

INTERNATIONAL ACTIVITY REPORT 2017



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.

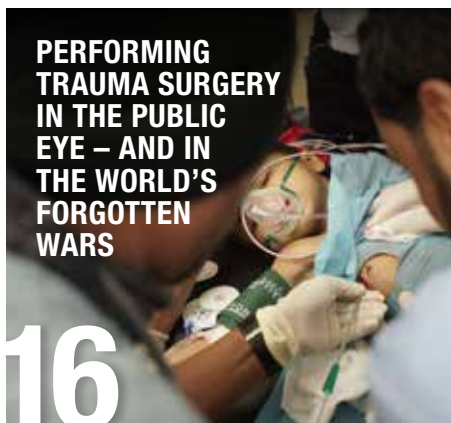
The country texts in this report provide descriptive overviews of MSF's operational activities throughout the world between January and December 2017. Staffing figures represent the total full-time equivalent employees per country across the 12 months, for the purposes of comparisons.

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 on p. 100.

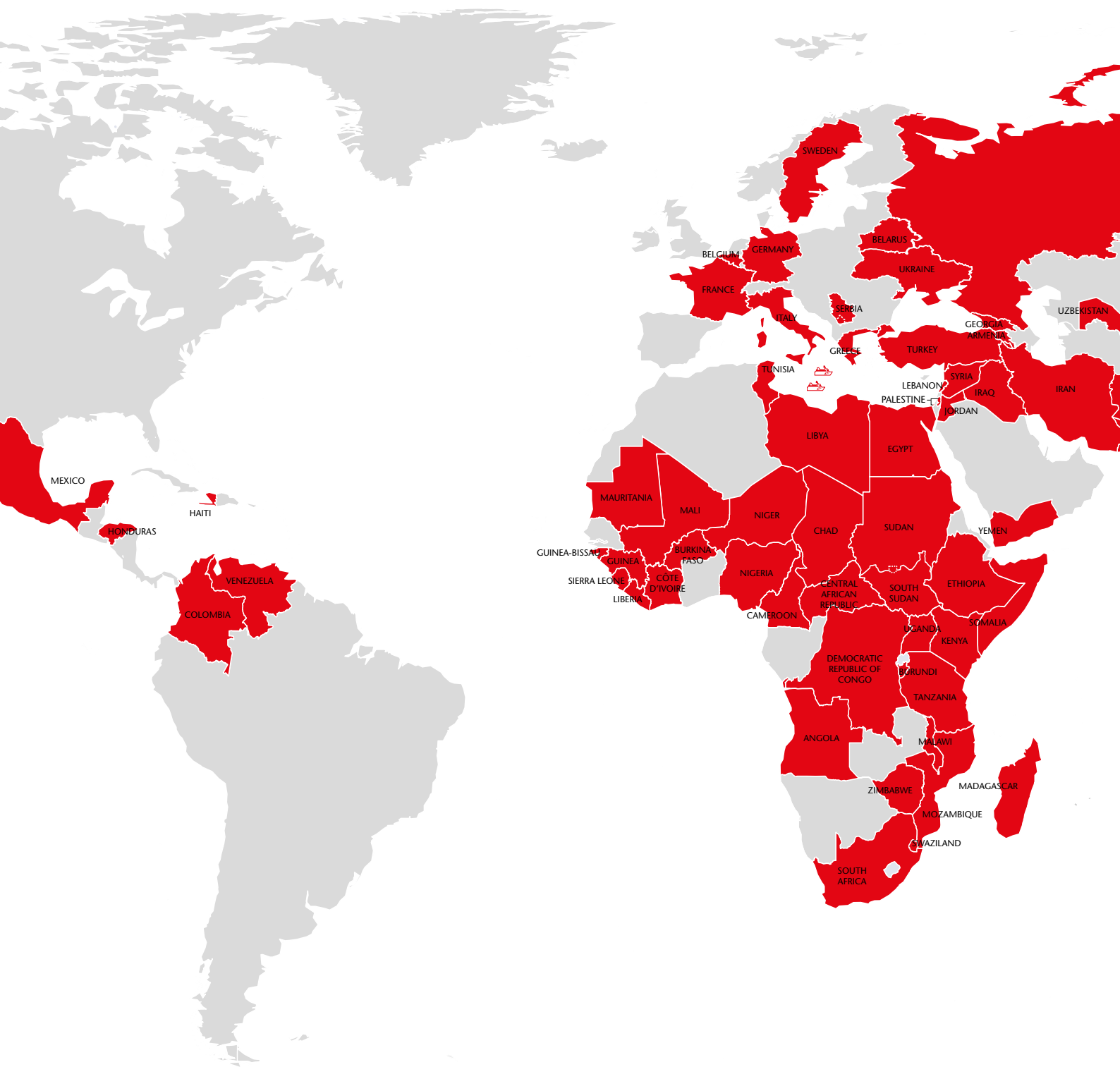
The place names and boundaries used in this report do not reflect any position by MSF on their legal status. Some patients' names have been changed for reasons of confidentiality.

