

# International Activity Report 2024



# The Médecins Sans Frontières Charter

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**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 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.

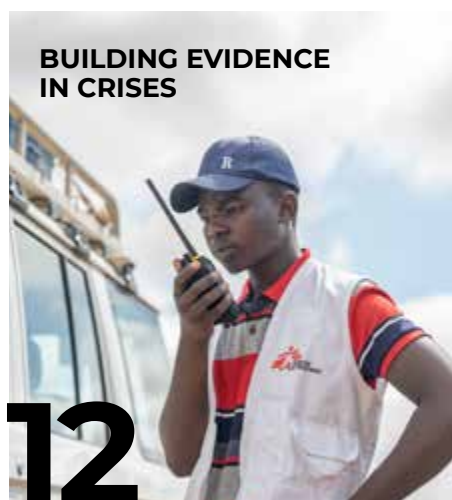
The country and region texts in this report provide descriptive overviews of MSF's operational activities throughout the world between January and December 2024. Staffing figures represent the total full-time equivalent (FTE) employees per country across the 12 months, for the purposes of comparisons. Medical and financial figures are rounded; for more detailed financial figures, please see the International Financial Report, available at [msf.org](https://www.msf.org).

Country and region maps 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)

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.

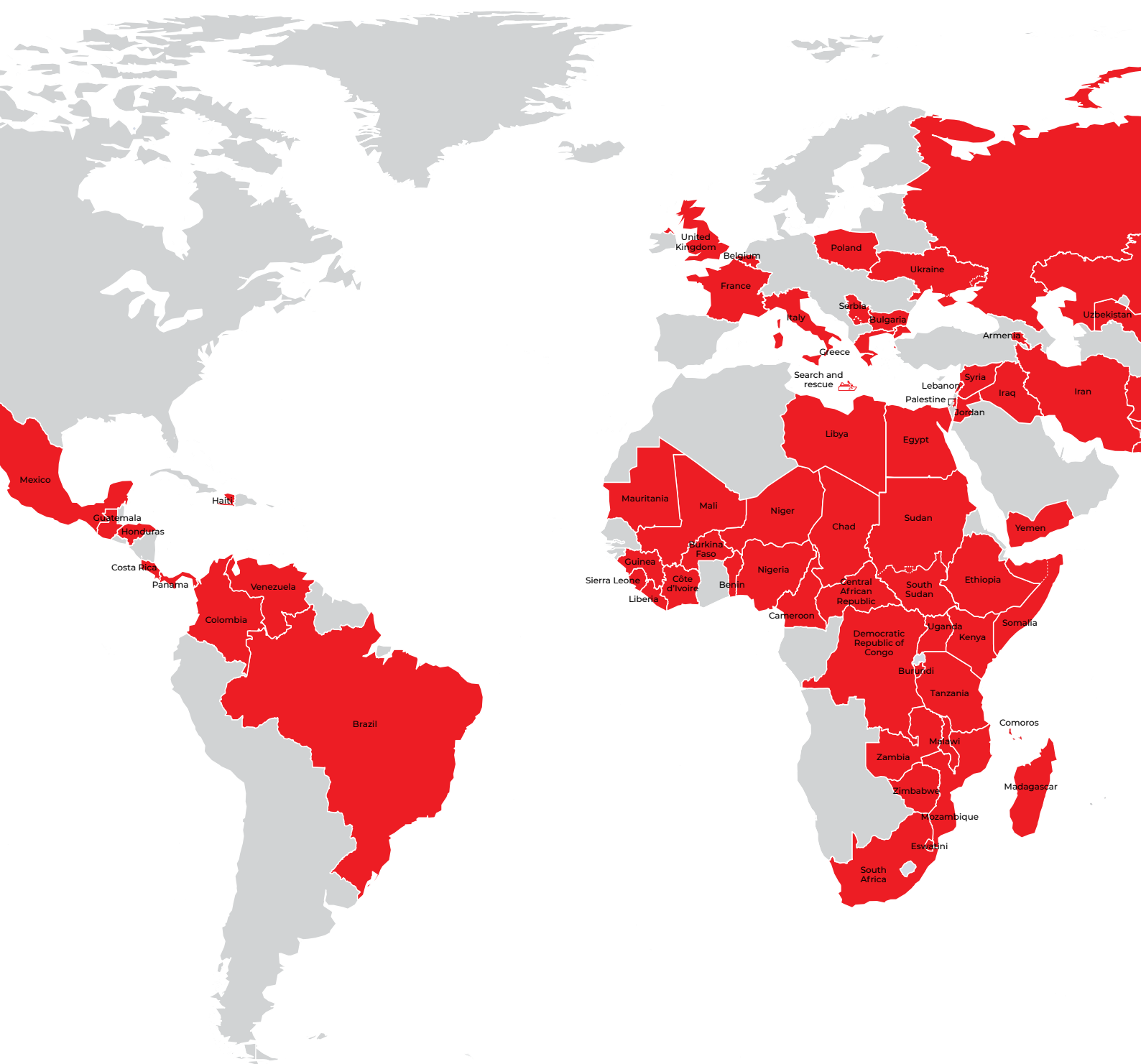
# Contents

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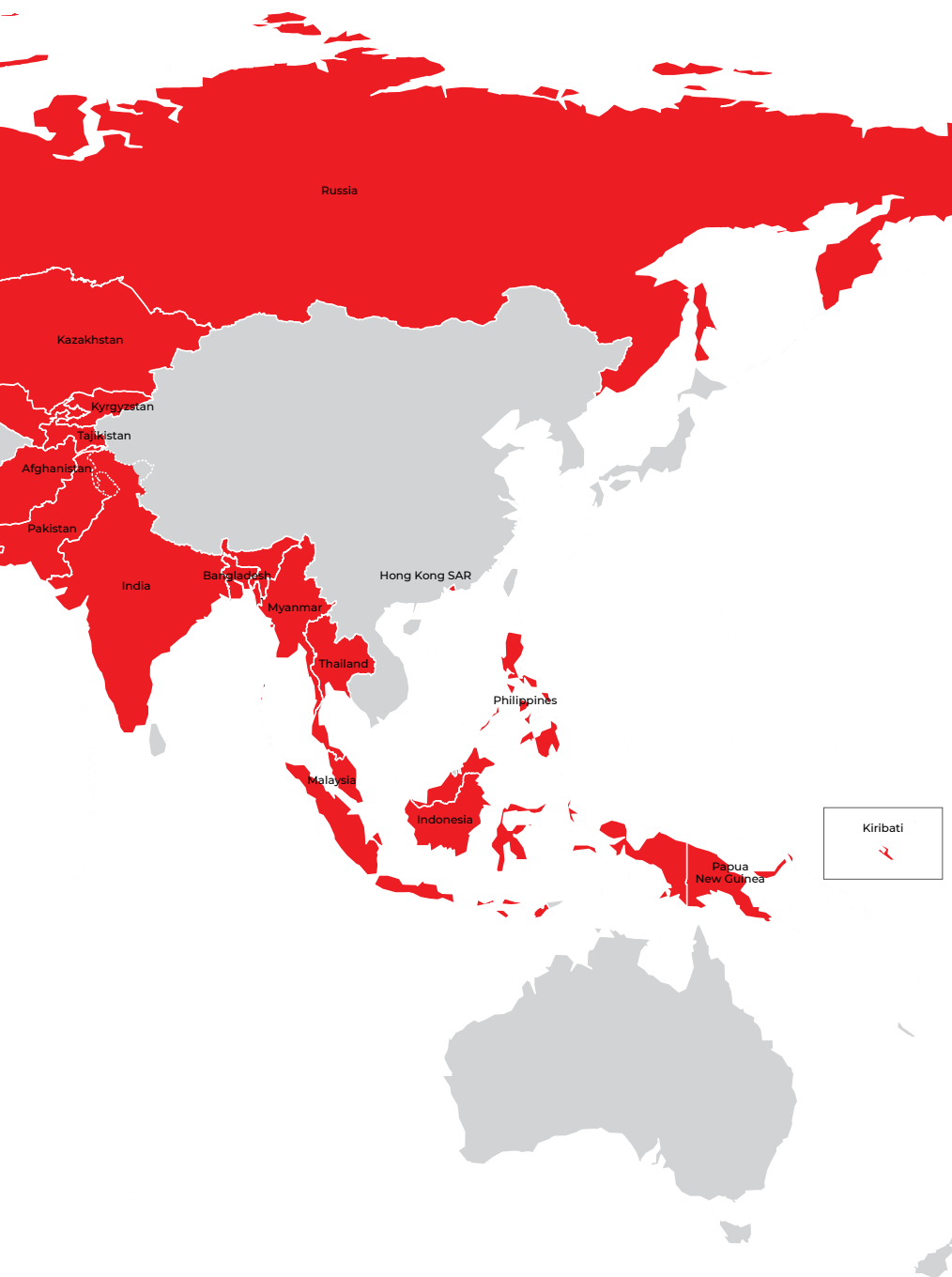




# MSF programmes around the world



Countries/regions in which MSF only carried out assessments or undertook activities where we spent less than €500,000 in 2024 do not feature on this map.



15	Armenia	40	Libya
15	Bangladesh	40	Madagascar
16	Afghanistan	41	Malawi
18	Belgium	41	Malaysia
18	Benin	42	Mali
19	Brazil	42	Mauritania
19	Bulgaria	43	Mexico
20	Burkina Faso	43	Mozambique
20	Burundi	44	Nigeria
21	Central African Republic	46	Niger
22	Cameroon	47	Myanmar
22	Colombia	47	Pakistan
23	Chad	48	Palestine
24	Comoros	50	Panama & Costa Rica
24	Côte d'Ivoire	50	Papua New Guinea
25	Egypt	51	Philippines
25	Eswatini	51	Poland
26	Democratic Republic of Congo	52	Russia
28	Ethiopia	52	Search and rescue operations
28	France	53	Serbia
29	Greece	53	Sierra Leone
29	Guatemala	54	South Sudan
30	Guinea	56	Somalia
30	Honduras	56	South Africa
31	Hong Kong SAR	57	Tajikistan
31	India	57	Tanzania
32	Haiti	58	Sudan
34	Indonesia	60	Syria
34	Iran	62	Thailand
35	Iraq	62	Uganda
35	Italy	63	Ukraine
36	Jordan	63	United Kingdom
36	Kazakhstan	64	Uzbekistan
37	Kenya	64	Venezuela
37	Kiribati	65	Zambia
38	Kyrgyzstan	65	Zimbabwe
38	Liberia	66	Yemen
39	Lebanon		

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

# Foreword



**In each of the over 75 countries where Médecins Sans Frontières (MSF) delivered medical assistance in 2024, we saw people acting in solidarity for the principles of dignity and humanity. An operating theatre in Democratic Republic of Congo, a communal nutrition education session in Nigeria, and a demonstration demanding a pharmaceutical corporation in South Africa lowers its drug prices only work when people come together. We are grateful to the people who came together in 2024 so that we could serve communities around the world.**



In July, we finished the largest ever consultation process within MSF to understand how we should evolve as a movement. This consultation drew on the expertise of our network of humanitarians to decide key priorities, such as enhancing our patient-centred approach to care and improving our internal collaboration for the coming years. The work has already begun to turn this meaningful exchange into meaningful action, so we can become the MSF we want, and need, to be for the communities we serve. During 2024, we transitioned from the Access Campaign, which campaigned for access to drugs and diagnostics, to a new organisational model for MSF's work on improving access to products for healthcare. This new entity, MSF Access, will sit closer to our in-country operations, to better enable our increased ambition in improving access to medicines and products for healthcare.

Separated by thousands of kilometres, our teams working amid conflict in Sudan and Palestine saw grave violations of international humanitarian law (IHL). In both conflicts, people were confronted with unrelenting onslaught; children were starved through blockades, bombs were dropped on civilian populated areas, and bullets were fired into hospitals. Instead of using IHL as a framework to limit their barbarity in war, we saw indifference and apathy from conflict parties and their backers to these treaties in many conflicts around the world.

Our principles call upon us to face extraordinary challenges. One such growing threat is antimicrobial resistance; as microbes adapt to ensure their own survival, we are now faced with a growing rate of drug-resistant infections globally. Taking antimicrobial resistance as the serious risk that it is – one that could make simple cuts and once treatable diseases deadly – we expanded our antimicrobial stewardship programmes in 2024. In Chad, Eswatini, Iran, and Syria, we began training medical staff on the use of antibiotics and infection, prevention, and control measures. By the end of the year, we were running antimicrobial resistance stewardship programmes across 42 countries.

MSF works in an ecosystem of humanitarian organisations, all with the common goal of assisting people in need. And we were heartened to see a unified humanitarian response opposing Israel's attempts to dismantle and impede the work of UNRWA, the largest distributor of aid and provider of healthcare in Gaza. As the humanitarian community as a whole is increasingly prevented from delivering aid impartially and in line with fundamental humanitarian principles, we need to continually confront governments with their commitments to IHL, pressuring them to support the humanitarian community in bringing a lifeline to Gazans.

The dedication of our staff, the trust of our patients, and the support of our private donors mean that MSF provides relief to whomever needs it. We can participate in the polio vaccination campaign in Gaza that made international headlines, as well as vaccinate children against measles more quietly in Somalia and Afghanistan. These concurrent actions are made possible because of the millions of people who donate to MSF. Together, we hold a belief that children deserve to be safe from preventable diseases, and together, we act on this belief.

As we face this critical moment for humanitarianism, when global solidarity is waning, as seen in widespread funding cuts to other organisations, we want to share with you our deep appreciation for remaining committed to humanitarianism with us. Behind every IV placed in a cholera ward, each mosquito net distributed to displaced families, and every pill dispensed to treat tuberculosis, is a movement of people, supported by millions, and acting together in solidarity for our shared principles.

**Dr Christos Christou,**  
International President,  
MSF

**Christopher Lockyear,**  
Secretary General,  
MSF International



**A protest outside Novo Nordisk's office in Johannesburg, where MSF asked the pharmaceutical company to drop the price of insulin pens to US\$1. South Africa, November 2024. © Bafana Ngwenya/MSF**

# The Year in Review

By Dr Ahmed Abd-elrahman, Akke Boere, Renzo Fricke, William Hennequin, Dr Sal Ha Issoufou, Kenneth Lavelle, Mari Carmen Viñoles Ramon – MSF Directors of Operations



The Israeli forces' war on people in Gaza continued to have a devastating impact on the lives of Palestinians.

A man uses a walker to move around after his leg was injured during a shooting on his farm in Al-Nuseirat, Gaza. Palestine, January 2024. © MSF

**In 2024, millions of people continued to be affected by disease outbreaks, exclusion from healthcare, and crises such as wars, conflicts, and natural hazards in more than 75 countries. Around 67,000 Médecins Sans Frontières (MSF) staff provided assistance where and how they could.**

## Conflicts in the Middle East

Following the attacks by Hamas on 7 October 2023, the Israeli forces' war on people in Gaza, Palestine, continued to have a devastating impact on the lives of Palestinians. The war stoked tensions and insecurity across large parts of the Middle East, also escalating conflict in Lebanon and Yemen.

Israeli forces unleashed a relentless campaign of airstrikes and ground incursions, starting from the north of the Gaza Strip, and moving down towards the southern border, obliterating entire neighbourhoods. Our teams treated thousands of patients for war wounds, diarrhoea, and skin diseases, as well as psychological trauma, in addition to treating pregnant women and children. However, our efforts to scale up activities were hampered by the Israeli forces, who

placed the Strip under a siege, and imposed cumbersome administrative and logistics controls on supplies entering Gaza. As a result, trucks carrying essential medical supplies were routinely blocked. Meanwhile, insecurity forced us to stop activities, evacuate, and then restart, having to adapt to the constantly changing situation. At the time of writing, 11 MSF colleagues have been killed since the start of the war; we miss them, and we mourn their loss.

Communities across the West Bank in Palestine also suffered the fallout of the Gaza war. Israeli forces inflicted shocking levels of violence on refugee camps and communities, destroying houses, and killing and maiming people during incursions, some of which lasted for days. During these periods, Israeli forces imposed severe restrictions on people's movements, meaning they could not leave their neighbourhoods even to seek – or deliver – healthcare. Despite these inhumane measures, our teams made every effort to reach people in need.

The hostilities that had been simmering between Israel and Hezbollah in Lebanon since the October 2023 attacks erupted in late September 2024. Israeli forces invaded Lebanon and launched widespread airstrikes,

including on the capital, Beirut. Although the campaign was short, it was extremely distressing for staff and patients, who often had to evacuate to escape incursions or bombs. In response, we expanded our activities in areas where we had access, running mobile clinics and donating supplies.

In early December, the Assad regime in Syria fell, following an offensive by opposition forces. At the end of the year, our teams were exploring ways to increase the provision of healthcare in parts of the country that had been inaccessible to MSF for over a decade.

## Civil war in Sudan

The conflict in Sudan entered its second year in 2024, with the Sudanese Armed Forces and Rapid Support Forces continuing to fight across swathes of the country. Bureaucracy and security constraints thrown up by the warring parties complicated our ability to respond. The limitations imposed meant we were not able to respond on the scale the immense needs of people demanded; the absence of other humanitarian organisations and a lack of aid in many areas meant that some situations of mass displacement, famine, and violence went overlooked or were severely underserved.



In Darfur, a siege imposed on Zamzam displacement camp and the nearby city of El Fasher from May meant that scarcely any medical supplies or therapeutic food could be delivered. Malnutrition in the camp increased to such a level that famine was declared in August,<sup>1</sup> yet the lack of supplies forced us to cease our outpatient malnutrition treatment in October. During the year, insecurity, including the shelling of hospitals, forced us to evacuate El Fasher.

Our teams in Sudan, and in neighbouring Chad and South Sudan, where many Sudanese have fled, treated patients for life-changing trauma injuries caused by explosions, as well as horrific sexual violence, and diseases that spread rapidly in conflict and displacement settings, such as cholera, malaria, and hepatitis E.

### Forgotten crises

Violence between armed groups and the police further intensified in Haiti's capital, Port-au-Prince, making it one of the most dangerous places anywhere for our teams to operate. The healthcare system has collapsed, and many people are forced to live in informal displacement sites, with little access to clean water and sanitation services. In mid-November, following an attack on an MSF ambulance by police and self-defence groups, in which two patients were executed and accompanying staff members tear-gassed and threatened, we temporarily suspended all activities in Port-au-Prince. By the end of the year, we had started to resume some of these activities.

In Myanmar, the ongoing conflict in Rakhine state continued to cause widespread displacement and suffering, yet drew almost no international attention. Lives and property were deliberately destroyed, and many people forcibly recruited into military service. Despite severe restrictions on our operations and repeated attacks on our facilities, we worked to deliver care, adopting alternative strategies, such as teleconsultations, wherever possible.

From January, there was a surge in fighting between the Congolese army and M23 and other armed groups in North Kivu and South Kivu provinces in the Democratic Republic of Congo (DRC), with people and medical facilities repeatedly caught in the crossfire. MSF offered medical and humanitarian assistance in several locations, including sites around Goma, North Kivu's capital, where up to one million displaced people were estimated to have sought refuge by May.

Across the countries of the Sahel – such as Mali, Burkina Faso, and Niger – our teams continued to respond to the needs of communities enduring ongoing violence and recurrent malnutrition where possible. But we were faced with increasing restrictions on activities and access, and insecurity from both states and armed groups.

### Attacks on healthcare

In 2024, we recorded a significant rise in the number of security incidents affecting MSF staff, facilities and infrastructure compared to recent years. This was indicative of MSF operations being in closer proximity to

frontlines in armed conflicts, and of the volatile security situation in many of the places where we work, such as Palestine, Haiti, Sudan, and DRC. Some of these events – shootings, explosions, raids on our facilities by armed groups, attacks on our ambulances – led us to suspend some medical activities during the year. The decision to halt our services, even temporarily, is never taken lightly. Ultimately, it is the local communities who lose access to desperately needed healthcare.

However, these events are not limited to MSF alone; they reflect what the people we assist and the whole humanitarian community are experiencing. Today, state and non-state armed groups increasingly and flagrantly violate international humanitarian law, which is supposed to protect medical workers and infrastructure, and reduce the space in which humanitarians can safely work.

### Sexual violence

Sexual violence is prevalent in many of the places where we work, especially in conflict settings, such as Sudan, where it is used as a weapon of war. In DRC, numbers are particularly high. In 2023, our teams treated two victims or survivors of sexual violence every hour – a total of over 25,000 people across five provinces during the year. Alarming, this trend increased in 2024; just in displacement sites around Goma, North Kivu province, over the first five months, we treated almost 17,500 patients.

Our teams working in the Darién Gap, between Colombia and Panama, and in other locations along the Central American

Sexual violence is prevalent in many of the places where we work, especially in conflict settings.



Françoise Kabuo, an MSF midwife, speaks at an awareness-raising session to women displaced by violence in South Kivu province, Democratic Republic of Congo, April 2024. © Hugh Cunningham





An MSF crew member watches as a body, one of 11 that were recovered from the Mediterranean Sea the day before, is transferred from the *Geo Barents* to an Italian coastguard vessel. Mediterranean Sea, June 2024. © Frederic Seguin/MSF

We were forced to end our central Mediterranean search and rescue activities.

migration route, such as Mexico and Guatemala, treated many women and girls who had been raped or sexually assaulted by criminal gangs in 2024.

### People on the move

In December, we were forced to end our Central Mediterranean search and rescue activities with our ship, the *Geo Barents*, due to a hostile political climate and new migration laws in Italy, which made our operational model untenable. This decision came after the *Geo Barents* was subjected to multiple 60-day detention orders. Along with the European Union, Italy's laws and policies reflect a genuine neglect for the lives of people seeking refuge and safety.

Most of the people crossing the Mediterranean embark from Libya, where they have been subjected to extreme violence and abuse. In Libya, MSF treated people for the mental and physical trauma of abduction, trafficking, assault, and sexual abuse, as well as illnesses exacerbated by dire living conditions and a lack of healthcare. In this context, we successfully negotiated to evacuate people in Libya who we identified as needing urgent treatment to Italy, where they are cared for.

People on the migration route from southern to northern America continue to face physical and mental abuse. In response, we worked in Panama, Costa Rica, Honduras, Guatemala, Mexico, and the United States during the year, where we provided medical and mental health treatment.

In addition to addressing the needs of people displaced by violence across large-scale activities in DRC, South Sudan, or Sudan, we

also responded to people in areas such as Mali and Mozambique. In Niafounké, we provided healthcare to people fleeing conflict between non-state armed groups and the Malian army. In Mozambique, ongoing violence in Cabo Delgado province continues to force people to leave their homes.

### Responding to medical crises

Since 2022, our teams have responded to a continuous cycle of large cholera outbreaks, including in Yemen, Sudan, South Sudan, and DRC, countries marked by conflict and displacement, which are key drivers of this highly contagious and potentially deadly disease. In 2024, we also launched activities in other places, such as Comoros, where we had never worked before; Zambia, where we returned for the first time since 2018; and Tanzania. Our response to these large and prolonged outbreaks was hindered by the lack of cholera vaccines, due in part to the high demand, and to the fact that one of the two principal oral vaccine manufacturers ceased production.

Throughout the year, MSF teams treated high numbers of malnourished people; mostly children, but increasingly women, especially in Afghanistan and Yemen. Our teams saw disastrous levels of malnutrition in parts of Darfur, Sudan, as well as in Zamfara state, northwest Nigeria, where a mass screening conducted in June revealed that, in two areas, one in four children under the age of five was malnourished. This crisis is aggravated by a global decrease in funding for malnutrition, which has reduced the availability of ready-to-use therapeutic foods, for both preventive and treatment purposes.

In 2024, an outbreak of mpox, a contagious, viral illness that can be fatal if left untreated, began to spread in DRC, and subsequently to other countries in Africa, before the World Health Organization declared it a public health emergency of international concern in August. Our teams responded to mpox in DRC, Central African Republic, and Burundi.

### Shrinking space for humanitarian aid

After 32 years, we were forced to end our medical activities in Russia in August, when the Russian Ministry of Justice decided to withdraw the registration of the MSF section that ran our activities. This was a blow to the people we were serving in the country, including tuberculosis patients in the Arkhangelsk region; people living with HIV in Moscow and St Petersburg; and refugees and internally displaced people affected by the war in Ukraine. We would like to return to Russia, if and when the authorities permit us to.

In recent years, funding for humanitarian aid has been diminishing, as is evident from the increasing gaps in healthcare and the growing needs in the countries where we operate. Sadly, this trend continued in 2024 and into 2025, with many countries cutting or redirecting funds for aid. While we are not directly financially affected by these funding cuts, we are deeply concerned. It is clear that no single organisation can fill the enormous hole in the international aid system. Nevertheless, we remain committed to providing independent and impartial medical humanitarian aid to people who need it.

<sup>1</sup> Integrated Food Security Phase Classification Famine Review Committee - <https://www.ipcinfo.org/ipcinfo-website/countries-in-focus-archive/issue-107/en/>

# Overview of activities



## Largest country programmes

### By expenditure

Democratic Republic of Congo	€130 million
South Sudan	€119 million
Yemen	€116 million
Sudan	€106 million
Palestine	€85 million
Chad	€80 million
Central African Republic	€68 million
Nigeria	€67 million
Afghanistan	€56 million
Niger	€52 million

The total budget for our programmes in these 10 countries was €879 million, **58.2 per cent of MSF's programme expenses in 2024** (see Facts and figures for more details).

### By number of locally hired staff<sup>1</sup>

South Sudan	3,507
Afghanistan	3,436
Nigeria	3,172
Niger	2,809
Democratic Republic of Congo	2,509
Central African Republic	2,151
Yemen	2,149
Bangladesh	1,850
Haiti	1,699
Mali	1,363

### By number of outpatient consultations<sup>2</sup>

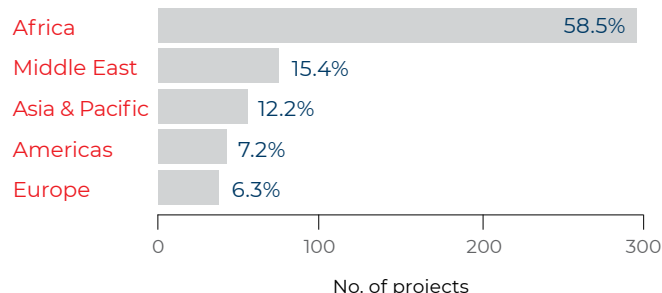
Democratic Republic of Congo	2,285,100
Nigeria	1,668,100
Niger	1,155,400
Syria	1,134,400
Sudan	1,061,200
Burkina Faso	922,500
South Sudan	803,600
Palestine	750,100
Mali	639,300
Bangladesh	624,100



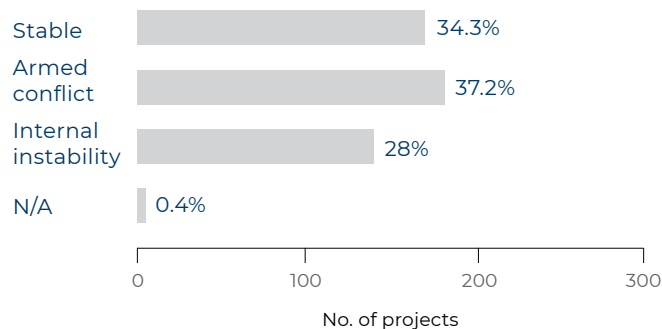
An MSF doctor checks the vital signs of a patient during a consultation in the Auaris region, where MSF works with communities to reduce malaria infections. Brazil, June 2024. © Diego Baravelli/MSF



## Project locations



## Context of interventions



<sup>1</sup> **Staff numbers** represent full-time equivalent (FTE) positions (locally hired and international), averaged out across the year.

<sup>2</sup> **Outpatient consultations** exclude specialist consultations.

# 2024 Activity highlights

**16,493,900**  
outpatient  
consultations



**3,877,100**  
malaria cases  
treated



**2,473,700**  
emergency  
room admissions



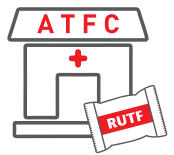
**1,665,200**  
patients  
admitted



**1,318,100**  
vaccinations against  
measles in response  
to an outbreak



**584,700**  
admissions of  
malnourished  
children to  
outpatient  
feeding programmes



**506,300**  
individual  
mental health  
consultations



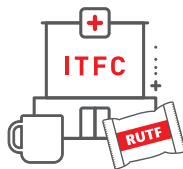
**368,900**  
births assisted,  
including  
caesarean sections



**359,200**  
families received  
distributions  
of relief items



**209,000**  
severely  
malnourished  
children  
admitted to  
inpatient feeding  
programmes



**143,800**  
patients treated  
for cholera



**134,000**  
surgical  
interventions  
involving the  
incision, excision,  
manipulation, or  
suturing of tissue,  
requiring anaesthesia



**73,800**  
people treated  
for sexual  
violence



**36,800**  
people receiving  
HIV antiretroviral  
treatment



**23,400**  
people started  
on first-line  
tuberculosis  
treatment



**20,700**  
people with  
advanced HIV  
under MSF care



**4,140**  
people started  
on hepatitis C  
treatment



**2,280**  
people rescued  
at sea



*The above data groups together medical humanitarian activities where MSF has a full or limited staff presence. 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).*



# War seen from an emergency room

Dr Sohaib Safi, MSF deputy project medical adviser, Gaza, as told to Linda Nyholm, former field communications manager, Palestine.



People walk through the grounds of the severely damaged Al-Shifa hospital, after it was besieged for 14 days by the Israeli forces. Gaza, Palestine, April 2024. © MSF

**I was working as an emergency doctor for Médecins Sans Frontières (MSF) in the emergency department of Al-Aqsa hospital, Deir Al-Balah, Gaza, Palestine, when two young girls were brought in, one about seven years old, the other five. The older one had lost her left arm from the shoulder. The younger one was covered in blood, but I couldn't immediately identify her injury, so I focused on her.**

At first, I was hopeful, because she was on her back, and I couldn't see any signs of injuries. I thought that the blood belonged to her sister. But when I turned her over, her entire right side was open. Her lungs were exposed, covered in shrapnel and dirt, moving fast with her breathing.

I knew there was no cardiothoracic surgeon at the hospital. Even if there had been, I knew her chances were slim. I tried to stop the bleeding, packed the wound and brought her to the paediatric surgeons. When she came out, I took her to the intensive care unit and stayed with her, adjusting her medications and monitoring her condition, hoping she would make it. One of my colleagues tried to prepare me emotionally, because he knew it was unlikely she would.

Indeed, some hours later, my colleague woke me up. The girl had not survived the night.

Subsequently, I learned that she and her sister had been fleeing from northern Gaza with their father, mother, and brother when an airstrike hit their car. Most of the family were killed instantly.

The number of people injured or killed, and the nature of their wounds, are beyond what

any emergency response can manage. Not a single hospital is fully functioning. Every week – sometimes every day – hospitals receive dozens, even hundreds, of patients in the space of a few minutes, with deadly or life-altering injuries from Israeli airstrikes, bombardments, artillery shelling, and high-impact explosives, including severe burns, crush injuries from being trapped under collapsed buildings, and severed limbs.

As a medical student in Gaza in 2018, I witnessed the Great March of Return, when protests held at the border of the enclave were met with hails of gunfire from Israeli forces. More than 7,900 people were shot with live ammunition between March 2018 and November 2019, according to the Ministry of Health. By the end of December 2019, MSF had treated over 900 patients with gunshot wounds. At the time, MSF staff faced major challenges: not only the complexity of the injuries, but also the lack

of expertise in treating them, the limited medical supplies, and the absence of proper testing to guide treatment for the high rates of infection that occurred.

Today, it's even worse. Compared to every war we have previously lived through, the devastation of this one has been beyond words. In Gaza, we have always struggled with shortages of medical supplies, but now they are practically non-existent. I don't think I have ever experienced such a feeling of despair, knowing we could save lives if only we had enough supplies.

We do what we can, knowing it's never enough. Every day, we are forced to make impossible decisions and see patients we cannot save.

Beyond the emergency response, we see a shocking number of people with wounds, burns, and other injuries that require long-term, complex care. In addition to high-level surgery, many need treatment for chronic antibiotic-resistant infections, physiotherapy, regular check-ups, and mental health support, as well as practical assistance. However, even providing a wheelchair or

a latrine becomes pointless if the roads are blocked by rubble or sand. How can people navigate this destruction?

Long-term rehabilitation requires infrastructure, expertise, and coordinated care. But in Gaza, we struggle to even keep people alive. There is no functioning rehabilitation system. The only limb prosthesis centre in Gaza is closed, and there is no way to properly refer patients from a health centre to a hospital. Patients are therefore left to live with disabling injuries that could have been prevented.

More than 90 per cent of people in Gaza are displaced. The education system has collapsed. Clean water, sanitation, and food security are all deteriorating. Every aspect of life is disrupted. On top of the physical wounds, the psychological toll is immense. Most of Gaza is suffering – whether injured or not – from acute stress, post-traumatic stress disorder, and deep mental trauma.

Humanitarian organisations are making efforts, but they are not enough. This is not just about emergency medical response. This is about survival. About dignity. About basic humanity.

The suffering in Gaza will continue long after the bombs stop falling. People will face a lifetime of hardship simply because we were unable to give them the treatment they deserved, due to the Israeli blockade of the Strip. Humanitarian aid must be unhindered, comprehensive, and sustained for as long as needs persist.

The only thing that keeps us going is knowing that our patients need us, and that if we stop working, they will die. It's suffering more than resilience, but as healthcare workers, we have ignored our own trauma. When the war ends, we will all have to face the reality of what we have seen and lost, and what cannot be undone.

Every day, we are forced to make impossible decisions and see patients we cannot save.



An influx of severely injured patients arrive in Al-Aqsa hospital after Israeli forces heavily bombed Gaza's Middle Area, including Al-Nuseirat refugee camp. Gaza Strip, Palestine, June 2024. © Karin Huster/MSF



# Building evidence in crises: how data collection is a vital tool for medical and humanitarian response

By Etienne Gignoux, director of department of epidemiology and training, Epicentre



A doctor from Epicentre, MSF's epidemiological arm, interviews a mother as part of a study into better diagnosing paediatric tuberculosis. Mbarara, Uganda, September 2024. © Stuart Tibaweswa

**Médecins Sans Frontières (MSF) collects a vast amount of data as part of our medical and humanitarian activities. Working in low-resource settings does not absolve us from the responsibility of rigorously documenting our actions.**

From the moment a patient arrives, we create a record, followed by a detailed consultation report. If they need to be admitted, a medical file is opened. These records are essential for patient follow-up, activity tracking, and accountability – to both local authorities and our donors. They also help us measure the scale of our activities, allocate resources efficiently, and, most importantly, assess and improve the quality of care we provide. MSF's dedicated centre for epidemiology, Epicentre, where I work, was created in 1986 for this purpose.

