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
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,

John Lawrence, President, MSF-USA Board of Directors
Jason Cone, Executive Director, MSF-USA

MSF’s mobile clinic in Kutupalong, Bangladesh, set up quickly to care for Rohingya refugees fleeing targeted violence in Myanmar. © Antonio Faccilongo
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.

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

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–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.

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 as people moved back to a city littered with booby traps and explosive devices. MSF’s surgery project in Tal Abyad hospital, the only civilian trauma facility in the area, was inundated with people suffering explosive injuries.

[Clockwise from top] In response to fierce fighting in and around Mosul, Iraq, an MSF team provides emergency care at a field trauma clinic south of the city; Assistant Surgeon Mohammed is proud of the team’s work. “We do see horrible things, but what helps is when you save patients… There is hope in that;” This is the first time we deployed our Mobile Unit Surgical Trailer (MUST), an operating theater on wheels made up of five trailers carrying tents and supplies; A man reunites with his sister at the trauma center after being separated for more than two years due to the conflict. © Alice Martins
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 MEDITERRANÉE. During the year, teams rescued 15,078 people in 112 different operations. Of those, 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.

[Above] More than 500 people are taken safely onboard the Aquarius, a search and rescue vessel run by MSF and SOS MEDITERRANÉE, after a grueling series of rescues on November 1. © Maud Veith/SOS MEDITERRANÉE. [From left] This woman, suffering from fuel burns sustained during a failed attempt to cross the Mediterranean Sea, is being held at a detention center in Sorman, Libya. Women detained in Sorman live in miserable conditions; Men in Abu Salim detention center are often held for months with no recourse to justice. MSF is calling for an end to the arbitrary detention of refugees and migrants in Libya. © Guillaume Binet/Myop
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,” said a 65-year-old woman from Buthidaung township. She said most of the men in her village were shot and killed by the military, and that she saw hundreds of dead bodies during her escape from Myanmar. The harrowing journey to Bangladesh took 14 days. “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.)

MSF-USA continued a three-year project to raise awareness among American audiences about the medical challenges facing people “Forced From Home.” Launched in 2016, the Forced From Home traveling exhibition has reached more than 50,000 visitors. In 2017, the large-scale exhibition toured Boulder, Oakland, Portland, Salt Lake City, Santa Monica, and Seattle, and we also produced a mobile pop-up version to reach more people. Led by experienced aid workers, the exhibition is designed to bring visitors closer to the real experiences of people displaced by violence and extreme hardship worldwide. It is an important way for us to bear witness and share the stories we hear every day from people fleeing for their lives.

[Clockwise from top] Rohingya refugees crowd into the urgent outpatient waiting area at MSF’s facility in Kutupalong, Bangladesh, in October; Dr. Ian Cross talks to a patient injured in an elephant attack at the Kutupalong makeshift settlement; Halima Khatu worries about her baby suffering from acute pneumonia. © Paula Bronstein/Getty Images

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 |
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 2.7 million people died of TB in 2015, 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 routine 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 gripped 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 GlaxoSmithKline (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.
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.

- **Democratic Republic of Congo** $114,900,000
- **South Sudan** $86,000,000
- **Yemen** $69,500,000
- **Central African Republic** $65,300,000
- **Nigeria** $65,000,000
- **Afghanistan** $58,800,000
- **Haiti** $45,500,000
- **Democratic Republic of Congo** $45,000,000
- **Lebanon** $44,200,000

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).

- **South Sudan** 1,154,600
- **Central African Republic** 748,600
- **Democratic Republic of Congo** 647,600
- **Syria** 394,000
- **Niger** 362,400
2017 by the Numbers

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

MSF staff check on Madeleine Kidolo and her one-year-old son, Mapenzi, at the cholera treatment center in Minova, DRC. This was part of a nationwide response by MSF’s emergency team to fight an unprecedented cholera epidemic affecting 20 out of 26 provinces. © Marta Soszynska/MSF
Glossary

ARV: antiretroviral
DR-TB: drug-resistant tuberculosis
DS-TB: drug-sensitive tuberculosis
MAM: Ministry of Health
NGO: Non-governmental organization
PEP: post-exposure prophylaxis
SCC: seasonal malaria chemoprevention
TB: tuberculosis

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 Gitenga province. The 75-bed MSF-supported hospital in 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 4,000 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 Gitenga province.

