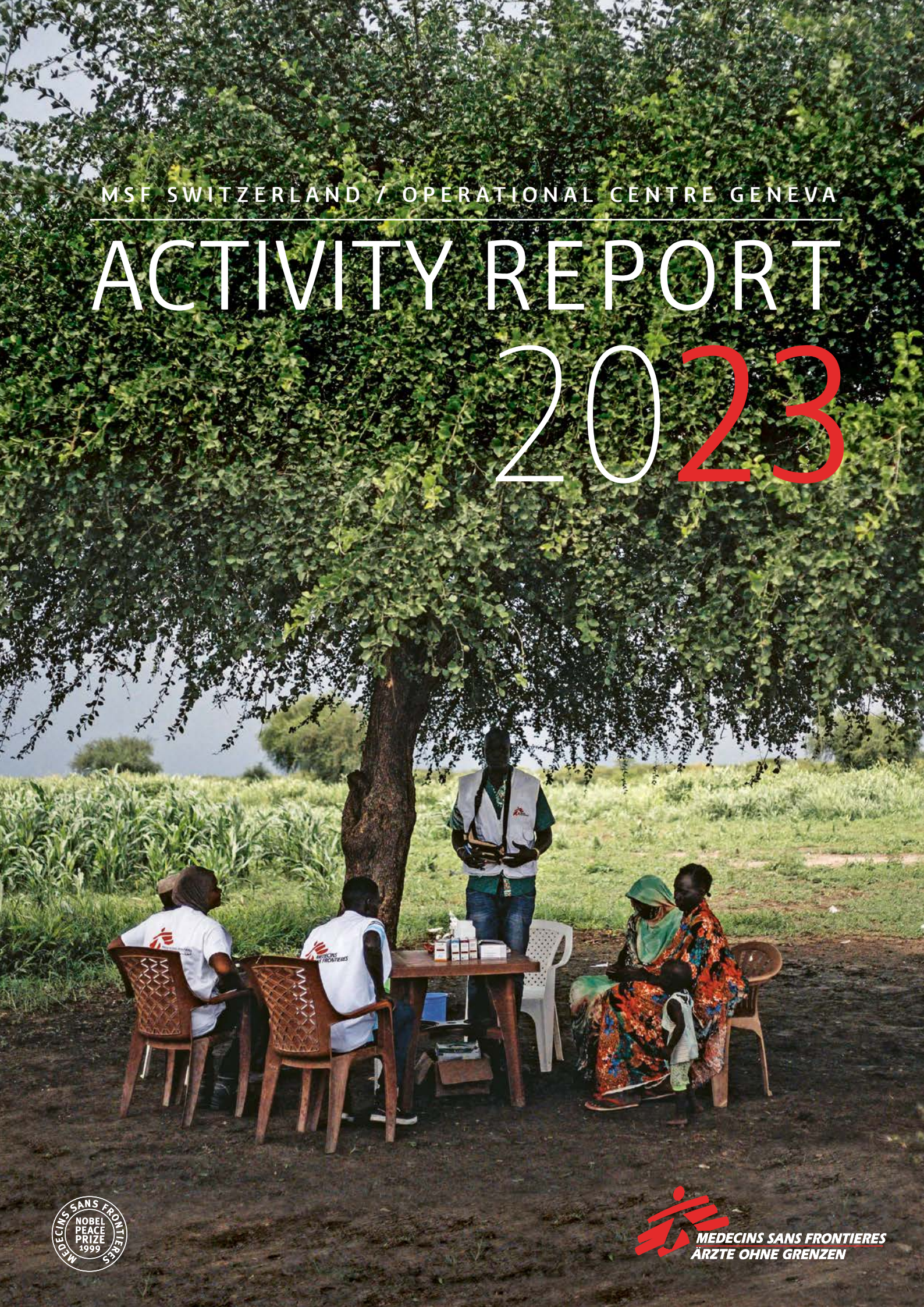


MSF SWITZERLAND / OPERATIONAL CENTRE GENEVA

ACTIVITY REPORT 2023



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

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

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

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

The Movement has six operational centres – MSF France, MSF Belgium, MSF Switzerland, MSF Holland, MSF Spain and MSF West Africa – which directly manage MSF's missions. The partner sections contribute to MSF's work through their recruitment efforts and by collecting funds, gathering information and providing medical and operational support.

This Activity Report takes the place of the Performance Report. It was prepared in accordance with the provisions of the Swiss GAAP, FER/RPC 21. The audited financial statements are available on the website of MSF Switzerland. This report is a translation. Only the French version is legally binding.

IMPRESSUM

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The staggering human suffering caused by brutal wars in Sudan, the Democratic Republic of Congo, Gaza and Ukraine continue to challenge our principles, our medical operations and our témoignage. MSF's ability to adapt, innovate and collaborate has never been more crucial. In 2023, we drew inspiration from the collective spirit and dedication of our frontline workers, who define our organisation. From the bustling streets of Honduras to refugee camps in Kenya and remote corners of Myanmar, our commitment to serving those in need knows no bounds. An external review of the progress made on operational centre Geneva's Strategic Plan 2020-2023 revealed its aspirational nature, a robust framework of action and significant progress to date, along with a clear direction of travel and recommendations for the years ahead.

Within its central ambitions, operational centre of Geneva has achieved significant results in its medico-operational day-to-day activities and witnessed a continuous rise in its emergency response activities. The foundation for transformative change has been laid, showcasing improved operational negotiation skills and the initiation of closer collaborations through our 'patients and populations as partners' approach.

Continuous investment in our staff has borne fruit, with a more robust integration of operational centre of Geneva's duty of care in our onboarding activities, and a renewed learning culture, improving access to learning opportunities. To boost diversity, equity and inclusion, innovative measures have been implemented in our field projects. Through workshops and ongoing dialogue, we are fostering a culture of belonging where every voice is heard and valued.

These past few years have also marked the beginning of a focus on planetary health, with our publication of one of the first roadmaps produced by a humanitarian organisation targeting a 50% reduction in carbon emissions by 2030. A planetary health lens has been included in the design of programmes in countries like Madagascar, Mozambique and Honduras. Our programmes are progressively guided by an understanding of the interconnectedness between environmental and human health.

We are showing clear advances in our evolution towards a truly networked organisation and in shifting decision-making closer to the field through a flourishing Central America and Mexico Integrated Office, a refreshed strategic plan in Dakar, a new operations desk and medical unit in Amman, and plans for collaborative efforts with MSF and external partners in Asia.

These achievements were made possible thanks to strategic enablers in place for their implementation, including exceeding MSF Switzerland's fundraising objectives from both French and German supporters, excellent financial management and committed and energetic staff.

The highest executive body of the MSF Movement made the positive decision to extend the Strategic Planning process by two years. Consequently, the plan will now cover the period up to December 2025. We come together with a common purpose, and a determination to embark on this journey to make a meaningful difference in the world.

As we embrace the future with purpose, we acknowledge the incredible generosity of all our amazing supporters and thank you for your engagement and commitment to our social mission.



Reveka Papadopoulou
President



Stephen Cornish
General Director

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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.



MEXICO

Since 2013
 Projects: Acapulco, Matamoros, Reynosa
 HR: 143 incl. 26 international
 Costs: CHF 6,716,000

GUATEMALA

Since 2021
 Projects: La Gomerá, Quetzaltenango
 HR: 86 incl. 12 international
 Costs: CHF 3,547,000

HONDURAS

Since 1998
 Projects: Choloma, Tegucigalpa
 HR: 147 incl. 13 international
 Costs: CHF 5,576,000

COSTA RICA

Since 2023
 Project: Paso Canoas
 HR: 1 international
 Costs: CHF 116,000

KIRIBATI

Since 2022
 Project: Tarawa
 HR: 8 international
 Costs: CHF 1,201,000

BULGARIA

Since 2023
Project: Harmanli
HR: 4 international
Costs: CHF 581,000

GREECE

Since 2016
Projects: Athens, Samos
HR: 133 incl. 13 international
Costs: CHF 5,780,000

CHAD

Since 2020
Projects: Aboutenge, Adré,
Moyen Chari, N'Djamena
HR: 203 incl. 48 international
Costs: CHF 15,876,000

NIGER

Since 2005
Projects: Magaria, Tesker,
Torodi
HR: 563 incl. 41 international
Costs: CHF 15,162,000

NIGERIA

Since 2016
Projects: Bauchi, Plateau State
HR: 165 incl. 22 international
Costs: CHF 6,013,000

BURKINA FASO

Since 2017
Projects: Djibo, Kaya, Kongoussi
HR: 528 incl. 38 international
Costs: CHF 12,706,000

CAMEROON

Since 2000
Projects: Kousseri, Mora, Yaoundé
HR: 204 incl. 19 international
Costs: CHF 7,161,000

SUDAN

Since 2004
Projects: El Geneina, Gedaref,
Khartoum
HR: 322 incl. 45 international
Costs: CHF 17,682,000

SOUTH SUDAN

Since 1996
Projects: Abyei, Paloich, Twic
HR: 635 incl. 63 international
Costs: CHF 20,197,000

CONGO (DRC)

Since 2001
Projects: Angumu, Bunia,
Drodro, Kisangani, Tshopo
HR: 662 incl. 73 international
Costs: CHF 26,652,000

ANGOLA

Since 2021
Project: Benguela
HR: 88 incl. 12 international
Costs: CHF 2,287,000

UKRAINE

Since 2015
Projects: Dnipro, Pokrovsk-
Sloviansk, Vinnytsia
HR: 192 incl. 33 international
Costs: CHF 8,099,000

LEBANON

Since 2008
Projects: Akkar, Bekaa Valley
HR: 233 incl. 34 international
Costs: CHF 13,193,000

TÜRKIYE

Since 2023
Project: Hatay
HR: 2 international
Costs: CHF 1,550,000

ARMENIA

Since 2021
Projects: Stepanakert, Yerevan
HR: 43 incl. 10 international
Costs: CHF 2,521,000

IRAQ

Since 2007
Projects: Mosul, Sinuni, Tal
Afar
HR: 373 incl. 39 international
Costs: CHF 13,873,000

IRAN

Since 2022
Projects: Kerman, Teheran
HR: 74 incl. 12 international
Costs: CHF 2,784,000

KYRGYZSTAN

Since 2005
Projects: Batken, Chui
HR: 133 incl. 20 international
Costs: CHF 3,299,000

DPR OF KOREA

Since 2019
Project: North Hamgyong
Province
HR: 2 international
Costs: CHF 314,000

MYANMAR

Since 2000
Projects: Dawei, Yangon
HR: 143 incl. 9 international
Costs: CHF 3,476,000

YEMEN

Since 2015
Projects: Ad-Dahi, Al Bayda,
Dhamar, Ibb
HR: 627 incl. 33 international
Costs: CHF 22,492,000

SOMALIA

Since 2017
Projects: Dhobley, Jubaland
HR: 7 international
Costs: CHF 1,743,000

KENYA

Since 2007
Projects: Dadaab, Garissa,
Mombasa
HR: 826 incl. 28 international
Costs: CHF 10,583,000

MOZAMBIQUE

Since 1992
Project: Nampula
HR: 107 incl. 17 international
Costs: CHF 3,823,000

MALAWI

Since 2023
Project: Machinga
HR: 4 international
Costs: CHF 601,000

ESWATINI

Since 2007
Projects: Matsapha, Shiselweni
HR: 90 incl. 14 international
Costs: CHF 3,238,000

MADAGASCAR

Since 2022
Projects: Ikongo, Nosy Varika
HR: 136 incl. 23 international
Costs: CHF 3,781,000

TANZANIA

Since 2015
Projects: Kilwa, Liwale, Nduata
HR: 466 incl. 32 international
Costs: CHF 7,943,000

2023 timeline

Ukraine



On 16 January, a residential building in the centre of Dnipro is attacked and destroyed. Within a few hours, MSF teams are treating light casualties on the spot and transferring more seriously injured people to the hospital. They also provide psychological care and non-food items to survivors.

Madagascar



In the wake of Cyclone Freddy, MSF teams assess the situation and prepare to scale up their medical activities to meet the multiple needs arising from the malaria season and an alarming malnutrition crisis in the southeast.

Chad



Hundreds of thousands of Sudanese people start crossing the border seeking refuge in camps around Adré. MSF teams provide lifesaving medical care to displaced people and host communities facing enormous needs.

Nigeria



To address the growing nutritional crisis in Nigeria's Northwest zone, which has some of the worst health indicators in the country, MSF steps up activities and opens three new therapeutic outpatient feeding centres.

Honduras



To tackle the rise in dengue incidence in Honduras, MSF starts working with local communities and health authorities to develop innovative prevention methods, including the release of mosquitoes carrying the naturally occurring *Wolbachia* bacteria, which reduces the mosquitoes' ability to transmit arboviruses.