In many crises, MSF is the sole healthcare provider for isolated or conflict-affected communities. This unique access comes with a profound responsibility. Besides routine data, we often need to gather additional information to address critical medical and humanitarian questions. We have a duty not only to treat patients, but also to generate knowledge that can improve their situation.

This data helps answer key research questions: What are the risk factors for disease? How effective is a new treatment or vaccine in our settings? It also allows us to quantify the scale of an outbreak or crisis in an objective and representative manner. However, collecting reliable and interpretable data in extreme conditions, such as during an Ebola outbreak or in an active war zone, is a significant challenge. Let's examine two examples in more detail.

## Ebola in Democratic Republic of Congo

In 2018, an Ebola outbreak emerged in eastern Democratic Republic of Congo. Within days, MSF sent two epidemiologists, Rebecca Coulborn and myself, to support the response. One of our top priorities was to establish a patient data collection system that was both precise and practical, while adhering to ethical and medical standards.

The system needed to be comprehensive enough to describe the outbreak and the patients affected, but also concise and focused on essential questions: the patient's age, gender, place of residence, symptoms and onset date, possible exposure events, contact history, vaccination status, laboratory results, and disease progression.

Being concise is all the more crucial, as interviews are conducted by healthcare



workers in uncomfortable protective gear that can only be worn for a limited time. With patients requiring rapid care in an emergency setting, workers must juggle multiple priorities, including setting up clinical care, surveillance, contact tracing, and ensuring that health facilities continue to operate for other needs, without becoming a source of transmission.

This data collection tool was rapidly adopted by the Ministry of Health and implemented across all Ebola treatment centres, improving patient care and strengthening outbreak control efforts. After the epidemic, we reviewed the data to check for consistency, corrected data entry errors, and excluded unreliable records (for example, cases where a male patient was mistakenly recorded as pregnant). This validated dataset became an invaluable resource for advanced analysis. It provided evidence of the high effectiveness of the Ebola vaccine in an outbreak setting.<sup>1</sup> We also discovered that even when the vaccine was administered too late to prevent infection, it still reduced the risk of death by half among hospitalised patients.<sup>2</sup>

### The war in Sudan

The work of our epidemiologists is not limited to outbreaks – it also extends to humanitarian crises caused by conflict. When war broke out in Sudan in 2023, media coverage was limited, despite the conflict escalating into one of the world's worst humanitarian disasters. MSF teams, working at the heart of the crisis, deeply shaken by the suffering they witnessed, felt

a responsibility to document the scale of the catastrophe and the number of victims. In addition, they needed to assess people's urgent needs for medical care, food, water, and shelter.

In such situations, we rely on standardised protocols refined through experience. In a representative sample of the population, we interview an adult member of each household, asking about deaths in their home since the start of the conflict, incidents of violence, recent illnesses, and living conditions. For their children, we review vaccination records and use simple tools to assess malnutrition status. But how do we conduct these surveys in the midst of an active war?

Ensuring the safety of our teams is paramount, and we must carefully weigh whether to prioritise data collection or focus solely on urgent medical care and humanitarian aid distribution. In Sudan, we resolved this dilemma by conducting interviews with families who had fled the conflict and were now refugees and returnees in Chad. These interviews provided critical insights into their experiences before and during their displacement, as well as their current living conditions.

The findings were alarming: in one city in Darfur, more than one in 20 adult men had been killed in acts of violence.<sup>3</sup> This data helped inform international humanitarian organisations, and raise awareness of the crisis among policymakers and the public.

### Overcoming the challenges of data collection in crises

Whether responding to epidemics, natural hazards, or armed conflicts, collecting reliable and interpretable information in crisis settings is complex and often dangerous. Yet, without data, we cannot accurately assess needs, improve activities, or bear witness to the suffering of affected communities. To overcome logistical and security challenges, we continuously explore alternative data collection methods. In places where movement is too risky, but communication networks are still functional, such as Port-au-Prince in Haiti, or Gaza, Palestine, we conduct phone surveys. In Mauritania, we use satellite imagery to estimate the scale and location of displaced people. In northern Nigeria, we monitor social media for early signs of disease outbreaks. In remote villages in Democratic Republic of Congo, we collaborate with schoolteachers to assess childhood vaccination coverage.

These efforts are not optional – they are essential. Collecting and analysing data in crisis situations is fundamental to improving humanitarian response and ensuring that the voices of affected people are heard. Despite the challenges, we remain committed to this work, because we know that better information leads to better action – and ultimately, better outcomes for those in need.

1 The Lancet - [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00419-5/fulltext#tables](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00419-5/fulltext#tables)

2 The Lancet - [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(23\)00819-8/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00819-8/abstract)

3 Epicentre - <https://epicentre.msf.org/en/news/revealing-scale-and-intensity-ethnic-violence-west-darfur>



Collecting and analysing data in crisis situations is fundamental to improving humanitarian response.

Abdallah A., a health promotion officer, receives information in front of the MSF clinic in Adré transit camp, Chad, August 2024.  
© Ante Bussmann/MSF



# Activities by country / region

15	Armenia	31	Hong Kong SAR	48	Palestine
15	Bangladesh	31	India	50	Panama & Costa Rica
16	Afghanistan	32	Haiti	50	Papua New Guinea
18	Belgium	34	Indonesia	51	Philippines
18	Benin	34	Iran	51	Poland
19	Brazil	35	Iraq	52	Russia
19	Bulgaria	35	Italy	52	Search and rescue operations
20	Burkina Faso	36	Jordan	53	Serbia
20	Burundi	36	Kazakhstan	53	Sierra Leone
21	Central African Republic	37	Kenya	54	South Sudan
22	Cameroon	37	Kiribati	56	Somalia
22	Colombia	38	Kyrgyzstan	56	South Africa
23	Chad	38	Liberia	57	Tajikistan
24	Comoros	39	Lebanon	57	Tanzania
24	Côte d'Ivoire	40	Libya	58	Sudan
25	Egypt	40	Madagascar	60	Syria
25	Eswatini	41	Malawi	62	Thailand
26	Democratic Republic of Congo	41	Malaysia	62	Uganda
28	Ethiopia	42	Mali	63	Ukraine
28	France	42	Mauritania	63	United Kingdom
29	Greece	43	Mexico	64	Uzbekistan
29	Guatemala	43	Mozambique	64	Venezuela
30	Guinea	44	Nigeria	65	Zambia
30	Honduras	46	Niger	65	Zimbabwe
		47	Myanmar	66	Yemen
		47	Pakistan		

MSF teams travel by motorcycle to transport medical supplies and provide patient care in Minova, South Kivu province, Democratic Republic of Congo, April 2024.  
© Hugh Cunningham



# Armenia

No. staff in 2024: 38 (FTE) » Expenditure in 2024: €1.9 million  
MSF first worked in the country: 1988 » [msf.org/armenia](https://msf.org/armenia)

## KEY MEDICAL FIGURES

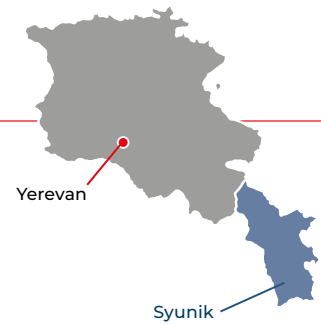
600  
people started on  
hepatitis C treatment

67  
individual mental  
health consultations

**Médecins Sans Frontières (MSF) is working to increase access to healthcare in Armenia for groups that are often excluded from public services, including people in prisons, people engaged in sex work, and displaced communities.**

After more than 100,000 people fled into Armenia following the conflict in Nagorno-Karabakh – a territory internationally recognised as part of Azerbaijan, but until recently home to ethnic Armenians – in September 2023, MSF launched mental health care projects in Kotayk, Ararat, and Syunik regions. As well as providing psychological consultations, our teams assessed people's medical and social needs, and connected them to additional resources and care. Our aim was to ensure their wellbeing and offer practical assistance to support their integration into Armenian society. In March, we ended these activities.

Meanwhile, in the capital, Yerevan, MSF continues to run a project to address the high prevalence of hepatitis C, a disease affecting four per cent of the population, one of the highest rates in the region.



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024  
*The maps and place names used do not reflect any position by MSF on their legal status.*

In close collaboration with the Ministry of Health and local municipalities, we support testing and treatment at Arshakunyats polyclinic. The project aims to reduce the incidence of hepatitis C and improve health outcomes for patients diagnosed with the disease, including people in prisons, who are particularly vulnerable to infection.

In April, the clinic inaugurated a unit designed to meet the specific and sometimes neglected needs of key communities. In this unit, MSF focuses on offering hepatitis C care to men who have sex with men, people who engage in sex work, and people who use drugs. We implement a 'one-stop-shop' model, which integrates screening, diagnosis, treatment, and support services in a single, stigma-free location to streamline care and encourage treatment adherence.

# Bangladesh

No. staff in 2024: 1,924 (FTE) » Expenditure in 2024: €28.8 million  
MSF first worked in the country: 1985 » [msf.org/bangladesh](https://msf.org/bangladesh)

## KEY MEDICAL FIGURES

624,100  
outpatient  
consultations

3,930  
births assisted

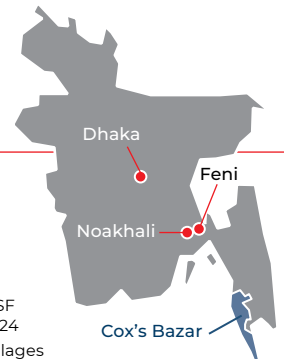
3,330  
people treated for  
intentional physical  
violence

2,200  
people started on  
hepatitis C treatment

**Following an upsurge in fighting in Myanmar in 2024, Médecins Sans Frontières (MSF) teams witnessed an increase in the number of Rohingya refugees arriving in Bangladesh, many with violence-related injuries.**

In Cox's Bazar, thousands of people continued to receive healthcare in MSF's eight health facilities. MSF provided emergency care and sexual and reproductive health services, as well as mental health support and treatment for victims of sexual and gender-based violence. We also treated patients for a range of non-communicable diseases, acute watery diarrhoea, respiratory infections, dengue fever, and measles.

Since mid-2022, there has been a significant increase in violence inside the Cox's Bazar refugee camps, due, in part, to conflict over the border in Myanmar. In September 2024, the fighting between armed groups reached such a level that we had to temporarily suspend activities in some of the camps for a number of days. MSF teams treated some of the injured. Earlier in the year, we also witnessed Rohingya boys and young men being threatened and pressured into returning to Myanmar to fight.



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

Scabies remained a major health issue in Cox's Bazar. In the last quarter of 2024, we saw a sharp increase in cases compared to 2023, when numbers had reduced following a mass drug administration. An MSF-led assessment found reduced chlorination and poor water distribution across all camps, likely contributing to a rise in water-borne diseases.

A study carried out by Epicentre, MSF's epidemiological centre, published in June, reported a high prevalence of hepatitis C infection in adults living in the camps. By December, MSF and other organisations had committed about 60 per cent of needed resources to tackle the virus.

In the capital, Dhaka, MSF continued to run two clinics in Kamrangirchar district, offering sexual and reproductive healthcare, medical and psychological treatment for victims and survivors of sexual and gender-based violence, and occupational health services for factory workers.



# Afghanistan

No. staff in 2024: 3,564 (FTE) » Expenditure in 2024: €56.4 million  
MSF first worked in the country: 1980 » [msf.org/afghanistan](https://www.msf.org/afghanistan)

## KEY MEDICAL FIGURES

458,800

emergency room  
admissions

300,200

outpatient  
consultations

130,000

patients admitted  
to hospital

45,000

births assisted,  
including **3,120**  
caesarean sections

26,000

people treated  
for measles

18,100

surgical interventions

10,600

children admitted  
to inpatient feeding  
programmes

85

people started  
on treatment for  
MDR-TB

**In 2024, Médecins Sans Frontières (MSF) continued to support Afghanistan's over-burdened and under-resourced healthcare system, with a particular focus on mother and child health, through eight projects in eight provinces.**

Throughout the year, our teams saw an overall increase in the number of people coming to our facilities for care. Although the security situation in the country has stabilised and people can more safely travel to reach healthcare, public hospitals and health centres are experiencing severe shortages of medications and staff. In addition, there are high levels of poverty and unemployment, and increasingly restrictive social policies designed to remove women from public and professional life. As a result, many people struggle to obtain the treatment they need.

The pressure on provincial and regional hospitals is intense. In 2024, MSF teams in Afghanistan reported very high bed occupancy rates, with two or even three patients sharing one bed in some facilities. Over the last three years, the number of patients treated by MSF has doubled.

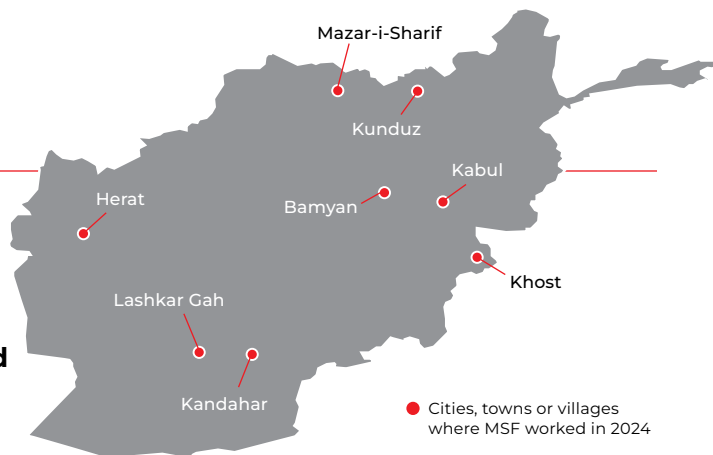
Early in the year, we launched an emergency response to an unusually high seasonal measles peak in Balkh, Bamiyan, Herat, and Helmand. In Herat, we expanded our isolation ward to admit more suspected cases. MSF also called on the government to increase access to vaccinations,

for example by reducing the age for the first dose from nine to six months.

The situation for women continued to worsen in 2024. In August, the Islamic Emirate of Afghanistan (IEA), also known as the Taliban, published a new law containing 35 articles detailing wide-ranging behaviour and lifestyle restrictions, mainly affecting women. The law formalised many existing restrictions, and introduced new ones, such as forbidding women from speaking aloud in public.

Further reducing women's access to education, a process which began in 2022, the IEA banned women from studying at medical institutes, including nursing and midwifery schools, in December. Fifty per cent of MSF's medical staff in Afghanistan are women, but we face ongoing challenges in recruiting gynaecologists in our maternity projects. We are committed to continuing our advocacy efforts and engaging with IEA officials to increase women's access to medical education, and education more broadly.

This year continued to see high numbers of Afghan returnees from Pakistan, Iran, Türkiye, and some European countries, and we conducted a series of needs assessments in some border areas.



Sakina works as a nurse assistant in the paediatric care unit in Herat Regional hospital, where she prepares young patients for consultations with a doctor or senior nurse. Afghanistan, January 2024.

© Mahab Azizi





**Dr Sayeed Matiullah examines two-month-old Maisam, who has a severe cough. Herat province, Afghanistan, January 2024.**  
© Mahab Azizi

## Balkh

MSF has been supporting Mazar-i-Sharif Regional hospital in Balkh province since August 2023, working alongside the Ministry of Public Health to lower paediatric and neonatal death rates. Our teams work in the triage and emergency rooms, the neonatal ward and, since May, the paediatric intensive care unit. We also supported a designated measles isolation ward in 2024.

## Bamyan

Since December 2022, we have been running a healthcare programme in Bamyan province. In collaboration with the community, we constructed and staffed eight health facilities in remote districts in the province between 2022 and 2023. We continue to support the facilities and staff by providing training, and medical and other supplies.

The MSF-supported facilities offer mother and child health services, including obstetric and gynaecological consultations, ante- and postnatal care, family planning, deliveries for uncomplicated pregnancies, and outpatient services. We also boosted the provincial hospital's capacity to respond during the spring measles outbreak.

## Helmand

MSF has been working alongside the Ministry of Public Health at Boost provincial hospital in Lashkar Gah city, Helmand province, since 2009. The hospital is the main referral centre in Helmand, and for nearby facilities in surrounding provinces.

MSF works in nearly every department of the hospital, including the emergency department, paediatrics, neonatology, maternity, surgical services, internal medicine, and isolation wards. Each day, the emergency room sees between 800 and 1,000 patients, and the maternity department delivers around 75 babies. People continue to travel long distances to reach the facility, due to the lack of free healthcare elsewhere.

## Herat

MSF also supports paediatric care at Herat Regional hospital. We have teams working in triage, the

emergency room, inpatient and outpatient therapeutic feeding centres, and the intensive and intermediate care units. In 2024, we opened a paediatric laboratory and started mental health activities to increase connection between mothers and their children, and improve children's cognitive and social development.

In October, we closed our Kahdestan outpatient clinic, in Injeel district, to concentrate resources in Herat Regional hospital. We referred all patients with chronic non-communicable diseases to other organisations in the region.

## Kabul

In Kabul, MSF provided financial support to the Afghan Midwives Association until the end of the year. Between January and April, we supported three facilities run by the Agency for Assistance and Development of Afghanistan, which treat children with malnutrition under six months old.

## Kandahar

Since 2016, MSF has been treating patients with drug-resistant tuberculosis (TB) in Kandahar province, and supporting the detection and treatment of drug-sensitive TB in other facilities across southern Afghanistan.

We also provide nutrition programming through our inpatient and outpatient feeding centres.

## Khost

In Khost province, our maternity hospital provides comprehensive emergency obstetric and neonatal care, with a focus on reducing high maternal death rates. We also offer financial support and training for staff in eight healthcare centres, to improve the capacity and accessibility of maternity services in Khost.

In May, we established a microbiology laboratory to strengthen our response to antimicrobial resistance in the maternity hospital.

## Kunduz

MSF delivers trauma care in order to prevent avoidable deaths, illness, and disability at our dedicated trauma centre in Kunduz. We partner with Humanity & Inclusion to deliver physiotherapy services. MSF also runs a microbiology lab, and has set up an antimicrobial stewardship programme to address the high burden of antimicrobial resistance in the province.

In Chahardara district, we run a health post, which stabilises injured patients, and conducts outpatient consultations, screening for malnutrition, and routine vaccinations for children.

In May, when flash floods swept through Baghlan, Takhar and Badakhshan provinces, MSF treated some of the wounded, and donated over 100 trauma kits to Baghlan hospital.

# Belgium

No. staff in 2024: 25 (FTE) » Expenditure in 2024: €2.2 million  
MSF first worked in the country: 1987 » [msf.org/belgium](https://msf.org/belgium)

## KEY MEDICAL FIGURES

1,680  
outpatient  
consultations

1,170  
mental health  
consultations  
provided in group  
sessions

160  
individual mental  
health consultations

### In Belgium, Médecins Sans Frontières offers medical and psychological support to migrants and asylum seekers living in precarious conditions, and advocates for the government to fulfil its obligations towards them.

In 2024, nearly 40,000 people applied for international protection in Belgium – the highest number since 2015. However, owing to the government's failure to provide everyone with the accommodation and other services they were entitled to, thousands ended up sleeping on the streets, in car parks, or in camps, for months. Many people were extremely vulnerable, having fled conflict or endured torture or persecution because of their political views or sexual orientation.

Many undocumented migrants also struggled to access housing and healthcare, making them susceptible to illness and mental health problems, including depression and post-traumatic stress disorder.

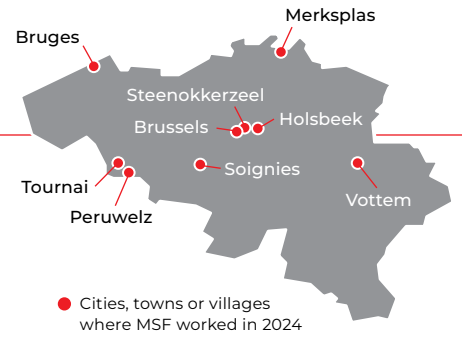
In response, our mobile teams offered medical consultations and psychological support to asylum seekers, migrants, and foreign unaccompanied minors living in precarious conditions and centres managed

by several partner organisations across Brussels. We also conducted health promotion sessions, stepped up infection prevention and control activities, and administered vaccines to children.

Following seven years of work at the humanitarian hub, we handed over our activities there to Médecins du Monde. This allowed us to focus on helping asylum seekers and migrants in harder-to-reach locations in Brussels and across Belgium, including along the border with France.

In addition, we consolidated our network of medical volunteers, who provide second medical opinions for people held in administrative detention centres throughout the country.

As Belgium toughened its immigration policies and anti-migrant narratives increased, we also scaled up our advocacy efforts, calling for effective access to care for all, and for the authorities to uphold national and international laws concerning the rights of applicants for international protection and of people in administrative detention centres.



# Benin

No. staff in 2024: 104 (FTE) » Expenditure in 2024: €3.4 million  
MSF first worked in the country: 1985 » [msf.org/benin](https://msf.org/benin)

## KEY MEDICAL FIGURES

41,200  
outpatient  
consultations

16,700  
malaria cases treated

4,350  
births assisted

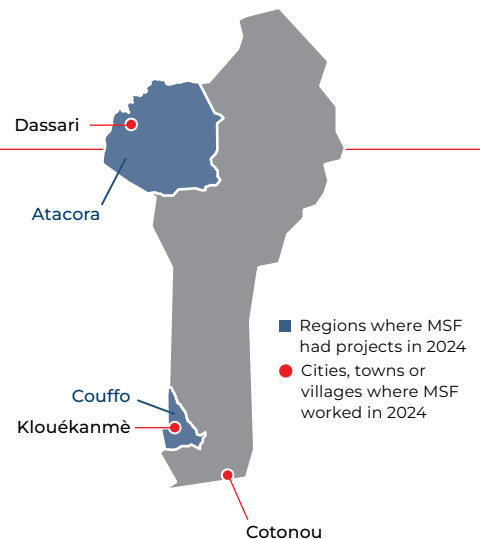
### Médecins Sans Frontières' key priorities in Benin are improving maternal and infant healthcare, and tackling malaria, a leading cause of death.

Since 2023, we have been implementing a project in Atacora department in northern Benin to strengthen the skills of health staff and improve medical facilities, with a focus on treating malaria and responding to emergencies.

Our teams support the Tanguéta-Matéri-Cobly health zone – specifically the health centre in Dassari, near the border with Burkina Faso – by providing malaria treatment and nutrition support for pregnant women and children under five. In October, we extended these activities to the health centres in Matéri, Cobly, and Pétinga. This region of Benin is subject to recurrent attacks by non-state armed groups, as well as violent clashes between farmers and herders, resulting in loss of life and displacement. In 2024, we treated patients with violence-related injuries, and supported displaced people from Gouandé and Koutoucondica by distributing essential items, such as cooking equipment and hygiene kits.

In the south of the country, the sexual and reproductive healthcare project we have been running since 2022 in the Klouékanmè-Toviklin-Lalo health zone continues to improve access to family planning services, safe abortion care, and treatment for sexual violence. In 2024, we also supported the Couffo National Blood Transfusion Authority by donating an Elisa chain, a tool used in blood tests, and setting up voluntary blood donor committees, with the aim of reducing maternal and neonatal deaths.

In addition, we launched emergency responses to assist people affected by floods in Lalo and Karimama, and by cholera epidemics in Adjahonmè and Abomey-Calavi.





# Brazil

No. staff in 2024: 46 (FTE) » Expenditure in 2024: €4.8 million  
MSF first worked in the country: 1991 » [msf.org/brazil](https://www.msf.org/brazil)

## KEY MEDICAL FIGURES

20,900  
outpatient  
consultations

4,680  
mental health  
consultations  
provided in group  
sessions

1,420  
malaria cases treated

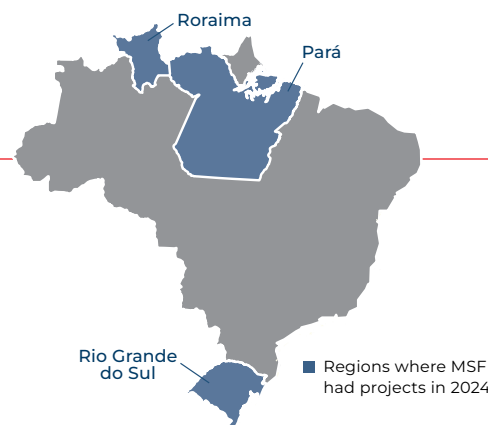
680  
individual mental  
health consultations

## Médecins Sans Frontières (MSF) teams in Brazil deliver healthcare to hard-to-reach communities in remote areas of the Amazon. Our services include treatment for malaria and mental health support.

In Roraima state, we work in the Yanomami Indigenous Territory (YIT), in the Auaris region, providing malaria treatment and essential healthcare. In the state capital, Boa Vista, we offer medical consultations and mental health support to Yanomami people at the Indigenous health centre.

In early 2023, the Ministry of Health declared a health emergency in the YIT, linked, among other factors, to environmental degradation caused by illegal mining. Since then, MSF has been supporting the ministry to improve healthcare in the territory. In 2024, we coordinated and co-financed the renovation of a health facility in Auaris. The work, carried out in collaboration with the Indigenous health authorities, involved expanding and upgrading the space, and dividing it into a consultation area and an inpatient ward.

Wherever possible, we run our services on the Indigenous people's own land, thus implementing a health approach that is more culturally suited to these communities.



Meanwhile, in the state of Pará, we continued our work in Portel, a hard-to-reach Amazonian town. There, MSF promoted the creation of a multidisciplinary network to optimise the flow of care for victims and survivors of sexual violence, through actions such as community engagement and training of professionals from different fields. We also support local authorities to offer general healthcare in the area, including for riverside communities.

In addition to these activities, we launched an emergency response to help people affected by heavy rainfall and flooding in the southern state of Rio Grande do Sul. We provided basic healthcare, as well as mental health and psychosocial support, in a shelter in Canoas, one of the worst-hit towns.

MSF also worked with Rio Grande do Sul authorities in five other cities to design a mental health and psychosocial support response, comprising three main elements: community support, training of local professionals, and the development of emergency protocols.

# Bulgaria

No. staff in 2024: 19 (FTE) » Expenditure in 2024: €0.8 million  
MSF first worked in the country: 1981 » [msf.org/bulgaria](https://www.msf.org/bulgaria)

## KEY MEDICAL FIGURES

6,040  
outpatient  
consultations

340  
individual mental  
health consultations

## Between July 2023 and October 2024, Médecins Sans Frontières (MSF) ran a project providing healthcare to asylum seekers and refugees in Harmanli, Bulgaria.

Harmanli registration and reception centre, located near the border with Türkiye, remains the main government-run centre for asylum seekers, migrants, and refugees arriving in Bulgaria. Overcrowding, poor hygiene, and limited access to medical services contribute to health problems, including frequent outbreaks of scabies and respiratory infections. MSF began working there in July 2023, conducting general healthcare consultations, including mental health support and chronic disease treatment, as well as providing health promotion sessions. To tackle hygiene-related issues, our teams ran a vector-control programme, in which they disinfected rooms and mattresses, and trained both the reception centre staff and residents in good hygiene practices.

In 2024, stricter government policies, supported by the European Union and Frontex, led to a sharp decrease in the number of people crossing the



● Cities, towns or villages where MSF worked in 2024

border to seek asylum and protection. In view of the low occupancy rate in Harmanli, we decided to hand over our activities to the national authority in charge of refugees, the State Agency for Refugees, in October.

At the time of the project's closure, there were still some structural challenges at the centre; for example, a doctor was not regularly available, and there was limited access to mental health support, despite the needs of many residents who had experienced trauma and violence. However, the overall provision of medical care had improved, and a dermatologist conducted regular consultations.

MSF's activities at Harmanli highlighted the ongoing gaps in Bulgaria's reception and healthcare system for refugees, migrants, and asylum seekers. While our programme in Bulgaria has ended, we continue to monitor the humanitarian and medical needs in the country, ready to return again if needed.

# Burkina Faso

No. staff in 2024: 1,218 (FTE) » Expenditure in 2024: €32.7 million  
MSF first worked in the country: 1995 » [msf.org/burkina-faso](https://msf.org/burkina-faso)

## KEY MEDICAL FIGURES

118,085,000  
litres of chlorinated  
water distributed

922,500  
outpatient  
consultations

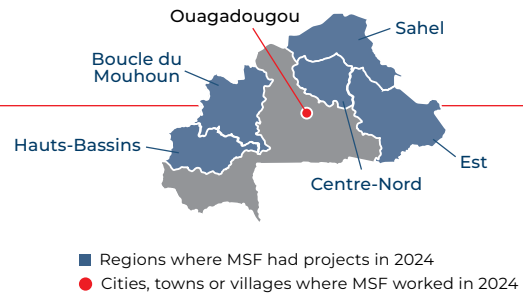
313,900  
malaria cases treated

162,500  
vaccinations against  
measles in response  
to an outbreak

## Médecins Sans Frontières (MSF) launched numerous emergency interventions across Burkina Faso in 2024 to assist people displaced by conflict.

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

After numerous security incidents, we had to end our support to the thousands of people living in the blockaded town of Djibo, Sahel region, who are mainly reliant on humanitarian aid. We also closed our projects in Pama and Gorgadji, in order to redirect and adapt our response to the movement of people in these areas. As the violence forced more people to flee across the country, we launched several emergency activities in the Sahel and Est regions.



Despite these challenges, MSF ran a range of medical activities, including basic, paediatric, and maternal healthcare, sexual and reproductive health services, and screening and treatment for malaria and malnutrition. We continued to work in Hauts-Bassins, strengthening our provision of maternal, paediatric, and emergency healthcare, as well as nutritional support. We also focused on preventing neonatal deaths by implementing strategies such as 'zero separation', which advocates that one parent is always present with a newborn, and creating a training centre for point-of-care ultrasound, to facilitate faster diagnosis and treatment. Our other activities in 2024 included distributing water, responding to a surge in febrile jaundice in Kaya, and supporting the local authorities' response to outbreaks of measles by providing vaccinations and medical treatment in the Centre-Nord, Sahel and Est regions.

# Burundi

No. staff in 2024: 95 (FTE) » Expenditure in 2024: €3.7 million  
MSF first worked in the country: 1992 » [msf.org/burundi](https://msf.org/burundi)

## KEY MEDICAL FIGURES

132,100  
malaria cases treated

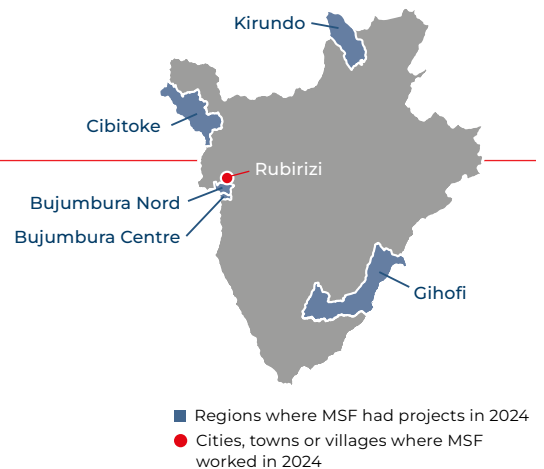
7,050  
people treated  
for measles

1,640  
people treated  
for cholera

## In Burundi, Médecins Sans Frontières (MSF) teams scaled up activities to tackle malaria in Cibitoke province. We also responded to outbreaks of cholera, measles, and mpox in several locations.

In January, we launched a new malaria project in Cibitoke, responding to needs identified during our emergency intervention in 2023. Our aim is to strengthen prevention and treatment of the disease, which is highly prevalent in the province, and is the leading cause of death and hospital admissions across the country. Our teams helped Cibitoke hospital and 20 health centres to treat children under 15, strengthened blood transfusion safety measures, and prepared Ministry of Health teams to launch long-term treatment, which began in December, and vaccinations, which are due to begin in 2025. To complement these activities, we ran community-based awareness-raising sessions and distributed mosquito bed nets.

Elsewhere in the country, MSF teams responded to several epidemics. From February to July, we supported the hospital and health centres in the Kirundo health zone during a measles outbreak,



treating children and providing logistical support for the vaccination campaign launched in May. In addition, we helped treat children suffering from malaria and malnutrition.

We also sent teams to respond to cholera epidemics in Bujumbura and the surrounding area, and in Gihofi, Rutana province. In Bujumbura, MSF supported the treatment of patients at the cholera treatment centre at Prince Régent Charles hospital. On the northern outskirts of the city, our teams built and supported a treatment centre at Rubirizi health centre with donations of medicines and equipment, training, and reinforcing water and sanitation facilities.

In July, an epidemic of mpox, formerly known as monkeypox, was declared. It quickly spread to all 18 provinces, and by the end of the year, there were more than 3,000 confirmed cases. MSF teams helped respond to the epidemic at the Kamenge University hospital in Bujumbura, and in Bururi province.

# Central African Republic

No. staff in 2024: 2,379 (FTE) » Expenditure in 2024: €68.1 million  
MSF first worked in the country: 1997 » [msf.org/central-african-republic](https://msf.org/central-african-republic)

## KEY MEDICAL FIGURES

543,600  
outpatient  
consultations

324,800  
malaria cases treated

10,300  
people receiving  
HIV antiretroviral  
treatment

4,820  
people treated for  
sexual violence

**The security situation remains volatile in several regions of Central African Republic (CAR), a country with some of the world's worst health indicators, and where millions of people have no access to healthcare.**

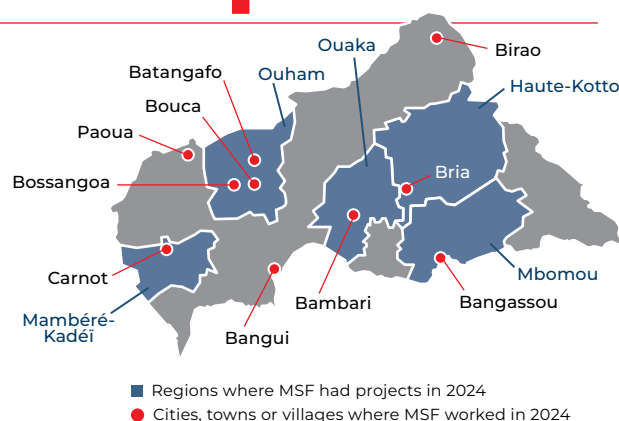
With many health facilities in CAR partially or totally non-functional,<sup>1</sup> Médecins Sans Frontières (MSF) plays a crucial role in delivering essential care in the country, specifically in Bangui, and in the regions of Bambari, Bangassou, Batangafo, Bossangoa, Bria, and Carnot.

