



International Activity Report 2023

The Médecins Sans Frontières Charter

Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers, and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance, and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

The country texts in this report provide descriptive overviews of MSF's operational activities throughout the world between January and December 2023. Staffing figures represent the total full-time equivalent employees per country across the 12 months, for the purposes of comparisons.

Country summaries are representational and, owing to space considerations, may not be comprehensive. For more information on our activities in other languages, please visit one of the websites listed at [msf.org/contact-us](https://www.msf.org/contact-us)

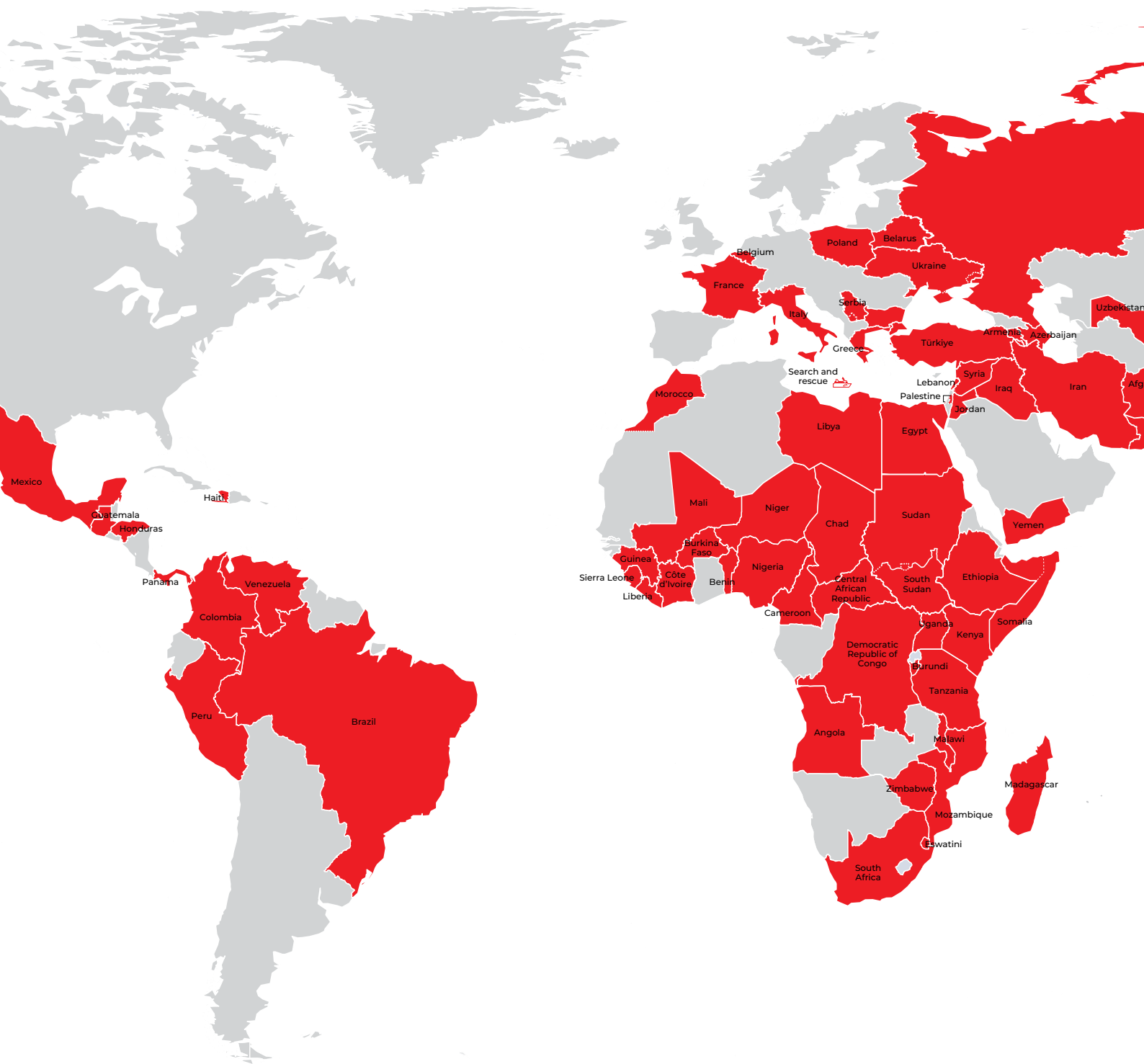
The place names and boundaries used in this report do not reflect any position by MSF on their legal status.

This activity report serves as a performance report and was produced in accordance with the recommendations of Swiss GAAP FER/RPC 21 on accounting for charitable non-profit organisations.

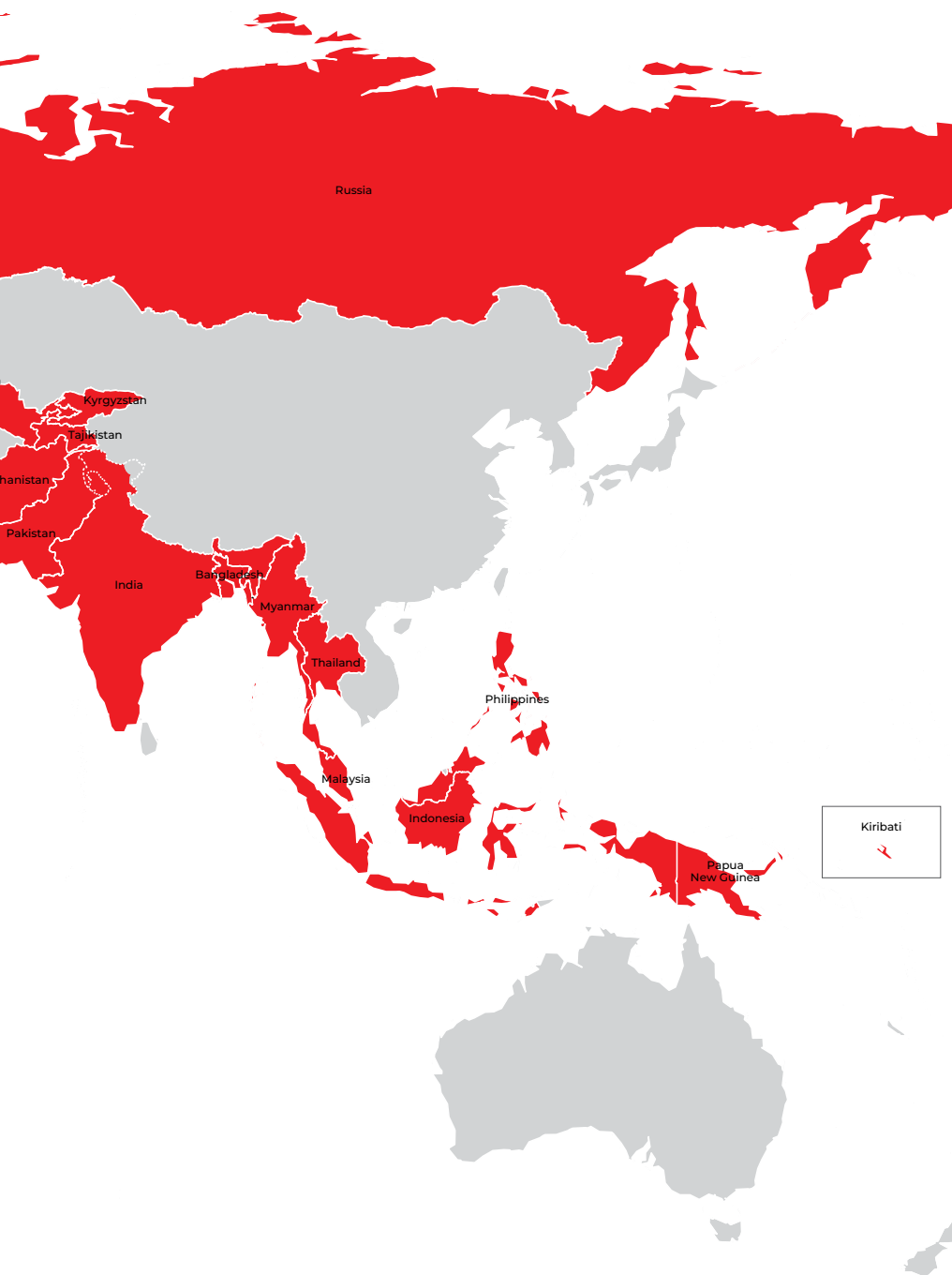
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Foreword



In 2023, as the world was once again shaken by devastating natural disasters and brutal wars, Médecins Sans Frontières (MSF) worked to support people in need of medical care and basic services.



Alongside our regular activities, we launched emergency responses to powerful earthquakes in Türkiye, Syria, Morocco, and Afghanistan. We also assisted communities caught up in wars in Sudan and Palestine, and other conflicts around the world.

We face many challenges in delivering this assistance: not only in gaining access to patients but also in ensuring the safety of our staff in insecure situations.

After war in Sudan erupted in April, leading to tens of thousands of casualties and around 8.5 million people being displaced¹ from their homes, our teams had to quickly adapt and scale up as the country spiralled into chaos. We transformed our activities, treating patients with gunshot, stabbing and shrapnel wounds, as well as responding to surges of malnutrition and measles cases in overcrowded displacement camps.

However, working across 11 states and in 30 health facilities, we faced severe challenges due to chronic insecurity, with warring parties blocking humanitarian access and the delivery of aid, all amidst the scarcity of global attention.

Despite this, the medical care we have been able to provide demonstrates that it is possible to work in Sudan. Yet we often find ourselves the sole humanitarian organisation in areas where we are working. In the face of the immense needs, a massive scale-up of the humanitarian response is desperately and urgently needed.

On 7 October, we, like so many, were horrified by Hamas' massacre in Israel, and we are horrified by Israel's response. We feel the anguish of families whose loved ones were taken hostage on 7 October. We feel the anguish of the families of those arbitrarily detained from Gaza and the West Bank.

In Palestine, as the Israeli authorities waged their offensive with impunity, our teams had to reorganise in desperately difficult conditions, often moving from hospital to hospital amidst bombardments, putting their lives at risk to provide lifesaving care. They are exhausted and many are utterly traumatised. Tragically, six of our team members have been killed, and we mourn their loss. Under these extreme conditions, we continue to work where and how we can in Gaza.

During the year, we continued to examine ourselves critically, to ensure a working environment free of harassment and abuse for both staff and patients. We unequivocally commit to reinforcing mechanisms and procedures to prevent and address abuse,

harassment, and exploitation within MSF, including guidance on how to report cases.

In 2023, a patient charter was developed to ensure effective, safe, and equitable healthcare in our projects. The charter is based on seven principles, aiming to assure that no harm is caused in delivering healthcare. The charter's principles range from general overarching ideals to tools and practices that can be used and adapted according to the culture and context of our projects.

We've also challenged ourselves on how we bear witness, to make sure that we do so in a way that is ethical and respectful of patients. With some sensitive and problematic images taken in our facilities over the course of our history, we committed to make changes. We convened an advisory group composed of staff and external experts to review content from the MSF image database and provide advice. Their feedback invited a critical reflection on MSF visual norms and standards, and proposes concrete recommendations and solutions to ensure that the dignity, safety and integrity of patients prevail.

Our aim as humanitarians is to provide support and care to those in need. In 2023, we were able to run a range of vital healthcare programmes in more than 70 countries, thanks to our dedicated staff and the generosity of our supporters. This loyal support gives us the courage to keep going, despite the obstacles and the increasingly polarised views in today's world. We remain ever thankful to you for believing in our humanitarian work.

1 UNHCR, <https://data.unhcr.org/en/situations/sudansituation>

Dr Christos Christou,
International President,
MSF

Christopher Lockyear,
Secretary General,
MSF International



MSF staff stretch a patient, one of a wave of war-wounded in Sudan who then arrived in Chad, into MSF's hospital in Adré, Chad, June 2023.

© Mohammad Ghannam/MSF

The Year in Review

By Dr Ahmed Abd-elrahman, Oliver Behn, Dr Marc Biot, William Hennequin, Dr Sal Ha Issoufou, Kenneth Lavelle, Teresa Sancristoval
MSF Directors of Operations



The war in Sudan has garnered very little of the world's attention, and support from other organisations is sometimes non-existent.

An aerial view shows black smoke drifting across Khartoum following the fighting and violence that erupted between the army and paramilitary forces in mid-April. Khartoum, Sudan, May 2023.
© Atsuhiko Ochiai/MSF

Conflict was a major driver of human suffering and vulnerability in 2023, causing many thousands of deaths worldwide and displacing record numbers of people.¹ As in previous years, assisting communities affected by violence was a significant component of Médecins Sans Frontières (MSF) programmes. We also responded to disasters and disease outbreaks, and worked to improve healthcare for refugees, migrants and other marginalised people.

The terrible consequences of war on people's lives

In mid-April, when war suddenly broke out in Sudan between the Sudanese army and paramilitary group the Rapid Support Forces (RSF), our teams quickly adapted their activities to respond. Fighting was intense in the capital, Khartoum, and across large swathes of the country.

As a result, 8.5 million people have been displaced, most of them within Sudan.² But over 1.8 million have also fled into neighbouring countries, including Chad,

South Sudan and Ethiopia. The war in Sudan has garnered very little of the world's attention, and support from other organisations is sometimes non-existent; in some areas, MSF is the only international humanitarian organisation present.

Assisting people injured and displaced by the war has proved extremely challenging. Local authorities blocked the delivery of critical medical supplies to areas under RSF control, forcing us to temporarily suspend activities in some facilities, including surgery at Khartoum's Bashair hospital. Visas for international teams to enter and support exhausted Sudanese staff became hard to obtain. At the end of the year, many people who remained in Sudan were struggling to obtain medical care, food and water, while those who had crossed the borders found themselves living in dire conditions in camps. Our teams in Chad and South Sudan treated thousands of Sudanese refugees for violence-related injuries and rape, and for infectious diseases seen due to the poor conditions of the camps.

On 7 October, Hamas, the organisation governing the Gaza Strip in Palestine, launched a massacre inside Israel, killing around 1,200 people and taking more than 250 hostage. Israel declared war on Hamas and started bombing Gaza. Since

then, Israeli forces have relentlessly shelled and attacked residential areas and civilian infrastructure. Israel also imposed a total blockade, cutting off supplies of water, food and other essential goods. At time of publication, nearly 40,000 people have been killed. Over 1.9 million people in Gaza are estimated to be forcibly displaced and living in unsafe, unhealthy conditions.³

Many healthcare facilities are no longer functioning, due to damage from shelling and incursions and/or a lack of fuel, which is needed to run generators. Those that remain partially functional are overwhelmed with patients, and have few staff and almost no supplies. Healthcare infrastructure and personnel – including our own – have been repeatedly hit by airstrikes or bullets. Since 7 October, six MSF staff have been killed in Gaza; we deeply mourn the loss of Mohammed Al Ahel, Alaa Al-Shawa, Dr Mahmoud Abu Nujaila, Dr Ahmad Al Sahar, Reem Abu Lebdeh, and Fadi Al-Wadiya.

Reorienting our activities to respond has been difficult. Supplies have been hard to get, and the physical space in which we can safely deliver care has diminished. The war has also had an impact on the West Bank, where occupation-related violence has increased; our teams offer mental health support and treat patients for trauma injuries.

At the end of October, conflict escalated in Myanmar, leading to an acute humanitarian crisis. Thousands of people were displaced, and many healthcare facilities ceased to function following attacks and evacuations. Despite insecurity and restrictions on access, our teams delivered assistance to displaced people in northern Shan and Rakhine states through mobile clinics, and when forced to suspend direct activities, through community health workers and teleconsultations.

Meanwhile, in Ethiopia, MSF worked to address the immense medical and nutritional needs, and to support people affected by conflict in Amhara region. As the war in Ukraine showed no sign of abating, we focused on ambulance services and providing treatment for both physical and mental trauma, including surgery, physiotherapy, and mental health consultations.

Providing care amid chronic violence

In an almost-forgotten conflict, civilians continued to bear the brunt of the horrific violence perpetrated by the M23 and other armed groups across northeastern Democratic Republic of Congo in 2023. Millions of people have been displaced, often multiple times, within North Kivu, South Kivu and Ituri provinces, or forced over the borders into Uganda and Rwanda by the fighting between M23 and the DRC armed forces. Our teams delivered medical care to people living in appalling conditions, including many patients with war wounds and victims of sexual violence.

Explosive violence continued in Haiti's capital, Port-au-Prince, in 2023, with armed

groups fighting each other and the police for control of the city's neighbourhoods. People were routinely kidnapped and held for ransom or shot on the streets. The high levels of insecurity reduced both people's access to healthcare and MSF's ability to provide it – sometimes it was too dangerous for our staff to travel to work, and on repeated occasions during the year we had to suspend or close facilities or services. Our facilities in Tabarre and Turgeau stopped activities during the year, following serious incidents where patients in our care were forcibly removed by armed groups – one from an operating theatre; another was pulled from the back of an ambulance and killed in the street.

State forces and armed groups continued to fight across the Sahel region of Africa, destroying communities and livelihoods, and cutting people off from healthcare and basic services. Anti-Western, and particularly anti-French, government sentiments and changing geopolitical contexts across Burkina Faso, Niger, Mali, and other countries in the region posed many security and logistical challenges for our teams in 2023. These included gaining access to the areas where needs were highest and bringing in staff and supplies. The violence sadly did not spare our staff; we mourn the loss of our colleagues Komon Dioma and Souleymane Ouedraogo, who were killed on 8 February when an armed group attacked an MSF vehicle in which they were transporting supplies near Tougan, Burkina Faso.

Responding to disasters

In February, when two powerful earthquakes struck southern Türkiye and northwestern

Syria, killing tens of thousands of people, MSF immediately launched an emergency response. In both locations we provided medical and mental healthcare as well as safe drinking water and sanitation facilities, shelter, and food.

We also sent teams to assist people affected by Cyclone Freddy in Malawi and Mozambique, in March, and Cyclone Mocha in Myanmar, in May, by offering medical consultations, supplying clean water, and building and repairing latrines.

In September, our teams provided healthcare and medical supplies after the town of Derna in Libya was partially destroyed by floods. In the same month, we offered mental health support to survivors of an earthquake in southwestern Morocco. Following another earthquake in October, this time in Herat province in western Afghanistan, we helped treat the wounded and donated essential supplies.

Assisting marginalised people

Authorities in Afghanistan and Yemen have increasingly marginalised women and girls from society and severely reduced their access to education and healthcare. We already face a shortage of qualified female healthcare staff in Afghanistan – needed to provide healthcare to female patients – and this is something that we can only expect to worsen with the ban on female secondary and higher education. Both countries require women to travel with a (usually male) relative when they leave the home. In Yemen, paying transport costs for two people to visit a hospital, rather than one, is unaffordable for many families, while in Afghanistan,



An aerial view of MSF's distribution of relief items to a reception centre hosting families displaced by the earthquake which struck Syria and Türkiye on 6 February. Salqin, Idlib governorate, Syria, February 2023. © Omar Haj Kadour

We provided medical and mental healthcare as well as safe drinking water and sanitation facilities, shelter, and food.

Over half a million people – including many families and children – made the crossing; twice as many as in 2022.

People cross a river in the Darién jungle, which connects Colombia with Panama. Panama, August 2023. © Natalia Romero Peñuela/MSF



women often have to wait for someone to be available to accompany them or their child to a health facility.

In 2023, we continued to assist people who had made the dangerous journey through the Darién Gap, the heavily forested region between Colombia and Panama, on their way north to Mexico and the United States. Over half a million people – including many families and children – made the crossing, twice as many as in 2022. Our teams treated patients for conditions and injuries caused by their arduous journeys, as well as many victims of violence and sexual assault, in Panama and other countries along the migration route, including Mexico, Guatemala and Honduras.

We treat refugees, migrants and asylum seekers who have been subject to inhumane migration policies. From the Aegean – where we provide care to people who have arrived on the Greek Islands – to the United Kingdom – where we opened a new project for asylum seekers in November – and from the Balkans to Libya, European migration policies have a severe impact on the lives of people seeking safety.

Meanwhile, the situation has not improved for the nearly 800,000 Rohingya who fled into Bangladesh from Myanmar in 2017. We continue to run a range of medical services for Rohingya refugees, who still live in overcrowded camps and face increasing hostility from the government and local communities. In addition, global funding cuts to aid – upon which they rely to survive – have reduced the amount of food distributed and driven up demand for our services.

Challenges and triumphs in treating diseases

Since the COVID-19 pandemic, we have witnessed a rise in disease outbreaks, in part due to the severe toll the pandemic took on health systems and routine vaccination campaigns. In 2023, we treated thousands of patients for vaccine-preventable diseases, such as measles, cholera and hepatitis. Our teams struggled to respond to an outbreak of diphtheria, a potentially deadly bacterial infection, which affected Guinea, Nigeria, Niger, and Chad, because of a global shortage of both vaccines and antitoxins used for treatment.

During the year, we responded to an alarming number of people with malnutrition. MSF teams responded to crises in Nigeria, Ethiopia, Angola, Yemen, DRC, Afghanistan, and Burkina Faso. People become malnourished for a variety of reasons: conflict cutting off supplies or preventing farming, poor harvests, high food prices, or insufficient food assistance for displaced people.

However, there was good news regarding tuberculosis (TB) during the year. In November, we published the positive results of the endTB clinical trial, which identified three new, safe drug regimens for multidrug-resistant TB, that are more effective and reduce treatment time by up to two-thirds. Some of these drug regimens use bedaquiline, the price of which has been a barrier to scaling up treatment. Through the work of MSF's Access Campaign, the manufacturer, Johnson & Johnson, dropped some of its secondary patents on the drug in

September, allowing for affordable generic versions to be used in low- and middle-income countries. The same month, the Access Campaign's pressure on Cepheid, which makes a diagnostic test system, widely used in MSF projects, and on its parent company Danaher, paid off when they agreed to a 20 per cent price reduction for some tests, including for TB.

In December, following three years of strong advocacy efforts by MSF, the World Health Organization added noma to its list of neglected tropical diseases. Noma is an infectious but non-contagious bacterial disease affecting mostly children, particularly in sub-Saharan Africa. It is both preventable and treatable, but without treatment, it kills 90 per cent of infected people. Being on the list should shine a spotlight on the disease, facilitating the integration of noma prevention and treatment activities into existing public health programmes, and encouraging the allocation of much-needed resources to help tackle it.

We wish to express our heartfelt thanks to the more than 69,000 MSF staff who worked in over 70 countries in 2023 – often at great risk – to deliver medical care to people in need.

1 UNHCR, <https://www.unhcr.org/mid-year-trends>

2 UNHCR, <https://data.unhcr.org/en/situations/sudansituation>

3 UNRWA, <https://www.unrwa.org/resources/reports/unrwa-situation-report-118-situation-gaza-strip-and-west-bank-including-east-jerusalem>

Overview of activities



Largest country programmes

By expenditure

Democratic Republic of Congo	€139 million
Yemen	€110 million
South Sudan	€108 million
Nigeria	€74 million
Sudan	€71 million
Central African Republic	€71 million
Chad	€58 million
Afghanistan	€55 million
Haiti	€50 million
Syria	€49 million

The total budget for our programmes in these 10 countries was €785 million, **52.8 per cent of MSF's programme expenses in 2023** (see Facts and Figures for more details).

By number of staff¹ – full-time equivalents

South Sudan	3,773
Afghanistan	3,269
Nigeria	3,058
Democratic Republic of Congo	2,890
Yemen	2,768
Central African Republic	2,499
Bangladesh	2,015
Haiti	1,968
Niger	1,729
Mali	1,478

By number of outpatient consultations²

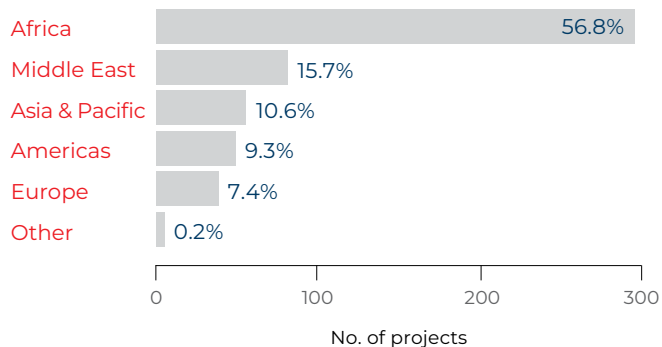
Democratic Republic of Congo	2,578,300
Nigeria	1,203,600
Syria	1,191,600
Burkina Faso	1,020,100
Niger	1,012,700
South Sudan	879,100
Central African Republic	725,700
Sudan	697,600
Chad	654,400
Bangladesh	628,300



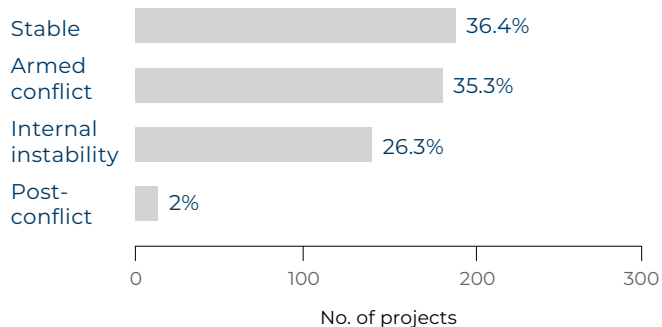
Paediatrician Ferdiyoli Porcel consults Mariatu Fogbawa during the morning rounds inside the maternity unit of the MSF Mother and Child hospital in Hangha. Kenema District, Sierra Leone, July 2023. © MSF



Project locations



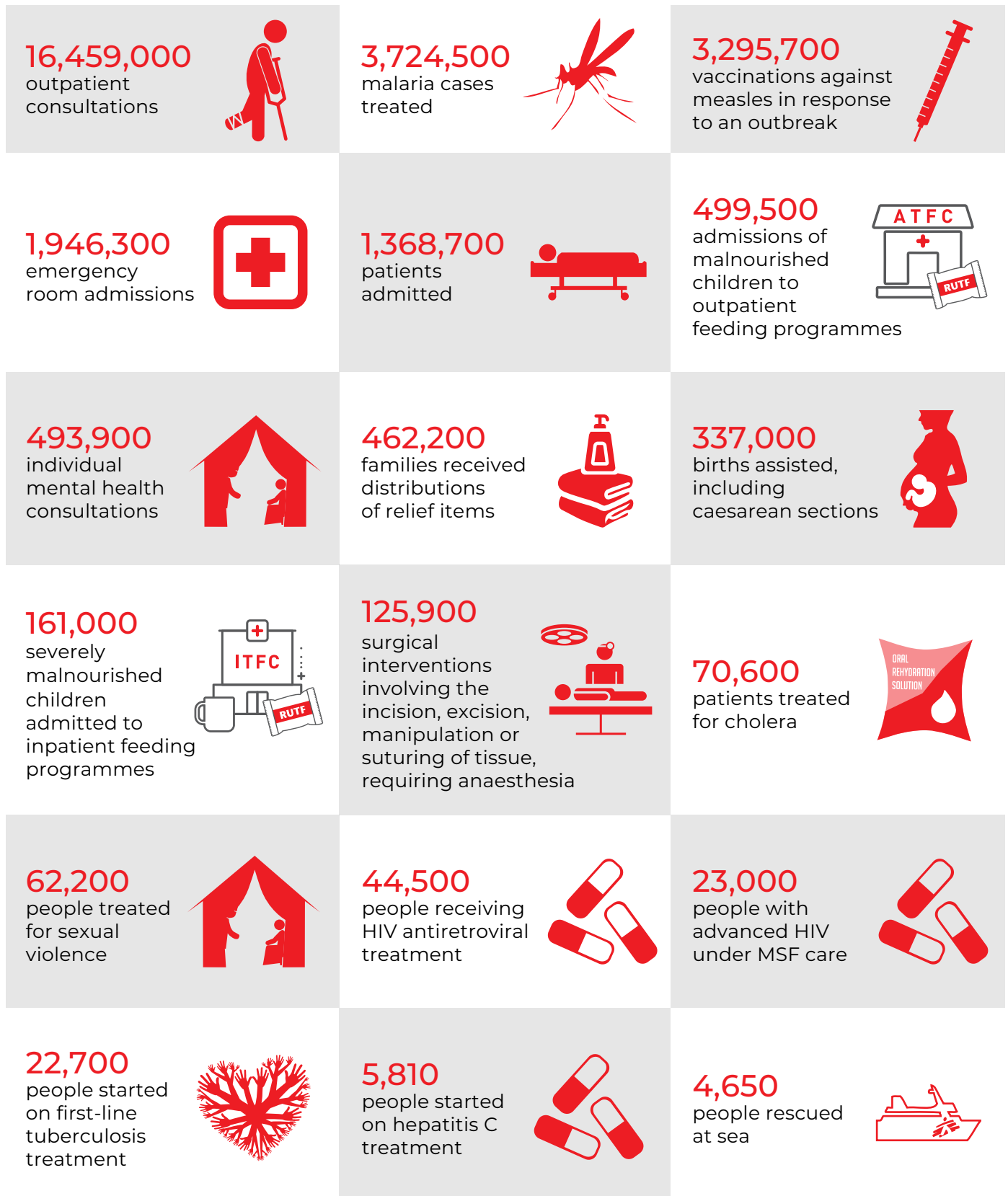
Context of interventions



¹ **Staff numbers** represent full-time equivalent positions (locally hired and international) averaged out across the year.

² **Outpatient consultations** exclude specialist consultations.

2023 Activity highlights



The above data groups together direct, remote support, and coordination activities. These highlights give an approximate overview of most MSF activities but cannot be considered complete or exhaustive. Figures could be subject to change; any additions or amendments will be included in the digital version of this report, available on [msf.org](https://www.msf.org).

TB diagnosis and treatment: Breakthroughs after a decade-long journey

By Dr Cathy Hewison and Shailly Gupta



Dr Ramya examines a patient with drug-resistant tuberculosis during her follow-up visit to an endTB clinic. Pune, India, October 2023. © Siddhesh Gunandekar/MSF

Consolidated efforts over the past decade have led to major breakthroughs in tackling tuberculosis (TB), including shorter, more effective treatment options, and substantial reductions in drug and test prices.

Although curable, TB remains a leading cause of death globally: an estimated 10.6 million people contract the disease and more than 1.3 million die from it every year.¹ While TB has been around for millennia, the available options for prevention, testing and treatment, particularly for resistant forms, were limited until around 2010, when significant advances started to be made, culminating in the notable achievements recorded in 2023.

Landmark clinical trials revolutionise treatment for multidrug-resistant TB (MDR-TB)

When scientific breakthroughs, including three new drugs (bedaquiline, delamanid and pretomanid) and a rapid molecular diagnostic test called GeneXpert, started to emerge from 2010 onwards, Médecins

Sans Frontières (MSF) was among the first to implement their rollout. At this time, people with multidrug-resistant TB (MDR-TB) endured an agonising two years of treatment: 20 pills per day for two years, in addition to daily painful injections for up to eight months. Treatment often resulted in severe side effects, including psychosis and hearing loss, yet achieved cure rates of only around 55 per cent. Having borne witness to this long and devastating journey for people with MDR-TB, MSF and partners initiated three innovative clinical trials: TB-PRACTECAL², endTB and endTB-Q³, which aim to deliver better, safer and shorter treatment regimens. These trials were an attempt to fill the gap left by the pharmaceutical corporations, which brought new drugs to the market but did not go the last mile to find the best combination to cure people with MDR-TB.

In 2023, the impact of years of dedicated efforts finally became apparent, bringing tangible benefits both for people with TB and for national TB programmes. The first milestone was the rollout of the BPALM regimen.⁴ This six-month, all-oral regimen studied in the TB-PRACTECAL trial combines bedaquiline and pretomanid with older

drugs linezolid and moxifloxacin, achieving an impressive cure rate of 89 per cent. Recognising its advantages – highly effective, shorter, injection-free, less toxic, with options for everyone – the World Health Organization (WHO) now recommends BPALM as the preferred first-line treatment for MDR-TB in people over 14 years of age.

The year also saw trailblazing results from MSF's endTB trial: three additional, all-oral, nine-month treatment regimens, containing bedaquiline and/or delamanid, that showed high efficacy and safety in people with MDR-TB. The endTB regimens offer new treatment options, including for people for whom pretomanid is not recommended, such as children and pregnant women. A fourth endTB regimen also showed good results, and could be used as an alternative to longer regimens for people who cannot receive bedaquiline and/or linezolid due to drug resistance or intolerance.

In early 2023, the endTB-Q trial – which is evaluating treatment regimens for even more severe forms of TB, known as pre-extensively drug-resistant TB – finished enrolling patients, and the results are expected in early 2025.

These trials have made shorter, safer, and more effective treatments for MDR-TB a reality, already leading to huge improvements in treatment tolerance for people affected by MDR-TB. In addition, these new regimens are easing the challenges of TB programmes and clinicians in providing these treatments.

Major achievements in overcoming barriers to diagnosis and treatment

Unfortunately, access to these shorter and safer treatment regimens is not guaranteed for everyone. Among many barriers is cost: the newer drugs used in these regimens are very expensive, largely due to patent protections by pharmaceutical corporations. However, after more than a decade of advocacy and sustained public pressure by MSF's Access Campaign and TB activists around the world, significant progress was made in 2023.