CAMEROON $5,300,000

MSF increased its activities in northern Cameroon to provide emergency care for victims of violence, which spilled over 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 Kousséri, 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 Kousséri 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 Kousséri. In July, MSF handed over its medical activities in Minawao refugee camp. More than 110,000 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 Batangafo, Kabo, Boguila, and Bossangoa (Duham), Paoua (Duham-Pendé), Canot and Berbérati (Mambéré-Kadéï), Bangassou (Mbomou), Zémio (Haut-Mbomou), Bambari (Ouaka), Bria (Haute-Kotto), Alindao (Basse-Kotto), Ndale (Bamingui-Bangoran), Mbaki (Loubaï), 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, Zémio, 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 Ndou 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 Paoua 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...
MSF responded to hepatitis E and cholera outbreaks in Salamari, 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 Molusà. MSF also managed complicated cases in an antimalarial unit at Molisala 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 Nyuzu and in makeshift camps in Kalimbi and surrounding areas. Over 185,400 children were vaccinated in Berberati, 22,400 women of childbearing age were vaccinated against tetanus.

CHAD $6,000,000

In 2017, violent clashes between armed opposition groups and military forces in the Lake Chad region forced people to flee inland. MSF has been running mobile clinics serving both displaced people and local communities in the departments of Baga Sola, Bol, and Lwa since 2015, and launched a preventive malaria treatment campaign for children under five.

On the islands of Fitine and Boupourini, MSF ran mobile clinics for remote communities with no access to health care. In Bol, MSF worked alongside Moh staff in the regional hospital to provide pediatric and maternal care, nutrition services, and surgery. Teams supported reproductive health care services in Sawa district.

MSF responded to hepatitis E and cholera epidemics in Salamari, 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 Molusà. MSF also managed complicated cases in an antimalarial unit at Molisala hospital and supported 22 surrounding health centers.

MSF supported in a hospital, three health centers, and the prison. MSF ran mobile clinics on the outskirts of both cities, where many health centers were located but destroyed.

In September, MSF began assisting refugees from CAR by supporting hospitals in the northern towns of Gbadolite and Mobaye-Mboongo. Mobile clinics provided care to some 67,400 refugees and local residents. MSF ran mobile clinics in the villages of Karaga and Gledone, in Ituri province, for South Sudanese refugees and host communities. A team also supported the regional hospital.

In the Kivu provinces 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 Masii, Wallaki, Mweso, and Rutshuru in North Kivu. A new project was set up in Bambó. When violence broke out again in South Kivu in July, MSF treated the wounded while continuing regular activities. In Lulingu, Kalehe, and Mukungu 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 treated 13,906 for the disease. In mid-2017 MSF switched its focus to a cholera epidemic that started in the Kivus and spread to the rest of the country. MSF cared for 19,239 cholera patients nationwide. MSF also responded to an Ebola epidemic in West Africa. Teams eliminated a total of 50 oral rehydration points and 30 outpatient feeding centers were set up. A new project site was opened in Freetown to provide medical care and water supplies.

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. The hospital saw 29,310 patients in the emergency room, performed 1,468 surgical interventions, and assisted 1,230 deliveries. MSF also worked with Ethiopian authorities in Kule and Tirkidi refugee camps in East region.

MSF teams cared for patients who required treatment for diseases such as diphtheria, hepatitis B, measles, and pneumonia in Lubaye and Carnot. Multidrug-resistant tuberculosis was also provided by the Eureka team, and an additional vaccination campaign was launched in the town of Erai.

Through these campaigns 185,400 children were vaccinated. In Berberati, 22,400 women of childbearing age were vaccinated against tetanus.

EGYPT $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, 2,660 for physiotherapy, 9,900 for mental health, and 3,580 for social support. MSF pursued discussions with governmental authorities to explore potential new areas of cooperation.

ETHIOPIA $8,223,924

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 Somali region’s Dolo 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 teams provided drugs, set up treatment centers, and cared for 18,302 suspected cases during an outbreak of acute watery diarrhea and launched vaccination campaigns in camps for internally displaced people in the Oromia and Somali regions.

In Dolo town, Liben zone, MSF provided basic health care to refugees and the local community at Dolo Ado 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 3,671 patients were admitted for care. MSF teams provided care in two health posts in Buramimo and Hilaweyn camps and assessed the health of new arrivals in the refugee reception center. In the towns of Filk and Degehabur, a team supported government hospitals.

During the mid-2017 malnutrition emergency in Wardher, Dolo zone, more than 50 oral rehydration points and 30 outpatient feeding centers were set up. A new project site was opened in Geladì to provide medical care and water supplies. Almost 26,600 children were vaccinated against measles and over 26,780 consultations were conducted.

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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 Dapahaley 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 theater 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 gener-
al elections in August, MSF treated 217 people for injuries in Nairobi, Kisumu, Homa Bay, and Eldirisa 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 49,000 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.

EMERGENCIES EVERYWHERE | PROJECT SUPPORT

KENYA $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 Katola 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 formed a significant part of MSF’s program. On average, 415 deliveries were assisted in MSF-supported facilities every month, including over 40 Caesarean sections.

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MSF provided medical assistance to migrants and refugees held in detention centers nominally 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 Misrata. An MSF psychiatrist and two mental health clinicians offered guidance and training to MoH’s response to future outbreaks, MSF organized awareness-raising activities.

