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 ran medical projects in 72 countries in 2018.

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

MSF received the Nobel Peace Prize in 1999.

People fleeing communal violence in Ituri, Democratic Republic of Congo, cross Lake Albert by boat to reach safety in Uganda. More than 60,000 refugees arrived in Sebogoro, a lakeside fishing village, between December 2017 and March 2018. © Diana Zeyneb Alhindawi
Dear Friends,

As we reflect on the tumultuous events of 2018, it is sometimes hard to believe what our teams managed to accomplish in the face of countless obstacles to delivering lifesaving medical humanitarian aid.

Doctors Without Borders/Médecins Sans Frontières (MSF) teams provided more than 11,218,700 outpatient consultations and treated over 758,200 inpatients around the world last year. These astonishing figures are all the more impressive in the context of the challenges we face in some of our biggest projects: from a war zone in Yemen, to the site of an Ebola outbreak in Democratic Republic of Congo (DRC), to the world’s largest refugee settlement in Bangladesh.

We provided medical and mental health care to people uprooted by conflict and vulnerable to disease and despair in refugee camps. We provided holistic care to survivors of sexual violence, treating the physical damage done as well as the invisible wounds.

Both of us are taking the helm of Doctors Without Borders in the United States at a critical moment, when many people here and abroad are turning inward and turning away from suffering. At times like this, we are all the more grateful for our supporters who stand with us as we provide care to the people who most need it—including refugees, asylum seekers, and migrants.

Every day our teams treat people who are hurt by harsh migration containment and deterrence policies. We reach out to care for people trapped in dangerous places along Mexico’s northern border with the US, in the island prisons of Greece, and in Libya’s horrific detention centers. Increasingly, we see that migrants and asylum seekers are being treated like criminals, and that our work is directly threatened by the criminalization of humanitarian aid.

In December, we were forced to terminate search and rescue operations in the Central Mediterranean due to a sustained campaign, spearheaded by the Italian government and backed by other European states, to shut down aid organizations assisting vulnerable people. (At the time of this writing, in July 2019, we were preparing to resume operations aboard a new ship, Ocean Viking, in an attempt to save lives along the world’s deadliest migration route.)

We are constantly striving to find more creative and innovative solutions to the challenges we face. In South Sudan, where the health care system has been decimated by conflict and political unrest, we pioneered a point-of-care ultrasound project that brings advanced diagnostic capabilities to resource-poor settings and helps empower local staff to better identify and treat the causes of disease. In Iraq, we run a world-class microbiology lab to tackle the growing global threat of antibiotic resistance. As hospitals and clinics were being bombed in Syria, we used telemedicine to remotely support colleagues under siege.

On the policy side, MSF’s Access Campaign is pushing to make medicines, vaccines, and diagnostics more affordable and accessible to the people who need them most. Our earlier campaign for A Fair Shot helped secure a dramatically lower price for the lifesaving pneumonia vaccine, which in turn enabled us last year to use 360,000 doses in emergency vaccination campaigns in Central African Republic, Nigeria, Niger, South Sudan, and Syria. We also celebrated the launch of fexinidazole, a new all-oral cure for sleeping sickness developed by the Drugs for Neglected Diseases Initiative, an organization co-founded by MSF. We also successfully campaigned for tuberculosis (TB) to be recognized as a priority on the global health agenda; MSF is among the leading non-governmental providers of care for people living with TB, the world’s deadliest infectious disease.

We are always pushing ourselves to do better for our patients. This is what drives our sense of purpose as we try to figure out what more we can do and say to help the most neglected and marginalized communities. No matter what the obstacles, we’ll keep going—and we won’t stop.

There certainly are enormous challenges ahead, but we hope this report provides a glimpse of what we can achieve when we work together. As an international movement, we are guided by medical ethics to provide the best care possible to every patient, and to treat every human being with dignity. Thank you for all that you do to support our work to provide medical aid where it’s needed most—whether it be near or far.

Africa Stewart, MD, President, MSF-USA Board of Directors

Avril Benoît, Executive Director, MSF-USA

Sincerely,
DEFENDING HUMANITY

In a world that seems ever-more fractured, it has never been more important to stand together for humanitarian ideals. At its core, humanitarianism is simply about being humane—treating all people as equally deserving of care, compassion, and dignity.

As a medical humanitarian organization, Doctors Without Borders/Medecins Sans Frontieres (MSF) was established to provide lifesaving care to those most in need. Today, nearly 50 years after our founding, our social mission is charged with fresh urgency.

From the Americas to Europe, to the Middle East and North Africa, we are confronting increasing nationalism and xenophobia. These forces pose an existential threat to our humanitarian values, splitting communities into “us against them” and demonizing countless “others.”

Our aid workers around the world see the devastating impact on people’s lives, as migrants and refugees are further marginalized and cut off from health care—even as their ordinary medical needs are often compounded by war and persecution, arduous journeys over hostile terrain, and physical and emotional trauma.

At the end of 2018, there were more than 70 million children, women, and men forced from home, the highest number ever recorded by the United Nations refugee agency. The vast number of displaced people do not cross oceans and continents to reach safety. Nearly two-thirds of them are internally displaced, still living in their homelands, often surviving with little to no international support or protection. Of the world’s 29 million refugees, more than 80 percent live in countries neighboring their place of origin.

As the number of displaced people continues to grow, governments and international institutions are failing to rise to the challenge. There is a lot of talk about the “global refugee crisis,” but no concrete action plan to address the urgent humanitarian needs it has produced.

LEFT: MSF staff in Beirut vaccinate a young girl during a campaign in March to stop the spread of a measles epidemic. The vaccination campaign focuses on children living in the Sabra neighborhood and Shatila camp, where large numbers of Palestinian and Syrian refugees live in poor, overcrowded conditions with limited services. Lebanon hosts more refugees per capita than any other country; one in every six people here is a refugee. MSF works across Lebanon to provide refugees and other vulnerable communities with free, high-quality medical care. © Mario Fawaz/MSF
Caring for Displaced People

MSF has more than doubled the number of medical projects responding to the needs of people on the move over the past six years. We continue this vital work in the face of hostile efforts to criminalize and demonize migrants, as well as aid organizations seeking to assist them.

While we do not run medical operations in the United States, our communications and advocacy teams have highlighted the impact of the administration’s “zero tolerance” policies on the lives and health of our patients in Mexico and Central America.

Last June, MSF-USA sounded the alarm over a ruling by the US Attorney General that domestic abuse or gang violence would no longer be considered legal grounds for asylum. The decision, later blocked by the courts, threatened thousands of people attempting to seek safety from one of the most violent regions in the world.

Staff from our New York headquarters joined a nationwide rally protesting family separation policies and the increasing criminalization of migration. In December, MSF issued a strong statement warning that US restrictions were deepening the humanitarian crisis along the border. We expressed concerns that the US was seeking to keep asylum seekers waiting in Mexico, despite the extreme danger in many parts of the country.