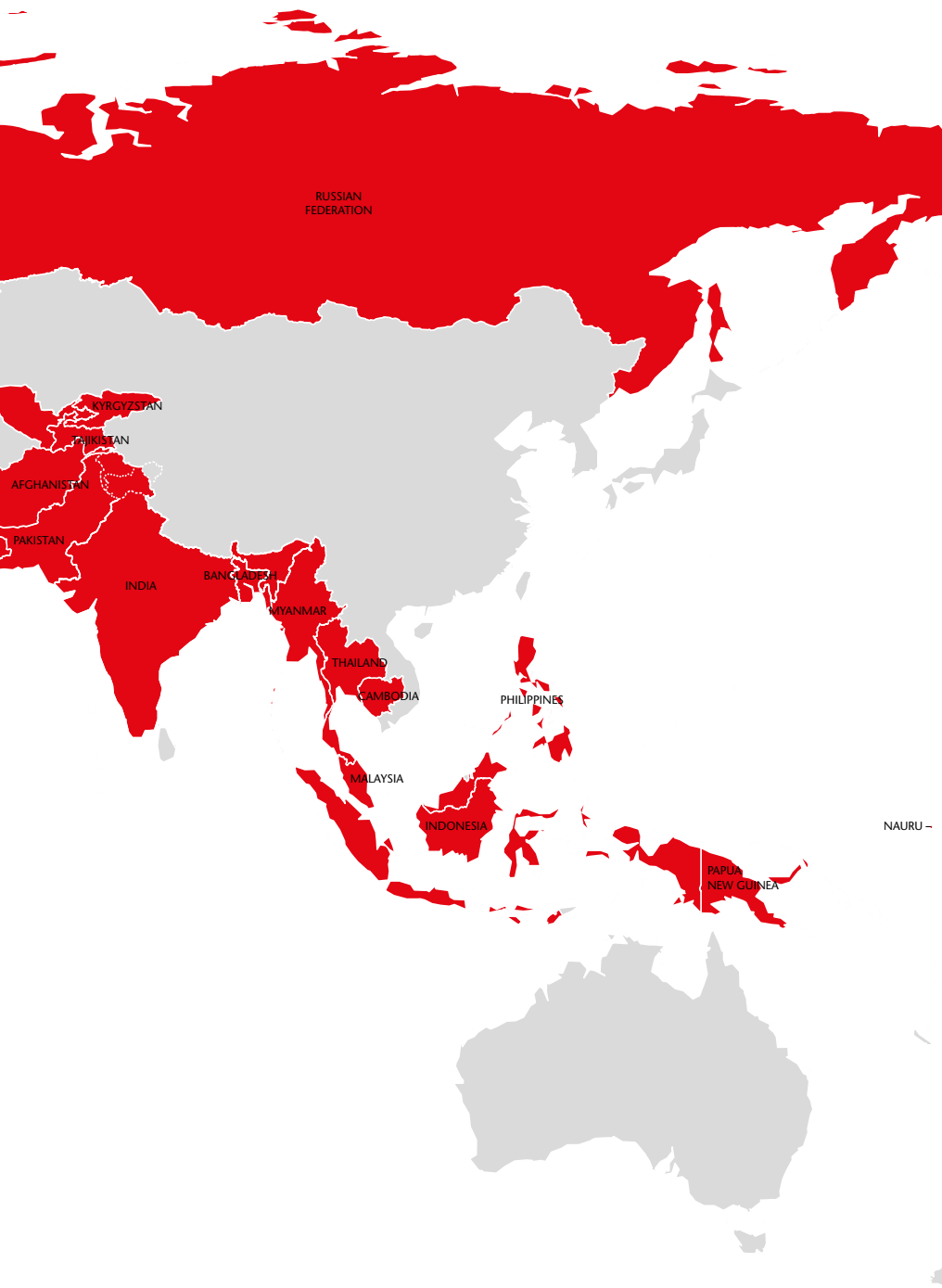
This activity report serves as a performance report and was produced in accordance with the recommendations of Swiss GAAP FER/RPC 21 on accounting for charitable non-profit organisations.