Greece



MSF publishes a report based on medical and operational data, as well as survivors' testimonies, collected on the islands of Samos and Lesbos between 2021 and 2023, denouncing inhumane treatment at Greek maritime borders.

JANUARY

FEBRUARY

Syria

On 6 February, a major earthquake strikes southeast Türkiye and northwest Syria, killing more than 45,000 people. Our teams already working in Syria join forces with local partners to respond to the urgent needs and support overwhelmed health facilities.



MARCH

APRIL

Sudan

On 15 April, when conflict breaks out in Sudan, MSF teams quickly launch an emergency response to scale up their activities in the hospitals they support.



MAY

JUNE

Sudan

Our teams hear more and more harrowing testimonies from Sudanese patients arriving at the hospital in Adré, who report being subjected to violence, including sexual violence, and witnessing massacres and looting. MSF calls on all parties to the conflict to protect civilians and allow them to leave the area safely.



JULY

AUGUST

Yemen

In response to a major measles outbreak, MSF teams adapt their activities to treat growing numbers of patients and call for access to the vaccine to be guaranteed.



SEPTEMBER

OCTOBER

Occupied Palestinian Territory

On 7 October, Hamas militants execute more than 1,200 Israelis. The Israeli armed forces retaliate by launching airstrikes and a ground offensive that have killed tens of thousands of Gazans and displaced more than 70% of the population. Despite the insecurity and lack of access to essential resources, MSF teams continue to work tirelessly to meet the enormous needs.



NOVEMBER

DECEMBER

Chad

As part of our efforts to find solutions for the rapid deployment of sustainable energy sources in emergencies, an MSF logistics team installs a solar-powered container in eastern Chad. The container is helping supply the energy we need to provide healthcare to more than 50,000 Sudanese refugees in the area.



Overview of the year 2023

Assisting people affected by violence was a major focus of our operations. In countries such as Sudan, Yemen, Burkina Faso, Ukraine and the Occupied Palestinian Territories, we responded to the ever-growing needs of people who had fled their homes with the hope of settling somewhere safer. We also bore witness to the many violations committed in these war-torn countries, including the targeting of civilians and medical infrastructure and personnel.

Our teams saw an alarming rise in disease outbreaks during the year. More than half of our emergency interventions involved responding to epidemics, including outbreaks of haemorrhagic fever, measles and cholera, as well as re-emerging diseases such as diphtheria. We tackled these outbreaks by setting up appropriate treatment facilities and carrying out large-scale prevention work, such as vaccination campaigns and water, hygiene and sanitation activities, to protect communities.

Once again this year, natural disasters linked to climate change caused enormous levels of destruction and displacement in numerous countries around the world, with major consequences on people's health and livelihoods.

As well as running a wide range of regular activities, MSF managed 51 emergency interventions in 2023, including responses to conflicts, disease outbreaks and natural disasters. MSF teams worked in 33 countries, delivering medical humanitarian assistance to thousands of people. And even if we were sometimes overwhelmed by the scale of their needs or frustrated by the fact that history was repeating itself, those feelings immediately disappeared when we were confronted with the reality of lives hit hard by such crises. We remained by their sides through our projects, committed to helping them as much as possible.

Unexpected financial constraints and the need to prioritise the allocation of resources across the MSF Movement in 2023 also meant that we had to make difficult operational decisions. These included closing missions in Angola and Somalia and some projects in Kyrgyzstan, Iraq, Ukraine and Honduras. However, in both Angola and Somalia, we continue to work with the authorities and other partners to maintain surveillance and our capacity to respond to any acute emergencies in the future.

Emergency responses in conflict settings and in camps for displaced people

In places affected by war, medical needs have increased as access to healthcare has become more and more restricted. Healthcare systems already on the brink of collapse have been put under even greater strain. This has resulted in a

decline in routine activities such as vaccination coverage and an increase in malnutrition among children.

Since the outbreak of conflict on 15 April 2023, the already dire humanitarian situation in Sudan has spiralled into a massive emergency, with the provision of aid further hindered by insecurity, violence and bureaucratic access restrictions. Although we had to evacuate most of our international staff, we maintained teams in the country so that we could launch an emergency response and continue supporting hospitals in Khartoum, Al-Gedaref state and West Darfur. As the conflict evolved, we were forced to suspend our activities several times, but we resumed them as soon as security conditions allowed and the necessary staff and equipment were in place. The only exception was Omdurman hospital, a facility we used to support near Khartoum, where we have not been able to resume our activities. Half a million refugees have sought shelter in neighbouring Chad, in a region where water, food and access to healthcare were already scarce. Despite the immense humanitarian needs, international attention and funding have been limited so far. MSF teams have been working in one official camp and in informal settlements in the city of Adré to provide access to both general and specialised healthcare. Much of our work has involved building water and sanitation facilities to prevent the spread of water-borne diseases.

The humanitarian crisis in Ituri, Democratic Republic of Congo (DRC), currently shows no signs of abating, with civilians bearing the brunt of the violence. As well as supporting medical facilities in Drodro and Angumu, we opened a new project in Bunia, offering surgical care for war-wounded patients. Low vaccination coverage and high levels of malnutrition have heightened the health risks for people displaced by the conflict. In response, MSF conducted mass-vaccination campaigns, during both emergency responses and routine activities, reaching a total of 617,211 children under the age of 5.

Likewise, the situation remained volatile in Abyei, a disputed area between Sudan and South Sudan, and in Twic county, where intercommunal fighting over control of the border broke out in 2022. We continued to deliver inpatient and outpatient care in the area, with MSF-trained community health workers managing health posts inside the displacement camps.

In both Ukraine and Armenia – especially in Nagorno-Karabakh region, where tensions escalated in 2023 – MSF teams worked to assist people caught up in conflict, focusing on mental health support. Tens of thousands of families were affected by violence and forced displacement and now feel they have very few prospects for the future.



620,478

malaria cases treated



1,343,539

children vaccinated during measles outbreaks



732

HIV patients on antiretroviral treatment



833

tuberculosis patients



177

multidrug-resistance patients



132,556

non-communicable diseases consultations

Infectious diseases

Our teams were kept busy by cholera in many countries, such as Mozambique and Malawi, in the aftermath of cyclones, and Lebanon, where it spread quickly through makeshift camps due to poor hygiene conditions. Our water, sanitation and hygiene activities entailed cleaning, setting up water storage facilities, carrying out tap maintenance and building latrines and showers in settlements and camps hosting displaced people, to prevent the spread of this water-borne disease. Our teams also worked closely with the health ministries in Lebanon, Somalia, Malawi, Mozambique, Cameroon and Yemen to set up cholera treatment units or expand existing ones. The worldwide shortage of cholera vaccines posed a major challenge – our current stocks only enable us to respond to outbreaks, not to vaccinate against future epidemics. Our advocacy teams continue to play a key role in drawing attention to this issue and have developed dedicated guidelines for our staff engaged in response and policy work on missions.

Many national immunisation programmes have still not recovered from the disruptions caused by the COVID-19 pandemic, resulting in a drop in vaccination coverage and a rise in outbreaks of vaccine-preventable diseases. For the first time in decades, there have been large-scale outbreaks of diphtheria affecting several countries in different geographical regions. In 2023, our emergency teams responded to outbreaks in Niger, Nigeria, Chad and Yemen. However, our activities were hampered by a global shortage of vaccines and the antitoxin used to treat the disease. Without early access to treatment, it can be fatal in around 30% of unvaccinated patients.

Overall, in 2023, MSF vaccinated 1,343,539 children against measles in DRC, Chad, Yemen and Tanzania, as well as 7,420 children against meningitis in Niger. To overcome resistance and other challenges associated with vaccination, our awareness and health promotion teams ensure that people have information about how a vaccine works and know when and where they will be able to receive one. They also answer any concerns and offer reassurance.

Natural disasters and climate change

Following a natural disaster, such as an earthquake or floods, we seek to immediately restore access to general healthcare for displaced people, initially through mobile clinics. We distribute relief items and instal water and hygiene facilities as soon as possible so that their basic needs are met. We carried out these activities in several locations in 2023.

In Madagascar, we supported communities affected by a devastating cyclone at the beginning of the year. Not only were crops destroyed; roads and bridges were damaged, making it very difficult for people to seek healthcare. Many had to travel along dangerous, uneven roads or flooded paths to reach MSF facilities. To ensure remote communities could receive the care they needed, MSF teams ran mobile clinics using boats, cars and motorbikes in hard-to-reach areas. In Nosy-Varika, one of the coastal areas worst hit by Cyclone Freddy, MSF and local health authorities stepped up malnutrition screening, after seeing notable increases in the number of children under the age of 5 admitted with severe acute malnutrition. In Garissa, northeastern Kenya, we launched an emergency response when thousands of families were displaced by flooding caused by intense rainfall.

Two powerful earthquakes struck Türkiye and Syria in February, displacing three million people. In response to the urgent needs, we distributed items such as blankets, hygiene kits, jerry cans and tents. We also installed water tanks and latrines. In addition, MSF provided mental health support until the end of 2023, in partnership with a local organisation.

Alternative approaches

In 2023, we maintained our focus on supporting key vulnerable groups, such as LGBTQI+ communities, sex workers, people who inject drugs and individuals living on the streets, all of whom are affected by social stigma and exclusion from healthcare. To address their specific needs, we developed a model of care in Kenya and Honduras, which includes support from peer-led programmes on topics such as nutrition, hygiene, socio-economic empowerment, access to legal assistance, protection and mentorship. This innovative approach puts patients and communities at the centre of our project design.

This approach is also central to our work in Ikongo, a landlocked district of Madagascar that has numerous health needs and faces major environmental challenges. We have set up an innovative project that combines two of our strategic objectives: patients and populations as partners, and planetary health. The aim is to improve the health of the population, preserve the local environment and then develop activities in line with people's expressed needs. The project is being designed and implemented with partner communities and local organisations.

In South and Central America, we run services tailored to the specific needs of migrants – including survivors of sexual violence – crossing the Darién Gap, a dense swathe of jungle between Colombia and Panama.

Access to people in need

In 2023, we faced numerous challenges and obstacles in carrying out our activities in Burkina Faso, Cameroon, Sudan and Iran. Negotiating space for our medical activities and consistent access to people in need is nevertheless vital to our work. As a frontline medical organisation, our international and local teams must be able to respond to needs on the ground but depend on states, armed groups or other stakeholders to do so. Beyond the provision of care, this is a question of international solidarity, particularly in regions where international media is not present.



2,323,186

outpatient consultations



171,315

antenatal consultations



68,296

children admitted to outpatient feeding programmes



74,656

individual mental health consultations



31,971

group mental health consultations



214,669

patients admitted



25,493

children admitted to inpatient feeding programmes for acute malnutrition



11,921

surgical procedures



30,153

births assisted

Our mission is to ensure that these people are not forgotten. During the year, our communications, advocacy and negotiation teams continued their critical work to secure and reshape the space for our humanitarian operations.

A highlight of our humanitarian advocacy work in 2023 was the publication of a report providing evidence of the pushbacks experienced by people on the move at the borders of Europe. "In Plain Sight" (published in November 2023) contains the harrowing accounts of newly arrived asylum seekers in Greece over a two-year period (August 2021-July 2023). The report documents the violence, repeated humiliations and constant dehumanisation endured by people arriving by boat on the Aegean islands. It urges the Greek government and European leaders to take immediate measures to ensure that individuals seeking protection are treated with humanity and dignity. The publication of the report allowed our teams to secure high-level meetings and public forum speaking invitations and hold the

European Union and its member states to account for the deadly consequences of their policies at their sea borders.

Another priority for our advocacy teams during 2023 was the marked deterioration in the humanitarian situation in Sudan, in particular the extreme levels of violence in the Darfur states, and the resultant mass waves of displacement, especially towards eastern Chad. As well as responding to the immediate needs of displaced people, MSF launched a major communications and advocacy campaign to mobilise other humanitarian organisations and institutional donors to scale up their work in the region. In a world of increasing needs and dwindling humanitarian funding, MSF's advocacy concentrated on the urgent provision of basic services (water, food, shelter and healthcare) and the potential consequences of an inadequate response.

Neglected diseases and access to healthcare products

In 2023, we treated more neglected tropical diseases than ever before, with a specific focus on snakebites and rabies postexposure prophylaxis (mainly in South Sudan and Yemen) and visceral leishmaniasis (in Sudan and Kenya). We also launched activities to treat and prevent schistosomiasis (in Mozambique and DRC). Meanwhile, in Honduras, in collaboration with local partners, we started to trial an innovative prevention method for dengue fever that has not been used previously in the country: the release of *Aedes aegypti* mosquitoes carrying the naturally occurring *Wolbachia* bacteria, which reduces mosquitoes' ability to transmit dengue and other arboviruses. To complement this preventive approach, we treated more than 2,000 patients with the disease in Honduras, Burkina Faso and Yemen.

