



International Activity Report 2021

The Médecins Sans Frontières 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.

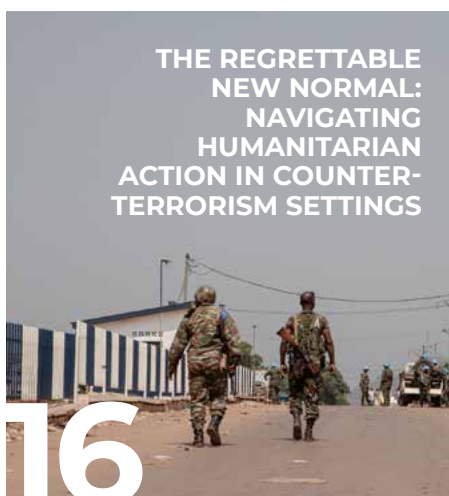
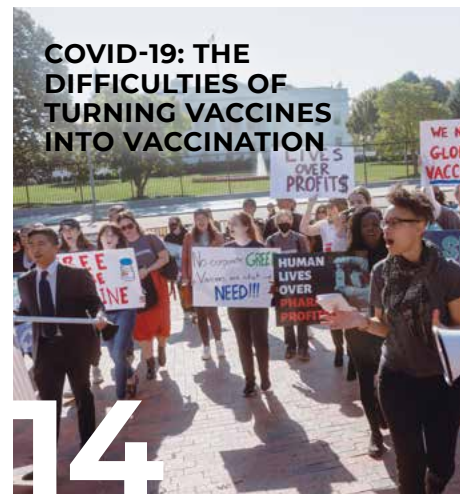
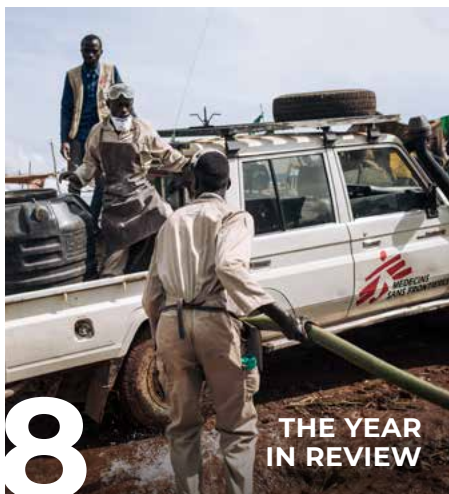
The country texts in this report provide descriptive overviews of MSF's operational activities throughout the world between January and December 2021. Staffing figures represent the total full-time equivalent employees per country across the 12 months, for the purposes of comparisons.

Country summaries are representational and, owing to space considerations, may not be comprehensive. For more information on our activities in other languages, please visit one of the websites listed at [msf.org/contact-us](https://www.msf.org/contact-us)

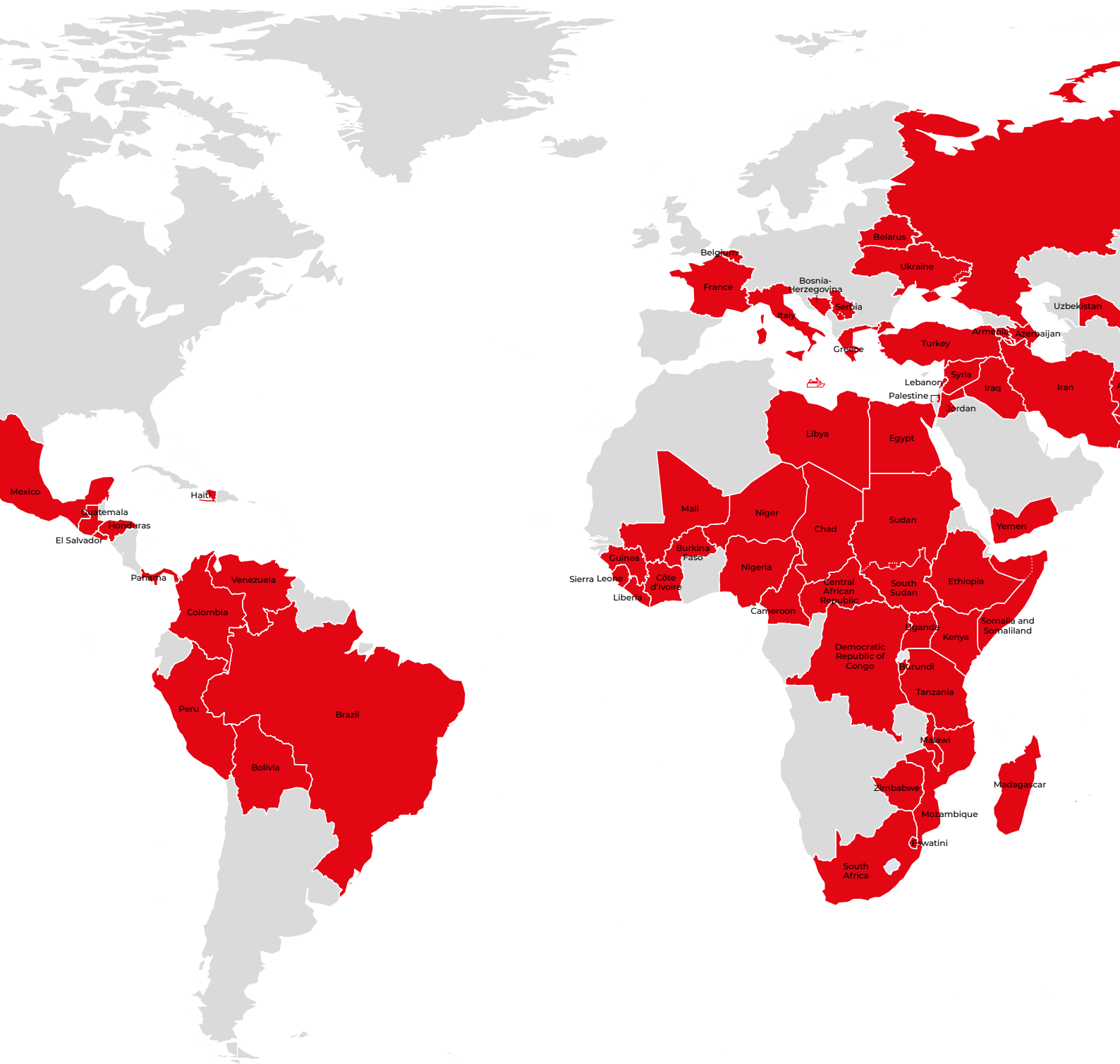
The place names and boundaries used in this report do not reflect any position by MSF on their legal status.

This activity report serves as a performance report and was produced in accordance with the recommendations of Swiss GAAP FER/RPC 21 on accounting for charitable non-profit organisations.

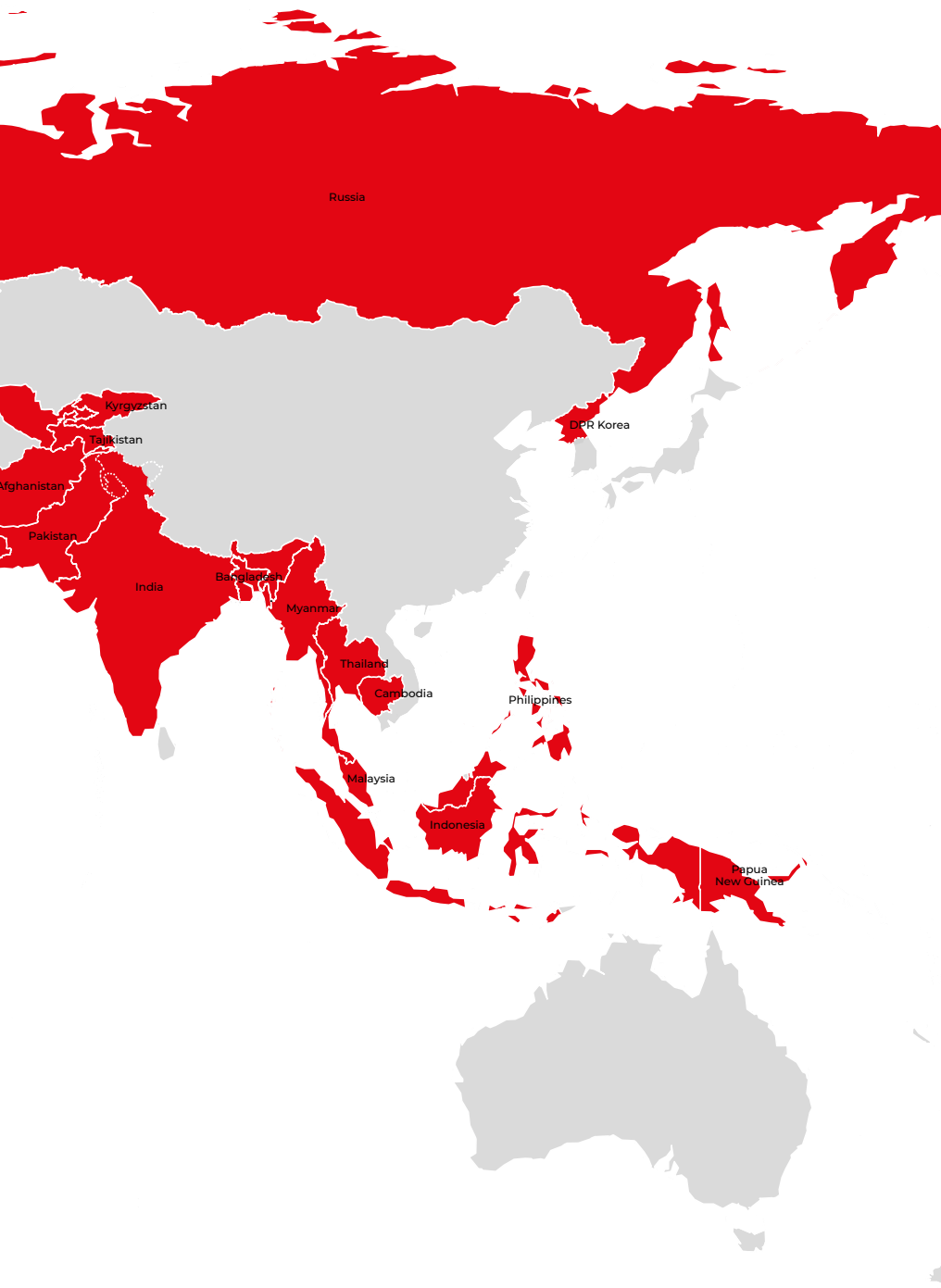
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Foreword



Since the creation of Médecins Sans Frontières (MSF) 50 years ago, our goal has been to alleviate people's suffering and to provide medical care to those who need it most. 2021 was no exception. Despite the many challenges presented by the COVID-19 pandemic, our teams carried out their work across more than 70 countries, in some of the hardest-to-reach regions of the world.



While COVID-19 absorbed the attention and resources of many high-income countries, its direct and indirect effects were felt in places where health systems

were already weak. We used our expertise in tackling disease epidemics to support countries struggling to deal with COVID-19, as well as other ongoing health crises.

The pandemic also highlighted the outrageous inequity over access to lifesaving vaccines. While high-income countries took strides towards combating the virus by buying up billions of doses and rolling out mass vaccination campaigns, a fraction of these vaccines went to low-income countries, leaving many people unprotected, including frontline health workers, the elderly and the clinically vulnerable. In the face of this unacceptable situation, MSF campaigned throughout the year for vaccine equity and an end to patents and monopolies on COVID-19 vaccines, treatments, tests and tools.

At the same time, our teams responded to outbreaks of other diseases, responded to natural disasters, carried out surgery in conflict zones, treated children for malnutrition, helped women give birth safely, and provided medical care and humanitarian aid to people fleeing violence, insecurity and hardship.

Our teams in several places around the world experienced incidents in which their safety was threatened or harmed while trying to deliver much-needed medical and humanitarian aid. In June last year, MSF was hit by tragedy when three of our colleagues were brutally murdered in Ethiopia. María Hernández Matas, Tedros Gebremariam Gebremichael and Yohannes Halefom Reda were travelling through the Tigray region, in the country's north, to help people injured in intense fighting when their clearly marked MSF vehicle was stopped by assailants. Their bodies were found the following day. A year on from their deaths, the full circumstances have remained unclear. We continue to seek answers.

During 2021, the climate emergency became ever more destructive: floods in South Sudan forced nearly one million people from their homes; changing weather patterns in Niger devastated crop production and caused malaria to spike; while typhoons and hurricanes battered towns and villages from Haiti to the Philippines.

From our work around the world, we know that the climate crisis hits the poorest and most vulnerable people the hardest. We also know that we have to play our part in addressing this crisis. Following on from the Environmental Pact that we made and committed to in 2020, we have pledged to reduce our carbon footprint by 50 per cent by 2030.



Our goal has been to alleviate people's suffering and to provide medical care to those who need it most.

A community-based care worker provides information to a woman in the Protection of Civilians camp. South Sudan, November 2021. © Sean Sutton



The pandemic also highlighted the outrageous inequity over access to lifesaving vaccines.

An MSF staff member vaccinates a child during a mobile clinic at the health centre in Sebeya, Ethiopia, March 2021.
© Igor García Barbero/MSF

Over 2021, we have continued to reflect on issues around diversity, inclusion and the management of abuse and inappropriate behaviour within MSF. In 2020 we launched a plan to tackle institutional racism and discrimination within MSF. Earlier this year, in February 2022, we released a progress report identifying areas where we have made headway and those where we still need to improve. There has been progress in the right direction, but we still need to take stronger measures to ensure that every single report of abuse or prejudice experienced by members of staff or patients is investigated, and the perpetrators held to account.

As we strive to become the MSF we want to be, we must continue to reflect, to be self-critical, to acknowledge our mistakes and to try to do better. We will never decide we have done enough, or we are good enough. We are as ambitious as ever – maybe more so – for what we want to do next.

Although much has changed since MSF was founded 50 years ago, our core commitments remain the same: to stand in solidarity with those most in need by alleviating their suffering and by speaking out about what we witness. This will not stop.

Dr Christos Christou,
International President,
MSF

Christopher Lockyear,
Secretary General,
MSF International

Confronting and addressing our responsibilities on discrimination, abuse and the environment

Médecins Sans Frontières (MSF) continues to work to ensure people across the world, in some of the most remote and excluded regions, have access to healthcare.

But we must also continue to push ourselves, to self-reflect and question whether we are keeping in line with our responsibilities to the environment and on discrimination and abuse suffered at the hands of our organisation by staff, patients and communities.

In 2020, we recognised and acknowledged that, despite years of raising awareness and efforts to address issues of inequities, discrimination and institutional racism, progress had not been fast enough. This led to a public commitment to tackle discrimination and racism within our organisation.

Fulfilling this commitment was a top priority in 2021 and this resulted in a strong mobilisation at all levels of the movement. A key set of actions are organised around a shared plan divided into seven categories: staff rewards, including remuneration and benefits; management of abuse and behaviour; staff recruitment and

development; exposure to risk; communications and fundraising; standards of care for the patients and communities with whom we work; and executive governance and representation.

At the end of 2021 we released a progress report on these categories that aim to address diversity, equity and inclusion within MSF.

Although we have made headway, there is a long road ahead to address the complex issues that we face in terms of creating a fairer, more diverse and more inclusive organisation. We are not talking about making a few changes here and there or ticking a few boxes; we aim to make a cultural shift, changing the very essence of our organisation in terms of diversity, equity and inclusion. This takes time, but we are on the right path.

In 2021, we also continued to seriously address misbehaviour within MSF, with the unambiguous aim of eradicating abuse of all nature within our organisation. This is a complicated and multifaceted task, but an essential one. The humanitarian sector is unfortunately not immune to issues of misbehaviour and abuse. In many contexts, the presence of humanitarians is associated with new employment or business opportunities, additional funds and assets in areas of extreme vulnerability. The management of these resources represent a risk in terms of abuse, and it is our responsibility to minimise it.



MSF staff wait for people rescued from the Mediterranean Sea to disembark the *Geo Barents*. Port of Augusta, Italy, December 2021. © Andrea Monrás/MSF

Although we have made headway, there is a long road ahead to address the complex issues that we face in terms of creating a fairer, more diverse and more inclusive organisation.



Dildar, a member of MSF's water and sanitation team at Al Tanideba refugee camp, walks towards a water treatment facility. Sudan, July 2021.
© Dalila Mahdawi/MSF

We know that the people we support, in some of the most vulnerable areas of the world, are disproportionately affected by the climate crisis.

We have improved identifying staff who have been found to have committed abuse over recent years, so that sanctions taken against individuals are shared between MSF entities across the world. But we are also very aware that many cases of abuse remain unreported, and more efforts are needed in making our reporting mechanisms more accessible. This is particularly true for our locally hired staff, people we treat, and local communities who very rarely use these mechanisms.

This issue was illustrated very clearly in eastern Democratic Republic of Congo, where investigations by journalists and other organisations have reported widescale abuse – including exchanges of sex for work – committed by humanitarian workers during the response to the 2018-2020 Ebola epidemic. After receiving information that some MSF staff may have been implicated, we launched an investigation into specific cases. We also undertook a broad review to understand staff perception of abuse issues and our ability to address them. The fact that cases did not emerge from MSF's own reporting mechanisms is a confirmation that they need to be more trusted and available, especially during acute emergencies.

We know that the people we support, in some of the most vulnerable areas of the world, are disproportionately affected by the climate crisis. We see the consequences of extreme climate events first-hand: last year, thousands of people fled their homes in Mozambique due to increasingly destructive cyclones; hurricanes in Haiti and the Philippines destroyed entire cities and towns; and floods in South Sudan left nearly one million people internally displaced.

2021 also marked a more concrete definition of how to implement MSF's 2020 Environmental Pact, which recognised the need to make real and immediate changes in order to help curb the health impacts of climate change.

Recognising our own contribution to the global problem of carbon emissions and human-caused environmental disruption, we have pledged to reduce our emissions by at least 50 per cent, compared to 2019 levels, by 2030. Decarbonising our organisation is an extremely demanding endeavour, as responding to humanitarian and health crises around the world – last year we worked across more than 70 countries – is inevitably carbon intensive.

Assessments to establish MSF's 2019 carbon footprint are underway, and different parts of the MSF movement will strive to reach that target in a variety of ways. For example, we already know that drastic adaptation will be needed when it comes to transporting people and supplies, construction, energy and waste management.

Delivering rapid assistance to people in some of the world's most remote places will always remain our priority, but we are determined to continue doing this in a way that does not contribute to causing harm to the very people we are trying to help. This may result in radical changes to the way we do things, but it is a moral, humanitarian and health imperative.

The Year in Review

By Ahmed Abd-elrahman, Dr Marc Biot, Akke Boere, William Hennequin, Dr Sal Ha Issoufou, Christine Jamet, Teresa Sancristoval
MSF Directors of Operations



With the arrival of COVID-19 vaccines, our teams slowly started working on vaccination campaigns in several countries.

A woman receives a COVID-19 vaccine at a nursing home in Shayle, Lebanon, June 2021.
© Tracy Makhoul/MSF

Half a century since a handful of volunteers from Médecins Sans Frontières (MSF) took our first steps in 1971 in providing humanitarian medical assistance, over 63,000 people continued this work in 2021, providing care to people across more than 70 countries.

Trauma and tragedy in Tigray, Ethiopia

Few places in 2021 needed the presence of lifesaving medical workers more than Ethiopia. The ongoing conflict in the country's northern Tigray region has resulted in widespread devastation – hundreds of thousands of people have been displaced and are living in terrible conditions, cut off from food, water and medical assistance. In March, we reported that barely one in seven medical facilities in the region we had visited over a three-month period were fully functioning, either due to a lack of staff and supplies or because they had been systematically attacked and looted.

Our teams in Tigray, sadly, have not been spared the violence. In June, our driver Tedros Gebremariam Gebremichael, our

assistant coordinator Yohannes Halefom Reda, and our emergency coordinator María Hernández Matas, were brutally murdered. Even today we do not know with certainty by whom or why; we are continuing to work to find the answers for their families. We miss them and mourn their loss.

Between the violence, access constraints and administrative issues, Tigray has proven to be a hostile environment for humanitarian groups to work in. From August, only one MSF team was able to operate in Tigray, and from late November, none at all. This was due to a combination of our decision to withdraw in the wake of our colleagues' murders and the impossibility to supply and support our teams on the ground. In late July, the Dutch section of MSF was ordered by the authorities to suspend activities in Ethiopia for three months. Deliberately orchestrated media attacks on NGOs in general, and on MSF in particular, combined with the lack of answers on the murder of our colleagues, made our activities in Ethiopia particularly difficult to uphold. During that period, we were only able to continue working in one region in the country and with Ethiopian refugees in neighbouring Sudan.

Responding to the needs of people caught up in political turmoil

A military takeover of the government in Myanmar in February complicated our operations, as we were unable to send in people to run our activities, money to pay staff, or supplies. These challenges had a massive impact on our teams and our ability to deliver care to people in need.

Following the withdrawal of coalition forces from Afghanistan earlier in the year, the Islamic Emirate of Afghanistan (also known as the Taliban) entered Kabul in August, in the last stage of a rapid retake of power in the country, as the government collapsed. MSF teams stayed in place throughout the takeover and we have since continued to provide care. This assistance is needed more than ever to address the huge medical needs, as international donors have withdrawn funding and the country is no longer able to access frozen funds and assets. This dire situation was compounded in the second half of the year, when drought and a deepening economic crisis led to an increase in the numbers of malnourished children arriving at our projects.

A global pandemic enters its second year

As the COVID-19 pandemic continued into a second year, our teams scaled up activities to respond to particularly severe outbreaks in Syria, Yemen, Peru, India, Brazil, South Africa and Venezuela, among others. As well as assisting with infection prevention and control, we supported patient care. We also donated and managed supplies of oxygen, essential in the treatment of severely sick patients, of which many places experienced critically low supplies, to hospitals in countries such as Yemen and Lesotho.

With the arrival of COVID-19 vaccines, our teams slowly started working on vaccination campaigns in several countries, including Lebanon, Tunisia and Eswatini. MSF's Access Campaign highlighted the need for equitable distribution of vaccines and for an intellectual property (IP) waiver that would facilitate greater, and more rapid, production of vaccines. However, getting shots into people's arms was often a challenge, and IP and supply issues were not the only reasons this was difficult: our teams faced implementation costs, vaccine hesitancy, staff resistance, and widespread

misinformation or disinformation. Some countries also had more pressing health issues to address and consequently did not consider vaccinating against COVID-19 a priority. We implemented measures to combat these challenges, including digital and on-the-ground health promotion campaigns.

Assisting migrants on their dangerous journeys

In 2021, MSF teams witnessed a sharp rise in the number of people travelling through the Darién Gap, a remote, roadless swath of jungle on the border between Colombia and Panama that is South America's only northbound land route. As well as the jungle's natural dangers, such as land slips and rising river waters, migrants often fall prey to criminal gangs and people traffickers, and are robbed, beaten, raped or even killed. We provided treatment for people emerging from the Panama side of the jungle, who are mainly from Cuba or Haiti, although our teams have seen people from West Africa. Regardless of origin, everyone passing through the Gap is heading north, where they still face the dangerous route through

Mexico, in search of a better life in the United States.

In the second half of the year, the Belarusian authorities were accused by the European Union of facilitating the movement of migrants and asylum seekers towards the borders of Poland and Lithuania. The crisis became political, with border fences erected and people pushed back by Polish authorities. People became stranded literally in the middle, in cold and dismal conditions, as Belarus continued to push people to the border. MSF teams offered medical and humanitarian support where we had access in Belarus; we tried to work in Poland, before leaving at the end of the year, for lack of access being granted by the authorities.

In Libya, the severe violence perpetrated against migrants and refugees held in detention centres led us to suspend our activities in Tripoli between June and September. The terrible conditions inside the country continued to push people to attempt to cross the central Mediterranean Sea, the world's deadliest migration route. In 2021, we maintained our search and rescue operations, on a new, self-chartered boat, the *Geo Barents*.



In 2021, MSF teams witnessed a sharp rise in the number of people travelling through the Darién Gap a remote, roadless swath of jungle on the border between Colombia and Panama.

MSF teams come across boats of migrants on the Darién river. Panama, June 2021. © Sara de la Rubia/MSF



A view of the water, sanitation and hygiene facilities that MSF teams have installed in Rho displaced people's camp. Democratic Republic of Congo, December 2021. © Alexis Huguet

The people who have ended up internally displaced live in often terrible situations in camps, where transmissible diseases and sexual and gender-based violence are common.

Disease and displacement continue in the Sahel

Life for people across the Sahel region continued to deteriorate in 2021, with violence spreading deeper into Burkina Faso, Mali, Niger and Nigeria, and causing waves of displacement. Inside displacement camps, people are exposed to other dangers, such as epidemics and diseases caused by poor sanitation and hygiene conditions.

An upsurge in violence in northwestern Nigeria, especially in Zamfara and Katsina states, forced thousands of people to flee over the border into Niger, where our teams treated unprecedented numbers of children for severe malnutrition. We also responded to outbreaks of malaria, measles and meningitis, diseases which are particularly lethal in malnourished children, in Niger and other countries in the region.

Even medical care was not respected – in January, an MSF ambulance came under attack by armed militiamen in central Mali, resulting in the death of one of the patients it was transporting.

Chronic violence causes crises across communities

Enduring violence and conflict across a number of countries in 2021 led to continuing situations of hardship and crisis for people and communities.

People living in northeastern Democratic Republic of Congo (DRC), particularly North Kivu, South Kivu and Ituri provinces, have experienced decades of often horrific levels of violence. In North Kivu province – which experienced both DRC's twelfth Ebola outbreak and the devastating consequences of the eruption of volcano Mount Nyiragongo in 2021 – residents fled in scattered directions to escape the often-intense fighting occurring between the army and local armed groups. The people who have ended up internally displaced live in often terrible situations in camps, where transmissible diseases and sexual and gender-based violence are common.

In neighbouring Ituri province, even our teams were not immune from the violence; in late October, unknown armed attackers

targeted an MSF convoy, injuring two staff. The attack forced us to first suspend our activities, and subsequently close our projects, in two health zones where access to healthcare is largely lacking.

The political, economic and security situations in Haiti significantly deteriorated in 2021, with the July assassination of the president and another devastating earthquake in August. Neighbourhoods in the capital Port-au-Prince have been taken over by armed gangs, who rule the streets, with abductions, violence and even murder becoming commonplace. As the streets are so unsafe, people in these areas are left unable to access healthcare.

In Cameroon, extreme violence in the country's English-speaking North-West and South-West regions has continued, leaving communities with difficult or no access to healthcare. In the North-West region, the forced withdrawal of our teams, due to an ongoing suspension by Cameroonian authorities, and the complete absence of humanitarian assistance in this part of the country, have only served to widen the

gaping hole in medical services in an area badly affected by armed violence.

Our teams are present and respond to high medical needs for communities affected by ongoing and/or chronic violence in places including Cabo Delgado province in Mozambique, Central African Republic, and parts of South Sudan.

Extreme situations caused by extreme weather

Whether due to the climate emergency or not, our teams responded to the often-disastrous consequences of extreme weather in 2021.

Severe floods hit South Sudan hard for the third consecutive year. Bentiu displaced people's camp and Mayom were again flooded out. Our teams delivered emergency healthcare and relief items, such as plastic sheeting and mosquito nets, to people. Increased rain due to climate change brought floods to parts of Niger, including

the capital, Niamey. For the second year running, we saw unusually high numbers of patients with malaria and malnutrition in Niamey, an area where we have been working for the last 20 years.

At the other extreme, a lack of rain and drought in parts of Somalia exacerbated the 'hunger gap', or lean season between harvests. In Madagascar, deforestation worsened a devastating drought, leading to crop failure. In these places, our teams responded to high levels of malnutrition.

Practical results for TB

In late October, we announced positive early results from the TB PRACTECAL clinical trial. The trial, which aims to improve treatment for drug-resistant tuberculosis (DR-TB), showed that nearly nine out of 10 patients were cured using an all-oral drug regimen for six months. This is a drastic improvement on the standard two-year regimen, which only cures half of patients

and involves daily painful injections, which often have significant side effects. These results have prompted the World Health Organization to update its DR-TB treatment recommendations.

We are enrolling patients for the endTB-Q trial, which seeks to add to the research to help revolutionise treatment for the toughest strains of DR-TB. Despite this progress, TB still remains a neglected disease, where treatment is often ill-adapted to patients' needs, and where further research on shorter and more patient-friendly protocols – including on appropriate paediatric treatments and diagnostics – is badly needed.

50 years of humanity

On 22 December 2021, we marked the 50th anniversary of the founding of MSF in Paris by a group of journalists and doctors. After 50 years of humanity, we continue to be guided by our core principles of independence and impartiality, and the humanitarian spirit that inspired our founders.

Severe floods hit South Sudan hard for the third consecutive year. Bentiu displaced people's camp and Mayom were again flooded out.

Families move towards dry land in Bentiu following severe floods. South Sudan, December 2021.
© Sean Sutton



Overview of activities



Largest country programmes

By expenditure

Democratic Republic of Congo	€95 million
Yemen	€90 million
South Sudan	€80 million
Central African Republic	€70 million
Nigeria	€53 million
Sudan	€40 million
Afghanistan	€39 million
Ethiopia	€35 million
Haiti	€35 million
Niger	€34 million

The total budget for our programmes in these 10 countries was €570 million, **49.6 per cent of MSF's programme expenses in 2021** (see Facts and Figures for more details).

By number of field staff¹ – full time equivalents

Central African Republic	3,049
South Sudan	2,953
Yemen	2,879
Democratic Republic of Congo	2,650
Afghanistan	2,343
Nigeria	2,286
Bangladesh	2,013
Haiti	1,487
Niger	1,485
Ethiopia	1,403

By number of outpatient consultations²

Democratic Republic of Congo	1,753,200
Syria	1,144,500
Central African Republic	890,100
Burkina Faso	844,300
Niger	832,900
Bangladesh	716,600
South Sudan	667,400
Sudan	647,300
Mali	600,500
Nigeria	493,700

¹ **Staff numbers** represent full-time equivalent positions (locally hired and international) averaged out across the year.

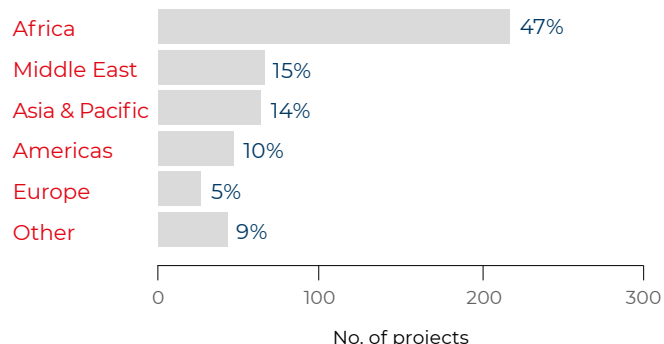
² **Outpatient consultations** exclude specialist consultations.



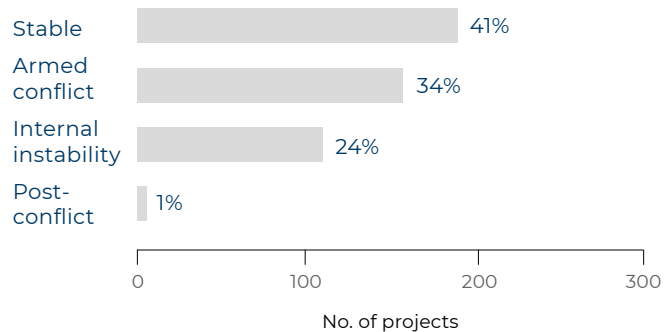
Cargo is loaded onto a helicopter in Port-au-Prince, Haiti, August 2021. © Nico D'Auterive/MSF



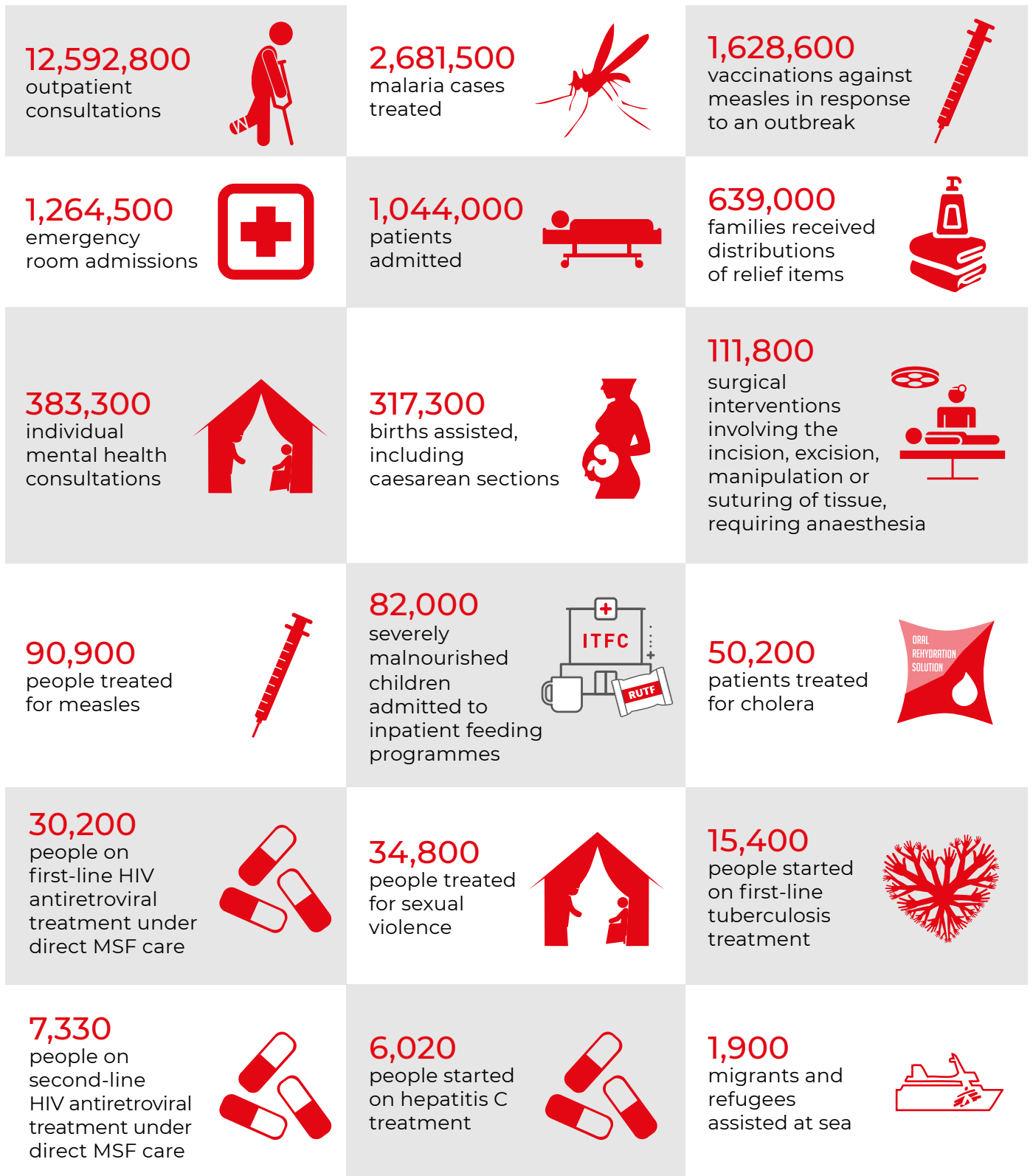
Project locations



Context of interventions



2021 Activity highlights



The above data groups together direct, remote support, and coordination activities. These highlights give an approximate overview of most MSF activities but cannot be considered complete or exhaustive. Figures could be subject to change; any additions or amendments will be included in the digital version of this report, available on [msf.org](https://www.msf.org).