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Countries in which MSF only carried out assessments in 2017 do not feature on this map.

FOREWORD

In a complex and fast-changing world, we remain focused and resolute in pursuit of our goal – to provide the most appropriate, effective medicine in the harshest of environments. As well as responding to vital needs, our aid is born of a desire to show solidarity with people who are suffering, whether as a result of conflict, neglect or disease.

As a medical humanitarian association, our strength lies in our employees and volunteers, be they frontline workers or back-office staff, and all the other people who support our work, whether financially, technically, politically or otherwise. This shared commitment to those stripped of their basic rights is what binds us together.

Our strength is also grounded in mutual respect and transparency. We welcome the recent focus on abuse of power within society at large and the aid sector specifically. With tens of thousands of staff working in extreme conditions around the world, the need for each and every one of our patients and staff to feel safe to report and fight any form of abuse is something we take very seriously.

Médecins Sans Frontières (MSF) employs people of around 150 different nationalities and this diversity is a source of strength. Combining an external eye with local knowledge improves the quality of our operations. It helps us get closer to the realities and needs of our patients and develop the best possible medical response. It also helps us to successfully negotiate access to the most vulnerable populations in some of the most difficult places. We must continually challenge ourselves and each other to ensure

that the decisions we take are based on, and benefit from, the widest range of perspectives possible.

MSF teams around the world are constantly adjusting to the specific challenges of very different situations. As you will see from this report on our activities in 2017, we continue to tailor the care we provide to the diverse realities we work in: the realities of displacement, from the borders of Syria or Somalia to the deadly so-called migration routes of North Africa, the Mediterranean and Europe; the evolution of disease realities such as multidrug-resistant tuberculosis or epidemic outbreaks such as cholera and meningitis; and the conflict realities of the Middle East and Africa.

Despite the significant direct assistance our teams have been able to deliver, too many patients and communities – from Syria to Iraq, South Sudan and Nigeria, to name but a few – remain stuck in the epicentres of spiralling conflicts. The lack of any form of protection in such contexts all too often leaves us as powerless witnesses.

In such extreme realities, we continue to deploy what means we can. But we cannot do it alone. We rely on those who support our action. This generosity and compassion is what allows us to continue our lifesaving work.



Dr Joanne Liu

INTERNATIONAL PRESIDENT

A handwritten signature in black ink, appearing to be 'Joanne'.



Jérôme Oberreit

SECRETARY GENERAL

A handwritten signature in black ink, appearing to be 'Jérôme'.

A building reduced to rubble in Banki, on the Nigeria-Cameroon border, where MSF deployed mobile clinics to assist people trapped amid the conflict.



© Sylvain Cherkaoui/COSMOS

THE YEAR IN REVIEW

By Raquel Ayora, Dr Isabelle Defourny, Christine Jamet, Dr Bart Janssens, Marcel Langenbach and Bertrand Perrochet, Directors of Operations

Violence against civilians escalated in Myanmar, the Democratic Republic of Congo (DRC), South Sudan, Central African Republic and Iraq in 2017. It continued unabated in Syria, Nigeria and Yemen. Entire communities paid a staggering price of death, injury and loss, and millions fled their homes in search of safety.

Treating the wounded and responding to basic health needs, malnutrition and outbreaks of infectious disease, Médecins Sans Frontières (MSF) provided lifesaving care to those caught up in conflict as health systems collapsed and living conditions deteriorated. Where we were unable to secure direct access to those trapped at the heart of the violence, in places such as Myanmar and Syria, we focused our assistance on those who had escaped.

MSF has been responding to the humanitarian needs of the marginalised ethnic Rohingya minority in Myanmar for years. Targeted attacks of unprecedented scale by the

Myanmar military in August 2017 drove another 660,000 or more Rohingya into neighbouring Bangladesh, where we ramped up our activities in response. We dealt with multiple disease outbreaks triggered by the ballooning refugee population's abject living conditions and poor underlying health. Retrospective mortality surveys carried out by MSF epidemiologists revealed the extreme violence inflicted in Rakhine state: by the most conservative estimate, at least 6,700 Rohingya were killed in the space of a month.

Continued violence and mass displacement in Nigeria's Borno state has uprooted more than two million people, many of whom

have regrouped around garrison towns controlled by the Nigerian military. In January, an airstrike hit a camp for displaced people in Rann, where MSF was running a health facility. It killed at least 90 people, including three MSF workers, and injured hundreds.