MALAWI $1,000,000

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 hando-
aver of its HIV activities to the MoH. MSF is developing specific activities aimed at improving management of these patients and their adherence to treatment.

In Nsanje, MSF assisted the underfund-
ed district health service to strengthen coordination, fill critical gaps, and improve HIV and TB services. MSF teams monitored health staff in Nsanje hospital and 14 health centers. MSF provided comprehen-
sive HIV, TB, and sexual and reproductive health services for truck drivers and sex workers in one-stop clinics in Mawanza, Zalawa, Dedza, and Nsanje. In Chirumbi and Maubil province, 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 pre-cancerous lesions, vaccinate against human papillomavirus, treat cancer, and provide palliative care.

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

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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 and psychological support 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 had 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 Douentza, 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 Ténéré 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 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 Mombaruba district, Zambezia province. In Manica province mobile teams conducted more than 6,200 consultations in 2017, mainly for malaria, diarrhea, respiratory and skin infections, and sexual and reproductive health. MSF set up chioral treatment units in Nampula, Maputo, and Tete provinces.
Teams supported a vaccination campaign led by the national health department that reached 297,598 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 Nguigmi and Mainé-Soroa towns as well as in several health centers and posts in the districts of Diffa, Nguigmi, and Bosso. Teams also ran mobile clinics to treat displaced people and nomadic communities.
MSF started supporting Mainé-Soroa district, providing primary and secondary health care to cross-border and mobile populations. Teams set up “listening spaces” in Assaga and Chottimari villages to offer women advice and medical assistance for sexual and reproductive health issues. MSF provided psychosocial support for host 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 Magaria 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 Darachia and Magaria, and, in the nearby district of Dungass, MSF opened a 200-bed pediatric unit during the peak malnutrition and malaria season. Teams also worked in five adult 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 Maradoura district 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 254,200 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 Birni and Yobe. Primary and secondary health care for displaced people was available through fixed facilities in Maiduguri, Gombe, Benue, Sokoto, Kano, Niger, Delta, Ogun, Bauchi, and Katsina states. MSF teams also deployed mobile clinics to the hard-to-reach towns of Bama, Banki, Damasak, and Dikwa. In Jakusko 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 20-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 Madaguri, 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 Dahau general hospital in Jigawa state, admitting around 1,000 each month. MSF treated 355 women for vesico-vaginal fistula, a condition resulting from prolonged obstructed labor that requires complex surgery. Teams also supported basic obstetrics in health centers.
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 Aba, Bagega, Dariya, Yargalma, and Suririke, 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 trans-
In Pibor, MSF is the sole provider of medical services to the Murle people, operating through one primary health care center in partnership with Mothers2Mothers, aiming to provide integrated care and prevention of mother-to-child HIV transmission. No transmission was recorded 18 months after the women gave birth.

In Rustenburg, MSF continued its support to the provincial health department, expanding access to medical and psychosocial care for victims of sexual violence in Bojanala district. A total of 332 victims of sexual violence were treated in three MSF-supported primary health care facilities. MSF also positioned social workers in a community-based organization and a local police station. Nurses supported the provision of sexual and reproductive health services, including termination of pregnancy, in two primary health care facilities. From September to December 426 clients had first trimester terminations in MSF-supported facilities. MSF continued to advocate for increased access to comprehensive services at health care facilities for victims of sexual violence nationwide.

**SOUTH AFRICA $23,317,069**

In Detroit, MSF supported the community health center, the theater for the deaf, and the affected health post, the health of the population, and the entire district referral system.

In Kenema, MSF assisted 10 health posts in Gorama Mende and Wadoro chieftoms. In Tonkolili, Kenema, and the capital, Freetown, MSF teams continued to monitor the nutrition situation and to respond to emergencies. MSF assisted the MoH during a cholera vaccination campaign that reached around 120,000 people in Freetown.

**SOUTHERN AFRICA $2,481,335**

In Keta district, KwaZulu-Natal, MSF uses community-based strategies to treat and reduce the incidence of HIV and TB. MSF initiated 125 patients on a new treatment for DR-TB in 2017, including a new drug, bedaquiline. In Durban MSF’s TB PRACTICAL clinical trial aimed to find a shorter, more effective treatment regimen for DR-TB.

The Khayelitsha project near Cape Town, with 12 different care locations. A total of 13,792 children were screened and 77 percent tested positive. MSF supported four additional health care units in the district.

In Koinadugu, MSF staff worked in the pediatric and maternity wards and emergency department at Kabala district hospital, assisting 3,134 births and treating 618 women with pregnancy complications in 2017. Teams offered primary health care in four health units in Mankon chieftom, and opened a blood bank. An MSF team supported the community health center, community health workers, traditional birth attendants, the health post, and the entire district referral system.

