DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) IS AN INDEPENDENT MEDICAL HUMANITARIAN ORGANIZATION THAT DELIVERED EMERGENCY AID TO PEOPLE AFFECTED BY ARMED CONFLICT, EPIDEMICS, MALNUTRITION, NATURAL DISASTERS, AND EXCLUSION FROM HEALTH CARE IN 71 COUNTRIES IN 2016.

ON ANY GIVEN DAY, THOUSANDS OF INDIVIDUALS REPRESENTING DOZENS OF NATIONALITIES ASSIST PEOPLE CAUGHT IN CRISES AROUND THE WORLD. THEY ARE DOCTORS, NURSES, LOGISTICS EXPERTS, ADMINISTRATORS, EPIDEMIOLOGISTS, LABORATORY TECHNICIANS, MENTAL HEALTH PROFESSIONALS, AND OTHERS WHOSE WORK IS GUIDED BY HUMANITARIAN PRINCIPLES AND MEDICAL ETHICS.

MSF RECEIVED THE NOBEL PEACE PRIZE IN 1999.
A nurse examines children at a camp for displaced people in Abs district, Yemen, where MSF supports a hospital and provides mobile outreach services. © Gonzalo Martínez
DEAR FRIENDS,

OVER THE PAST YEAR, AS NATIVIST ARGUMENTS FOR WALLS AND OTHER BARRIERS TO KEEP PEOPLE OUT GAINED STRENGTH IN THE UNITED STATES AND AROUND THE WORLD, THE CORE MISSION OF DOCTORS WITHOUT BORDERS WAS CHALLENGED AS NEVER BEFORE. WITH YOUR STRONG SUPPORT, WE ARE FIGHTING ON ALL FRONTS TO DEFEND OUR ABILITY TO PROVIDE HUMANITARIAN ASSISTANCE FOR PEOPLE IN NEED REGARDLESS OF RACE, RELIGION, OR POLITICAL CONVICTION.

Every day, our medical teams treat people displaced by conflict and extreme violence. Throughout 2016, people seeking safety found themselves trapped in crisis, as countries closed their borders and sought to push refugees elsewhere—anywhere but here. We witnessed the terrible results first-hand during field visits to Lebanon and Mexico.

More than half our projects were dedicated to caring for people in situations of armed conflict or internal instability, with some of our biggest operations in countries that have experienced massive displacement. At the end of 2016, there were more than 65.6 million people displaced worldwide, according to the United Nations Refugee Agency. That unfathomable number provokes fear and xenophobia in some quarters, but we hope the stories of our patients might inspire greater compassion. We are also grateful for the contributions of the many MSF staff members who were once refugees themselves.

Together, we are working to ensure that our patients receive assistance and safety. In 2016, we launched a three-year advocacy campaign to expose the conditions facing those who have been “Forced From Home.” The campaign centers around a traveling, interactive exhibition led by MSF field workers who take visitors behind the headlines about the global refugee crisis. The exhibition toured the eastern US in 2016, and will travel to the mountain region and west coast this fall. In 2018, the exhibition will go to the southwestern US. For those of you living in or near the cities on the tour, we hope you will join us. [Learn more at forcedfromhome.com.]

Meanwhile, teams in the field and at headquarters are working to ensure that we have the necessary access and protection to care for those suffering the brunt of conflict. We played a leading role in pushing the United Nations Security Council to unanimously adopt Resolution 2286, which pledged to protect medical workers and patients in conflict situations. The UN Secretary-General borrowed our message, publicly affirming that “Even war has rules.”

And yet, airstrikes and shelling against health facilities have continued, with attacks often carried out by military coalitions involving Security Council member states, including France, Russia, the United Kingdom, and the United States. In 2016, 34 health structures managed or supported by MSF were attacked in Syria and Yemen. We will continue to demand that all warring parties adhere to their obligations under international law.

While our work pushing for greater access and innovation garners less visibility, it is instrumental to providing high-quality health care to the people who need it most. Through our Access Campaign, we are not only working to bring down the cost of vaccines and essential medicines, we are also supporting research and development to find new ways to treat the neglected diseases that affect many of our patients. Thanks to nearly half a million supporters who joined our campaign for A Fair Shot, Pfizer and GSK agreed to significantly lower the price of the pneumonia vaccine for children caught in humanitarian emergencies. Pneumonia is the leading killer of children under five.

We are breaking new ground through a series of clinical trials to treat drug-resistant tuberculosis (TB). A clinical trial initiated by MSF in Niger in 2014 showed that a new, heat-stable vaccine against rotavirus could help prevent large numbers of children from dying of severe diarrhea. Our research indicated that a new cholera control strategy using a single-dose oral vaccine could be effective in combating the disease. Last April, MSF vaccinated 423,000 people in Lusaka, Zambia, in the largest oral cholera vaccination campaign to be undertaken during an outbreak.

We hope that you will take some time to read the full report and reflect on the impact of our global activities made possible with your support. Consider the individual lives behind the big numbers: 9,792,200 outpatient consultations; 2,536,400 cases of malaria treated; 250,300 births assisted; 80,100 severely malnourished children treated at our inpatient feeding programs.

On behalf of all our patients and staff, we thank you.

Sincerely,

John Lawrence, President, MSF-USA Board of Directors
Jason Cone, Executive Director, MSF-USA
FORCED FROM HOME
The arguments for more restrictive migration policies are often framed in terms of national security as necessary measures to keep out terrorists and criminals. Yet most refugees and asylum-seekers are themselves seeking protection as they flee violence by armed groups, criminal gangs, and state or non-state forces. Their exodus is the symptom of deeper dysfunction—war waged without limits, state collapse, social and economic upheaval.

MSF sees the results firsthand as we treat patients caught in conflict and turmoil. We provide essential medical care on the front lines of the displacement crisis, with projects in countries that have experienced massive population shifts due to conflict—including Syria, Iraq, Yemen, Afghanistan, South Sudan, Nigeria, Democratic Republic of Congo, and Central African Republic.

We also treat large numbers of displaced people in the world’s leading host countries for refugees, such as Pakistan, Jordan, Lebanon, Uganda, Ethiopia, and Kenya.

Many of the world’s richest countries—including the United States—are now closing their borders, compounding the challenges in parts of the developing world that already host disproportionately large numbers of displaced people. Last year, governments admitted less than 190,000 refugees for resettlement—and more than 25 million refugees and asylum seekers were suspended in a precarious limbo. Without a more generous, more equitable, and more humane global resettlement effort, millions of people will remain trapped in situations of conflict and extreme violence.

According to medical ethics, we have the duty to care for those who need treatment no matter who they are or where they are. MSF’s charter demands that we speak out on behalf of our patients. So we are challenging governments to uphold their international legal obligations to refugees and asylum seekers. People whose lives are at risk must be allowed safe passage, given assistance, and be provided with protection.

A displaced Yazidi family leaves the Katsikas camp in Greece to protest alleged threats to their community. © Bruno Fert
EXPOSING THE HUMANITARIAN CRISIS NEXT DOOR

THE US ADMINISTRATION’S PLANS TO BUILD A BORDER WALL WITH MEXICO THREATEN TO FURTHER COMPLICATE AND OBSCURE A LARGELY UNDECLARED REFUGEE CRISIS.

An estimated 500,000 people are fleeing annually from El Salvador, Guatemala, and Honduras. The high level of violence in the region, known as the Northern Triangle of Central America, ranks alongside that in the world’s deadliest war zones.

In 2015 and 2016, MSF carried out extensive research to understand the medical needs of migrants and refugees from Central America. We conducted a randomly sampled survey of migrants and refugees in facilities the organization supports in Mexico, and gathered additional data from MSF clinics. Nearly 40 percent of patients surveyed reported direct attacks, threats to themselves or their families, extortion, or forced recruitment attempts as the main reasons for fleeing their countries. Sixty-eight percent reported being victims of violence during their transit in Mexico. Nearly one-third of the women surveyed had been sexually abused during their journey. We treated thousands of patients for intentional wounds and emotional trauma. (Our findings were released in a report published in May 2017, “Forced to Flee Central America’s Northern Triangle: A Neglected Humanitarian Crisis.”)

Despite the catastrophic conditions, the United States and Mexico generally detain and deport people from the Northern Triangle rather than provide protection. We are urging both Mexico and the United States to stop deporting vulnerable people back to a dangerous region. We are also recommending that the United States expand existing Temporary Protected Status designations for citizens from the Northern Triangle, ensure humane conditions for people while their cases are processed, and guarantee access to medical and mental health care services.

A woman holds her granddaughter during an MSF support session for women at the Tenosique migrant shelter in Mexico. © Marta Soszynska/MSF
SEARCH-AND-REScue OPERATIONS AS A LAST RESORT

Images of flimsy, overcrowded boats carrying refugees and migrants desperate to reach European shores awakened the West to the magnitude of the global refugee crisis.

The emergency demands a more compassionate and coherent international response, but instead has largely been met with fear and hysteria exploited by nationalist politicians.

MSF strongly opposed the 2016 agreement between the European Union (EU) and Turkey, which offered financial and political incentives to Turkey to block people from leaving for Europe and to accept deportees from squalid prison camps in Greece. The EU-Turkey deal effectively outsourced the problem and marked a historic abdication of Europe’s moral and legal responsibilities to provide asylum to those who need protection. In June, MSF announced that it would no longer accept funds from the EU or EU member states in opposition to their harmful deterrence policies.

The unacceptable costs of state indifference to the plight of refugees and migrants are obvious in the Mediterranean, where at least 5,143 men, women, and children died in 2016 while attempting to make the dangerous crossing, according to the International Organization for Migration.

Last year, MSF’s search-and-rescue operations in the Mediterranean saved 21,603 people. MSF carried out the first phase of its search-and-rescue work in 2015, suspending activities in the winter with a renewed call for EU authorities to step in to prevent more tragedies. We resumed sea operations in April 2016 as European states continued to focus on deterrence and surveillance measures rather than on saving lives. MSF picked up thousands of vulnerable people along the deadly stretch of water between Libya and Italy, one of the few remaining routes to Europe as borders across the continent were closed.

We reinforced our search-and-rescue capacity with highly skilled MSF medical teams on board larger ships. The teams were equipped to provide lifesaving emergency care as well as to treat dehydration, fuel burns, hypothermia, and skin diseases. MSF provided psychological and medical first aid to many victims of torture and violence.

MSF began providing medical care to migrants, refugees, and asylum seekers detained in Libya in July 2016. We raised serious concerns with Libyan and international authorities that people were often detained arbitrarily in inhumane and unsanitary conditions. Many of our patients had been repeatedly victimized by security forces, militias, smuggling networks, criminal gangs, and other individuals exploiting their extreme vulnerability.

MSF staff register migrants and refugees aboard the Aquarius after a rescue operation in the Mediterranean Sea. © Kevin McElvaney
MSF’s presence in Syria was severely constrained by the government and other armed groups. However we managed to operate directly in six medical facilities in regions controlled by opposition forces across northern Syria, and to provide remote support to Syrian medical networks. Civilian areas were routinely bombed and deprived of assistance. In 2016, 32 medical facilities supported by MSF were bombed or shelled on 71 separate occasions.

In July, during the siege of Aleppo by the Syrian government-led coalition, MSF was forced to temporarily suspend activities in the area. In December, after the Syrian government took full control of Aleppo city, MSF operated mobile clinics, distributed relief items, and organized a vaccine campaign to reach thousands of people evacuated to the surrounding countryside.

Since the Syrian conflict began in 2011, more than one million Syrians have fled to neighboring Lebanon—a country smaller than the state of Connecticut. (By comparison, the United States hosted just under 273,000 refugees of all nationalities in 2016, according to the UN Refugee Agency.) MSF expanded medical aid and emergency assistance to Syrian refugees, Palestinian refugees, and other vulnerable communities in Lebanon.

MSF also provided medical services to Syrian refugees in Jordan, where access to health care was extremely limited. We advocated on behalf of the more than 75,000 Syrians—mostly women and children—who were left stranded along Jordan’s harsh desert frontier known as the berm. In June, Jordan closed its northern border after a car bombing at a nearby military base. Humanitarian agencies were unable to access the berm to deliver essential food, water, and medical supplies.

At least 55 people were killed in April 2016 when air strikes hit the MSF-supported Al Quds hospital and surrounding area in eastern Aleppo, Syria. © Karam Almasri
FORCED FROM HOME
South Sudan was the third leading source country for refugees in 2016, with the fastest growing refugee population, according to the UN Refugee Agency. Nearly all of the 1.4 million refugees sought shelter in neighboring countries, and around 1.9 million people were internally displaced, often trapped in desperate conditions.

MSF’s program in South Sudan, one of its largest anywhere, responded to the urgent medical needs of people affected by violence and maintained essential health care services across the country. Providing humanitarian assistance has become more difficult and dangerous in some places, however. Several MSF facilities were attacked or looted, with attacks often leading to the suspension of medical activities or even the closure of projects, effectively depriving tens of thousands of people of lifesaving medical care.

The most serious violation took place in February 2016 during an attack on displaced people taking shelter at a UN base in Malakal, where MSF ran a hospital. More than 25 people were killed, including two staff members. MSF treated patients and provided refuge for displaced people in its hospital during the attack. In June, MSF published a report sharply critical of the failure of the UN Mission in South Sudan to protect people at a designated Protection of Civilians site. MSF also condemned the appalling conditions at the sites, de facto camps for displaced people at UN bases across the country. We drew attention to the inadequate living space, insufficient food and water distribution, and rampant sexual violence.

MSF operated in parts of the country where there was no other access to health care, setting up health centers and operating mobile clinics to treat patients for a range of conditions, including acute malnutrition. MSF also established a network of community health workers drawn from the local population to provide some continuity of care, including in cases where people are forced to flee.

A doctor tends to a mother and child at the MSF hospital in Bentiu, South Sudan. © Rogier Jaarsma
Fighting between Boko Haram and national and regional armed forces has ruined entire towns and villages, with uprooted communities unable to sustain their traditional livelihoods.

MSF has had a permanent presence in Maiduguri since 2014, treating malnutrition, providing maternal health services, and responding to outbreaks of cholera and measles. In 2016, epidemiological surveys conducted in informal settlements in the city revealed evidence of extreme malnutrition and mortality, affecting children in particular, however MSF did not have access to areas outside the city due to conflict and insecurity. In June, more than 1,000 emaciated women and children were evacuated by the Nigerian army to Maiduguri from Bama, a town around 40 miles away. After screening and treating this group for malnutrition, MSF made the exceptional decision to accept an armed escort to assess the situation in Bama.

The team found a full-blown emergency: 24,000 people, including 15,000 children, were sheltered in a camp located on a hospital compound in Bama. Over a few hours, the MSF medical team discovered a health crisis and referred 16 severely malnourished children at immediate risk of death to the MSF in-patient therapeutic feeding center in Maiduguri. A rapid nutritional screening of more than 800 children found that 19 percent of them suffered from severe acute malnutrition—its deadliest form. The team also found 480 children’s graves dug over the past year.

MSF usually refuses armed escorts in order to stay independent of any party to the conflict. In this case, a compromise was necessary to reach people in dire need of help. However, we did not compromise in terms of speaking out about the conditions witnessed by our teams in a camp controlled by the Nigerian military. We immediately publicized the severe hunger crisis in Bama in order to provoke a larger response by the international humanitarian aid system.

MSF began offering assistance in Bama, and over the following months managed to access other towns across Borno State. Teams provided health care and emergency nutritional support, improved access to water and sanitation, and distributed food and relief items. MSF data helped to convince the national authorities and international aid agencies of the scale of the emergency. By the end of 2016, the World Food Program and other aid organizations had begun large-scale interventions.
FORCED FROM HOME

A DIFFERENT EMERGENCY EVERY DAY

MSF was created in response to the horrors of the Biafran War, a civil conflict that erupted in eastern Nigeria in 1967 and resulted in some two million people forced from their homes and at least 600,000 people killed, mostly from famine. The doctors and journalists who established MSF in 1971 laid the foundations for a new approach to humanitarian action that would challenge political and other boundaries, and prioritize the well-being of those caught in emergencies. Decades later, we are still providing medical care and advocating on behalf of displaced people and other victims of conflict.

We work in countries with chronic displacement crises, such as the Democratic Republic of Congo (DRC), which is simultaneously one of the top source countries for refugees and one of the leading hosts. Many people in DRC have been displaced multiple times, over generations. Last year, amid political upheaval and ongoing conflicts, there was also a massive influx of refugees from South Sudan and Burundi. MSF remained highly effective despite the volatile environment. In North Kivu province, home to large numbers of displaced people, MSF performed more than 270,000 outpatient consultations in the Mweso area alone.

“A different emergency happens there every day,” MSF health advisor Marit de Wit said of her time in eastern Congo. “Torture and gang rape are a daily reality…. Our Congolese colleagues are the real heroes of the project. They suffer the same things as our patients … yet they are still motivated to come to work every morning.”

That’s the spirit we try to maintain across the movement. In the face of terrible suffering and injustice, there is still much work to be done. We will continue to do everything we can to address the enormous needs. And we will keep challenging governments and international agencies to fulfill their responsibilities to protect refugees and others who have been forced to flee for their lives.

MSF’s emergency team works with locally hired drivers to respond to a measles outbreak in May 2016 in the Democratic Republic of Congo.
© Diana Zeyneb Alhindawi
IN 2016, DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) PROVIDED HUMANITARIAN ASSISTANCE IN 71 COUNTRIES. MSF-USA SUPPORTED WORK IN 51 OF THESE COUNTRIES.

AMERICAS
26 PROJECTS IN 7 COUNTRIES

AFRICA
271 PROJECTS IN 30 COUNTRIES

LARGEST COUNTRY PROGRAMS IN 2016
Based on 2016 expenditures from all MSF offices.

DEMOCRATIC REPUBLIC OF CONGO $121,584,641
SOUTH SUDAN $96,199,545
CENTRAL AFRICAN REPUBLIC $66,856,760
YEMEN $66,634,474
IRAQ $46,462,866
HAITI $46,005,021
SYRIA $43,635,350
NIGERIA $43,464,889
ETHIOPIA $31,881,717
NIGER $29,185,657

STAFF NUMBERS IN 2016
Largest country programs based on the number of MSF staff in the field.

SOUTH SUDAN 3,683
DEMOCRATIC REPUBLIC OF CONGO 3,509
CENTRAL AFRICAN REPUBLIC 2,760
AFGHANISTAN 2,200
NIGER 2,087

Received MSF-USA funding
Received funding from other MSF Offices
Demographic Republic of Congo 1,960,000
Central African Republic 1,098,100
South Sudan 934,400
Niger 519,200
Nigeria 441,900

Ethiopia 438,300
Yemen 435,500
Syria 372,700
Lebanon 342,200
Afghanistan 328,100

Outpatient Consultations in 2016
Largest country programs according to number of outpatient consultations [not including specialist consultations].
<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT CONSULTATIONS</td>
<td>9,792,200</td>
</tr>
<tr>
<td>PATIENTS ADMITTED</td>
<td>671,700</td>
</tr>
<tr>
<td>MALARIA</td>
<td>2,536,400</td>
</tr>
<tr>
<td>People treated for malaria</td>
<td></td>
</tr>
<tr>
<td>YELLOW FEVER</td>
<td>1,167,600</td>
</tr>
<tr>
<td>People vaccinated against yellow fever during outbreaks</td>
<td></td>
</tr>
<tr>
<td>MEASLES</td>
<td>869,100</td>
</tr>
<tr>
<td>People vaccinated against measles during outbreaks</td>
<td></td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>282,300</td>
</tr>
<tr>
<td>Individual and group mental health consultations</td>
<td></td>
</tr>
<tr>
<td>BIRTHS</td>
<td>250,300</td>
</tr>
<tr>
<td>Births assisted, including Caesarean sections</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>232,400</td>
</tr>
<tr>
<td>HIV/AIDS patients on antiretroviral treatment at the end of 2016</td>
<td></td>
</tr>
<tr>
<td>MENINGITIS</td>
<td>169,200</td>
</tr>
<tr>
<td>People vaccinated against meningitis during outbreaks</td>
<td></td>
</tr>
<tr>
<td>SURGERY</td>
<td>92,600</td>
</tr>
<tr>
<td>Major surgical interventions</td>
<td></td>
</tr>
<tr>
<td>MALNOURISHED CHILDREN</td>
<td>80,100</td>
</tr>
<tr>
<td>Severely malnourished children admitted to inpatient feeding programs</td>
<td></td>
</tr>
<tr>
<td>MIGRANTS AND REFUGEES</td>
<td>30,600</td>
</tr>
<tr>
<td>Migrants and refugees rescued and assisted at sea</td>
<td></td>
</tr>
<tr>
<td>TUBERCULOSIS</td>
<td>20,900</td>
</tr>
<tr>
<td>Patients treated for tuberculosis</td>
<td></td>
</tr>
<tr>
<td>CHOLERA</td>
<td>20,600</td>
</tr>
<tr>
<td>People treated for cholera</td>
<td></td>
</tr>
<tr>
<td>SEXUAL VIOLENCE</td>
<td>13,800</td>
</tr>
<tr>
<td>Patients medically treated for sexual violence</td>
<td></td>
</tr>
</tbody>
</table>
MSF and SOS Méditerranée personnel help rescue refugees and migrants off the coast of Libya. © Kevin McElvaney
AFRICA

BURUNDI $5,385,538
MSF continued to provide free, high-quality care to victims of trauma at L’Arche Kigobe, a private facility in the capital, Bujumbura, where political tensions and economic difficulties had a heavy impact. MSF increased L’Arche’s capacity from 43 to 75 beds, and expanded care to treat all victims of trauma. In 2016, teams treated 4,839 patients in the emergency department, admitted 1,801 patients, and performed some 3,184 surgical interventions. Specialized physiotherapists provided 11,237 sessions for patients recovering from surgery, and 1,160 patients received psychological support.

MSF responded to two cholera alerts during the peak season. Teams set up cholera treatment centers in PRC hospital in Bujumbura, and in Kabezi and Ruziba. To prevent the spread of the disease, teams disinfected 2,832 households and provided equipment so families could treat their drinking water.

CAMEROON $6,300,000
Since 2011, violent attacks by Boko Haram and the counterinsurgency operations of the Nigerian army have forced hundreds of thousands of people from northeastern Nigeria to seek refuge in Cameroon, Chad, and Niger. MSF scaled up activities in the north of the country, providing health care, including maternal services and nutritional support, in Minawao camp. MSF staff carried out 58,147 consultations and improved water and sanitation services.

In Mora town, near the Nigerian border, MSF offered specialized nutritional and pediatric care at the hospital, supported two health centers, and ran an ambulance service and surgical activities in response to a large influx of wounded patients. At Maroua hospital, MSF renovated the operating theater and post-surgical ward and carried out 737 surgical interventions between August and December. In Kousseri, on the Chadian border, MSF supported the surgical ward at the district hospital, performing Caesarean sections and emergency interventions. MSF staff also provided nutritional and pediatric care at the hospital, conducted outpatient consultations in three health centers, and trained MoH staff.

CENTRAL AFRICAN REPUBLIC $26,599,672
Years of political unrest and violence have resulted in a protracted humanitarian crisis in CAR. In 2016, thousands of people were killed, wounded, or displaced as armed groups fought for territory. Two MSF workers were killed while doing their jobs. Many humanitarian agencies withdrew from CAR in 2016 due to lack of funding, but MSF maintained its presence, with 17 projects across the country.

GLOSSARY
ARV: antiretroviral
DR-TB: drug-resistant tuberculosis
DS-TB: drug-sensitive tuberculosis
MDR-TB: multidrug-resistant tuberculosis
MoH: Ministry of Health
PEP: post-exposure prophylaxis
SMC: seasonal malaria chemoprevention
TB: tuberculosis
XDR-TB: extensively drug-resistant tuberculosis

A child receives a vaccination for yellow fever in Kinshasa, Democratic Republic of Congo. © Dieter Telemans
Violence in the capital, Bangui, resulted in dozens of casualties. MSF provided emergency services in the city’s General Hospital, carrying out 3,700 surgical interventions. The team conducted 32,300 consultations in the PK5 neighborhood, treating children under the age of 15 at Mamadou Mbasik health center. More than 106,000 consultations were carried out at the MSF field hospital in M’poko camp for internally displaced people at Bangui’s airport. MSF scaled up services for women and babies in the city, managing the 80-bed Castor maternity hospital and assisting around 600 births per month; supported the Gbaya Dombia maternity facility in PK5; and rehabilitated a small maternity hospital in the Dama/Boising area.

MSF provided comprehensive care to local communities and displaced people in Batangalo, Kabo, Boguila, Bossoangoa, Paoua, Carnot, and Ndele. In Berberati, MSF supported the regional hospital and four health centers. More than 4,200 children were admitted to the hospital in 2016, and over 21,900 pediatric outpatient consultations were carried out in the health centers.

In Bambouti, MSF provided primary and secondary health care to the host population and around 50,000 displaced people living in camps, carrying out nearly 35,000 consultations. In Bria, MSF provided health care to children, and in Zémio teams offered basic and specialist health care in the hospital. In Bangassou, MSF supported the 118-bed reference hospital, which was being expanded, as well as three health centers.

MSF’s emergency response team Equipe d’Urgence RCA (Eureca) responded to several health and nutrition emergencies across the country and vaccinated more than 12,800 children against measles. The team also aided 4,000 South Sudanese refugees in Bambouti. Nearly 95,000 children in Berberati, Bangassou, and Paoua received routine immunizations in 2016 during multi-antigen vaccination campaigns.

CHAD $6,610,951

In 2016, thousands of people in the Lake Chad region were forced to flee their homes as a result of violent clashes between Boko Haram and Chadian military forces. MSF ran mobile clinics from bases in Baga Sola, Bol, Liwa, and Kiskawa to provide basic health care and mental health support to displaced people and the local population, supported the health center in Tchoukoutalia, and offered mental health care to Nigerian refugees in Dar es Salam camp.

In Bol regional hospital, MSF collaborated with MoH staff on sexual and reproductive health, working in the maternity and pediatric wards as well as in the therapeutic feeding center.

In Moissala, MSF ran a prevention, detection, and treatment program for pediatric malaria that also included pregnant women. Around 2,300 children were admitted to Moissala hospital’s malaria unit, and 43,000 children and 7,500 women were treated for malaria in MSF-supported health facilities in the district. Four rounds of SMC were administered in 2016, each reaching more than 110,000 children.

In Am Timan, MSF supported the hospital’s pediatric and maternity wards as well as the laboratory, and also managed the nutrition program and TB and HIV activities. MSF outreach teams worked at three health centers. In September, MSF’s Chad Emergency Response Unit responded to an outbreak of hepatitis E in Am Timan.

In 2016, 2,176 children were treated for severe malnutrition. For the first time, MSF started a malnutrition prevention project targeting nearly 30,000 children under the age of two in and around Bokoro. Mothers in 15 rural locations received food supplements along with soap and mosquito nets.
out over 450,000 outpatient consultations and admitted more than 17,000 patients to the hospital. MSF teams continued to support health centers in Lulimba, Misisi, and Lubondja, opening additional community-based sites and carrying out nearly 200,000 outpatient consultations.

In early 2016, MSF opened a project to assist victims of sexual violence in Mambasa region. Teams provided care for over 1,100 victims of violence and treated 11,900 for sexually transmitted infections in nine MSF–supported health centers. MSF teams in Boga and Gety regional hospitals and health centers treated 3,300 patients in emergency rooms and intensive care units and over 280 victims of sexual violence. More than 600 deliveries were assisted in Boga, and over 2,200 children were admitted to the pediatric ward in Gety Hospital. In Haut-Uélé teams treated more than 84,000 patients for malaria during an outbreak between May and August.

MSF teams supported two hospitals and several health centers in Manono and Kabalo during a nutrition emergency. More than 6,000 children suffering mainly from malnutrition and malaria were admitted to the pediatric unit. In Nyunzu, MSF responded to a measles outbreak and vaccinated around 90,000 children. MSF’s project in Bili and Bossobolo provided 80,000 consultations for refugees from Central African Republic and host communities.

In Kinshasa, MSF provided medical and psychosocial care for people with HIV/AIDS, supported hospitals and health centers, and piloted innovative ways of managing patients. In 2016, over 2,500 patients with advanced HIV were admitted to the hospital and 68,000 consultations were carried out. Toward the end of the year, MSF supported 10 health facilities to treat 160 patients who were wounded during violent protests against the president. Similar support was given to health facilities in Lubumbashi.

MSF continued efforts to find our three missing colleagues: Philippe Bundya Musongelwa, Richard Muhindo Matabishi, and Romy Ya-Dunia Ntabanyendera. They were abducted in July 2013 in Kamango, in the east of the country, while carrying out a health assessment.

**ETHIOPIA $9,299,000**

MSF continued to fill health care gaps, respond to emergencies, and provide care for the growing refugee population.

In Wardher hospital and other health facilities in Doolo zone’s Danod and Yucub districts, MSF provided inpatient and outpatient services, including primary and reproductive health care and treatment for malnutrition and TB. MSF also worked in 10 outreach clinics and donated drugs and medical supplies. In partnership with the Regional Health Bureau, MSF treated around 45,000 patients.

In Liben zone’s Dolo Ado, MSF provided Somali refugees and the host community with basic health care, nutritional support, and routine immunizations. MSF also managed three health posts in Buramino and Hilloweyn camps and worked in the health center in Dolo Ado town. MSF worked at the local district hospital of Fik, in the central Somali Region. In Degehabur, MSF provided maternal health services and expanded the hospital. Mobile clinics offered basic health care.

**GUINEA $3,703,806**

From January to September, MSF worked in Conakry, Coyah, Dubreka, and Forécariah, treating 359 Ebola survivors and 282 health

**EGYPT $1,617,626**

MSF provided medical and mental health assistance, physiotherapy, and social support to refugees and migrants in Egypt, whose numbers have risen sharply in recent years due to conflict and instability in the region. In 2016, MSF treated 1,465 new patients, in addition to the existing cohort. Refugees and migrants struggled with limited employment opportunities and difficulties in accessing health care. Many had experienced violence and exploitation that left them with psychological problems and physical disabilities.

Teams assisted other vulnerable individuals with 2,655 medical consultations and distribution of over 2,300 hygiene kits. MSF continued discussions with the Egyptian Ministry of Health and Population and national medical institutions to establish partnership projects in key public health areas, and offered to contribute technical medical expertise to existing initiatives.

In Gambella region, MSF provided basic and secondary health services for South Sudanese refugees and local communities, and ran a regular mobile clinic for refugees at the entry point of Pagak. In 2016, MSF offered basic medical assistance to 264,000 refugees and local residents and treated 87,000 patients for malaria in these locations. MSF also donated much-needed supplies to Gambella Hospital and supported the surgical ward.

In Amhara region, MSF provided treatment, diagnosis, and prevention of kala azar (visceral leishmaniasis), including for patients co-infected with HIV and/or TB; efforts so far have resulted in a significant decrease in transmission and infection rates. Teams also treated snakebites and supported emergency referrals.

In collaboration with Ethiopian authorities, MSF provided mental health care for some 6,200 Eritrean refugees in Shimelba and Hitsats camps in Tigray region and ran a psychiatric care center and a secondary health care facility. In Aseko, nearly 4,800 children with moderate acute malnutrition received supplementary food, and 160 with severe acute malnutrition were referred to therapeutic feeding programs. In Bable, MSF supported local health teams to screen and treat around 300 malnourished children.
professionals for medical complications. MSF provided medical and psychological care to 354 people indirectly affected by the Ebola epidemic, such as family members of the victims. Over 18,000 people benefited from information sessions designed to reduce the stigma affecting Ebola survivors. The closure of the survivor project in September marked the end of MSF’s direct involvement in Ebola-related medical activities.