Based on the wounds we treat and the testimonies we hear along the migration route, we know that migrants and asylum seekers in Mexico are routinely targeted by criminal groups, including cartels active along the northern border with the US.

MSF is calling for governments in the region to work together to find a solution to the humanitarian crisis that ensures adequate protection and assistance to people uprooted from their homelands. Over the past year, we have scaled up our response in the region, expanding medical, psychological, and social services to assist displaced people and other vulnerable communities. In Honduras, our service prioritario, or priority service, offers comprehensive care to victims of violence, including sexual violence. And in El Salvador, we send mobile clinics to provide primary, mental, and sexual and reproductive health services to regions where insecurity prevents people from accessing medical assistance.

Those who make the heart-wrenching decision to leave their homes often encounter more danger on the road.

“We see what can be expected in people on the move: sores, dehydration, fever,” says Candy Hernández, an MSF doctor working at Shelter 72 in Tensosique, a Mexican town on the border with Guatemala. “But we also see the terrible effects of the violence of the gangs … machete wounds, beatings, abuse, and sexual violence.”

Along the migration route through Mexico—from the southern border with Guatemala to the northern border with the US—we have teams working in fixed and mobile clinics, and in migrant shelters. Teams in the Mexican city of Reynosa, just across the river from McAllen, Texas, also worked in a reception center assisting people recently deported from the US. And we offered specialized mental health care for victims of torture and extreme violence at a therapeutic center in Mexico City. “We see similar situations here for people on the move as we do for people who have lived through war,” said MSF psychologist Diego Falcón Manzano, who worked at the facility.

In 2018, MSF-USA completed the final season of Forced From Home, a three-year traveling exhibition about the global refugee crisis, designed to promote greater understanding and empathy. We took the immersive tour to cities across the country, visiting Minneapolis, Chicago, Charlotte, Atlanta, and San Antonio last year. We also launched a smaller pop-up version of the exhibit to reach a wider audience across the South and Midwest.

Forced From Home provided some much-needed global perspective on the refugee crisis, including personal stories from MSF aid workers and our patients, virtual reality videos from several of the displacement camps where we work, as well as facts and figures about people on the move. The exhibition drew attention to the reality that the overwhelming majority of refugees are in Africa and the Middle East, most of them clustered in poor countries while the world’s wealthiest nations shut their gates. Visitors were asked to imagine “what would you do” if confronted with extreme dangers—a powerful reminder that refugees and asylum seekers are no different from the rest of us in wanting a safe place for ourselves and our families.

“We see similar situations here for people on the move as we do for people who have lived through war.”
In 2018 at least 2,299 people died while attempting to cross the Mediterranean Sea, the world’s deadliest migration route.

European governments not only refused to take responsibility for preventing deaths at sea, they made it increasingly impossible for humanitarian organizations to carry out search and rescue operations. A sustained campaign, led by the Italian government and backed by other European states, to delegitimize and obstruct aid organizations forced MSF in December to terminate the lifesaving operations carried out by the Aquarius, the last dedicated rescue ship operating in the Central Mediterranean.

Since the start of its search and rescue program in February 2016, the Aquarius assisted nearly 30,000 people in international waters between Libya, Italy, and Malta. Together with our previous search and rescue vessels—Bourbon Argos, Dignity, Prudence, and Phoenix—MSF has rescued or assisted more than 80,000 people in the Mediterranean Sea since 2015. (At the end of July 2019, we announced the resumption of search and rescue operations in the Central Mediterranean in partnership with the organization SOS MEDITERRANEE aboard the ship Ocean Viking.)

European governments equipped, trained, and supported the Libyan coast guard to intercept people at sea and detain them in horrific conditions in Libya. MSF offered first aid at disembarkation points on numerous occasions and provided medical assistance to people arbitrarily held in Libyan detention centers. Many of our patients were extremely vulnerable people, including unaccompanied children, mothers and their newborns, and survivors of human trafficking and torture. Having witnessed extreme suffering, our teams spoke out against abuses, calling urgently for people to be released and for the detention centers to be shut down.

“Many of our patients were extremely vulnerable people, including unaccompanied children, mothers and their newborns, and survivors of human trafficking and torture.”

Member states of the European Union continued their brutal containment and deterrence measures despite mounting evidence of the human costs.

LEFT: MSF doctor Marco Gabaglio examines a patient onboard the Aquarius search and rescue ship operated in partnership with SOS MEDITERRANEE. This person is among 99 survivors rescued by our teams from a sinking rubber boat in the Mediterranean Sea on January 27. Dozens of people were already in the water by the time the Aquarius arrived, and an unknown number drowned. The MSF medical team resuscitated six young children and one woman, and also treated many people with severe fuel burns and over a dozen cases of hypothermia. © Laurin Schmid/SOS MEDITERRANEE
Other refugee emergencies continued to flare with limited international attention and support.

MSF remained one of the main providers of humanitarian assistance to some one million ethnic Rohingya people who crossed the border into Bangladesh after fleeing targeted violence and persecution in Myanmar. Most of them live in fragile shelters in overcrowded settlements prone to mudslides and flooding, and with poor water and sanitation services.

We conducted more than 951,000 outpatient consultations for diarrheal diseases, skin conditions, and respiratory infections, often linked directly to the lack of health care available to the Rohingya in Myanmar and the dire living conditions in Bangladesh. Teams conducted mass vaccination campaigns and worked to contain outbreaks of diphtheria, measles, and chicken pox. We also provided emergency and intensive care, pediatrics, obstetrics, sexual and reproductive health care, and treatment for victims of sexual violence and for patients with non-communicable diseases.

Health promotion and outreach teams regularly visited the refugee settlements, including the Kutupalong-Balukhali mega-camp, which in 2018 became the largest refugee camp in the world.

Despite the high level of trauma experienced by the Rohingya, few have access to specialized mental health services in Bangladesh. MSF provided mental health and psychiatric services at most of our facilities to help fill this critical gap in care. Mental health services are integrated into the facilities, enabling teams to reach patients who might not seek out psychosocial care due to lack of awareness or stigma. “Every day we see the same patients,” said Prodjut Roy, a mental health supervisor working with MSF in Nayapara refugee camp. “They’re coming for a problem. They’re coming for a follow-up. And one day they’re getting better. That day is very special for us.”

Teams also provided care for victims of sexual violence, creating a “place of peace” for women to discuss their experiences and support each other. Terrible living conditions in the camps in Bangladesh and limited prospects for the future have contributed to high levels of stress and domestic violence. “Many people are on edge, not just because of the recent trauma but because of the long-time trauma of witnessing horrific things [in Myanmar],” said MSF psychologist Cynthia Scott. Many patients say they have difficulty sleeping, paralyzed by the fear that someone might come into their homes, and haunted by memories of attacks by Myanmar security forces.