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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 3,574 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 outbreak of Marburg fever in Kween and Kapchorwa districts. Teams set up two treatment centers, trained health staff, and assisted local health authorities with treatment centers, training health staff, and assisting 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 Gutu. 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 24,000 HIV patients and 8,197 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. MSF has 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 health care.

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, 808 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.

HANTI $18,839,691

MSF carries out emergency response activities and has developed a range of free, specialized medical services in Haiti. Drallart center is the only specialized facility in Haiti focused on the treatment of severe burns. In 2017 the team conducted more than 1,300 emergency room visits and admitted almost 720 patients around half of whom were under the age of five. MSF trained medical staff and started constructing a new 42-bed hospital to replace the existing temporary facility in 2018. The 376-bed Centre de Référence d’Urgences Obstétricales (CRUOG) provides care for pregnant women who present with life-threatening complications and for newborns requiring treatment. In 2017, teams assisted 1,864 births, including 1,870 Caesarean sections, and provided mental health support and postnatal 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 CRUOG and supported epidemiological surveillance activities. In the aftermath of Hurricane Matthew, a team assisted with the second round of cholera vaccination in Port-à-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 Nap Kebid hospital in the Tabarre neighborhood of Port-au-Prince, Haiti. © Jeanty Junior Augustine

HONDURAS $400,000

Honduras has one 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. Counselling, group therapy, and psychological first aid were also available.

MEXICO $2,450,000

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 Tonsiisque, 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 FMZ 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 an existing shelter. MSF ran two mobile teams to reach rural areas in Tierra Caliente, Guerrero state, with almost
VENEZUELA $500,000

Political and economic crisis continue to have a serious impact on the lives of Venezuelans. MSF expanded activities in the capital, Caracas, providing mental health care to victims of urban violence and sexual violence in collaboration with local organizations and public institutions.

The project also began operating from one of the main public hospitals in the city and received referrals from the surrounding region. Throughout the protests during the first half of the year, MSF supported hospitals in five cities, including Caracas, with mental health assistance, psychological support, and technical assistance.

MSF started working in Maracaibo, providing medical and mental health care to young people and victims of sexual violence through four public health facilities. MSF health promoters visited schools, sports centers, and youth clubs to talk to young people about sexual and reproductive health in Sifontes, a mining area in Bolivar state. MSF started working with a state program to test, treat, and prevent malaria.

ASIA

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 births 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 airstrikes destroyed our trauma center, killing 42 people, including 14 colleagues. After a year and a half of negotiations, MSF is helping to ensure safety of our staff, patients, and hospitals would be safe from attack and that teams could provide medical care to anyone who needs it, regardless of their ethnicity, political beliefs, or allegiances. In July 2017 MSF opened an outpatient clinic in Kunduz as a first step toward reestablishing our presence. MSF continued to run a small stabilization center in Chandra district outside the city.

Since 2009, MSF has supported the Ahmad Shah Baba district hospital in eastern Kabul, with a focus on maternal health. The hospital conducted over 110,000 outpatient consultations in 2017 and admitted more than 2,000 patients each month. Over 20,000 babies were delivered at the hospital. MSF supports the Ministry of Public Health to provide 24-hour maternal care at Kabul’s Dasht-e-Barchi hospital.

In 2017, the MSF team assisted almost 16,000 deliveries, a third of which were complicated cases. At the end of the year, MSF started to 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 area has seen over 90,000 emergency room consultations. They treated nearly 3,500 children for severe malnutrition, 40 percent more than in 2016.

Since 2012 MSF has run a dedicated maternity hospital in Khost, where teams assisted almost 23,000 births in 2017. MSF also supports five health centers in outlying districts.

In 2017, the first patients on MSF’s DR-TB program in Kandahar successfully completed their treatment and were discharged. Since the project started, 43 DR-TB patients have been diagnosed and treated at the DR-TB center in the city. The team also provided support to Mirwais regional hospital and organizes training for other facilities to improve detection of TB.

Schools wait with their children outside the local municipality department ward of Ahmad Shah Baba hospital in the eastern suburbs of Kabul, Afghanistan. Teams delivered more than 70,000 births in Afghanistan in 2017. © Andrew Quilty/Duii

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 600,000 people to flee across the border into Bangladesh by the end of 2017. They joined some 200,000 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 team 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 most 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 Bakkhali. A 50-bed hospital opened by MSF in Taisminmahula settlement was the only one offering inpatient care in the area. Another inpatient facility scheduled to open near Meyanghona 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 Rohingyas were still being forced to live within the first month of “open border 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 Kamrangirchar 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 B, C, estimat ed to affect between 2 and 5 percent of the population. The project, based at Preah Kossamak hospital in the capital, Phnom Penh, 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 Preah Vihear 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 $900,000