In August 2023, in a historic move, the US pharmaceutical corporation Johnson & Johnson (J&J) slashed the price of bedaquiline by 50 per cent, to US\$130 for six months,⁵ the amount needed for one full treatment (BPaLM). This occurred after

two TB survivors, Nandita Venkatesan and Phumeza Tisile, successfully blocked J&J's attempt to extend its patent monopoly on bedaquiline in India in March. J&J subsequently announced the withdrawal of its secondary patents from all high-TB-burden countries, allowing the production of affordable generic versions. This price reduction will lead to savings of \$26 million at the Global Fund over the coming three years,⁶ allowing countries to purchase an additional 450,000 six-month courses of bedaquiline.

Another win was an unprecedented victory regarding TB diagnostics in 2023. The public pressure of the 'Time for \$5' campaign, started by the Access Campaign in 2019 and involving over 150 civil society organisations, paid off in September, when the US diagnostic corporation Cepheid, and its parent company Danaher, announced a 20 per cent reduction in the price of the GeneXpert TB test, from \$9.98 to \$7.97 per unit. This will result in estimated savings of \$32 million per year at the Global Fund, representing an additional 3.6 million tests annually that can be purchased by countries, directly benefiting people with TB through

timely and accurate diagnosis. MSF expects savings of \$150,000 annually, freeing up resources for other programme needs, such as treatment and psychosocial support.

Children also benefit

This year also saw an increase in children diagnosed with TB in pilot sites implementing new WHO recommendations, and the launch of a multisite operational research and multicountry policy survey. These initiatives form part of the multicountry intersectional project, TACTiC (Test, Avoid, Cure TB in Children), approved in 2023.

People with TB and MSF teams continue to be confronted with the challenges of managing TB every day. In 2024, we are working to improve access to these new treatment regimens and diagnostic tools in our projects and beyond, and redoubling our advocacy efforts for their increased availability and affordability. The remarkable progress achieved by MSF and partners in 2023 shows that consolidated and persistent application over time can lead to critical changes to the lives of people with TB.

1 WHO Global Tuberculosis Report 2023.

2 <https://msf.org.uk/tb-practecal>

3 <https://endtb.org/>

4 BPaLM regimen – a combination of bedaquiline (B), pretomanid (Pa), linezolid (L) and moxifloxacin (M).

5 StopTB, <https://www.stoptb.org/news/stop-tbs-global-drug-facility-announces-historic-price-reductions-to-55-bedaquiline-life-saving>

6 Presented by Brenda Waning, Chief, Global Drug Facility at 'TB situation room' webinar organised by Stop TB Partnership, The Global Fund, WHO, USAID, and BMGF, 13 October 2023.



Another win was an unprecedented victory regarding TB diagnostics in 2023.

Staff from MSF's Access Campaign protest outside the New York Stock Exchange, as part of the 'Time for \$5' campaign, which calls on US companies Cepheid and Danaher to drop the price of their lifesaving GeneXpert tests. New York City, United States, September 2023. © Marilia Gurgel

Adapting our response in the fog of war

By Jacob Burns



MSF health workers attend to people in the overcrowded waiting area in Al-Shaboura clinic, in Rafah. The clinic was opened to provide healthcare in an area where a large number of Gaza's people have moved following the outbreak of war. Gaza Strip, Palestine, December 2023.
© Mohammad Abed

In recent years, there has been an increase in the number of wars and the use of extreme violence across the globe.¹ Assisting people affected by conflict has long been a focus of Médecins Sans Frontières (MSF) operations, and after each response, we have reflected and debated intensely on the successes and shortcomings of our actions, with the aim of being better prepared to respond to the next one.

However, each new war brings different challenges; although the expectation may be that we will always respond in the same way – launching major operations, performing surgery for war-wounded patients, and offering humanitarian assistance to displaced people in remote locations where other aid providers do not go – the reality is that we must adapt our activities to each particular context.

Three recent wars illustrate the types of problems that our teams can face, determining the extent and nature of our operations.

The first problem is access: when the authorities simply do not want us to work in a country, or a certain part of it, and do not give us the necessary permissions to launch an effective response. This can occur when authorities do not want healthcare to be provided to fighters of a group that opposes them, or to the people who live under the control of that group. They may also deny access if they do not want outsiders to witness what is happening in a particular area, or if they do not want a foreign organisation working in the healthcare sector.

Access has been a significant issue for MSF in Sudan. Since the war broke out in April 2023, we have not been given the visas and other authorisations necessary to respond effectively to the immense needs, particularly in Khartoum state. This meant that we were forced, in October 2023, to temporarily suspend surgical activities in one of the hospitals we support in the capital, where healthcare was already grossly inadequate in a city that is home to around three million inhabitants and that is still a very active combat zone. Due to the military blockage of trauma care, our teams have been restricted

to working in only a few of the locations where we know people are in dire need of assistance, with a fraction of the capacity.

The second problem is security: when we are unable to guarantee the safety of our teams. This can happen in areas where fighting is too intense and there is no safe space to work in; or if one or more of the parties to a conflict decide to target us, either by attacking our teams or hospitals, or by kidnapping our colleagues.

The security conditions in Gaza since the war started on 7 October 2023 are some of the most extreme that MSF has ever had to work in. Nowhere is safe from Israeli bombardments, not even hospitals. The majority have been damaged or destroyed and have ceased to function. Our staff and their family members have been killed at home, on their way to work, in hospitals, and in shelters. Working amid such violence is practically impossible, and although MSF continues to provide vital healthcare, the scale of the needs in such a brutal war is well beyond our response capacity.

The third problem is perhaps less obvious: our relevance. We mostly see our role as filling gaps in healthcare. Sometimes the national health system – or the international aid system – can cover the majority of needs in certain contexts, even in all-out wars. Therefore, although the situation might seem as if it would benefit from MSF's expertise, sometimes we struggle to determine what kind of activity could provide an added value. Alternatively, it might be that we are unable to do what we initially envisaged and opt not to engage in other ways. The question then becomes: do we need to insist on working in all conflict zones, even at the price of doing more elsewhere?

Ukraine is an interesting example of this situation. Although the war has caused high numbers of casualties and repeated waves of displacement, the national health system has largely been able to keep functioning.

In addition, a huge international aid response has meant that the vast majority of the needs have been met. As a result, our teams have had to innovate, running projects such as a hospital train, and bring to bear our specialist knowledge in areas such as physiotherapy. Despite these successes, however, we have closed some projects in Ukraine to divert resources to other places in the world, where we think the needs are more pressing.

Of course, these problems do not occur in isolation. In Ukraine, for example, our issues with relevance are linked to access: the fact that the authorities prefer to take the lead in treating the military's wounded means that we don't usually provide direct, lifesaving support in hospitals. And the high level of risk on the frontline, where hospitals frequently come under attack, means that we have less appetite for running non-lifesaving projects. We do not

judge the risks to staff to be worth the benefit that the project would bring.

These problems all intersect to mark the limits of what it is possible for MSF to do in war settings. The space that MSF and others manage to negotiate with warring parties is sometimes called 'humanitarian space'. This is not necessarily a physical space on a map, although that does influence where we can work. Humanitarian space is the room for manoeuvre that we are left with once political and military restrictions, security problems, and the capacity of the existing healthcare system are taken into account. It is within this space that we decide how best we can use our skills – and our donors' money – to help those caught up in wars around the world today.

¹ ACLED Conflict Index, <https://acleddata.com/conflict-index/>



Three recent wars illustrate the types of problems that our teams can face, determining the extent and nature of our operations.

MSF nurse Halyna Milovus checks the blood pressure of a patient on the MSF medical evacuation train, who is being moved to a new hospital after the hospital they were in was shelled. Kherson region, Ukraine, October 2023.
© Verity Kowal/MSF

Activities by country

15	Angola	28	Eswatini	39	Madagascar	54	Sierra Leone
15	Armenia/ Azerbaijan	28	Ethiopia	40	Malawi	54	Somalia
16	Afghanistan	29	France	40	Malaysia	55	South Africa
18	Bangladesh	29	Greece	41	Mali	55	Tajikistan
18	Belarus	30	Haiti	41	Mexico	56	South Sudan
19	Belgium	32	Guatemala	42	Mozambique	58	Sudan
19	Benin	32	Guinea	44	Morocco	60	Syria
20	Brazil	33	Honduras	44	Myanmar	62	Tanzania
20	Bulgaria	33	India	45	Niger	62	Thailand
21	Burkina Faso	34	Indonesia	45	Pakistan	63	Türkiye
21	Burundi	34	Iran	46	Nigeria	63	Uganda
22	Central African Republic	35	Iraq	48	Palestine	64	Ukraine
23	Chad	35	Italy	50	Panama	64	Uzbekistan
24	Cameroon	36	Jordan	50	Papua New Guinea	65	Venezuela
24	Colombia	36	Kenya	51	Peru	65	Zimbabwe
25	Côte d'Ivoire	37	Kiribati	51	Philippines	66	Yemen
25	Egypt	37	Kyrgyzstan	52	Poland		
26	Democratic Republic of Congo	38	Lebanon	52	Russia		
		38	Liberia	53	Search and rescue operations		
		39	Libya	53	Serbia		



MSF staff camp at one of the villages in Akoka county. Many villages are very far from MSF facilities for staff to make round trips when they go for outreach activities and they often have to camp overnight. Upper Nile state, South Sudan, May 2023. © Paul Odongo/MSF

Angola

No. staff in 2023: 124 (FTE) » Expenditure in 2023: €4.5 million
MSF first worked in Angola: 1983 » [msf.org/angola](https://www.msf.org/angola)

KEY MEDICAL FIGURES

25,300
malaria cases treated

20,700
outpatient consultations

2,750
admissions of children to outpatient feeding programmes

880
children admitted to inpatient feeding programmes

Child malnutrition was the focus of Médecins Sans Frontières activities in Angola, a country that has repeatedly been affected by drought and poor harvests in recent years.

Following warnings by UN agencies regarding the possible impact of these conditions on child health, we sent teams to Benguela province, in the west, in 2021; and Huíla province, in the south, in 2022.

While our assessments did not show an alarming rate of malnutrition, they did find high numbers of malaria cases. We also witnessed the many challenges that people in remote communities face in accessing healthcare.

In response, we continued to work in Benguela in close collaboration with the local health authorities and communities in 2023, with the aim of reducing child deaths and strengthening the existing healthcare system, particularly paediatric services. We improved the early detection of malnutrition in children in the community, increased access to health facilities by organising referrals, and provided much-needed treatment and medical equipment.

As well as supporting San Pedro hospital's intensive malnutrition care unit and five outpatient malnutrition care facilities, we conducted health promotion activities, targeting children under five years old for screening, and



■ Regions where MSF had projects in 2023

their parents for health education, in the municipalities of Lobito and Catumbela. We handed over this project to the local authorities at the end of 2023.

Meanwhile, in Huíla province, between February and June, our teams supported the local health authorities to improve care for malnutrition and malaria among children under 15 years old in the municipalities of Cuvango and Chipindo.

We provided technical assistance to 17 general and specialist health facilities, trained medical staff, and established a network of community health workers to screen and detect malnutrition and malaria. We further increased access to healthcare by setting up a referral system and running mobile clinics in isolated areas. In addition, we upgraded the health facilities by carrying out rehabilitation works and improving water, sanitation and energy services.

In July, our teams finished our activities in Huíla and handed over the programme, along with medical and logistics materials, to the Ministry of Health.

Armenia/ Azerbaijan

No. staff in 2023: 42 (FTE) » Expenditure in 2023: €2.7 million
MSF first worked in Armenia: 1988 » [msf.org/armenia](https://www.msf.org/armenia)
MSF first worked in Azerbaijan: 1989 » [msf.org/azerbaijan](https://www.msf.org/azerbaijan)

KEY MEDICAL FIGURES

2,900
individual mental health consultations

270
people started on treatment for hepatitis C

In 2023, Médecins Sans Frontières teams in Armenia provided mental health care to people fleeing the disputed territory of Nagorno-Karabakh, and opened a hepatitis C project near the capital, Yerevan.

From December 2022 to September 2023, Azerbaijan closed the main road connecting Nagorno-Karabakh and Armenia, known as the Lachin Corridor, restricting humanitarian access and the transport of medical supplies, food and fuel. We continued our efforts to provide both face-to-face and remote mental health services to people blocked in Nagorno-Karabakh during this period.

On 19 September, Azerbaijan launched an attack on various areas in Nagorno-Karabakh. Although the region is internationally recognised as belonging to Azerbaijan, it has traditionally been home to many ethnic Armenians. After a ceasefire was reached 24 hours later, the Lachin Corridor was reopened, and over 100,000 people crossed into the Armenian border region of Goris. Our emergency medical team immediately began



■ Regions where MSF had projects in 2023

● Cities, towns or villages where MSF worked in 2023

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

providing psychological first aid and mental health care to people arriving at the main registration point in Goris.

As displaced people were gradually transported to various regions of Armenia for resettlement, we adapted our activities, sending a mobile unit that visited several sites each day to follow up on patients in need of psychological care. In Kotayk and Ararat regions, we offered mental health services via mobile clinics and provided displaced families with essential items, including walking sticks and wheelchairs, in 48 locations.

In May, we opened a project to support testing and treatment for hepatitis C at Archakuniat polyclinic, near Yerevan, in close collaboration with the Ministry of Health and local municipalities. The project focuses especially on people in prisons who are particularly vulnerable to hepatitis C infection, with the aim to reduce infections and improve health outcomes for patients diagnosed with the disease.

Afghanistan

No. staff in 2023: 3,269 (FTE) » Expenditure in 2023: €55.5 million
MSF first worked in the country: 1980 » [msf.org/afghanistan](https://www.msf.org/afghanistan)

KEY MEDICAL FIGURES

436,100
emergency room
admissions

230,200
outpatient
consultations

45,100
births assisted,
including 2,640
caesarean sections

16,500
surgical interventions

13,200
children admitted
to inpatient feeding
programmes

3,120
people started on
treatment for TB

In 2023, Médecins Sans Frontières (MSF) continued to support Afghanistan's struggling health system by providing specialised healthcare across the country. We also launched an emergency response after earthquakes hit Herat province.

During the year, there was a gradual but stable increase in the number of patients coming to MSF facilities in Afghanistan, largely due to the improved security situation, which made it easier for people to travel. However, many Afghans continue to face huge challenges in accessing care.

In a broken economy, many cannot afford medical assistance. The public health system in Afghanistan has also been under-resourced, under-funded and over-burdened for years, and remains unable to meet people's needs.

In 2023, MSF teams in Afghanistan witnessed very high bed occupancy rates, reaching 130 per cent to 200 per cent in most facilities.

We ran nine projects in eight provinces, maintaining a strong focus on emergency care, surgery, and mother and child health. We also carried out an emergency response in October, after four 6.3 magnitude earthquakes hit Herat province, killing more than 2,000 people and displacing over 250,000. We donated emergency kits and helped treat the wounded at Herat regional hospital, the main treatment facility for earthquake victims.

The situation for women did not improve in 2023. In late December 2022, following the decision by the Islamic Emirate of Afghanistan, also known



as the Taliban, to ban women from working for NGOs and to limit their access to higher education opportunities, MSF condemned the gradual erasure of women and girls from public life in the country. In April, the ban was expanded to women working for the UN. In order for essential services to be available to everyone, there must be no constraints on who can deliver them. Women must be allowed to work, and to train as medical professionals.

Bamiyan

In December 2022, MSF started a community healthcare programme in Bamiyan, delivering healthcare services to remote and underserved districts in the province. We initially focused on mother and child healthcare, including obstetric and gynaecological consultations, support for non-complicated deliveries, and outpatient services for children under five. We also worked to boost the provincial hospital's capacity for treating measles and COVID-19 patients, a short-term project that has since ended.

In 2023, we saw significant needs for general outpatient services, prompting us to expand our services. We also began administering routine vaccinations to protect children from preventable diseases.

Helmand

MSF supports Boost provincial hospital in Lashkar Gah, offering a wide range of medical services, including emergency, paediatric, neonatal and maternity care, surgery, and internal medicine.

Our teams continued to witness the negative impact of poor access to health services in Helmand, with many patients travelling long distances from other provinces to reach the facility, sometimes arriving very late and in a critical condition.

Herat

In Herat province, we work in the paediatric department at the regional hospital, supporting triage, the emergency room, both inpatient

MSF staff speak to patients who were injured during a 6.3 magnitude earthquake which struck Herat province. Herat province, Afghanistan, October 2023. © MSF





A patient and her husband leave the MSF-supported Band-e-Amir community health facility after a postnatal consultation. Bamyan province, Afghanistan, April 2023. © Nava Jamshidi

and outpatient therapeutic feeding centres, the paediatric intensive care unit, and an intermediate care unit. During 2023, our teams admitted a high number of severely ill children to these units.

Our teams also run an outpatient clinic in Kahdestan, in Injeel district, where we offer care for pregnant and lactating women and treatment for children with moderate acute malnutrition, as well as general health services.

Kabul

In 2023, we continued to treat patients with measles at Maiwand teaching hospital, but our main focus during the year was malnutrition. Our team increased the feeding centre's bed capacity from 34 to 47 – the maximum the space would allow. Due to space constraints and a growing demand for inpatient care, MSF ended activities at the hospital on 26 December, with a plan to relocate to another, larger facility in the capital.

We also maintained our assistance to the Afghan Midwives Association's pilot project by offering funding and technical support for deliveries, ante- and postnatal care and, family planning.

Kandahar

In Kandahar, we run a comprehensive tuberculosis (TB) programme, providing diagnosis and treatment for both drug-resistant and drug-sensitive forms of the disease. Our hospital has a laboratory, an outpatient clinic and a 24-bed inpatient department for patients with drug-resistant TB (DR-TB) and other illnesses, and for those who develop severe side effects after taking DR-TB medication.

In addition, we run a paediatric nutrition programme with inpatient and outpatient departments.

Khost

In Khost, our 83-bed maternity hospital provides comprehensive emergency obstetric and neonatal care and a safe space for mothers with high-risk pregnancies and obstetric complications to deliver in.

We also support eight health centres across the province, donating medicines and funding for additional midwives, so that women with no risk factors for obstetric complications can give birth closer to home. In addition, we donate medicines and other supplies to Khost provincial hospital.

Kunduz

MSF's Kunduz trauma centre has an emergency room, an intensive care unit, inpatient and outpatient departments and operating theatres. The majority of admissions to the centre are for people injured in accidents, but we also treat patients with violence-related trauma. In early 2023, we introduced an antibiotic stewardship programme to monitor and treat infections, seeking to reduce the prevalence of antimicrobial resistance against first-line treatments in the community.

In Chardara, on the outskirts of the city, we run an outpatient health post, where our teams stabilise trauma patients, provide routine vaccinations and general consultations for children under five, and offer nutrition support.

Mazar-i-Sharif

In August, we started activities in the paediatric department of Mazar-i-Sharif regional hospital in Balkh province. Our teams support the paediatric emergency room and run the neonatal ward and neonatal intensive care unit. We see thousands of critically ill children in the emergency room each month, and admit hundreds of newborns to the neonatal intensive care unit.

Bangladesh

No. staff in 2023: 2,015 (FTE) » Expenditure in 2023: €29.8 million
MSF first worked in the country: 1985 » msf.org/bangladesh

KEY MEDICAL FIGURES

628,300
outpatient
consultations

40,800
individual mental
health consultations

24,000
patients admitted
to hospital

5,270
births assisted

In 2023, Médecins Sans Frontières (MSF) provided medical services through multiple health facilities in Bangladesh, primarily serving Rohingya refugees and host communities in Cox's Bazar and the capital, Dhaka.

Our general and specialised health services included emergency care, sexual and reproductive care, and mental health support. We also treated patients with non-communicable diseases, such as diabetes and hypertension, and survivors of sexual and gender-based violence.

It is over six years since hundreds of thousands of Rohingya arrived in Bangladesh, fleeing persecution in Myanmar, yet the possibility of a safe return remains remote. Dire, overcrowded living conditions, a lack of basic services and a complete reliance on humanitarian aid are taking a toll on both refugees and the host community. With no solutions to the crisis on the horizon, MSF is witnessing severe consequences for the physical and mental health of refugees stuck indefinitely in the camps.

Since 2019, we have been treating people with injuries sustained in physical assaults and other forms of intense violence, a further indication of the dangerous living conditions in the camps.

In May, a scabies prevalence survey conducted by the World Health Organization revealed that



nearly 40 per cent of Rohingya refugees had the disease, reflecting what we were seeing in our clinics between March 2022 and May 2023. MSF undertook concerted advocacy work calling for a mass drug administration programme in the camps, which was then successfully implemented.

Towards the end of the year, we handed over our Unchiprang project, where we had been offering basic healthcare, to the International Rescue Committee, and concluded our activities at Sadar hospital in Cox's Bazar.

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

We also constructed a waste management area in Kamrangirchar hospital, a 31-bed public health facility, where we will begin to offer sexual and reproductive health services in 2024.

Additionally, in collaboration with the national Communicable Disease Control Programme, we drafted national hepatitis C treatment guidelines, which are currently under review by Bangladeshi specialists.

Belarus

No. staff in 2023: 37 (FTE) » Expenditure in 2023: €1.7 million
MSF first worked in the country: 2015 » msf.org/belarus

KEY MEDICAL FIGURE

220
people started
on treatment for
multidrug-resistant
TB (MDR-TB)

In Belarus, Médecins Sans Frontières (MSF) supported the rollout of a new, safer tuberculosis (TB) treatment regimen. We also provided medical and humanitarian assistance to migrants attempting to reach the European Union (EU).

In 2023, our team in the capital, Minsk, continued to provide technical support and assistance to the national TB programme. Following the publication of the World Health Organization's updated guidelines in December 2022, which recommended the programmatic use of a new, six-month, all-oral treatment regimen for multidrug-resistant TB, MSF supported its implementation across the country.

We also continued to support the treatment of hepatitis C in the penitentiary system, using new,



more effective drugs, and training medical staff in chronic hepatitis C diagnosis and treatment.

Since October 2021, our medical teams have been supporting people on the move in various locations across the country, including Belarus–EU border areas, providing humanitarian assistance and facilitating access to medical and mental health care.

After two years of these activities, MSF found that the medical needs of people on the move were outweighed by their needs for protection and legal support, which requires the specialist expertise of dedicated organisations. With this in mind, we made the difficult decision to conclude these activities in Belarus.

Belgium

No. staff in 2023: 31 (FTE) » Expenditure in 2023: €2.9 million
MSF first worked in the country: 1987 » [msf.org/belgium](https://www.msf.org/belgium)

KEY MEDICAL FIGURES

3,110
outpatient
consultations

1,820
individual mental
health consultations

The Belgian authorities' consistent failure to provide sufficient shelter and access to services for people seeking international protection is leading to destitution and increased vulnerability to preventable diseases.

In 2023, Médecins Sans Frontières (MSF) continued, in collaboration with other NGOs, to work in the humanitarian hub in Brussels, where we conducted psychological consultations. Patients needing more specialised care were invited to make an appointment with psychologists in our mental health clinic.

Our outreach teams in Brussels assisted people experiencing homelessness and migrants living in squats and shelters by providing medical and mental health consultations, health promotion, and infection prevention and control activities. During the year, we expanded these activities to support people living in camps, squats or other precarious conditions in Wallonia.



We also established a network of medical volunteers to offer medical care in detention centres across the country, enabling detainees to obtain a second medical opinion.

In early 2023, we handed over to the Red Cross the temporary medical clinic we had been running in front of the Immigration Office in Brussels, thereby ensuring availability of care for migrants and asylum seekers in the city. We also organised a second vaccination catch-up campaign, to curb the rising number of vaccine-preventable diseases among people living in squats and on the streets.

As well as providing these direct services for patients, MSF scaled up advocacy efforts, calling for adequate access to care for all people, for the Belgian authorities to adhere to national and international laws concerning the protection and care of applicants for international protection, and for people in detention centres to receive proper access to second medical opinions.

Benin

No. staff in 2023: 77 (FTE) » Expenditure in 2023: €3.4 million
MSF first worked in the country: 1985 » [msf.org/benin](https://www.msf.org/benin)

KEY MEDICAL FIGURES

13,400
outpatient
consultations

3,780
patients admitted
to hospital

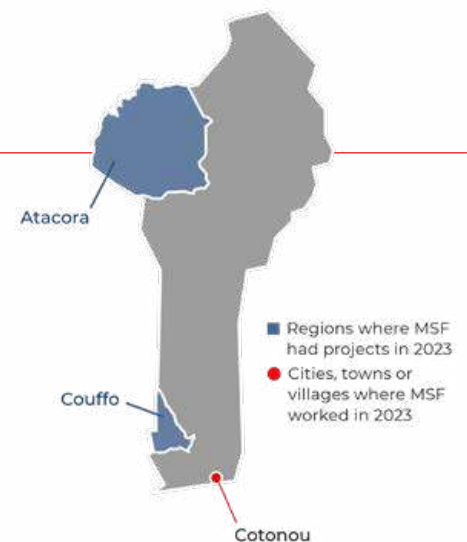
3,420
births assisted,
including 1,010
caesarean sections

Médecins Sans Frontières (MSF) runs a maternal and neonatal healthcare programme in southern Benin. In 2023, we also started to treat malaria in Atacora, a conflict-affected department in the north.

Non-state armed groups continued to operate in the north of the country, planting improvised explosive devices and launching violent attacks on government forces. MSF opened a new project in Atacora in August, aimed at tackling malaria, while also reinforcing the capacity of health staff to respond to emergencies.

Our teams started supporting Dassari health centre and Tanguieta by providing treatment for children and pregnant women with malaria, donating medical equipment, and offering financial assistance for the recruitment of additional staff to improve the quality of care. We also trained 138 people in mass-casualty management.

In the southern department of Couffo, MSF teams worked in four health centres in Klouékanmè,



Toviklin and Lalo health zones, offering sexual, reproductive, obstetric, maternal, and neonatal care. We also donated medical equipment and funds to rehabilitate or extend the facilities, and improve their access to drinking water.

MSF implements a strong community engagement approach in Couffo, training female volunteers to spot warning signs during pregnancy and after childbirth, and offering advice to new mothers. At the end of the year, we started providing communities with tricycles to ensure the transport of pregnant women from their homes to health centres in case of complications.

Brazil

No. staff in 2023: 105 (FTE) » Expenditure in 2023: €5.1 million
MSF first worked in the country: 1991 » [msf.org/brazil](https://www.msf.org/brazil)

KEY MEDICAL FIGURES
16,100
outpatient
consultations

990
individual mental
health consultations

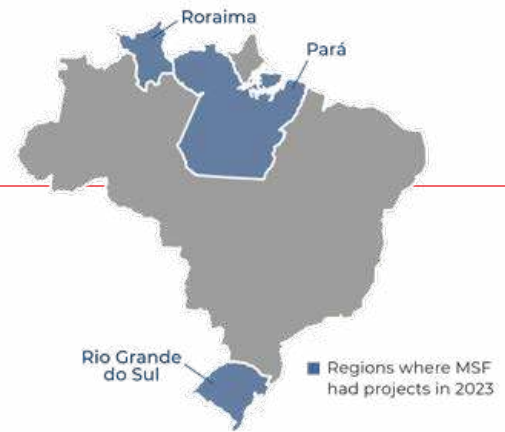
460
people treated
for malaria

Médecins Sans Frontières teams in Brazil deliver healthcare to hard-to-reach communities, who are often cut off from services due to the difficulty of the terrain and a shortage of healthcare workers.

In Roraima state, we work in the Yanomami Indigenous Land (YIL), in the Auariis region, offering general healthcare and treatment for malaria. In the state capital, Boa Vista, we provide medical consultations and mental health support at the health centre for Yanomami people.

The YIL is the country's largest Indigenous territory, and has been under a declared health emergency since 2023. Since then, we have supported the Ministry of Health to respond to the crisis linked, among other reasons, to environmental degradation caused by illegal mining. Not only have traditional fishing areas been damaged, contributing to food insecurity, but the land has been scarred with holes that fill with rainwater, creating ideal breeding conditions for mosquitoes and the spread of malaria.

Meanwhile, in the northern state of Pará, we opened a new project in Portel, an Amazonian town about 16 hours by boat from the state capital, Belém, to



assist communities who face difficulties in accessing healthcare. Riverside communities are particularly affected due to their remoteness from health facilities and a lack of professional healthcare workers. Working alongside the municipal health department, we aim to improve access to sexual and reproductive health services, general and mental health care, and support for victims and survivors of sexual violence.

In addition to these activities, we launched an emergency response to assist people affected by flooding in the Taquari valley, in the southern state of Rio Grande do Sul, in the second half of the year. For around three months, we gave training to local psychologists, and health, education and social assistance staff. We also provided hygiene kits and health promotion activities for people who had to move into shelters.

At the end of the year, we concluded our activities supporting Venezuelan migrants living in Roraima. For five years, we provided medical and mental health services in Boa Vista and Pacaraima, on the Venezuelan border.

Bulgaria

No. staff in 2023: 4 (FTE) » Expenditure in 2023: €0.6 million
MSF first worked in the country: 1981 » [msf.org/bulgaria](https://www.msf.org/bulgaria)

KEY MEDICAL FIGURES
3,260
outpatient
consultations

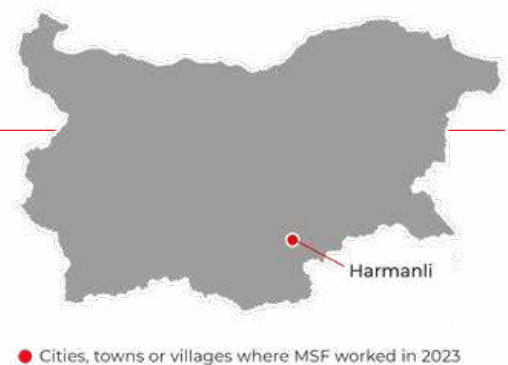
30
consultations
for diabetes

In Bulgaria, Médecins Sans Frontières (MSF) assists migrants, refugees and asylum seekers arriving in Harmanli, 50 kilometres from the Turkish–Greek border, and home to the country's largest open reception centre.

For people on the move, travelling to Bulgaria through Türkiye on foot in winter is particularly gruelling. The harsh weather conditions and the lack of access to shelter, food and sanitation have a negative impact on their physical and mental health. Upon arrival in Harmanli, existing health problems are compounded by the dire living conditions and poor hygiene in the reception centre.

MSF started to deliver medical care in Harmanli reception centre in July 2023. Since then, our teams have provided general and sexual and reproductive healthcare, as well as treatment for patients with chronic diseases, and implemented infection prevention and control measures to curb the spread of infections in the centre. Our staff also coordinate with the health authorities to refer patients requiring specialist care to hospitals.

Bulgaria has a shortage of medical professionals, which reduces the authorities' ability to mount



an effective medical response in Harmanli. People on the move are entitled to free specialised healthcare with a referral from a registered general practitioner (GP), but the irregular availability of GPs in the centre often makes it difficult to obtain a consultation and a referral if needed.

There is also a need in Harmanli for mental health support, socio-legal services, and interpreters to help refugees and asylum seekers deal with administrative processes, registration and medical consultations. Protection is another key issue in the centre, as safe zones for unaccompanied minors are still under development.

Many people in Harmanli had left countries caught up in conflict or unrest, such as Syria and Afghanistan, and made their way to Türkiye in search of safety and protection. However, following the devastating earthquakes that hit the south of Türkiye in February, many felt they had no option but to continue their journeys.

Read more: <https://www.msf.org/bulgaria-msf-provides-medical-care-asylum-seekers-arriving-harmanli>

Burkina Faso

No. staff in 2023: 1,173 (FTE) » Expenditure in 2023: €31 million
MSF first worked in the country: 1995 » [msf.org/burkina-faso](https://www.msf.org/burkina-faso)

KEY MEDICAL FIGURES

109,590,000

litres of water distributed

1,020,100

outpatient consultations

374,300

malaria cases treated

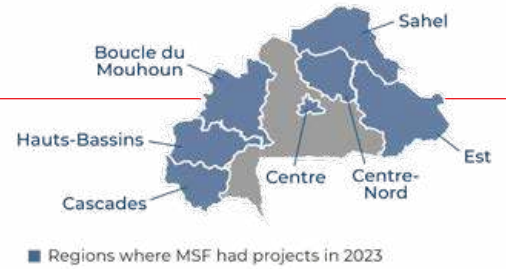
42,300

patients admitted to hospital

Insecurity continued to affect Médecins Sans Frontières (MSF) activities in Burkina Faso in 2023. Our facilities were repeatedly targeted, and in February two staff members were tragically killed in a brutal attack.

Our teams work in Sahel, Est and Boucle du Mouhoun regions, supporting hospitals and health centres to increase access to healthcare for people displaced by fighting and living under blockade. During 2023, there were a number of violent incidents, when the facilities we support, our teams and patients were threatened or assaulted, culminating in the fatal shooting of two of our staff by armed men during an attack on a marked MSF vehicle.

In Djibo and Pama, towns that were both still under blockade by armed groups throughout 2023, we supported health centres and ensured the supply of clean water. People in these towns continue to



endure extremely difficult conditions, struggling to obtain food supplies and essential health services.