“Every day we see the same patients ... [until] one day they’re getting better. That day is very special for us.”
For years Yemen has been convulsed by conflict between the US-backed Saudi- and Emirati-led Coalition and the group known as Ansar Allah. Violence escalated throughout 2018, with fast-changing frontlines and attacks against civilians across the country. Repeated attacks on medical staff and structures during the year occasionally forced us to suspend activities in certain areas, but teams resumed work as soon as it was safe to continue. Since the conflict escalated in March 2015, more than 119,000 people were treated for injuries related to war and violence in MSF and MSF-supported facilities.

In parts of Yemen, MSF teams are the only ones providing urgently needed medical care. For example, MSF opened a new surgical hospital in Mocha in August in response to intense fighting around the port city of Hodeidah. This hospital was the sole facility with an operating theater serving local communities over a 450-kilometer stretch from Hodeidah to Aden. Teams treated patients with war wounds, as well as pregnant women with complications requiring urgent surgery. Between August and December 2018, teams treated more than 150 people wounded by landmines, improvised explosive devices, and unexploded ordnance; one-third of them were children who had been playing in fields.

On June 11, an MSF cholera treatment center in the Yemeni city of Abs was hit by the Saudi- and Emirati-led coalition. Though no staff or patients were injured or killed, the facility was destroyed and MSF was forced to temporarily freeze medical activities in Abs. This attack occurred less than two years after Abs hospital was bombed, resulting in 19 deaths and 24 injuries—the sixth time an MSF facility has been hit by the warring parties since 2015.

The Consequences of Conflict

Since the conflict in Yemen escalated in 2015, teams have treated more than 119,000 people for injuries related to war and violence.
MSF remained among the leading health care providers in war-ravaged South Sudan, where some two million people have been internally displaced and another two million forced to flee across borders.

Over the course of the year, several of our health facilities were attacked and looted, but teams continued to provide medical care wherever possible. A peace deal in September 2018 reduced the level of violence, yet fighting persisted between armed groups in various parts of the country and many displaced people remained cautious about returning home.

In Old Fangak, a remote, swampy zone in the north of South Sudan that has become a sanctuary for many displaced people, we run the only secondary health care facility in the region. Our teams also travel by boat into surrounding areas to run mobile clinics and organize hospital referrals, and maintain community health posts in isolated locations around Lankien and Pieri.

Our 160-bed hospital is the only provider of secondary health services for more than 100,000 people uprooted by conflict who are now living inside a “Protection of Civilians (PoC)” site guarded by soldiers from the UN Mission in South Sudan, including surgery and specialist care for newborns and complicated deliveries. In the Malakal PoC site, which hosts about 29,000 people, we run a 40-bed facility offering emergency care, treatment for tuberculosis (TB), kala azar (visceral leishmaniasis), and HIV, as well as mental health services. Our teams there documented an alarming rise in the number of suicide attempts in 2018, evidence of the consequences of long-term displacement, unemployment, and limited prospects for the future.

Despite the many challenges, we are constantly working to bring quality medical care to even the most austere settings. Last year we piloted a new program to train South Sudanese staff to use point-of-care ultrasound (POCUS) to dramatically improve diagnostic capabilities. Older ultrasound machines were large, expensive, and complex, meaning only experts like radiologists, cardiologists, and obstetricians were trained to use them. But newer models are highly portable, affordable devices that can be connected to tablets to display images. The simplification of medical algorithms means that general clinicians at all levels can learn basic ultrasound skills.

We rolled out the POCUS project in several locations, including Aweil hospital, situated in a remote area and serving some 1.5 million people who would otherwise have very little access to health care. The impact is already clear.

“One of our maternity patients was admitted with shortness of breath,” said Dr. Adi Nadimpalli, a physician and former MSF-USA Board vice president who led the project’s implementation. “We needed to send her ultrasound to telemedicine, where a cardiologist diagnosed her with mitral stenosis.” Mitral stenosis has a mortality rate of 50 to 60 percent, and that rate increases with each pregnancy. After discussion with MSF obstetric and anesthesiology referents in Paris, it was determined that the patient should have a Caesarean section and a tubal ligation for permanent contraception. However, not being able to have more children is a difficult decision in South Sudan, where large families are the norm. “Because of the ultrasound, we could confidently discuss with the patient, her husband, and her father the need for surgery and contraception—explaining that she may not survive another pregnancy,” said Nadimpalli. “In this instance, the use of ultrasound was truly lifesaving.”

Based on the experiences and lessons learned in South Sudan, MSF hopes to rapidly expand the technology and training to other projects around the world.
We ran 54 medical projects in 17 provinces, with services ranging from basic health care to nutrition, pediatrics, treatment for victims of sexual violence, and care for people living with HIV/AIDS. We responded to nine measles outbreaks and two successive outbreaks of Ebola. The latest outbreak of Ebola was declared on August 1 in North Kivu province, an area in eastern DRC, which has been plagued by conflict for more than 25 years. We maintain a number of long-term projects in the region—including providing emergency and intensive care, surgery, nutrition, maternal and pediatric health care, community-based health care, and mass vaccination in hard-to-reach areas—and teams launch emergency responses to violence-related trauma and displacement. We were therefore well-placed to respond immediately to the Ebola outbreak, investigating the first alert and promptly setting up an Ebola treatment center in Mangina, the small town where the outbreak was declared. We then opened a second treatment center in Butembo, a city of one million people that became a hotspot later in the year. We progressively increased the level of care provided, and were able to offer the first-ever potential therapeutic treatments, under an emergency WHO protocol. MSF vaccinated frontline health workers and helped local health centers to prevent and control infections. However, by the end of the year it was clear that the Ebola epidemic was not under control. As the number of new confirmed Ebola cases continued to grow, violence and political unrest further restricted the community’s access to health care and hindered efforts to contain the epidemic. “We are talking about a population that has endured many years of conflict. On top of that, they are now faced with the deadliest Ebola outbreak the country has ever seen,” said Laurence Sailly, MSF emergency coordinator in Beni. In an atmosphere where rumors and misinformation are widespread, people can be hesitant to accept unfamiliar infection prevention and control practices, such as safe burials or decontamination activities. “With Ebola, treatment centers alone are not enough. Connecting with the communities and building mutual trust is key to get the outbreak under control,” said Roberto Wright, MSF anthropologist in Katwa. “We need to increase our efforts to engage the population as active participants in the fight against the outbreak. This includes listening to their broader needs.” This is what we try to do everywhere we work: listen to what our patients are telling us, respond to their most urgent medical needs, and advocate for them to receive greater attention and support. We will continue to respond to the ongoing emergencies, and prepare for the ones to come.
Nurse Fatouma Adou speaks with mothers whose children are receiving care at Niger’s Magaria district hospital, where MSF runs one of the world’s largest pediatric intensive care units. Even with 435 beds, the unit is often full, especially during the seasonal peak of malaria and malnutrition. In 2018, the emergency needs were particularly acute for young children. MSF’s hospital in Magaria is the only health facility available in a region of some one million people, around 20 percent of whom are under five years old. © Laurence Hoenig/MSF