### Addressing gaps in care

The healthcare system in CAR remains critically weak due to shortages of trained personnel and medical supplies, and an overall lack of health facilities. Even where healthcare is available, many people die from preventable diseases because they are unable to afford treatment. In rural areas, the healthcare facilities where MSF teams work are often the only places offering free medical care.

MSF provides a broad range of medical services, supporting health facilities with emergency surgery, intensive care, paediatrics, neonatology, intensive nutrition, treatment for HIV and tuberculosis (TB), and sexual and reproductive healthcare. We have implemented new approaches to care in Bangassou and Batangafo, by expanding community-based services through training for traditional birth attendants on family planning, and for community health workers on malaria, diarrhoea, and respiratory infections.

In addition, our teams respond to disease outbreaks and provide mental health support, basic healthcare, and specialist referrals. Malaria is one of the most



common diseases we treat, and the deadliest, particularly for children under five. The general lack of prevention measures and treatment lead to high infection rates, particularly during the rainy season. In 2024, we scaled up malaria treatment activities in several districts where outbreaks were severe. This included chemoprevention in Batangafo and Bossangoa as a method for protecting infants under one year old.

CAR also has one of the highest HIV prevalence rates in the central African region.<sup>2</sup> Antiretroviral coverage is low, and the disease is a leading cause of death among adults. MSF continues to expand access to treatment – including for patients with advanced HIV – and improve patient follow-up to ensure adherence to treatment by supporting Ministry of Health staff.

### Emergency and specialised medical services

During 2024, MSF teams launched emergency responses to assist refugees from neighbouring Sudan and Chad. These included general healthcare services, and vaccination campaigns to contain measles and whooping cough outbreaks. In areas with high maternal death rates, MSF strengthened maternal healthcare services, ensuring that pregnant women received essential antenatal care.

While most of our projects are in rural areas, we continue to work in the capital, Bangui, supporting trauma surgery, obstetric and neonatal care, advanced HIV and TB treatment, and comprehensive medical and psychological care for victims and survivors of sexual violence.

1 WHO, HeRAMS CAR - <https://www.who.int/publications/m/item/herams-central-african-republic-baseline-report-2023-operational-status-of-the-health-system>

2 World Bank, Prevalence of HIV - [https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS?locations=ZG&name\\_desc=false](https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS?locations=ZG&name_desc=false)

**MSF teams visit remote communities around Bambari to provide care. Ouaka region, Central African Republic, May 2024.** © Evely Biramocko/MSF





# Cameroon

No. staff in 2024: 189 (FTE) » Expenditure in 2024: €8.3 million  
MSF first worked in the country: 1984 » [msf.org/cameroon](https://msf.org/cameroon)

## KEY MEDICAL FIGURES

89,100  
outpatient  
consultations

4,050  
emergency room  
admissions

1,640  
surgical  
interventions

540  
admissions of  
children to  
outpatient feeding  
programmes

**Médecins Sans Frontières provides emergency surgery for patients with violence-related injuries in Cameroon's volatile Far North region. During 2024, we also responded to peaks in malaria and malnutrition, and severe flooding.**

The ongoing conflict in the Lake Chad Basin continues to impact people in northern Cameroon, with many injured in repeated incursions by non-state armed groups and outbreaks of intercommunal violence. In 2024, we strengthened our support for emergency surgery at Mora District hospital by rehabilitating the operating theatre.

In Far North, we also focus on supporting community healthcare activities in areas where insecurity prevents people from accessing medical facilities. In these areas, we have trained community health workers to treat uncomplicated malaria and diarrhoea cases, screen children for severe acute malnutrition, and refer patients requiring specialist care to hospitals.



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

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

# Colombia

No. staff in 2024: 96 (FTE) » Expenditure in 2024: €3.1 million  
MSF first worked in the country: 1985 » [msf.org/colombia](https://msf.org/colombia)

## KEY MEDICAL FIGURES

2,370  
families received  
relief items

130  
individual mental  
health consultations

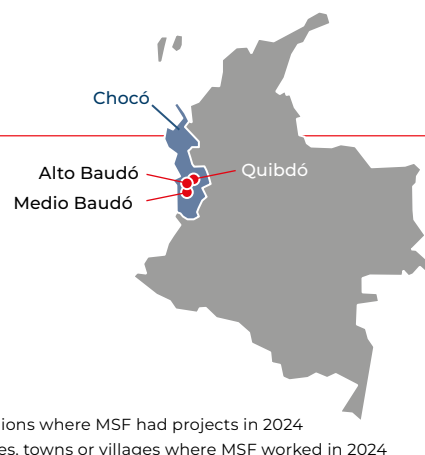
110  
outpatient  
consultations

**In 2024, Médecins Sans Frontières teams in Colombia continued to focus on assisting remote communities, whose access to healthcare is limited due to ongoing insecurity and a lack of facilities.**

In November, after three years, we concluded our health project in Alto Baudó, in Chocó, a department in Colombia's Pacific region.

Through this project, our teams promoted disease prevention practices, and brought basic healthcare closer to 133 Indigenous and Afro-descendant communities who previously had to travel for up to three days to reach a health centre. We also trained health promoters and community agents, and supported urgent referrals to health centres.

Despite the government's efforts to achieve 'Total Peace', by engaging all non-state armed groups simultaneously in dialogue with the state, there was territorial expansion of some groups, and an increase in violent clashes between them and the Colombian armed forces in 2024. This led to further displacement and forcible confinements across Colombia, and a rise in kidnappings, killings, and acts of extortion, especially in remote regions or areas with little state presence.



In 2024, according to the authorities,<sup>1</sup> more than 160,000 people were displaced by violence, the highest figure in the last decade, and at least 33,700 people were victims of forced confinement.

In November, we launched an emergency response in Alto Baudó and Medio Baudó, following severe flooding that affected 150,000 people in the region. We donated hygiene kits, cooking equipment, and drinking water, as well as mattresses, blankets, and mosquito nets, in five communities.

In addition, between October and November, we provided mental health care to people severely affected by the increase in urban violence resulting from the armed conflict in Quibdó.

<sup>1</sup> Government of Colombia - <https://vgv.unidadvictimas.gov.co/#>

# Chad

No. staff in 2024: 2,404 (FTE) » Expenditure in 2024: €79.8 million  
MSF first worked in the country: 1981 » [msf.org/chad](https://www.msf.org/chad)

## KEY MEDICAL FIGURES

402,932,000  
litres of chlorinated  
water distributed

601,400  
outpatient  
consultations

67,500  
vaccinations against  
measles in response  
to an outbreak

42,500  
admissions of children  
to outpatient feeding  
programmes

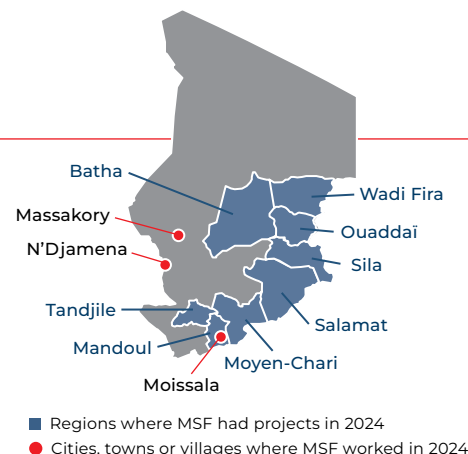
**In 2024, Médecins Sans Frontières (MSF) expanded activities to assist some of the more than 700,000 refugees and returnees in eastern Chad, who had fled the horrific violence of the war in Sudan.**

### Responding to the Sudan crisis

In response to the dire needs of refugees and returnees, MSF – as one of the main organisations in the camps – massively scaled up our medical humanitarian activities. We ran health and sanitation projects in Ouaddaï, Sila, and Wadi Fira in eastern Chad, striving to meet the immediate, and growing, needs of both displaced people and local communities. We have been providing basic, specialist, and community healthcare in the transit camp of Adré, and in the refugee camps of Aboutengue, Metché, and Iriba, and in Kimiti province, further south.

MSF has built field hospitals in Metché and Aboutengue camps, running a wide range of services, including emergency, paediatric, neonatal, and sexual and reproductive care, as well as an operating theatre for emergency surgery in Metché. At Adré hospital, we handed over our surgical programme in 2024 to the Ministry of Health, while we continued to support the paediatric, nutrition, and maternity wards. In Iriba, MSF supported the Ministry of Health at the district hospital and ran a clinic in Touloum camp, as well as a clinic at the Dagoussa site and mobile clinics in Goz-Aschiye, Goz Saffra, and Andressa, in Wadi Fira. MSF also ran a health post in Tine transit camp, in Wadi Fira.

MSF activities aimed to strengthen paediatric care in all our projects, in particular the treatment of acute malnutrition and seasonal malaria, through screening and treatment of patients in inpatient and outpatient therapeutic feeding centres. We provided sexual and reproductive health services, mental health support, and care for victims and survivors of sexual violence in Adré, Iriba, and Metché.



We carried out extensive work to improve the drinking water supply in villages and refugee camps by constructing boreholes, latrines, and showers, and distributing water.

### Regular programmes and other emergency activities

Devastating floods struck all 23 provinces of Chad in 2024, affecting thousands of people and killing more than 500. In collaboration with the Chadian authorities, MSF carried out several emergency responses to meet the immediate needs of affected communities, who were facing severe shortages of food, shelter, drinking water, and healthcare. In Koukou, Sila province, MSF helped local authorities rescue survivors, and provided an emergency healthcare, and water, sanitation, and hygiene response to reduce the risk of outbreaks.

To address low vaccination coverage, MSF supported numerous emergency and routine campaigns across the country. In collaboration with the Ministry of Health, we vaccinated children and adults against measles in the regions of Salammat and Moyen-Chari, and supported catch-up vaccinations throughout the country. To tackle a resurgence in diphtheria, we launched a mass vaccination campaign in the Batha region in January. In the Mandoul region, we continued to partner with the Ministry of Health to improve access to paediatric, obstetric, and maternal healthcare in Moissala, as well as services for children, including treatment for malnutrition and malaria. In N'Djamena, MSF also collaborated with the Ministry of Health on a malnutrition project by supporting five outpatient therapeutic feeding centres and a hospital.

In several of our projects in Chad, we are promoting a communal approach to raising awareness about disease prevention. In Sila, we continued developing a community-based healthcare network across 91 villages, focused on screening and case referrals to improve access to care and early treatment. MSF also worked with community health workers in Massakory, Hadjer Lamis province, to treat malaria cases closer to people's homes.



**Dr Biaksoubo Keblouabé (centre) examines Nasrin, who was diagnosed with malaria and came to the clinic with her mother, Awadia. Chad, July 2024. © Ante Bussmann/MSF**

# Comoros

No. staff in 2024: 7 (FTE) » Expenditure in 2024: €2 million  
MSF first worked in the country: 2024 » [msf.org/comoros](https://msf.org/comoros)

## KEY MEDICAL FIGURES

**229,300**  
people vaccinated  
against cholera  
in response to an  
outbreak

**5,780**  
people treated  
for cholera

**Médecins Sans Frontières (MSF) teams worked in Comoros, a country consisting of three main islands in the Indian Ocean, for the first time in 2024.**

Following the declaration of a cholera outbreak in February 2024, MSF responded on Anjouan and Mohéli islands by supporting the Ministry of Health's cholera response. We focused on improving care, infection prevention and control measures, and facility patient flow, through staff training and facility upgrades.

MSF also expanded the treatment capacity in several facilities, for example increasing the number of beds in Hombo cholera treatment centre from 23 to 47 beds, and in Domoni treatment centre from eight to 27 beds. In addition, we collaborated with UNICEF and the Comoros Red Crescent, in coordination with the International Federation of Red Cross and Red Crescent Societies, to decentralise care, by establishing one mobile and six fixed oral



■ Regions where MSF had projects in 2024

rehydration points on Anjouan, and improve patient stabilisation and referral systems.

As well as helping to strengthen patient care and improve the organisation of health facilities, we supported the Ministry of Health by conducting vaccination campaigns with the oral cholera vaccine on both islands.

By mid-July, as cholera cases declined, the rehydration points were reintegrated into health centres. We concluded our activities that month, after making a final donation of medical supplies and training staff to maintain cholera response capacity.

# Côte d'Ivoire

No. staff in 2024: 97 (FTE) » Expenditure in 2024: €4.3 million  
MSF first worked in the country: 1990 » [msf.org/cote-divoire](https://msf.org/cote-divoire)

## KEY MEDICAL FIGURES

**71,100**  
outpatient  
consultations

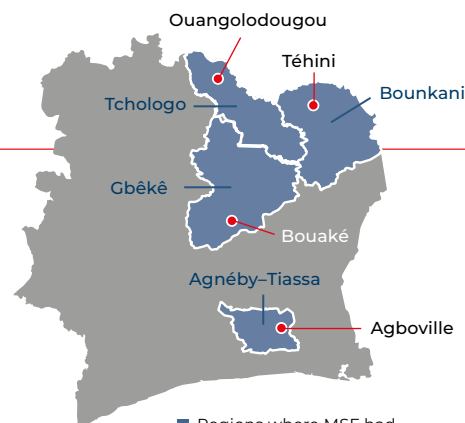
**16,400**  
malaria cases treated

**3,040**  
individual mental  
health consultations

**In 2024, Médecins Sans Frontières (MSF) ran projects in Côte d'Ivoire to assist refugees from Burkina Faso, and to improve care for people living with epilepsy and mental health conditions.**

In 2024, our teams in northern Côte d'Ivoire responded to the needs of refugees from neighbouring Burkina Faso, who have been driven from their homes by recurrent violence. Some refugees are hosted by local families, but many are living in precarious conditions, with little access to basic services, including healthcare.

We supported both refugees and host communities by offering general healthcare, including reproductive health services, particularly in Ouangolodougou and Téhini districts. Working with the Ministry of Health, MSF supported routine vaccination, as well as a preventive measles



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

vaccination campaign, among refugees and host communities in Ouangolodougou.

We also continued our regular activities in collaboration with our local partners and the health authorities. In Bouaké, we run a project for people living with mental health conditions and epilepsy across three districts. In Agboville district, we provide specialised care — including cardiology, gynaecology, obstetrics and paediatrics — through telemedicine services in 11 health facilities.



# Egypt

No. staff in 2024: 83 (FTE) » Expenditure in 2024: €2.8 million  
MSF first worked in the country: 2010 » [msf.org/egypt](https://msf.org/egypt)

## KEY MEDICAL FIGURES

**3,360**  
mental health  
consultations  
provided in group  
sessions

**290**  
outpatient  
consultations

**In Egypt, Médecins Sans Frontières (MSF) started to support a specialised burns hospital, and run community-based mental health activities to assist both local people and refugees.**

Hundreds of thousands of people continue to arrive in Egypt, seeking refuge from the wars in Gaza and Sudan, and other conflicts in sub-Saharan Africa.

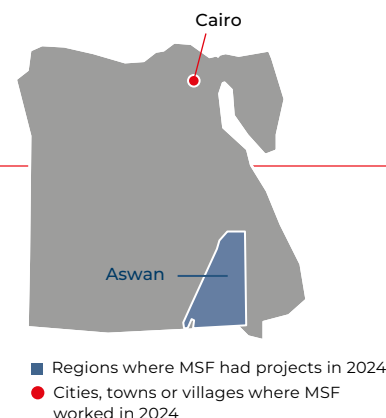
In the capital, Cairo, MSF started to support a specialist burns hospital run by a local organisation, Ahl Masr, in July. With a 50-bed capacity, it is the biggest private burns hospital in Egypt, and provides free medical care to patients from across the country, as well as those from the Middle East and North Africa. Our teams offer technical support and training in nursing, mental health, and physiotherapy.

Also in Cairo, our teams started carrying out community-based mental health activities, focusing on strengthening emotional support within communities through training and support groups. The initiative began in March, with psychological

first-aid training for personnel from government institutions and NGOs. In May, this was expanded to include leaders from various community-based organisations, equipping them with the necessary skills to provide immediate emotional support. In the same month, we set up psychoeducational groups for adult women, expectant mothers, and adolescents. Each group followed a structured four-session programme covering emotional recognition, stress management, self-care, and community support.

In early 2024, we closed the clinic we had been running in the Maadi neighbourhood of Cairo.

In Aswan governorate, in southern Egypt, we offered mental health support and basic health services for Sudanese refugees and the local community through mobile clinics in several villages and areas.



# Eswatini

No. staff in 2024: 90 (FTE) » Expenditure in 2024: €3.5 million  
MSF first worked in the country: 2007 » [msf.org/eswatini](https://msf.org/eswatini)

## KEY MEDICAL FIGURES

**9,780**  
outpatient  
consultations

**3,810**  
consultations for  
contraceptive  
services

**100**  
people newly  
diagnosed with HIV

**In 2024, Médecins Sans Frontières (MSF) opened a high-dependency unit (HDU) for patients requiring life support, and officially launched Sitsandziwe, a comprehensive sexual health clinic in Eswatini's Manzini region.**

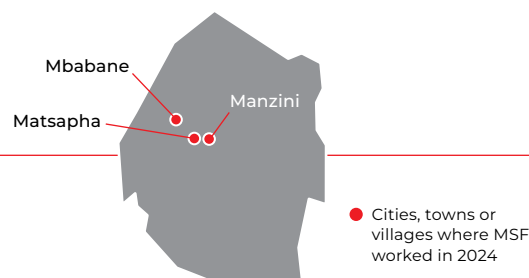
The HDU is the first of its kind to operate in the Manzini region. High-dependency care had long been a health gap in Eswatini, with only three units operating nationwide. These are always full, potentially leading to premature deaths. The MSF HDU focuses on offering specialised care to critically ill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

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

In the same project, we run our Sitsandziwe clinic – which means ‘we are loved’ in English.

The clinic provides comprehensive sexual and reproductive healthcare, including family planning, laboratory-based diagnosis and treatment for sexually transmitted infections, screening for human papillomavirus, HIV testing and prevention, antiretroviral therapy for people living with HIV, and mental health support to marginalised communities. Sitsandziwe addresses the diverse needs of the LGBTQI+ community, students, factory workers, and young women, implementing a patient-centred model of care and using innovative medical tools.

In 2024, we held four roundtables with community leaders, the Ministry of Health, MSF staff, and patients, emphasising our ‘People and Patients as Partners’ approach, where we made significant progress in informing and designing the care we provide. As a result, we have extended the clinic’s opening hours to better meet patient needs, and strengthened our partnerships by supporting community outreach events.



# Democratic Republic of Congo

No. staff in 2024: 2,819 (FTE) » Expenditure in 2024: €130.2 million  
MSF first worked in the country: 1977 » [msf.org/drc](https://www.msf.org/drc)



## KEY MEDICAL FIGURES

2,285,100  
outpatient  
consultations

843,300  
vaccinations against  
measles in response  
to an outbreak

46,900  
people treated for  
sexual violence

19,700  
children admitted  
to inpatient feeding  
programmes

15,600  
surgical interventions

1,220  
people receiving  
HIV antiretroviral  
treatment

**The Democratic Republic of Congo (DRC) was Médecins Sans Frontières' (MSF's) largest country of operation in 2024. Our teams responded to people's immense humanitarian needs, which have been exacerbated by years of conflict.**

In 2024, MSF increased activities to respond to the devastating impacts of the brutal conflict raging across North Kivu, South Kivu, and Ituri provinces in eastern DRC, which had displaced four million people by the end of the year.

We also responded to numerous other emergencies, including disease outbreaks and floods, and continued to run our regular and specialist projects throughout the country.

### Response to conflict in eastern DRC

The conflict in North and South Kivu, which began in 2021, escalated in 2024 between the M23, the Congolese armed forces (AFC), their respective allies, and other armed groups, causing new waves of displacement.<sup>1</sup> In February alone, 250,000 people arrived in the already overcrowded camps on the outskirts of Goma, the capital of North

Kivu. In 2024, the living conditions in the camps continued to deteriorate, due to a lack of national and international action, and the frontlines moved closer to the city, making them more vulnerable to armed violence. Many civilians were caught in the crossfire, with numerous killed or wounded by heavy artillery shelling, while others were subjected to sexual violence.

To address this critical humanitarian crisis, we scaled up our emergency response efforts, strengthening general, maternal, and paediatric care, delivering lifesaving vaccinations, and providing treatment for victims and survivors of sexual violence, many of whom were women and children. In 2024, our teams treated an unprecedented number of people for sexual violence in North Kivu. We remained the primary water provider in the camps around Goma, making significant investments in sanitation infrastructure, including a solar-powered water supply system, a water-pumping station, and a faecal sludge treatment plant. These efforts were critical, as we also treated thousands of patients for cholera in the displacement sites.

Escalating fighting on multiple fronts and repeated forced displacement in both North and South Kivu further limited people's access to healthcare, including vaccinations. As a result, there was a rise in cases of malnutrition, measles, and cholera in the hospitals and health centres where our teams work.

**A team of surgeons and anaesthetists from the Ministry of Health and MSF operate on a patient who has sustained trauma injuries to their leg. Bunia, Ituri province, Democratic Republic of Congo, June 2024.**

© Marion Molinari/MSF





**MSF health promoter Aristote Saidi Wanyama gives an awareness-raising session on mpox prevention strategies to people in Buhimba displacement camp, Goma, North Kivu province, Democratic Republic of Congo, August 2024.**  
© Michel Lunanga

Medical facilities where MSF teams are working have seen a significant influx of war-wounded patients and civilians seeking safety from ongoing fighting, particularly in the towns of Mweso and Masisi in North Kivu. To assist people on the move, our teams set up mobile clinics in displacement areas, although high insecurity repeatedly restricted our movements, particularly in Masisi territory. In early 2024, in South Kivu, tens of thousands of people fled to Littoral and Hauts-Plateaux in the Minova health zone. This was followed by other massive movements later in the year, which brought the number of displaced people in the area to over 200,000. We launched emergency activities, delivering medical care to the sick and injured, and improving hygiene conditions in displacement camps, following an increase in cholera and measles cases.

The ongoing crisis in Ituri province has been largely overlooked by the DRC government, and has seen a limited international response, despite continued and widespread attacks on civilians throughout 2024. Neither hospitals nor sites for displaced people were spared. On 6 March, Drodoro General Referral hospital was attacked and looted by armed individuals, who killed a patient in her bed. This, and other violations of international humanitarian law, had a significant impact on people's access to healthcare in Ituri.

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

MSF maintained support for the two general hospitals in Angumu and Drodoro, as well as the surrounding displacement sites, focusing on treatment for malaria and respiratory infections, and maternal and paediatric care.

## Response to disease outbreaks and other emergencies

During the year, we ran emergency interventions to support people displaced by conflict or natural disasters in other regions of the country, including Mai-Ndombe and Kisangani.

While responding to measles epidemics remained a primary focus for MSF's emergency mobile teams throughout 2024, we also addressed a surge in outbreaks of mpox, formerly known as monkeypox. The rise in cases was driven by a mutation that enhanced human-to-human transmission of the virus. This was compounded by extremely high population density in displacement sites around Goma, North Kivu, and Minova, South Kivu.

In Équateur, South Kivu, South-Ubangi, North-Ubangi, Tshopo, Haut-Uélé, Bas-Uélé, Ituri, and North Kivu provinces, we conducted epidemiological surveillance, awareness-raising, and research activities, and supported the Ministry of Health with patient care. In Tshopo, we also responded with surveillance and supported the Ministry of Health in setting up and running two treatment centres. In Uvira, a hotspot for mpox in South Kivu, MSF assisted with case management, infection prevention and control measures, and community awareness-raising.

In January, when torrential rains caused flooding in the capital, Kinshasa, our logistics teams worked to construct latrines and showers, and distribute drinking water and tents, while our medical teams provided medical and mental health care.

## General and specialist care activities

Alongside our emergency activities, we continued to run our regular projects across DRC. These include supporting health facilities and training networks of community health workers to detect high-prevalence conditions such as malaria and malnutrition, particularly in hard-to-reach areas.

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

In Kinshasa, we offer HIV care in Kabinda hospital and five health centres. In addition, we are working to improve access to healthcare for people with disabilities, such as by supporting health facilities in becoming wheelchair-accessible and sending mobile clinics with sign language interpreters to communities.

<sup>1</sup> UNHCR - <https://www.unhcr.org/where-we-work/countries/democratic-republic-congo>



# Ethiopia

No. staff in 2024: 1,241 (FTE) » Expenditure in 2024: €30.3 million  
MSF first worked in the country: 1984 » [msf.org/ethiopia](https://www.msf.org/ethiopia)

## KEY MEDICAL FIGURES

313,400  
outpatient  
consultations

104,900  
malaria cases treated

3,460  
people treated  
for cholera

370  
people treated for  
kala azar

## Médecins Sans Frontières (MSF) delivered vital assistance to people affected by conflict, drought, floods, and disease outbreaks in seven regions of Ethiopia in 2024.

Insecurity and administrative challenges continued to hamper humanitarian access to over 21 million people in need of assistance across the country in 2024.<sup>1</sup>

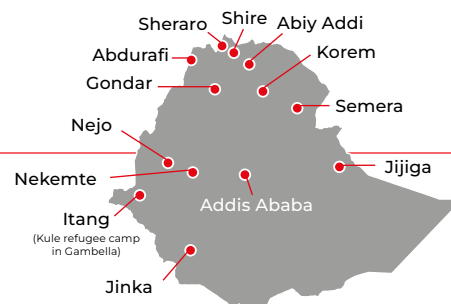
In Gambella, we provided essential care at a health centre in Kule refugee camp. This included specialist treatment for malaria, malnutrition, and sexual and gender-based violence (SGBV), and vaccinations, including for malaria.

In Somali region, MSF's emergency team responded to malnutrition, disease outbreaks, and mass displacement.

In Afar, we ran water and sanitation activities and an inpatient therapeutic feeding unit. We also supported the regional hospital's paediatric department and a cholera response.

In the South Ethiopia and Southwest Ethiopia Peoples' regions, we used mobile clinics to deliver care for malaria and measles, as well as kala azar (visceral leishmaniasis).

In Amhara, our teams provided emergency healthcare for people affected by the ongoing conflict, and continued to focus on preventing and treating neglected tropical diseases, such as kala azar and snakebites.



● Cities, towns or villages where MSF worked in 2024  
The maps and place names used do not reflect any position by MSF on their legal status.

In Tigray, we ran a range of services, including maternal and child healthcare, a nutrition programme, and treatment for SGBV. In addition, our mobile teams worked in hard-to-reach areas and repaired over 600 water pumps. We also rehabilitated several departments in Abiy Adi General hospital.

In Oromia, we responded to a surge in malaria cases at two hospitals, and ran mobile clinics, conducting health promotion and water and sanitation activities, and distributing mosquito nets.

In Korem, we ran mobile clinics and supported the general hospital's maternal and child health and emergency departments.

## MSF continues to call for accountability for the deaths of our colleagues

On 24 June 2021, our colleagues María Hernández Matas, Tedros Gebremariam Gebremichael, and Yohannes Halefom Reda were intentionally killed while clearly identified as humanitarian workers, in Tigray. We continue to pursue accountability for their deaths, with the hope that this will improve the safety of humanitarian workers in Ethiopia.

<sup>1</sup> OCHA - <https://www.unocha.org/ethiopia>

# France

No. staff in 2024: 95 (FTE) » Expenditure in 2024: €7 million  
MSF first worked in the country: 1987 » [msf.org/france](https://www.msf.org/france)

## KEY MEDICAL FIGURES

7,840  
outpatient  
consultations

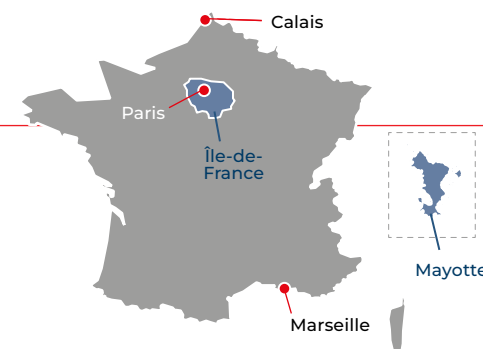
1,300  
individual mental  
health consultations

## Médecins Sans Frontières (MSF) continues to assist migrants, asylum seekers, and refugees in mainland France. We also responded to a cholera outbreak and a cyclone in the Mayotte archipelago in 2024.

In Pantin, a suburb of Paris, we provide multidisciplinary support, comprising medical, psychological, social, and legal assistance, for unaccompanied minors at our day centre. From July, we started to focus particularly on unaccompanied girls and their specific needs, at both the day centre and the accommodation where we offer shelter to people in vulnerable situations.

We also provide shelter and the same range of support services for unaccompanied minors with medical vulnerabilities in an 18-bed house in Marseille. In April, in collaboration with other organisations, we opened a new day centre in the city, where unaccompanied minors who live in precarious conditions or on the streets can get a little respite and receive medical consultations.

In Calais, northern France, we welcomed unaccompanied minors at our day centre, offering them medical and psychological support and inviting them to participate in psychosocial activities.



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

Our teams and volunteers also conducted medical and psychological consultations for people living in camps, through mobile clinics. During the winter months, we arranged emergency shelter for children, women, and families, to prevent them from being forced to sleep outside in harsh weather conditions.

Between May and August, MSF responded to a cholera epidemic in the French archipelago of Mayotte, in the Indian Ocean, by supporting local organisations with health promotion sessions and training on diarrhoeal diseases. Our teams also conducted water and sanitation activities in several informal urban settlements to reduce the risk of disease. In December, Cyclone Chido hit Mayotte, causing widespread destruction and destitution. In response, we launched emergency activities, assisting people living in informal settlements. We set up mobile clinics in several villages, and supplied clean water by rehabilitating a water catchment point and installing a chlorination tank.

# Greece

No. staff in 2024: 212 (FTE) » Expenditure in 2024: €10.1 million  
MSF first worked in the country: 1991 » [msf.org/greece](https://www.msf.org/greece)

## KEY MEDICAL FIGURES

30,900  
outpatient  
consultations

5,850  
individual mental  
health consultations

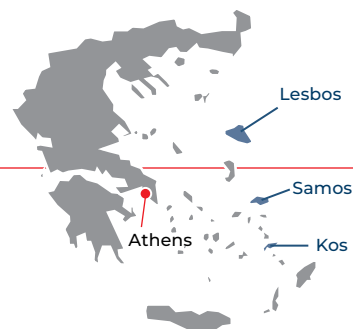
2,270  
consultations for  
contraceptive services

390  
people treated for  
sexual violence

**Throughout the year, Médecins Sans Frontières (MSF) offered a range of support services to migrants, refugees, and asylum seekers subjected to restrictive and inhumane migration practices in Greece.**

Sea arrivals increased by 31 per cent compared to 2023, overwhelming poorly managed reception centres. On Samos, where over 10,000 refugees arrived in 2024, the Closed Controlled Access Centre (CCAC) remained severely overcrowded, with limited access to basic services. Ineffective public health policies led to the spread of diseases such as scabies and gastrointestinal infections, compounding the suffering of the people held there. We ran mobile units inside the CCAC, as well as a day centre in Vathi, to provide people with essential medical care.

Arrivals on Lesbos fluctuated during the year, but still accounted for 20 per cent of the overall annual number. MSF provided multidisciplinary services, comprising basic healthcare, mental health and psychosocial support, sexual and reproductive healthcare, and health promotion activities, as well as referrals for legal services, in Mavrovouni CCAC. We also coordinated a scabies campaign in the summer.



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

In 2024, the Dodecanese islands were the first entry point into Greece for 36 per cent of sea arrivals. Between August and December, MSF ran mobile units on Kos, delivering the same multidisciplinary support in both the CCAC and the public hospital in Kos city.

In Athens, our teams continued providing medical services for people on the move in the city and in three nearby camps. In September, we started to scale down this project by transferring our non-communicable diseases activities to the National Health System and Médecins du Monde.

MSF also responded to shipwrecks off Samos, Lesbos, and Kos, offering medical and psychological care to survivors and families of victims. On Rhodes, MSF supplied hygiene kits, beds, and blankets to migrants, refugees, and asylum seekers awaiting transfer to official facilities.

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

# Guatemala

No. staff in 2024: 65 (FTE) » Expenditure in 2024: €2.2 million  
MSF first worked in the country: 1984 » [msf.org/guatemala](https://www.msf.org/guatemala)

## KEY MEDICAL FIGURES

16,200  
outpatient  
consultations

1,810  
individual mental  
health consultations

1,050  
consultations for  
contraceptive services

270  
people treated for  
sexual violence

**Many people pass through Guatemala while journeying up Central America. Médecins Sans Frontières (MSF) runs projects at two border points, offering vital medical and psychological assistance to people on the move.**

MSF is running medical activities in Esquipulas, on the border with Honduras, and Tecún Umán, on the border with Mexico. Our teams provide essential services including nutrition support, sexual and reproductive healthcare, care for non-communicable diseases (NCDs), diagnosis and treatment of high-risk communicable diseases, and psychosocial and basic psychiatric care.

Our clinics remain strategically located, serving not only as medical care points but also as safe spaces where people can rest, access showers and toilets, and use the internet to contact their families.

Health promoters are key members of our teams in both projects. Their work is crucial in understanding people's needs and connecting them to the right services – for example,



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

identifying cases of sexual violence and ensuring that victims and survivors receive the necessary medical care and emotional support. They also guide people on where to find assistance and how to access MSF clinics along their journey.

Mental health teams and health promoters run both group and individual sessions, where they identify people with prior diagnoses of NCDs or psychiatric conditions, and refer them for treatment. Our team in Danlí, Honduras, also refers patients with these conditions to our nearest project in Esquipulas.

In addition to these activities, we provide staff training at both locations to support partner organisations and the Ministry of Health – for example, training health centre staff to identify psychological disorders.