The worsening security situation has hampered access to these areas for our teams and other humanitarian organisations seeking to deliver food, medicines and equipment. Despite these challenges, we provided a range of medical activities for displaced and host communities during the year, including general healthcare, sexual and reproductive health services, screening and care for children with malnutrition, and treatment for malaria.

We also distributed millions of litres of water and supported the local authorities' response to a dengue outbreak by providing medical treatment in Hauts-Bassins region. In addition, we worked to strengthen surgical care by providing highly qualified medical staff and adding new units, including post-operative, intensive care and paediatric, to a medical facility that we are supporting in the region.

Burundi

No. staff in 2023: 126 (FTE) » Expenditure in 2023: €3 million
MSF first worked in the country: 1992 » [msf.org/burundi](https://www.msf.org/burundi)

KEY MEDICAL FIGURES

584,300

outpatient consultations

117,800

malaria cases treated

Médecins Sans Frontières continues to tackle malaria in Burundi, a disease that affects thousands of people each year in the country. Our teams also responded to several cholera outbreaks during the year.

Malaria, the leading cause of death and hospital admissions in Burundi, remained a key priority for our teams. In Ryansoro district, we supported 16 health facilities in the provision of malaria care and trained community health workers to detect and manage simple cases of the disease. Our teams also supported malaria treatment in 21 health facilities in Gihofi health district by training staff and donating drugs and equipment.

In Cibitoke health district, we launched an emergency intervention in response to a steep rise in cases, providing treatment in two hospitals and 12 health centres, and supporting community-based care through a network of 63 community health workers.



Meanwhile, in Ryansoro and Gisuru districts, we finished the operational research we had been conducting in collaboration with the Burundian national malaria programme and Antwerp's Institute of Tropical Medicine. In November, we presented the results of the study, which aims to provide evidence on the best ways to tackle malaria in the country, at a national roundtable we attended.

Elsewhere in Burundi, our teams responded to several cholera outbreaks during the year. In January, after an outbreak was officially declared, we started to support dedicated treatment centres in Bujumbura city, Gatumba, and Rugombo, by training staff, donating medicines and equipment, and organising patient referrals, as well as providing health awareness sessions in communities. We also reinforced mass-casualty planning and management in Bujumbura, notably through training at Prince Régent Charles hospital.

Central African Republic

No. staff in 2023: 2,499 (FTE) » Expenditure in 2023: €70.6 million
MSF first worked in the country: 1997 » [msf.org/central-african-republic](https://www.msf.org/central-african-republic)

KEY MEDICAL FIGURES

725,700
outpatient
consultations

10,600
surgical interventions

9,230
people receiving
HIV antiretroviral
treatment

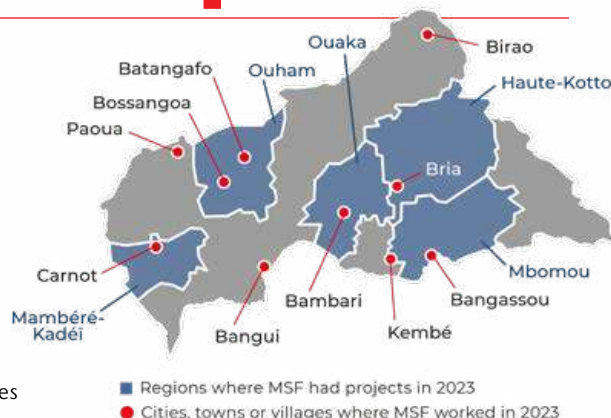
6,030
people treated for
sexual violence

Médecins Sans Frontières (MSF) remains a key healthcare provider in Central African Republic (CAR), offering vital medical services to hard-to-reach communities and people fleeing violence in Sudan and Chad.

While there was a slight decrease in armed clashes between government forces and opposition armed groups in 2023, violence continued unabated in some regions of the country, leading to extreme poverty and massive displacement, and exacerbating the decades-long healthcare crisis. CAR has one of the lowest access rates to healthcare in the world: less than half of the country's health facilities were considered functional in 2023, and there is a severe lack of medical professionals.

In this fragile context, MSF's teams in the rural areas of Bambari, Bangassou, Batangafo, Bossangoa, Bria and Carnot delivered basic and specialist care for hundreds of thousands of patients. Throughout the year, we maintained support to referral hospitals, with services including emergency surgery, intensive care, paediatrics, neonatology, intensive nutrition, and sexual and reproductive healthcare.

In addition, we provided smaller health facilities and community health workers with training and medical supplies to treat malaria, respiratory infections and water-borne diseases, which are leading causes of death among children. We also facilitated access to care for HIV, sexual violence, and non-communicable diseases such as diabetes and sickle cell. Meanwhile, we handed over to the Ministry of Health our healthcare initiatives and HIV-related activities in Zemio, in Haut-Mbomou



prefecture, and Boguila, in Ouham prefecture, where we had successfully introduced a community-based, patient-centred model of care.

Unfortunately, once again this year, humanitarian workers and patients were not spared from violence. The UN recorded 169 violent incidents, involving threats and attacks. This included assaults against medical care, and in September we were left with no choice but to suspend outreach support in the periphery of Batangafo for several months following a series of grave security incidents.

MSF also assisted people affected by violence in neighbouring countries who had sought refuge in CAR. In Vakaga and Mbomou prefectures, we provided emergency support to refugees from the conflict in Sudan, and in Ouham-Pendé prefecture, to people fleeing violence between herders and farmers in Chad. Other emergency activities included vaccination campaigns to curb measles outbreaks in Mbomou and Haute-Kotto prefectures.

In the capital, Bangui, our teams continued to run trauma surgery and post-surgical services at SICA hospital, the primary facility for surgical emergencies in the city. At CHUC hospital, our support ensured the only free access to lifesaving care for women with obstetric complications and newborns, as well as for people living with advanced HIV. Our teams also strengthened the provision of sexual and reproductive care, and HIV testing and treatment in smaller health facilities.

Tongolo clinic, located next to CHUC, remained a lifeline for victims and survivors of sexual violence, offering essential medical and mental health support, alongside guidance for legal recourse and protection.

In October, the release of a five-year report, which compiles figures from five years of MSF's care and commitment to addressing sexual violence in CAR, shed light on this invisible emergency, and on the urgent need for comprehensive care and support for victims and survivors.



An MSF staff member tests a young child for malaria. Batangafo, Central African Republic. August 2023.
© Max Landry Kassai/MSF

Chad

No. staff in 2023: 1,230 (FTE) » Expenditure in 2023: €57.8 million
MSF first worked in the country: 1981 » [msf.org/chad](https://www.msf.org/chad)

KEY MEDICAL FIGURES

173,190,000
litres of water
distributed

1,358,900
people vaccinated
against measles
in response to an
outbreak

63,100
admissions of children
to outpatient feeding
programmes

29,700
patients admitted
to hospital

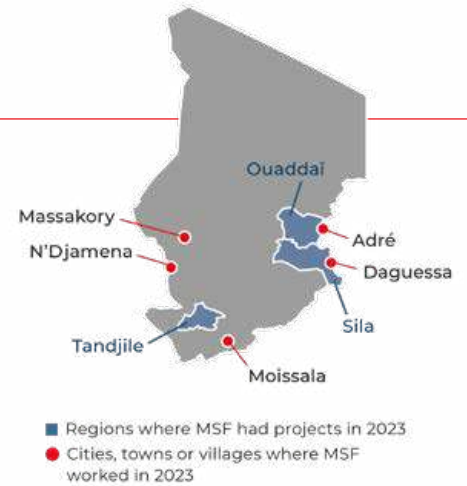
After conflict broke out in neighbouring Sudan in April 2023, Médecins Sans Frontières (MSF) launched a large-scale emergency response to assist the thousands of refugees arriving in eastern Chad.

In Ouaddaï region, where we were already working, our teams quickly scaled up activities to assist people displaced by the violence. We provided healthcare in several locations, including Adré, Goungour and Koufroun, and carried out measles vaccination campaigns with the Ministry of Health.

In June, more than 850 Sudanese with war wounds, mainly from bullets, were received in Adré hospital in just three days – one of the largest influxes of wounded patients that MSF has ever had to manage. As the surgical unit was overwhelmed, we quickly erected an inflatable 200-bed hospital.

In the same month, hundreds of thousands of people previously trapped in Sudan's West Darfur state started to arrive in eastern Chad. This dramatically increased needs in all areas: healthcare, shelter, food, water, and sanitation, in places where resources were already scarce. In response, we opened a clinic in Adré transit camp and expanded our emergency response in paediatrics, women's health, emergency medicine, mental health support, and treatment for malnutrition and for victims of sexual violence in Adré and in the newly built camps in Arkoum, Ourang and Metché.

We supported the health centre and opened two health posts in Arkoum, and built a field hospital in Ourang. In Metché, we started to build another inpatient facility towards the end of the year. Our teams also distributed water and built latrines in all these sites.



Aside from our emergency assistance to refugees, another of our priorities in Chad in 2023 was to support vaccination campaigns and improve the routine vaccination programme. In January, in collaboration with the health authorities, we vaccinated hundreds of thousands of children against measles in an effort to curb the epidemic in the capital, N'Djamena. We also provided vaccinations in 15 nomad camps in the city, and further south, in Tandjilé and Moyenne Chari regions. Following intercommunal clashes in Logone Oriental region, we supported health facilities to treat the wounded, and referred patients requiring surgical care to Moundou hospital.

We continued to partner with the Ministry of Health to improve access to paediatric, obstetric and maternal healthcare in Moissala, as well as services for children, including treatment for malnutrition, in Massakory and N'Djamena. We have also helped to upgrade facilities in the capital, by setting up a blood bank in Toukra hospital and constructing a new emergency room at Gozator hospital, after the previous one was destroyed in a fire.

In addition, MSF is working to develop community-based healthcare to prevent and treat malaria and other common diseases, training staff, and supporting health centres and local health programmes in Massakory, Moissala and Sila.

An MSF health worker records the weight of a baby who is an outpatient of the feeding programme for malnutrition. Adré, Chad, November 2023.
© Jan Bohm/MSF



Cameroon

No. staff in 2023: 205 (FTE) » Expenditure in 2023: €7.7 million
MSF first worked in the country: 1984 » [msf.org/cameroon](https://www.msf.org/cameroon)

KEY MEDICAL FIGURES

96,200
outpatient
consultations

21,500
malaria cases treated

1,800
people treated
for cholera

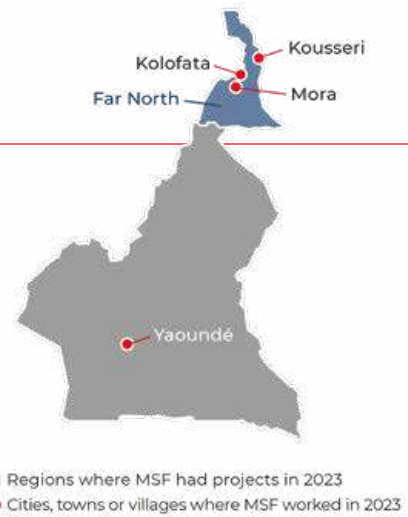
510
surgical interventions

In Cameroon, Médecins Sans Frontières (MSF) supported local authorities with medical and nutritional care, and responses to health emergencies and malaria outbreaks in Far North and Centre regions during 2023.

The security situation in Far North, where our regular project is located, continues to be volatile, with repeated clashes between state and non-state armed groups and outbreaks of intercommunal violence.

MSF teams support local health centres by providing general healthcare and donating medical supplies. In Mora, we built a new surgical unit in the hospital to improve the provision of emergency surgical care. During the rainy season in Kousseri, and the ensuing peak in malaria cases, our teams helped the regional hospital to scale up treatment.

We also supported the national response to a cholera outbreak in Centre region, which affected



nine health districts. As well as treating patients, we improved water, sanitation and hygiene facilities, and conducted community awareness-raising activities and epidemiological surveillance.

In 2023, we made the decision to close our liaison office in Bamenda, Northwest region. Since the authorities ordered us to suspend activities in December 2020, we had been unable to provide much-needed support to people affected by violence and displacement. Conflict has been raging in Northwest and Southwest regions since 2016.

Colombia

No. staff in 2023: 82 (FTE) » Expenditure in 2023: €3.6 million
MSF first worked in the country: 1985 » [msf.org/colombia](https://www.msf.org/colombia)

KEY MEDICAL FIGURES

4,990
outpatient
consultations

940
consultations for
contraceptive services

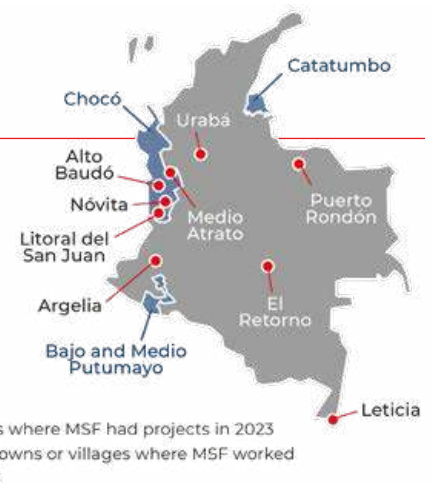
350
individual mental
health consultations

In Colombia, Médecins Sans Frontières (MSF) focuses on supporting communities who have difficulties in accessing health services due to ongoing conflict.

Despite the 2016 peace agreement between the Colombian government and the FARC guerrillas and the current government's negotiations with non-state armed groups, many areas of the country continue to be affected by conflict. In 2023, according to the Ombudsman's Office, more than 66,000 people were forcibly confined and almost 55,000 displaced due to violent clashes and threats.

In Alto Baudó, Chocó department, we have developed a model of care that aims to make medical services more accessible by bringing them closer to people's homes. The project entails training members of the Indigenous and Afro-descendant communities in general and mental health care and health promotion. Our team also supports patient referrals to more specialised health centres and hospitals.

Until April 2023, we supported the same model of care in the municipalities of Barbacoas, Roberto Payán and Magüí Payán in Nariño department,



known as the Telembí triangle, one of the sub-regions most affected by displacement in the country. This project was closed after two years, but we continue to monitor the medical and humanitarian needs in the area.

MSF further increased access to care in 2023 by developing the Colombia Emergency Response System (CERS), a team comprising doctors, psychologists and nurses who make two- to four-week visits to provide comprehensive care to communities who cannot leave their homes due to armed violence. This team also played a key role in opening up humanitarian access for other organisations to these communities, who would otherwise be cut off from services. CERS supported communities in Amazonas, Guaviare, Antioquia, Cauca, Norte de Santander, Putumayo, Chocó and Nariño departments.

Côte d'Ivoire

No. staff in 2023: 95 (FTE) » Expenditure in 2023: €3.2 million
MSF first worked in the country: 1990 » [msf.org/cote-divoire](https://www.msf.org/cote-divoire)



KEY MEDICAL FIGURES
20,500
outpatient
consultations

12,200
malaria cases
treated

1,790
individual mental
health consultations

Médecins Sans Frontières' programmes in Côte d'Ivoire focus on medical assistance for refugees, treatment for mental health disorders and epilepsy, and improving access to a range of specialist services.

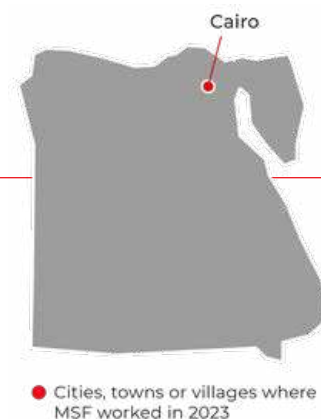
In 2023, our teams in northern Côte d'Ivoire responded to the needs of refugees from neighbouring Burkina Faso, driven from their homes by recurrent violence. Some refugees are hosted by local families, but many are living in precarious conditions, with little access to basic services, including healthcare.

We supported both refugee and host communities by offering general healthcare and reproductive health services, particularly in Ouangolodougou district.

We also continued our regular activities in Côte d'Ivoire in 2023, in collaboration with our local partners and the country's health authorities. In Bouaké, we run a project for people living with mental health disorders and epilepsy, while in Agboville district, we promote access to specialised care, including cardiology, gynaecology, obstetrics and paediatrics, via telemedicine services in 11 health facilities.

Egypt

No. staff in 2023: 156 (FTE) » Expenditure in 2023: €3.3 million
MSF first worked in the country: 2010 » [msf.org/egypt](https://www.msf.org/egypt)



KEY MEDICAL FIGURES
14,300
outpatient
consultations

7,050
individual mental
health consultations

Médecins Sans Frontières' project in Egypt works to address the medical and psychological needs of migrants, asylum seekers and refugees who have been subjected to violence.

Many migrants, asylum seekers and refugees in Egypt are suffering the physical and psychological consequences of the violence and exploitation they experienced in their home countries, during their journeys or at their destination.

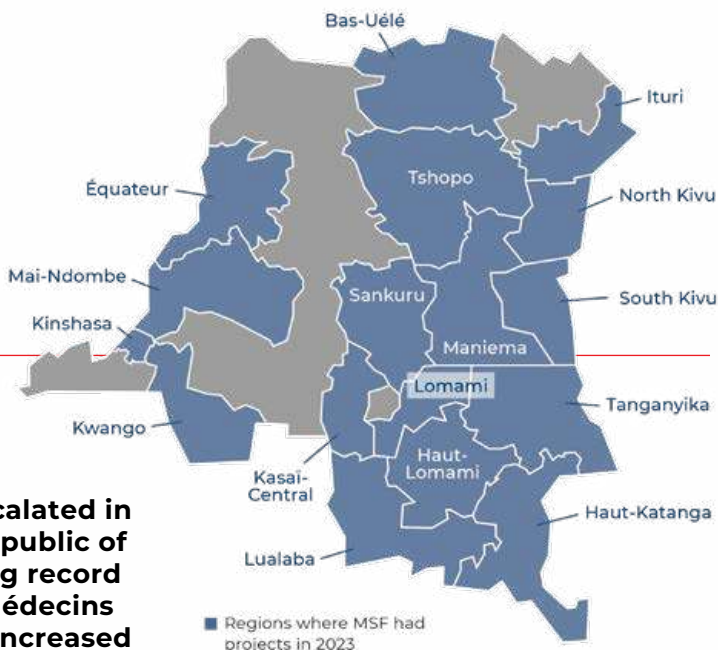
In 2023, we continued to run our clinic in the capital, Cairo, which offers a comprehensive package of care for victims of violence, including general medical healthcare, gynaecology, mental health support and psychosocial consultations, as well as specialist referrals when needed.

The programme also has a social component, linking patients to partner organisations for housing, food, orientation guidance, protection services, and advice concerning other social issues. Our teams accompany patients through their recovery process and conduct awareness-raising and outreach activities among migrant communities.

Following the outbreak of war in Gaza, Palestine, in October, we set up a support and coordination office in Cairo to facilitate our teams' access to the Gaza Strip and help ensure continuity of supply for both medical and non-medical items.

Democratic Republic of Congo

No. staff in 2023: 2,890 (FTE) » Expenditure in 2023: €139.3 million
MSF first worked in the country: 1977 » [msf.org/drc](https://www.msf.org/drc)



KEY MEDICAL FIGURES

2,578,300
outpatient consultations

1,495,400
vaccinations against measles in response to an outbreak

779,800
malaria cases treated

29,000
people treated for sexual violence

14,100
surgical interventions

1,410
people with advanced HIV under MSF care

In 2023, as violence escalated in eastern Democratic Republic of Congo (DRC), displacing record numbers of civilians, Médecins Sans Frontières (MSF) increased activities to respond to the growing humanitarian needs.

By the end of the year, 5.6 million people were displaced across North Kivu, South Kivu and Ituri provinces. MSF also responded to numerous other emergencies throughout the country, including disease outbreaks, floods and landslides.

Response to conflict in eastern DRC

In North Kivu, the ongoing conflict between the armed group M23 and the Congolese armed forces and their allies, which erupted in late 2021, intensified towards the end of the year, causing new waves of displacement. By December, 2.5 million people were displaced in the province, half of them due to the 'M23 crisis'.

Throughout the year, repeated influxes of people fleeing Rutshuru, Masisi and Nyiragongo exacerbated the disastrous situation in the overcrowded displacement sites around Goma city, which continues to deteriorate, due to a lack of national and international action.

In response, we expanded our emergency activities, strengthening the provision of general, maternal and paediatric care in the sites. We also worked to address the increase in waterborne diseases, in particular

an explosion of cholera cases in February, as well as malnutrition, measles and war-related injuries. Treatment for sexual violence was another key activity; we saw a worrying surge in cases in 2023.

This humanitarian crisis affected not only the Goma area but communities across the entire province, as flare-ups in fighting on different fronts repeatedly forced people to flee. This, in turn, reduced their access to healthcare, including vaccinations, resulting in an increase in admissions for malnutrition, measles, cholera and war-related injuries in the many hospitals and health centres supported by MSF.

To assist people on the move, our teams set up mobile clinics in displacement areas, although increasing insecurity repeatedly hindered our mobility, particularly in Masisi territory.

Neighbouring South Kivu was also affected by the violence. In the early months of the year, tens of thousands of people fled to Littoral and Hauts-Plateaux in Minova health zone, where our teams launched an emergency intervention, providing medical care to the sick and injured, and improving hygiene facilities following an increase in cholera and measles cases.

The underreported crisis in Ituri

Less visible in the media were the widespread, relentless attacks on civilians in Ituri, which showed no respite in 2023. In Drodro region, an intensification in violence between January and March forced people, including health workers and patients, to flee, leaving most health centres in the area deserted. During this period, we maintained our services in Rho camp, where many people had gathered, while also increasing our support in displacement sites, by supplying clean water, installing sanitation facilities, distributing hygiene kits, and increasing general, specialised and community medical services.

Lab technicians analyse blood samples at MSF's Trauma and Orthopaedic Care Centre in Salama hospital to rapidly diagnose conditions. Bunia, Ituri province, Democratic Republic of Congo, August 2023. ©Michel Lunanga





An MSF water and sanitation engineer distributes water to people at Rusayo displaced people's camp, on the outskirts of Goma. North Kivu province, Democratic Republic of Congo, July 2023. © Alexandre Marcou/MSF

In Angumu, our teams continued to support the general hospital and 13 displacement sites, focusing on tackling malaria, treating respiratory infections, and providing maternal and paediatric care. In Bunia, we supported the general hospital through training and donations, and launched a project at Salama hospital focusing on surgery and post-surgical services, including physiotherapy, orthopaedic care and mental health support, for patients with accidental trauma and violence-related injuries.

Violence, natural disasters and epidemics

MSF's response to situations of violence was not limited to North Kivu, South Kivu and Ituri. Further west, in Tshopo and Mai-Ndombe provinces, we launched emergency interventions to assist people caught up in land or intercommunal conflicts by providing general healthcare, running mobile clinics and referring wounded patients. We also installed sanitation facilities and distributed relief items, including mattresses and hygiene items.

In addition, our teams responded to disasters in 2023. In May, in Kalehe, South Kivu, floods and landslides devastated entire villages, causing several hundred deaths and numerous injuries. MSF teams quickly arrived on site to treat the wounded, refer the most serious cases by boat to hospitals in Bukavu, and provide donations of medicines and body bags.

Measles, a major killer in the country, once again spread rapidly in 2023, with nearly 300,000 cases and 6,000 deaths registered during the year. This was partly due to deteriorating security in the east and the worst vaccination setback recorded in DRC in years.

As well as treating many thousands of patients, our mobile teams launched emergency vaccination

campaigns across the country, regularly administering other multi-antigen vaccines to curb the spread of diseases such as diphtheria, whooping cough, hepatitis, pneumonia and polio.

Our teams also responded to a typhoid fever outbreak in Panzi, in Kwango province, as well as an outbreak of mpox in Bolomba, in Équateur province. In both cases, our teams provided healthcare to patients and supported the health authorities with community epidemic surveillance and staff training.

Regular general and specialist care activities

Alongside our emergency interventions, we continued to run our regular activities across DRC. In addition to supporting health facilities, we train networks of community health workers to detect high-prevalence diseases such as malaria and malnutrition, particularly in hard-to-reach areas.

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

In the capital, Kinshasa, we launched a new project in early 2023 to strengthen access to general and specialised care for people with disabilities. The project focuses on improving access to healthcare facilities, boosting hygiene in accommodation sites, and working with the community to cater to the needs of people with disabilities. Meanwhile, we handed over our HIV care activities in Goma and our sexual violence project in Kananga to the health authorities.

Eswatini

No. staff in 2023: 88 (FTE) » Expenditure in 2023: €3.3 million
MSF first worked in the country: 2007 » [msf.org/eswatini](https://www.msf.org/eswatini)

KEY MEDICAL FIGURES

1,230
outpatient
consultations

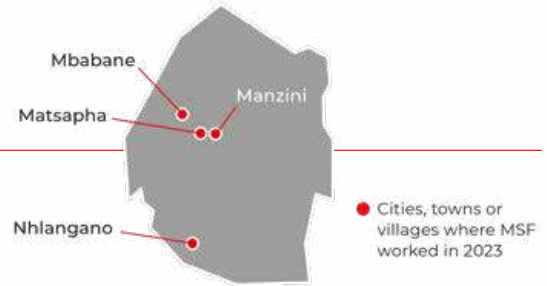
510
people receiving
HIV antiretroviral
treatment

400
consultations for
contraceptive services

In 2023, Médecins Sans Frontières (MSF) opened a new project in Eswatini, aimed at tackling sexual health-related illnesses through innovative practices and community engagement.

MSF had been providing health services in Shiselweni region since 2007, focusing on HIV, drug-resistant tuberculosis (DR-TB), and COVID-19. After successfully decentralising HIV and DR-TB care by bringing treatment closer to people's homes, and lowering HIV incidence, activities were handed over to Ministry of Health and local partners in 2023.

Sexual health-related diseases, such as HIV, sexually transmitted infections (STIs) and cervical cancer, as well as the complications of unsafe abortions, remain significant health issues. An STI study conducted by MSF in Shiselweni showed that one-third of the patients attending outpatient consultations in six general healthcare facilities have at least one STI.



Based on this research and a detailed assessment, we opened a new sexual health project in Manzini region in the last quarter of 2023. The project provides comprehensive sexual health services, including STI testing and treatment; HIV testing and prevention; screening, prevention and treatment for hepatitis B and C and cervical cancer; and family planning at a dedicated MSF clinic in Matsapha Industrial Area and in the communities.

The project brings multiple practices to the country, such as laboratory-based diagnosis and treatment of STIs; molecular screening for cervical cancer; injectable pre-exposure prophylaxis for HIV; screening and treatment of hepatitis B and C, as well as hepatitis B vaccination; and online HIV counselling and self-testing.

The project implements MSF's 'Patients and Populations as Partners' approach, through close engagement with communities.

Ethiopia

No. staff in 2023: 1,320 (FTE) » Expenditure in 2023: €41.4 million
MSF first worked in the country: 1984 » [msf.org/ethiopia](https://www.msf.org/ethiopia)

KEY MEDICAL FIGURES

413,100
outpatient
consultations

64,300
malaria cases treated

11,300
births assisted

2,990
children admitted
to inpatient feeding
programmes

In Ethiopia, Médecins Sans Frontières (MSF) worked in coordination with the Ministry of Health to meet the medical needs of local communities, as well as refugees and displaced people.

In 2023, we delivered vital support in 10 regions of Ethiopia. However, insecurity and administrative barriers complicated humanitarian access in many parts of the country, affecting more than 20 million people in need of assistance.¹

In Gambella, we provided general and specialised health services, focusing on improving quality of care for refugees from neighbouring South Sudan and the wider community. We also responded to a measles outbreak in the region, providing treatment and supporting a Ministry of Health vaccination campaign.

In Somali region, we carried out activities to address high levels of malnutrition and outbreaks of vaccine-preventable diseases, such as measles and cholera, and offered assistance to displaced people.

In Afar, we ran a treatment centre for patients with severe and complicated malnutrition, and supported the paediatric department of Dupti hospital. We also responded to a cholera outbreak in the region.

In South Ethiopia and Southwest Ethiopia Peoples' regions, we ran mobile clinics and provided care for malaria and measles, as well as kala azar.

In Amhara, where conflict is driving a surge in needs, we donated medical supplies and offered treatment for snakebites and kala azar. In addition, we responded



■ Regions where MSF had projects in 2023

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

to a cholera outbreak in a camp hosting Sudanese refugees, by providing water and sanitation.

In Tigray, we provided paediatric, maternal and malnutrition care, mental health support, and treatment for sexual and gender-based violence. We sent mobile clinics to hard-to-reach areas, and ensured access to clean water by repairing 600 water pumps in the region.

In Oromia, we responded to a cholera outbreak and donated medical supplies.

Calling for accountability for the death of our colleagues

On 24 June 2021, our colleagues María Hernández Matas, Tedros Gebremariam Gebremichael and Yohannes Halefom Reda were brutally and intentionally killed, while clearly identified as humanitarian workers, in Tigray. After extensive engagement with the Ethiopian authorities, we still do not have any credible answers regarding what happened to our colleagues. MSF will keep pursuing accountability for this incident, with the hope that this will help improve the safety of humanitarian workers in Ethiopia.

¹ OCHA, <https://www.unocha.org/publications/report/ethiopia/ethiopia-situation-report-1-feb-2024>

France

No. staff in 2023: 23 (FTE) » Expenditure in 2023: €6.1 million
MSF first worked in the country: 1987 » [msf.org/france](https://www.msf.org/france)

KEY MEDICAL FIGURES

7,140
outpatient
consultations

1,340
individual mental
health consultations

In response to the French government's hardening stance on migration, Médecins Sans Frontières (MSF) expanded activities to assist migrants, asylum seekers, and refugees across France.

Throughout the year, MSF continued to provide general healthcare and psychosocial services to people on the move, with a focus on unaccompanied minors.

In Calais, we started conducting medical and psychological consultations for people living in makeshift camps. In July, we opened a day centre for unaccompanied minors, where we offered medical and psychological support, as well as psychosocial and recreational activities. During the winter months, when northern France was hit by extremely harsh weather, we launched an emergency shelter programme.

In Pantin, on the outskirts of Paris, we provided unaccompanied minors with medical, psychological, social and legal support. We also ran a 20-bed shelter



to accommodate minors in particularly vulnerable situations, and offered financial and logistical support to a 10-bed shelter for girls. In addition, we sent mobile teams to ensure access to healthcare for people living on the streets or in unsafe buildings.

In Marseille, we scaled up our assistance to unaccompanied minors. As well as providing multidisciplinary support in our 20-bed shelter, we started conducting medical consultations in squats and camps.

In light of a controversial new immigration bill that further undermines migrants' and refugees' rights in France, we publicly alerted the government and health authorities to the dire consequences that restrictions on access to healthcare have on foreign nationals living in precarious conditions.

Greece

No. staff in 2023: 204 (FTE) » Expenditure in 2023: €9.5 million
MSF first worked in the country: 1991 » [msf.org/greece](https://www.msf.org/greece)

KEY MEDICAL FIGURES

31,600
outpatient
consultations

7,370
individual mental
health consultations

830
people treated for
sexual violence

Médecins Sans Frontières (MSF) assists migrants, refugees and asylum seekers arriving in Greece, many of whom have endured trauma in their home countries, on their journeys or at European borders.

In 2023, restrictive European Union and Greek migration policies continued to take a severe toll on the physical and mental health of people seeking safety in Europe. Many of those arriving in Greece, whether by sea or land, were reportedly pushed back or placed in Closed Controlled Access Centres (CCACs) and later released into the country with little to no assistance.

Throughout 2023, our teams in Greece documented people's reports of degrading treatment, including physical violence at sea or on arrival on the islands of Samos and Lesbos. The dire humanitarian situation was compounded as more and more people arriving were placed inside CCACs, and the majority were operating beyond their capacity. As a result, there was a lack of basic items such as bed covers, food, water, and hygiene supplies, and services, resulting in various avoidable health conditions, including respiratory and skin infections. The conditions also further impacted people's mental health.

Our teams continued to provide timely and essential medical and psychological assistance to people on



arrival, inside camps, and within the community. We run day centres and/or mobile clinics in Athens and on Lesbos and Samos, as well as providing emergency medical assistance for new arrivals. Our comprehensive response includes general healthcare, mental health support, and sexual and reproductive health services.

Our teams also treat patients with infectious and non-communicable diseases, and victims and survivors of sexual violence and torture. To ensure that people receive the necessary support, our multidisciplinary approach also comprises health promotion, intercultural mediation, and social and legal services.

During the year, MSF teams offered emergency medical and psychological first aid to thousands of people upon disembarkation on Lesbos and Samos, and organised hospital referrals for those needing further care. Finally, following massive floods in the region of Thessaly, our teams provided assistance to people affected.