COVID-19: The difficulties of turning vaccines into vaccination

By Amanda Harvey-Dehaye, MSF COVID-19 tools task force lead, and Dr Maria Guevara, International Medical Secretary



A demonstration organised by MSF calling on the American government to ensure global vaccine equity. Washington DC, United States of America, November 2021. © Christopher Lee

As the COVID-19 pandemic entered its second year, infections continued to surge around the world, affecting every country in which Médecins Sans Frontières (MSF) provides medical and humanitarian care. Although the scale and response to the pandemic was different in each country, the magnitude of the crisis stretched our capacity to respond while keeping our regular projects running and responding to emergencies elsewhere. Our main priorities continued to be strengthening infection prevention and control measures, training healthcare workers, conducting community outreach, offering mental health support and providing hospital treatment for severe COVID-19 patients.

This last, however, proved extremely challenging without effective tools to tackle the disease. With no treatment options available, mortality soared, even in the world's best equipped hospitals. Meanwhile, many of MSF's project locations lacked the very basics – including oxygen, ventilators and trained intensive care staff – needed to bring death rates down. At one point in the pandemic, 84 per cent of patients admitted to intensive care at one of our hospitals in Aden, Yemen, did not survive. COVID-19 vaccines were desperately needed to fend off the ravages of the disease.

Developed at an unprecedented pace, these vaccines emerged in early 2021 and soon changed the game, at least for wealthy countries who began administering them at scale. Data affirming the vaccines' safety and effectiveness for reducing severe illness and death soon built up in step, which in turn encouraged uptake. At this point, our patients' outcomes should also have improved – a protection that was sorely

needed given the undernourishment and/or underlying illnesses or conditions they frequently battled with. Yet they were largely left unvaccinated, as wealthy countries monopolised vaccine stocks. MSF's Access Campaign was highly vocal on this point, stressing the need for equitable distribution worldwide and pushing hard for mechanisms to expand access.

By mid-year, vaccines had become more available, with theoretically enough to go around to meet the World Health Organization's goal of 70 per cent vaccine coverage of the world's population by mid-2022. Nevertheless, the 'demand' for vaccines in some lower-income countries turned out to be low, largely due to shortfalls in the infrastructure – a lack of roads, transport, cold chain, staff to vaccinate – needed to turn vaccines into vaccination. The low demand also wasn't helped by a deep mistrust of the new products, and the prevalence of other health concerns, including HIV, tuberculosis, malaria and

other diseases, which for many are more urgent than addressing COVID-19. Our teams therefore witnessed the complexity of managing pandemic-scale outbreaks in low-resource settings, with global vaccination goals placing pressure on ministries of health who did not always have the means to respond and/or whose realities demanded different goals. It became clear that to improve vaccination rates, tailored approaches were needed from the outset, taking into consideration local epidemiology, feasibility and acceptability to communities. Meanwhile, our teams were grappling with other health needs that had been exacerbated by the pandemic, with already-limited resources being diverted to the COVID-19 response.

Amid all this confusion on priorities, MSF strove for an agile approach. We reinforced measures for infection prevention and control in all locations. Our teams integrated vaccination and testing into project sites in countries such as Afghanistan, Bangladesh, Central African Republic, Cameroon, Democratic Republic of Congo, Eswatini

and Kenya. Vaccination and testing were also integrated into other healthcare services elsewhere – for example, via malaria treatment in Côte d'Ivoire.

Activities were adjusted according to needs; for example, in Iraq, we cared for patients with severe disease during peaks, and switched to vaccination, community outreach and staff training during ebbs. We also supported national vaccination campaigns in Lebanon, Brazil, Malawi, Peru and Uganda, with a specific focus on vulnerable or high-risk groups, while co-creating the COVAX Facility's 'Humanitarian Buffer' in parallel. Designed to administer COVID-19 vaccines to people living beyond the reach or interest of states (migrants and undocumented people, or those living in conflict areas beyond government control), this mechanism is vital for providing independent humanitarian space to operate. But to date it has been crippled by legal issues and bureaucracy, and remains inaccessible for NGOs willing to assist in bringing vaccines to these groups of people. Finally, we offered all our staff

access to testing and vaccination. Beyond vaccination, we ran studies on mortality and seroprevalence¹ in countries such as Côte d'Ivoire, Cameroon and Kenya to better understand the impact of the virus locally.

Cumulatively, our 2021 COVID-19 response has provided us with food for thought on a number of significant issues. For example, on how we can better help other healthcare services withstand the damage done by the diversion of existing healthcare resources to pandemic response. Or on how we can counterbalance global vaccination goals with locally tailored solutions much earlier, when we know from our 50 years of experience that tailored solutions are always required. Or on how we can promote vaccination among communities and our staff in a more active and timely manner, even when the products are also unfamiliar to us and we are not always a key organisation in government-led vaccination campaigns. Or more generally, on how we can be more effective in vaccination campaigns.

Similar reflections are also fuelling the pandemic preparedness discussions that are now underway for 'next time'. But we need to stay focused on the here and now. Well into the third year of the COVID-19 pandemic, we are still being confronted with waves of infection from new strains, and those people vulnerable to severe infection still need COVID-19 vaccination, treatment and care.

¹ The amount of disease present in the blood among a group of people or population



An MSF nurse vaccinates a frontline health worker against COVID-19 at a home for the elderly in Chlifa Baalbak, Lebanon, March 2021. © Tariq Keblaoui

MSF's Access Campaign was highly vocal, stressing the need for equitable distribution worldwide and pushing hard for mechanisms to expand access.

The regrettable new normal:

Navigating humanitarian action in counter-terrorism settings

Françoise Bouchet-Saulnier, former MSF Legal Director, MSF intersectional legal department.

Author, *Practical Guide to Humanitarian Law*. Available online in English, Arabic, French and Russian, <https://guide-humanitarian-law.org/>



An MSF ambulance outside the MSF compound gate in Daghaley, Kenya, May 2021. © Paul Odongo/MSF

Attacks, arrests, detentions and accusations levied against humanitarian staff by state authorities are far more prevalent than abductions and attacks by non-state groups.

Counter-terrorism discourse has always formed part of state rhetoric when dealing with non-international armed conflicts. In 1999, the Russian Federation refused to use the words ‘war’ or ‘armed conflict’ when talking about counter-terrorism operations in Chechnya. However, since the attack on the Twin Towers in New York on 11 September 2001, this type of state rhetoric has been transformed into an international legal framework for the global fight against terrorism. Over the last two decades, this framework has been developed and validated under the auspices of the United Nations.

It’s difficult to precisely measure the specific impact this development has had on impartial humanitarian action, because humanitarian action is influenced by the different characteristics and dynamics of each particular conflict. However, it is clear to see the legal impact of the counter-terrorism framework, and its effect on the security of humanitarian workers and their activities, and on the people they serve. The statistics relating to security incidents reported by field teams reveal a shift in the types of incidents we’re seeing. Attacks, arrests, detentions and accusations levied against humanitarian staff by state authorities are far more prevalent than abductions and attacks by non-state groups.

Why is it that the medical and humanitarian activities traditionally conducted by Médecins Sans Frontières (MSF) could now

be exposing both our teams and our patients to new dangers?

What these security incidents have in common is that they have resulted from criminal and counter-terrorism laws, imposed by states, that have effectively criminalised certain humanitarian and medical relief activities that are sanctioned by international humanitarian law. International Humanitarian Law, or IHL, is the law of international and non-international armed conflict, and includes rules designed to protect civilians, medical personnel, and their respective structures, and the right to receive impartial medical care.

Four types of activities undertaken by MSF are especially vulnerable to these accusations of criminal and terrorist complicity.

1. The act of providing humanitarian relief to people living in disputed territories or under the control of groups designated as terrorists or criminals may be considered a form of material support for terrorists.
2. The act of maintaining contact with leaders of armed groups designated as terrorists may be considered a crime in and of itself.
3. The act of transporting suspected terrorists or criminals for medical or humanitarian reasons may be considered tantamount to organisation of an escape of these alleged terrorists (helping them to leave a battlefield or hide themselves in a medical structure that they will then easily leave without being questioned or arrested).
4. The act of providing patients suspected of being terrorists or criminals with treatment in healthcare facilities may also be considered an act of criminal complicity, aimed at providing refuge and at concealing criminals and terrorists.

This legal risk is not hypothetical; it has already materialised in several of the places where we work. The particular risk associated with criminal charges is due to the fact that criminal responsibility is always borne by individuals. Regardless of the commitments made by MSF regarding our duty of care towards our staff, we cannot substitute our institutional responsibility for that incurred by individuals.

Acting without the consent of the government, MSF was considered a terrorist organisation in Syria due to the material support we provided to people living in territories under the control of groups designated as terrorists. MSF staff have been arrested, detained and accused of complicity and terrorist activity.

In Nigeria, the military prosecutor accused MSF of providing terrorists with material support, on the basis of relief activities conducted for people living under the control of groups considered criminal or terrorist. MSF staff have also been accused of colluding with criminal groups as a result of establishing contact for the organisation of relief activities. In the Democratic Republic of Congo, our staff have been convicted for facilitating contacts with groups considered criminal or terrorist. In Cameroon, MSF staff have been charged and detained for complicity in a terrorist crime because they transported wounded people and conducted relief activities in areas controlled by groups considered criminal or terrorist.

MSF staff and patients have also been victims of attacks on hospitals by state armies in Syria, Yemen, Afghanistan and elsewhere. They are often claimed as mistakes, but what these attacks have in common is that they are always on facilities where wounded and sick 'non-civilians', belonging to groups considered criminal or terrorist, are being treated.

Since 2016, MSF has been making efforts to take a stand against this trend through political and legal advocacy to the highest

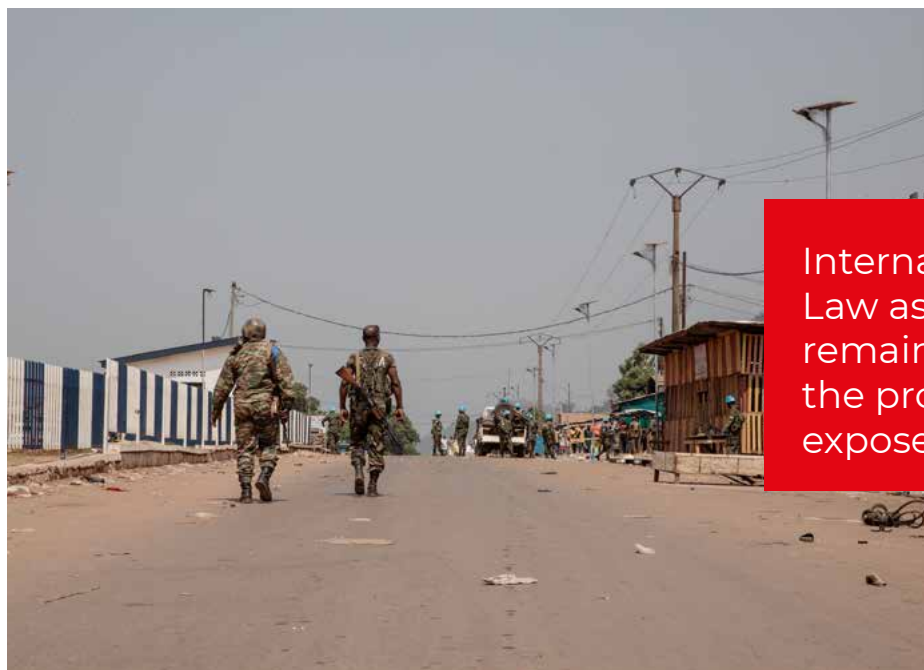
level of the UN, calling on member states to recognise the precedence of the rule of IHL over counter-terrorism operations and regulations.

The main tool to reaffirm this precedence lies in the adoption of humanitarian exemptions in national and international counter-terrorism policies adopted by states and international bodies. This tool will allow humanitarian activities to be exempt from the application of counter-terrorism limitations or sanctions.

The call to include exemption clauses in UN resolutions and national legislation for humanitarian action conducted in accordance with IHL has begun to bear fruit. The legitimacy of providing humanitarian and medical relief during armed conflict marked by 'terrorism' has been reaffirmed, and states now have to ensure that counter-terrorism measures do not undermine humanitarian relief activities sanctioned by IHL.

This is just a first step. MSF does not defend IHL out of naivety about the power of law, but because IHL maintains that treating 'enemies' and assisting people under their control is a legitimate enterprise. International Humanitarian Law as common language remains essential for enabling the protection of teams exposed in conflict areas.

The best protection for teams in the field is to have a full understanding of not only the usual security risks, but also the new legal risks that are being instrumentalised to undermine the legitimacy of humanitarian relief activities. This should be backed up with support and training to help them negotiate and formalise an operational framework and work practices that are IHL-compatible, and capable of withstanding the terrorist demonisation of the enemy and the criminalisation of humanitarian relief by governments.



International Humanitarian Law as common language remains essential for enabling the protection of teams exposed in conflict areas.

The neighbourhood of PK12, in Bangui, came under attack by rebel forces on 13 January 2021. Central African Republic, January 2021.
© Adrienne Surprenant/Collectif Item for MSF

Activities by country

20	Afghanistan	34	Democratic Republic of Congo	49	Kyrgyzstan	61	Russia
22	Armenia/ Azerbaijan	36	Egypt	49	Lebanon	62	Search and Rescue Operations
22	Balkans	36	El Salvador	50	Liberia	63	Sierra Leone
23	Bangladesh	37	Eswatini	50	Libya	63	Somalia and Somaliland
24	Belarus	37	France	51	Madagascar	64	South Sudan
24	Belgium	38	Ethiopia	52	Malawi	66	Syria
25	Bolivia	40	Greece	52	Malaysia	68	South Africa
25	Burkina Faso	40	Guatemala	53	Mali	69	Sudan
26	Brazil	40	Guinea	53	Mozambique	69	Tajikistan
28	Burundi	41	Guinea	54	Mexico	70	Tanzania
28	Cambodia	41	Honduras	55	Myanmar	70	Thailand
29	Cameroon	42	Haiti	56	Nigeria	71	Turkey
30	Central African Republic	44	India	58	Niger	71	Uganda
32	Chad	44	Indonesia	58	Pakistan	72	Ukraine
32	Colombia	45	Iran	59	Palestine	72	Uzbekistan
33	Côte d'Ivoire	45	Italy	59	Panama	73	Venezuela
33	Democratic People's Republic of Korea	46	Iraq	60	Papua New Guinea	73	Zimbabwe
		48	Jordan	60	Peru	74	Yemen
		48	Kenya	61	Philippines		





An MSF team carries out a rescue of 95 people on a rubber boat in the Mediterranean Sea. Central Mediterranean, December 2021. © Filippo Taddei/MSF

Afghanistan

No. staff in 2021: 2,343 (FTE) » Expenditure in 2021: €39.5 million
MSF first worked in the country: 1980 » [msf.org/afghanistan](https://www.msf.org/afghanistan)

KEY MEDICAL FIGURES

172,700
emergency room
admissions

130,400
outpatient
consultations

36,100
births assisted,
including 1,670
caesarean sections

11,000
surgical interventions

5,470
children admitted
to inpatient feeding
programmes

2,570
people started on
treatment for TB

790
patients admitted
for COVID-19

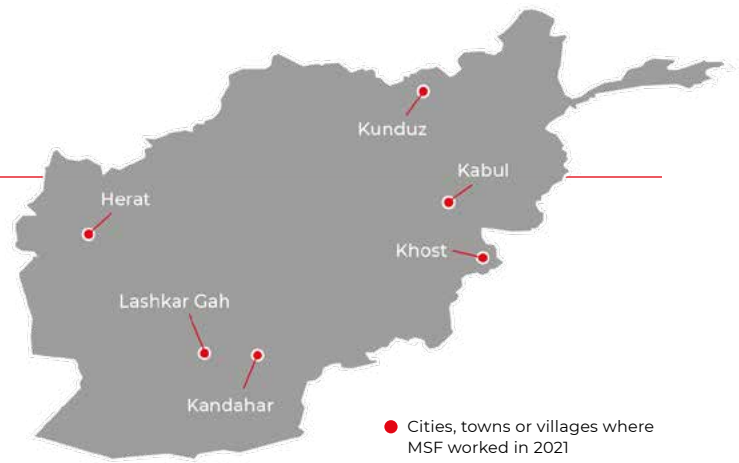
Afghanistan saw great upheaval in 2021, with the withdrawal of US and NATO forces, and the Islamic Emirate of Afghanistan (also known as the Taliban) seizing control in August.

Afghans continued to face the direct and indirect consequences of conflict, particularly in the first eight months of the year, when fighting reached major cities. As in previous years, many Médecins Sans Frontières (MSF) patients cited the risk of being caught up in the conflict as a reason to delay seeking healthcare.

There was an improvement in the security situation when the conflict ended, meaning people could travel more freely to reach medical care, but following the change in government, international donors decided to suspend the funding on which the health system relied. Many health facilities closed, and those that remained open were often barely functional, lacking staff and medical supplies.

Although temporary funding was provided towards the end of the year to keep the health system afloat, there was little sign of any meaningful improvement. Furthermore, sanctions against the new government caused a severe economic crisis that affected many aspects of people's lives, including health. This, combined with the severe drought that hit the country in 2021, led us to see far more children for malnutrition in our feeding centres than in 2020.

Despite many challenges, including those posed by COVID-19, we kept all our projects running throughout the year. We also responded to



outbreaks of acute watery diarrhoea in Kabul and Kandahar, and donated medicines, fuel, food, oxygen and other supplies to health facilities.

Lashkar Gah

MSF supports the 300-bed Boost hospital in Lashkar Gah, Helmand province, offering a wide range of medical services, including maternal healthcare, paediatrics and surgery. In May 2021, conflict escalated around the city, and in July and August there was heavy fighting in the streets, which at times made it difficult for residents to reach the hospital. For 13 days, MSF staff were unable to leave the hospital compound, but as fighting raged around them they continued to treat patients, including many war-wounded.

After the conflict ended in August and it became safer for people to leave their homes, we saw a huge rise in patient numbers. For the final four months of the year, the hospital was routinely functioning over capacity. In September, we recorded the highest numbers of assisted births and patients requiring emergency care since we first started supporting the hospital in 2009.

Kunduz

Fighting also reached the city of Kunduz, the site of our new trauma centre that was still under construction. In July, since construction of the centre was not yet complete, we transformed our office space into a 25-bed emergency trauma unit to care for those injured by the fighting. We also set up a temporary outpatient clinic and supplied safe drinking water for displaced people who had sought safety in nearby Sar Dawra. West of the city, in Chardara district, we maintained our support to the stabilisation unit.

On 16 August, we opened the trauma centre, which has a 54-bed inpatient department, a six-bed intensive care unit (ICU), two operating theatres and an outpatient department, and transferred our activities there.



A doctor visits Abdul, a patient at MSF's COVID-19 treatment facility in Herat. Afghanistan, October 2021.
© Sandra Calligaro



Doctors provide care to a man who was shot while fleeing his home with his family near Lashkar Gah, Afghanistan, May 2021. © Tom Casey/MSF

Herat

On the outskirts of Herat city, we run a clinic for internally displaced people, offering general consultations for children, including childhood vaccinations and nutritional care, as well as maternal health. This clinic was extremely busy after August, as many other organisations had left or had their funding suspended. This trend was also observed in our projects in Helmand and Khost.

Another MSF team works at the regional hospital in Herat city, managing an inpatient therapeutic feeding centre for children. Due to the high demand for care, we had to increase the facility's bed capacity twice, reaching a total of 74 beds by mid-October. Although patient numbers reduced slightly after a peak in September, they remained high, with children often sharing beds. In mid-December, we also started supporting the hospital's paediatric emergency room and ICU.

Our COVID-19 treatment centre in Herat remained open throughout the year, except for a few months between the second and third waves. In addition, we continuously triaged suspected COVID-19 cases at the regional hospital.

Kandahar

In Kandahar, MSF supports the national tuberculosis (TB) programme in diagnosing and treating drug-resistant TB (DR-TB). In April, we moved our activities from the container clinic we had been using to our new 24-bed DR-TB inpatient facility. When fighting reached Kandahar city in July, we adapted the programme by giving patients

extra stocks of medication and conducting remote consultations to ensure they could continue their treatment without visiting the facility. A team was also treating TB patients in Sarpoza prison until it became unsafe to travel there because of the conflict.

When fighting around Kandahar displaced many people from their homes, we set up a temporary clinic for children under five in an informal settlement where 5,000 people were living. For four weeks in September, a mobile clinic was sent to Spin Boldak, on the border with Pakistan, to assist displaced people living nearby or attempting to cross the border.

In mid-December, the team opened an outpatient therapeutic feeding centre in Kandahar city.

Khost

In Khost, we run a dedicated hospital providing maternal and neonatal care. The hospital has a 60-bed maternity unit, a 28-bed neonatal unit and two operating theatres. The maternity unit usually focuses on complicated deliveries, but we expanded our admission criteria from August until December to enable more women to give birth safely.

In 2021, we also supported eight local health centres across the province, providing medicines and funding for additional midwives, so that women with no risk factors for obstetric complications could give birth closer to home, and donated medicines and other supplies to the provincial hospital.

Armenia/Azerbaijan

No. staff in 2021: 11 (FTE) » Expenditure in 2021: €0.6 million
MSF first worked in Armenia: 1988 » [msf.org/armenia](https://www.msf.org/armenia)
MSF first worked in Azerbaijan: 1989 » [msf.org/azerbaijan](https://www.msf.org/azerbaijan)

As uncertainty loomed over the future of Nagorno-Karabakh, Médecins Sans Frontières started to offer mental health support to people experiencing chronic stress and anxiety.

In 2021, Armenia/Azerbaijan experienced spikes in tension as fighting broke out in border regions. In response, our team began to support the Nagorno-Karabakh/Artsakh health authorities to improve the quality of psychological care for people affected by violence and displacement in Martuni, Martakert and Stepanakert. We conducted psychological consultations and worked to improve detection

and diagnosis of mental health problems. To ensure that patients in remote areas could access care, we also assisted with travel costs.

In Martuni hospital, we contracted a local company to build a waste management area and improve storage conditions for the medicines provided by the Nagorno-Karabakh/Artsakh Ministry of Health.



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021
The maps and place names used do not reflect any position by MSF on their legal status.

Balkans

No. staff in 2021: 13 (FTE) » Expenditure in 2021: €0.5 million
MSF first worked in both countries: 1991 » [msf.org/serbia](https://www.msf.org/serbia) [msf.org/bosnia-herzegovina](https://www.msf.org/bosnia-herzegovina)

KEY MEDICAL FIGURES

3,140
outpatient
consultations

450
people treated for
intentional physical
violence

120
individual mental
health consultations

Thousands of people attempted to cross through the Balkans in 2021, in search of safety in other European destinations, despite reports of illegal pushbacks and indiscriminate violence by state authorities.

In Serbia, Médecins Sans Frontières (MSF) assisted migrants and refugees living outside official accommodation, along the northern borders with Croatia, Hungary and Romania. Through mobile clinics, we offered medical and mental health care, as well as social support. In February 2021, MSF donated 2.5 tons of essential relief items, such as blankets and hygiene kits, to civil society organisations in Serbia to be distributed to people in need.



● Cities, towns or villages where MSF worked in 2021
The maps and place names used do not reflect any position by MSF on their legal status.

Between January and September, we also had teams working along the border areas of Bosnia-Herzegovina, providing medical and mental health care to victims of violence.

Throughout the year, and in both locations, our patients included victims of physical violence reportedly perpetrated by border authorities. We also treated people whose health had been affected by low temperatures in the region, poor living conditions, significant gaps in medical assistance and a lack of food, shelter, clean clothes and hygiene facilities.

Bangladesh

No. staff in 2021: 2,013 (FTE) » Expenditure in 2021: €30.4 million
MSF first worked in the country: 1985 » [msf.org/bangladesh](https://www.msf.org/bangladesh)

KEY MEDICAL FIGURES

716,600
outpatient
consultations

32,800
individual mental
health consultations

21,400
patients admitted

4,580
births assisted

In Bangladesh, Médecins Sans Frontières (MSF) runs healthcare programmes for refugees in Cox's Bazar, who fled recurrent targeted violence in Rakhine State by the Myanmar military, and vulnerable communities in Dhaka's slums. In 2021, we also supported the COVID-19 response.

COVID-19 emergency response

Between July and October, we set up and ran an emergency 16-bed COVID-19 treatment centre for people with moderate-to-severe symptoms. MSF also supported the only government-run vaccination campaign in a refugee setting in Bangladesh, and assisted with staff recruitment and training.

Cox's Bazar

Across 10 facilities, we provide a range of specialist healthcare to address some of the vast health needs of more than 920,000 Rohingya refugees living in the camps, as well as a growing number of patients from the host community. Services include general health care, treatment of chronic diseases, such as diabetes and hypertension, emergency care for trauma patients and women's healthcare. We also upgraded water and sanitation in the camps.

In 2021, our teams continued to witness the medical consequences of deteriorating camp

- Regions where MSF had projects in 2021
- Cities, towns or villages where MSF worked in 2021



conditions. Dire water and sanitation services, fires, flooding and movement restrictions all affect the ability of Rohingya to live in dignity. MSF is the largest provider of specialist psychiatric care for people suffering from severe mental health conditions, such as psychosis and anxiety disorders, which often stem from living in the camp environment and a sense of hopelessness about their future.

During the year, we handed over some of our activities to local organisations, including an extensive water network powered by solar energy.

Kamrangirchar

We run two clinics in Kamrangirchar district, in the capital, Dhaka, offering reproductive healthcare, and medical and psychological treatment for victims of sexual and gender-based violence.

We also provide occupational health services, which include treatment for workers diagnosed with diseases linked to their work environment, as well as preventive care and risk assessment in factories. Our medical assistance is tailored to the needs of people working in extremely hazardous conditions.



A view of MSF's 'Hospital on the Hill' in Cox's Bazar refugee camp. Bangladesh, April 2021.
© Pau Miranda/MSF

Belarus

No. staff in 2021: 42 (FTE) » Expenditure in 2021: €1.5 million
MSF first worked in the country: 2015 » [msf.org/belarus](https://www.msf.org/belarus)



KEY MEDICAL FIGURE
23 people started on treatment for TB

In Belarus, Médecins Sans Frontières supports the national tuberculosis (TB) programme and hepatitis C treatment in prisons. In 2021, we also started assisting people on the move stranded between Belarus and the EU.

We continued to support six TB facilities in Belarus: three in the capital, Minsk, and three across the regions. We successfully advocated a person-centred approach to care and delivered a series of training sessions on this model of treatment.

Minsk is one of the seven sites of the TB PRACTECAL clinical trial that is aimed at identifying new treatment regimens for patients with multidrug-resistant TB (MDR-TB) that are shorter and more effective and tolerable. In 2021, the phase II/III TB PRACTECAL trial from Uzbekistan, Belarus and South Africa found that the new, shorter treatment regimen was very effective: 89 per cent of patients in the group with the new drug regimens were cured, compared to 52 per cent of patients on standard treatment regimens. Furthermore, the trial

showed that patients experienced significantly fewer side effects from the newer drugs.

In 2021, we also started a new programme to treat people with hepatitis C in the penitentiary system, and admitted the first patients in December.

Since mid-2021, thousands of people have been trying to reach the EU via Belarus. While Belarus has eased the migration flows, the response from the EU countries' authorities has been to declare states of emergency, mobilise military units and build fences at borders to create barriers for migrants. Stuck between opposing sides, people were effectively trapped along the border by Polish, Lithuanian and Belarusian border guards, which put their lives at risk.

Our teams offered medical and humanitarian assistance, including referrals and translation support, to people on the move dispersed in Belarus, while continuing to seek access to those stranded in the restricted border areas between Belarus and EU countries.

Belgium

No. staff in 2021: 38 (FTE) » Expenditure in 2021: €3.8 million
MSF first worked in the country: 1987 » [msf.org/belgium](https://www.msf.org/belgium)



KEY MEDICAL FIGURES
330 patients admitted for COVID-19

180 outpatient consultations for COVID-19

In 2021, Médecins Sans Frontières (MSF) continued to work closely with vulnerable groups such as homeless people and migrants, particularly unaccompanied minors.

During winter and the second wave of the COVID-19 pandemic in early 2021, we opened an emergency reception and care centre for the most vulnerable people in Brussels. The aim was to isolate and treat people if they tested positive for COVID-19. We also supported the COVID-19 vaccination campaign from May to September for all vulnerable people.

In parallel, emergency shelter interventions were launched in February and May 2021. During the interventions, we became aware of large numbers of unaccompanied foreign minors among our patients. These minors had not applied for asylum in Belgium and therefore found themselves without any support in the city. To address the specific needs of this vulnerable group, MSF opened an emergency reception centre, with a capacity of 80 beds, in October 2021. The centre provided a place where unaccompanied minors could access various services, including social support, medical

and psychological care and recreational activities, as well as food and shelter.

In addition, an MSF outreach team assisted people with, or at risk of contracting, COVID-19, who are living in squats. The team also ran health promotion, and infection prevention and control activities in shelters for homeless people and migrants.

We also continued to work in the Humanitarian Hub, a joint project with other Belgian aid organisations and a citizens' initiative in Brussels, where we have been offering mental health care to migrants since 2017.

Support during exceptional floods in Wallonia region

When Wallonia was hit by exceptional floods in early July, we launched an emergency intervention in Liège province, one of the worst-affected areas. Our team supported a reception centre for disaster victims by coordinating activities and providing mental health assistance.

Bolivia

No. staff in 2021: 19 (FTE) » Expenditure in 2021: €0.9 million
MSF first worked in the country: 1986 » [msf.org/bolivia](https://www.msf.org/bolivia)

KEY MEDICAL FIGURES

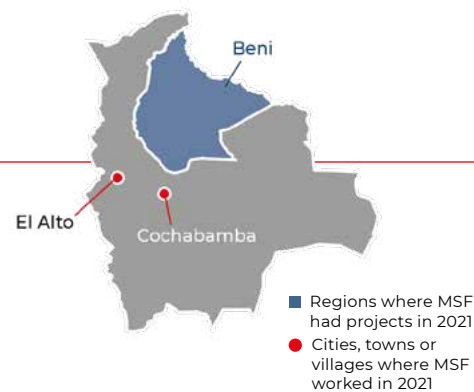
2,350 consultations for contraceptive services

2,300 outpatient consultations

800 births assisted

Between 2018 and 2021, Médecins Sans Frontières (MSF) ran a project aimed at reducing deaths during pregnancy and childbirth in Bolivia, a country with some of the highest rates in Latin America.

The situation is especially serious in El Alto, Bolivia's second-largest city, where the rates are among the worst in the world. In addition, Bolivia has a high proportion of teenage pregnancies – the last health survey showed that 30 per cent of 19-year-old women were already mothers. However, despite increased investment in public health facilities in recent years, the availability and quality of care in this region remain poor. Furthermore, the COVID-19 pandemic has had a severe impact on the Bolivian health system's provision of maternal, neonatal and paediatric health services, making it even more difficult for women to access adequate medical care for themselves and their children.



In 2018, we launched a project to improve maternal care in El Alto, by supporting two maternity wards in public health facilities. Our teams increased access to safe deliveries and provided high-quality, culturally adapted services, especially for Aymara indigenous communities, who have specific beliefs around childbirth. In 2021, these activities were transferred to the local authorities, who recruited additional staff to ensure continuity of this 24-hour service for local communities.

Between March and September, our teams supported the Bolivian health system's response to the COVID-19 pandemic in the city of Cochabamba and in five health facilities in Beni region. We implemented infection prevention and control measures, provided mental health services, health promotion, and training for frontline workers.

Burkina Faso

No. staff in 2021: 1,038 (FTE) » Expenditure in 2021: €22.2 million
MSF first worked in the country: 1995 » [msf.org/burkina-faso](https://www.msf.org/burkina-faso)

KEY MEDICAL FIGURES

107,377,300 litres of water distributed

844,300 outpatient consultations

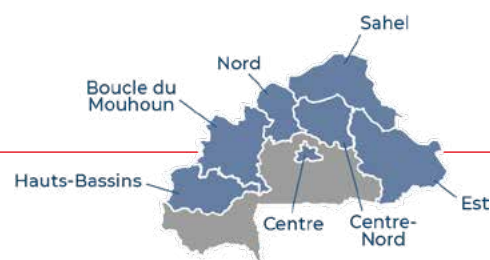
321,600 malaria cases treated

225,600 routine vaccinations

In spite of rising insecurity in Burkina Faso, Médecins Sans Frontières (MSF) was able to adapt activities and continue to provide lifesaving care to thousands of people in 2021.