# Guinea

No. staff in 2024: 248 (FTE) » Expenditure in 2024: €8.9 million  
MSF first worked in the country: 1984 » [msf.org/guinea](https://www.msf.org/guinea)

## KEY MEDICAL FIGURES

17,600  
people receiving  
HIV antiretroviral  
treatment

13,400  
people with  
advanced HIV under  
direct MSF care

2,710  
people newly  
diagnosed  
with HIV

**Providing care for people living with HIV remains a key activity for Médecins Sans Frontières (MSF) in Guinea. In 2024, our teams were also active in the north of the country, responding to a diphtheria outbreak.**

MSF has been responding to HIV/AIDS in Guinea for over 20 years. In 2024, one in four people living with HIV in the country received treatment at health centres in the capital, Conakry, where MSF provided direct care, training, and medication donations. Providing HIV services within general health facilities allows us to both treat HIV as a chronic condition and integrate specialised care into the national health system. With this strategy, we also aim to reduce the stigmatisation around HIV, which is still strong. Many activists, both HIV-positive and -negative, support it, as it helps to combat the stereotypes surrounding the disease.

MSF collaborates with the Ministry of Health in nine health facilities in Conakry, supporting HIV



● Cities, towns or villages where MSF worked in 2024

testing and treatment, with a focus on prevention of mother-to-child transmission and paediatric HIV care, as well as treatment for opportunistic infections. In 2024, we increased our services for victims and survivors of sexual violence, including access to safe abortion care. In addition, we manage a 31-bed facility at Donka hospital for people with severe complications of HIV.

Training is another important component of our project; we have trained over 300 medical staff in HIV care.

In Siguiri, in northern Guinea, MSF teams were involved in an emergency response to a diphtheria outbreak that started in August 2023. We supported treatment, referrals, and community awareness-raising campaigns – which led to a reduction in the deaths linked to the epidemic – until May.

# Honduras

No. staff in 2024: 214 (FTE) » Expenditure in 2024: €6 million  
MSF first worked in the country: 1974 » [msf.org/honduras](https://www.msf.org/honduras)

## KEY MEDICAL FIGURES

27,700  
outpatient  
consultations

7,540  
individual mental  
health consultations

1,960  
consultations for  
contraceptive services

930  
people treated for  
sexual violence

**Médecins Sans Frontières (MSF) marked the 50-year anniversary of our first response in Honduras in 2024. Today, we deliver healthcare for migrants and marginalised groups, including people engaged in sex work and the LGBTQI+ community.**

Our first-ever response in Honduras followed Hurricane Fifi in 1974, and since then, we have remained committed to providing medical care to people affected by natural hazards, sexual violence, and disease outbreaks, as well as migrants travelling through the country.

As part of a study initiated in 2023 in collaboration with the World Mosquito Program, the Ministry of Health, and the National Autonomous University of Honduras, we released mosquitoes inoculated with *Wolbachia*, a bacterium that prevents them from carrying dengue. Future mosquito generations will inherit these bacteria, disrupting the transmission chain. By late 2024, most mosquitoes in the pilot area near the capital, Tegucigalpa, carried *Wolbachia*.



● Cities, towns or villages where MSF worked in 2024

To address the high number of cases of dengue in northern Honduras, MSF supported the Ministry of Health with staff, medicines, and medical supplies in four municipalities.

In 2024, we concluded the sexual and reproductive health activities we had been running for seven years to support Choloma's mother and child healthcare clinic and mobile clinics. In San Pedro Sula, we continue to provide comprehensive health services for people who engage in sex work and members of the LGBTQI+ community, including psychosocial support, screening for cervical cancer and sexually transmitted infections, HPV vaccinations, family planning, and HIV pre-exposure prophylaxis (PrEP). Our team also treats victims and survivors of sexual violence.

We maintained our base in Danlí, a city near the border with Nicaragua, offering medical and psychological care, social support, and health promotion services to migrants.



# Hong Kong SAR

No. staff in 2024: 3 (FTE) » Expenditure in 2024: €0.4 million  
MSF first worked in the region: 2003 » [msf.org/hong-kong](https://msf.org/hong-kong)

## KEY MEDICAL FIGURES

**500**  
mental health consultations provided in group sessions

**96**  
individual mental health consultations

**Between August 2023 and December 2024, Médecins Sans Frontières (MSF) ran a basic healthcare project for people experiencing homelessness in two districts of Hong Kong Special Administrative Region (SAR).**

MSF provided free basic health screening in Yau Tsim Mong and Sham Shui Po districts during this period, and identified two major challenges regarding access to healthcare for people experiencing homelessness. The services available were not designed with their daily reality in mind, and people in this situation understandably tended to prioritise other critical concerns before health.



■ Districts where MSF had projects in 2024  
The maps and place names used do not reflect any position by MSF on their legal status.

MSF therefore initiated partnerships with local NGOs to deliver patient-centred care. Our teams provided basic health screening, health promotion sessions, and psychosocial support. We also worked on capacity building with local partners to ensure continuity of care for people in the programme after December 2024.

# India

No. staff in 2024: 671 (FTE) » Expenditure in 2024: €15.2 million  
MSF first worked in the country: 1999 » [msf.org/india](https://msf.org/india)

## KEY MEDICAL FIGURES

**21,400**  
individual mental health consultations

**6,780**  
malaria cases treated

**1,040**  
people with advanced HIV under direct MSF care

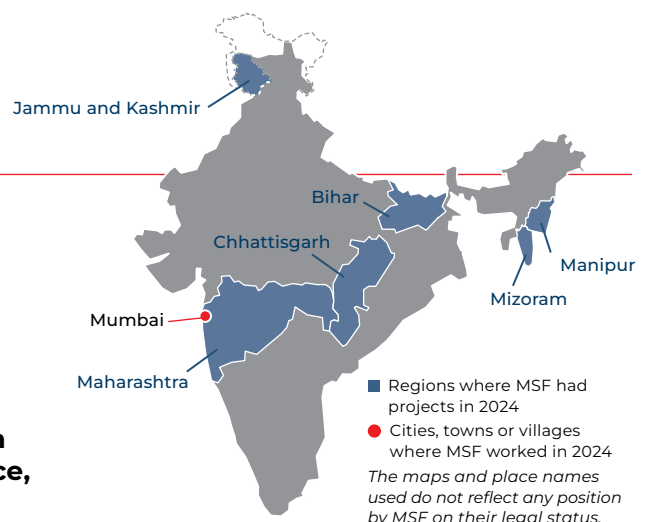
**290**  
people started on treatment for TB, including **190** for DR-TB

**In 2024, Médecins Sans Frontières (MSF) worked to address critical medical humanitarian needs among marginalised communities in India, who experience violence, neglect, exclusion, and healthcare disparities.**

In Bihar state, where there are limited treatment options and a high mortality rate for HIV, we cared for patients with advanced HIV disease. Our patients struggled with high costs of private healthcare before diagnosis, and suffered stigma after receiving their diagnosis. Working with the Bihar state Health Mission and Bihar state Department of Health and Family Welfare, we offered holistic advanced HIV care at Guru Gobind Singh hospital in Patna.

In Chhattisgarh state, despite an increase in violent clashes between government security forces and armed groups, we continued to run mobile clinics to deliver essential healthcare in remote areas, including safe abortion care. In 2024, we initiated a new mobile clinic in Hirmangunda, and collaborated with the Ministry of Health on a measles vaccination campaign following an outbreak.

In Manipur state, the situation remained unstable following an outbreak of inter-ethnic conflict in



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024  
The maps and place names used do not reflect any position by MSF on their legal status.

2023, which posed challenges to the provision of care to our HIV and tuberculosis (TB) patients, and to the transportation of supplies.

In Mizoram state, we offered healthcare to refugees fleeing violence in Myanmar. At our clinic in Zokhawthar, we organised specialist referrals and delivered care in the surrounding area. We also provided relief items to newly arrived families in displacement camps.

In Mumbai, we handed over our project treating complex cases of drug-resistant TB to India's National TB Elimination Program and the Brihanmumbai Municipal Corporation at the end of 2024. Since 2006, this project played a pivotal role in improving outcomes for patients who had no other treatment options.

In Jammu and Kashmir, where years of conflict have taken a toll on people's mental health, we continued to provide counselling services.

# Haiti

No. staff in 2024: 1,829 (FTE) » Expenditure in 2024: €48.3 million  
MSF first worked in the country: 1991 » [msf.org/haiti](https://www.msf.org/haiti)

## KEY MEDICAL FIGURES

13,168,000  
litres of chlorinated  
water distributed

9,750  
surgical interventions

6,770  
people treated for  
intentional physical  
violence

4,660  
people treated for  
sexual violence

1,500  
births assisted

**Amid escalating violence and mass displacement, Médecins Sans Frontières (MSF) delivered lifesaving treatment for trauma and burns, as well as care for victims and survivors of sexual violence, and provided essential maternal and neonatal care in Haiti in 2024.**

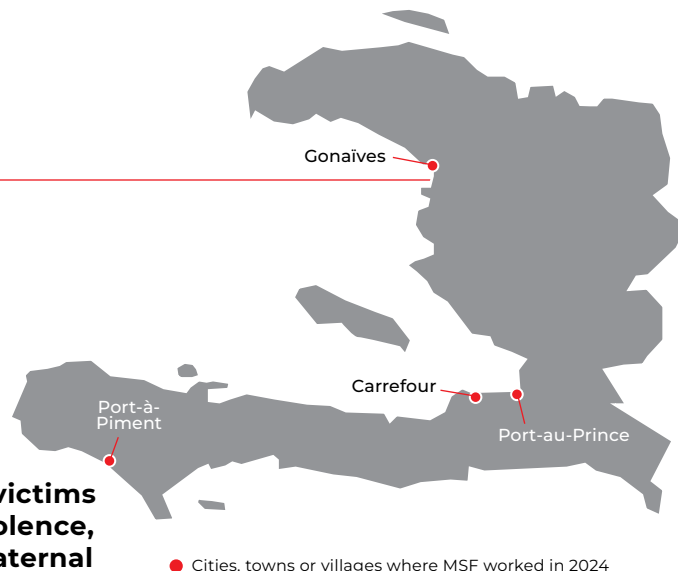
Since 2021, political instability and armed group violence have reached intolerable levels in Haiti. On 29 February 2024, the situation deteriorated further when armed groups that had previously fought each other but had united under the Viv Ansanm ('living together') alliance in late 2023, intensified their attacks on the authorities, public institutions, and utilities, disrupting essential services – electricity, water, healthcare, education, and transportation – and leaving millions struggling to meet basic needs. Over the course of the year, armed groups gained control of approximately 85 per cent of Port-au-Prince,<sup>1</sup> turning the capital into a battleground, with gangs fighting the police and community self-defence groups. Local residents are often attacked based on their perceived loyalties or where they live.

The first quarter of 2024 was the deadliest since the UN began tracking armed group violence in Haiti.<sup>2</sup> Between February and April, the number of patients arriving with gunshot wounds at MSF's Tabarre trauma hospital surged from 60 to 100 per month, and we had to expand from 50 to 75 beds to meet

the growing demand for surgery. Several major hospitals in Port-au-Prince closed due to mounting insecurity. In 2024, Haiti recorded 5,600 deaths and 2,200 injuries related to violence, a 17 per cent increase compared to the previous year.<sup>3</sup>

Mass displacement is deepening the humanitarian crisis in Haiti, with over one million people driven from their homes in the span of a single year.<sup>4</sup> Many live in informal sites with limited access to water and sanitation facilities, which increases the risk of water-borne diseases. In August, MSF provided treated water in 15 sites, trained site managers on water chlorination and hygiene, built or renovated latrines and emergency showers, and distributed hygiene kits. MSF's mobile clinics treated people for a wide variety of conditions, including water-borne diseases such as acute watery diarrhoea, and scabies.

In this volatile situation, MSF teams faced severe security threats and incidents that disrupted operations. On 11 November, during an attack on an MSF ambulance, two patients were executed,



A view of Delmas 18 after a fight between armed groups and the police force. Port-au-Prince, Haiti, March 2024.  
© Corentin Fohlen/Divergence

**Kenol Coman, who suffered extensive burns after the explosion of a fuel tanker in Miragoâne, was transferred to the MSF trauma hospital in Carrefour for treatment. Port-au-Prince, Haiti, September 2024.**  
© Quentin Bruno/MSF



and accompanying staff members assaulted. In the following days, MSF ambulances were repeatedly stopped by police, who threatened staff with death and sexual violence. As risks grew, we temporarily suspended most of our activities in Port-au-Prince on 20 November, further reducing access to critical healthcare. We partially resumed activities on 11 December.

### Treatment for trauma and burns

In March, in response to the significant increase in emergency medical needs, MSF opened the Sant MSF pou Blese trauma centre in Carrefour, Port-au-Prince, to treat victims of gunshot wounds, stabbings, burns, and road accidents. The Turgeau emergency centre, which had closed in December 2023 after a patient was forcibly taken from an ambulance and killed, reopened in March to strengthen emergency care.

On 14 September, a fuel truck explosion in Miragoâne, Nippes department, injured many people. MSF responded by providing critical care to 16 burns victims at Tabarre trauma hospital, the only facility with a specialist burns unit in the country, and six others at Carrefour trauma hospital. As well as treatment for wounds, MSF offers physiotherapy and mental health support to burns patients.

### Sexual and gender-based violence

The ongoing gang war in Port-au-Prince has led to a steep increase in sexual and gender-based violence (SGBV), leaving victims and survivors in urgent need of shelter, mental health support, and medical care. Since 2015, MSF has offered comprehensive medical and psychological support for victims and survivors of SGBV through Pran

Men'm clinic. In 2024, we also provided these services at Carrefour maternity hospital, and at a new programme in Cité Soleil. Meanwhile, we concluded a five-year project that we had been running in Gonaïves, Artibonite department, focused on adolescent sexual health and supporting victims and survivors of SGBV.

### Maternal health

The maternal death rate in Haiti remains alarmingly high, rising from 154.9 deaths per 100,000 births in 2022 to 201.2 in 2023. South department, still reeling from the 2021 earthquake, has one of the highest rates, at 343.9 deaths per 100,000 births.<sup>5</sup> Many healthcare facilities have still not been repaired, while in Port-au-Prince, the brutal fighting in the streets prevents women from seeking care.

In response, MSF, in partnership with the Ministry of Public Health and Population, continues to offer emergency obstetric and neonatal services in Port-à-Piment, where teams assist with deliveries, including those requiring specialist care. To further improve maternal healthcare, MSF started to rehabilitate Isaïe Jeanty maternity hospital in the Chancery district of the capital in November 2024. Once completed, the facility will deliver free, high-quality maternal care, family planning, support for victims and survivors of SGBV, and referrals.

1 UNICEF - <https://www.unicef.org/press-releases/haitis-children-under-siege-staggering-rise-child-abuse-and-recruitment-armed-groups>

2 UN - <https://press.un.org/en/2024/sc15674.doc.htm>

3 UN Security Council - [https://binuh.unmissions.org/sites/default/files/un\\_sg\\_report\\_on\\_haiti\\_-\\_13\\_january\\_2025.pdf](https://binuh.unmissions.org/sites/default/files/un_sg_report_on_haiti_-_13_january_2025.pdf)

4 IOM - <https://dtm.iom.int/reports/haiti-report-displacement-situation-haiti-round-9-december-2024>

5 Ministère de la santé publique et de la population - [https://www.mspp.gouv.ht/wp-content/uploads/Rapport-Statistique-MSPP-2023\\_web.pdf](https://www.mspp.gouv.ht/wp-content/uploads/Rapport-Statistique-MSPP-2023_web.pdf)



# Indonesia

No. staff in 2024: 26 (FTE) » Expenditure in 2024: €1.1 million  
MSF first worked in the country: 1995 » [msf.org/indonesia](https://msf.org/indonesia)



## Médecins Sans Frontières' activities in Indonesia are focused on capacity building for emergency preparedness and response, through training and direct support.

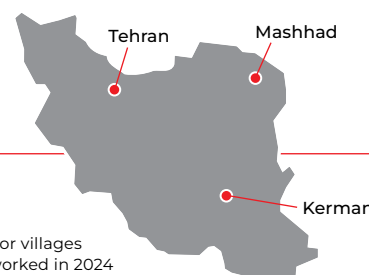
Throughout 2024, our emergency preparedness ('E-hub') project developed and delivered a series of training courses, covering a range of topics relevant to emergencies, such as natural hazards. The courses include mental health awareness and psychosocial support for communities and non-specialised personnel; water, sanitation, and waste management; organisation of healthcare services and outbreak management; and the use of geographical information systems and data collection. The target audience for these

training programmes were Ministry of Health staff; emergency responders from provincial and district health offices, health centres, hospitals, universities, local NGOs; and other relevant agencies who work in emergency preparedness and response across Jakarta, Banten, and Aceh provinces.

The E-hub team conducted additional courses and 'training for trainers' sessions in Banten and Aceh provinces. At the end of the year, we ran a workshop in the capital, Jakarta, with representatives from the above bodies and organisations engaged in health crisis preparedness and response, to share experiences, expectations, and challenges in the implementation of E-hub activities.

# Iran

No. staff in 2024: 110 (FTE) » Expenditure in 2024: €4.2 million  
MSF first worked in the country: 1990 » [msf.org/iran](https://msf.org/iran)



## KEY MEDICAL FIGURES

46,400  
outpatient  
consultations

3,340  
individual mental  
health consultations

530  
people started on  
hepatitis C treatment

## In Iran, Médecins Sans Frontières (MSF) runs programmes to assist marginalised groups who often face barriers when seeking healthcare, including refugees, migrants, people who engage in sex work, and people who use drugs.

The UNHCR estimates that there are around 4.5 million displaced people of varying statuses in Iran. Among them are 2.6 million Afghans, of whom only 750,000 are officially registered as refugees.<sup>1</sup> Although most of them live in urban settings, refugees and migrants experience difficulties in accessing medical services due to stigma and exclusion.

In South Tehran, we run a project offering hepatitis C testing and treatment in a drug rehabilitation camp for men. We also provide basic healthcare for Afghan women, with a focus on sexual and reproductive health, through a facility in the Darvazeh Ghar neighbourhood and mobile clinics. Our other activities include nursing care, mental health and social support, and referrals for specialist healthcare and other services.

In Mashhad, Iran's second-largest city, located near the border with Afghanistan, we conduct medical consultations and screening for infectious diseases through mobile clinics. Counselling, social support, health education, and referrals to specialist health facilities are also available at our clinic in Golshahr district, where most of the Afghans in the city have settled.

In Razavi Khorasan province, we offer mental health support and treatment for hepatitis C to people who use drugs in rehabilitation centres in Torbat-e Jam's 'Guest City', a government-run refugee settlement.

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

<sup>1</sup> UNHCR helps nearly one million refugees in Iran, mostly from Afghanistan and Iraq.

# Iraq

No. staff in 2024: 566 (FTE) » Expenditure in 2024: €23.6 million  
MSF first worked in the country: 2003 » [msf.org/iraq](https://www.msf.org/iraq)

## KEY MEDICAL FIGURES

56,400  
outpatient  
consultations

10,800  
births assisted

5,250  
individual mental  
health consultations

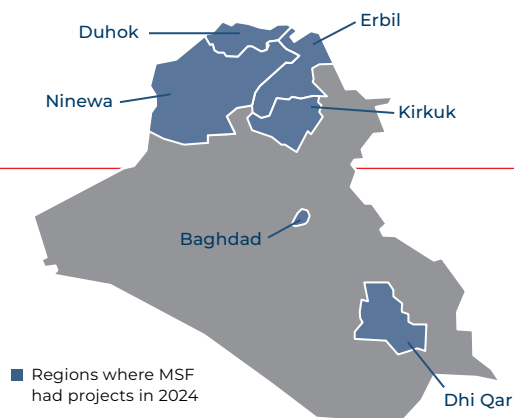
3,020  
antenatal  
consultations

## In 2024, amid Iraq's ongoing efforts to rebuild after years of instability and conflict, Médecins Sans Frontières provided essential medical care in several locations across the country.

Although the Iraqi health system is showing some signs of improvement, people still have unmet medical needs.

Our work, conducted in three governorates, comprises comprehensive maternal, neonatal, and paediatric care, as well as surgery and health education sessions, to address the needs of communities with limited access to healthcare. We also support people's mental health, offering individual and group counselling, psychological first aid, and extensive health promotion activities.

Maternal healthcare is the focus of our activities in Ninewa and Dhi Qar governorates. Our teams provide ante- and postnatal care, assistance with deliveries and family planning, as well as offer mental health support and health promotion activities, at two clinics in Mosul – Al-Ubur, on the western outskirts, and Al-Ama, in the Al-Nahrawan neighbourhood – in



Ninewa. We provided the same services in Garmat Bani Saeed, in Dhi Qar, until the end of the year.

Meanwhile, at our field hospital in Mosul's Nablus neighbourhood, we offer basic maternity services, as well as deliveries by caesarean section, neonatal healthcare, and emergency paediatric care.

We also continue to support the national tuberculosis programme with new treatment protocols and training, while ensuring a continuous supply of medications and conducting screening campaigns in places of detention.

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

# Italy

No. staff in 2024: 30 (FTE) » Expenditure in 2024: €2.8 million  
MSF first worked in the country: 1999 » [msf.org/italy](https://www.msf.org/italy)

## KEY MEDICAL FIGURES

3,990  
outpatient  
consultations

1,670  
individual mental  
health consultations

68  
victims of torture  
treated

## In Italy, Médecins Sans Frontières (MSF) offers medical and psychological care to migrants, who are often traumatised after their perilous journeys across the Mediterranean Sea, and face further challenges on arrival.

Over the last decade, Italy has become one of the main entry points to Europe for undocumented migrants, refugees, and asylum seekers arriving by sea. Whether departing from Libya or Tunisia, most experience extreme violence, abuse, and ill-treatment on this migration route.

In northern Italy, between February 2023 and July 2024, MSF provided medical consultations, referrals, and information about other available services to hundreds of people waiting to cross into France, most of whom were living in precarious conditions in unofficial settlements in the city of Ventimiglia, Liguria region.

We also supported civil society associations in Oulx, Piedmont region, and Trieste, Friuli-Venezia Giulia region, to deliver basic healthcare to migrants.

In the south, another MSF team provided medical and psychological support to migrants upon disembarkation in Roccella Ionica, Calabria region, between June 2022 and September 2024. Due to a considerable reduction in the number of arrivals in this region, we handed these activities over to the Italian Red Cross.

In July, an MSF team began conducting medical consultations, referrals for specialised care, and



psychological support for migrants in Agrigento, on the island of Sicily, where many people identified as vulnerable are transferred to reception centres after arriving by sea.

In Palermo, we maintained our support to the university hospital, delivering comprehensive care to people who experienced torture and intentional violence in Libya and during their journeys. The project has a multidisciplinary approach, offering medical, psychological, social, and legal assistance to patients.

Once again, there were multiple shipwrecks off the Italian coast during the year. In response, we sent a mobile team to different locations in Sicily and Calabria, where they conducted psychological first-aid activities to assist survivors and the families of the victims.

MSF volunteers continued to support migrants, asylum seekers, and marginalised people to access medical services in Palermo, Naples, Rome, Turin, and Udine, through dedicated helpdesks.

# Jordan

No. staff in 2024: 218 (FTE) » Expenditure in 2024: €11.7 million  
MSF first worked in the country: 2006 » [msf.org/jordan](https://msf.org/jordan)

KEY MEDICAL FIGURES

26,400  
outpatient  
consultations

830  
surgical interventions

420  
patients admitted  
to hospital

**In Jordan, Médecins Sans Frontières continued to provide specialised rehabilitative care to war-wounded patients from across the Middle East, including medically evacuated children from Gaza, Palestine.**

The reconstructive surgery programme in the capital, Amman, was originally established in 2006 to treat victims of the Iraq War. The hospital has since expanded to admit patients from Syria, Yemen, Jordan, Palestine, and most recently, Somalia, offering medical expertise unavailable in their home countries.

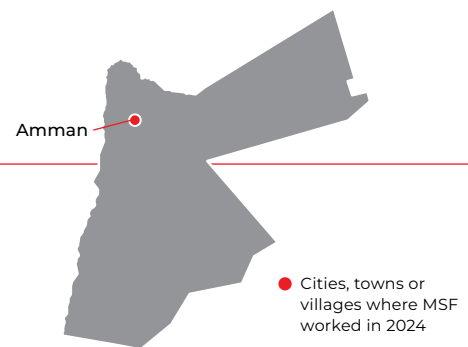
The programme has grown into a regional hub for the treatment of patients with complicated, life-changing injuries, providing surgical and rehabilitative care for orthopaedic and maxillofacial trauma, burns, and other conflict-related injuries. Our holistic approach includes physiotherapy, occupational therapy, mental health support, and psychosocial care.

As the all-out war on Gaza, Palestine, continued and intensified in 2024, we stepped up efforts to

medically evacuate child patients from the area. Despite the obstacles and restrictions imposed by the Israeli authorities, our teams managed to successfully evacuate 10 children, along with eight carers, to the hospital, where they received comprehensive rehabilitative care for wounds they sustained in Israeli airstrikes.

During the year, we also expanded our patient-centred approach by implementing vocational training initiatives, which gave patients and their carers the opportunity to develop practical skills, such as perfume making and hairdressing, improving their employability and prospects for social reintegration.

Our Amman surgery programme is constantly working to develop innovative solutions and improvements to patient care, such as 3D-printing for upper-arm prosthetics and burn masks, as well as a highly specialised microbiology and antibiotic resistance laboratory, and peer-to-peer counselling.



# Kazakhstan

No. staff in 2024: 6 (FTE) » Expenditure in 2024: €0.4 million  
MSF first worked in the country: 1996 » [msf.org/kazakhstan](https://msf.org/kazakhstan)

KEY MEDICAL FIGURE

64  
individual mental  
health consultations

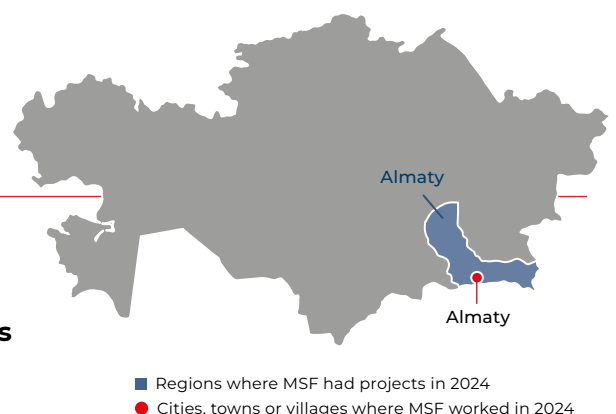
**In 2024, Médecins Sans Frontières launched a multidisciplinary rehabilitative care project for survivors of violence and ill-treatment in Kazakhstan.**

The project, set up in the city of Almaty, in collaboration with local partners, focuses on mental health services, medical referrals, and health education for vulnerable groups. This includes the Kandastar community, ethnic Kazakhs who have returned to Kazakhstan after years or even generations of living abroad, primarily in countries such as China, Mongolia, and Uzbekistan.

Many Kandastar returnees face challenges integrating into society in Kazakhstan, or suffer from mental health problems that developed during their

emigrant life. In response, we started to provide them with individual mental health support and psychoeducation sessions, to help them cope with stress, trauma, and adjustment difficulties.

Our team is working to strengthen their resilience by providing psychosocial support and promoting community-based support and mental health awareness among the Kandastar. We aim to alleviate their trauma, and ensure they receive the care and support necessary to rebuild their lives.





# Kenya

No. staff in 2024: 1,233 (FTE) » Expenditure in 2024: €24.4 million  
MSF first worked in the country: 1987 » [msf.org/kenya](https://msf.org/kenya)

## KEY MEDICAL FIGURES

334,900  
outpatient  
consultations

17,500  
patients admitted  
to hospital

7,220  
malaria cases treated

3,670  
people treated for  
sexual violence

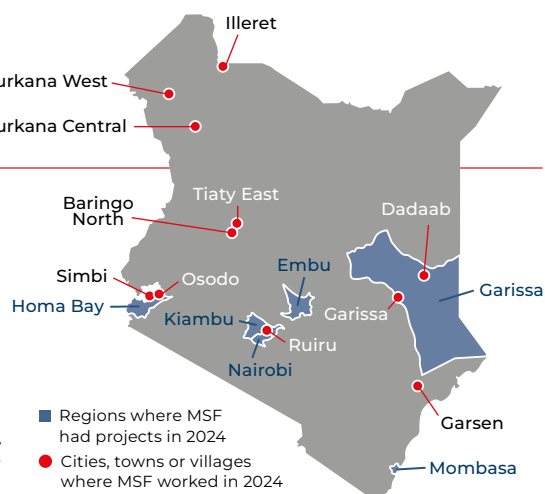
## In 2024, Médecins Sans Frontières (MSF) responded to multiple emergencies and public health challenges in Kenya.

Our teams continued to deliver healthcare in Dadaab, a huge, overcrowded camp complex, which currently hosts more than 350,000 refugees. During the year, we repeatedly called for better living conditions and increased humanitarian assistance for the constantly growing population, especially in Dagahaley camp. In Kiambu county, we supported refugees who had fled Kakuma camp following an outbreak of fighting.

In Mombasa, we supported three health facilities to cater to the specific needs of vulnerable adolescents and young adults, such as people with disabilities, the LGBTQI+ community, individuals living on the streets, and people who engage in sex work or use drugs.

In Nairobi, our Lavender House clinic offered medical care and social support to people affected by violence – including sexual violence – in the Eastlands area. During protests in July, our clinic dispatched a medical team to treat the injured. Our youth-friendly centre continued to run medical services, psychosocial support, recreational activities, and educational programmes throughout 2024.

MSF responded to several other emergencies during the year. In March, extensive flooding resulted in



hundreds of casualties, and destroyed homes and livelihoods. Our teams launched responses in Nairobi, Nakuru, Homa Bay, Tana River, and Garissa counties, providing medical assistance, as well as clean water, jerry cans, and warm clothes for children. We also responded to outbreaks of malaria in Baringo and Turkana counties, measles and Rift Valley fever in Marsabit county, and measles in Dagahaley camp. In the displacement camps in Baringo county, we launched a response to support victims and survivors of sexual and gender-based violence.

In Homa Bay county, we continued to run two adult wards, the tuberculosis ward, a Kaposi's sarcoma clinic, and a post-discharge clinic at the hospital, as well as chronic disease clinics in two health centres.

After five years of supporting the provision of health and social support for people who use drugs in Kiambu, we handed over activities to the county Department of Health and a patient-led community-based organisation.

# Kiribati

No. staff in 2024: 16 (FTE)  
Expenditure in 2024: €1.4 million  
MSF first worked in the country: 2022  
[msf.org/kiribati](https://msf.org/kiribati)

## In Kiribati, an island nation in the central Pacific Ocean, Médecins Sans Frontières (MSF) continues to address the many health issues that have been exacerbated by climate change.

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

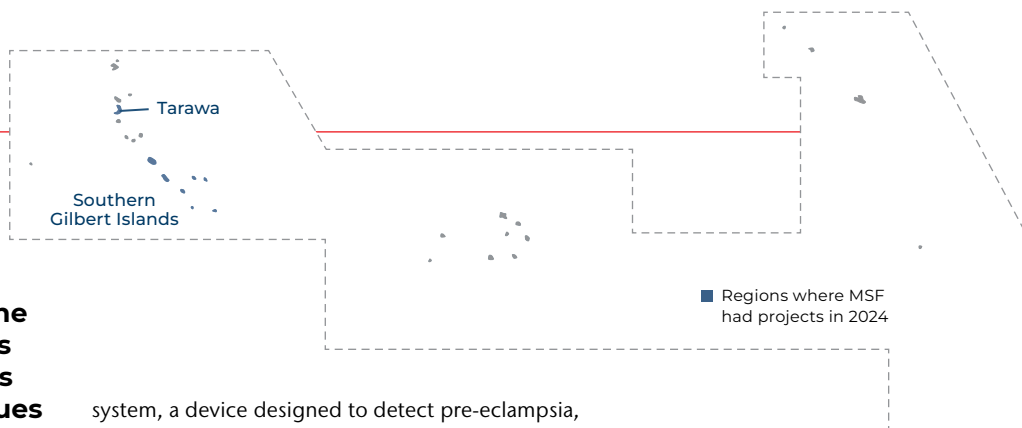
MSF's partnership with the i-Kiribati Ministry of Health and Medical Services is central to this initiative; we work together to enhance the national healthcare system's ability to manage the rising incidence of NCDs, including diabetes, high blood pressure, and obesity, alongside malnutrition. We support nurses and medical assistants to improve recognition of health conditions and to use key innovations such as the CRADLE Vital Signs Alert

system, a device designed to detect pre-eclampsia, sepsis, and other pregnancy-related complications in low-resource settings.

During health screenings for women and children in 12 villages, MSF teams identified a number of issues: most women with diabetes had poorly controlled blood sugar levels; there was a high prevalence of high blood pressure in women; and obesity was widespread, including among expectant mothers. They also saw evidence of poor water and sanitation conditions, and episodes of diarrhoea among children.

In addition to these activities, MSF supports the Ministry of Health and Medical Services in improving pharmacy processes; for example, the ordering and monitoring of supplies. We also assist with waste management at Tungaru Central hospital and health centres on the outer islands, and test well water for contaminants.

The MSF team frequently travels between islands to conduct assessments and deliver medical care to remote communities, where access to health services is limited.



# Kyrgyzstan

No. staff in 2024: 85 (FTE) » Expenditure in 2024: €2.4 million  
MSF first worked in the country: 1996 » [msf.org/kyrgyzstan](https://msf.org/kyrgyzstan)

KEY MEDICAL FIGURES

3,200  
screenings for  
cervical cancer

2,440  
screenings for  
breast cancer

## In 2024, Médecins Sans Frontières' work in Kyrgyzstan focused on providing screening and treatment for women at risk of cervical and breast cancers.

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

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



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

Thanks to collective advocacy efforts supported by our team, basic screening training was incorporated into the national curriculum for medical colleges and postgraduate medical education in Bishkek and Osh in October 2024. During the year, our medical teams also conducted an operational research project on the prevalence of human papillomavirus, and presented their findings to about 100 different partner organisations in November.

After completing our objectives, we closed the project at the end of December.

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

# Liberia

No. staff in 2024: 88 (FTE) » Expenditure in 2024: €3.8 million  
MSF first worked in the country: 1990 » [msf.org/liberia](https://msf.org/liberia)

KEY MEDICAL FIGURES

2,770  
people who received  
care for mental health  
conditions or epilepsy

1,100  
children admitted  
to hospital

## In 2024, Médecins Sans Frontières (MSF) ran two projects in Liberia, focused on improving paediatric care, and increasing support for people living with mental health and neurological conditions.