Read more: <https://www.msf.org/plain-sight-migration-policies-greek-sea-borders>

Haiti

No. staff in 2023: 1,968 (FTE) » Expenditure in 2023: €49.6 million
MSF first worked in the country: 1991 » [msf.org/haiti](https://www.msf.org/haiti)

KEY MEDICAL FIGURES

37,600
emergency room
consultations

5,780
people treated for
intentional physical
violence

4,200
people treated for
sexual violence

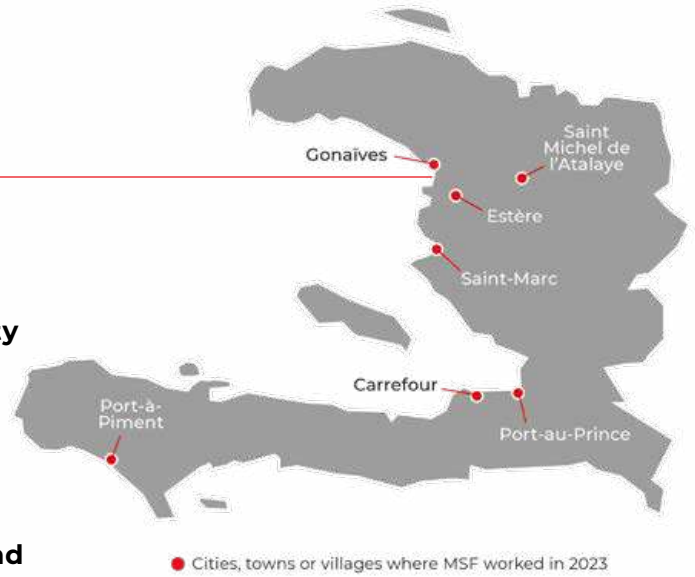
1,420
total deliveries
assisted

Amid increasing instability and violence in Haiti in 2023, Médecins Sans Frontières (MSF) worked to maintain vital services, including treatment for trauma, burns and sexual violence, and maternal and neonatal healthcare.

Years of political turmoil and gang warfare have taken their toll on the physical and mental health of the people of Haiti, and on the provision of basic services, such as healthcare. Since the assassination of President Jovenel Moïse in 2021, however, the situation has taken a marked turn for the worse and pushed the western hemisphere's poorest country to the brink of collapse.

In 2023, the capital, Port-au-Prince, and other areas of the country, continued to be rocked by politically and economically rooted gang violence, which sometimes exploded into full-scale street battles, such as the ones in April and May, which resulted in hundreds of deaths and injuries. On 24 April 2023 alone, our teams admitted around 50 people with gunshot and knife wounds to our medical facilities.

The foreign intervention requested by Prime Minister Ariel Henry did not materialise during the year, but remains a looming presence as Haitian citizens, in particular in the capital, are confronted



by the daily threat of being kidnapped, mugged, sexually assaulted or even killed.

The results of an MSF survey indicate that between August 2022 and July 2023, more than 40 per cent of all deaths in Cité Soleil, Haiti's largest slum, were linked to violence. Forty per cent of the women surveyed said they had foregone antenatal care due to the risk of being exposed to violence while travelling to a hospital or clinic.

Our teams continued to deliver a range of medical services in Port-au-Prince and several other areas in the country, including general healthcare and treatment for burns, trauma, and sexual and gender-based violence. Our facilities include hospitals in Tabarre and Cité Soleil, a sexual violence and reproductive healthcare clinic in Delmas, and an emergency and stabilisation centre in Turgeau. In addition, we support health centres and operate mobile clinics in the most affected neighbourhoods of Port-au-Prince, such as Brooklyn, Bel Air and Delmas 4, as well as sites



An MSF nurse and doctor treat bullet-wounded patients at the MSF emergency centre in Turgeau after heavy armed confrontations broke out in the centre of Port-au-Prince. Haiti, March 2023.
© Alexandre Marcou/MSF



A baby, born only hours earlier, wakes next to their mother in the MSF maternity hospital in Port-à-Piment. Haiti, February 2023. © Alexandre Marcou/MSF

where people have gathered after fleeing violence. We are able to work in these hard-to-reach areas because MSF's work is perceived positively and respected by the communities.

However, our teams were not immune to the risks posed by the volatile security situation in the country. Serious security incidents, which endangered our staff and resulted in the deaths of two of our patients, forced us to suspend some of our activities. We ended our support to Raoul Pierre Louis hospital in Carrefour in January when a wounded patient was removed by gunmen and shot dead. We temporarily closed our Cité Soleil hospital in February and April due to fighting in neighbouring streets, and suspended activities at our Tabarre facility for almost two months after armed men stormed in and forcibly removed a patient in July.

In December, the Turgeau emergency centre closed its doors indefinitely when a patient was taken from an ambulance and killed in the street.

Sexual and gender-based violence

Sexual and gender-based violence (SGBV) is a widespread issue in Haiti. The deepening socio-economic crisis and high levels of armed violence have had a considerable impact on the psyche of entire communities, who have become isolated and more exposed to the risk of sexual aggression.

We ran two clinics, one in Port-au-Prince and one further north in Gonaïves, to provide victims and survivors of SGBV with specialist medical, psychological and social care. A free telephone helpline has also increased access to care, offering victims remote psychological support and referrals to health centres. Our mobile clinics working in hard-to-reach neighbourhoods include SGBV care in their services.

Maternal and neonatal health

The provision and accessibility of maternal healthcare is extremely limited in Haiti, contributing to the highest maternal and neonatal death rates in the western hemisphere (5.3 per cent and 2.4 per cent respectively). Our activities in the south of the country aim to respond to these pressing needs.

In February, we reopened a hospital for maternal and neonatal healthcare in the town of Port-à-Piment, a former government-run facility that was damaged beyond repair in the 2021 earthquake. Our teams rebuilt and upgraded the hospital, which now offers surgery for patients with obstetric complications, as well as ante- and neonatal care. However, as many other medical facilities in Sud department were never properly repaired, access to healthcare remains limited for pregnant women and newborns.

Guatemala

No. staff in 2023: 85 (FTE) » Expenditure in 2023: €3.6 million
MSF first worked in the country: 1984 » msf.org/guatemala

KEY MEDICAL FIGURES
14,000
outpatient
consultations

1,200
individual mental
health consultations

Médecins Sans Frontières (MSF) expanded activities in Guatemala to assist migrants transiting the country, providing medical and mental health care, health promotion and social support.

Guatemala is a hotspot for the migration route in Central America. Thousands of people transit the country every day on their way north towards Mexico and the United States, or back to their home countries after being deported.

In 2023, we sent a mobile team to Ciudad Tecún Umán, a city close to the border with Mexico. At the bus station, we offered general medical and psychological care, as well as health promotion and social support to help migrants tackle barriers in accessing medical attention and other services such as protection, shelter, and legal guidance. In September, we started to offer these same mobile services in Esquipulas, a municipality close to the border with Honduras.



■ Regions where MSF had projects in 2023
● Cities, towns or villages where MSF worked in 2023

Like all MSF activities in Central America, the project has a strong advocacy component, mainly targeting repressive US migration policies and calling for greater access to care, particularly mental health services, and protection of migrants from violence.

After three years of working on our Mesoamerican nephropathy project, we handed over activities to the Ministry of Health. The main activities of the project, focusing on kidney disease, were early detection, treatment, mental health and social support, and palliative care. We also ran health promotion and education activities to increase knowledge of the disease and promote prevention measures at community level.

Guinea

No. staff in 2023: 251 (FTE) » Expenditure in 2023: €8.1 million
MSF first worked in the country: 1984 » msf.org/guinea

KEY MEDICAL FIGURE
10,800
people with advanced
HIV under MSF care

Providing care for people living with advanced HIV is a key activity for Médecins Sans Frontières (MSF) in Guinea. In 2023, we also responded to outbreaks of diphtheria and Lassa fever.

Although Guinea has a relatively low HIV prevalence of about 1.4 per cent, just over half of people living with the disease are currently receiving antiretroviral treatment.

In collaboration with the Ministry of Health, our teams support eight health centres in the capital, Conakry, where we support HIV testing and treatment, with a focus on prevention of mother-to-child transmission of the disease, paediatric HIV care, as well as treatment for opportunistic infections, sexual violence and tuberculosis. In addition, we manage a 31-bed facility at Donka hospital for people with severe complications of HIV.

Following the notification of two Lassa fever outbreaks in Guéckédou health district in August and October, our teams supported the Ministry of Health's response with the donation of supplies for patient care, including ribavirin, a drug used to treat the disease.



In August, we launched an assessment into a potential diphtheria outbreak in the district of Sigüiri. The outbreak was confirmed, and an emergency response was launched to support the Ministry of Health in treating these cases.

Patients with moderate and severe forms of the disease were admitted to a treatment centre, while those with mild symptoms were issued follow-up appointments and given antibiotics to take at home, along with information on how to reduce the risk of transmission. We also supported community awareness campaigns and patient outreach activities. By the end of 2023, the number of patients was still rising.

In late 2022, an Epicentre and MSF team dedicated to epidemiology and research launched an oral cholera vaccination project and study in Guinea, in partnership with Massachusetts General Hospital for Children and Harvard University, assessing the development of immunity to the vaccine. Over 450 participants were enrolled in 2023, receiving two doses of the oral vaccine.

Honduras

No. staff in 2023: 145 (FTE) » Expenditure in 2023: €5.7 million
MSF first worked in the country: 1974 » [msf.org/honduras](https://www.msf.org/honduras)

KEY MEDICAL FIGURES

35,200
outpatient
consultations

7,930
individual mental
health consultations

350
people treated for
sexual violence

In Honduras, Médecins Sans Frontières started an innovative project to tackle dengue, a mosquito-borne disease that is endemic in the country. We also ran programmes to assist migrants and marginalised communities.

We have responded to numerous health emergencies caused by dengue in Honduras since 1998. There are generally outbreaks every two to four years, of varying severity.

In July 2023, with the aim of finding more effective, sustainable and replicable methods for the control of mosquito-borne diseases, we started implementing the first of two studies looking at new vector control techniques to prevent illness and deaths from dengue.

The study is the application of the *Wolbachia* method in one of the most populated areas of the capital, Tegucigalpa, which covers approximately 50 neighbourhoods. The World Mosquito Program's *Wolbachia* method involves the release of *Aedes aegypti* mosquitoes carrying the naturally occurring *Wolbachia* bacteria. *Wolbachia* reduces mosquitoes' ability to



transmit the virus, and this modification is passed on from generation to generation, creating a sustainable solution.

Meanwhile, in Choloma, we continue to run mobile clinics providing care for victims and survivors of sexual violence, family planning and mental health support in marginalised communities. In San Pedro Sula, we work to improve access to medical and psychological healthcare for sex workers and the LGBTQI+ community, offering family planning, cervical cancer screening, pre-exposure prophylaxis for HIV prevention, and human papillomavirus vaccinations.

In 2023, we also sent mobile teams to two points on the Nicaraguan border to assist migrants making their way north to Mexico and the US. At the end of the year, we set up a base in Danlí, a municipality close to the border, to offer medical and psychological care, as well as social support, to migrants. The project has a strong advocacy component, mainly targeting the administrative barriers that migrants face, for example in obtaining healthcare.

In addition, our teams responded to floods in San Pedro Sula, providing mental health support to people affected. We also distributed hygiene kits and carried out fumigation and health promotion activities.

India

No. staff in 2023: 797 (FTE) » Expenditure in 2023: €16.4 million
MSF first worked in the country: 1999 » [msf.org/india](https://www.msf.org/india)

KEY MEDICAL FIGURES

20,800
individual mental
health consultations

6,440
people treated
for malaria

830
people started on
treatment for TB,
including 770 for
MDR-TB

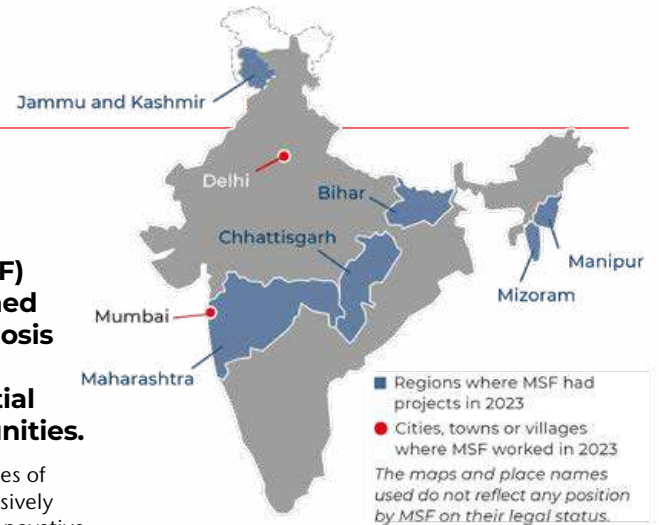
640
people treated for
sexual violence

Médecins Sans Frontières (MSF) runs programmes in India aimed at improving care for tuberculosis (TB), HIV and other infectious diseases, and access to essential healthcare for remote communities.

In Mumbai, MSF's clinic treats complex cases of drug-resistant TB (DR-TB), including extensively drug-resistant forms of the disease, with innovative drug combinations. For children under five, we implement all-oral regimens. The clinic also supports some palliative care patients when all available treatment options have failed.

In addition, we work with the National Tuberculosis Elimination Programme and Municipal Corporation of Greater Mumbai to reduce high TB incidence and death rates in the area. Our team co-manages a DR-TB centre in a public hospital, and we support diagnosis, treatment, counselling, contact tracing and health promotion.

In Manipur, our project caring for people living with HIV, TB, DR-TB and hepatitis C was severely disrupted when conflict broke out in May, effectively dividing the state into two ethnically separate areas. At the end of the year, as this continued to pose significant challenges to the provision of care and the medical supply chain, our teams were monitoring needs and exploring possible short-term emergency interventions.



In Mizoram state, northeast India, we offered basic healthcare and specialist referrals for refugees from Chin state, Myanmar, at our clinic in Zawkhatar. In displacement camps in the southern-border districts of Champhai, Siaha and Lawngtlai, we provided newly arrived families with relief items such as tents, and cooking and hygiene kits, as well as access to water and sanitation facilities, and medical referrals.

We closed our sexual violence treatment centre in the capital, New Delhi, in November, but will continue to work with other organisations to call for improved access to care for victims and survivors in India. This involves addressing the existing legal and medical barriers that prevent people from seeking urgent treatment.

MSF's other projects in India include the provision of comprehensive care to people living with advanced HIV in Bihar, essential healthcare via mobile clinics in remote areas of Chhattisgarh, and mental health services in Jammu and Kashmir.

Indonesia

No. staff in 2023: 25 (FTE) » Expenditure in 2023: €0.8 million
MSF first worked in the country: 1995 » [msf.org/indonesia](https://www.msf.org/indonesia)



Médecins Sans Frontières activities in Indonesia are focused on building emergency response capacity through training and direct support when necessary.

Throughout 2023, our E-Hub project, set up in 2022 to strengthen emergency response capacity, developed and delivered a first series of training courses on mental health awareness and psychosocial support; medical waste management in healthcare facilities; organisation of healthcare services; treatment of cases of methanol poisoning; and the use of geographical information systems in emergencies.

We ran these courses for healthcare workers and community emergency responders in Jakarta

and Banten provinces. This first year of project implementation concluded with a workshop with the Ministry of Health, provincial and district health authorities, and other collaborating partners to review the programme achievements and challenges. We plan to extend these activities to other provinces in the coming years.

During the last two months of 2023, we saw a significant increase in the number of Rohingya refugees arriving by boat in Indonesia, with more than 1,700 disembarking in Aceh and North Sumatra. Authorities, local communities and organisations provided accommodation and vital services. We monitored the situation closely in case it was needed for our teams to intervene.

Iran

No. staff in 2023: 116 (FTE) » Expenditure in 2023: €4.4 million
MSF first worked in the country: 1990 » [msf.org/iran](https://www.msf.org/iran)



KEY MEDICAL FIGURES

65,200
outpatient
consultations

6,430
individual mental
health consultations

430
people started
on treatment for
hepatitis C

In Iran, Médecins Sans Frontières (MSF) assists Afghan refugees, people who use drugs, people who engage in sex work, people who are homeless and other marginalised groups who often face barriers when seeking healthcare.

Iran currently hosts the second-largest refugee population in the world, the majority of whom come from Afghanistan.¹ Approximately 750,000 Afghan refugees are officially registered in Iran, but according to a 2022 government-led headcount, there are at least 2.6 million living in the country, mostly undocumented.²

Although most of them live in urban settings, refugees experience difficulties in accessing medical services due to stigma and exclusion. They, and other marginalised groups, such as people who are homeless and people who use drugs, are especially susceptible to contracting communicable diseases such as tuberculosis (TB), hepatitis C, HIV, and illnesses linked to poor living conditions.

In South Tehran, we run a range of medical services through a health facility located in the Darvazeh Ghar neighbourhood and through mobile clinics. Our teams

offer general healthcare, nursing care, mental health support, and treatment and referrals for hepatitis C and B, HIV, syphilis, and TB. We also provide midwifery services, and ante- and postnatal care.

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

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

Further south, in Kerman city, we are rehabilitating three health facilities, where we plan to run basic healthcare services for newly arrived and unregistered Afghan refugees.

¹ Iran becomes the second-largest refugee hosting country as forced displacement hits new record high globally – UNHCR Iran

² <https://www.unhcr.org/ir/refugees-in-iran/>

Iraq

No. staff in 2023: 866 (FTE) » Expenditure in 2023: €35.1 million
MSF first worked in the country: 2003 » [msf.org/iraq](https://www.msf.org/iraq)

KEY MEDICAL FIGURES

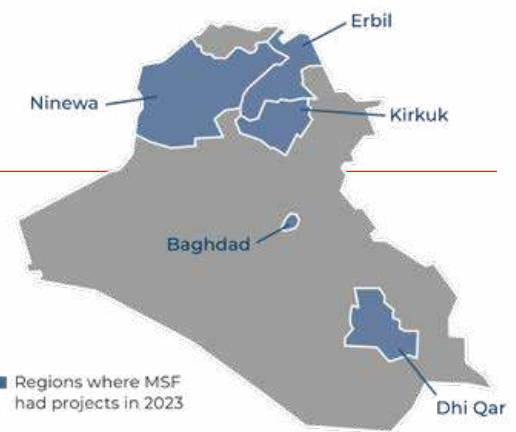
- 87,100 outpatient consultations
- 5,000 antenatal consultations
- 2,830 surgical interventions
- 1,220 postnatal consultations

Médecins Sans Frontières (MSF) ran a diverse range of health services across Iraq in 2023, serving hard-to-reach communities and people affected by years of conflict.

Despite signs of improvements after decades of fighting and war, Iraq's public healthcare sector is still recovering and there are significant needs, particularly in remote areas and regions directly affected by the recent conflict with the Islamic State group.

As international resources have been reallocated to other regions in the world and assistance has decreased in Iraq, the country is facing the major challenge of rebuilding and rehabilitating its infrastructure and public services, including public healthcare.

In 2023, MSF teams worked in 11 locations across Iraq, delivering a wide range of essential and specialised medical services to residents of areas with limited access to healthcare, as well as to people returning home after prolonged displacement in camps or other regions within the country.



Our activities included maternal, paediatric and neonatal services, emergency medical care, sexual and reproductive healthcare, specialised orthopaedic and obstetric surgery, comprehensive post-surgical rehabilitation, treatment for non-communicable diseases, and mental health support. In addition, we supported healthcare facilities with donations of medical supplies and technical training for staff, and strengthened local health authorities' preparedness for emergencies.

We also continued to assist the National Tuberculosis Institute with the administration of oral treatment regimens for patients with drug-resistant tuberculosis.

During the year, we organised several referrals for Iraqi patients requiring specialist surgical care to MSF's reconstructive surgery hospital in Amman, Jordan.

Italy

No. staff in 2023: 36 (FTE) » Expenditure in 2023: €2.7 million
MSF first worked in the country: 1999 » [msf.org/italy](https://www.msf.org/italy)

KEY MEDICAL FIGURES

- 4,850 outpatient consultations
- 1,060 individual mental health consultations
- 78 victims of torture treated

In Italy, Médecins Sans Frontières (MSF) provides medical and psychological care to migrants, who are often traumatised after their perilous journeys across the Mediterranean Sea and face further challenges as they travel north.

Almost 160,000 people arrived in Italy in 2023 after crossing the Mediterranean Sea by boat, according to the Italian Ministry of the Interior. While this number is significantly higher compared to previous years, so too is the number of deaths: 2023 was one of the deadliest years on record, with an estimated 2,526 people losing their lives as they attempted to reach European shores.¹

Our teams in Italy continue to work at the northern and southern borders, offering medical and psychological care to migrants and supporting local organisations who supply them with essential items, such as winter shoes, inflatable hospital tents, and heaters.

In Calabria, our team helped local authorities to provide general healthcare for migrants and asylum seekers upon disembarkation at Roccella Ionica, one of the primary landing places in Italy.

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



In northern Italy, our mobile team provided medical consultations, referrals and healthcare orientation to hundreds of people waiting to cross into France, most of whom were living in precarious conditions in unofficial settlements in the city of Ventimiglia, after being pushed back from the border.

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

MSF scaled up support to migrants by opening two new helpdesks in Rome and Naples. Like the ones already running in Palermo, Turin and Udine, they serve to guide and support migrants, asylum seekers and marginalised people to access medical services.

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

Jordan

No. staff in 2023: 232 (FTE) » Expenditure in 2023: €13.3 million
MSF first worked in the country: 2006 » [msf.org/jordan](https://www.msf.org/jordan)

KEY MEDICAL FIGURES

31,000
outpatient
consultations

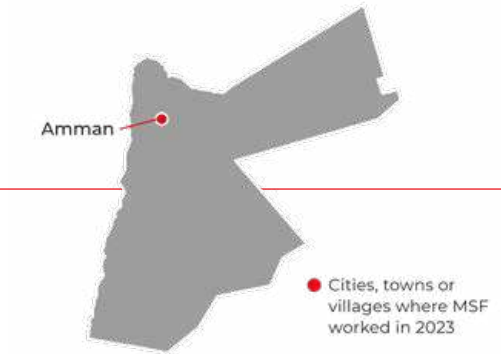
990
surgical interventions

530
patients admitted
to hospital

Médecins Sans Frontières (MSF) runs a reconstructive surgery programme in Jordan, offering a comprehensive package of care to war-wounded patients from across the Middle East.

Initially opened as a consequence of the Iraq War in 2006, the MSF hospital in Amman has over the years also admitted patients from Syria, Yemen and Palestine, offering specialised healthcare that was unavailable in their home countries.

It has grown into a regional hub for the treatment of patients with complicated, life-changing injuries, offering surgical and rehabilitative care for



gunshot wounds, as well as orthopaedic trauma, burns and other conflict-related injuries. Our holistic approach to care includes physiotherapy and mental health support.

In 2023, we continued to develop our regional outreach to facilitate follow-up consultations and continued physiotherapy for patients in their home countries, after discharge from the hospital. MSF collaborates closely with local healthcare providers, offering technical assistance, training and medical supplies to bolster healthcare capacity.

Kenya

No. staff in 2023: 755 (FTE) » Expenditure in 2023: €23 million
MSF first worked in the country: 1987 » [msf.org/kenya](https://www.msf.org/kenya)

KEY MEDICAL FIGURES

11,500
individual mental
health consultations

10,700
admissions of
children to outpatient
feeding programmes

3,840
births assisted,
including 250
caesarean sections

3,490
people treated for
sexual violence

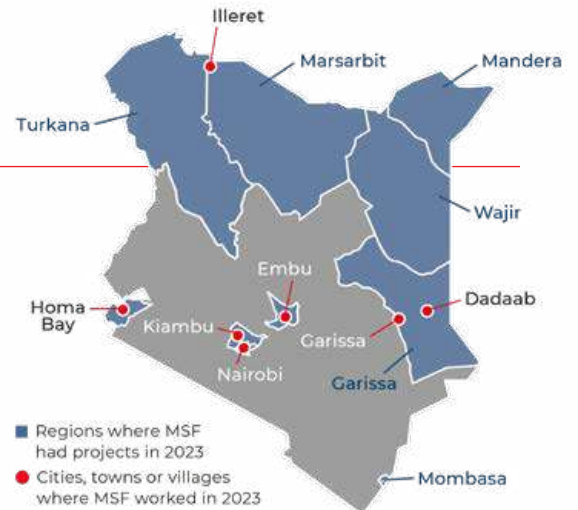
In 2023, Médecins Sans Frontières responded to multiple emergencies and public health challenges in Kenya, including the refugee crisis in Dadaab, disease outbreaks, and severe flooding in the northeast.

Drought and conflict in Somalia continued to drive people to seek refuge in Dadaab, a huge, overcrowded camp complex in Kenya, which currently hosts more than 350,000 registered and unregistered refugees. Our teams delivered healthcare in and around the complex, in particular in Dagahaley camp, while publicly and persistently calling for an improved international response to scale up humanitarian assistance.

We also provided social and medical assistance to marginalised communities in Mombasa and Nairobi, and in Kiambu county.

In Mombasa, we supported numerous facilities to cater to the specific needs of vulnerable adolescents and young people, including people who engage in sex work, people who use drugs intravenously, people from the LGBTQI+ community, and individuals living on the streets.

In Nairobi's Eastlands suburb, the youth-friendly centre we run in a public facility continued to assist people affected by violence by offering medical services, including sexual and reproductive healthcare, as well as psychosocial support, recreational activities and educational programmes.



In Kiambu county, we worked with the local government to implement effective healthcare solutions for people who use drugs, such as offering medically assisted therapy in smaller, local clinics close to where they live.

Our teams also responded to several emergencies in 2023. In November, the northeast of Kenya experienced significant rainfall, resulting in flooding that displaced thousands of families. We launched a rapid emergency response to deliver medical care and distribute hygiene kits to affected communities.

In Ileret, Marsabit county, we drilled wells to provide access to clean water, and treated malnutrition. In Mandera, we responded to a cholera outbreak with treatment for patients and community outreach activities, while in Turkana, our teams conducted vaccinations and offered treatment for malnutrition, malaria and measles.

Throughout the year, we continued to work on improving HIV care in the country. In Homa Bay, we supported the county referral hospital's adult medical wards with staff, treatment and follow-up care.

Kiribati

No. staff in 2023: 7 (FTE)
Expenditure in 2023: €1.2 million
MSF first worked in the country: 2022
msf.org/kiribati



KEY MEDICAL FIGURES

2,350
births assisted,
including 350
caesarean sections

2,220
antenatal
consultations

In 2023, Médecins Sans Frontières (MSF) supported healthcare for women and children in Kiribati, a Pacific island nation with many severe health issues that are being exacerbated by climate change.

Kiribati's health system struggles to meet people's needs, due to a lack of qualified medical personnel and equipment. To help address these shortfalls, MSF has been running medical programmes in the country since 2022, focusing on maternal, neonatal and paediatric care.

The impacts of climate change, such as storm surges, salinisation of the water table, and drought, are reducing the availability of fresh and nutritious food in Kiribati. This has compounded the already significant burden of diet-related diseases such as malnutrition among children, and diabetes and hypertension – which are aggravated by high rates of obesity – among adults.

In addition, the number of maternal and neonatal deaths remain high, with a reported stillbirth rate of two per cent of all births. In 2023, our teams worked to improve basic neonatal care in the first

24 hours of life at clinics and hospitals in the capital, Tarawa, by providing training and clinical oversight to local health professionals, as well as tending directly to patients.

MSF teams also offered care, supervision and management support to the paediatric and obstetric departments of Tarawa's main hospitals, and were instrumental in identifying a significant number of severely malnourished children, whom our staff then treated.

On the remote Southern Gilbert Islands, we trained staff in the Helping Babies Breathe neonatal resuscitation programme. We also strengthened the provision of maternal healthcare; for example, helping to improve the outcomes of pregnant women with diabetes-related high blood pressure or pulmonary embolism.

In addition, MSF supported the Ministry of Health and Medical Services to improve the management of all pharmacy processes, including identifying medical suppliers, ordering supplies and monitoring consumption.

Kyrgyzstan

No. staff in 2023: 132 (FTE) » Expenditure in 2023: €3.4 million
MSF first worked in the country: 1996 » msf.org/kyrgyzstan



KEY MEDICAL FIGURES

6,010
screenings for
cervical cancer

3,670
screenings for
breast cancer

510
individual mental
health consultations

In Kyrgyzstan, Médecins Sans Frontières focused on providing screening and treatment to women at risk of cervical and breast cancer, and supported mental health services throughout the country in 2023.

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

The aim of the project is to achieve a sustainable early detection and treatment programme for

cervical and breast cancer and promote its implementation countrywide.

Alongside this project and pursuant to our planetary health strategic commitment, we opened an 'eco-village' with local partners in Sokuluk, which allows people to drop off their recyclable waste in exchange for basic household goods.

In the aftermath of two international conflicts with neighbouring Tajikistan in 2021 and 2022, our teams worked in Razzaqov, Batken region, from August 2022 to December 2023, addressing people's medical and mental health needs. After completing our objectives, we closed the project at the end of December 2023.

Lebanon

No. staff in 2023: 523 (FTE) » Expenditure in 2023: €26.4 million
MSF first worked in the country: 1976 » msf.org/lebanon

KEY MEDICAL FIGURES

167,900
outpatient
consultations

48,100
routine vaccinations

11,700
individual mental
health consultations

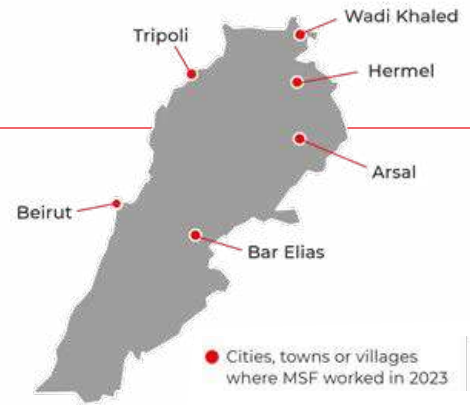
3,100
births assisted

In 2023, as Lebanon's economic crisis deepened, Médecins Sans Frontières continued to provide healthcare for vulnerable communities and support the national healthcare system through capacity building and medical donations.

Lebanon hosts 1.5 million Syrian refugees, 400,000 Palestinians and over 160,000 migrant workers, many of whom live in precarious conditions. Our teams assist the most vulnerable communities by providing reproductive, maternal and paediatric care, mental health support, treatment for chronic diseases, and routine vaccinations for children through our clinics across the country.

In addition, we are working to reinforce the national healthcare system and support local organisations affected by the socioeconomic crisis. This includes capacity building through training, and the provision of medicines and medical supplies to public healthcare centres, especially in Tripoli, northern Lebanon.

We are expanding collaborations with the Ministry of Health, local partners and other NGOs, such as Positive on Glucose (PoG), who advocate for individuals living with diabetes. With PoG, we conduct peer support sessions and staff training



catering to the holistic needs of people with chronic diseases.

In mid-2023, we ceased our surgical activities in Bar Elias hospital, strategically reorienting our services to general care and support to the health system.

During the year, our teams also responded to health emergencies in various parts of the country, including the dire water and sanitation conditions in the northeast, where we offered treatment for water-borne diseases and distributed hygiene kits.

Following the escalation in conflict in southern Lebanon, we sent medical mobile teams to the Nabatiyeh area to address the growing needs of people who had been displaced since October 2023. We also provided trauma care and mass-casualty training in several hospitals across the country. In Ein Al-Hilweh camp, which hosts Palestinians, we treated people injured in armed clashes between rival factions.

In line with our aims to reduce our global carbon footprint, we installed solar panels in our clinics in Baalbek-Hermel.

Liberia

No. staff in 2023: 106 (FTE) » Expenditure in 2023: €4.1 million
MSF first worked in the country: 1990 » msf.org/liberia

KEY MEDICAL FIGURES

2,430
people received care
for mental health
disorders or epilepsy

1,430
children admitted
to hospital

Médecins Sans Frontières runs two programmes in Liberia, focusing on improving the provision of paediatric care, and services for people with epilepsy and mental health conditions.

In the capital, Monrovia, we run a 25-bed paediatric unit in Barnesville general healthcare centre, a Ministry of Health facility that we began supporting in 2022. As well as managing an intensive care unit, a children's ward and an inpatient therapeutic feeding centre, we provided staff supervision and training in 2023.

Elsewhere in Montserrado county, we continued to run a programme we set up in 2017 to respond to a nationwide lack of specialist staff, consultations, diagnosis, treatment and medication for people with mental health and neurological disorders,



such as epilepsy. We have a team of neurologists, psychiatrists and psychologists to help ensure we can provide the best possible care to patients.

In 2023, we expanded our support for epilepsy and mental health patients through five health facilities and through community-based care. We treated all patients on an outpatient basis, referring them to hospital when necessary. Our psychosocial workers and health volunteers also worked with patients' families and communities to address the social stigma faced by people with neurological and mental health conditions, which can often lead to exclusion from schools or jobs.

Libya

No. staff in 2023: 219 (FTE) » Expenditure in 2023: €13.2 million
MSF first worked in the country: 2011 » [msf.org/libya](https://www.msf.org/libya)

KEY MEDICAL FIGURES

51,900
outpatient
consultations

6,210
individual mental
health consultations

130
people started on
treatment for TB

In 2023, Médecins Sans Frontières provided essential healthcare to refugees, asylum seekers and migrants in Libya. Thousands are held in overcrowded detention centres, and hundreds of thousands are living in precarious conditions in urban settings.

In western Libya, our teams offered medical and mental healthcare to people living in vulnerable circumstances, in particular migrants, refugees and asylum seekers, who otherwise have no access to medical services. In Zuwara, our activities included general healthcare, gynaecological consultations and mental health support for both Libyan and non-Libyan patients. In Misrata, our teams conducted medical consultations in a prison and organised referrals for detainees requiring specialist treatment.

