment between the Board and the Executive on the level of risk the organisation is prepared to accept.

The assessment covers risks arising from external environments in which MSF operates as well as internal processes and governance. The main risk categories include strategy, safety and security, human resources, medical activities, behavioural abuse, fraud and corruption, legal and compliance, information management, finance, fundraising and communication.

This process enables MSF Switzerland to identify major risk events, assess their likelihood and potential 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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