A woman rests in a tent temporarily housing patients at Aweil hospital in South Sudan due to high demand during malaria season. MSF runs the pediatric and maternity departments at Aweil hospital, which serves more than 100,000 people in the town and more than 1 million in the state. © Peter Bauza

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On behalf of our field staff and the people we assist worldwide, thank you.
Doctors Without Borders/Médecins Sans Frontières (MSF) is an international independent medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, malnutrition, natural disasters, and exclusion from health care. We provided medical aid in 72 countries in 2017.

On any given day, thousands of individuals representing dozens of nationalities can be found providing assistance to people caught in crises around the world. We are doctors, nurses, logistics experts, administrators, epidemiologists, laboratory technicians, mental health professionals, and others who work together in accordance with MSF’s guiding principles of humanitarian action and medical ethics.

MSF received the Nobel Peace Prize in 1999.
Dear Friends,

With every year, we know that a new emergency will unfold somewhere in the world, often affecting the most neglected and forgotten people. That’s why, as a medical humanitarian organization, Doctors Without Borders/Médecins Sans Frontières (MSF) plans ahead to respond wherever we’re most needed. We generally estimate that at least a quarter of our aid operations will take shape over the course of the year, whether resulting from man-made or natural disasters.

In this sense, 2017 was no different. In late August, Myanmar’s security forces unleashed a campaign of targeted violence against ethnic Rohingya, a stateless people MSF has been caring for in Myanmar and Bangladesh over three decades. Within just a few months, an estimated 655,500 people would flee into an inhospitable, flood-prone region abutting the Naf river dividing Bangladesh and Myanmar. They would join some 200,000 others from the community who had escaped earlier cycles of violence and persecution in Myanmar.

The response would require all aspects of MSF’s emergency capabilities—vaccination campaigns, mobile clinics, water- and sanitation services, and sexual and gender-based violence care. The teams would also be confronted with an age-old disease, diphtheria, that most clinicians had only encountered in their medical textbooks. Nearly 2,000 staff members would be mobilized in a matter of weeks to execute a humanitarian aid operation that provided tens of thousands of people with lifesaving care.

As a global debate swirled around the nature and definition of the extreme violence against the Rohingya, MSF epidemiologists traversed the refugee camps to investigate the main causes of mortality during the August attacks. The aim was not only to understand the patterns of mortality in those days of carnage, but also to make sure MSF programs could address the greatest needs of survivors in the aftermath. In December, MSF issued a report based on these epidemiological surveys revealing that at least 6,700 Rohingya were killed within the first month of the violent campaign—including at least 730 children under the age of five. The report, widely cited by news media and other organizations, provided the most comprehensive evidence of widespread and targeted violence against the Rohingya.

The massive operation to assist the Rohingya represents the fullest expression of MSF’s humanitarian imperative to care for vulnerable people based solely on their needs. These are the same principles that drive MSF teams to assist people trapped in the civil war in Yemen, building cholera treatment units in urban and rural areas, operating trauma centers in cities under siege, and feeding malnourished children suffering from food insecurity. The urgent needs drive MSF teams to constantly refine and innovate the practice of humanitarian medicine even in the most austere conditions.

All told, more than a third of MSF projects are in places locked in armed conflict, with major humanitarian operations in Democratic Republic of Congo (DRC), South Sudan, Central African Republic, Iraq, Syria, and Afghanistan. In 2017, several of these conflicts grew even more acute, with parties routinely violating the rules of war intended to protect civilians.

We remain on the front line of the battle against tuberculosis (TB), the world’s leading infectious killer. MSF is the largest non-governmental provider of care for a disease that affects more than 10 million people. In 2017, we continued our advocacy campaigns to push for better treatments to fight the scourge of TB.

To ensure our continued effectiveness in a challenging global environment, MSF–USA developed a five-year Strategic Plan (2017–2021) that focuses our efforts to alleviate suffering for people in crisis situations. Priorities in the coming years include strengthening the quality of medical care; influencing global health practices and policies; protecting and expanding space for the medical humanitarian act; developing better-adapted institutional and operational models for MSF in the Americas; promoting diversity and inclusion as integral to efforts to improve our medical humanitarian response; and investing in people to meet the changing needs of MSF.

MSF teams face tremendous obstacles every day, and our patients confront even greater barriers to access medical care and find sanctuary from violence and persecution. It is with your generous support that we are able to provide much needed medical aid in a turbulent world.

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

Sincerely,

Jason Cone, Executive Director, MSF–USA

John Lawrence, President, MSF–USA Board of Directors

Jason Cone, Executive Director, MSF–USA
EMERGENCIES EVERYWHERE

These days, many governments are turning their backs on vulnerable people—unable or unwilling to address the issues underlying their suffering, or directly responsible for causing harm.

For the teams at Doctors Without Borders/Médecins Sans Frontières (MSF), when we see a crisis, we see a problem to be solved. We find effective and often innovative ways to provide medical aid to people who need it. While the proliferation of emergencies sometimes seems daunting, it is remarkable to see what we are able to achieve in some of the most challenging contexts on earth.

Helping Civilians Caught in Armed Conflict

More than a third of our projects are in places locked in armed conflict, with major humanitarian operations in Democratic Republic of Congo (DRC), South Sudan, Central African Republic, Yemen, Iraq, Syria, and Afghanistan. In 2017, several of these conflicts grew more acute, and were often characterized by shocking violations of the rules of war intended to protect civilians.

MSF runs some of its largest programs in DRC, where the number of internally displaced people doubled in 2017 to more than 4 million. Some 1.3 million people fled extreme violence in the greater Kasai region alone, many of them escaping into the bush and too afraid to venture out for urgent medical care. Teams treated war-wounded patients and provided care for victims of sexual violence.

In 2017, MSF launched 62 emergency interventions across the country, including responses to outbreaks of measles, an easily preventable disease that can be lethal if left untreated. Teams vaccinated more than 1 million children against measles and treated nearly 14,000 for the disease.

In DRC’s Tanganyika province, where intercommunal conflict has grown over the past two years, Narcisse Wega Kwekam, MSF’s deputy emergency program manager, described stumbling upon a crisis within a crisis in the village of Moke while responding to a measles outbreak.

“What we found was on a scale we’ve rarely seen before. People were listless, lying on the floor and unable to get up,” he said. The team found that 90 percent of recent graves in the local cemetery were for children. A malnutrition screening showed that 51 percent of the children were malnourished, 23 percent severely so. MSF quickly scaled up activities and urged other international organizations to do more. “If we sit back and do nothing, these people will die,” said Kwekam.

In Yemen, poor sanitation and the lack of safe drinking water made people more vulnerable to the spread of infection, especially those suffering from chronic and acute malnutrition. Teams set up oral rehydration points across affected areas, provided

MSF nurse Maria Blanco examines a malnourished child in Democratic Republic of Congo’s conflict-ridden greater Kasai region. © Marta Soszyńska/MSF
training on best practices to prevent the spread of the disease, and organized outreach activities to monitor water quality, distribute decontamination kits, and raise awareness. Unfortunately, vaccines were not available to carry out emergency cholera vaccination campaigns in hotspot areas, which could have been an effective component of the outbreak response. Staff at Abs hospital, in northern Hajjah governorate, played a critical role in the cholera response, treating thousands of patients in an area that was among the worst affected by the outbreak. Some of our team members had been at the hospital on August 15, 2016, when it was hit by an airstrike from a Saudi warplane, killing 19 people, including an MSF staff member. Ahmad Qasem, MSF emergency department supervisor, recalls the shock of rushing to the emergency department to find wreckage and body parts everywhere. “It was a massacre,” he said.

“\nThis is the only place where people can get free medical services. People in this area have no other place to go.\n”

MSF repaired the damage and returned to Abs hospital in November 2016. “When I returned... I couldn’t help but cry,” said Qasem. Staff members were still fearful, especially when airplanes flew nearby, but they got on with the urgent work. “This is the only place where people can get free medical services. People in this area have no other place to go,” he said. (On June 11, 2018, MSF’s newly constructed cholera treatment center in Abs was hit by an airstrike by the Saudi– and Emirati–led coalition.)

Teams also responded to the fallout from conflict in Iraq and Syria, including by providing vital support to communities caught in the midst of fierce battles to dislodge Islamic State (IS) fighters from the region.

We expanded operations in response to the battle of Mosul, Iraq’s second largest city, where fighting between IS and Iraqi forces, backed by a US-led international coalition, resulted in high numbers of civilian casualties and massive displacement.

In February 2017, we deployed the first Mobile Unit Surgical Trailer (MUST), an operating theater on wheels designed by MSF to move quickly along shifting front lines. A few months later, we opened a hospital in western Mosul to provide lifesaving trauma care for war-wounded patients. We also responded to the enormous need for post-operative care, providing rehabilitation and psychosocial support in a hospital south of Mosul. Following the end of active conflict, MSF stayed on to help repair medical facilities and provide health services for people returning to the city. The demands continued to be immense as people came back to a ruined city with almost no access to clean water or electricity, and to homes rigged with explosive devices left by IS.

In Syria, civilians were caught in a months-long military offensive by the Syrian Democratic Forces and an international coalition to rout IS from Raqqa. People trapped in the city and surrounding areas faced impossible choices: whether to stay put under heavy bombardment or risk escape, facing the threat of reprisals from IS as well as the dangers of crossing active front lines and minefields.

MSF was unable to obtain access to Raqqa during the offensive. The widespread devastation of the city raised questions about the fate of civilians trapped inside with no access to humanitarian aid. After the fighting, MSF teams responded to a new influx of injuries from IS as well as the dangers of crossing active front lines and minefields.

In Tal Abyad hospital, the only civilian trauma facility in the area, was inundated with people suffering explosive injuries.
Responding to Massive Forced Displacement

According to the UN Refugee Agency, a record 68.5 million people were forcibly displaced from their homes or countries at the end of 2017. Of these, some 40 million were internally displaced, with large numbers uprooted in many of the conflict-affected countries where MSF has major operations—including DRC, South Sudan, Syria, Iraq, Yemen, and Afghanistan.

MSF also responds to the needs of refugees pushed to flee across borders, with the majority coming from Syria, Afghanistan, South Sudan, and Myanmar. In 2017, there was also an increase in the number of refugees and asylum-seekers from the Northern Triangle of Central America (NTCA) making the dangerous journey north to seek safety in Mexico and the US.

MSF teams provide care on the front lines of these emergencies, often at every stage along a refugee’s journey: from inside her home country, along the dangerous transit route, and at the destination. Many of our patients have been displaced multiple times, and some face new dangers when they return home—whether by choice or by force.

Increasingly, countries are closing their doors to refugees and asylum-seekers, denying sanctuary to victims of extreme violence and in many cases compounding their suffering.

US president Donald Trump, in one of his first acts in office, signed an executive order in January 2017 prohibiting refugees from coming into the country for 120 days, suspending entry of all Syrian refugees indefinitely, and temporarily banning foreign nationals from seven predominantly Muslim countries. MSF responded with a strong statement denouncing the inhumanity of trapping people in war zones and urging the administration to immediately resume refugee resettlement. The travel ban faced numerous legal challenges and expired in October; however, new refugee restrictions were introduced over the course of the year—including the end of the Central American Minors Refugee and Parole program, a historically low cap on refugee admissions, and “extreme vetting” procedures for screening refugees.
In May 2017, against the backdrop of growing hostility toward migrants and refugees in the US, MSF published a special report, “Forced to Flee Central America’s Northern Triangle: A Neglected Humanitarian Crisis.” The report, based on two years of research and surveys of migrants and refugees along the transit route in Mexico, found alarmingly high levels of violence in the region comparable to that in some of the deadliest war zones where we work.

“My face is paralyzed, I cannot speak well, I cannot eat…. I cannot move fingers on this hand. But what hurts most is that I cannot live in my own country.”

“In my country, killing is ordinary—it is as easy as killing an insect with your shoe,” said one man from Honduras, who was first threatened by gang members for refusing their demand for protection money and later shot three times in the head. “My face is paralyzed, I cannot speak well, I cannot eat... I cannot move fingers on this hand,” he said. “But what hurts most is that I cannot live in my own country; it’s to be afraid every day that they would kill me or do something to my wife or my children.” In Mexico, MSF provides medical and mental health care in mobile clinics, migrant centers, and hostels along the migration route. We witness the physical and emotional consequences of the violence people have suffered in their countries of origin and while on the move. In 2017, teams provided a total of 8,600 individual mental health consultations and 3,000 group mental health sessions—mostly serving migrants and refugees. In July, MSF opened a special center for displaced people who have suffered extreme violence, torture, and ill treatment: the Center for Integral Action. Teams have scaled up assistance for victims of sexual violence in Tenosique, near Mexico’s border with Guatemala, and in Reynosa, near the US border.

We are urging both Mexico and the US to uphold the right to seek asylum, ensure humane conditions to people whose claims are being processed, guarantee access to medical and mental health care, and stop deporting vulnerable people back to a dangerous region.
Meanwhile, European states also stepped up efforts to restrict migration through policies of containment, deportation, expulsion, and deterrence. In the absence of safe and legal routes to find refuge in Europe, desperate people turn to smugglers. The vast majority of people attempting to cross the Mediterranean Sea pass through Libya, where they are vulnerable to horrific levels of violence, kidnapping, detention, torture, and extortion. MSF provides medical care to people held in Libyan detention centers and consistently speaks out about the abusive and appalling conditions in these facilities.