2018 by the Numbers

11,218,676
Outpatient consultations

758,245
Patients admitted

2,396,171
Malaria cases treated

1,479,787
People vaccinated against measles in response to an outbreak

404,701
Mental health consultations for individuals

309,454
Births assisted, including Caesarean sections

207,100
Malnourished children treated in inpatient and outpatient feeding programs

176,225
People with HIV-AIDS on antiretroviral treatment at the end of 2018

104,744
Major surgical interventions

63,722
People treated for cholera

33,854
People vaccinated against meningitis in response to an outbreak

24,935
Victims of sexual violence provided with medical care

19,388
People started on treatment for tuberculosis

14,419
People on treatment for hepatitis C

3,184
Migrants and refugees rescued and assisted at sea
Activities

In 2018, Doctors Without Borders/Médecins Sans Frontières (MSF) ran medical humanitarian projects in 72 countries. MSF-USA supported work in 53 of these countries.

Largest Country Programs in 2018
Based on 2018 expenditures from all MSF offices

<table>
<thead>
<tr>
<th>Country</th>
<th>expenditure</th>
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<tr>
<td>DEMOCRATIC REPUBLIC OF CONGO</td>
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Staff Numbers in 2018
Largest country programs based on the number of MSF staff

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Outpatient Consultations in 2018
Largest country programs according to number of outpatient consultations (not including specialist consultations)

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Project Support

In 2018, MSF provided medical aid through 446 projects in 72 countries. MSF-USA provided financial support for projects in 53 of these countries and for other international programs and entities. The great majority of funds that MSF collects are unrestricted to a particular project, which is essential to our ability to respond to emergencies.

Support for the country projects and programs listed here was made possible in part by generous contributions from individuals, foundations, and corporations in the United States. The dollar amounts reflect the total MSF-USA funding directed to medical activities in each country. These amounts contribute toward the total project costs presented in MSF’s International Activity Report. Detailed project descriptions are available at msf.org/International-activity-report-2018.

Africa

BURKINA FASO $800,000 Emergency care, health services for displaced people and rural communities, response to dzungue epidemic

BURUNDI $4,994,444 Specialized care for victims of trauma and burns, malaria prevention and treatment, response to cholera outbreak

CAMEROON $2,600,000 Medical and mental health care for displaced people and victims of violence, pediatric care, response to cholera outbreak

CENTRAL AFRICAN REPUBLIC $21,055,556 Medical care for local communities and people displaced by violence; maternal and pediatric services; trauma surgery; treatment for malaria, HIV and TB; vaccination

CHAD $3,199,872 Medical and mental health care for displaced people and victims of violence, pediatric care, response to cholera outbreak

CHINA $3,199,872 Treatment for malnutrition, prevention and treatment for malaria, response to measles outbreak, maternal and pediatric care

DEMOCRATIC REPUBLIC OF CONGO $35,694,018 Emergency response activities—including medical and psychosocial care for victims of violence and displacement, responses to multiple outbreaks of measles and cholera and two outbreaks of Ebola, medical services ranging from basic health care to nutrition, pediatrics, treatment for victims of sexual violence, and care for people with HIV

ESWATINI $3,200,000 Prevention, testing, and treatment for people with HIV, including screening and treatment for TB, cervical cancer, and other diseases

ETHIOPIA $6,100,000 Emergency interventions to assist people displaced by violence, medical and mental health care for refugees and migrants, surgical care, maternal and pediatric care, treatment for malnutrition, snakebites, and kala azar

GEORGIA $2,983,523 Testing, treatment, and follow-up services for people with HIV; pediatric care with a focus on prevention and early treatment to reduce child mortality; vaccination

IVORY COAST $3,000,000 Maternal and neonatal care; vaccination to protect newborns against hepatitis B

KENYA $14,644,444 Medical care for displaced people and victims of violence, including sexual violence; maternal, neonatal, and pediatric care; treatment for malaria; vaccination

GUINEA $4,955,556 Medical care for victims of violence and displacement, pediatric care, prevention and treatment for malnutrition and malaria; emergency response to disease outbreaks, vaccination

NIGER $10,000,000 Medical care for victims of violence and displacement, pediatric care, prevention and treatment for malnutrition and malaria; emergency response to disease outbreaks, vaccination

NIGERIA $17,920,000 Medical care for victims of violence and displacement; emergency response to disease outbreaks, including Lassa fever and multiple cholera outbreaks; maternal, neonatal, and pediatric care; surgery and comprehensive care for noma; treatment of children for lead poisoning

SIERRA LEONE $1,011,111 Maternal and pediatric care; provision of essential medicines, training and capacity building for health workers

SOMALIA $3,200,000 Maternal and pediatric care, nutritional support, medical care for displaced people, cataract surgery

SOUTH AFRICA $6,333,333 Treatment for people living with HIV and DR-TB; care for people of sexual and gender-based violence

SOUTH SUDAN $28,276,135 Medical and mental health care for displaced people and victims of violence, including sexual violence; maternal, neonatal, and pediatric care; treatment for malaria; treatment for HIV, TB, and kala azar; vaccination

SUDAN $3,452,053 Medical care for displaced people and local communities, sexual and reproductive health care, treatment for kala azar, response to outbreaks of malaria and measles, vaccination

TANZANIA $4,500,000 Medical and mental health care for refugees— including mother and child care, nutritional support, and treatment for victims of sexual and gender-based violence

UGANDA $5,000,000 Treatment and support for people living with HIV, sexual and reproductive health care for adolescents, and medical care for refugees

MALAWI $4,777,778 Treatment and advanced care for people with HIV; comprehensive cervical cancer program; health care services for women engaged in sex work

MALI $8,000,000 Maternal, neonatal, and pediatric care; emergency and essential surgery; medical and psychosocial care for victims of violence; treatment for malaria and malnutrition; treatment for cervical and breast cancer

MOZAMBIQUE $4,055,556 HIV care, including treatment for patients with Kaposi’s sarcoma; treatment for people with DR-TB; sexual and reproductive health care

Support for the country projects and programs listed here was made possible in part by generous contributions from individuals, foundations, and corporations in the United States. The dollar amounts reflect the total MSF-USA funding directed to medical activities in each country. These amounts contribute toward the total project costs presented in MSF’s International Activity Report. Detailed project descriptions are available at msf.org/International-activity-report-2018.