We provided hospital care for children in Monrovia in the paediatric department of Barnesville health centre, a project we began in 2022, until this work was handed over to the Ministry of Health in September. We treated children in critical condition who were admitted to the intensive care unit with severe malaria, severe acute malnutrition, or suffering from the effects of undiagnosed epilepsy. Since 2022, when we added this 25-bed paediatric department to the health centre, we established a triage system, a five-bed emergency room, a five-bed intensive care unit, a nine-bed paediatric ward, a nine-bed inpatient therapeutic feeding centre, and a two-bed isolation unit in the department. Before handing over the department, we ensured that patients and staff will have consistent access to clean water and electricity, and also conducted



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

training for clinicians and nurses from the Ministry of Health.

Throughout 2024, we also continued to run our mental health and epilepsy project in five health facilities in Montserrado county, to increase access to healthcare for people living with mental health and neurological conditions. Our team of neurologists, psychiatrists, and psychologists provide treatment on an outpatient basis, making hospital referrals when necessary to help ensure the best possible care for our patients. In addition, our psychosocial support workers and health volunteers work with patients' families and communities to address the social stigma endured by people with neurological and mental health conditions. The project implements MSF's 'People and Patients as Partners' approach, which aims to actively involve patients in decision-making about their own care plan, in collaboration with the Ministry of Health.

# Lebanon

No. staff in 2024: 365 (FTE) » Expenditure in 2024: €29.6 million  
MSF first worked in the country: 1976 » [msf.org/lebanon](https://www.msf.org/lebanon)

## KEY MEDICAL FIGURES

143,500  
outpatient  
consultations

19,300  
consultations  
for diabetes

16,100  
families received  
relief items

10,500  
individual mental  
health consultations

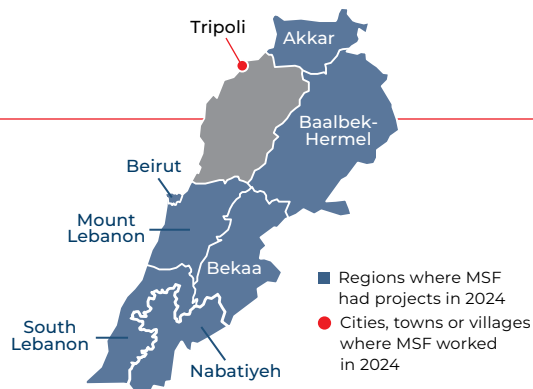
## Médecins Sans Frontières (MSF) expanded activities in Lebanon following the intensification of Israeli bombardments and ground incursions in September 2024.

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

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

In Tripoli, we covered treatment costs for non-communicable diseases at external clinics, trained medical staff, and donated medicines. In Beirut's southern suburbs, our clinics in Bourj Al-Barajneh and Bourj Hammoud provided reproductive healthcare, mental health support, and general consultations to the local community, including Palestinian and Syrian refugees, as well as migrant workers from sub-Saharan Africa and southeast Asia.

By mid-2024, we had integrated reproductive and mental health services into Al-Makassed healthcare centre in Wadi Khaled. In Baalbek-Hermel, we offered basic and reproductive healthcare, treatment for chronic diseases, and mental health support through clinics in Aarsal and Hermel. We also facilitated emergency referrals for specialised care. In August, we partnered with



Lebanon's Ministry of Public Health to conduct a cholera vaccination campaign in Aarsal, focusing on overcrowded refugee communities.

Following the escalation in Israeli bombardments and ground incursions in September, MSF sent 22 mobile medical teams to heavily affected areas, including Beirut, Mount Lebanon, Baalbek-Hermel, and Akkar, to deliver trauma care and mental health services, and support healthcare centres. We strengthened hospitals' capacity by conducting mass-casualty training and supplying tonnes of medical and relief materials.

In Saida, we supported the Turkish hospital by donating medical supplies and assisting the surgical team. We also launched a telephone helpline to offer remote mental health support. These efforts were crucial, as health facilities were unable to cope with the rising number of casualties and the destruction of their infrastructure.

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

After the November ceasefire, many displaced people returned to destroyed homes. Others were too afraid to return. Access to healthcare remains extremely limited, due to widespread damage to infrastructure and unaffordable costs. The war has been particularly devastating for healthcare staff and facilities. The World Health Organization reported that 226 health workers and patients were killed, and 199 injured, between 7 October 2023 and 18 November 2024.<sup>1</sup>

At the end of 2024, we continued to provide vital medical care and support to communities facing ongoing economic hardship and insecurity.

<sup>1</sup> WHO - <https://www.who.int/news/item/22-11-2024-lebanon-a-conflict-particularly-destructive-to-health-care>



An MSF doctor provides care to an elderly woman displaced from southern Lebanon at an MSF mobile clinic set up in a shelter near Saida. Lebanon, February 2024.

© Maryam Srour/MSF



# Libya

No. staff in 2024: 115 (FTE) » Expenditure in 2024: €7.9 million  
MSF first worked in the country: 2011 » [msf.org/libya](https://www.msf.org/libya)

KEY MEDICAL FIGURES

19,800  
outpatient  
consultations

4,280  
individual mental  
health consultations

260  
people started on  
treatment for TB

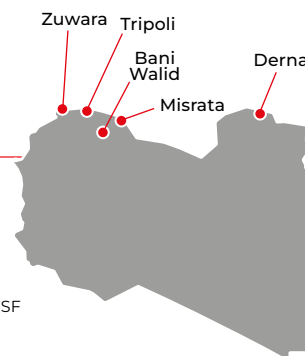
**In 2024, Médecins Sans Frontières (MSF) provided essential healthcare and support to migrants, refugees, and asylum seekers in Libya, many of whom have been subjected to extreme violence and abuse.**

MSF runs a range of activities in Libya, including basic healthcare, tuberculosis (TB) diagnosis and treatment, sexual and reproductive health services, and emergency care, for refugees, migrants, and other people in vulnerable circumstances. We also offer protection services, aiming to identify people with vulnerabilities, in particular unaccompanied minors, and to refer them to other organisations who can meet their specific needs.

In 2024, we regained access to a detention centre near Tripoli, one of the places where migrants and refugees are arbitrarily and indefinitely held in the country, and started to offer basic healthcare consultations and protection services once a week.

In the coastal city of Zuwara, we also resumed activities at disembarkation points, to provide emergency medical assistance to people who had been intercepted at sea on their way to

● Cities, towns or villages where MSF worked in 2024



Europe by the coastguard and brought back to Libya. In addition, we started to conduct medical consultations in neighbourhoods where migrants and asylum seekers live in precarious conditions. These services are open to both Libyan and non-Libyan patients in the city.

In Misrata, we support the provision of care for TB patients, and have a team working at the only unit for drug-resistant TB in the country.

MSF continues to receive accounts of what the independent human rights investigators appointed by the UN qualify as 'crimes against humanity'; i.e. migrants being abducted, assaulted, sexually abused, or subjected to extortion, forced labour, and trafficking practices.

We continued to call for the opening of safe and legal pathways for vulnerable migrants in Libya, while assisting with the identification of patients to be registered and evacuated via a humanitarian corridor between Libya and Italy.

# Madagascar

No. staff in 2024: 105 (FTE) » Expenditure in 2024: €2.6 million  
MSF first worked in the country: 1987 » [msf.org/madagascar](https://www.msf.org/madagascar)

KEY MEDICAL FIGURES

8,880  
outpatient  
consultations

2,080  
admissions of children  
to outpatient feeding  
programmes

1,670  
malaria cases treated

450  
families received  
relief items

**Médecins Sans Frontières (MSF) is running projects to assist vulnerable communities in Madagascar, a country experiencing the harsh effects of climate change, including extreme weather events.**

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

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

■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024



is limited, and malnutrition is a significant health issue, exacerbated by the cyclones and heavy rainfalls that occur at the beginning of the year. They severely affect the livelihoods of communities who mainly rely on agriculture.

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

In 2024, in collaboration with two local NGOs, Ny Tanintska and Health in Harmony, MSF started a new project with a participatory and inclusive approach. Communities are playing an integral role in designing the project's health programmes, based on their perceived needs. MSF consulted people from 164 villages to identify solutions and actions to contribute to better health outcomes.

# Malawi

No. staff in 2024: 307 (FTE) » Expenditure in 2024: €5.9 million  
MSF first worked in the country: 1987 » [msf.org/malawi](https://msf.org/malawi)

## KEY MEDICAL FIGURES

39,100  
outpatient  
consultations

19,100  
screenings for  
cervical cancer

2,650  
individual mental  
health consultations

500  
surgical interventions

**In Malawi, Médecins Sans Frontières (MSF) runs a project to improve preventive and curative care for cervical cancer. The country has one of the highest death rates for the disease in the world.<sup>1</sup>**

In Malawi's second-largest city, Blantyre, and the surrounding district, we have worked closely with the health authorities to implement a comprehensive programme that comprises prevention, screening, diagnosis, and treatment, as well as palliative care, for cervical cancer. The disease accounts for almost 40 per cent of all cancers among women in Malawi, and kills over 2,000 each year.<sup>2</sup>

Based in Queen Elizabeth Central hospital in Blantyre, our services include outpatient treatment for pre-cancerous and cancerous lesions, surgery, chemotherapy, and home-based palliative care for patients in the advanced stages of the disease. Patient-centred activities, such as mental health support, education sessions, physiotherapy, and social support, are also part of our programme.

Prior to 2024, we had to refer patients requiring radiotherapy to facilities in Kenya, as it was not available in Malawi. However, in March, a private

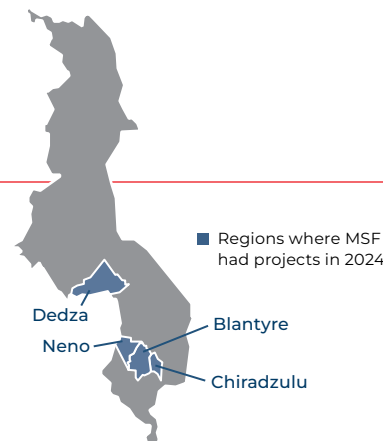
radiotherapy centre opened in Blantyre, meaning that patients can now be treated closer to home.

Cervical cancer screening units are integrated into 10 Ministry of Health health centres in Blantyre and Chiradzulu districts, and a mobile screening team also works in Chiradzulu.

In addition to our specialist cervical cancer programme, we work alongside two community-based organisations run by people who engage in sex work in Dedza and Zalewa, providing close-to-home sexual and reproductive health services through mobile outreach clinics. We provide screening and treatment for sexually transmitted infections, cervical cancer screening, contraceptives, information about preventive services for HIV, such as pre- and post-exposure prophylaxis, and mental health counselling.

1 Ministry of Health - [https://www.iccp-portal.org/sites/default/files/plans/Malawi%20Cervical%20Cancer%20Strategic%20Plan\\_2022-2026-%20Final%20Print%20Ready%20Version%2016.12.2021%5B1796%5D.pdf](https://www.iccp-portal.org/sites/default/files/plans/Malawi%20Cervical%20Cancer%20Strategic%20Plan_2022-2026-%20Final%20Print%20Ready%20Version%2016.12.2021%5B1796%5D.pdf)

2 Ministry of Health - [https://www.iccp-portal.org/sites/default/files/plans/Malawi%20Cervical%20Cancer%20Strategic%20Plan\\_2022-2026-%20Final%20Print%20Ready%20Version%2016.12.2021%5B1796%5D.pdf](https://www.iccp-portal.org/sites/default/files/plans/Malawi%20Cervical%20Cancer%20Strategic%20Plan_2022-2026-%20Final%20Print%20Ready%20Version%2016.12.2021%5B1796%5D.pdf)



# Malaysia

No. staff in 2024: 70 (FTE) » Expenditure in 2024: €2.7 million  
MSF first worked in the country: 2004 » [msf.org/malaysia](https://msf.org/malaysia)

## KEY MEDICAL FIGURES

28,400  
outpatient  
consultations

5,360  
antenatal  
consultations

1,530  
individual mental  
health consultations

130  
people treated for  
sexual violence

**In Malaysia, Médecins Sans Frontières (MSF) provides medical and humanitarian assistance to refugees, mainly Rohingya people, who encounter significant barriers in accessing healthcare and protection.**

In 2024, over 7,800 Rohingya refugees embarked on hazardous boat journeys from Bangladesh or Myanmar to Malaysia, an 80 per cent increase compared to 2023. However, not all reached Malaysia, as many were forcibly turned back to international waters, while more than 650 were lost at sea.<sup>1</sup>

Malaysia's non-signatory status to the 1951 Refugee Convention and the absence of any formal legal framework exposes refugees to immigration raids, arrests, detention, discrimination, and deportation. Despite recent efforts to transfer detained mothers and children from immigration detention centres (IDCs) to dedicated facilities, sustainable long-term solutions and proper alternatives to detention have yet to be implemented.

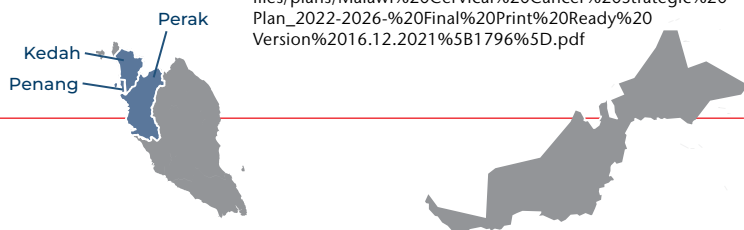
MSF teams assist the most vulnerable refugees – undocumented Rohingya women and children – through a fixed clinic in Penang state and six mobile clinics in Penang and Kedah. We also support healthcare in two IDCs in Kedah and Perak. Services

include basic healthcare, treatment for sexual and gender-based violence, mental health support, and financial assistance for people in need of specialist referrals to Ministry of Health hospitals. We also refer patients, particularly women and adolescent girls, to UNHCR, as registration with the UN refugee agency allows people to receive specialist care at a more affordable price. Our teams report a high demand for antenatal care and family planning.

In the two IDCs, we provide medical and psychosocial care, and distribute essential hygiene items, such as soap and sanitary pads. We also conduct training on medical and mental health issues for immigration officers and medical assistants.

Advocacy plays a key role in our activities in Malaysia. We regularly engage with government authorities and civil society organisations to highlight the plight of Rohingya refugees. We continue to oppose the detention of refugees in IDCs, and call for them to be issued identity documents, enabling them to work, access healthcare, and be better protected from exploitation and discrimination.

1 UNHCR - <https://www.unhcr.org/asia/news/press-releases/focus-saving-lives-urges-unhcr-more-rohingya-flee-sea>



■ Regions where MSF had projects in 2024

# Mali

No. staff in 2024: 1,485 (FTE) » Expenditure in 2024: €40.2 million  
MSF first worked in the country: 1992 » [msf.org/mali](https://msf.org/mali)

## KEY MEDICAL FIGURES

639,300  
outpatient  
consultations

75,300  
patients admitted  
to hospital

2,950  
surgical interventions

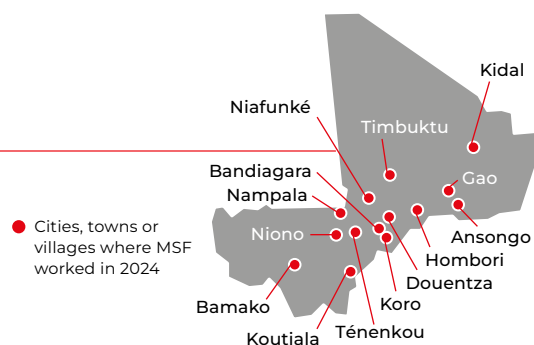
890  
people treated for  
intentional physical  
violence

## Médecins Sans Frontières (MSF) assisted thousands of people affected by conflict and flooding in Mali in 2024. We also delivered essential health services, particularly for women and children.

Throughout the year, violent clashes between the Malian army and non-state armed groups, and brutal attacks on civilians, forced many families to leave their villages. Our teams working around Niafunké, Kidal, Ténenkou, Nampala, and Koro reported that most came to live in precarious conditions, with little access to healthcare or other basic services.

We continued to run our regular activities, supporting health facilities across the country with donations of supplies and medicines, as well as contributing to paediatric and maternal care, sexual and reproductive health services, and emergency surgery for victims of violence. As a result of the upsurge in fighting, we treated a significant number of patients for violence-related injuries in 2024.

In October, heavy rains caused flooding in several regions of the country, including the capital, Bamako. As well as causing widespread destruction and displacing thousands of people, the floods encouraged the proliferation of mosquitoes, which



contributed to a significant increase in malaria cases. MSF collaborated with the Malian authorities to respond to the immense humanitarian needs of people displaced by the floods and conflict by providing medical care and essential household items, supplying clean water, and building latrines.

Other support included training healthcare staff and rehabilitating health facilities in the Niono, Niafunké, Ténenkou and Douentza health districts. We also maintained our community-based health services for people living in remote areas who struggle to obtain medical care.

Despite robberies, violence, physical attacks, and restrictions on access, our teams made every effort to maintain activities across the country, especially since reduced international funding and the withdrawal of several aid organisations have further limited people's access to essential services and support.

In Bamako, we handed over screening activities at our oncology project to the Ministry of Health and its partners, and refocused our support on improving access to care for breast and cervical cancers.

# Mauritania

No. staff in 2024: 2 (FTE) » Expenditure in 2024: €0.6 million  
MSF first worked in the country: 1992 » [msf.org/mauritania](https://msf.org/mauritania)

## KEY MEDICAL FIGURES

2,590  
outpatient  
consultations

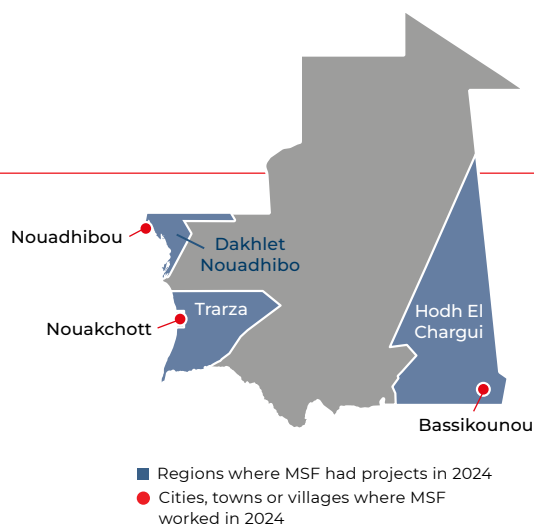
50  
children admitted to  
outpatient feeding  
programmes

## Médecins Sans Frontières (MSF) is in Mauritania to support migrants and refugees. Some travel overland through Mali, while others are turned back at sea, while attempting to cross to the Canary Islands.

From June, we started to run a mobile clinic in several villages in Bassikounou, to assist people who had arrived from Mali, and the communities who host them. Our teams provided general consultations, vaccinations, mental health care, and nutrition support, as well as treatment for sexual violence. The main health problems we treated during our response were respiratory infections, severe acute malnutrition, and mental health issues, including intense forms of stress.

During this time, we also started an epidemiological survey on nutrition, health, and the impact of violence, to guide the next stages of our response.

In October, MSF started reinforcing local rescue efforts, and improving care for migrants who attempted to make the perilous Atlantic crossing to the Canary Islands, leaving from Mauritania or Senegal. Our response focused on two key areas: enhancing the maritime rescue chain at sea and on shore, and supporting reception at disembarkation points.



MSF collaborated with local organisations to improve rescue operations and survivor assistance along the coast. This included training local officials in mass-rescue operations and first aid, as well as strengthening coordination between sea and land rescue efforts. In addition, we supported health facilities to prepare for large influxes of patients.

Our teams also delivered medical care at the disembarkation point in Nouadhibou, and ensured that migrants had access to protection services through the opening of a reception and care facility. In December, MSF teams responded to three disembarkations and two land interceptions. With our referral, 19 people were admitted to hospital. We did not directly witness any deaths during our responses, but received reports of 56 people who died either during their journeys or in shipwrecks.



# Mexico

No. staff in 2024: 276 (FTE) » Expenditure in 2024: €12.4 million  
MSF first worked in the country: 1985 » [msf.org/mexico](https://www.msf.org/mexico)

## KEY MEDICAL FIGURES

49,900  
outpatient  
consultations

9,840  
individual mental  
health consultations

800  
antenatal  
consultations

640  
people treated for  
sexual violence

**In 2024, Mexico hosted significant numbers of asylum seekers and people on the move. Médecins Sans Frontières (MSF) provides medical care and mental health support through clinics across the country.**

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

In Tapachula and Coatzacoalcos, southern Mexico, we assisted new arrivals, as well as people stranded due to difficulties in obtaining transit permits. During the year, we adapted to changing migration routes, and responded temporarily in the towns of Suchiate and Juchitán.

Due to an increase in migrant caravans, particularly following the US election, we expanded our assistance through mobile clinics in late 2024.



● Cities, towns or villages where MSF worked in 2024

In Mexico City, MSF teams provided medical care, mental health support, and physiotherapy to survivors of extreme violence, both Mexican citizens and migrants, in a dedicated clinic. In addition, we scaled up our mobile clinic activities in informal camps.

At the northern border, after seven years of activities, we closed our project at Piedras Negras in September. We continued to work in Reynosa and Matamoros, offering basic healthcare and mental health support to migrants living in dedicated shelters while waiting to cross the border to apply for asylum in the US.

Our teams report that the migrants they treat – especially women and children, who are arriving in increasing numbers – often have limited access to basic services, and spend long periods in unsanitary, hostile environments. These conditions worsen medical issues such as respiratory infections, skin diseases, post-traumatic stress disorder, and other mental health problems linked to exposure to extreme violence.

# Mozambique

No. staff in 2024: 834 (FTE) » Expenditure in 2024: €22.5 million  
MSF first worked in the country: 1984 » [msf.org/mozambique](https://www.msf.org/mozambique)

## KEY MEDICAL FIGURES

201,100  
outpatient  
consultations

113,000  
malaria cases treated

6,010  
individual mental  
health consultations

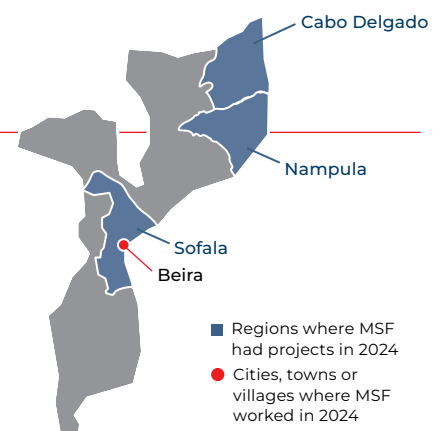
370  
people receiving  
HIV antiretroviral  
treatment

**Médecins Sans Frontières (MSF) has been working in Mozambique for 40 years, filling crucial healthcare gaps, such as in treatment for HIV, and assisting people affected by conflict and natural hazards.**

In Cabo Delgado province, where about 580,000 people remained displaced due to ongoing conflict and unrest,<sup>1</sup> our teams continued to provide healthcare through community-based activities and support to health facilities in the districts of Palma, Mocimboa da Praia, Macomia, Mueda, Muidumbe, and Nangade.

In May, Macomia was attacked by an armed group; MSF's warehouse was looted, and our cars stolen. This attack and the increased insecurity forced us to suspend our work in Macomia town, temporarily cease running our mobile clinics and outreach activities in the district, and reduce some services in other areas of Cabo Delgado.

In December, we launched an emergency response in the Mecúfi and Nanlia districts of northern Mozambique, following the devastation caused by Cyclone Chido, which affected over 680,000 people. Our response focused on providing lifesaving emergency healthcare, mental health support, rehabilitating damaged health facilities, and restoring essential water, sanitation, and hygiene services.



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

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

In Sofala province, our team in Beira worked with the Ministry of Health and local organisations to deliver sexual and reproductive healthcare, including safe abortion care for vulnerable and stigmatised groups, treatment for people with advanced HIV, and support for addressing antimicrobial resistance.

<sup>1</sup> IMDC - <https://www.internal-displacement.org/expert-analysis/7-years-into-the-conflict-solutions-to-displacement-in-cabo-delgado-remain-elusive/>

# Nigeria

No. staff in 2024: 3,398 (FTE) » Expenditure in 2024: €66.6 million  
MSF first worked in the country: 1996 » [msf.org/nigeria](https://www.msf.org/nigeria)

## KEY MEDICAL FIGURES

1,668,100  
outpatient  
consultations

696,100  
routine vaccinations

532,200  
malaria cases treated

296,600  
children admitted to  
outpatient feeding  
programmes

200,600  
patients admitted  
to hospital

79,600  
children admitted  
to inpatient feeding  
programmes

35,800  
births assisted

20,600  
people treated  
for measles

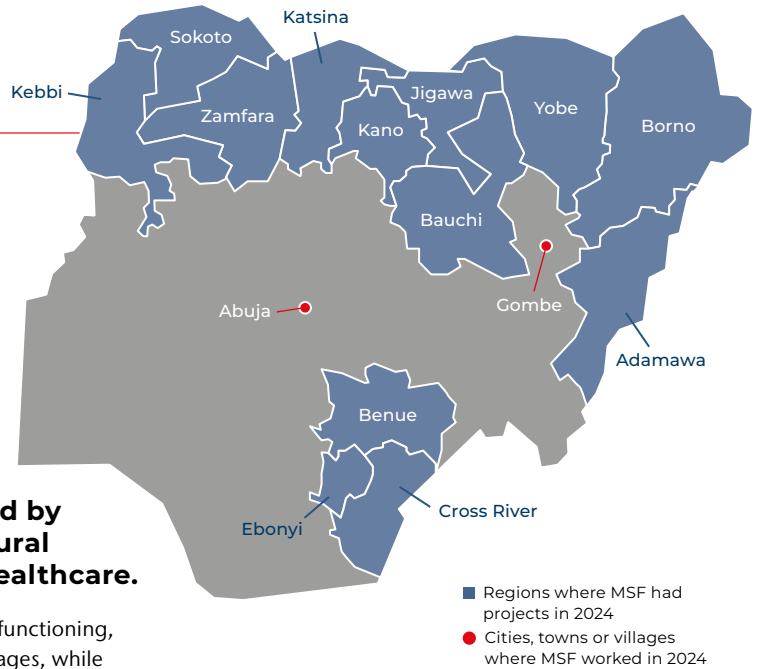
16,900  
individual mental  
health consultations

**Médecins Sans Frontières (MSF) is working in Nigeria to address the many health challenges, including alarming malnutrition rates and disease outbreaks, posed by continued violence, natural hazards, and a lack of healthcare.**

Many healthcare facilities are barely functioning, due to understaffing and drug shortages, while some have closed altogether. The ones that remain open are often inaccessible to people struggling with rapid inflation and widespread poverty. During the year, MSF teams continued to support people fleeing violence, and respond to outbreaks of preventable diseases such as cholera, Lassa fever, and measles, which have become recurrent in the country, due in part to extremely low vaccination coverage. Nigeria is already experiencing the impacts of the climate crisis, and in 2024 was hit once again by severe floods, which destroyed homes and crops, compounding these health issues.

### Malnutrition

In 2024, we again saw a significant increase in malnutrition admissions at MSF centres compared to the previous year. We expanded the capacity at our facilities to manage the growing caseload, but the influx was so overwhelming that, in some locations, we had to set up makeshift beds for up to 100 patients each day.



Throughout the year, we conducted multiple assessments to screen for malnutrition. In Zamfara, a quarter of the children screened in two locations were identified as malnourished. In Katsina state, we found evidence of a major malnutrition crisis; the level of malnutrition in some areas had doubled compared to 2023. And in Kebbi state, we also saw indications of a doubling of malnutrition rates compared to two years before.

Our teams reported these high levels of malnutrition across our 11 inpatient feeding centres and 31 outpatient centres in the north of the country. In these facilities, we also ran health education sessions regarding nutrition, and offered mental health support for children and their parents.

Community engagement was a key part of our work. In Kebbi state, in addition to managing an intensive nutrition centre, we gave cooking



Maryam Muhammad, MSF health promotion supervisor in Kebbi, feeds a child during a recipe demonstration to help prevent malnutrition in Maishaka village. Kebbi state, northwest Nigeria, January 2024.

© Georg Gassauer/MSF



**Displaced families queue at a food distribution site, after they were forced to flee their homes due to conflict. Plateau state, Nigeria, February 2024.**  
© Abba Adamu Musa/MSF

demonstrations to encourage nutritional diversity using the 'Tom Brown' method, which involves making a porridge with a blend of grains and legumes. In Bauchi state, we trained community health workers in the early detection and treatment of malnutrition.

### Women's health and sexual violence

In 2024, we opened a new referral hospital for emergency maternal and obstetric health in Borno state. This hospital provides treatment for women with life-threatening complications, such as eclampsia or post-partum haemorrhage, and has a neonatal intensive care unit for premature babies and newborns with conditions such as jaundice. In this collaborative project, MSF teams train and work alongside Ministry of Health staff.

Meanwhile, we handed over our project in Benue state, which included sexual and reproductive healthcare and treatment for sexual violence, to the Ministry of Health and other organisations. In Jahun, we continued providing comprehensive emergency obstetric and neonatal care, including surgical repair for obstetric fistula.

### Disease outbreaks and vaccination campaigns

Our teams launched emergency activities in response to diseases in 2024, including several cholera outbreaks across the country, and Lassa fever in Bauchi. In December, we handed over to the Ministry of Health our regular Lassa fever project in Ebonyi, which had focused on addressing stigmatisation in the community and providing mental health support for patients. We also handed over the diphtheria project we had been running in Kano, in response to the huge outbreak in 2023.

One of the reasons we see such high numbers of vaccine-preventable diseases, such as measles and meningitis, is the low vaccination coverage across the whole of northern Nigeria. MSF carried out a range of activities to address this issue, vaccinating children in Zamfara and Adamawa states against measles, and supporting health authorities in Gombe and Yobe states by donating medicines,

and training staff to treat meningitis and administer vaccines to children. In September, we launched a vaccination campaign in Sokoto state to protect against tetanus, diphtheria, and other diseases.

In 2024, the malaria vaccine was used for the first time in several states. In Kebbi, MSF teams supported the Ministry of Health with the rollout.

### Natural hazards

In August and September, severe flooding hit several parts of Nigeria, destroying homes and displacing thousands of people. In both Gummi, Zamfara state, and Maiduguri, Borno state, MSF responded by conducting medical and mental health consultations and referrals, and carrying out water and sanitation activities, including supplying water in trucks and tanks, rehabilitating boreholes, and installing and repairing latrines.

As climate-related events continue to have an impact on communities in Nigeria, we are committed to reducing our carbon emissions. In 2024, three hospitals – in Borno, Jahun and Bauchi – supported by MSF finalised their solar panel installation; the one in Bauchi is now run entirely on renewable energy.

### Violence and displacement

Years of insecurity and fighting between government forces and armed groups in northeast Nigeria have forced thousands of people from their homes. Most now live in appalling conditions in displacement camps, with little access to food or healthcare. In 2024, we continued to deliver basic healthcare through mobile clinics in camps in Maiduguri, scaling up these activities in September, when there was a new influx following the floods.

Armed violence in northwest Nigeria has also displaced thousands of people, severely disrupted agricultural activities, and caused health facilities to cease functioning, aggravating the humanitarian crisis in this region. In addition to our regular activities in Zamfara's Shinkafi and Zurmi local government areas, we ran mobile clinics in displacement camps to provide basic healthcare and referrals for people who had fled from the surrounding villages. Our teams also provided relief items and healthcare services to displaced communities in Sokoto.

### Noma

Noma is a disfiguring and potentially deadly infection most common in young children. Following its landmark inclusion in the World Health Organization's list of neglected tropical diseases, MSF continues to call for greater recognition of noma, and investment for research and treatment, through international and national conferences and awareness-raising events. Throughout the year, we supported the transformative surgical programme for noma patients at the dedicated hospital in Sokoto.



# Niger

No. staff in 2024: 2,926 (FTE) » Expenditure in 2024: €52.3 million  
MSF first worked in the country: 1985 » [msf.org/niger](https://www.msf.org/niger)

## KEY MEDICAL FIGURES

1,155,400  
outpatient  
consultations

543,100  
malaria cases treated

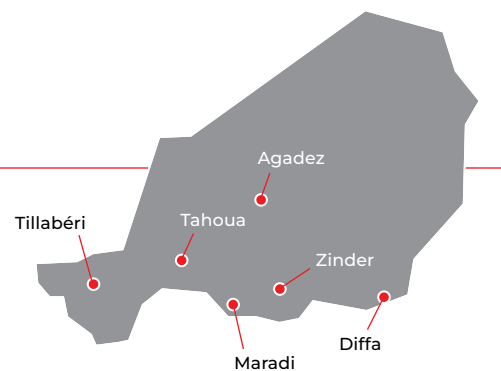
36,700  
children admitted  
to inpatient feeding  
programmes

16,100  
births assisted

## Médecins Sans Frontières (MSF) continued to address the consequences of violence, displacement, and malnutrition across six regions of Niger.

Working alongside the new government, MSF ran a range of community-based, general, and specialised health services, including nutrition support, paediatric, maternal, and reproductive care, and treatment for malaria. We also helped with the humanitarian response to floods, the worst in five years, by donating essential items, such as cooking and hygiene kits, in the most severely affected areas.

Border closures, insecurity, and other challenges continued to disrupt supply chains, including for medicines and nutrition products. Nevertheless, our teams treated an increased number of children in the facilities we support in the Maradi, Zinder, Tahoua, and Diffa regions between June and November, the so-called lean season, when rainfall is heaviest and food stocks are depleted. In Magaria, we carried out an indoor residual spraying campaign in partnership with the national malaria control programme in 25 villages, to curb the proliferation of mosquitoes which transmit malaria. In Madarounfa, we hired an additional 200 healthcare workers to cope with the influx of malnourished and sick children. In Diffa, we



● Cities, towns or villages where MSF worked in 2024

collaborated with local health authorities to open 40 community-based healthcare sites to treat malaria, and referred patients requiring further care to the hospitals we support in Diffa and Nguigmi.

People in the Tillabéri region have extremely limited access to healthcare and other essential services, due to armed violence and forced displacement. In addition to our general healthcare in Torodi, our teams supported the hospital in Téra and four other health facilities, including Banibangou health centre, where we set up an operating theatre. Through 28 community-based healthcare sites, we supported in bringing care for malaria, respiratory infections, and diarrhoea, closer to home.