We condemned the cynical deals made by European governments to keep migrants and refugees trapped in Libya despite being fully aware of the night-marish conditions there.

In 2017, more than 300,000 people risked their lives attempting to cross the Mediterranean Sea—and more than 3,116 people died. MSF continued to provide medical care in the Central Mediterranean on board the search and rescue ship Aquarius, run by SOS MEDITERRANEE. During the year, teams rescued 15,078 people in 112 different operations. Of these, 14 percent were women and 23 percent were children, the majority of whom were traveling without a parent or guardian. MSF has been shot at by the European-funded Libyan coast guard and repeatedly accused of collusion with traffickers.

On three occasions in 2017, our teams on the Aquarius witnessed refugees and migrants aboard unseaworthy vessels being intercepted by the Libyan coast guard in international waters as EU military assets looked on nearby.

Of course, the vast majority of refugees do not cross continents: four out of every five refugees were located in a country next door to the one from which they fled. The top host countries for refugees are mostly low- and middle-income countries, including Turkey, Pakistan, Uganda, Lebanon, and Bangladesh.

For example, the ongoing civil conflict in South Sudan has created one of the world’s worst displacement crises. Extreme violence has uprooted some 2 million people inside the country, while more than 2 million others have sought refuge in Uganda, Sudan, Ethiopia, Kenya, and DRC. The majority of the displaced are the most vulnerable: 85 percent of these refugees are women and children. MSF has set up one of its most ambitious medical assistance programs to respond, with 17 bases inside South Sudan and seven on the border. Our teams are constantly adapting operations to assist the displaced—setting up hospitals in camps, running mobile clinics, and training community-based health workers to provide care on the go.

Security in South Sudan remains a major challenge, and several of our medical facilities came under attack in 2017. Nevertheless, we were able to maintain highly effective operations across the country, providing more than 1 million outpatient consultations. We carried out an emergency intervention in response to high levels of malnutrition in Mayendit and Leer counties, and treated 10,600 patients in therapeutic feeding centers nationwide.

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Another refugee emergency erupted in August 2017, when hundreds of thousands of ethnic Rohingya were driven out of Myanmar by a campaign of targeted violence led by security forces. Within just a few months, an estimated 650,000 people had fled to neighboring Bangladesh, joining thousands of others from the community who had escaped earlier cycles of violence and persecution in Myanmar.

“My house was burned, and all the other houses too. I wouldn’t have left if I didn’t have to, I’m too old,” she said.

MSF has provided health care to the Rohingya in both Myanmar and Bangladesh for years. Teams leveraged existing networks and expertise to massively scale up operations in Bangladesh within weeks of the crisis breaking. Between July and December, the average number of patients seen each day by MSF teams in and around the refugee settlements of Cox’s Bazar district had increased from approximately 200 to more than 2,000. The main conditions treated were respiratory tract infections, diarrheal diseases, and infant malnutrition. Teams also treated violence-related injuries including gunshot wounds, blast injuries, burns, blunt trauma, and broken bones. Between August 25 and December 31, MSF treated 120 victims of sexual violence—more than one-third of whom were under the age of 18. (MSF likely treats only a fraction of all sexual violence-related cases. Sexual violence is often underreported due to shame and stigma.)

ROHINGYA REFUGEE CRISIS RESPONSE

330,000 children targeted for vaccination
2,624 patients treated for diphtheria
8,000 mental health consultations
8 million liters of water provided
1,700 latrines and 170 wells built
Tackling the World’s Biggest Public Health Challenges

We are also responding to global public health emergencies, advocating for wider access to essential medicines and vaccines, and pushing for more medical research and development to treat diseases that predominantly affect poor and marginalized communities.

MSF is the largest non-governmental provider of care for tuberculosis (TB), the world’s leading infectious killer. Some 2.1 million people died of TB in 2016, and more than 10 million suffer from the disease. That means, on average, the death toll from TB every two days is equivalent to the loss of life from the West African Ebola epidemic in all of 2014. The vast majority of TB-related deaths—largely preventable—occur in low- and middle-income countries. Governments and pharmaceutical companies have failed to sufficiently invest in new treatments for this killer disease.

We are demanding expanded access to testing and treatment, including access to newer medicines for treating drug-resistant TB (DR-TB). The newer drugs, bedaquiline and delamanid, have demonstrably better outcomes than today’s standard regimens, yet they are available to less than 5 percent of people who could benefit from them. As of 2017, MSF, in partnership with national ministries of health, has initiated more than 1,500 DR-TB patients with bedaquiline and/or delamanid in 34 countries, including Georgia. “Before, patients didn’t believe that they could ever be cured,” said Dr. Marina Kikvidze, who works with TB patients in Tbilisi. “MSF, with these new drugs, gave them hope for the future.” We are also pioneering new treatment options for DR-TB, including through regulated clinical trials in South Africa and Uzbekistan that began in 2017. MSF has helped put TB on the global health agenda, paving the way for the first UN high-level meeting on TB in September 2018.

We are confronting the wider dangers of antimicrobial resistance—which we see up close when treating DR-TB patients in Georgia, burn patients in Haiti, and war-wounded patients in Jordan. For example, more than 50 percent of patients at our reconstructive surgery program in Amman, Jordan, arrive at the hospital with chronic infections, and more than 60 percent of these are multidrug-resistant. This high level of drug resistance stems in large part from the collapse of sterilization, hygiene, and infection control measures in the strained health systems of countries crippled by conflict and from the improper use of antibiotics. Our antibiotic stewardship program in Amman serves as a model for regional medical providers and for hospitals around the world with high levels of antibiotic use and resistance.

MSF’s Access Campaign continues to push for effective drugs, tests, and vaccines to be made more available and better suited to the needs of the people we care for.

In 2017, MSF purchased the first batches of a more affordable pneumonia vaccine to protect children who are particularly susceptible to this disease in countries across the Middle East and Africa. This followed a seven-year-long advocacy effort to push GileadSmithKline (GSK) and Pfizer—the only two producers of the pneumonia vaccine—to lower their prices to help fight a disease that is the leading cause of child deaths worldwide. In late 2016, the companies finally agreed to drop the price of the pneumonia vaccine for children caught in conflict or humanitarian emergencies. We are now calling on Pfizer and GSK to go further and make these vaccines affordable in all low- and middle-income countries.

We celebrated a major victory in October 2017 by securing generic hepatitis C medicines at a dramatically lower price: $120 for a 12-week course of treatment, compared to the initial commercial launch price of an exorbitant $147,000. (Earlier, in 2015, MSF had obtained the direct-acting antiviral medicines sofosbuvir and daclatasvir from Gilead and BMS through their “access programs” at a price of $1,400 to $1,800.) We provided treatment for hepatitis C using direct-acting antivirals to 5,926 people in 13 countries in 2017, and now can help cure many more.

MSF also advocates for broader reforms of the medical research and development system to foster innovations that meet the needs of our patients around the world. In the US, we have been calling for changes to the Food and Drug Administration’s Priority Review Voucher (PRV) program for neglected diseases, which is failing to work in the way it was intended. The PRV program was created to incentivize the research and development of new medicines for some of the world’s most neglected diseases, yet companies take advantage of a number of loopholes to get lucrative vouchers even if their product is not new or accessible to those who need it.

We will continue to use every tool at our disposal—and pursue the development of new ones—to tackle the enormous medical and humanitarian challenges we face around the globe.

“Before, patients didn’t believe that they could ever be cured. MSF, with these new drugs, gave them hope for the future.”

[Image 612x35 to 1187x285]

[Image 612x298 to 1188x682]

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[Image 612x35 to 1187x285]

[Image 612x298 to 1188x682]
Activities

In 2017, Doctors Without Borders/Médecins Sans Frontières (MSF) provided humanitarian assistance in 72 countries. MSF-USA supported work in 52 of these countries.

Largest Country Programs in 2017
Based on 2017 expenditures from all MSF offices.

Demographic Republic of Congo: $114,900,000
South Sudan: $84,000,000
Yemen: $69,500,000
Central African Republic: $65,300,000
Iraq: $65,000,000
Nigeria: $61,900,000
Syria: $58,800,000
Haiti: $45,300,000
Afghanistan: $45,000,000
Lebanon: $34,900,000

Staff Numbers in 2017
Largest country programs based on the number of MSF staff in the field.

South Sudan: 3,574
Central African Republic: 2,887
Democratic Republic of Congo: 2,881
Nigeria: 2,595
Afghanistan: 2,282

Outpatient Consultations in 2017
Largest country programs according to number of outpatient consultations (not including specialist consultations).

Democratic Republic of Congo: 1,772,000
South Sudan: 1,154,600
Democratic Republic of Congo: 748,600
Syria: 647,600
Niger: 523,400

Received MSF-USA funding
Received funding from other MSF Offices
### 2017 by the Numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Outpatient consultations</td>
<td>10,648,300</td>
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<tr>
<td>Patients admitted</td>
<td>749,700</td>
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<tr>
<td>Cases of malaria treated</td>
<td>2,520,600</td>
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<tr>
<td>People vaccinated against measles in response to an outbreak</td>
<td>2,095,500</td>
</tr>
<tr>
<td>People vaccinated against meningitis in response to an outbreak</td>
<td>886,300</td>
</tr>
<tr>
<td>Mental health consultations for individuals</td>
<td>306,300</td>
</tr>
<tr>
<td>Births assisted, including Caesarean sections</td>
<td>288,900</td>
</tr>
<tr>
<td>Malnourished children admitted to inpatient and outpatient feeding programs</td>
<td>224,000</td>
</tr>
<tr>
<td>HIV-AIDS patients on antiretroviral treatment at the end of 2017</td>
<td>216,700</td>
</tr>
<tr>
<td>People treated for cholera</td>
<td>143,100</td>
</tr>
<tr>
<td>Major surgical interventions</td>
<td>110,000</td>
</tr>
<tr>
<td>Migrants and refugees rescued and assisted at sea</td>
<td>23,900</td>
</tr>
<tr>
<td>Tuberculosis patients treated</td>
<td>22,100</td>
</tr>
<tr>
<td>Patients medically treated for sexual violence</td>
<td>18,800</td>
</tr>
<tr>
<td>People on hepatitis C treatment</td>
<td>5,900</td>
</tr>
</tbody>
</table>
Project Support

Projects described in this section were made possible in part by generous contributions from individuals, foundations, and corporations in the United States.

The great majority of funds MSF collects are unrestricted to any particular project, which is essential to MSF’s ability to respond to emergencies as they unfold. The dollar amounts here reflect the total MSF-USA funding directed by MSF to field programs in a given country. These amounts are part of the total project costs presented by MSF International in its 2017 International Activity Report [msf.org/international-activity-report-2017].

AFRICA

BURUNDI $4,200,000
MSF continued its work with trauma victims in the Burundian capital, Bujumbura, and launched a response to a malaria epidemic in Gitega province. The 75-bed MSF–supported hospital l’Arche Kigobe provided care for victims of trauma and burns in Bujumbura. MSF teams conducted 18,824 outpatient consultations, admitted 2,676 inpatients, performed more than 1,000 surgical interventions, and provided more than 1,000 individual mental health consultations. In September, MSF launched a response to a massive increase in malaria cases in Gitega province, setting up an MSF-supported hospital l’Arche Kigobe and launching a response to a malaria outbreak among military and civilian population in Gitega.

CAMEROON $5,300,000
MSF increased its activities in northern Cameroon to provide emergency care for victims of violence, which spilled over the border from Nigeria. In response to bombings, MSF scaled up emergency surgical activities and boosted its capacity to treat mass casualties. In the town of Mora, MSF rehabilitated the operating theater and set up an ambulance referral service at the local hospital. MSF also trained MoH staff in the management of large influxes of wounded patients and donated mass casualty kits to local hospitals. In hospitals in Mora, Maroua, and Kouroussé, MSF ran specialized nutrition and pediatric care programs for children under the age of five and supported surgery and set up a blood bank at Kouroussé district hospital. Teams also worked in two health centers serving displaced people and local residents in Mora and offered nutritional care and outpatient consultations in three health centers on the outskirts of Kouroussé. In July, MSF handed over its medical activities in Minawao refugee camp. More than 2,100,000 outpatient consultations were carried out since the project started in 2015.