Despite the insecurity and challenges in accessing many areas, MSF teams conducted emergency interventions in 11 towns in Borno state, providing nutritional and medical care, relief items, and water and sanitation in displacement camps. However, people living in areas controlled by armed opposition groups remained cut off from aid.

continued overleaf ▶

© Marta Soszynska/MSF



MSF staff check on Madeleine Kidolo and her one-year-old son, Mapenzi, at the cholera treatment centre in Minova, Democratic Republic of Congo.

There was no let-up in Yemen's war in 2017 or in the trauma injuries suffered as a result. Preventable diseases such as cholera and diphtheria also re-emerged, as the country grappled with a total breakdown of its medical, sanitation and economic systems, and with import restrictions on fuel, food and medicines.

The situation in war-ravaged Somalia also remains extreme. Since withdrawing from the country four years ago following repeated attacks on our teams, we have continuously monitored the situation and re-engaged with the relevant authorities. Despite ongoing security concerns, we returned to Somalia in 2017, opening a nutrition programme in the Puntland region and expanding our services throughout the year. However the scale of our activities remains limited; our ability to operate depends largely on the acceptance and active support we receive from the authorities and host communities.

Final battles in areas under siege

In both Raqqa in Syria and Mosul in Iraq, bombs rained down on trapped civilians as coalition forces wrestled back control from the Islamic State group.

In Mosul, the frontlines cut through densely populated areas in the west, holding people under siege, sometimes for months on end. In the midst of the battle, some of the injured had to wait days before seeking medical care. When the fighting was at its most intense, our emphasis was on trauma surgery, but we also provided paediatric, obstetric and primary healthcare, and treated malnutrition for those escaping Mosul. With many organisations, including MSF, focusing on the first stages of trauma care, a functional network of medicalised transport was lacking, as were easily accessible referral facilities for definitive surgery.

Our teams saw fewer wounded in the battle for Raqqa in Syria. This raised questions about what was happening in an area of urban warfare and bombardment, and whether people were accessing any care at all, or simply dying. To this day we do not know. We provided medical assistance to those fleeing Raqqa as they regrouped in camps around the area, but in general aid relief was scarce.

Out of the spotlight

Several other long-running, lesser reported conflicts escalated. Conflict and violence

affected millions of people in South Sudan, where medical facilities and staff were not spared. MSF's clinics and hospitals were looted and our staff and patients forced to flee. More than two million South Sudanese were forced to flee the country, creating the world's fastest growing refugee crisis. This prompted a huge MSF response in Uganda, DRC, Ethiopia and Sudan.

DRC itself was wracked by violence, especially in the Kasai region, where 1.5 million people were displaced. Our teams were able to intervene only when the fighting subsided. We discovered extremely high rates of severe acute malnutrition among young children in the area, with over 1,000 under-fives treated between June and September 2017 alone. Our teams also provided comprehensive paediatric care and surgery.

In Central African Republic, full-blown conflict resurged across much of the country. Several towns emptied as people fled in terror, seeking refuge in churches, mosques and even MSF hospitals, or surviving hand-to-mouth in the bush. In response to the towering health needs, MSF provided medical care to communities across the country.

The human cost of 'deterrence'

Meanwhile, governments in Europe struck deals with Libya to keep migrants and refugees from reaching their shores, fully aware of the widespread torture, detention and criminal extortion this left people exposed to. Smear campaigns were orchestrated to discredit lifesaving search and rescue efforts on the Mediterranean Sea, despite some 3,000 people drowning in 2017. Nevertheless, MSF remained committed to saving lives that would otherwise be lost, and to throwing light on the human cost of deterrence policies.

Infectious diseases

As a direct result of missing childhood vaccinations, diphtheria broke out in Yemen and among refugees from Myanmar in Bangladesh, prompting MSF vaccination and treatment campaigns.

People still perish from infectious diseases that should be confined to history. In 2017, MSF supported the Madagascan authorities' response to an outbreak of the plague, which took 200 lives.

Massive cholera outbreaks raged through Yemen and East Africa. DRC experienced its most significant cholera outbreak in 20 years, affecting 55,000 people and causing 1,190 deaths across 24 of the country's 26 provinces. Our teams treated almost half of the registered cases.

Measles also ravaged communities across eastern DRC. In just eight months, MSF treated almost 14,000 cases and vaccinated over a million children.