During the year, some of our medical advocacy efforts led to significant changes. In Kyrgyzstan, for example, we engaged with the local health authorities to change the nursing curriculum, empowering nurses to take on some further tasks, including cervical cancer screening and early treatment, and thereby ultimately reducing morbidity and mortality rates. MSF's training module on cervical cancer screening and diagnosis was approved by the Kyrgyz educational and health authorities and has been integrated into 20 nursing schools across the country.

Other initiatives included a push for an MSF-wide post-COVID 'vaccination catch-up', the development of MSF papers addressing vaccination strategies and responses to infectious diseases such as cholera, diphtheria and hepatitis B, and calls for health to be central to discussions at COP28 (the yearly global-level negotiating conference on the environment).

Outlook for 2024

The main medical and operational priorities for us in 2024 include responding to violence in the Middle East and the Sudan/Chad crisis, where our teams are providing support and preparing for further interventions. We aim to consolidate regular activities, further reduce our carbon footprint in line with our environmental roadmap commitments and continue to respond to emergencies.

We envisage that challenges will persist in the Sahel, with political issues limiting access in Burkina Faso and Niger. DRC will remain one of our biggest interventions with measles spreading unabated, and insecurity that continues to be a concern in several locations. Nevertheless, we plan to roll out the new malaria vaccine, combined with typhoid. In the Americas, we will continue to address the needs of migrants and run activities to prevent and treat diseases. In Central Asia, we plan to launch new interventions and assist people affected by conflicts while expanding operations in South-East Asia. In Ukraine, we will step up our efforts to address post-traumatic stress disorder. Our medical ambitions include introducing new vaccines, conducting research on climate and health, and optimising technology for healthcare.

Finally, foundational work is underway to develop multi-year plans amid resource pressures, maintaining a strategic focus on emergency response and a balanced medical portfolio.

Kenneth Lavelle and Alan Gonzalez
Directorate of Operations

Drs Monica Rull and Lucas Molfino
Directorate of Medical Department

The year in pictures



Amid rising levels of violence around the world, the number of displaced people, asylum seekers and refugees significantly increased in 2023. MSF scaled up its activities to help people forced to flee their homes in search of safety.



South Sudan, 2023 © Sean Sirkton / Paris pictures



Chad, 2024 © Diana Zeyneb Alhindawi

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.



South Sudan, 2023 © Isaaq Biyay / MSF



DR Congo, 2023 © Michel Lumanga / MSF



Kyrgyzstan, 2023 © Guliza Urusambekova

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



Ukraine, 2023 © Nuria Lopez Torres



Ukraine, 2023 © Lynsey Addario



Mozambique, 2023 © Nuria Lopez Torres



The changing weather patterns have a direct impact on the health of the people we support. The growing number of cases of diseases borne by water or vectors such as parasites, the increase in natural disasters and the difficulty of accessing clean drinking water are all challenges our teams are addressing in partnership with affected communities.



Activities by country



ANGOLA

Providing nutritional care for children

In the country since: 2022
Reason for intervention: healthcare exclusion
malnutrition, paediatric care
Main activities: 88 staff including
Human resources: 12 international staff
(FTE)
Cost for 2023: CHF 2,287,000



Angola has repeatedly been affected by drought and poor harvests in recent years. Following warnings by UN agencies regarding the possible impact of these conditions on child health, especially the risk of malnutrition, we sent teams to Benguela province, in the west, in 2021.

While our assessments did not show an alarming rate of malnutrition, they did find high numbers of malaria cases. We also witnessed the many challenges that people in remote communities face in

accessing healthcare. In response, we continued to work in Benguela in close collaboration with the local health authorities and communities in 2023, with the aim of reducing child deaths and strengthening the existing healthcare system, particularly paediatric services. We improved the early detection of malnutrition in children in the community, increased access to health facilities by organising referrals and provided much-needed treatment and medical equipment.

As well as supporting São Pedro hospital's intensive nutritional care unit and five outpatient nutritional care facilities, we conducted health promotion activities, targeting children under 5 years old for screening and their parents for health education in the municipalities of Lobito and Catumbela. We handed over this project to the local authorities at the end of 2023.

ARMENIA

Providing mental health support

In the country since: 2021
Reason for intervention: armed conflict
mental healthcare
Main activity: 43 staff including
Human resources: 10 international staff
(FTE)
Cost for 2023: CHF 2,521,000

From December 2022 to September 2023, Azerbaijan closed the main road connecting Nagorno-Karabakh and Armenia, known as the Lachin Corridor, restricting humanitarian access and the transport of medical supplies, food and fuel.

During this period, MSF teams continued their efforts to provide both face-to-face and remote mental health services to people blocked in Nagorno-Karabakh. On 19 September, Azerbaijan launched an attack on various areas in Nagorno-Karabakh. Although the region is internationally recognised as belonging to Azerbaijan, it has traditionally been home to many ethnic Armenians. After a ceasefire was reached 24 hours later, the Lachin Corridor was reopened, and over 100,000 people crossed into the Armenian border region of Goris. Our emergency medical team immediately started to offer psychological first aid and mental healthcare to people arriving at the main registration point in Goris. As displaced people were gradually transported to various regions of Armenia for resettlement, we adapted our activities, deploying a mobile unit to visit several sites each day to follow up on patients in need of psychological care. In Kotayk and Ararat regions, in addition to offering mental health services via mobile clinics, we



provided displaced families with essential items, including walking sticks and wheelchairs, in 48 locations.

In May, we opened a project to support testing and treatment for hepatitis C at Archakuniat polyclinic, near Yerevan, in close collaboration with the

Ministry of Health and local municipalities. The project aims to reduce the incidence of hepatitis C and improve health outcomes for patients diagnosed with the disease, with a specific focus on people in prisons, who are particularly vulnerable to infection.

BULGARIA

Assisting people on the move in Europe

In the country since: 2023
Reason for intervention: displacement
Main activities: general healthcare, mental healthcare
Human resources: 4 international staff (FTE)
Cost for 2023: CHF 581,000

For people on the move, travelling to Bulgaria through Türkiye on foot in winter is particularly grueling. The harsh weather conditions and the lack of access to shelter, food and sanitation have a negative impact on their physical and mental health. After crossing the border, many of them end up in

Harmanli open reception centre – the largest in the country – where their existing health problems are compounded by the dire living conditions and poor hygiene. Furthermore, Bulgaria has a shortage of medical professionals, which reduces the authorities' ability to mount an effective medical response

in Harmanli. People on the move are entitled to free specialised healthcare with a referral from a registered general practitioner (GP), but the irregular availability of GPs in the centre often makes it difficult to obtain consultations and referrals.

MSF started to deliver medical care in Harmanli reception centre in July 2023. Since then, our teams have provided general and sexual and reproductive healthcare, as well as treatment for patients with chronic diseases, and implemented infection prevention and control measures to curb the spread of infections in the centre. Our staff also coordinate with the health authorities to refer patients requiring specialist care to hospitals.

Many people in Harmanli had left countries caught up in conflict or unrest, such as Syria and Afghanistan, and made their way to Türkiye in search of safety and protection. However, following the devastating earthquakes that hit the south of the country in February, many felt they had no option but to continue their journeys.



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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: 528 staff including 38 international staff (FTE)
Cost for 2023: CHF 12,706,000

The security situation continued to deteriorate in Burkina Faso in 2023, as conflict between the government and non-state armed groups intensified, causing waves of displacement and exacerbating the already dire medical needs. MSF activities were also affected by the violence. Our facilities in Sahel and Centre-Nord regions were repeatedly targeted, and in February two staff members from another MSF section were tragically killed in a brutal attack. Throughout the year, the conflict hampered access

to these areas for our teams and other humanitarian organisations seeking to deliver food, medicines and equipment. Despite these challenges, we offered a range of medical activities for displaced and host communities in Djibo (which was still under blockade at the end of the year), Kaya and Kongoussi, including general healthcare, sexual and reproductive health services, screening and care for children with malnutrition and treatment for malaria. We also ensured the supply of clean water. In total,

583,597 outpatient consultations were provided, a significant proportion of them by community health workers, whom MSF has trained to treat the most common diseases and conditions, such as malaria, diarrhoea and acute respiratory infections. We also admitted 4,126 patients for care in the facilities we support. Health promotion and peer support (especially the women's club) were key components of our programme, empowering people and communities to manage their own health.



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CAMEROON

Assisting people displaced by insecurity and responding to disease outbreaks

In the country since: 2000
Reasons for intervention: armed conflict, displacement
Main activities: hospital care, general healthcare
Human resources: 204 staff including 19 international staff (FTE)
Cost for 2023: CHF 7,161,000

In Cameroon, MSF supported the health authorities in responding to outbreaks of malaria and cholera and delivering healthcare to people affected by conflict in 2023.

The security situation in Far North, where our regular project is located, continued to be volatile, with repeated clashes between state and non-state armed groups and outbreaks of intercommunal violence. MSF teams supported local health centres by

providing general healthcare and donating medical supplies. In Mora, we built a new surgical unit in the hospital to improve the provision of emergency surgical care. Overall, we carried out 505 surgical interventions. During the rainy season in Kousseri, and the ensuing peak in malaria cases, our teams helped the regional hospital to scale up treatment.

We also supported the national response to a cholera outbreak in Centre region, which affected nine

health districts between May and August. As well as treating patients, we improved water, sanitation and hygiene facilities and conducted community awareness-raising activities and epidemiological surveillance.

CHAD

Addressing the needs of Sudanese refugees and remote communities

In the country since: 2021
Reason for intervention: epidemics
Main activities: general healthcare, hospital care
Emergency interventions: displacement, measles
Human resources: 203 staff including 48 international staff (FTE)
Cost for 2023: CHF 15,876,000



MSF launched a large-scale emergency response in eastern Chad after conflict broke out in neighbouring Sudan in April 2023, forcing thousands of people to flee over the border.

In Ouaddai region, where our teams were already working to increase access to medical services for local communities, we quickly scaled up activities to assist people displaced by the violence. We provided healthcare in several locations, including Adré, and carried out measles vaccination campaigns in collaboration with the Ministry of Health.

In June, hundreds of thousands of people previously trapped in Sudan's West Darfur state started to arrive in eastern Chad. This dramatically increased

needs in all areas – healthcare, shelter, food aid, water and sanitation – in places where resources were already scarce. In response, we opened a clinic and built latrines and showers in Adré transit camp. Overall, our teams provided 82,084 outpatient consultations in Adré – including in community sites – and treated 1,094 children suffering from severe acute malnutrition. We also set up a field hospital in the newly built camp in Aboutengue and expanded our provision of paediatric and women's health services, emergency medicine, mental health support, treatment for victims of sexual violence and nutritional care. In addition, our health promotion teams carried out 24,441 awareness-raising sessions. Despite a severe water shortage, we managed to provide around 10 litres of

water per day to most refugees in both locations. However, despite covering up to 80% of the water requirements of refugees in Adré and Aboutengue Camp, basic sanitation and hygiene needs remained unmet.

Aside from our emergency assistance to refugees, another of our priorities in Chad in 2023 was increasing vaccination coverage through campaigns and routine vaccination programmes. In January, in collaboration with the health authorities, we vaccinated hundreds of thousands of children against measles in an effort to curb the epidemic in the capital, N'Djamena. We also provided vaccinations in 15 nomad camps in the city, and in Moyenne Chari region.

COSTA RICA

Assisting people on the move

In the country since: 2023
Reason for intervention: healthcare exclusion
Emergency intervention: displacement
Human resources: 1 international staff (FTE)
Cost for 2023: CHF 171,000

Paso Canoas, a city in southern Costa Rica, serves as the primary entry point for migrants crossing the border from Panama. In July 2023, International Organization for Migration identified some 4,000 people stranded in the city, with very limited access to healthcare. By the end of August, this number had doubled, putting a strain on the local water and sanitation systems.

From September, MSF started working in Paso Canoas, supporting the healthcare centre in the informal migrant settlement in collaboration with a local NGO and improving access to water and sanitation, by building latrines and hand-washing facilities and distributing hygiene items. More than 6,000 people used these services each week. We also carried out medical consultations, focusing on sexual and reproductive health, as well as psychological support, especially for victims of

gender-based violence and people traumatised by violence-related incidents. In total, we provided 1,186 outpatient consultations, and 2,407 people participated in our health promotion sessions. In December, we donated hygiene items to cover needs until March 2024, and enough materials to ensure the provision of safe water for more than a year.



DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Improving access to tuberculosis treatment

In the country since: 2019
Reason for intervention: healthcare exclusion
Main activities: tuberculosis, general healthcare
Human resources: 2 international staff (FTE)
Cost for 2023: CHF 314,000

While most countries had lifted COVID-19 restrictions by 2023, the Democratic People's Republic of Korea (DPRK) maintained stringent lockdown measures. All international aid agencies withdrew from the country due to the ongoing border closures and strict movement restrictions imposed during the pandemic. Access was further

complicated by UN-led sanctions, which prevented aid agencies from re-entering, and a general deterioration in the geopolitical and security situation around the Korean peninsula. Meanwhile, the country's economy has weakened, meaning that people are facing severe shortages of food and medicines and have difficulty obtaining healthcare.