CENTRAL AFRICAN REPUBLIC (CAR) $23,665,000
In CAR, renewed conflict and extreme levels of violence against civilians led to mass displacement and acute humanitarian needs. MSF continued to provide care to local communities and internally displaced people in Bangassou, Bangui, Boguila, and Bosangoa (Duham), Paoua (Duham-Pendé), Carout and Berberati (Mambéré-Kadéï), Bangassou (Mbomou), Zémin (Haute-Mbomou), Bambari (Ouaka), Bria (Haute-Kotto), Amidao (Lobaye), and the capital Bangui. Teams provided basic, specialized, and emergency care as well as maternity and pediatric services, assisting 17,855 births, performing 8,878 surgical interventions, and carrying out 748,563 outpatient consultations. In 2017 MSF adapted six of its 17 projects (Bria, Bangassou, Batangafo, Paoua, Zémin, and the emergency team, Eureca) to respond to the urgent needs of those directly affected by the spiral- ing conflict. In Bria, a surgical team was deployed from January to April to support the hospital’s regular pediatric activities and to treat patients wounded in clashes. Teams also ran mobile clinics for civilians trapped by fighting. In May, open warfare broke out in Bangassou, where MSF had been supporting the 118-bed regional hospital and three health centers. The team adapted its response to address the needs of displaced people within the city and in Ndu village, across the border in DRC. After several security incidents, a violent armed robbery at an MSF base on November 21 triggered the evacuation of the team and the suspension of activities for three months. In Batangafo, activities were particularly affected from July when the hospital was transformed into a camp for displaced people. In late December fighting on the outskirts of Pausa displaced more than 65,000 people and forced MSF to end its support to seven health centers. In Bambari and Kabo, MSF teams treated and referred many war-wounded patients who had come to their facilities from

GLOSSARY
- ARV: antiretroviral
- DRS: drug-susceptible tuberculosis
- DRS-TB: drug-resistant tuberculosis
- MDR-TB: multidrug-resistant tuberculosis
- GND: noncommunicable diseases
- PEP: post-exposure prophylaxis
- SMC: seasonal malaria chemoprevention
- TB: tuberculosis

A mother and her baby leave MSF’s Castor maternity hospital in Bangui, the largest maternity facility in Central African Republic with an average of around 650 births per month. © Borja Ruiz Rodriguez/MSF

© Borja Ruiz Rodriguez/MSF

A mother and her baby leave MSF’s Castor maternity hospital in Bangui, the largest maternity facility in Central African Republic with an average of around 650 births per month. © Borja Ruiz Rodriguez/MSF
MSF responded to hepatitis E and cholera epidemics in Salamat region, distributing 10,567 hygiene kits to people at risk. In August, a cholera epidemic broke out in Dar Sila region near the Sudanese border and spread southwards to Am Timan. MSF set up a cholera treatment center in Salamat and treatment units in and around Am Timan. In Am Timan teams also supported the regional hospital’s pediatric, maternity, and laboratory services, ran a nutrition program, and provided care for TB and HIV/AIDS patients. MSF also ran general medical, antenatal, and nutrition clinics in two health centers. In 2017, four MSF seasonal malaria chemoprophylaxis campaigns reached 111,757 children in Molissa. MSF also managed complicated cases in the antimalarial unit at Molissala hospital and supported 22 surrounding health centers.

DEMOCRATIC REPUBLIC OF CONGO (DRC) $40,942,118

MSF runs some of its largest programs in DRC, where 4.1 million people were internally displaced in 2017 alone due to longstanding crises in the east and new emergencies in other regions. MSF stepped up its response in Tanganyika province, providing emergency assistance to displaced people in Nyunzu and in makeshift camps in Kalamis and surrounding areas. MSF distributed antimalarial medicines, vaccinations, mobile clinics, reproductive health services, mental health consultations, support to health centers, and pediatric inpatient care. Teams also distributed water and built latrines and showers in some of the camps. More than 1.3 million people fled extreme violence in the greater Kasai region. MSF teams treated people for severe injuries such as machete and gunshot wounds. The conflict also triggered an acute nutritional crisis in rural areas and a sharp increase in sexual violence. Teams treated war-wounded patients in a rehabilitated wing of Kananga hospital, performing 1,500 surgical interventions and caring for victims of sexual violence. In Tshikapa, MSF supported care in a hospital, three health centers, and the prison. MSF ran mobile clinics on the outskirts of both cities, where many health centers were lost or destroyed.

In September, MSF began assisting refugees from DRC by supporting hospitals in the northern towns of Bądolote and Molbyi-Mbongo. Mobile clinics provided care to some 67,400 refugees and local residents. MSF ran mobile clinics in the villages of Karaga and Obende, in Ituri province, for South Sudanese refugees and host communities. A team also supported the regional hospital. In the Kiwu province MSF provided almost 1.5 million outpatient consultations and admitted more than 95,000 patients to its facilities. Teams continued to manage four comprehensive projects in Masisi, Waltake, Mweso, and Rutsurutu in North Kiwu. A new project was set up in Bambu. When violence broke out again in South Kiwu in July, MSF treated the wounded while continuing regular activities. In Lulungu, Kalehe, and Mulungi teams focused on care for children under 15, sexual and reproductive health care, and treatment for victims of violence. Teams also implemented a community-based approach to treat malaria and malnutrition. The main activities in Baraka and Kimbi are pediatric care, HIV and TB treatment, reproductive and sexual health care, and treatment for victims of sexual violence.

In 2017, MSF launched 62 emergency interventions, many in response to measles outbreaks. In total, teams vaccinated 1,050,315 children against measles and tuberculosis. MSF increased its support to Gambella region, admitting more than 95,000 patients to its facilities and therapeutic food was distributed to nearly 4,000 people. MSF also supported care in the town of Gambella.

EYPT $1,000,000

MSF expanded its activities to meet the needs of the increasing numbers of refugees and migrants arriving in Egypt. Since 2012, the MSF project in Cairo has been offering migrants and refugees rehabilitative treatment tailored to their needs. In 2017, MSF treated more than 2,000 new patients. In addition to the 1,500 already enrolled in the program, the teams carried out around 20,000 consultations: some 4,300 for medical care, 2,600 for psychotherapy, 9,300 for mental health, and 3,580 for social support. MSF also provided medical care and support to migrants arriving in Egypt.

In Ethiopia, MSF continues to fill gaps in health care and respond to emergencies for the host population and growing refugee communities. MSF responded to a major nutrition emergency in the Somalian region of Dollo and Jarar zones. More than 3,400 children were admitted to inpatient therapeutic feeding centers, and therapeutic food was distributed to nearly 14,000 more enrolled in outpatient programs across the region. MSF provided drugs, set up treatment centers, and cared for 18,302 suspected cases during an outbreak of acute watery diarrhoea and launched vaccination campaigns in camps for internally displaced people in the Droma and Somali regions.

In Dolo town, Liben zone, MSF provided basic health care to refugees and the local community at Dolo Adh health center and treated Somali nationals crossing the border in search of medical care. Over the year, 31,588 outpatient consultations were carried out and 8,671 patients were admitted for care.

MSF teams provided care in two health posts in Buramitio and Hilaweey camps and assessed the health of new arrivals in the refugee reception center. In the towns of Fik and Degehabir, a team supported government hospitals.

During the mid-2017 malnutrition emergency in Wardho, Dollo zone, more than 50 oral rehydration points and 30 outpatient feeding centers were set up. A new project site was opened in Gelalit to provide medical care and water supplies. Almost 26,500 children were vaccinated against measles and polio. MSF provided health care for 2,000 already enrolled in the program, the teams carried out around 20,000 consultations: some 4,300 for medical care, 2,600 for psychotherapy, 9,300 for mental health, and 3,580 for social support. MSF also provided medical care and support to migrants arriving in Egypt.

MSF increased its support to Gambella hospital, the only facility in the region offering specialized medical care for a population of 800,000, half of them refugees from South Sudan. In 2017, MSF treated more than 500 children and 31,588 adult patients in the emergency room, performed 1,486 surgical interventions, and assisted 1,230 deliveries. MSF also worked with Ethiopian authorities in Kule and Tigray to prevent children from becoming refugees in Tigray district.

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KENYA $12,523,320

MSF continued to provide medical care in Kenya's refugee camps and slums, while responding to public health challenges and outbreaks of disease across the country. In Dadaab camp in the Dadaab camp complex, MSF ran two health posts, which treated more than 10,000 patients per month, as well as a hospital for more complicated cases. The teams provided sexual and reproductive health care, surgery, medical and psychological assistance for victims of sexual violence, mental health support, treatment for HIV and TB, palliative care for patients with chronic illnesses, home-based insulin management for patients with diabetes, and emergency response services.

MSF treated victims of sexual and gender-based violence in Nairobi through its project in Eastlands. The emergency care program treated more than 1,900 patients in 2017. Until June, MSF provided care for patients with DR-TB in Nairobi and now supports MoH facilities to deliver this service. The team offered treatment for hepatitis C throughout 2017 and will continue to do so until all the patients have completed their courses in June 2018.

In June, MSF handed over the facility it had been running for 20 years in Kibera slum to the Nairobi health authorities.

In Homa Bay county, MSF supported inpatient and outpatient services in 33 facilities, in addition to two wards for patients with advanced HIV-related diseases. Teams worked with the MoH and local communities to run outreach services. MSF also supported the TB ward at Homa Bay county referral hospital.

At the start of 2017, MSF opened an operating theatre within a temporary shipping–container facility in Likoni, Mombasa county, enabling the team to offer emergency obstetric care locally. MSF continued to support the construction and rehabilitation of a permanent hospital and started a pilot project in Embu county focusing on testing models of care for NCDs within existing primary health facilities.

Following violence in the wake of general elections in August, MSF treated 217 people for injuries in Nairobi, Kiambu, Homa Bay, and Sari rgba counties. In Baringo, Turkana, and Marsabit counties MSF responded to a spike in malaria cases, assisting the MoH to test more than 5,000 people, treat some 1,800 patients, and distribute over 46,900 mosquito nets. Teams also responded to outbreaks of cholera in Nairobi and Dadaab, chikungunya in Mombasa, and malnutrition in the region formerly known as North Eastern province.

GUINEA $3,200,000

MSF improved access to medical services and develops innovative models of care in Guinea, where the already fragile health system was severely impacted by the 2014–2016 Ebola epidemic. MSF worked with the MoH to support almost 11,000 people living with HIV. The project offered HIV testing, treatment, and follow-up services, as well as health promotion activities, in six health centers in the capital Conakry. MSF also supported a 31-bed unit in Donka hospital that provided specialized inpatient care to people with AIDS.

MSF launched new activities in Kouroussa, in northeastern Guinea, where malaria is hyperendemic and the leading cause of mortality. The project aims to develop models of community care targeting children under five years of age. MSF currently supports the prefect hospital and five health centers.

In March, MSF worked with the MoH to organize the response to a measles epidemic in the five communes of Conacry, vaccinating more than 650,000 children between six months and 10 years of age.

IVORY COAST $3,000,000

MSF supported maternal and child health in the Hambol region of Ivory Coast, where the maternal mortality rate is estimated at 661 per 100,000 live births, according to a 2015 Epicentre survey. In collaboration with the MoH, an MSF team aimed to improve care for obstetric and neonatal emergencies in this rural setting by supporting Katiola referral hospital and 27 primary health centers. MSF also started to rehabilitate parts of Dabakala hospital to improve the management of Caesarean sections. MSF supported these facilities with medical supplies and personnel and operated an efficient referral system for complicated deliveries. Training, coaching, and supervision of MoH staff form a significant part of MSF’s program. On average, 415 deliveries were assisted in MSF–supported facilities every month, including over 4D Caesarean sections.

MSF provided medical assistance to migrants and refugees held in detention centers normally under the control of the Interior Ministry. Most medical complaints were related to the extremely poor conditions in which people were detained. Teams treated patients for ailments such as respiratory tract infections, musculoskeletal pain, skin diseases, and diarrheal diseases. MSF publicly called for an end to the arbitrary detention of migrants and refugees in Libya. We also denounced European governments’ migration policies to seal off the coast of Libya and “contain” migrants, asylum seekers, and refugees in a country where they were exposed to extreme violence and exploitation. In Tripoli, MSF conducted 17,218 medical consultations and referred 470 patients to secondary health care facilities.

In Misrata, MSF supported the main hospital to improve infection control and scaled up its response to the needs of migrants and refugees in the area. Medical teams started working in five detention centers in Misrata, Khoms, and Zliten, carrying out a total of 1,351 consultations. In Misrata, MSF also opened an outpatient clinic offering free, primary health care and referrals to patients of all nationalities.

In mid-2017, MSF started to support mental health and epilepsy care at four primary health care centers in and around Monrovia. An MSF psychiatrist and two mental health clinicians offered guidance on diagnosis and treatment to MoH personnel at these centers, and psychosocial workers trained volunteers to identify people in the community who need treatment. MSF also provided psychiatric and anti-seizure medications. With MSF’s support, the health centers carried out 2,446 mental health and epilepsy consultations.

MADAGASCAR $50,000

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The main focus of MSF’s activities in Malawi continues to be improving care for HIV patients, particularly adolescents and other vulnerable groups. In Chiradzulu, MSF is completing the four-year handover of its HIV activities to the MoH. MSF is developing specific activities aimed at improving management of those patients and their adherence to treatment.

In Nsanje, MSF assisted the underfunded district health service to strengthen coordination, fill critical gaps, and improve HIV and TB services. MSF teams mentored health staff in Nsanje hospital and 14 health centers. MSF provided comprehensive HIV, TB, and sexual and reproductive health services for truck drivers and sex workers in one-stop clinics in Mwanza, Zalewa, Dedza, and Nsanje. In Chichiri and Maubla prisons, MSF provided a package of screening and primary health care for HIV and TB and improved water and sanitation services for inmates.

MSF is developing a comprehensive cervical cancer project in Blantyre city and Chiradzulu district to screen and treat for pre-cancerous lesions, vaccinate against human papillomavirus, treat cancer, and provide palliative care.