Women's health

Our teams assisted over 300,000 childbirths in 2017, working in large maternity hospitals, including in eastern DRC, Iraq, Syria and Afghanistan, where women have few other safe, free options.

Unsafe abortions are one of the world's main causes of maternal mortality and are entirely preventable. At our International General Assembly in 2017, MSF reasserted its commitment to providing safe termination of pregnancy to all women and girls who need it.

Treating tuberculosis (TB)

MSF remains the largest non-government provider of TB treatment worldwide. Together with partner organisations and local health authorities, we are pioneering new drug-resistant treatment options, including regulated trials in South Africa and Uzbekistan, where our teams test shorter, more effective and better tolerated regimens.

In 2017, we also advocated scaling up the use of the new TB drugs bedaquiline and delamanid through the MSF Access Campaign, and urged governments and stakeholders to increase patient treatment through the #StepUpforTB campaign.

We are hugely grateful to all our donors, who make our work possible, and to all our dedicated MSF field workers, who give their time and skills to assist others, at times at considerable risk to themselves. Our teams remain committed to finding and releasing our three colleagues who were abducted in DRC in 2013 and remain unaccounted for. Philippe, Richard and Romy, our thoughts are with you, your friends and your families.

An MSF nurse in Abs, Yemen, where teams run mobile clinics for internally displaced people and host communities across the district.



© Gonzalo Martinez/MSF

OVERVIEW OF ACTIVITIES

Largest country programmes based on expenditure

- | | |
|---------------------------------|----------------|
| 1. Democratic Republic of Congo | 6. Nigeria |
| 2. South Sudan | 7. Syria |
| 3. Yemen | 8. Haiti |
| 4. Central African Republic | 9. Afghanistan |
| 5. Iraq | 10. Lebanon |

The total budget for our programmes in these 10 countries is 571.2 million euros, **53 per cent** of MSF's operational budget for 2017.

Staff numbers

Largest country programmes based on the number of MSF staff in the field. Staff numbers measured in full-time equivalent units.

- | | |
|---------------------------------|-------|
| 1. South Sudan | 3,574 |
| 2. Central African Republic | 2,887 |
| 3. Democratic Republic of Congo | 2,881 |
| 4. Nigeria | 2,595 |
| 5. Afghanistan | 2,282 |

Outpatient consultations

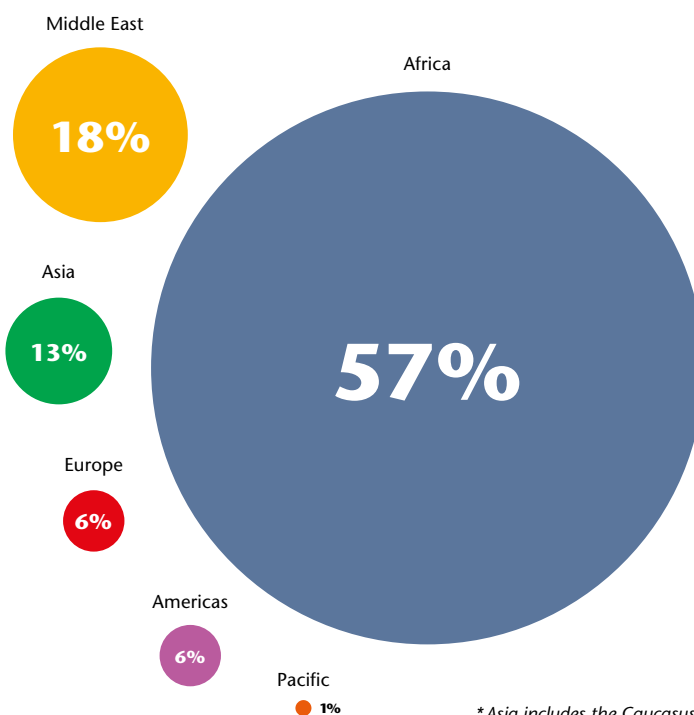
Largest country programmes according to the number of outpatient consultations. This does not include specialist consultations.