In November, in collaboration with the MoH, MSF opened a 31-bed center in Donka Hospital to treat people suffering from advanced HIV. The Donka center offers free, high-quality care to patients with HIV-related diseases such as Kaposi’s sarcoma and cryptococcal meningitis. It also conducts operational research and provides hands-on medical training.

At the end of 2016, MSF was providing medical care for 9,856 people living with HIV. MSF gradually handed over the provision of ARVs to a large patient cohort to the national health ministry, and by the end of 2016, was providing first-line ARVs to 2,573 patients in Conakry.

**IVORY COAST** **$2,160,000**

Years of political crisis have taken a heavy toll on the health system, and maternal mortality rates are particularly dire. In the Hambol region, where there are an estimated 661 maternal deaths per 100,000 live births, MSF ran a project with the MoH to improve the management of obstetric and neonatal emergencies in rural settings. MSF supported the Katiola referral hospital and three primary health centers in the region by providing additional personnel and medical supplies; facilitating an efficient referral system for complicated deliveries; and running a training, coaching, and supervision program for MoH staff. An average of 350 deliveries per month were assisted in MSF-supported facilities. At Katiola hospital, 55 newborns were admitted to the neonatal ward and 50 Caesarean sections were performed.

**KENYA** **$5,965,604**

In 2016, MSF opposed the Kenyan government’s decision to close the massive Dadaab refugee camp, which housed more than 300,000 Somali refugees. According to MSF’s October report, more than 80 percent of refugees surveyed said they did not want to return to Somalia, citing issues such as the threat of being forcibly recruited by armed groups, sexual violence, and the lack of access to health care. In November, the government announced it would extend the deadline for Dadaab’s closure until May 2017. Throughout the year, MSF continued its work in the 100-bed hospital in Dagahaley and at two health posts in Dadaab, carrying out 162,653 outpatient consultations and admitting 9,137 patients to the hospital. More than 3,000 babies were born in the hospital’s maternity ward.

In partnership with the Mombasa County Department of Health, MSF launched a sexual and reproductive health project in Mrima health facility to reduce maternal and newborn mortality.

In Kilifi, Nairobi’s largest slum, 176,415 people received medical treatment from MSF in 2016, including 728 patients treated for HIV, 386 for TB, and 957 for non-communicable diseases. After more than 20 years in Kilifa, MSF began the process of handing over the clinic to the Kenyan government and another NGO.

Since 2008, MSF’s clinic in Nairobi Eastlands has provided psychological, medical, legal, and social assistance to victims of sexual and gender-based violence. MSF worked with local authorities to increase access to emergency care for people living in Mathare slum and the Eastleigh neighborhood. A team in Eastlands also supported the detection and treatment of MDR-TB.

Since 2014, MSF has run a program in Ndiwi sub-county aimed at controlling the spread of HIV and reducing the number of deaths from the disease, working in the adult medical ward of Homa Bay and Ndiwi hospitals to improve the quality of care for both HIV and non-HIV patients. In 2016, more than 3,000 patients were diagnosed and enrolled on treatment, and more than 14,300 patients were receiving ARVs.

**LIBERIA** **$2,780,000**

The devastating 2014–2015 Ebola outbreak resulted in more than 4,800 deaths in Liberia, including 184 health care professionals. Though health services were progressively restored, gaps persisted, notably in specialized pediatric care and mental health.

In 2015, MSF opened the Bardnesville Junction Hospital (BJH) in Monrovia, the Liberian capital and the epicenter of the Ebola outbreak, to provide specialized and emergency pediatric care, neonatology services, management of complicated severe malnutrition, on-site training, and an Ebola survivor clinic. In September 2016, the Liberia Board of Nursery and Midwifery validated the hospital as a site for clinical skills training. The first group of nursing students completed their practical training in December. During 2016, 14,000 emergency consultations were carried out and nearly 4,500 patients were admitted to BJH. MSF’s survivor clinic provided care to approximately 600 patients and conducted an average of 240 consultations per month. In December, MSF’s patients were transferred to three MoH centers in Monrovia and the survivor clinic was closed.

**LIBYA** **$4,320,000**

Libya remained fragmented by conflict and political divisions, which severely impacted the health care system. MSF donated drugs and medical equipment to hospitals throughout the country to support emergency and surgical care. In Benghazi, MSF ran a clinic with a Libyan NGO to offer pediatric and gynecological consultations to displaced and vulnerable people. MSF also supported the emergency room in Benghazi Medical Center and Al Abyar and Al-Marj hospitals with staff and training. MSF supported the main Misrata hospital, establishing a partnership for infection control with an MSF-run hospital in Amman, and provided two hospitals in Zintan with supplies and mass-casualty response training.

In addition to being a destination for hundreds of thousands of refugees, asylum seekers, and migrants, Libya was a transit point for people attempting to cross the Mediterranean to reach Europe. These people were exposed to alarming levels of violence, exploitation, and ill treatment. MSF ran mobile clinics in seven migrant detention centers in and around Tripoli, carrying out 7,145 medical consultations.

**MALAWI** **$460,000**

MSF ran several projects to combat HIV/AIDS in Malawi, where an estimated 980,000 people live with the virus. In Nsanje District, MSF supported the district management team in running a fully decentralized HIV and TB program, supported care for patients with advanced HIV in the district hospital, and health care for truck drivers and sex workers.

MSF worked with the health ministry to support HIV patients in Chiradzulu and began a four-year handover process to ensure high-quality management of stable HIV patients. MSF is shifting its focus to hard-to-reach groups. MSF also worked to improve access to viral load testing in five district health centers, and provided screening and preventive treatment for cervical cancer.

MSF provided HIV, TB, and primary health care services in Maula and Chichiri central prisons, where 97 percent of inmates were tested for HIV during the year. Of those who tested positive, 94 percent were started on treatment and 93 percent achieved an undetectable viral load. MSF extended similar services to two district prisons where inmates had limited access to health care. MSF continued development of its transnational “corridor project,” providing health care for high-risk groups including sex workers, truck drivers, and men who have sex with men.
After a major cholera outbreak on Lake Chilwa in early 2016, MSF launched a mass vaccination campaign that reached 108,400 people. An innovative two-dose strategy was used for 5,863 hard-to-reach people, with the second dose self-administered two weeks after the first. MSF concluded with the second dose self-administered was used for 5,863 hard-to-reach people, people. An innovative two-dose strategy vaccination campaign that reached 108,400

MALI $6,120,000

Access to medical care remains limited in northern Mali due to a lack of medical staff and supplies, and insecurity arising from clashes between armed groups. In Ansongo town, Gao region, MSF supported the 48-bed referral hospital with outpatient consultations, inpatient and emergency care, surgery, maternal health care, treatment for chronic diseases, nutrition and laboratory services, and mental health care. In rural areas of Ansongo, MSF arranged referrals to health centers and the hospital. From July to December, when the nomadic community migrate with their cattle far from the health center, MSF ensured they had access to primary health care by training and mentoring community health workers in the diagnosis and treatment of common diseases. More than 57,145 children received routine catch-up vaccinations and antimalarial treatment during the seasonal peak.

In Kidal region, MSF supported five health centers. In collaboration with local authorities, the team implemented SMC for the first time in the region, targeting around 16,000 children between three months and five years old. During the year, MSF started to hand over its SMC activities in Koutiala to the MoH. An average of 171,000 children received antimalarial drugs in each round.

Elsewhere in Koutiala district, MSF ran a comprehensive pediatric program. In 2016, 7,032 children were admitted to the pediatric ward and 3,829 to the nutrition ward of the MSF-supported regional referral hospital. MSF also supported pediatric and nutrition activities in five health centers across the district, carrying out 90,203 outpatient consultations and treating 3,779 children for malnutrition.

MOZAMBIQUE $320,000

Despite ambitious plans to treat everyone diagnosed with HIV, Mozambique struggled to respond to an epidemic affecting 11.5 percent of all adults. In Maputo, MSF provided care for HIV patients who needed second- or third-line ARV treatment and treated co-morbidities such as Kaposis sarcoma and viral hepatitis, as well as TB and DR-TB. MSF helped launch a new viral hepatitis C program in 2016, with three patients starting treatment through the national health system.

MSF supported the MoH in Changara and Marara districts in expanding access to HIV and TB care using innovative, community-based models of care. MSF continued to develop models of care for high-risk groups, including sex workers and men who have sex with men, covering 180 locations along the commercial corridor route linking Beira harbor to the mining area of Tete province. MSF conducted medical consultations with more than 4,000 sex workers. MSF started two new projects in Morrumbala and Mossurize districts, providing obstetric care in rural areas and improving access to health services for communities affected by conflict.

NIGER $9,655,310

In Niger, MSF focused on reducing child mortality, particularly during the annual nutrition and malaria crisis. Teams also provided humanitarian assistance to refugees and displaced people in the south.

In Diffa region, where hundreds of thousands of people were affected by fighting between Boko Haram and armies in the area, MSF worked with the MoH to provide free basic and reproductive health care and to respond to emergencies. Teams carried out over 317,000 consultations and 3,810 deliveries, and treated some 24,500 malaria patients in Diffa in 2016.

In Tahoua region, MSF worked in health centers and at the Madaoua district hospital, which expanded to 350 beds during the seasonal peak in malnutrition and malaria cases. MSF ran the inpatient therapeutic feeding center (ITFC) and pediatric and neonatal wards, and started supporting the maternity ward.

In Zinder region, MSF supported the pediatric unit and ITFC in Magaria district hospital. The team repeatedly boosted capacity for malnutrition and malaria cases, reaching 600 beds at the seasonal peak and supporting 11 health centers. In Dungass district, MSF opened an additional 200-bed pediatric unit. MSF teams ran community-based activities to combat malaria, and more than 117,000 children received SMC. MSF supported pediatric and nutrition activities in Zinder City and Chare Zamna.

In Maradi region, MSF ran a pediatric program in and around Mararounfa town and added neonatal care to MSF’s activities; 15,573 children received care for severe malnutrition.

MSF and the MoH vaccinated nearly 240,000 people during a meningitis outbreak, and vaccinated 70,000 people in Tahoua region, 66,000 in Diffa region, and 61,000 in Tillabéri region during measles outbreaks. Other teams assisted in a vaccination campaign against cholera in Diffa and aided victims of floods in Tahoua.

NIGERIA $13,377,303

The conflict between Boko Haram and the Nigerian military has resulted in massive displacement and a catastrophic humanitarian emergency across the northeast. In several areas of Borno State, high mortality rates were linked to severe malnutrition and preventable diseases. Although security within Maiduguri, the state capital, improved slightly, active conflict, mass displacement, and disease outbreaks continued outside the city.
Students in rural KwaZulu-Natal, South Africa, receive HIV counseling and testing from MSF staff. © Greg Lomas/MSF

MSF scaled up emergency assistance in Borno and the surrounding region. Insecurity limited MSF activities in some of the hardest hit villages, leading teams to carry out rapid interventions. MSF scaled up services in camps for displaced people in Maiduguri and in 10 nearby towns, running clinics to remote locations where access was possible. MSF admitted 20,760 children to therapeutic feeding centers, and carried out 290,222 outpatient and 2,764 emergency consultations. MSF conducted over 56,000 antenatal care consultations and assisted in 5,181 deliveries. Teams provided over 1,099 tons of food to displaced people in the last half of 2016, vaccinated approximately 130,000 children against measles and 10,052 against pneumococcal pneumonia, and provided 18,754 with SMC.

In Kukareta village in Yobe state, MSF offered a range of care, referring complicated cases to Damaturu hospital in the state capital, where MSF operated a nutrition program and reached 3,717 children in an SMC campaign.

In Jakusko local government area, MSF vaccinated 143,800 children against measles and started working in four therapeutic feeding centers. MSF began working in Zamfara state in 2010, responding to lead poisoning in children. In 2016, MSF teams treated children in five clinics and in Anka general hospital.

Following an outbreak of lead poisoning in Niger state, MSF opened the safer mining pilot project in November and worked with miners to reduce exposure to lead and offsaisite contamination.

In the Kebbe area of Sokoto state, MSF supported Kuchi health care center to treat pregnant women and children until May, when the project closed due to insecurity. In Sokoto, MSF provided surgical care for 388 patients with noma and other diseases and worked with the MoH and the World Health Organization to respond to a meningitis outbreak, vaccinating 113,030 people.

In Port Harcourt, Rivers state, MSF provided a comprehensive package of care for survivors of sexual violence, which included PEP for HIV and sexually transmitted infections, vaccinations, emergency contraception, and counselling. MSF continued to run its vesicovaginal fistula and emergency obstetric program in Jahun general hospital in Jigawa state. The team treated 400 women with fistulas, performed 2,860 obstetrics-related surgical procedures, and assisted in 7,365 births. MSF also set up basic emergency obstetric services in surrounding health centers.

SIERRA LEONE $1,706,791

Sierra Leone was finally declared Ebola-free on March 17, 2016, but the country struggled to rebuild its shattered health system. Access to medical care was already limited before the epidemic, and an estimated 10 percent of the country’s health professionals were among the 3,950 people killed by the virus.

The Ebola survivors’ clinic, opened by MSF in July 2015 to help patients with complications, was handed over to the MoH at the end of September 2016. The clinic provided medical treatment and mental health care to more than 400 survivors and their families, and promoted safe sex and malaria prevention. MSF sent health promoters to educate communities about the disease and reduce social stigma.

Sierra Leone had some of the worst health indicators even before the Ebola epidemic, especially for maternal and child mortality. In Tonkolili district, MSF supported the pediatric and maternity wards, neonatal services, and blood transfusion laboratory at Magburaka district hospital, and assisted the Magburaka mother and child health post with staff and supplies. MSF provided emergency obstetric care in a community health center in Yoni Chiefdom, Hinnistas. Teams conducted 21,180 outpatient and 6,245 antenatal consultations, admitted 2,996 children to the pediatric ward, and assisted 1,457 deliveries.

MSF launched a project in Koinadugu in April, rehabilitating Kabala hospital, growing the pediatric ward from 15 to 45 beds, and creating a three-bed neonatal ward. The project also provided health care to Ebola survivors, and screening for malaria and HIV. Teams monitored the nutrition situation and responded to emergencies and disease outbreaks. In May, 65,159 children were vaccinated against measles.

SOUTH AFRICA $719,565

South Africa has the largest HIV patient cohort in the world and has helped to lead efforts to gain access to new treatments for MDR-TB. In KwaZulu-Natal province, MSF’s HIV/TB project in uThungulu district aims to be the first site in South Africa to meet the United Nations 90-90-90 targets. In 2016, MSF tested 56,029 individuals, supported 2,370 male circumcisions, and distributed 1,573,756 condoms.

In partnership with the city and the organization mothers2mothers, MSF’s Khayelitsha project near Cape Town established 13 postnatal “Moms and Tots” clubs where women and their babies could get one-stop services for HIV and other health issues. MSF fought for access to new drugs for patients in Khayelitsha and nationally. South Africa now has national access to the new TB drug bedaquiline, and in Khayelitsha, MSF had the largest national cohort on another promising new medication, delamanid, with 81 new patients initiated on treatment in 2016.

With the Department of Health in North West province, MSF expanded access to care for victims of sexual violence in Rustenburg, in the platinum mining belt. MSF supported three Kgomo tso health care facilities providing a package of medical, legal, and psychosocial care to victims of sexual violence—including a forensic examination, PEP to prevent HIV and other sexually transmitted infections, and psychosocial support.

MSF is a founding member of the Fix the Patent Laws coalition, 32 patient groups and organizations campaigning for reform of South Africa’s intellectual property laws to improve access to affordable medicines. Following years of pressure, the South African Department of Trade and Industry released a new intellectual policy consultative framework in 2016.

The Stop Stockouts Project, a civil society consortium supported by MSF and other organizations, received 6DS reports of stockouts and trained 3,454 patients and activists to monitor the availability of essential drugs and push for the rapid resolution of shortages.

SOUTH SUDAN $25,344,439

More than three years of ongoing conflict, which has included extreme violence against civilians, has forced millions of people across South Sudan to flee from their homes. MSF continued to respond to urgent medical needs and maintained essential programs across the country despite growing challenges, including attacks on health care facilities.

In February, the MSF-run hospital at the Malakal Protection of Civilians (PoC) site was attacked, and more than 25 people were killed, including two staff members.
MSF published a report on the events and launched an advocacy campaign calling on the United Nations Mission in South Sudan to provide credible security to civilians under its care and improve conditions at the site. In June, MSF built a new 60-bed hospital on the site and opened a medical center in Malakal town.

After fighting broke out in the capital, Juba, in July, MSF set up a surgical facility and ran mobile clinics across the city. In the first month, one outreach team treated 9,242 people. MSF staff also helped the MoH set up and run a chola treatment center.

In Greater Upper Nile Region, the MSF clinic in Pibor provided maternity and emergency services. Looting in February temporarily halted activities, but the clinic was operational again by April. The team started to offer surgery in late 2016. MSF staff provided medical care to the 50,000 Sudanese refugees in Doro camp and the local community in Maban county. The MSF hospital in Lankien, the only functioning medical facility in the area, admitted 1,068 patients to its therapeutic feeding program in 2016. Teams also provided treatment to 1,530 patients for kala azar [visceral leishmaniasis]. Malaria was the main morbidity at the hospital and in the primary health care center in Yuai; teams carried out 116,944 consultations.

MSF ran a 160-bed facility at the Bentiu PoC site, where 120,000 displaced civilians were sheltered at the end of 2016. It was the only hospital on site, providing a range of services and running outreach activities in the PoC and Bentiu town.

MSF set up emergency services in Leer and Mayendit counties as intense fighting displaced thousands of people. Mobile teams provided care and treatment for survivors of sexual violence. In July, medical activities were temporarily disrupted when the MSF compound in Leer town was looted. In Yida, MSF offered inpatient and outpatient services, vaccinations, and HIV and TB treatment to refugees from South Kordofan, Sudan. MSF also ran facilities in Mayom county, Wau Shilluk, and Fangak.

In Equatoria Region, following an increase in violence, MSF set up a clinic in Yei. An MSF project set up in Mundri was suspended after an armed robbery. Despite clashes in the Yambio area, MSF continued its HIV program.

Awiel hospital, the only secondary health care facility in this area of Bahr El Ghazal region, served 1.5 million people. In 2016, the team provided maternal and child care and responded to a sharp peak in malaria. Further south, in Wau, MSF carried out around 42,000 consultations when violent clashes displaced more than 60,000 people in June.

Agok hospital provided specialist and emergency care to more than 140,000 people in the remote Abeyi Special Administrative Area. Teams carried out around 50,000 consultations and treated more than 40,000 people for malaria in isolated villages.

**SUDAN $6,280,376**

MSF continued to provide emergency medical treatment in Sudan despite some restrictions to areas affected by conflict.

When fighting displaced more than 160,000 people from Jebel Mara, North Darfur, MSF deployed an emergency response team to set up a health center in Sortoni and increase operations in Tawila. In Sortoni, MSF treated 40,616 outpatients and vaccinated 9,683 children for measles. In Tawila, MSF conducted 108,933 outpatient consultations and admitted 4,878 inpatients—mainly for malnutrition, diarrheal diseases, and malaria. MSF responded to violence in the gold mining area of El Sireaf, and ran four health
centers in Dar Zaghawa focused on mothers and children.

In El Geneina town, West Darfur state, MSF teams supported three primary health centers and helped the government hospital manage severely malnourished children.

MSF ran a 40-bed hospital outside Kasha-fa camp in White Nile State, serving the more than 17,000 refugees from South Sudan, acting as a referral facility for five other camps, and providing care for the host community.

In the village of Tabarak Allah, in Al-Ge-daref state, MSF screened 2,180 people for kala azar (visceral leishmaniasis) and admitted 545 kala azar patients to Tabarak Allah government rural hospital. MSF started supporting Bazura hospital where kala azar is endemic. MSF trained MoH staff and ran health education and awareness-raising activities for the Tabarak Allah and Bazura communities in partnership with a local NGO.

**SWAZILAND** $3,000,000

MSF continued to get more HIV patients on ARV treatment in 2016 through the “test and start” strategy. MSF piloted the strategy in the Nhlangano project, where, after HIV testing, ARVs were immediately offered to more than 1,700 people who tested positive. Twelve months after treatment initiation, 82 percent of patients had successfully suppressed the virus. As a result, “test and start” was adopted by the MoH as the national standard of HIV care in October.

MSF increasingly focused on providing specialized HIV care, including second- and third-line ARV treatment, cervical cancer screening, and routine point-of-care testing for opportunistic infections. In 2016, 31,784 patients had viral load tests, 407 received second-line HIV care, 1,407 were enrolled in community ARV models of care, and 647 women were screened for cervical cancer.

In Moneni, MSF started treating patients with XDR-TB using the promising new drugs bedaquiline and delamanid in combination with repurposed medicines. After six months, almost all of the 81 XDR-TB and MDR-TB patients had reached the stage where TB bacteria could no longer be detected in their sputum. In Manzini, MSF saw a success rate of 75 percent when implementing the shorter DR-TB treatment regimen of nine to 12 months, rather than two years. This regimen has since been recommended by the World Health Organization, and was adopted by the MoH as the new national standard of care for MDR-TB treatment, with support from MSF.

**TANZANIA** $3,100,000

MSF expanded its services across three refugee camps in Tanzania in response to a massive influx of refugees from neighboring Burundi. Newly arrived refugees were often forced to stay in overcrowded and unhygienic communal shelters, which contributed to the spread of disease.

In Nyarugusu refugee camp, MSF supported the intensive feeding center at the camp hospital, treating 175 patients before handing it over to the Tanzanian Red Cross in March. MSF deployed three mobile clinics aimed at reducing infection and mortality from malaria, and also established a 40-bed stabilization unit and blood bank. MSF carried out 64,450 outpatient consultations—46,380 for malaria—and distributed 65,000 mosquito nets. Teams conducted 24,550 mental health consultations and supported water and sanitation activities.

In Nduta refugee camp, MSF was the main health care provider and the only organization offering a full range of medical services, including reproductive health care, treatment for malnutrition, and care for survivors of sexual violence. MSF refurbished and expanded the 120-bed hospital and ran five health posts. Staff carried out 186,345 outpatient consultations, assisted in more than 3,000 deliveries, and treated almost 44,260 people for malaria. In Mtendeli camp, MSF supplied around 428,000 liters of water daily and ran community health surveillance until September.

After a severe earthquake near Bukoba in September, MSF donated emergency medical supplies to the local hospital.

**UGANDA** $3,160,000

MSF has offered viral load testing for people on HIV treatment in Arua regional hospital since 2013—performing 20,845 tests over the past three years. Sixty patients who were not improving on second-line ARVs benefited.
South Sudanese. In Bidibidi, in the north of the country, MSF filled gaps in refugee care, including medical consultations, disease surveillance, and provision of water and sanitation. In November, MSF trucked in 66,000 liters of water per day.

**ZIMBABWE $500,000**

MSF ran projects in partnership with the Zimbabwean Ministry of Health and Child Care (MoHCC), providing treatment for HIV, TB, non-communicable diseases and mental health issues. The health sector faced numerous challenges, including shortages of essential medicines.

While HIV prevalence has decreased from 30 percent in the early 2000s to 15 percent today, there were still major gaps in services. In 2016, MSF supported the rollout of viral load monitoring for patients on ARVs country-wide.

In Harare, MSF offered comprehensive support to survivors of sexual violence and health services to adolescents in the urban district of Mbare. In Epworth polyclinic, MSF provided care for HIV, TB, and MDR-TB, and provided cervical cancer screenings and early treatment for HIV-positive women. MSF also worked to ensure that people in the city’s most vulnerable neighborhoods had access to clean water.

In Chikurubi maximum security prison, MSF supported the diagnosis and treatment of HIV and TB, and provided mental health services. In Harare central hospital, MSF offered psychiatric treatment and support and provided infrastructure improvements. MSF also provided decentralized psychiatric care and community follow-up to discharged patients.

In Gutu, where MSF has provided HIV care since 2011, the results of a survey conducted by MSF Epicentre indicated that the district was on track to reach the 90-90-90 HIV treatment goals set by the UN.

In Mwenezi, MSF worked with the MoHCC to implement the "test and start" strategy for 18,000 people, where patients diagnosed with HIV were immediately put on ARV therapy (ART). MSF supported the implementation of Community ART Groups (CAGs) in Mwenezi and throughout Manicaland province.

In Beitbridge, teams provided mental health support and medical care to Zimbabweans who had been deported from South Africa in October. MSF carried out an emergency response to the hurricane, supporting Port-à-Piment hospital and running mobile clinics in southern Haiti. Teams treated 17,537 patients, including 478 for cholera. They repaired 26 water points and trucked in more than 10 million liters of clean water. In remote mountain areas, MSF supplied building materials to 9,500 families and administered vaccines to 14,000 people.

The cholera epidemic remained a major public health concern. In 2016, teams treated a total of 2,615 patients, many of whom were infected in the aftermath of Hurricane Matthew. In addition to building cholera treatment centers, MSF helped hospitals to manage infected patients. Teams worked at two centers in Delmas and maintained rapid response capacity in case of emergency.

In Haiti, sexual violence is a neglected medical emergency. MSF’s Pran Men’m clinic in the Delmas 33 district of Port-au-Prince provided emergency medical care to victims of sexual and gender-based violence, treating 787 people, more than half under the age of 18. MSF worked to improve the availability of health care services and raise community awareness. MSF ran the Centre de Référence des Urgences en Obstétrique, a 176-bed center that treats pregnant women with obstetric complications. In 2016, the team carried out 19,077 consultations, assisted 5,594 births, and admitted 2,498 babies to the neonatal emergency care unit.

In Drouillard hospital, in Port-au-Prince’s Cité Soleil area, MSF ran a severe burns unit which has become the de facto national referral center for burn patients. In 2016, 43 percent of people treated there were under the age of five. A total of 801 patients were admitted to the unit and 630 underwent major surgery. The teams applied 4,071 wound dressings, and conducted 14,030 physiotherapy sessions and 1,773 mental health consultations. In Tabarre, MSF’s Nap Kenbe hospital received a large increase in the number of patients in the second half of 2016 due to a strike in the country’s public health sector. In 2016, staff treated 15,228 patients in the emergency room and performed 8,088 surgical interventions. The Martissant clinic provided around-the-clock health care in a slum area marked by violence, with staff treating 52,344 patients in 2016.

**HONDURAS $200,000**

In Honduras, which has one of the highest rates of violence in the world, MSF continued its “servicio prioritario” (priority service) in collaboration with the MoH to offer emergency medical and psychological care to victims of violence. This free, confidential, one-stop service was available at two health centers from drug-resistance testing; 19 of them were started on third-line treatment.

In Kasese, MSF ran a clinic providing health care to adolescents, including sexual and reproductive health services, and HIV and TB prevention, screening, and treatment. More than 11,700 outpatient consultations were carried out and 3,200 adolescents were tested for HIV at the clinic in 2016.

In the three districts around Lake George and Lake Edward, MSF ran a project to improve detection and care for HIV, TB, and malaria in fishing communities. The team launched a proactive screening campaign in February, testing 13,771 people for HIV. MSF provided technical support in five health centers that offered comprehensive care at these sites, performing 1,234 viral load tests for people on HIV treatment.

Uganda hosted more than a million refugees, including approximately 700,000

**AMERICAS**

**HAITI $16,656,009**

MSF responded to urgent medical needs in Haiti, where a weak health system was further hampered by strikes in public hospitals and damage caused by Hurricane Matthew
and in Tegucigalpa’s main hospital. In 2016, MSF treated over 800 victims of violence, including 560 victims of sexual violence, and carried out 1,830 mental health consultations. Medical treatment for rape included PEP to prevent HIV infection and provide protection against other sexually transmitted infections, hepatitis B, and tetanus. MSF continued to advocate for victims of sexual violence to have access to medical care, including emergency contraception, in accordance with international protocols.

MSF also carried out activities in Tegucigalpa to improve control of the Aedes mosquito, the insect responsible for the transmission of Zika, dengue, and chikungunya. Efforts included a geographical vector mapping approach to identify areas at risk of transmission.

MEXICO $1,800,000

MSF continued to provide medical and psychosocial support for Central American migrants and refugees, as well as local communities affected by violence. Every year, an estimated 400,000 people flee violence and poverty in El Salvador, Honduras, and Guatemala, and are systematically exposed to further violence along the migration route through Mexico on their way to the US. In 2016, more than 15,000 migrants and refugees from Central America were registered in the shelters where MSF worked, and 2,700 participated in psycho-educational or psychosocial activities. Over 2,200 medical and 690 mental health consultations were carried out in Ixtepec, Tenosique, and Celaya. In the MSF Integral care center in Mexico City, teams provided medical and psychological support to 63 victims of inhumane treatment.

In Acapulco, MSF offered mental health care to 480 victims of violence and carried out over 2,340 mental health consultations in Colonia Jardin. In Tierra Caliente, Guerrero state, where rural health posts were closed due to violence, MSF provided emergency obstetric services in Arcelia hospital and began running mobile clinics in other municipalities toward the end of the year. In Reynoso, MSF handed over a project to improve emergency care in the general hospital and set up a new project providing medical and mental health care for victims of violence.

In Nochixtlan, Oaxaca, following a July confrontation between teachers and state security forces, MSF treated the wounded and offered mental health consultations to the families of those killed or missing. MSF closed the Chagas project in Oaxaca in April 2016 and handed over activities to the MoH.

ASIA

AFGHANISTAN $4,615,780

Amid intensifying conflict, MSF cared for an increasing number of patients and responded to growing medical needs. MSF focused on improving access to emergency, pediatric, and maternal health care in Afghanistan, which has one of the highest maternal mortality rates in the world. A quarter of all the births assisted by MSF worldwide were in Afghanistan, and teams helped deliver more than 68,000 babies in 2016.

MSF pursued negotiations with all parties to the conflict regarding the need to ensure a safe humanitarian space. After US military airstrikes destroyed its trauma center in Kunduz in October 2015, killing 42 people, MSF engaged in intensive advocacy to call for the protection of medical facilities from attack. At the end of 2016, MSF obtained commitments that its staff and patients would be respected, and care could be provided to everyone in need, regardless of their ethnicity, political beliefs, or allegiances. MSF evaluated the possibility of resuming trauma care activities in Kunduz in 2017.

As the capital, Kabul, has experienced massive population growth, the city’s public health services were overwhelmed. At Ahmad Shah Baba district hospital in eastern Kabul, MSF supported the Ministry of Public Health to deliver outpatient and inpatient care, with a focus on maternal health and emergency services. MSF increased the capacity of the hospital and started to rehabilitate the buildings. Staff conducted 100,000 consultations and assisted 18,866 deliveries, almost 20 percent more than in 2015.

MSF collaborated with the Ministry of Public Health to provide around-the-clock care at Kabul’s Dasht-e-Barchi hospital. Teams assisted 15,627 deliveries, almost 27 percent of which were complicated cases.

MSF’s maternity hospital in Khost, in eastern Afghanistan, has helped reduce maternal mortality by offering a safe environment for women to deliver their babies, in the care of predominantly female medical staff, free of charge. The number of deliveries reached 21,335 in 2016, a 40 percent increase over two years. In 2016, MSF began supporting three health centers in outlying districts in Khost province to increase their capacity to assist normal deliveries.