MSF remains on standby to re-enter DPRK when the borders open so that we can reassess health needs and determine possible areas of intervention. In the meantime, we are increasing our engagement with the authorities.

DEMOCRATIC REPUBLIC OF CONGO

Responding to disease outbreaks and the needs of displaced people

In the country since:

Reasons for intervention:

Main activities:

Emergency intervention:

Human resources:
(FTE)

Cost for 2023:

2001

epidemics, displacement

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

measles

662 staff including

73 international staff

CHF 26,652,000



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In 2023, violence escalated in eastern Democratic Republic of Congo (DRC), displacing record numbers of civilians. By the end of the year, 5.6 million people were displaced across North Kivu, South Kivu and Ituri provinces. MSF increased activities to respond to the growing humanitarian needs and to numerous other emergencies throughout the country, including disease outbreaks, floods and landslides.

Hardly visible in the media were the widespread, relentless attacks on civilians in Ituri, which showed no respite in 2023. In Drodoro region, an intensification in violence between January and March forced people, including health workers and patients, to flee, leaving most health centres in the area deserted. During this period, we maintained our services in Rho camp, where many people had

gathered, while also increasing our support in displacement sites, by supplying clean water, installing sanitation facilities, distributing hygiene kits and increasing general, specialised and community medical services. In Angumu, our teams continued to support the general hospital and 13 displacement sites, focusing on tackling malaria, treating respiratory infections and providing maternal and paediatric care. In Bunia, we supported the general hospital with training and donations, and launched a project at Salama hospital providing surgery and post-surgical services, including physiotherapy, orthopaedic care and mental health support, for patients with accidental trauma and violence-related injuries. During the year, we carried out a total of 198,586 outpatient consultations in health centres, health posts and community care sites in Ituri.

MSF's response to situations of violence was not limited to Ituri. Further west, in Tshopo province, we launched emergency interventions to assist people caught up in land or intercommunal conflicts, with activities ranging from general healthcare, mobile clinics and referrals for wounded patients to the installation of sanitation facilities and distribution of relief items, including mattresses and hygiene kits.

Measles, a major killer in the country, once again spread rapidly in 2023, with nearly 300,000 cases and 6,000 deaths registered during the year. This was partly due to deteriorating security in the east and the worst vaccination setback recorded in DRC in years. As well as treating patients, our mobile teams launched emergency vaccination campaigns in Ituri, Tshopo, Bas Uélé and Haut Uélé, regularly administering other multi-antigen vaccines to curb the spread of other diseases, such as diphtheria, whooping cough, hepatitis, pneumonia and polio. We vaccinated 617,211 children against measles in the course of 2023.

Alongside our emergency interventions, we continued to run our regular activities across DRC. In addition to supporting health facilities, we trained networks of community health workers to detect high-prevalent diseases such as malaria and malnutrition, particularly in hard-to-reach areas. Care for survivors of sexual violence is another major component of many of our projects. Our teams provide not only medical treatment, but also psychological care, and engage with communities through awareness-raising activities.

ESWATINI

Adapting our model of care to improve sexual and reproductive health

Sexual health-related diseases, such as HIV, sexually transmitted infections (STIs) and cervical cancer, as well as the complications of unsafe abortions, remain significant issues in Eswatini. In 2023, MSF opened a new project in Eswatini, aimed at tackling sexual health-related illnesses through innovative practices and community engagement.

An STI study conducted by MSF in Shiselweni shows that one third of the patients attending outpatient consultations in six basic healthcare facilities have at least one STI. Based on this research and a detailed assessment, we opened a new sexual

In the country since: 2007
Reason for intervention: epidemics
Main activities: sexual and reproductive healthcare
Human resources: 90 staff including 14 international staff (FTE)
Cost for 2023: CHF 3,238,000

health project in Manzini region in the last quarter of 2023. The project provides comprehensive sexual health services, including STI testing and treatment; HIV testing and prevention; screening, prevention and treatment for hepatitis B and C and cervical cancer; and family planning at a dedicated MSF clinic in Matsapha Industrial Area and at the community level. The project brings multiple innovative practices to the country, such as laboratory-based diagnosis and treatment of STIs; molecular screening for cervical cancers; injectable pre-exposure prophylaxis for HIV; screening and treatment of hepatitis B and C, as well as hepatitis B

vaccination; and HIV self-testing and onling counselling. The project aims to engage closely with communities.

MSF had been providing health services in Eswatini's Shiselweni region since 2007, focusing on HIV, drug-resistant tuberculosis (DR-TB) and, during the pandemic, COVID-19. After successfully decentralising HIV and DR-TB care and lowering HIV incidence, all these activities were handed over to Ministry of Health and local partners, and the project closed in 2023.

GREECE

Assisting migrants and refugees

In 2023, restrictive EU and Greek migration policies continued to take a severe toll on the physical and mental health of people seeking safety in Europe. Many of those arriving in Greece, whether by sea or land, were reportedly pushed back or placed in Closed Controlled Access Centres (CCACs) and later released into the country with little or no assistance.

Throughout 2023, our teams in Greece documented people's reports of degrading treatment, including physical violence at sea or on arrival on the island of Samos. The dire humanitarian situation was compounded as more and more arrivals were placed inside CCACs, until the majority were operating beyond their capacity. As a result, there was a lack of basic items such as bed covers, food,

water, hygiene supplies and services, giving rise to various avoidable health conditions, including respiratory and skin infections. The overcrowding and poor living situation also had a detrimental impact on people's mental health.

Our teams continued to provide timely and essential medical and psychological assistance to migrants, refugees and asylum seekers on arrival, inside camps and within the community. We run day care centres and/or mobile clinics in Athens and on the island of Samos, offering general healthcare, mental health support and sexual and reproductive health services. Our teams also treat patients with infectious and non-communicable diseases, and survivors of sexual violence and torture. To ensure

that individuals receive the necessary support, our multidisciplinary approach also comprises health promotion, intercultural mediation and social and legal services.

During the year, MSF provided emergency medical and psychological first aid to thousands of people upon disembarkation on Samos and organised hospital referrals for those needing further care. In September, we also sent a team to assist people affected by severe floods in Thessaly region. We offered medical care, psychological support and health promotion services, and we distributed non-food items such as blankets and jerry cans.



GUATEMALA

Providing assistance to vulnerable communities

In the country since:	2020
Reason for intervention:	healthcare exclusion
Main activities:	general healthcare, non-communicable diseases
Human resources: (FTE)	86 staff including 12 international staff
Cost for 2023	CHF 3,547,000

Guatemala is a hotspot for migratory flows in Central America. Thousands of people transit the country every day on their way north towards Mexico and the United States or back to their home countries after being deported. In 2023, MSF expanded activities in Guatemala to assist migrants transiting the country, providing medical and mental healthcare, health promotion and social support.

In 2023, we sent a mobile team to Ciudad Tecún Umán, a city close to the border with Mexico. At the bus station, we offered general medical and psychological care, as well as health promotion

and social support to help migrants tackle barriers to specialised medical care and other services such as protection, shelter and legal guidance. In September, we started to offer these same mobile services in Esquipulas, a municipality close to the border with Honduras. During the year, MSF teams conducted a total of 13,767 outpatient consultations in these locations. In addition, 48,131 people attended our health promotion sessions. Like all MSF activities in Central America, the project has a strong advocacy component, mainly targeting repressive US migration policies and calling for greater access to care, particularly mental health

services, and protection from violence for migrants.

After three years of working on our Mesoamerican nephropathy project in Escuintla department, we handed over activities to the Ministry of Health. The main activities of the project were early detection, treatment, mental health, social support and palliative care. We also ran health promotion and education activities to increase knowledge of the disease and promote prevention measures at the community level.

HONDURAS

Running clinics to treat survivors of sexual violence and assist migrants

In the country since:	1998
Reasons for intervention:	healthcare exclusion, sexual violence
Main activities:	sexual and reproductive healthcare, mental healthcare
Emergency intervention:	dengue
Human resources: (FTE)	147 staff including 13 international staff
Cost for 2023:	CHF 5,576,000



Honduras has experienced years of social and economic instability, which is reflected in the high rates of poverty, violence and displacement and inadequate access to healthcare. In 2023, in addition to running our regular programmes assisting migrants and marginalised communities, MSF started an innovative project to tackle dengue, a mosquito-borne disease that is endemic in the country.

In July, with the aim of finding more effective, sustainable and replicable methods for the control of mosquito-borne diseases, we started working on the implementation of the first of two studies looking at new vector control techniques to prevent illness and deaths from dengue. The study is the application of the *Wolbachia* method in one of the most populated areas of the capital, Tegucigalpa, which covers approximately 50 neighbourhoods.

The World Mosquito Program's *Wolbachia* method involves the release of *Aedes aegypti* mosquitoes carrying the naturally occurring *Wolbachia* bacteria. *Wolbachia* reduces mosquitoes' ability to transmit the virus, and this modification is passed on from generation to generation, creating a sustainable solution.

Meanwhile, in Choloma, we continue to run mobile clinics providing care for survivors of sexual violence, family planning and mental health support in marginalised communities. In San Pedro Sula, we work to improve access to medical and psychological healthcare for sex workers and the LGBTQI+ community, offering family planning, cervical cancer screening, pre-exposure prophylaxis for HIV prevention and human papillomavirus vaccinations. During the year, our mental health team saw 1,575 new

patients. We also conducted 9,675 outpatient consultations and ran health promotion sessions that were attended by 19,486 people. In addition, when San Pedro Sula was hit by floods, MSF responded by providing mental health support and hygiene kits and carrying out fumigation and health promotion activities.

In 2023, we also sent mobile teams to two points on the Nicaraguan border to assist migrants making their way north to Mexico and the US. At the end of the year, we set up a base in Danlí, a municipality close to the border, to offer medical and psychological care, as well as social support, to migrants. The project has a strong advocacy component, mainly targeting the administrative barriers that migrants face, for example in obtaining healthcare.

IRAN

Providing medical care for refugees and other marginalised people

Iran currently hosts the second-largest refugee population in the world, the majority of whom come from Afghanistan, according to the UNHCR, the UN refugee agency. Approximately 750,000 Afghan refugees are officially registered in Iran, but according to a 2022 government-led headcount, there are at least 2.6 million living in the country, mostly undocumented.

In Iran, MSF assists Afghan refugees, as well as other marginalised groups, including drug users, sex workers

In the country since: 2022
Reasons for intervention: healthcare exclusion, displacements
Main activities: chronic care, mental healthcare
Human resources: 74 staff including 12 international staff (FTE)
Cost for 2023: CHF 2,784,000

and homeless people, who often face barriers when seeking healthcare, due to stigma and exclusion.

These groups are especially susceptible to contracting communicable diseases such as tuberculosis (TB), hepatitis C, HIV and illnesses linked to poor living conditions. In South Tehran, we run a range of medical services through a health facility located in the Darvazeh Ghar neighbourhood and mobile clinics. Our teams offer general healthcare, nursing care, mental health support, and treatment and

referrals for hepatitis C and B, HIV, syphilis and TB. We also provide midwifery and ante- and postnatal care. During the year, we conducted a total of 28,635 outpatient consultations, including 3,297 mental health consultations, and initiated more than 80 patients on treatment for hepatitis C.

In addition, MSF is rehabilitating three health facilities in Kerman city in southern Iran, where we plan to run basic healthcare services for newly arrived and unregistered Afghan refugees.

IRAQ

Providing hospital care and mental health support

Despite signs of improvements after decades of fighting and war, Iraq's public healthcare sector is still struggling to meet people's needs, particularly in remote areas and regions directly affected by the recent conflict with the Islamic State (IS) group. As international assistance decreases and resources are reallocated to other regions in the world where needs are more pressing, Iraq faces the major challenge of rebuilding and rehabilitating its infrastructure and public services, including public healthcare. MSF ran a diverse range of health services across Ninewa governorate in 2023, serving hard-to-reach communities and people affected by years of conflict.

In the country since: 2007
Reasons for intervention: armed conflict, displacement
Main activities: hospital care, sexual and reproductive healthcare, mental healthcare
Human resources: 373 staff including 39 international staff (FTE)
Cost for 2023: CHF 13,873,000

We continued to work in Nablus hospital in Mosul, offering emergency, neonatal and maternal care, including obstetric surgery, as well as mental health support. In total, our teams conducted 16,723 emergency room consultations and 2,062 mental health consultations and assisted 8,682 deliveries, including 1,951 caesarean sections, during the year.

In October, we handed over our activities in Sinuni, in Sinjar district, where our teams had been providing emergency health services and comprehensive mental healthcare to local communities.