- | | |
|---------------------------------|-----------|
| 1. Democratic Republic of Congo | 1,772,000 |
| 2. South Sudan | 1,154,600 |
| 3. Central African Republic | 748,600 |
| 4. Syria | 647,600 |
| 5. Niger | 523,400 |
| 6. Nigeria | 512,500 |
| 7. Ethiopia | 455,500 |
| 8. Tanzania | 445,800 |
| 9. Sudan | 394,000 |
| 10. Yemen | 362,400 |

Project locations

Number of projects

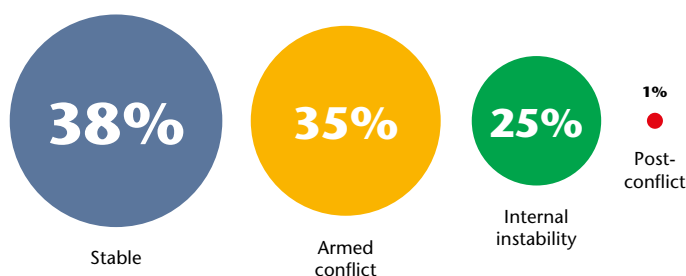
Africa	262	Europe	28
Middle East	82	Americas	26
Asia*	61	Pacific	3



Context of intervention

Number of projects

Stable	176
Armed conflict	163
Internal instability	117
Post-conflict	6



2017 ACTIVITY HIGHLIGHTS



10,648,300
outpatient consultations



288,900
births assisted, including
caesarean sections



49,800
group mental
health sessions



749,700
patients admitted



110,000
major surgical
interventions involving
the incision, excision,
manipulation or
suturing of tissue,
requiring anaesthesia



143,100
people treated
for cholera



2,520,600
cases of malaria treated



18,800
patients medically
treated for sexual
violence



2,095,000
people vaccinated
against measles in
response to an
outbreak



81,300
severely malnourished
children admitted to
inpatient feeding
programmes



18,500
patients started on
first-line tuberculosis
treatment



886,300
people vaccinated
against meningitis
in response to an
outbreak



201,300
patients on first-line HIV
antiretroviral treatment
at the end of 2017



3,600
patients started on
multidrug-resistant
tuberculosis treatment



5,900
total number of people
on hepatitis C treatment



15,400
patients on second-line HIV
antiretroviral treatment
at the end of 2017
(first-line treatment failure)



306,300
individual
mental health
consultations



23,900
migrants and
refugees rescued
and assisted at sea

The above data groups together direct, remote support, and coordination activities. These highlights give an overview of most MSF activities but cannot be considered exhaustive. Any additions to the data will be made available on the digital version of this report at msf.org.

GLOSSARY OF DISEASES AND ACTIVITIES

Cholera

Cholera is a water-borne, acute gastrointestinal infection caused by the *Vibrio cholerae* bacterium. It is transmitted by contaminated water or food, or direct contact with contaminated surfaces. In non-endemic areas, large outbreaks can occur suddenly and the infection can spread rapidly. Most people will not get sick or will suffer only a mild infection, but the illness can be very severe, causing profuse watery diarrhoea and vomiting that can lead to severe dehydration and death. Treatment consists of a rehydration solution – administered orally or intravenously – which replaces fluids and salts. Cholera is most common in densely populated settings where sanitation is poor and water supplies are not safe.

As soon as an outbreak is suspected, patients are treated in centres where infection control precautions are taken to avoid further transmission of the disease. Strict hygiene practices must be implemented and large quantities of safe water must be available.

MSF treated 143,100 people for cholera in 2017.

Diphtheria

Diphtheria is a contagious and potentially fatal bacterial respiratory infection. The illness often causes the development of a greyish, thick membrane in the throat and nose that can cause airway obstruction and suffocation. The toxin produced by the bacteria can also affect other organs, mainly the heart and kidneys, and the nervous system. The disease has a gradual onset with fever, followed by patches that form a membrane in the throat. The inflammation and swelling of the surrounding tissue can lead to a so-called ‘bull neck’ appearance.

Besides antibiotics, administration of diphtheria antitoxin (DAT) is a main pillar of treatment. DAT can cause severe allergic reactions and therefore its administration requires close monitoring of the patient. Globally, the production and supply of DAT has become extremely problematic. Following the global increase in vaccination coverage over the last decades, the disease has become relatively rare, and almost all industrialised countries have ceased production of the antitoxin.

Diphtheria is preventable by vaccination and is included in routine immunisation. During outbreaks, a key component to curbing the spread of the disease is vaccinating and giving antibiotic prophylaxis to all close contacts of the patient.

Health promotion

Health promotion activities aim to improve health and encourage the effective use of health services. Health promotion is a two-way process: understanding the culture and practices of a community is as important as providing information.

During outbreaks, MSF provides people with information on how the disease is transmitted and how to prevent it, what signs to look for, and what to do if someone becomes ill. If MSF is responding to an outbreak of cholera, for example, teams work to explain the importance of good hygiene practices because the disease is transmitted through contaminated water or food, or direct contact with contaminated surfaces.