GLOSSARY

DR-TB: drug-resistant tuberculosis

HIV: human immunodeficiency virus

MDR-TB: multidrug-resistant tuberculosis

NCDs: noncommunicable diseases

TB: tuberculosis

XDR-TB: extensively drug-resistant tuberculosis

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DOCTORS WITHOUT BORDERS | MÉDECINS SANS FRONTIÈRES

US Annual Report 2018

CLOCKWISE FROM TOP LEFT: In Beira, Mozambique, an MSF midwife counsels a girl about contraceptives. © Sonja Gustafsson/MSF; An MSF measles vaccination team crosses a river to reach a remote health center in Wamba, Democratic Republic of Congo. © Narcisse Mukembe Muzabula/MSF; MSF clinical officer Leya Haileyesus checks the pulse of a snakebite patient in Abdirah, Ethiopia. © Gabriel François Cassis/MSF; A doctor checks on a child patient in northern Nigeria’s Monguno camp for displaced people. © Moro Veri/MSF; Dr. Nicolas Peyraud checks on a baby in the intensive care unit of a Mogadishu hospital, Niger. © Laurence Hoenig/MSF; Haroun is recovering from his stab wounds thanks to surgical care and physiotherapy at MSF’s SICA hospital in Bangui, Central African Republic. © Elisa Mewett/MSF; CENTER: Susana Foley stands with her son Timothy, who is being treated for tuberculosis. © Elise Mertens/MSF; Health care for refugees in the Democratic Republic of Congo. © Narcisse Mukembe Muzabula/MSF; A child patient in northern Nigeria’s Monguno camp for displaced people. © Moro Veri/MSF; Dr. Nicolas Peyraud checks on a baby in the intensive care unit of a Mogadishu hospital, Niger. © Laurence Hoenig/MSF; Haroun is recovering from his stab wounds thanks to surgical care and physiotherapy at MSF’s SICA hospital in Bangui, Central African Republic. © Elisa Mewett/MSF; CENTER: Susana Foley stands with her son Timothy, who is being treated for schizophrenia through an innovative mental health care program in Monrovia, Liberia. © Melissa Pratch/MSF

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US Annual Report 2018
**Americas**

**COLOMBIA** $400,000
Medical and mental health care for displaced people and victims of violence; treatment for victims of sexual violence and termination of pregnancy on request

**EL SALVADOR** $1,350,000
Medical and mental health care for communities affected by violence, including sexual violence, and for migrants, displaced people, and returned Salvadorans

**HAITI** $15,427,997
Specialist medical services including treatment for victims of sexual violence, advanced surgery, trauma and burn care; mother and child care; water and sanitation activities to prevent cholera

**HONDURAS** $1,200,000
Medical and mental health care for victims of violence, including sexual violence, and for internally displaced people; mother and child care

**MEXICO** $1,560,000
Medical and mental health care for migrants, refugees, and local communities affected by violence, including sexual violence

**VENEZUELA** $1,111,111
Medical and mental health care services for victims of urban and sexual violence; care for migrants and refugees along the Brazilian border; malaria treatment and prevention

**Asia & Pacific**

**AFGHANISTAN** $6,722,222
Medical services for people affected by conflict or lack of access to care, including emergency, pediatric, and maternal health care; treatment for malnutrition; diagnosis and treatment for DR-TB

**BANGLADESH** $9,527,778
Medical services for Rohingya refugees including emergency and intensive care, pediatrics, obstetrics, sexual and reproductive health care, treatment for victims of sexual violence; and mental health care; response to outbreaks of diphtheria, measles, and chicken pox; vaccination; water and sanitation activities; medical and mental health care for people living in Dhaka’s Kamrangirchar slum

**CAMBODIA** $1,000,000
Diagnosis and treatment for hepatitis C and malaria

**INDIA** $11,111
Medical care for vulnerable communities, including care for DR-TB, HIV, hepatitis C, and kala azar; mental health care; sexual violence care; prevention and treatment of malnutrition

**INDONESIA** $55,556
Health care services for adolescents; emergency response to natural disasters; including primary health care, mental health support, and water and sanitation activities

**MYANMAR** $2,900,000
Comprehensive care for people with HIV, including patients on treatment for co-infections such as hepatitis C and TB; mobile clinics serving remote communities; mental health care for Kaman and Rohingya Muslims detained in camps

**PAKISTAN** $4,000,000
Mother and child care; treatment for malnutrition; prevention and comprehensive treatment for cutaneous leishmaniasis, diagnosis and treatment for hepatitis C

**PAPUA NEW GUINEA** $2,000,000
Comprehensive TB care, including screening, diagnosis, treatment, initiation, and follow-up

**PHILIPPINES** $1,000,000
Sexual and reproductive health care for people living in Manila slums, including screening and treatment for cervical cancer; medical care and vaccinations for internally displaced people

**THAILAND** $400,000
Mental health care for people affected by conflict, with a focus on the most vulnerable communities

**THIS PAGE, CLOCKWISE FROM TOP:** Jamila is among some 30,000 families sheltering in Herat, Afghanistan, after being uprooted from their homes by drought and conflict in the region. She comes to MSF’s winter clinic for an antenatal consultation. © Ahmadullah Safi/MSF; Tin Lay prepares for TB treatment at MSF’s Insein clinic, in Yangon, Myanmar. The clinic provides comprehensive treatment for people with HIV, TB, and hepatitis C. © Alessandro Pensa/MAPS; MSF midwife Dina Afrasyabi reaches out to the community in an area of Banten province, Indonesia, that was badly affected by the Sunda Strait tsunami in December. © Muhammad Suyyari/MSF; MSF trains Rohingya women to work with outreach teams in the refugee camps in Cox’s Bazar, Bangladesh, to help victims of sexual violence. © Sara Creta/MSF

**THIS PAGE, CLOCKWISE FROM TOP:** Along the Colombian border, MSF provides medical and mental health services for Venezuelan migrants and refugees and for Colombians returning from Venezuela. © Esteban Moncayo/MSF; After fleeing Honduras to escape a life of constant violence, this family was denied asylum at the US border. They receive medical care from MSF at the Senda de Vida migrant shelter in Reynosa, Mexico. © Arlette Blanco/MSF; Maxim Alexson looks forward to receiving specialized care for his burn injuries at MSF’s Drouillard hospital in Port-au-Prince, Haiti. © Spencer Platt/Getty Images; At Nueva Capital hospital, on the outskirts of Tegucigalpa, Honduras, MSF provides care for displaced people and members of the local community. © Christina Simons /MSF
Europe and the Caucasus

Greece $3,166,667
Medical care for refugees and migrants, including primary health care, vaccination, sexual and reproductive health services, treatment for chronic diseases, and mental health support.

Italy $1,033,333
Medical and mental health care for migrants and refugees, including specialized care for victims of torture.

Kyrgyzstan $1,400,000
Screening and treatment for DR-TB; treatment for NCDs; mother and child care.