Access to specialised healthcare remains very limited in Tel Afar, one of the largest districts in Ninewa. Following an assessment completed in 2022, MSF carried out rehabilitation works and staff training at the hospital to boost its capacity and improve the quality of care and infection prevention and control measures within the facility.



KENYA

Delivering 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
Human resources: 826 staff including 28 international staff (FTE)
Cost for 2023: CHF 10,583,000

In 2023, drought and conflict in Somalia continued to drive people to seek refuge in Dadaab, a huge, overcrowded camp complex in Kenya, which hosts more than 350,000 registered and unregistered refugees. During the year, MSF ran activities to address refugees' needs and respond to emergencies and public health challenges in other parts of the country.

In Dagahaley camp, within the Dadaab complex, MSF runs a 100-bed hospital, two health posts and two outposts offering comprehensive healthcare to both refugees and the host community. Services include sexual and reproductive healthcare, emergency

obstetric surgery, medical and psychological assistance to victims of sexual and gender-based violence, psychosocial counselling, home-based insulin treatment and palliative care. In 2023, we admitted a total of 13,422 patients for care. We also conducted more than 164,053 outpatient consultations and assisted 3,839 births. In May, when a cholera outbreak was declared, our teams responded by treating patients and conducting two rounds of vaccinations. In addition, we improved water and sanitation services in and around the camp. MSF continues to publicly call on the international community to scale up the humanitarian response in Dadaab.

In Mombasa, we supported numerous facilities to cater to the specific needs of vulnerable adolescents and young people, including sex workers, intravenous drug users, LGBTQI+ people and individuals living on the streets. Overall, we conducted 18,179 consultations in these facilities.

In November, Garissa County, in northeastern Kenya, experienced significant rainfall, resulting in flooding that displaced thousands of families. In response, we launched a rapid emergency intervention to deliver medical care and distribute hygiene kits to affected communities.



KIRIBATI

Improving neonatal and paediatric healthcare

In the country since: 2022
Reason for intervention: healthcare exclusion
Main activities: sexual and reproductive healthcare
Human resources: 8 international staff (FTE)
Cost for 2023: CHF 1,201,000

Kiribati is a low-lying island nation in the Pacific Ocean, which is already experiencing the effects of climate change. Storm surges, salinisation of the water table and drought are reducing the availability of fresh and nutritious food, compounding the already significant burden of diet-related diseases, such as malnutrition among children and diabetes and hypertension – which are aggravated by high rates of obesity – among adults. In addition, the numbers of maternal and neonatal deaths remain high, with a reported stillbirth rate of 2% of all births.

Since 2022, MSF has been working in Kiribati to support the fragile health system, which is struggling to meet people's needs, due to a lack of qualified medical personnel and equipment. In 2023, our teams worked to improve basic neonatal care in the first 24 hours of life at clinics and hospitals in the capital, Tarawa, by providing training and clinical oversight to embed good practice among local health professionals, as well as tending directly to patients. MSF teams also offered care, supervision and management support to the paediatric and obstetric departments and clinics of Tarawa's main hospitals and were instrumental in identifying a

significant number of severely malnourished children, whom our staff then treated.

On the remote Southern Gilbert islands, we trained staff in the Helping Babies Breathe neonatal resuscitation programme, and strengthened the provision of maternal healthcare, for example helping to improve the outcomes of pregnant women with diabetes-related high blood pressure or pulmonary embolism. We also supported the Ministry of Health and Medical Services to improve the management of all pharmacy processes, including identifying medical suppliers, ordering supplies and monitoring consumption.

KYRGYZSTAN

Improving cancer prevention for women

In the country since: 2005
Reason for intervention: healthcare exclusion
Main activities: sexual and reproductive healthcare
Emergency intervention: armed conflict
Human resources: 133 staff including
(FTE) 20 international staff
Cost for 2023: CHF 3,299,000

Kyrgyzstan is among the countries with the highest prevalence of cervical and breast cancer in the world. The lack of a national screening programme means that patients are often diagnosed at a late stage of the disease and consequently have limited treatment options.

In June 2022, in partnership with the Ministry of Health, we launched a women's health project in Sokuluk district, close to the capital, Bishkek, where we are working to decentralise cancer prevention

by integrating screening services into general healthcare facilities. Our team trained nurses and midwives to carry out tasks such as visual cervical inspection and breast examination. During the year, we carried out a total of 3,625 screenings for breast cancer and 6,592 for cervical cancer. The aim of the project is to achieve a sustainable early detection and treatment programme for cervical and breast cancer and promote its implementation country-wide. Alongside this project and pursuant to our commitment regarding climate change, we opened

an 'eco-village' with local partners in Sokuluk, which allows people to drop off their recyclable waste in exchange for basic household goods.

In the aftermath of two international conflicts with neighbouring Tajikistan in 2021 and 2022, our teams worked in Razzaqov, Batken region, from August 2022 to December 2023, addressing people's medical and mental health needs. After completing our objectives, we closed the project at the end of December 2023.



LEBANON

Providing healthcare to refugees and host communities

In the country since: 2008
Reasons for intervention: access to healthcare, disease outbreaks
Main activities: general healthcare, sexual and reproductive healthcare, mental healthcare
Emergency intervention: cholera
Human resources: 233 staff including
(FTE) 34 international staff
Cost for 2023: CHF 13,193,000

Since 2019, Lebanon's multi-layered crisis has pushed more than 80% of its population into poverty. The country's highly privatised healthcare system is a major barrier to ensuring accessible, affordable and high-quality medical services for all. Moreover, Lebanon hosts 1.5 million Syrian refugees, 400,000 Palestinians and 160,738 migrant workers, many of whom live in precarious conditions. In 2023, MSF continued to deliver healthcare to vulnerable communities and support the national healthcare system through training and donations of medicines and medical supplies.

In Hermel and Aarsal, in Bekaa Valley, our teams provide reproductive, maternal and paediatric care, mental health support, treatment for chronic diseases and routine vaccinations for children. Comprehensive care for victims of sexual and gender-based violence is also a focus of our activities. In 2023, we conducted a total of 84,665 outpatient consultations including paediatric and sexual and reproductive health consultations. As well as running fixed clinics, we deploy teams to work in the community in Mashariah al Qaa, Hermel and Aarsal, so that patients can obtain care as close as possible to where they live. Throughout the year, our teams continued to

respond to the ongoing cholera outbreak, by treating patients and distributing hygiene kits to help curb the spread of the disease. In line with our aims to reduce our global carbon footprint, we installed solar panels in our clinics in Baalbek and Hermel.

In Akkar, we expanded our provision of community-based healthcare and now offer mental health support, health promotion, epidemiological surveillance and vaccinations in 23 villages across Wadi Khaled region. We also conducted 14,835 sexual and reproductive health consultations for women during the year.

MADAGASCAR

Responding to the needs of communities affected by cyclones

In the country since: 2022
Reason for intervention: natural disaster
Main activities: general healthcare, nutritional care, rehabilitation
Emergency intervention: cyclones
Human resources: 136 staff including 23 international staff (FTE)
Cost for 2023: CHF 3,781,000



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

In 2023, MSF teams responded to alarming rates of malnutrition in southeastern districts, where families faced a triple crisis of food insecurity, malaria and extreme weather events. After Cyclone Freddy

struck in February, we conducted an assessment to determine the extent of the damage caused to agriculture in the southeast of the island and the potential impact on the people who depend on it. Almost 117,000 people were affected by the cyclone. With their crops destroyed, many were forced to rely on ever-dwindling food stocks, resulting in an increase in malnutrition rates. In response, our teams scaled up nutrition programmes and provided treatment

for children suffering from severe acute malnutrition, many of whom also had malaria.

Immunisation coverage remains low in Madagascar, with only 49% of children aged 12-23 months fully vaccinated. When measles cases rose in the north-east of the country, MSF supported local authorities to run vaccination campaigns, conduct awareness-raising activities and offer treatment.

MALAWI

Responding to a cholera outbreak

In the country since: 2023
Reason for intervention: disease outbreak
Main activity: cholera
Human resources: 4 international staff (FTE)
Cost for 2023: CHF 601,000

Cholera is endemic in Malawi, and the country experiences frequent outbreaks. However, the one that was declared in March 2022 had escalated into a public health emergency by the end of that year and continued into 2023, with Machinga district

recording a particularly high number of cases. MSF responded to the outbreak by setting up cholera treatment units, providing care for severe and moderate patients, supporting oral vaccination campaigns and conducting water, sanitation

and hygiene activities. From March, in the wake of Cyclone Freddy, our teams rehabilitated water networks and sanitation facilities and distributed relief items such as blankets, firewood and cooking equipment.



MEXICO

Providing medical and mental healthcare to migrants and asylum seekers

In the country since: 2013
Reasons for intervention: social violence, healthcare exclusion
Main activities: general healthcare, mental healthcare
Human resources: 143 staff including
(FTE) 26 international staff
Cost for 2023: CHF 6,716,000

In May, the United States introduced legislative changes that severely restrict access to asylum, which had a significant impact on the number of people who ended up stranded at Mexico's northern border during 2023. Migrants continue to live in dire conditions, with little access to protection, shelter, water and sanitation or medical care. Furthermore, many of them have been traumatised by exposure to violence, including sexual assaults, during their journeys. Despite this, Mexico recorded an unprecedented number of migrants in 2023, as both a transit and a destination country. Through mobile and regular clinics, our teams continued to deliver medical and mental health services on the border, as well as in the capital, Mexico City,

prioritising minors and women travelling alone, and direct victims of violence.

In Reynosa and Matamoros, more than 5,000 people were stranded in informal camps, with limited access to drinking water, health services or protection. Our teams provided medical consultations and health promotion activities, and distributed items to cater to their changing needs, such as blankets, warm clothing and thermal sleeping mats when the weather turned cold, as well as food. Overall, our teams carried out 20,597 outpatient consultations. This figure includes appointments for antenatal care. In addition, 30,327 people participated in awareness-raising sessions ran by MSF in their communities.

In our multidisciplinary care centre in Mexico City, we provided a complete package of care for survivors of extreme violence and torture, comprising medical treatment and mental health and social support. We also had teams based at the Mexican Commission for Refugee Assistance building, the northern bus terminal, where people were taking refuge, and six shelters in the city.

In November, we deployed teams to assist people affected by Hurricane Otis in Acapulco and other nearby municipalities in Guerrero state. We conducted medical and mental health consultations and health promotion activities to detect and prevent the spread of diseases.

MOZAMBIQUE

Supporting emergency responses and treating neglected tropical diseases

In the country since: 1992
Reason for intervention: epidemics
Main activity: neglected tropical diseases
Emergency interventions: flooding, cholera
Human resources: 107 staff including
(FTE) 17 international staff
Cost for 2023: CHF 3,823,000

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

In February, following heavy rains in Maputo province, the Umbeluzi River burst its banks, causing intense flooding. MSF immediately deployed teams to distribute hygiene kits and tents to displaced people and support medical, water and sanitation activities.

In February and March, Cyclone Freddy made two landfalls in Mozambique, affecting over one million people. A total of 183 people lost their lives and 123 health facilities were destroyed. Within two weeks

of the second landfall, over 8,000 cholera cases were reported in Zambézia province. This was the worst cholera outbreak in the country in eight years. In response, our team set up four cholera treatment centres (CTCs) in the city of Quelimane. As well as providing support with patient care and training for staff, we donated medical equipment and medicines. In April, we handed over these activities to the health authorities following the launch of a vaccination campaign and a reduction in cases in the province.

In April, we responded to another outbreak of cholera, this time in Nacala Porto, Nampula province. Our activities included implementing measures to improve infection prevention and control in a CTC, constructing a temporary morgue and emergency waste zone, installing water and sanitation facilities and conducting staff training.

In addition to these emergency interventions, we continued to work with the Ministry of Health in Mogovolas district in Nampula to improve access to healthcare for vector-borne, water-borne and neglected tropical diseases, focusing on severe malaria and other febrile illnesses, schistosomiasis, lymphatic filariasis and scabies. We have mobile teams working in general healthcare facilities and communities, as well as a laboratory.

In general healthcare facilities, we conduct training and mentoring for Ministry of Health staff. In communities, we organise health promotion and case finding and facilitate peer support groups. We also offer physiotherapy to patients with chronic lymphoedema of the limbs, one of the consequences of lymphatic filariasis. Meanwhile, a laboratory team in Nametil supports blood bank management and diagnosis.



MYANMAR

Filling gaps in healthcare for marginalised communities

As the conflict in Myanmar entered its third year, MSF continued to fill essential gaps in general and specialised healthcare for displaced people and vulnerable communities.

During 2023, in Dawei, we continued the handover

In the country since: 2000
Reasons for intervention: epidemics, healthcare exclusion
Main activities: HIV/AIDS, tuberculosis, general healthcare
Human resources: 143 staff including
(FTE) 9 international staff
Cost for 2023: CHF 3,476,000

of our cohort of HIV patients to the Ministry of Health, switching our focus to supporting the national AIDS programme with staff and technical assistance. In Hlaing Tharyar township, Yangon, we supported a health centre by providing general healthcare and sexual and reproductive health

services, including ante- and postnatal care and family planning, conducting a total of 39,163 outpatient consultations during the year.