MSF continued to assist people migrating through Agadez, many of whom had been expelled from Algeria and left stranded in the desert. Our teams provided mental health support along migration routes, facilitated protection referrals for vulnerable people, and continued advocating for the dignity and security of migrants. We also ran search and rescue activities in the desert, and distributed relief items such as hygiene kits and blankets.



An MSF staff member sprays a house in Magaria health district to deter mosquitoes, one of the preventive measures in the fight against malaria. Niger, July 2024.

© Eloge Mbaihondoum/MSF

# Myanmar

No. staff in 2024: 981 (FTE) » Expenditure in 2024: €13.8 million  
MSF first worked in the country: 1992 » [msf.org/myanmar](https://www.msf.org/myanmar)

## KEY MEDICAL FIGURES

163,000  
outpatient  
consultations

7,140  
antenatal  
consultations

480  
people started on  
treatment for TB,  
including 6 for  
MDR-TB

460  
people treated for  
sexual violence

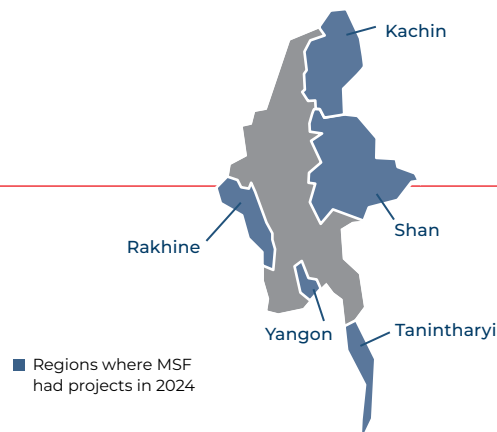
**Despite violent attacks on our facilities and movement restrictions for our staff, Médecins Sans Frontières (MSF) continues to work in Myanmar to assist people affected by widespread violence and recurrent extreme weather events.**

Monsoon flooding and typhoon Yagi displaced over 3.5 million people in 2024, adding to the severe suffering already faced by communities since the military seized power from the elected government in 2021.

In June, fighting intensified between the Myanmar armed forces and various ethnic and resistance groups, severely affecting MSF's ability to provide services across Rakhine, Shan, and Kachin states.

In northern Rakhine, we had to indefinitely suspend activities at 14 clinics across Rathedaung, Buthidaung and Maungdaw townships in June. This followed an earlier suspension in April, when our office and pharmacy in Buthidaung were destroyed during horrific violence. For many local communities, these clinics were their only accessible healthcare options.

In eastern Rakhine, we were unable to run previously authorised mobile services due to the authorities' refusal to issue travel permits. This meant we had to resort to alternative strategies, such as teleconsultations and office-based clinics.



In northern Shan, we were forced to suspend our activities in Lashio and Muse townships, where we had focused on sexual and reproductive health and paediatric care, though we resumed services in Muse in October.

In Kachin, while escalating violence forced us to suspend activities in Bhamo, we continued to address the critical health needs of people in Myitkyina, Hpakant, Mogaung, and Mohnyin, by supporting the national HIV and tuberculosis (TB) programmes. We also provided care for victims and survivors of sexual and gender-based violence, sexual and reproductive healthcare for pregnant women and lactating mothers, and general healthcare for children under five.

In Yangon, we maintained our support to Aung San TB hospital, and started to offer hepatitis C screening and treatment, and hepatitis B vaccinations.

In Tanintharyi region, in addition to HIV care, we ran general health services, including treatment for non-communicable diseases such as diabetes, and sexual and reproductive healthcare. In 2024, we expanded these services to cover Kawthaung, Myanmar's southernmost district.

# Pakistan

No. staff in 2024: 964 (FTE) » Expenditure in 2024: €12.3 million  
MSF first worked in the country: 1986 » [msf.org/pakistan](https://www.msf.org/pakistan)

## KEY MEDICAL FIGURES

14,900  
births assisted

11,200  
patients received  
a new treatment  
for cutaneous  
leishmaniasis

6,770  
malaria cases treated

490  
people started on  
hepatitis C treatment

**In 2024, Médecins Sans Frontières (MSF) delivered vital medical care in Pakistan, tackling neglected diseases, improving care for mothers and children in high-risk areas, and concluding a groundbreaking hepatitis C project.**

MSF activities in Pakistan focus on delivering essential healthcare to people with severely limited access — particularly those who are marginalised or living in extreme poverty.

In Balochistan, a region with alarmingly high maternal death rates, we support reproductive health and neonatal services in Kuchlak, Chaman, and east Balochistan. We also offer nutrition care for children, lactating women, and pregnant women.

We also continue our programme treating cutaneous leishmaniasis, a neglected tropical disease that causes skin lesions, across Balochistan and Khyber Pakhtunkhwa. During the year, our clinics treated nearly 10,000 patients. In addition to diagnosis and care, we offer mental health support, and conduct research into improved treatment options.

In Khyber Pakhtunkhwa's Tirah valley, where communities are rebuilding their lives after being



displaced by conflict, we provide basic healthcare, and in 2024 responded to a significant malaria outbreak. Our presence ensures access to vital medical services in a fragile environment.

Our drug-resistant tuberculosis (TB) programme in Gujranwala, Punjab, implements a patient-centred approach, offering injection-free, shorter, and more effective treatment regimens, and comprehensive and tailored psychological and social support. In addition, we conduct systematic household contact screening, targeting children under 15 years of age, to improve diagnosis and treatment of paediatric TB.

In 2024, we concluded our nine-year hepatitis C project in Karachi's Machar Colony. This programme delivered free, lifesaving treatment, and demonstrated how a major health crisis can be effectively addressed through sustained efforts within an urban community.

# Palestine

No. staff in 2024: 875 (FTE) » Expenditure in 2024: €85.1 million  
MSF first worked in the country: 1988 » [msf.org/palestine](https://www.msf.org/palestine)

## KEY MEDICAL FIGURES

141,221,000  
litres of chlorinated  
water distributed

750,100  
outpatient  
consultations

123,600  
emergency room  
admissions

49,000  
people treated for  
intentional physical  
violence

37,000  
antenatal  
consultations

36,700  
individual mental  
health consultations

26,800  
patients admitted  
to hospital

9,370  
surgical interventions

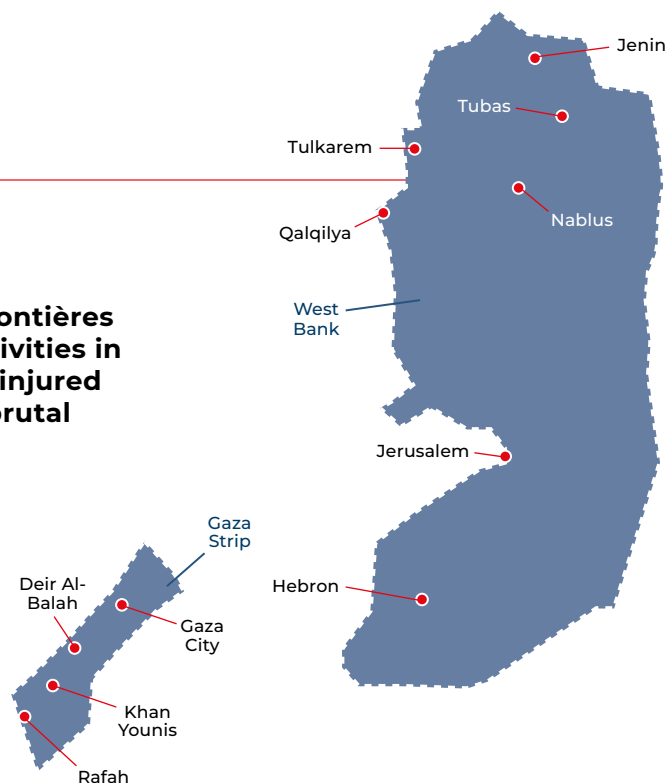
8,700  
births assisted

## In 2024, Médecins Sans Frontières (MSF) teams scaled up activities in Palestine to assist people injured and displaced by Israel's brutal war on Gaza.

### Gaza Strip

During the year, Israel intensified the campaign of destruction it had unleashed in Gaza in response to Hamas' horrific attack and hostage-taking on 7 October 2023. By the end of 2024, over 45,000 Palestinians had been killed,<sup>1</sup> while civilian infrastructure and the health system in the Gaza Strip had been decimated. In addition to the profound physical and psychological trauma of the war, 90 per cent of Gazans had the distressing experience of being repeatedly forcibly displaced. The majority sought refuge in an ever-shrinking space located along the coast in southern and central Gaza. Nowhere in Gaza was spared from Israel's offensive, not even the areas it declared 'safe humanitarian zones', which were repeatedly bombed.

In May, the offensive on the southern city of Rafah marked a turning point, as more than a million people, including MSF colleagues living in overcrowded tents and makeshift shelters, were forced to flee again. As the ground offensive began, Israeli forces also seized control of the Rafah border crossing, effectively cutting off a key entry point for humanitarian aid.



Most hospitals in Gaza have been fully or partially destroyed, leaving people with few options for healthcare, particularly in the north of the Strip. Our staff and patients had to abandon a total of 17 health facilities, and were subjected to around 45 violent incidents between October 2023 and December 2024. These incidents included airstrikes, incursions into medical centres, and coming under fire from tanks in deconflicted shelters and convoys. Four of our staff members were killed in 2024; a total of 12 have been killed during the war at the time of publication.



MSF nurse Ahmed treats a young man for an arm wound he sustained at the school where he is displaced to in Gaza City. Gaza Strip, Palestine, December 2024.

© Motassem Abu Aser





**MSF staff members Salwa and Rahma visit a refugee camp in Jenin, to meet residents and assess their mental health. West Bank, Palestine, September 2024.**  
© Alexandre Marcou/MSF

Throughout the year, we scaled up and adapted our medical activities, offering a wide range of services. These included multidisciplinary care for patients with burns and trauma injuries – comprising surgery, physiotherapy, and psychosocial support – as well as maternal and neonatal care, basic healthcare, sexual and reproductive healthcare, mental health support, and treatment for non-communicable diseases. We also assisted with the distribution of water, and the installation of water treatment systems and sanitation facilities.

Although MSF's international teams were forced to leave the north of the Strip in October 2023, our Palestinian colleagues remained, and continued delivering care to people in need. The teams in southern and central Gaza expanded activities around Khan Younis and Deir Al-Balah, especially in the Al-Mawasi area, where more than a million displaced people were cramped together in tents. Most of the requests for medical evacuation were rejected, leaving people requiring specialised medical care without any options.

Due to the blockade of humanitarian and medical supplies, the health system faced critical shortages of drugs and other vital goods; people were trapped without access to the most basic services, such as water and food, greatly increasing their medical needs. Our teams treated numerous newborn babies and children under one year old for severe conditions, including malnutrition and respiratory tract infections, linked to their appalling living conditions. Overcrowded, unsanitary environments and the lack of safe water, soap, or showers increased the incidence of skin diseases, gastrointestinal disorders, and disease outbreaks, as shown by the resurgence of polio.

In north Gaza, the siege and relentless attacks carried out by the Israeli forces in October 2024 were a clear illustration of the indiscriminate nature of the war. In December, our advocacy team published *Gaza: Life in a Death Trap*, a report in which we stated that we were witnessing clear signs of ethnic cleansing, as Palestinian life was being wiped out in the north.

We repeatedly called for a sustained and immediate ceasefire in Gaza, for urgent and unhindered access for humanitarian aid to support Palestinians, and for all parties to the conflict to respect and protect medical facilities.

By the end of the year, our teams were supporting two hospitals, Al-Aqsa and Nasser, two MSF field hospitals in Deir Al-Balah, five healthcare centres, and two clinics.

### The West Bank

Israeli forces and settlers have increased their use of extreme physical violence against Palestinians in the occupied West Bank since the war started in Gaza. During 2024, Israel also introduced more restrictive measures on movement, which severely obstructed access to healthcare and exacerbated the already dire living conditions. The Israeli forces carried out increasingly violent and longer incursions, particularly in the north of the territory. At the end of August, they launched a nine-day military incursion in Tulkarem, Jenin, and Tubas, the most intense since the 2022 intifada, in which 39 Palestinians were killed. These incursions, along with settler violence, movement restrictions, and financial hardship, resulted in the largest number of Palestinians being forcibly displaced from their homes in decades.

Our teams witnessed a rapid escalation of violence, with more ambulances carrying critical patients blocked at checkpoints, medical facilities surrounded and raided, and health workers subjected to physical violence, with many killed.

MSF continued to provide emergency care, basic healthcare via mobile clinics, and mental health services in Hebron, Nablus, Tubas, Jenin, Tulkarem, and Qalqilya. Our mental health teams observed that constant fear of longer and unpredictable incursions and attacks by Israeli forces and settlers took a significant toll on people's mental health, heightening feelings of hopelessness and anxiety. In the refugee camps, we conducted first-aid training for paramedic volunteers, and donated vehicles for paramedic services, and essential relief items to support trapped communities.

Access to healthcare remained a huge concern. In response, our teams increased the number of mobile clinics around Nablus, and in H2, a highly restricted area in Hebron city. In areas such as Masafer Yatta in the south, settler violence reached unprecedented levels, with Palestinians seeing their homes, farms, and cattle burned or destroyed. Israeli forces also demolished houses, forcibly displacing families and leaving them destitute.

At the end of 2024, humanitarian operations, including MSF's, continued to face severe restrictions, limiting our ability to address the immense needs of people living in Gaza and the West Bank.

<sup>1</sup> OCHA - <https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-31-december-2024>

# Panama & Costa Rica



No. staff in 2024: 96 (FTE) » Expenditure in 2024: €3.9 million  
MSF first worked in Panama: 1993 » MSF first worked in Costa Rica: 1992  
[msf.org/panama](https://www.msf.org/panama) » [msf.org/costa-rica](https://www.msf.org/costa-rica)

## KEY MEDICAL FIGURES

14,800  
outpatient  
consultations

1,490  
individual mental  
health consultations

910  
people treated for  
sexual violence

## Médecins Sans Frontières (MSF) teams provided medical assistance to migrants, with a focus on victims and survivors of sexual violence, in Panama and Costa Rica in 2024.

According to the Panamanian migratory authority, in 2024, more than 302,000 people crossed the Darién Gap, a remote area of mountainous jungle between Colombia and Panama, where they are vulnerable to attacks by criminal gangs, as they make their way north to the United States (US). Although this figure represents a 42 per cent decrease compared to 2023, it was the second-highest number of crossings since the beginning of the migration crisis in this region.

Two-thirds of the migrants crossing were Venezuelans, topping a list of dozens of different nationalities, including Colombians, Ecuadorians, and increasing numbers of people from other continents.

MSF teams based at the Lajas Blancas migration station, and in the indigenous community of Bajo Chiquito, offered basic medical consultations for conditions such as diarrhoea, skin rashes, and respiratory illnesses, as well as mental health support and treatment for sexual violence.

■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

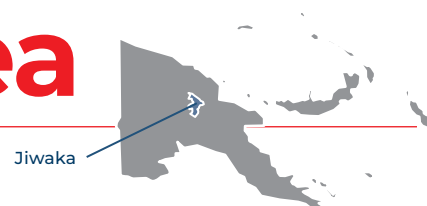
However, in March, we were forced to suspend our activities in Darién by the Panamanian authorities, who claimed that we did not have a collaboration agreement in place, which we had been trying to renew since October 2023.

Given the urgency of treating victims of sexual violence within 72 hours of the assault to prevent unwanted pregnancies and HIV infection, we launched activities in Costa Rica in April with Cadena, a local partner.

In September, after seven months of negotiations, we received permission from the Panamanian authorities to resume activities in Darién on a temporary basis. As a result, we started working there again in October, and ended our response in Costa Rica.

At the end of the year, there was a steep drop in the number of crossings through the Darién Gap, which is typical during the seasonal festivities, but the electoral uncertainty in Venezuela, the results of the US election, and the increase in border patrols and deportations in Panama could also be contributing factors.

# Papua New Guinea



No. staff in 2024: 21 (FTE) » Expenditure in 2024: €1.5 million  
MSF first worked in the country: 1992 » [msf.org/papua-new-guinea](https://www.msf.org/papua-new-guinea)

## Médecins Sans Frontières (MSF) began a project to assist people affected by various forms of violence in hard-to-reach communities in Papua New Guinea (PNG) in 2024.

Access to health services for victims of intercommunal and sexual violence is uneven in the Highlands region, especially in remote areas. With few medical facilities scattered across rugged terrain, it is difficult for rural communities in Jiwaka province to access care, leaving many without the treatment they need.

In June, in collaboration with the health authorities, MSF started setting up a project in Jiwaka, aiming to improve access to care for victims and survivors of intercommunal violence, sexual and gender-based violence (SGBV), domestic violence, election-related violence, and violence due to sorcery accusations.

Intercommunal fighting is not unusual in PNG, especially in the Highlands region, where clans and tribes have fought each other for centuries due to land, livestock, and gender-based disputes. These fights have severe repercussions on the precarious socioeconomic situation in the Highlands, while the lack of medical care and supportive services exacerbates the suffering of both people who have been displaced by armed clashes and the communities hosting them.

Meanwhile, SGBV is increasing at alarming rates in PNG, especially in the Highlands region. PNG remains one of the most dangerous places in the world for women and girls.

With this project, MSF plans to build the capacity of existing services in health facilities, develop a sustainable community-based approach to healthcare, and establish a functioning SGBV care service, by strengthening the referral and protection system.

■ Regions where MSF had projects in 2024

# Philippines

No. staff in 2024: 54 (FTE) » Expenditure in 2024: €1.6 million  
MSF first worked in the country: 1984 » [msf.org/philippines](https://www.msf.org/philippines)

## KEY MEDICAL FIGURES

21,400  
outpatient  
consultations

630  
people started on  
treatment for TB ,  
including 21 for  
MDR-TB

**Médecins Sans Frontières (MSF) is working to reduce the high prevalence of tuberculosis (TB) in the Philippines. In 2024, our teams also assisted communities affected by typhoons and flooding.**

TB prevalence in the Philippines is among the highest in the world, and it is a leading cause of death in the country. Throughout 2024, MSF continued to work in Tondo, a densely populated, impoverished area of the capital, Manila, focusing on active case detection. Our teams ran a mobile x-ray clinic equipped with an artificial intelligence-assisted diagnostic tool, facilitating rapid screening and early diagnosis. The aim is to screen people, trace contact cases, and refer TB-positive patients to local health centres.

To improve treatment, patient adherence and outcomes, MSF organised community-based care, including home visits and follow-up. We also offered preventive TB treatment to close contacts of confirmed TB patients, especially children, who are at higher risk of developing severe forms of the disease.

Some patients diagnosed through our screening activities were unable to start or continue treatment, due to recurrent drug shortages or their inability to afford them. In August, to address this issue,



MSF supported the Manila Health Department with a donation of TB drugs, while advocating for a sustainable procurement of medicines.

During the year, our teams also launched several emergency responses. On 14 September, a massive fire broke out in Manila, affecting over 2,000 families. Many people lost their homes and their personal belongings. In response, MSF donated medicines, supplies for wound care, such as bandages and antiseptic products, and oral rehydration salts.

The Philippines has long been recognised as one of the countries most at risk for extreme weather events. However, the 2024 storm season proved to be record-breaking, with six typhoons hitting the country within a 30-day period, starting in late October. In the aftermath of severe tropical storm Trami and super typhoon Man-yi, our teams quickly reached the worst-affected districts, to offer basic healthcare, distribute essential supplies, such as drinking water and hygiene kits, and monitor the risk of water-borne diseases.

# Poland

No. staff in 2024: 16 (FTE) » Expenditure in 2024: €0.9 million  
MSF first worked in the country: 2005 » [msf.org/poland](https://www.msf.org/poland)

## KEY MEDICAL FIGURE

200  
outpatient  
consultations

**In Poland, Médecins Sans Frontières (MSF) assists migrants and refugees stranded at the border with Belarus, and supports people who have fled Ukraine to access medical care.**

Since 2022, MSF has been offering emergency medical care to people trapped in the forested areas between Poland and Belarus. Our teams provide first aid for violence-related injuries, frostbite, hypothermia, and other health conditions resulting from prolonged exposure to harsh environments.

In addition, we monitor their medical needs, and organise emergency referrals and follow-up in close cooperation with other organisations and civil society groups.

Advocacy is another important component of our work in Poland. In 2024, we raised concerns over new border policies that would restrict asylum access, calling on both the government of Poland



and European Union institutions to immediately reverse these measures. MSF continues to call for an end to pushbacks, and for better treatment and protection of asylum seekers in Poland.

We also support refugees from Ukraine who have crossed into Poland since the war escalated. We work with local authorities and international partners to ensure continuity of care for those with tuberculosis, linking them to appropriate medical facilities, and providing psychological and social support.



# Russia

No. staff in 2024: 34 (FTE)  
Expenditure in 2024: €3 million  
MSF first worked in the country: 1992  
[msf.org/russia](https://msf.org/russia)



■ Regions where MSF had projects in 2024

● Cities, towns or villages where MSF worked in 2024

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

**31**  
people started  
on treatment  
for MDR-TB

## Until August 2024, Médecins Sans Frontières (MSF) ran programmes in Russia to improve treatment for patients with drug-resistant tuberculosis (DR-TB) and HIV, and assisted people displaced by the conflict in Ukraine.

In January, we expanded the DR-TB programme we had been running in the northern region of Arkhangelsk to Ivanovo, in central Russia. Our teams provided expertise and technical assistance to the health authorities, with a special emphasis on implementing new treatment regimens, improving patients' adherence, and integrating person-centred care into services. The aim of the collaboration was to contribute to the evidence base for more effective and less toxic treatment for DR-TB, with a view to scaling up these scientifically proven protocols across Russia.

In Moscow and Saint Petersburg, we worked with local NGOs to prevent HIV among key groups, and provide them with medical care. Urban areas in Russia attract a large number of people

seeking work and income opportunities. However, individuals from vulnerable groups, especially undocumented migrants, often struggle to obtain medical care and support in big cities.

In southwestern Russia, we worked with local partners supporting people displaced by the armed conflict in Ukraine. Due to limited registration to work in Russia, we had to rely on local NGOs in the cities of Belgorod, Rostov-on-Don, and Taganrog, to ensure that people affected by the conflict received medical and mental health support. This included outpatient consultations provided by our team, as well as social support. By August, together with our partners, we had responded to the needs of thousands of people displaced from Ukraine and within Russia.

That month, we received a letter from the Russian Ministry of Justice, conveying its decision to withdraw the affiliate office of MSF in the Russian Federation from the register of affiliate and representative offices of foreign NGOs. In September, 32 years after we began working in the Russian Federation, we were forced to close our operations in the country.

# Search and rescue operations

No. staff in 2024: 26 (FTE) » Expenditure in 2024: €9.2 million  
MSF started search and rescue: 2015 » [msf.org/mediterranean-migration](https://msf.org/mediterranean-migration)



**2,280**  
people rescued at sea

**1,190**  
outpatient  
consultations

**7**  
people treated for  
sexual violence

## As a result of increasingly punitive laws regarding search and rescue activities in the Mediterranean Sea, the Médecins Sans Frontières (MSF) vessel, *Geo Barents*, was forced out of operation in 2024.

In 2024, more than 1,690 people died or went missing while attempting to cross the Central Mediterranean Sea<sup>1</sup> – the second-highest number of deaths since 2017. At the same time, interceptions and forced returns to Libya and Tunisia increased, revealing the real reason behind the hailed decrease in arrivals in Italy. The cycles of exclusion and abuse at Europe's external borders were further entrenched by the formal adoption of the European Union's Pact on Migration and Asylum, which came into force in June.

In the same month, the MSF team on board the *Geo Barents* recovered the bodies of 11 people after a nine-hour-long search operation at sea, once again witnessing first-hand the impacts of violent

border practices and the deliberate inaction of European states in the Central Mediterranean Sea. Throughout the year, our medical team treated survivors for the effects of the harsh conditions at sea, such as hypothermia, dehydration, and fuel burns, which occur when petrol mixes with sea water and comes into contact with the skin. The team also treated people for the physical and psychological consequences of the extreme violence they had experienced, including wounds, physical disabilities, psychological conditions, and sexually transmitted infections.

The impact of the punitive Italian laws and practices on humanitarian activities at sea was to dramatically reduce the number of people the *Geo Barents* was able to rescue in 2024, as the ship was blocked in port for almost four months. As a result, MSF was forced to suspend search and rescue operations in December. However, we are committed to returning to the Central Mediterranean Sea as soon as possible.

<sup>1</sup> IOM - <https://missingmigrants.iom.int/region/mediterranean>

# Serbia

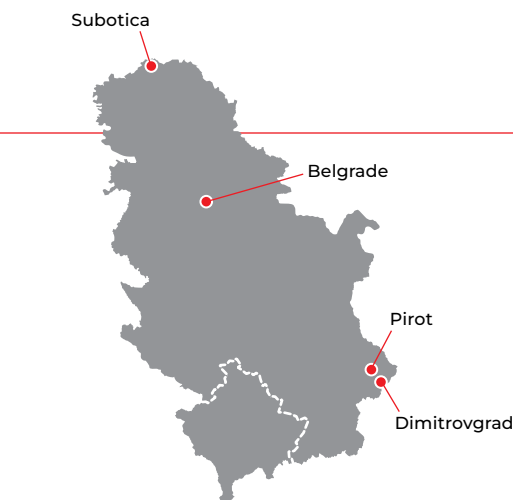
No. staff in 2024: 17 (FTE) » Expenditure in 2024: €0.7 million  
MSF first worked in the country: 1991 » [msf.org/serbia](https://www.msf.org/serbia)

**KEY MEDICAL FIGURE**  
2,070  
outpatient  
consultations

**In 2024, Médecins Sans Frontières (MSF) continued to provide essential medical and humanitarian assistance to refugees and migrants living in precarious conditions in Serbia.**

Many of our patients in Serbia, who were attempting to cross the Balkans in search of safety in other European countries, reported that they had been subjected to violence and pushbacks by state authorities at the borders. Others said they had experienced extreme levels of violence, including sexual assaults, in their countries of origin and/or during their journeys. Throughout the year, our teams conducted general medical consultations for people, no matter their housing situation.

In the southern region bordering Bulgaria, we offered assistance to people on the move. We ran mobile clinics in these areas, delivering general healthcare and distributing essential relief items, such as blankets, warm clothing, footwear, and also hygiene kits. We collaborated with local civil society organisations. As well as providing care for victims of physical and psychological violence,



● Cities, towns or villages where MSF worked in 2024  
The maps and place names used do not reflect any position by MSF on their legal status.

including various forms of inhumane and degrading treatment, MSF teams treated people whose health had been affected by freezing winter temperatures, unsanitary living conditions, and a lack of food, clean clothes, and medical care.

MSF continued to denounce the deadly consequences of European migration policies, in particular the increased securitisation and violent measures to which refugees and migrants are subjected, as they attempt to seek safety or continue their journeys to other European countries.

# Sierra Leone

No. staff in 2024: 1,285 (FTE) » Expenditure in 2024: €22 million  
MSF first worked in the country: 1986 » [msf.org/sierra-leone](https://www.msf.org/sierra-leone)

**KEY MEDICAL FIGURES**  
116,300  
outpatient  
consultations

86,500  
malaria cases treated

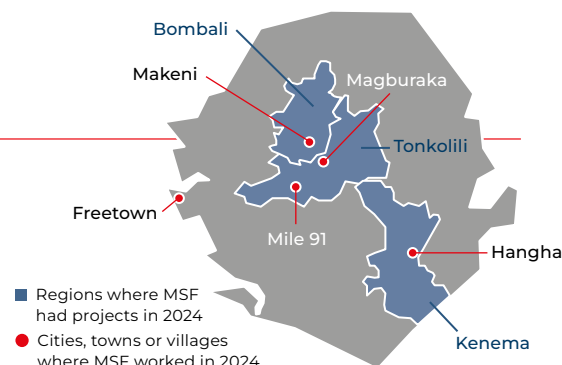
6,070  
births assisted

2,120  
people started on  
treatment for TB

**Médecins Sans Frontières (MSF) is working to reduce Sierra Leone's maternal and child mortality rates, which are among the highest globally. We also run a project improving access to tuberculosis (TB) treatment.**

In Kenema district, Eastern province, pregnant women, lactating mothers, and children under the age of five receive lifesaving medical care in the 164-bed mother and child hospital built by MSF. In addition, we run mobile clinics to serve communities living in remote villages where no healthcare is available. Our teams provide rapid malaria testing and treatment, vaccinations for children under five years old, family planning, antenatal care, and referrals to specialist facilities. In 2024, we also supported six general healthcare facilities in the district, by donating medical supplies, renovating buildings, and training Ministry of Health medical staff.

In Tonkolili district, Northern province, our teams continued to support 12 healthcare facilities by supplying medicines, completing rehabilitation work,



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

providing water and sanitation services, and training medical staff. With our support, we aim to reduce maternal and child deaths in Mile 91, Magburaka town, and the surrounding villages. In 2024, we drilled seven boreholes in the district to ensure that people have safe drinking water. In Magburaka government hospital, we continue to offer specialist care for pregnant women, lactating mothers, and children under the age of five, and support the referral of patients in need of more advanced care from a general healthcare facility to the hospital.

In Bombali district, also in Northern province, MSF is working to improve access to diagnosis and treatment for both drug-sensitive and drug-resistant TB for adults and children. People who are at high risk of contracting TB are provided preventive therapy through the country's National Leprosy and Tuberculosis Control Programme, of which MSF is supporting the rollout.

# South Sudan

No. staff in 2024: 3,814 (FTE) » Expenditure in 2024: €119.3 million  
MSF first worked in the country: 1983 » [msf.org/south-sudan](https://www.msf.org/south-sudan)

## KEY MEDICAL FIGURES

803,600  
outpatient  
consultations

334,100  
malaria cases treated

84,800  
patients admitted  
to hospital

28,500  
vaccinations against  
measles in response  
to an outbreak

16,800  
people treated  
for cholera

11,200  
surgical interventions

5,830  
people treated for  
intentional physical  
violence

4,840  
children admitted  
to inpatient feeding  
programmes

2,360  
people treated for  
sexual violence

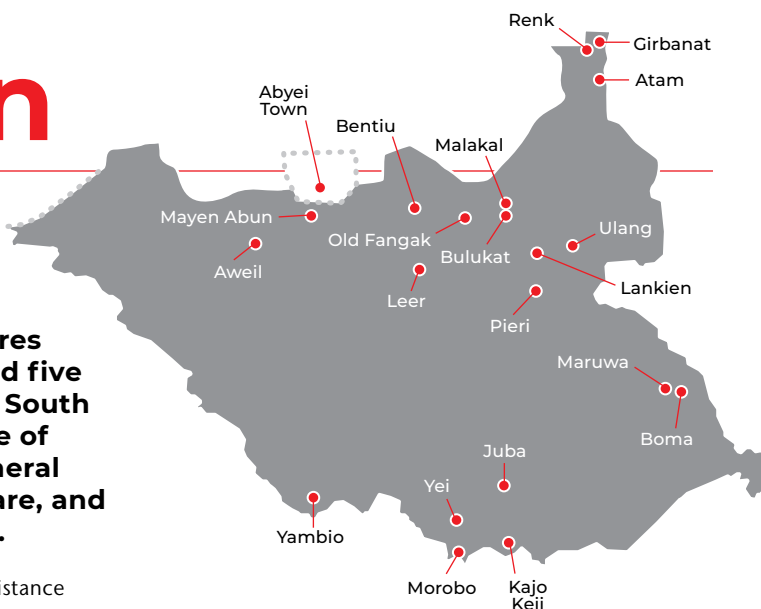
**Throughout 2024, Médecins Sans Frontières (MSF) ran 12 regular and five emergency projects in South Sudan, offering a range of services, including general and specialist healthcare, and mental health support.**

We operate one of our largest assistance programmes worldwide in South Sudan, responding to the many health needs resulting from ongoing conflict, displacement, recurrent floods, and disease outbreaks. All these issues are compounded by a marked decrease in international funding for humanitarian and development programmes, and the precarious state of the national healthcare system.

In 2024, it remained highly dangerous for humanitarian organisations working in South Sudan. During the year, MSF staff were killed inside their communities during intercommunal conflicts, and we had to suspend activities in some locations following attacks.

### Disease outbreaks

MSF teams responded to numerous disease outbreaks, including measles and yellow fever in Yambio; measles in Northern Bahr El Ghazal; hepatitis E in Abyei, Bentiu and Old Fangak; and cholera in Unity, Upper Nile, Jonglei, Central Equatoria, and Northern Bahr El Ghazal.



● Cities, towns or villages where MSF worked in 2024  
The maps and place names used do not reflect any position by MSF on their legal status.

A cholera outbreak was declared on 28 October at the border town of Renk, which hosts refugees and returnees from Sudan. By the end of the year, it was still spreading, and had affected seven states. Our response included setting up cholera treatment centres and units, water and sanitation activities, active case finding, surveillance, and supporting the rollout of oral cholera vaccination campaigns.

In Fangak county, Jonglei, MSF successfully completed a nine-month hepatitis E vaccination campaign, the first to ever be conducted during the acute stages of an active outbreak, and in such a hard-to-reach area.

### Malaria and malnutrition

There were numerous surges in malaria cases across the country in 2024, especially during the



MSF staff care for a patient in the cholera treatment centre in Assosa, Malakal, South Sudan, November 2024.  
© Paula Casado Aguirregabiria





**Ita Joice meets her baby girl, Juan, during a caesarean section in Mundari County hospital. Kajo Keji, Central Equatoria state, South Sudan, March 2024.**  
© Manon Massiat/MSF

rainy season. Flooding also increased incidence rates, as areas of stagnant water encouraged the proliferation of mosquitoes, and led to a rise in severe cases, as the floods impeded access to treatment centres. In Aweil State hospital, we saw a huge rise in admissions of children who had developed severe malaria because they could not get early treatment at basic health facilities. During the peak in September, admissions had doubled compared to 2023. We opened additional test-and-treat sites to treat simple cases, and expanded the hospital's malaria ward from 72 to 94 beds. Despite this, the hospital was still stretched beyond capacity, forcing our teams to treat patients in corridors. Earlier in the year, during the annual hunger gap, we also saw an unusually high number of admissions of children suffering from severe acute malnutrition, requiring us to increase the capacity of the intensive therapeutic feeding centre from 22 to 44 beds.