Nuru Arsha takes care of a young woman living with HIV and receiving treatment at the MSF-supported hospital in Homi Bay, Kenya. © Patrick Meinhardt

had the largest concentration of cases after the capital, Antananarivo. In October, MSF helped set up and manage the plague triage and treatment center, focusing on boosting hygiene and infection control measures, training medical staff, conducting health promotion activities in the community, and improving patient triage systems. By November, the outbreak was under control and MSF began to wind down its activities in Tamatave. The team remained for a few weeks to conduct an evaluation of plague-related health threats around Antananarivo and reinforced triage and waste management systems in the island’s only specialized plague treatment center. In Ambalavao, Haute Matsiatra region, MSF set up a plague triage and treatment center to improve infection prevention measures and waste management. To support the MoH’s response to future outbreaks, MSF organized awareness-raising activities.
MALI
$7,000,000
Persistent insecurity is weakening the national health system and basic social services in Mali. At the reference hospital in Ansongo town, in Gao region, teams supported outpatient consultations, emergency care and admissions, surgery, maternal health care, chronic disease treatment, nutritional care, neonatology, pediatrics, and treatment of mental and psychological problems for victims of violence, including sexual violence. MSF provided basic care for pregnant women and children under five years of age at the community health center.

In Ansongo district, MSF referred patients to community health centers and transferred severe cases to Gao hospital. Between July and December, when nomadic groups migrated, teams ensured they have access to health care by training community health workers to diagnose and treat common diseases. A monitoring and referral system for serious cases is also in place.

In Kidal, MSF supported six health centers in and around the city in partnership with local authorities, providing primary health care and epidemiological surveillance and referring complicated cases to the referral health center (CSRef) and Gao hospital. In Douantza, MSF supported the CSRef in the management of malnutrition, emergency surgery, hospital admissions for children under 15 years of age, and mental health services.

In Kouilala MSF supported nutrition services at the CSRef and in 15 community health centers for children under five and deployed extra community workers in the health district during the peak malaria season. MSF is constructing a 185-bed pediatric care unit at Kouilala CSRef.

In Teneréau MSF supported the maternity ward, operating theater, and outpatient department at the CSRef. MSF also deployed mobile clinics and “malaria agents” to hard-to-reach communities during the peak months.

MOZAMBIQUE
$1,500,000
MSF provides specialized care in Mozambique, where the fragile health system is struggling to curb a dual epidemic of HIV and TB. In Maputo, MSF cared for HIV patients needing second- or third-line ARV treatment and for those with HIV-related infections such as Kaposi’s sarcoma, DR-TB, and hepatitis. In Tete, MSF worked with community treatment groups and deployed a mobile mentoring team to 13 health centers.

Teams in Maputo and Beira worked to reduce sickness and mortality in patients with advanced HIV by improving diagnosis, treatment, and continuity of care, and supporting the laboratory and pharmacy. MSF ran a pilot project in Maputo for people who use drugs, focusing on developing a model of care that includes comprehensive harm reduction.

In Tete and Beira, teams provided sexual and reproductive health services, including HIV testing and treatment for vulnerable and stigmatized groups. Sexual, reproductive and maternal health services were also reinforced in Mocuba district, Zambezia province. In Manica province mobile teams conducted more than 6,000 consultations in 2017, mainly for malaria, diarrhea, respiratory and skin infections, and sexual and reproductive health. MSF set up cholorine treatment units in Nampula, Maputo, and Tete provinces. Teams supported a vaccination campaign led by the national health department that reached 767,000 people in Tete.

NIGER
$12,600,000
When a hepatitis E epidemic was declared in the Diffa region in April, MSF launched a range of activities to tackle the disease. Working at 224 sites, teams chlorinated water and distributed supplies. More than 200,000 people attended awareness-raising sessions, and MSF supported treatment in hospitals and health centers and set up an intensive care unit for pregnant women in the mother and child clinic. Teams worked with the MoH to vaccinate around 164,000 people when a meningitis C outbreak occurred.

Also in the Diffa region, MSF worked with the MoH to provide humanitarian assistance, primary and secondary health care, reproductive health services, and mental health consultations for the local community and people displaced by violence. In 2017, teams worked in the main maternal and pediatric regional hospital in Diffa town, the district hospitals of Niamey and Maradi-Soroua districts as well as in several health centers and posts in the districts of Diffa, Niamey, and Bosso. Teams also ran mobile clinics to treat displaced people and nomadic communities.

MSF started supporting Maradi-Soroua district, providing primary and secondary health care to cross-border and mobile populations. Teams set up “listening spaces” in Asaga and Chetimari villages to offer women advice and medical assistance for sexual and reproductive health issues. MSF provided psychosocial support for主持 and displaced populations, carrying out 15,742 individual consultations and 2,534 group sessions, conducted more than 300,000 medical consultations, and assisted more than 5,300 deliveries.

In Zinder region, MSF continued to boost the capacity of the pediatric unit in Maradig district hospital. Some 15,000 children under the age of five were treated there in 2017. Teams also worked in six health centers and one health post, supporting primary health care for children and hospital referrals for severe cases. Observation rooms were set up in the busy health centers of Dantchiao and Maradi, and in the nearby district of Dunnas, MSF opened a 200-bed pediatric unit during the peak malaria and malnutrition season. Teams also worked in five outlying health centers and two health posts.

In Maradi region, MSF ran a pediatric program focusing on management of the main causes of childhood death, comprising inpatient care at the Maradig Hospital and outpatient treatment in five health zones. MSF-supported community health workers were active in over 40 villages during peak malaria season to ensure early detection and treatment of simple malaria and screening for malnutrition. In total, 14,486 children received outpatient care for severe malnutrition in 2017.

MSF teams worked in Tahoua region’s Madaoua district hospital, running the inpatient therapeutic feeding center and the pediatric and neonatal wards, where more than 14,500 children under the age of five were treated in 2017. MSF also supported the hospital’s maternity ward to reduce newborn mortality and assisted with obstetric emergencies. More than 254,000 children in the region were vaccinated against measles in 2017.

NIGERIA
$14,503,601
In Nigeria, civilians bear the brunt of the conflict between the military and armed opposition groups. More than 1.7 million people are internally displaced in the northeast. Thousands have been killed in the fighting and many more by the deadly combination of malnutrition, measles, and malaria. In response, MSF teams in Borno and Yobe ran pediatric nutrition programs and vaccination campaigns and provided general consultations and services to support emergency rooms, maternity and pediatric wards, and other inpatient departments.

MSF teams distributed food and provided nutritional screening and care for over 35,700 malnourished children through inpatient and outpatient therapeutic feeding centers in Borno and Yobe. Primary and secondary health care for displaced people was available through fixed facilities in Maiduguri, Gbajabiamila, Benisheik, Gwoza, Monguno, Ngala, Pulka, Rann, Damaturu, and Kukurita. MSF teams also deployed mobile clinics to the hard-to-reach towns of Bama, Banki, Damasak, and Dikwa. In Jakusloe alone, teams treated more than 20,000 children under 5 for malaria. MSF also conducted over 400,000 outpatient consultations in northeastern Nigeria in 2017 and assisted more than 5,000 deliveries. Teams also vaccinated children against measles, pneumococcal pneumonia, and other preventable diseases.

In response to Nigeria’s largest meningitis outbreak in a decade, MSF deployed teams to support the MoH in the worst-affected areas. In Sokoto, MSF ran a 200-bed facility. Teams assisted a vaccination campaign that reached more than 278,000 people in Sokoto and Yobe.

From August to November, MSF responded to a cholera outbreak in Maduguri, Monguno, and Mafa, operating three cholera treatment centers and a cholera treatment unit. More than 4,000 patients were treated for cholera in 2017.

MSF ran the maternity and neonatal departments of Jahannau General hospital in Jigawa state, admitting around 1,000 each month. MSF treated 325 women for vesico-vaginal fistula, a condition resulting from prolonged obstructed labor that requires complex surgery. Teams also supported obstetric health centers in Sokoto.

In Sokoto, MSF supported the reconstructive surgery project in the children’s hospital for patients with noma disease and other conditions. The team also provided pre- and post-operative care and mental health support.

In Rivers state, in partnership with the MoH, MSF opened a second clinic in Port Harcourt offering comprehensive care to victims of sexual violence. Teams worked in five outreach clinics in Abare, Bagega, Daretta, Yargalma, and Surulere, and in the pediatric inpatient department of Arka general hospital in Zamfara state.

Following an outbreak of lead poisoning in Niger state in 2015, MSF is working with miners to reduce their exposure to lead and off-site contamination. Similar safer mining pilot projects were initiated in Zamfara in 2017. Screening and case management of lead- poisoned children are also part of the project, which treated 433 patients in 2017.

In Anambra state, MSF started a new project in Onitsha to tackle malaria through water and sanitation and vector-control activities and provide support to local health facilities.

SIERRA LEONE
$2,300,000
In Sierra Leone MSF is assisting the recovery of the health system following the Ebola outbreak and working to combat high mortality rates among pregnant women and children. In Tonkolili, teams supported the pediatric ward, maternity and neonatal services, and blood
In Pibor, MSF is the sole provider of medical services to the Murle people, operating through one primary health care center and two primary health care units in Lekongole and Gumruk. The clinic in Pibor was attacked twice in 2017, forcing the team to suspend activities temporarily. Violent clashes also resulted in the closure of two MSF projects in Upper Nile state. In late January, fighting between government and opposition forces in Wau Shilluk forced people, including MSF staff, to flee. The MSF hospital was looted and destroyed, and the team evacuated to Kodok, where they continued to provide health care to those who had been displaced. In April, Kodok was attacked, and staff and patients fled with the local population to Aburoc. Here, the team set up a field hospital, responded to a cholera outbreak in the makeshift camp, and supported remote communities with decentralized care.

At the end of 2017, teams started running clinics on boats to serve people in isolated villages along the Akobo and Pibor rivers. MSF continued to run a clinic in Mayom town in collaboration with the MoH offering basic primary and emergency health care as well as treatment for HIV and TB. Secondary health care, surgical services, and support for victims of sexual violence are available in MSF’s 160-bed hospital in Bentiu’s UN Protection of Civilians site (PoC). In Malakal PoC MSF provides its secondary health care and mental health services. MSF also runs a hospital in Malakal town and has started to provide care for remote communities in the surrounding area.

In Yei, Equatoria region, MSF offered basic health care in two clinics within the city. MSF staff managed the pediatric and maternity departments in the Greater Bahr el Ghazal region’s Aweil state hospital. Teams supported five health facilities with testing and treatment for malaria throughout the rainy season. In Agok, Abeyi Special Administrative Area, teams ran the only referral hospital in the region, providing primary and secondary health care, including surgery. MSF started to rehabilitate and extend the hospital in 2017.

MSF continued to work in camps for Sudanese refugees. In Yida, teams managed an inpatient department, an inpatient feeding center, a neonatal unit, and treatment of HIV and TB. In Doro, MSF built a new hospital and carried out a mass vaccination campaign and spray- ing activities to reduce the incidence of malaria. Teams also provided outpatient care and vaccinations to 21,000 South Sudanese people living in nearby Maban.

SUDAN $1,715,000

MSF focused on the needs of refugees, internally displaced people, migrants, and other vulnerable communities in Sudan. In Al Garum, eastern Sudan, teams treated cases of acute watery diarrhea, trained staff from partner organizations in case management and prevention, and conducted community education sessions. MSF provides free kala azar (visceral leishmaniasis) diagnosis and care management support to two hospitals in this region and organizes awareness-raising activities. More than 3,100 patients were treated for kala azar in Sudan in 2017.

In Taewa, North Darfur, MSF added a new maternity wing to the hospital. Teams also ran a project in Sortoni camp. In 2017, more than 56,600 primary health care consultations were carried out. An MSF-supported hospital assists internally displaced people in the gold mining area of El Sireat, and a new primary health post was opened in Garazawa.

In West Darfur, MSF opened a clinic offering pediatric services and provided epidemiological monitoring. In East Darfur, MSF worked in Karlo refugee camp, which hosts 19,000 refugees from South Sudan. Following an outbreak of acute watery diarrhea, the team opened a treatment center in addition to the primary and secondary health care services available in the camp and organized a mass vaccination campaign against measles.

In response to a large influx of South Sudanese refugees at Khor Warral camp, MSF set up an emergency field hospital. More than 91,000 consultations were performed and 5,793 patients were admitted to the facility during the year. MSF also ran an 83-bed hospital in Kashafa refugee camp.

TANZANIA $5,000,000

In Nyarugusu camp for Burundian refugees MSF ran a 40-bed emergency room and a stabilization unit. Teams conducted water, sanitation, and health promotion activities, ran malaria clinics, and provided mental health consultations. By the end of May MSF had phased out activities in the camp. MSF was the main health care provider in Mubanga camp, which was at double its intended capacity at the end of the year. Teams ran a 175-bed hospital, six outpatient posts, and health promotion activities. Hospital services included maternal and neonatal care, and adult inpatient departments, and an emergency room. Specialized outpatient services, such as treatment for HIV, malaria, and TB, were also provided. Despite comprehensive malaria prevention and control activities, the malaria infection rate remained very high during the rainy season in Nduta. In December, MSF distributed thousands of mosquito nets in high-risk areas.