Russian Federation $500,000
New project initiated to assess shorter treatment regimens for patients with MDR- and XDR-TB.

Ukraine $5,600,000
Mobile clinics providing primary health care and psychological support to people affected by conflict; treatment for hepatitis C and DR-TB.

Uzbekistan $1,000,000
Comprehensive care for people with TB and clinical research into more effective treatments; integrated HIV care.

Middle East and North Africa

Iraq $4,377,778
Medical services for displaced people and communities most affected by violence, including basic health care, treatment for NCDs, maternity and pediatric care, emergency care, surgery, and mental health support.

Jordan $9,500,000
Medical and mental health care for Syrian refugees and vulnerable host communities; treatment for NCDs; reconstructive surgery for victims of violence in the Middle East.

Lebanon $4,500,000
Medical and mental health care for Syrian refugees and vulnerable host communities; treatment for NCDs; sexual and reproductive health care; maternity services; specialist services including pediatric intensive care and treatment for thalassemia.

Libya $4,000,000
Medical and mental health services for migrants and refugees arbitrarily held in detention centers; including care for acute respiratory tract infections, TB, diarrheal diseases, skin diseases, and trauma.

Palestinian Territories $166,667
Medical and mental health care for refugees and vulnerable host communities; treatment for NCDs; sexual and reproductive health services, including primary care, vaccination, surgery, gynecology, and mental health care.

Syria $11,880,133
Specialist surgical and post-operative care for patients with complex gunshot injuries; mental health care.

Yemen $27,170,604
Emergency medical and surgical care, including for victims of war and violence; maternal and pediatric care; treatment for NCDs; distance support for local health facilities.

Other Program Support

Access Campaign $1,409,533
Advocacy for the development of and increased access to effective drugs, vaccines, and diagnostic tests.

Drugs for Neglected Diseases Initiative $1,132,286
Research and development to produce new treatments for neglected diseases, including the introduction of fexinidazole to treat sleeping sickness.

Epicentre $5,270,041
Epidemiological studies and clinical research in humanitarian settings, including on Ebola, malnutrition, meningitis, antimicrobial resistance, HIV and TB, as well as surveillance and training activities.

MSF International Office $5,486,603
Coordination of common projects on behalf of MSF’s 21 sections worldwide and support for advocacy and engagement with the United Nations and other international bodies.

Working Group on Reproductive Health and Sexual Violence Care $449,894
Activities to improve access to sexual and reproductive health services, including contraceptive and safe abortion care.

MSF Academy for Healthcare $55,555
Training and professional development for local medical and paramedical practitioners in low-resource settings, with a pilot project in Sierra Leone.

Total: $340,863,592
Staff Recruitment

MSF-USA is consistently one of the largest providers of international staff to our global operations, managing the departures of 375 US-based personnel in 2018.

The Field Human Resources department mobilized quickly to send staff to Democratic Republic of Congo in response to the Ebola outbreak in North Kivu, drawing from a robust group of US-based professionals who had previously responded to the Ebola epidemic in West Africa from 2014 to 2016. We also sent many people on assignment to Bangladesh in support of our ongoing response to the Rohingya refugee crisis. As in previous years, our projects in South Sudan and Nigeria drew the most US-based staff members. Many also went to work in Liberia, where MSF provides pediatric surgery and mental health services. Altogether, US-based staff worked in 45 countries in 2018.

The US remains an important source of the highly trained professionals MSF needs in our projects around the world, and therefore requires robust recruitment efforts across the country. We focused on finding medical specialists, including pediatric surgeons and anesthetologists and intensive care specialists who were able to meet urgent needs in countries like Liberia and Lebanon. Over the course of the year we held 52 outreach events, which were attended by more than 3,000 individuals in total.

To meet MSF’s specific needs for additional French and Arabic speakers, our outreach team connected with diaspora communities across the US and held events for the West African and Haitian communities in New York, and for the Arab-American community in Detroit. We continued to expand digital outreach in 2018, including successful Facebook Live recruitment events aimed at French speakers, midwives, and people with important technical logistics skills. Digital outreach will continue to grow in 2019 as we use Instagram and YouTube as recruitment platforms, in addition to LinkedIn and Twitter.

While working with MSF can be an incredibly tough job, we find that our shared mission draws many international staff members to return year after year. Some 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.

We are committed to supporting the professional development of our field staff, both for their personal growth and to improve the quality of our medical care. To this end, MSF’s mentoring and coaching program scaled up its activities to reach a total of 56 mentoring relationships since its launch in 2016. The number of trained mentors also increased substantially. These mentors provide personalized, on-the-job guidance to newer staff members through one-to-one relationships during their assignments.

In 2018 the program also sent out the first team and individual coaches, serving both our medical projects and headquarters offices. The field management training curriculum underwent revisions to ensure that it remains current, relevant, and in line with the goals of our operations. The revised version of the training is expected to be made available to our staff by mid-2019.

In November, MSF-USA launched a secure online platform that makes it easier for current and former staff, volunteers, and association members to report any incidents of harassment and abuse in the countries where we operate. Reports can even be filed anonymously. Our leadership is unequivocally committed to fighting abuse and to strengthening efforts to prevent and address it. This includes enhancing grievance channels at all levels of the organization and supporting victims and complainants. We also reaffirmed our commitment to promote diversity, equity, and inclusion.

In 2018, MSF-USA’s Field Human Resources department launched an ambitious new project to develop a human resources analytics tool. This project aims to help us better share information across the organization about recruitment practices and priorities, strengthen human resources planning and decision-making, and leverage data to understand the needs in our projects, both now and in the future.

The needs of our patients and the circumstances in which we work are in constant flux, often demanding new skills and expertise to maintain the high quality of our medical services. As such, we are increasing our ability to recruit specialist professionals to join our medical mission, while ensuring that we continue to recruit a wide range of personnel able to fill more traditional roles in our projects.

I would like to express my gratitude to all our international staff members to report any incidents of harassment and abuse in the countries where we operate. Reports can even be filed anonymously. Our leadership is unequivocally committed to fighting abuse and to strengthening efforts to prevent and address it. This includes enhancing grievance channels at all levels of the organization and supporting victims and complainants. We also reaffirmed our commitment to promote diversity, equity, and inclusion.

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I would like to express my gratitude to all our international staff 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 humanitarian projects around the world. For more information, please visit doctorswithoutborders.org.
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 2018, MSF-USA had received more than 370 multiyear commitments toward this effort, totaling more than $60 million.