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

The deteriorating security situation made it harder for MSF and other humanitarian and medical organisations to access remote areas and for patients to access healthcare; medical facilities were shut down or attacked, ambulances were hijacked and medical staff were abducted. This forced us to adapt our projects and support in some places in Est, Sahel and Centre-Nord. For instance, we suspended our activities in Foubé in November after the centre we supported was burnt down.

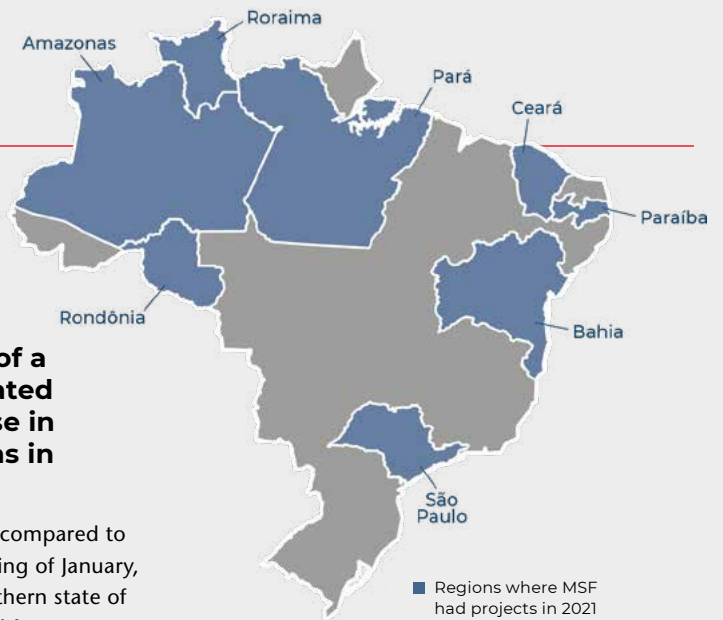


Throughout the year, we continued to provide medical assistance to host and displaced communities across five of the country's 13 regions, focusing on major health problems, such as epidemics and seasonal malaria peaks, meningitis, hepatitis E, measles, water-borne diseases, mental health and sexual violence. Our teams trucked in water and constructed and renovated boreholes to address the severe shortage of drinking water exacerbated by the ongoing conflict.

We also launched several emergency interventions, in response to outbreaks of violence and displacement, for example following the attack on Solhan village in the Sahel region on 5 June 2021, the deadliest since 2015. We provided psychological support to the people who remained in the village or found refuge in the surrounding communities, and referred those requiring further treatment to health centres in Ouagadougou. During these emergency responses, we distributed kits containing cooking and hygiene items, and provided medical care through mobile clinics or at health posts built on the spot.

Brazil

No. staff in 2021: 53 (FTE) » Expenditure in 2021: €3.9 million
MSF first worked in the country: 1991 » [msf.org/brazil](https://www.msf.org/brazil)



KEY MEDICAL FIGURES

5,070
outpatient
consultations for
COVID-19

590
patients admitted
for COVID-19

The slow start to the COVID-19 vaccination campaign, and the lack of a centralised and coordinated response to the steep rise in cases, led to many deaths in Brazil in 2021.

The pandemic deteriorated further compared to the previous year. From the beginning of January, a sharp increase in cases in the northern state of Amazonas led to a surge in demand for oxygen. There was not enough local supply to cover all the needs, and many health facilities quickly ran out. As a result, dozens of patients who needed oxygen support died of suffocation.

The health system in the state's capital, Manaus, collapsed. Because the city was the only place in the state with intensive care unit beds to treat severe cases, people in rural areas were also left without assistance.

Patients who were being treated by Médecins Sans Frontières (MSF) teams working in other areas of the state immediately felt the repercussions of the problems in the capital. Since there were no beds available in Manaus, some of our severely ill patients could not be transferred from a hospital in Tefé (a remote area where we worked for several months during the second wave of the pandemic) and consequently died. In spite of staff shortages and logistical challenges, our staff did their utmost to increase the local capacity to care for a growing number of patients, and helped manage the facility's very limited oxygen supply.

As the catastrophe in Manaus unfolded, we sent teams to provide support and training to

understaffed and undersupplied facilities that had originally provided basic care. These facilities were now being converted into intensive care units overnight, in order to cover the spiralling demand for more complex medical attention. Mental health professionals arrived to assist staff who were physically and mentally overwhelmed, dealing each day with heavy losses.

The disaster was compounded by a lack of coordination by the federal government. That also had a negative impact on vaccination, which had a slow start in January after federal officials initially questioned the efficacy and safety of vaccines and delayed the acquisition of doses. In addition, some authorities even promoted ineffective medicines and shunned infection prevention and control measures, such as the use of masks and practicing physical distancing. Some patients we treated had the illusion that they were 'protected' by these medicines and exposed themselves to contamination, exacerbating the spread of the disease.

The result was that, by the end of 2021, Brazil reached the staggering figure of 620,000 recorded COVID-19 deaths, many of which could have been avoided; it is one of the few countries in the world with a universal public health system which had performed well in managing previous health crises.

During the course of such a difficult year, we tried to respond to misinformation with both health promotion teams in direct contact with our patients, and using our social media channels to counteract the propagation of fake news among the general public.

An MSF mobile team visits post-discharge patients and people in isolation in their home following treatment for COVID-19. São Gabriel da Cachoeira, Brazil, May 2021. © Mariana Abdalla/MSF





A patient receives care for COVID-19 at an MSF supported emergency care unit in Porto Velho, Rondônia, Brazil, April 2021. © Diego Baravelli

We made health promotion a priority, tailoring the way we communicated to vulnerable communities. Whenever possible, we hired staff from the communities where we worked and, when necessary, delivered the messages in indigenous languages.

In response to a higher demand for medical attention where the health system was fragile, activities were expanded in regions like Rondônia and Pará states, in northern Brazil, and parts of the northeast, such as urban areas in Ceará state and remote communities in Paraíba and Bahia. Our goal was to try to diagnose the disease in the early stages, so patients would be less likely to require an intensive care unit bed that probably would not have been available.

Many of our projects also focused on providing training for health professionals, sharing our experience in previous epidemics, especially in infection prevention and control measures. Our aim was to make local teams better prepared to continue delivering assistance to their communities when we were no longer there.

By the end of the year, our teams had worked in eight Brazilian states. The scale of our COVID-19 intervention, in both human and material resources terms, was unprecedented in MSF's 30-year history in Brazil.

Assisting migrants and vulnerable communities

Towards the end of 2021, as the roll-out of vaccinations resulted in a reduction in the number of COVID-19 cases and deaths, some of the movement restrictions at Brazil's borders were lifted. People who were prevented from looking for better life conditions on the Brazilian side were finally able to cross the border to the northern state of Roraima where, since the end of 2018, we have been supporting the local health system to address the needs of Venezuelan migrants.

As the numbers of migrants arriving in the border town of Pacaraima increased, we scaled up our services there, assisting the mostly homeless population with mobile clinics and health promotion at migrant hotspots. We also maintained assistance in the state's capital, Boa Vista, where we worked in basic health care facilities and at both official and informal shelters. In these locations, we provided medical and mental health services and screened people for suspected cases of COVID-19. Mobile teams also offered basic health services in several municipalities in the state. Towards the end of 2021, we expanded these activities to serve indigenous communities in the Pacaraima area.

Burundi

No. staff in 2021: 224 (FTE) » Expenditure in 2021: €6.8 million
MSF first worked in the country: 1992 » [msf.org/burundi](https://www.msf.org/burundi)

KEY MEDICAL FIGURES

43,000
outpatient
consultations

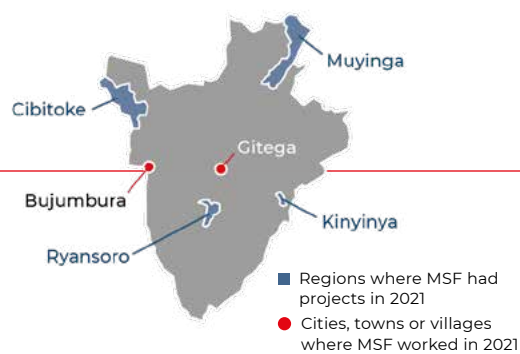
1,100
surgical interventions

In Burundi, Médecins Sans Frontières supported the provision of trauma and emergency care, while continuing to fight malaria, cholera and neglected diseases.

In 2021, we completed the handover of our activities at L'Arche de Kigobe, a private trauma centre in Bujumbura that we had been managing since 2015, and switched our focus to supporting Prince Regent Charles Hospital, a large public health facility in the city, to treat patients with severe and moderate trauma. As well as training medical teams, we donated medical supplies, carried out rehabilitation work and offered financial assistance.

This support came into play when armed clashes broke out across the city in May, September and December, and our staff helped to provide emergency care at the hospital to the large influxes of patients wounded in grenade attacks.

In November, when several suspected cases of cholera were reported in Cibitoke province, we sent a team to support the local cholera treatment centre that we had set up two years earlier. A few weeks later, a massive fire destroyed large parts



of Gitega's central prison and our teams helped Gitega's general hospital to provide emergency care for survivors, many of whom had severe burns.

Since late 2019, we have been seeing large numbers of patients with a disease causing lower-limb ulcers in Muyinga province. We are working to improve early detection and care in health centres and at community level, while also pursuing medical research to better understand the nature, causes and transmission mode of this neglected tropical disease.

One of our main focuses in Burundi is tackling malaria, the leading cause of death in the country. In addition to providing treatment, we collaborate with the health authorities to implement measures to reduce the incidence of the disease. In Kinyinya and Ryansoro districts, we supported malaria care in health facilities and conducted anti-mosquito indoor residual spraying campaigns. Close to 100,000 households were treated during these campaigns, protecting half a million people for up to nine months.

Cambodia

No. staff in 2021: 37 (FTE) » Expenditure in 2021: €1 million
MSF first worked in the country: 1979 » [msf.org/cambodia](https://www.msf.org/cambodia)

KEY MEDICAL FIGURE

1,070
people started on
hepatitis C treatment

After 42 years delivering medical and humanitarian assistance in Cambodia, we handed over our last activities to the health authorities in 2021.

During the year, Médecins Sans Frontières (MSF) teams worked with the Ministry of Health to expand our community-based hepatitis C care project to a further eight districts.

The project was launched in the capital, Phnom Penh, in 2016, and then rolled out across Battambang province, using new, highly effective drugs called direct-acting antivirals (DAAs), which have fewer side effects and require shorter treatment regimens. This enabled our teams to reduce the monitoring phase while maintaining very high adherence to treatment.

MSF trained nurses in health centres to screen patients' history and check if they have symptoms



of cirrhosis, a complication of the disease. If they do, they are referred to the district hospital. Otherwise, the nurses initiate treatment with DAAs at the health centre. The success of this simplified model of care demonstrated that it could be implemented at primary level across the country, and it has now been adopted into the Ministry of Health's clinical guidelines.

In five years, more than 19,000 patients have been treated for hepatitis C in Cambodia, thanks to this new treatment and model of care. MSF will remain engaged beyond 2021 with the authorities within a coalition of organisations called the Hepatitis C PACT, which aims to expand access to testing and treatment for hepatitis C in Cambodia and other low- and middle-income countries.

Cameroon

No. staff in 2021: 520 (FTE) » Expenditure in 2021: €16.9 million
MSF first worked in the country: 1984 » [msf.org/cameroon](https://www.msf.org/cameroon)

KEY MEDICAL FIGURES

132,600
malaria cases treated

2,100
surgical interventions

450
people treated
for cholera

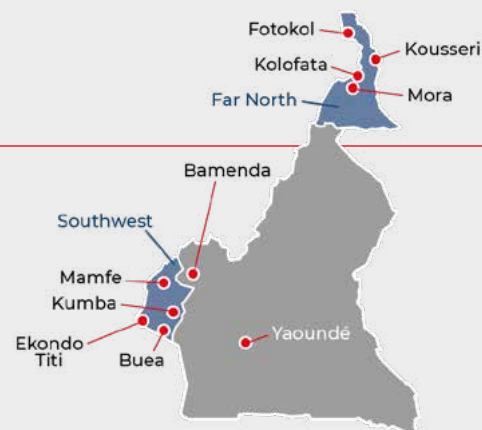
In 2021, Médecins Sans Frontières (MSF) supported displaced people, refugees and host communities in areas affected by conflict, violence and epidemics, and supported the national COVID-19 and cholera responses in Cameroon.

2021 was marked by outbreaks of armed violence, resulting in large numbers of displaced people in the Far North and Southwest regions of Cameroon. By mid-year, almost two million people were displaced, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The level of violence left our teams working in a more volatile context, resulting in limited access to healthcare services for vulnerable people.

To respond to the increasing healthcare needs, we supported hospitals and health centres, and ran a 24-hour ambulance service. We also provided a decentralised model of care through community health volunteers, who are trained to treat simple cases of common diseases.

Limited access to healthcare for vulnerable people

In the Northwest region of Cameroon, where MSF activities were suspended by the authorities in December 2020, we were not granted permission to resume our medical activities and eventually had to remove most staff while maintaining a liaison office in Bamenda. This prolonged suspension left thousands of people deprived of lifesaving



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021

medical care. In addition, in the anglophone Southwest region of Cameroon, we continue to witness public attacks on MSF, harassment and detention of our teams, which drastically reduces medical and humanitarian access. Despite these challenges, we continue to support people through numerous medical interventions, from surgeries to responding to epidemics.

Response to outbreaks

To support the authorities' response to a cholera outbreak in Ekondo Titi, Southwest region, we treated patients in Idenau, Bamusso and Kombo Itindi health areas. We administered vaccinations, and facilitated water and sanitation and awareness activities on treatment and prevention.

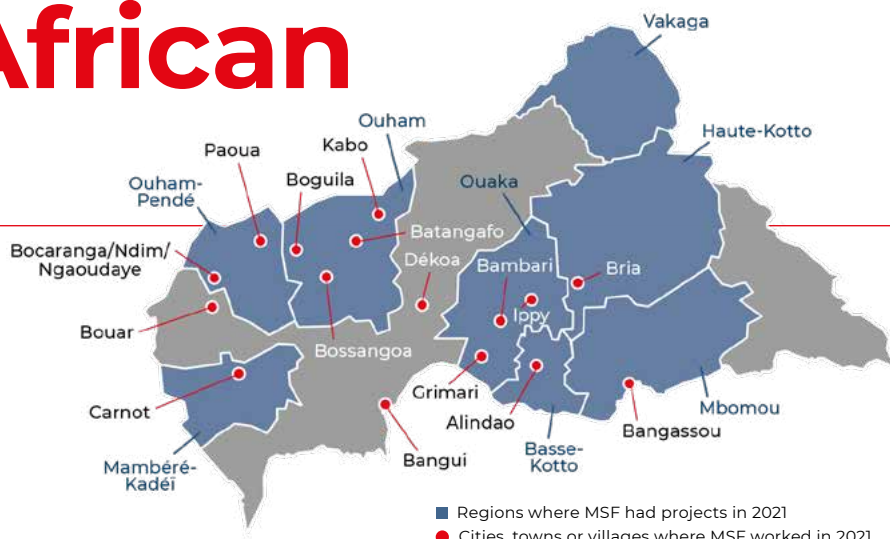
MSF supported the national COVID-19 response during the second and third waves in Buea, Maroua, Mora and Yaoundé. Our response included constructing isolation units, treating patients, donating oxygen supplies, training healthcare staff, providing health promotion and assisting in vaccinations in Yaoundé. We also undertook scientific studies on COVID-19 in Cameroon.



MSF staff conduct their rounds at Mamfe District Hospital, Cameroon, February 2021.
© Scott Hamilton/MSF

Central African Republic

No. staff in 2021: 3,049 (FTE)
 Expenditure in 2021: €70 million
 MSF first worked in the country: 1997
[msf.org/central-african-republic](https://www.msf.org/central-african-republic)



KEY MEDICAL FIGURES

890,100
outpatient consultations

490,800
malaria cases treated

69,800
patients admitted to hospital

17,300
births assisted

8,400
surgical interventions

6,110
people on first-line ARV treatment under direct MSF care

6,500
people treated for sexual violence

In 2021, the Central African Republic (CAR) was plagued by continuous violence, forcing hundreds of thousands of people to flee their homes and gravely affecting the provision of humanitarian support.

Around 1.5 million Central Africans were internally displaced or refugees in neighbouring countries, following the resurgence of the hostilities in the country, marking the highest number since the peak of the conflict in 2013-14. Widespread violence has placed increased pressure on the fragile healthcare system, making it even harder for people with chronic diseases or in need of specialised care to obtain treatment.

The year started with clashes between government forces and a coalition of armed opposition groups formed in December 2020, ahead of the elections that ratified Faustin-Archange Touadéra as president. Rapidly, violence swept over the country and continued throughout the year. Civilians were frequently caught in the middle; injured, forced from their homes and cut off from healthcare. In a context of a state-of-emergency, already affecting

the provision of care, the high level of insecurity and the increasing presence of foreign armed groups made it extremely difficult for Médecins Sans Frontières (MSF) and other humanitarian organisations to deliver assistance where it was needed, particularly in remote rural areas where the situation remained volatile.

While this overall situation affected our capacity to provide care, we continued to run 13 basic and specialist healthcare projects, focusing on maternal and child health, surgery, sexual violence, treatment for HIV and tuberculosis (TB), and responded to outbreaks of disease. We also ran various emergency responses and assisted people affected by conflict, treating a total of 390 war-wounded patients between mid-December 2020 and mid-March 2021.

In Bangassou, where we support the Regional University Hospital, more than 1,000 people arrived in search of shelter following attacks by armed groups in January. Another 10,000 fled across the Mbomou river into Ndu, in the Democratic Republic of Congo, where we increased our support to the local health centre and installed water purification systems.

In the same month, 8,000 people were displaced when the densely populated town of Bouar became the scene of intense fighting. MSF provided basic health care, as well as water and sanitation services, to people who had taken refuge in a cathedral and five makeshift displacement camps.

The warring parties did not spare medical or humanitarian workers. Our teams witnessed dozens of health facilities being ransacked, damaged and occupied, and patients subjected to violence, physical abuse, interrogation and arrest during armed incursions into hospitals. Community health workers in rural areas were also threatened and assaulted.

An MSF convoy leaves their base to head to Nzacko, where the medical team will provide residents there with healthcare consultations. Central African Republic, July 2021. © MSF





The MSF surgical team in Bangassou prepares a patient for surgery. Central African Republic, January 2021. © Alexis Huguet

In early June, a camp hosting around 8,500 internally displaced people on the outskirts of Bambari was burned to the ground and an MSF malaria treatment point in the camp was destroyed. Days later, a patient's carer was killed and three other people wounded when an MSF motorbike referral on its way to Batangafo came under attack.

The increasing presence of landmines and improvised explosive devices further hampered access to health facilities, for both staff and patients, in areas such as Bocaranga. In the last quarter of 2021, our emergency team ran an intervention there, assisting victims of sexual violence, administering vaccinations for measles, diphtheria, tetanus, polio, yellow fever or hepatitis B, to address the low coverage, and improving the provision of water and sanitation services.

SICA, MSF's trauma surgery hospital in the capital, Bangui, frequently received patients referred from other provinces requiring emergency and longer-term surgical care, including physiotherapy and mental health support.

Community-based care

While most of MSF's activities in CAR continue to be based in hospitals, in recent years we have scaled up our community-based projects. In 2021, we continued to train volunteer health workers to diagnose and treat people for some of the most prevalent diseases, such as malaria and diarrhoea, in their own communities. These workers receive medicines, as well as financial and technical support, from MSF. In Kabo and Batangafo, our teams supported this network to carry out early detection and treatment for malaria at designated treatment points.

We also implemented a community-based model of care for patients requiring longer-term treatment, such as antiretroviral (ARV) medication for HIV. In places like Carnot, Bossangoa, Boguila, Bambari and Zémio, members of community patient groups take it in turns to pick up each other's drugs, thereby providing peer support and helping each other to adhere to treatment. As CAR has the highest rate of HIV in West and Central Africa, and extremely limited access to ARV treatment, this initiative represents a lifeline to many people.

Reducing maternal deaths and treating victims of sexual violence

Family planning and maternal and obstetric care is another of MSF's priorities in CAR. The country has one of the highest maternal mortality rates in the world, and outside of MSF supported facilities, few women have access to free, quality care during pregnancy and childbirth. While maintaining our maternal care services in Bangui, we worked all year long on the rehabilitation of the emergency obstetric and newborn care units of one of the capital's main public health facilities.

Sexual violence is a major health issue in CAR. While a substantial number of sexual assaults are linked to armed conflict, many are perpetrated within the community. Almost all of MSF's projects in the country, including those in Bambari, Batangafo, Bangassou, Bossangoa, Bria, Carnot and Kabo, have incorporated treatment and mental health support for survivors of sexual violence into their medical services. Through our Tongolo project in Bangui, we offer a holistic programme of medical and psychological care for sexual violence that is accessible and inclusive, with specific adaptations for men, children and adolescents.

Chad

No. staff in 2021: 428 (FTE) » Expenditure in 2021: €16.2 million
MSF first worked in the country: 1981 » [msf.org/chad](https://www.msf.org/chad)

KEY MEDICAL FIGURES

185,600
outpatient
consultations

143,200
vaccinations against
measles in response
to an outbreak

94,400
malaria cases treated

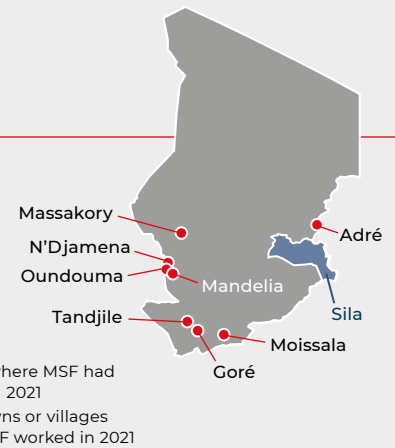
12,000
children treated
for severe acute
malnutrition in
outpatient feeding
programmes

Chad is embroiled in a chronic health crisis, with repeated epidemics and nutrition crises, and some of the highest rates of infant, child and maternal deaths in the world.

Médecins Sans Frontières works to assist the most vulnerable groups, including women, children and the huge numbers of refugees from conflicts in neighbouring countries.

In 2021, our teams responded to measles outbreaks in Mandoul, Ouaddaï, Moyen-Chari and Dar Sila regions. We subsequently transformed our intervention in Ouaddaï into a longer-term paediatric project, based in Adré, to address the lack of healthcare in the area and assist the increasing numbers of refugees from the conflict in Sudan's West Darfur region.

Our emergency intervention providing care for severely malnourished children during the lean season in N'Djamena has also evolved into a programme to better meet the needs of families and children throughout the year. In September, we started a nutrition response in Massakory, Hadjer Lamis region, after receiving an alert about the high number of severely malnourished children in an area that was getting little support. We also launched a



community-based health programme in Dar Sila in the second half of the year. In Moissala, Mandoul region, we continued to work with the Ministry of Health to improve access to maternal and paediatric healthcare, and ran a seasonal malaria chemoprevention campaign to reduce the incidence of severe malaria during the rainy season.

Between August and December, we assisted thousands of people who had sought shelter in Chad following intercommunal clashes between Mousgoum fishermen and Arab herders in northern Cameroon. As well as medical consultations and hospital referrals, we provided water and essential provisions, such as blankets, to people living in dire conditions in informal sites around N'Djamena and Mandelia.

Our emergency team also responded to outbreaks of hepatitis E, storms in Tandjile, community violence in Am Timan and an influx of Central African refugees in Goré.

Colombia

No. staff in 2021: 76 (FTE) » Expenditure in 2021: €2 million
MSF first worked in the country: 1985 » [msf.org/colombia](https://www.msf.org/colombia)

KEY MEDICAL FIGURES

16,700
outpatient
consultations

8,090
consultations for
contraceptive services

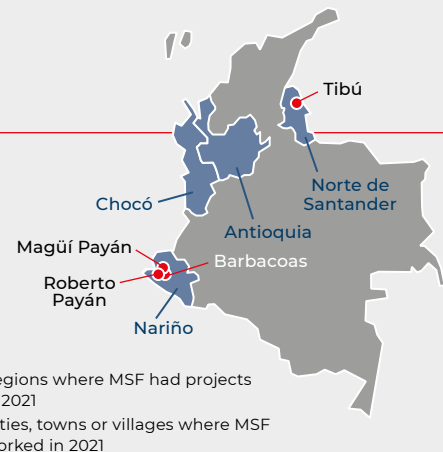
930
individual mental
health consultations

110
women received safe
abortion care

In Colombia, Médecins Sans Frontières (MSF) focused on assisting vulnerable people affected by armed conflict in 2021. Many were living in precarious conditions, exposed to violence and disease.

In Nariño, we ran an emergency care project based in Barbaçoas municipality. During the year, our team responded to 12 emergencies. Ten of these were caused by armed conflict, when communities were either displaced or confined by violence. The other two interventions were in response to floods and an outbreak of malaria. In addition to providing general and mental health care, we offered sanitation support and distributed hygiene and cooking kits to displaced people. In 2021, we also launched a new project delivering care and health promotion activities in rural areas where there is little access to health services.

In Norte de Santander, we offered general health care and check-ups for children under 10 years of age, as well as sexual and reproductive health services and individual and family mental health consultations. Our teams worked mainly in Tibú and La Gabarra, assisting both Venezuelan migrants and Colombians with no healthcare



cover. We handed this project over to the NGO Première Urgence Internationale in October.

We also sent a team to provide general and mental health care to indigenous and Afro-Colombian communities in Alto Baudó municipality, in Chocó department, following heavy rains in November. The humanitarian needs in this area, characterised by a lack of healthcare, education, employment and more recently, food, were exacerbated in 2021 by a surge in armed violence.

In 2021, we spoke out about the violence perpetrated by criminal groups against people crossing the Darién Gap, a remote swath of jungle on the border between Colombia and Panama. MSF highlighted the need for safe migration routes and called on regional governments to provide protection from violence for migrant families.

Côte d'Ivoire

No. staff in 2021: 82 (FTE) » Expenditure in 2021: €2.6 million
MSF first worked in the country: 1990 » [msf.org/cotedivoire](https://www.msf.org/cotedivoire)

KEY MEDICAL FIGURE

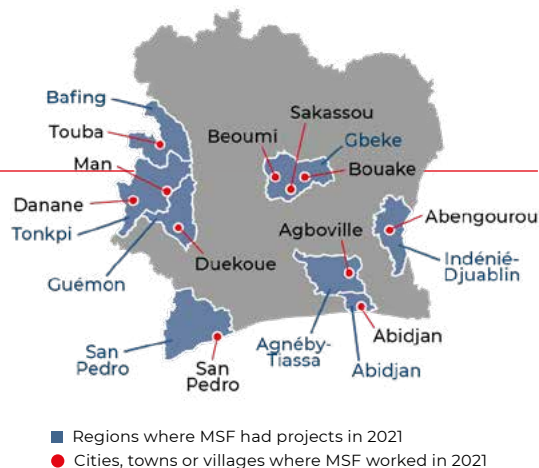
64 individual mental health consultations

In Côte d'Ivoire, Médecins Sans Frontières (MSF) launched new projects in two major cities, while continuing to support responses to disease outbreaks and other emergencies.

The political situation in Côte d'Ivoire was relatively stable during 2021. However, the growing threat of armed groups in the bordering countries of Burkina Faso and Mali has led to the official designation of the northeastern part of the country as a risk zone. On 10 June 2021, the International Academy for the Fight against Terrorism in Côte d'Ivoire was created to overcome a possible security crisis.

This stable environment has enabled MSF to launch two new projects; the first in Bouaké, focusing on mental health and epilepsy, and the second in Agboville, where we have set up a telemedicine service to improve access to care. The telemedicine project is being conducted in close collaboration with surrounding communities, local humanitarian organisations and the Ivorian government.

We continued our emergency interventions, in particular in response to malaria, floods and communal violence between Ivorian and Nigerian



communities. Our activities included distributing relief items, such as cooking equipment and hygiene kits, staff training and donations of equipment and medicines to support hospitals in Abengourou and Bongouanou.

We also supported the national response to the third wave of COVID-19, providing screening and referrals for vaccinations. For two months, starting in February, we carried out telemedicine screening for non-communicable diseases, including hypertension, heart disease, diabetes and respiratory failure, for anyone who wanted to know their risk of contracting a severe form of the virus.

Finally, when the Ebola epidemic was suspected to have arrived in the country on 14 August, MSF provided nutritional and psychological support to contacts of patients thought to have contracted the disease, at the request of the National Institute of Public Hygiene and the World Health Organization.

Democratic People's Republic of Korea

No. staff in 2021: 3 (FTE) » Expenditure in 2021: €0.4 million
MSF first worked in the country: 1995 » [msf.org/dpr-korea](https://www.msf.org/dpr-korea)

The humanitarian situation in the Democratic People's Republic of Korea (DPRK) remains extremely concerning, with the ongoing border closure preventing access for both people and supplies.

The protracted closure of DPRK's borders due to the COVID-19 pandemic appears to have led to a sharp deterioration in the medical humanitarian situation in the country. Although needs increased significantly, the restrictions made it virtually impossible for aid organisations to provide assistance in 2021. The Médecins Sans Frontières (MSF) programme in North Hamgyong, which we launched in 2018 to improve general health care and tuberculosis (TB) treatment, was on standby throughout the year.

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

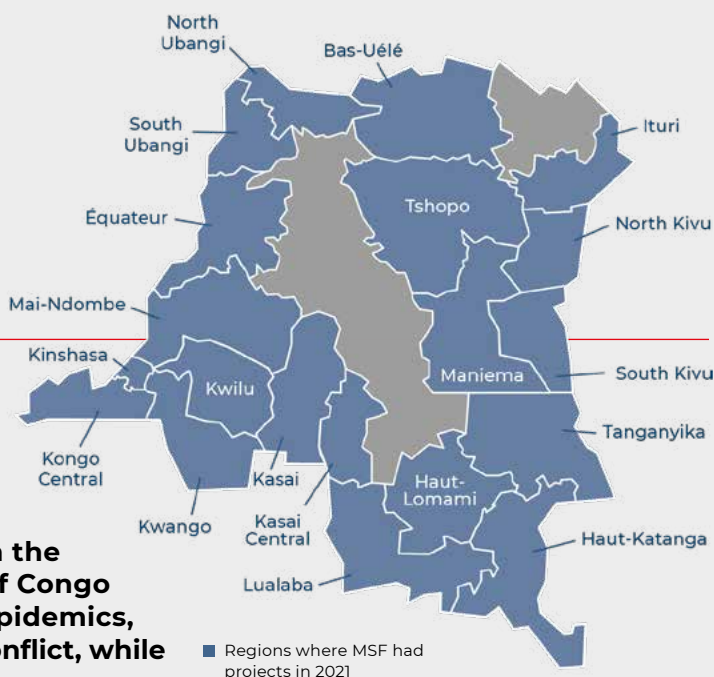
scientific materials to guide and strengthen the diagnosis and treatment of multidrug-resistant TB in the country. This support, in response to a request from the Ministry of Public Health, included providing guidance for the use of new drug treatment regimens for drug-resistant TB and management of TB infection. MSF medical stocks remaining in Pyongyang, potentially useful for COVID-19 preparedness and ongoing medical care, were donated for use.

We maintained an ongoing dialogue with the DPRK authorities both within the country and through embassies, and coordinated with other NGOs and academics to better define MSF's approach and priorities should the borders reopen. Following this consultation, the team identified TB and food insecurity support as the most likely relevant focus areas for the future programme. We are also exploring possible ways of supporting the programme remotely in discussions with the authorities.



Democratic Republic of Congo

No. staff in 2021: 2,650 (FTE) » Expenditure in 2021: €94.7 million
MSF first worked in the country: 1977 » [msf.org/drc](https://www.msf.org/drc)



KEY MEDICAL FIGURES

1,753,200
outpatient consultations

717,000
vaccinations against measles in response to an outbreak

12,700
surgical interventions

9,550
people treated for sexual violence

860
people with advanced HIV under direct MSF care

We continued to run some of our largest projects in the world in the Democratic Republic of Congo (DRC), responding to epidemics, natural disasters and conflict, while dealing with the consequences of heavy insecurity in the eastern part of the country.

Médecins Sans Frontières (MSF) provided a wide range of services in DRC, including general and specialist healthcare, comprising surgical activities, vaccinations, paediatric care and support for victims of sexual violence. Once again in 2021, treatment and prevention of infectious diseases was a major focus of our activities.

Responding to disease outbreaks

Just months after the authorities declared the massive measles outbreak of 2018-2020 over, the number of cases started to rise again in several provinces of DRC. In response, we rapidly resented our mobile teams to help curb the spread of this extremely contagious disease.

Throughout the year, our teams carried out vaccination campaigns and treated tens of thousands of patients, mostly children under five. The large number of epidemic hotspots meant that measles activities accounted for the vast majority of our emergency interventions during the year. In addition to these emergency responses, we supported the authorities to strengthen preventive vaccination, diagnosis and epidemiological surveillance.

Measles is not the only contagious disease that is endemic in DRC. In 2021, our teams also responded to cholera, typhoid fever, meningitis and malaria, as well as two Ebola outbreaks in North Kivu in February and October. We supported surveillance, triage, diagnosis and care in health and isolation facilities, and ran mobile clinics to assist patients, their families and the communities in the affected areas.

As two new waves of COVID-19 hit the country – mostly affecting the capital, Kinshasa – we supported care at the University Clinics of Kinshasa and other treatment centres, which were receiving many patients in May. We also launched several emergency interventions outside the city and implemented measures to strengthen isolation and treatment for COVID-19 in all the facilities we support.

Tackling the silent epidemic of HIV/AIDS – a disease that causes the deaths of nearly 17,000 people each year in DRC – remained another medical priority for MSF in Goma and Kinshasa, where we continued to provide treatment for patients living with advanced-stage disease. At the request of the Ministry of Health, we expanded our advanced HIV support by training staff in hospitals in Bunia (Ituri), Mbuji-Mayi (Kasai Oriental) and Boma (Kongo Central).

The devastating effects of violence

Following an escalation in armed violence in the provinces of Ituri and North Kivu, the government declared a state of siege in May that was still in

MSF teams install a water bladder, with a capacity of 15,000 litres, to provide drinking water to people following the eruption of volcano Mount Nyiragongo. Sake, North Kivu province, Democratic Republic of Congo, May 2021. © Moses Sawasawa





An MSF car passes through Rho displaced people's camp at sunset. Democratic Republic of Congo, December 2021. © Alexis Huguët

place at the end of the year. Intense armed clashes and targeted attacks on civilians forced thousands of people to flee their homes and exacerbated the already critical health needs.