In the capital, Tripoli, our teams provided general healthcare, mental health support, and sexual and reproductive health services to migrants, refugees and asylum seekers held in detention centres. We continued to witness and hear accounts of people being assaulted, sexually abused, beaten, killed and systematically deprived of their most basic human



rights, including proper access to food, water, sanitation and medical care, inside these facilities. Additionally, people told our staff about practices of forced labour, kidnapping, human trafficking, extortion and other human rights abuses in Libya.

Tuberculosis (TB) remained another focus of our activities in Libya in 2023. We continued to support the Ministry of Health TB unit in Zuwara and the isolation unit for the treatment of multidrug-resistant TB in Misrata chest hospital.

Throughout 2023, our teams were repeatedly denied entry to Tripoli detention centres, and eventually lost access completely by August. By late August, we ended medical activities in Tripoli detention centres and urban settings. We also ended our support to the National Programme on Tuberculosis and at Abu-Setta hospital for respiratory diseases by the end of 2023.

In September, severe flooding devastated the coastal city of Derna in eastern Libya. More than 4,000 people died in a few hours, and 8,000 were reported missing. Our teams responded to the disaster by donating medical items and conducting medical and mental health consultations through three general healthcare centres.

Madagascar

No. staff in 2023: 149 (FTE) » Expenditure in 2023: €4.3 million
MSF first worked in the country: 1987 » [msf.org/madagascar](https://www.msf.org/madagascar)

KEY MEDICAL FIGURES

306,000
litres of water
distributed

56,100
outpatient
consultations

14,300
malaria cases treated

5,860
admissions of children
to outpatient feeding
programmes

In Madagascar, Médecins Sans Frontières (MSF) supported the national response to a surge in measles cases, and the devastating impacts of Cyclone Freddy on nutrition and health in 2023.

Madagascar is one of the countries most at risk from climate change. It has been hit by numerous powerful cyclones over recent years, which have exacerbated health problems for many vulnerable communities.

In 2023, MSF teams responded to alarming rates of malnutrition in southeastern districts, where families faced a triple crisis of food insecurity, malaria and extreme weather events.

After Cyclone Freddy struck in February, we conducted an assessment to determine the extent of the damage caused to agriculture in the southeast of the island and the potential impact on the people who depend on it. Almost 117,000 people were affected by the cyclone.

With their crops destroyed, many were forced to rely on ever-dwindling food stocks, resulting in an increase in malnutrition rates. In response, our teams scaled up nutrition programmes and provided treatment for children suffering from severe acute malnutrition, many of whom also had malaria.



Immunisation coverage remains low in Madagascar, with only 49 per cent of children aged 12-23 months fully vaccinated. When measles cases rose in the northeast of the country, MSF supported local authorities to run vaccination campaigns, conduct awareness-raising activities and provide treatment.

In 2023, we concluded our intervention in the far south of the island, which began as an emergency malnutrition response in March 2021 and evolved into a programme focused on improving access to water in the Androy and Anosy regions. Our teams drilled boreholes, rehabilitated water points, and conducted studies on the issues and challenges surrounding sustainable water-point management. We shared and discussed our insights with state authorities, donors, civil society representatives, businesses, and humanitarian organisations. We also strengthened the capacities of local partners by training technicians who work on the repair and maintenance of hand pumps, and made donations to support their activities, enhancing their efficiency.

Malawi

No. staff in 2023: 424 (FTE) » Expenditure in 2023: €10.1 million
MSF first worked in the country: 1986 » msf.org/malawi

KEY MEDICAL FIGURES

59,700
outpatient
consultations

11,400
people treated
for cholera

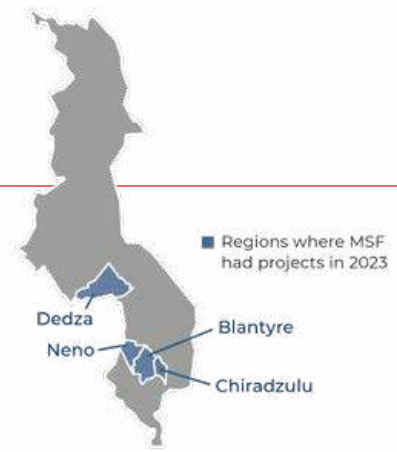
530
surgical
interventions

In Malawi, Médecins Sans Frontières (MSF) runs a project to improve preventive and curative care for cervical cancer. The country has the highest death rate for the disease in the world.¹

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

Based in Queen Elizabeth Central hospital in Blantyre, our services include human papillomavirus vaccinations, outpatient treatment for pre-cancerous and cancerous lesions, surgery, chemotherapy, and home-based palliative care for patients in the advanced stages of the disease. Patient-centred activities, such as mental health support and education sessions, are also part of our programme. In addition, MSF refers some patients to Kenya for radiotherapy, as this treatment is not yet available in Malawi.

The cervical cancer screening units are integrated in 10 health centres in Blantyre and Chiradzulu districts. A mobile screening team also works in Chiradzulu.



Alongside our specialist cervical cancer programme, we support key medical services for sex workers, such as sexual reproductive healthcare, screening services, and HIV prevention at two community-based organisations in Dedza and Zalewa.

In 2023, after over 20 years of collaboration with MSF, Chiradzulu district health authorities and their partners took over our HIV/AIDS activities, ensuring continuity of care for patients in the district.

During the year, MSF responded to a massive cholera outbreak by setting up cholera treatment units, severely and moderately ill patients, supporting oral cholera vaccination campaigns, and conducting water, sanitation and hygiene activities.

From March, in the wake of Cyclone Freddy, our teams rehabilitated water networks and sanitation facilities, and distributed relief items such as blankets, firewood and cooking equipment. We also provided outpatient and maternity consultations for people affected by the disaster.

¹ <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-12547-9>

Malaysia

No. staff in 2023: 86 (FTE) » Expenditure in 2023: €3.4 million
MSF first worked in the country: 2004 » msf.org/malaysia

KEY MEDICAL FIGURES

16,600
outpatient
consultations

5,380
antenatal
consultations

1,390
individual mental
health consultations

In Malaysia, Médecins Sans Frontières (MSF) provides medical and humanitarian support to refugees, mainly Rohingya people, who face multiple barriers in accessing healthcare and protection in the country.

More than 4,400 Rohingya refugees attempted to make perilous boat journeys from Bangladesh or Myanmar to Malaysia in 2023, an increase of over 20 per cent in comparison to 2022.¹

The Malaysian government continued its deterrence-based policies against refugees, such as immigration raids and arrests, detention, discrimination and deportation. Many children are still held in immigration detention centres with adults, in spite of calls for alternative accommodation. Some have been transferred to dedicated detention centres for mothers and children, but to date there is no alternative to detention.

MSF teams work with refugees in urban settings and immigration detention centres, and through fixed and mobile clinics in Penang, offering general healthcare,



mental health support and patient referrals to other health providers and the UN refugee agency, UNHCR. Due to our efforts, hepatitis C treatment is now provided free of charge to all refugees registered with UNHCR in Malaysia.

In the three immigration detention centres where we work, we provide medical and psychosocial care and distribute essential hygiene items, such as soap and sanitary pads. We also conduct training on medical and mental health topics for immigration officers. In 2023, our teams saw a high demand for antenatal care and family planning services.

Advocacy is a key part of our programme in Malaysia, primarily through engagement with government stakeholders. We continue to oppose the detention of refugees in immigration centres, and call for them to be issued with identity documents so that they can obtain healthcare insurance and greater protection in the country. We also advocate for free access to vaccinations for all children in Malaysia.

¹ <https://www.aljazeera.com/news/2024/1/24/unhcr-569-rohingya-died-at-sea-in-2023-highest-in-nine-years>

Mali

No. staff in 2023: 1,478 (FTE) » Expenditure in 2023: €37.9 million
MSF first worked in the country: 1992 » [msf.org/mali](https://www.msf.org/mali)

KEY MEDICAL FIGURES

530,000
outpatient
consultations

66,000
patients admitted
to hospital

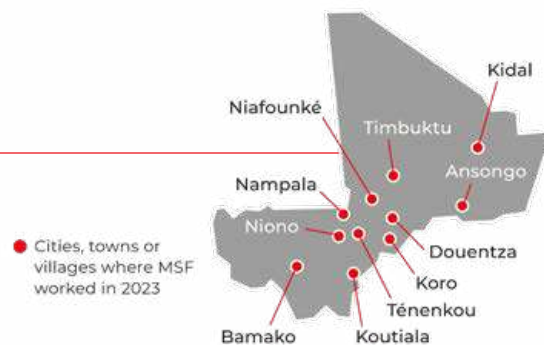
1,870
surgical
interventions

1,040
people treated for
intentional physical
violence

Amid escalating violence and increasing attacks on our staff and facilities, Médecins Sans Frontières (MSF) teams continued to deliver essential healthcare to displaced people and war-wounded patients in Mali.

Violence against civilians intensified during the year, prompting displacement, particularly in the country's northern and central regions. Others were trapped in cities and villages by armed groups or impacted by intercommunal conflict. Violence in northeast Mali also caused movements of people, especially around Ansongo and Gao, where we continue to provide humanitarian aid and treat the wounded.

Many international humanitarian organisations withdrew from areas affected by fighting, as they were unable to gain access to people in need. Our teams remained in Koro and Douentza, in the central region of Mopti, responding to the needs of displaced people and assisting refugees from neighbouring Burkina Faso.



MSF and other NGOs were also subjected to violence during the year; staff were kidnapped and assaulted, MSF-supported health facilities were looted, and our ambulances were attacked. In November, we were forced to evacuate our teams from Kidal, Boni and Nampala due to a marked deterioration in security in these areas. Nevertheless, we continue to run medical activities and provide humanitarian aid to people in remote areas affected by the conflict.

In addition to caring for the war-wounded and responding to the needs of displaced people, our teams provided a range of medical services, including maternal and paediatric care, screening and treatment for malnutrition, mental health care, and emergency surgery across all our projects in the country.

In the capital, Bamako, we continued our project in partnership with the Ministry of Health, which focuses on providing care for women with breast or cervical cancer.

Mexico

No. staff in 2023: 279 (FTE) » Expenditure in 2023: €13.8 million
MSF first worked in the country: 1985 » [msf.org/mexico](https://www.msf.org/mexico)

KEY MEDICAL FIGURES

93,700
outpatient
consultations

11,200
individual mental
health consultations

5,570
consultations for
contraceptive services

77
victims of
torture treated

Médecins Sans Frontières runs medical and mental health care projects across Mexico, focusing on migrants and victims of violence. In 2023, we also assisted the response to Hurricane Otis in Acapulco.

In May, the United States introduced legislative changes that severely restrict access to asylum, which had a significant impact on the number of people who ended up stranded at Mexico's northern border during 2023.

Migrants continue to live in dire conditions, with little access to protection, shelter, water and sanitation, or medical care. Furthermore, many of them have been traumatised by exposure to violence, including sexual assaults, during their journeys. Despite this, Mexico recorded an unprecedented number of migrants last year, as both a transit and a destination country.

Through mobile and fixed clinics, our teams delivered medical and mental health services across the country, including in the capital, Mexico City, prioritising minors and women travelling alone, and victims of direct violence.

We also launched emergency responses in Viva México and Juchitán, Oaxaca state, and Arriaga, Chiapas state, when thousands of migrants arrived at the southern border. We provided them with basic healthcare, mental health support and clean drinking water.



In Reynosa and Matamoros, more than 5,000 people were stranded in informal camps, with limited access to drinking water, health services or protection. Our teams adapted activities according to their changing needs, distributing items such as blankets, warm clothing and thermal sleeping mats when the weather turned cold, as well as food.

In our multidisciplinary care centre in Mexico City, we provided a complete package of care for survivors of extreme violence and torture, including medical treatment, mental health and social support. We also had teams based at the Mexican Commission for Refugee Assistance building, the northern bus terminal - where people were taking refuge - and six shelters in the city.

In November, we sent teams to assist people affected by Hurricane Otis in Acapulco and other nearby municipalities in Guerrero state. We conducted medical and mental health consultations and health promotion activities to detect and prevent the spread of diseases.

Mozambique

No. staff in 2023: 815 (FTE) » Expenditure in 2023: €26.8 million
MSF first worked in the country: 1984 » msf.org/mozambique

KEY MEDICAL FIGURES

280,600
outpatient
consultations

5,770
individual mental
health consultations

3,990
people treated
for cholera

3,590
women received safe
abortion care

2,240
people with
advanced HIV under
direct MSF care

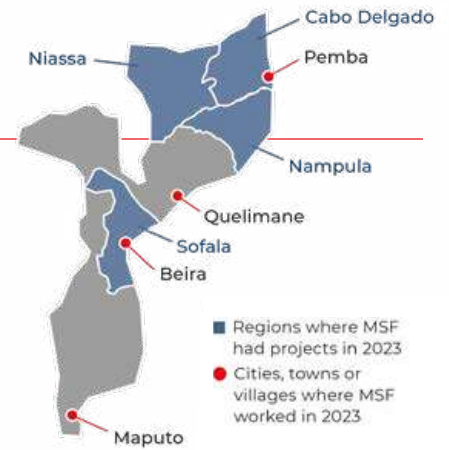
Médecins Sans Frontières (MSF) ran a range of activities in Mozambique in 2023, responding to extreme weather events and multiple cholera outbreaks and assisting people affected by conflict in Cabo Delgado.

By December 2023, according to UNHCR, close to 710,000 people were internally displaced in Mozambique as a result of conflict, tropical cyclones and flooding.

Responding to cholera outbreaks and natural disasters

From January to February, we worked with local authorities, other organisations and communities to help control the spread of cholera in Niassa province, especially in remote areas where access to healthcare was limited. Our activities included setting up and strengthening cholera treatment units in eight locations, treating patients, training health workers, and running health promotion initiatives to raise community awareness about the effects of the disease and preventive measures. We also donated medicines and medical equipment, including cholera beds, hygiene kits for patients' families, water purifiers, antibiotics and oral rehydration salts. Following the launch of a vaccination campaign by the Ministry of Health and a decrease in the number of cases in Niassa, we handed over these activities to provincial authorities.

In April, we responded to an outbreak in Nacala-Porto, Nampula province, by implementing measures to improve infection prevention and control in a cholera treatment unit, constructing a temporary morgue and emergency waste zone, and installing water and sanitation facilities. We also conducted staff training.



In February and March, Cyclone Freddy made two landfalls in Mozambique, affecting over one million people. A total of 183 people lost their lives, and 123 health facilities were destroyed. Within two weeks of the second landfall, over 8,000 cholera cases were reported in Zambezia province. This was the worst cholera outbreak in the country in eight years.

In response, our team set up four cholera treatment centres (CTCs) in the city of Quelimane. As well as providing support with treatment and training for medical and non-medical staff, we donated medical equipment and medicines. In April, we handed over these activities to health authorities following the launch of a vaccination campaign and a reduction in cases in the province.

We also responded to cholera in several districts in Cabo Delgado, where we set up CTCs, trained medical and hygiene staff, and donated medical and logistical material.

Between February and March, following heavy rains in Maputo province, the Umbeluzi River burst its banks, causing intense flooding. We immediately sent teams to distribute hygiene kits and tents to displaced people, and supported medical, water and sanitation activities.

Assisting people affected by conflict

Since 2017, conflict between armed groups and government and allied forces has continued to displace and traumatise thousands of families in Cabo Delgado province, in northern Mozambique. By December 2023, over 540,000 people remained displaced, while 600,000 previously displaced people returned to their areas of origin. There are still urgent humanitarian needs across Cabo Delgado that remain largely unaddressed for both displaced people and returnees, especially regarding access to food, water, shelter and basic services, including health and education.

The conflict has had a significant impact on people's mental health, with many traumatised after witnessing murders, kidnappings and sexual violence. Families returning to their areas of origin often have the same needs as those who

Glória* speaks to an MSF nurse in the Ponta-gêa health centre, where MSF supports Ministry of Health staff in providing safe abortion care and maternity services. Beira, Mozambique, May 2023.

*name changed to protect privacy
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An MSF nurse tests a sample from a patient for schistosomiasis at the Muepane health post. Nampula province, Mozambique, June 2023.
© Pierre-Yves Bernard/MSF

remain displaced, as they have lost their homes and livelihoods. We rehabilitated health centres that were destroyed by the conflict, supporting the Ministry of Health to re-open general health centres. In Mocimboa da Praia we opened a transitory provincial hospital in a closed school, as the hospital was destroyed.

MSF has been working in Cabo Delgado since 2019, delivering healthcare to people displaced by the conflict or returning to their homes, through community-based services, fixed and mobile clinics, and support to health centres and local hospitals in Macomia, Mocimboa da Praia, Mueda, Muidumbe, Palma and Nangade districts. We offer a wide range of services, including general and specialised healthcare, mental health support, sexual and reproductive healthcare, health promotion, and patient referrals. We also work to ensure access to safe water and effective sanitation and waste management, and distribute essential relief items, such as soap, jerry cans and cooking kits.

We are also supporting the Ministry of Health to restart HIV/tuberculosis programmes disrupted by years of conflict, and to improve the delivery of health services by increasing biomedical, laboratory and pharmacy management capacity. In Macomia, Mueda and Mocimboa da Praia, our teams support general healthcare and 24-hour emergency services, including maternity care and ambulance referrals to Pemba provincial hospital.

Treating diseases

In Beira, Sofala province, we offer sexual and reproductive healthcare, including safe abortion

care, HIV testing, and treatment for vulnerable and stigmatised groups, such as adolescents, sex workers, transgender women, and men who have sex with men. We also provide care for patients with advanced HIV at healthcare facilities in the city.

Our team in Beira Central hospital has been working to ensure early diagnosis and treatment to improve the management of opportunistic infections in people living with advanced HIV. Since 2021, we have extended this project to 10 health centres in Beira, where we provide support for sexual and reproductive healthcare, and diagnosis and treatment of advanced HIV, as well as mentor Ministry of Health staff.

In Mogovolas district, Nampula, we have been working with the Ministry of Health since 2022 to improve access to healthcare for vector-borne, water-borne and neglected tropical diseases, focusing on severe malaria and other febrile illnesses, schistosomiasis, lymphatic filariasis and scabies. We have mobile teams working in general healthcare facilities and communities, as well as in a laboratory.

In general healthcare facilities, we training and mentoring for Ministry of Health staff. In communities, we organise health promotion and case finding, and facilitate peer support groups. We also offer physiotherapy to patients with chronic lymphoedema of the limbs, one of the consequences of lymphatic filariasis, a disease caused by infection from parasites. Meanwhile, a laboratory team in Nametil supports blood-bank management and diagnosis.

Morocco

No. staff in 2023: 2 (FTE) » Expenditure in 2023: €0.3 million
MSF first worked in the country: 1997 » msf.org/morocco

KEY MEDICAL FIGURE

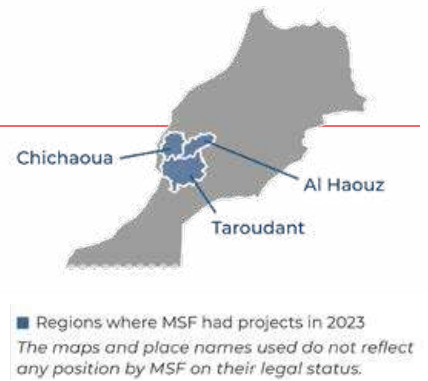
350 individual mental health consultations

Following a massive earthquake that shook Morocco in September 2023, Médecins Sans Frontières sent five medical and mental health teams to support the emergency response.

Remote villages in the High Atlas Mountains suffered major damage when the 6.8 magnitude earthquake struck. Almost 3,000 people were killed, and many more injured. Our emergency teams focused on assessing the medical and humanitarian situation in the most seriously affected provinces, Al-Haouz, Taroudant and Chichaoua.

While most medical needs were met by the Moroccan authorities and other organisations, our teams noted significant gaps in psychological support for people affected by the quake, and therefore made mental health care our priority.

For two months, our teams provided mental health and psychosocial support in these three provinces, mostly to women and children, but also to volunteers, search and rescue teams and other



people involved in the emergency response. We also conducted training on psychological first aid for members of Moroccan organisations.

Our teams worked to reach people living in the most remote areas, who had been cut off from services due to the damage to roads. Many of them decided to stay in their villages rather than seek refuge elsewhere.

In addition to offering mental health care, we distributed relief items, such as mattresses and blankets. We also launched an online health promotion campaign to engage with people seeking further mental health support.

At the beginning of December, we handed over some of our activities to CEFA, an international non-governmental organisation, and concluded our support to the emergency response.

Myanmar

No. staff in 2023: 1,330 (FTE) » Expenditure in 2023: €17.7 million
MSF first worked in the country: 1992 » msf.org/myanmar

KEY MEDICAL FIGURES

181,600 outpatient consultations

3,340 individual mental health consultations

1,600 people receiving HIV antiretroviral treatment

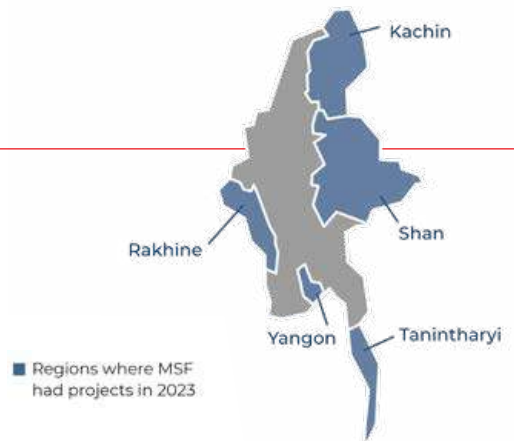
190 people started on treatment for MDR-TB

As the conflict in Myanmar entered its third year post the military takeover, Médecins Sans Frontières scaled up assistance to displaced people and filled essential gaps in healthcare.

Violence escalated at the end of October in Kachin, Shan and Rakhine states, displacing an additional 660,000 people and exacerbating the already severe healthcare needs. People struggled to access care, as hospitals ceased to function following attacks or evacuations, and the warring parties imposed travel restrictions on people and humanitarian organisations.

In response, our teams in Kachin and Shan provided medical support and distributed relief items, such as hygiene and cooking kits, to displaced people. We also increased sexual and reproductive health services and support for victims of sexual violence in Kachin, Shan and Rakhine.

Until November, our mobile teams in Sittwe district, Rakhine, conducted outpatient consultations in remote areas where healthcare is scarce or non-existent, or inaccessible due to cost or restrictions on movement. We also identified patients in need of specialised care and supported them with the referral process. This process is particularly challenging for Rohingya people, as they are



contained in fenced camps or villages and require permission from the authorities to move around.

When the escalation in conflict prevented our teams from running mobile clinics for the last two months of the year, patients relied heavily on our community health workers and teleconsultations for medical care.

Meanwhile, we extended our support to Aung San tuberculosis (TB) hospital in the capital, Yangon, where almost 50 per cent of the country's patients with drug-resistant TB receive care.

During 2023, we continued the handover of our HIV patients to the Ministry of Health, switching our focus to supporting the national AIDS programme with staff and technical assistance.

In May, after Cyclone Mocha made landfall in Rakhine state, causing widespread damage to homes and infrastructure, we delivered medical care to the people affected. We also conducted water and sanitation activities, which included repairing latrines, distributing hygiene items and trucking in clean water.

Niger

No. staff in 2023: 1,729 (FTE) » Expenditure in 2023: €45.4 million
MSF first worked in the country: 1985 » [msf.org/niger](https://www.msf.org/niger)

KEY MEDICAL FIGURES

- 1,012,700 outpatient consultations
- 410,200 malaria cases treated
- 132,800 people admitted to hospital, including 93,600 children aged under five
- 49,700 children admitted to outpatient feeding programmes for severe acute malnutrition

In the aftermath of the political crisis that unfolded in July 2023 in Niger, which compounded pre-existing humanitarian needs in the country, Médecins Sans Frontières (MSF) continued to provide vital healthcare and support in affected areas.

During the year, the security situation remained volatile in areas along the borders with Nigeria, Burkina Faso and Mali. There were numerous violent incidents, including kidnappings, assassinations, and casualties from improvised explosive devices in Tillabéry region, in the Lake Chad basin, and to a lesser extent in Maradi region in the south.

Following the military coup on 26 July, sanctions, such as the closure of land and air borders and the suspension of regional trade and banking relations, exacerbated food insecurity and made it even more difficult for people to access healthcare.

In Assamaka, several international NGOs withdrew, leaving thousands of migrants expelled from Algeria to fend for themselves in the desert of



● Cities, towns or villages where MSF worked in 2023

northern Niger, deprived of shelter, healthcare, protection and the basic necessities. In response, MSF distributed water and essential relief items such as hygiene and cooking kits, and provided mental health support, while publicly denouncing the appalling conditions migrants were forced to live in.

Despite restrictions on access imposed on humanitarian NGOs, as well as border closures which severely disrupted the supply chain, particularly for nutrition products, we continued offering comprehensive care in hospitals and integrated health centres that we already support in Tillabéri, Maradi, Zinder, Tahoua and Diffa regions. This included maternity, paediatric and nutrition services. We also continued to build and upgrade facilities in these regions as part of our long-term partnership with the Nigerien health authorities to improve access to healthcare for people living in vulnerable circumstances.

Pakistan

No. staff in 2023: 1,263 (FTE) » Expenditure in 2023: €16.5 million
MSF first worked in the country: 1986 » [msf.org/pakistan](https://www.msf.org/pakistan)

KEY MEDICAL FIGURES

- 47,500 malaria cases treated
- 13,200 births assisted
- 11,500 people treated for cutaneous leishmaniasis
- 1,940 people started on hepatitis C treatment

In Pakistan, Médecins Sans Frontières (MSF) continued to deliver medical care to people affected by the devastating floods in 2022, and to run projects to tackle neglected and communicable diseases.

Our teams provided healthcare, including treatment for malnutrition, malaria and cutaneous leishmaniasis, to flood-hit communities in Dadu district, Sindh, until November, when we transferred activities to the health authorities.

In north Sindh and east Balochistan, we ran mobile clinics, offering healthcare to children and pregnant and lactating women until June. As well as treatment for malaria and malnutrition, we improved water and sanitation provision and distributed therapeutic food and mosquito nets.

Throughout the year, we also offered reproductive, neonatal and paediatric care at three locations in Balochistan, serving local communities and Afghan refugees. Activities included emergency obstetric services, nutrition programmes and patient referrals.

Our cutaneous leishmaniasis programme registered a sharp increase in patient numbers across all five of our clinics in Balochistan and Khyber Pakhtunkhwa provinces in 2023. In addition to diagnosis, care and mental health support, we are conducting clinical research into better treatment options.



■ Regions where MSF had projects in 2023
● Cities, towns or villages where MSF worked in 2023
The maps and place names used do not reflect any position by MSF on their legal status.

In Khyber Pakhtunkhwa, we also provide general healthcare consultations in Tirah Valley, Khyber district, for locals and people who have resettled there.

In Karachi, Sindh, MSF's one-year intervention in Baldia rural health centre ended in July. Its aim was to introduce a model of care for hepatitis C that could be implemented at general healthcare level. The centre has since been made a 'sentinel site' for hepatitis C.¹ Meanwhile, we strengthened our screening for the disease in Machar Colony, and continued to offer diagnosis and treatment to the mostly undocumented residents through our clinic there.

In Gujranwala, Punjab, we focus on providing diagnosis and treatment for drug-resistant tuberculosis. In 2023, we started implementing shorter treatment regimens, and reinforced our patient-centred approach by setting up support groups and conducting home visits and follow-up consultations.

¹ A 'sentinel site' is a health facility that collects data on diseases under surveillance. It monitors the prevalence, with a view to assessing any change to health.

Nigeria

No. staff in 2023: 3,058 (FTE) » Expenditure in 2023: €74.4 million
MSF first worked in the country: 1996 » [msf.org/nigeria](https://www.msf.org/nigeria)

KEY MEDICAL FIGURES

- 1,203,600 outpatient consultations
- 409,600 malaria cases treated
- 193,900 admissions of children to outpatient feeding programmes
- 154,600 people admitted to hospital
- 52,500 children admitted to inpatient feeding programmes
- 30,200 births assisted
- 16,400 children treated for measles
- 14,400 individual mental health consultations

In Nigeria, Médecins Sans Frontières (MSF) scaled up activities to address the neglected malnutrition crisis and assist people displaced by violence. We also ran programmes to improve maternal and child health.

In recent years, conflict, extreme weather events and deteriorating economic conditions have plunged Nigeria's North West, North East and North Central zones into a deepening humanitarian crisis. Millions of people are living in increasingly vulnerable circumstances as they face catastrophic levels of malnutrition and outbreaks of preventable diseases.

Widespread violence and unrest have driven over 3.3 million people from their homes.¹ They, and many others in these areas of Nigeria, have extremely limited access to medical services, due to the lack of functioning healthcare facilities, and the financial and security challenges involved in travelling to those that are still working.

Violence and displacement

Nigeria's North West region has experienced a significant increase in violence and insecurity over the past few years. Hundreds of people have been killed and kidnapped, while more than 600,000 have been displaced.² In the North East zone, thousands of civilians have been killed in the fighting between armed opposition groups and the Nigerian armed forces. This ongoing violence prevents people in need of medical assistance from seeking care, as they fear being killed or kidnapped on their way to health facilities.



MSF teams support displaced and host communities affected by violence in the North West, North East and North Central zones, including Plateau state, where the situation deteriorated rapidly in 2023, resulting in hundreds of deaths and mass displacement.

In Borno state, we launched a new project in partnership with a local foundation to provide basic healthcare at community level in hard-to-reach areas outside Maiduguri city.

In Zamfara state, our teams were forced to withdraw support from an inpatient nutrition facility in the town of Anka in September because of the increased tensions in the area. We also had to temporarily evacuate some of our staff in Zurmi in December due to heavy fighting next to the hospital.

Disease outbreaks

In 2023, we responded to an unprecedented diphtheria outbreak, which started in Kano state and spread across the country. By the end of the year, more than 20,000 suspected cases and 600 deaths were reported. MSF teams treated patients in Kano, as well as Maiduguri and Bauchi.

Our teams also saw an alarming number of patients with measles, particularly in Maiduguri, and responded to outbreaks of other diseases, such as meningitis, cholera and Lassa fever in Ebonyi, Bauchi and Zamfara. In addition, we conducted preventive activities to annual incidences of malaria, and called for mass vaccination campaigns to be carried out across the country to curb the spread of preventable diseases.



An MSF nurse tends to a newborn baby in the newborn unit, which admits babies needing post-natal care, at Jahun General hospital. Jigawa state, Nigeria, December 2023. © Alexandre Marcou/MSF

Funke Adagboyega, an MSF counsellor, talks to Aisha L., a noma survivor, before her reconstructive surgery. Sokoto, Nigeria, May 2023.
© Fabrice Caterini/Inediz



Malnutrition

The spiralling violence and severe poverty, exacerbated by increased competition over depleting resources - which is a result of climate change - have left many people vulnerable to chronic cycles of acute malnutrition. In 2023, our teams continued to focus on nutrition activities, working in 32 outpatient and 10 inpatient therapeutic feeding centres across five states in North West region (Zamfara, Sokoto, Katsina, Kano and Kebbi). We also increased our response in North East region, tripling our bed capacity in Maiduguri following a surge in cases, and doubling it in Kafin Madaki hospital, Bauchi state.

As the number of malnutrition cases continued to rise, we stepped up our advocacy efforts, calling on the government and other NGOs to increase their assistance to affected people, particularly in North West region, where the crisis remains largely unrecognised.

Women's health and sexual violence

Nigeria has one of the worst maternal death rates in the world; after South Sudan and Chad, it is the country with the highest number of deaths during childbirth, with more than 1,000 per 100,000 births.³ Underfunding, lack of access to health services, soaring inflation that makes it difficult to afford hospital fees or transportation, and cultural practices that hinder women from seeking care, are responsible for this shocking record, and for the high number of women developing obstetric complications.

In 2023, we opened a women's health clinic for mothers of malnourished children admitted to the inpatient therapeutic feeding centre we support in Katsina. We also conduct obstetric and neonatal activities, including surgery for conditions such as obstetric fistula, at Jahun general hospital in Jigawa state.

In Kano state, our teams support two general healthcare centres and a clinic for maternal and child health, while in Cross River, we provide emergency obstetric and neonatal care. We also

support four basic emergency obstetric and neonatal care centres in northeastern Nigeria.

In Benue, thousands of displaced people, who fled armed clashes between farmers and herders, are living in precarious living conditions. Our teams working in the displacement sites continue to witness extremely high rates of sexual and gender-based violence (SGBV).

In 2023, we offered a range of services in Benue, including sexual and reproductive healthcare, and comprehensive care for victims and survivors of SGBV, comprising treatment and mental health support, and health promotion. These services are also available in the towns of Shinkafi, Zurmi and Anka in Zamfara.

Noma

Since 2014, we have supported the Noma Children's hospital in Sokoto, in northwest Nigeria, by providing reconstructive surgery, nutrition and mental health support, as well as conducting community outreach activities, with a focus on early detection. Most patients who contract noma – a disfiguring and deadly infection if not treated on time – are children under six years old, whose immune systems have been weakened by malnutrition.