In Shiselweni region, MSF continued its “test and treat” strategy, providing antiretroviral treatment at the time of HIV diagnosis. MSF introduced innovative approaches such as pre-exposure prophylaxis (PrEp) for patients at increased risk of HIV infection and oral HIV self-testing for hard-to-reach people. A total of 129 patients initiated PrEp and 2,310 people have accessed HIV self-testing since May 2017. In 2017, 2,637 women living with HIV were screened for cervical cancer, 17 percent of whom tested positive. MSF also provided community-based health care in Manzini region. MSF continued research into the shorter-course treatment of tuberculosis (TB) in the country, and 192 patients were enrolled in the study; 132 patients finished their treatment, with a cure rate of 72 percent. MSF continued to offer technical support to the national TB reference laboratory in Mbabe.
UGANDA $7,000,000

In Bidi Bidi, Imvepi, Palorinya, and Rhino settlements for South Sudanese refugees in Yumbe district, MSF teams conducted 273,773 primary health care consultations, admitted 35,747 patients to MSF-managed facilities, assisted 712 births, and offered mental health support and care for 786 victims of sexual violence. Staff also provided vaccinations and ran health surveillance activities. The logistics team worked to improve access to drinking water, supplying an average of two million liters of water per day at the peak of activities.

In landing sites for fishermen on lakes Edward and George an MSF project aims to improve access to HIV and TB testing and treatment. MSF also offered quick and reliable viral load monitoring through its point-of-care testing facility at Arua regional referral hospital. By the end of 2017, 739 people were on second-line ARVs in Arua. MSF reinforced clinical and psychosocial support for HIV patients, especially for adolescents, to improve adherence. At the adolescent center in Kasese town, which offers sexual and reproductive health care as well as community awareness-raising and recreational activities, 30,852 adolescents received consultations.

From the end of October to the beginning of December, MSF responded to an outbreak of Marburg fever in Kween and Kapchorwa districts. Teams set up two treatment centers, trained health staff, and assisted local health authorities with epidemiological surveillance, community health promotion, and mapping activities.

ZIMBABWE $500,000

In Zimbabwe’s capital, Harare, MSF offered treatment and psychosocial support to 1,356 victims of sexual violence and comprehensive youth-friendly sexual and reproductive health services to 2,454 adolescents in Mbare. Teams also improved the provision of clean water to vulnerable communities by rehabilitating and upgrading 13 boreholes and drilling five new ones. MSF supported the response to an outbreak of typhoid in Harare.

In Manicaland province, MSF supported the scale-up of viral load testing in 40 health facilities and the management of patients whose ART therapy had failed. Staff assisted with the treatment of NCDS and piloted the integration of treatment for HIV-positive patients living with them. MSF also supported a pilot program of nine-month treatment for patients with DR-TB.

Teams continued to run HIV outreach programs and supported the health ministry to provide cervical cancer screening and treat patients with early-stage cervical cancer in Epworth and Gutsu. A total of 5,925 women were screened and 597 received treatment.

In collaboration with the health ministry and the WHO, MSF offered WHO Mental Health Gap Action Program training to around 250 nurses. MSF also provided coaching and mentoring services to the MoH and other authorities in preparation for the handover of MSF’s mental health projects at Chikurubi maximum security prison and Harare central hospital. MSF teams provided training to newly recruited doctors at Epworth clinic and nurses in Harare polyclinics. After 1.1 years of offering treatment, care, and support to more than 24,406 HIV patients and 9,487 TB patients, MSF handed over the Epworth HIV/TB project to the health ministry at the end of 2017.

AMERICAS

COLOMBIA $445,000

MSF carried out emergency interventions and assisted victims of violence in Colombia. Civilians are trapped in a spiral of violence despite the peace agreement between the government and the Revolutionary Armed Forces of Colombia, or FARC. After 50 years of war, it is estimated that more than 126,000 people are internally displaced in Colombia. MSF ran a project in Puerto Asis and Call to provide psychological support to family members of victims of “forced disappearance.” MSF’s emergency team helped displaced people in Choco, Antioquia, Guaviare, and Caquetá. After a landslide in Mocoa, Putumayo, teams supported the local hospital and offered primary healthcare.

MSF continued to run mental health care programs in Tumaco and Buenaventura for people affected by violence, with 9,097 mental health consultations held in 2017. In Buenaventura, 887 people sought psychological support through MSF’s free and confidential telephone helpline. MSF provided medical care to victims of sexual violence in Tumaco and Buenaventura, and supported women seeking to terminate their pregnancies.

HAITI $18,839,691

MSF carries out emergency response activities and has developed a range of free, specialized medical services in Haiti. Drouillard center is the only specialized facility in Haiti focused on the treatment of severe burns. In 2017 the team conducted more than 1,800 emergency room visits and admitted almost 700 patients, around half of whom were under the age of five. MSF trained medical staff and started constructing a new 4-bed hospital to replace the existing temporary facility in 2018.

The 176-bed Centre de Référence d’Urgences Obstétricales (CRUO) provides care for pregnant women who present with life-threatening complications and for newborns requiring treatment. In 2017, teams assisted 1,880 births, including 1,870 Caesarean sections, and provided mental health support and post-natal care. The Tabarre trauma hospital provides comprehensive treatment for victims of road accidents or gunshot wounds, with 6,539 surgical operations performed in 2017. MSF managed the Pran Men’s clinic in Port-au-Prince to provide care for victims of sexual and gender-based violence.

In Martissant, the second-largest slum in the country, MSF managed an emergency health care center that provided 35,800 outpatient consultations and admitted more than 2,000 patients in 2017. MSF organized water and sanitation activities in the slum to prevent the spread of cholera and other diseases. MSF staff treated cholera patients in Martissant and CRUO and supported epidemiological surveillance activities. In the aftermath of Hurricane Matthew, a team assisted with the second round of cholera vaccination in Port-a-Piment, where MSF also supported a local health care center.

Since 2012, some 60,000 Haitians from all walks of life have benefited from free, high-quality surgical trauma care at MSF’s Napoleon Bénard hospital in the Tabarene neighborhood of Port-au-Prince, Haiti, © Jeanly Junior Augustin.

HONDURAS $400,000

Honduras has one of the world’s highest rates of violence and continues to experience instability. Many of MSF’s projects in the country focus on care for women, who are among the worst affected by the conditions. In March, MSF started working at a mother and child clinic in Choloma, a city notorious for high levels of violence. Teams provided family planning, ante- and postnatal consultations, assisted births, and offered psychosocial support to victims of violence, including sexual violence. In the capital, Tegucigalpa, MSF continued its service priorities, or priority services, in collaboration with the Honduran MoH, offering emergency medical and psychological care to victims of violence. Counseling, group therapy, and psychological first aid were also available.

MEXICO $24,500,000

MSF works with migrants and refugees in Mexico and offers medical and mental health services in violence-prone areas. In 2017, teams were also deployed to help people affected by two major earthquakes. In Tensosque, an MSF team offered assistance to migrants in Shelter 72, including increased support for victims of sexual violence. In Guadalajara, an MSF team started assisting migrants at the FMI Shelter in February. A mobile clinic offered psychological and social care at the Casa del Migrante in Coatzacoalcos.

In July, MSF opened the Center for Integral Action, a specialized treatment center for displaced people who have been victims of extreme violence, torture, and ill treatment. MSF expanded activities in Reynosa, Tamaulipas state, to provide medical, psychological, and social care, and in Acapulco to provide services in Remembrance Hospital. MSF ran two mobile teams to reach rural areas in Tierra Caliente, Guerrero state, with almost
AFGHANISTAN $5,900,000

MSF focuses on emergency, pediatric, and maternal health care in Afghanistan, which has some of the world’s highest rates of infant and maternal mortality. Teams delivered more than 70,000 babies in 2017, almost a quarter of all births assisted by MSF worldwide. The conflict in Afghanistan continued to intensify, increasing the already immense medical needs. MSF has held high-level discussions with all parties to the conflict following the attack on our hospital in Kunduz on October 3, 2015, when US airstrike destroyed our trauma center, killing 42 people, including 14 colleagues. After a year and a half of negotiations, MSF signed a new agreement in mid-December 2017, under which MSF will support another hospital in the area to increase the facility’s capacity to provide maternity services.

Another MSF team works in Boost provincial hospital in Lashkar Gah, the capital of Helmand province. The team assisted almost 2,000 births in 2017 and treated 19,400 patients in a year. MSF also supports five health centers in the prefecture.

In 2017, the first patients on MSF’s DR-TB program in Kandahar successfully completed their treatment and were discharged. Since the project started, 63 DR-TB patients have been diagnosed and 13 of them have been put on an innovative regimen that reduces the treatment from at least 20 months to only nine. MSF also provided support to Miwais regional hospital and organizes training for other facilities to improve detection of TB.

Aides wait with their children outside the burns and orthopedic department ward of Ahmad Shah Baba hospital in the eastern suburbs of Kabul, Afghanistan. Teams delivered more than 70,000 babies in Afghanistan in 2017. © Andrew Quilty/Doi

BANGLADESH $3,542,882

MSF dramatically scaled up activities to respond to a massive influx of Rohingya refugees from Myanmar and continued to provide health care to other vulnerable communities in Bangladesh. A targeted campaign of violence unleashed by the Myanmar military against ethnic Rohingya starting on August 25 pushed more than 700,000 people to flee across the border into Bangladesh by the end of 2017. They joined some 180,000 Rohingya who had fled earlier cycles of violence and persecution.

MSF increased operations in and around the makeshift settlements in Cox’s Bazar district, managing 19 health posts, three primary health centers, and four inpatient facilities by year-end. Between July and December, the number of patients seen by the teams each day had increased from approximately 200 to over 2,000. The main conditions treated were respiratory tract infections, diarrheal diseases, and infant malnutrition. Thousands of people with suspected cases of measles and diphtheria also received care at MSF facilities. Teams treated more than 2,624 patients for diphtheria, a rare and potentially fatal disease long forgotten in many parts of the world thanks to routine vaccination.

MSF increased the number of beds in its existing facilities in Kutupalong and its newly built health facility in Bakhali. A 50-bed hospital opened by MSF in Taonmakhula settlement was the only one offering inpatient care in the area. Another inpatient facility scheduled to open near Meyanagonga makeshift settlement in 2018 was functioning as a temporary 85-bed diphtheria treatment center in December.

MSF dramatically increased water and sanitation activities in Cox’s Bazar, supplying some 8 million liters of chlorinated water, installing more than 1,700 latrines and 170 Wells, and running hygiene promotion activities. MSF worked with the Bangladesh Ministry of Health and Family Welfare to extend vaccination coverage among the Rohingya. The ministry completed a measles and rubella vaccination campaign in early December, supported by MSF, targeting more than 330,000 children aged between six months and 15 years. In December, MSF published results from six surveys it conducted in refugee settlements in Bangladesh. The findings revealed that at least 6,700 Rohingya were killed within the first month of “clearance operations” led by Myanmar’s security forces and provided evidence of the scale of violence used against the Rohingya. Between August 25 and December 31, MSF treated 120 victims of sexual violence in its sexual and reproductive health units. Over 80 percent of these patients were rape victims and over one-third were under the age of 18.

On the outskirts of the capital, Dhaka, MSF treated 6,996 patients in the occupational health program for factory workers it runs in Kamrangchari slum. Reproductive health care services for women and girls are also available. The team treated more than 600 victims of sexual violence and conducted over 2,300 mental health consultations.

CAMBODIA $2,000,000

In Cambodia, MSF offered free diagnosis and treatment for hepatitis C, estimated to affect between 2 and 5 percent of the population. The project, based at Phnom Penh’s Prab Vthea hospital, aims to simplify diagnosis and treatment, demonstrate cost-effectiveness, and create a model replicable in other countries. In 2017, MSF treated 2,926 patients with new drugs, known as direct-acting antivirals (DAAs), which cure more than 95 percent of people who complete the treatment. In Phnom Penh province, resistance to the powerful antimalarial drug artemisinin has been confirmed. Research conducted by MSF in 2017 provided some insight into the development of resistance to the three main drugs used to treat severe malaria. Teams continued to support malaria testing and treatment in the community.

INDIA $500,000

In India, MSF runs a wide range of programs for people unable to access health care, including support for mental health and treatment for infectious diseases, malnutrition, and sexual violence. In January MSF opened a clinic providing care for hepatitis C in Meerut, Uttar Pradesh. Within weeks of the opening, staff had worked with a much larger number of people in need of testing and treatment. MSF uses direct-acting antivirals, the latest generation of hepatitis C drugs, which are manufactured in India and available at a much lower cost compared with other parts of the world. The team has also pioneered a simplified model of care to enhance adherence to treatment.

In the city of Mumbai, MSF continued to provide medical and psychosocial care for patients with HIV and DR-TB. MSF is developing patient-centered models of care and working to influence the country’s treatment guidelines.

Since 2001, MSF has offered counseling in Jammu and Kashmir. Teams offer mental health services to people who have received formal commitments from the Indian army, Baramulla, Sinjarband, Pulpawa, and Sopore, and help raise awareness to combat stigma.

In Andhra Pradesh, Chhattisgarh, and Telangana MSF operates mobile clinics to take primary health care to people living in remote villages. In 2015, MSF opened Umed Ki Kiran, a community-based clinic in north Delhi providing treatment and PEP to victims of sexual and domestic violence in order to prevent HIV/AIDS and other sexually transmitted diseases and unwanted pregnancies.