Since 2009, MSF has supported Boost provincial hospital in Lashkar Gah, Helmand province, one of only three referral hospitals in southern Afghanistan. In 2016, the team completed the rehabilitation of the original hospital building and extended the maternity department. Staff assisted 10,572 deliveries in 2016. The hospital has a neonatology unit and pediatric department, where 2,431 children were treated for malnutrition in 2016.

MSF started supporting the diagnosis and treatment of DR-TB in Kandahar province. MSF provided additional staff at Mirwais hospital, and organized training for other facilities to improve case detection.
ARMENIA $430,000
MSF focused on implementing new regimens for patients with MDR-TB in Armenia, which has one of the highest rates of the disease in the world. The main challenge in treating MDR-TB patients is the length and toxicity of the regimen itself. Treatment is only successful for around half of MDR-TB patients and a quarter of those with XDR-TB. Armenia was one of the first countries to authorize the use of two new TB drugs, bedaquiline and delamanid, which promise to be less toxic and more effective. In 2016, 66 MDR-TB patients started the new regimen and 79 were under treatment by the end of the year.

BANGLADESH $800,000
MSF continued to provide health care to vulnerable people in Bangladesh, including large numbers of Rohingya refugees from Myanmar. MSF ran a clinic offering comprehensive medical care to Rohingya refugees and the local community near the Kutupalong makeshift camp in Cox’s Bazar district. There was a sharp increase in patient figures in the last two months of the year, due to an influx of Rohingya fleeing Myanmar’s northern Rakhine state. The team treated 113 violence-related injuries in November and December, including 17 with gunshot wounds. During the year, teams carried out 89,554 outpatient, 2,491 inpatient, and 4,559 mental health consultations. They also treated 103 victims of sexual violence.

In Kamrangirchar slum, in the capital, Dhaka, MSF offered reproductive health care to adolescent girls, carrying out 4,578 antenatal consultations and assisting 457 deliveries in 2016. The team provided medical and psychological support to 532 victims of sexual violence and intimate partner violence. In addition, 2,324 family planning sessions and 2,379 individual mental health consultations were conducted with people of all ages. MSF continued to run its occupational health program for factory workers in Kamrangirchar, carrying out 8,923 consultations.

CAMBODIA $860,000
In May 2016, MSF launched a hepatitis C program at the Preah Kossamak hospital in Phnom Penh, offering the first free treatment for the virus in Cambodia. By the end of December, 307 patients were on treatment and 183 were on the waiting list. Initial findings indicated that a large percentage of hepatitis C patients were older, and that fifty percent of patients had advanced fibrosis of the liver. Only a small number of HIV patients at the hospital were co-infected with hepatitis C.

MSF’s research project in northern Cambodia was set up to find ways to eliminate malaria in an area where there is proven resistance to the most powerful antimalarial drug, artemisinin. The strategy consists of early diagnosis and treatment for people with symptoms, together with voluntary testing of high-risk groups. In 2016, the project was expanded to test more than 3,000 people who were not showing malaria symptoms. The tests identified 33 people who were carrying the most serious strain of malaria. These patients then received treatment to reduce the chance of transmission. The results will inform health promotion efforts and the next stages of the research project.

GEORGIA $550,000
By the end of 2016, 180 patients in Georgia had started on an improved treatment regimen for MDR-TB – the highest number supported by MSF in any country. MSF prepared to launch a major clinical trial involving a shorter regimen—nine months instead of two years—and based on the use of two new drugs, bedaquiline and delamanid. These efforts were undertaken as part of the endTB project, a global partnership, including MSF, which aims to find shorter, less toxic, and more effective treatments for DR-TB.

Malaria in Georgia is largely a public health issue. In Georgia: 12 percent of all new TB patients and 39 percent of those previously treated for TB have a multidrug-resistant form of the disease. Approximately 10 percent of MDR-TB patients have XDR-TB. MSF started supporting the MoH in the implementation of the new drugs in 2014, and continued within the framework of the endTB program from 2015.

In Akhazia, MSF continued to support AMRA, a local NGO created by former MSF employees that runs a health program for 35 elderly people, as well as counselling and social activities for 40 DR-TB patients.

INDIA $1,641,265
MSF focused mainly on mental health care; screening and treatment for HIV, TB, and hepatitis C; and support to victims of sexual and gender-based violence.

MSF ran mobile clinics in remote areas of Chhattisgarh, where low-intensity conflict has left much of the local population with limited or no access to health care. Teams conducted 50,057 outpatient consultations, treated 9,094 malaria patients, and administered 2,872 vaccinations. At MSF’s mother and child health center in Bijapur, staff assisted 312 deliveries and carried out 5,419 antenatal consultations.

MSF’s community-based clinic in north Delhi, Umeed ki Kiran [Ray of Hope], offered medical and psychological care to victims of domestic and sexual violence. MSF’s mental health team trained 164 accredited social health activists in identifying signs and symptoms of sexual and gender-based violence.

Since 2001, MSF has provided counseling services to people affected by conflict in Jammu and Kashmir. In May, MSF released the first ever comprehensive survey on the state of mental health here. Conducted in collaboration with Kashmir University and the Institute of Mental Health and Neurosciences, the survey found significant symptoms of mental distress in 45 percent of adults. Following an outbreak of violence in July, the team gave psychological first aid to victims of trauma and donated medical supplies.

In Mumbai, MSF provided medical and psychosocial care for patients with HIV and DR-TB through four projects. MSF opened a TB outpatient department at Shatabdi hospital in June and supported five health posts in the community. MSF counsellors provided psychosocial support in several TB hospitals in Sewri, south Mumbai. MSF also provided screening and treatment for HIV, DR-TB, and hepatitis C at three clinics in Manipur. MSF chose Meerut, Uttar Pradesh, as the site for a hepatitis C treatment program expected to launch in January 2017. In Bihar, MSF focused on treating kala azar patients co-infected with HIV, a growing health issue affecting the most vulnerable communities.

In late 2015, MSF initiated a project to treat febrile illnesses in the Asansol district of Burdwan, West Bengal. In 2016, teams at Asansol district hospital and surrounding primary health centers screened 101,519 patients, and identified and treated 11,374 cases of acute fever and 1,425 cases of acute undifferentiated fever.

KYRGYZSTAN $400,000
MSF primarily focused on confronting the prevalence of DR-TB, which affects an estimated 2,400 people in Kyrgyzstan, according to the World Health Organization. The rates of drug resistance among new TB cases were as high as one-third, and in previously treated TB cases, more than half of patients developed the drug-resistant form of the disease. In Osh, Kara Suu district, MSF provided outpatient care for people with DR-TB. Patients attended monthly medical consultations, which included psychological support, at one of three TB clinics supported by MSF. MSF also mentored MoH staff. Teams supported the diagnosis and treatment of patients in Kara Suu hospital, and followed up with patients receiving treatment at Osh TB hospital. A total of 90 patients were enrolled in MSF’s DR-TB program in 2016.

In December, MSF launched a program in Aidarken, Batken oblast, to treat people...
affected by diseases that have occurred as a result of mining extraction industries or environmental pollution in the area.

**MYANMAR $2,600,000**

MSF continued to work with the MoH to support care for HIV and TB patients, primary health care, and vaccination activities. In Yangon, MSF provided care to 16,868 patients with HIV, TB, and MDR-TB at two clinics, and started its first patient on XDR-TB treatment as part of the endTB program. In Kachin state, despite intensifying conflict, MSF provided care to 11,020 patients with HIV, TB, and MDR-TB. Teams also conducted mental health consultations at a camp for internally displaced people. In Shan state, MSF provided treatment to 4,628 patients with HIV and MDR-TB, and a mobile team conducted primary health care consultations across the north. MSF remained the main provider of HIV care in Dawei, Tanintharyi region, treating 2,355 people with the disease in 2016 and supporting the National AIDS Program’s efforts to decentralize treatment.

Despite access restrictions and a worsening political situation in Wa Special Region 2, MSF conducted over 9,000 outpatient consultations through fixed and mobile clinics and supported MoH vaccination campaigns. MSF also supported the catch-up vaccination campaign for 10,951 children under five in Lahe township, Sagaing region.

In northern Rakhine, the October 9 attacks on border police prompted a complete lockdown on all humanitarian assistance, leaving thousands of patients without access to primary health care for over two months. MSF conducted just over 2,000 medical consultations during the last quarter of 2016, compared to the roughly 15,000 anticipated, based on the monthly average. A partial resumption of programs was allowed in mid-December. Checkpoints hindered access to emergency and specialist care, particularly for the Rohingya. Movement restrictions for international staff also prevented MSF from providing support to its teams and raising awareness about urgent humanitarian needs in the area.

**PAKISTAN $4,710,000**

MSF responded to urgent needs in Pakistan, with a focus on mother and child health and care for people in isolated rural communities, urban slums, and areas affected by conflict.

MSF ran a pediatric hospital in Quetta, where 800 patients were admitted and 2,385 malnourished children received treatment. In Kuchlak, MSF managed a mother and child health center where staff carried out 39,527 outpatient consultations and assisted 4,989 births. At the Kuchlak center and at Benazir

**PAPUA NEW GUINEA $2,160,000**

MSF scaled up capacity for TB screening, diagnosis, and treatment in Gerehu hospital in Port Moresby, where around 25 percent of the country’s TB patients live. Mobile teams worked in the community to improve patient adherence to treatment. In Gulf province, MSF expanded its TB program to support two health centers as well as Kerema general hospital. Poor access to remote areas and the lack of an effective follow-up system have resulted in a high number of TB patients not completing their treatment. MSF continued to promote a decentralized model of care to improve outcomes. By the end of 2016, MSF had initiated treatment for 1,819 patients with DS-TB and 24 with DR-TB.

In March, MSF launched the report “Return to Abuser,” which exposes gaps in services and systems that keep women and girls trapped in cycles of severe domestic and sexual violence. In 2016, the team handed over to provincial health authorities a project treating victims of sexual and domestic violence at Tari Hospital.

**TAJIKISTAN $684,550**

MSF continued to work with the MoH to diagnose and treat children and their families affected by DS- and DR-TB. In 2016, the promising new drugs bedaquiline and delamanid

MSF’s project team in Dushanbe, Tajikistan, has started treating the first TB patients using the new drug delamanid. © MSF

Bhatta hospital in Mari Abad, MSF treated 2,555 patients for cutaneous leishmaniasis. MSF worked at Chaman district headquarters hospital, providing care to local residents, Afghan refugees, and people who crossed the border seeking medical assistance. MSF continued to work in the eastern districts of Jaffarabad and Naseerabad, where 11,474 malnourished children received treatment under the therapeutic feeding program.

In the Federally Administered Tribal Areas, MSF provided medical care to vulnerable communities. At Nawagai civil hospital in Bajaur, teams provided treatment for cutaneous leishmaniasis, endemic in the area. At Sadda Tehsil headquarters hospital in Kurram Agency, MSF provided inpatient and outpatient care for children; treatment for cutaneous leishmaniasis; antenatal care, and obstetric and emergency referrals.

MSF offered comprehensive 24-hour emergency obstetric care at Women’s Hospital in Peshawar for patients referred from surrounding areas. In 2016, 4,906 deliveries were assisted, including 479 Caesarean sections. In Timurghara, MSF supported the district headquarters hospital, where teams provided emergency obstetric care and assisted 3,627 births.

In Karachi’s densely populated Machar Colony slum, MSF provided 107,397 outpatient consultations at a clinic run in collaboration with a local NGO. MSF provided diagnosis and high-quality treatment for hepatitis C, prevalent in this area.

MSF conducted emergency response activities throughout the year, including the distribution of emergency kits to people affected by flooding in Khyber Pakhtunkhwa, a dengue prevention campaign in Timurghara, and a heatstroke prevention effort in Machar Colony to provide drinking water and first aid.
were used for the first time in Tajikistan— with 17 patients treated with bedaquiline and four with delamanid. The program aimed to treat patients at home wherever possible and demonstrate that comprehensive TB care for children is feasible. MSF also supported the pediatric TB hospital in Dushanbe and the pediatric ward in Machitons hospital. The project treated children who have both TB and HIV, and TB and severe malnutrition. MSF worked with the MoH to finalize the third version of the pediatric guide for Tajikistan, providing information about best practices for the treatment of children with TB. Since the beginning of the project, 147 patients with TB have been treated. MSF also ran the Kulob pediatric HIV and family project aiming to reduce morbidity and mortality of children with HIV/AIDS. Since June, the team has assisted 62 children and 17 family members.

**EUROPE**

**FRANCE $2,700,000**

In 2016, migrants and refugees trying to reach the United Kingdom found themselves stranded in northern France. The number of inhabitants in the "Jungle"—an informal camp for refugees and migrants in Calais—increased from 3,000 to nearly 10,000. The lack of adequate shelter and sanitation here and in other informal camps in northern France had significant consequences for people’s health. MSF filled gaps in services, providing health care until March, and water and sanitation services until the summer. Teams also ran a center for unaccompanied refugee minors in collaboration with other organizations and offered psychological support. In October, the Jungle was dismantled, and an estimated 6,000 people living there were sent to different sites across France. MSF halted its medical and psychological activities in the area but continued to monitor the situation and provide assistance, either directly or by supporting other organizations.

In the Grande-Synthe camp near Dunkirk, MSF conducted medical and psychological consultations through mobile clinics and constructed 370 shelters with sanitation facilities for 1,300 refugees and migrants. MSF handed over these activities to other organizations in September.

**GREECE $4,298,725**

Until March 2016, thousands of people fleeing war and persecution were arriving daily on the Greek islands before continuing their journeys across Europe. The closure of the Balkan route and the EU deal with Turkey in March left migrants and refugees stranded without access to basic services, adequate shelter, or information about their legal status. MSF shifted its focus from providing lifesaving surgery and medical care to addressing the specific needs of those stuck in unsanitary camps.

In 2016, MSF carried out 12,830 basic health care consultations across the island of Lesbos through its mobile clinics and inside Moria and Kara Tepe registration centers. In Matamados, in the north of the island, MSF ran a transit center for new arrivals. MSF halted all activities in Moria after the hotspot became a pre-removal detention center. MSF continued to provide medical and mental health care in Kara Tepe. In September, MSF opened a clinic in Mytilene town center and began outreach activities in Moria.

On Samos island, MSF provided basic health care for new arrivals at the port, as well as in the prison. MSF provided 18,700 meals in the Samos migrant camp and distributed tents and blankets before an official hotspot was constructed. MSF provided mental health services through 170 individual consultations and 249 follow-up consultations at the Samos hotspot. MSF also operated a shelter for vulnerable people on Samos through a local hotel.

MSF launched search-and-rescue activities off the island of Lesbos in collaboration with Greenpeace, assisting more than 18,117 people in 361 interventions between November 2015 and March 2016. MSF halted these activities in August.

In Athens, MSF operated three clinics for migrants and asylum seekers. Between February and December over 4,055 medical consultations were carried out there. An MSF psychologist also treated 152 patients and conducted 574 individual mental health consultations. In Kypseli, a team of psychologists, doctors, physiotherapists, social workers, and cultural mediators worked with local partners to offer interdisciplinary rehabilitation to victims of torture and ill treatment.

MSF offered basic health care in Eleonas camp, Korynthos detention center, and Piraeus port. In Elliniko camp, MSF provided sexual and reproductive health care and mental health support. At the height of the emergency, MSF teams distributed 6,600 meals and 9,660 blankets and provided over 1,680 medical consultations to migrants transferred to Attica. Teams offered mental health support to people living in dire conditions in overcrowded camps in Ritsona, Malakasa, Lavrio, and Agios Andreas, and in Thermopiles, where sexual and reproductive health care was also available.

MSF continued to run TB, mental health, and cardiac care programs in Chechnya. For many years, MSF has worked closely with the Chechen MoH to implement a TB treatment program. After handing over the management of MDR-TB to the ministry, MSF focused on XDR-TB. MSF procured appropriate medicines, including new and repurposed drugs, to develop more effective treatment options. The TB program included laboratory support, health promotion, and psychosocial assistance for patients and their families.

**ITALY $784,883**

Italy continued to be the main landing point for migrants and refugees coming to Europe via the central Mediterranean. In 2016, 180,746 people arrived by sea, mainly from sub-Saharan Africa. In 2016, MSF launched a mental health care project in 16 reception centers in Sicily’s Trapani Province, where a team of cultural mediators and psychologists screened asylum seekers and provided care to those in need. The team assisted 641 patients. With the growing number of deaths at sea, MSF provided psychological first aid to people showing signs of trauma. In April 2016, MSF opened a rehabilitation center for torture survivors in Rome. Patients received care through a multidisciplinary approach involving medical and psychological services, physiotherapy, and social and legal assistance.

From the end of 2015 to July 2016, MSF teams provided medical care, shelter, and support to hundreds of refugees in Gorizia, on the border with Slovenia. In response to the urgent needs of migrants in transit at the borders with France and Switzerland, MSF teams collaborated with local authorities and volunteer networks to provide basic psychological and medical assistance, as well as food and other essential items.

**RUSSIAN FEDERATION $2,260,000**

MSF continued to run TB, mental health, and cardiac care programs in Chechnya. For many years, MSF has worked closely with the Chechen MoH to implement a TB treatment program. After handing over the management of MDR-TB to the ministry, MSF focused on XDR-TB. MSF procured appropriate medicines, including new and repurposed drugs, to develop more effective treatment options. The TB program included laboratory support, health promotion, and psychosocial assistance for patients and their families.
MSF continued to care for XDR-TB patients with diabetes co-morbidity. A total of 60 patients with diabetes and TB, and 79 patients with XDR-TB were under treatment in December 2016. Teams in the mental health program provided individual psychosocial care for 4,838 patients and 314 group counseling sessions for victims of violence.

MSF continued to support cardiac care in the emergency hospital in the Chechen capital, Grozny, and in Urus-Martan Hospital by supplying drugs and medical equipment and improving the quality of care for acute patients. A master class was organized with specialists from the Medical University of Dusseldorf to enhance the technical skills of the Grozny interventional cardiology team. In 2016, the cardiac resuscitation unit admitted 1,327 acute patients, 413 of whom benefited from an angiography, and 397 from an angioplasty.

**UKRAINE $500,000**

As the conflict in eastern Ukraine continued, those living on the front lines bore the brunt of the violence. Throughout 2016, MSF ran mobile clinics and increased psychological and medical support to people living in the areas controlled by the Ukrainian government, including those displaced by conflict. MSF psychologists worked in 26 locations in the southern part of the conflict zone, providing 3,052 consultations for patients with acute or chronic stress. MSF held group sessions for the elderly and ensured treatment for people suffering from chronic diseases such as diabetes and hypertension. In 2016, MSF conducted a total of 27,835 outpatient consultations.

MSF teams worked in 40 locations in and around Bakhmut and assisted more than 40,000 residents and 10,000 displaced people. In July, when the capacity of the local health system had improved, MSF withdrew from the area. MSF also continued to support and treat prisoners with DR-TB in pre-detention centers in Mariupol and Bakhmut, and in the penal colony in Dnipro.

**UZBEKISTAN $2,500,000**

MSF launched a new clinical trial in Uzbekistan in December to develop a radically improved course of treatment for DR-TB. The first patients enrolled in the trial, TB PRACTICAL, began treatment in January 2017. The trial combines the first new TB drugs available in over 50 years with existing drugs to develop shorter, more tolerable treatment regimens. In July 2016, MSF began treating children with a shorter regimen of nine months, instead of the usual 12 months or more, and has been conducting research into the results. MSF also investigated medical outcomes for adults on the shorter treatment. MSF ran all of its TB projects as part of a longstanding collaboration with the regional and central MoH, combining outpatient care, state-of-the-art diagnostic tests, and a comprehensive support program. In 2016, over 2,646 patients started TB treatment on this program; 1,767 were treated for DS-TB, and 878 for DR-TB.

In the capital, Tashkent, MSF supported the regional AIDS center to increase access to diagnosis and care for patients living with HIV and to better treat co-infections. In 2016, 25 patients started treatment for hepatitis C. For the first time in Uzbekistan, 13 patients were put on third-line drugs for HIV. In total, 842 patients started ARV treatment in 2016.

**MIDDLE EAST**

**IRAQ $6,420,000**

Since 2014, over 3.3 million people have been displaced across the country, and many were still living in unstable areas. MSF steadily increased its response during 2016, deploying teams across 11 governorates to provide emergency and basic medical care, as well as essential relief items to displaced families, returnees, impoverished host communities, and Syrian refugees.

MSF started running mobile clinics in the city of Tikrit and surrounding areas in August in response to an influx of people displaced by expanded military operations. Teams conducted more than 15,000 consultations. In Al Anbar province, MSF opened a secondary health care center in Amriyat Al Fallujah camp, which hosted around 60,000 Iraqis displaced by conflict.

In October, teams in Kirkuk governorate began providing health care, including psychological and psychosocial support, for displaced people and war-wounded patients. They also ran mobile clinics offering primary health care, first aid, and emergency referrals to hospitals in Kirkuk city.

In November, MSF mobile teams were deployed to new camps west of Erbil established to accommodate people fleeing the battle of Mosul. As well as primary health care, they provided treatment for chronic diseases, and psychological and psychiatric care. In Qayyarah, south of Mosul, MSF set up a hospital with an emergency room, operating theater, and 32-bed inpatient department. During the first month alone, the hospital treated over 1,000 emergency patients and carried out more than 90 surgical interventions. Teams also worked in a field surgical unit and advanced medical posts in unstable areas around Mosul.

MSF increased psychological support for the growing number of Iraqis and Syrian refugees traumatized by recurrent violence and precarious living conditions. In 2016, mental health care, family planning, and psychosocial support for displaced people in Kirkuk governorate were provided in 11 emergency rooms in new refugee centers, in Halabja, and in a mobile team supporting displaced people in northern Iraq. MSF conducted a total of 27,835 outpatient consultations.
MSF continued to run its maternity clinic in Domiz camp for Syrian refugees and opened a new one in the village of Tal Maraq, Ninewa. In the first three months, the team assisted over 400 deliveries.

In Sulaymaniyah governorate, MSF supported the emergency hospital, providing hands-on training to improve medical services in the intensive care unit and the emergency trauma ward. MSF teams worked in the emergency rooms in Kirkuk and Azadi hospitals, focusing on triage and staff training.

MSF provided around 9,000 medical consultations at the primary health care center in Bzeibiz between February and October 2016, closing the project in November as patient numbers decreased.

**JORDAN $14,200,000**

MSF provided health care to Syrian refugees and vulnerable Jordanians around the country.

MSF was the main reproductive health care provider for Syrian refugees in Irbid governorate, next to the Syrian border. In 2016, the team assisted 3,683 deliveries, admitted 658 newborn babies to the unit, and carried out 14,848 antenatal consultations. MSF also provided mental health support to children under the age of 18. The medical evacuation of war-wounded Syrians to Ramtha hospital was greatly limited by Jordan’s decision to close its borders in June. However, MSF worked with the health ministry to provide emergency surgical and post-operative care, treating 369 war-wounded patients and carrying out over 1,239 individual counselling sessions. At the post-operative care facility in Zaatarie refugee camp, MSF treated 126 patients and conducted more than 1,283 psychosocial sessions before closing the facility in December.

In March 2016, MSF opened a clinic in Ramtha city to care for refugees and vulnerable Jordanians requiring treatment for non-communicable diseases (NCDs). In April, MSF introduced psychosocial support in its NCDs project in Irbid, with two clinics conducting over 25,500 consultations. In September, MSF started supporting the comprehensive primary health care center in Turra, Irbid, providing outpatient consultations, maternal health care, mental health support, and health education for Syrian refugees and vulnerable Jordanians.

More than 75,000 Syrians – 75 percent of them women and children – were stranded at the northeastern border of Jordan along a desert frontier known as the berm. In May, MSF began operating mobile clinics at the refugee camp in Rukban, focusing on children under five and pregnant women.

When access to the border was halted after an attack near the berm on June 21, MSF actively negotiated to return to the area and respond to the urgent medical needs of the people living there.

At the Amman reconstructive surgery hospital, MSF treated war-wounded patients and indirect victims of violence from neighboring countries—mainly Iraq, Yemen, Syria, and the Occupied Palestinian Territories—performing 1,055 surgical procedures in 2016.

**LEBANON $2,500,000**

More than 1.5 million Syrians have fled to Lebanon since the conflict began in 2011, a massive influx that has further strained the country’s health services. Since 2011, MSF has expanded its medical response to provide emergency assistance to Syrian refugees (regardless of registration status), Palestinian Syrians and other Palestinian refugees, as well as Lebanese returnees and other vulnerable groups.

MSF worked in the north of Lebanon, the Bekaa Valley, south Beirut, and Saida, offering free, high-quality primary health care, including treatment for acute and chronic diseases, reproductive services, and mental health support. Teams ran three mother and child health centers across the country. In 2016, MSF carried out 359,377 outpatient consultations, 7,265 mental health sessions, and assisted nearly 6,300 births, including 2,400 Caesarean sections.

Since September 2013, MSF has managed a primary health care center and a mother and child health center in Shatila refugee camp, where over 30,000 refugees live in deplorable conditions just outside the Beirut city center. In Burj al-Barajneh refugee camp, MSF opened a health center providing sexual and reproductive health services, mental health care, and health promotion activities. In May, the team launched a home-based care program for patients with chronic diseases who suffer from mobility problems.

In the Bekaa Valley, where the majority of refugees have settled, MSF provided primary health care through four clinics for Syrian refugees and the local community. In December, MSF opened a chronic diseases care center in Bar Elias. MSF ran five primary health care centers in Akkar and Tripoli governorates for Syrian refugees and vulnerable Lebanese. In February, MSF started to work in Wadi Khaled and Akroum. A team continued to offer primary health care in Ein-al-Hilweh camp, the largest Palestinian refugee camp in Lebanon with around 100,000 Palestinians, Palestinian refugees from Syria, and Syrian refugees.

**SYRIA $4,950,000**

The extreme violence perpetrated against civilians during six years of war in Syria showed no sign of abating, as civilian areas were routinely bombed and deprived of assistance. Access to food and health care remained extremely poor, and many hospitals faced critical shortages of supplies and staff. Well over half of the Syrian population have been forced from their homes by the conflict.

MSF’s direct presence was significantly constrained in a country where it should be running some of its largest medical programs. The Syrian government did not grant MSF authorization to operate in the country, and insecurity limited MSF’s ability to provide assistance in areas controlled by the Islamic State group or other opposition forces. Nevertheless, in 2016, MSF continued
to operate directly in six medical facilities in regions controlled by opposition forces across northern Syria and provided distance support to Syrian medical networks.

Medical facilities, staff, and patients were victims of indiscriminate and targeted attacks. In 2016, 32 medical facilities supported by MSF were bombed or shelled on 71 separate occasions. On February 15, an MSF-supported hospital in Ma‘arat Al Numan, Idlib governorate, was hit by four missiles, killing twenty-five people. On April 27, at least 55 people were killed when airstrikes hit the MSF-supported Al Quds hospital and the surrounding neighborhood in Aleppo city.

Since 2013, MSF has provided regular medical supplies to eight hospitals, six health centers and three first-aid points in eastern Aleppo city. Following the consolidation of the siege by the government-led coalition in July 2016, MSF halted activities, apart from the delivery of one shipment of approximately 100 tons of medical supplies. MSF kept in close contact with doctors and nurses in eastern Aleppo who testified to the immense suffering of people trapped in a city battered by bombing and shelling. In December, after the Syrian government took full control of Aleppo city, thousands of people from the eastern part were evacuated to rural areas of Idlib and Aleppo governorates. MSF ran mobile clinics, distributed relief items, and organized a vaccination campaign.

In Azaz district, north of Aleppo, MSF ran the 34-bed Al Salamah hospital, offering a wide range of services. In 2016, staff conducted 85,737 outpatient consultations, performed 1,598 surgical interventions, and admitted 3,692 patients. MSF delivered relief items and hygiene kits for displaced families trapped between the front line and the Turkish border, and also implemented a water and sanitation program in an informal settlement east of Azaz town.

In the Kobane/Ain al-Arab area of northern Syria, MSF worked alongside the local health administration to re-establish basic medical services. It supported nine primary health units, a maternity clinic, and two hospitals. In rural Jarablus, MSF partnered with a Turkish NGO to assist three primary health centers.

In the summer, when a military offensive caused civilians to flee Manbij, MSF scaled up its support to help meet the needs of the displaced and host communities. MSF continued to run a 20-bed burn hospital in Atmeh, and also ran vaccination, health education, and disease surveillance activities in 180 surrounding camps and villages hosting approximately 165,000 internally displaced people. In Qunaya, MSF scaled up its distance support to the regional referral hospital, and supported routine vaccination in Qunaya and Darkoush hospitals. Since 2013, MSF teams have offered primary health services in Hasakah governorate, with a focus on mother and child care and chronic diseases.

Since 2011, MSF has supported a growing number of medical facilities in some of the areas worst affected by conflict. This program included donations of medicine, medical material, and relief items; distance training for staff inside Syria; technical medical advice; and financial support to keep the facilities running. In 2016, regular support was given to 80 medical structures across Syria, including in Aleppo, Dara’a, Hama, Homs, Idlib, Quneitra, and rural Damascus governorates. These facilities conducted more than 2.2 million outpatient consultations, 770,000 emergency room consultations, 225,000 surgeries, and assisted over 29,000 births. Ad hoc support, such as medical donations, was provided to an additional 80 medical facilities across the country.

**Yemen** $19,831,250

Yemen’s full-scale war, raging since March 2015, has inflicted immense costs on the population. Medical services were in a critical state as hundreds of health facilities across the country stopped functioning due to air strikes, shelling, lack of supplies, inadequate funding or staff. MSF scaled up its activities, directly providing health care to patients in 12 hospitals and supporting at least 18 other health facilities.

In 2016, more than 32,900 patients in facilities operated or supported by MSF received treatment for intentional physical violence, including war wounds—and nearly half of them were treated by MSF teams. MSF’s program in Yemen was one of its largest in the world, providing support to medical facilities, training for medical staff inside Yemen, and providing medical equipment.

Between October 2015 and August 2016, MSF lost 26 colleagues and patients in four separate bombings of health facilities it ran or supported. Following the airstrike on Abs hospital on August 15 that killed 19 people, including an MSF staff member, MSF temporarily withdrew its staff from six hospitals in the north of Yemen while continuing to support the facilities. MSF ran the emergency room, outpatient department, pediatric ward, and maternity departments at Abs hospital, and opened an inpatient therapeutic feeding center in December. MSF conducted medical outreach activities for people living in and around camps for the internally displaced in Abs district. MSF also provided lifesaving health care in Al Jumhouri hospital in Hajjah town.

In Sa’ada governorate, MSF provided assistance in the emergency room and maternity department of Shihara hospital, which was hit by a missile in January 2016. Haydan health center was hit by an airstrike in October 2015, nevertheless MSF continued to work there until August 2016. MSF teams worked in the maternity, surgical, and inpatient departments, and provided mental health care and physiotherapy in Al Jumhouri hospital in Sa’ada.

In Amran governorate, MSF helped provide health care and ran referral systems in Al-Salam hospital and four health centers. In May, MSF conducted a scabies treatment campaign at camps for internally displaced people. MSF supported the emergency room and operating theater in Al-Kuwait hospital in Sana’a and donated emergency supplies to Al-Jumhouri, Al-Thawra, and Al-Sabeen hospitals.