Hepatitis C

Hepatitis C is a liver disease caused by the blood-borne hepatitis C virus (HCV). It is most commonly transmitted through unsafe injection practices, reuse or inadequate sterilisation of medical equipment, and the transfusion of unscreened blood and blood products.

The virus can cause both acute and chronic infection, ranging in severity from a mild illness lasting a few weeks to serious, lifelong illness. Infected people often do not show symptoms for many years, although those with acute infection may experience fever, fatigue, decreased appetite, nausea, vomiting, abdominal pain, dark urine, joint pain and jaundice.

It is estimated that 71 million people are chronically infected with hepatitis C. The disease kills an estimated 400,000 people each year, the vast majority of whom live in developing countries where there is little or no access to diagnosis and treatment. While hepatitis C is found worldwide, Central and East Asia, Egypt, China and Pakistan are the regions and countries most affected.

In the last few years, new drugs called direct-acting antivirals (DAAs) have been developed that allow for treatment to be given orally, with few side effects, over a course of three months. These new drugs are very effective – with different combinations curing well over 95 per cent of patients – but can be very expensive in high- and middle-income countries. Although prices for a three-month course of treatment in wealthy countries started at well above US\$100,000, treatment remains unaffordable for many, particularly in middle-income countries. Through the use of generic DAAs, MSF has been able to secure a price of just \$120 per treatment in most projects.

MSF treated 5,900 people for hepatitis C in 13 countries in 2017.

HIV/AIDS

The human immunodeficiency virus (HIV) is transmitted through blood and body fluids and gradually breaks down the immune system – usually over a three- to 15-year period, most commonly 10 years – leading to acquired immunodeficiency syndrome, or AIDS. As immunodeficiency progresses, people begin to suffer from opportunistic infections. The most common opportunistic infection that often leads to death is tuberculosis.

Simple blood tests can confirm HIV status, but many people live for years without symptoms and may not know they have been infected. Combinations of drugs known as antiretrovirals (ARVs) help combat the virus and enable people to live longer, healthier lives without their immune systems deteriorating rapidly. ARVs also significantly reduce the likelihood of the virus being transmitted.

As well as treatment, MSF’s comprehensive HIV/AIDS programmes generally include health promotion and awareness activities, condom distribution, HIV testing, counselling, and prevention of mother-to-child transmission (PMTCT) services. PMTCT involves the administration of ARV treatment to the mother during and after pregnancy, labour and breastfeeding, and to the infant just after birth.

MSF provided 216,600 patients with first-line or second-line ARV treatment in 2017.

Kala azar (visceral leishmaniasis)

Largely unknown in high-income countries (although it is present in the Mediterranean basin), kala azar – Hindi for ‘black fever’ – is a tropical, parasitic disease transmitted through bites from certain types of sandfly. Of the estimated 50,000–90,000 annual cases, 90 per cent occur in Brazil, Ethiopia, India, Kenya, Somalia, South Sudan and Sudan, where the disease is endemic. Kala azar is characterised by fever, weight loss, enlargement of the liver and spleen, anaemia, and immune-system deficiencies. Without treatment, kala azar is almost always fatal.

In Asia, rapid diagnostic tests can be used for diagnosis of the disease. However, these tests are not sensitive enough for use in Africa, where diagnosis often requires microscopic examination of samples taken from the spleen, bone marrow or lymph nodes. These are invasive and difficult procedures requiring resources that are not readily available in developing countries.

Treatment options for kala azar have evolved during recent years. Liposomal amphotericin B is becoming the primary treatment in Asia, either alone or as part of a combination therapy. This is safer and involves a shorter course of treatment than previously used medication. However, it requires intravenous administration, which remains an obstacle to its use in local clinics. An oral drug, miltefosine, is often added to optimise treatment regimens in certain categories of patients. In Africa, the best available treatment is still a combination of pentavalent antimonials and paromomycin, which is toxic and requires a number of painful injections. Research into a simpler treatment is underway and it is hoped it will soon be available.

Co-infection of kala azar and HIV is a major challenge, as the diseases influence each other in a vicious spiral as they attack and weaken the immune system.

MSF treated 7,200 patients for kala azar in 2017.