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 were overwhelmed by the high number of people in need of treatment 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 developed 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 received formal commitments from the government in Baramula, Srinagar, Bandipora, Pulwama, 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 Umded 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, Chakpikarong, 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 collabor-
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 by 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 HIV 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 504 patients with TB. MSF also provided care to patients with HIV and TB at two clinics in Yangon. MSF continued to run a clinic in Dawei supporting hospitals to decen- tralize HIV care. In Tanintharyi region 26,567 outpatient consultations in Sadaa and Alkai. In Bajaur, MSF had been supporting a comprehensive emergency obstetric care service at Bajaur hospital, which treats a high number of people seeking care. Between January 1 and November 13, 2017—the day MSF left Bajaur—the team treated 17,194 patients in the stabilization room and assisted 3,311 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 pediatrics and neonatal wards, and reproductive health care in Dera Murad Jamali district headquarters hospital. Teams also ran an outpatient therapeutic feeding pro- gram through a network of mobile clinics and outreach sites. In October, MSF closed its pediatric hospital in Quetta, which admitted 453 newborns and 660 severely malnourished children during the year. In Kuchlak, 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 treat- ment to 2,823 patients for cutaneous leishmaniasis through the Kuchlak maternal and child health center. Bolan medical complex hospital in Quetta, and Benazir Bhutto hospital in Mard Ali. In Khyber Pakhtunkhwa, MSF operated a comprehensive emergency obstet- ric care service at Peshawar women’s hospital. Also in Peshawar, MSF carried out a comprehensive response to the hepatitis C epidemic in August in response to a dengue outbreak. In Timergara, MSF supported the dis- trict headquarters hospital’s emergency department and provided comprehensive emergency obstetric care. A total of 1,058 births were assisted in 2017. The neonatal unit was expanded and upgraded to include a “kanganro care” room, where mothers carry newborns against their chest to help regulate the babies’ tempera- ture. A total of 163,835 patients were seen in the emergency department. In Karachi’s Mazar 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 Serrek 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 Korema general hospital. In collaboration with provincial authorities, MSF continued to develop a decentralized model of care fa- cilitating access to treatment and care, and follow-up closer to patients’ homes. In 2017, MSF’s initiative for treatment for more than 2,180 patients in MSD-TB and 53 with DR-TB.

TAJKISTAN $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 disease, including drug-resistant forms, can be cured. By the end of 2017, some 190 patients had started treatment. The project is geared toward its use in new and current drug-resistant cases. In August in response to a dengue outbreak. In Timergara, MSF supported the dis- tri ct headquarters hospital’s emergency department and provided comprehen- sive emergency obstetric care. A total of 10,657 births were assisted in 2017. The neonatal unit was expanded and upgraded to include a “kanganro care” room, where mothers carry newborns against their chest to help regulate the babies’ tempera- ture. A total of 163,835 patients were seen in the emergency department. In Karachi’s Mazar Colony slum, MSF conducted outpatient consultations, provided specialized treatment for hepatitis C, managed uncomplicated births, and offered mental health counseling and health promotion.

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POLICE STATION IN ARMENIA

Since 2005, MSF has supported Armenian authorities in treating patients with DR-TB, prevalent among 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 newer TB drug. Both drugs have been prescribed within the framework of the endTB partnership. By the end of 2017, 1,429 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 connected 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 190,000 consultations in 2017. An MSF clinic on 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 mental and medical 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 provides 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 rescues. 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 season-al 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 physique- therapy 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, ED extensively drug-resis-tant TB patients were still on treatment. A mental health project provided individual psychosocial care for 886 patients and 44 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 continued to be severely limited for people living along the front line. 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 Mykolayiv 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 Dnipro and Donetsk.

MIDDE 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 residential areas and many people lived under siege and bombardment. In most cases, only the walking wounded were able to safely reach a clinic or hospital. 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 mater-nal 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 Maras 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 Sulaymaniyah to support the huge influx of displaced people and also supported Sulaymaniyah emergency hospital to improve standards of care and infection prevention and control.

In Jalawla and Sadiya, in Diyala govern-ate, MSF provided a range of health care services for returning families and assist-ed with the rehabilitation of the towns’ primary health care centers and Jalawla hospital. Teams also provided health ser-vices in two camps for displaced people.

In Anbar governorate, MSF teams provided health services in Amriyat Al Fallujah and Habaniya Tourist City camps. MSF closed its primary health care clinic in Kilo 18 camp as the population dropped.

MSF completed its support of Al Fallujah teaching maternity hospital in Anbar, hav-ing rehabilitated the emergency room, up-rated 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 relatively safer areas of the province. MSF’s mobile teams offered assistance to people fleeing violence in Hawija district.

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MSF upgraded Ibn Safi pediatric hospital in Musaib, Babel governate, trained medical and paramedical personnel, and donated 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 department in the city of Aleppo, Syria. As fighting escalated in the city, half of MSF’s surgical procedures were performed in just over a month. MSF also increased its support for patients with chronic diseases. MSF conducted 1,150 surgical procedures, and an average of 188 patients were being treated in the hospital at any one time.