MSF supported the government in the drafting of the National Noma Control Plan, which aims to raise awareness about the disease. In December, after long-term advocacy efforts by our teams, noma was included in the World Health Organization's Neglected Tropical Diseases list. The inclusion of noma is a significant milestone, as it will amplify global awareness, stimulate research and funding, and boost efforts to control the disease.

1 IDMC, <https://www.internal-displacement.org/countries/nigeria/>

2 IOM (2023), 'North-Central and North-West Zones Displacement Report December 2023: <https://dtm.iom.int/reports/nigeria-north-central-and-north-west-displacement-report-12-december-2023?close=true>

3 Integrated African Health Observatory: "Maternal mortality: The urgency of a systemic and multisectoral approach in mitigating maternal deaths in Africa" https://files.who.int/afahobckpcontainer/production/files/iAHO_Maternal_Mortality_Regional_Factsheet.pdf

Palestine

No. staff in 2023: 374 (FTE) » Expenditure in 2023: €23.9 million
 MSF first worked in the country: 1988 » [msf.org/palestine](https://www.msf.org/palestine)

KEY MEDICAL FIGURES

- 107,400 outpatient consultations
- 13,300 individual mental health consultations
- 3,670 surgical interventions

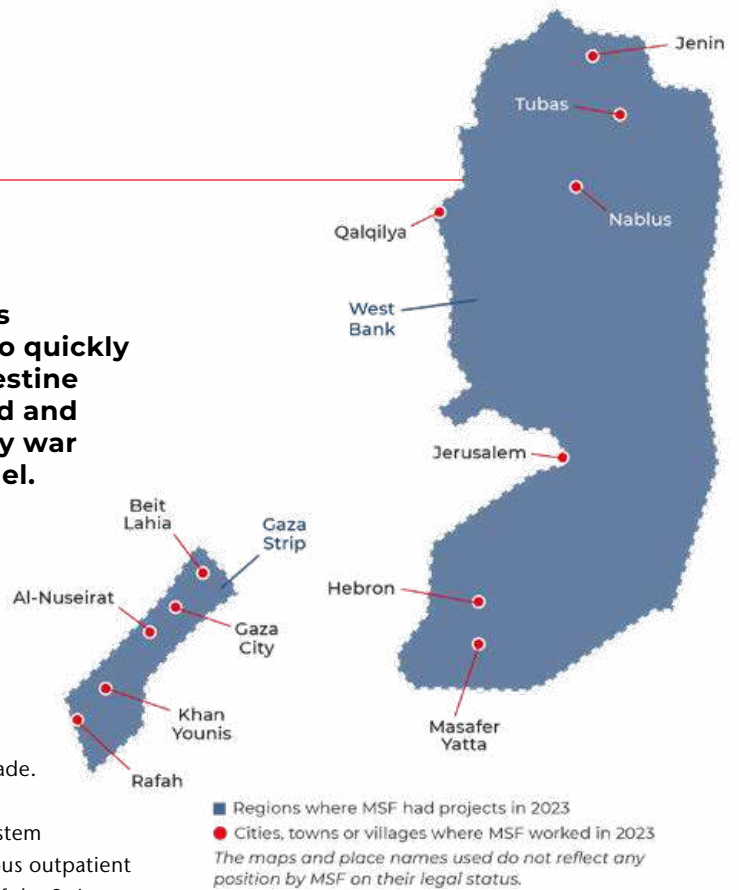
In 2023, Médecins Sans Frontières (MSF) had to quickly adapt activities in Palestine to assist people injured and displaced in the bloody war waged on Gaza by Israel.

Gaza

During the first three-quarters of 2023, our teams continued to deliver specialised medical services in the Gaza Strip, a 40-kilometre-long enclaved area that has now endured more than 15 years of Israeli-Egyptian blockade. Our teams offered support to the overstretched local healthcare system through three hospitals and various outpatient clinics located in different parts of the Strip, as well as the main laboratory, which ran microbiological analysis services for both MSF and non-MSF facilities.

Activities managed by our teams up to that point included comprehensive care for burns and trauma patients, comprising surgery, physiotherapy, psychological support, occupational therapy and health education.

Everything changed on 7 October, when Israel launched its heaviest, most lethal offensive ever on Palestine, following Hamas' deadly attacks on Israeli soil on the same day. Days of intense, indiscriminate bombing on the Gaza Strip turned into weeks, particularly in the north of the Strip, and MSF teams struggled to keep medical activities up and running while ensuring their own safety.



The situation soon forced the evacuation of our international staff to the south of the Strip, where they were blocked for weeks, before being permitted to leave via the Rafah border. Most of our Palestinian personnel continued to work under imminent threat to their lives, doing their best to provide care in these extreme circumstances. The already strained healthcare system crumbled under the Israeli attack, and hospitals in Gaza City were overwhelmed with patients and people seeking refuge. First-hand observation by MSF teams confirmed that women, children and elderly people represented a very large proportion of the dead and the wounded.

The situation was made even more unbearable by the complete siege of the Strip by the

Israeli authorities, who took many weeks to allow food, medical materials, drugs and humanitarian aid into Gaza. Once they did, the amounts permitted were so negligible that they fell far short of people's needs. Surgeons were reduced to operating on patients without anaesthetics, and emergency care became more



An MSF staff member assists a man with a leg injury on crutches into the MSF clinic inside the Rafah Indonesian Field hospital. Gaza Strip, Palestine, December 2023. © MSF

MSF medical staff treat wounded people at Zam in Jenin hospital, following an Israeli forces incursion on Jenin refugee camp. West Bank, Palestine, October 2023.
© Faris Al-Jawad/MSF



and more difficult to perform, while treatment for any conditions that were not immediately life-threatening effectively stopped.

MSF's social mission includes bearing witness to what we see, and early on in the conflict, we made repeated public calls for a lasting ceasefire as the only meaningful way to spare civilian lives in Gaza. However, the situation quickly worsened, as it became clear that healthcare facilities were themselves coming under attack, and the casualties among medical staff across Gaza began to rise. We mourn the loss of six MSF staff, as well as many other colleagues and their family members, who were killed in Gaza by Israeli forces, and lament the complete or partial destruction of many of Gaza's hospitals.

At the end of the year, our teams regrouped to develop and adapt our activities in southern Gaza, around Khan Younis and Rafah, although these areas too came under more intense fire. As the war and Israeli siege dragged on, the number of people killed increased every day, and over one million who had been displaced from the north gathered in a small portion of land in the south, where they continue to live in extremely precarious conditions. The lack of food and water had caused an additional strain, and at the end of the year, the threat of malnutrition loomed larger on people who had already lost everything.

By the end of December, MSF was operational in six hospitals (Al-Awda, Al-Aqsa, European, Nasser, Rafah Indonesian and Emirati Maternity hospitals) and one general healthcare facility, Al-Shaboura clinic, located mainly in the Middle Area and South Gaza. There were only a few MSF colleagues still working in Al-Awda hospital in northern Gaza, offering surgical and wound care, physiotherapy, outpatient consultations and mental health services.

The West Bank

The impact of the 7 October attacks was felt across Palestine, including in the West Bank, where occupation-related violence has been steadily increasing for years. The Jenin refugee camp was subjected to several attacks by Israeli forces, resulting in many dead and wounded. Our teams there continued to offer emergency, lifesaving services in Khalil Suleiman hospital, and directly witnessed the extreme violence used by the Israeli forces.

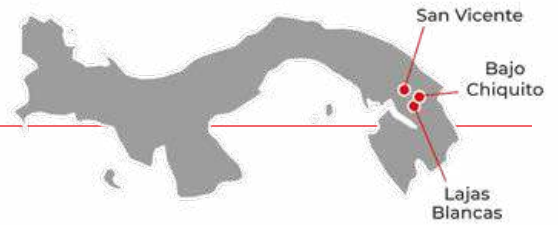
We maintained our mental health activities in Hebron, Nablus, Qalqilya and Tubas, where we offer psychological support, psychotherapy and psychiatric services to people affected by violence. We also support the community emergency response plan, empowering communities to respond to their own health needs. However, our individual, group and family psychotherapy sessions were sometimes disrupted by the violence in the area, which often made movements dangerous for patients and MSF staff alike.

Until September, our medical team was operating regularly in four or five locations in an area of Hebron known as 'H2', in the heart of the old city, and in Masafer Yatta, in the southeast of the West Bank, where residents are facing forcible displacement and home demolitions.

Due to the escalation in violence in the West Bank after 7 October, people living in Hebron governorate have been unable to access health services, while severe movement restrictions have prevented healthcare staff from reaching their workplaces. In response to these increasing challenges, we scaled up our activities, running mobile clinics in eight locations across Hebron and Masafer Yatta from November.

Panama

No. staff in 2023: 66 (FTE) » Expenditure in 2023: €2.6 million
MSF first worked in the country: 2021 » [msf.org/panama](https://www.msf.org/panama)



KEY MEDICAL FIGURES

63,400
outpatient
consultations

3,010
individual mental
health consultations

540
people treated for
sexual violence

In 2023, Médecins Sans Frontières (MSF) continued to respond to the medical needs of people crossing the Darién Gap, a remote, roadless jungle on the border between Colombia and Panama.

Over 520,000 migrants crossed the Darién Gap last year,¹ on their way north to Mexico and the United States, in search of a better life. This was the highest number recorded to date, and more than double the figure for the previous year.

After negotiations with the authorities, our teams were permitted to return to the Indigenous community of Bajo Chiquito, the first village migrants reach after making the crossing into Panama, a perilous journey that can take 10 days or more. We immediately started to support the Ministry of Health health post in the village so that victims and survivors of sexual violence could receive the urgent attention that is critical to ensure effective treatment. As well as providing care to hundreds of victims, we continued to raise the alarm regarding the huge increase in sexual assaults.

● Cities, towns or villages where MSF worked in 2023

Our teams also offered medical and mental health care to people who had been victims of physical assaults, threats and robbery by criminals in the jungle. Some patients had sustained injuries as they travelled across the treacherous terrain, or had developed skin, gastric or respiratory diseases due to poor access to food, water and shelter.

There were many vulnerable groups among patients, including young children, older adults, and people with disabilities or previous health conditions.

In 2023, 63 per cent of the migrants came from Venezuela, 11 per cent from Ecuador and 8.9 per cent from Haiti. There is also significant migration from other continents, including 8.15 per cent from Asia.

As in previous years, we publicly called on governments in the region to ensure safe migration routes and take effective measures to protect migrants from violence.

¹ Government of Panama, Migration, <https://www.migracion.gob.pa/>

Papua New Guinea

No. staff in 2023: 97 (FTE) » Expenditure in 2023: €2.8 million
MSF first worked in the country: 1992 » [msf.org/papua-new-guinea](https://www.msf.org/papua-new-guinea)



KEY MEDICAL FIGURES

7,680
outpatient
consultations

680
people started on
treatment for TB,
including 51 for
MDR-TB

Médecins Sans Frontières' work in Papua New Guinea focused on reducing the high prevalence of tuberculosis (TB) through improved prevention, screening, diagnosis and treatment. In 2023, we handed over these activities.

Our teams collaborated with the national TB programme in two facilities in Port Moresby, the capital: at Gerehu hospital from 2015, and at Six Mile clinic from 2022, providing care to patients with drug-sensitive TB (DS-TB) and harder-to-cure, drug-resistant forms of the disease (DR-TB).

In a bid to prevent the spread of the disease, we conducted our community-based outreach and health promotion work in high-risk areas – especially in low-income and densely populated neighbourhoods with poor sanitation. Our teams also offered preventive TB treatment to close contacts of confirmed DS-TB patients.

Throughout the years, our teams worked with local health authorities and their staff to consolidate

the technical capacity of TB treatment in these areas. In 2023, as the project reached its objectives of setting up a comprehensive system of TB prevention, early detection, treatment and patient follow-up, we gradually handed it over to the provincial health authority.

Local health workers and doctors were trained in specific testing procedures, while laboratory technicians were taught how to use the sophisticated GeneXpert molecular testing machine for rapid diagnosis. Patient education, counselling and outreach activities were also part of this capacity-building endeavour.

In addition, to contribute to research on TB diagnosis worldwide, MSF carried out a study comparing the performance of ultrasound to chest X-ray in the diagnosis of pulmonary TB. If results are comparable, they would demonstrate easier and more efficient implementation in resource-limited settings.

Peru

No. staff in 2023: 5 (FTE) » Expenditure in 2023: €1.6 million
MSF first worked in the country: 1985 » msf.org/peru

KEY MEDICAL FIGURES
16,200
outpatient
consultations

430
individual mental
health consultations

Throughout 2023, Médecins Sans Frontières teams provided medical and mental healthcare to Venezuelan migrants and refugees in northern Peru, and assistance to people injured during political protests in the capital, Lima.

As in previous years, most of the patients seen by our teams in Tumbes, the northern region bordering Ecuador, were Venezuelans who have settled there after travelling for weeks or even months, often on foot, to flee poverty, unrest and political instability in their home country. Peru hosts the second-largest number of Venezuelan migrants and refugees in the world, with over 1.5 million living there by the end of 2023.¹

Many patients were exposed to violence during their journeys, including robberies and sexual assault, and had little access to food or water for long stretches of time. In Peru, they continue to live in precarious, unhygienic conditions, often facing exclusion from medical care due to their irregular administrative status. The services we ran in Tumbes included general healthcare, sexual and reproductive healthcare, mental health support, emergency referrals to hospitals,



and treatment for chronic diseases. We offered these same services to migrants from other Latin American countries, as well as to the local community.

From December 2022, political protests swept the country following the ousting of President Pedro Castillo, triggering a violent response from the army and the police, during which dozens of people were killed and over 1,200 were wounded. Our team in Lima immediately launched emergency activities, and again on multiple occasions during the following months, providing first aid and psychological support to people suffering from exposure to tear gas, pellet wounds, contusions or mental distress.

At the end of the year, we decided to end our operations in Peru in early 2024, due to resource-related challenges, and to enable us to respond to acute needs elsewhere in the world.

¹ UNHCR, <https://reporting.unhcr.org/operational/operations/peru>

Philippines

No. staff in 2023: 56 (FTE) » Expenditure in 2023: €1.6 million
MSF first worked in the country: 1984 » msf.org/philippines

KEY MEDICAL FIGURES
15,800
outpatient
consultations

750
people started on
treatment for TB,
including 20 for
MDR-TB

Médecins Sans Frontières (MSF) is increasing efforts to reduce the prevalence of tuberculosis (TB) in the Philippines' capital, Manila, through a screening programme in Tondo, its largest and most densely populated slum.

Prolonged lockdowns and disruptions to TB services during the COVID-19 pandemic in the Philippines meant people living in overcrowded areas also faced a higher risk of contracting TB. In collaboration with the Manila Department of Health, our teams launched an active case-finding project in 2021 to detect TB with an x-ray truck in the district of Tondo, one of the capital's most impoverished areas. The aim is to screen people, trace contact cases and refer TB-positive patients to local health centres.

The TB screening capacity of our multidisciplinary medical team was strengthened with an innovative software programme using artificial intelligence, called computer-aided detection (CAD4TB). CAD4TB is capable of rapidly recognising TB on chest x-rays. According to a study conducted by MSF this year on the implementation of the software in the project, this tool significantly sped up the screening process, enabling us to screen more Tondo residents in 2023.



At the same time, our health promotion teams toured the community to encourage people to undergo chest x-ray screening. Our medical team also followed up with patients to ensure they adhered to their treatment regimen, thereby breaking the chains of transmission. Early diagnosis and treatment are some of the most effective ways to prevent the spread of TB.

We conducted home visits immediately after a positive diagnosis to screen households' close contacts, administer TB skin tests and offer TB preventive treatment, especially to children. Infants and young children are particularly prone to severe forms of the disease, and in Tondo, their vulnerability is exacerbated by nutrition deficiencies. However, diagnosing TB in children is more complex than in adults, as it is difficult for them to produce the sputum needed for laboratory analysis. Protecting children through preventive measures and timely treatment of adults is a key priority for our teams.

Poland

No. staff in 2023: 13 (FTE) » Expenditure in 2023: €1.3 million
MSF first worked in the country: 2021 » [msf.org/poland](https://www.msf.org/poland)

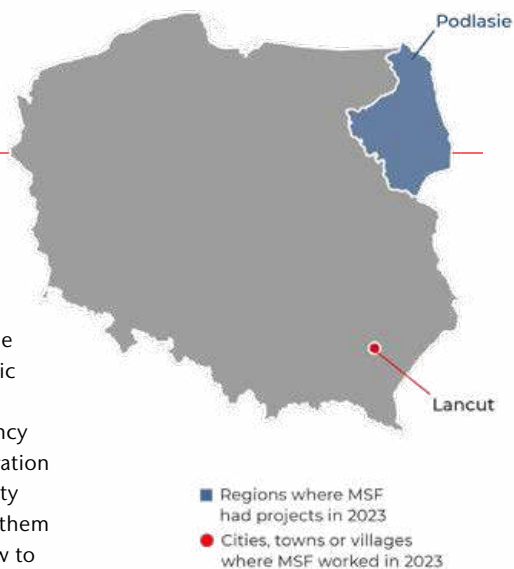
Médecins Sans Frontières (MSF) supports a programme for patients with drug-resistant tuberculosis (DR-TB) in Poland. We also assist migrants and refugees stranded at the border with Belarus.

Since 2022, MSF has been supporting a pilot DR-TB treatment programme in the capital, Warsaw, run by the Ministry of Health, coordinated by the Institute of Tuberculosis and Lung Diseases, and supported by the World Health Organization. The programme is designed to deliver a new outpatient model of care for DR-TB in Poland. Our teams support in case finding and referring patients to appropriate TB care, as well as undertaking capacity-building activities with Ministry of Health staff.

Our teams also ensure continuity of treatment for Ukrainian refugees with TB, by linking them to medical facilities and offering psychological and social support.

In Podlasie region, near the border with Belarus, we continue to assist people attempting to cross between the two countries. As well as providing basic medical care through mobile teams in remote locations, we organise emergency referrals and follow-up, in close cooperation with other organisations and civil society groups. We also organised training for them in topics such as basic first aid, and how to manage conditions like hypothermia and trench foot (damage to the feet caused by dampness for prolonged periods of time).

In addition, our teams in Poland offer logistical support to our medical humanitarian operations in Ukraine.



Russia

No. staff in 2023: 44 (FTE)
Expenditure in 2023: €3.4 million
MSF first worked in the country: 1992
[msf.org/russia](https://www.msf.org/russia)

In Russia, Médecins Sans Frontières provides treatment for people with drug-resistant tuberculosis (DR-TB) and HIV. Since 2022, we have also been assisting people displaced by the conflict in Ukraine.

In Arkhangelsk and Vladimir, we are collaborating with the local health authorities and the Northern State Medical University to implement a nine-month treatment regimen for DR-TB. In September 2023, we started enrolling patients on an even shorter – six-month – all-oral treatment regimen in Arkhangelsk that was recommended by the World Health Organization in its updated treatment guidelines in late 2022.

In Moscow and Saint Petersburg, we continued to partner with two community-based NGOs to support access to general healthcare, as well as testing and treatment for infectious diseases, for

people living with HIV and other vulnerable groups, such as migrants, who otherwise struggle to obtain medical assistance.

Throughout 2023, our teams worked in southwestern Russia, providing mental health and psychosocial support to people displaced by the international armed conflict in Ukraine. We collaborated with local NGOs in the cities of Belgorod and Rostov-on-Don to ensure that people affected by the conflict received medical and mental health support.

In August, we concluded our support to a Voronezh-based NGO and started a new partnership with a local NGO in Taganrog, in Rostov region. Jointly, we organised medical consultations and referrals for displaced people and provided technical support and training to NGO staff. We also donated urgently needed aid, such as food parcels, hygiene kits and essential household items, for distribution by local organisations to people displaced from Ukraine and those inside Russian border areas.



■ Regions where MSF had projects in 2023
● Cities, towns or villages where MSF worked in 2023

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

Search and rescue operations

No. staff in 2023: 23 (FTE) » Expenditure in 2023: €9.6 million
MSF started search and rescue: 2015 » [msf.org/mediterranean-migration](https://www.msf.org/mediterranean-migration)



KEY MEDICAL FIGURES

- 4,650 people rescued at sea
- 4,580 outpatient consultations
- 260 individual mental health consultations
- 49 people treated for sexual violence

Despite increasing political and operational challenges, Médecins Sans Frontières (MSF) continues to run search and rescue operations in the Central Mediterranean Sea, assisting people in distress and providing them with emergency care.

In 2023, more than 2,500 people died or went missing as they attempted to cross the Central Mediterranean Sea by boat – the deadliest toll since 2017. Sea arrivals in Italy surged by 50 per cent compared to 2022, with Tunisia overtaking Libya as the main departure point. This significant increase in departures, coupled with the lack of state-led rescue capacities, resulted in more boats in distress and shipwrecks.

Once again, our teams witnessed first-hand the impacts of violent border practices and the deliberate inaction of European states in the Central Mediterranean. On board our rescue ship, the *Geo Barents*, our team treated survivors for hypothermia, dehydration and seasickness, the consequences of the harsh conditions at sea. Patients also had burns resulting from prolonged contact with boat fuel,

as well as skin infections and wounds linked to the horrific conditions in detention centres in Libya. Many people reported having been subjected to extreme levels of violence, including sexual violence, in their countries of origin and/or in transit countries.

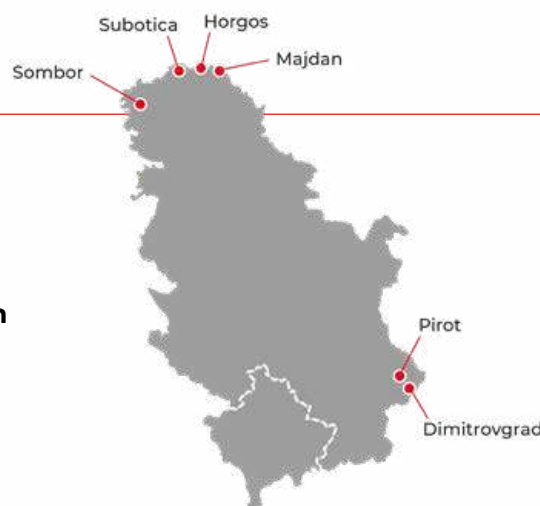
Meanwhile, new policies and practices implemented by the Italian authorities have created further obstacles to lifesaving humanitarian activities at sea. For example, NGO ships now have to proceed to port after each rescue, forcing them in some cases to ignore other alerts of boats in distress.

NGO ships were also sent to faraway ports in northern Italy to disembark survivors, despite closer ports being available. These measures critically limited the time NGOs spent patrolling the sea searching for people in distress. In 2023, the *Geo Barents* lost 100 days navigating to unnecessarily distant ports and was detained for 20 days for non-compliance with the new law.

MSF continues to denounce the deadly consequences of European migration policies, and calls on European institutions and member states to prioritise the safety of people arriving on Europe's shores.

Serbia

No. staff in 2023: 23 (FTE) » Expenditure in 2023: €0.9 million
MSF first worked in the country: 1991 » [msf.org/serbia](https://www.msf.org/serbia)



● Cities, towns or villages where MSF worked in 2023
The maps and place names used do not reflect any position by MSF on their legal status.

KEY MEDICAL FIGURES

- 19,700 outpatient consultations
- 320 people treated for intentional physical violence

In 2023, Médecins Sans Frontières (MSF) continued to provide essential medical and humanitarian assistance to asylum seekers, migrants and refugees living in precarious conditions in Serbia.

Many of our patients in Serbia, who were attempting to cross the Balkans in search of safety in other European countries, reported that they had been subjected to violence and pushbacks by state authorities at the borders.

Throughout the year, our teams assisted people living outside official accommodation, particularly along the northern borders with Hungary and Romania. In the southern region bordering Bulgaria, we provided assistance to people residing in official settlements. We ran mobile clinics in these areas, offering general healthcare and distributing essential relief items, such as blankets, warm clothing, footwear and hygiene kits, and collaborated with local civil society organisations

by providing donations, including medications, to support people in vulnerable circumstances.

As well as caring for victims of physical and psychological violence, including various forms of inhumane and degrading treatment, MSF teams treated people whose health had been affected by freezing winter temperatures and poor living conditions, including lack of food, clean clothes, medical care and hygiene facilities.

Sierra Leone

No. staff in 2023: 1,426 (FTE) » Expenditure in 2023: €17.6 million
MSF first worked in the country: 1986 » msf.org/sierra-leone

KEY MEDICAL FIGURES

152,000
outpatient
consultations

27,100
births assisted

11,800
malaria cases treated

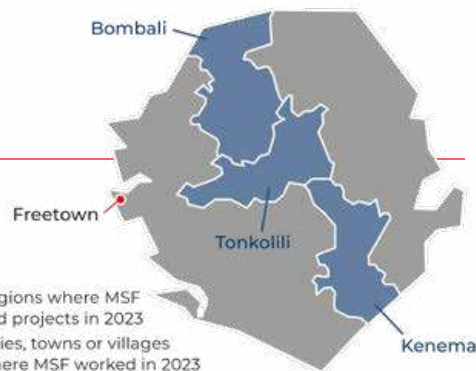
2,150
people started on
treatment for TB

Improving healthcare for mothers and children remains a priority for Médecins Sans Frontières (MSF) in Sierra Leone. Since 2019, we have also been running a tuberculosis (TB) project in Bombali district.

In Kenema district, Eastern province, we run a hospital providing specialist medical care for pregnant women, lactating mothers and children under the age of five. In addition, we support six general healthcare facilities across the district with training, donations of medical supplies, patient referrals and physical rehabilitation services.

In 2023, we also started to operate a mobile clinic to serve remote communities in the province. In addition to medical consultations and vaccinations for children under five, the clinic offers family planning and antenatal care, and organises referrals for patients requiring specialist services.

In Tonkolili district, Northern province, we work with the Ministry of Health in Mile 91 and the surrounding villages, as well as in Magburaka town. In Mile 91, our teams support 12 general healthcare



centres with the aim of reducing maternal and child deaths. In Magburaka town, we focus on specialist healthcare and support the district hospital's maternity, paediatric, neonatal and nutrition wards. We also support ambulance referrals from peripheral healthcare facilities to the hospital.

In both of these projects, our teams assist with community-based treatment for malaria, medical and psychosocial support for victims and survivors of sexual violence, prevention of mother-to-child transmission of HIV, and family planning. In partnership with the Ministry of Health, we also run adolescent-friendly centres, which offer sexual and reproductive healthcare.

In Bombali district, we work with the ministry to increase access to TB treatment, including drug-resistant TB (DR-TB), for both adults and children. In 2023, patients continued to receive the shorter treatment regimen for DR-TB introduced by MSF, which has proved to be more effective and has fewer side effects.

Somalia

No. staff in 2023: 192 (FTE) » Expenditure in 2023: €20.1 million
MSF first worked in the country: 1979 » msf.org/somalia

KEY MEDICAL FIGURES

65,800
antenatal
consultations

2,200
patients treated
for measles

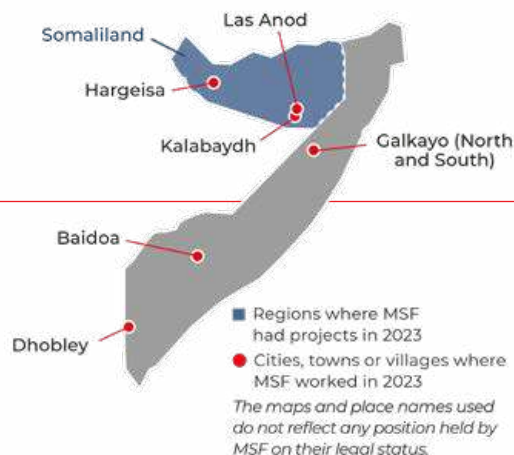
2,130
children admitted
to inpatient feeding
programmes

In Somalia, Médecins Sans Frontières continued to respond to the medical needs of people displaced by ongoing conflict and extreme weather events, and to support services in Ministry of Health facilities.

In 2023, the dire humanitarian situation was exacerbated when two years of drought were followed by severe floods, affecting over two million people. Around 1.2 million were displaced¹ and 118 died, against a backdrop of longstanding conflict and recurrent disease outbreaks.

In Baidoa, the capital of South West state, our teams provided healthcare for people displaced by conflict and flooding. At Bay regional hospital, our services included comprehensive emergency obstetric and neonatal care, outpatient clinics, and an inpatient ward for paediatric healthcare, as well as therapeutic feeding centres. We decentralised general healthcare in seven locations within the town to facilitate referrals for maternal and child health services to Bay regional hospital for specialised care.

In Galkayo North, Puntland state, we continued to support the maternity and paediatric departments at the regional hospital and treat malnutrition and tuberculosis (TB). We also sent mobile teams to 23 camps for displaced people. In Galkayo South, we supported the Mudug Development



Organization's hospital, by running maternal and child health services, treating malnutrition and TB, and responding to emergencies.

In June, we handed over our multidrug-resistant TB project to the Ministry of Health Development in Somaliland, where our support with case identification, diagnostics and holistic care for patients since 2019 had successfully led to reduced fatality rates and improved cure rates.

We maintained basic and specialised healthcare activities in Kalabaydh in Sool region, but were forced to withdraw our services from Las Anod general hospital in July due to high insecurity.

In December, we closed our project in Dhobley, South Jubaland, close to the border with Kenya. Since 2017, our teams had delivered healthcare through mobile clinics, treating malnutrition and infectious diseases, conducting outpatient consultations and measles vaccinations, responding to cholera outbreaks, performing cataract surgery, and distributing eyeglasses.

¹ UNOCHA, <https://www.unocha.org/publications/report/somalia/somalia-2023-deyr-season-floods-situation-report-no-5-24-december-2023>

South Africa

No. staff in 2023: 68 (FTE) » Expenditure in 2023: €3 million
MSF first worked in the country: 1999 » msf.org/south-africa

KEY MEDICAL FIGURE

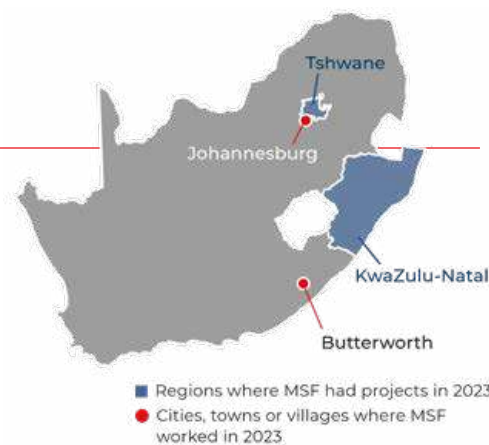
65
outpatient
consultations

In South Africa, Médecins Sans Frontières launched a project to improve care for patients with non-communicable diseases (NCDs). We also supported the Department of Health's response to a cholera outbreak.

The new project in Butterworth, Eastern Cape province, focuses on improving screening, diagnosis, treatment and prevention of NCDs, such as diabetes and hypertension, through advocacy, research, health promotion, training and mentorship of community healthcare workers (CHWs). In collaboration with the Department of Health, we trained CHWs, nurses and community-based organisations, and ran awareness campaigns that reached over 1,500 people in the region.

We also identified medication pick-up points and kickstarted the registration process in consultation with patients, the Department of Health and community-based organisations. Pick-up points are run by private providers who dispense NCD drugs to patients on behalf of the government.

In May, in Hamanskraal, Tshwane city, we supported a cholera intervention by establishing a cholera treatment unit in the community. We also provided technical support to the unit's infection prevention and control department. In addition, we donated hygiene kits comprising oral rehydration tablets,



soap, aqua tabs, buckets and jerry cans, and partnered with other international organisations to train Department of Health staff in all nine provinces of South Africa on cholera readiness.

At the end of 2023, we handed over our Tshwane migrant project to the local authorities and a community-based organisation, after training staff on how to work with undocumented people. Our team had provided access to medical care for migrants and other marginalised groups, and worked to ensure this would continue after our departure.

After 12 years of operations, we closed our HIV and tuberculosis (TB) project in Eshowe, KwaZulu-Natal province. The project's community-oriented approach helped to increase integrated treatment of HIV, TB, diabetes and hypertension through nine community-based sites, which were successfully handed over to the Department of Health. Many achievements have been made in introducing TB health promotion activities in schools, and we have also shared valuable guidance on integrating drug-resistant TB services into general healthcare services.

Tajikistan

No. staff in 2023: 164 (FTE) » Expenditure in 2023: €4.4 million
MSF first worked in the country: 1997 » msf.org/tajikistan

KEY MEDICAL FIGURE

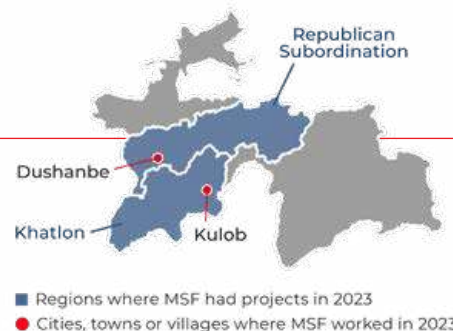
200
people started on
treatment for TB

Médecins Sans Frontières (MSF) has a long-running tuberculosis (TB) care programme in Tajikistan, focusing on developing innovative approaches to reduce incidence and death rates among both children and adults.