NIGER

Tackling malnutrition and malaria and responding to disease outbreaks

In the country since: 2005
Reasons for intervention: epidemics, displacement
Main activities: hospital care, general healthcare
Emergency interventions: malnutrition, malaria, measles, meningitis
Human resources: 563 staff including
(FTE) 41 international staff
Cost for 2023: CHF 15,162,000



Following the military coup on 26 July in Niger, sanctions such as the closure of land and air borders and the suspension of regional trade and banking relations exacerbated food insecurity and made it even more difficult for people to access healthcare. In response, MSF scaled up its emergency activities, providing vital healthcare and support in affected areas of the country. During the year, the security situation remained volatile in areas along the borders with Nigeria, Burkina Faso and Mali, and there were numerous violent incidents, including kidnappings, assassinations and casualties from improvised explosive devices.

Despite restrictions on access imposed on humanitarian NGOs and border closures, which severely

disrupted the supply chain, particularly for nutrition products, we maintained our comprehensive maternity, paediatric and nutrition services in the hospitals and integrated health centres we support in Tillabéri and Zinder regions.

In Torodi, in Tillabéri, our teams conducted 45,400 consultations through health centres and 22,754 through mobile clinics. We also supported the hospital's emergency ward and intensive care unit. During the year, we admitted 15,371 children under the age of 5 to the paediatric unit in Magaria, in Zinder. In addition, we supported the health authorities' response to a diphtheria outbreak in Gouré and Tesker, in Zinder, by vaccinating 929,000 children.

Meanwhile, we continued to develop preventive and community-based approaches to care, for example training community members to provide treatment for simple cases of common illnesses such as malaria, acute respiratory infections and diarrhoea. A total of 179,839 consultations were carried out by MSF-trained community members in 2023. We also continued to build and upgrade facilities in these regions as part of our long-term partnership with Niger's health authorities aimed at improving access to healthcare for people living in vulnerable circumstances.

NIGERIA

Responding to malnutrition and disease outbreaks

In the country since: 2016
Reasons for intervention: armed conflict, displacement, disease outbreaks
Main activities: general healthcare, nutritional care
Emergency interventions: diphtheria, Lassa fever, malaria
Human resources: 165 staff including 22 international staff (FTE)
Cost for 2023: CHF 6,013,000

In recent years, conflict, extreme weather events and deteriorating economic conditions have plunged Nigeria's Northwest, Northeast and North Central zones into a deepening humanitarian crisis. Millions of people are living in increasingly vulnerable circumstances as they face catastrophic levels of malnutrition and outbreaks of preventable diseases. Widespread violence and unrest have driven over 3.3 million people from their homes. They, and many others in these areas of Nigeria, have extremely limited access to medical services, due to the lack of functioning healthcare facilities and the financial and security challenges involved in travelling to those that are still working.

In 2023, an unprecedented diphtheria outbreak started in Kano state and spread across the country. By the end of the year, more than 20,000 suspected cases and 600 deaths had been reported. MSF responded in Bauchi state by setting up and running a 30-bed diphtheria treatment centre and managing vaccination campaigns. Our teams also supported the Ministry of Health's response to a Lassa fever outbreak in Bauchi, by isolating suspected cases, setting up a referral system and providing surveillance and staff training. In addition, we offered nutritional care to more than 20,000 children through the inpatient and outpatient therapeutic feeding centres we support in Ganjuwa and

Toro. Other activities in Ganjuwa included supporting treatment for malaria by increasing bed capacity to 250 during the peak season.

In Mangu, Plateau state, we started running two mobile clinics from June to cater to the needs of internally displaced people and host communities. Our teams carried out 12,923 outpatient consultations, with malaria being the most commonly treated health issue. We also ran health promotion sessions and carried out activities to improve waste management and access to clean water and latrines



SOMALIA

Responding to malnutrition and disease outbreaks

In the country since: 2018
Reasons for intervention: epidemics, malnutrition
Main activities: general healthcare, vaccination
Human resources: 7 international staff (FTE)
Cost for 2023: CHF 1,743,000

In 2023, the dire humanitarian situation in Somalia was exacerbated when two years of drought were followed by severe floods, affecting over two million people. Around 118 died and 1.2 million were displaced, against a backdrop of longstanding conflict and recurrent disease outbreaks. During the

year, MSF ran a range of medical services to address the immense medical needs. In December, we closed our project in Dhobley, Jubaland, where we had been working since 2017, supporting health facilities and running mobile clinics. Our activities included treating malnutrition and infectious diseases,

conducting outpatient consultations and measles vaccinations, responding to cholera outbreaks, performing cataract surgery and distributing eyeglasses. MSF teams will continue to work in Somalia and remain ready to respond to any health alerts or emergencies.

SOUTH SUDAN

Assisting displaced communities and refugees

In the country since:

Reasons for intervention:

Main activities:

Emergency intervention:

Human resources:

(FTE)

Cost for 2023:

1996

armed conflict, epidemics, healthcare exclusion

hospital care, general healthcare

displacement

635 staff including

63 international staff

CHF 20,197,000



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Access to healthcare remains a significant challenge for people in South Sudan, as two thirds of the country's health facilities are non-functional. Despite the strong presence of humanitarian organisations, the reduction in funding has had a marked impact on the provision of medical care. During the year, a surge in conflict in neighbouring Sudan and extreme weather events across many areas of the country aggravated existing issues, such as displacement, disease outbreaks, food insecurity and a lack of basic healthcare, including vaccinations.

A year on from the outbreak of conflict in Agok, a border town in the disputed Abyei area between Sudan and South Sudan, thousands of people remain displaced in Abyei town and various parts of

Twic county. Throughout 2023, we continued to deliver a broad range of basic and specialised health services to remote communities and displaced people in these two areas, through fixed clinics and community-based programmes. Comprehensive care for survivors of sexual and gender-based violence was available in all our facilities.

In Abyei, we supported Ameth Bek hospital, focusing particularly on emergency services (including surgery), inpatient care and midwifery. This facility is one of the only hospitals serving both displaced and local communities. Overall, our teams performed 2,716 surgical interventions, admitted 5,351 patients for care and carried out 23,354 consultations in the emergency ward. A further 9,948

consultations were provided in community sites by MSF-trained community health workers.

In Twic county, MSF supported the hospital, two health posts and four community healthcare sites. Our teams assisted 1,700 deliveries, admitted 7,820 patients for care and conducted 193,586 outpatient consultations.

In August, our emergency team based in Juba launched an intervention for South Sudanese returnees in Paloich to address high levels of severe malnutrition and an outbreak of measles. We also conducted general healthcare consultations and distributed relief items such as mosquito nets, bars of soap and jerry cans to families.

SUDAN

Responding to spiralling humanitarian needs

In the country since: 2004
Reasons for intervention: armed conflict, displacement, healthcare exclusion
Main activities: general healthcare, sexual and reproductive healthcare
Emergency intervention: displacement
Human resources: 322 staff including 45 international staff (FTE)
Cost for 2023: CHF 17,682,000



On 15 April 2023, intense, unexpected fighting broke out between the Sudanese Armed Forces and the paramilitary Rapid Support Forces in Sudan's capital, Khartoum. It plunged the entire country into chaos as the violence spread nationwide, leading to tens of thousands of casualties and uprooting millions of people from their homes.

MSF teams continued to run their regular services, including general and emergency healthcare, in Khartoum's Omdurman hospital for the first quarter on the year. Then, when the war began, we refocused our activities to try to meet the needs of those affected. Residents who were able to flee did so, as fierce street fighting broke out and the city was hit by shelling and airstrikes, but many remained trapped in their homes. Most hospitals quickly ceased to function, and the facilities that remained open were rapidly overwhelmed. MSF teams who lived in Khartoum took advantage of any lulls in the fighting to donate medical supplies to hospitals, and to assess those we could

potentially support. In July and August, we started working in the paediatric and maternity wards at Umdawwanban hospital, in Khartoum state, and Alban Al-Jadeed hospital, the sole public hospital still functioning in East Khartoum State. Between July and December, we assisted 892 deliveries, including caesarean sections, at Umdawwanban hospital.

The vast region of Darfur was again, as it had been in the early 2000s, an epicentre of violence. Two major massacres took place in West Darfur during the course of the year; it is estimated that between 10,000 and 15,000 people were killed during ethnically targeted violence in El-Geneina alone. The city became so dangerous that for many months no access was possible. In April, the MSF-supported El-Geneina teaching hospital was looted and extensively damaged, forcing us to evacuate our teams and suspend activities until September, when we were able to resume our support to the paediatric, emergency and inpatient departments and the therapeutic feeding centre.

In Al-Gedaref state, we continued to assist Ethiopian refugees and local communities by offering basic and specialist healthcare, sexual and reproductive health services, and treatment for neglected tropical diseases such as kala azar. We also worked to improve care for chronic diseases, for example implementing a home-based insulin programme. In total, we conducted 50,448 outpatient consultations, of which 5,542 were for antenatal care, and admitted 4,331 patients to our MSF facility. Despite multiple attempts to scale up our response in Sudan, we faced innumerable obstructions, such as delays in visa applications and restrictions on movements. By the end of 2023, almost six million people had become displaced within Sudan, while 1.4 million had become refugees in neighbouring countries, and the health system was on the edge of collapse. To date, a sustained ceasefire has not been achieved and the fighting continues.

TANZANIA

Supporting the provision of women's healthcare

In the country since: 2015
Reason for intervention: displacement
Main activities: hospital care, general healthcare, sexual and reproductive healthcare
Emergency interventions: Marburg fever, measles
Human resources: 466 staff including 32 international staff (FTE)
Cost for 2023: CHF 1,550,000

When violence broke out in Burundi in 2015, thousands of people fled over the border into Tanzania and sought refuge in Nduta camp. Although the authorities are planning to close the camp, MSF continued to deliver vital medical services to both the refugees and the local community in 2023. During the year, we provided a total of 3,429 outpatient consultations in the camp and surrounding villages and admitted 9,226 patients to the hospital. Our teams also responded to a malaria epidemic that broke out in the camp during the summer.

Responding to disease outbreaks was an important part of our activities in Tanzania. In March, when cases of Marburg fever were reported in Bukoba district, our teams provided training in patient care and infection prevention and worked with the Ministry of Health to set up isolation facilities. In the same month, there was an outbreak of measles in Kilwa district. In collaboration with the Ministry of Health, we initiated a comprehensive vaccination campaign immunising 82,305 children across Kilwa and neighbouring Liwale district to contain the spread of the disease.

During the year, we also continued to run our project aimed at enhancing access to basic and specialised healthcare services, particularly for mothers and children, through seven government facilities in Liwale. In total, our teams conducted 29,600 outpatient consultations and assisted 2,806 deliveries in Liwale.

TÜRKIYE

Assisting people affected by devastating earthquakes

On 6 February, two massive earthquakes struck south Türkiye and northwest Syria. The first earthquake, near the Turkish city of Gaziantep, was the deadliest to hit the region in decades. According to the local authorities, more than 50,000 people were killed, 107,000 injured and over 15 million affected across 11 provinces. In addition, hundreds of thousands of buildings were destroyed or heavily damaged. In the following weeks, thousands of aftershocks occurred, causing more casualties and destruction and adding to the trauma of survivors. MSF immediately sent emergency teams to several

In the country since: 2023
Reason for intervention: natural disaster
Main activity: earthquakes
Human resources: 2 international staff (FTE)
Cost for 2023: CHF 1,550,000

affected areas and communicated our readiness to provide medical assistance to the authorities.

However, as MSF was not registered in the country, we were not permitted to assist the state response, so instead supported Turkish civil society and non-governmental organisations to address some of the most acute humanitarian needs in Adiyaman, Gaziantep, Hatay, Kahramanmaraş, Kilis and Malatya provinces. Through these partnerships, we carried out water and sanitation activities, including the provision of toilets and showers, and distributed

relief items, such as hygiene kits, tents, blankets, nappies, jerry cans and firewood, as well as drinking water. Mental health support was a key component of our intervention. In collaboration with our partner organisation, we offered psychological support to families of victims, first-response volunteers, Syrian refugees and search and rescue teams. By the end of May, since the most acute needs had been largely met, we handed over the majority of our activities, while continuing to provide remote support to local organisations for the rest of the year.

UKRAINE

Supporting people caught up in conflict

After eight years of low-intensity conflict in eastern Ukraine, Russian forces launched an all-out military assault on 24 February 2022, causing thousands of civilian casualties and extensive damage to energy and other key infrastructure, particularly in the country's east, southeast and northeast. In 2023, as the war intensified, MSF supported the health authorities by filling critical gaps in care, particularly in areas close to the frontlines.