In Manipur state, at its clinics in Churachandpur, Chakpikrong, and Moreh, on the border with Myanmar, MSF provides screening, diagnosis, and treatment for HIV, TB, hepatitis C, and co-infections. At an opioid substitution therapy center in Churachandpur, MSF treats mono-infect- ed hepatitis C patients and partners of co-infected patients. In 2017, in collabo-
following targeted violence against the community led by the Myanmar military. Three of the four clinics run by MSF in Rakhine were destroyed as many villages were burned to the ground during the violence. MSF operations in northern Rakhine were restricted before early August and the end of the year due to a government ban on international staff and a lack of authorization to carry out medical activities. In September, MSF publicly called on the government of Myanmar to grant independent and unfettered access to international humanitarian organizations. Until August, MSF provided primary and reproductive health care in fixed and mobile clinics in Maungdaw district and supported MoH and Sports hospitals in Maungdaw and Buthidaung with health care. In and around Sittwe and Pauktaw, MSF offered primary and reproductive health care, and emergency referrals through mobile clinics deployed to villages and five camps for internally displaced people. In Kachin and Shan states teams treated 16,586 people living with HIV and SDI patients with TB at two clinics in Yangoon. MSF continued to run a clinic in Dawei supporting hospitals to decen- tralize HIV care. In Tanintharyi region, MSF health worker Equal meets a family in the remote village of Bhoraisin, in India’s Jharkhand state, as part of a program to treat children with severe acute malnutrition using a community-based model of care. © Nikhil Roshan

MSF was responsible for viral load testing for all HIV patients and worked with the community to improve early HIV detection and treatment. Due to the inability to secure access for MSF international staff, medical activities in Wu Sangyi Region 2, northern Shan state, ended in mid-2017. Before closing, MSF conducted over 2,430 outpatient consultations through fixed and mobile clinics. A new program focusing on primary health care and health promotion was launched in Naga, Sagaing region.

PAKISTAN $4,500,000

MSF continues to fill gaps in health care in Pakistan, particularly in isolated rural communities, urban slums, and areas affected by conflict. MSF was forced to close its projects in the Federally Administered Tribal Areas (FATA) due to decisions by local authorities. MSF had been providing medical services in Kurram for 14 years; before the closure in 2017, MSF teams carried out a total

26,567 outpatient consultations in Sadaa and Alkai. In Bajaur, MSF had been supporting Tehsil hospital at Nowalgi since 2013; in 2017, a continuous increase in the number of people seeking care. Between January 1 and November 13, 2017—the day MSF left Bajaur—the teams treated 17,194 patients in the stabilization room and assisted 3,131 deliveries. Near the Afghan border, MSF worked with the MoH at Chaman district headquarters hospital, providing reproductive, newborn, and pediatric health care. The team also managed the emergency room, and offered inpatient and outpatient nutritional support for malnourished children under the age of five. These services were available to local residents, Afghan refugees, and others crossing the border seeking medical assistance.

In the eastern districts of Jaffarabad and Naseerabad, MSF supported an inpatient therapeutic feeding program for severely malnourished children, the general pediatric and neonatal wards, and reproductive health care in Dera Murad Jamali district headquarters hospital. Teams also ran an outpatient therapeutic feeding program through a network of mobile clinics and outreach sites.

In October, MSF closed its pediatric hospital in Quetta, which admitted 453 newborns and 600 severely malnourished children during the year. In Kuchik, north of Quetta, MSF managed a health center offering outpatient treatment for children, basic emergency obstetric care, and psychosocial counseling. In 2017, MSF provided specialized treatment to 2,823 patients for cutaneous leishmaniasis through the Kuchik maternal and child health center. Bolan medical complex hospital in Quetta, and Benazir Bhutto hospital in Mard Abad.

In Khyber Pakhtunkhwa, MSF operated a comprehensive emergency obstet- ric care service at Peshawar women’s hospital. Also in Peshawar, MSF carried out mobile clinic services in Quetta and August in response to a dengue outbreak. In Timergara, MSF supported the district headquarters hospital’s emergency department and provided comprehensive emergency obstetric care. A total of 16,857 births were assisted in 2017. The neonatal unit was expanded and upgraded to include a “kangaroo care” room, where mothers carry newborns against their chest to help regulate the babies’ temper- ature. A total of 163,835 patients were seen in the emergency department.

In Karachi’s Machar Colony slum, MSF conducted outpatient consultations, provided specialized treatment for hepatitis C, managed uncomplicated births, and offered mental health counseling and health promotion.

PAPUA NEW GUINEA $2,000,000

MSF focuses on expanding access to care for patients with TB, which was declared a major public health emergency in Papua New Guinea. In collaboration with the national TB program, MSF helped improve screening, diagnosis, treatment initia- tion, and follow-up at Serre hospital in the capital, Port Moresby. 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 and Korera general hospital. In collaboration with provincial authorities, MSF continued to develop a decentralized model of care fa- cilitating access to care, offering screening, treatment, and follow-up closer to patients’ homes. In 2017, MSF initiated treatment for more than 2,100 patients with DS-TB and 53 with DR-TB.

TAJIKISTAN $500,000

Since 2011, MSF has been working with the Tajik MoH to implement a com- prehensive pediatric TB care program, which aims to demonstrate that treating children for TB is feasible and that the dis- ease, including drug-resistant forms, can be cured. By the end of 2017, some 190 patients had started treatment. The project is ground-breaking in its use of new diagnostics and response activities. In August in response to a dengue outbreak. In Timergara, MSF supported the dis- 37
**EUROPE AND THE CAUCASUS**

**ARMENIA $1,000,000**

Since 2005, MSF has supported Armenian authorities in treating patients with DR-TB, prevalent in 47 percent of patients treated for TB. In 2013, Armenia was among the first countries to use bedaquiline, the first new drug developed to treat TB in 50 years. The Armenian MoH and MSF have since collaborated to provide access to delamanid, another new TB drug. Both drugs have been prescribed within the framework of the endTB partnership. By the end of 2017, 1,422 DR-TB patients had started a regimen that included one of the newer drugs. To help patients cope with the challenges of treatment, which lasts up to two years and involves taking thousands of pills under medical observation—MSF has introduced a system enabling them to take some drugs at home, with a medical staff member remotely by video.

Since 2016, MSF has been treating DR-TB patients co-infected with hepatitis C using direct-acting antivirals, a new, effective, and less toxic class of drugs.

**GREECE $4,590,000**

Migrants and refugees remained the focus of MSF activities on the Greek mainland and the islands of Lesvos, Samos, and Chios, where teams conducted almost 19,600 consultations in 2017. An MSF clinic in Lesvos provided primary health care, treatment for chronic diseases, sexual and reproductive health services, and mental health support. In November, MSF set up a clinic at Moria camp for children under 16 years of age and pregnant women. On Samos, MSF ran a temporary shelter and provided mental health support and individual legal assistance in partnership with the Greek Council for Refugees. A team also conducted a vaccination campaign for children hosted in shelters and assisted national authorities with vaccinations. MSF intervened in Vathy police station to improve living conditions and access to medical and mental health care for detainees, and, in December, MSF began providing cultural mediation services at the local hospital on the island of Chios.

In Athens, MSF runs three health centers: one responds to the specific needs of migrants and refugees and includes a travel medicine clinic; the second offers comprehensive care to survivors of torture and other forms of violence; and the third provided primary health care and mental health support until December and currently assists the municipal clinic with cultural mediation services.

In Epirus, MSF provided psychological and psychiatric care to people living in and around Ioannina until December. Mobile teams also operated in the wider Attika region around Athens, as well as Central Greece. Around Thessaloniki, MSF offered psychological and psychiatric care and health promotion in several camps.

**ITALY $2,750,000**

MSF teams in Italy focused on the needs of migrants and refugees, providing mental health care, specialized care for victims of violence, and support for local initiatives. Most new arrivals were hosted in temporary emergency reception facilities, but more than 10,000 people lived in informal settlements. MSF monitored the humanitarian needs and had volunteers working within occupied buildings in Bari and Turin to facilitate residents’ access to health care and other services.

For the third consecutive year, MSF was present at arrival points in Italy, providing psychological first aid to survivors of shipwrecks and traumatic injuries. In Trapani, a team offered psychological support through 1,232 individual and 116 group sessions and assisted local services in several secondary reception centers. In summer 2017, MSF opened a 24-hour medical center in Catania providing holistic support for asylum seekers in need of care after their discharge from hospital. MSF also provided mental health support and improved water and sanitation conditions in the informal settlements where seasonal migrant workers live in southern Sicily.

In Rome, MSF runs a rehabilitation center for torture survivors in collaboration with local partners, providing medical and psychological support, as well as physiotherapy and social and legal assistance. MSF responded to the needs of people stranded at Italy’s northern borders with basic psychological and medical assistance, food, and other donations.

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

In 2017, MSF wound down its projects in Russia, including a TB treatment program run in close partnership with the Chechen MoH since 2009. A total of 156 patients have been treated since June 2014. By the end of the year, 60 extensively drug-resistant TB patients were still on treatment. A mental health project provided individual psychosocial care for 886 patients and 41 group counseling sessions for victims of violence before the project was closed in March. After seven years of activity, the cardiac care project in the emergency hospital in the capital, Grozny, was closed in December. In 2017 the cardiac resuscitation unit admitted 1,568 acute patients.

**UKRAINE $1,400,000**

Amid ongoing conflict in eastern Ukraine, access to health care care remained severely limited for people living along the frontline. MSF scaled up its mobile clinics and operated in 28 locations, offering primary health care and psychological support to those living in or near the conflict zone, including internally displaced people. MSF also provided training in psychological support to assist health care workers and teachers living and working in the conflict zone.

MSF opened a hepatitis C program in Mykolaiv region, providing treatment with two effective direct-acting antivirals as well as diagnostic tests, patient support, education, and counseling services. At the end of November, MSF handed over care of patients with DR-TB in the penitentiary system in Dnipropetrovsk.

**MIDDLE EAST**

**IRAQ $17,405,006**

MSF significantly stepped up its response to violent conflict in Iraq while delivering a range of health care services for displaced people and other vulnerable communities. Even after conflict subsided in late 2017, humanitarian needs remained extremely high.

In the battle to recapture Mosul from the Islamic State group, frontlines cut through several trauma stabilization posts close to the frontlines. In east Mosul, MSF ran four projects in camps close to Qayyarah. After a risk assessment, MSF positioned several trauma stabilization posts close to the frontlines. In east Mosul, MSF ran four projects in hospitals offering emergency and intensive care, surgery and maternal health care, as well as inpatient and outpatient therapeutic feeding centers for children. In June, as violence escalated in west Mosul, MSF opened a hospital to treat trauma patients. When the number of war-related trauma cases decreased, MSF expanded its maternity, newborn, and pediatric care activities. South of Mosul, MSF ran an emergency trauma surgery hospital in Hamam al-Alil until July 2017. More than half of the trauma patients from the battle for west Mosul passed through this hospital. MSF also set up a primary health care center in the town and set up a 40-bed hospital department with Handicap International in Al-Hamdaniya.

MSF operated in 16 locations across Nineveh and Erbil governorates serving thousands of people displaced by the battle of Mosul, providing a range of services including primary health care, treatment for NCDs, and mental health support.

MSF ran a maternity clinic with a pediatric unit in Tal Maraq village, in a disputed area of Iraq, and deployed mobile clinics to surrounding villages.

MSF’s field hospital in Qayyarah operated at full capacity, providing surgery, emergency and inpatient care, pediatrics, nutrition, and mental health support. In June, teams started treating an increased number of babies who were severely malnourished, and, in July, launched an integrated nutrition and mental health project in camps close to Qayyarah.

MSF’s mobile teams offered assistance to people fleeing violence in Hawija district. In January, MSF started providing basic health care, emergency referrals, NCD treatment, and mental health consultations in Daquq camp. In addition, MSF donated supplies and trained staff in the emergency rooms of the two main hospitals in Kirkuk city.

MSF expanded its project in Sulaymaniyyah to support the huge influx of displaced people and also supported Sulaymaniyyah emergency hospital to improve standards of care and infection prevention and control.

In Jalawla and Sadiya, in Diyala governorate, MSF provided a range of health care services for returning families and assisted with the rehabilitation of the towns’ primary health care centers and Jalawla hospital. Teams also provided health services in two camps for displaced people.

In Anbar governorate, MSF teams provided health services in Almiyai Al Fallujah and Habbaniya Tourist City camps. MSF closed its primary health care clinic in Klo 18 camp as the population dropped. MSF completed its support of Al Fallujah teaching maternity hospital in Anbar, having rehabiliated the emergency room, upgraded the operating theater, and trained nursing staff. In Ramadi teaching hospital, MSF prepared a new mental health unit to open in early 2018.

As military operations expanded in northwestern Iraq, thousands of civilians fled to rebelliously held areas under the Al Abadi governorate. MSF ran mobile clinics in the city of Tikrit and set up a primary health care center in one of the camps.
JORDAN $15,200,000

MSF runs health care programs to assist Syrian refugees and vulnerable Jordanians. There were almost 650,000 registered Syrian refugees in Jordan, the majority of whom relied on humanitarian assistance to meet basic needs. MSF operated three clinics in Irbid governorate and provided health care to Syrian and vulnerable Jordanians with treatment for NCDs, a leading cause of death in the region. The clinics offered medical care, home visits, and psychosocial support to about 5,000 patients and carried out more than 4,000 consultations. MSF also supported a comprehensive primary health care center in Turru, in Sahel Houran district, Ar Ramtha.