$1 MILLION+
Anonymous (2)
Carnegie Foundation, Inc.
Haciell Mau Loi Foundation
Andrew Austen and Family
The Keith Haring Foundation
The Luff Family Fund of
The Denver Foundation
The Musk Foundation
The Schultz Family Foundation
The W. Alton Jones Charitable
Foundation
Jeannette Brossman
The Arthur Ross Foundation
Walter and Emily Ross Fund
Gretchen and Howard Ross
The Ross Foundation
Walter and Emily Ross Fund

$500,000 - $999,999
Anonymous Libby B Dan Goldberg
In memory of Maxie
Eugenia Yugari Romero

$100,000 - $499,999
Anonymous 6-18 Foundation
For Hope
Quana Reid in memory of Gabi and Timothy Beals

$50,000 - $99,999
Anonymous (2)
The Asen Foundation
Rosa B Corday Backstrand
Linda Byrnes
Laurence B Mitchie Chang
M. Matthew & Ms. Susan Demmer
David and Natasia Rosen
Family Foundation
Mr. Stephen Forget & Ms. Florence Forget-Golab

$25,000 - $49,999
Anonymous (2)
The Asen Foundation
Rosa B Corday Backstrand
Linda Byrnes
Laurence B Mitchie Chang
M. Matthew & Ms. Susan Demmer
David and Natasia Rosen
Family Foundation
Mr. Stephen Forget & Ms. Florence Forget-Golab

2018 Annual Donors
$1 MILLION+
Anonymous (5)
Anonymous Donor to
Doctors Without Borders
Paul A. Ballard Trust
Karina Bratstone Trust
Charles J. Brown Trust
Estate of Carrie A. Cuker
Estate of Gloria A. Edlin
Google.org
Him Lee Memorial Fund
Betty B. Kaplan Trust
Estate of Halsey Stuart
The Masselon Family
Robert L. McKay Trust
Estate of Olivia J. Raub
Dorette Baicho Sabersky Trust

$50,000 - $99,999
Anonymous (5)
Anonymous 6-18 Foundation
For Hope
Quana Reid in memory of Gabi and Timothy Beals

$5,000 - $24,999
Anonymous (6)
Anonymous (5)
Anonymous Charitable
Foundation
The John R. Boice and J.
Evangelos Bosco Trust
Robert T. Boone Family Trust
Lecio Branco, Jr. Family Trust
Carnegie Foundation, Inc.
Carof Family Trust
The Charlotte Geyer Foundation
Charles Gray Close to Trust
Crabtree Family Trust
F.D.K. Foundation of
Philanthropic Funds
Dorothy Howse Trust
Humble Bundle
Estate of Leah Ice
Estate of Marcus Jobe
David Kaplan Trust
The Keith Haring Foundation
The Luff Family Fund of
The Denver Foundation
Dana Maltz
Estate of Thomas McKenna
Microsoft Giving Campaign
The Peiers Foundation, Inc.
The Peter and Carmen Lucia Buck Foundation, Inc.
Bogdan Raja
William E. Reaush Trust
Estate of Michael Sichvalag
Lenore Scott Trust
Estate of Virginia M. Starn
Carol Bennett Thixton
Estate of Jean M. Thomasen
Wallace Genetic Foundation
Lloyd W. Watson Trust
Carol K. Whalen Living
Trust

$250,000 - $499,999
Anonymous (13)
Anonymous Charitable
Trust
The Ariyan Family Foundation
Blue Q
Valerie A. Conforti Foundation
Curney B. Company, Inc.
The David E. and Patricia D.
Albottson Foundation
John R. Damuth
Estate of Harold Ames
Dewing III

To learn how you can support our efforts through the Multiyear Initiative, please contact Mary Sexton, Director of Major Gifts, at (212) 655-3781 or mary.sexton@newyork.msf.org.
people in four days and provided clean water.

In Tel-Aviv, MSF worked alongside other NGOs to provide health screening and treatment for asylum seekers. In Athens, MSF operated a walk-in clinic for women, providing medical care and referral to other care providers.

In addition, MSF provided medical care to refugees in the Greek islands, including Kos and Lesbos. MSF teams worked closely with local authorities to ensure that refugees received the care they needed. In Lesbos, MSF provided medical care to refugees who had been injured in incidents with local residents.

In Serbia, MSF teams provided medical care to refugees who had been injured in incidents with local residents. MSF also provided medical care to refugees who had been detained in arean detention centers.

In Greece, MSF provided medical care to refugees who had been detained in border patrol facilities. MSF teams worked closely with local authorities to ensure that refugees received the care they needed.

In Lebanon, MSF provided medical care to refugees who had been injured in incidents with local residents. MSF also provided medical care to refugees who had been detained in arean detention centers.

In Syria, MSF provided medical care to refugees who had been injured in incidents with local residents. MSF also provided medical care to refugees who had been detained in arean detention centers.

In Iraq, MSF provided medical care to refugees who had been injured in incidents with local residents. MSF also provided medical care to refugees who had been detained in arean detention centers.
provide a humanitarian response to the humanitarian crisis in La 72, a migrant shelter in the Mexican town of Tijuana near the Guatemalan border. We receive medical and mental health care from MSF. Thousands of people from Central America cross into Mexico each year, the vast majority fleeing extreme violence and poverty in their countries of origin. MSF is calling on governments in the region to provide a humanitarian response to the humanitarian crisis. © Juan Celio Tomasi.
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 2018, MSF-USA exceeded the generous support we received in 2017 by 6.2 percent. MSF drew increased interest and engagement through its sustained response to the global displacement crisis, including in Lebanon, Uganda, Bangladesh, and Mexico; swift action to meet the needs arising from fresh emergencies, such as the Ebola epidemic in Democratic Republic of Congo and a series of natural disasters in Indonesia; and major operations to help people caught in conflict zones, including in South Sudan, Yemen, Syria, and Afghanistan.

We maintained support for MSF programs totaling more than $375 million in order to meet the enormous needs for emergency medical care around the globe. MSF-USA’s largest expenditures went to programs in Democratic Republic of Congo ($129.8 million), South Sudan ($98.4 million), Yemen ($67.3 million), Central African Republic ($60.5 million), and Syria ($55.5 million).

Statement of Activities and Changes in Net Assets
The following summary was extracted from MSF-USA’s audited financial statements.