In the capital, Dushanbe, we are implementing family directly observed treatment (F-DOT), which enables patients to take their TB medication at home under the supervision of a family member. Our teams also actively engage in contact tracing, ensuring early detection and treatment, for example among relatives of TB patients.

We have introduced simple laboratory diagnostic procedures to improve TB detection among children, such as sputum induction, and alternative ways of testing, using stool samples and blood tests.

In Kulob district, we continued the 'Zero TB' project, which is designed to demonstrate the feasibility of eliminating TB in geographically contained areas with appropriate treatment and preventive strategies.



To facilitate case finding, MSF introduced computer-aided detection through digital x-ray.

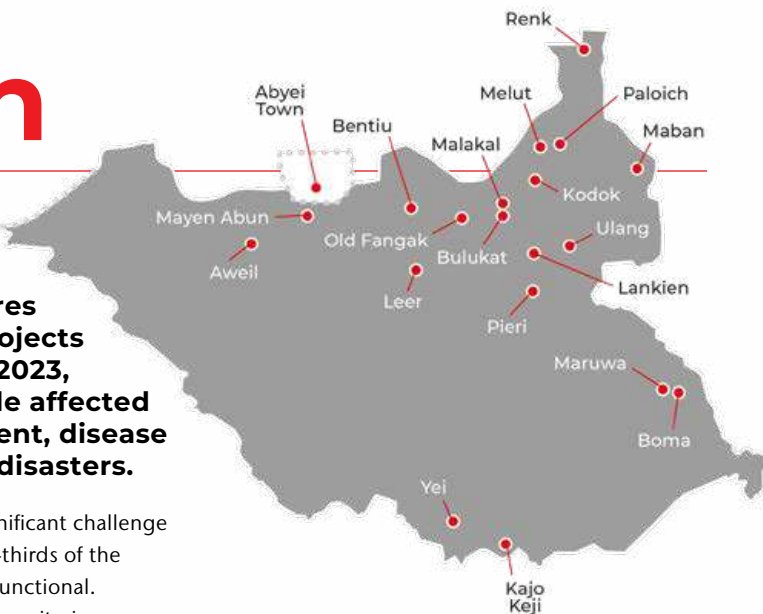
In Dushanbe, Vahdat and Norek districts, our teams provide TB screening and diagnosis for both detainees and staff in prison colonies and in a pre-trial detention centre.

MSF also actively supports the national TB programme and the Ministry of Health and Social Protection of Population to implement shorter, all-oral treatment regimens for both drug-resistant and drug-sensitive TB, in line with the latest recommendations from the World Health Organization.

An international TB symposium, jointly hosted by the ministry and MSF, was convened in Dushanbe in May 2023, with the aim of devising novel approaches to treatment and advocating a wider rollout of new drugs and diagnostic tools. More than 160 participants from various countries in Eastern Europe and Central Asia, as well as India and Libya, attended the symposium.

South Sudan

No. staff in 2023: 3,773 (FTE) » Expenditure in 2023: €107.9 million
MSF first worked in the country: 1983 » [msf.org/south-sudan](https://www.msf.org/south-sudan)



● Cities, towns or villages where MSF worked in 2023
The maps and place names used do not reflect any position by MSF on their legal status.

KEY MEDICAL FIGURES

879,100
outpatient
consultations

347,100
malaria cases treated

74,300
people admitted
to hospital

65,800
vaccinations against
measles in response
to an outbreak

14,100
births assisted

10,300
surgical interventions

5,570
children admitted
to inpatient feeding
programmes

5,380
people treated for
intentional physical
violence

2,530
people treated for
sexual violence

Médecins Sans Frontières (MSF) ran numerous projects across South Sudan in 2023, providing care to people affected by violence, displacement, disease outbreaks and natural disasters.

Access to healthcare remains a significant challenge for people in South Sudan, as two-thirds of the country's health facilities are non-functional. Despite the strong presence of humanitarian organisations, the reduction in funding has had a marked impact on the provision of medical care. During the year, a surge in conflict in neighbouring Sudan, and recurrent disease outbreaks across many areas of the country, aggravated existing issues, such as displacement, food insecurity and a lack of basic healthcare, including vaccinations.

In 2023, our response in South Sudan continued to be one of the largest we run anywhere in the world. We delivered a broad range of basic and specialised health services to remote communities, refugees and people displaced by violence, through both fixed and mobile clinics, as well as through community-based programmes. In addition to responding to emergencies and disease outbreaks, our teams carried out preventive activities, including vaccination campaigns and awareness-raising sessions on physical and mental health. Working in seven of the 10 states and in two administrative areas, our teams provided health services to well over one million people across South Sudan.

Assisting people affected by conflict

After conflict broke out in Sudan in 2023, over 600,000 people fled into South Sudan,¹ 80 per cent of them South Sudanese returnees and the

remainder refugees seeking safety. Our teams set up mobile clinics around transit centres for people returning home and for refugees in Renk, a town on the Sudanese border. In Upper Nile state, we helped returnees at the Bulukat transit centre by operating a medical facility offering general check-ups, vaccinations, social support, and protection programmes. We also transferred patients needing hospital care to our facilities in Malakal. Additionally, we assisted people in Wedweil by operating a mobile health clinic and providing daily water trucking. These transit centres remain active in receiving new arrivals.

In Renk, the busiest entry point, we established a measles isolation unit and a therapeutic feeding ward at the county hospital for children with severe acute malnutrition. In addition, our teams conducted vaccination campaigns and distributed mosquito nets in response to the alarming increase in malaria cases.

During the year, our teams also responded to violence-related emergencies arising from conflicts within South Sudan, which forced thousands of people to flee their homes. In Melut, we offered general healthcare for displaced families and referrals for patients needing specialist care, and worked to improve sanitation and hygiene facilities. In August, our South Sudan Emergency Response Unit launched an intervention for returnees in Paloich to address high levels of severe acute malnutrition and an outbreak of measles. We also conducted general healthcare consultations and distributed relief supplies such as mosquito nets, bars of soap and jerry cans to families. In Kodok, we focused on addressing the mental health needs of people traumatised by conflict and violence.

Nurse Regina Abuk Thor examines two-day-old baby Amel as Catherina Peter Eduat holds her in her arms at the maternity unit in Aweil State hospital. Bahr El Ghazal, South Sudan, August 2023. © Oliver Barth/MSF





MSF nurse Rejoice Albino examines Nimar Hilu Ajak, who fled Khartoum in Sudan, at the clinic set up by MSF outside Wedweil refugee settlement. Bahr El Ghazal, South Sudan, August 2023. © Peter Bräunig

In Yei, an area affected by ongoing conflict, we significantly expanded our outreach activities through integrated community case management and mobile clinics.

In February 2023, MSF opened a newly rehabilitated hospital in collaboration with the Ministry of Health in Kajo Keji. This project addresses the needs of people who fled to Uganda during the war in South Sudan, which also resulted in the destruction of the hospital buildings, and who are now returning.

Responding to disease outbreaks

Repeated waves of displacement exacerbated the spread of measles and other diseases in 2023. In Bentiu hospital, we increased the bed capacity from 10 to 25 for the treatment of severe measles cases, and supported the Ministry of Health in conducting a mass-vaccination campaign against measles for displaced people during an outbreak. In Lankien, our teams also supported with treatment and vaccinations.

During a cholera outbreak in Malakal, we saw an increasing number of patients with non-bloody diarrhoea at the Protection of Civilians camp. Our teams increased the bed capacity of the health facility and conducted health promotion activities in the community.

In September, the health ministry declared a hepatitis E outbreak in Fangak county. In response, we launched a vaccination campaign – the first to ever be conducted in South Sudan during the initial stages of an active outbreak in such a remote location – targeting women and girls of childbearing age, the group most vulnerable to the disease.

Malnutrition

The primary causes of malnutrition are poor food security, inadequate access to clean water

and sanitation, and substandard healthcare. Unfortunately, these are all present in South Sudan, along with other contributing factors, such as disease outbreaks, conflict and displacement. At the end of 2023, the country was grappling with a malnutrition crisis affecting approximately seven million people, a number expected to rise in 2024.

In an effort to tackle this crisis, we set up paediatric nutrition wards in all our health facilities across the country, where our teams offer inpatient care and run intensive feeding programmes for severely ill children.

Sexual and gender-based violence

Our health facilities provide comprehensive care focusing on victims and survivors of sexual and gender-based violence. As lack of access to care for victims and survivors seeking care after sexual violence remains a key challenge in the areas in which we operate, our teams have been working with community-based care models to address some of the access challenges, while advocating with all relevant organisations to scale up their response.

MSF Academy

We have faced recruitment hurdles due to years of conflict and underinvestment in healthcare in South Sudan, resulting in a shortage of qualified health professionals and medical infrastructure.

To combat this, we set up the Academy for Healthcare programme to improve healthcare quality. In 2023, 171 students graduated from Lankien, Malakal, and Old Fangak after an 18-month training course. We also began training sessions for staff in Ulang.

1 <https://reliefweb.int/map/sudan/sudan-situation-regional-displacement-update-25-mar-2024>

Sudan

No. staff in 2023: 1,239 (FTE) » Expenditure in 2023: €71.4 million
MSF first worked in the country: 1979 » [msf.org/sudan](https://www.msf.org/sudan)

KEY MEDICAL FIGURES

697,600
outpatient
consultations

102,300
emergency room
admissions

7,300
births assisted

5,240
children admitted
to inpatient feeding
programmes

4,610
surgical interventions

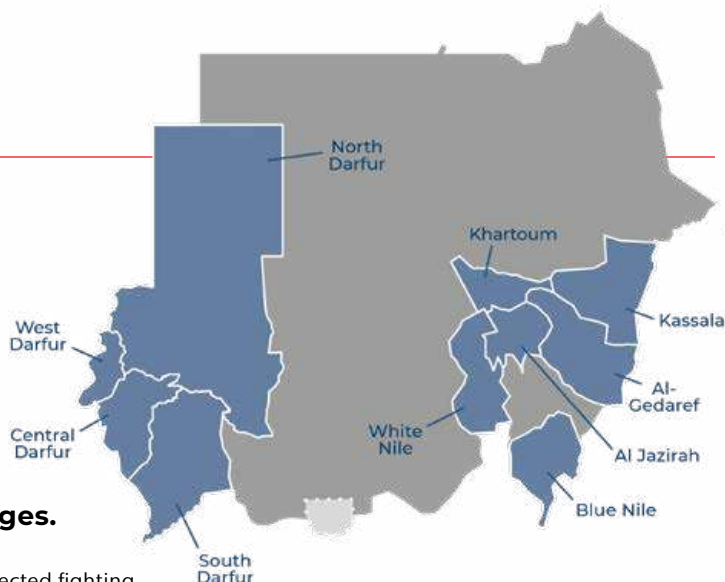
620
newborns admitted
to hospital

After a brutal war erupted in Sudan in 2023, Médecins Sans Frontières (MSF) quickly adapted activities to respond, despite security and administrative challenges.

On 15 April 2023, intense, unexpected fighting broke out between the Sudanese Armed Forces and the paramilitary Rapid Support Forces (RSF) in Sudan's capital, Khartoum. It plunged the entire country into chaos as the violence spread nationwide, leading to tens of thousands of casualties and uprooting millions of people from their homes.

From 2019, following the ousting of former president Omar Al-Bashir, our teams had been expanding medical activities across Sudan amid a volatile transition, working in 11 states. The country already had large pockets of displaced people, as well as refugees from neighbouring countries. When the war began, we refocused our response to try to meet the needs of those affected.

The MSF-supported South hospital in El Fasher, North Darfur, received 136 wounded patients in the first 48 hours of the fighting. Patients had to be treated on the floors and in the corridors due to the lack of space, in what was originally just a small maternity facility with no surgical capacity. Over the following weeks, we transformed it into a hospital with an operating theatre and emergency room, with the capacity to respond to mass-casualty events.



■ Regions where MSF had projects in 2023

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

In Khartoum, where the war began, fierce street fighting, shelling and airstrikes took place. Those who were able to flee the city did so, but many were trapped in their homes because of the intensity of the fighting. Most hospitals in the city quickly ceased to function, and the facilities that were able to remain open were rapidly overwhelmed.

MSF teams who lived in the city took advantage of any lulls in the fighting to donate medical supplies to hospitals, and to assess those we could potentially support. By early May, we had brought in a full surgical team to Bashair teaching hospital. By June, we were fully operational in the Turkish hospital, originally a small maternity and paediatric facility with no surgical capacity, which we converted into a facility capable of responding to mass-casualty events.

That same month, we began supporting Al-Nao hospital in Omdurman, treating patients with injuries caused by gunshots, stabbings and shrapnel from explosions, as well as non-trauma related conditions. In July and August, our teams started working in the paediatric and maternity wards at Umdawwanban hospital in Khartoum state, and Alban Al-Jadeed hospital – the sole public hospital still functioning in the east of Khartoum state.

In June, we also started activities in White Nile state. Our teams working in some of the overcrowded camps for refugees and displaced people were overwhelmed with daily cases of suspected measles and malnutrition among children.



Patients arrive at Bashair hospital, where MSF had a surgical team, in the weeks following the outbreak of the war in Sudan. Khartoum, Sudan, May 2023. © Ala Kheir/MSF

An MSF doctor speaks to a woman, the mother of children admitted to the measles isolation unit at Um Sangour refugee camp. White Nile State, Sudan, July 2023.
© Ahmad Mahmoud/MSF



The vast region of Darfur was again, as it had been in the early and mid-2000s, an epicentre of violence. Although relative calm was established in North Darfur after several weeks of intense fighting, in Nyala, South Darfur, an MSF compound and warehouse were attacked and looted early in the conflict. This led to the suspension of all our activities in the city and surrounding areas.

In West Darfur, the MSF-supported El-Geneina teaching hospital was also looted and extensively damaged during the violence. The city became so dangerous that for many months no access was possible. Two major massacres took place in West Darfur during the course of the year; it is estimated that between 10,000 and 15,000 people were killed during ethnically targeted violence in El-Geneina alone.

As the fighting continued to escalate around the country, the looting of health facilities and attacks on health premises and health personnel became a hallmark of the conflict, with the World Health Organization documenting a total of 63 incidents during the year. Many took place in MSF facilities and premises.

Although we worked hard to scale up our response in Sudan, we faced innumerable obstructions. Visas for our experienced emergency teams were delayed on multiple occasions. In September, the Sudanese authorities implemented a ban on the transportation of medical and surgical supplies into Khartoum, with the intention of preventing wounded RSF soldiers from receiving lifesaving treatment. They also implemented a ban preventing humanitarian staff from travelling into RSF-controlled areas. These limitations led to

the withdrawal of our surgical team from Bashair teaching hospital.

Notwithstanding these challenges, we continued to offer medical assistance in Rokero, in the mountainous area of Jebel Marra, and Kreinik. We also maintained our medical activities throughout the year in several states in the east of Sudan, including Blue Nile, where we treated malnutrition and supported mobile clinics in and around Ad-Damazin.

By December, the RSF had taken control of all major cities in Darfur except El Fasher, where South hospital had become the main referral facility for all Darfur states. By then, we had also re-established our support to El-Geneina teaching hospital.

At the beginning of the war, hundreds of thousands of people had fled south to Wad Madani, in Al-Jazirah state, seeking refuge from the fighting in Khartoum. Between May and November, our teams provided medical consultations in existing health facilities and via mobile clinics, at least 40 per cent of them for children. However, in December, the RSF took control of the state, and an estimated 500,000 people became displaced once more as they fled from the violence. In an effort to meet their needs, we expanded our existing interventions in Al-Gedaref and Kassala states.

By the end of 2023, almost six million people had become displaced within Sudan, while 1.4 million had become refugees in neighbouring countries, and the health system was on the edge of collapse. To date, a sustained ceasefire has not been achieved, and the fighting continues.

Syria

No. staff in 2023: 849 (FTE) » Expenditure in 2023: €49.2 million
MSF first worked in the country: 2009 » [msf.org/syria](https://www.msf.org/syria)

KEY MEDICAL FIGURES

1,191,600
outpatient
consultations

65,500
families received
relief items

40,200
routine vaccinations

32,600
individual mental
health consultations

29,600
people admitted
to hospital

13,600
births assisted,
including 2,980
caesarean sections

8,370
surgical interventions

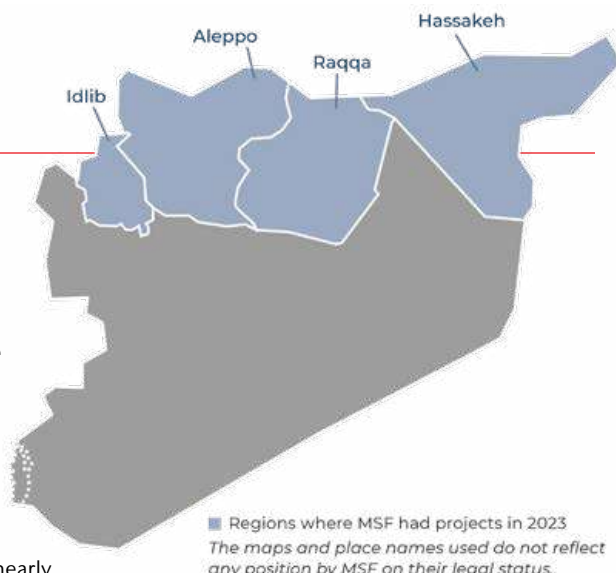
In Syria, Médecins Sans Frontières (MSF) provides vital healthcare to displaced people living in extremely vulnerable conditions. In 2023, we also responded to the devastating earthquakes that shook the country's northwest.

Northern Syria has been severely affected by nearly 12 years of conflict. The people living in this area, including refugees and displaced people, face daily challenges in accessing essential healthcare and clean water. The declining economy and the destruction of critical civilian infrastructure, including water, electricity and oil supplies, in airstrikes aggravated the situation during 2023. The conflict and chronic underfunding have eroded the healthcare system; it remains fragile, and its capacity to respond to persistent outbreaks of communicable diseases is insufficient.

Northwest Syria

The northwest corner of the country was dealt yet another devastating blow in February, when it was hit by catastrophic earthquakes, exacerbating the already dire humanitarian situation. Furthermore, by the end of 2023, Idlib was witnessing its most intense military escalation in years, causing people who have been displaced for more than a decade to flee once again.

In this region, we focused on delivering critical medical and humanitarian assistance to the



communities in Idlib and Aleppo governorates. Our teams co-managed or supported six hospitals, offering a comprehensive range of specialist services, including maternal and paediatric care, vaccinations, surgery, mental health support, and treatment for chronic diseases and skin conditions, as well as health promotion. In addition, we run a burns facility, where our multidisciplinary approach comprises surgery, mental health services, physiotherapy and palliative care.

MSF also runs or supports 12 general healthcare centres, with a particular emphasis on sexual and reproductive health and community health promotion, and has 11 mobile clinics across the region, which deliver essential medical services to displaced people in remote and inaccessible areas.

Our other outreach activities include managing two clinics for non-communicable diseases (NCDs), facilitating patient referrals through ambulances,



An MSF medical team member provides a medical consultation to a woman during a mobile clinic in a displacement camp near Sarmada, Idlib governorate, Syria, December 2023. © Abdulrahman Sadeq/MSF



An MSF team provides a reproductive health consultation to a woman in a tent ward, two weeks after a 6.3 magnitude earthquake damaged the local hospital. Jindires, Syria, February 2023. © Abd Almajed Alkarh

and delivering crucial water, sanitation and hygiene services in more than 100 camps. Community-based health surveillance ensures a timely response to emerging health threats, while capacity-building initiatives empower local healthcare workers with essential skills and knowledge.

Emergency responses and earthquake relief

Powerful earthquakes hit the south of Türkiye and northwest Syria in February 2023, resulting in over 59,000 deaths and many more injuries, as well as massive damage to infrastructure, including homes and medical facilities.

Following the disaster, our teams launched a swift emergency response, distributing trauma kits, rehabilitating healthcare facilities and sending mobile teams to affected areas. Mental health support was also a key component of our response. We set up a ‘safe spaces’ programme in four locations in northern Aleppo and Idlib, in collaboration with partner organisations, to provide places where women and children could take a moment of respite from the harsh reality outside.

Our teams brought in over 40 trucks of medical and essential items, including hygiene kits, shelters and blankets, for people in northwest Syria, and made several donations of goods and equipment, including two consignments of medical kits and other relief items to the Syrian Arab Red Crescent, for distribution in areas where we do not have a presence. Our hospital in Atmeh, which usually specialises in caring for people with severe burns, made numerous donations of medical and non-medical equipment to 30 hospitals in the region. We also sent medical equipment to around 10 hospitals in Bab Al-Hawa, Darat Izza, Idlib and Atarib, among other locations.

As the recovery process is still ongoing, we have integrated our emergency response into our regular activities. Throughout 2023, our teams responded to other emergencies, such as mass-casualty incidents and disease outbreaks, including a surge of cholera cases early in the year.

Northeast Syria

The healthcare system in northeast Syria is almost totally reliant on international support. Reductions in this support have resulted in decreased provision of medical and humanitarian assistance to people who are already living in extremely vulnerable circumstances.

MSF supports general healthcare clinics in the region, offering care for patients with NCDs, as well as mental health and psychological support programmes, inpatient and outpatient feeding units, and an emergency room.

In addition, our teams frequently respond to outbreaks of measles and cholera, and maintain capacity to manage other emergencies.

We also run a reverse osmosis water purification plant to supply safe drinking water for people living in Al-Hol camp, which currently hosts over 40,000 people, more than 93 per cent of whom are women and children. People continue to live in inhumane conditions, with little access to water, sanitation or healthcare. Five years after its expansion, the camp remains an open-air place of detention, an ambiguous legal space where people are arbitrarily and indefinitely deprived of their liberty.

MSF continues to draw attention to the immense unmet needs and vulnerability of people in Al-Hol, and urgently calls for increased international support and a long-term solution to the situation in the camp and others in the region.

Tanzania

No. staff in 2023: 236 (FTE) » Expenditure in 2023: €8 million
MSF first worked in the country: 1993 » msf.org/tanzania

KEY MEDICAL FIGURES

33,000
outpatient
consultations

9,480
emergency room
admissions

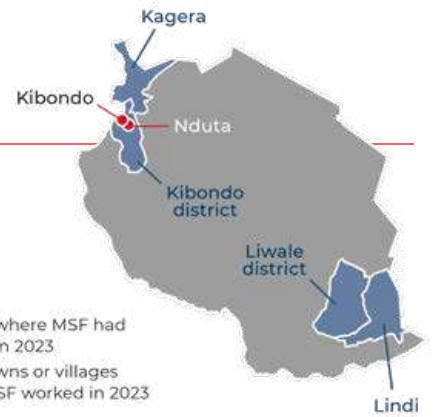
7,730
malaria cases treated

1,170
individual mental
health consultations

In Tanzania, Médecins Sans Frontières (MSF) provided healthcare to Burundian refugees and responded to outbreaks of measles, malaria and Marburg fever in 2023.

When violence broke out in Burundi in 2015, thousands of people fled over the border into Tanzania and sought refuge in Nduta camp. Although the authorities are planning to close the camp, MSF continued to deliver vital medical services to both the refugees and the local community in 2023. This included responding to a malaria epidemic that broke out in the camp during the summer.

In March, in response to a Marburg outbreak in Bukoba district, our teams provided training in patient care and infection prevention and control measures, and worked with the Ministry of Health to set up isolation facilities.



■ Regions where MSF had projects in 2023
● Cities, towns or villages where MSF worked in 2023

In the same month, there was an outbreak of measles in Kilwa district. In collaboration with the Ministry of Health, we initiated a comprehensive vaccination campaign targeting 45,000 children across Kilwa and neighbouring Liwale district to contain the spread of the disease.

These joint efforts consolidated our partnership with the Tanzanian health authorities and strengthened capacity for epidemic response.

During the year, we also continued to run our project aimed at enhancing access to basic and specialised healthcare services, particularly for mothers and children, through seven government facilities in Liwale.

Thailand

No. staff in 2023: 32 (FTE) » Expenditure in 2023: €1 million
MSF first worked in the country: 1976 » msf.org/thailand

KEY MEDICAL FIGURES

1,230
individual mental
health consultations

82
mental health
consultations
provided in group
sessions

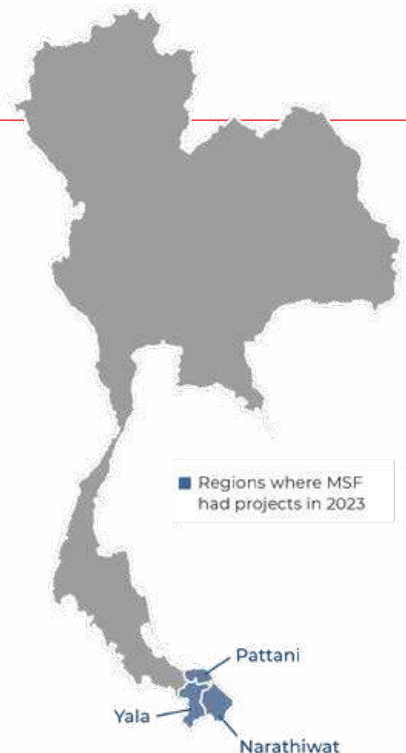
Improving the provision of basic health services and mental healthcare for people affected by violence remains a key priority for Médecins Sans Frontières (MSF) in Thailand.

Sporadic fighting has been affecting Thailand's Deep South over the past two decades. Even though the intensity of the violence decreased in 2023, it continued to take its toll on the psychological health of people living there.

Our teams work with local organisations in the southern provinces of Pattani, Yala and Narathiwat to improve healthcare, especially for survivors of ill treatment who are hesitant to seek assistance or are excluded from existing services. We run a holistic programme, with a particular focus on mental health support, which includes individual and group therapy, psychosocial education and stress management.

In addition to basic healthcare, we offer physiotherapy and pain management, as well as social support. The project is the only one in the area providing such services to survivors of ill treatment and their families.

We also organise activities to raise awareness of mental health issues, working with communities



to prevent violent incidents and build mechanisms to cope with them should they occur. Our teams run psychoeducation sessions and psychological first-aid training in counselling centres, mosques, schools, and other venues in areas that have experienced numerous violent events.

MSF shares information and expertise on various aspects of mental health with local networks and groups, as well as state and non-state entities, to strengthen their capacity and improve referral pathways to our facilities.

Türkiye

No. staff in 2023: 15 (FTE) » Expenditure in 2023: €15.4 million
MSF first worked in the country: 1999 » [msf.org/turkiye](https://www.msf.org/turkiye)

KEY MEDICAL FIGURES

49,300
litres of water
distributed

33,700
families received
relief items

6,880
individual mental
health consultations

160
latrines built

Tens of thousands of people were killed and millions left homeless when devastating earthquakes hit Türkiye in 2023. In response, Médecins Sans Frontières (MSF) provided humanitarian relief and mental health support.

On 6 February, two massive earthquakes struck south Türkiye and northwest Syria. The first earthquake, near the Turkish city of Gaziantep, was the deadliest to hit the region in decades. According to the local authorities, more than 50,000 people were killed, 107,000 injured, and over 15 million affected across 11 provinces. In addition, hundreds of thousands of buildings were heavily damaged or destroyed.

In the following weeks, thousands of aftershocks occurred, causing more casualties and destruction, and adding to the trauma of survivors. MSF immediately sent emergency teams to several affected areas and communicated our readiness to provide assistance to the authorities.

However, as MSF was not registered in the country, we were not permitted to assist the state



response, so instead supported Turkish civil society and non-governmental organisations, including Imece İnisiyatifi, Yardım Konvoyu, Maya Vakfı, and TARDE, to address some of the most acute humanitarian needs in Adiyaman, Gaziantep, Hatay, Kahramanmaraş, Kilis and Malatya provinces.

Through these partnerships, we carried out water and sanitation activities, including providing toilets and showers, and distributed relief items, such as hygiene kits, tents, tarpaulins, warm clothing, blankets, nappies, jerry cans and firewood, as well as drinking water and food. Our teams helped construct shelters, which served as essential spaces for people to receive psychosocial support and access hygiene facilities.

Mental health support was a key component of our intervention. In collaboration with our partner organisations, we offered psychological support to families of victims, first-response volunteers, Syrian refugees, and search and rescue teams.

By the end of May, the most acute needs had been largely met, and we handed over the majority of our activities, while continuing to provide remote support to local organisations for the rest of the year.

Uganda

No. staff in 2023: 377 (FTE) » Expenditure in 2023: €7.2 million
MSF first worked in the country: 1986 » [msf.org/uganda](https://www.msf.org/uganda)

KEY MEDICAL FIGURES

61,000
outpatient
consultations

5,660
people receiving
HIV antiretroviral
treatment

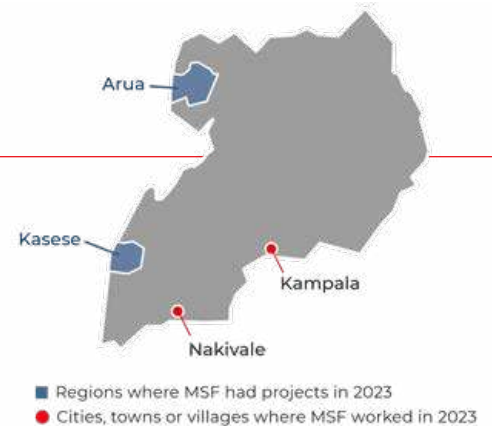
3,250
individual mental
health consultations

400
people treated for
sexual violence

In Uganda, Médecins Sans Frontières works to address gaps in healthcare for adolescents and respond to the health needs of the growing number of refugees arriving in the country.

Nakivale camp, in southern Uganda, received a huge influx of refugees in 2023, as over 30,000 people were displaced by a resurgence in fighting between the armed forces and the M23 armed group in the eastern part of Democratic Republic of Congo. Throughout the year, our teams ran mobile clinics, providing general healthcare to people living in extremely precarious conditions in the camp.

In Kasese district, we continued to run a dedicated clinic for adolescents aged between 10 and 19 years, inside a Ministry of Health centre. The clinic offers a broad range of medical services tailored to adolescents' needs, including sexual and



reproductive healthcare, with a specific focus on pregnant teenagers, treatment for people living with HIV and sickle cell disease, as well as social and mental health support.

In 2023, we handed over our programme in Arua to the Ugandan health authorities and their partners in West Nile sub-region. For over 20 years, our project had been providing care for HIV and tuberculosis patients and victims of sexual violence. We also handed over our mental health and sexual violence programmes in Imvepi and Omugo refugee settlements.

Ukraine

No. staff in 2023: 717 (FTE) » Expenditure in 2023: €31.4 million
MSF first worked in the country: 1999 » [msf.org/ukraine](https://www.msf.org/ukraine)



■ Regions where MSF had projects in 2023
The maps and place names used do not reflect any position by MSF on their legal status.

KEY MEDICAL FIGURES

167,000
outpatient consultations

21,900
individual mental health consultations

1,300
patients evacuated by medical train

In 2023, as the war in Ukraine remained intense, Médecins Sans Frontières (MSF) supported the health authorities by filling critical gaps in care, particularly in areas close to the frontlines.

In addition to providing emergency treatment, our teams developed rehabilitation projects, including care for post-traumatic stress disorder (PTSD) and physiotherapy, to cater to patients' longer-term needs.

In 2023, we used specially designed medical trains to evacuate patients from frontline areas to safer places where they could receive the specialised care they needed. At the end of the year, this service wound down due to a shift in needs, while our ambulance service scaled up to focus on emergency care. Of the many thousands of patients we referred, almost 60 per cent were treated for violent trauma.

Our teams supported the emergency department and surgical and intensive care units at Kostiantynivka and Selydove hospitals in Donetsk region until the end of 2023, when the frequency and proximity of shelling became too dangerous to safely maintain a continuous staff presence. However, we established and managed to maintain a constant presence in a hospital in Kherson city, supporting trauma and surgical care.

Mental health support remained a crucial component of our response. In September, we started providing specialised psychotherapeutic services for people experiencing PTSD symptoms at a new centre in Vinnytsia region. In a shelter run by local organisations in Zernove, Kharkiv region, we offered psychological care to people who had moved from Russia and Russian-occupied regions of Ukraine.

MSF also ran early rehabilitation projects for war-wounded people in Cherkasy, Zhytomyr, Kyiv, Sumy and Vinnytsia regions, implementing a multidisciplinary approach comprising physiotherapy, psychological support and nursing care.

We continued to run mobile clinics delivering a range of services, including basic healthcare, emergency surgery and treatment for chronic conditions, in Kharkiv, Dnipro, Mykolaiv, Kherson and Donetsk regions, where many patients were elderly people.

Throughout the year, we donated medicines and medical supplies to dozens of health facilities and conducted training for health professionals and first responders.

Uzbekistan

No. staff in 2023: 293 (FTE) » Expenditure in 2023: €7.5 million
MSF first worked in the country: 1997 » [msf.org/uzbekistan](https://www.msf.org/uzbekistan)



■ Regions where MSF had projects in 2023
● Cities, towns or villages where MSF worked in 2023

KEY MEDICAL FIGURE

550
people started on treatment for TB

Médecins Sans Frontières has been collaborating with the Ministry of Health in Uzbekistan for 25 years to develop care for tuberculosis (TB), implementing new treatment methods that have improved patient outcomes.