MSF was the main provider of reproductive health care for Syrian refugees in Irbid governorate, where it ran a 24-bed maternity and neonatal intensive care unit. MSF increased its focus on mental health care, offering support to Syrian children and their parents in a project based in Mafraq, as well as through outreach consultations and sessions held at the NCD clinics and primary health care center in Irbid. The Amman reconstructive surgery hospital continues to treat war-wounded patients and indirect victims of violence from neighboring countries. The hospital provides comprehensive care for patients requiring orthopaedic, reconstructive, and maxillofacial surgery, including physiother-apy and mental health support. In 2017, 1,150 surgical procedures were performed, and an average of 188 patients were being treated in the hospital at any one time.

Since 2013, MSF’s emergency surgical project in Ar Ramtha in northern Jordan has treated war-wounded patients referred from field hospitals in southern Syria. As fighting escalated in the first half of 2017, MSF saw an increase in the number of severely wounded patients evacuated to the hospital for urgent medical care. Following the creation of a de-escalation zone in southwestern Syria and subsequent decline in the number of patients, MSF decided to close the Ar Ramtha project in January 2018.

LEBANON $3,000,000

More than a quarter of Lebanon’s population is now made up of refugees, including over a million from Syria. MSF continued to provide Syrian refugees and local communities with free, high-quality medical care, including primary health care, treatment for acute and chronic diseases, sexual and reproductive health services, mental health support, and health promotion activities. Teams carried out more than 291,000 outpatient consultations and some 11,000 mental health consultations.

Since September 2013, MSF has managed a primary health care center and a mother and child health center in Shatila refugee camp. In Burj al-Barajneh refugee camp, MSF ran a health center providing sexual and reproductive health services, mental health support, and health promotion activities. MSF also operated a home-based care program for patients with chronic diseases and mobility problems.

In the Bekaa Valley, where the majority of Syrian refugees have settled, MSF provided primary health care services through four clinics and ran two mother and child health centers.

In Bar Elias, MSF started the rehabilitation of a hospital in March and handed over the chronic disease patients to other health facilities in October.

Also in March, MSF opened a pediat-ric intensive care unit in a government hospital in Zahle, providing secondary and tertiary health care, general pediatrics and pediatric intensive care, as well as elective surgery.

MSF ran three primary health care centers in Tripoli and Akkar governorates and a dedicated mental health program in three centers serving vulnerable Syrian refugees in Lebanon. In October, MSF implemented a water and sanitation program in informal tent settlements in Akkar.

At Ein el-Hilweh Palestinian refugee camp in Saida, MSF helped medical personnel improve emergency preparedness and launched a new home-based care program for patients who suffer from mobility problems.

OCCUPIED PALESTINIAN TERRITORIES $3,000,000

MSF provides psychological assistance in the West Bank and specialized medi-cal care to burn and trauma patients in the Gaza Strip. In November, MSF con-cluded its mental health interventions in Bethlehem and Ramallah, but continued to run programs in Nablus, Qalqilya, and Hebron governorates. In 2017, 644 pa-tients benefited from individual and group mental health sessions. Over 40 percent of these patients were under 18 years of age.

MSF strengthened its partnership with Nablus Rafidia hospital, providing psychological support to patients admitted to the burn unit and the pediatric ward, to their caretakers, and to supervising medical staff.

In Gaza, MSF staff worked in three clinics providing specialized care for burn and trauma patients. In 2017, 4,950 patients were treated, mostly for burns sustained in domestic accidents. 62 percent of these patients were under 15 years old. MSF continued to run its reconstructive surgical programs with the Meir for patients with burns, trauma, or congenital malformations. Teams continued to run sessions on burn awareness for schools and women’s associations.

SYRIA $10,500,000

MSF continues to provide medical and hu-manitarian aid in Syria, where the conflict has left millions of people in desperate need of assistance. Eleven medical facilities supported by MSF were hit by bombs or shells on 12 occasions in targeted or indiscriminate attacks.

MSF ran or directly supported six hospitals and seven health centers and deployed six mobile clinic teams and six vaccination teams in opposition-held regions across northern Syria. MSF’s ac-tivities were severely limited by insecurity and constraints on access. The Syrian government has not granted authorization to work despite repeated requests, and the Islamic State group has not provided any assurances since it abducted MSF staff in 2014.

In areas where staff could not be deployed or permanently present, MSF maintained its distance support of medical facilities. Mostly run from neighboring countries, this consisted of donations of medicines, medical material and relief items; remote training of medical staff, building an out-patient department and supporting the hospital, ran mobile clinics in the sur-rounding area and in camps, and conducted vaccinations throughout the district.

In Kobanîk Al Arab, MSF worked with local health authorities to establish basic health facilities, building an out-patient department and supporting the emergency room, intensive care unit, maternity ward, and other activities at Kobanîk general hospital.

An MSF doctor at Ain Issa camp in Syria checks on a child whose family was displaced by fighting in Raqqa. © Chris Huby

MSF upgraded Ibn Saffar pediatric hospital in Misbaa, Barel governorate, trained medical and paramedical personnel, and donated clinical and diagnostic equipment, medicines and equipment. MSF also set up a psychosocial unit for inpatients and the community.

In August, MSF opened a rehabilitation center with a 20-bed inpatient depart-ment in the city of Misraba. MSF deployed medical and mental health care to displaced people, and in a primary health care clinic in the Al Shuhada II area.

The hospital continues to treat war-wounded patients and indirect victims of violence from neighboring war zones across northern Syria. MSF’s ac-tivities were severely limited by insecurity and constraints on access. The Syrian government has not granted authorization to work despite repeated requests, and the Islamic State group has not provided any assurances since it abducted MSF staff in 2014.

Meanwhile, MSF continued to provide specialized care for burn and trauma patients. In 2017, 4,950 patients were treated, mostly for burns sustained in domestic accidents. 62 percent of these patients were under 15 years old. MSF continued to run its reconstructive surgical programs with the Meir for patients with burns, trauma, or congenital malformations. Teams continued to run sessions on burn awareness for schools and women’s associations.

In June, the Syrian Democratic Forces (SDF) launched an offensive with US-led international support to wrest control of Raqqa city from the Islamic State. High levels of insecurity made it extremely difficult to reach civilians trapped in the fighting. MSF set up a medical stabiliza-tion unit near the front line to aid people injured in the conflict or as they fled the city. In November, after active fight-ing subsided, MSF was one of the only organizations to start providing medical assistance inside Raqqa. Many returning residents were wounded or killed by booby traps and explosives that littered the city. MSF treated 233 people for such injuries in the last six weeks of 2017.

The hospital in Tal Abyad was partially damaged in an SDF-led offensive to take control of the town. MSF supported all the hospital’s main departments, including its pediatric, maternity, surgical, vaccination, and mental health services. During the Raqqa offensive the team admitted hundreds of patients for major surgery; 73 percent of the procedures were considered lifesaving and more than half were conflict related.

At Ain Issa camp, north of Raqqa, teams distributed relief items, set up water and sanitation services, responded to a measles outbreak, and conducted routine vaccinations. They also built a medical and mental health clinic and supported a volunteer-run primary health care center.

In July, MSF rehabilitated a primary health care center in Tabqa and started offering services to displaced people. To the north of Tabqa, a team in Taimanah displaced -ment camp conducted measles vaccina-tions and provided primary health care.

MSF supported or administered more than 100,000 vaccinations to children across Raqqa governorate in 2017. In northeastern Syria, many injured patients were treated in the emergency room that MSF rehabilitated in the main referral hospital in Hassakeh. When the violence subsided and people began to return home, the team saw a sharp in-crease in the number of patients wounded by explosive devices, as in Raqqa. MSF treated nearly 3,800 patients in the emer-gency room and performed 563 surgical procedures. MSF also managed two primary health care centers in Hassakeh and ran mobile and fixed clinics in camps for displaced people.

In Azaz district, Aleppo governorate, MSF maintained its full support of Al Salamah hospital and launched a large-scale vacc-ination campaign. In March, in response to a large influx of people displaced by fighting, MSF started working at Manbij hospital, ran mobile clinics in the sur-rounding area and in camps, and conduct-ed vaccinations throughout the district.

In Kobanîk Al Arab, MSF worked with local health authorities to establish basic health facilities, building an out-patient department and supporting the emergency room, intensive care unit, maternity ward, and other activities at Kobanîk general hospital.
and have consequently left the public health system. These factors have led to the collapse of the health system, and outbreaks of diseases such as cholera and diphtheria.

Teams worked in 13 hospitals and health centers in 12 governorates and supported 20 public health facilities. MSF returned to hospitals in Haydan and Abs that were bombed by the Saudi-led coalition in October 2015 and August 2016, respectively.

MSF performed 19,728 surgical interventions in the country during 2017. In Taiz, Yemen’s second largest city and the scene of prolonged fighting, MSF-assisted more than 7,300 deliveries at Al-Houban mother and child hospital. MSF donated medical supplies to more than 20 governmental hospitals and health facilities across the country.

In April, when a cholera outbreak started, MSF immediately launched a response, opening 37 cholera treatment centers (CTCs) and oral rehydration points in nine of the 22 Yemeni governorates. In Hajjah, one of the most severely affected governorates, the Abs CTC alone admitted 15,768 patients. In Ibb governorate, as well as setting up CTCs, MSF trained hospital staff to identify and treat the disease and referred the most vulnerable patients to treatment centers. In total, MSF admitted 103,475 patients to its CTCs over the year.

As the cholera epidemic subsided in the fall, teams began to see the first patients with diphtheria. In December, MSF opened a diphtheria treatment unit in Nasser hospital in Ibb city and at Al Nasr Hospital in Ad Dhale and supported two others in Yarim and Jiblah hospitals. MSF treated more than 400 patients suffering from diphtheria.

Since 2015, four of Yemen’s 32 kidney treatment centers have been forced to close, and the remaining centers often run out of essential supplies. Over the past two years, MSF has imported more than 800 metric tons of dialysis supplies and provided over 83,000 dialysis sessions for some 800 patients. MSF had support ed six dialysis treatment centers, three of which were handed over to another organization in 2017.

A nurse at Al Salam hospital in Khamir, Yemen, tends to a patient’s gunshot wound. More than half the country’s health facilities are not operating due to destruction from the war, lack of staff, and shortages of medicine. © Florian Sterix/MSF

OTHER PROGRAM SUPPORT

ACCESS CAMPAIGN $1,453,355

MSF’s Access Campaign was created in 1998 to push for the development of—and increased access to—urgently needed drugs, vaccines, and diagnostic tests. The campaign conducts technical and advocacy work to influence governments, pharmaceutical companies, international institutions, and policymakers.

In 2017, we secured lower prices for new hepatitis C medicines. MSF now pays $120 for a 12-week course of treatment from the original asking price of $197,000. We challenged Pfizer’s monopoly on the pneumonia vaccine in a bid to ensure that all countries can afford this lifesaving product. We successfully advocated for snakebite to be added to WHO’s list of neglected diseases. As a founding member of the “Fix the Patent Laws” campaign in South Africa, we welcomed the government’s draft intellectual property policy that emphasizes public health needs. We also worked to remove harmful provisions from multilateral trade agreements that would block access to affordable generic medicines in developing countries. To help combat growing drug resistance, we developed technical criteria for new tests that can differentiate between bacterial and non-bacterial infections and help ensure appropriate use of antibiotic medicines. We ramped up the #StepUpTB campaign calling on governments to improve prevention, testing, and treatment of TB, the leading infectious disease killer.

DISEASE INITIATIVE (DNDI) $1,164,079

DNDI is a not-for-profit, patient needs-driven R&D organization co-founded by MSF in 2003. In February, DNDI published results of a study in South Africa on how to best dose two essential HIV and TB treatments for children co-infected with these deadly diseases. In July, the Global Antibiotic R&D Partnership (GARDP)—a joint initiative of DNDI and WHO—announced new trials for zollipilacin, one of the only antibiotics in development to address the growing threat of drug-resistant gonorrhea. In August, the US Food and Drug Administration approved for the first time a drug to treat Chagas disease with support from DNDI. DNDI is running clinical trials in Malaysia and Thailand for an affordable pan-genotypic treatment for hepatitis C combined with sofosbuvir with the drug candidate ravuwadavir. In September, the Malaysian government—DNDI’s close partner on these trials—issued a government- use license on sofosbuvir enabling access to more affordable versions. In November DNDI published results from trials in Central Africa on faviprazide, the first all-oral treatment for sleeping sickness, showing the treatment is effective. These results pave the way for a radical paradigm shift in treatment for this neglected disease, putting it on the path toward elimination.

EPICENTRE $1,365,867

Epicentre is a nonprofit organization founded by MSF in 1998 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 2017, Epicentre responded to the cholera outbreak in Yemen, estimating risk factors and modeling infection evolution to adapt vaccination efforts to control the outbreak. During the Rohingya refugee crisis, mortality data gathered by Epicentre was instrumental in advocacy campaigns to improve conditions for the community. Epicentre prepared for a multicenter clinical trial to compare immunological response to different doses of four yellow fever vaccines to enable expanded access during epidemics. Based on the results of mixed methods research conducted in 2016, Epicentre proposed a revised treatment model to reduce first-line treatment failure among HIV-positive adolescents. Epicentre prepared to implement a clinical trial to compare the performance of WHO-prequalified antiretrovirals for snakesbites, with the trial to be conducted in 2018. Epicentre was also active in research to improve treatment of malaria, TB, HIV, hepatitis C, filoviruses, trypanosomiasis, and snakebites, and supported clinical trials for vaccines for rotavirus, Ebola, malaria, and meningitis.