Our teams managed to maintain our basic and specialist healthcare services in the two provinces, including maternal and paediatric care, surgery and treatment for malnutrition, while also responding to the specific needs of displaced people and their host communities through mobile consultations, ambulance referrals, provision of water and sanitation facilities, and distribution of mosquito nets, buckets and cooking sets. We carried out these activities at more than 20 displacement sites in Ituri alone.

Unfortunately, MSF and other humanitarian organisations were not spared from the violence. In October, we had to suspend our activities in Bambo and Nizi (Ituri) following an armed attack of one of our teams, in which two staff members were wounded. Several times in North Kivu our teams witnessed armed men forcing their way into MSF-supported health facilities, in direct violation of international humanitarian law. The increase in criminality led some MSF projects to reduce or even stop all movements by road. In South Kivu, we had to close two longstanding projects in Baraka and Kimbi, where we had been assisting people displaced by intercommunal violence, following a series of critical incidents affecting our teams in late 2020.

Throughout the year, our teams provided medical and psychological support to thousands of victims of sexual violence in the conflict-affected provinces of North Kivu, South Kivu, Ituri and Maniema.

In Kasai Central, where there was no active fighting, we treated more than 270 victims each month, which demonstrates the extent of this issue even beyond war-torn areas.

The Nyiragongo emergency

On 22 May, Nyiragongo volcano, near Goma in North Kivu, erupted, forcing hundreds of thousands of people in and around the city to abandon their homes in search of safety. Very quickly, more than half a million people found themselves without access to shelter, drinking water or food, and cut off from humanitarian aid as the roads were destroyed and the airport closed.

MSF provided emergency support in Sake, where many people had sought refuge, as well as in Goma and on the road to Rutshuru. Our priority was to provide drinking water to displaced people and host communities through the installation of water bladders. To avoid an outbreak of cholera, our teams installed chlorine dispensers in key locations and near water sources, built latrines, supported the Sake cholera treatment centre and carried out hygiene promotion activities. We also supported healthcare facilities to deal with the influx of patients through donations of medicines, medical equipment and mattresses. In Rutshuru, where tens of thousands of people had fled following the eruption, MSF teams offered basic health care and referred patients needing specialist treatment to the local hospital. We also constructed water and sanitation facilities. As many people returned to Goma after just a few days, we supported health centres in the city with basic health care consultations, medicine and hygiene items.

Egypt

No. staff in 2021: 89 (FTE) » Expenditure in 2021: €3 million
MSF first worked in the country: 2010 » msf.org/egypt

KEY MEDICAL FIGURES

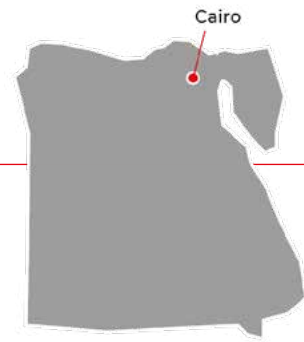
18,500
outpatient
consultations

10,900
individual mental
health consultations

In Egypt, Médecins Sans Frontières (MSF) provides healthcare for migrants, asylum seekers and refugees who have been subjected to violence. These activities continued in 2021, despite the COVID-19 pandemic.

Many migrants, asylum seekers and refugees in Egypt are suffering the physical and psychological consequences of the violence and exploitation they have experienced in their home countries, during their journeys or at their destination.

To respond to their specific needs, MSF runs a clinic in the Maadi neighbourhood of the capital, Cairo. The facility takes a multidisciplinary approach to treatment, offering a wide range of services, including general consultations, gynaecology, physiotherapy, mental health support and specialist referrals. The programme also has a social component linking patients to partner organisations for housing, food and access to other social services. Our health promoters and cultural mediators accompany patients through their recovery process and conduct outreach activities among migrant communities.



● Cities, towns or villages where MSF worked in 2021

While in-person emergency care remained available in the clinic throughout 2021, the COVID-19 pandemic forced us to adapt some of our activities. For example, as in 2020, we set up a hotline as an entry point to our services and we temporarily conducted phone-based psychological support. Our hotline received thousands of calls during the year, not only from people seeking medical care but also from those requiring social support. This was normally provided by other partners but many had ceased or suspended their activities due to the pandemic.

The pandemic also resulted in greater isolation, economic hardship and mental suffering for some of the patients assisted by our teams, and we noted a steep rise in the number of people seeking care. Despite these challenges, we were able to respond to most of their medical needs.

We continue to collaborate with various stakeholders to identify ways to reach more survivors of violence, including Egyptians who do not currently have access to the type of services that MSF provides.

El Salvador

No. staff in 2021: 63 (FTE) » Expenditure in 2021: €1.5 million
MSF first worked in the country: 1983 » msf.org/el-salvador

KEY MEDICAL FIGURES

7,510
outpatient
consultations

1,180
individual mental
health consultations

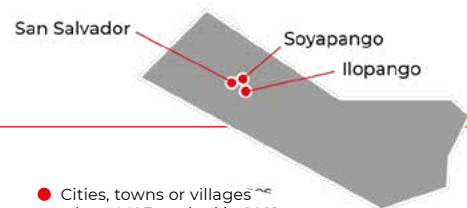
330
mental health
consultations
provided in group
sessions

13
people treated for
sexual violence

In 2021, we handed over our projects in El Salvador, having reached our objective of strengthening access to healthcare for communities affected by violence.

Since March 2018, Médecins Sans Frontières (MSF) had been providing free medical care to 11 marginalised communities in the capital, San Salvador, and the nearby city of Soyapango, through weekly clinics. A remote consultation service was subsequently added to the programme. MSF collaborated with local health units, which will ensure continuity of care for these communities after our departure.

In the same year, MSF began running an ambulance service in collaboration with SEM – a national ambulance service. We initially covered the municipality of Soyapango and then



● Cities, towns or villages where MSF worked in 2021

extended the service to Ilopango in June 2019. In 2020, during the COVID-19 pandemic, we started to cover the municipalities of San Martín, Tonacatepeque and Ciudad Delgado as well, to relieve pressure on SEM. More than 6,390 patients benefited from this 24-hour ambulance service, and SEM has confirmed that it will continue to operate after our withdrawal.

MSF regularly supported the Salvadoran Institute for the Development of Women with training on sexual violence, and worked to raise awareness of the need to treat it as a medical emergency. In addition, our staff assisted people who were victims of violence and in need of protection. Moving forward, MSF believes that public institutions need to adopt policies that prioritise medical care and protection for victims of violence.

Eswatini

No. staff in 2021: 123 (FTE) » Expenditure in 2021: €3.7 million
MSF first worked in the country: 2007 » [msf.org/eswatini](https://www.msf.org/eswatini)

In Eswatini, Médecins Sans Frontières supported treatment and vaccinations for COVID-19, while continuing to run programmes to curb the dual epidemics of HIV and tuberculosis (TB).

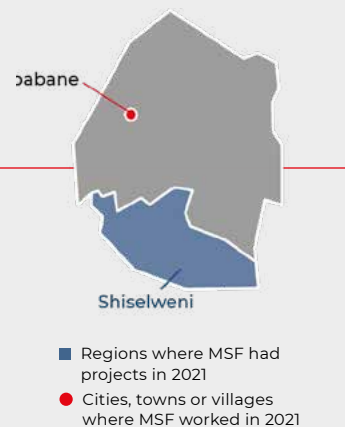
During the second and third COVID-19 waves, we stepped up our support to Nhlanguano health centre by increasing capacity from eight to 26 beds and supplying oxygen concentrators. In response to the shortage of oxygen in the country, the Oxygen Plant Project was launched in mid-2021, aimed at improving care for COVID-19 and other oxygen-dependent medical conditions. Two plants are being installed, one in Nhlanguano and the other at Hlathikhulu.

In November, we started integrating COVID-19 vaccination campaigns into our daily medical activities, mainly targeting rural communities in Shiselweni. We also supported the Ministry of Health's vaccination campaigns. By the end of 2021, 27.5 per cent of the population of Eswatini had been vaccinated.

As part of our effort to improve care for drug-resistant TB, we initiated a new short-course treatment study in Shiselweni and Lubombo regions. Patients enrolled in the study finish their course in just nine to 12 months, whereas previous treatments had taken up to two years. Another advantage of the new course is that it uses only oral drugs, which have less severe side effects than the older injectables.

HIV is another focus of our activities in Eswatini. In 2021, we continued to work in the community, enabling patients to receive care nearer their homes, thus avoiding travelling long distances and exposure to COVID-19. Patients can pick up their antiretroviral drug refills and access other HIV services, such as testing and chronic care, at these community delivery points. This approach strengthens adherence to treatment as it makes seeking care easier and more affordable.

From September, we also continued to improve care for patients with non-communicable diseases, such as hypertension, in the clinics that we support.



France

No. staff in 2021: 45 (FTE) » Expenditure in 2021: €5.1 million
MSF first worked in the country: 1987 » [msf.org/france](https://www.msf.org/france)

KEY MEDICAL FIGURE
1,970
individual mental health consultations

Médecins Sans Frontières (MSF) continued to expand activities in France to assist the most vulnerable groups, including homeless people, refugees and migrants, with a particular focus on unaccompanied minors.

For these marginalised people and vulnerable groups, living in extremely precarious conditions, COVID-19 posed an even greater risk, as they had little access to healthcare and vaccinations. In response to this situation, and at the request of the health authorities, MSF launched a vaccination campaign for homeless people in June. After conducting awareness-raising activities, we sent mobile teams to day centres, shelters and food distribution points in Paris and Île-de-France region to administer vaccinations. We also carried out advocacy actions to draw the Ministry of Health's attention to the plight of these vulnerable groups and ensure continuity of access to vaccination when our campaign finished in September.

In March, we ended the emergency intervention launched in November 2020 in Provence-Alpes-Côte d'Azur and Occitanie regions to support nursing home residents and staff during the pandemic. Our teams had provided technical



advice, psychological support, equipment and medical care in 47 facilities.

MSF also initiated the creation of a parliamentary commission of inquiry on migration, which resulted in a report and a conference at the National Assembly in December. This conference enabled us to present our recommendations to the deputies concerning the migration policy at internal borders, the non-respect of fundamental rights, the lack of protection for children and the precarious conditions in the camps.

In addition, we wrote and disseminated two advocacy reports regarding the effects of government policies on the mental health of unaccompanied minors: one on the impact of successive confinements and the other on the consequences of the French non-accommodation policy.

To improve care for unaccompanied minors, we opened a second accommodation facility in Île-de-France. We also developed our project in Marseille, opening a 20-bed shelter and running a range of services in collaboration with other organisations.

Ethiopia

No. staff in 2021: 1,403 (FTE) » Expenditure in 2021: €35.4 million
MSF first worked in the country: 1984 » [msf.org/ethiopia](https://www.msf.org/ethiopia)

KEY MEDICAL FIGURES

470,000
outpatient
consultations

10,700
people admitted
to hospital

7,420
individual mental
health consultations

5,170
births assisted

640
children admitted
to inpatient feeding
programmes

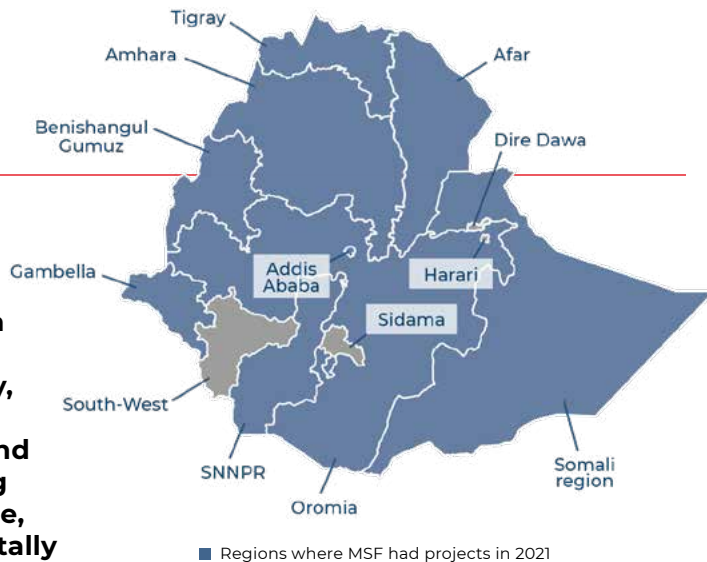
In 2021, the humanitarian situation in Ethiopia deteriorated significantly, with millions of people affected by man-made and natural disasters needing urgent assistance. In June, three MSF staff were brutally murdered in Tigray.

The killing of our colleagues and the suspension of our activities

On 24 June 2021, 35-year-old María Hernández Matas, our emergency coordinator; 32-year-old Yohannes Halefom Reda, our assistant coordinator; and 31-year-old Tedros Gebremariam Gebremichael, our driver, were travelling in Tigray region when we lost contact with them. On 25 June, we received the devastating news that María, Tedros and Yohannes had been killed.

Since then, Médecins Sans Frontières (MSF) has been making every possible effort to understand what happened, by continuously engaging with the parties to the conflict. We have met, multiple times, with representatives of the government of Ethiopia, to ensure that their killings are investigated and that the findings are shared with us. We have made the same requests of the Tigray People's Liberation Front.

The preliminary results of MSF's own internal review – a standard practice following critical security incidents – established that on 24 June, María, Tedros and Yohannes were heading out to search for and collect people injured in areas affected by intense fighting. They had received prior information that there were wounded people



in a village near where the incident took place. Just over an hour into the journey, their car stopped. Their bodies were later found not far from it, and their injuries showed that each had been shot multiple times at close range. This information confirmed that the attack was an intentional killing of three humanitarian aid workers, as all three of them were clearly recognisable as civilians and humanitarians at the time of the incident. The car, which bore the MSF logo and two MSF flags, had numerous bullet holes and had been set on fire.

Following the killing of our colleagues, MSF took the painful decision to suspend activities in parts of Tigray and Benishangul-Gumuz regions. In July, a government order obliged us to suspend activities in Amhara, Gambella and Somali regions, and other parts of Tigray, for three months. Although this suspension was lifted in October, it was not possible for us to restart activities in 2021, mainly due to the security situation and administrative obstacles.

In November, when a state of emergency was declared, we suspended activities in other places, including Guji, where we had been assisting displaced people and victims of violence, and Addis Ababa, where we had been offering medical and psychological care to returnees from Saudi Arabia, Lebanon and other countries. However, we continued some medical services in Afar, our water and sanitation programme in Southern Nations, Nationalities and People's (SNNP) region, and made ad-hoc donations of medical supplies in Amhara, Gambella and Somali regions.



An MSF translator gives instructions to women waiting with their children for medical consultations at a mobile clinic taking place in Adiftaw, Ethiopia, March 2021. © Igor Garcia Barbero/MSF



Naiara, an MSF nurse, measures the middle-upper arm circumference of a child, to check for malnutrition, who was brought to a mobile clinic in the village of Adiftaw, Tigray, Ethiopia, March 2021.
© Igor Garcia Barbero/MSF

Violence and displacement

Ongoing fighting in several regions killed, injured and displaced thousands of people, while insecurity and administrative barriers continued to obstruct the delivery of humanitarian assistance almost everywhere in the country.

Between January and June 2021, before the brutal killing of our colleagues, our teams assisted communities in nine of Ethiopia's 10 regions: Addis Ababa, Afar, Amhara, Benishangul-Gumuz, Gambella, Oromia, SNNP, Somali and Tigray.

Despite the pre-existing challenges that our teams had already been facing in northern Ethiopia, the most notable of which had been gaining sufficient access to areas most in need, we have been providing medical care and other assistance in Tigray to cover basic health needs for the most vulnerable people affected by conflict and violence across the region.

Soon after the conflict started in November 2020, we launched medical and humanitarian activities to address the urgent health needs in Amhara and Tigray regions (and in neighbouring Sudan for refugees). Early in 2021, in Tigray, we started to run mobile clinics, rehabilitate and support basic and specialist healthcare facilities to ensure lifesaving services were available, and establish alternative referral systems to restore access to specialist services. We supported five hospitals in collaboration with the Regional Health Bureau (RHB). Our teams also distributed emergency and essential medical supplies, and provided water and

sanitation support to sites for internally displaced people in communities where the water system had been damaged.

In Amhara, and two other conflict-affected regions – Benishangul-Gumuz and SNNPR – we offered basic health care to people who had been displaced by fighting, and improved access to clean water and sanitation in the local communities. In addition, we supported the response to mass-casualty incidents and measles outbreaks in SNNPR. In Addis Ababa, we provided medical and mental health support to Ethiopian migrants deported from Saudi Arabia, Yemen and Lebanon.

We also worked in Guji zone, Oromia region, an area that otherwise has no access to healthcare services. MSF supported surgical and maternal care services, outpatient services and provided healthcare through extensive mobile clinics and community-based services to expand coverage in hard to reach areas.

In Gambella region, we offered medical care to South Sudanese refugees in three camps, as well as host communities, in partnership with the government and UNHCR, the UN refugee agency. Our mobile clinics serving pastoralist communities in Somali region continued to operate in 2021.

Until the suspension(s), MSF supported the RHBs and Ethiopian Public Health Institute in their emergency surveillance activities, which aim to cover most of the country and enable our teams to investigate and respond to health alerts promptly.

Greece

No. staff in 2021: 274 (FTE) » Expenditure in 2021: €10.4 million
MSF first worked in the country: 1991 » [msf.org/greece](https://www.msf.org/greece)

KEY MEDICAL FIGURES

19,100
outpatient
consultations

10,300
individual mental
health consultations

640
people treated for
sexual violence

130
survivors of
torture treated

Restrictive EU and Greek migration policies continued to have a negative impact on the health and dignity of asylum seekers and migrants arriving in Greece in 2021.

Cuts in spending on housing programmes for asylum seekers and the withdrawal of cash assistance for recognised refugees have meant that many more people face the risk of ending up living on the streets, with insufficient food or access to shelter and hygiene facilities.

In 2021, Médecins Sans Frontières (MSF) continued to provide mental health services, sexual and reproductive healthcare and social support to migrants and refugees on Lesbos and Samos islands. In June, we opened a clinic opposite the Mavrovouni centre on Lesbos to be closer to our patients. Our staff witnessed the severe impact that the precarious living conditions, arbitrary asylum procedures and fear of deportation were having on people's physical and mental health.

On Samos island, in September, the EU and Greece inaugurated a detention-like reception and identification centre in Zervou, an isolated area far from the main town. The centre is surrounded by

three barbed-wire fences, and people's movements are strictly controlled. Our team moved nearer the centre to make it easier for people to access care. Between August and November, we also offered first aid to people arriving on Samos by boat. This intervention enabled us not only to ensure people's safe landing, but also to bear witness to their reception by the authorities.

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

More to read here: <https://www.msf.org/constructing-crisis-europe-border-migration-report>



Guatemala

No. staff in 2021: 24 (FTE) » Expenditure in 2021: €1.4 million
MSF first worked in the country: 1984 » [msf.org/guatemala](https://www.msf.org/guatemala)

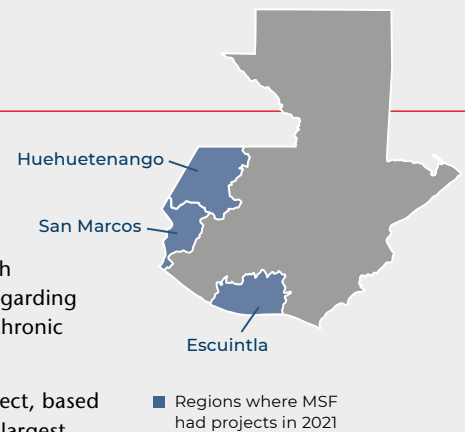
Médecins Sans Frontières (MSF) launched a project to address the high levels of chronic kidney disease in Guatemala. We also started to provide assistance to people on the move.

After a delay in the launch of our Mesoamerican nephropathy project focused on kidney diseases, due to the COVID-19 pandemic, we finally started activities in 2021. Our team works in three municipalities in Esquintla department (La Democracia, La Gomera, Sipocate), an area almost entirely given over to large-scale agriculture. The main activities of the project are early detection, patient care and health promotion, as well as an advocacy strategy to improve diagnosis and care as we accumulate data and field experience.

We started community screening and spreading health promotion messages in August, and had tested nearly 600 people by the end of the year. A key component of the project is working with the community, as the region has well-established community structures and leaders, which wield

significant influence. Our team is also considering different operational research topics that may support our advocacy regarding improving detection and treatment for chronic renal problems in the country.

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



Guinea

No. staff in 2021: 287 (FTE) » Expenditure in 2021: €8.7 million
MSF first worked in the country: 1984 » [msf.org/guinea](https://www.msf.org/guinea)

KEY MEDICAL FIGURES

58,300
malaria cases treated

13,800
people on first-line
ARV treatment in
MSF-supported
programmes

210
people treated
for measles

In Guinea, Médecins Sans Frontières (MSF) responded to outbreaks of Ebola and measles, as well as the COVID-19 pandemic, while maintaining essential services for HIV/AIDS, malaria, malnutrition and respiratory infections.

In mid-February, Ebola cases were reported in Gouécké, in the southwestern province of Nzérékoré. Although the health authorities rapidly launched a vaccination campaign, MSF identified gaps in the response and sent a team to support community engagement. We raised awareness in prevention and what to do in case of symptoms. We continued activities until the end of March. The outbreak was declared over in June, with a total of 16 confirmed cases and 12 fatalities.

In the capital city Conakry, we supported five health facilities in Matoto district during a measles outbreak, providing care for almost 11,500 children in six months. MSF continues to call on the authorities to deliver a more comprehensive response to measles by engaging in a response campaign, while efforts are needed to reinforce the national vaccination programme to prevent future outbreaks.



On the outskirts of Conakry, we provided staff and medical training to Gbessia health centre on COVID-19 care, focusing on patients with HIV. We also supported a COVID-19 vaccination campaign in Kouroussa prefecture, administering almost 40,000 doses in the last two months of 2021.

We also continued to offer free medical and psychosocial care to people living with HIV in Conakry, as well as conducting HIV testing and awareness-raising activities. In March, we set up a new community-managed antiretroviral distribution point in Gombayah, Coyah prefecture.

In Kouroussa, where we have run a programme on preventing and providing care for malaria, malnutrition and respiratory infections since 2017, we prepared health facilities and communities for our departure in 2022. Through the MSF Academy, we scaled up medical training at Kouroussa hospital and in health centres, supported mechanisms to ensure future funding for community health workers, and started construction of a solar power system that will allow the hospital to function around the clock.

Honduras

No. staff in 2021: 188 (FTE) » Expenditure in 2021: €4.7 million
MSF first worked in the country: 1974 » [msf.org/honduras](https://www.msf.org/honduras)

KEY MEDICAL FIGURES

36,900
outpatient
consultations

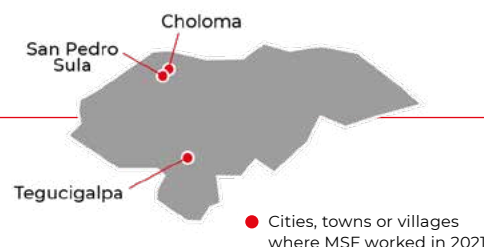
7,450
individual mental
health consultations

280
people treated for
sexual violence

In Honduras, Médecins Sans Frontières (MSF) runs programmes to assist vulnerable people affected by violence and discrimination and communities with little access to healthcare.

In Choloma, in the northern department of Cortés, MSF offered humanitarian and medical assistance to people still suffering the consequences of the two hurricanes that struck at the end of 2020. Our team at the mother and child clinic continued to provide family planning services, ante- and postnatal consultations and basic obstetric care. In 2021, we opened a new clinic in nearby San Pedro Sula, to improve access to medical and psychological care for sex workers and the LGBTIQ+ community. In December, we launched an emergency intervention to help people affected by the floods in Villanueva.

In the capital, Tegucigalpa, we run a project providing comprehensive care to victims of sexual violence. We also continue to work with



the Ministry of Health and other organisations to approve a national protocol to guarantee access to medical and psychosocial care for victims.

Between April and November, we supported the local government in Tegucigalpa by running a telemedicine service offering medical and mental health consultations, and transferring seriously ill COVID-19 patients from triage points to hospital. We provided three ambulances, which helped to reduce the waiting time and the risk of deterioration in the patients' condition.

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

Haiti

No. staff in 2021: 1,487 (FTE) » Expenditure in 2021: €34.7 million
MSF first worked in the country: 1991 » [msf.org/haiti](https://www.msf.org/haiti)

KEY MEDICAL FIGURES

25,000
emergency room
consultations

3,220
people treated for
intentional physical
violence

1,560
people treated for
sexual violence

Médecins Sans Frontières responded to emergencies and maintained vital medical services during an extremely challenging year in Haiti.

As well as assisting people affected by violence in the capital, we sent teams to support survivors of an earthquake in the south and people injured in a fuel truck explosion in the northern town of Cap-Haïtien.

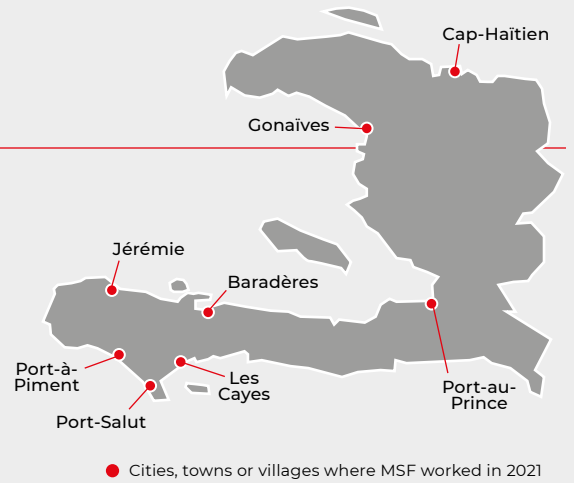
Violence and insecurity

A high level of chronic violence, including armed clashes, robberies and kidnappings, affected people throughout the capital, Port-au-Prince. Entire neighbourhoods were under the control of different armed groups, with shifting territories. The president was assassinated at his home on 7 July.

At our trauma hospital in the city's Tabarre neighbourhood, we provided surgery and follow-up care for patients with life-threatening injuries from gunshots, stabbings and traffic accidents. We sometimes received many wounded patients at once and temporarily expanded the hospital's bed capacity.

In February, clashes between armed groups made it unsafe for us to continue working at our Drouillard hospital in Cité Soleil, the main facility for burns in the country. We closed all but the emergency department and moved our programme and patients into the Tabarre hospital, effectively merging two hospitals into one.

In May, a staff member of our Tabarre hospital was attacked and shot dead on his way home from work, even though he did not resist his attackers.



In June, our emergency centre in Martissant was targeted by gunfire after weeks of intense clashes between armed groups. It was the first time that our facility had come under such an attack in its 15-year history, and we decided to close it because we could not ensure the safety of our staff and patients.

In August, we opened a new emergency centre in Turgeau, another district of Port-au-Prince, running similar services. In late 2021, we also started supporting the emergency room of a public hospital in Carrefour to improve access to care in the southern part of the capital.

As of August, an estimated 19,000 people had fled their homes due to armed clashes,¹ and were staying with relatives or in poorly adapted collective sites, such as schools or churches. We offered medical care to people affected by violence and insecurity through mobile clinics in displacement sites and other locations, and we improved water and sanitation facilities.

We continued to run our comprehensive care programme for survivors of gender-based violence and intimate-partner violence in our clinics in Port-au-Prince and Artibonite department. We also trained public hospital staff and worked with local organisations and communities to raise awareness of sexual violence and adolescent sexual health issues.

Earthquake response

On 14 August, a 7.2 magnitude earthquake struck the south of the country, killing 2,248 people and injuring more than 12,700 others, and causing widespread damage to infrastructure.² Hours later, a surgical team departed from our Tabarre hospital, reaching Hôpital Saint Antoine in Jérémie the following day. The hospital staff had started to clean wounds, set broken bones and refer patients to the capital by air. Our team joined in the effort and provided orthopaedic surgery and follow-up care for earthquake survivors over the next several months.

An MSF physiotherapist provides treatment to a patient, injured during the earthquake, at Hôpital Immaculée Conception in Les Cayes, Haiti, September 2021.
© Pierre Fromentin/MSF





MSF staff working in the operating theatre in Hôpital Immaculée Conception in Les Cayes, Haiti, September 2021.
© Pierre Fromentin/MSF

We referred some trauma patients who could not be treated locally to our Tabarre hospital and our newly opened emergency centre in Turgeau, and sent teams to support other medical facilities in the affected areas.

In Les Cayes, we provided surgical and post-operative care to trauma patients at Hôpital Immaculée Conception. At OFATMA hospital, which was badly damaged by the earthquake, we temporarily supported staff to manage paediatric and neonatal care in tents.

In Port-à-Piment, the earthquake severely damaged a public hospital where we have been delivering sexual and reproductive healthcare for years. We immediately relocated medical services – first into tents and then into our logistical base – to ensure continuity of care for pregnant women and newborns. In the following months, we started building a new maternity hospital in the community.

In other areas of Sud and Nippes departments, we offered basic health care and mental health support through mobile clinics, and distributed relief items, including emergency shelters and hygiene supplies. Because the healthcare system was already difficult to access, many patients came with issues and injuries unrelated to the earthquake, such as abdominal pain, gastritis, infections and fever. In several communities where infrastructure was badly damaged, including Baradères, we delivered drinking water and repaired water networks.

Fuel shortage

In late October, armed groups held up deliveries of fuel from the capital's main port, creating a widespread fuel shortage. The streets all but emptied of motor vehicles, making it difficult and costly for health staff and patients to get to health facilities. Many hospitals and health centres experienced the double blow of a staffing crisis and an electricity shortage, as fuel for generators ran low.

As we introduced emergency measures to decrease our energy consumption, we were forced to temporarily reduce medical activities at our hospital in Tabarre, treating only patients with life-threatening injuries. We quickly installed 84 solar panels to help power the hospital. By December, the fuel crisis had eased, and hospitals, including ours, were able to return to normal operations.

On 14 December, we launched an emergency response to a mass-casualty incident in the northern town of Cap-Haïtien. People had gathered to collect leaking fuel from an overturned fuel truck when it exploded, causing many deaths and injuries. We airlifted some patients to our Tabarre hospital and treated others at Hôpital Universitaire Justinien in Cap-Haïtien.

1 ReliefWeb, ECHO factsheet - Haiti. September 2021. <https://reliefweb.int/report/haiti/echo-factsheet-haiti-last-updated-15092021>

2 Haitian government, Systeme national de gestion des risques de desastre. https://www.haitilibre.com/docs/Seisme-du-14-Aout-2021._-Rapport-de-situation-detape-No-1-du-Coun.pdf

India

No. staff in 2021: 685 (FTE) » Expenditure in 2021: €14.7 million
MSF first worked in the country: 1999 » [msf.org/india](https://www.msf.org/india)

KEY MEDICAL FIGURES

14,700
individual mental
health consultations

7,680
people treated
for malaria

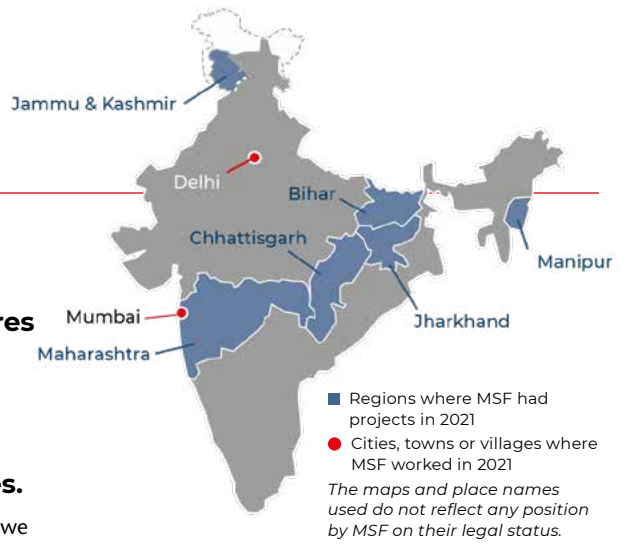
1,070
people started on
treatment for TB,
including 400 for
MDR-TB

620
people treated for
sexual violence

In India, Médecins Sans Frontières works to fill gaps in healthcare for the most marginalised and vulnerable people, including victims of sexual violence and patients with infectious diseases.

In spite of constraints imposed by COVID-19, we continued to run a wide range of services in India, including mental health support for people affected by conflict in Kashmir, basic health care in remote areas of Chhattisgarh, and treatment for victims of sexual and gender-based violence in the capital, New Delhi.

In Manipur, our teams run HIV clinics offering a patient-centred approach to care, and support the antiretroviral treatment centre and HIV inpatient ward in a district hospital. We also distribute food coupons and dry rations to homeless intravenous drug users, and continue to work with the government to improve access to holistic care for HIV patients with life-threatening opportunistic infections. During the second COVID-19 wave, we sent emergency teams to manage high-dependency units in Imphal and Churachandpur. We also launched a telemedicine and a mental health helpline for those diagnosed with the virus. In one of India's poorest states, Bihar, we focus on providing



both lifesaving and palliative care to patients living with advanced HIV. Nutrition and mental health support are important elements of our model of care.

In Mumbai, we treat complex cases of drug-resistant tuberculosis (TB) at our clinic and support outpatient services in M/East ward, which has one of the highest rates of the disease in the city. In 2021, we continued to treat patients enrolled in the endTB clinical trial, with the aim of generating more evidence for shorter, more tolerable, injection-free treatments for multidrug-resistant TB. During the COVID-19 pandemic, we offered phone consultations and provided longer drug refills to ensure continued care. Our teams also supported the treatment of moderate COVID-19 patients in one of the city's hospitals, provided training to Ministry of Health staff, and carried out health promotion and shielding activities in the community.