From July, MSF started to implement preventive measures to mitigate malaria, by supporting the Ministry of Health to roll out the R21 malaria vaccine in the counties with the highest burden of the disease, including Twic and Aweil. In addition, we provided seasonal malaria chemoprevention ahead of the peak malaria season, to protect the most vulnerable against the deadly disease.

### Flooding

In 2024, South Sudan once again experienced severe and widespread flooding, especially during the rainy season, which had a devastating impact on communities across the country. In Old Fangak, we launched activities to help prevent the town from flooding. As well as installing water gauges and training the community to monitor rising water levels, we worked with other organisations to reinforce the mud levees.

The floods also significantly heightened the risk of water-borne diseases, such as cholera and typhoid, posing a serious threat to public health.

We built a 20-bed field hospital in New Fangak as a precaution, in case Old Fangak hospital flooded. Although not originally intended for this purpose, its presence proved invaluable during the cholera response.

### Impact of the war in Sudan

MSF began activities in response to the massive influx of people fleeing the conflict in Sudan in May 2023. We have continued to run medical and humanitarian services for refugees, returnees, and host communities in several regions, including Renk and Bulukat in Upper Nile state, the Abyei Special Administrative Area, and the capital, Juba.

By the end of 2024, nearly one million people had crossed into South Sudan since the war began, according to the UN. In December 2024 alone, the upsurge in violence in some areas of Sudan forced over 120,000 people to seek refuge across the border, mostly in Renk county. MSF responded in informal settlements, such as Girbanat, Gozfami, and Atam, by sending mobile clinics to deliver basic healthcare, truck in water, and set up other water and sanitation infrastructure. We continued to run our stabilisation centre at the Joda crossing point.

In Renk Civil hospital, our team started providing pre- and post-operative care for war-related injuries, in partnership with the International Committee of the Red Cross. Following the influx of refugees in December, we had to set up 17 additional tents to accommodate the increase in patients.

### Transition to Bentiu state hospital

In August, we started the gradual transition of healthcare services from Bentiu camp hospital to Bentiu state hospital, and expect this process to be completed by the end of 2025. In October, in collaboration with the Ministry of Health, we opened a 48-bed paediatric unit refurbished by our team at Bentiu state hospital, and started seeing patients. By transferring these services, MSF and the Ministry of Health aim to work together to maintain and enhance healthcare provision in Unity state.

### Use of artificial intelligence (AI) for snakebites

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

### MSF Academy for Healthcare

MSF's Academy for Healthcare is working to address the critical shortage of qualified healthcare professionals that has long plagued South Sudan. In 2024, the Academy continued to offer tailored training programmes for nursing and midwifery, as well as scholarships for Juba College of Nursing and Midwifery.

# Somalia

No. staff in 2024: 132 (FTE) » Expenditure in 2024: €15.5 million  
MSF first worked in the country: 1979 » [msf.org/somalia](https://msf.org/somalia)

## KEY MEDICAL FIGURES

**57,400**  
emergency room  
admissions

**6,990**  
individual mental  
health consultations

**1,810**  
people treated for  
intentional physical  
violence

**270**  
surgical interventions

## Médecins Sans Frontières (MSF) is running a range of essential medical services in Somalia to assist people affected by conflict and climate shocks.

In 2024, droughts and floods forced over half a million people from their homes, bringing the total number of displaced people in Somalia to more than 3.5 million.<sup>1</sup> Many are living in overcrowded, unsanitary conditions in camps, with little access to healthcare, leaving them vulnerable to measles, cholera, and respiratory infections. Hundreds of thousands of people are facing severe malnutrition, as repeated extreme weather events have led to crop failures and the death of livestock, as well as a shortage of clean water.

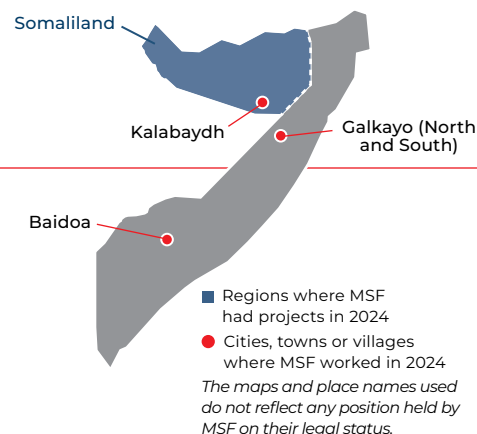
In Baidoa, the capital of South West state, which currently hosts more than 1.1 million displaced people, our teams are responding to the ongoing humanitarian crisis, which has been exacerbated by conflict and a lack of healthcare and other essential services. At Bay Regional hospital, we deliver emergency obstetric care, neonatal services, and inpatient care for children with malnutrition. In 2024, our outreach teams also worked in seven locations to ensure early detection and treatment of complications among expectant mothers and newborns, and refer them for specialist care.

In Puntland's Galkayo North, our services include supporting the emergency room, maternity, and paediatric units at Mudug regional hospital, treating malnutrition and tuberculosis, and running mobile clinics to address the needs of displaced communities. In Galkayo South, Galmudug state, we work with a local hospital to provide emergency care, maternal and child healthcare, including vaccinations, and respond to emergencies in camps. In addition, we send mobile teams to remote areas where healthcare facilities have ceased to function.

Until April, we supported basic and specialist care in Kalabaydh, Sool region, and later in the year donated medical supplies to healthcare facilities in the region.

As part of our regular outreach work, MSF has helped improve healthcare facilities by upgrading water and sanitation systems, and training local healthcare workers in Somalia to support the Ministry of Health's efforts to strengthen services.

<sup>1</sup> UNHCR - <https://data.unhcr.org/en/situations/horn/location/192>



# South Africa

No. staff in 2024: 42 (FTE) » Expenditure in 2024: €1.9 million  
MSF first worked in the country: 1999 » [msf.org/south-africa](https://msf.org/south-africa)

## In South Africa, Médecins Sans Frontières (MSF) focused on training health staff to strengthen the response to both communicable and non-communicable diseases.

Since 2022, MSF has been running a non-communicable diseases (NCDs) project in Butterworth, Eastern Cape province. With the Department of Health, MSF provided training on hypertension and diabetes to nurses, community health workers, and data entry clerks in Mnquma subdistrict. Following the training, we donated vital signs monitors and digital scales with stadiometers to health facilities, and closely supported healthcare facilities, with improvements to infrastructure and logistics. We also conducted health education training for community-based organisations, and ran health promotion sessions on NCDs in the community and through social media and radio.

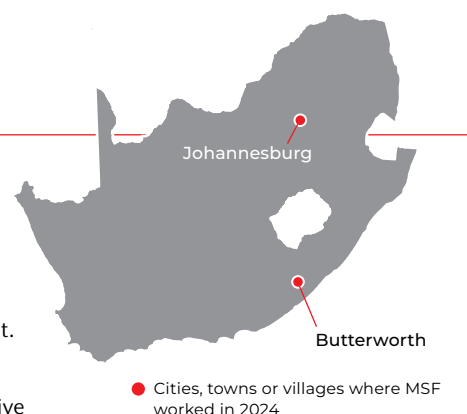
The Department of Health approved three external pick-up points for medication, which MSF equipped. Pick-up points are managed by

independent healthcare providers, who dispense the medication free-of-charge to patients, on behalf of the government.

To ensure an integrated approach for all NCDs, efficient use of resources, collective advocacy, and full community involvement, MSF partnered with other humanitarian and health-focused NGOs in Amathole, where our project for non-communicable diseases is located, to form the Amathole District Partners forum, a platform where we can develop joint strategies.

In 2024, we trained Department of Health staff in digital health promotion to equip them with the skills to respond to disease outbreaks. Following the training, we supported the launch of a two-week digital campaign to raise awareness of mpox, which reached millions of people.

We were also a key partner in an exercise assessing the country's capacity to prevent, detect, and respond to public health emergencies, and to strengthen the health security system, which was successfully completed in the last quarter of 2024.



# Tajikistan

No. staff in 2024: 115 (FTE) » Expenditure in 2024: €3.1 million  
MSF first worked in the country: 1997 » [msf.org/tajikistan](https://www.msf.org/tajikistan)

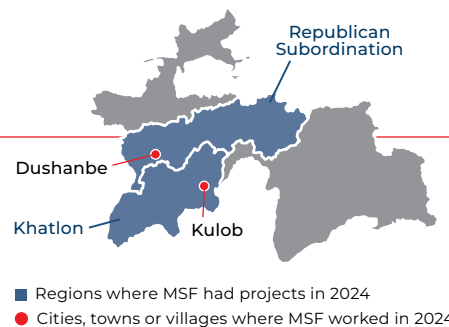
KEY MEDICAL FIGURE

**11**  
people started  
on treatment  
for MDR-TB

**Médecins Sans Frontières (MSF) has been involved in tuberculosis (TB) care in Tajikistan for many years, developing strategies to reduce the incidence in high-burden regions through community engagement and sustainable healthcare practices.**

In Kulob district of the Khatlon region in southwestern Tajikistan, we continued our 'Zero TB' project, which is designed to demonstrate the feasibility of eliminating TB in geographically contained areas with appropriate treatment and preventive strategies. Our holistic approach comprises social assistance, mental health support, and adherence counselling, as well as medical care, ensuring effective treatment. Our project uses advanced technology, such as digital x-rays, to facilitate early detection of the disease.

In June, we handed over our comprehensive TB care project in Dushanbe, which we had been running for 13 years, to the Ministry of Health and



Social Protection of the Population. The project focused on improving TB detection, treatment, and support, especially for children and their adult family members, as well as the staff of and people incarcerated in prisons. Through innovative methods such as F-DOT (family directly observed therapy), which allows patients to take their medication at home under the supervision of a family member, MSF empowered patients and involved the community in TB control. During our time in Dushanbe, we achieved many milestones, including the introduction of better diagnostic tools and new medicines, such as bedaquiline and delamanid.

MSF continued to support the national TB programme and the Ministry of Health and Social Protection of the Population to implement shorter, all-oral treatment regimens for both drug-resistant and drug-sensitive TB, and initiated the first cohort of eligible patients in 2024.

# Tanzania

No. staff in 2024: 431 (FTE) » Expenditure in 2024: €8.4 million  
MSF first worked in the country: 1993 » [msf.org/tanzania](https://www.msf.org/tanzania)

KEY MEDICAL FIGURES

**46,900**  
outpatient  
consultations

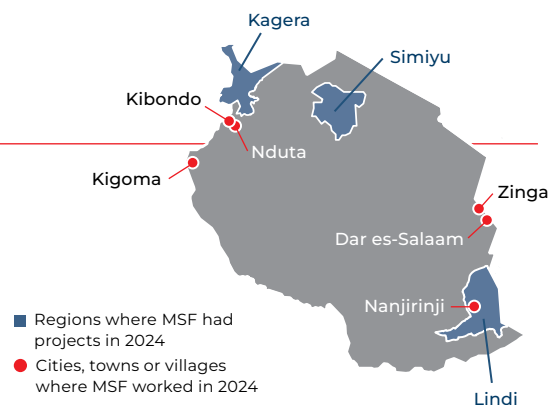
**5,770**  
births assisted

**1,790**  
people treated  
for cholera

**Médecins Sans Frontières ran a range of projects in Tanzania in 2024, providing healthcare to Burundian refugees and host communities, responding to disease outbreaks, and improving mother and child health services.**

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

Elsewhere in the country, we supported the Ministry of Health's responses to disease outbreaks, including three cholera responses launched in Lindi and Simiyu regions. In Kilwa district, our teams set up cholera treatment centres (CTCs), and supported the existing CTC in Itilima district.



As well as improving the quality of care and the local capacity for early detection and surveillance, we referred suspected cholera cases to CTCs and oral rehydration points, strengthened community engagement and awareness, and helped with patient contact tracing.

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



# Sudan

No. staff in 2024: 1,390 (FTE) » Expenditure in 2024: €106.1 million  
MSF first worked in the country: 1979 » [msf.org/sudan](https://msf.org/sudan)

## KEY MEDICAL FIGURES

1,061,200  
outpatient  
consultations

205,800  
emergency room  
admissions

191,300  
malaria cases treated

113,600  
patients admitted  
to hospital

39,700  
admissions of children  
to outpatient feeding  
programmes

21,500  
people treated  
for cholera

20,400  
births assisted

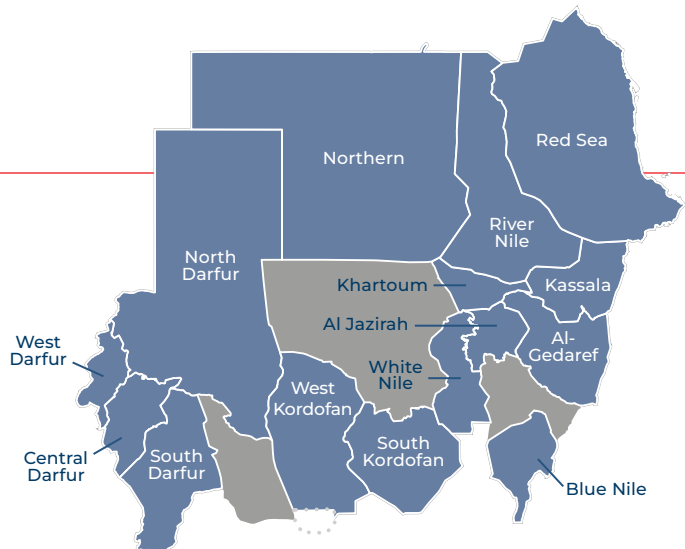
11,300  
children admitted  
to inpatient feeding  
programmes

10,700  
people treated for  
intentional physical  
violence

**The war in Sudan has had disastrous consequences for people's health and wellbeing. Throughout 2024, Médecins Sans Frontières (MSF) delivered medical and humanitarian assistance across many of the country's conflict-ravaged states.**

The fighting between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) has caused the world's largest displacement crisis, in which millions of people have been driven from their homes. Many have been subjected to ethnically motivated and sexual violence, and are facing malnutrition, as well as the loss of their homes and livelihoods. People's suffering was compounded in the country's eastern and central states by outbreaks of cholera, and spikes in malaria and dengue fever, during the year.

MSF ran a range of activities in Sudan to respond to the immense needs. Our teams faced numerous challenges in the delivery of care, including restrictions imposed by both warring parties, delays in receiving travel permits, and disruptions to supply routes due to insecurity, as well as attacks on our facilities and staff. Despite these obstacles, we had teams working in 15 of the country's 18 states,



■ Regions where MSF had projects in 2024  
The maps and place names used do not reflect any position by MSF on their legal status.

and were one of only a handful of organisations operating in areas controlled by both the SAF and the RSF. To date, the international humanitarian response to the crisis has been insufficient.

## Violence-related injuries

While the fighting spread across the entire country, two key inflection points in 2024 were the battles for control over Khartoum state in the east, and North Darfur in the west.

North Khartoum (Bahri), Omdurman, and south Khartoum were all affected by ground fighting, shelling, and air and drone strikes, resulting in large influxes of wounded patients at the Turkish hospital and Bashair Teaching hospital in south Khartoum, and at Al-Nao hospital in Omdurman, where our teams worked. One in six war-wounded patients treated at Bashair hospital between January and November was under the age of 15.



People displaced from El Fasher and its surrounding areas begin to arrive with their belongings in Tawila. North Darfur, Sudan, June 2024. © MSF



**Baby Muhab receives therapeutic food in the outpatient therapeutic feeding centre at the MSF clinic in Zamzam camp, North Darfur, Sudan, August 2024.**  
© Mohammed Jamal

In many parts of the country, health facilities were targeted, including in El Fasher, North Darfur, where hospitals were repeatedly attacked, causing numerous casualties among patients and staff, and south Khartoum, where armed fighters entered hospitals on several occasions, firing weapons and killing a patient in Bashair Teaching hospital. These violent attacks eventually forced MSF to suspend medical activities in El Fasher and in two hospitals in Khartoum.

### Malnutrition

On multiple occasions, MSF raised the alarm about the malnutrition crisis in Zamzam camp in North Darfur, which was evident from the results of the mass screenings we ran there throughout the year. The crisis, which began when deliveries of food and other humanitarian assistance stopped following the outbreak of war in 2023, was further exacerbated from May 2024 onwards, as the RSF laid siege to El Fasher and surrounding camps, including Zamzam. In October, we had to suspend our outpatient nutrition activities due to the blockade on supplies. Shortly after we resumed these activities, the camp was repeatedly shelled, forcing us to halt our outpatient nutrition services again in December.

MSF teams also saw alarmingly high rates of malnutrition and hunger in other parts of Sudan. When we screened children in South Darfur and Omdurman (Khartoum state), we found the malnutrition rates to be above emergency thresholds. In the southeastern state of Blue Nile, the number of children admitted to Damazin hospital for severe acute malnutrition was double that of the previous year.

### Disease outbreaks

Outbreaks of vaccine-preventable diseases occurred in many parts of the country during 2024.

In the second half of the year, the east and centre were hit by a major cholera outbreak after heavy rains. The situation was particularly dire in displacement camps, where people were living in overcrowded conditions with little access to clean water. MSF responded in Khartoum, River Nile, White Nile, Blue Nile, Kassala, and Al-Gedaref states by setting up new, and supporting existing, treatment centres. Our teams also saw worrying rates of malaria and dengue across Sudan.

As well as supporting routine vaccinations, MSF ran several catch-up campaigns for children who had missed out in 2024, including for measles in Rokero, Central Darfur. We also responded to a measles outbreak in East Jebel Marra, West Darfur.

### Maternal and child health

It was especially difficult for mothers and children to obtain medical care. In South Darfur, MSF teams saw many pregnant women and newborns die due to the scarcity of functioning health facilities. Unaffordable transport costs also meant that by the time some women arrived at a hospital, they were already in a critical condition.

### Hard-to-reach communities

Alongside providing healthcare in overcrowded displacement camps and urban battlegrounds, MSF continued delivering medical services to remote and isolated communities, such as Foro Baranga in West Darfur, focusing on malnutrition and malaria screening and treatment, through outreach activities. In Rokero, Central Darfur, we supported health facilities and a network of community healthcare workers.

# Syria

No. staff in 2024: 858 (FTE) » Expenditure in 2024: €35.8 million  
MSF first worked in the country: 2009 » [msf.org/syria](https://www.msf.org/syria)

## KEY MEDICAL FIGURES

1,134,400  
outpatient  
consultations,  
including **217,200** for  
children under 5

39,000  
individual mental  
health consultations

35,200  
routine vaccinations

33,500  
patients admitted  
to hospital

29,800  
families received  
relief items

16,300  
births assisted,  
including **3,500**  
caesarean sections

8,990  
surgical  
interventions

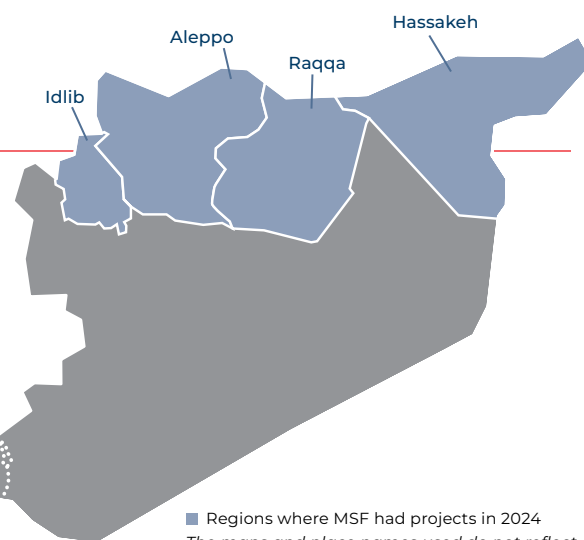
**Following the fall of the Syrian government in December 2024, Médecins Sans Frontières (MSF) was finally able to enter Damascus and deliver much-needed healthcare, for the first time in over a decade.**

Despite many attempts over the past 10 years, MSF teams had been unable to enter the capital. In December 2024, they gained access to the city, and surrounding areas such as East Ghouta – which had endured a brutal siege for more than five years – to assess the medical needs and deliver essential medical supplies.

In addition, MSF sent teams to Aleppo, Hama, Daraa, Deir ez-Zor, and other governorates, to deliver medical supplies to hospitals, health facilities, and camps, in coordination with health authorities.

The Syrian people endured nearly 14 years of war. While political developments brought significant changes to the country at the end of 2024, the humanitarian situation remained dire. Since the beginning of the war, over 14 million people have been displaced, and 16.7 million require humanitarian aid.<sup>1</sup> Many continue to live in precarious conditions, with little or no access to basic services and healthcare.

For many, the constant search for clean water, food, fuel, electricity, and heating has become a daily



■ Regions where MSF had projects in 2024  
The maps and place names used do not reflect any position by MSF on their legal status.

part of their lives. These issues are compounded by the country's collapsing economy and drastic cuts in international financial support. The health sector is critically underfunded, and the likelihood of disease outbreaks and a further decline in public health remains high.

## Northwest Syria

Chronic underfunding and conflict have eroded the healthcare system in the northwest of the country. There is a severe shortage of medical care, with hospitals and other health facilities forced to shut down or reduce services. Throughout the year, millions of people were still living in displacement camps in this region,<sup>2</sup> in cramped, dire conditions, with scarce access to basic services, including medical care.

In 2024, MSF teams supported six hospitals, offering a range of medical services, including maternal and paediatric care, vaccinations, surgery,

Mohammad, a mental health counsellor, conducts a mental health session with a patient during one of MSF's mobile clinics in Deir Hassan camp. Syria, July 2024. © Abdulrahman Sadeq/MSF







**Eman, an MSF nurse at Mare'e maternity hospital, checks on a newborn in the neonatal unit. Syria, July 2024.**  
© Abdulrahman Sadeq/MSF

mental health support, and treatment for chronic diseases such as high blood pressure, diabetes, and skin conditions. We also continued to run our burns facility, where our multidisciplinary approach comprises surgery, mental health services, physiotherapy, and palliative care.

In addition, we managed or supported 12 general healthcare centres, prioritising sexual and reproductive health and community health promotion, while our mobile clinics delivered essential medical services to displaced people across the region.

### Northeast Syria

The communities in northeast Syria, including refugees and internally displaced people, face daily challenges in accessing healthcare and clean water. This situation was exacerbated by the failing economy and the destruction of key civilian infrastructure, such as water, electricity, and oil networks, by airstrikes during 2024.

Throughout the year, MSF supported general healthcare clinics by offering treatment for people with non-communicable diseases, as well as mental health consultations and psychological support, through our projects in Al-Hol, Hassakeh, and Raqqa. Our teams also ran inpatient and outpatient therapeutic feeding centres, and supported an emergency room in Raqqa.

In Al-Hol camp, where approximately 40,000 people, mostly women and children, remain indefinitely and arbitrarily deprived of their liberty, MSF ran a mobile clinic and a health facility to provide basic health services, treatment for non-communicable diseases, sexual and reproductive health services, and home-based care for housebound patients. We also operated a water treatment plant to supply people with safe drinking water.

In late November, in response to new waves of displacement, MSF teams started distributing essential supplies, such as hygiene kits, diapers, blankets, pillows, mattresses, and warm jackets, to 87 emergency shelters in Tabqa, Raqqa, and Hassakeh. We also improved access to clean water, including by trucking water, and enhanced sanitation by cleaning latrines in makeshift shelters.

1 UNHCR - <https://www.unrefugees.org/emergencies/syria/>

2 OCHA - <https://www.unocha.org/publications/report/syrian-arab-republic/north-west-syria-situation-report-18-october-2024-enar>

# Thailand

No. staff in 2024: 27 (FTE) » Expenditure in 2024: €1.4 million  
MSF first worked in the country: 1976 » [msf.org/thailand](https://msf.org/thailand)

## KEY MEDICAL FIGURES

4,270  
mental health  
consultations  
provided in group  
sessions

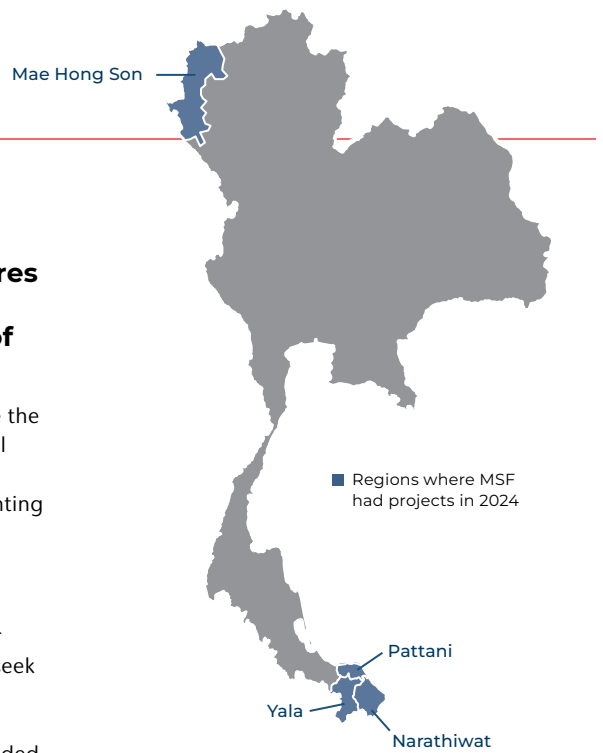
590  
individual mental  
health consultations

### In 2024, Médecins Sans Frontières ran two projects in Thailand to address the healthcare needs of people affected by conflict.

For seven years, our teams worked to improve the provision of basic medical services and mental health support in the country's Deep South, a region that has been plagued by sporadic fighting for two decades.

We collaborated with local organisations in the provinces of Pattani, Yala, and Narathiwat, to increase access to healthcare, especially for survivors of ill-treatment who are hesitant to seek assistance, or who are excluded from existing services. We ran a holistic programme, with a particular focus on mental health, which included individual and group therapy, psychosocial education, and stress management. We also offered physiotherapy, pain management, and social support, and organised community-based activities to raise awareness of mental health issues.

Due to an overall decrease in the level and intensity of the violence in recent years, and our decision to hand some of our activities over to our partner organisations, we closed the project in June.



Meanwhile, in northern Thailand, we assisted patients from Kayah and Kayin states<sup>1</sup> in eastern Myanmar with referrals for specialised healthcare in facilities in northern Thailand, as they are unable to obtain these services over the border, due to the ongoing conflict.

<sup>1</sup> Also known as Karenni and Karen states.

# Uganda

No. staff in 2024: 282 (FTE) » Expenditure in 2024: €6.3 million  
MSF first worked in the country: 1986 » [msf.org/uganda](https://msf.org/uganda)

## KEY MEDICAL FIGURES

47,300  
outpatient  
consultations

7,760  
antenatal  
consultations

1,380  
consultations for  
contraceptive services

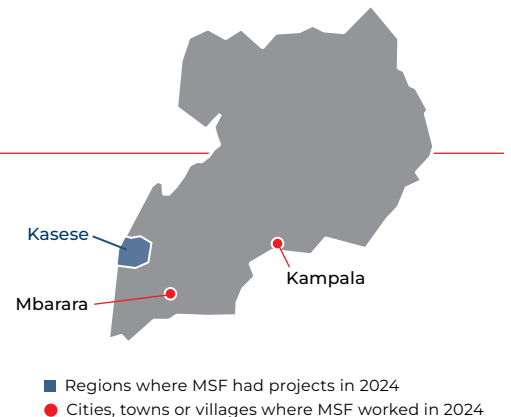
79  
consultations for  
sickle cell disease

### In Uganda, Médecins Sans Frontières supports adolescents with tailored care. In addition, we provide treatment for victims and survivors of sexual violence of all ages.

In Kasese district, we continued to run Kasese Adolescent clinic, a dedicated clinic for adolescents aged between 10 and 19 years. It is located inside a Ministry of Health centre in Kasese town, close to the border with the Democratic Republic of Congo.

The clinic has a one-stop-shop approach, delivering a broad range of medical services tailored to adolescents' needs, in particular sexual and reproductive healthcare, with a specific focus on pregnant teenagers. We also help patients with the management of chronic conditions, such as sickle cell disease, and offer treatment, as well as social and mental health support, for victims and survivors of sexual violence of all ages.

The clinic has a recreation area – a welcoming space where young people using the health services can spend time. Our health promotion



teams organise activities there, and in communities and schools in the district, to engage young people on key health topics. There is also a resource centre with a small library and computers to enable young people to study, and young mothers to learn skills such as basket weaving and sewing, to help them earn an income.

Epicentre, MSF's dedicated centre on epidemiology, has run a research centre in Uganda, based at Mbarara University of Science and Technology, for over 20 years. Several studies are currently underway, including a study aimed at improving the diagnosis and treatment of tuberculosis; an investigation into the possibility of reducing the amount of yellow fever vaccine needed for each person; and an assessment on the efficacy and safety of the mpox vaccine. Our research team also teach at the faculty of medicine.

# Ukraine

No. staff in 2024: 414 (FTE) » Expenditure in 2024: €15.6 million  
MSF first worked in the country: 1999 » [msf.org/ukraine](https://www.msf.org/ukraine)

## KEY MEDICAL FIGURES

**75,400**  
outpatient  
consultations

**12,500**  
individual mental  
health consultations

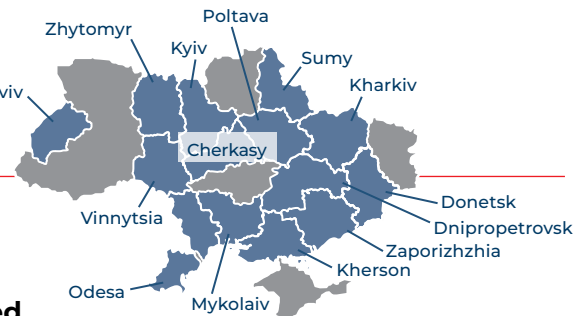
**1,150**  
surgical interventions

**In 2024, as the international armed conflict in Ukraine showed no sign of abating, Médecins Sans Frontières (MSF) increased support for people affected by the violence, by filling gaps in care.**

MSF teams remained close to the frontline, delivering emergency medical treatment, while also expanding services in other regions to support long-term recovery, such as rehabilitation for trauma survivors, and mental health care.

As the war has evolved, we have adapted our response. In addition to providing essential trauma care in hospitals in Kherson, we ran mobile clinics and ambulance referrals in all regions along the frontline, which stretches for more than 1,000 kilometres. Our mobile teams screened for tuberculosis and offered treatment for chronic diseases, such as hypertension, mainly to elderly and vulnerable patients, many of whom had resorted to living in basements or shelters to escape the shelling. Our ambulances frequently responded in the aftermath of airstrikes, referring wounded patients to nearby hospitals.

In a shelter run by local organisations in Zernove, Kharkiv region, we offered psychological care to people who had moved from Russia and Russian-



■ Regions where MSF had projects in 2024

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occupied regions of Ukraine. In Pavlohrad, our teams provided mental health and basic healthcare for people fleeing the encroaching fighting in Pokrovsk and Kurakhove, Donetsk region. However, in April, MSF's office in Pokrovsk was destroyed by a missile. Five people were injured in the attack, including an MSF staff member.

We also increased our mental health activities in 2024. We focused on treating post-traumatic stress disorder at our dedicated centre in Vinnytsia, and established a professional and community network to deliver trauma care for displaced people. In 2024, we expanded our support to reach people who have endured prolonged exposure to traumatic experiences, helping them manage their symptoms.

In Cherkasy and Odesa, MSF's rehabilitation services comprised physiotherapy, mental health care, and nursing support for people who have recently had trauma surgery, including amputations.

We continued to send professionals and medical supplies to hospitals near the frontline to provide training and resources for mass-casualty influxes.

# United Kingdom

No. staff in 2024: 1 (FTE) » Expenditure in 2024: €0.4 million  
MSF first worked in the country: 2020 » [msf.org/united-kingdom](https://www.msf.org/united-kingdom)

## KEY MEDICAL FIGURES

**350**  
outpatient  
consultations

**68**  
mental health  
consultations  
provided in  
group sessions

**In 2024, Médecins Sans Frontières (MSF), in collaboration with Doctors of the World (DOTW) United Kingdom (UK), ran a mobile clinic outside a mass containment site for asylum seekers in Wethersfield.**

Increasingly restrictive and harmful migration policies, focused on deterrence and enforcement, and a lack of alternative safe routes have forced people fleeing violence and persecution to risk their lives by crossing the English Channel in small, overcrowded boats. At least 78 people died attempting to cross the Channel in 2024, making it the deadliest year on record.<sup>1</sup> In 2024, our teams provided essential medical care, and called for safe and dignified accommodation for asylum seekers.

In July 2023, the UK government opened a large-scale asylum 'accommodation centre' in former military barracks in Wethersfield, rural Essex. Around 13 kilometres from the nearest town, this mass containment site holds men between the ages of 18 and 65, and has a maximum capacity of 800. All the men accommodated here crossed the English Channel to seek safety in the UK.

In November 2023, DOTW UK and MSF launched a mobile clinic outside the main gates of Wethersfield.



● Cities, towns or villages where MSF worked in 2024

The clinic offered in-depth general healthcare consultations for men held on the site, with translation services so they could communicate in their primary spoken language. The service also made referrals to safeguarding, emergency and other services, as appropriate. Between January and June 2024, our teams ran psychoeducation sessions.

The site is described as 'prison-like' by men living there, and many patients we treated had experienced violence, ill treatment, and abuse in their countries of origin and on their journeys to the UK. Most patients we saw had signs of psychological distress, and accommodation at Wethersfield was unsuitable for many people. Overall, the unsafe and deeply distressing environment of the site has a profound and negative impact on the health, wellbeing, and dignity of the men accommodated there, and we have consistently called for its closure.

<sup>1</sup> Info Migrants - <https://www.infomigrants.net/en/post/63578/channel-migrants-continue-crossing-as-french-authorities-rescue-225>



# Uzbekistan

No. staff in 2024: 176 (FTE) » Expenditure in 2024: €5.9 million  
MSF first worked in the country: 1997 » [msf.org/uzbekistan](https://msf.org/uzbekistan)

KEY MEDICAL FIGURE

**330**  
people started  
on treatment  
for MDR-TB

## In Uzbekistan, Médecins Sans Frontières (MSF) supports the Ministry of Health to improve diagnosis and treatment for people with HIV and tuberculosis (TB).