In the country since: 2015
Reasons for intervention: armed conflict, displacement
Main activities: general healthcare, mental healthcare
Emergency intervention: displacement
Human resources: 192 staff including 33 international staff (FTE)
Cost for 2023: CHF 8,099,000

In addition to providing emergency treatment, our teams developed rehabilitation projects, including care for post-traumatic stress disorder (PTSD) and physiotherapy, to cater to patients' longer-term needs.

In Pokrovsk-Sloviansk, Donetsk region, we continued to run mobile clinics delivering a range of services, including basic healthcare and treatment for chronic conditions, in 20 locations, where many of our patients were elderly people.

Mental health support remained a crucial component of our response. In September, we started providing specialised psychotherapeutic services for people experiencing PTSD symptoms at a new centre in Vinnytsia region. Throughout the year, we donated medicines and medical supplies to dozens of health facilities and conducted training for health professionals and first responders.



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YEMEN

Responding to emergencies and providing hospital care

In the country since: 2015
Reasons for intervention: armed conflict, epidemics
Main activity: hospital care
Emergency interventions: nutrition, measles, acute watery diarrhoea, diphtheria
Human resources: 627 staff including 33 international staff (FTE)
Cost for 2023: CHF 22,492,000



The ongoing humanitarian crisis in Yemen is driven not only by armed conflict, but the consequent deterioration in the economy, which has had a severe impact on people's living conditions, health and access to basic services. Affordable healthcare at the community level is extremely limited, and in some locations, non-existent. Although the large-scale conflict generally abated in 2023, after the war in Gaza erupted in October, and following the escalation in hostilities in the Red Sea, many regions across the north of the country were bombed on a daily basis, exacerbating an already appalling humanitarian situation. Millions of Yemenis remain displaced and in desperate need of assistance.

In 2023, MSF continued its support to hospitals and other health facilities across four governorates, focusing on child health, specialist and emergency care and responding to malnutrition and outbreaks of preventable diseases such as cholera, diphtheria and measles.

During the year, our teams saw a surge in malnutrition cases among children and set up three outpatient therapeutic feeding centres in Ad-Dahi, Bayt Atta and Al-Kadan in Hodeidah governorate. In Ad-Dahi, we also worked in the rural hospital, supporting inpatient services, including paediatric care, and the emergency room. Overall, we conducted 27,290 emergency room consultations and admitted 1,519 children for care. In addition, we ran mental health and health promotion sessions, attended by a total of 66,649 people.

In Ibb, one of the country's most densely populated governorates, MSF continued to run the emergency room, operating theatre, intensive care unit and inpatient services, including the paediatric and neonatal wards, in Al-Qaida general hospital. We performed a total of 4,271 surgical interventions and 23,678 consultations in the emergency room during the year. We also offered mental health support, conducting a total of 1,437 individual consultations.

There has been a marked increase in preventable diseases such as cholera, diphtheria and measles in Yemen over recent years, due to low vaccination coverage, poor living conditions and the collapse of the healthcare system. In 2023, our teams responded to a rise in measles cases in Al-Baydah governorate, by offering treatment and conducting training sessions for healthcare providers on managing the disease in eight locations and in MSF-supported facilities. Since 2021, diphtheria cases have been rising significantly, with a sharp uptick in 2023. In response, MSF began supporting Al-Wahdah hospital in Dhamar governorate in October, with management of the patient isolation unit, treatment, intensive care and laboratory testing, donations of medical supplies, food and hygiene materials, and staff training. In addition, from October 2023 until the end of January 2024, we ran two acute watery diarrhoea treatment centres in Ad-Dahi and Al-Zaydiyah districts, in Hodeidah governorate, and we conducted health promotion activities to help prevent the spread of the disease.

Human Resources

At the beginning of 2023, much of the world was focused on Ukraine, which was entering into a second year of conflict. In April, civil war unexpectedly broke out in Sudan, driving millions of people from their homes. As the year went on, the political situation in the Sahel region deteriorated, floods ravaged the east of Africa, and more and more people were on the move across Central America. By the end of the year, we saw the violent attack on Israel and the consequent shelling and intense fighting in Gaza. The Geneva Operational Centre is not directly involved in operations in Gaza. However, with projects in Yemen, Iran, Iraq and Lebanon, as well as staff based in Amman, Jordan, we remain on high alert as the region becomes more unstable.

These are just a few of the crises affecting people across the planet. Our field teams, with support from headquarters, have once again shown an incredible capacity to shape medical programmes in response to the needs of people in the direst situations all over the world. They merit heartfelt acknowledgement and thanks for their hard work and dedication throughout this last year.

The state of the world today demonstrates the necessity of MSF's global workforce approach, with international and local staff working together to maintain our capacity to respond to emergencies wherever they occur and to act in solidarity with people in distress. Our work in HR is looking more and more at how to create a truly global approach to our practices.

Between 2021 and 2023, our field workforce increased by more than 15%. In particular, our international mobile staff (full-time equivalent) grew considerably within this period – by 42%. We have also seen a year-on-year increase in the number of locally hired staff working in higher-level management positions in the field. This growth is

possible due to the responsiveness and agility of our HR teams and their strong collaboration with operations.


For several years, we have been reviewing our compensation and benefits across the whole organisation, attempting to reduce the disparities between different staff groups, and in 2023 we saw real progression in our objectives. The review has resulted in improved pay and conditions for those in positions at the lowest end of the salary grids and will also enable us to better attract and retain local talent. Meanwhile, we have also strengthened our focus on learning and development across all staff groups. In accordance with our Strategic Plan's ambition to promote a learning culture, a total of 4,752 MSF staff attended 235 training courses in 2023. The majority of attendees were medical and paramedical staff, and 70% were national staff or staff from partner organisations (mostly health ministries).

All these activities show once again the challenging balancing act that we carry out on a daily basis at MSF – responding to emergencies and urgent needs while building capacity and improving policies and processes for the future. We can confidently report that in 2023 we met this challenge.

Kate Mort
Human Resources Director

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

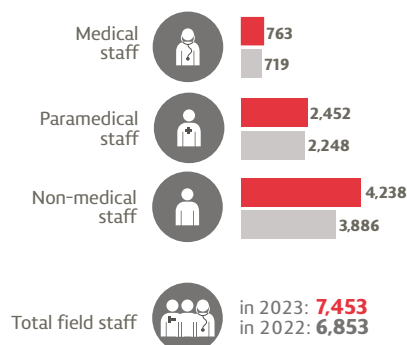
Statistics do not include casual employees, or staff from ministries of health working within our programmes.


7,453
field staff

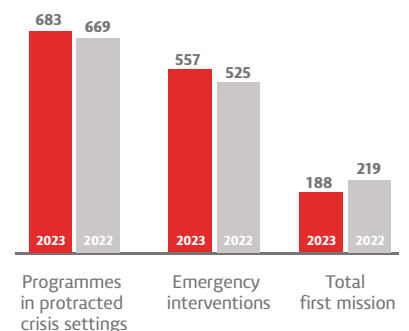

339
headquarters staff


1,523
volunteer hours in Switzerland

Staff by occupation (FTE) 2023 - 2022



Field mission departures 2023 - 2022

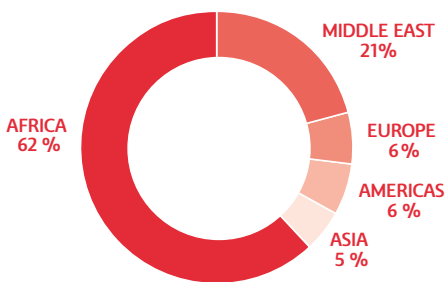


Financial results

In 2023, the world was once again wracked by numerous humanitarian crises. After a record year of spending in 2022, 2023 was a year of consolidation. We were active in 33 countries and ran a total of 112 projects. Total expenses amounted to CHF 339.7 million, CHF 254.7 million of which were spent on our programmes in the field. These figures are similar to those in 2022. However, unlike in 2022, when MSF Switzerland recorded a deficit of CHF 14.7 million, the outstanding generosity of our donors meant that we ended 2023 with a surplus of CHF 12.6 million. This welcome surplus enabled us to keep our reserves at a similar level to that recorded at the end of 2022, in terms of months of activities.

In the Middle East, 2023 was a particularly turbulent year. In February, MSF Switzerland's teams, along with those of other MSF sections, began responding to the aftermath of the earthquake that hit Türkiye and Syria. MSF was also present in the Occupied Palestinian Territories thanks to the activities carried out by other sections – MSF Spain, MSF France and MSF Belgium. The ongoing war that followed the events of 7 October 2023 in Israel has made it extremely difficult for MSF to operate in the Gaza Strip. The security situation and lack of access mean that we are unable to satisfactorily meet the immense needs of the population there. In the Middle East, the operational centre Geneva is also active in Yemen, where the situation continued to deteriorate, mainly due to the war in the Gaza Strip, but also to conflict in Iran, Iraq and Lebanon. MSF Switzerland's expenses in the Middle East amounted to CHF 53.9 million, or 21% of total expenses.

Programme costs by continent



As in 2022, most of our operations were concentrated in Africa, where expenses were CHF 158.2 million – 62% of the total. The coup in Sudan in April 2023 caused a humanitarian disaster affecting the entire country, and the vast majority of our projects had to be suspended. We launched new emergency response operations, mainly out of Port Sudan for the south and east of the country, but also in neighbouring Chad, where hundreds of thousands of refugees had fled and were living in catastrophically unsanitary conditions. Our activities in Sudan and Chad totalled CHF 33.6 million. Elsewhere in Africa, as in 2022, our biggest operations were in

the Democratic Republic of Congo (CHF 26.7 million) and South Sudan (CHF 20.2 million).

In Central and South America, expenses also increased, amounting to CHF 16 million – 6% of the total. MSF was active in Mexico, Honduras and Guatemala, responding to the migration crisis on the continent and to the consequences of sexual violence. In Honduras, MSF launched an innovative project to combat dengue fever, which involves releasing mosquitoes carrying bacteria that reduce their ability to transmit the virus.

In Europe, expenses amounted to CHF 14.5 million – 6% of the total. Our activities continued in Ukraine, where the conflict is ongoing, but were scaled down compared with 2022, with expenses there standing at close to CHF 8.1 million.

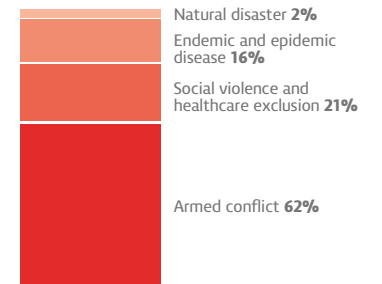
In Asia, expenses were CHF 11 million, or 5% of the total. In 2023, the situation remained particularly difficult for our teams in Myanmar, following the 2021 coup. Limited access to communities and difficulties obtaining visas continued to significantly hinder our work.

As in 2022, the operational centre Geneva continued to take steps to reduce its environmental footprint. This included setting up innovative installations, such as the hybrid power generators with large solar panels that were installed in Niger and Chad.

In all the countries where MSF works, we had to contend with a widespread rise in prices and increasing personnel costs. Transport costs for both freight and people rose particularly sharply. As the budget was similar to the previous year, the number of activities we were able to carry out was therefore smaller in 2023. However, this was partially offset by favourable movements in exchange rates.

Lastly, we also contributed CHF 14.5 million towards projects carried out by other MSF sections, mainly due to donor-specified restrictions on the use of donations. These related primarily to the

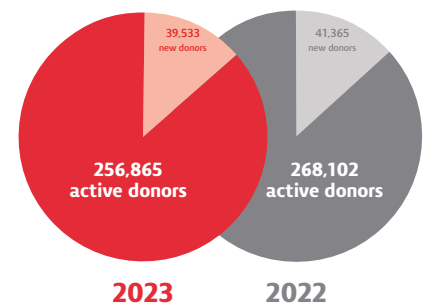
Programme costs by reason of intervention



earthquake in Türkiye and Syria, to the conflicts in Sudan and the Gaza Strip, and to projects in Afghanistan, Brazil and Yemen.

Following the exceptional growth in our activities in 2022, we strengthened our operations support network last year. As a result, the share of spending on programmes, which was temporarily higher in 2022 (at 77.8%), fell to 75%, slightly above its 2021 level. The 'social mission ratio' remained unchanged, at 92%.