MSF continued to support the MoH’s HIV program, helping to ensure that, despite the violence, 97 percent of the program’s 2,529 patients received their lifesaving ARV treatment.

In Ibb governorate, the most densely populated region of Yemen, MSF supported the emergency division of Al-Thawra Hospital. MSF rehabilitated the General Rural Hospital of Thi As-Sufal district, close to the front line, and performed lifesaving surgeries on severe medical cases.

The situation was critical in Taiz as most hospitals were forced to close amid heavy fighting. MSF provided lifesaving medical activities on both sides of the front line, treating patients with injuries resulting from airstrikes, blasts, shelling, gunshots, and landmines. Teams continued to run a mother and child hospital and a trauma center, and regularly supported four other hospitals in the city.

In Ad Dhale, where fighting flared in August, MSF worked in Al-Nasr Hospital, Al Salam hospital, Thee Ijil health center, and Damt health center.

MSF continued to run its emergency surgical hospital in Aden, providing lifesaving health care to thousands of people. MSF staff also provided primary health care services to inmates at Aden central prison.

**OTHER PROGRAM SUPPORT**

**ACCESS CAMPAIGN** $1,254,178

MSF’s Access Campaign was created to push for access to, and the development of, affordable and adapted medicines for patients in MSF projects and beyond. Through technical and advocacy work directed toward governments, pharmaceutical companies, other humanitarian organizations, and policy makers, the Access Campaign aims to increase or maintain affordable access to urgently needed and often lifesaving drugs, vaccines, and diagnostic devices, while also challenging today’s global research and
development system to prioritize patients’ needs.

In 2016, its work included continued opposition to sections of the US-led Trans-Pacific Partnership trade agreement that would limit access to affordable drugs and patient-driven innovation; sustained calls for pharmaceutical companies to make vaccines (and the pneumococcal vaccine in particular) and existing treatments for DR-TB and hepatitis C more affordable; asking the Indian government to withstand external pressure—especially from the US government—to change its laws in ways that would impede the development of generic medicines; congressional advocacy to improve incentives for innovation, especially for neglected diseases; and pushing governments and the international community to better respond to the global challenges caused by antimicrobial resistance (AMR) and high drug prices.

**DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDI)**

$987,912

DNDi is a not-for-profit, patient needs-driven research and development (R&D) organization co-founded by MSF in 2003. In 2016, DNDi announced an agreement with the Egyptian drug manufacturer Pharco Pharmaceuticals to develop an affordable hepatitis C treatment regimen. Phase III studies in Malaysia and Thailand will test a combination treatment of the registered hepatitis C drug sofosbuvir with the investigational drug ravidasvir, with Pharco agreeing to supply the combination for less than $300 per treatment course. Separately, late-stage trials were conducted in the Democratic Republic of Congo to develop two simple, oral treatments for sleeping sickness (human African trypanosomiasis).

Together with the World Health Organization (WHO), DNDi established the Global Antibiotic Research and Development Partnership (GARDP) in May. GARDP aims to develop up to four new treatments targeting serious drug-resistant infections by 2023. This partnership builds on commitments made by governments at the UN High-Level Meeting on Antimicrobial Resistance, including recommendations to seek alternative models of R&D that delink research costs from prices and sales, a theme that was also part of DNDi’s contribution to the 2016 UN High-Level Panel on Access to Medicines. In May, mycetoma was added to WHO’s official list of neglected tropical diseases, bolstering efforts by DNDi to develop a treatment for this devastating infection.

**EPICENTRE** $60,000

Epicentre is a nonprofit organization founded by MSF in 1986 to foster epidemiological research in humanitarian settings. Epicentre carries out research, runs clinical trials and evaluations, and conducts training courses, working with MSF’s international operations and its own research centers in Niger and Uganda.

In 2016, Epicentre was involved in over 200 surveys, studies, and projects around the world. Epicentre continued a clinical trial in Niger to test the efficacy of a new, heat-stable vaccine against rotavirus, one of the leading causes of death from severe diarrhea among children. Epicentre conducted surveys of refugees and migrants at “the Jungle” camp in Calais, France, and at seven sites across Greece to document the types and levels of violence they experienced during the journey. In Uganda, a mortality and morbidity surveillance system was implemented to better respond to the needs of displaced people in Bidibidi, one of the world’s largest refugee camps with an influx of people fleeing the conflict in South Sudan. Epicentre continued to monitor reports of measles cases in Democratic Republic of Congo and worked to develop a risk assessment tool to anticipate the threat of future outbreaks.

**INTERNATIONAL OFFICE** $3,644,648

MSF’s International Office coordinates common projects on behalf of MSF’s 21 sections worldwide and supports MSF’s advocacy efforts with the United Nations and other international bodies.

**WORKING GROUP ON REPRODUCTIVE HEALTH AND SEXUAL VIOLENCE CARE** $226,553

MSF’s Working Group on Reproductive Health and Sexual Violence Care makes recommendations and implements activities designed to improve the organization’s services in these areas, including contraceptive and safe abortion care.

**TOTAL: $300,119,963***

*This total amount of MSF-USA project support reflects a credit of $124,630 that was provided to the MSF International Fund for Innovation and Operational Research in 2015 and withdrawn in 2016 when the fund was closed.
Children chat with staff in Gety, Democratic Republic of Congo, where MSF provides a range of services at the local hospital. © Thibaud Eude/MSF
Our MSF-USA pool worked in more than 55 countries last year, assisting in projects as diverse as supporting refugees in Tanzania, Jordan, and Greece; providing access to care for tuberculosis patients in India, Georgia, and Swaziland; and performing surgery in Afghanistan, the Democratic Republic of Congo, and South Sudan. This is only a small sample of the contributions our field workers make each year.

While working with MSF in the field is an incredibly tough job, we nevertheless find that our shared mission draws many field workers to return year after year. Some of them build a career at MSF. Maintaining this depth and breadth of experience is essential for us to continue providing much-needed services in complex environments around the world.

MSF is committed to supporting our staff throughout their work, including by developing their “soft skills.” MSF-USA has provided a Field Management Training program since 2008, which so far has benefited more than 1,500 team members—the majority of these being national staff. In 2016, we expanded the training program and will be developing more courses and other initiatives to build the management capacities of staff and encourage people to move into leadership positions.

In addition to staff development, we are revamping our recruitment processes in order to support our needs today and into the future. MSF field operations are changing, often demanding new skills and expertise in order to maintain the high quality of our medical services. The diversity of our projects sometimes requires professional profiles we have not recruited in the past. While we can build some expertise in-house, we are also looking beyond our traditional recruitment practices to find people with specific skills and professional backgrounds. This is a real added value that MSF-USA can provide to our operations, as the US is fertile ground for specialist professionals, particularly in the medical field. Our recruitment outreach programs are adapting quickly to support the changes we see in our operations.

I would like to express my gratitude to all our field workers and to our Field Human Resources team here in the US for all their hard work and commitment.

— Kate Mort, Director of Field Human Resources, MSF-USA

AFGHANISTAN
Sergio Borrego, FL, Anesthesiologist
Joelle Depeyrot, RI, Mental Health Activities Manager
Lesly Dieuville, VA, Logistician
Rasha Khoury, NY, OB/GYN
Ulrike Lerbuechner, NM, OB/GYN
Thomas Rassing, NY, Deputy Head of Mission
Linda Tetreault, MA, Construction Manager

BANGLADESH
Gary Bangs, WA, Industrial Hygienist
Pavlos Kolovos, CD, Head of Mission
Manisha Kumar, DH, Medical Coordinator
Kristen Mullane, MI, Nursing Activities Manager
Jessica Patti, CT, Project Medical Referent

BURUNDI
Kimberly Comer, CA, Logistics Manager
Leah Feldman, MD, Nursing Activities Manager
Deborah Kraus-Wharmby, NY, HR Coordinator
David Lauter, WA, Surgeon
Craig Spencer, NY, Medical Doctor

CAMEROON
Francis Dorbor, PA, Finance/HR Manager
Belen Ramirez, CA, Project Medical Referent

CENTRAL AFRICAN REPUBLIC
Chabi Ale, NE, Project Supply Manager
Lorin Alvarez, OH, Finance Coordinator
Cristiana Bertocchi, PA, Surgeon

CHAD
Mark Anderson, KY, Logistics Coordinator
David Beversluis, MI, Project Medical Referent
Robyn Carter, QR, Personnel Development Manager

Matthew Brady, MN, Finance Coordinator
Edward Chu, AZ, Medical Doctor
Chris Danielson, VT, Surgeon
James Dufresne, Deputy Logistics Coordinator
Marcel Durieux, VA, Anesthesiologist
Megan Felling, OR, Midwife
John Fiddler, NY, Nursing Activities Manager
Caroline Geddes, DC, Medical Activities Manager
Karen Geiger, VA, Nursing Activities Manager
Maimona Ghowa, HI, Anesthesiologist
Shane Hanlon, NY, Logistics Manager
Mary Hoagland-Scher, WA, Medical Activities Manager
Haytham Kafarani, MA, Surgeon
Colleen Kovach, OH, Medical Activities Manager
Mirjam Molenaar, VA, Nursing Activities Manager
Melik Noui, FL, Logistics Team Leader
Drissa Ouedraogo, NY, Midwife
Liza Ramlow, MA, Midwife
Robert Reiss, NJ, Project Supply Manager
Peter Reynaud, LA, Medical Coordinator
Lucia Roncalli, CA, Medical Doctor
Cherie Silvera, CD, Supply Manager
Sarah Woznick, CO, Nursing Activities Manager

MSF-USA IS CONSISTENTLY ONE OF THE LARGEST PROVIDERS OF INTERNATIONAL STAFF TO OUR FIELD OPERATIONS, MANAGING 419 DEPARTURES IN 2016.
Muhima Mohamed, CA, Mobile Implementation Manager
Marisa Muller, FL, Internal Coordinator
Nandakumar Ponthenkandath, CA, Anesthesiologist
Stephen Rubin, OR, Surgeon
Sarah (Rachel) Ruffman, CA, Mental Health Activities Manager
William Thompson, TN, Deputy Medical Coordinator
Tudor Tiedemann, TX, Supply Manager
Hardik Vyas, NY, Surgeon
Cecilia Wang, HI, Surgeon

KENYA
Mindy Baughman, OH, Deputy Finance Coordinator
Jeffrey Caulfield, ME, Logistics Manager
Jeffrey Edwards, ID, Mobile Implementation Manager

Valerie Bruhn, NY, Nurse
Xian Li, LA, Medical Doctor
Margaret (Maggie) Ogden, WA, Nursing Team Supervisor
Lucia Roncalli, CA, Medical Doctor
Ankhasanamen Sow, CA, Project Medical Referent

LIBERIA
Rasha Khoury, NY, OB/GYN
Heather Stoddard, OR, Nursing Team Supervisor

Hannah Hennessy, ID, Project Administration Manager
Charlie Jenkins, CA, Hospital Logistics Manager
Kayla Percy, MD, Nursing Activities Manager
Flavia Schimel, FL, Nursing Activities Manager
Lev Tobias, AK, Hospital Logistics Manager

NEPAL
Wang Lobsang, Kathmandu, Deputy Medical Coordinator

LEBANON
Lucien Armand, FL, Medical Coordinator
Aria Danika, NY, Deputy Project Coordinator
Christoph Hippchen, RI, Project Coordinator

MALAWI
Marcus Rennick, VA, Field Epidemiologist
Nicholas Sheldon, OR, Logistics Manager
James Wang, NY, Project Pharmacy Manager
Whitney Ward, CA, Project Coordinator

MALI
Katherine Horan, MA, Pediatrician

MOZAMBIQUE
Ya-Ching Lin, AZ, Project Coordinator

NIGER
Stephen Kodish, Field Epidemiologist
Alexander Wade, NJ, Head of Mission

NIGERIA
Melissa Amundson, OR, Surgeon
David Baram, NY, OB/GYN

An MSF doctor tends to a child in Mora, in northern Cameroon. © Louise Annaud/MSF
Jonathan McDuffey, NH, Logistics Manager
Francisco Diriangen Mejia, FL, Logistician
Steve Mitchell, OH, Anesthetiologist
Abdirahman Mohamed, OH, Logistician
Jean-Baptiste Nkusi, IN, Project Coordinator
Ifae尼 Nyude, TX, Medical Doctor
Collette Okubo, HI, DBGYN
William Phillips, OH, DBGYN
Kandiyr Seshadri, IN, Anesthetiologist
John Stewart, NC, DBGYN
Celeste Thompson, CA, Emergency Administrator
Harmony Marka
Tormusa-Koroma, TX, Supply Manager
Stephen Torres, AR, DBGYN
Britt Urban, OR, Mental Health Activities Manager
William Van Cleve, WA, Anesthetiologist
Janna Wagner, AK, Nursing Activities Manager
William Wood, FL, Plastic Surgeon
Ibrahim Younis, AZ, Emergency Coordinator
Habtamu Mehari Zenebe, FL, Logistics Coordinator
Pakwan
Tristan Le Lonquer, QA, Project Coordinator
PAPUA NEW GUINEA
Lorin Alvarez, OH, Finance Coordinator
Amina Chaudhry, MA, Project Medical Referent
Jori Driskill, OR, Project Coordinator
Ossama Mahmoud, CA, Fleet Manager
Marisa Soschacki, MI, Mission Pharmacy Manager
PHILIPPINES
John Varallo, DC, DBGYN
RUSSIAN FEDERATION
William Thompson, TN, Medical Doctor
Cedric Yoshimoto, WA, Project Medical Referent
SIERRA LEONE
Mitali Ayyangar, AZ, ICHIRP Activity Manager
Maura Daly, CA, Midwife Activities Manager
Philip Hall, KY, Anesthetiologist
Deborah Kraus-Wharmby, NY, HR Coordinator
Helen Lee, WA, HR/Finance Manager
Ramon Nunez-Hernandez, IN, Anesthetiologist
SOUTH AFRICA
Joshua Allen, NC, Supply Coordinator
Erica Simons, CA, Field Epidemiologist
SOUTH SUDAN
Marc Stevens, NE, Logistics Manager
SUDAN
William Abbott, NM, Surgeon
Mohammed Abdel-Rahim, CA, Anesthetiologist
Mirabelle Adamu-Zeh, DC, Project Pharmacy Manager
Veronica Ades, NY, DBGYN
Katharine Andre, AK, Medical Doctor
Susan Averill, WA, Medical Coordinator
Stephen Ballard, AZ, Nursing Activities Manager
Megan Benckert, VA, Head Nurse
Meron Berhe, VA, Medical Doctor
Kimberly Bonner, NJ, Regional Advocacy Representative
Sergio Borrego, FL, Anesthetiologist
Dawn Butcher, VA, Deputy HR Coordinator
Donna Canali, CA, Medical Coordinator
Melanie Capicccioni, OH, Nutritional Activities Manager
Laura Carr, NC, Pediatrician
Matthew Catapano, NY, Project Administration Manager
Brian Chanatry, NY, Anesthetiologist
Wayne Chang, WA, Water Health Sanitation Manager
Elspeth Cisneros, OR, Nursing Activities Manager
Jorge Cisneros, OR, Finance/HR Coordinator
Wesley Clark, NY, Anesthetiologist
Kimberly Comer, CA, Logistics Team Leader
Earl Cuarteros, NY, Supply Manager
Frederic D’Alauro, MD, Anesthetiologist
Joseph Dantona, NY, Finance Coordinator
Matthew Deeter, NV, Surgeon
Sachin Desai, NY, Medical Activities Manager
Anissa Dickerson, MA, Midwife Activities Manager
Neil Eisenberg, NY, Medical Activities Manager
David Elliott, VA, Surgeon
Mara Evans, WI, Midwife
Mark Farrell-Javits, NY, Construction Manager
Maren Flynn, MN, DBGYN
Maureen Foley, WA, Head Nurse
Mary Jo Frawley, CA, Nursing Activities Manager
Jesus Gonzalez-Aller, NM, DBGYN
Son Han, TX, Deputy Finance Coordinator
Bradley Heller, CA, Project Administration Manager
Alan Hickey, MA, Logistics Team Leader
John Holland, WA, Logistics Supervisor
John Holland, WA, Deputy Logistics Coordinator
Katherine Horan, MA, Pedicist
Matthew Hotchkiss, OR, Anesthetiologist
Gurpreet Kaur, MI, Medical Doctor
Terri Keppering, WA, Project Administration Manager
Teresa Kiemenec, OR, Project Administration Manager
Stacia Koster, NY, Transit Administrator
Sean Krogh, CA, Logistics Manager
Scott Lea, CO, Logistics Administration Manager
Lisa Lepine, CO, DBGYN
Pak Shan Leung, PA, Surgeon
Rohan Mahy, CA, Logician
Alice Maitland, NH, Nursing Activities Manager
Sanjay Makanjee, NY, Personnel Administration Manager
SEEKING FRENCH AND ARABIC SPEAKERS

MSF is looking for French-speaking staff to provide assistance in countries such as the Democratic Republic of Congo, Chad, Niger, and Haiti, where some of MSF’s largest projects are located. We are also seeking Arabic speakers for MSF projects in places including Yemen, Syria, Lebanon, Iraq, and Jordan. “Successful applicants who meet MSF’s criteria and speak French or Arabic will be eligible for more positions, and they will usually be matched more quickly with an assignment,” says MSF-USA Field Human Resources Director Kate Mort. “Nearly half of MSF’s available field positions are in francophone countries, and we need more Arabic speaking field workers to join projects across the Middle East and North Africa.” If you are interested in contributing your professional skills—including your language skills—to MSF’s medical humanitarian work, we encourage you to visit doctorswithoutborders.org for more information about recruitment.
TO LEARN HOW YOU CAN SUPPORT OUR EFFORTS THROUGH THE MULTIYEAR INITIATIVE, PLEASE CONTACT MARY SEXTON, DIRECTOR OF MAJOR GIFTS, AT (212) 655-3781, OR MARY.SEXTON@NEWYORK.MSF.ORG.
DONORS

MSF IS EXTREMELY GRATEFUL FOR THE FINANCIAL SUPPORT IT RECEIVES FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS. YOUR GENEROSITY ALLOWS MSF TO RESPOND TO EMERGENCIES BASED ON HUMANITARIAN NEEDS AND TO OPERATE INDEPENDENT OF POLITICAL, ECONOMIC, OR RELIGIOUS INTERESTS.

MSF ACKNOWLEDGES OUR DONORS WHO HAVE MADE MULTYEAR COMMITMENTS

Multiyear commitments help provide MSF with a predictable revenue stream that better serves our ability to respond rapidly to emergencies and ensure the continued operation of our programs. By the close of 2016, MSF had received more than 250 multiyear commitments toward this effort, totaling more than $58 million.

$1 MILLION+
Anonymous
Bloomberg Philanthropies
Caerus Foundation, Inc.
Hau’ol Mau Loa Foundation
Andrew Justin and Family
The Keith Haring Foundation
The Luff Family Fund of The Denver Foundation
The Musk Foundation
Jerome and Patricia Pesenti

$500,000-$999,999
Anonymous (3)
Mr. & Mrs. Daniel J. Goldring

$100,000 - $499,999
Anonymous (2)
Geoffrey Chen & Angela Huang
Jonathan Cohen and Zeena Meurer
Emmett & Bridget Doerr
Tom Preston
The George L. Shields Foundation, Inc.
Ms. Fatima Hussein, MP
Geoffrey B. Michele Kalish
Sheila B. Jim Leatherman
The Lloyd A. Fry Foundation
Manaaki Foundation
Project Management Institute Educational Foundation
Bruce and Lori Leitman
Rosenblum
G. Tiphane
Michael Toubeh, MD

$25,000-$49,999
Anonymous (4)
6-18 Foundation for Hope
Susan W. Almy
Calvin W. Anderson
David Baxter
David Beaver & Renee Courington
Mr. Lee E. Billingsley
Mark & Laura Brasher
Eugene Byrne
Jennifer & Richard Callaghan
C.R. Stevenson Family Foundation
Estelle B. Ellis
Phillipp & Elizabeth Ellison
Sean Patrick Foxhey
Mr. Stephan Forget & Ms. Florence Forget-Solal
Gardner Family Fund of the Columbus Foundation
Mr. & Mrs. Michael J. Germain
Mr. Frederick V. Grady
Gale & David Harding
Mr. Charles Hirschler
Thomas B. Elizabeth Jones
Michael John & Aimee Rusinko Kako
Dr. Richard Lane
Harlan B. Levin, MD and Natasha I. Leibel, MD
Roy & Carol Lott
Mr. Edward B. Luedke
George Malone
Carolyn A. Mangeng
Thomas C. McConnell & Latricia Turner
Dr. Gregory P. Meisner & Ms. Gretchen Preston
Randy & Claire Miller
Mr. John Purdon
Donald B. Michiko Rupnow
John & Gwen Schafer
Susan R.S. Schofield
Jonathan & Sherry Schreiber
Rosanne & Alan Schulz
Merrill & Patricia Shanks
Sivarajan
Sheri Sobrato Brisson
Mr. John G. Sommer
Maurice Neil Spidell
Revocable Trust
Dr. & Mrs. Matthew R. Sutter
Marion Sweeney, Kate and Cama Laue
Mr. & Mrs. Kent Taylor
Tom & Judy Taylor
Howard & Patti Wang
Dr. Karie Wilyard B
Mr. Steven Howard Gerson
Hans Zeller

$5,000 - $24,999
Anonymous (2)
Ms. Leanne M. Bell
Ms. Karen Coyle
David & Susan Schoenholz Foundation
Mr. Michael Ellis
Ronald & Linda Felton
Fleck Family Gift Fund
Mr. & Mrs. Charles D. Lusby
Dr. Deane Marchbein & Mr. Stuart Cohen
Dr. Tony B & Mrs. Karen Meyer
Dr. & Mrs. John Obert-Hong
Mr. Tim Strudwick & Dr. Laura Germine
Anne Torney and David Mar
Patricia & Chris Weil
Catherine Whitney Memorial

MSF-USA follows the alphabetizing rules outlined in the Chicago Manual of Style: organizations, companies, and foundations are alphabetized by the first significant word, and individual donors and estates are alphabetized by surname.
<table>
<thead>
<tr>
<th>Amount Range</th>
<th>Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estate of Mark Reiber Jim N. &amp; Carol B. Thixton Trust Warren Living Trust</td>
</tr>
</tbody>
</table>
Ann & Gordon Getty Foundation
Alice Appel Revocable Trust
Estate of Frank A. Atten
Estate of Evelyn L. Baecker
Estate of Elsie O. Behrends
Estate of Sarah M. Bekker
The Benjamin R. Bibler Memorial Fund
Estate of Lilian Benzinger
James & Frances Berger
Susan Bernstein
Estate of Samuel Book
Borovicka Family Living Trust
Andrew M. Bostrom
Cheryl & Ken Branson
Leo Branton Jr. Family Trust
Bridgewater Associates, LP
Edouard Bugnon & Marie Christine Champa
Estate of Grahame G. Butler-Nixon
Julia Butters
Mr. F. Thomas & Mrs. Blanche Campbell
Cape Flattery Foundation
The Capital Group Companies Charitable Foundation
Capital One Financial Corporation
Cargill Incorporated
Ms. Janet Carver
Catherine Maloney Foundation, Inc.
The CBB Fund
The Charles Engelhard Foundation
Charles S. and Zena A. Scimeca Charitable Fund
David H. & Denise K. Chase Estate of Andra Christoffel-Pell
Estate of Ronald Ciavolino
Cogan Family Foundation
Cole-Crone Foundation Inc.
Rose Frances Connelly
Estate of Beatrice Conrad
Paula Cooper
The Countess Moira Charitable Foundation
CREDO Mobile
Rollin B. Dart Declaration of Trust
David and Katherine Moore Family Foundation
Mr. & Mrs. John de Csepel
Dempsey Family Living Trust
Donald & Jeanmarie Donahue
Estate of Kate B. Doster
Estate of Louise C. Downs
DST Systems, Inc.
Estate of Lois Duncan Egelmeyer Foundation, Inc.
Mr. Dominik Eckenstein
Ed & H Pillsbury Foundation
Estate of Stuart Edwards
Joan C. Egie
Eule Charitable Foundation
Jon Faust & Maggie Little
Dr. Lydia Lee Feng
The Festoon Foundation, Inc.
Mr. Lincoln P. Field
Five Together Foundation
Frances & David M. Hauenstein Foundation, Inc.
Ms. Alberta Flores
Estate of June Foley
Estate of Dolores E. Fuhrman
The Fund for Second Nature
The G. Unger Vetlesen Foundation
Janette Gallery Trust
Clifton A. Gaskill
General Atlantic
The George L. Shelden Foundation, Inc.
Mr. Basil & Mrs. Laura Geoghegan
Estate of Sophie Gerisch
Mrs. Mahin Ghaffari
Give With Liberty
Estate of Estelle M. Gold
Estate of Edda L. Gomez-Panizani
The Grainger Foundation
Estate of David Granitz
Estate of Wendy R. Grieder
Estate of Gail Gutradt
David J. Haas Trust
Don & Cindy Hacherl
Estate of J. Nicole Head Willis & Cindy Hesselroth
Ms. Bente Hirsch
Robert Hoffman & Jacquelin Hoffman
Dr. & Ms. Joseph Holmgren
Ms. Joan L. Hoskins
Howard P. Colhoun Family Foundation
Mr. Jerome Huesner
Estate of Irene Margaret Hughes
Mr. Michael Humphries & Ms. Emily Goldner
Hurlbut-Johnson Fund, an advised fund of the Silicon Valley Community Foundation
Impact, the Warner Bros. Employee Giving Program
Intel
James C. and Norma I. Smith Foundation
John and Marcia Goldman Foundation
The Johnson Family Trust
The Joseph H. and Carol F. Reich Philanthropic Fund
Joyce Fund
JP Morgan Chase Foundation
Andrew Justin and Family Kaiser Permanente
Donald R. Kane, Palm Springs, CA
The Karis Trust
Estate of Patricia L. Kendall
Mr. Greg T. Kimball & Ms. Wendy Hauenstein
Mr. Darrell & Mrs. Sara Kindred
Estate of Alea Kinley
Caleb Kramer & Ryan Allen
The Kurtz Family Foundation
Larry and Nancy Panther
Family Foundation, Inc.
Estate of Mary Ann Lea
Fred & Lucy Lee
The Leir Charitable Foundations
The Lloyd A. Fry Foundation
Dr. Jitka Lom
Park L. Loughlin
Stephen J. Lyon
Estate of Esther M. Machado
Alissa MacMillan
Vince & Abigail Maddi
Magic Pebble Foundation
Mannaik Foundation
John B. & Ann Mason
Paul Matthews & Maria Cardamone
Estate of Dr. Barbara A. McCaffery
The McCutchen Foundation
Estate of Eileen McDonnell
Maurice Meslans & Margaret Holyfield
Mrs. Fred Meyer
Mary L. Meyer Charitable Trust
Miriam H. Merin Charitable Foundation Trust
Ms. Anne Modarresi
Morgan Stanley
William Morgan
The Morton K. and Jane Blaustein Foundation
Jeffrey & Madeleine Moskowitz
Lavaun Moulton Trust
Yoshiyi K. Mukai Trust
Netflix
Mrs. Evelyn R. Nienhuis
Lowell & Wilda Northrop
Estate of Heidi Nuss
Mr. Brian O’Keefe
The Grinco Foundation
James W. & Katherine M. Owens
Pamphalon Foundation
The Parker Family Foundation
Sarah M. & Michael D. Peterson
Dr. Tuan V. Phan, MD
Richard Pozen, MD & Ann Silver Pozen
Joe & Kathy Pretlow
Project Management Institute Educational Foundation
The Prudential Foundation
Matching Gifts Program
Mr. Phillip D. Pryne
PSN Family Charitable Trust
The Randi and Clifford Lane Foundation, Inc.
Mr. Gregory G. Rapawy & Ms. Jessica S. Boger
Estate of Violet Reisert
The Richard and Natalie Jacoff Foundation
Martin & Theresa Riess
Jean B. & James Rion
Estate of Basil Roberts
Estate of Margaret French Rogers
Ellen and Greg Rogowski
Roland N. Karlen Foundation
The Rona Jaffe Foundation
Estate & Barbara A. McCaffery
The Schaffner Family Foundation
Estate of Margaret Schilberg
Estate of Elayne Bernstein Schwartz
Scooter Software Inc.
Sealed Air Corporation
Estate of Marion Selig
Richard Serra & Cara Weyergraf-Serra
Ms. Joanna R. Sharp
Estate of John Shefelbine
Flora Shrizad & Farhad Khorpari Trust
Lois and Arthur Stainman
Stella and Charles Gutman Foundation
Estate of Joyce B. Talal
Estate of Alice A. Tassell
Ms. Julie Taymor
The Theresa Bittenbring Marque B. John Henry Marque Endowed Donor Advised Fund
G. Tiphane
Mrs. Ellen Tuttle
Justin and Heather Uberti
The Vishnu 2001 Charitable Trust
Estate of Mary D. Voss
Scott and Caroline Wallach
Warnenhoff Family Foundation
Wells Family Foundation
Wells Fargo Community Support Campaign
Fred J. Wenzel Trust
Steve & Bonnie Wheeler
Estate of Joan Whittman
Estate of Sheila C. Wilkerson
Wilson Fink Family Charitable Fund
Winston Foundation
Mrs. Barbara A. Wolfe
Estate of Ann H. Yasuhara
Zynga.org

$10,000 - $49,999
Anonymous [473]
Anonymous Foundation The 1830 Family Foundation 6-18 Foundation for Hope A S J Saks Foundation AARP
Abraham Fuchsberg Family Foundation, Inc.
Ms. Alix Abrons
Accent Decor, Inc.
Adventist Physician Foundation, Inc.
Ms. Ellen Atey
Aetna Foundation
Shalini Agarwal
Ms. Ginger Agron
Meena & Liaquat Ahmed
Zaaira Ahmad, MD
Mr. Shahid Ahmed
AIG Matching Gifts Program
Michael T. Aikins
AJR Family Foundation
Akamai Technologies
Dr. & Mrs. Zoheil Akbar
The Alan Dyner Charitable Fund
Craig Albert
Jacqueline Albert-Simon
Dola Albusche
GIFTS IN-KIND AND PRO-BONO SUPPORT

MSF IS GRATEFUL TO THE FOLLOWING COMPANIES FOR THEIR GIFTS IN-KIND AND PRO BONO SUPPORT OF OUR MEDICAL PROGRAMS AROUND THE WORLD:

- **DAVIS POLK &WARDWELL LLP**
- **FRAGOMEN WORLDWIDE**
- **SIMPSON THACHER & BARTLETT LLP**

Ms. Helen Amick
Estate of Polly Arrein
Mr. Jeff Amthor & Ms. Margaret Goodbody
The Anait Foundation
Anchor Point Gift Fund
Anchor Russell Capital Advisors, LLC
Christian Anderson
Susan Anderson
Vincent & Veronica Anderson
Betty Angelos
The Anna Catherine Foundation
Anne & Nancy Bartolletto Foundation
Annette J. Roberts & Joan R. Robertson Fund for World Peace, World Law and Peace Education at the Greater Milwaukee Foundation
Annie Bennett Glenn Fund
The Ansutz Foundation
The Anthony Cerami and Ann Dunne Foundation for World Health, Inc.
Estate of Barbara F. Appell
Anne Applebaum
Applied Materials Foundation Employee Engagement Fund
Eric & Cynthia Arbanovella
The Arches Foundation
Sallie W. Arns
Argon Masking, Inc.
Ark Foundation
Armony Erel Charitable Fund
Mr. C. Michael Armstrong
Henry Arnohd
Robert Arnow
Dr. Sartaj & Mrs. Akankshi Arora
The Arthur M. Blank Family Foundation
Mr. & Mrs. Peter Aschenbrenner
The Aspen Foundation
Mr. Paul Asente & Mr. Ron Jenks
Roger Ashmore & Cathy Dw
Association of Corporate Counsel
The Atmos Foundation
James Atwood, Jr. & Leslie Williams
Judith & Rene Auberonjios
Barbara Aubrey
James E. Audino Trust
Audrey Love Charitable Foundation
Estate of Donald August
Mr. & Mrs. Marshall Ausburn
Dr. Howard & Colleen Austin
Autodesk Foundation
Jim & Janet Avellar
Eric A. Awas MD
Dr. Jeanne Axl
Miriam Azadali
Michael & Janet Azhadi
B.T. Rosca, Jr. Fund
Dr. Charles F. Babbs
BaCa International, Inc.
Mr. and Mrs. Herbert J. Bachelor
Mr. Robert & Mrs. Barbara Bachner
Ms. Isabel L. Bader
Katherine J. Bagg
Euan & Angelica Baird
Baiwan Fund
Carl & Suzon Baker
Shannon Baker
Estate of Josina Bakker
Avird Balasundaram & Suparna Rajaram
Dr. Luke & Mrs. Tyler Baling
Ron Baldwin & Dianne Baldwin
The Bangs-Russell Foundation
The Bank of America Charitable Foundation
The Baobab Fund
Edward Barad & Carol McCuly
Barbara & William Rosenthal Family Foundation
The Barbara and Gary Brandt Family Foundation
The Barbara Goodstein Charitable Foundation
Deborah S. Barber, Ph.D. & Mr. James J. Hopkins
Kim & Elizabeth Barber
Mr. Richard J. Barber
Ms. Alison Bardrick & Mr. John C. Pepples
Mr. & Mrs. Brett Barker
Charles and Betty Barker
John Barlow
Ms. Mary Rinne Barnett
Ms. Susan Barnum
Ms. Victoria Barr
The Barrington Foundation
Barry & Wendy Meyer Foundation
Kevin Barry
The Barstow Foundation
Alan Bursum
Bartolucci Family Fund
BaselineES LLC
Nan Bases
Ms. Sandra A. Bass
David Bassein
Oren Bassik & Miriam Gedwiser
Ms. Kathy Bates
Theodore W. Battenman
Mr. Peter J. Baughan
Estate of Beverly A. Baum
Mr. Clayton Bavor
Michael & Margaret Baylinson
Nancy Bechtold
William and Debbie Becker
Russell & E. Cordy Beckstead
Michael & Diane Beemer
The Behemoth
BelleGemma Fund
The Ben Darnell Charitable Fund
Susan Benjamin
Ms. Deanne Benoit
Mr. Ronald P. Bensema
Dr. Gerald & Susan Bereika
Dr. Robert Berenson
Joseph & Jill Bergett
Richard Bergman
Barbara Bernstein
Richard Bernstein & Chris Riteniss
John Berookhim
The Berryman Family Charitable Fund
Dennis & Carol Berryman
The Besson’s Landung Foundation, Inc.
Mr. & Mrs. Paul J. Beswick
Betty West Mending Fund
Kenneth & Judy Betz
The Beverly J. Adkins Charitable Fund
Jeff & Fiona Bezaire
Jeffrey & Elizabeth Bier
The Bill and Cynthia Tassen Charitable Fund
Bill & Joy McGinnis Fund
The Bill Maher Trust
Margaret B. Birkemeier
Mr. Edward Bishop
BitTian, Inc.
Victoria & Hank Bjorklund
Bruce & Marilyn Blackie
Mark & Deborah Blackman Blaker Family Fund
The Peter Blank III Trust
Mark A. & Nancy Briggs Blaser
Cecilia Block
Mr. Ron Bloom
Bloomberg BNA
Estate of George Bloostein
The Blum Family Foundation
The Peter Blackwood Family Charitable Foundation
Ms. Ellen Blum
BMI-RUPP Foundation
BNY Mellon Community Partnership
A.J. Boccino & Phoebe Washburn
Mike & Julie Bock
Ms. Janise Bogard
Mr. Philip Bogner
Lewis & Catherine Booth
Estate of Edith C. Borden
The Boston Foundation
Timothy Boudreau
Boveri Trackman Family Foundation, Inc.
Erin J. Bowman
Roger Evan Boxill
Recoverable Trust
Mr. Thomas K. Boyd
Mr. Van Boyd
The Boye Foundation, Inc.
Ms. Norma Darshan Brach
Ms. Helen Branch
Jodee R. Brandon
Dr. Kenneth & Mrs. Jillian Brandt
Julianna Bratun
Mr. Michael Braun
Thomas & Ann Brazier
Estate of Patricia Brda
Robert A. Breard
The Briar Foundation
Bridge of Allen Foundation
Jim & Lynn Briody
Sheri Sobrato Brisson
James Brittingham
Broadway Cares/Equity Fights AIDS
Ms. Katherine Brobeck
Broder Family Foundation
Estate of Jean M. Broom
Ben & Virginia Brown
Clifford & Toni Brown
David & Donna Brown
Kathryn Paul Brown
Phil & Valerie Brown
Gary & Mary Brownell
Wayne & Eileen Browning
Estate of Elmore N. Broze
Brunner Wise Fund
Michael & Elizabeth Brunner
Mr. Charles Bruno
John J. and Eleanor A. Brust & Family
Ed & Michelle Buchman
Jan Buckalo
Mr. William & Mrs. Mary Buckley
Ms. Jane Buckwalter
Mr. Steven E. Buller & Ms. Anne L. Walsh
The Bulova Stetson Fund
Bundan Family Fund
Bundle of Holding
The Bunting Family Foundation--Fund B
Ms. Mary Catherine Bunting
Burke Family Trust
James Burnett
Mr. David & Mrs. Barbara Burns
Clifford Burnstein
Thomas & Diana Burton
Susan Oxie Bush
Mr. John Buster
Mr. & Ms. Otis Butts
Linda Byars
Linda Bynum
C.A.N. Foundation
C. E. and Berniece Patterson Charitable Fund
C.E. and S. Foundation
C.R. Stevenson Family Foundation
Estate of Patricia M. Cade
Mr. & Mrs. James E. Cain
Mr. Clive & Mrs. Patricia Calder
Ms. Beth Caldwell & Mr. Bob Volat
Mr. Luke Caldwell & Ms. Helen Sefaer
Calico Fund
Ms. Carnille A. Caliendo
Wesley P. Callender & M. Patricia Davis
Michael Callister, MD & Ronda Gallister, PhD
DONORS

Ms. Bonnie Campbell
Mr. Gavin Campbell
John Campbell & Susanna Peyton
Martha Campbell
Campe Survivor’s Trust
Mr. Tom & Mrs. Sonya Campion
The Campizondo Foundation
Candice Bergen Charitable Foundation
Candlelight Storage LLC
Thomas and Patricia Canfield, MD
Mr. Rick Cardwell
Mr. & Mrs. Charles J. Carignan
Carl Jacobs Foundation
Estate of LaVonne Carl
Ms. Deborah Carmichael
Caroline Blanton Thayer Charitable Trust
Caroline’s Kids Foundation
Patrick and Carolyn Carr
Daniel Carroll & Stasia Obremsky
Christine & Larry Carsman
Janan & Alan Carter
The Carvel and Margaret Wolfe Charitable Fund
The Carylon Foundation
Daniel F. Case
Sean & Laura Casey
Pat Cason
Ms. Stephanie Cassel
Mr. Frank Castro
Catbird
The Catharine Hawkins Foundation
Catto Shaw Foundation - Isla Catto Shaw and Daniel A. Shaw
Estate of Sherri E. Cavan
John Cauley and Christine Marshall
Dr. James Wilbor Cecil & Dr. Ulla Elisaet Thor
Macej Ceglowski
Ceres Charitable Foundation
Mr. Gordon Chaffee & Ms. Nancy Ellen Kedzierski
Dawn Chamberlain
Afonso & Lydia Chan
Mr. A. D. Chandler III
Vivek Chandran & Sneha Manjeshwar
Dr. Chung-Chet Chang
Laurence & Michele Chang
The Chapin School
Charles S. Chapin Charitable Lead Unitrust
Mr. Robert & Mrs. Susan E. Chapman
Charles Schwab Foundation
Charles Spear Charitable Trust
Mr. Stephen G. Charles
Mr. & Mrs. David D. Charlton
Drs. Munish & Bandana Chawla
ChemADVISOR, Inc.
Alek C. Chen
Ying Chen
Mrs. Vivian Karfay Cheung
Diana Thomas Childress
Ms. Jane Childress & Mrs. Diane Childress
Mr. John & Mrs. Elaine Chin
Joseph & Linda Chlapaty
David & Suzanne Chonette
Mrs. Karen Chopra
Rajesh Chopra
Abigail & Lynn Christiansen
Christina T. and Sturtvant Hobbs Charitable Fund
Christine & Howard Helleson Charitable Fund
Churchill Family Charitable Fund
Cisco Foundation
Jay & Daniele Civelli
Clannad Foundation
Mr. William & Mrs. Paula Clapp
Anne M. Clark
James & Mary Lou Clark
In Memory of Robert Clark
Don W. Cleveland
Margaret A. Lopata
Clint D. and Grace A. Carlough Charitable Foundation
The Clorox Company Foundation
The Cobb Family Foundation
Mr. Martin & Mrs. Laine Cobb
Mr. Vincent Cohan & Ms. Susannah Johnston
Ms. Janna Cohen
Lewis I. Cohen
Mrs. Louisa Cohen
Mr. Vladimir Colas & Mrs. Jessica Bartels-Colas
Cole Foundation
Estate of Jean E. Cole
Ms. Leah Cole
Premtiss and Lee Cole
The Cole-Chu & Williams Family
Janet Collen
The Collier Family Fund
Collingwood Foundation
Mr. James Collins
Jaime S. Colome, Ph.D.
Ms. Cynthia Connolly
Greg & Margo Connors
Kimberly Cook
Cooran-Rosebrough Foundation
Mr. Cameron Cooper
Maureen & John Copp
Kathleen & Randy Corbet
Dr. John & Mrs. Marguerite Cordice
The Corey Foundation
Ms. Irene Correia
The Cottage Bridge Foundation
J. Karen Cove, MD
Ardelle Cowie
The Cowles Charitable Trust
Mr. Jon Lawrence Cox
Anne Cox Chambers
Dr. Ronald & Mrs. Kristy Crabtree
Mr. Vincent G. Cracchiolo
Mr. Daniel & Mrs. Rachel Craig
Tom Cramer and Michele Burger
Cynara Crandall
Darrell Crawford
Mr. Ronald Cramer
The Cretet Family Foundation
Mr. T. Dan Crim
Mr. Modestini & Mrs. Nancy Criscitiello
Anne and Alex Crocco
Estate of Mary Cross
Timothy Crowell & Patricia Sabalis
CSC Charitable Foundation
Mr. Rick Cudahy
Colbertson Family Trust
Mr. Brendan Culligan
Cummings Christiansen Family Foundation
Mr. John A. Cummings
Cunningham Family Fund
John & Daphne Cunningham
Paul Curnin & Amanda Gott
Curt and Clara Fund
Cynthia B. and Robert J. Stetson Foundation
Karen Czepcek
Samuel D. Jr.
Mr. Matthew & Mrs. Susan Daimler
Hamid & Louise Dallal
Jerry & Bunny Daltorio
Deluge Family Fund
The Dancing Skies Foundation
Dancing Tides Foundation
Toan Dang
Susanne & William Daniell
The Danielson Foundation
Ms. Carol M. Dauber
Dave Nikkel Foundation
David & Frances Eberhart Foundation
David A. and Susan H. Schoenholtz Foundation
The David A. Wengert Fund
The David B. Miller Family Foundation
David May Foundation
The David Vicker Foundation
Charles & Jean Davidow
Gordon and Carolyn Davidson
Sandra Calder Davidson
Bruce & Mary Davis
Chris & Jill Davis
William & Irene de Groot
Mrs. Mary Jane Dean
Ms. Peggy Dear
DEARS Foundation, Inc.
De B Tom’s Gift Fund
Mr. Alan C. DeChant
Mr. Richard L. Decker
Estate of Alvena B. Deerkop
Estate of Joanne E. Dehn
Estate of Richard Del Belso
Ricardo G. Del Villar
Delaplaine Foundation, Inc.
Martha Delgado & Saumya Nandi
Mr. Richard M. DeMartini & Ms. Jennifer Bronsen
Mr. Samuel E. DeMerit
Julie Demeules
Mr. & Mrs. J. Steven & Kathryn Denson
Mr. Dave & Ms. Jodi Dent
Mr. David Deramus & Ms. Rosemary Regis
Mr. and Mrs. Donald Derebe
The Derfler Foundation
DeTommaso Family Foundation
Alejandro Diaz & Renza DePirro
Mark Dickinson
David DiDomenico & Peggy Lichter
Deena Jo Heide-Diesli Foundation
Karen Koop
Samuel D.
Mr. Matthew & Mrs. Susan Daimler
Hamid & Louise Dallal
Jerry & Bunny Daltorio
Deluge Family Fund
The Dancing Skies Foundation
Dancing Tides Foundation
Toan Dang
Susanne & William Daniell
The Danielson Foundation
Ms. Carol M. Dauber
Dave Nikkel Foundation
Michael J. and Maureen Donahue
Donald L. Schoellerman Foundation
Dr. Debra Donaldson
Dr. Paul J. Donoghue
Mr. Lawrence & Mrs. Helen Doppelt
Eve Dorfman
Mr. James A. Dorskind
Ms. Margaret Doud
Jane Dowling & Barry Daly
MD
Mr. Philip Downes
Charles M. Doyle & Jocelyn A. Holash
Mr. Peter Drench & Ms. Anne Ferguson
Mr. Richard Groose
Drummy Charitable Trust
Estate of Mary Ellen Dryden
Marit Dubois
Duckworth Dixon Charitable Foundation
Gerrit W. Dudley
Mrs. Alice Dudum
Mr. John & Mrs. Anne Duffy
Ms. Susan L. Dunlap
Ms. Wilda Dunlop-Mills
Susan & Thomas Dunn
Tim Dunn & Ellen Stefan
Mrs. Ann Dunsworth
Durkland Co., Inc.
Ann P. Dunsch
Alan Dworsky & Suzanne C. Dworsky
E. Rhodes and Leona B. Carpenter Foundation
Dr. Dianne Eardley & Mr. Stuart McLoughlin
The Earl M. and Margery C. Chapman Foundation
Earle Family Fund
Torn & Judith Earp
The East Creek Fund
eBay Foundation
The Eberstadt Kuffner Fund
Eccles Family Foundation
John & Susan Eckert
Van P. & Lynda M. Eccles
Eddie Survivor’s Trust
The Edgar O. Dixon Charitable Foundation
Susan K. Edling
Edna Wardlaw Charitable Fund
The Edouard Foundation, Inc.
Educational Testing Service
The Edward and Verna Gerbic Family Foundation
The Edward Colston Foundation, Inc.
HA
Mrs. Mary L. Hagemeyer
Virginia L. Hajelian
Susan J. Haledian
Judd and Susan Halenza
Alice Vaux Hall
Hallahan Giving
Dr. Philip J. Halon
Mr. Jim & Mrs. Gayle Halperin
Halpern Family Fund
George Hambrecht
Dorothy Hamm
Mr. Richard Hanschett
Margaret P. Hane
Ms. Maxine Hannfin
Margaret Hannigan & Michael Swier
Rigmor Hansen
Caty B. Gordan Hanson
Ruth M. Hardin
Gale B. David Harding
The Hardison Family Foundation
Randall W. & Jane V.L. Hardy
Van & Jane Harissi
Harlan and Lois Anderson Family Foundation
Barbara S. Haroldson
Cathy Harrell
Matthew Harren
Estate of John R. Harrington
Harris Family Fund
Mr. Jeffrey & Mrs. Jamie Harris
Peter and Carol Harris
Harrison Family Fund
Mr. Alfred Harrison
Lyndsey Harrison
Simon Harrison & Rebecca Gapes
Harry F. Duncan Foundation, Inc.
Christoph Hartmann
Keith D. Hartt & Ann Houston Wiebe
Harvard Community Gifts
Ms. Marguerite M. Harvey
Patricia Harvey
Phil Harvey
Edward B Jeanne Hasbrook
Dr. David Haseltine
Sylvia & Roger Haskell
Antoine Hatoun & Andrea Levitt
The Hausman Family Charitable Trust
Dede Haverstick
Ms. Katherine Hawes
Nick Hazen
HCD Foundation
Ms. Leslie Head
Caroline Emmet Heald & Seth Heald
Ms. Terri Hearsh
Howard & Stella Heffron
David & Jamie Heineheimer
Hanssen
Helen Ingham Foundation, Inc.
The Helen Schlaffer Foundation Trust
Dr. Gregory Hemmi & Mrs. Rhonda Gruber
Estate of Elinor P. Hempelemann
Ms. Deborah Henderson
Ms. Joan Hendrickson
Estate of Diane Henley
Mr. Michael A. Hennig
Mr. Brian & Mrs. Karen Hennigan
The Henry & Mary Ellen Bellaimey Family Foundation
Henry and Janet Claman Fund
Julie B. Bayard Henry
Robert Henry
Ms. Meghan Henson & Mr. Christopher Sauer
Wes Hetpler
The Herbert & Elaine Kendall Charitable Foundation
Herbert and Katherine Kurth Religious Foundation, Inc.
Dr. Mel & Mrs. Mary Herbert
Roy & Helen Herald
Ms. Birgit Hershey
William & Kathryn Hester
Howlett Packard Enterprise
The Hexberg Family Foundation
Richard J. Higgins & Margaret M. Graff
Estate of Carmela M. Hilbert
Mr. Jens D. Hilscher & Ms. Monica Singhali
Scott & Ann Hinckley
Dr. Jan Hirsch
Charles Hirschler & Marianne Rosenberg
Hitz Foundation
Mr. John Ho
Mr. Raymond Hockedry
Mr. Brent Hoeppner
Creighton & Andrea Hoffman
Adolf & Elisabeth Hofmeyer Trust
Ms. Loretta Hog
The Holborn Foundation
Holzer Family Foundation
Mike & Solange Hommel
Horne Family Foundation
Carrie M. Horne
Mrs. Margaret Houffelaar
Mr. Michael & Mrs. Dawn House
Jack & Shirley Houston
John Houston III
Norma L. Hovden
Revocable Trust
The Howard & Maryam Newman Family Foundation
The Howard and Barbara Farkas Foundation
The Howard and Kenna McKeel Charitable Foundation
The Howard Bayne Fund
Mort Howard
Mr. & Mrs. Timothy Howard
Edith B. Howson
John Hoyle
Dr. Anne Marie Hubbard
Julie Warn Hubbard & Thomas T. Hubbard Trust
Mrs. Dorothy P. Hubler
Huda Beauty
Keiko Huddleston
Roger B. Lynn Hudgins
John Hudson
Estate of Howard J. Huemmler
Fuhngal Family Charitable Gift Fund
Nancy Hughes
Mr. Andrew Hublers & Dr. Martha Man
Hullar Family Foundation
Philip B. Mary Hulsizer
Kimberly Hult B Robert Pasnau
The Human Fund
The Human Rights Project, Inc.
The Humantist Fund
Ms. Alice G. Humphreys
Hunt Lane Capital
Sara and David Hunt
The Hunter-White Foundation
Ms. Fatima Hussein, MP
Hussman Strategic Advisors, Inc.
Mr. Cameron & Mrs. Diane Hyde
I Heart Guts
I.J. and Hilda M. Breeden Foundation
Estate of Leah Ice
Dr. Omer & Mrs. Mahenou Ilahi
Illinois Tool Works Foundation
Incentive Logic
ING Group
InMar Medical
Intex Solutions, Inc.
Dr. Brian Ip
Ira A. Roschelle MD Family Foundation
Ira N. Langsan and Lillian Langsan Philanthropic Foundation
Mr. Charles Irvin
Joe D. Irving
Irwin and Marjorie Guttag Philanthropic Fund
The Irwin Family Foundation
Mr. Zephyr Isely & Ms. Fruzan Parvanta
Ismann Family Foundation
Islamic Association of Greater Detroit
Mr. & Mrs. Russell Viola Jungerich
Jackson Kemper Foundation
David B. Barbara Jackson
Eric & Chal Shune Jackson
Virginia S. Jackson
Jacob Bluestein Foundation
Mr. Paul G. Jacobs
Mr. Michael Jacobson & Ms. Trine Sorensen
Jadetrese Foundation
Ursula Jaeger
Jaffe Foundation Trust
Ms. Diane E. Jaffe
Mr. Surender Kumar Jain & Mrs. Chitra Jain
JaMel and Tom Perkins Foundation
James Bell Associates
James Riepe Family Foundation
James S. Peterson Foundation
The James Waltz Alexander Charitable Trust Fund
John & Anita Jamieson
Jane C. MacElree Family Foundation
Patty and Dick Jaquith
The JAZ Foundation
The Jeanne and Frank Jenison Fund
The Jeanette & H. Peter Kriender Charitable Trust
The JEC Foundation
The Jeffrey A. and Pamela Dippel Choney Foundation
David Jenkins
Jeremiah Fund
Mr. Thomas R. Jevon & Ms. Louise Richmond
Al & Ann Jicha
Jim Troxell Foundation
Gertrude Jockusch
Joe Higdon and Ellen Sudow Fund of the National Capital Area Community Foundation
John B. Linda MacDonald Foundation
John & Patricia Antoine Charitable Trust
John A. Baldessari Endowment Fund
John Baldessari Family Foundation
The John F. Weatherly Charitable Foundation
Johnson Family Foundation
Don & Elizabeth Johnson, and Robert Johnson
John and Michele Johnson
Katherine Johnson
Kevin & Nikki Johnson
Ms. Jean Brown Johnson
Ms. Madeleine Johnson
Estate of Jerald Johnston
Mr. Lowell D. Johnston & Ms. Frances R. Olivieri
Scott and Julie Johnston
The Jonathan B Kathleen Altmann Foundation
Ada Jones
Ms. Jennifer L. Jones
Joseph H. and Maria C. Schwartz Family Fund
Milind M. Joshi
Ms. Sae Joshi & Mr. Srimad Padmanabhan
Judith Haskell Brewer Fund of The Community Foundation
Serving Richmond and Central Virginia
Julian & Lois Brodsky
Jungle Scout
Juniper Networks Foundation Fund
Michael & Deborah Kachel
Estate of Dorothy Kail
Kaiser Foundation Health Plan Of The Northwest
Geoffrey & Michele Kallish
Ms. Toubi Katouzi & Dr. Joel W. Hay
Robert J. Katz
The Kaufman Family Foundation
Kaufmann Foundation, Inc.
Mr. & Mrs. Avinash Kaushik
Yukako Kawata
The Kayser Family Foundation
Keefer Family Charitable Trust
Mr. & Mrs. William M. Keeler
The Keep It Going Fund
Mr. Garrison Keillor & Ms. Jenny Lind Nilsson
Mr. & Mrs. Michael Kaiser
Keith & Mary Kay McClain Family Foundation
Keith V. Kienman Foundation
Gail and James Kellogg Family Fund
DONORS

DOCTORS WITHOUT BORDERS | MÉDECINS SANS FRONTIÈRES


Martin & Mary L. Boyer Foundation
The Martin Dios Family Foundation
Charles & Diane Martin
James & JoAnne Martin
Daniel Marus
Marweld Family Charitable Fund
Mr. Austin Marx
The Mary & Albert Bergeron Fund
Mary Lynn Richardson Fund
Benjamin Mathews
Mr. Hammad Matin
Mark Matteucci & Joan Francesco
The Maureen & Stanley Finnigan Fund
Marko DeJean
Brian McInerney & Nancy McHugh
Estate of Kathleen James C. McGroddy
McFarland
Mr. Steve & Dr. Beth Benjamin Mathews
Charles & Diane Martin
Foundation
Mr. Charles C. McCallum
Worthington Mayo-Smith
Mr. Larry & Mrs. Connie McCortney Foundation
Mr. Robert & Mrs. Connie McHugh
Robert McDonnell
Ms. Mary McDyer
Greg & Melanie McCarthy
Michael McClain & Susan McCarthy
Kathleen Quinn
Henry & Wilma McMahon
McCourtney Foundation
Mr. Larry & Mrs. Connie McCurdy
Robert McDonnell
Ms. Mary McDyer
Greg B Melanie McFarland
Mr. Steve & Dr. Beth Benjamin Mathews
McFarland
James C. McGroddy
Estate of Kathleen McHugh
Brian McInerney & Nancy Shepherd
Ms. Phyllis B. McIntosh
Ms. Janet B. McKelvey
Mr. Gerard Mc Larnon
Estate of George H. McLaughlin
Dr. Thomas B Mrs. Marilyn McLaughlin
Mr. & Mrs. Grey McLean
Mr. Doug McAllister
Alice & Hugh McLellan
Andrew and Jill McMahon
Ms. Anne F. McMillen
McNellis Family Fund
Dorothea S. McPherson
Ms. Pattie C. McWilliams
Mrs. Paula Medeiros
Medical Assistance Fund
Meeting Protocol Worldwide, LP
Gagik Megerditchian B Elsa Lopez-Megerditchian
Mr. Marshall & Mrs. Arlene Meier
The Melkus Family Foundation
The Melrose Fund
Lois Melvoin
Mendelsohn Family
John & June Mercer
Meredith & Elsa L. McKinney
The Merlin Trust
Merrill Lynch
Vera Metcalf
Joseph W. Metz
William D. Metz
John Metzko
Estate of Margery Meyer
Michael & Peggy Pitt
Charitable Trust
Ms. Geneva H. Michael
Dominique Mielle-Carrillo
& Juan Carrillo
The Mitchell/Rushing Family Foundation, Inc.
The Mihan Family
Mrs. Salma Mikhail
Milagro Foundation
Mr. Christopher D. Miller & Ms. Catherine McMenemy
Colin A. Miller
Estate of Eloise D. Miller
Lewis & Jean Miller
Mary F. Miller
Tamara D. Miller
Mr. Geoff & Mrs. Margaret Miller-Coblenz
The Milligan Family Foundation
Michael & Leslie Mills
The Milton and Beatrice Wind Foundation
Ms. Mary Louise G. Mims
Minerva Foundation
Mr. Said Mirza
The Mishaw Family
Mr. Charles Dee Mitchell
Joseph & Cynthia Mitchell
MKM Foundation
Moccasin Lake Foundation
Modestus Bauer Foundation
Monimos Foundation
Monymo Fund, Inc.
Charles B Angela Monroe
Dr. Aldenmar Montero
Andrew Montgomery and Elizabeth Lawrence
Estate of Eleanore Moore
Estate of John A. Moore and Mary Kerr Moore
Mr. Vincenzo Morelli
The Morris Family Foundation
Mr. & Mrs. G. Glen Morie
Estate of Lucille T. Morin
The Morris And Jeanette Kessel Fund
Michael Morris & Robin Durst
Ms. Elizabeth Morrison
Alan & Cheryl Morrow
Mr. David & Mrs. Laura Morrow
Elizabeth A. Morrow & Brian McAllister
Christopher & Anna Moser
The Mount Charitable Trust
Mueller Charitable Gift Fund
Brigitta U. Mueller, MD
Ms. Sheila Muller
Ms. Marissa Muller
Mr. Neil Mullin & Ms. Nancy Erika Smith
Lawry Mullinax
Mr. Charles & Mrs. Mildred Murray
Estate of Julian Musafia
Mushett Family Foundation
Dr. Helen Myers
N & P Charitable Fund
Dr. Jasmine Nabi
Estate of Alice T. Nadiak
The Naida S. Wharton Foundation
The Namaste Foundation, Inc.
The Nancy Allison Perkins Foundation
Dr. Anne Nash & Ms. Helen Horn
Sher Nasir
George Nast
Natembea Foundation
Natural Gallery Granite Direct
Mr. Gordon Naylor & Ms. Helen Stewart
Estate of Raymond G. Neal
The Neall Family Charitable Foundation
Mr. & Mrs. Wayne Needham
The Neil and Sally Braid Charitable Fund
Charles F. Nelson
Gregory & Kathy Nelson
John Nelson & Kate Gessner
A.R. Nernberg
New Holland Capital, LLC
Ms. Nancy A. Newbury-Andersen
Ellen C. Newcomer
Mr. Jonathan Newhouse
Mr. David Newman & Ms. Stephanie Lazar
Newmark Grubb Knight Frank
Dr. Joseph & Mrs. Victoria Ntagia
Thuy Ngo
Vuong Nguyen
Mr. W. Robert & Mrs. Barbara Niblock
Niche Modern
Michael & Donna Nicholson
Julius & Carol Nicolai
Estate of Henry Peder Nielsen
Mr. & Mrs. Steven E. Nielsen
Mrs. Ted Nierenberg
Ms. Erika Nijenhuis & Mr. Chris Bastian
Togo & Eleanor Nishiura
The Noble Family Charitable Foundation
Mr. Jerry Noble
NOMDS Glashütte/SA
Nonbelief Relief
Ms. Jeannie Nordstrom
Marilynn M. Norfolk
Noris Foundation
Norma Kline Tiefel Foundation
Norman Foundation, Inc.
Carla B Ryan Norris
NOVA Open Charitable Foundation, Inc.
Georgia Nucci
Gilbert M. Nyamuswa, MD
Oak Lodge Foundation
The Oak Tree Philanthropic Foundation
Dr. Harold Oaklander & Dr. Isabelle Rapin Oaklander
Oarsmen Foundation
O’Brien Family Charitable Fund
Susan O’Brien
Ms. Sandra O’Connell
Estate of Anita J. O’Connor
Mr. and Mrs. James J. O’Connor III
The O’Donnell Iselin Foundation
Ms. Elisabeth O’Donnell
Dechile International Advisors, LLC
Delman Family Foundation
John O’Farrell and Gloria Principe
Joseph D. O’Gorman
Mary M. O’Hern
Philip Olson
Omidyar Network Fund
Open Society Foundations
Jean and Sue Oppenheimer
Opportunity Fund
Optima Fund Management
Oracle Giving
The Orkawa Foundation
Ms. Erin O’Rourke
Noreen O’Rourke
Inmaculada Z. Ortilo
O’Shea Family Foundation
Ottolino Fund
Mr. Gerhard Otto
Iris W. Ouyang
Ms. Julie Overbeck
PBA Family Foundation

2016 PRIVATE SUPPORT RECEIVED BY MSF-USA

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>$319,824,209</td>
</tr>
<tr>
<td>Corporations</td>
<td>$20,717,497</td>
</tr>
<tr>
<td>Foundations, including pledged</td>
<td>$16,697,038</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>89%</td>
<td>Individuals</td>
</tr>
<tr>
<td>6%</td>
<td>Corporations</td>
</tr>
<tr>
<td>5%</td>
<td>Foundations, including pledged</td>
</tr>
</tbody>
</table>
DONORS