In the capital, Tashkent, and the surrounding region, we continued our collaboration with the Republican AIDS centre, providing testing for HIV, hepatitis C, and sexually transmitted diseases, as well as information on treatment opportunities and specialist referrals. Through targeted outreach activities, our teams engage with people from high-risk groups who would otherwise have difficulty accessing diagnosis, and medical and preventive care. We also support the diagnosis and treatment of people living with HIV and co-infections at Tashkent AIDS centre.



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

In Karakalpakstan, in the west of the country, MSF runs a comprehensive care programme for patients with drug-resistant forms of TB. We ensure that all eligible patients with multidrug-resistant TB (MDR-TB) in Karakalpakstan receive treatment using the latest, all-oral, six-month regimen. In the second half of the year, we expanded our MDR-TB support to the neighbouring Khorezm region.

In 2024, we also provided direct technical assistance on the treatment of patients with severe forms of extensively drug-resistant TB in Nukus TB hospital.

# Venezuela

No. staff in 2024: 269 (FTE) » Expenditure in 2024: €7.6 million  
MSF first worked in the country: 2015 » [msf.org/venezuela](https://msf.org/venezuela)

KEY MEDICAL FIGURES

**166,900**  
outpatient  
consultations

**17,700**  
consultations for  
contraceptive services

**6,600**  
antenatal  
consultations

**150**  
people treated for  
sexual violence

## In Venezuela, Médecins Sans Frontières (MSF) worked across three states to help people overcome significant barriers to healthcare by providing essential medical services and supporting the local health system.

Our teams ran a range of activities to improve the provision of healthcare in Anzoátegui, Bolívar, and Delta Amacuro states, including sexual and reproductive health services, and treatment for malaria. We also donated medicines, trained healthcare workers, and rehabilitated health facilities.

In Anzoátegui, our teams offered basic healthcare, as well as sexual and reproductive health consultations, covering ante- and postnatal care, family planning, and treatment for victims and survivors of sexual violence, in several facilities across the state.

We worked in Bolívar until April, running a malaria programme, seeking to reduce the high incidence



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

of the disease through early diagnosis, treatment, and health promotion. We also sent mobile clinics to remote areas, and ran a sexual and reproductive healthcare programme, with a special focus on family planning.

In Delta Amacuro, a difficult-to-access region crossed by many rivers and waterways, we continued to offer medical assistance to remote, mainly Indigenous, communities, who face numerous challenges due to their precarious living conditions and the lack of access to healthcare. Our teams donated medicines, trained health workers, and helped with the maintenance of medical facilities. We also ran water, hygiene, and sanitation activities, and supported a programme for HIV detection and treatment.

# Zambia

No. staff in 2024: 6 (FTE) » Expenditure in 2024: €1.3 million  
MSF first worked in the country: 1999 » [msf.org/zambia](https://msf.org/zambia)

## KEY MEDICAL FIGURES

43,200  
litres of chlorinated  
water distributed

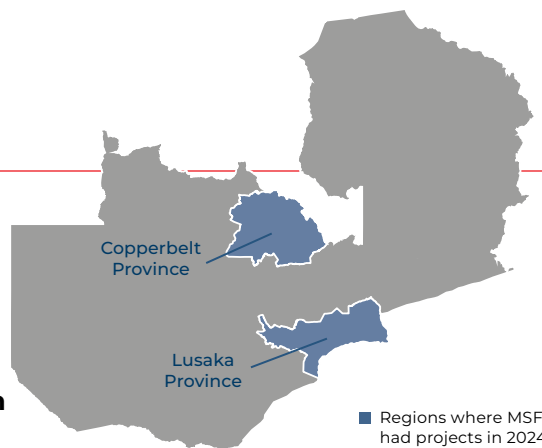
500  
people treated  
for cholera

80  
latrines built

## Cholera is a persistent public health challenge in Zambia. In January 2024, Médecins Sans Frontières (MSF) responded to an outbreak in the capital, Lusaka.

There are many factors that contribute to the frequent outbreaks of cholera, including rapid population growth, the proliferation of informal settlements, inadequate access to safe drinking and sanitation services, pollution, and insufficient water quality monitoring.

In October 2023, cholera was again reported around Lusaka, and spread rapidly because there were inadequate sanitation services for the large number of people who had gathered for seasonal festivities. Cases continued to increase, leading to a surge in early 2024, which overwhelmed health facilities. The Ministry of Health declared a national emergency, setting up a 1,000-bed cholera treatment centre (CTC) at Lusaka stadium, and requesting aid from various organisations, including MSF.



We started to support the response in January 2024, seeking to reduce transmission and strengthen community resilience through awareness-raising activities and various water, sanitation, and hygiene initiatives. In addition, we set up oral rehydration points (ORPs) in districts such as Kanyama and Chawama, to bring care closer to communities and reduce the risk of people becoming severely ill. By establishing these ORPs in the community, we also reduced pressure on CTCs.

Our key achievements included developing national cholera guidelines in collaboration with the Ministry of Health, training ministry staff on the management of ORPs, and improving patient care and infection prevention and control measures across treatment centres. We finished our response in March 2024.

# Zimbabwe

No. staff in 2024: 98 (FTE) » Expenditure in 2024: €4.9 million  
MSF first worked in the country: 2000 » [msf.org/zimbabwe](https://msf.org/zimbabwe)

## KEY MEDICAL FIGURES

28,200  
outpatient  
consultations

2,710  
consultations for  
contraceptive services

280  
individual mental  
health consultations

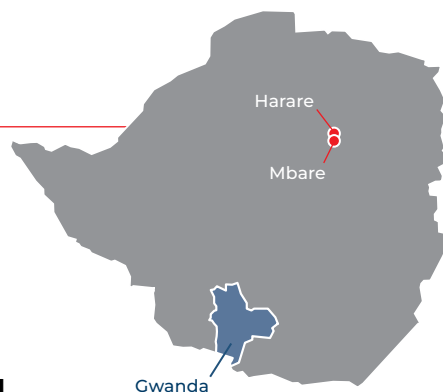
230  
people receiving  
HIV antiretroviral  
treatment

## In 2024, Médecins Sans Frontières (MSF) continued supporting the response to a nationwide cholera outbreak in Zimbabwe, the second largest in the country's history, and addressed gaps in healthcare.

MSF supported the Zimbabwean Ministry of Health and Child Care's response to cholera with a range of activities, comprising treatment, donations of medical supplies, infection prevention and control measures, logistics, water and sanitation activities, and awareness-raising sessions in both urban and rural areas. We had teams working in Harare, Epworth, Mazowe, Mbare, Hwange, Shamva, Kadoma, Kariba, Sanyati, and Chitungwiza. The outbreak lasted for 18 months, and affected people across 10 provinces.

In Harare, we continued to offer comprehensive sexual and reproductive healthcare for adolescents and young people in Mbare and Epworth. Our services included mental health support, testing, treatment and counselling for HIV and sexually transmitted infections (STIs), family planning, and ante- and postnatal consultations.

To encourage participation in decision-making and to ensure that our services align with adolescents' and communities' health needs and realities, MSF established an adolescent advisory board. We set up a variety of communication channels, such as suggestion boxes in all healthcare



■ Regions where MSF had projects in 2024  
● Cities, towns or villages where MSF worked in 2024

facilities, WhatsApp and SMS messaging, and peer consultations, to strengthen patient feedback systems. We also launched community campaigns to raise awareness of patient rights, and conducted satisfaction surveys to gather critical insights into patient experiences and gaps in services.

In Gwanda district, Matabeleland South, we ran mobile clinics to serve small-scale artisanal miners and their communities. Due to rigorous screening and treatment efforts, we saw a reduction in STIs among the miners in 2024. We also screened miners for silicosis and tuberculosis, and all eligible women around the mines for cervical cancer. In addition, we provided family planning services to the mining community, which included introducing a more effective injectable contraceptive method called Sayana Press. We also collaborated with the Ministry of Health and Child Care in mass drug administration campaigns for lymphatic filariasis, the provision of a variety of basic health services, and paediatric vaccination programmes.

# Yemen

No. staff in 2024: 2,334 (FTE) » Expenditure in 2024: €116.1 million  
MSF first worked in the country: 1986 » [msf.org/yemen](https://www.msf.org/yemen)

## KEY MEDICAL FIGURES

**476,600**  
outpatient  
consultations,  
including **100,400**  
for children under 5

**232,800**  
patients admitted  
to hospital

**65,600**  
people treated  
for cholera

**38,700**  
births assisted

**17,200**  
individual mental  
health consultations

**11,500**  
children admitted  
to inpatient feeding  
programmes

**11,400**  
people treated  
for measles

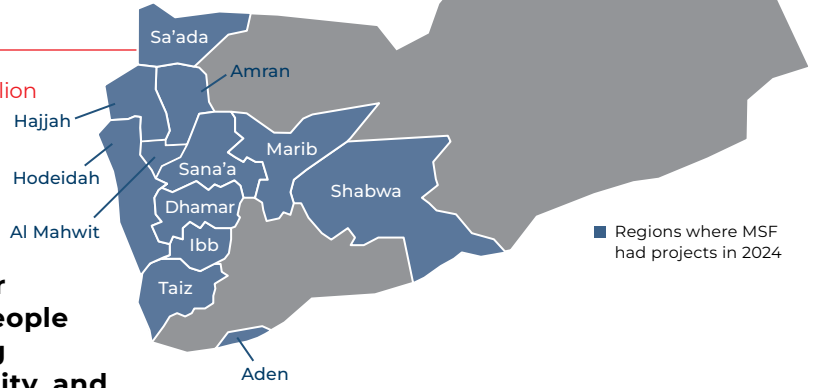
**6,100**  
malaria cases treated

**In Yemen, Médecins Sans Frontières (MSF) continued to deliver lifesaving care to people affected by ongoing conflict and instability, and responded to a steep rise in vaccine-preventable diseases.**

Yemen is experiencing one of the worst humanitarian crises in the world, with millions of people displaced and in need of assistance. In 2024, regional armed escalations following Israel's war on Gaza directly impacted the country.

The lack of healthcare in large areas of the country, and the worsening economic landscape, are having severe repercussions on people's health and living conditions. As a consequence of the armed escalations in the Middle East and the Red Sea crisis, key infrastructure, such as Hodeidah port, Sana'a airport, as well as power stations and storage structures vital for delivering much-needed humanitarian aid, have been badly damaged by airstrikes.

In 2024, MSF worked in 17 hospitals across 12 governorates, providing medical services such as emergency, maternal, and paediatric care, nutrition support, and specialised surgery. To facilitate access to basic healthcare at community level and reduce the strain on hospitals, MSF supported more than 10 basic healthcare centres with staff training and incentives, donations of medications and medical supplies, and rehabilitation works.



In addition, we provided emergency healthcare and donations of blankets and hygiene kits in Mahweet and Marib governorates during flash floods in the second half of the year.

## Malnutrition

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

In 2024, MSF offered acute and intensive therapeutic nutrition care in seven governorates, both as part of our regular activities, and as stand-alone emergency responses. These included outpatient and inpatient paediatric therapeutic feeding centres in the towns of Ad-Dahi, Az-Zaydiyah, and Al-Qanawes, in Hodeidah; an inpatient therapeutic feeding centre in Abs mother and child hospital, in Hajjah; an inpatient therapeutic feeding centre in Al-Salam hospital in Khamir, Amran governorate; an outpatient therapeutic feeding centre in the Hygiene



An MSF staff member walks in the cholera treatment centre in Aden. Yemen, May 2024.  
© Mario Fawaz/MSF





**Altat al Wahidi, an MSF midwife, supports Negah Abdallah Ali through her labour on the maternity ward of Mocha General hospital. Yemen, November 2024.**  
© Julie David de Lossy/MSF

Fund healthcare centre, in Marib; and Al-Jomhuri hospital and the mother and child hospital in Taiz. In Sa'ada and Amran, MSF maintained a regular contingency plan to start treating malnourished patients in case of a rapid surge in numbers.

### Vaccine-preventable diseases

There has been a marked increase in outbreaks of vaccine-preventable diseases in Yemen in recent years, due in part to falling vaccination coverage. As the country's healthcare system has continued to deteriorate, many people, in particular children, have missed out on routine vaccinations, leaving them vulnerable to diseases such as cholera, acute watery diarrhoea, measles, and diphtheria.

In 2024, MSF launched emergency responses in nine governorates to tackle outbreaks of cholera, acute watery diarrhoea, measles, and diphtheria. As well as treating patients for cholera and acute watery diarrhoea in our regular facilities, in collaboration with the health authorities, we managed or supported treatment units or centres across Aden, Marib, Taiz, Shabwa, Amran, Dhamar, Hodeidah, Hajjah, and Sa'ada. Our teams also responded to outbreaks of measles in Amran, Hajjah, Hodeidah, and Sa'ada, and diphtheria in Dhamar.

In addition, in Marib and Taiz, MSF delivered logistics support to the Ministry of Health for a mass catch-up routine vaccination campaign for children and pregnant women.

### Maternal and child healthcare

Maternal and child healthcare continues to be a core element of our activities in Yemen. In 2024, we ran a range of specialised maternal, neonatal, and paediatric services, comprising ante- and postnatal consultations, assistance with deliveries, including caesarean sections, and both inpatient and outpatient care. In Hajjah, MSF supported the maternity, neonatal, and paediatric wards at Abs general hospital. In Taiz, our teams assisted women during deliveries, and provided obstetric surgery, and inpatient neonatal and paediatric care in Taiz Houban and Taiz city. We also supported Mocha general hospital's inpatient paediatric department.

Since 2022, we have been partnering with Ataq's mother and child hospital in Shabwa to offer paediatric and maternal healthcare, while in Marib we support maternity services at the Hygiene Fund healthcare centre. In Hodeidah, we run specialist maternity and neonatal services at Al-Qanawes mother and child hospital. We also provide paediatric and neonatal care for rural communities in Ad-Dahi district, in Hodeidah, and in Dhi As-Sufal, Ibb. In Haydan, Sa'ada governorate, MSF supports the Ministry of Health hospital with vital maternity services, including antenatal care programmes that ensure safe pregnancy and childbirth for mothers, as well as paediatric care, and physiotherapy for malnourished children. In Khamir, Amran governorate, our teams also support the Ministry of Health with maternity, paediatric, and neonatal care.

In Sana'a, MSF supported the emergency room at Al-Kuwait hospital, and continued to provide treatment for children with visceral leishmaniasis, a neglected disease that is also known as kala azar. In addition, we assisted the central lab in Sana'a, supporting the microbiology department to help identify pathogens that cause infection, especially in neonatal sepsis.

### Emergency healthcare and surgery

Our teams provided emergency care at the Aden trauma centre in Aden, as well as at Taiz Houban hospital, in Taiz; Dhi As-Sufal general hospital, in Ibb; Ad-Dahi rural hospital, in Hodeidah; and Abs mother and child hospital, in Hajjah. Since the truce in April 2022, there has been a reduction in fighting inside Yemen, and as a result, fewer war-wounded patients. While this has enabled us to scale down our emergency surgical activities, we continue to run an operating theatre in Al-Qaida general hospital, in Dhi As-Sufal. MSF also donated trauma kits for mass-casualty events to Al-Thawra and Al-Gamhori hospitals in Sana'a governorate.

### Mental health

Years of conflict, economic hardship, and diminishing access to basic services have taken a severe mental toll on the people of Yemen. In response, we have integrated basic mental health care into all our activities in Hodeidah, Marib, and Taiz governorates. In Hajjah, at Abs hospital and our mental health clinic in Hajjah city, our teams provided psychiatric care, individual and group counselling sessions, and psychotherapy. In Hajjah city, we also ran a day centre, offering psychological care, and a rehabilitation programme for patients with chronic mental health conditions.

# Facts and figures

**Médecins Sans Frontières (MSF) is an international, independent, private, and non-profit organisation.**

**The MSF associations**

We are a movement with activities focused on the countries where we provide assistance, engaging MSF volunteers and staff from all over the world in a shared commitment to medical humanitarian action.

Through MSF associations, members have the right and responsibility to voice their opinions, and to contribute to the definition and guidance of our social mission. The associations bring together individuals in formal and informal debates and activities – in operational projects, in general assemblies at national and regional levels, and in an annual international general assembly.

Because the people making the decisions are current or former staff, MSF remains relevant to the needs seen in the countries where we run activities, and focused on medical care and on our core principles: independence, impartiality, and neutrality.

**Today, the international MSF movement is composed of 27 associations around the world.** Each of them is an independent legal entity registered in the country in which they are based. The associations elect their own board of directors and president during their general assembly.

The associations are: Australia, Austria, Belgium, Brazil, CAMEX (Central America and Mexico), Canada, Democratic Republic of Congo, Denmark, Eastern Africa, France, Germany, Greece, Hong Kong, Italy, Japan, Latin America, Luxembourg, Netherlands, Norway, South Asia, Southern Africa, Spain, Sweden, Switzerland, United Kingdom, USA, and WaCA (West and Central Africa).

**Our offices around the world**

The MSF associations are linked to six Operational Directorates that directly manage our humanitarian action in the countries where we work, and decide when, where, and what medical care is needed.

MSF sections are offices that support our work with patients and communities. They mainly recruit staff, organise fundraising, and raise awareness of the humanitarian crises our teams are witnessing. Each MSF section is linked to an association, which defines the strategic direction of the section and ensures accountability for the work done.

Some MSF sections have opened branch offices to extend this support work further. Currently there are 24 sections and 18 branch offices around the world.

Additional satellite offices exist to support our work, mainly for logistics, supply, and epidemiology.

These satellites provide specific activities for 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.

The figures presented below describe MSF's finances on a combined international level. This means that they add up the finances of all sections after eliminating all transactions and balances between MSF entities. The 2024 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 2024 International Financial Report can be found on [www.msf.org](http://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.

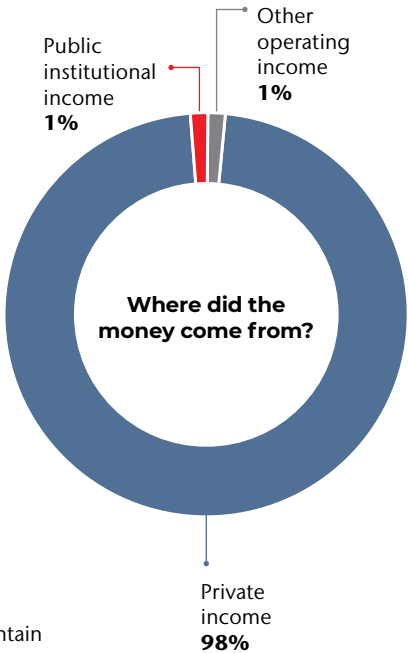
The figures presented here are for the 2024 calendar year. All amounts are presented in millions of euros. Note: Rounding **may result in apparent inconsistencies in totals**.

\* 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?**

MSF's revenue in 2024 exceeded €2 billion for the third time (previously in 2022 and 2023). The breakdown of income by source has remained stable. Income increased by €3 million, or 0.7%, over 2023. Around 42% of that amount comes from one-off donations.

	2024		2023		Variation 2024 vs 2023
	in millions EUR	percentage	in millions EUR	percentage	in millions EUR
Private income	2,313	98%	2,320	98%	-7
Public institutional income	25	1%	24	1%	1
Other operating income	24	1%	21	1%	3
Total operating income	2,362	100%	2,365	100%	-3



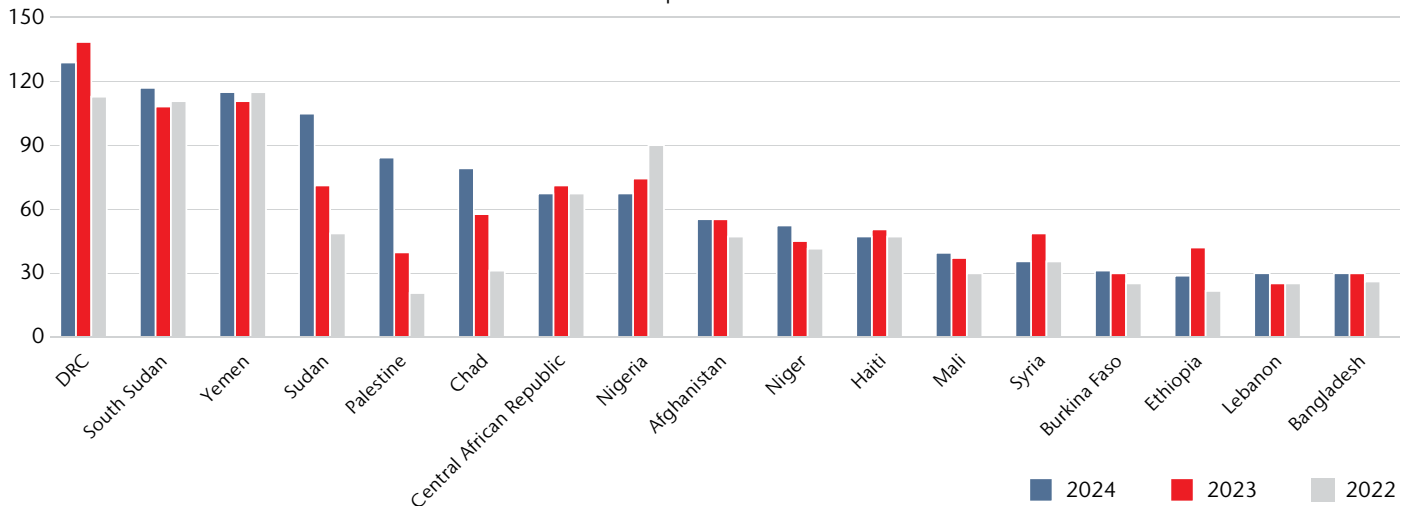
## More than 7.1 million private donors

As part of MSF's effort to guarantee our independence and strengthen our link with society, we strive to maintain a high level of private income. In 2024, 98 per cent of MSF's operating income came from private sources.

**More than 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 Global Fund to Fight AIDS, Tuberculosis and Malaria; and national health institutes, research organisations, regional councils, and municipalities of France, Switzerland, and the United Kingdom.

## Where did the money go?

Countries where MSF expenditure was above €25 million in 2024



### Africa

in millions EUR

Democratic Republic of Congo	130
South Sudan	119
Sudan	106
Chad	80
Central African Republic	68
Nigeria	67
Niger	52
Mali	40
Burkina Faso	33
Ethiopia	30
Kenya	24
Mozambique	23
Sierra Leone	22
Somalia	15
Search and rescue operations	9
Guinea	9
Tanzania	8
Cameroon	8
Uganda	6
Malawi	6
Zimbabwe	5
Côte d'Ivoire	4
Liberia	4
Burundi	4
Eswatini	4
Benin	3
Madagascar	3
Comoros	2
South Africa	2
Zambia	1
Mauritania	1
Others*	1

**Total**

**890**

### Asia & Pacific

in millions EUR

Afghanistan	56
Bangladesh	29
India	15
Myanmar	14
Pakistan	12
Malaysia	3
Philippines	2
Papua New Guinea	1
Kiribati	1
Thailand	1
Indonesia	1
Others*	1

**Total**

**137**

### Europe & Central Asia

in millions EUR

Ukraine	16
Greece	10
France	7
Uzbekistan	6
Tajikistan	3
Russia	3
Italy	3
Kyrgyzstan	2
Belgium	2
Armenia	2
Poland	1
Bulgaria	1
Balkans	1
Others*	1

**Total**

**57**

### Americas

in millions EUR

Haiti	48
Mexico	12
Venezuela	8
Honduras	6
Brazil	5
Colombia	3
Guatemala	2
Panama	2

**Total**

**86**

### Middle East & North Africa

in millions EUR

Yemen	116
Palestine	85
Syria	36
Lebanon	30
Iraq	24
Jordan	12
Libya	8
Iran	4
Egypt	3

**Total**

**317**

### Unallocated

in millions EUR

Transversal costs**	23
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**Total**

**23**

\* Other countries include the expenditure in countries where less than 1 million euros was spent.

\*\*Transversal costs are those expenses which cannot be directly attributed to any mission, or are shared by two missions or more.

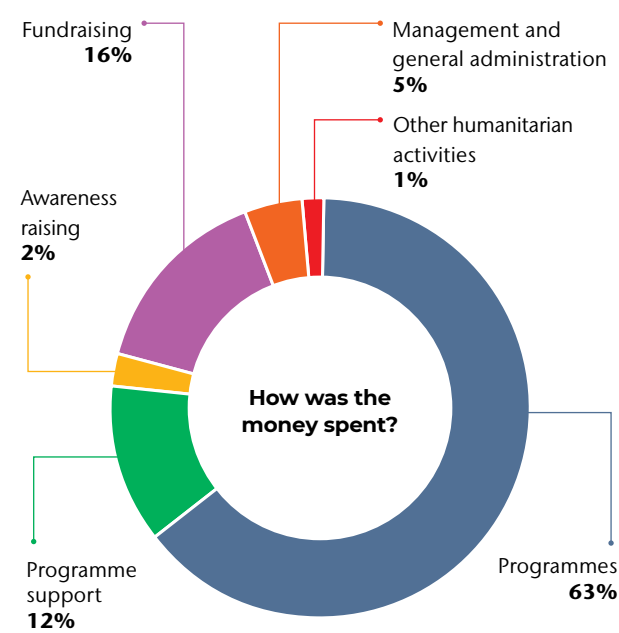


How was the money spent?

Operational expenses reached €2.384 billion in 2024. This represents a 42% increase over the last five years (2019-2024). MSF's priority is to maximise the funding that goes to programmes, and the ratio of expenses going towards programmes has slightly decreased from 64.4% to 63.4%. The share of expenses directly related to the mission of MSF also decreased to 78.9%. Fundraising expenses ensure that MSF can continue receiving a substantial share of its funding from private, independent sources.

Operational expenses by activity

	2024		2023	
	in millions EUR	percentage	in millions EUR	percentage
Programmes	1,510	63%	1,488	64%
Programme support	294	12%	287	12%
Awareness raising	56	2%	55	2%
Other humanitarian activities	22	1%	21	1%
<b>Social mission</b>	<b>1,882</b>	<b>79%</b>	<b>1,851</b>	<b>80%</b>
Fundraising	373	16%	343	15%
Management and general administration	129	5%	115	5%
<b>Other operating expenses</b>	<b>502</b>	<b>21%</b>	<b>458</b>	<b>20%</b>
<b>OPERATING EXPENSES</b>	<b>2,384</b>	<b>100%</b>	<b>2,309</b>	<b>100%</b>



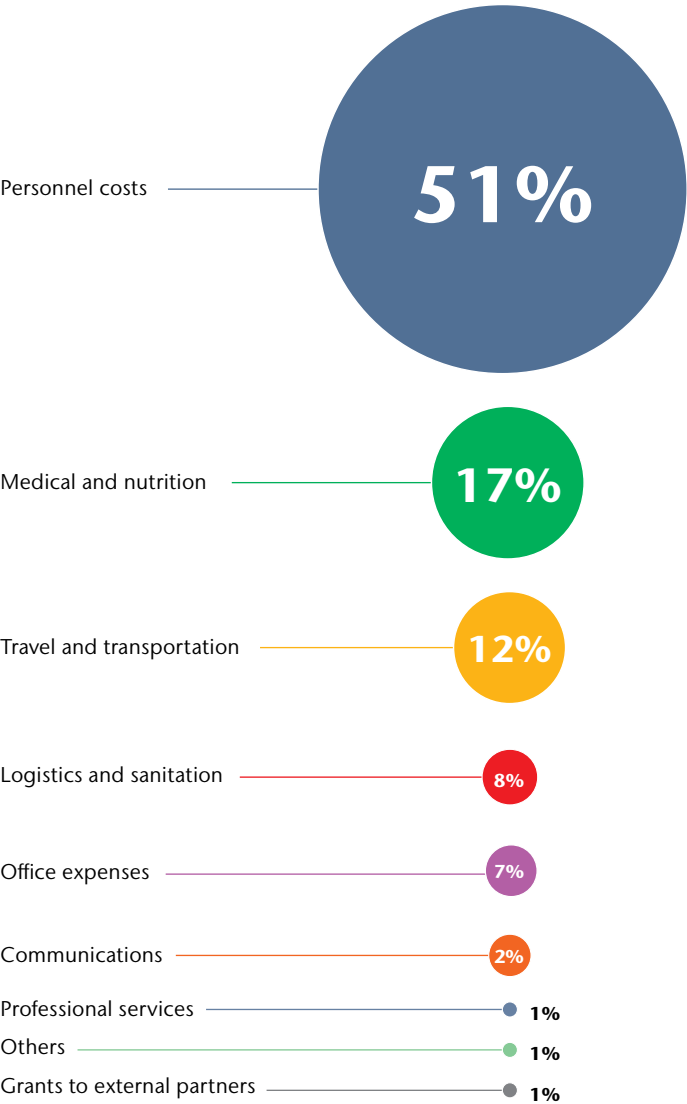
The largest category of expenses is dedicated to ‘Personnel costs’: 51% of expenditure comprises all costs related to locally hired and international staff (including salaries, social charges, plane tickets, insurance, accommodation, etc).

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 ‘Travel and transportation’.

‘Logistics and sanitation’ comprises building materials and equipment for health centres, and water and sanitation and logistical supplies.

‘Other expenses’ includes grants to external partners and taxes.

Programme expenses<sup>1</sup> by nature



<sup>1</sup> **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, medical costs, logistics and transport costs, other direct costs.

## Year-end financial position

	2024		2023	
	in millions EUR	percentage	in millions EUR	percentage
Cash and cash equivalents	1,070.66	54%	936.71	50%
Other current assets	525.24	27%	579.57	31%
Non-current assets	380.35	19%	359.46	19%
<b>TOTAL ASSETS</b>	<b>1,976.25</b>	<b>100%</b>	<b>1,875.75</b>	<b>100%</b>
<b>Restricted funds<sup>2</sup></b>	<b>36.31</b>	<b>2%</b>	<b>56.12</b>	<b>3%</b>
Unrestricted funds <sup>3</sup>	1,413.49	72%	1,359.99	73%
Other funds <sup>4</sup>	97.89	5%	83.92	4%
<b>Organisational capital</b>	<b>1,511.38</b>	<b>76%</b>	<b>1,443.91</b>	<b>77%</b>
Current liabilities	387.76	20%	315.51	17%
Non-current liabilities	40.80	2%	60.21	3%
<b>Current and non-current liabilities</b>	<b>428.57</b>	<b>22%</b>	<b>375.72</b>	<b>20%</b>
<b>TOTAL LIABILITIES AND FUNDS</b>	<b>1,976.25</b>	<b>100%</b>	<b>1,875.75</b>	<b>100%</b>

## HR statistics

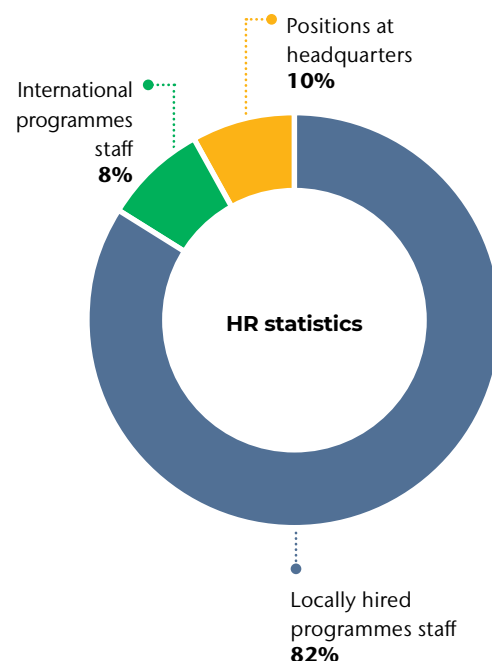
	2024		2023	
	no. staff	percentage	no. staff	percentage
<b>Staff positions<sup>5</sup></b>				
Locally hired programmes staff	42,899	82%	42,236	82%
International programmes staff	4,100	8%	4,160	8%
<b>Field positions<sup>6</sup></b>	<b>46,999</b>	<b>90%</b>	<b>46,395</b>	<b>90%</b>
<b>Positions at headquarters</b>	<b>5,329</b>	<b>10%</b>	<b>5,119</b>	<b>10%</b>
<b>TOTAL STAFF</b>	<b>52,329</b>	<b>100%</b>	<b>51,514</b>	<b>100%</b>

The complete International Financial Report is available at [www.msf.org](http://www.msf.org)

The result for 2024, after adjusting for financial results, extraordinary result and exchange gains/losses, shows a surplus of €34 million (surplus of €70 million for 2023). MSF's funds have been built up over the years by surpluses of income over expenses. At the end of 2024, the remaining available reserves (excluding permanently restricted funds and capital for foundations) represented 7.8 months of activities at 2024 level (7.8 months in 2023).

The purpose of maintaining financial reserves is to meet the following needs:

- Meet working capital needs over the course of the year, as fundraising traditionally has seasonal peaks, while expenditure is relatively constant;
- Provide a swift operational response to humanitarian needs that will be funded by forthcoming public fundraising campaigns and/or by public institutional funding;
- Secure funds for future major humanitarian emergencies for which sufficient funding cannot be obtained;
- Facilitate the sustainability of long-term programmes (e.g. antiretroviral treatment programmes); and
- Protect activities when a sudden unplanned event takes place, such as a sudden drop in private and/or public institutional funding that cannot be matched in the short term by a reduction in expenditure, or unforeseen changes in economic conditions, including foreign exchange variations.



<sup>2</sup> **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.

<sup>3</sup> **Unrestricted funds** are unspent, non-designated donor funds expendable at the discretion of MSF's trustees in furtherance of our social mission.

<sup>4</sup> **Other funds** are foundations' capital and translation adjustments arising from the translation of entities' financial statements into euros.

<sup>5</sup> **Staff numbers** represent the number of full-time equivalent positions averaged out across the year.

<sup>6</sup> **Positions in programmes** include programme and programme support staff.

Aisha B., a health promoter, accompanies 80-year-old Aisha G. to the MSF clinic in Adré transit camp, eastern Chad, July 2024.  
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# 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 27 associations. Thousands of health professionals, logistics and administrative staff manage projects in more than 75 countries worldwide. MSF International is based in Geneva, Switzerland.

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#### Cover photo »

Karam, from central Gaza, Palestine, works with MSF physiotherapist Zaid Alqasi at MSF's reconstructive surgery hospital in Amman, Jordan. Karam was evacuated to Jordan after he suffered severe burns to his body and an injury to his arm following an Israeli airstrike that hit his family's home. Jordan, August 2024. © Moises Saman/Magnum Photos