INTERNATIONAL OFFICE $5,404,623

MSF’s International Office coordinates and operates many important projects on behalf of MSF’s 21 sections worldwide and supports MSF’s advocacy efforts with professional networks and other international bodies.

OPERATIONAL CENTER BRUSSELS $5,813,791

OCB is one of five MSF operational centers that directly manage our humanitarian action in the field and decide when, where, and what medical care is needed. In 2017, OCB received support for field program design and management, monitoring and evaluation, recruitment of international staff, and other activities designed to improve the quality and effectiveness of MSF operations.

WORKING GROUP ON REPRODUCTIVE HEALTH AND SEXUAL VIOLENCE CARE $168,485

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

TOTAL: $346,598,505
MSF-USA is consistently one of the largest providers of international staff to our field operations, managing 417 departures in 2017.

Last year, we mobilized quickly to recruit and deploy field workers to Bangladesh in response to the sudden influx of nearly 700,000 Rohingya refugees fleeing targeted violence in Myanmar. Team members had a wide range of skills to respond to the urgent needs, from improving water and sanitation to containing a surprise outbreak of diphtheria to counseling victims of sexual violence.

We also sent a large number of field workers to northern Nigeria in response to ongoing armed conflict and instability. As in previous years, South Sudan, Democratic Republic of Congo (DRC), and Central African Republic (CAR) top the list of countries drawing the most US-based staff. The fact that two of these countries—DRC and CAR—are in French-speaking contexts demonstrates the versatility, diversity, and expanded skill set of MSF-USA’s pool of field workers.

All in all, US-based field staff worked in 55 countries in 2017.

The number of people leaving for their first assignment with MSF increased last year, a healthy indicator of our ability to attract talented staff dedicated to our humanitarian values. The number of experienced field workers taking on a coordinator role in our projects also increased last year; coordinators departing from MSF-USA accounted for about a quarter of all departures.

The average length of a field assignment was a little over four months, about the same as in 2016. Emergency assignments, however, tend to be shorter due to the nature and intensity of the work.

While working with MSF in the field is an incredibly tough job, we find that our shared mission draws many workers to return year after year. Some of them go on to build a career at MSF. Maintaining this depth and breadth of experience within the organization is essential for us to continue providing effective medical humanitarian assistance in complex environments around the world.

MSF is committed to supporting the professional development of our field staff, both for their personal growth and in order to improve the quality of our medical care. To that end, we significantly ramped up the Field Management Training program to reach 476 participants, 447 of them in the field. This course aims to build the management capacities of national and international staff, and encourage colleagues to move into leadership positions. MSF-USA also expanded its mentorship program pairing staff with experienced field workers; since the start of the program in 2016, we have facilitated 18 mentoring relationships.

MSF field operations are changing all the time, often demanding new skills and expertise to maintain the high quality of our medical services. We are increasing our ability to recruit specialist professionals to join our medical mission, while ensuring that we are also recruiting the wide range of personnel able to fill more traditional roles in our field projects.

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

— Alexander Buchmann, Director of Field Human Resources, MSF-USA

AFGHANISTAN
David Croft, FL, Head of Mission
Augustine Fannah, TX, Project Administration Manager
Ulrika Lebkuechner, NM, OBFNM

BANGLADESH
Ramin Asgary, NY, Medical Doctor

David Beverluis, MI, Medical Activities Manager
Yvette Blanchette, DR, Midwife Activities Manager
Kevin Burns, MD, Medical Activities Manager
Theresa Chan, DR, Medical Doctor
Elsbeth Clmeres, OR, Nursing Activities Manager
William Conk, NH, Logistics, Finance, and Human Resources Manager
Theresa Shaheen, MI, Logistics Administration Manager
Christopher Dalton, CA, Logistics Administration Manager
Megan Donaghy, PA, Midwife Activities Manager
Michelle Fontaine, VA, Finance Coordinator
Ihsan Ghadieh, MI, Medical Doctor
Stephen K. Hall, CA, Medical Doctor
Jenny Harpola, WA, Logistics Specialist
Jessica Huddleston, RN, Project Medical Refere

Melissa Ivey, TN, Epidemiologist/Operational Researcher
Dorotea Janney, MI, Nursing Activities Manager
Collette Kerr, OR, Medical Activities Manager
Jadie Kim, VA, Pharmacy Coordinator
Rohan Mahy, CA, Logistics, Finance, and Human Resources Manager
Yves Marcellus, CA, Water Health Sanitation Specialist

BURUNDI
Brian D’Oroz, VA, Medical Doctor
Francis Dorbor, PA, Financial/Human Resources Manager
Juliana Siegel-Hawley, NY, Human Resources Specialist

The medical team at Old Fangak hospital in South Sudan set off for their morning rounds in the pediatric department. © Frederic Ney
MSF's global medical team is comprised of doctors, psychiatrists, nurses, and other medical professionals who provide healthcare in some of the world's most challenging environments. Over the years, the global medical team has supported MSF's programs in many countries, including Chad, Democratic Republic of the Congo (DRC), Ethiopia, India, Indonesia, Liberia, and Nigeria. The team is led by Dr. Jeffrey Edwards, Global Mental Health Support Manager, and Dr. Vivian Cun, Project Medical Manager. Other key members include Dr. Carolina Almeida, DRC Project Coordinator; Dr. Dorothy Januwey, Midwife Activities Manager; and Dr. Dorothea Janney, Deputy Head of Mission in MSF's country programs.

To learn more about MSF's work and how you can support our efforts, please visit doctorswithoutborders.org.
Asow works at Al Hamra hospital, south of Mosul, Iraq, the only facility in the region providing long-term physical rehabilitation and psychosocial care.

"I first studied electrical engineering, but changed to Anesthesiology for its applied nature." - Joseph Layon, PA, Humanitarian Affairs Officer

**SEEKING FRENCH AND ARABIC SPEAKERS**

MSF is looking for French-speaking staff to provide assistance in countries such as Democratic Republic of Congo, Chad, Central African Republic, and Haiti. If you are interested in contributing to 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.

**UZBEKISTAN**

Maryana Jurika, PhD, Medical Doctor

**ZIMBABWE**

Jeffrey Edwards, MD, Medical Doctor

**TURKEY**

Sarah (Rachel) Ruffman, CA, Medical Activities Manager

**UGANDA**

Mirabell Adamu-Zah, MD, Mission Pharmacy Manager

**SYRIA**

Alexander Bachmann Program Coordinator

**SWAZILAND**

Rami Araghzadi, MD, Medical Activities Manager

**TAJIKISTAN**

Kathryn Lottos, RN, Medical Activities Manager

**TANZANIA**

Katharine Andrews, MD, Deputy Head of Mission

**THAILAND**

Sherry Dubois, DC, Project Coordinator

**ZAMBIA**

Rami Araghzadi, MD, Medical Activities Manager
**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 independent of political, economic, or religious interests.

MSF acknowledges those donors who have made multiyear commitments. Multiyear commitments enable MSF to plan and respond to emergencies and ensure the continued operation of our programs. By the close of 2017, MSF had received more than 270 multiyear commitments toward this effort, totaling more than $660 million.

### $1 MILLION+

Anonymous (10) BlackRock
Bloomberg Philanthropies

### $500,000 - $999,999

Anonymous (5) Conrad N. Hilton Foundation
Conrad N. Hilton Foundation DAF

### $100,000 - $499,999

Anonymous (17) Planks Family Foundation

### $50,000 - $99,999

Anonymous (2) Planks Family Foundation

### $5,000 - $24,999

Anonymous (28) Stavros Niarchos Foundation

### $25,000-$49,999

Anonymous (3) The Rice Family Foundation

### $60 million.

Continued operation of our programs. By the close of 2017, MSF had received more than 270 multiyear commitments toward this effort, totaling more than $660 million.

### 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 2017, MSF had received more than 270 multiyear commitments toward this effort, totaling more than $660 million.

**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.**
Financial Report

Our ability to provide medical aid where it’s needed most is 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 year.

In 2017, MSF-USA exceeded the generous support we received in 2016 by 5.4 percent. MSF drew increased engagement through its sustained humanitarian response to the global displacement crisis, including along the migration routes through Central America and Mexico; quick action to meet the needs arising from fresh emergencies, such as the sudden exodus of Rohingya refugees to Bangladesh; and major operations in conflict zones from Democratic Republic of Congo (DRC) to Yemen.

We increased our support for MSF programs by 15.4 percent due to the enormous needs for emergency medical care around the globe. MSF-USA’s largest expenditures went to programs in DRC ($114.9 million), South Sudan ($83.9 million), Yemen ($69.5 million), Central African Republic ($65.3 million), and Iraq ($65.1 million).

The following summary was extracted from MSF-USA’s audited financial statements.

**Statement of Financial Position**

<table>
<thead>
<tr>
<th>Assets</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Equivalents and Short-Term Investments</td>
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<td>Receivables</td>
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<td>Other Assets</td>
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<td>Total Assets</td>
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<td>346,389,642</td>
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**Liabilities and Net Assets**

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants Payable</td>
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<tr>
<td>Other Payables</td>
<td>8,459,378</td>
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<tr>
<td>Other Liabilities</td>
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<td>Total Liabilities</td>
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<td>Unrestricted Net Assets</td>
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<td>Temporarily Restricted Net Assets</td>
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<td>Permanently Restricted Net Assets</td>
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<td>Total Net Assets</td>
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<td>238,227,813</td>
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<tr>
<td>Total Liabilities and Net Assets</td>
<td>349,226,024</td>
<td>346,389,642</td>
</tr>
</tbody>
</table>

**Statement of Activities and Changes in Net Assets**

At the U2 camp for internally displaced people in Iraq, an MSF team takes care of patients who fled the battle of Mosul. © Giulio Piscitelli

At the U2 camp for internally displaced people in Iraq, an MSF team takes care of patients who fled the battle of Mosul. © Giulio Piscitelli
How Your Support Saves Lives

MSF teams responded to manifold emergencies across Democratic Republic of Congo (DRC), where 4.1 million people were displaced in 2017 alone by both new and longstanding crises.

Despite its vast natural resources, DRC is one of the poorest countries in the world. Most Congolese people have little access to quality health care and remain highly vulnerable to outbreaks of preventable diseases. Epidemics are frequent due to poor surveillance and infrastructure. Large swaths of the country are often convulsed by violence, putting health care even further out of reach for millions of people trapped or displaced by the fighting.

In response to the extremely high humanitarian needs, DRC is one of MSF’s largest programs in the world in terms of budget, numbers of patients treated, and staff on the ground. In fact, 2,881 MSF team members worked in 20 of the country’s 26 provinces in 2017, tackling a range of medical issues affecting displaced people as well as gaps in care for vulnerable communities affected by HIV/AIDS, sleeping sickness, severe malnutrition, and other illnesses.

We responded to multiple outbreaks and epidemics across the country, including vaccinating 1,050,315 children against measles and caring for 19,239 cholera patients nationwide. In spring of 2017 MSF teams mobilized to combat outbreaks of measles in Maniema, South Kivu, Tanganyika, Ituri, and Equateur provinces. “When we arrived, we found a lot of ill children,” said MSF head of operations Joseph Musakane, who oversaw patient care and vaccination in zones of Maniema. “There was a measles-related mortality rate of around 12 percent. After our intervention, it was less than 2 percent.”

Emergency preparedness and response are an essential part of our work in DRC. Five specialized teams are dedicated to monitoring health alerts and deploying rapid responses to outbreaks of violence, population displacement, and epidemics across an enormous country. In 2017, these teams launched 62 emergency interventions, bringing expert care and logistical support to the patients and local health providers who needed them most.

In 2017, MSF teams conducted 1,772,000 outpatient consultations, admitted 122,800 people for inpatient care, treated 856,500 cases of malaria, and cared for 4,700 survivors of sexual violence.

EXPENSES BY CATEGORY

<table>
<thead>
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<th>Category</th>
<th>Amount</th>
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<td>Operational running expenses</td>
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<tr>
<td>Logistics and sanitation</td>
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<tr>
<td>Medical and nutrition</td>
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<tr>
<td>Transport, freight, and storage</td>
<td>$15,683,630</td>
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<tr>
<td>Training and local support</td>
<td>$929,737</td>
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<tr>
<td>Consultants and field support</td>
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<tr>
<td>International Staff</td>
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<tr>
<td>National Staff</td>
<td>$35,708,377</td>
</tr>
<tr>
<td>Other</td>
<td>$946,802</td>
</tr>
</tbody>
</table>

Total MSF Program Expenses: $114,878,509

A child receives care at the cholera treatment center in Katana, DRC, during an unprecedented cholera epidemic affecting 20 out of 26 provinces across this vast country. © Maria Szaszynska/MSF
The narrative begins with a description of the current political and economical landscape of various regions, focusing on the challenges faced by global health care systems. It highlights the role of international organizations in addressing these challenges, particularly through the provision of medical services in conflict zones and areas of disaster. The text then shifts to a detailed account of the work of Dr. John Lawrence, who has served in various capacities, including as a medical officer in Tuba City, Arizona, on the Navajo Reservation, and as a general medical officer in Tuba City, Arizona, on the Navajo Reservation. The narrative also mentions Kassia Echavarri-Queen, who has held several positions in the field, including as a program coordinator with MSF in Guatemala, Kenya, and Sierra Leone, and as a physician chief of medical practice at the University of Rochester, in Rochester, New York. The text also mentions the work of Dr. Lawrence in the field of mental health, particularly in conflict zones.

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