Indonesia

No. staff in 2021: 46 (FTE) » Expenditure in 2021: €1.1 million
MSF first worked in the country: 1995 » [msf.org/indonesia](https://www.msf.org/indonesia)

KEY MEDICAL FIGURES

73
antenatal
consultations

25
postnatal
consultations

In Indonesia, Médecins Sans Frontières continued to focus on improving adolescent healthcare and working with the authorities to strengthen emergency preparedness and response capacity during the COVID-19 pandemic in 2021.

Our programmes in Banten and Jakarta provinces support the Ministry of Health to improve the quality and availability of targeted health services for adolescents, such as ante- and postnatal care for pregnant girls and young mothers. We provide adolescent-friendly care inside health centres and work to build connections between local communities, schools and health service providers.

In 2021, our activities in Jakarta included counselling sessions and health consultations for adolescents at Islamic boarding schools and street children. We also developed psychosocial support training modules for health workers, cadres (a small group of adults or young people organised to lead others), and adolescents. We were able to conduct some of our activities face to face, using the necessary COVID-19



protective equipment, while others had to be switched to online platforms.

Our teams in Jakarta and Banten supported the response to the COVID-19 pandemic through capacity-building activities such as workshops and training for medical staff and community health workers involved in the treatment of suspected COVID-19 patients. We also ran two digital health promotion campaigns on the virus, covering issues such as mental health and vaccination. The first of these campaigns reached more than 55 million people. In Labuan and Carita subdistricts, we supported the surveillance taskforce and the training of trainers, and donated personal protective equipment to health centres.

Other activities in 2021 included assisting the Ministry of Health's Crisis Centre responses to natural disasters. Following the earthquake in Mamuju, Sulawesi, in January, we deployed a team to assess the medical needs. Our staff treated 346 patients, provided psychological first aid and donated hygiene kits to people who had been temporarily displaced. In December, we also offered trainings in psychological first aid and data management to first responders after the eruption of Mount Semeru in Java.

Iran

No. staff in 2021: 106 (FTE) » Expenditure in 2021: €3 million
MSF first worked in the country: 1990 » [msf.org/iran](https://www.msf.org/iran)

KEY MEDICAL FIGURES

48,100
outpatient
consultations

6,610
individual mental
health consultations

440
people started
on treatment for
hepatitis C

In Iran, we support marginalised groups, such as drug users, sex workers, street children and transgender people, who have greater vulnerability to infectious diseases, yet struggle to access treatment.

As well as facing a significant risk of contracting diseases such as hepatitis, HIV, tuberculosis (TB) or sexually transmitted infections (STIs), and unwanted pregnancies, these communities often experience stigma and exclusion, which pose barriers to healthcare.

In 2021, Médecins Sans Frontières (MSF) continued to offer clinical and psychological support to these communities in the capital, Tehran, and in Mashhad, Iran's second-largest city, which lies in the eastern part of the country, near the Afghan border. Our multidisciplinary teams run both fixed and mobile clinics and work in collaboration with local organisations, such as the Society for Recovery Support, an Iranian NGO with over 20 years' experience of helping drug users.



● Cities, towns or villages where MSF worked in 2021

On the southern outskirts of Tehran, we provide a comprehensive package of medical services, including counselling and support from peer workers, psychosocial assistance, medical and mental health consultations, ante- and postnatal care, family planning and treatment for STIs. Testing is also available for communicable diseases such as HIV, TB and hepatitis C. In 2021, we doubled the number of mobile clinics from three to six.

In Mashhad, our services include general health care consultations, screening, treatment and follow-up for hepatitis C patients, vaccinations for hepatitis B and tetanus, counselling, social support and health education, as well as referrals to specialist health facilities. In this area, which borders Afghanistan, our services are equally open to Afghan refugees, many of whom have been in the country for several years but still have limited access to care.

In 2021, MSF donated 40 oxygen concentrators to the Iranian Red Crescent Society to support its activities in response to the COVID-19 pandemic in the country.

Italy

No. staff in 2021: 26 (FTE) » Expenditure in 2021: €2.2 million
MSF first worked in the country: 1999 » [msf.org/italy](https://www.msf.org/italy)

KEY MEDICAL FIGURE

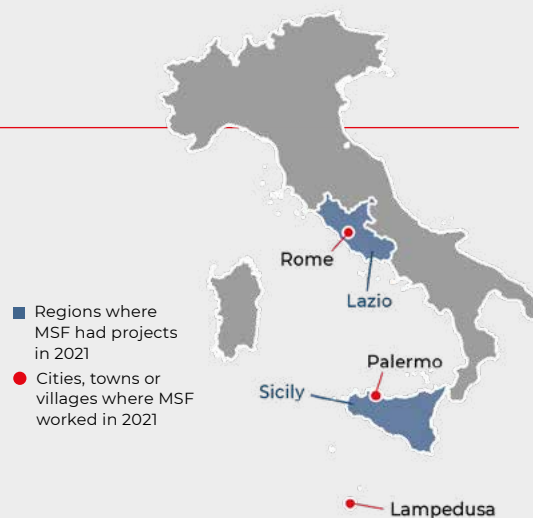
13,100
outpatient
consultations

In Italy, Médecins Sans Frontières aims to address gaps in care for the most vulnerable and marginalised people, such as migrants and those excluded from the national health system.

In Rome, we launched a new project focused on facilitating access to sexual and reproductive healthcare for migrant women living in marginalised neighbourhoods, squats and informal settlements. Our teams work alongside Ministry of Health staff, providing family planning and obstetric consultations, as well as cervical cancer screening and support for victims of sexual violence. We also run health promotion activities and cultural mediation services in collaboration with local authorities.

In May, we opened a project in Palermo to improve the provision of care for victims of intentional violence and torture. The project has an interdisciplinary approach, offering medical, psychological, social and legal assistance, as well as health promotion and outreach activities to identify potential patients.

In both locations, we implemented activities to tackle COVID-19. In Rome, our teams supported people living in squats and informal settlements,



ensuring they had access to the relevant preventive measures, treatment and vaccinations. We also advocated for the need to remove the administrative barriers that hinder access to vaccinations for unregistered migrants living in Italy.

In mid-2021, during the summer in Lampedusa, the main landing site for migrants crossing from North Africa, we supported the provision of first aid and the identification of people with vulnerabilities – such as victims of torture and severe violence – on arrival. Our staff also worked in the migrant hotspot on the island, offering care for fragile and vulnerable patients who needed specific care and follow-up. In addition, we ensured patients were followed up in the quarantine centres in Agrigento.

Iraq

No. staff in 2021: 977 (FTE) » Expenditure in 2021: €30 million
MSF first worked in the country: 2003 » [msf.org/iraq](https://www.msf.org/iraq)

KEY MEDICAL FIGURES

137,100
outpatient
consultations

61,900
emergency room
admissions

24,600
patients admitted
to hospital

18,700
individual mental
health consultations

16,800
births assisted,
including 2,330
caesarean sections

4,370
mental health
consultations
provided in group
sessions

3,640
surgical interventions

In Iraq, Médecins Sans Frontières (MSF) continued to address the needs of people suffering the long-term effects of war and supported care for COVID-19 and other diseases.

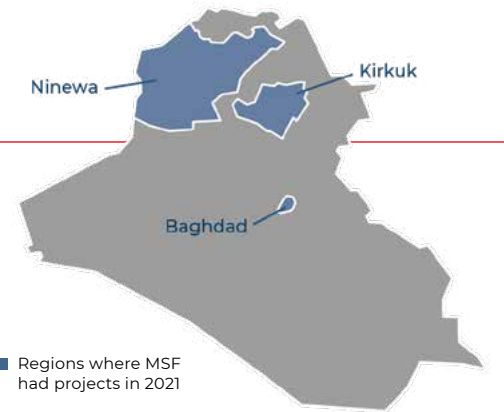
In 2021, we ran a wide range of medical and mental health services, as well as emergency responses. We also worked to build capacity by training staff and constructing new facilities.

The impact of the pandemic

Iraq continued to be severely affected by the COVID-19 pandemic, with many people falling ill and dying, and hospitals diverted from their regular activities in order to treat the severely sick.

Baghdad, the capital, was particularly hard hit. In response, we expanded the dedicated COVID-19 intensive care unit (ICU) we run at Al-Kindi hospital to 52 beds to accommodate the large number of critically ill patients. Our staff worked in close collaboration with the hospital's management and medical teams to provide lifesaving care, physiotherapy and mental health support.

Our team reported that most patients admitted to the ICU were already in a critical condition on arrival because they preferred to be treated at home and only sought care at the hospital as a last resort. Unfortunately, this meant that many people had already developed severe complications by the time they arrived, and the death rate in our unit was high.



Al-Kindi restarted its normal activities in October 2021 and we moved our COVID-19 project to Baghdad Medical City, where we supported care for severe and critical COVID-19 patients in the ICU and raised the levels of preparedness of healthcare workers by providing training and on-the-job coaching.

During the year, we also ran a COVID-19 unit in Mosul and a ward for mild and moderate patients at Sinuni general hospital in Sinjar. In addition, we supported Tel Afar general hospital with essential infection prevention and control training, and donated personal protective equipment to one of Baghdad's COVID-19 hospitals to support their efforts against the outbreak.

Treating the after-effects of violence

As a result of the armed conflict between the Islamic State group and the Iraqi security forces in many regions of central and northern Iraq between 2014 and 2017, many healthcare facilities have been damaged or destroyed, and several healthcare providers were forced to flee. This has complicated the access and provision of sexual and reproductive healthcare services for thousands of women living in these regions. Our teams supported the maternity department at Hawija district hospital and continued to deliver much-needed maternity services, as well as paediatric and neonatal care, in Mosul.

In areas affected by conflict both recently and in the past, mental health remains a critical issue. Despite the pressing need, Iraq faces a severe shortage of qualified mental health professionals, and the few mental health services available are principally located in big cities. For this reason, mental health care is an essential part of MSF's activities in Sinuni, Mosul, Kirkuk, Baghdad and other parts of Iraq.



A woman holds her newborn grandson in the maternity ward of MSF's Nablus hospital. Iraq, September 2021. © Nanna Heitmann/Magnum Photos



A patient with COVID-19 receives oxygen therapy at the MSF COVID-19 ward in Al-Kindi hospital, Baghdad, Iraq, February 2021.
© Hassan Kamal Al-Deen/MSF

MSF also works to address the long-term effects of physical injuries sustained during decades of war and violence, as well as trauma and burns from accidents and fires. MSF teams in Baghdad and Mosul provide comprehensive post-operative care to ensure that patients have the best chance of recovering fully from their wounds with physiotherapy, treatment for infections and mental health support.

In Mosul, our post-operative care hospital returned to its regular activities in early 2021 after having been temporarily transformed into a COVID-19 treatment facility in 2020. The upgrades made to treat COVID-19 – for example, replacing the 33-bed inpatient ward with 40 individual isolation rooms – proved useful for post-operative care, too. Indeed, many of the patients at our hospital arrive with multidrug-resistant bacterial infections, so ‘contact precautions’ are fundamental.

We also built two additional operating theatres so that we could carry out advanced surgery. This enabled us to expand our admission criteria and take on some of the patients from the struggling local healthcare system.

In Baghdad, we have begun to implement a new strategy for our activities at the Baghdad Medical Rehabilitation Centre. We are aiming to replicate our model of care in other hospitals across the city, and are working with surgeons to strengthen the post-operative care protocols in public hospitals. This not only improves outcomes for individual patients, but also helps to rebuild capacity for a struggling healthcare system to respond to everyone’s needs.

In September, ahead of the parliamentary elections, which were called early in response to a mass protest movement, we ran a three-month training course in mass-casualty planning to support Sheikh Zayed hospital, one of the major medical facilities in Baghdad. A month later, when protests against the election results turned violent, we helped the hospital to activate the plan.

Tackling the burden of non-communicable diseases (NCDs)

Improving care for NCDs such as hypertension, diabetes and cardiovascular disease, which are highly prevalent and a leading cause of death in Iraq, is another key priority for MSF. As well as treatment, we provide mental health support and health promotion services for NCD patients in our projects in Hawija and Al-Abbasi towns in Kirkuk governorate. At the end of 2021, more than 6,000 patients were receiving treatment for NCDs.

Our teams also continued to support the Iraqi National Tuberculosis Institute to detect and diagnose tuberculosis (TB) and multidrug-resistant TB (MDR-TB) in Baghdad. MSF introduced an innovative treatment regimen for MDR-TB patients, involving the use of newer, more effective drugs called bedaquiline and delamanid. This new, World Health Organization-recommended regimen uses all-oral drugs, which means that patients no longer need to have painful daily injections. Today, all new patients diagnosed with MDR-TB in the country are treated with the oral regimen, with only a few exceptions based on medical requirements.

Jordan

No. staff in 2021: 319 (FTE) » Expenditure in 2021: €14.4 million
MSF first worked in the country: 2006 » [msf.org/jordan](https://www.msf.org/jordan)

KEY MEDICAL FIGURES

23,700
outpatient
consultations

2,990
individual mental
health consultations

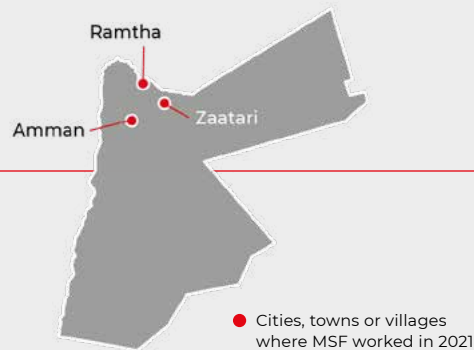
940
surgical interventions

Médecins Sans Frontières (MSF) continued to run healthcare programmes in Jordan for Syrian refugees, vulnerable host communities and war-wounded patients from across the Middle East in 2021.

We were also involved in the response to the COVID-19 pandemic again this year, as we transformed part of our reconstructive surgery hospital in Amman into COVID-19 wards in March and April, admitting moderately ill patients who required oxygen therapy.

In addition, we supported COVID-19 activities inside Zaatari camp, monitoring the condition of confirmed patients and their contacts, and transferring those in need of care to our treatment centre. More serious cases were referred to the public hospital in Mafraq.

Our reconstructive surgery programme for war-wounded patients from Iraq, Yemen, Syria and



Palestine steadily resumed its activities after the COVID-19 lockdowns and travel restrictions. The hospital is unique in that it offers orthopaedic, plastic and maxillofacial surgery, as well as a package of holistic care services to ensure that people make a full physical and mental recovery. This includes physiotherapy, pain management, mental health care, social support and even a school for child patients.

At the end of 2021, we handed over our project in Irbid governorate to the Ministry of Health and other NGOs present in the area. Our clinics in Irbid had provided Syrian refugees and vulnerable Jordanians with treatment for non-communicable diseases (NCDs) such as diabetes and hypertension, leading causes of death in the region. Our services included medical and mental health care, psychosocial support, physiotherapy, health education and home-based care.

Kenya

No. staff in 2021: 815 (FTE) » Expenditure in 2021: €21.5 million
MSF first worked in the country: 1987 » [msf.org/kenya](https://www.msf.org/kenya)

KEY MEDICAL FIGURES

18,400
patients admitted
to hospital

7,100
births assisted
including 530
caesarean sections

3,270
people treated for
sexual violence

1,450
people on second-
line ARV treatment
in MSF-supported
facilities

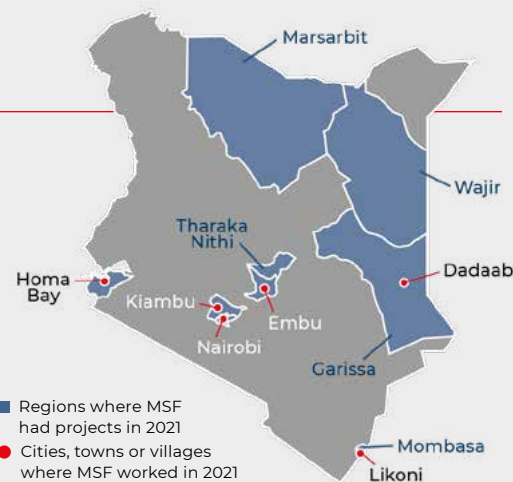
Médecins Sans Frontières runs a range of services in Kenya, including treatment for chronic and infectious diseases, healthcare for refugees and drug users, and support for victims of violence.

In Eastlands, a suburb of Nairobi, we set up a youth-friendly centre in a public facility to address the consequences of urban violence. In addition to medical, sexual and reproductive healthcare, and psychosocial support, the centre provides recreational and educational activities. Sexual violence clinics are integrated in four health centres in this violence-affected neighbourhood. We also run an emergency call centre and ambulance service.

In Mombasa county, we started another programme aimed at marginalised youth and adolescents, offering comprehensive healthcare.

Meanwhile, we continued to run comprehensive health services for drug users, including opioid substitution therapy and psychosocial support, at our one-stop clinic in Kiambu county.

In June, as COVID-19 cases rose, we scaled up care in Homa Bay at the referral hospital's isolation centre, and provided oxygen therapy to critically ill patients. Throughout the year, we continued to work on improving HIV care in the county. We also started to offer treatment for chronic diseases at two basic health care facilities.



In 2021, a severe drought hit Kenya's arid, northeastern counties. Our teams provided emergency care for severely malnourished children in Garissa, Marsabit and Wajir.

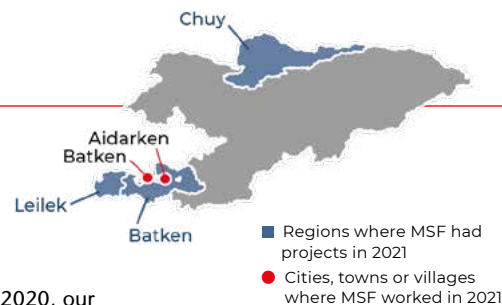
At the end of the year, we also supported the health authorities to respond to an outbreak of kala azar in Tharaka Nithi county.

We have been delivering healthcare in and around Dadaab camp for most of its 30-year existence. After the government announced its decision to close two refugee camps by June 2022, we called for sustainable solutions to ensure that refugees can lead a safe and dignified life.

We handed over two of our projects to the health authorities in 2021: a sexual and reproductive healthcare project in Likoni and a chronic disease programme in Embu county. To ensure uninterrupted and affordable access to medicines, we helped set up two community-managed pharmacies.

Kyrgyzstan

No. staff in 2021: 72 (FTE) » Expenditure in 2021: €1.6 million
MSF first worked in the country: 1996 » msf.org/kyrgyzstan



In Kyrgyzstan, Médecins Sans Frontières launched a new project focused on women's health and continued to run healthcare programmes in Batken province. We also assisted with the COVID-19 response.

Our teams started to prepare new activities in Sokuluk, Chuy province to improve early detection, treatment and prevention of breast and cervical cancers. Kyrgyzstan is among the countries with the highest prevalence of cervical cancer, and a lack of active screening means that women are diagnosed at a very late stage. Our new project will pilot decentralising cancer prevention and care by integrating detection and treatment into basic health care facilities.

In Chuy province, which experienced a high number of COVID-19 cases, our teams continued to provide home-based care for people showing mild and moderate COVID-19 symptoms, and organised referrals for those requiring hospital

treatment. As new infections fell, we stopped these activities in April.

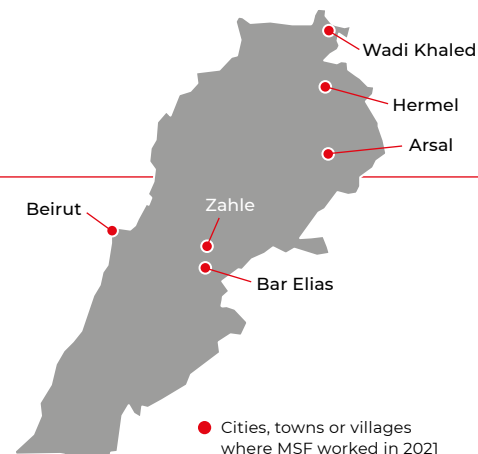
After delays caused by COVID-19 in 2020, our teams were finally able to conduct a comprehensive health risk assessment in Aiderkan, Batken province, to determine the extent of people's exposure to heavy metal pollution. Initial results revealed chronic exposure to heavy metals, including arsenic and antimony, especially among children. As a result, our teams will initiate activities to treat patients with high levels of heavy metal pollution in 2022, while advocating stronger clinical and public health measures to treat and prevent the risk of heavy metal pollution.

In addition, our teams in Aiderkan continued to offer treatment for chronic diseases, such as hypertension and diabetes, as well as sexual and reproductive healthcare and screening for cervical and breast cancer.

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

Lebanon

No. staff in 2021: 586 (FTE) » Expenditure in 2021: €25.1 million
MSF first worked in the country: 1976 » msf.org/lebanon



KEY MEDICAL FIGURES
124,600
outpatient
consultations

51,600
doses of COVID-19
vaccines administered

11,000
individual mental
health consultations

4,030
births assisted

In 2021, the humanitarian situation continued to deteriorate rapidly in Lebanon, as the economic and financial crisis showed no sign of abating, and the health system struggled to provide basic services.

Eighty-five per cent of people are now reportedly living below the poverty line, with insufficient access to food, fuel and medication. The breakdown of the healthcare system and severe shortages of essential drugs have pushed more people to seek assistance from Médecins Sans Frontières (MSF) and other medical humanitarian organisations to cover their medical needs.¹

Our teams provide basic health services, including sexual and reproductive healthcare, consultations for chronic diseases, mental health support, thalassemia care and surgery in various areas of the country. We also assist births, offer paediatric care and routine vaccinations for children. At the end of the year, a reassessment of our activities led to the closure of the paediatric intensive care unit in Zahle.

In 2021, we opened a new clinic to respond to the medical needs of migrant workers who have been impacted by the economic crisis. There are approximately 250,000 migrant workers in Lebanon, in addition to over 1.5 million refugees, mainly Palestinians and Syrians, many of whom live in

precarious conditions in overcrowded camps. MSF activities in the eastern and northern areas of the country have been developed to cover the needs of these people, who often face limited access to medical care.

COVID-19 dealt yet another blow to the overstretched healthcare system. Some healthcare workers left the country, while many health facilities in Beirut that were damaged in the port explosion in 2020 remained unrepaired.

MSF supported the COVID-19 response by temporarily transforming our hospital in Bar Elias into a COVID-19 treatment centre during the first months of 2021. Our teams also assisted with vaccinations for people most at risk, such as the elderly, medical staff and detainees, and sent mobile teams to vaccinate communities in the remote area of Akkar, in the north of Lebanon.

¹ World Food Programme, Lebanon m-VAM Vulnerability and Food Security Assessment <https://docs.wfp.org/api/documents/WFP-0000129566/download/>

Liberia

No. staff in 2021: 365 (FTE) » Expenditure in 2021: €8.3 million
MSF first worked in the country: 1990 » [msf.org/liberia](https://www.msf.org/liberia)

KEY MEDICAL FIGURES

20,300 people received care for mental health disorders or epilepsy

5,070 children admitted to hospital

Médecins Sans Frontières runs a paediatric hospital in the Liberian capital, Monrovia, and provides care for people with mental health disorders and epilepsy in their communities.

In 2021, we continued to offer specialised paediatric care in Bardnesville Junction Hospital, which we opened in Monrovia during the Ebola epidemic six years earlier. Malnutrition, malaria and lower respiratory tract infections are some of the most common conditions among the children we treated. We resumed the hospital's paediatric surgery programme, which was disrupted in 2020 due to COVID-19, and carried out urological, reconstructive plastic and emergency surgery. We also resumed hands-on paediatric training programmes for Liberian health workers, such as nursing students, nurse anaesthetists and intern doctors.

Mental health and epilepsy

Medications for mental health and neurological disorders, such as epilepsy, are not widely available



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021

in Liberia. People with these conditions often face social stigma that can lead to exclusion from schools or jobs. In 2017, we started supporting health facilities in Montserrado county to diagnose and treat patients with mental health conditions or epilepsy, and supplying essential medicines.

In 2021, we continued to expand our cohort of patients through five health facilities. Our team supervised health workers treating patients on an outpatient basis and made hospital referrals when necessary. We also coordinated psychosocial workers and health volunteers to work with patients' families and communities, addressing social stigma.

Ebola preparedness

After Ebola reappeared in neighbouring Guinea in 2021, we sent a team to Nimba and Lofa counties to help health workers detect and prepare for potential cases of Ebola in Liberia's border areas.

Libya

No. staff in 2021: 210 (FTE) » Expenditure in 2021: €9.4 million
MSF first worked in the country: 2011 » [msf.org/libya](https://www.msf.org/libya)

KEY MEDICAL FIGURES

39,800 outpatient consultations

5,470 antenatal consultations

280 people started on treatment for TB

Médecins Sans Frontières (MSF) continued to assist refugees, asylum seekers and migrants trapped in a cycle of abuse and arbitrary incarceration in Libya. Many who tried to flee were forced back.

In western Libya, our teams provided medical and mental health care to migrants, refugees and asylum seekers in detention centres, identifying vulnerable people and referring patients requiring specialist care to hospitals in Tripoli. Since February 2021, there have been continual reports of incidents of ill-treatment and violence in the centres, resulting in severe physical and psychological harm. Some were witnessed first-hand by our staff. On 8 April, one person was killed and two were injured in a shooting in Al-Mabani detention centre. As a consequence of these incidents, we suspended activities in Al-Mabani and Abu Salim detention centres, between June and September.

More than 621,000 migrants¹ are living in communities across the country and are frequently subjected to violence and arbitrary mass arrests. In October, at least 5,000 people were violently rounded up across Tripoli by government security forces and detained in centres that were already



● Cities, towns or villages where MSF worked in 2021

overcrowded. For several months during 2021, MSF teams ran community-based mobile clinics in Tripoli, providing basic health care and referrals for vulnerable migrants.

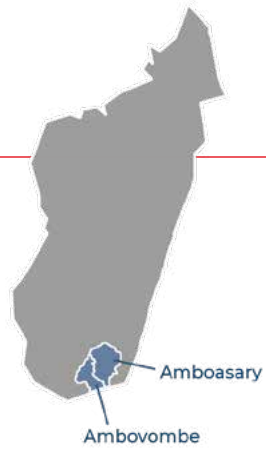
In 2021, the Libyan coastguard intercepted at least 32,425 migrants¹ in the Central Mediterranean Sea and returned them to detention centres in Libya. At disembarkation points, our teams offered first aid and basic medical care, as well as emergency referrals and follow-up care for patients in critical condition.

Elsewhere in the country, MSF teams provided medical and social services for refugees and migrants in Zuwara, and general health care and referrals for victims of torture and trafficking in Bani Walid. We also ran a tuberculosis (TB) programme in Misrata and assisted the national TB programme with technical support, diagnosis, treatment and adherence counselling, including a TB unit until it was stopped and taken back by the Ministry of Health COVID-19 taskforce response.

¹ International Organization for Migration

Madagascar

No. staff in 2021: 104 (FTE) » Expenditure in 2021: €6 million
MSF first worked in the country: 1987 » [msf.org/madagascar](https://www.msf.org/madagascar)



KEY MEDICAL FIGURES

28,900
outpatient
consultations

19,200
people received food
distributions for one
month

8,890
admissions of children
to outpatient feeding
programmes

Médecins Sans Frontières returned to Madagascar in 2021 to help tackle the malnutrition crisis in the south of the country.

Following years of severe cyclical droughts, southern Madagascar has been experiencing an exceptionally acute malnutrition crisis. Food supplies have dwindled, leaving people in some areas starving.

In March, we sent mobile clinics to provide care in this hard-to-reach region, where people live in remote, scattered communities and roads are poor. Our teams treated children with acute malnutrition and provided ready-to-use therapeutic food. We also started to support Ambovombe hospital's paediatric ward and built an inpatient therapeutic feeding centre.

In April and May, we noticed that the children we had been treating through our mobile clinics had gained only a little weight, despite long-term follow-up, demonstrating that medical treatment is not sufficient for recovery when food availability remains unchanged. As food stocks were depleted and the next harvest was not expected until at least March 2022, we resumed food distribution, including rice, beans, salt and oil, to the families of the children in our programme.

Finding access to adequate clean drinking water is challenging in this semi-arid region and the situation has been exacerbated by a third consecutive year of drought: every carer we asked reported that it was their main concern. We carried out various water and sanitation activities to improve supply, such as rehabilitating hand pumps, digging wells and trucking in water alongside mobile clinics, and we continue to seek a more permanent solution, but the area remains water-stressed in the absence of rainfall.

Given the size of the Great South area and the low population density, it is difficult to ascertain whether all villages in need receive enough support. By the end of 2021, an estimated 1.47 million people were still affected by the malnutrition crisis, in spite of the increase in food distribution during the year.



An MSF doctor listens to Vitasoa, who brought four of her children to an MSF mobile clinic in Amboasary district. Madagascar, April 2021. © iAko M. Randrianarivelo/Mira Photo

Malawi

No. staff in 2021: 445 (FTE) » Expenditure in 2021: €8.1 million
MSF first worked in the country: 1986 » msf.org/malawi

KEY MEDICAL FIGURES

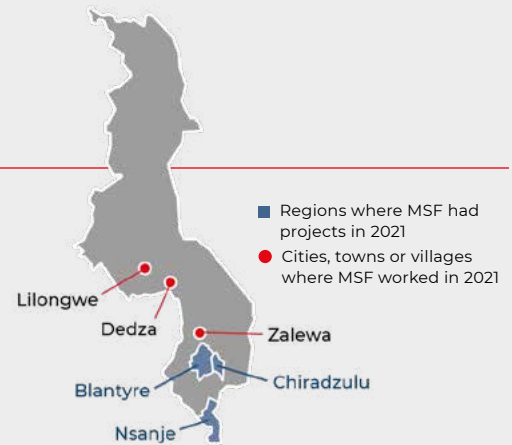
1,830 people on second- or further-line ARV treatment in MSF-supported programmes

82 people started on treatment for TB

Despite progress in tackling HIV, prevalence remains high in Malawi. Médecins Sans Frontières (MSF) continues to run programmes to improve care for HIV patients, and for women with cervical cancer.

In Chiradzulu district, in southern Malawi, MSF focuses on increasing early detection of HIV and improving care for people who need enhanced monitoring and specialist treatment, such as patients presenting with a high viral load or those suffering from mental health conditions, co-infections (including tuberculosis), or malnutrition. We also support the Ministry of Health by following up severely sick and advanced HIV patients during their stay at Boma hospital and post-discharge.

MSF continues to run dedicated Saturday 'teen clubs', which offer HIV screening, care, follow-up and psychological support for younger patients. Attendance at these clubs, which provide a safe, friendly space where teenagers can benefit from peer support, has been shown to enhance adherence to treatment and a patient's overall wellbeing.



In Blantyre district, Malawi's main economic hub, in close collaboration with the Malawian Ministry of Health, we have developed a comprehensive oncological programme to screen, diagnose and treat cervical cancer, which accounts for 40 per cent of all cancers among women in Malawi and kills over 2,000 of them each year. Our activities are based in Queen Elizabeth Hospital in the district's main city and include outpatient treatment for pre-cancerous and cancerous lesions, as well as surgery, chemotherapy and dedicated palliative home-based care for those in the advanced stages of the disease. The cervical cancer screening units are integrated in eight health centres in Blantyre and Chiradzulu districts, where a mobile screening unit is also working.

In 2021, MSF teams also supported the local health authorities' response to the COVID-19 pandemic at Queen Elizabeth Hospital by providing additional staff, oxygen and medical supplies.

Malaysia

No. staff in 2021: 67 (FTE) » Expenditure in 2021: €2.4 million
MSF first worked in the country: 2004 » msf.org/malaysia

KEY MEDICAL FIGURES

11,600 outpatient consultations

2,080 antenatal consultations

1,580 individual mental health consultations

Despite barriers posed by COVID-19, Médecins Sans Frontières (MSF) continued to provide general health care and mental health support to Rohingya and other refugee communities in Malaysia in 2021.

Our fixed clinic serving refugees, migrants and asylum seekers in Butterworth operated throughout the lockdown, but the number of patients dropped, from 11,700 in 2020 to 9,910 in 2021, mainly due to people's fear of getting arrested at police roadblocks on their way to see us. Malaysia is not a signatory to the 1951 UN Refugee Convention and refugees are effectively criminalised by domestic law.

MSF supported the national COVID-19 vaccination plan in Penang, focusing on refugees, asylum seekers and irregular migrant workers, while calling on the authorities to introduce a 'healthcare for all' response to COVID-19 and update laws so that no refugees or asylum seekers are penalised or detained for seeking medical care. We also continued with our health promotion campaign via R-vision, the online Rohingya TV station.



■ Regions where MSF had projects in 2021

Our mental health team conducted individual counselling sessions, around a quarter of them by phone due to COVID-19 restrictions. The team identified an increasing number of victims of sexual and gender-based violence, including men, women and children who had been trafficked. We also distributed essential hygiene items, such as soap and sanitary pads, as well as milk powder and clothes, to vulnerable families and several immigration detention centres.

In March, we launched our community-led advocacy initiative, the Penang Refugee Advocacy Group, consisting of five female and 13 male participants aged between 16 and 70 years, from the Rohingya, Myanmar Muslim and Mon communities. MSF facilitated training sessions with several external organisations, including an independent journalism academy, to help the group acquire skills for advocacy.

In November, we started health screening in temporary detention centres in Sungai Bakap and Bidor, where the detainees were mainly Rohingya. Most of them expressed a sense of hopelessness about their futures, as they were locked up indefinitely without any prospect of release.

Mali

No. staff in 2021: 1,321 (FTE) » Expenditure in 2021: €29.7 million
MSF first worked in the country: 1992 » [msf.org/mali](https://www.msf.org/mali)

KEY MEDICAL FIGURES

600,500
outpatient
consultations

194,500
malaria cases treated

6,540
children admitted to
outpatient feeding
programmes
for severe acute
malnutrition

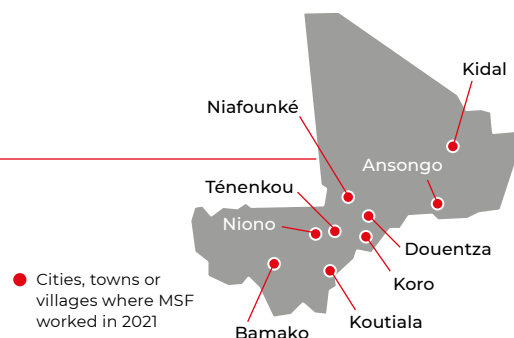
1,750
surgical
interventions

The security situation remained volatile in Mali at the end of 2021, after a second coup in nine months and persistent violent clashes between armed groups, militias and military forces.