Craig R. Schaffer & Mary G. Clark
Mr. John Scheide
Ms. Shelley Leizman Schueer
Ms. Rebecca F. Schiller Professor & Mrs. Richard H. Schalgel
Thomas Schleich
Mr. Richard Schleuss & Ms. Ann Newhall
Edward Schmidt
Friedrich W. Schmidt
Dr. William Jay Schmidt
Eric & Ann Schneidewind
Schneider's Family Foundation
Scholler Foundation
Dr. Barbara Scholler
Estate of Michelle Scholz
Howard Schreier
Jean Bob Schrimmer
Thomas Schroeder
John D. Schubert
Rosanne & Alan Schulz
Timothy Schumacher
Anne Schuster Revocable Trust
Mr. Chuck & Mrs. Helen Schwab
Gus Schwed & Lucy Harrington
Bob and Kimberly Scott
Ms. Joann Scott
Ms. Nadia K. Scott
Mr. Horner & Mrs. Patricia Scoville
The Sedmak-Wooten Family Foundation
Mr. & Mrs. Gerhard Saebacher
Seedworks Fund
The Seiffert Family Foundation
Mr. & Mrs. Dennis & Verena Seisun
Selawy Foundation
Cynthia Selfridge
Sellers Family Fund
Selma Dritt Foundation
Nick Seneca and Jenny Needham
Ms. Mary Ellen Seravalli & Mr. Philip A. Molotola
SERO Foundation
Michael Sestrick & Miriam Levitt
John & Jeannie Seybold
The Shack Sackler Foundation
Mr. & Mrs. Shahriar Shahida
Mr. Munir Shahin
John & Patricia Shama
Dr. Robin Shanahan
Dr. Janet M. Shapiro
Mr. Joseph Sharga
Dr. Shobha Sharma
Mr. Austin & Mrs. Shalini Sharp
Estate of Ann Marie Shaw
Karen D. Shearin
Ms. Janet Sheldbine
Hope B. Jeffrey Sheffield
John & Kimberly Shepard
Romita Shetty & Nasser Ahmad
The Shevel-Selo Charitable Fund
Kathleen A. Shiel
Mr. Michael Shields
The Shifting Foundation
Estate of Elke Shihadeh
Mary Lou Shott
Jennifer M. Shotwell
Carole Anne Shrieve
William Shuman
Dr. Martin S. Silberberg
Ann Monteith Silberman
Patricia & Stanley Silver
Estate of Elinor Silverman
Lesley Silvester and E.J. Kahn III
Jean Simard
Ms. Barbara Simeri
Simple Actions Family Foundation
Mrs. Patricia J.S. Simpson
Michael A. Singer
Sizewize Rentals, LLC
Skadden, Arps, Slate, Meagher & Flom LLP
Mr. Thomas Skelton
Jeffrey B. Pegi Skoff
Ske Foundation, Inc.
Dr. Nancy Spreet Slater
Ms. Angela Slaughter
Betty Slaymaker
Mr. Alberto Slikti
Shadow Sloan and Harvey Vigneault
Ms. Annie Slocum
Slovakian Family Foundation
Estate of Frank W. Slupesky
Estate of Ellen I. Smalley
Mr. & Mrs. Rod Smallwood
Smith Family Legacy Foundation
The Smith Yoshida Family Fund Family
Dr. Albert J. Smith Jr.
Brian & Laurel Smith
Cherida Collins Smith
Mr. & Mrs. Everett Smith
Mr. Ian Smith
Mr. Jeffrey Smith
Estate of Jueretta Smith
Mr. Robert L. Smith & Ms. Adriana Huyer
Henry B. & Anne Sneek
Robert Sneek
Snow Angel Fund
Guy B. & Alice Snyder
Mr. Nasser Sobhani & Ms. Karen Fairchild
Mr. Paul Socolow
Mrs. Marsha Soffer
Solstice Bahamas
Vacation Rental
Mr. John G. Sommer
Dr. Charles Soparik & Mrs. Susan Hairston
Mike & Peggy Sormani
A. Francis Soocy
South American Sales LLC
Andrew & Sandra Soye
Jerrold & Carol Spady
Mr. & Mrs. Martin J. Spalding
Malcolm & Penelope Sparrow
Spencer Foundation
Gregg Spieeler
Margaret Howard Spiess Trust
Laurence L. Spitters
Ralph Spilsoport
Beverly Ann Stadium
Mr. Brien & Mrs. Cynthia Stafford
Warren & Mary Lynn Staley
Stamos Capital Partners, LP
David Stanford
Lorraine P. Stanford
Stanley & Lucy Lopata Charitable Foundation
James D. Stanton
The Statue Foundation, Inc.
Steiben & Company, Inc.
Mr. Daniel & Mrs. Juneke Steele
Ms. Renee Jeanne Steig
The Stein & Carol Geisenheimer Foundation
Mr. Eugene & Mrs. Marilyn Stein
Mr. Michael Stein
Dr. Paul G. Stein
David B. & Liz Ehrenfest Steinglass
Stella B. Hack Wilson
Family Foundation
Mr. Terence Stephens
B. Rex and Kate Stephenson
James P. Sterba & Janet A. Kourany
Estate of Peter Stern
Mr. Joseph Sternlieb & Ms. Linda Singer
The Steven and Chani Lauter Charitable Trust
Steven and Laura Mayer Family Foundation
Ms. Catherine Stiefel & Mr. J. Keith Behner
Estate of Doris F. Stillman
Mark & Mary Ellen Stinski
Donald and Mary Stirling
Ms. Susan Stoddart & Mr. Chris Stook
Dr. Jacqueline M. Stoken
Brian Stoler and Elizabeth Jardina
Ruth Stolz
Stone Soup Fund
Dr. Travis Stork
Paul A. Stotts
Ms. Robin Strasser
Richard Stravitz
Estate of Carolyn Gunn Strickler
Mr. and Mrs. George D. Strohmeyer
Alice Sturm
Mark B & Susan Stutzman
Dr. Hideski & Mr. Hiroaki Atlyra Suda
Estate of Treva Sudhalter
Jeremy Sugerman
The Suggs Family Foundation
Sungman Suh
Charles & Mary Sukup
Anita & Russy Sumariwalla
Summers Family Foundation
Sun Hill Foundation
Rudolph & Theresa Sundberg
Sunland Trading, Inc
The Sunrise Foundation
Sunstone Fund at the Minneapolis Foundation
The Susanne Schnitzer Charitable Fund of the Jewish Communal Fund
Rebecca C. Swan, ACSV
Amy Swanson
Estate of Roseanne Swanson
Estate of Patricia [and Joseph] Sweeятin
Carly P. Swindle
Syd & Jan M. Silverman Foundation, Inc.
Estate of Robert I. Taft
Mr. & Mrs. Robert D. Taggart
Alan J. Talbert
Dr. Robert & Mrs. Sally Tanaka
Sanbarb Fund
Chek Fong Tang
Tanner industries, Inc.
B. Tao
Tap Root Fund
Patricia Tarallo
The Tarrant Cutter Family
Matthew & Anupama Tate
Taylor Winfield Foundation
Barbara Taylor
Mr. & Mrs. Kent Taylor
TD Ameritrade Clearing
Team Zimm Family Foundation
Mr. & Mrs. Wayne Teetsel
Dr. Nalini Tellis
Mr. & Mrs. Jon ten Dever
Lee Tepper & Dorine Real
The Teresa Battaglia Charitable Foundation
Estate of Lesley R. Tetard
TH Maren/SK Feller Fund
Thatcher/Spencer Gift Fund
Theodore Cross Family Charitable Foundation
Mr. Anthony J. Theodore
Dr. Carolyn Tiedake and Fred Thompson
Tom & Mary Bishop Charitable Fund
Thomas W. & Laura N. Hansen Charitable Endowment Trust
Mr. Frank & Mrs. Carol Thomas
Thomson Reuters
Thread
Thrivent Financial For Lutheran's Foundation
Renko & Pamela Thye
Todd Tibbals & Andrea Escher
David T. Tichenor
Estate of Iris M. Tiedt
Tkiva Grassroots Empowerment Fund of Tides Foundation
Dr. James Timbie
Estate of Bernie & Lucille Timmers
Richard & Elaine Tinberg
Estate of Ellen Tinsman
tinyBuild GAMES
Tippins Foundation
Estate of Raymond L. Todd
Ms. Katherine and Mr. Eric Todrys
Neil Tolls & Janet Moore
Tornchim Family Foundation
Drs. Angelo Tomedi & Margaret M. Wolak
Ms. Bonnie B. Torres
John Francis Torti
Michael Toubbeh, MD
John Francis Torti
M. Nelson & Jeffrey Toussaint
Estate of Marian Towsley
Mrs. Lorraine Trachtenberg
The Trade Desk, Inc.
Hong Tran
Vi Tran
Travelers
Travelocity
Treco Foundation
The Tredy Family
Mr. Spyridon Triantafyllis
Bill & Sarah Trinarco
“MANY GOOGLERS AROUND THE WORLD ARE HUMBLE TO HAVE THE OPPORTUNITY TO SUPPORT MSF’S CAUSES IN VARIOUS FORMS OF GIVING. AS MSF’S AMBASSADOR FOR GOOGLE, SUSTAINING OUR ENGAGEMENT WHILE INCREASING OUR IMPACT PROVIDES A TRUE PURPOSE TO WAKE UP TO EVERY DAY.”