Swiss private donations



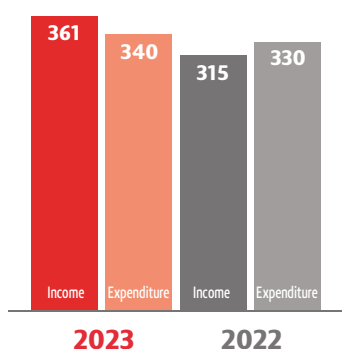
MSF Switzerland's revenue increased by 14.6% to CHF 360.7 million in 2023, compared with CHF 314.8 million in 2022. This increase is partly attributable to increased donor generosity in

Expenditure (in thousands of Swiss francs)

	2023		2022	
Programme	254,720	75%	256,350	77.8%
Programme support	38,633	11.4%	36,303	11.0%
Funding of partner sections' activities	14,499	4.3%	6,368	1.9%
Advocacy, awareness raising & other humanitarian activities	4,615	1.3%	4,329	1.3%
Social mission expenses	312,467	92.0%	303,350	92.0%
Fundraising in Switzerland	18,616	5.5%	16,936	5.1%
Management and administration	8,626	2.5%	9,357	2.9%
Administration expenses	27,242	8.0%	26,293	8.0%
TOTAL EXPENDITURE	339,709	100.0%	329,643	100.0%

response to the earthquake in Türkiye and Syria and the conflict in the Gaza Strip. Private funds raised in Switzerland accounted for 47% of total revenue, or CHF 169.9 million. This proportion was practically unchanged relative to 2022 (49%). In addition, 50% of our revenue was raised by our MSF partner sections around the world from private donors, while 3% came from institutional donors, including entities such as the Canton of Geneva (CHF 2.6 million), the Swiss Agency for Development and Cooperation (SDC) (CHF 7 million) and the Government of Canada (CHF 1.6 million).

Income and expenditure (in millions of Swiss francs)



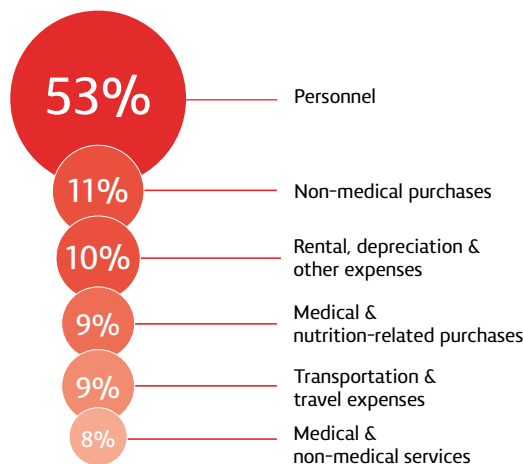
In 2023, MSF recorded a financial loss of – CHF 8.4 million. This was mainly due to the depreciation of several currencies – particularly the US dollar and the euro – against the Swiss franc at year-end. The revenue of our partner sections is recorded at an average annual exchange rate but for the most part paid at year-end, which led to substantial book losses.

We ended 2023 with a surplus of CHF 12.6 million. This amount, which is equivalent to around 14 days of activities, was allocated to the organisation’s unrestricted reserves. Our reserves now represent 6.8 months of activities, a level deemed adequate and up slightly from 6.6 months at the end of 2022. Thanks to these reserves, MSF is able to respond quickly to emergencies when they arise – within 48 hours, in the most extreme circumstances.

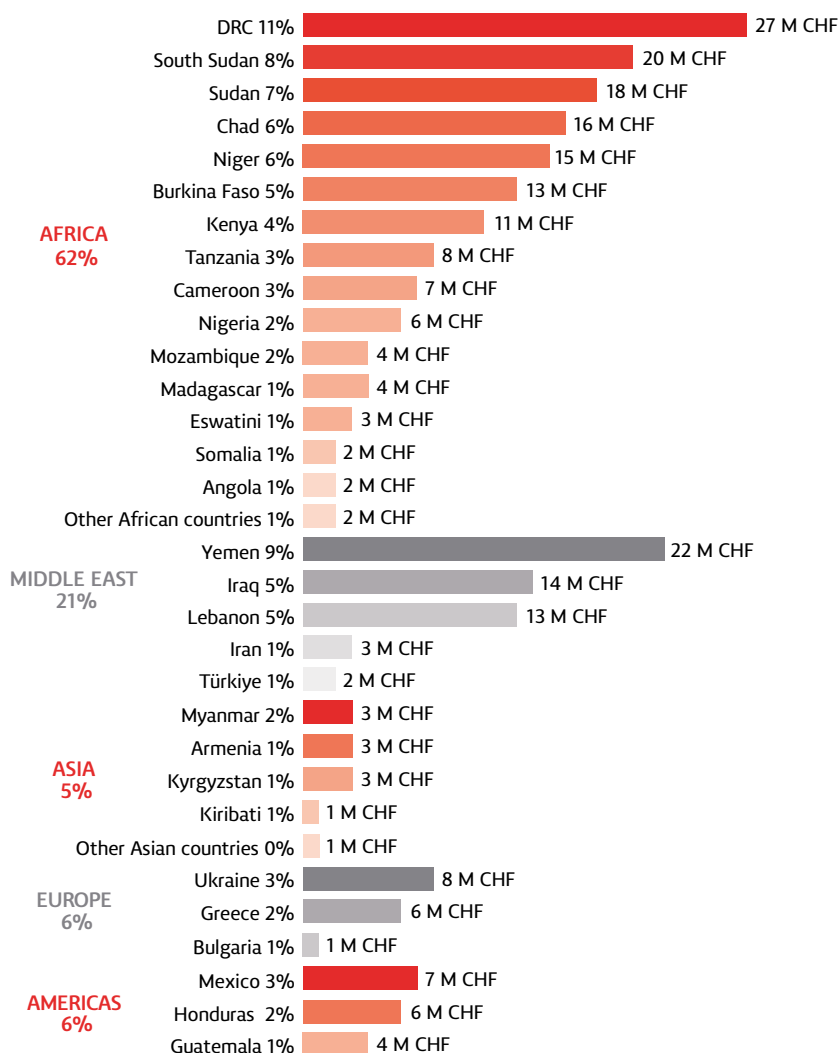
We wish to express our deep gratitude and sincere thanks to all our donors around the world, regardless of the amount of their contribution, as well as to all our employees, volunteers and partners who enable us to carry out our mission to help people in need.

Nicolas Joray, Director of Finance

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 2023. This year, 256,865 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
- Global Fund
- SDC: Swiss Agency for Development and Cooperation
- 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

- Biltema Foundation
- Cartier Philanthropy
- Däster-Schild Stiftung
- Education First
- Erika und Conrad Schnyder-Stiftung
- Gebauer Stiftung
- Glückskette - Chaîne du Bonheur
- Hilfswerk GL Zürich
- J&K Wonderland Stiftung
- Linsi Foundation
- Medicor Foundation
- République et canton de Genève
- Second Mile Stiftung
- Swiss Re Foundation
- walter haefner stiftung

We would like to sincerely thank:

- Alters- und Pflegeheim Blumenau AG
- AMEOS Gruppe
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- Association du Personnel du CERN
- Atelier 19, HP, Sihler
- Banque Reyl
- Be Happy Foundation
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- BÜCHI Foundation
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- Dr. Martin Wechsler AG
- Eckenstein-Geigy-Stiftung
- Elbro AG
- Eversheds Sutherland AG
- focus dialog gmbh
- Fondation du Groupe Pictet
- Fondation Hubert Looser
- Fondation Johann et Luzia Graessli
- Fondation Papoose
- Fondation Rifké
- Fondation Tellus Viva
- Fondation W. et E. Grand d'Hauteville
- FREITAG lab. ag
- Gemeinde Baar
- Gemeinde Homburg
- Gemeinde Riehen
- Gemeinde St. Moritz
- Gemeinde Unterägeri
- Georg und Emily Von Opel-Stiftung
- Hans und Marianne Schwyn-Stiftung
- Hans-Eggenberger-Stiftung
- Hausarztpraxis MZB AG
- Heinis AG
- Hemmi Fayet Architekten AG
- HTP HiTech Photopolymere AG
- ImmoMentum AG
- Kanton Graubünden
- Kanton Thurgau
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- Karl Zünd Stiftung
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- Martin Nösberger Stiftung
- Menzli Sport AG

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- Schweizerische Grossloge Alpina
- Senn Resources AG
- Spline AG
- Stadt Uster
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- Stiftung Corymbo
- Stiftung Fürstlicher Kommerzienrat Guido Feger
- Stiftung NAK Humanitas
- Stiftung Pro Humanitate
- Stone Age Gems Ltd
- Swarovski Aktiengesellschaft, Triesen, Zweigniederlassung Männedorf
- Synergon AG
- Tannobau AG
- Team BDS
- The Ambrogio Foundation
- The Dunemere Foundation
- The Kernco Foundation
- The Rosalbe Trust
- Tumor- und Brustzentrum Ostschweiz AG
- Ursimone Wietlisbach Foundation
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- Ville de Meyrin
- Ville du Grand-Saconnex
- von Duhn Stiftung
- Walter und Louise M. Davidson-Stiftung
- WIR TEILEN: Fastenopfer Liechtenstein
- workfashion.com ag *
- Z Zurich Foundation
- Zimelien Stiftung
- Zühlke Group
- Mitarbeitende der Zurich Insurance Group

* in-kind donations exclusively

Many thanks to our **256,865** donors

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

- Urs Baumberger
- Hans und Maya Beeler
- Irène und Markus Borer-Signer
- Urs Burkard
- Peter und Renata Flubacher
- Teresa und Antonio Frick-Villavicencio
- Birgitta and Göran Grosskopf
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- Anita Gurtner-Fehr
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- Jutta Prager
- Thomas Riedtmann
- Regula Umbricht
- Ivan and Brigitte Vercoutere
- Bernadette und Karl-Theo Vinzent
- Hannelore und Felix Wattenhofer
- Marcel Zemp

and numerous other generous supporters

We also extend thanks to our event partners:

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

Finally, we would like to thank all those who volunteered time and energy to help MSF in 2023:

- Jeanne Send
- Nora Nussbaumer

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

We apologise for any inadvertent omissions.



Governance structure of MSF Switzerland

Médecins Sans Frontières Switzerland is an association registered under the 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 2023

- Reveka Papadopoulou, President
- Armando Garcia Guerrero, Vice-president
- Jana Armstrong, Treasurer
- Bruno Lab, Secretary
- Meklis Nday (until May 2023)
- Silas Adamou Moussa
- Jorge Mazuze
- Véronique Urbaniak (until May 2023)
- Wacuka Maina
- Coralie Léchelle (from May 2023)
- Naoufel Dridi (from May 2023)

Co-opted Board Members:

- Ian Wadley
- Karim Laouabdia (until May 2023)
- Aine Markham
- Antoine Chaix (until May 2023)

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 in supervising the financial management of MSF Switzerland.

MSF Switzerland's Finance Committee in 2023

- Jana Armstrong, Treasurer of MSF Switzerland and President of the Finance Commission
- Reveka Papadopoulou, President of MSF Switzerland
- Monika Weiszmann, Treasurer of MSF Austria (until May 2023)
- Najet Makhouloufa, Treasurer of MSF Austria (from May 2023)
- Hans Isler, Financial Expert
- Jorge Mazuze, Member of MSF Switzerland (until May 2023)

- Wacuka Maina, Member of MSF Switzerland (from May 2023)
- Kerry Atkins, Treasurer of MSF Australia
- Byron Sonberg, Treasurer of MSF Canada
- Patricia Carrick, Member of MSF USA (until May 2023)
- John Wetherington, Treasurer of MSF USA (from May 2023)
- 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 in fulfilling 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 2023

- Beth Hilton-Thorp, Member of MSF Australia and Chairperson of the Human Resource Commission
- Reveka Papadopoulou, President of MSF Switzerland
- Leo Ho, President of MSF Austria
- Meklis Nday, Member of MSF Switzerland (until May 2023)
- Patricia Carrick, Member of MSF USA (until May 2023)
- Cristina Rusu, Member of MSF Austria
- Coralie Léchelle, Member of MSF Switzerland (from May 2023)
- Naoufel Dridi, Member of MSF Switzerland (from May 2023)

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 2023

- Stephen Cornish, General Director
- Ricardo Rubio, Deputy General Director
- Lai Ling Lee Rodriguez, Deputy General Director
- Kenneth Lavelle, Operations Director
- Monica Rull, Medical Director
- Nicolas Joray, Finance Director
- Kate Mort, Human Resources Director
- Marc Joly, Communications and Fundraising Director

- Benjamin Lanneau, Director of Logistics and Supply
- Philippe Gras, 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

MSF Switzerland has conducted within its annual planning process an analysis of potential strategic, operational and financial risks to the organisation. This analysis is led by the Management Team and is subject to approval by the Finance Committee and the Board of Directors. The report covers risks associated with the environments in which MSF operates, as well as internal processes and procedures. The major risks identified cover the following risk areas: strategy, safety and security, legal and compliance, human resources, medical, fraud and corruption, information management, financial and fundraising, and communication.

This analysis makes it possible to identify risk events, their likelihood to occur and their impact, and to decide on relevant mitigation measures to implement and monitor.



THE MSF CHARTER

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

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

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

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

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

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South Sudan, 2023 © Sean Sutton/Panos Pictures



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