Since 2013, we have also been working on expanding access to testing and treatment for HIV, hepatitis C and sexually transmitted diseases.

In Tashkent, the capital, and the surrounding region, we initiated outreach activities to engage with people from high-risk groups. As well as assisting with saliva-based self-testing for HIV and hepatitis C, we provide them with information on infection prevention and risk-reduction strategies.

Our outreach teams also offer support to people requiring laboratory testing and medical care. In collaboration with the Republican AIDS centre, we operate a mobile laboratory in a specially equipped bus, where we carry out rapid testing for HIV,

hepatitis C and syphilis. In addition, we provide information on treatment options and specialist referrals, addressing the needs of those who might otherwise have difficulty in obtaining diagnosis and care. Meanwhile, at Tashkent AIDS centre, we continue to support the diagnosis and treatment of people living with HIV and co-infections.

In Karakalpakstan, we run a comprehensive care programme for patients with drug-resistant forms of TB. In December 2022, the World Health Organization recommended the programmatic use of a new, six-month, all-oral treatment regimen for drug-resistant TB, which is safer and more effective than other treatment regimens in use. In 2023, we ensured that all eligible patients with multidrug-resistant TB in Karakalpakstan received treatment using the new regimen, and will continue to support its rollout countrywide.

Venezuela

No. staff in 2023: 461 (FTE) » Expenditure in 2023: €12.3 million
MSF first worked in the country: 2015 » msf.org/venezuela

KEY MEDICAL FIGURES

24,100 consultations for contraceptive services

8,160 antenatal consultations

1,120 malaria cases treated

190 people treated for sexual violence

With the socioeconomic crisis in Venezuela showing no sign of abating in 2023, Médecins Sans Frontières (MSF) continued to fill gaps in healthcare and rehabilitate health facilities across the country.

Throughout the year, MSF teams supported medical services in health centres and collaborated with local authorities to rehabilitate their electricity supply, waste management, and water and sanitation. We also donated medical supplies and conducted staff training.

Our medical activities included general healthcare, sexual and reproductive health services, care for victims and survivors of sexual violence, diagnosis and treatment of malaria, mental health support, and health promotion.

In Anzoátegui and Bolívar states, we worked to increase the provision of sexual and reproductive health consultations. Key services included family planning, prevention of sexually transmitted diseases, and assisting births.

We also continued our malaria programme in Bolívar state, where we have been working for seven years to reduce the high incidence of the disease, focusing on early diagnosis and treatment, vector control, and health promotion. In addition, we conducted workshops with technical training for national malaria programme staff in Sifontes municipality.



In Delta Amacuro, a densely forested, difficult-to-reach region crossed by numerous rivers and waterways, we sent a multidisciplinary team to increase access to general healthcare for the mostly Indigenous communities living there. These communities suffer from a range of preventable diseases caused by the precarious conditions in which they live, and the multiple barriers they face in accessing healthcare. Diseases include waterborne diseases such as parasitosis and diarrhoea, malaria and other diseases spread by insects, respiratory infections, and malnutrition. A lack of ante- and postnatal care also increases the risks for pregnant women and their babies. The team made great efforts to overcome language and access barriers and adapt care to local culture. Our teams worked to raise awareness on best health practices, proper hygiene and disease prevention.

In 2023, we closed our project in Amazonas state after working to strengthen health services in several urban and rural areas, including by increasing the capacity to provide outpatient care. During our four years in Amazonas, our teams also ran community-based health education sessions and reinforced preventive healthcare practices.

Zimbabwe

No. staff in 2023: 93 (FTE) » Expenditure in 2023: €4.4 million
MSF first worked in the country: 2000 » msf.org/zimbabwe

KEY MEDICAL FIGURES

5,380 consultations for contraceptive services

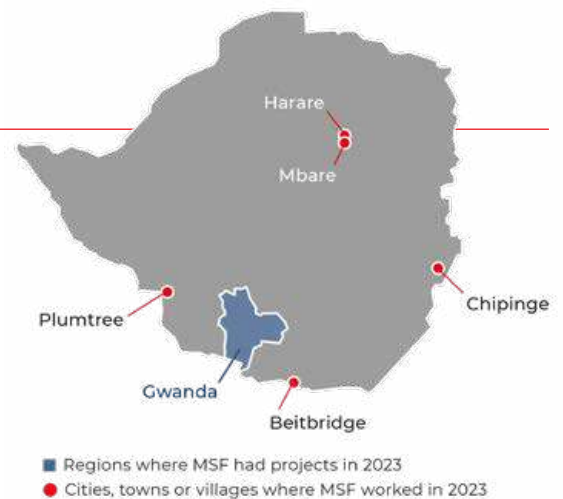
520 individual mental health consultations

96 women received safe abortion care

Throughout 2023, Médecins Sans Frontières (MSF) supported the national response to widespread cholera outbreaks in Zimbabwe. We also ran projects aimed at filling gaps in healthcare in Harare and Gwanda.

Since February 2023, our teams have been supporting the Ministry of Health and Child Care to respond to cholera outbreaks in Chegutu, Beitbridge, Buhera, Harare and Chitungwiza districts. As well as providing treatment and medical supplies, we carried out infection prevention and control, surveillance and awareness-raising activities, and implemented measures to improve water, sanitation and hygiene facilities.

In the capital, Harare, we continued to run our adolescent sexual reproductive health project. Our teams conducted consultations in youth-friendly settings at Mbare clinic and Epworth youth centre, offering treatment for HIV and other sexually transmitted infections (STIs), and provided safe abortion and post-abortion care. The project also ensures that adolescents and young people in Mbare



have access to mental health and psychosocial support. In October, we started a new project in Gwanda district, working with artisanal miners and host communities. We offer a range of services through a community outreach clinic, including screening and treatment for STIs and HIV, as well as family planning.

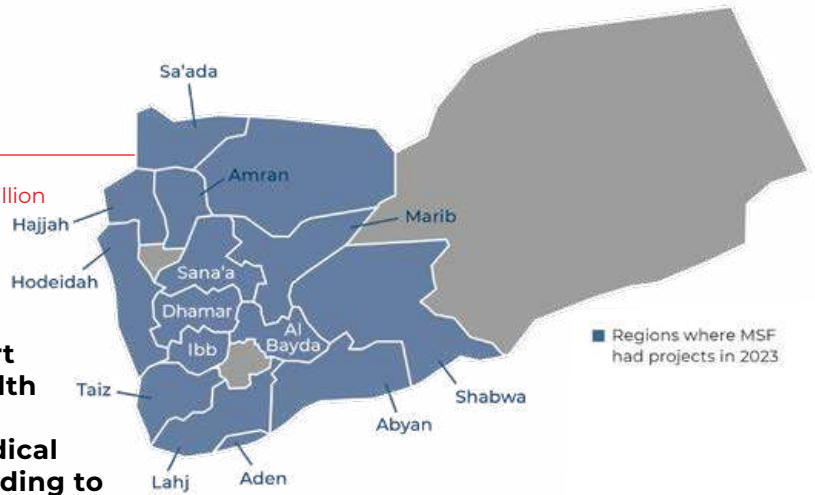
In June, we handed over the migrant health project that we had been running in southern Zimbabwe to the Ministry of Public Labour and Social Welfare, and the Ministry of Health and Child Care. For five years, we had been providing medical and mental health care to migrants and deportees at the border town of Beitbridge, and in satellite projects in Plumtree and in Tongogara refugee camp.

Yemen

No. staff in 2023: 2,768 (FTE) » Expenditure in 2023: €109.8 million
 MSF first worked in the country: 1986 » [msf.org/yemen](https://www.msf.org/yemen)

KEY MEDICAL FIGURES

- 497,200 outpatient consultations
- 165,200 people admitted to hospital
- 37,300 births assisted, including 5,160 caesarean sections
- 26,900 surgical interventions
- 20,800 individual mental health consultations
- 12,800 people treated for measles
- 11,900 children admitted to inpatient feeding programmes



Médecins Sans Frontières (MSF) continues to support Yemen's fragile health system, providing comprehensive medical services and responding to surging rates of malnutrition and preventable diseases.

The ongoing humanitarian crisis in Yemen is driven not only by armed conflict, but the consequent deterioration in the economy, which has had a severe impact on people's health, living conditions and access to basic services. Affordable healthcare at the community level is extremely limited, and in some locations is non-existent.

Although the large-scale conflict generally abated in 2023, since October, and following an escalation in the Red Sea, multiple regions across the north of Yemen were bombed on a daily basis, exacerbating an already appalling humanitarian situation. Millions of Yemenis remain displaced and in desperate need of assistance.

In 2023, MSF supported 17 hospitals and 18 other health facilities across 13 governorates, focusing on maternal and child health, specialist and emergency care, and responding to malnutrition and outbreaks of preventable diseases such as cholera, diphtheria and measles. Due to the lack of basic healthcare in rural areas, the specialist facilities we support are often overwhelmed, as people tend to arrive with complications because they were unable to receive care when they needed it. To address this issue, we assisted health centres across the country by providing financial incentives to staff, training, donations of medicines, and funding for referrals to MSF-supported facilities.

Malnutrition

The malnutrition crisis in Yemen has many underlying causes. After nearly a decade of conflict, and a drastic deterioration in the economy, many people have lost their livelihoods. High inflation rates have reduced their purchasing power so they can no longer afford to buy enough nutritious food. Diminishing food aid, including the suspension of the World Food Programme's distributions in northern Yemen in 2023, have also contributed to increasing food insecurity for millions of Yemenis.

In 2023, our teams responded to a surge in malnutrition among children in several governorates. In Taiz, we started supporting the outpatient therapeutic feeding centre (TFC) in MafrAQ Al-Mocha, in Mawza district, in March. In Amran, we supported Huth hospital to increase capacity to respond to malnutrition during the peak season, between June and December. In Hodeidah, we set up three outpatient TFCs in Ad-Dahi, Bayt Atta and Al-Kadan. In Hajjah, we extended the capacity of the inpatient TFC at Abs general hospital from 45 to 88 beds during the peak season. In Sa'ada, we doubled the number of beds and increased staffing and supplies.

Vaccine-preventable diseases

There has been a marked increase in preventable diseases such as cholera, diphtheria and measles over recent years, due to low vaccination coverage, poor living conditions and the collapse of the healthcare system. In 2023, our teams responded to a rise in measles cases across several governorates. In Al-Bayda, we offered treatment and conducted training sessions for healthcare providers on treating the disease in eight locations. In Taiz, we opened a 16-bed measles isolation unit inside our mother and child hospital in Taiz Houban to respond to an unprecedented surge in cases. We also treated measles patients in MSF-supported facilities across seven other governorates.

Since 2021, diphtheria cases have been rising significantly, with a sharp uptick in 2023. In response, MSF began supporting Al-Wahdah hospital in Dhamar governorate in October, with management of the patient isolation unit, treatment, intensive care and laboratory testing, donations of medical supplies, food and hygiene materials, and staff training.

A doctor treats a child with measles in the isolation room of Abs general hospital. Hajjah governorate, Yemen, May 2023. © MSF





Paediatrician Dr Eugenia Matos examines 6-month-old Ahmed, who has been admitted to the paediatric ward of MSF's mother and child hospital in Al-Qanawes with pneumonia. Hodeidah governorate, Yemen, November 2023. © Jinane Saad/MSF

In addition, our teams responded to a cholera outbreak in Aden and Shabwa governorates by running two treatment units from October 2023 until the end of January 2024, and conducting health promotion, water and sanitation activities to prevent the spread of the disease. During the same period, we ran two acute watery diarrhoea treatment centres in Ad-Dahi and Al-Zaydiyah districts, in Hodeidah governorate.

Maternal and child healthcare

In 2023, we scaled up our maternal and child healthcare activities in most governorates in Yemen, in response to the ever-increasing demand. In Taiz, our teams assisted women during deliveries and obstetric surgery, and provided inpatient neonatal and paediatric care in both Taiz Houban and Taiz city. In May, we started collaborating with the Ministry of Health to support Mocha general hospital's inpatient paediatric department.

In our hospital in Mocha, we assist women who have complicated deliveries. In Hodeidah, we ran specialist maternal and neonatal services at Al-Qanawes mother and child hospital. We also opened a paediatric ward there in May, offering inpatient care for children under 15 years old. In Hajjah governorate, our team continued to support several departments at Abs general hospital, including the maternity, neonatal and paediatric wards.

Since September 2022, we have been partnering with Ataq's mother and child hospital in Shabwa to provide paediatric healthcare.

During the year, the hospitals we support in Khamer, Amran governorate, and Haydan, Sa'ada governorate also received a higher number of referrals for obstetric emergencies from local health units compared with the previous year.

In Marib, we continue to provide general healthcare services for displaced people, host communities, migrants and other people living in vulnerable circumstances. We provide services for reproductive healthcare, malnutrition, chronic diseases and mental health care.

Trauma and surgical care

Due to a decrease in fighting and a subsequent reduction in trauma cases, we closed a number of our trauma projects, including our trauma hospital in Mocha, which had been providing lifesaving surgical care since 2018. We also handed over part of our surgical activities at Abs general hospital to the Ministry of Health, while we continued to perform obstetric surgeries.

Similarly, we closed our trauma centre in Taiz Houban and started referring patients to Al-Wehda governmental hospital. The MSF trauma centre in Aden also received a much lower number of war-wounded patients compared to previous years. Over the years, our staff in the centre had treated patients arriving from various frontlines through a referral system from Lahj, Abyan and Shabwa, where we supported health facilities until the end of 2023. The MSF trauma centre continues to offer orthopaedic services such as internal fixation for bone fractures and reconstructive surgery.

Mental health

Mental health support is a core part of our activities in Hajjah and Hodeidah governorates. In Abs hospital and our mental health clinic in Hajjah city, we provide psychiatric care, counselling and psychotherapy. In Hajjah city, we run a day centre offering psychological care, and a rehabilitation programme for patients with chronic mental health conditions.

Facts and Figures

Médecins Sans Frontières (MSF) is an international, independent, private and non-profit organisation.

The MSF associations

We are a field-based movement engaging MSF volunteers and staff from all over the world in a shared commitment to medical humanitarian action.

Through MSF associations, members have the right and responsibility to voice their opinions and contribute to the definition and guidance of our social mission. The associations bring together individuals in formal and informal debates and activities – in operational projects, in general assemblies at national and regional levels, and in an annual international general assembly.

Because the people making the decisions are current or former operations or office staff, MSF remains relevant to the needs seen in the countries in which we work, and focused on medical care and on our core principles: independence, impartiality, and neutrality.

Today, the MSF Movement is composed of 27 associations around the world. Each of them is an independent legal entity registered in the country in which they are based. The associations elect their own board of directors and president during their General Assembly.

The associations are: Australia, Austria, Belgium, Brazil, CAMEX (Central America and Mexico), Canada, Democratic Republic of Congo, Denmark, Eastern Africa, France, Germany, Greece, Netherlands, Hong Kong, Japan, Italy, Latin America, Luxembourg, Norway, South Asia, Southern Africa, Spain, Sweden, Switzerland, United Kingdom, USA, and WaCA (West and Central Africa).

Our offices around the world

The MSF associations are linked to six Operational Directorates that directly manage our humanitarian action in the countries where we provide assistance, and decide when, where, and what medical care is needed.

MSF sections are offices that support our medical work. They mainly recruit staff, organise fundraising, and raise awareness on the humanitarian crises our teams are responding to. Each MSF section is linked to an association, which defines the strategic direction of the section and ensures accountability for the work done.

Some MSF sections have opened branch offices to extend this support work further. Currently there are 24 sections and 18 branch offices around the world.

Additional satellite offices exist to support our work, mainly for logistics, supply, and epidemiology.

These satellites provide specific activities for the benefit of the MSF Movement and/or MSF entities, such as humanitarian relief supplies, epidemiological and medical research, IT services, fundraising, facility management, and research on humanitarian and social action. As these entities are controlled by MSF, they are included in the scope of the MSF International Financial Report and the figures presented here.

The figures presented below describe MSF's finances on a combined international level. This means that they add up the finances of all sections after eliminating all transactions and balances between MSF entities. The 2023 combined international figures have been prepared in accordance with Swiss GAAP FER/ RPC. The figures have been audited by the accounting firm Ernst & Young.

The full 2023 International Financial Report can be found on www.msf.org. In addition, each national office publishes annual, audited Financial Statements according to its national accounting policies, legislation, and auditing rules. Copies of these reports may be requested from the national offices; contact details for these offices can be found on www.msf.org.

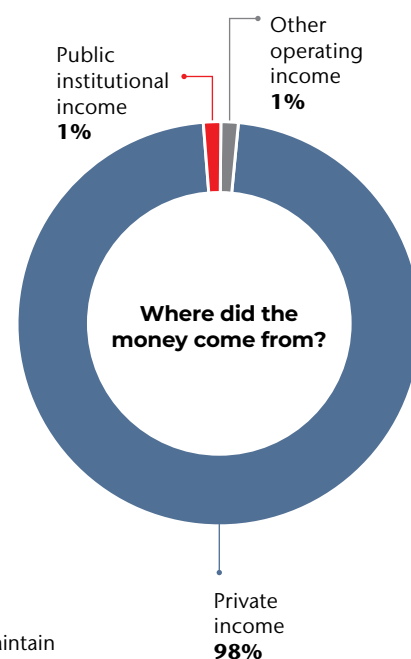
The figures presented here are for the 2023 calendar year. All amounts are presented in millions of euros. **Rounding may result in apparent inconsistencies in totals.**

* Figures relating to all the branch offices are included in the International Financial Report, although some are not disclosed separately.

Where did the money come from?

As in 2022, and for the second time in our history, MSF's revenue in 2023 exceeded €2 billion. The breakdown of income by source has remained stable. Income increased by €113 million, or 5 per cent, over 2022. Half of that amount comes from one-off donations.

	2023		2022		Variation 2023 vs 2022 in millions EUR
	in millions EUR	percentage	in millions EUR	percentage	
Private income	2,320	98%	2,191	97%	129
Public institutional income	24	1%	23	1%	1
Other operating income	21	1%	38	2%	-17
Total operating income	2,365	100%	2,252	100%	113



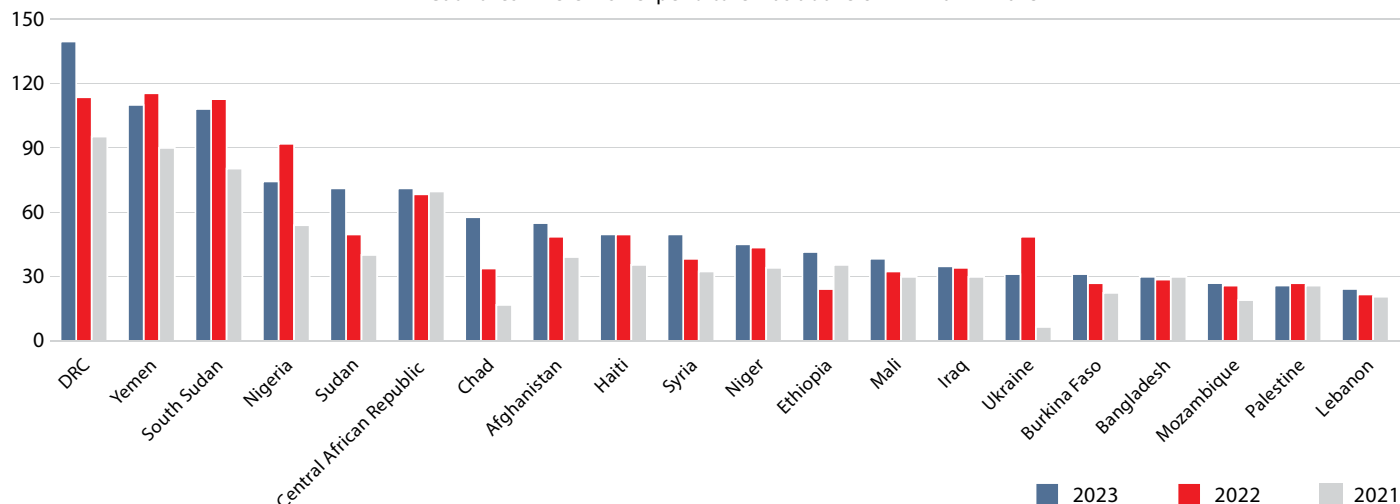
More than 7.3 million private donors

As part of MSF's effort to guarantee our independence and strengthen our link with society, we strive to maintain a high level of private income. In 2023, 98 per cent of MSF's operating income came from private sources.

More than 7.3 million individual donors and private foundations worldwide made this possible. Public institutional agencies providing funding to MSF included, among others, the governments of Canada and Switzerland; the World Health Organization (WHO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the International Drug Purchase Facility (UNITAID); and national health institutes, regional councils and municipalities of France, Luxembourg, and Switzerland.

Where did the money go?

Countries where MSF expenditure was above €24 million in 2023



Africa

in millions EUR

Democratic Republic of Congo	139
South Sudan	108
Nigeria	74
Sudan	71
Central African Republic	71
Chad	58
Niger	45
Ethiopia	41
Mali	38
Burkina Faso	31
Mozambique	27
Kenya	23
Somalia	20
Sierra Leone	18
Libya	13
Malawi	10
Search and rescue operations	10
Guinea	8
Tanzania	8
Cameroon	8
Uganda	7
Angola	4
Zimbabwe	4
Madagascar	4
Liberia	4
Benin	3
Egypt	3
Eswatini	3
Côte d'Ivoire	3
Burundi	3
South Africa	3
Other countries*	1

Total 866 (58.2%)

Asia

in millions EUR

Yemen	110
Afghanistan	55
Syria	49
Iraq	35
Bangladesh	30
Lebanon	26
Palestine	24
Myanmar	18
Pakistan	16
India	16
Türkiye	15
Jordan	13
Uzbekistan	8
Tajikistan	4
Iran	4
Kyrgyzstan	3
Malaysia	3
Armenia/Azerbaijan	3
Philippines	2
Other countries*	3

Total 439 (29.51%)

America

in millions EUR

Haiti	50
Mexico	14
Venezuela	12
Honduras	6
Brazil	5
Guatemala	4
Colombia	4
Panama	3
Peru	2

Total 98 (6.59%)

Europe

in millions EUR

Ukraine	31
Greece	10
France	6
Russia	3
Belgium	3
Italy	3
Belarus	2
Poland	1
Other countries*	2

Total 61 (4.09%)

Oceania

in millions EUR

Papua New Guinea	3
Kiribati	1

Total 4 (0.27%)

Unallocated

in millions EUR

Transversal costs** 20

Total 20 (1.34%)

Overall programme expenses 1,488 (100%)

* Other countries include the expenditure in countries where less than 1 million euros was spent.

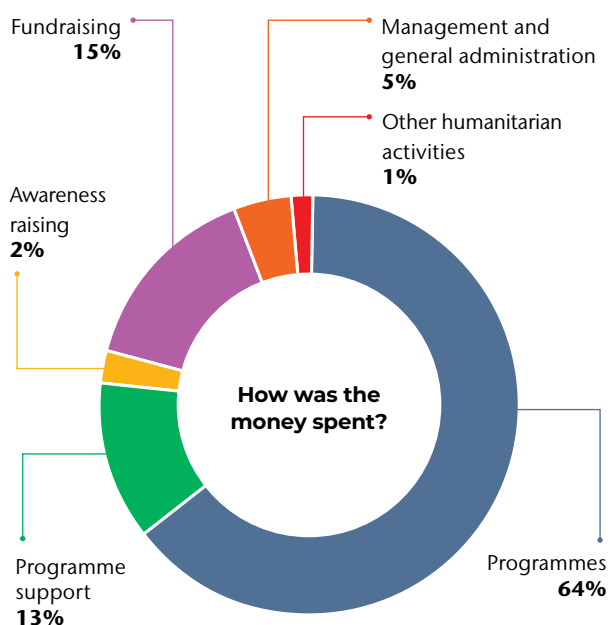
**Transversal costs are those expenses which cannot be directly attributed to any mission, or are shared by two missions or more.

How was the money spent?

Operational expenses reached another all-time high in 2023, exceeding €2.3 billion. This represents a 44% increase over the last five years (2018-2023). MSF's priority is to maximise the funding that goes to programmes; the ratio of expenses going towards programmes has slightly decreased from 64.8% (2022) to 64.4% (2023). The share of expenses directly related to MSF's mission remained at 80.2%. Fundraising expenses ensure that MSF can continue receiving a substantial share of funding from private, independent sources.

Operational expenses by activity

	2023		2022	
	<i>in millions EUR</i>	<i>percentage</i>	<i>in millions EUR</i>	<i>percentage</i>
Programmes	1,487.58	64%	1,404.17	65%
Programme support	287.38	13%	253.94	12%
Awareness raising	54.50	2%	49.98	2%
Other humanitarian activities	21.34	1%	29.38	1%
Social mission	1,850.80	80%	1,737.48	80%
Fundraising	343.48	15%	325.54	15%
Management and general administration	114.54	5%	104.61	5%
Other operating expenses	458.01	20%	430.15	20%
OPERATING EXPENSES	2,308.82	100%	2,167.63	100%



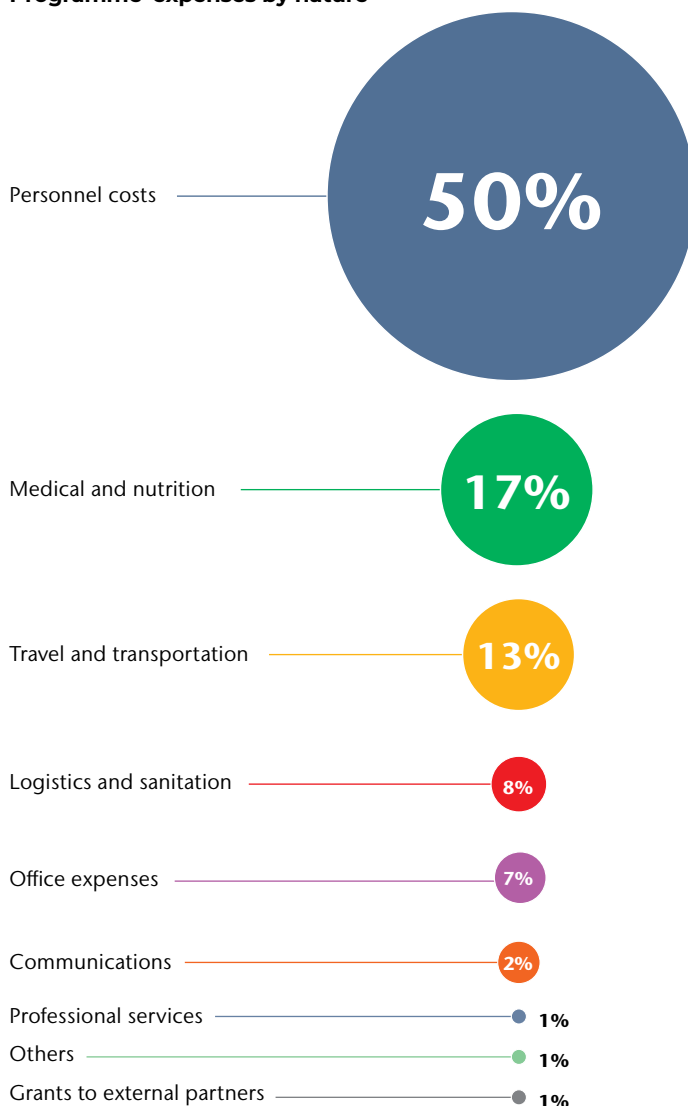
The largest category of expenses is dedicated to “Personnel costs”; 50 per cent of expenditure comprises all costs related to locally hired and international staff (including plane tickets, insurance, accommodation, etc).

The “Medical and nutrition” category includes drugs and medical equipment, vaccines, hospitalisation fees, and therapeutic food. The delivery of these supplies is included in the category of “Travel and transportation”.

“Logistics and sanitation” comprise building materials and equipment for health centres, water and sanitation, and logistical supplies.

“Other expenses” includes grants to external partners and taxes.

Programme¹ expenses by nature



¹ **Programme expenses** represent expenses incurred in programmes or by headquarters on behalf of programmes. All expenses are allocated in line with the main activities performed by MSF according to the full cost method. Therefore, all expense categories include salaries, medical costs, logistics and transport costs, and other direct costs.

Year-end financial position

	2023		2022	
	in millions EUR	percentage	in millions EUR	
Cash and cash equivalents	936.71	51%	924.67	(2022 - restated)
Other current assets	579.57	29%	515.57	(2022 - restated)
Non-current assets	359.46	20%	364.26	
TOTAL ASSETS	1,875.75	100%	1,804.50	
Restricted funds²	56.12	3%	52.27	
Unrestricted funds ³	1,359.99	72%	1,291.23	
Other funds ⁴	83.92	5%	82.71	
Organisational capital	1,443.91	76%	1,373.95	
Current liabilities	315.51	18%	318.88	
Non-current liabilities	60.21	3%	59.41	
Current and non-current liabilities	375.72	21%	378.29	
TOTAL LIABILITIES AND FUNDS	1,875.75	100%	1,804.50	

HR statistics

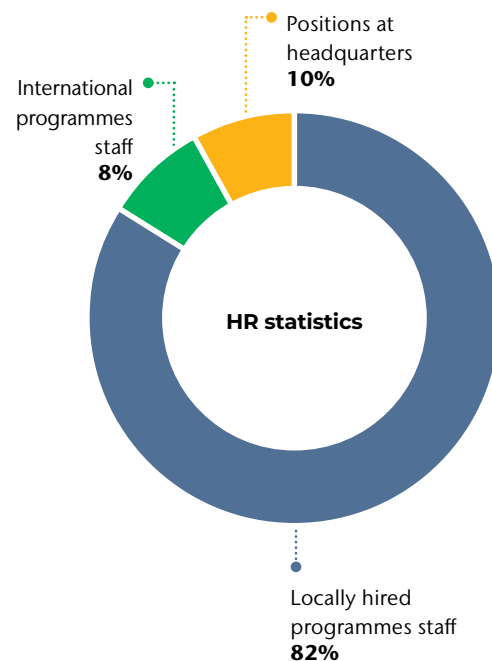
	2023		2022	
	no. staff	percentage	no. staff	percentage
Staff positions⁵				
Locally hired programmes staff	42,236	82%	40,307	83%
International programmes staff	4,160	8%	3,796	8%
Positions in programmes⁶	46,395	90%	44,102	91%
Positions at headquarters	5,119	10%	4,706	9%
TOTAL STAFF	51,514	100%	48,808	100%

The complete International Financial Report is available at www.msf.org

The result for 2023, after adjusting for financial results, extraordinary results, and exchange gains/losses, shows a surplus of €70 million (surplus of €67 million for 2022). MSF's funds have been built up over the years by surpluses of income over expenses. At the end of 2023, the remaining available reserves (excluding permanently restricted funds and capital for foundations) represented 7.8 months of activities at 2023 level (7.9 months in 2022).

The purpose of maintaining financial reserves is to meet the following needs:

- Meet working capital needs over the course of the year, as fundraising traditionally has seasonal peaks while expenditure is relatively constant;
- Provide a swift operational response to humanitarian needs that will be funded by forthcoming public fundraising campaigns and/or by public institutional funding;
- Secure funds for future major humanitarian emergencies for which sufficient funding cannot be obtained;
- Facilitate the sustainability of long-term programmes (e.g. antiretroviral treatment programmes); and
- Protect activities when a sudden unplanned event takes place, such as a sudden drop in private and/or public institutional funding that cannot be matched in the short term by a reduction in expenditure, or unforeseen changes in economic conditions, including foreign exchange variations.



² **Restricted funds** may be permanently or temporarily restricted: permanently restricted funds include capital funds, where the assets are required by the donors to be invested or retained for long-term use, rather than expended in the short term, and minimum compulsory level of funds to be maintained in some countries; temporarily restricted funds are unspent donor funds designated to a specific purpose (e.g. a specific country or project), restricted in time, or required to be invested and retained rather than expended, without any contractual obligation to reimburse.

³ **Unrestricted funds** are unspent, non-designated donor funds expendable at the discretion of MSF's trustees in furtherance of our social mission.

⁴ **Other funds** are foundations' capital and translation adjustments arising from the translation of entities' financial statements into euros.

⁵ **Staff numbers** represent the number of full-time equivalent positions averaged out across the year.

⁶ **Positions in programmes** include programme and programme support staff in the countries in which we work.

A team member of MSF's search and rescue vessel, the *Geo Barents*, looks on as a rescue team approaches a boat in distress, with 300 people on board, off Malta. Central Mediterranean Sea, May 2023. © Skye McKee/MSF



About

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Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare, and natural disasters. MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation.

MSF is a non-profit organisation. It was founded in Paris, France in 1971. Today, MSF is a worldwide movement of 27 associations. Thousands of health professionals, logistical and administrative staff manage projects in more than 70 countries worldwide. MSF International is based in Geneva, Switzerland.

MSF INTERNATIONAL

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An MSF nurse aide screens a child for malnutrition in an MSF mobile clinic at the Riverside transit site for Sudanese refugees. Renk, Upper Nile state, South Sudan, June 2023. © Nasir Ghafoor/MSF