Revenues

<table>
<thead>
<tr>
<th>Revenues</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC SUPPORT</td>
<td>394,924,183</td>
<td>372,041,946</td>
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<tr>
<td>OTHER REVENUE</td>
<td>(1,599,157)</td>
<td>6,698,534</td>
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<tr>
<td>Investment Income, Net</td>
<td>(771,667)</td>
<td>(713,197)</td>
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<tr>
<td>Other Revenue</td>
<td>(542,299)</td>
<td>989,261</td>
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<tr>
<td>TOTAL OTHER REVENUE</td>
<td>12,485,566</td>
<td>21,629,656</td>
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<tr>
<td>Total Revenue Excluding Gifts In-Kind</td>
<td>407,409,750</td>
<td>393,671,602</td>
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<tr>
<td>Gifts In-Kind</td>
<td>1,203,051</td>
<td>862,749</td>
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<tr>
<td>TOTAL REVENUE AND GIFTS IN-Kind</td>
<td>408,610,800</td>
<td>394,534,350</td>
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</table>

Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2018</th>
<th>2017</th>
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<tbody>
<tr>
<td>PROGRAM SERVICES (Total)</td>
<td>375,180,865</td>
<td>375,690,776</td>
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<tr>
<td>SUPPORTING SERVICES (Total)</td>
<td>51,604,335</td>
<td>44,650,030</td>
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<tr>
<td>Total Expenses Excluding Gifts In-Kind</td>
<td>426,785,202</td>
<td>419,340,806</td>
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<tr>
<td>Gifts In-Kind</td>
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<tr>
<td>Lease Exit Loss</td>
<td>3,603,804</td>
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<tr>
<td>Total Expenses and Gifts In-Kind</td>
<td>431,980,057</td>
<td>421,142,549</td>
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Net Assets

<table>
<thead>
<tr>
<th>Net Assets</th>
<th>2018</th>
<th>2017</th>
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<tr>
<td>Net Assets, beginning of year</td>
<td>260,510,029</td>
<td>287,228,413</td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>(27,777,532)</td>
<td>(26,669,204)</td>
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<tr>
<td>Net Assets, at year end</td>
<td>232,732,497</td>
<td>260,559,209</td>
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Statement of Financial Position

<table>
<thead>
<tr>
<th>Assets</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH &amp; EQUIVALENTS AND SHORT-TERM INVESTMENTS</td>
<td>128,677,680</td>
<td>203,768,176</td>
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<tr>
<td>RECEIVABLES</td>
<td>66,483,859</td>
<td>54,004,717</td>
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<td>OTHER ASSETS</td>
<td>111,891,068</td>
<td>91,392,931</td>
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<tr>
<td>TOTAL ASSETS</td>
<td>298,052,587</td>
<td>349,226,024</td>
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<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th>2018</th>
<th>2017</th>
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<tbody>
<tr>
<td>GRANTS PAYABLE</td>
<td>29,495,767</td>
<td>52,099,212</td>
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<tr>
<td>OTHER PAYABLES</td>
<td>8,650,044</td>
<td>8,458,578</td>
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<tr>
<td>OTHER LIABILITIES</td>
<td>27,961,798</td>
<td>27,080,225</td>
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<tr>
<td>TOTAL LIABILITIES</td>
<td>61,052,629</td>
<td>88,586,015</td>
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<tr>
<td>NET ASSETS WITHOUT DONOR RESTRICTIONS</td>
<td>210,833,558</td>
<td>258,638,069</td>
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<tr>
<td>NET ASSETS WITH DONOR RESTRICTIONS</td>
<td>26,019,600</td>
<td>21,236,225</td>
</tr>
<tr>
<td>TOTAL LIABILITIES AND NET ASSETS</td>
<td>237,777,952</td>
<td>260,595,220</td>
</tr>
</tbody>
</table>

2018 Expenses Excluding In-Kind Expenditures

| Program Services | 87.9%          |
| Fundraising      | 10.8%          |
| Management & General | 1.2%         |

MSF-USA is recognized as tax-exempt under section 501 (c) (3) of the Internal Revenue Code. A copy of the most recent annual report filed by MSF-USA with the New York State Attorney General may be obtained upon request by contacting MSF-USA at 40 Rector Street, 16th Floor, New York, NY 10006, or the Attorney General’s Charities Bureau at 120 Broadway, New York, NY 10271. A list of all of the MSF offices that received funds from MSF-USA is also available upon request. A full presentation of MSF-USA’s audited financial statements is available at doctorswithoutborders.org/financial-statements/2018.
Board of Directors

Dr. Africa Stewart, President
Africa Stewart graduated with honors from Johns Hopkins University in 1995 with a BA in psychology and mathematical science. She then attended Drexel University Medical School in Philadelphia. In 1999 she completed an MBA with a concentration in strategic planning from the University of Pittsburgh’s Katz School of Business. She then returned to Philadelphia to finish her medical training at Drexel. In 2002 she received her MD and started her residency in obstetrics and gynecology at Hahnemann University Hospital. Her career with MSF began in Sudan in June 2011. Africa has completed five surgical field assignments with MSF and served as a guide for the organization’s Forced From Home exhibition about the global refugee crisis. She was elected to the board of directors in 2017. She continues to support women’s health care locally and abroad with an emphasis on education and prevention.

Kassia Echavarri-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 consulting, and international business development. Prior to working for nonprofit organizations, she attended the University of Pennsylvania, where she was executive director and assistant general counsel leading the legal team supporting the company’s asset and wealth management division. Before that, she was counsel at UTA Technologies, serving as legal counsel for their small to medium business products group and their global procurement organization. Sheronda has previously served on the boards of the Metropolitan Black Bar Association and the Global Community Charter School in Harlem (an International Baccalaureate school), where she was also a founding trustee. Sheronda holds a BA from Bryant University and a JD from Brooklyn Law School.

Dr. John Lawrence, Assistant President
John Lawrence, a native of Illinois, has previously served as president and vice president of the board. John attended Dartmouth College and Dartmouth Medical School, then completed a family practice internship and worked as a general medical officer in Tuba City, Arizona, on the Navajo reservation. He then returned to residency and completed training in general surgery at the University of Rochester, in Rochester, 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 currently is a staff pediatric surgeon at Montefiore Medical Center in Brooklyn, NY. Doing in part to a longstanding interest in global health, John has completed 10 surgical assignments with MSF since 2009 and is currently working toward an MPH degree through the Bloomberg School of Public Health at Johns Hopkins University. John has served MSF as a surgeon in the Central African Republic, Ivory Coast, Haiti, Syria, Democratic Republic of Congo, and Libya.

Mega Terzian, President
Mega Terzian is the president of MSF France. Born in Lebanon, he earned his medical degree in pediatrics at the University of Medicine in Arama in 1999. While still in medical school, he worked as a translator for MSF in Nagorno-Karabakh, and from 1999 to 2002, he worked as a doctor for MSF projects in Sierra Leone, Afghanistan, Iraq, and Democratic Republic of Congo. In 2003, he became an emergency coordinator for MSF projects by the Indonesia, Nigeria, Niger, Pakistan, Central African Republic, Jordan, and other countries. From 2007 until being elected president of MSF France, he served first as deputy and then as director of MSF’s emergency programming at MSF France.
ABOVE: A group of surgeons work together at MSF’s field hospital in Mocha, Yemen.
FRONT COVER: Nasser, age 14, was tending sheep in a field in southwestern Yemen when he stepped on a land mine. He is learning to walk with crutches for the first time with the help of Farouk, a physiotherapist at MSF’s surgical hospital in Mocha. © Agnes Varraine-Leca