On 3 January, near the village of Bounty, a French military airstrike hit a group, largely made up of civilians, killing several of them¹, according to the UN and accounts from survivors treated by Médecins Sans Frontières (MSF) in Douentza. While referring wounded to Sévaré hospital, the MSF ambulance carrying them was stopped by armed militiamen who assaulted the passengers; one of the injured died in the process. This shocking event exemplifies the extreme tension and violence in the region, which escalated throughout the rest of 2021, and the difficulties in providing impartial humanitarian aid.

In addition to war-wounded care, our teams provided a range of medical services, including basic and women's healthcare, paediatric care and emergency surgery in Ansongo, Douentza, Tenenkou, Koro, Kidal, Niafounké and Niono.

One of our priorities has been to make care more accessible by expanding community-based activities



and mobile clinics, in addition to supporting health centres and hospitals. We responded to the urgent needs of people forced from their homes with medical consultations, providing water and sanitation needs and other essential items, but also mental health support. For most patients with malaria and other infections, the anxiety linked to their living conditions has a significant impact on their mental health.

Insecurity has increased further south, in parts of Sikasso region, including Koutiala district, where we run a nutrition programme, which admits large numbers of children every year. In the capital, Bamako, we continued to provide or facilitate access to screening, diagnosis and treatment for breast and cervical cancer. Our teams also worked with the Ministry of Health to set up a breast cancer awareness campaign during Pink October, aimed at encouraging as many women as possible to get screened. In addition, we supported COVID-19-related activities, including inpatient care, contact tracing, home-based follow-up and health promotion, at two hospitals in Bamako.

¹ UN News, UN investigation concludes French military airstrike killed Mali civilians, <https://news.un.org/en/story/2021/03/1088722>

Mozambique

No. staff in 2021: 655 (FTE) » Expenditure in 2021: €18.5 million
MSF first worked in the country: 1984 » [msf.org/mozambique](https://www.msf.org/mozambique)

KEY MEDICAL FIGURES

350,900
outpatient
consultations

4,310
individual mental
health consultations

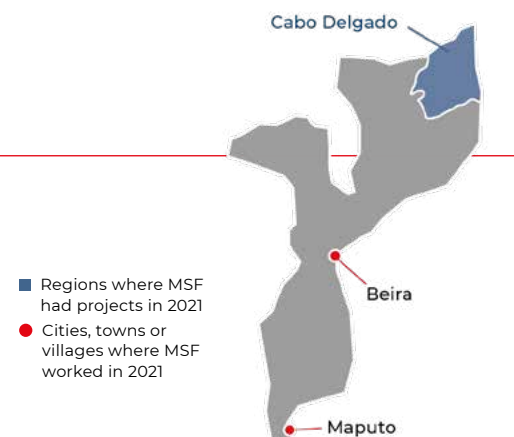
3,120
people with
advanced HIV under
direct MSF care

100
people started on
opioid substitute
therapy

As the conflict in northeastern Mozambique entered its fifth year, Médecins Sans Frontières (MSF) scaled up activities to assist the huge numbers of people displaced by fighting.

In 2021, clashes between non-state armed groups and government forces intensified in Cabo Delgado province. Following a major attack on one of the main towns, Palma, in March, we expanded our activities to deliver care to the thousands of people who had fled their homes or had been cut off from health services in hard-to-reach areas such as Mueda, Macomia, Nangade and Mocimboa da Praia. We conducted general and mental health consultations, and sent mobile teams to support health and cholera treatment centres. We also provided water and sanitation support, and distributed relief items and emergency food rations to people in transit or resettlement camps, as well as host communities, where hundreds of thousands of people remained displaced.

In Beira, MSF runs a programme offering sexual and reproductive healthcare, including termination of pregnancy and HIV testing and treatment, to vulnerable adolescents and stigmatised groups,



such as sex workers and men who have sex with men. In addition, we provide care for patients with advanced HIV at healthcare facilities in the city. When cyclone Eloise hit central Mozambique in January, we supported the Ministry of Health's response.

In Maputo, we handed over our drop-in centre and related activities for people who use drugs to local health authorities and partner organisations. Set up in 2017, activities included testing and referrals for HIV, tuberculosis and hepatitis C, needle/syringe distribution, opioid substitution therapy and overdose treatment. As well as providing treatment and protection from harm for service users, these interventions are key in preventing the spread of HIV, hepatitis C and other bloodborne diseases.

To assist the national response to COVID-19, we provided logistical and technical support to the main COVID-19 referral hospitals in Maputo, and helped with follow-up of HIV patients with COVID-19 in Beira.

Mexico

No. staff in 2021: 199 (FTE) » Expenditure in 2021: €6.8 million
MSF first worked in the country: 1985 » [msf.org/mexico](https://www.msf.org/mexico)

KEY MEDICAL FIGURES

43,900
outpatient
consultations

7,970
individual mental
health consultations

3,030
consultations for
contraceptive services

73
victims of
torture treated

In Mexico, Médecins Sans Frontières (MSF) supports communities affected by violence and ever-growing numbers of refugees and migrants travelling through the country.

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

Our teams worked to improve access to medical and psychological care at different points along the migration route, prioritising assistance to the most vulnerable groups: children, unaccompanied minors, women travelling alone, non-Spanish-speaking people, extracontinental migrants, older adults, LGBTQI+ people and victims of direct violence.



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021

The mobility of our operations enabled us to provide emergency responses to specific needs as they were detected. We sent teams to work on Mexico's northern border, in Nuevo Laredo, Tamaulipas state, and Ciudad Acuña, Coahuila state, as well as in the south, where we assisted migrants arriving in Tapachula, Chiapas state. Our comprehensive care centre in Mexico City continued to offer medical, psychological, physiotherapy and social work care to migrants, refugees and Mexican citizens who have been victims of extreme violence.

In September, we decided to reorient our project in Reynosa and Matamoros, Tamaulipas state, where we had been providing care for victims of violence and sexual violence since 2019, to assist thousands of migrants trapped in precarious conditions in shelters and makeshift camps. As well as medical and psychological consultations, we ran health promotion activities, offered social support and distributed drinking water and hygiene kits.

In the second half of the year, we launched an emergency intervention in Mexico City focused on health promotion activities, to support institutions to address the needs of huge influxes of migrants, mainly from Haiti.



The COVID-19 health emergency has not curtailed the activities of the many armed groups and gangs operating in Guerrero state. People continue to be displaced or unable to move freely due to violence in their communities. Our teams in Guerrero worked to improve access to basic health services in these areas by running mobile clinics offering medical and psychological care, as well as social support. In January 2021, MSF expanded these activities to cover Tierra Caliente region in Michoacán state.

People, including entire families, head north as part of a 'caravan' of around 500 migrants travelling from the southern city of Tapachula towards the north of the country. Mexico, September 2021. © Yesika Ocampo/MSF

Myanmar

No. staff in 2021: 1,165 (FTE) » Expenditure in 2021: €15.8 million
MSF first worked in the country: 1992 » [msf.org/myanmar](https://www.msf.org/myanmar)

KEY MEDICAL FIGURES

105,400
outpatient
consultations

8,720
people on first-line
ARV treatment under
direct MSF care

2,540
individual mental
health consultations

29
people started on
treatment for MDR-TB

Throughout 2021, amid a deepening political crisis in Myanmar, Médecins Sans Frontières (MSF) stepped up activities to help fill gaps in public healthcare and respond to the COVID-19 pandemic.

The Myanmar military seized power from the democratically elected government in February 2021, imprisoning its leaders and imposing a state of emergency on the country. Days later, medical staff walked out of their jobs in protest, spearheading the civil disobedience movement that saw government employees of all stripes go on strike. Thousands of doctors and nurses are now in hiding, unable to practise for fear of attack or detention.

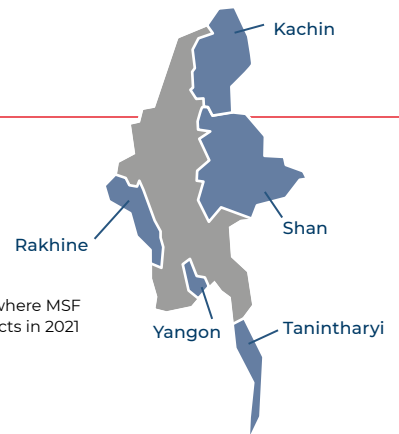
Public healthcare services have been in disarray ever since. Treatment for HIV and tuberculosis (TB) have been disrupted, basic health care services limited and getting referrals for specialist care has been difficult. When a devastating COVID-19 outbreak hit the country in June, hospitals were quickly overwhelmed, and tens of thousands of people died, unable to access the care they needed.

COVID-19

MSF opened three independent COVID-19 treatment centres to receive patients with moderate to severe symptoms in Myanmar's biggest city, Yangon, and Kachin state's Myitkyina and Hpakant townships. In August, we had begun supporting a facility in Lashio, the capital of northern Shan state, but were ordered to close it four days after receiving our first patients, after which they were transferred to a government facility.

A staff member washes her hands at MSF's HIV clinic in Myitkyina, Myanmar, October 2021.

© Ben Small/MSF



We also started a COVID-19 information hotline for people in Muse and Lashio, Shan state, and Dawei, Tanintharyi region; donated supplies to institutions, including Lashio prison; and trained frontline healthcare workers on infection and prevention control measures.

HIV, hepatitis C and tuberculosis

Shortly after the military seized power, we suspended the ongoing transfer of our HIV patients to the Ministry of Health's programme. We diagnosed and began HIV treatment for new patients in large numbers for the first time since 2019 at our clinics in Kachin and Shan states and Tanintharyi region, as well as continuing care for patients who could no longer access consultations and drug refills at their usual government facilities. We also continued treatment for TB patients and people co-infected with HIV and hepatitis C.

Basic health care

We expanded our basic health care services, opening clinics to help people on low incomes in Yangon, who have borne the brunt of the economic fallout of COVID-19 and the political crisis. We also added basic health care to our clinics in Dawei, Hpakant and Myitkyina, and expanded our referrals for specialist treatment.

Rakhine state

The Rohingya living in Rakhine State have been exposed to cycles of persecution for decades and continue to face discrimination, segregation, extortion and restrictions on movement. As a consequence of their lack of status and rights, the Rohingya also face serious restrictions when accessing basic services, including healthcare.

We continue to run mobile clinics offering basic health care, hospital referrals, treatment for sexual and gender-based violence, health education and psychosocial support to Rohingya, ethnic Rakhine and other ethnic groups in Rakhine State. We opened a new fixed clinic in Sin Tet Maw camp, Pauktaw township, improving access to healthcare for internally displaced Rohingya and Rakhine.

We have a team of community health workers in areas we cannot reach in northern Rakhine who provide basic care and referrals for emergency treatment.

Nigeria

No. staff in 2021: 2,286 (FTE) » Expenditure in 2021: €52.7 million
MSF first worked in the country: 1996 » [msf.org/nigeria](https://www.msf.org/nigeria)

KEY MEDICAL FIGURES

493,700
outpatient
consultations

136,200
malaria cases treated

98,900
people admitted
to hospital

39,000
admissions of children
to outpatient feeding
programmes

38,700
people treated
for cholera

19,900
children treated
for measles

17,500
births assisted

15,000
individual mental
health consultations

13,200
children admitted
to inpatient feeding
programmes

Médecins Sans Frontières (MSF) runs a wide range of programmes across Nigeria, to help address the many health challenges posed by a deteriorating security situation, environmental degradation and endemic diseases.

We run one of our biggest operations worldwide in Nigeria, Africa's most populous country, assisting people affected by violence and displacement, improving the health of mothers and young children, and running specialist services for neglected diseases such as noma. In addition to running regular basic and specialist healthcare activities, we respond to disease outbreaks and other emergencies.

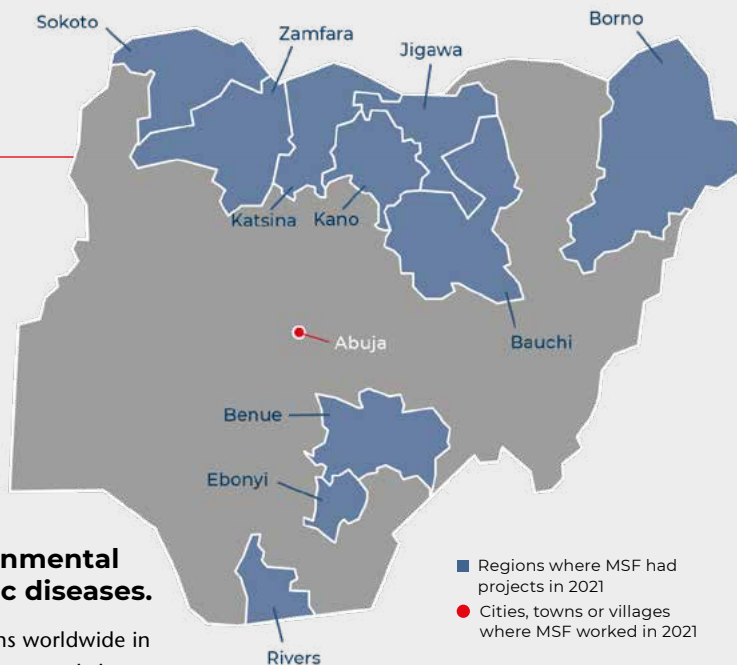
Violence and displacement

Northeast Nigeria

Northeast Nigeria, particularly Borno state, has endured more than a decade of armed conflict between the government and non-state armed groups. People living in areas controlled by armed groups have no access to humanitarian assistance.

Around 1.6 million people are displaced in Borno, and some 30,000 families live in the state capital, Maiduguri. In 2021, the authorities began to close displaced persons camps in Maiduguri and encouraged people living in them to return to their home regions.

In Maiduguri, MSF continued to provide lifesaving specialist healthcare to children under 15 years old



in Gwange paediatric hospital. During the malaria peak, we expanded our capacity by conducting additional consultations for malnourished children at a 120-bed nutritional feeding centre. We also offered basic health care to displaced people living in five informal camps in Maiduguri.

We were forced to close our operations in Gwoza and Pulka towns in August, due to a deterioration in the security situation in the area and threats against humanitarian workers. However, we continued to run a 20-bed inpatient facility in Ngala hospital and support outpatient and inpatient services in Gamboru maternal and child health centre. MSF-trained health workers also conducted community-based consultations in Ngala and Rann.

Northwest Nigeria

Ongoing conflict between herders and farmers has displaced more than 530,000 people in Nigeria's Northwest. In addition, criminal gangs increasingly engage in killings, looting and kidnappings for ransom, especially of schoolchildren.

In Zamfara, we continued to run our 130-bed children's hospital in Anka and provided medical care to displaced people living in the town. We also worked in two hospitals in Shinkafi and Zurmi, supporting therapeutic feeding centres, inpatient paediatric care, mental health consultations and treatment for victims of sexual and gender-based violence.

After more than 11 years of activities, we handed over our lead poisoning project in Zamfara to state authorities at the end of 2021. Exposure to lead, caused by unsafe mining practices, had caused



An MSF health promoter gives water purification tablets to a woman in Magama village, Bauchi state, Nigeria, September 2021.
© Hussein Amri/MSF



An MSF health promoter disinfects homes as a measure for cholera prevention. Nigeria, September 2021.
© Hussein Amri/MSF

the deaths of hundreds of children. Following a successful multi-sector approach that includes medical treatment to remove lead from the body, environmental remediation of lead-contaminated areas and promotion of safe mining practices, no more children are dying of lead poisoning in the area.

In Katsina, MSF started to work with the Ministry of Health in July to address alarming levels of acute malnutrition among children and support outpatient therapeutic feeding centres in four basic health care centres in Jibia local government area. In September, we opened a new inpatient therapeutic feeding centre in Katsina city.

Central Nigeria

Intercommunal clashes between herders and farmers led to further waves of displacement in Benue state in 2021, and more than 220,000 people were living in dire conditions in informal camps with limited access to healthcare, food, water and sanitation by the end of the year. To address the immense needs, we run two basic health care clinics in Mbawa and Abagana camps, offering outpatient consultations, ante- and postnatal care, nutritional support, health education and care for victims of sexual violence. In June, we started supporting newly displaced people in Ortese camp by running mobile clinics, constructing toilets and showers, and distributing water and mosquito nets.

Responses to disease outbreaks

Cholera

In 2021, Nigeria experienced the worst cholera outbreak in a decade, affecting most of the country and killing around 3,600 people. MSF emergency teams worked alongside the Ministry of Health to bring the outbreak under control,

opening cholera treatment centres in Bauchi, Borno, Kano and Zamfara states, launching vaccination and health promotion campaigns and improving water and sanitation services.

Lassa fever

In Ebonyi state, Lassa fever – an acute haemorrhagic illness – is endemic. Our support to the local and national health authorities consists of technical assistance, staff training and providing treatment at a hospital in Abakaliki.

General and specialist healthcare programmes

Sokoto

In Sokoto, we support treatment for noma, a neglected disease that mainly affects young children. It starts with an infection of the gums, that destroys the bone and tissue of the cheek and nose if left untreated, killing up to 90 per cent of those affected within a matter of weeks. Those who survive are left with severe disfigurements that can only be corrected with extensive reconstructive surgery. In addition to surgery, our team provides physiotherapy, nutritional and mental health support, and conducts outreach activities to improve early detection.

Kano

In Kano, we work in two basic health care centres in Tarauni and Ungogo. Our teams aim to reduce sickness and death linked to disease outbreaks and improve care for pregnant women and newborns. In August, we started providing emergency obstetric and neonatal care, and assisting births in Garan Gamawa health centre in Gwale.

Jigawa

Our team offers comprehensive emergency obstetric and neonatal care in Jahun general hospital in Jigawa, which admits around 1,000 women every month. In 2021, we also assisted four centres with emergency obstetric and neonatal care in Jahun, Aujara, Miga and Taura local government areas.

Rivers

In November, we handed over our comprehensive care programme for victims of sexual and gender-based violence (SGBV) in Port Harcourt. Since December 2020, we had supported a total of 1,129 new patients, the majority of whom were minors, and provided follow-up to 1,500 others. Other SGBV-related activities included delivering training in five hospitals and four basic health care clinics, and supporting children's and remand homes with mobile clinics, training for carers, donations of medical supplies and improvements to water and sanitation services.

Niger

No. staff in 2021: 1,485 (FTE) » Expenditure in 2021: €33.8 million
MSF first worked in the country: 1985 » [msf.org/niger](https://www.msf.org/niger)

KEY MEDICAL FIGURES

832,900
outpatient
consultations

224,700
malaria cases treated

99,200
people admitted
to hospital, including
76,900 children aged
under five

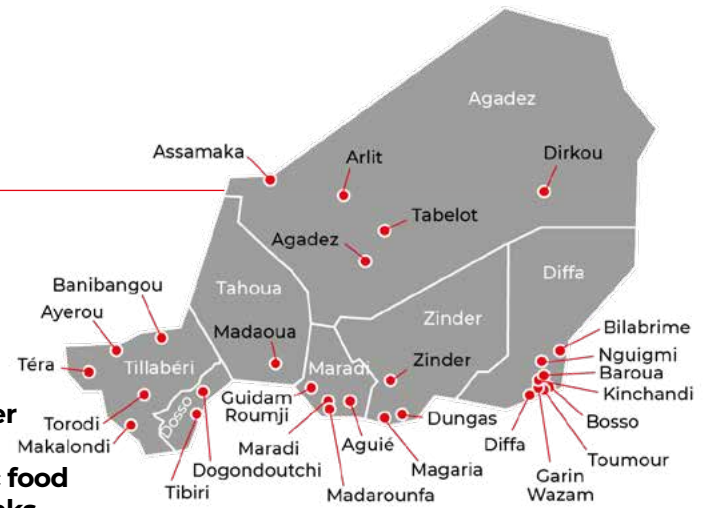
48,900
children admitted to
outpatient feeding
programmes
for severe acute
malnutrition

Médecins Sans Frontières (MSF) scaled up activities in response to the volatile humanitarian situation in Niger in 2021, caused by conflict, internal displacement, chronic food insecurity and disease outbreaks.

In Zinder and Maradi regions, the combination of an early malaria peak and a poor agricultural season led to a significant increase in the number of children needing care. We also saw an unprecedented number of severely malnourished children coming across the border from Nigeria.

In Maradi, we tripled our intake capacity by launching two new emergency nutrition projects through hospital and outpatient care in Aguié and Guidam Rourmji districts, and stepped up activities, including intensive therapeutic feeding and paediatric care, in Madarounfa district.

The security situation in Tillabéri region, which borders Mali and Burkina Faso, deteriorated in 2021. A spate of attacks on civilians led the region into a state of violence and internal displacement. To respond to the increased needs in Torodi, Banibangou and Ayorou districts, MSF recruited extra medical staff, conducted



● Cities, towns or villages where MSF worked in 2021

mobile clinics, rehabilitated the emergency unit and built a blood bank, observation unit, and sterilisation and mental health consultation rooms. In Diffa region, we ran community consultations to help reduce the workload on hospitals during malaria season, provided paediatric and obstetric care, mental health support and treatment for sexual violence.

The flow of migrants expelled from Algeria, in unofficial convoys arriving in Assamaka, did not decrease, despite tough anti-migration policies and border closures due to COVID-19. A toll-free number set up for migrants in transit continues to receive calls, and enables MSF teams to rescue migrants who have been tortured and dumped in the desert.

Throughout 2021, MSF supported the health authorities' responses to epidemics and floods, and vaccination campaigns against measles, meningitis, cholera and polio.

Pakistan

No. staff in 2021: 1,153 (FTE) » Expenditure in 2021: €14.3 million
MSF first worked in the country: 1986 » [msf.org/pakistan](https://www.msf.org/pakistan)

KEY MEDICAL FIGURES

19,100
births assisted

10,700
doses of COVID-19
vaccines administered

10,500
admissions of children
to outpatient feeding
programmes

6,200
people treated
for cutaneous
leishmaniasis

In Pakistan, Médecins Sans Frontières (MSF) focuses on improving access to healthcare for women and children, and treatment for communicable diseases. In 2021, we also continued to support the COVID-19 response.

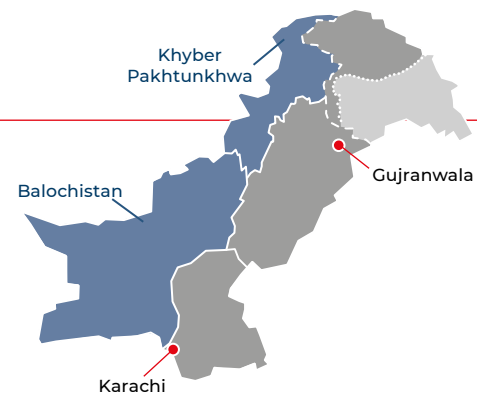
Despite the staffing and supply shortages caused by COVID-19, our teams managed to keep all projects in Pakistan open.

We maintained our reproductive, neonatal and paediatric care services at five different locations in Balochistan and Khyber Pakhtunkhwa provinces. We also assisted local communities, Afghan refugees and people in border areas, running emergency obstetric services and nutrition programmes, and ensuring the care and referral of critical trauma patients.

We continued to operate our cutaneous leishmaniasis programme in these two provinces, and opened two new satellite clinics in Peshawar and Bannu districts.

At the end of January, we handed over the last of our activities at Timurgara District Headquarters Hospital to the Department of Health. Since 2008, we had provided emergency, obstetric and neonatal care.

In Karachi, Sindh province, where we run a hepatitis C project in the informal settlement of Machar Colony, we started supporting COVID-19 vaccination activities in September. We opened a vaccination



■ Regions where MSF had projects in 2021

● Cities, towns or villages where MSF worked in 2021

The maps and place names used do not reflect any position by MSF on their legal status.

centre in the rural health centre of Sher Shah and sent a mobile vaccination clinic to several other sites in Kemari district. In Balochistan, we supported the Ministry of Health by providing staff, transporting test samples to laboratories and donating personal protective equipment (PPE). We also donated drugs, medical equipment and PPE to local health authorities and hospitals in four other provinces.

In Gujranwala, Punjab province, we opened a new project in November to diagnose and treat people with multidrug-resistant tuberculosis, implementing a decentralised approach, which enables patients to receive care nearer their homes.

Throughout the year, MSF made multiple donations to hospitals and disaster management authorities, and assisted with responses to outbreaks of measles and dengue. We also donated 500 relief kits to people affected by the earthquake in Harnai, Balochistan.

Palestine

No. staff in 2021: 392 (FTE) » Expenditure in 2021: €20.9 million
MSF first worked in the country: 1989 » [msf.org/palestine](https://www.msf.org/palestine)

KEY MEDICAL FIGURES

129,800
outpatient
consultations

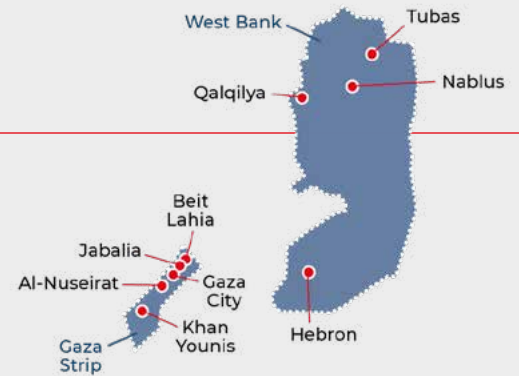
3,290
surgical interventions

In Palestine, we run programmes providing specialist treatment for burns and trauma in Gaza, and mental health care in the West Bank. In 2021, we also responded to emergencies caused by conflict.

In May, Médecins Sans Frontières teams responded to outbreaks of violence in Jerusalem by supporting the Palestinian Red Crescent Society to assess and stabilise hundreds of people injured by the Israeli police. We also donated essential medical supplies to Al-Makkased hospital, the main trauma facility receiving victims of the violence.

Between 10 and 21 May, an Israeli military campaign in Gaza killed more than 250 people and injured close to 2,000 others, while rockets fired from the Strip killed 13 people and injured 700 in Israel. Our teams in Gaza scaled up activities in Al-Awda hospital in response to the high number of casualties. During these 10 days, we carried out over 100 surgical interventions on patients injured in the offensive.

As the number of patients with conflict-related injuries increased, we supported the health authorities by providing additional staff and medical supplies and improving triage in the emergency rooms in some of the main hospitals.



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021
The maps and place names used do not reflect any position by MSF on their legal status.

In Hebron, in the West Bank, we provided first-aid training to local communities and donated medical supplies to general and specialist healthcare facilities.

Besides these emergency interventions, we continued to run our long-term activities in Gaza, offering surgical and post-operative care, as well as psychosocial support, to trauma patients and burns victims, in three hospitals and five clinics. Our mental health projects are also still running in the West Bank, serving people in Nablus, Hebron and Qalqilya. In 2021, we opened a mobile clinic for women and children in H2, an area where people live under full Israeli occupation and suffer from a highly coercive environment, where we provide general outpatient consultations, screening for malnutrition, mental health support and sexual and reproductive health services.

Panama

No. staff in 2021: 7 (FTE) » Expenditure in 2021: €1 million
MSF first worked in the country: 2021 » [msf.org/panama](https://www.msf.org/panama)

KEY MEDICAL FIGURES

44,100
outpatient
consultations

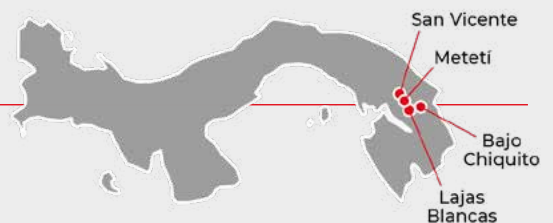
1,340
individual mental
health consultations

330
people treated for
sexual violence

Médecins Sans Frontières (MSF) launched activities to assist the thousands of migrants travelling north via the notorious Darién Gap, an impenetrable patch of jungle on the border between Colombia and Panama.

Panama registered a record number of migrants in 2021 – around 134,000, compared to 8,600 in 2020. The vast majority were Haitians, who had previously settled in countries such as Brazil and Chile, but due to the anti-immigration policies there, and the economic crisis caused by the COVID-19 pandemic, were now fleeing north towards Mexico and the United States in search of safety and better opportunities. Cubans and Venezuelans were the other two most numerous groups. Many of the migrants were travelling with their families, including young children and pregnant women.

The crossing through the Gap to Bajo Chiquito, the first community on the Panama side, can take more than five days and is extremely challenging.



● Cities, towns or villages where MSF worked in 2021

The terrain is treacherous, with steep cliffs to climb and sudden river floods, and people frequently get lost, run out of food and water, or are attacked or robbed by the criminal gangs operating in the area.

In April, MSF began to run services for migrants arriving in Bajo Chiquito, and at two migrant reception centres in the area, in collaboration with the Ministry of Health. As well as medical care, our teams provided mental health support to the many victims of violence and sexual violence and people who had lost family members in the jungle. Many of the migrants crossing the Darién were families with young children, and almost half of the patients our teams assisted were minors under 14 years old. Our logisticians also carried out infrastructure improvements to health facilities and offered advice on water and sanitation.

Throughout the year, we highlighted the need for safe migration routes, and called on regional governments to provide protection from violence for migrant families.

Papua New Guinea



No. staff in 2021: 126 (FTE) » Expenditure in 2021: €3.9 million
MSF first worked in the country: 1992 » [msf.org/papua-new-guinea](https://www.msf.org/papua-new-guinea)

KEY MEDICAL FIGURES

13,300
outpatient
consultations

920
people started on
treatment for TB,
including 49 for
MDR-TB

In Papua New Guinea (PNG), Médecins Sans Frontières focuses on improving tuberculosis (TB) care, particularly for patients with drug-resistant forms of the disease.

In July 2021, we completed the handover of our TB project to health authorities in Kerema, which included screening, diagnosis, inpatient care, awareness-raising activities and patient follow-up. Of the almost 4,000 TB patients we diagnosed between 2014 and 2021, more than 2,000 completed their treatment and 1,000 were cured.

In the capital, Port Moresby, we expanded our activities in Six Mile district after we noticed that a significant proportion of new multidrug-resistant TB (MDR-TB) patients were coming from this area.

We implemented activities to curb the spread of the disease by screening contacts of confirmed TB patients and offering them preventive treatment. We also started to assist with the rehabilitation of government facilities and the construction of a new TB clinic and laboratory.

For MDR-TB patients, we initiated treatment with all-oral regimens that improved treatment outcomes.

While PNG did not experience major COVID-19 outbreaks until March 2021, the rapid increase in cases after that stretched the health system to the point of collapse. We supported a national treatment facility in Port Moresby, which had 43 beds for moderately to severely ill patients.

● Cities, towns or villages where MSF worked in 2021

Peru

No. staff in 2021: 13 (FTE) » Expenditure in 2021: €2.8 million
MSF first worked in the country: 1985 » [msf.org/peru](https://www.msf.org/peru)

KEY MEDICAL FIGURES

43,500
doses of COVID-19
vaccines administered

1,690
outpatient
consultations

In Peru, Médecins Sans Frontières (MSF) supported the national response to COVID-19 with treatment and vaccinations, and ran mobile clinics for Venezuelan migrants.

In response to a steep rise in COVID-19 infections in April, which put a severe strain on the Peruvian health system, we sent a team to support the regional hospital in Huacho. We treated patients with oxygen therapy in the intensive care unit and provided follow-up care in homes.

In May, we started training health workers to treat COVID-19 patients in Cusco. We introduced non-invasive oxygen therapy, an alternative to intubation that allows patients to remain conscious. We also helped healthcare facilities in Huacho and Cusco to set up triage areas, and organised mental health consultations for patients and their families, both face-to-face and by phone.

After COVID-19 cases declined, we handed over our patient care activities to Ministry of Health staff and focused on administering COVID-19 vaccines in the cities of Cusco, Arequipa and Tumbes.



● Cities, towns or villages where MSF worked in 2021

Assistance for Venezuelan migrants

Nearly 1.3 million migrants from Venezuela now live in Peru and have limited access to medical care. Because of the COVID-19 pandemic, the borders were officially closed in 2021, leaving migrants without a way to register for healthcare and other government services.

In November, we started to run a mobile clinic in the northern border region of Tumbes, providing medical consultations for migrants who had recently arrived. In December, we started a mobile clinic in four areas of the capital, Lima, offering basic health care to migrants and local people.

Philippines

No. staff in 2021: 70 (FTE) » Expenditure in 2021: €2.1 million
MSF first worked in the country: 1987 » [msf.org/philippines](https://www.msf.org/philippines)

KEY MEDICAL FIGURES
21,700
outpatient
consultations

200
people started on
treatment for TB,
including 10 for
MDR-TB

In 2021, Médecins Sans Frontières (MSF) launched a new project in the Philippines to tackle the alarming tuberculosis (TB) incidence rate, which, at 554 cases for every 100,000 people,¹ is the highest in Asia.

We decided to open the project in the capital region, Metro Manila, since it has the highest prevalence, and focused activities on the slum communities of Tondo.

MSF had already worked in Tondo, so we were familiar with its particular health challenges: it is a densely populated, impoverished area, served by only a few health centres with limited staff. Tondo also had a very low case detection rate, and the community had limited access to diagnosis. Furthermore, since the onset of the COVID-19 pandemic in 2020, community outreach had been restricted, and many health centre staff had been reallocated to quarantine facilities and vaccination.

In 2021, we began coordinating with the City of Manila Health Department, and started our first



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021

active case-finding activities in June. In addition, we provided TB preventive treatment and developed materials for patient education and counselling.

In the southern part of the Philippines, we continued our work in Marawi, in the Bangsamoro Autonomous Region in Muslim Mindanao. We provided people displaced and affected by conflict with general and mental health care, as well as treatment for non-communicable diseases, in several facilities.

The year closed with an exploration in Northern Mindanao, which was ravaged by Typhoon Rai (local name Odette). Our teams visited the hardest-hit areas of Surigao del Norte province, including the islands of Siargao and Dinagat, to assess the needs and prepare a response.

1 World Health Organization Tuberculosis Fact Sheet, October 2021

Russia

No. staff in 2021: 28 (FTE)
Expenditure in 2021: €1.8 million
MSF first worked in the country: 1992
[msf.org/russia](https://www.msf.org/russia)

In Russia, Médecins Sans Frontières (MSF) works with the health authorities in Arkhangelsk and Vladimir regions to reduce the burden of drug-resistant tuberculosis (DR-TB) and improve treatment for the disease.