—Cozi Namr, Health Care Industry Development Manager, Google

The Tvbark Fund
Estate of Edwin G. Tyler
Kathleen E. Tyrell
Nenon Ujiki
The Ullmann Family Foundation, Inc.
Ms. Sherry A. Umberfield & Mr. Michael H. Zack
Mrs. Frances K. Uricchio
Mr. & Mrs. Joseph Vitale
Gregory & Jessica Vistnes
Mr. & Mrs. George S. Walker
Margaret Wallhagen & William Strawbridge
Estate of Harlan P. Wallingford
Claire Walls & Banks Tarver
William H. Walls
The Walt Disney Company Foundation
Walter & Ursula Eberspacher Foundation
Walter and Alice Abrams Family Fund
The Walter E.D. Miller Charitable Fund
Mr. Joseph & Ms. Elizabeth Walters
Mr. Edward Walus
Wang Family Charitable Fund
Mr. & Mrs. Wang Chun & Sara Wang
Li-Hsia Wang and Henry L. Abrams
The Warburg Pincus Foundation
Arthur & Eileen Warburton
James Ward
Pete Warden
The Warnack Foundation
Mrs. Lynn Warshow
Estate of Bruce N. Washbish
Ms. Diane Bennett Waxon
Ms. Lillian Weichsel
Chris Weidner
Weil, Gotshal and Manges
Ms. Monique Weil
Lawrence & Alice Weiner
Estate of Thomas W. Weinzapfel
Mr. Jack Weisberg
Marvin F. Weissberg
Estate of Barbara Ann Welch
Linden & Judith Welch
Wells Fargo Advisors, LLC
Mr. David B. Wells
Charles P. Wennemer
Estate of Richard Wenzel
Linda & Peter Werner
Dr. & Mrs. Matthew J. Werner
Eugenia L. West
Vicki and Don Westphar
Don Westfall & Bonnie Westfall
Y C & Y J Wey
Kurt Wayland
Ida E. Wheeler
White Family Charitable Foundation
Dr. Constance White, MD
Joyce A. White
Janet C. Whittle
Mr. Henry E. Wieman
Ms. Linda Brown Wilcox
Steve & Peg Wilcox
Dr. Peter B & Mrs. Audrey Wilding
Estate of John K. Wilkerson
Dr. Edwin G. Wilkins & Ms. Julie Lowery
William C. Dowling Jr. Foundation
William G. and Eileen D. Mulligan Foundation
William L. Price Charitable Foundation
In memory of Ruth W. Williams
Ms. Dena G. Willmore
Wilkner Family Fund
Wilson Sonsini Goodrich & Rosati Foundation
Estate of Albert Hollis Wilson
Mr. Edward J. & Mrs. Barbara A. Wilson
John H. Wilson
H. Stanley Windham
Estate of Ronald Wingate
Abigail & Adam Winkel
Mr. Evan Winkler
Winky Foundation
Wise Donor Advised Fund
Iris S. Witkowsky
Mr. Evans Witt & Ms. Amy R. Sabrin
Scott Witterholt
Jacqueline Wnukowski
Catherine & Eugene Wolfe
Mr. Christopher Wolfe
Rohan Wolfers
Tony Womack
Joann Wood
John & Michelle Woodley
Sharon & Tom Woody
Estate of John D. Work
Mr. James Worth
WPMP Charitable Fund
Audrey Wreszin
Daniel B & Brienne Wright
Estate of Gordon Wright
Kenneth & Megan Wright
Marnie Wright
Philip M. & Penelope J. Wright
Ms. Robin Wright & Mr. Ian Reeves
George & Judy Writer
Mr. David Wu
Dr. Kin Bing Wu
Mr. Robert P. Wujtowicz & Ms. Candace Machein
Wysz Charitable Endowment
Xerox Foundation
Y. Kwong & R. Fok Foundation, Inc.
Alex Yakubovitch
Mr. Kabir & Mrs. Teresa Yamana
Mr. A. Yarrozu
The Yasbar Pirzadeh Giving Account
Leslie A. Yates
The Yetee LLC
Wai & Grace Yeung
Shan-Liang Yin & Alyi Liao
Yin-Shun Foundation
Yogi Tea
Mr. Fred M. Young Jr.
Mr. John B. & Mrs. Rosemary Young
Peter & Susan Young
Dr. Robert Young Bypass Trust
Chad L. Youngberg
Jaye Yudelman
In Honor of John Yuseff
The Zankel Fund
Zegar Family Foundation
Brent Zeman & Erin Noble
Mr. & Mrs. David Ziegler
Estate of Rachel G. Zik
Mr. George Ziliaci
Ms. Samantha Zinobar
Zun Family Fund
The Zvlin Fund
$5,000 - $9,999
Anonymous (625)
Anonymous donor from Celgene Corporation
Anonymous Friends
Anonymous of the Bank of America Charitable Gift Fund
Anonymous Supporter from St. Petersburg, FL
The 2492 Fund
A.B. Regester Foundation
The A.W. Snyder Fund
Dr. Iman Abdalla
Sally M. Abel
The Aber D. Unger Foundation, Inc.
Dr. Accamma Abraham & Dr. Mohan Abraham
Mr. & Mrs. Joab Abraham
Mr. & Mrs. Andrew Abramson
Access Capital Foundation
Deepak Acharya & Stephanie Davis
Brian & Younghe Achenbach
ACM Technologies, Inc.
Acme Account
Adams Family Foundation
Adatto & Sandel Family
Mr. Peter Adney
Mr. Steven Ades & Ms. Laurie Levit
Dr. Eric A. Adolph & Dr. Teresa Beam
Advanced Computer Concepts
Advanced Surgery Center, LLC
Adventures in Good Company
AEG Live, LLC
Aegion Corporation
Mrs. Alette Ahlefeldt
Dr. Sharat Ahluwalia
Mr. Jawad Ahmed
Jayvant & Preeti Ahuja
The Akman Foundation
Dr. Mohammadd Akhter & Mrs. Jeannette Akhter
Dr. Olugbenga Akingbola
Susan W. Almy
Mrs. Alia A Bahry
The Alan L. Blum Family Fund
Albert and Eve Nichols Fund
Michael and Pamela Albert
Ms. Sybil B. Albrecht
Stephen & Sandra Aldrich
Jean Aldwell
Eyor Alemayahu
Alexander and Johannes Charitable Fund
Alexander Shashaty Family Foundation
Douglas & Kathleen Alexander
Eric Alexander & Ana C. Arumi
Mr. & Mrs. Frederick Alexander
Ms. Jean Alexander
Dr. Joseph & Mrs. Susan Alexander
Terrence T. Alexander & Catherine Kling
Gary Alexion & Maureen Healy
Mr. Lee P. Alfieri
Healy
Alice Rowan Swanson Foundation
Dr. Mir Ahmed Ali Khan
Mr. David L. Allen
David & Ann Allen
Donna & Harvey Allen
Hale & Janice Allen
Ms. Mary C. Allen
Rebecca Allenworth
Allison & Terry Montesi Family Foundation
Ms. A. Jaynee Allison Allstate
Ms. Erin Almond
Rani Almuti
Mr. Vincent J. Aloyo & Ms. Ellen E. Codd
Najwa Al-Qattan
Mr. Robert Altabelli
Mr. Mark Alvarez
Eric & Jennifer Amdursky
American Express
American Institutes for Research
The Americinto Foundation
Dr. Robert B. Carol Amick
Ms. Janet K. Amighi
Nathan Ammerman
Mr. Gerald M. Amrein
Kevin Anbari
Anbinder Family Foundation
Dr. John Ancona, Jr. & Ms. Hilary Hahn
Mr. Barton Anderson
John & M. Gloria Anderson
Dr. & Mrs. Mark Anderson
Mr. Michael Anderson
Sally M. Anderson
Scott Anderson & Robin Weinberg
Mr. Vito Andrew & Mrs. Lillian S. Clementi
Mr. Robert Angell
Mr. John M. Angelo
The Ann Petersen Gift Fund
Ammoy Imports, LLC
Alumni Field Volunteer
Elaine P. Antoniuk
Aron Foundation
Apel Steel Corporation
Appleby Charitable Lead Trust
The Appreciation Of Earth
And Animal Foundation Inc.
AR & FG
Etienne Ardant
Mr. Pedro M. Arguillo
The Armstrong Foundation
Norman & Anna Arheimer
The Arnold and Jeanne Bernstein Fund
Jason & Lori Arnold
Mrs. Marlene C. Arnold
Mr. Jim Arnold Jr.
Madeleine & David Arnow
Mr. George Arnstein
Madeleine & David Arnow
Mr. Jim Arnold Jr.
Ms. Helen Arrowsmith
Arts & Sciences
Ms. Joyce E. Ashley
Mr. Rahul Ashok & Ms. Fiza Warsi
Kevin Ashton
Ms. Patricia A. Ashton
Kurt & Martha Asplund
AT&T
Shahid Atcha & Mejbahjan Khan
Dr. Amy & Mr. Jonathan Atkeson
Atlanta West Carpets, Inc.
Dr. Tara Attea
Mr. and Mrs. Ka Man Au
Auerbach Charitable Fund
Sanjiv & Sujatha Augustine
Austin and Lauren Fite Foundation
Ms. Alicia M. Avery
Roger B Ann Z Avery
Mr. Emanuel Ax
Dr. Alan & Mrs. Ruth Axelsson
Dr. David Axelsson & Ms. Meryl Neiman
Mr. Keith Axtell & Mrs. Holly Handler Axtell
Daphne & Dave Aycock
Laura Ayres
The Ayudar Foundation
Dr. Victoria Azara
Dr. Khalid & Mrs. Mussarrat Aziz
Mr. Joseph Azrak & Ms. Abigail S. Congdon
Fred and Wendy Bachman
Lois Bachman
Joan R. Baer
Ms. Martha Baer & Ms. Sara Miles
Ms. Katharine Baetjer
Mr. Roger Bahnik
Bert & Kim Bailey
Emily Bailey
Trevor R. Bair & Sarah M. Bair
Stacy Baird & Melissa Obergi
Ravi & Jill Bajaj
Ms. Suzanne Bakdash
Charles & Shelly Baker
Mr. Simon Baker & Ms. Rebecca Rigg
Mr. and Mrs. James V. Bala
Elif & Dzgur Balamir
Andrew Balber & Frances Kerr
Elisabeth Sheila Baldridge
Stephen Balek
Dr. Prabakar & Mrs. Kamakshi Baliga
Eva M. Ball
Teresa R. Baltazar
James B. Balz, MD, FACS
Gustavo Bamberger & Martha Van Haitsma
Estate of Corinne Bandell
Erich Banks
Azadeh & John Bannister
Dr. Maneesh Bansal
Barbara A. McCaffery
Family Foundation
Mr. Jeffrey W. Barker
Muriel Barlow
Mr. Brett Barnard
Ms. Julia Barr & Dr. Richard Hirschlag, DMD
Paul & Robin Barrett
Susan Barnett
Delphine Barringer-Mills
Scott Barron
Mr. Richard E. Barry & Ms. Paulette Solinski
Mr. Nicholas Bartel
Mr. Brian Barth
Mr. & Mrs. Thomas R. Baruch
Gerard Bashein
The Bassett Foundation
Steven & Carol Bassinger
Mr. Conor Bastahe
The Batley Family Charitable Trust
Ms. Gretchen Batra
Estate of Dolores D’Amico
Bauer
Estate of Dorothy E. Bauer
Elizabeth Harkins Baughan
Dr. Stephen G. Baum
Mr. Mike Bauman & Ms. Carmen Wolf
Barbara & Bill Baumer
Mr. John Baumgardner
Amy Baw
Mr. Benjamin & Mrs. Susan Baxt
The Baxter Family
Survivors Trust
Jeffrey Bayha
The Baylor Family
Ted Bayne & Lea Delacour
BDP International
Ms. Deborah Beadle
Bonita & Donald Beagell
Jack & Renee Beam
Bearden Family Charitable Trust
Timothy Beare
Mrs. Melissa Beasley
Tobin & Marta Beaubien
David Beaver & Renee Courington
Mr. Donald Beck
Michael Becke
Deb & Tom Becker
Becker-Fluegel Charitable Trust
Ms. Marie Bednar
Raymond Beebe & Mary Boland
Leaora R. Beggs
John & Shari Behnke
Charles Belz & Ann Verahbow
Dr. Soad Bekheitssad
Mr. John D. Belanich
Julie Belkin
Ms. Leanne M. Bell
Mr. & Mrs. Robert E. Bellin
Jonathan Bellis & Virginia Gwynn
Mr. Paolo Bellutta
Stephen Belmont
Benami Charitable Account Fund
Arnold & Judith Bendich
Ms. Muriel Benedict
Maribeth Benham
A.E. Benjamin, Jr.
Bruce W. Benner & Rosemary S. Huber-Benner
Peter Benoliel & Willo Carey
Mr. Charles Benore
Ms. Constance Benson
Shannon Benzel
Mr. Markus & Mrs. Elisabeth Berber
Silvia Berchtold
Sol & Miriam Berg
James R. Bergman
Mr. & Mrs. Andrew Berkheimer
Eve Berland
Ms. Fran Berlin
The Bernard & Anne Spitzer Charitable Trust
Bernard F. B. Alva B.
Gimbil Foundation
Arlene & Michael Berner
Carol Bernstein
David Bernstein and Susan Howard
Bertch Family Fund
Jutta & Hans Bertram-Notthagel
Mr. Jeff Berwick
Massoud Besharat
Besson/Cooper Fund, Inc.
Dr. Janet Best and Mr. Michael Froese
Mr. John Bettencourt
Guy Betterbid
David Bettner & Margaret Bettner
The Betty and Wes Foster Family Foundation
Hurma Bhabha & Jason Fox
Mr. Rajeev Bhaman
Peter & Nancy Bickel
Drs. Martin and Louise D. Blickman
Sudha Bidani
Christopher D. Bierly & Margaret Bossberg
Judy Bigelow
Mr. Anthony G. Bigio
Andrea Billhardt
Leah Billingley & Mark Muller
Michael Bilof, MD
Mr. Jim Birkenshaw
Mrs. Dayel Biver
Bizlink Technology Inc.
N. Neal & Sandra V. Black
Theodore & Irita Black
John Blackman & Kathleen Blackman
Ms. Carol A. Blackwell
Patricia A. Blackwell-Marchant
Walter & Nora Blair
Mr. Philip T. Blanchard
The Blanche & Irving Laurie Foundation
Bryan & Rebecca Blankfield
Mr. James Blann
Blaskopf Family Fund
Robert & Xenery Blitzer
Mr. Charles & Mrs. Brenda Block
Timothy & Rebecca Blodgett
Mrs. Claire Blouin-Stoel
Ms. Susan L. Blount & Mr. Richard A. Bard
Blue Oak Foundation
Ms. Anita M. Bock
Norman R. B. Danielle Bodine
Ms. Dianna Bohner
Jef and Susanne Boeke
Ms. Maryn Boess
Babette Bohn
Duane B Jean Bojaci
Mr. Matt Boldt
Mr. Brian Bolster & Ms. Roxane Reardon
Geoffrey Bond
Mr. Martino Borelli
Severin Borenstein & Margaret Stewart
Ms. Judith Borgerding
Dr. Jeff Boschwitz & Dr. Anne Macaulay
Rebecca J. Bosley
Charles & Wendy Boss
Mr. Heath Bost & Mrs. Elizabeth Jackson
Ms. Janet Malcolm
 действие
Ms. Brenda Boucher
Mr. Paul Boush
Boulder Associates Architects
Mr. Craig Bowen & Ms. Esther Dziez
Eileen Bowser
Faith Z. Boyar, MD
Ms. Jane Boyd
Mr. Richard H. & Mrs. Michele G. Boyd
Ms. Sally Boyd
Boyle Foundation
Denise Boynton
Eugene & Diane Brabston
Mr. & Mrs. Alec Breckenridge
The Bradley Trust Fund
Mrs. Catherine Megan Bradley
Mr. & Mrs. Denis B. Brady
Mr. & Mrs. Thomas M. Brady
Bramson Productions
Ms. Elaine Branch
Roxanne Brandt
Ms. Sue A. Brandt
Jo & Norman Brannock
Patricia R. Bremer
Mr. Fred Brenner
Breslauer, Rutman & Anderson LLC
The Brosch Family Foundation
Richard Brew
Mr. Jim Brewer & Mrs. Joanna Brewer
Geoffrey Brewster
Brian and Heidi Miller Charitable Gift Fund Account
William & Geraldine Brick
Andrew Bridges & J. Rebecca Lyman
Mr. Alec Brindle Jr.
Mr. Alexander W. Brindle
Brubyn Charitable Trust
Mr. Lawrence S. Broderick
Parvin Brodkin
Ms. Frances Brogan
The Bromirski & Gorton Family
Brothers Industry Fund
Jackie Brutz
Daniel Broughton
Greg Broughton
Ms. Betty D. Brown
Charles C. Brown
Ms. Christine Brown
Mr. & Mrs. Douglas Brown
Mr. Duncan Brown & Ms. Janet Elliott
Edward D. Brown
Ms. Jane A. Brown
Jennifer & William Brown
Dr. Jonathan Brown
Kathleen A. Brown
Dr. Nancy Brown
Patrick & Elizabeth Brown
Mr. Rodney & Mrs. Joanne Brown
Sanley Brown & Pamela Barsam Brown
Mr. & Mrs. Theodore Brown
Jeffrey & Marguerite Brown
William F. Browne & Ellen P. Browne
Mr. William Brubaker & Ms. Zsuzsa Berend
Professor Katherine Brueck
Chris Brummitt
JudyBrunton
Ms. Sally Bruscher
Ms. Wendy M. Buchart
Joe & Joan Buck
Dr. Ruth E. Buck, MD
Dr. George F. Buckley
Robert F. Buelow
Mr. William Buffett & Ms. Susan Kennedy
Mrs. Patricia Bucker
Bull's Head Foundation, Inc.
Mr. Clay & Mrs. Janet Bunch
Aidan Bunting
Barbara and Kenneth Buntrock
Pablo Burbridge & Corina Civelli
Dr. Malcolm Burgess & Ms. Madelaine Burgess
William Burgess
Dr. H. James Burgwyn
Dr. Krysztof Burhardt & Ms. April Spas
Lance & Julie Burma
Eugenia Burn
Caroline B. Burnett
Sheilah and Matthew Burnham
Mr. Robert W. Burns
Mr. Scott Z. Burns
Mr. Troy Burns
Dr. David Butcher & Dr. Susan Shannon
Cathy Butler
Charles Byrne
C. Jay Moorhead Foundation
C.B. Coleman & Joan Coleman Charitable Foundation
CA, Inc.
Call Family Foundation
Barry Cain
Cairo Diagnostics
Ms. Helen M. Cake
James Caldas
Steven Caldwell
Mary A. Callahan
David Callard & Mary Morgan
Mr. John & Mrs. Cynthia Calley
Nora Cameron
Camp Chrysalis
Dr. Elizabeth Campbell
Mr. Hugh K. Campbell
Dr. Patricia B. Campbell & Mr. Tom R. Kibler
Andrew & Miriam Canepa
David and Elisa Canfield
Marlene Ceder-Jobaris
Cardinal Health Foundation
Estate of Carol M. Carey
Kathleen & Jeffrey Carey
omer & Carol Carey
The Carl Family Foundation
Mr. Dennis Carlin
CARMA, LLC
Carmel M. & John G. Whitman Foundation
Dr. Louis Carnendran
Mr. & Mrs. Jeffery Carpenter
Ann Carriel
Estate of Jane G. Carruthers
Charles W. Carson
Ms. Katharine Carswell
Ms. Frances Carter
Mr. & Mrs. James Carter
Nancy J. Caruso
Caruthers Family Foundation
Russ & Monica Carynski
CAS
Frank Casano
Pamela & John Casadoumeq
Ann Case
Mr. Alexander M. Castellino
Margaret Castiglione
Brian & Deborah Castle
Dr. Lauren & Mr. Brian Castleberry
Catalyst Advisors, LLC
Ms. Dolores Cathcart
Catherine Whitney Memorial
Ms. Maria Cavell
Sherry Touma, CECA Supply & Services, Inc.
Center For Action and Contemplation
Central Park Medical Practice, PC - Dr. Shahnoz Rustamova
Mr. Alfonso Cervera
Ms. Lydia Chadwick
Mr. Bhaven & Mrs. Nandita Chakravarti
John K. & Molly M. Chalmers
Edward Chalom
Champlain Investment Partners, LLC
Chang Dang Social Services Foundation
Mr. James & Mrs. Margaret Chandler
The Chaney Family Foundation
Andrew Chang
Jennie Chang
Steven Chang & Judith Barendse
Mr. Nigel Chanter
Anne & Albert Chao
Mr. & Mrs. Daniel Chapin
Ms. April Chapman
Mr. David Chapman
Maryann Chappelear
Mr. Jack Chappell
Charles A. Mastronardi Foundation
The Charles B. Preacher Foundation
The Charles Delfar Family
Charles Maxfield and Gloria F. Parrish Foundation
Charles Stewart Mott Foundation
Mr. Charles Charrow & Ms. Bonnie Howard
Chatfield Electric, Inc.
Chemonics International Inc.
Mel Y. Chen
Chitat Cheng
Ms. Polly Cherner
Diane M. Chesnut
Ms. Monica Chew
Ms. Lin Cheyer
Nicholas & Karen Chickering
Dr. William Chin
Sanna Chiu
Mr. & Mrs Dipak Chowdhy
Samreen Chowdhry
Ms. Cheryl L. Cho
Ms. Clare Christiansen
Wing-Yee Chu
Chubb Corporation
Mr. Jihe & Mrs. Miran Chung
Mr. William Ciker
Mr. John & Mrs. Connie Coffi
City Child Fund
City Of Seattle
Claire Maureen Blue
Hueser Memorial Fund
The Clara J. Szekely Foundation, Inc.
The Clara Weiss Fund
Clayton Construction
Mr. Robert L. Clayton
Ann S. Cleary
Steve & Christine Clemens
Clermont Foundation
Marsha & Anthony Clesceri
Estate of Michelle Cliff
Ms. Kathryn A. Cline
Clyde and Kathy Wilson Charitable Fund
Mr. Stephen Co
ty Cobb & Leigh
Stevenson Cobb
Ms. Mary Cockerill
Joel D. Coen & Frances L. McDormand
Coeur Products LTD, Inc.
Leo Coffey
Clarissa D. Coffin
B. Cogan
Cohen/Goodman Family Fund
Mr. Jeffrey Cohen
Reuben Cohen & Dawn Day
David & Jean Cohn
Steven Cohn
Michael & Jill Colbert
The Cole Family Charitable Fund
Virginia F. Coleman
Ms. Ann S. Coles
Alexis and David Colker
James Collins
Julia Collins
Ms. Margaret H. Collins
Columbian Towers Development Co.
Compass Rose
Ms. Christine Compeau
Concept Arts
Ms. Annette Coniglio
Mr. Edward K. Conklin
Claude Connell
Dr. John Conner
Ms. Barbara Conrad
Dr. Bruce & Rebecca Conrad
Charlotte M. Cook
Mr. Ernest Cook
Norman & Nancy Cook
Rosemary Cook
Ms. Bridget L. Cooke
Betty Lynn Cooper Fund
Brian Cooper & Marguerite Murphy
Mr. David M. Cooper
Mr. Douglas & Mrs. Judy Cooper
Dr. Harriet Y. Cooper
Ms. Jane Cooper
Michael A. Cooper
Glen E. Elizabeth Copeland
Estate of Ralph Vale Cole
Charles & Victoria Cork
Estate of Suzanne H. Corkin
Mr. Stephen & Mrs. Shirley Corless
Drs. Nancy Corliss & Jordan Busch
Ms. Nancy Cornelius
Mr. Daniel Cosgrove
Mr. & Mrs. Trina Cotner
Patrick Cott
John & Carole Lea Cotton
Ms. Margaret H. Cotton
Paul & Mary Couens
Mr. Daniel & Mrs. Donna Courain
Anne S. Covert
Christopher Cox
Estate of John W. Cox
Mr. Steven C. Cox & Ms. Barbara L. Naramore
Mr. Thomas & Mrs. Carol Cricchiolo
Mr. Charles Craft
Ralph & Karen Craft
Dr. Nancy Craig
Craiglist Charitable Fund
Payal & Todd Cramer
Suzanne B. JT Crandall
CrankStart Foundation
George Craven
Crawford-Doyle Charitable Foundation
Dr. Craig Creasman
W. Creighton and Cristina Smith
Mrs. Barbara Crist
Mr. Michael Cristina
Gary & Marla Crockett
Ms. Joyce C. Crofton
Ms. Anne Cross
Gary Cross
The Jeanne I. Cross Trust
Mr. Craig & Mrs. Jennifer Croteau
Philip & Lisa Crow
Sheila & Caleb Crowell
Crowley Cares Foundation
Dr. Nancy Crown & Dr. Sam Weisman
CSAA Insurance Group
Rita Cseteley
Mrs. Rosemary Cuccaro
Mary Jo Culver
Kathleen J. Cunningham
Peter & Bonni Curran/Peco Foundation
Thomas J. Cutillo & Priscilla A. Myrick
Estate of Elizabeth Ann Cutsinger
Mr. Justin Cutter
The Cynthia and George Mitchell Foundation
Dr. Herbert Czermak
DA Capo Fund
Mrs. Susan Dabkowski
Mr. John Dado & Ms. Beth Freeman
David & Patricia Dahl
Drs. James Dahlberg and Elizabeth Lund
Alex Dahlen
Rick & Kate Dahlstrom
Roy & Dorothy Dailey
Frances Dakers
Ronald D’Amico & Nan Maxwell
Malathi Damodaran
Dandelion Foundation
Daniel and Margaret Carper Foundation
Daniel J. and Edith A. Ehrlich Family Foundation
Estate of Sayard T. Daniels
Mr. Edward & Mr. Andrew Dannenberg
Dr. & Mrs. James Dannenberg
Dan’s Supreme Super Markets, Inc.
Ms. Courtney Daragan
John Darcy Jr.
Clarence & Lili Darrow
The Darwin Foundation
Ashoke & Diane Das
Kamlesh C. Daswani
The Davee Foundation
John Davies
The David and Jean Evans Charitable Gift Fund
The David and Julie Zahn Fund
David and Nancy Zeller Gift Fund
David and Sarah Fischell Foundation
David and Sylvia Weisz Family Foundation
David Zuckerman Family Trust Gift Fund
Mr. R. David & Mrs. La Vonne Callisen
Bill Davidson
Mr. Gordon Davidson & Ms. Caroline Feiss
Mr. Jacob Davies
Estate of Barbara A. Davis
Mr. Donald W. Davis
Marty Davis & Alix Ritchie
Sally Davis
Roslyn Dayan
Ms. Saskia M. de Jonge & Ms. Anneke M. de Jonge
Guerrino De Luca
Wim De Pauw
Yvonne De Segerstrom
Mr. William A. Deacon
The DeLassandro Foundation
Mrs. Rebecca Dean
Ms. Carol M. DeBerry
Dr. Nassef Deen
Paul & Meg Deering
DeFord Family Fund
Mrs. Diana Del Maso
Ed & Carol Delahunt
Mr. Jacques Delettrez
Dell
Drs. Leon & Christina Demar
Mr. Gerard Deniel
Anke Denning
Dr. Andre & Mrs. Deborah Denis
Daniel C. Dennehy, MD
Margaret A. Dennis
Mr. Asa Denton & Ms. Suzanna Mak
Drs. Jitendra & Saryu Desai
Joseph Desantis
William & Donna DeSeta
Design Foundry
Dr. Serge Desjardins
Lisa Desnoyers
Dr. Marjorie Deutsch & John Broadbent
Deutsche Bank Americas Foundation
Teresa & RJ Devick
Frances B. DeVincent
Trust
Larry Devine
Sid Devorsetz
Donald Dewhirt
Mr. Kerry Dewitt
Diaco Family Foundation
Ms. Stephanie R. Diana
Diane and Ron Miller Charitable Fund
Brennan Diaz & Sadie Holzman Diaz
Nancy G. Dickinson
Mr. Gerald A. Dickinson
Kenneth B Glencoe
Dickinson
Dickson Family Fund
Mr. Bill & Mrs. Sharon Dickson
Michael Dickstein
Ms. Jane C. Diefenbach
Diehl Family Foundation
Mr. Richard Dike & Ms. Joan Fudula
Louis J. & Louise M. DiMeco
Mr. Richard & Mrs. Sabrina Dimichele
Steve Diskin
Albert Dixon
DMLC Foundation
Quoc Do
Charles Doane & Clare O’Brien
Dr. Umakant & Shredevi Doctor
The Domenico Paulon Foundation
The Donald and Carol Chaiken Foundation
Donald M. & Helen H. Kidder Family Foundation
Ann-Na Dong & Christina Yang
Eileen M. Donlon & Chellappa Kumar
Ms. Mary Donnelly
Mr. Oliver Donnelly
Mr. Matthew Donohoe
Michael & Linda Donovan
M+M William Dooley
Dora L. Foster Charitable Foundation
Mary Lou Dorking
Amin Dosani
Razak Dosani
Linda P. Dotson
Mr. Henry Dotterer
Ms. Adeline Dougherty
The Douglas C. Beaton Family Foundation
Douglas Family Fund
Nita & Andrew Douglas
Dr. Jeffrey Dover & Dr. Tania J. Phillips
Mr. Graham Dower & Ms. Shelia Cheston
Kathryn Driskell
Kerry P. Doyle
Mary J. Doyle
Sharon & Kevin Doyle
Mr. William Doyle
Mr. Joy To The World, Inc.
Estate of Diana Mack Drake
Mark & Karen Dzakowski
Mr. & Mrs. David Drescher
Mr. Brian & Mrs. Marta Drew
Ronald H. Dreyer
Wendy & Stan Drezek
Mr. Thomas M. Driscoll and Ms. Patricia A. Teufel
Stacy & Mark Driskell
Mr. & Mrs. Albert and Martha Driver
Diane Dugan
Duckworth Family Trust
Patricia Dudics
Kingston Duffie & Elizabeth Schwerer Duffie
Ms. Marilla Duffles
Dr. Kent & Mrs. Donna Duffy
Eileen Duggan
Dr. and Mrs. Francis J. Duggan Jr.
Duke Energy
Kevin Duke
Buncan Steiker Memorial Foundation
Mr. William Dunkin
Ms. Chelsea Dunlap
Shirley L. Dunlap
Kevin A. Dunn
Mr. Raymond & Mrs. Kelly Dunn
Mr. Jimmy Dunne
Arthur & Elizabeth Duquette
Miranda & Joe Durbin
William & Nancy Durkee
The Dusky Foundation
Dr. Patrick & Mrs. Bethany Duthie
Frances D. Dwyer
Mr. Kevin & Mrs. Mary Dwyer
Terence & Jane Dwyer
E. T.
John & Sybil Eakin
The Earl D. & Marian N. Dolson Fund
Earthsound Fund
East Coast Account
Ms. Barbara J. Easterling
Brian & Elizabeth Eaton
Ecolab, Inc.
Bart & Rebecca Eddy
Mr. Jonathan Eddy & Ms. Jessica Hu
The Edith Hendrickson Family Foundation
The Edith W. MacGuire Charitable Trust
Edward A. and Evelyn M. Dik Family Foundation
Edward and Marjorie Goldberger Foundation
The Edward T. Cone Foundation
Christopher & Karen Edwards
Dr. David Edwards
Edwin W. and Catherine M. Davis Foundation
Dr. Sally M. Ehlers & Ms. Ann W. Adams
Mr. Matthew Ehmer
Mr. Lawrence P. Ehren
Ms. Elizabeth Ehrenfeld
Meher Etishtam
Mr. Carl & Mrs. Frankie Eichenberger
Paul & Rosemary Eide
Mr. Benjamin A. Elibott
Ms. Gretchen Eisenach
Drs. Robert & Hélène Eisenhower
Thomas Eisenberg
Stephen & Lisa Eisenstein
Mr. Israel Eis
Mr. Gary Elden & Ms. Phyllis Mandler
The Elder Family Foundation
Mr. John Elderfield & Ms. Jeanne Collins Elderfield
Electronic Arts Inc.
Mr. Hazem El-Samal
The Ellen Tsao Au-Yang Charitable Foundation
Elliot Badgley Foundation, Inc.
Ellicon Di Fund Of The Oregon Community Foundation
Mr. Michael Ellis
Phillipp & Elizabeth Ellison
Mr. Gary Emanuel
Daniel & Aileen Emer
Patricia Emerich
Ms. Karen Endle
John & Elizabeth Endicott
Mr. James Engel & Ms. Kim Im Chew Lim
Ms. Haseena Enu
Mr. Samuel Epee-Bounya & Dr. Alexandra Epee-Bounya
eQuilter.com
Mr. Hakan Erdamar
Jerry and Rayla Erding
Eric and Laurie Roth Charitable Fund
Freja Beha Erichsen
Matthias Erne
Mr. David & Mrs. Kathleen Ernst
ESI
Estée Lauder
Mr. David Estes
Tom & Christina Evans
Ms. Kellie Evans-O’Connor
Mr. Mark Everett
Georg Eversheim
Mr. Christopher & Mrs. Barbara Exton
The F.B. Heron Foundation
Joseph L. Faber
The Fahlgren Family Charitable Fund
The Fairl Charitable Fund
Oluwatosin Falasinnu
Felix Family Philanthropic Fund
Ms. Kathleen M. Fallon
Dr. Hannah Fargmiglietti
George Farah
Dr. John Farazian
A. Fauji & J. Fauji & C. Grady
Ms. Meryl Faulkner
Mr. William R. Faulkner
Mr. John Faust
Dr. Judith Favel
Feder Family Fund
Mr. Daniel Feidt & Ms. Margery Martin
Lois Feinblatt
Karyn D. Feiner
Peter & Jeanne Fellowes
Ronald & Linda Felton
Estate of Patricia O’Neil Fender
John & Mary Jane Fennessey
The Fenton Family Charitable Fund
Ms. Evelyn Ferguson
Marilyce Ferguson
Dr. Earl R. Feringa
Mr. Eric Ferr & Ms. Patricia Slentz
Mr. Gary M. Ferman
Russell & Anne Fernald
Michael & Claudiane Ferrante
Richard Ferraro & Paula Lowe
Mr. Jonathan Ferrugia
David R. Ferr
erobert a. ferbti & antonia e. stolper
Mr. Dennis & Mrs. Patricia Fesler
Mr. Robert P. Fetch
Cecily Feudo
Michael Feves & Chris Feves
Stephen Ficke
Fiddes-Talmadge Family Charitable Fund
Fidelity Charitable Gift Fund
Mr. Gary Fieger
Marilyn G. Field
Beverly M. Fields
Ms. Michelle D. Figueras
Mr. John Filan
Kevin P. Fiter & Rosemary Kessler
Findings Inc.
Mr. Joseph Fink & Ms. Megan Bashwinder
Dr. Michael Finney and Dr. Gypsy Aching
Mr. Akbar & Mrs. Nisreen Firdosy
Ms. Ruth Fischer & Mr. Richard Lugg
Franklin & Ellen Fisher
Ms. Hinda Fisher
Fitts Family Foundation
Mr. Edmond Fitzgerald
Ms. Margaret Fitzgerald
Mr. Thomas Fives
Ms. Rose Flahavan
James & Rosemarie Fisherty
Julian Flear & Judith Polzer
Flex Family Gift Fund
Jody Fleischer
Mr. & Mrs. Lorrence Fleissler
Mr. Paul Flory
Estate of Lynette Flowers
Ms. Kathy Flynn
Focus Fund
Foley Family Charitable Foundation
Janis and Bill Foley
Ms. Linda Foley
Kenneth and Janet Follansbee
Melissa & Anthony Fong
Mr. John Fote & Mrs. Rosamond Tompkins
Caroline Foson
Bernadette Forge
Mr. Peter R. Formanek
Mr. & Mrs. Robert Forsland
Ms. Monica Fortner
Fosdick Fund
Mark and Sylvia Foster Charitable Remainder Unitrust
Anthony Foursace & Martha Dike
D. Frank Fox
Peter & Lynda Fox
Ms. Anna B. Francis
Ms. Joan Francis
Frank and Janina Petschek Foundation
David Frankel
The Frankin Fund
Frederick and Margaret L. Weyerhaeuser Foundation
Friedlander
Dr. Tobias M. Freebourn
Bryan Freedman & Ronald Gregoire
Dr. & Mrs. Gerald Freedman, MD, MPH
Ms. Barrie Freeman
Mr. Wayne E. Freeman
Ms. Catherine Lineaweaver French
Dr. Jacqueline French & Dr. Henry Fraimow
Mr. Marc & Mrs. Patricia Frey
Katherine Freygang
Ms. Mary Louise Frick
Ms. Ann Eisenberg
Friedlander
Dr. Gerald & Mrs. Roberta Friedman
Ronald Friedman
Kathryn Friend Charitable Trust
Mr. Richard S. Frisius
Felecia Froe
Mr. David Frohardt-Lane
Rev. Robert J. Frueh
FT Care Foundation
The Fukushuma Family Fund
Patty Fuller
Rebecca M. Fuller
Mr. Art Funk
Elizabeth N. Furber
Richard and Karen Furst
Ms. Marie Fusco
Mrs. Karen Fussy
Fyle Charitable Fund
The Gates Foundation, Inc.
Mrs. & Mr. Glenda Gabrielson
Peter Gaccione
Andrew J. Gaffrey & Helena M. Turner
Portia Gage
Mr. John R. Galiley III & Ms. Joellen Berger
Mr. Lucas Cox Balhotra
Dr. Harris Galkin
Caroll Gallant
Constance Galvin
Nikhil Gandhi
Audrey A. Gann Trust
Mr. James Gara
Geoffrey A. Gardner
Cyrus Gardner
Eloise W. Gardner
Mr. & Mrs. Lida Gardner
Wyatt Garfield
Estate of Marion Jane Garland
Lester & Joan Garrison
Craig & Roberta Garrison-Mogren
Mr. Robert Garthwait, Sr.
Gartner
Gary & Diann Warren Family Fund
Gary and Kary Myers Fund
Mr. Chris Geireagt & Ms. Irene Kuo
The Gelb Family Foundation
Gay Gelhorn in Honor of Lester Nurick and Dr. Beth Horowitz
David W. Gengler
The George and Jane Shinners Charitable Trust
George Wasserman Family Foundation
Ron George & Tricia Takacs
Madelaine Georgette
Dr. Richard Gerber
Mr. Irina & Mrs. Lang Gerhard
Anne & Michael Germain
Wes & Joann Gerriets
Gerrish H. Milliken Foundation
Oscar & Dell Gerster
Gayle Images
Safar Ghazal
Robert Ghiradella
John & John Ghrayeb
Linda L. Gibbons
Robert & Mary Gibbons
Mrs. Ellen B. Gibbs
Nick Gieschen
Chris and Susan Gifford
Mr. Sameer Gilani
The Gilbert & Idiko Butler Family Foundation
Richard & Alyda Gilkey
The Gillespie-Rogers Family Charitable Fund
Mr. John S. Gillis
Gilmore Foundation
Dr. David Ginsburg
Ms. Susan Glass
Ms. Sandra R. Glassman
Ms. Elizabeth Glafelter
Joshua A. Glazer
Ms. Judith Gleysteen & Ms. Lucy Gleysteen
Sandra Glick
The GMK Family Fund
Ms. Linda Gochfeld
Mr. James Godfrey
Thomas W. Godfrey
Ms. Hethalyn Godwin
Dick & Ellie Goers
Kerry & Eric Goers
Mrs. & Mr. Joyce Goldberg
Stephen & Diana Goldberg
Mr. Randal Golden
Paul Goldenberg & Pagem Donnelly
Max & Andrea Goldensohn
Goldenvoice, LLC
Mr. Lawrence & Mrs. Mary Ellen Goldfarb
Joan Goldfeder
Ms. Marina Goldin
Mr. Fred Goldman
Alden Goldstein
Dr. Robert and Maria Goldstein
Dr. Steven Goldstein & Dr. Ellen Miller
Mr. Peter J. Gollon
James Goltz & Eliane Herring
Roy & Julie Gonella
Janice Gonzales
The Groome Family Charitable Fund
Ursula Gropper
Ms. Ingerborg Gross
Grovenor
Sascha & Esther Gruber
Richard Gruen
Ms. Leslie Gruss
Manuel Guerra
Patrick Guiney
James Guiry
Mr. Stanley Gukil
Ms. Diana Gumas
Dr. Daniel J. Gup & Ms. Terri Ruth Klein
Gupla Foundation
Guerry | Schneider LLP
The Gutierrez & Orozco Family
Mr. Arthur M. Gutterman
Jane F. Guzikowski
H And J Fund
H Beck Inc
H. M. Bittner Charitable Trust
Estate of Louise Fenzl Haag
Martin G. Hakala & Jennifer Susan Jackson
John Hackeling
Jack & Marion Haddad
Steven Hadley
Mr. Carl Haefling & Ms. Pamela Johnson
Ms. Alexix Hafken
Mr. Steven J. Hafner
Robert & Sarah Haft
Rob & Elke Hagge
Mr. Charles Hagstrom
Victoria D. Haile
Nawaz & Salima Hajiani
Dr. Thomas B. Hakes
Estate of Norma L. Haldeman
Mark & Shelley Hall
Mr. Simon & Mrs. Jane Hallett
Mr. James & Mrs. Ingrid Halstead
Ottile Halstead
Mr. Elling Halvorson
Elizabeth Hambery
Hamilton Family Charitable Fund
The Hamilton Foundation
R. Bruce & E. Victoria Hamilton
Mr. Charles & Mrs. Isabelle Hamker
Dr. Phyllis Hammer
Mr. Stewart Hammer
Dr. Steven Hammerschlag & Ms. Debra Reynolds
Mr. Bill & Mrs. Katie Hammersen
Dr. Susan Hammond & Mr. Jonathan Baker
Mr. William A. Hanan
Hanau Family Foundation
The HANF Foundation
Dr. Julie & Mr. Fred Hanna
Ms. Mary Hannigan
Charles Hannigan
Mr. John D. Hannon
Robert & Martha Harrnett
Mr. Jorgen Hansen
Mr. Paul & Mrs. Beth Hansmire
Estate of Patricia Hanson
Mr. Amine Haouj
Sam Haq
Dr. Basir Haque
Arnold C. Harberger
Tyrone Hardy
Mr. James & Mrs. Deborah Harlow
John C. & Cynthia D. Harmon
Arthur Harrill
Buzz Harris
Carol C. Harris
John & Ruth Harris
Phoebe Harris
Mr. Rory Harris
Dr. William & Mrs. Lenore Harris
Ms. Ellen K. Harrison
Mr. Steven & Mrs. Sylvia Harrison
Holly, Gladys, and Rosana Wassall Charitable Foundation, Inc.
Hart Family Charitable Fund
Mr. Oliver Hart & Ms. Rita Goldberg
Mr. & Mrs. Richard Hart
Linda Hartig
Stephanie Hartman
Olga & Christopher Hartwell
Robert & Laura Hartwig
Ms. Nancy G. Harvey
Estate of Robert D. H. Harvey
Mr. Syed Hasan
Mr. Tarig & Mrs. Huma Hashmy
Ms. Patricia C. Haswell
Mr. Jan Hatzis & Ms. Linda-Eeline Lee
Steven & Susan Hauser
Mr. Michael Hawes
Mr. Brian Hawkins & Ms. Alexandra Hawkins
Kate Hawkins
Christopher Hayes
Mr. James Hayes
Jeffrey & Jennifer Hayes
Thomas C. Hayes
The Hays Family Foundation
Mr. Tom Hays
Gregory & Mardi Hayt
Mr. Richard B. Hazelett
Martha & Doug Head
Health Strategies Group
Kathleen Healy
Elizabeth G. Heard
Will & Nancy Heathcote
Carla Heck
Mrs. Joann Heftler
Dr. Josephine M. Heim-Hall
Mr. Charles Heiner
David Heinslter & Barbara Whitcraft
Mr. & Mrs. Randal Helfer
Helen and William Mazer Foundation
Helen Brach Foundation
The Honorable Ricki Tigert Helfer & Michael S. Helfer
Dania Heller
Ruth Heller
William Hellmuth
Mr. Eric & Mrs. Bonnie Helpenstell
Dr. Mary P. Hemstreet
Ms. Mitzi G. Henderson
Mr. Robert Henderson & Mrs. Barbara E. Meyers
Mr. & Mrs. Milton H. Hendricks
Ms. Connie R. Hendry
Mr. Robert Hennessey
Dorothy Hennessey
The Henry and Barbara Haug Fund Administered by the Charlotte Community Foundation
The Henry J. Kaiser Family Foundation
Mr. Joseph Henry
Erik Hepler & Maureen Ryan
Mr. John Heppner Jr. & Mrs. Terese Tingle Heppner
The Herb Fred Medical Society, Inc.
Mr. & Maureen Herbert
Mr. Ralph J. Herbert
Mr. Matt Hereford
Ms. Janet G. Hering
Mark Herlache
Herman Goldman Foundation
Ms. Rita Herman
Richard & Beverly Hermens
Ms. Jane Herron
Beatricia Herrick
Anne McElwee Herschler
Henry & Suzanne Herzog
Dr. Kerri L. Hesley & Dr. Timothy A. Gibian
Peter Hess & Natalie Mahowald
Lieslottet Hessler
The Hicks Family Charitable Foundation
Robert Thomas Hicks
Abraham Higginbotham
Mr. Richard L. Higgins
Betsy and Wes Higgins
Highland-Mills Foundation
Mr. Bruce & Mr. Daniel Higley
Thomas & Anne Hilbert
Michael Hildebrand & Myra Munson
Mr. Caleb Hill
Joyce & Michael Hillstrom
Mr. Alan R. Hinds
Ron & Carol Hinkle
Mary and Harry Hintlian
Candace Hirsch
Mr. John Hirsch
Ann B John Hisle
Mr. Edgar Ho
Mr. & Mrs. Kenneth Ho
Robert & Laura Hockett
Cynthia J. Hoelscher
Dr. Michel Hoessly & Dr. Selina Luger
Mark & Elana Hofer
Mr. Rick Hoffer
Dr. A. Charles & Ms. Pamela Hoffmeister
John & Mary Hofmann
Mr. Bob Hogan
Mr. Don Hoke
Mr. Mark Hollinger and Ms. Cathy MacNeil Hollinger
Babette Solon Hollister
Frank Holsenbeck
Mr. & Mrs. Jim Holton
V.K. Holtzendorf
The Homeyhome Fund
Mr. Maurice Hoo
Rev. Elda Bl. Hope
The Hopkins Family
Maura A. Hopkins
Marc & Amelia Hopper
Ms. Karen Horan
Gisela Horejai 2007 Trust
Mr. Timothy Horkings & Ms. Beth Clark
Joseph B Lynne Horning
Hospital Corporation of America (HCA)
Mark & Sharon Hosseini
Host Hotels & Resorts, Inc.
Ms. Marian M. Houk
Houlihan Lokey
Ms. Alice Houseknecht
Marcel & Margaretha Houtzager
Dr. Nils & Mrs. Mary Hovik
John & Dede Howard
Michelle Pon Howard
Ms. Sheila Howard
Mr. Jeremy B Mrs. Lily Howe
“WE SO GREATLY ADMIRE THE PERSEVERING WORK OF MSF, ESPECIALLY IN LIGHT OF THE HOSPITAL BOMBING IN OCTOBER 2015 IN KUNDUZ AND INDISCRIMINATE KILLINGS OF CIVILIANS IN SYRIA, AFGHANISTAN, AND YEMEN.”

—The Ralph E. Ogden Foundation, MSF supporters since 2002.
Dr. Kevin B & Mrs. Karla Rahm
Ms. Margaret Raidmets
Sheila Ramanathan
Federico Rampini & Stefania Scotti
Mr. Dennis Randall
Randee and Ken Devlin Family Foundation
Kanwal & Deepraj Randhawa
Randy Mailman Productions
Richard & Carol Ranger
Dr. Jeff Rank & Ms. Beth Andrews
Ms. Lila Rankin
Dr. Murali & Mrs. Kerstin Rao
MaryAnne Rasmussen
The Rathmann Family Foundation
Rau Abhari Fund
Mr. Geoffrey M. Raux
Martin Rawls-Meehan & Lisa Tan
Raymond & Lucille Benedetto Charitable Fund
Raymond James & Associates, Inc.
Ms. Caroline Raymond
Ms. Margaret H. Raymond
Dr. Mohammad H. Razavi
Dr. Stephen Read & Ms. Diana Kos
Michael H. Reardon
The Redante Family Foundation
Gloria and James Redmond
Kathleen J. Redmond
Joyce Redvanly
Barbara L. Reed
Ms. Elizabeth Reed
Mary Ellen Sheehy Reed
Philip S & Carla Reed
Mr. Barton Reese
Mr. Robert Reese Jr.
The Reichelderfer-Blair Fund
Beryl Reid & Paul Katler
Donna & James Reid
Alice D. Reilly
Ms. Denise Reily
Mr. Marvin S. Reimer
Mr. Gregory Reimers & Ms. Carolyn Perry
Mischa & Michaela Reis
Mr. & Mrs. George Reiser
Linda A. Reiss
Dr. Meg Reitmeyer
Dirk J. Reitsma, MD
In memory of Allan S. Remp
The Renaissance Foundation
Ms. Anna K. Rentz
Paul M. Resch & Nancy B. Coleman
The Reuben Herzfeld Fund of the Greater Cincinnati Foundation
Dr. Sally Reyering & Mr. Christopher Baldwin
Arthur & Martha Reynolds
Ms. & Mr. Richard Reynolds
Rheinwerk Publishing, Inc.
Dr. Jason & Dr. Alina Rhodes
Charles Rice
Dr. Peter E. Rice
Richard Dunn Family Foundation
John Richards & Nancy McFadden
Marilyn Richman
The Richter Family Foundation
Michael & Kim Ridder
Rigg Family Gift Fund
Jon & Lynn Riggs
Mr. Borge Riis-Vestergaard
Ms. Sheryl Riley
Estate of Mr. & Mrs. Bernard Rinehart
Ms. Mary Kay Ring
Dr. Kjell-Arne Ringbakk
Ms. Caroline Ripka
Dr. David G. Ritchey
The River Foundation
Elisa Rivlin & Eric Nadler
RME Fund
Ms. Veronica Roa Butcher
William B & Alice Roach
Robert and Vivian Lamb Fund of the Triangle Community Foundation
The Robert G. Huber Trust
Robert S. & Marion L. Wilson Fund
Robert Wood Johnson Foundation
Mr. John Roberts & Ms. Heather Gert
Mr. Julian Roberts
Dr. Whitney Robertson
Robinson and Frankoff Families
Donald & Katherine Robinson
Robinson-Morrill Fund
Hannah & Joe Robson
David M. & Barbara D. Roby
Ms. Ira Roche
Rodney Corporation
Mr. Thomas Roeder & Mrs. Susan Roeder
Daniel Roemer
Robert L. Kohn Fund
Dr. Heidi & Mr. Christopher Rogers
Mr. Nicholas Rogers
David and Mary Jane Rogn
Mr. Dennis Rohde
Ron Rohde
Mr. Matthew Rohrbach & Ms. Anna Lisa Sigmarssottir
Mr. Mark Roldan
Alex & Lauren Rolfe
Estate of Patricia Romero
Mr. Michael J. Ronco
The Rope Foundation
Drs. John & Carolann Rosario
Mr. Robert Rosati
Ms. Cynthia Mordaunt
Roshborough
Burton & Gloria Rose
Joel & Karen Rosen
Ms. Ruth Rosen & Dr. Wendel Brunner
Ms. Ritta G. Rosenberg
Paul & Catherine Rosenberger
Rosenberger Charitable Trust
Term Trust
Ms. Gail Rosenblum
Jeanette & David Rosenblum
Ms. Lisa Rosenfield
Ruth D. Rosin
Dr. Elizabeth E. Rosquete
Ms. Heather Ross
The Roth Armstrong Hayes Foundation
Mr. Karl Roth
Brad & Linda Rothbaum
Kurt & Carol Rothe
Ms. Sonia S. Rothschild
Ms. Suzanne Rotondo
Alex Roudi
Ed Rounds & Callae Walcott-Rounds
Brad Roupp
Mr. Jan Rous
Mr. Duncan Rowe & Ms. Amy Bensinger
Mr. Reid Rowllett & Ms. Deborah Hinton
Roy E. Crummer Foundation
Carl B & Judith Royal
Mr. & Mrs. Donald Royer
Ms. Lois Rozet
Richard B & Susan Ruach
Yolanda Rubel
Mr. Morris & Mrs. Nancy Rubenstein
The Rubin Family Foundation
Dione & Ralph Rubio
Ms. Patricia Rudisill
Dr. Jerome & Ms. Yvette Rudnitzky
Mrs. Helen Hechinger Rudoy
Rushlow Family Foundation
Mr. Vincent R. Ruggiero
Dr. Kenneth A. Rule & Ms. P. B. Rule
Mr. & Mrs. Eric M. Rumple
Matthew Runkle & Rebecca Koeplnick
Jim & Jacki Rupert
Mr. Steven D. Ruppert & Ms. JoAnn Slivley Ruppert
Meredith Rush-Bell & Richard S. Bell
Mr. William B. Rushton
Ms. Janet Russell
Mr. Thomas Russell
Mr. Thomas C. Russell
Ruth, Ama, Jane Charitable Trust
RW Zant Company
Ryan Family Charitable Foundation
William F. Ryan & Joan T. Richtsmeier
Donald and Kathleen Rynbrandt
SFB Radiator Service
S. Balolia Family Foundation
The S. Decker And Sherron Anstrom Family Foundation
S.A. Johnson Family Fund
Richard A. Saada
Lennart A. Saaf
Sacajawea Charitable Foundation
Naveen Sachdeva
Mr. & Mrs. Todd & Judy Sachs
Tom & Sharon Sachs
Harry Sachse
Estate of Florence W. Sacks
Michael & Dana Sackton
Tom Sador & Dr. Elia Skinner
Raquel Saenz
Mr. Anthony P. Sager
Mr. Thomas Sager
Ellen Sahadi
Ms. Susan Saldenberg
Mr. Vinson T. Saito
Mr. Paul & Mrs. Dorcille Sakuma
Lindsay & Kyle Sales
Salesforce.com Foundation
John & Virginia Sall
Dario & Laura Salvucci
Ms. Krishna Sanamraii
Darin Samarawera
The Samaritan Foundation
Mr. Andrew Samberg
Ms. Elaine Samet
Mr. Lonnie & Mrs. Jenny Samford
Ernie Sammann
SA