Since 2013, MSF’s emergency surgical program 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.

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 clinical units in Irbid governate to provide care to syrians 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 37,000 consultations.

MSF also supported a comprehensive primary health care center in Turra, in Sahel Houran district, Ar Ramtha.

MSF was the main provider of reproductive health care for Syrian refugees in Irbid governate, where it ran a 22-bed maternity department 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 orthopedic, reconstructive, and maxillofacial surgery, including physiotherapy 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.

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In Irbid, MSF upgraded Ibn Safi pediatric hospital in Musaib, Babel governate, trained medical and paramedical personnel, and donated 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 department in the city of Aleppo, Syria. As fighting escalated in the city, half of MSF’s surgical procedures were performed in just over a month. MSF also increased its support for patients with chronic diseases. MSF conducted 1,150 surgical procedures, and an average of 188 patients were being treated in the hospital at any one time.

Since 2013, MSF’s emergency surgical program 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 11,100 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 el-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 its chronic disease patients to other health facilities in October.

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

Also in March, MSF opened a pediatric 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 Lebanese. 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 medical care to burn and trauma patients in the Gaza Strip. In November, MSF concluded its mental health interventions in Bethlehem and Ramallah, but continued to run programs in Nablus, Qalqilya, and Hebron governorates. In 2017, 849 patients benefited from individual and group mental health sessions. Over 45 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, 4,500 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 MoH for patients with burns, trauma, or congenital malformations. Teams continued to run sessions on burn awareness for schools and women’s associations.

S Y R I A $10,500,000

MSF continues to provide medical and humanitarian 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 activities 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; technical medical advice; and financial support.

In 2017, facilities receiving distance support from MSF conducted more than 2.6 million outpatient consultations, performed 158,000 surgical procedures, and assisted over 38,000 births.

In the town of 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, tuberculosis, 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 Tawheenah displacement camp conducted measles vaccinations 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 at MSF rehabilitated in the main referral hospital in Hassakake. When the violence subsided and people began to return home, the team saw a sharp increase in the number of patients wounded by explosive devices, as in Raqqa. MSF treated nearly 3,800 patients in the emergency room and performed 563 surgical procedures.

MSF also managed two primary health care centers in Hassakake and ran mobile and fixed clinics in camps for displaced people.

In Azaz district, Aleppo governorate, MSF maintained its full support in Al Salamah hospital and launched a large-scale vaccination 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 surrounding area and in camps, and conducted vaccinations throughout the district.

In Kobanî, the Arab MSF worked with local health authorities to establish basic health facilities, building an outpatient department and supporting the emergency room, intensive care unit, maternity ward, and other activities at Kobanî 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 supported vaccination programs in northern Idlib and deployed mobile teams to assist displaced populations. In November, MSF started to focus on direct medical assistance for people with NGOs, supporting teams in Taqad and Tal Kisran primary health care centers and running mobile health teams. MSF reinforced its distance support for post-kidney transplant patients across the governorate. In Qunaya, MSF signed a co-management agreement with the regional referral hospital and deployed five permanent staff to provide material and technical oversight across all services. MSF continued to offer specialist care for burn patients at Atmeh hospital.

In the besieged, opposition-controlled area of northern Homs, MSF continued its distance support of eight medical facilities. Periods of heightened siege and bombardment by the Syrian government coalition effectively cut off MSF’s avenues of support to communities in areas of Rif Dimashq, central Syria, where medical needs remained immense. MSF reduced its distance-support program here from 33 to 22 facilities to focus on the most medically relevant hospitals and clinics. MSF provided support to eight health facilities in southern Syria to improve access to care for displaced people and local communities in Daraa and Quneitra. MSF also worked on a remote telemedicine service support to be implemented in early 2018.

YEMEN $25,534,359

MSF scaled up activities in Yemen as outbreaks of disease and an upsurge in fighting worsened the already dire humanitarian situation. Since full-scale war broke out in 2015, many health facilities and other essential public infrastructure have been destroyed. The imposition of a blockade by the Saudi-led coalition (SLC) in 2015, coupled with high inflation, has crippled Yemenis’ access to health care and other essential services. Many of the country’s 50,000 health workers have not been paid since August 2016 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 Hayyan 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 7,800 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 101,475 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 Yamin 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 28 remaining centers often run out of essential supplies. Deprived for 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 supported 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 Sériex/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, a fraction of the original asking price of $167,000. 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 snuff 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 StopTB/MSF TB campaign calling on governments to improve prevention, testing, and treatment of TB, the leading infectious disease killer.

DRUGS FOR NEGLECTED DISEASES 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 a report in South Africa on how to boost dose two essential HIV and TB treatments for children co-infected with these deadly diseases. In July, the Global Antibiotic Resistance Partnership (GARP)—a joint initiative of DNDI and WHO—announced new trials for zoliflodacin, 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, combining sofosbuvir with the drug candidate ravdarivir.