After several years designing our operational research study on new treatment regimens for DR-TB, we started to enroll our first patients in 2021. The aim of the collaborative study is to prove the effectiveness of novel, all-oral, short-course regimens for patients with DR-TB and provide evidence for future developments in TB policy in Russia. In 2021, more than 60 people were enrolled into the study in Arkhangelsk and

Vladimir regions. By the end of the year, the first patients had completed their treatment and started the follow-up stage.

In Moscow and St Petersburg, MSF continued a partnership with two community-based NGOs providing prevention and treatment of HIV and hepatitis C for at-risk groups. The current project has been running since 2020, when it started to support people with COVID-19, and has been expanded to include care for other infectious diseases. In 2021, in collaboration with MSF, one of our partner organisations set up a fixed medical unit in St Petersburg, providing medical consultations to people from vulnerable groups. We also ran training sessions on mental health and burnout prevention for the medical and patient support team.



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021

Search and Rescue Operations

No. staff in 2021: 17 (FTE) » Expenditure in 2021: €6.6 million
MSF started search and rescue: 2015 » [msf.org/mediterranean-migration](https://www.msf.org/mediterranean-migration)

KEY MEDICAL FIGURES

1,900
people rescued at sea

890
outpatient
consultations

26
people treated for
sexual violence

In 2021, Médecins Sans Frontières (MSF) resumed search and rescue activities in the Central Mediterranean Sea, the world's deadliest migration route.

After concluding a six-month collaboration with our operational partner Sea-Watch in December 2020, we relaunched search and rescue operations on board the chartered vessel *Geo Barents*, in May 2021. The ship has undergone the necessary modifications to make it suitable for search and rescue, and is equipped with two fast rescue boats, two decks for survivors, a clinic, a delivery room and an observation room.

Although the *Geo Barents* fully adheres to the rules and regulations of the maritime authorities, in July, the Italian authorities identified 22 deficiencies, which led to a three-week suspension in activities. Once again, the discriminatory use of the regulations and the politically motivated interpretation of the legal provisions were used to prevent a humanitarian organisation from carrying out its lifesaving work.

Between June and December, we rescued 1,903 people in 30 rescue operations at sea.



In November, during a rescue off the Libyan coast, our team found the bodies of 10 people on the lower deck of an overcrowded wooden boat that had left Libya the day before with more than 100 people on board. These people are believed to have been asphyxiated by fuel fumes.

After each rescue, we provided medical and psychological assistance to survivors, many of whom were suffering from hypothermia, fuel intoxication or seasickness, as well as skin conditions or generalised body pain, a result of the dire living conditions and violence they had experienced in Libya. Many of the survivors also reported being subjected to torture or sexual violence; some still had visible marks of abuse on their bodies.

MSF continues to denounce the deadly consequences of European migration policies and the absence of safe and legal migration pathways, and calls on the EU and European governments to suspend their political and material support to the system of forced returns to Libya.



People receive assistance from MSF search and rescue teams after 99 survivors were rescued and 10 bodies were recovered by the *Geo Barents*. Central Mediterranean Sea, November 2021. © Virginie Nguyen Hoang/Collectif HUMA

Sierra Leone

No. staff in 2021: 1,330 (FTE) » Expenditure in 2021: €20.6 million
MSF first worked in the country: 1986 » msf.org/sierra-leone

KEY MEDICAL FIGURES

122,900
outpatient
consultations

68,400
malaria cases treated

4,020
births assisted

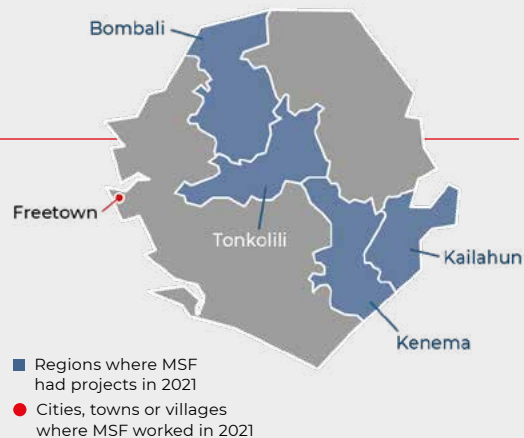
600
people started on
treatment for TB

In Sierra Leone, Médecins Sans Frontières (MSF) continues to fill gaps in health services, particularly for women and children, and support the response to infectious diseases.

In 2021, we provided general and specialist healthcare in three districts and ran training programmes to address the severe shortage of qualified medical staff, which has resulted in a lack of services for the most vulnerable groups.

In Hangha hospital in Kenema district, where our team provides urgent paediatric care to children under five, we started to build a new maternity department, with two operating theatres for complicated deliveries and a neonatal unit, which will increase the total hospital capacity to 164 beds. Our staff also work in peripheral health units and offer care in the community for diseases such as malaria, diarrhoea and pneumonia.

In Tonkolili district, we focus on reducing maternal and child deaths by supporting paediatric, maternity, neonatal and adolescent services at Magburaka hospital, the Magburaka mother and child health post, 12 health centres and 10 malaria points in Yoni chiefdom. In addition, we work with the district authorities to boost epidemic response capacity.



In Makeni town in Bombali district, we are helping the national tuberculosis (TB) programme to improve care for drug-resistant TB and to make it available on an outpatient basis. In 2021, we expanded our activities to all the district's TB facilities, including prisons. Our team also continues to support the country's main TB facility in Lakka hospital, in Freetown.

After a new Ebola outbreak was declared in February in Guinea, an emergency team was sent to support the health system in Kailahun border district to prevent the spread of the virus into Sierra Leone. The team set up isolation wards in several health facilities, trained healthcare workers and reinforced health promotion.

In Freetown, we assisted with the government's COVID-19 vaccination campaign in Thompson Bay slum and started to renovate parts of Connaught hospital to set up a 45-bed COVID-19 treatment centre.

Somalia and Somaliland

No. staff in 2021: 122 (FTE) » Expenditure in 2021: €17.4 million
MSF first worked in the country: 1979 » msf.org/somalia

KEY MEDICAL FIGURES

172,100
outpatient
consultations

11,100
admissions of children
to outpatient feeding
programmes

7,890
births assisted

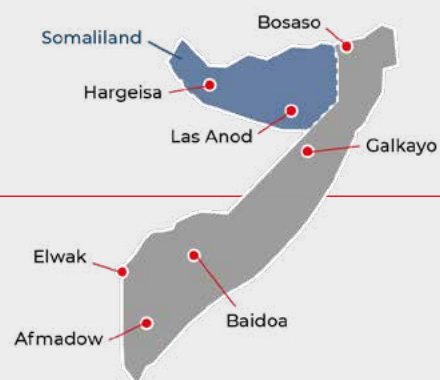
5,340
patients treated
for measles

Médecins Sans Frontières (MSF) runs projects in Somalia and Somaliland to assist people affected by conflict and extreme weather patterns, such as prolonged droughts and seasonal floods.

These adverse events have caused mass displacements and had a severe impact on access to food, water and healthcare. In 2021, 5.9 million people in Somalia and Somaliland needed humanitarian assistance, 2.9 million people were displaced, mainly due to conflict and climate-related disasters, and 3.5 million people were considered food insecure.¹ Rates of deaths during pregnancy, childbirth and childhood are ranked among the highest in the world. Diseases such as measles and diarrhoea are leading causes of death in children.

Throughout the year, our teams ran medical services in hospitals in towns and cities with a focus on maternal, paediatric and emergency care, nutritional support, COVID-19 and diagnosis and treatment of tuberculosis (TB) and multi-drug-resistant TB. We also ran mobile clinics to remote areas to deliver care to people living in displacement camps and the surrounding communities.

Measles, highly contagious, vaccine preventable and – for children – highly deadly, remained prevalent in



This map shows the project locations of the MSF Somalia and Somaliland mission and does not reflect any position on Somaliland's legal status.

the country, with outbreaks hitting several regions in 2021. In Lower Juba, Southwest state and Mudug region in Galmudug state, MSF teams supported the Ministry of Health with measles vaccination campaigns, treatment and health education sessions.

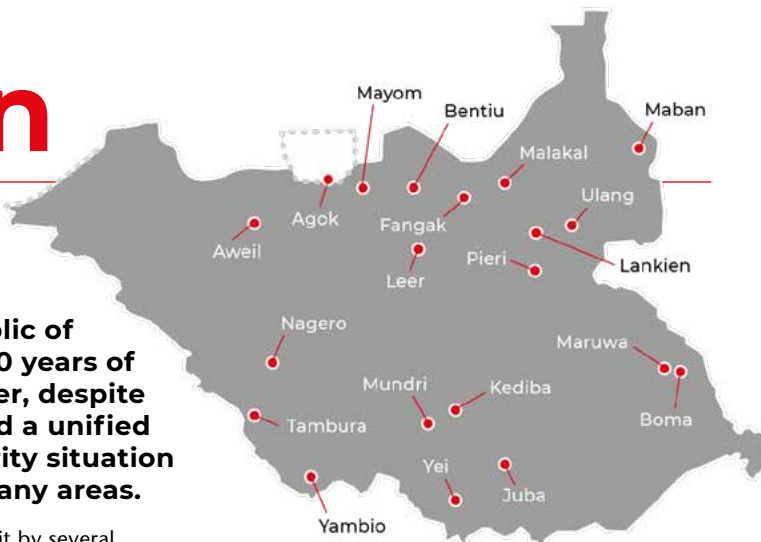
After the third consecutive season of poor rainfalls, and resulting drought conditions, we responded to an acute malnutrition emergency in Jubaland during the 'hunger gap' or lean season between harvests. Teams carried out active surveillance and screening and provided nutritional treatment and medical care to children under five.

We partnered with a local medical organisation to run 'eye camps' in Jubaland and Southwest state, conducting screening and surgical interventions for common eye conditions that cause blindness if left untreated.

¹ UNOCHA, Somalia situation report. <https://reports.unocha.org/en/country/somalia>

South Sudan

No. staff in 2021: 2,953 (FTE) » Expenditure in 2021: €79.6 million
MSF first worked in the country: 1983 » [msf.org/south-sudan](https://www.msf.org/south-sudan)



● Cities, towns or villages where MSF worked in 2021
The maps and place names used do not reflect any position by MSF on their legal status.

KEY MEDICAL FIGURES

667,400
outpatient consultations

213,200
malaria cases treated

61,700
people admitted to hospital

13,300
births assisted

11,900
vaccinations against measles in response to an outbreak

5,750
surgical interventions

2,720
people treated for intentional physical violence

3,070
children admitted to inpatient feeding programmes

1,690
people treated for sexual violence

In July 2021, the Republic of South Sudan marked 10 years of independence. However, despite a peace agreement and a unified government, the security situation remained volatile in many areas.

During 2021, South Sudan was hit by several concurrent emergencies, including severe flooding, violence, food insecurity and disease outbreaks. By the end of the year, 8.9 million people¹ – more than two-thirds of the population – were estimated to be in need of humanitarian assistance.

Médecins Sans Frontières (MSF) continued to respond to urgent medical and humanitarian needs, while maintaining essential health care services across six states and two administrative areas.

Third consecutive year of severe flooding

Some 835,000 people across vast areas of the country were affected by the floods, with Jonglei and Unity states the hardest hit. People's homes and livelihoods (their crops and cattle), as well as health facilities, schools and markets, were submerged by floodwaters.

Bentiu, the capital of Unity state, was one of the worst affected areas. Thousands of people fleeing floodwaters arrived in the already overcrowded Bentiu displacement camp (formerly a Protection of Civilians [PoC] site*), while others set up makeshift camps in Bentiu and Rubkona towns. Meanwhile, in the villages of Haat, Pakur and Pakuem in western Ayod county, Jonglei state, thousands were displaced and marooned on precarious 'islands' when floodwater levels rose.

Our teams in Bentiu, Leer and Mayom in Unity state, and Ayod and Fangak in Jonglei state, responded to the immense needs, delivering emergency healthcare through mobile clinics, hospitals and health centres. Across these projects, we treated tens of thousands of people, mostly for malaria, malnutrition, respiratory tract infections and acute watery diarrhoea. In addition, we distributed relief items, including plastic sheeting, mosquito nets and soap, to displaced families.

Violence and fighting

Subnational conflicts and factional fighting continued in many parts of the country in 2021. In Tambura in Western Equatoria state, tens of thousands of people were displaced by fighting in the second half of the year, and there were reports of hundreds of casualties. In response, we sent emergency teams to the area to provide a range of medical and humanitarian assistance. This included water, sanitation and hygiene support in Duma, Nagero, Tambura and nearby camps; training and donations of drugs and medical materials to basic health care facilities in Duma and Ezo county; and help with the rehabilitation of the outpatient, inpatient and maternity departments in two clinics in Tambura. In addition, our mobile clinics offered basic health care and screening for malnutrition in displacement camps in Source Yubu. We established mental health services, conducted health promotion activities and supported routine vaccinations for children and the referral of critically ill patients.



People in a canoe navigate the flood waters in Bentiu, Unity state. South Sudan, December 2021. © Sean Sutton



An MSF social mobiliser calls for people to come and receive medication to prevent malaria in a village in Aweil. South Sudan, October 2021. © Adrienne Surprenant/Item

In Riang, Jonglei State, an MSF emergency team was sent to assist remote communities struggling to access clean water and basic health care, following years of protracted violence and flooding. We set up mobile clinics, which tested and treated hundreds of children for malaria, and distributed relief items.

In June, we opened a new project in the east of the Greater Pibor Administrative Area, a vast region near the border with Ethiopia in which there have been sporadic outbreaks of fighting between various ethnic groups in recent years. MSF teams constructed a new basic health care centre in Maruwa to serve local communities and the semi-nomadic people living scattered across the area, who have very limited access to medical services. We also rehabilitated Boma hospital's paediatric ward.

Refugees and displaced people

In March, management of Bentiu displacement camp was handed over to the national government, while Malakal – the last remaining PoC site – remained under the management of the UN Mission in South Sudan (UNMISS).

In the hospitals we run in these sites, our teams continued to treat illnesses and preventable diseases caused by the dire living conditions, for example, an outbreak of hepatitis E in Bentiu in July. Despite our repeated warnings of the health risks associated with poor hygiene and sanitation, services only started to improve marginally at the end of 2021.

Following a 50 per cent reduction in food rations and increasing food insecurity due to the floods, severe acute malnutrition levels rose well above emergency thresholds. At our hospital in Bentiu camp, we opened a third inpatient therapeutic feeding centre to address an 80 per cent increase in admissions.

In response to new waves of displacements in September in Yei county, we sent mobile teams to distribute relief items and provide basic health care, vaccinations and psychosocial support. In June and July, we also ran mobile clinics in Yei town to respond to a malaria peak. Meanwhile, we continued to support Yei hospital's paediatric ward, three health centres in Logo, Yaribe and Ombasi, and offer basic health care through our clinic in Jansuk.

In September, we handed over our clinic in Doro refugee camp in Upper Nile state to the NGO Relief International, and shifted our focus to assisting people in hard-to-reach areas in Maban county, by running mobile clinics and supporting health centres. We also maintained our support to Bunj hospital's outpatient department, which serves both refugees and host communities.

Innovative malaria treatment

MSF has been implementing seasonal malaria chemoprevention (SMC) programmes in South Sudan since 2019, aiming to reduce the high numbers of deaths from the disease. In 2021, we launched an SMC programme in Aweil, where we already support paediatric and maternal healthcare at the state hospital. By the end of the year, our teams had reached tens of thousands of children.

Abyei Special Administrative Area

In Abyei, a disputed area between Sudan and South Sudan, we run a 180-bed hospital in Agok town, providing surgery, neonatal and paediatric care, maternity services and treatment for snakebites and diseases such as HIV, tuberculosis, malaria and diabetes.

¹ United Nations, <https://news.un.org/en/story/2022/03/1115212>
 * PoC site – a Protection of Civilians site is a United-Nations protected camp for displaced people, first set up during the civil war when people fled to UN bases.

Syria

No. staff in 2021: 548 (FTE) » Expenditure in 2021: €32.5 million
MSF first worked in the country: 2009 » [msf.org/syria](https://www.msf.org/syria)

KEY MEDICAL FIGURES

1,144,500
outpatient
consultations

130,200
routine vaccinations

60,300
families received
relief items

43,900
people admitted
to hospital

18,100
births assisted,
including 4,830
caesarean sections

12,200
surgical interventions

3,450
individual mental
health consultations

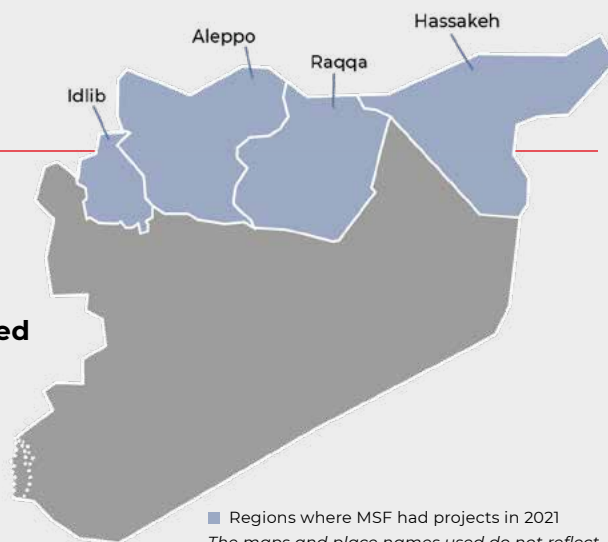
In Syria, the economic crisis and COVID-19 have compounded the humanitarian crisis caused by 11 years of war, with greater numbers of people than ever in desperate need of assistance.

In 2021, Médecins Sans Frontières (MSF) assisted people in several areas of northern Syria, where we could negotiate access and the security situation was safe enough for us to work. Our teams provided trauma and wound care, maternal and child health services, mental health support and treatment for chronic diseases in hospitals, health centres, mobile clinics and displaced persons camps. Our delivery of lifesaving cross-border assistance to northern Syria continued to be compromised, as only one of the three border crossings authorised by the United Nations remained open in the northwest, and the Semalka/Fishkhabour crossing point, on the northeast border with Iraqi Kurdistan, was sporadically closed.

Northwest Syria

Though the intensity of the fighting has decreased since the ceasefire signed in March 2020, some 2.7 million people remain displaced and live in precarious conditions. In 2021, civilian areas and infrastructure, including medical facilities, came under direct fire and thousands of people were killed, wounded or displaced.

To address the medical needs in Idlib and Aleppo governorates, where the healthcare system remains very fragile, we supported eight hospitals, including the only specialised burns unit in the area. We also



■ Regions where MSF had projects in 2021
The maps and place names used do not reflect any position by MSF on their legal status.

ran mobile clinics and supported health centres to provide care to displaced people living in camps. Our services included obstetric care, treatment for infectious and chronic diseases, as well as skin conditions related to the poor living conditions, such as scabies and leishmaniasis. We also started offering mental health support to people deeply traumatised by over a decade of conflict.

In the camps, our teams worked to improve water supply and sanitation facilities, for example by building latrine blocks and providing commodes for people with disabilities, and distributed hygiene kits and relief items, such as blankets and heating materials, to help people cope with the cold winter weather. We also ran community-based surveillance in the camps to facilitate early detection of medical and humanitarian needs.

Although the number of people in need of assistance grew in 2021, humanitarian funding continued to fall, and MSF received an increasing number of requests to support hospitals and health centres facing frequent shortages of essential medicines and medical supplies. To cover critical gaps in care, we expanded our sexual and reproductive health services and our water, sanitation and hygiene activities.

The already enormous needs in the region were exacerbated by the COVID-19 pandemic in 2021, as northwest Syria experienced its most severe wave of infections to date. We reopened our isolation centres in Idlib governorate and community treatment centres in Afrin and Al-Bab, in Aleppo governorate. We also supported a COVID-19 paediatric unit, implemented home-based care for patients not needing hospitalisation and distributed COVID-19 prevention kits in the camps (containing masks, hygiene materials and information about the virus).



A nurse provides care to a COVID-19 patient in Raqqa National hospital. Syria, June 2021. © Florent Vergnes



An aerial view of an internally displaced persons camp in northwest Syria. Syria, November 2011. © MSF

Efforts to contain the virus were hindered by the low vaccination rate – only three per cent of the total population were fully covered by the end of 2021. In response, we sent health promotion teams to spread messages about the safety and efficacy of COVID-19 vaccines.

Northeast Syria

The people of northeast Syria have continued to suffer from the compounding effects of 11 years of conflict, with displacement, insecurity, an economic crisis and inhibited access to basic services creating a range of humanitarian needs across the region. For example, the Alouk water station suffered repeated interruptions, leading to episodic water shortages for up to one million people in Hassakeh governorate.

MSF has responded across Hassakeh, Aleppo and Raqqa governorates to the persistent and emerging humanitarian needs in the region. Throughout the year, we supported a large basic health care centre in Raqqa to provide emergency, outpatient and non-communicable diseases (NCD) care. We also supported the local health authorities to provide routine vaccinations to women and children in 12 locations in Kobanê/Ain Al-Arab and across Aleppo governorate.

In Tal-Abyad and Ras Al-Ain, we partnered with local organisations to re-establish routine immunisation services and conducted a measles vaccination campaign.

In June, we responded to a rise in the number of malnourished children by setting up an inpatient therapeutic feeding centre in Raqqa, alongside our outpatient centre. In August, we started providing basic health care and treatment for tuberculosis

for adolescent detainees in a detention centre in Hassakeh city. And in September, we started to support a new clinic treating NCDs in the southern neighbourhoods of Hassakeh city.

Al-Hol camp, in Hassakeh, continues to be an unsafe place for people to live. The camp, which hosts around 57,000 people, mostly women and children, saw repeated violent incidents throughout 2021. This led to the deaths of many camp residents, including one MSF staff member in January, as well as repeated interruptions to the provision of humanitarian assistance.

MSF provided basic health care, treatment for non-communicable diseases, COVID-19 care, mental health support, and water and sanitation services in the camp across 2021. In September, we closed our inpatient therapeutic feeding centre due to very small numbers of patients, and reoriented our assistance to care for NCDs through a new clinic that opened in October. During 2021, we delivered on average over 600,000 litres of water per day to the camp, and worked to ensure continued access to sanitation facilities. Despite these efforts, access to adequate and sufficient water and sanitation facilities remain major problems in the camp.

In 2021, there were also multiple waves of COVID-19 across northeast Syria. MSF supported the Qamishli laboratory, the only PCR testing facility in the region, with essential testing materials to try to avoid critical ruptures. In collaboration with local partners, MSF cared for people with suspected or confirmed COVID-19 in treatment centres in both Hassakeh and Raqqa, and donated medical supplies to health facilities across the region to help them respond to COVID-19.

Sudan

No. staff in 2021: 1,251 (FTE) » Expenditure in 2021: €39.6 million
MSF first worked in the country: 1978 » [msf.org/sudan](https://www.msf.org/sudan)

KEY MEDICAL FIGURES

647,300
outpatient
consultations

3,320
births assisted

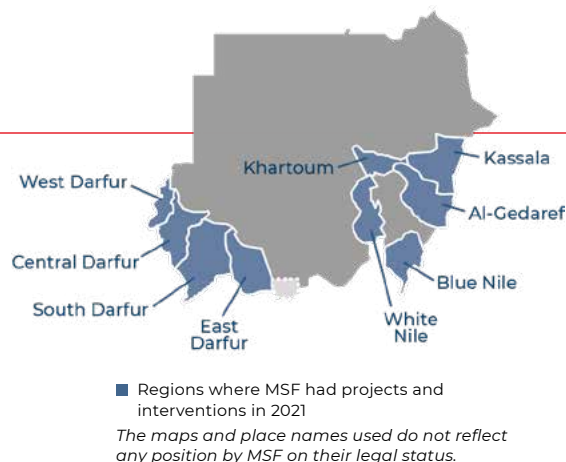
2,110
children admitted
to inpatient feeding
programmes

Sudan's military takeover at the end of October 2021 prompted massive demonstrations across the country. In response to the violent crackdowns that ensued, we launched multiple mass-casualty plans to support hospitals.

Médecins Sans Frontières (MSF) teams in the capital, Khartoum, and Omdurman worked in emergency rooms, trained staff in mass-casualty planning and donated medical supplies. When COVID-19 cases rose during the year, we supported isolation units and ambulance referrals. We also ran health promotion activities in communities south of Khartoum and offered psychosocial support to health workers.

In early 2021, we started a project in Mygoma orphanage, in Khartoum, supporting medical care and referrals for infants and young children and improving hygiene measures. Meanwhile, we continued to run our Omdurman project, providing basic health care and emergency services for refugees, displaced people and host communities.

Since November 2020, we have been working in Al-Gedaref and Kassala states, assisting both Ethiopian refugees and local communities with basic and maternal healthcare, vaccinations,



malnutrition screening, water and sanitation, and treatment for neglected tropical diseases in health centres and in the camps.

In Darfur, a remote region that has suffered over a decade of conflict, security remains fragile, with recurrent violent clashes followed by waves of displacement. Our teams were present in four states, providing medical care through hospitals and both mobile and fixed clinics, and running mass vaccination campaigns. Services included basic and emergency healthcare, sexual and reproductive healthcare, as well as health promotion and laboratory support. We also worked to improve access to safe drinking water and upgraded sanitation by constructing and rehabilitating latrines.

In June, we started running a nutrition ward for children with moderate to severe malnutrition in Ad-Damazine teaching hospital in the Blue Nile region. Our teams also supported the hospital with health promotion, infection prevention and control and staff training.

In December, we handed over our White Nile project to the Ministry of Health. For seven years, we had offered medical assistance to both refugees and local communities.



An MSF team uses donkeys to head to Dillo village to deliver healthcare supplies. Sudan, April 2021. © Leah Cowan/MSF

South Africa

No. staff in 2021: 170 (FTE) » Expenditure in 2021: €9.9 million
MSF first worked in the country: 1986 » [msf.org/south-africa](https://www.msf.org/south-africa)

KEY MEDICAL FIGURE

620
people started
on treatment for
TB, including **160**
for MDR-TB

In South Africa, Médecins Sans Frontières (MSF) supported the COVID-19 response, while continuing to provide care for HIV and tuberculosis (TB) patients, victims of sexual violence and vulnerable migrants.

MSF's project in Eshowe, Mbongolwane and Ngwelezane in KwaZulu-Natal province responded to two major COVID-19 waves in 2021, by sending doctors and nurses to work in the COVID-19 wards of five hospitals. The project's TB activities were closed for a week in July due to widespread social unrest in the province, in which more than 300 people died. In the immediate aftermath, we launched an emergency response, providing first aid and essential items such as blankets and hygiene kits, to support affected communities and health facilities.

To mitigate the impact of the COVID-19 lockdowns on the uptake of TB services, our HIV/TB project in Khayelitsha, in Western Cape province, provided home-based care to patients. We also gave TB preventive treatment to more than 150 individuals who were exposed to the disease in their homes.



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021

In the cities of Tshwane and Johannesburg, where we run a migrant health project, we supported COVID-19 vaccination activities for undocumented people. For these marginalised groups, the lack of any identifying documentation poses a barrier to healthcare. To facilitate better access to medical services, we worked with our partners to develop 'Green Book' healthcare cards, which are recognised by local health authorities in lieu of identifying documentation.

In June, we handed over our sexual and gender-based violence (SGBV) project in Rustenburg on South Africa's Platinum Belt to the provincial health department. Recognising the need for a better medical and psychological response to rape, MSF teams developed community-based health hubs, which provided care to thousands of SGBV victims. The project additionally supported safe abortion care in Bojanala district, with our staff performing thousands of abortion procedures between 2018 and 2021.

Tajikistan

No. staff in 2021: 97 (FTE) » Expenditure in 2021: €2.5 million
MSF first worked in the country: 1997 » [msf.org/tajikistan](https://www.msf.org/tajikistan)

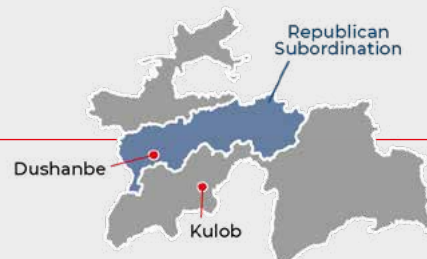
KEY MEDICAL FIGURE

58
people started on
treatment for MDR-TB

In Tajikistan, we expanded our comprehensive tuberculosis (TB) care programme to address gaps in the provision of treatment in the penitentiary system.

In 2021, for the first time, Médecins Sans Frontières was granted access to the Tajik prison system to offer TB screening and treatment to inmates. We started to provide treatment in the central prison hospital in Vahdat district, which included the implementation of directly observed therapy, a practice whereby a trained health worker at the prison hospital watches the patient take their medication, as well as adherence counselling to help them comply with treatment. To minimise treatment disruptions, we ensured continuation of TB treatment for people after release from prison.

Our teams continued to offer TB care to children and their families using family directly observed therapy (F-DOT) as part of a holistic patient-centred care approach. The F-DOT programme allows a selected supporter (usually a family member) to administer TB treatment at home so that the patient does not have to travel to a health centre every day.



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021

In 2021, we started implementing our 'Zero TB' project in Kulob district, which aims to demonstrate the feasibility of eliminating TB by decreasing the incidence in the district to less than one case per 1,000,000 people through four key elements: detection, treatment, prevention and education. Zero TB focuses on TB prevention and care in households, workplaces and health facilities where people seek care. This unique approach engages various stakeholders, including the local community. From May, we conducted various assessments to help identify existing gaps and define implementation strategies.

In May, we also supported the emergency response to floods in Kulob by donating hygiene kits to affected households.

In October and November, we sent mobile clinics to provide basic health care and psychosocial support to Afghan refugees living in Romit, Vahdat district, following political upheaval over the border in Afghanistan.

Tanzania

No. staff in 2021: 233 (FTE) » Expenditure in 2021: €6.7 million
MSF first worked in the country: 1993 » [msf.org/tanzania](https://www.msf.org/tanzania)

KEY MEDICAL FIGURES

64,100
outpatient
consultations

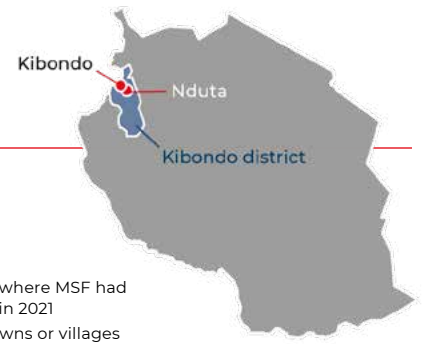
20,800
emergency room
admissions

11,000
malaria cases treated

7,960
individual mental
health consultations

Médecins Sans Frontières (MSF) runs a range of health services for Burundian refugees and local communities in Tanzania's Kigoma region.

In 2021, MSF provided healthcare to some 77,000 refugees in Nduta camp and the surrounding host community. Our services included care and counselling for victims of sexual and gender-based violence, mental health consultations and treatment for tuberculosis, HIV and non-communicable diseases. We also ran paediatric and adult wards at the hospital in the camp and assisted deliveries. For patients requiring emergency surgical and obstetric care, we facilitated referrals to the nearby government hospital. In addition, we supported emergency preparedness and response activities, for example, opening a COVID-19 isolation unit in the hospital in Nduta camp, where we took care of 41 patients.



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021

During the year, we handed over three health posts and an outpatient therapeutic feeding centre to the Tanzanian Red Cross Society, enabling us to increase our focus on specialist care.

On 6 December, Mtendeli, one of the three refugee camps in Kigoma region, was officially closed, and the 20,000 people living there were transferred to Nduta. Mtendeli camp was established in 2016 after tens of thousands of people fled into Tanzania from neighbouring Burundi to escape conflict. The voluntary repatriation of Burundian refugees continues, with 139,305 repatriations completed between January and November 2021.

Thailand

No. staff in 2021: 38 (FTE) » Expenditure in 2021: €1.5 million
MSF first worked in the country: 1976 » [msf.org/thailand](https://www.msf.org/thailand)

KEY MEDICAL FIGURES

1,560
individual mental
health consultations

48
mental health
consultations
provided in group
sessions

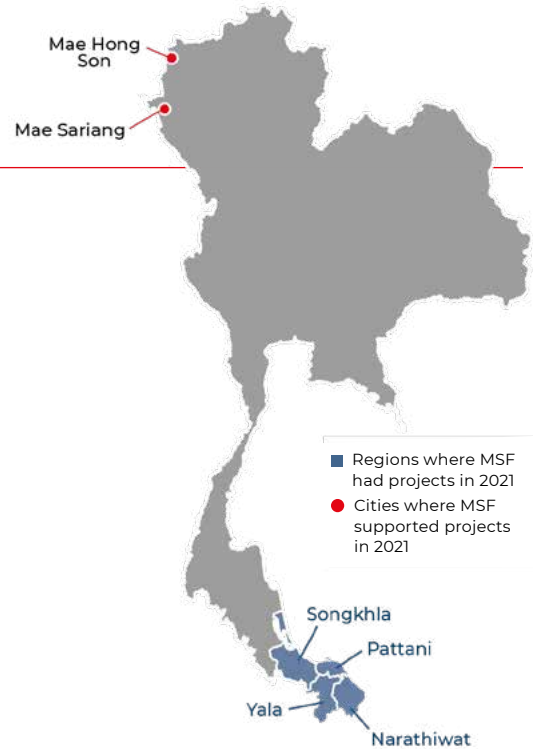
In Thailand, Médecins Sans Frontières (MSF) continues to provide mental health care to people affected by unrest in the southern provinces of Pattani, Yala and Narathiwat.

Sporadic fighting across the country's Deep South region over the last 15 years has taken its toll on the psychological health of the local people, many of whom are hesitant to seek care. The conflict has affected men, women and children alike.

Our teams work with local organisations to improve healthcare in the region, especially for survivors of ill treatment who are excluded from existing services. We run a holistic programme, with a particular focus on mental health support, which includes individual and group therapy, psychosocial education and stress management.

In addition to basic health care, we offer physiotherapy and pain management, as well as social support. The project is the only one in the area providing such services to survivors of ill treatment and their families.