Sammons Family Charitable Fund
The Samuel and Anna Jacobs Foundation, Inc.
Samwel Schmitt Fund
Sand Dollar Foundation
Mr. Scott & Mrs. Jennifer Sandle
Sanders-Clifford Family Fund
Sandisk Corporation
Matching Gift Program
Mr. Michael E. Sandler
Sandra D. Brown Fund
Ms. Patricia Sands
Stephen & Karen Sanger
Mr. Harry Sangree
Zachary Sank
Mr. Dennis Santella
Ms. Olga M. Santiago
Kim Sarchet & Jon M. Foran
Vijay Sar-Dessai
Robert M. Sardis
Mr. Casim A. Sarkar
Mr. Mark & Mrs. Judy Sarvany
Sasco Foundation
Mr. Ashoke Sathy
Kenneth & Marjorie Sauer
Patricia P. Savage
Sawyer Family Fund
Mr. Curtis Scaife
Hunter L. Scales III B Twila Hamilton
Benjamin & Meredith Scarlet
Mr. Ron Schaefer
John & Gwen Schaefer
Julie Schecter
Prof. Thomas & Mrs. Alice Schelling
Ms. Jean Scheps
Mr. Richard Scher
Scheuer Associates Foundation
Judith Scheuer and Joseph Mellicker
Bob & Patricia Schieffer
Mary Beth Schiffman
Richard L. Schiffman
Jessie Schilling
Mr. George Schillinger
Estate of Betty J. Schlosser
George Schlossnagle
Ms. Maria Schmalle
Adrian & Carol Schmidhausner
Alexander Schmidt
Ms. Anne Schmieder
Hal & Elsa Schmithorst
Ms. Jennifer Schneck
Robert Schneiderman
Sally & Michael Schnitzer
Peggy Schoditsch
David C. Schoen
Tom & Kim Schoettle
Susan R.S. Schofield
Anne-Marie Scholer
Ms. Mary Schorr
The Schreiber Family Foundation
Jonathan B Sherry
Schreiber
Kathy Schroeder
Donald Schueler
Mr. Mark Schupack
Mr. Michael Schwab & Ms. Margret Elson
Mr. Denis G. Schwartz & Mrs. Mary Arnold Schwartz
Mr. Tony Schwartz & Ms. Deborah Pines
Mr. Steve Schwartzman
Mrs. Betty Schwarz
Duane Scott & Jennifer M. Hess
Dr. Katherine Scott
Wendy Scott
Mr. Robert & Mrs. Kathleen Scoville
Scudder Family Foundation
Mr. Thomas Scully
Sea Foam Sales Company
Sear Family Foundation
Seavey Family Fund
Mr. Chandra Seethapalli
Mr. Ernst Seehafer & Ms. Clio Tarazi
Mr. Fredric M. Seiden
Mary D. Sella
Dr. and Mrs. Jay G. Selle
John & Ruth Sellers
Mr. Melvin L. Seizer
Drs. Clay & Janice Samenkovich
J. William Semich
James B Trustman Senger
Stephen C. Senna
Ms. Sabah Servesa
Mr. & Mrs. Charles E. Seufferlein
Mr. Frederic Meyerson
Antoinette Farrar Seymour
Shah Charitable Foundation
Shah-Domenicali Family Fund
Leila & Kaveh Shahi
Dr. Susan H. Shane
Mrs. Frances Shapiro
In Memory Of Dr. Irving Shapiro
Howard Shapiro & Shirley Brandman
Mr. Mark & Mrs. Jennifer Shapp
The Sharma & Irvin Frank Foundation
Warren Sharp & Louise Lauferweiler
Brenda & Rick Sharton
Bradlee H. Shattuck
Mary Frances Shaughnessy
Patricia L. Shaw
Peter & Sydney Shaw
Jerald & Laura Shea
Mary Sheehan
Mr. Michael Sheehy
Vincent and Janet Sheerin
Sheila Broderick Foundation
Dr. B & Mrs. Lyle N. Shelver
Leonard & Anna Shemin
Mrs. Elizabeth A. Sher
Thomas Sheridan
Ms. Mary Sherman
William Sherman, Trustee
- Murray G. and Beatrice H. Sherman Charitable Trust
Estate of Zelma Sherman
Christopher Sherry & Lee Stewart
Margaret Sherry
Ms. Lakshmi Sheth
Mrs. Phyllis Shibata
Mr. Michael Shinn
Shinn/Soper Charity
Mr. Matthew G. & Mrs. Joretta A. Shinners
Mr. Gregory Shipman
Richard & Sandra Shirley
Shirle & Owen Siegel Foundation
Dr. Samira Shojae
Mr. Matthew A. Shuckor
Jerry & Judith Shulman
Shure Incorporated
Xuan & David Sibell
Dr. & Mrs. Rasheed Siddiqui
The Siegel & Friend Foundation
Carol G. Siegel
Michael Siegengeld
Kasumi Araki-Sigengeld
Warren & Carol Siemens
Andrea Silva
Joe A. Silva
Dr. Helene Silvetti
William Simcoe
Jeffrey & Marion Simmons
Allen H. Simon
Estate of Elisabeth H. Simon
Stephen & Bonnie Ward Simon
Dr. & Mrs. Itamar Simonon
Sincerely, Henry Foundation
Ms. Susan R. Sinclair
Susanne & Michael Sinclair
Estate of Allan Sindler
Jadwinder Singh
Ms. Manita Singh
Patricia R. Singleton
Mr. Charles Singleton
Dr. & Mrs. Francis Siracusa
The Sirus Fund
Drs. Murali & Gouri Sivakumar
David Skar & Kathleen Lindberg
Don & Jane Slack
Ms. Jane Slattery
Sloan Family Trust
Dr. James A. Sloan
Mr. James E. Slocum
The Smithinger Trust
The Smith S.H.A.R.E Foundation
Dr. Caldwell W. Smith & Ms. Alice R. Benedict
Glen & Patti Smith
Greg D. Smith
Mrs. Jane Engle Smith
Ms. Jean Smith
John & Jean Smith
Mary J. Smith Trust
Michael & Patricia Smith
Prentiss Smith
Robert & Corinne Smith
Ronald F. Smith
Sidonie Smith
Stuart R. Smith
Dr. Louis Smolensky & Dr. Gertrude Carter
Leslie F. Snapp
Brian & Katherine Sniffen
Estate of Fred Smitzer
Ms. Isabel Snyder
Mr. David Soong
Mr. Ivo Soares
Ms. Marguerite J. Soffa
SoftTech VC
Steve & Linda Sogge
Ms. Jennifer Sohn
Solomon Family Foundation
Ms. Marta Solonsa
Harry & Carol Sommer
Mr. John Sommer
James M. Sommerville
Mr. George & Mrs. Maridel Sonnichsen
Philip C. B Janice L. Sorensen
Richard M. Sorensen
Dr. Jonathan Sorof & Mrs. Thuy Anh Sorof
Ms. Judy Sorrel
Sandy & Steve Soule
Southern Cross Fund
Larry & Judith Bowser
SP Investment Fund LLC
Space Exploration Technologies Corp
Ms. Eleanor Speare
Spector Fund
Mr. Joe Speiser
Regina Spektor
Charlotte Spellenberg
Spero Fund
Ms. Virginia Spicer
Ms. Jennifer Spinach
Justin Spitzer & Jenna Sbarsky
Ms. Kathleen Spivack
Nancy and Joseph Sponholz
Robert M. Sprague
Mr. Elliott Sprehn
Mr. Matthew Spremulli
Thiru & Mala Srinivasan
Ambirish Srivastava, PhD
Ms. Mae Stadler
Mrs. Catherine H. Staley
Mr. E. Michael & Mrs. Karen Stang
Mr. Alan Stange
Ms. Teresa Stankiewicz
Julie Staringa & Steven Bakke
Mr. Roger & Mrs. Margaret Starnes
State Street Foundation, Inc.
Dr. George Stathopoulos
Albert & Candace Staton
Andres Steckl & Amarah Sedreddine
Elizabeth Steele
Willie Steenland
Steffens Foundation
William & Mary Steggall
Pat & Marcia Stehling
Mr. Lyle Stein
Mr. Jonathan Steingraeber
Ms. C. Buf Meyer
Ms. Paula Steingraeber
Ms. Katherine Stella
Ms. Kathryn Stell-Floren
The Stephens And Janice Seele Charitable Fund
Dr. Paul Stephens, Jr. & Dr. Tyrone Bryant-Stephens
Monica Stephens
Ms. Peggy L. Stephenson
Sterling Ruby Studio, Inc
Carl B Nadine Stern
Morton & Anne Stern
Prof. Scott Stern and Ms. Catherine Fazio
Ms. Marilyn Stetler
Catherine and Keith Stevenson
The Stewart and Constance Greenfield Foundation
Dr. Africa & Mr. Gary Stewart
Fred Stewart
Mr. Richard Stewart
John Stiegelmeier & Laurie Stiegelmeier
Mr. Matthew & Mrs. Shirley Stilson
By providing for MSF in their estate planning, Legacy Society members help ensure our ability to respond to the challenges we will face in our future. Each year, many of our loyal supporters join our Legacy Society by naming MSF in a will or trust or as a beneficiary of a retirement plan, or by setting up a charitable gift annuity or charitable trust. As a member of our Legacy Society, you will receive updates about our work around the world and be listed in our annual report. For more information about MSF’s planned giving program, please call our planned giving officer, Lauren Ford, at (212) 763-5750.
CA

Hodges & Joe Carroll
Mary Catherine Carroll
Paul & Susan Carrow
Dr. Marjorie Caren & Mr. David Durbin
Carson Trust
Mr. & Mrs. Leonard K. Carson, Jr.
Dr. Jeremi Carswell
Judith K. Carter & Ronald D. Carter, MD
Rand Carter
E. Carvel
Letty Casazza
Mr. & Mrs. Robert Case
Rodney & Annick Case
Donna Casella
Mr. George C. Cass
In Honor Of Dr. Samuel Cassell
Anne Marie Castellino
V.E. Castleberry, MD
Joceph Castrovinci
Rosa Catel
Diane Kay Caveness
Patricia & James Cavitt
John & Charleen Cepek
Shirley Clapham
Judith Checkler
Daniel Chen & Christine Chang
Jane Chesnutt
Martha Chestem
Richard & Gail Marie Chester
Heather Chilsholm-Chait
Dot Christensen
Genie & Niel Christiansen
James Christiansen
Jane P. Church
Judie Cirillo
Judith Citrin
Sherryl Clapham
Hugh Clark & Judy Musciant
James Clark
Marshall Clark
Nancy R. Clark
Terry R. Clark & James M. Kohler
Dolores A. Clarke
Dru Clarke
Gertrude M. Clarke, PhD
Gwendolyn J. Clarke
Hilda B. Classon
Dorothy Clay
Ann S. Cleary
Don W. Cleveland & Margaret A. Lopata
Helena S. Clifford
Clarce Coen
Mrs. Bernard Cohen
Mrs. Ann R. Cohen
Dr. Barbara Cohen
James Cohen & Mary Gibson
Larry & Eleanor Cohen
Marlene Cohen
Estate of Franklin David Cole
Kelly Coleman
Mace T. Coleman, Jr.
Timothy & Mary Ellen Coleman
Alexis & David Colker
Mr. & Mrs. Michael Collette
Will & Catherine O'Reilly Collette
Liselotte M. Collier
Eileen M. Collins
Laurence Collins
Linda Colonna
Ken & Alice Colwell
Laurel & Edward Combs
Marcia E. Comer
Spring Condoyan
Maryanne Conheim
Dennis R. Connolly
Dr. Seamus & Mrs. Evelyn Connolly
Mary Conrad
Ms. Elizabeth Constantine
Ann Cook
Dr. Evelyn Fuxua Cook
Patricia Cook
Bill Cooley
Dr. Harriet Y. Cooper
Daryle & Samuel Coplin
Kathryn Corbett
Borethoa Corey
Constance C. Cornog
Annette Coth
Helen Coukoulis
Allen Coulter
Karen T. Countryman
Dr. Sol I. Courtman
Marion B. Edwin Cox
Mary Crabbs
Jill Craig
Carter B. Genevieve Cramer
Beverly Crane
Patcy Cravens
Philip C. Crawford
Ms. Candace A. Crawford
Roy & Sue Crenshaw
Kathy Crispell, MD
Gloria & Michael Croft
Janet M. Cross
Joanne Crovets
Ms. Christina Crowley
Maria Christine Cruz
Joel & Sandy Cuba
Charlene Cunningham
John Cunningham
Monica Cunningham
Mary T. Curran
Marjorie Curtsinger
Mortimer W. Cushman
Gertrude Cutler
Lawrence & Donna Cutner
Rev. Frederick J. Cwiokowski
Dr. Keith & Mrs. Lois Dahlgren
Jim Daley
Jacqueline D'Aiutolo
Frances Dakers
Barbara Dalzell
Helen Daniel
Patricia M. Danzon
Laura Darius
Wayne C. Darnell
Judith E. Darst
Mrs. Virginia Darvill
David E. Dassey, MD, MPH
Sandra G. Dauenhauer
Drs. Edwin S. Davis & Sharon A. Lynch
Gilbert R. Davis & Patricia K. Davis
Marydene Davis
Nancy J. Davis & Robert V. Robinson
Shirley & Norman Davis
Stuart A. Davis
Dr. T. Albert Davis
Dr. Zev Davis
Robert & Marjorie Dawson
Susan De Gausmemack
John P. de Gara, PhD
Marjorie de Hartog
Ms. Genny S. de Harven
John de St. Nicolas
Tam De Witt
David Dealey
Dorothy K. Dean In
Memory Of Donald J. Senzig, Jr.
Dr. B.Mrs. Michael L. Dean
Alice M. Dear
Cynthia J. Deimants
Gregory O. DeJean
Adair Delameter
Dr. Margaret W. DelLano
Janet M. Dellaria
Jill Donna Delman
Michael L. DeMars, MD
Mr. & Mrs. Ed Dembowski
Sandra Demotts
Ms. Carol Deneyh
Steve Denner
Swati Deo
Mr. & Mrs. David Depew
Charles Depuy & Mary Ann Haagen
Norina E. Derose
Mrs. Carolyn M. Derr
Bernard L. Desroches
Dr. & Mrs. Donald Detwiler
John A. Dever
Steve & Linda Dever
Joanne Devlin
Donald & Martha Dick
Eldon & Elsa Dieken
Mr. Earl Dieterly
Wal Chee Dimock
Colleen DiNoto
Leo Ditkoff
Alexandra Dixon
Wendy F. Dixon
Day Dobbert
Lynnette Dodds
Susan Dodson
Christine Doerr
Steve Dolberg
Sharon Doll
Michael G. & Sherry L. Donick
John Donnelly, Sr.
Gary Donitzg
Sally J. Dorais
Iris B. & P. Michael Dorrington
Alexander A. Doska
George & Minna Doskow
Nadia Doubins
Ann Douglas
Dawn Dow & Ken Ferguson
Karen & Jack Downing
Mr. James K. Downs
Edward & Linda Doyle
Susan C. Doyle
Ms. Emily M. Drake
Barry & Gretchen Draper
Ruth Draper
Peggy E. Drew
Sally Drew
Wendy & Stan Drezek
Candace & Gary Drimmer
Jonaca & Bill Driscoll
Mary Teresa Driscoll
Carol F. Drisko
Anne Drupp
Jane C. Drusbaugh
Dr. Sabine Droste
William & Barbara Dubin
Thomas Duddy
Suzanne Dufrasne
George Duncan & Sheryl Kelsey
Harold & Karen Dunlap
Jean E. Dunlap
Jim & Maggie Dunn
Mr. Michael B. Dunne
Margaret C. Dutra
Brenda Dutta
Barbara H. Dwyer
Mary Kay Dyczman
Elizabeth D. Earle
Norman B. Earnle Earle
George S. & Rebecca S. Easley
Oniel Eaton
In Honor Of Nathanael Ebenezer
Van P. & Lynda M. Ecke
Mr. & Mrs. George H. Edding, Sr.
Keith Edding
Ms. Sondra G. Eddings
Michael B. Anna Eddy
Dr. Patricia Taylor
Edmisten
Alva Edmondson & Lytt Gardner
Mrs. Beth Edwards
Robert Egan
Lynne M. Eggers
Rev. Adrienne R. Eggleston
Allen & Linda Egloff
Christine & Dale F. Eickelman
Peggy Einstein
Dr. Edward P. Eismann
Paul C. Eklof
Terry & Margot Eld
Donald L. Elder
Kathleen C. Eldred
James & Pamela Elesh
Margaret A. Elizares
Maria M. Ellen
Dr. Sylvia & Mrs. Mary Jo Eler
Rev. Msgr. William E. Elliott
Mrs. Charles (Sand) Ellis
D. Jane Ellis
Ms. Margaret K. Ellis
Ron & Ellen Elly
Irene Elmer
David & Mimi Elwell
Joanne & David Emus
Elaine Endres
Lisbeth F. Eng
Ms. Fanita English, MSW
Mr. Richard R. Epton
Maria T. Erickson, CFP
Maryl Ericksson
Jon Erikson
Willemina Esenwein
Dr. Maxine Eskenazi
John & Sue Estes
Gretta P. Estey
Isobel Estorick
John R. Etherton
Jane Evans
Joseph B. Sara Evinger
Linda E. Fadem
Ms. Judy H. Fair-Spaulding
Mr. & Mrs. John Fairval
Rochelle Farkas
S.R. Farkas
Donald C. Farley, Jr.
V. Edward Farmer &
Kathleen Cunningham
Victoria Farmer
Anne Farr
Judith Farrar
Louise Farrell
A. Fattaruso
“ONE MIGHT THINK THAT AT SOME POINT THE NEED FOR MSF WOULD AT LEAST LEVEL OFF, AND THE DANGERS FACED BY MSF STAFF WOULD DIMINISH. THIS YEAR PROVED ONCE AGAIN THOSE ARE FALSE HOPES. MSF REMAINS, FOR US, THE GOLD STANDARD OF ORGANIZATIONAL FOCUS AND DEDICATION TO HUMAN WELL-BEING.”

DONORS

Sidney Sutter
Diana D. Swain
Dr. Kathleen Swanson
David Sweet
Jerri & Donna Swift
Larry D. Swim
Thomas Syverud
David L. Szanton
Erna M. Szekeres
Donald Szesnycki
Ronald W. Tabalka
Karel L. Tabor
Ms. Sylvia V. Taborelli
Mary Takacs
Sidney Talisman
Ms. Janice Hopkins Tanne
Eilyn B Jimmy Tanner
Ivor H. Tarr
Ms. Susan Tarr & Mr. Hans G. Propp
Soraya Tarrant
Pamela A. Tartaglino
Helga Tarver
Ms. Ann M. Tattersall
Marilyn Tauber
Ms. Sylvia V. Taborelli
Karel L. Tabor
Ronald W. Tabaika
David L. Szanton
Larry D. Swim
David Sweet
Diana D. Swain
Lise Vogl, PhD
Gale Vogl
Elizabeth Voigt
Bruce & Carol Von Borstel
Gretel & J.D. Von Pischke
Stanley & Katharina You
Donald D. Wacks
Thomas F. Wade
Jeanne S. Wadeleigh
Dr. Feizal Waffarn
Dr. Carl Wagner
Adele Albrecht Wakefield
Dr. Charles Waldren & Ms. Diane Vanmals
Mr. Mark F. Wales
Dorothy E. Walker
Ms. Bobbie Patterson Waller
Carole Lee Walsh
Dr. John Walsh
Loretta Mary Walsh
Maureen E. Walsh
Wally B. Jean Walztoni
Dr. Stanley & Lucy Wang
Denton & Patsy Ward
Mr. Larry Ward
Valerie B. Ward
Dr. Barbara Warner & Dr. Peter Hoffman
Ms. Roxanne Warren
Harvey & Joelle Wartonsky
David & Abbyann Wiel
Maryann Wasiolek
Louise Wasserberg
Chester H. Waters
John A. Waters
B. A. Watson & S. J. Selinski-Watson
Melinda Mulroy Wax
Elliott Waxman
John Dix Wayman
Austin C. & Mary J. Webb
John Dix Wayman
Dr. Jane Louise Williams
Mr. William J. Wulfeck
Allan Wunsch
James D. Wylie & Patricia P. Wylie
Mrs. Mary Wysner
Ms. Julia Xeros
Mr. & Mrs. Melvin Yahre
Dr. Daniel Yalisove
Valerie Yamas
Donald M. Yan
Hyun Jo Yang
Grace Yap
Ms. Sue Yocum
Hilda Yohalem
Ms. Susan A. Yohe
Marsha Young
Ali Yousef
John W. Yriss
Alexander & Marguerite Zabriskie
Evelyn Zafren
Joseph B. Kristin Zahn
Gene & Jeanne Zechmeister
Dr. Edward B. & Mrs. Marie Zeher
Carl Mabbs-Zeno Edward Zerynich
Earl B. Shirley Ziegler
Richard Zimler
Alexandre Quintanilha
Mrs. Michelle Zimmerman
Edith Vissers Zouari
Lin Zuccconi, PhD
Dr. Robert A. Zucker & Dr. Kristine Freeark
Zufall Family Foundation
Wendy Zukas

DOCTORS WITHOUT BORDERS | MÉDECINS SANS FRONTIÈRES
OUR ABILITY TO RESPOND QUICKLY AND EFFECTIVELY TO EMERGENCIES WAS SUSTAINED BY THE HUNDREDS OF THOUSANDS OF INDIVIDUAL DONORS WHO SUPPORT MSF-USA. WE ARE DEEPLY GRATEFUL TO ALL THOSE WHO HELPED MAKE THIS WORK POSSIBLE DURING A CHALLENGING TIME.
In 2016, MSF-USA exceeded the generous support we received in 2015 by 6.5 percent. MSF drew increased interest and engagement through its sustained humanitarian response to the global displacement crisis, major interventions in Yemen and Nigeria, and high-profile advocacy to ensure that medical facilities are protected in conflict zones.

We increased our support for MSF programs by 24 percent—a reflection of the enormous need for emergency medical care in a volatile world. MSF-USA’s largest expenditures went to programs in Democratic Republic of Congo ($44.4 million), Central African Republic ($26.6 million), South Sudan ($25.3 million), and Yemen ($19.8 million).

MSF-USA is recognized as tax-exempt under section 501 (c) (3) of the Internal Revenue Code. A copy of the most recent annual report filed by MSF-USA with the New York State Attorney General may be obtained, upon request, by contacting MSF-USA at 333 Seventh Avenue, 2nd Floor, New York, NY 10001-5004, or the Attorney General’s Charities Bureau at 120 Broadway, New York, NY 10271. A list of all of the MSF offices that received funds from MSF-USA is also available upon request. A full presentation of MSF-USA’s audited financial statements is available at: www.doctorswithoutborders.org/sites/usa/files/doctors_without_borders_financial_statements_2016.pdf
Mocktar, 38, received treatment and a prosthetic leg from MSF after stepping on a landmine. Displaced along with his family, he works with MSF in Aden, Yemen, to provide psychosocial support to patients. © Malak Shaher/MSF
MSF's presence in Yemen was its largest in the Middle East, with nearly 1,600 staff, including 82 international staff. Teams provided direct health care to patients in 12 hospitals and supported at least 18 other facilities. We worked to fill the many gaps left by a national health care system on the brink of collapse: less than half of the country’s health facilities were functioning, and the ones that remained were left to operate with insufficient personnel, equipment, medicines, or even basic supplies such as water and electricity.

Medical facilities and personnel repeatedly came under fire in the war pitting Saudi-led coalition forces against Houthi militants. Between October 2015 and August 2016, MSF lost 26 colleagues and patients in four separate bombings of health facilities it ran or supported. After an airstrike hit Abs hospital on August 15, killing 19 people, MSF temporarily withdrew its staff from six hospitals in the north of the country. MSF continued to support these facilities and resumed activities in northern Yemen in November.

The physical and emotional consequences of such attacks are dire. In addition to treating tens of thousands of war-related injuries, MSF teams regularly cared for patients with acute post-violence stress syndrome. After Shiara hospital was hit by a projectile in January, some pregnant women feared returning to the facility and decided it would be safer to give birth in nearby caves.

Despite the enormous challenges of working in Yemen, MSF staff provided 435,500 outpatient consultations, performed 16,400 surgical interventions, and assisted 12,500 births.

**EXPENSES BY CATEGORY**

**TOTAL OVERALL MSF PROGRAM EXPENSES $66,634,475**

- National Staff $25,538,735
- International Staff $6,312,642
- Consultants & Field Support $249,227
- Training & Local Support $110,094
- Operational Running Expenses $3,380,745
- Logistics & Sanitation $2,307,553
- Medical & Nutrition $19,283,186
- Transport, Freight, & Storage $9,436,294
- Other $15,999

MSF scaled up activities to respond to the growing emergency in Yemen, where indiscriminate attacks against civilians had a devastating impact on a country that was already one of the poorest in the region.
JENNIFER REYNOSO, SECRETARY

Jennifer Reynoso is counsel in the Exempt Organizations Practice at Simpson Thacher & Bartlett LLP. She advises a variety of public charities and private foundations on structural and operating issues, including formation, governance, reorganizations, and domestic and international grantmaking and operations. She advises donors on charitable-giving techniques. Jennifer has also been involved in assisting governing bodies in internal investigations.

Jennifer is currently the incoming chair of the Non-Profit Committee of the Association of the Bar of the City of New York and is a member of the Exempt Organizations Committee of the American Bar Association Section of Taxation.
AERLYN PFEIL
Aerlyn Pfeil is a certified professional midwife and sexual violence program consultant from Portland, Oregon. She has been practicing midwifery since 1999 and joined MSF in 2011. She has worked in maternal health programs in South Sudan, Haiti, Senegal, the Somali region of Ethiopia, and Papua New Guinea. Aerlyn has been an active association member since joining MSF and was elected to the board in June 2016. She holds a BA in sociology from Whitman College, and a BS in midwifery and a degree in global health from the University of Manchester. Pfeil was elected to the board in June 2016.

PHILIP SACKS
Philip Sacks received an AB from Brown University and an MMA from the University of Rhode Island. He is a licensed master mariner specialized in large sailing vessels and oceanographic research vessels. He spent 33 years working as a sailing ship captain, professor of nautical science, and senior administrator at SEA Education Association in Woods Hole, MA. He is also a project management specialist. He has coordinated science missions for Woods Hole Oceanographic Institution and the US Antarctic Program. As a consultant, he has managed the construction of research vessels and remote research stations worldwide. Since 2006, Sacks has completed 10 humanitarian aid missions as a logistician and logistics coordinator with MSF in a wide range of contexts based in Thailand, South Sudan, Nigeria, Sri Lanka, Democratic Republic of Congo, Chad, and Haiti. Sacks was elected to the board in June 2016.

SUSAN SHEPHERD
Dr. Susan Shepherd is a pediatrician who earned her medical degree at the Université Libre de Bruxelles and completed a residency in general pediatrics at the University of Chicago. When she joined MSF in 2003, she was practicing at the Butte Community Health Center in rural Montana. Dr. Shepherd has undertaken field assignments in Uganda, Chad, Niger, and Kenya. She became deeply involved in MSF’s efforts to combat childhood malnutrition, working for MSF’s Access Campaign, coordinating the MSF Nutrition Working Group, and holding a position in the MSF-France Department of Operations. Since leaving her staff role with MSF in 2013, Dr. Shepherd has worked with the World Food Program in Central African Republic and Cameroon. Currently she works for the Alliance for International Medical Action (ALIMA), a French medical organization, where she focuses on developing strategies to improve service delivery and quality of medical care for children in Sub-Saharan Africa.

ALI N’SIMBO
Dr. Ali N’Simbo is a medical doctor from the Democratic Republic of Congo (DRC). He has worked with MSF since 2011, first on an emergency team near his home in South Kivu, DRC, and later in South Sudan. Prior to that, he worked as a physician with the Ministry of Health in DRC and with several other national and international non-governmental organizations. He attended the University of Kisangani, where he received his medical degree. Dr. N’Simbo was elected to the board in June 2016.

MEGO TERZIAN, PRESIDENT, MSF-FRANCE
Dr. Mego Terzian is the president of MSF-France. Born in Lebanon, he earned his medical degree in pediatrics from Yerevan State Medical University in Armenia in 1999. While still in medical school, he worked as a translator for MSF in Nagorno-Karabakh, and from 1999 through 2002, he worked as an MSF field doctor in Sierra Leone, Afghanistan, Iran, and the Democratic Republic of Congo. In 2003, he became an emergency coordinator for MSF projects in Liberia, Ivory Coast, Niger, Pakistan, Central African Republic, Jordan, and other countries. He later served as deputy director and then as director of MSF’s emergency programming at MSF in France, before assuming his current role.
An MSF vehicle drives through Bambari in Central African Republic. © Sylvain Cherkaoui/Cosmos for MSF

FRONT COVER: MSF staff treat an infant in the neonatal intensive care unit at Boost Hospital in Helmand province, Afghanistan. © Kadir Van Lohuizen/NOOR

INDEPENDENT. IMPARTIAL. INNOVATIVE. PROVIDING EMERGENCY MEDICAL AID WHERE IT IS NEEDED MOST.

CONTACT US
212-679-6800
WWW.DOCTORSWITHOUTBORDERS.ORG

STAY CONNECTED
MSF.ENGLISH
MSF_USA
/MSF
DOCTORSWITHOUTBORDERS

SUPPORT US
1-888-392-0392
DONATIONS@NEWYORK.MSF.ORG
DONATE.DOCTORSWITHOUTBORDERS.ORG

DOCTORS WITHOUT BORDERS
333 SEVENTH AVENUE, 2ND FLOOR
NEW YORK, NY 10001-5004

EDITOR: KAVITA MENON
DEPUTY EDITOR: ELIAS PRIMOFF
EDITORIAL TEAM: NADINE AHRABI-NEJAD, CLINTON KRUTE, SAMARA MALLEN, DANIEL MORITZ-RABSON, MELISSA PRACHT, VALERIA SERVRANCKX
DESIGN: MELANIE DOHERTY DESIGN

ON BEHALF OF OUR FIELD STAFF AND THE PEOPLE WE ASSIST WORLDWIDE, THANK YOU.