In September, the Malaysian government—DNDI’s close partner on these trials—issued a government- use-licence on sofosbuvir enabling access to more affordable versions. In November DNDI published results from trials in Central Africa on fexinidazole, 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 responses 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 trial design to reduce first-line treatment failure among HIV-positive adolescents. Epicentre prepared to implement a clinical trial to compare the performance of WHO-prequalified antivenoms for snakes, with the trial to be conducted in 2018. Epicentre was also active in research to improve treatment of malaria, TB, HIV, hepatitis C, influenza, 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 on behalf of MSF’s 21 sections worldwide and supports MSF’s advocacy efforts with the United Nations and other international bodies.

OPERATIONAL CENTER BRUSSELS $5,812,791

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
INTERESTED IN JOINING MSF?
MSF is always looking for motivated and skilled medical and non-medical professionals for our field projects around the world. For more information, please visit doctorswithoutborders.org.
Aswan works at Aswan hospital, south of Mosul, Iraq, the only facility in the region providing long-term physical rehabilitation and psychosocial care. “If I found electrical engineering, but changed to nursing because I wanted to help people,” she says. © Diego Ibarra Sánchez/MSF

The field teams are always expanding. In 2017, at the peak of our operations, we were working in 81 countries, including Democratic Republic of Congo, Chad, Central African Republic, and Haiti, where some of our largest projects are located. We are also seeking Arabic speakers for MSF projects in places including Yemen, Syria, Lebanon, Iraq, and Jordan. If you are interested in contributing your professional skills—including your language skills—to MSF’s medical humanitarian work, we encourage you to visit doctorswithoutborders.org for more information about recruitment.

MSF psychosocial counselors provide care to victims of sexual violence in Acapulco, Mexico, using different strategies for children, adolescents, and adults. © Christoph Rogal Blanquet/MSF
EMERGENCIES EVERYWHERE

DONORS

MSF is extremely grateful for the financial support it receives from individuals, foundations, and corporations. Your generosity allows MSF 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.

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To learn how you can support our efforts through the Multiyear Initiative, please visit newyork.msf.org.
"We continue to impress with

[full text not provided]
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).

Financial Report

Statement of Activities and Changes in Net Assets

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

Revenues 2017 2016
PUBLIC SUPPORT
Total Public Support 372,041,946 357,428,746
OTHER REVENUE
Investment Income, Net 6,638,534 1,394,049
Gain (loss) on Investments and Actuarial Gain (loss) on Annuities (713,197) (465,948)
Other Revenue 969,361 336,897
Total Other Revenue 21,629,656 15,563,313
Total Revenue excluding Gifts In-Kind 393,671,602 373,002,057
Gifts In-Kind 801,743 1,214,948
Total Revenue and Gifts In-Kind 394,473,345 374,217,005

Expenses 2017 2016
PROGRAM SERVICES (Total) 375,690,776 325,596,066
SUPPORTING SERVICES (Total) 44,650,030 37,708,547
Total Expenses excluding Gifts In-Kind 390,340,806 363,304,613
Gifts In-Kind 801,743 1,604,061
Total Expenses and Gifts In-Kind 391,142,549 364,908,674

Net Assets 2017 2016
Net Assets, beginning of year 287,228,413 277,920,082
Change in Net Assets (35,869,204) 9,308,331
Net Assets, end of year 260,559,209 287,228,413

Liabilities and Net Assets 2017 2016
Grants Payable 52,899,212 26,380,000
Other Payables 8,459,378 7,337,781
Other Liabilities 27,919,205 21,493,498
Total Liabilities 89,287,835 55,181,279
Temporarily Restricted Net Assets 19,968,461 20,340,846
Permanently Restricted Net Assets 1,287,764 733,730
Total Net Assets 260,558,093 257,282,413
Net Liabilities and Net Assets 260,559,209 287,228,413

Statement of Financial Position

Assets 2017 2016
Cash & Equivalents and Short-Term Investments 203,768,376 219,759,686
Receivables 54,064,717 48,939,390
Other Assets 91,392,931 79,690,566
Total Assets 349,226,024 346,389,642

2017 Expenses Excluding In-Kind Expenses

Management & General 1.5%
Fundingraising 9.1%
Program Services 89.4%
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 swathes 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 26 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 15,233 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.
DR. JOHN LAWRENCE, President
John Lawrence, a native of Illinois, was appointed president of the board of directors of MSF-US in June 2018. He previously served as vice president of the board. Dr. Lawrence attended Dartmouth College and Dartmouth Medical School, then completed a family practice internship and worked as a general medical officer in Tuba City, Arizona, and the Navajo Reservation. He then returned to residency and completed training in general surgery at the University of Rochester, and did fellowships in New York, and pediatric surgery at St. Christopher’s Hospital in Philadelphia. For the past 20 years, he has been a practicing pediatric surgeon primarily in academic settings, and he current- provides interventional care as a pediatric surgeon at Malomedes Medical Group in Brooklyn, NY. While in private practice, Lawrence has managed his patient’s surgical needs, with emphasis on minimally invasive surgery.