Raising awareness of mental health issues remains one of our priorities. We work with communities to prevent violent incidents and build mechanisms to cope with them should they occur, by running



■ Regions where MSF had projects in 2021
● Cities where MSF supported projects in 2021

psychoeducation sessions and psychological first-aid training in counselling centres, mosques, schools and other venues in areas that have experienced numerous violent events. In 2021, we scaled up our outreach programme with the aim of extending these activities to areas where little medical care is available and reaching a greater number of people.

MSF shares information and expertise on various aspects of mental health with local networks, groups and both state and non-state entities, to strengthen their capacity and improve referral pathways to our facilities.

Turkey

No. staff in 2021: 25 (FTE) » Expenditure in 2021: €0.8 million
MSF first worked in the country: 1999 » [msf.org/turkey](https://www.msf.org/turkey)



● Cities where MSF supported projects in 2021

Turkey hosts the largest refugee population in the world – over four million – including more than 3.7 million Syrian nationals.¹

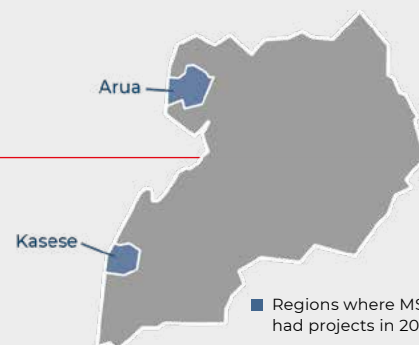
In 2021, Médecins Sans Frontières continued to provide technical and financial support to local organisations with a focus on offering services to migrants and refugees in Istanbul.

In addition, we supported a local partner to distribute essential relief items, including hygiene kits, blankets and plastic sheeting, to over 1,200 refugee families in Izmir.

¹ United Nations refugee agency, UNHCR, 2021

Uganda

No. staff in 2021: 403 (FTE) » Expenditure in 2021: €5.8 million
MSF first worked in the country: 1986 » [msf.org/uganda](https://www.msf.org/uganda)



KEY MEDICAL FIGURES
37,700
outpatient consultations

11,800
individual mental health consultations

2,180
people on first-line ARV treatment, and 1,150 on second-line ARV treatment under direct MSF care

920
people treated for sexual violence

Médecins Sans Frontières (MSF) teams in Uganda provide HIV care and support victims of sexual and gender-based violence. We also offer sexual and reproductive health services tailored to the younger patients' needs in our Kasese Youth Clinic.

Our activities in Arua focus on HIV care for children, adolescents, unstable patients and those with advanced-stage disease. This includes point-of-care viral load testing with a view to facilitating rapid detection and early treatment, which have been shown to improve outcomes for patients.

In 2021, to adapt to the constraints caused by COVID-19, we increased home visits and supplied patients with longer drug refills.

We also worked with the Ministry of Health (MoH) in Arua to improve treatment for patients with tuberculosis (TB) and multidrug-resistant TB in the hospital's isolation ward. We also assist with TB screening in the outpatient department and across the West Nile region to ensure timely diagnosis and treatment.

In Kasese and Kitawenda districts, we provide early HIV screening, treatment and follow-up to communities living around lakes George

and Edward. In collaboration with the MoH, we tailor these services to the specific needs of these communities. In Kasese, we run a youth-friendly, 'one-stop' clinic integrated in a local health centre, offering sexual and reproductive healthcare, in addition to general outpatient services, for adolescents and young adults. Services include health promotion and education, prevention, screening and treatment for sexually transmitted diseases, safe abortion care, peer support and counselling.

In the refugee settlements in Arua and Terego districts, we provide clinical and psychological care for victims of sexual and gender-based violence, safe abortion care and mental health services.

MSF supported the national COVID-19 response with triage, testing, vaccinations for patients with comorbidities, and providing treatment at Arua regional referral hospital and providing treatment at Entebbe hospital. We also vaccinated 270,000 people in Kasese.

During the elections in January, we set up a triage area for possible victims of political violence at Mulago hospital in Kampala.

Ukraine

No. staff in 2021: 179 (FTE) » Expenditure in 2021: €6.2 million
MSF first worked in the country: 1999 » msf.org/ukraine

KEY MEDICAL FIGURES

2,670
outpatient
consultations

2,130
individual mental
health consultations

660
people started
on treatment for
hepatitis C

26
people started on
treatment for MDR-TB

Conflict has been simmering in eastern Ukraine since 2014. For people living in small villages close to the fighting, getting the healthcare they need remains a challenge.

In Donetsk *oblast* (province), Médecins Sans Frontières (MSF) continued to support innovative, local solutions, working with community volunteers who drove fellow villagers to medical facilities in their own cars. Volunteers also delivered prescription medications and shared important health information. Throughout the year, MSF offered basic health care workers peer support and trained them to provide mental health care to patients – something that was previously limited to specialist health facilities in urban areas. We also donated medical items, including essential medicines, to health facilities.

Treatment for advanced HIV remained a challenge in eastern Ukraine in 2021. In Luhansk *oblast*, MSF staff worked with Ministry of Health Trust Cabinets (specialised HIV facilities) and the main laboratory for HIV testing. Our teams mentored and trained nurses and doctors, and offered psychological and social



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021
... 'Contact line'
The maps and place names used do not reflect any position by MSF on their legal status.

support to patients to help them adhere to treatment. We also donated testing and laboratory equipment.

In Zhytomyr *oblast*, we worked with the regional tuberculosis (TB) hospital to implement a patient-centred model of care for multidrug-resistant TB (MDR-TB). Since 2019, we have been conducting research to provide evidence of the effectiveness of shorter, all-oral treatments, combined with counselling and social support, such as firewood and food parcels. MSF is also constructing a laboratory with modern diagnostic tools to enable patients to start taking the correct treatment as soon as possible.

In 2021, we supported the COVID-19 response by donating personal protective equipment, rapid diagnostic tests and oxygen concentrators to health facilities. We also offered psychological support to healthcare workers, who were under intense pressure, and to patients and communities. In Donetsk, we treated patients with mild-to-moderate symptoms in their homes through our mobile clinics.

Uzbekistan

No. staff in 2021: 296 (FTE) » Expenditure in 2021: €7 million
MSF first worked in the country: 1997 » msf.org/uzbekistan

KEY MEDICAL FIGURE

540
people started on
treatment for TB

In Uzbekistan, Médecins Sans Frontières (MSF) works with the Ministry of Health to improve diagnosis and treatment for tuberculosis (TB), including drug-resistant forms of the disease, and provide HIV care.

In March 2021, we completed enrolment of patients in the Uzbekistan branch of the TB PRACTECAL clinical trial nine months ahead of schedule, since it had already successfully demonstrated that its all-oral six-month treatment regimen is safer and more effective at treating rifampicin-resistant TB than the current international standard of care.

In view of this early success, the trial teams in Nukus and Tashkent started preparations to support the roll-out of all-oral six-month regimens across the country under the conditions of operational research. In addition, we continued to support the



■ Regions where MSF had projects in 2021
● Cities, towns or villages where MSF worked in 2021

national TB programme in Nukus with technical expertise, laboratory diagnostics and medication for patients with drug-resistant TB in Karakalpakstan.

In Tashkent, we scaled up HIV testing and treatment through the 'one-stop shop' model of care, which enables HIV patients to receive screening for various infectious diseases in one location. Towards the end of the year, we conducted a multi-regional training programme for physicians to increase their capacity to deliver care through this model, and launched a mobile laboratory to improve access to testing for HIV, hepatitis C and other sexually transmitted infections for marginalised groups. We also supported treatment and drug supply in Tashkent's Hospital No 5 for HIV patients, including those with co-infections.

Venezuela

No. staff in 2021: 565 (FTE) » Expenditure in 2021: €20.9 million
MSF first worked in the country: 2015 » msf.org/venezuela

KEY MEDICAL FIGURES

15,800 consultations for contraceptive services

5,290 individual mental health consultations

3,590 malaria cases treated

400 people treated for sexual violence

In Venezuela, Médecins Sans Frontières (MSF) focused on rehabilitating the infrastructure of the country's underresourced health facilities and supporting general and specialist healthcare in 2021.

The political and economic crises continue to affect the lives of Venezuelans, with millions of people struggling to obtain medical care. Many hospitals across the country do not have sufficient medical staff, supplies, medical equipment, or access to basic services such as water.

MSF aims to improve basic and specialist health services, such as emergency care, sexual and reproductive healthcare, vaccinations and treatment for victims of sexual violence. Health promotion and mental health support are also important components of our projects.

In 2021, our teams provided medical assistance in 21 public health centres in seven areas of the country: Amazonas, Anzoátegui, Bolívar, Miranda, Sucre, Táchira and Distrito Capital (Caracas). We also worked on upgrading the infrastructure of hospitals and health posts, specifically with electricity, waste



management and water and sanitation services, and donated medicines and medical supplies.

In the states of Anzoátegui, Sucre and Bolívar, we continued to work on reducing the high levels of malaria by improving early diagnosis and treatment, health promotion and vector control. This year we noticed a considerable reduction in cases in the areas where we were present, and decided to extend our activities to cover vulnerable communities in the border area of Táchira state, and indigenous communities in the mining areas of Bolívar state.

As part of our response to the COVID-19 pandemic, we strengthened protective measures in several hospitals, and implemented a COVID-19 triage system in all the health centres we support. In addition, we increased inpatient bed capacity in Distrito Capital by supporting COVID-19 wards in Vargas and Lídice hospitals, providing both medical and psychological assistance to patients.

Zimbabwe

No. staff in 2021: 117 (FTE) » Expenditure in 2021: €4.8 million
MSF first worked in the country: 2000 » msf.org/zimbabwe

KEY MEDICAL FIGURES

1,950 consultations for contraceptive services

270 individual mental health consultations

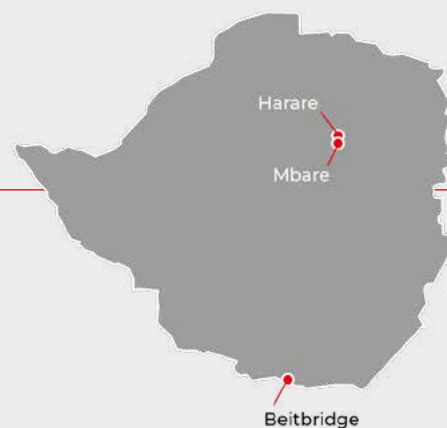
5 women received safe abortion care

In 2021, Médecins Sans Frontières (MSF) continued to address gaps in healthcare in Zimbabwe, with a focus on adolescent sexual and reproductive health and support for vulnerable migrants and deportees.

In the capital, Harare, we ran a project providing comprehensive youth-friendly sexual and reproductive health services, including safe abortion and post-abortion care, through our clinic in Mbare.

Our teams have been working to improve access to similar services in the nearby town of Epworth. We constructed a youth centre where young people can participate in recreational and educational activities and learn about sexual and reproductive health in a non-medical setting.

In Beitbridge, where we offer medical assistance to migrants, deportees and the local community, we

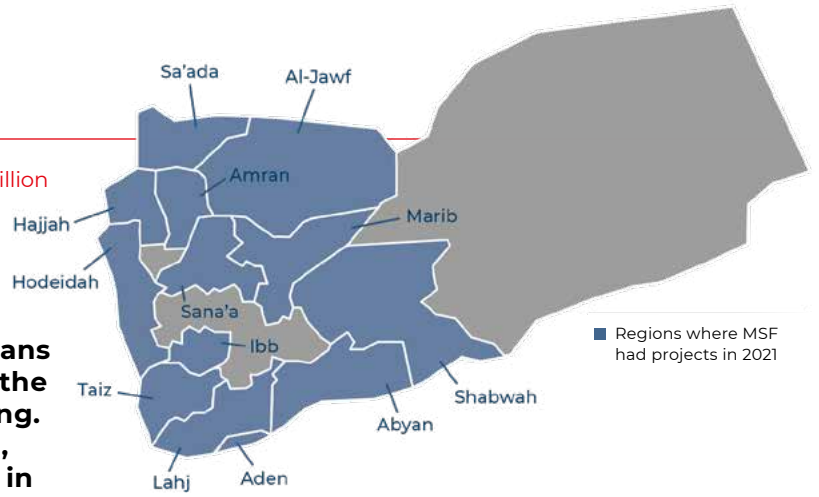


strengthened measures to prevent the spread of COVID-19. These included providing technical and hands-on support to improve the flow of people, promoting handwashing and physical distancing practices, and improving access to water and sanitation services.

During the second and third waves of COVID-19, we also supported the national response by running training programmes for nursing assistants at Wilkins Infectious Disease Hospital in Harare and Beitbridge District Hospital. Our programme model equipped nursing assistants with basic hospital tasks to support the care of COVID-19 patients.

Yemen

No. staff in 2021: 2,879 (FTE) » Expenditure in 2021: €89.6 million
MSF first worked in the country: 1986 » [msf.org/yemen](https://www.msf.org/yemen)



KEY MEDICAL FIGURES

104,800
people admitted
to hospital

60,400
outpatient
consultations for
children aged under 5

28,300
surgical interventions

30,500
births assisted,
including 3,550
caesarean sections

6,770
children admitted
to inpatient feeding
programmes

4,840
patients admitted to
hospital for COVID-19

As the war in Yemen entered its seventh year, civilians continued to bear the brunt of the fighting. Many were injured, killed or displaced in clashes between the various groups.

The conflict and the recent escalation from the warring parties has increased the vulnerability of the Yemeni people. Médecins Sans Frontières (MSF) not only provided lifesaving care to people injured in these outbreaks of violence, but also treated patients suffering the long-term effects of war, such as mental health, malnutrition and difficulties in accessing essential services, such as mother and child care.

Direct impacts of the war

During 2021, we sent teams to treat war-wounded patients across the country, from Mocha in the west to Marib in the east.

Our hospital in Mocha responded to multiple mass-casualty incidents in November, as the frontline south of Hodeidah, where Ansar Allah is fighting a coalition of armed groups allied to the government, saw intense fighting.

The violence in Marib between Ansar Allah and Yemeni government forces was particularly fierce, forcing thousands of people to flee their homes. The camps where they settled often lacked basic necessities such as food, water and adequate shelter. In March, we launched an emergency

intervention in Marib general hospital and worked throughout the year to increase its capacity to deal with frequent influxes of war-wounded and other trauma patients.

Our teams also saw increasing numbers of people with mental health issues caused by the fighting and its associated stresses and traumas. To respond to the needs, in May we opened a new specialised mental health clinic in Al-Jomhuri Authority hospital, in Hajjah city, where we provide psychoeducation, counselling and psychotherapy, as well as psychiatric care for people with severe mental health conditions.

Mother and child care

Timely access to safe and good-quality medical care for expectant mothers and newborns is a major issue across Yemen, with needs vastly exceeding available resources. In Hodeidah governorate, we started running Al-Qanawes mother and child hospital in December 2020, providing maternity services, including caesarean sections, inpatient neonatal care and mental health support. In Abs General hospital in Hajjah, we continue to support the emergency room, the paediatric and neonatal wards, the maternity unit which sees over 1,000 deliveries per month, and the inpatient therapeutic feeding centre.

MSF has been running a mother and child hospital in Taiz Houban since 2016, offering trauma stabilisation care, maternity services for high-risk and complicated cases, paediatric and neonatal inpatient care and inpatient therapeutic feeding. In Taiz city, to respond to the need for specialised reproductive healthcare services, we started to manage maternal and neonatal care in Al-Jomhuri hospital from June 2021, in collaboration with the Ministry of Health. This refocus of activities meant that we ended our support to the city's Yemeni Swedish children's hospital and Al-Thawra hospital.



A nurse checks the vital signs of a COVID-19 patient in Al-Jomhuri hospital. Yemen, June 2021.
© Majd Aljunaid/MSF



Wael holds his newborn twin daughters who are receiving treatment at a special unit supported by MSF at Al-Jomhuri hospital, Taiz City, Yemen, June 2021. © Nasir Ghafoor/MSF

Malnutrition

In Abs, Hajjah governorate, our teams treated an alarming number of children suffering from malnutrition. Our inpatient therapeutic feeding centre operated at more than 100 per cent capacity throughout the year, and our teams treated many more children with severe malnutrition and medical complications than the year before.

Other MSF projects in the northern part of Yemen, such as in Ad-Dahi in Hodeidah, Haydan in Sa'ada and Khamir in Amran, also recorded slight increases in the numbers of malnourished children treated, although they were not as significant as in Abs.

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

COVID-19

The COVID-19 pandemic continued to have a severe impact on Yemen in 2021, with peaks of the disease early in the year and again towards the end of the year.

We managed treatment centres in Sana'a, Aden and Ibb, where we ran some of the country's only

intensive care units. Death rates were high, and we know that many people in remote areas were unable to obtain treatment because it was not available locally, and they could not afford to travel to the cities where we were working.

Rumours and misinformation about COVID-19 circulated freely, exacerbating fears of the disease and stigmatisation of those infected with it. Moreover, the Ansar Allah authorities continued to refuse to address the spread of the virus publicly. Their refusal to use vaccines, combined with other factors, such as issues with the supply of doses and the roll-out of vaccinations in government-controlled areas, as well as public distrust, meant that Yemen had one of the lowest rates of COVID-19 vaccination in the world in 2021.

An inefficient humanitarian response

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

The authorities in Yemen also need to do much more to support and facilitate the work of humanitarian organisations. Limits on humanitarian action are too severe and are preventing the timely and independent provision of humanitarian aid where it is needed most.

Facts and Figures

Médecins Sans Frontières (MSF) is an international, independent, private and non-profit organisation.

It comprises 23 main national offices in Australia, Austria, Belgium, Brazil, Canada, Denmark, Eastern Africa (Kenya), France, Germany, Greece, Hong Kong, Italy, Japan, Latin America (MSF LAT), Luxembourg, the Netherlands, Norway, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the United States. There are also branch offices* in Chile, China, Colombia, the Czech Republic, Finland, India, Ireland, Lebanon, Mexico, New Zealand, Poland, Portugal, Russia, Singapore, South Korea, Taiwan, the United Arab Emirates and Uruguay. MSF International is based in Geneva.

The search for efficiency has led MSF to create nine entities called 'satellites'. These satellites provide specific activities to the benefit of the MSF movement and/or MSF entities, such as humanitarian relief supplies, epidemiological and medical research, IT services, fundraising, facility management and research on humanitarian and social action. As these entities are controlled by MSF, they are included in the scope of the MSF International Financial Report and the figures presented here.

These figures describe MSF's finances on a combined international level. The 2021 combined international figures have been prepared in accordance with Swiss GAAP FER/RPC. The figures have been audited by the accounting firm of Ernst & Young.

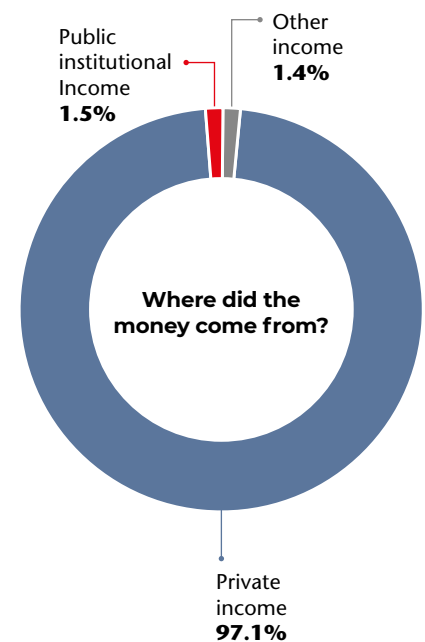
The full 2021 International Financial Report can be found on www.msf.org. In addition, each national office publishes annual, audited Financial Statements according to its national accounting policies, legislation and auditing rules. Copies of these reports may be requested from the national offices.

The figures presented here are for the 2021 calendar year. All amounts are presented in millions of euros. **Rounding may result in apparent inconsistencies in totals.**

* Figures relating to all the branch offices are included in the International Financial Report although some are not disclosed separately.

Where did the money come from?

	2021		2020	
	in millions of €	percentage	in millions of €	percentage
Private income	1,885.6	97.1%	1,848.1	97.2%
Public institutional income	28.7	1.5%	26.5	1.4%
Other operating income	21.3	1.4%	27.2	1.4%
Total operating income	1,935.6	100%	1,901.7	100%



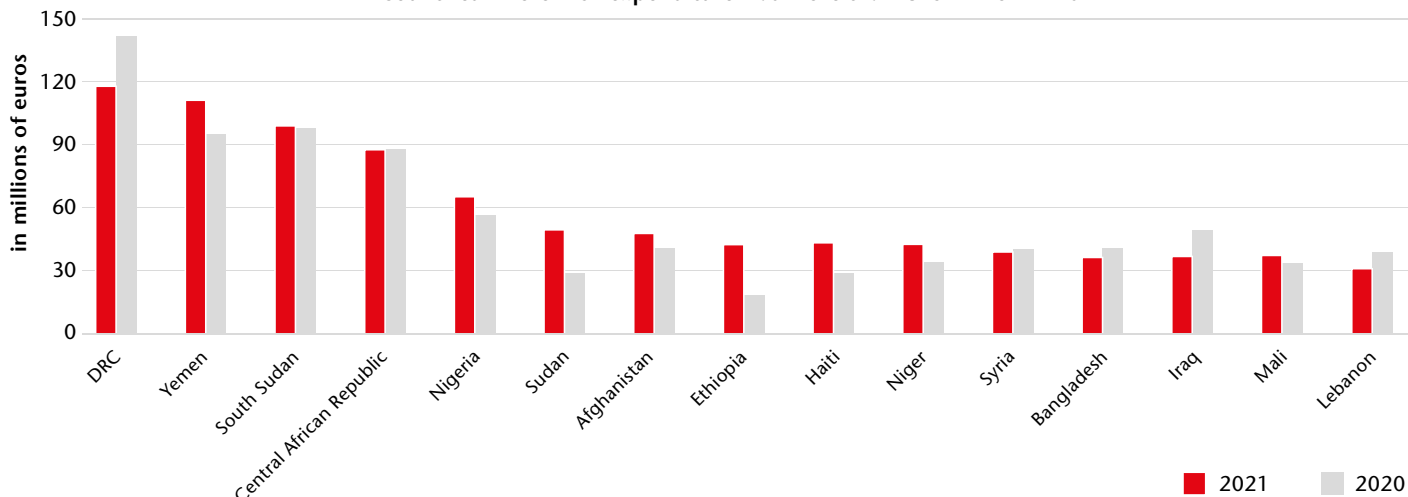
7 million private donors

As part of MSF's effort to guarantee its independence and strengthen the organisation's link with society, we strive to maintain a high level of private income. In 2021, 97.1 per cent of MSF's income came from private sources.

Almost 7 million individual donors and private foundations worldwide made this possible. Public institutional agencies providing funding to MSF included, among others, the governments of Canada and Switzerland, the World Health Organization, the Global Fund and the International Drug Purchase Facility (UNITAID).

Where did the money go?

Countries where MSF expenditure was more than €25 million in 2021



Africa

	<i>in millions of €</i>
Democratic Republic of Congo	95
South Sudan	80
Central African Republic	70
Nigeria	53
Sudan	40
Ethiopia	35
Niger	34
Mali	30
Burkina Faso	22
Kenya	22
Sierra Leone	21
Mozambique	19
Somalia	17
Cameroon	17
Chad	16
South Africa	10
Guinea	9
Liberia	8
Malawi	8
Burundi	7
Tanzania	7
Madagascar	6
Uganda	6
Zimbabwe	5
Eswatini	4
Côte d'Ivoire	3
Other countries*	1
Total	641.2 (55.8%)

Asia and Pacific

	<i>in millions of €</i>
Afghanistan	39
Bangladesh	30
Myanmar	16
India	15
Pakistan	14
Papua New Guinea	4
Malaysia	2
Philippines	2
Thailand	2
Indonesia	1
Cambodia	1
Other countries*	1
Total	127.7 (11.1%)

MENA

	<i>in millions of €</i>
Yemen	90
Syria	32
Iraq	30
Lebanon	25
Palestine	21
Jordan	14
Libya	9
Iran	3
Egypt	3
Total	228.0 (19.8%)

The Americas

	<i>in millions of €</i>
Haiti	35
Venezuela	21
Mexico	8
Honduras	5
Brazil	4
Peru	3
Colombia	2
El Salvador	2
Guatemala	1
Other countries*	1
Total	70.0 (6.5%)

Europe and Central Asia

	<i>in millions of €</i>
Greece	10
Uzbekistan	7
Ukraine	6
France	5
Belgium	4
Tajikistan	3
Italy	2
Russia	2
Kyrgyzstan	2
Belarus	1
Other countries*	3
Total	45.3 (3.9%)

Unallocated

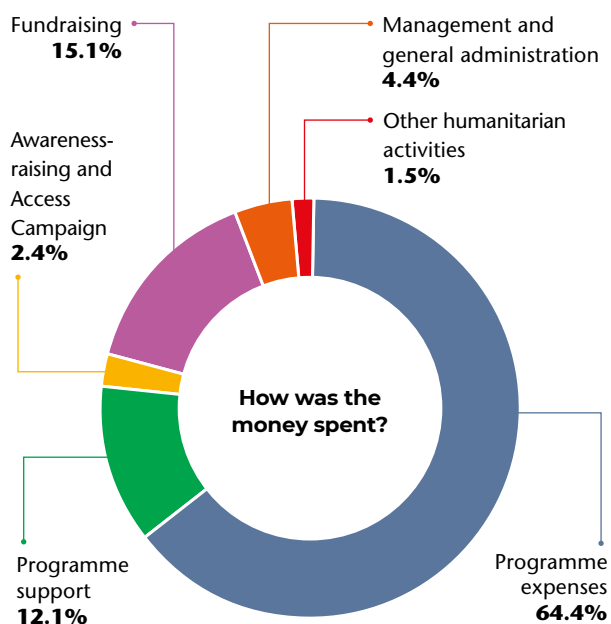
	<i>in millions of €</i>
Other countries and transversal activities	19
Search and rescue operations	7
Total	25.7 (2.2%)

Overall programme expenses 1,149 (100%)

* 'Other countries' combines all the countries for which programme expenses were below €1 million.

How was the money spent?

	2021		2020	
	in millions of €	percentage	in millions of €	percentage
Social mission				
Programme expenses ¹	1,149	64.4%	1,081	64.3%
Programme support	216	12.1%	203	12.1%
Awareness-raising and Access Campaign	43	2.4%	43	2.5%
Other humanitarian activities	26	1.5%	26	1.6%
Total social mission	1,434	80.5%	1,353	80.5%
Other expenses				
Fundraising	270	15.1%	250	14.9%
Management and general administration	79	4.4%	77	4.6%
Total other expenses	349	19.5%	327	19.5%
TOTAL OPERATING EXPENSES	1,783	100%	1,680	100%

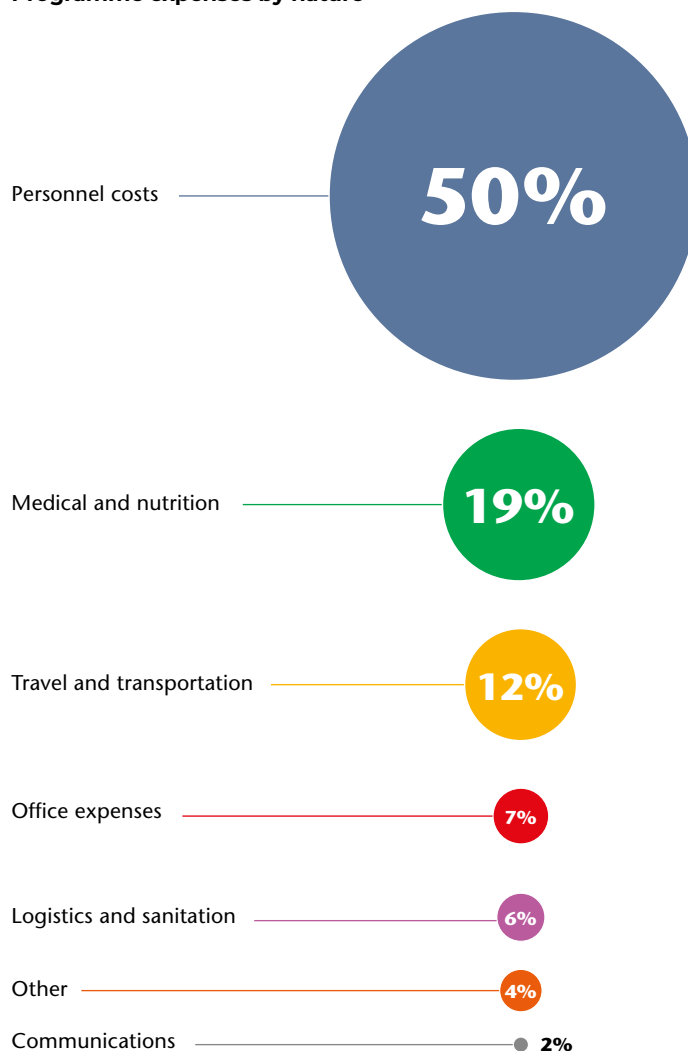


The biggest category of expenses is dedicated to personnel costs: 50% of expenditure comprises all costs related to locally hired and international staff (including plane tickets, insurance, accommodation, etc).

The medical and nutrition category includes drugs and medical equipment, vaccines, hospitalisation fees and therapeutic food. The delivery of these supplies is included in the category of transport, freight and storage.

Logistics and sanitation comprise building materials and equipment for health centres, water and sanitation and logistical supplies. Other includes grants to external partners and taxes, for example.

Programme expenses by nature



¹ **Programme expenses** represent expenses incurred in the field or by headquarters on behalf of the field. All expenses are allocated in line with the main activities performed by MSF according to the full cost method. Therefore, all expense categories include salaries, direct costs and allocated overheads (e.g. building costs and depreciation).

Year-end financial position

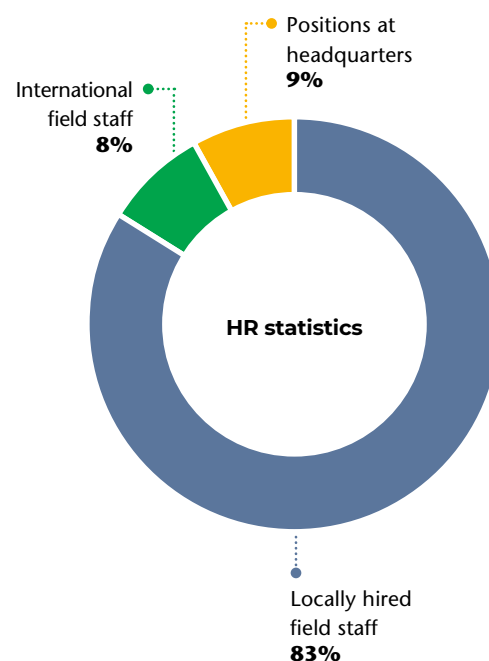
	2021		2020	
	in millions of €	percentage	in millions of €	percentage
Cash and cash equivalents	1,027.5	59%	827.6	57%
Other current assets	336.2	19%	303.2	21%
Non-current assets	371.6	22%	328.5	21%
TOTAL ASSETS	1,735.4	100%	1,459.4	100%
Restricted funds²	41.6	2%	32.7	2%
Unrestricted funds ³	1,246.1	72%	1,054.8	73%
Other funds ⁴	56.9	3%	48.4	3%
Organisational capital	1,303	75%	1,103.2	76%
Current liabilities	289.6	17%	240.0	16%
Non-current liabilities	101.1	6%	83.5	6%
Total liabilities	390.7	23%	323.5	22%
TOTAL LIABILITIES AND FUNDS	1,735.4	100%	1,459.4	100%

The result for 2021, after adjusting for financial results, extraordinary results and exchange gains/losses, shows a surplus of €169 million (surplus of €192 million for 2020). MSF's funds have been built up over the years by surpluses of income over expenses. At the end of 2021, the remaining available reserves (excluding permanently restricted funds and capital for foundations) represented 9.1 months of the preceding year's activity.

The purpose of maintaining funds is to meet the following needs: working capital needs over the course of the year, as fundraising traditionally has seasonal peaks while expenditure is relatively constant; swift operational response to humanitarian needs that will be funded by forthcoming public fundraising campaigns and/or by public institutional funding; future major humanitarian emergencies for which sufficient funding cannot be obtained; the sustainability of long-term programmes (e.g. antiretroviral treatment programmes); and a sudden drop in private and/or public institutional funding that cannot be matched in the short term by a reduction in expenditure.

HR statistics

	2021		2020	
	no. staff	percentage	no. staff	percentage
Staff positions⁵				
Locally hired field staff	38,135	83%	37,763	83%
International field staff	3,736	8%	3,409	8%
Field positions⁶	41,871	91%	41,172	91%
Positions at headquarters	4,277	9%	4,088	9%
TOTAL STAFF	46,148	100%	45,260	100%
International departures				
Medical pool	1,662	25%	1,386	23%
Nurses and other paramedical pool	1,654	24%	1,550	26%
Non-medical pool	3,486	51%	3,056	51%
TOTAL DEPARTURES	6,802	100%	5,992	100%



The complete International Financial Report is available at www.msf.org

² **Restricted funds** may be permanently or temporarily restricted: permanently restricted funds include capital funds, where the assets are required by the donors to be invested or retained for long-term use, rather than expended in the short term, and minimum compulsory level of funds to be maintained in some countries; temporarily restricted funds are unspent donor funds designated to a specific purpose (e.g. a specific country or project), restricted in time, or required to be invested and retained rather than expended, without any contractual obligation to reimburse.

³ **Unrestricted funds** are unspent, non-designated donor funds expendable at the discretion of MSF's trustees in furtherance of our social mission.

⁴ **Other funds** are foundations' capital and translation adjustments arising from the translation of entities' financial statements into euros.

⁵ **Staff numbers** represent the number of full-time equivalent positions averaged out across the year.

⁶ **Field positions** include programme and programme support staff.



MSF teams travel up the Anapu river to reach rural communities.
Brazil, July 2021. © Mariana Abdalla/MSF

About

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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. MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation.

MSF is a non-profit organisation. It was founded in Paris, France in 1971. Today, MSF is a worldwide movement of 25 associations. Thousands of health professionals, logistical and administrative staff manage projects in more than 70 countries worldwide. MSF International is based in Geneva, Switzerland.

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