KASSIA ECHAVARE-QUEEN, Vice President Kassia Echavarri-Queen began her field work with MSF in 2006 as a supply manager in Sierra Leone, having previously worked in marketing and strategy for technology companies, start-ups, and the Fitz Institute, which focuses on disaster response and recovery. In the years that followed, Kassia worked extensively in the field with MSF as program coordinator and head of mission in Guatemala, Kenya, South Sudan, Sri Lanka, and Syria. Her two most recent missions were as Ebola response program in Liberia and a project in Nepal.

PATRICK CARRICK, FNP
Pat Carrick is a nationally certified family nurse practitioner. For the past 38 years she has worked first in acute care hospital nursing and home-based hospice services then in community health centers providing primary care for medically underserved populations. Since 2007 Pat has completed five humanitarian aid assignments with MSF in Malawi, South Sudan, and Sierra Leone, including complex rehabilitation and infectious disease projects. She also has experience in the post-Ebola development sector in Sierra Leone, and community-based health care responses.

CARRIE BULLARD
Carrie Bullard began working with MSF in 2002 as a data manager. In 2005 she began doing program management for MSF in Liberia. She has managed a program of more than 200 staff and has been the head of programs in Liberia, Nepal, South Sudan, and Sierra Leone, including inpatient and outpatient malnutrition and infectious disease projects. In 2011 she was appointed president of MSF’s West Africa region.

AERLYN PFEIL, FNP
Aerlyn Pfeil is a certified professional midwife and sexual violence program consultant from Portland, Oregon. She has been practicing midwifery since 1989 and joined MSF in 2011. She has worked in maternal health programs in South Sudan, Haiti, Senegal, the Somali region of Ethiopia, and Papua New Guinea. Aerlyn has been an active association member since joining MSF. She holds a BS in sociology from Whitman College and an MS in midwifery and a degree in global health from the University of Manchester.

BRIGG REILLEY
Brigg Reilley works with a tribal health board that provides support for the US Indian Health Service national HIV and hepatitis C- virus (HCV) program. He has been working in American Indian/Alaska Native health since 2005. Prior to the Indian Health Service he worked for MSF for ten years in several emergency and non-emergency project settings, and was on the MSF board of directors from 2008 to 2011. He obtained an MPH from Tulane University in 1996 and a BA in philosophy from the College of William & Mary in 1990.

PHILIP SACKS
Philip Sacks received an AB from Brown University and an MA from the University of Rhode Island. He is a licensed master mariner specialized in large sailing vessels and oceanographic research vessels. He spent 33 years working as a sailing ship captain, professor of nautical science, and senior administrator at Woods Hole Oceanographic Institution and the US Antarctic Program. As a consultant, he has managed the construction of research vessels and remote research stations worldwide. Since 2008, Sacks has completed 12 humanitarian aid missions as a logistics and logistics coordinator with MSF in a wide range of contexts based in Thailand, South Sudan, Nigeria, Sri Lanka, Democratic Republic of Congo, Chad, and Haiti. He was elected to the board of directors of MSF-US in June 2016.

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At Airless camp for people displaced by fighting in Syria, MSF provides primary health care, nutritional support, and referrals, in addition to water treatment. © Agnes Varraine-Leca

MÉDECINS SANS FRONTIÈRES
EMERGENCIES EVERYWHERE
US Annual Report 2017

Board of Directors

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Brigg Reilley works with a tribal health board that provides support for the US Indian Health Service national HIV and hepatitis C- virus (HCV) program. He has been working in American Indian/Alaska Native health since 2005. Prior to the Indian Health Service he worked for MSF for ten years in several emergency and non-emergency project settings, and was on the MSF board of directors from 2008 to 2011. He obtained an MPH from Tulane University in 1996 and a BA in philosophy from the College of William & Mary in 1990.

PHILIP SACKS
Philip Sacks received an AB from Brown University and an MA from the University of Rhode Island. He is a licensed master mariner specialized in large sailing vessels and oceanographic research vessels. He spent 33 years working as a sailing ship captain, professor of nautical science, and senior administrator at Woods Hole Oceanographic Institution and the US Antarctic Program. As a consultant, he has managed the construction of research vessels and remote research stations worldwide. Since 2008, Sacks has completed 12 humanitarian aid missions as a logistics and logistics coordinator with MSF in a wide range of contexts based in Thailand, South Sudan, Nigeria, Sri Lanka, Democratic Republic of Congo, Chad, and Haiti. He was elected to the board of directors of MSF-US in June 2016.