Malaria

Malaria is transmitted by infected mosquitoes. Symptoms include fever, pain in the joints, shivering, headache, repeated vomiting, convulsions and coma. Severe malaria, nearly always caused by the *Plasmodium falciparum* parasite, causes organ damage and leads to death if left untreated. MSF field research has helped prove that artemisinin-based combination therapy (ACT) is currently the most effective treatment for malaria caused by *Plasmodium falciparum*. In 2010, World Health Organization guidelines were updated to recommend the use of artesunate over artemether injections for the treatment of severe malaria in children.



Ismail, 11, is given diphtheria antitoxin by MSF doctors in a treatment centre in Moynarghona, Bangladesh.

Long-lasting insecticide-treated bed nets are one important means of controlling malaria. In endemic areas, MSF distributes nets to pregnant women and children under the age of five, who are most vulnerable and have the highest frequency of severe malaria. Staff advise people on how to use the nets.

In 2012, MSF piloted a seasonal malaria chemoprevention (SMC) strategy in Chad, Mali and Niger. Now used in several countries, children under five take oral antimalarial treatment monthly over a period of three to four months during the peak malaria season.

MSF treated 2,520,600 people for malaria in 2017.

Malnutrition

A lack of food or essential nutrients causes malnutrition: children's growth falters and their susceptibility to common diseases increases. The critical age for malnutrition is from six months – when mothers generally start supplementing breast milk – to 24 months. However, children under five, adolescents, pregnant or breastfeeding women, the elderly, and the chronically ill are also vulnerable.

Malnutrition in children is usually diagnosed in two ways: it can be calculated from a ratio using weight and height, or by measurement of the mid-upper arm circumference. According to these measurements and to their clinical state, undernourished children are diagnosed with moderate or severe acute malnutrition.

MSF uses ready-to-use food to treat malnutrition. These ready-to-use foods contain fortified milk powder and deliver all the nutrients that a malnourished child needs to reverse deficiencies and gain weight. With a long shelf-life and requiring no preparation, these nutritional products can be used in all kinds of settings and allow patients to be treated at home, unless they are suffering severe

complications. In situations where malnutrition is likely to become severe, MSF takes a preventive approach, distributing nutritional supplements to at-risk children to prevent their condition from deteriorating further.

MSF admitted 224,000 malnourished children to inpatient or outpatient feeding programmes in 2017.

Measles

Measles is a highly contagious viral disease. Symptoms appear between eight and 13 days after exposure to the virus and include a runny nose, cough, eye infection, rash, and high fever. There is no specific treatment for measles – patients are isolated and treated with vitamin A, and for complications such as eye-related problems, stomatitis (a viral mouth infection), dehydration, protein deficiencies, and respiratory tract infections.

In high-income countries, most people infected with measles recover within two to three weeks, and mortality rates are low. In developing countries, however, the mortality rate can be between three and 15 per cent, rising to 20 per cent where people are more vulnerable. Death is usually due to complications such as severe respiratory infection, diarrhoea, dehydration or encephalitis (inflammation of the brain).

A safe and cost-effective vaccine against measles exists, and large-scale vaccination campaigns have significantly decreased the number of cases and deaths. However, large numbers of people are left susceptible to the disease, especially in countries with weak health systems, where outbreaks are frequent and where there is limited access to health services.

MSF vaccinated 2,095,000 people against measles in response to outbreaks in 2017.

continued overleaf >

Glossary of diseases and activities continued >

Meningococcal meningitis

Meningococcal meningitis is a bacterial infection of the thin membranes surrounding the brain and spinal cord. It can cause sudden and intense headaches, fever, nausea, vomiting, sensitivity to light and stiffness of the neck. Death can follow within hours of the onset of symptoms. Even with treatment, approximately 10 per cent of people infected will die. Up to 50 per cent of people infected will die without treatment.

Six strains of the bacterium *Neisseria meningitidis* (A, B, C, W135, X and Y) are known to cause meningitis. People can be carriers without showing symptoms and transmit the bacteria when they cough or sneeze. Cases are diagnosed through the examination of a sample of spinal fluid and treated with specific antibiotics.

Meningitis occurs throughout the world, but the majority of infections and deaths are in Africa, particularly across the 'meningitis belt', an east-west geographical strip from Ethiopia to Senegal, where prior to the introduction of a meningitis A conjugate vaccine in 2010, epidemics were most likely to be caused by meningococcus A. A vaccine against this strain provides protection for at least 10 years and prevents healthy carriers from transmitting the infection. Large preventive vaccination campaigns have been carried out in countries across the meningitis belt and stopped the cycle of deadly meningococcal A epidemics in the region, but smaller-scale outbreaks caused by other strains continue to be recorded. After the first large meningococcal C epidemic was recorded in Niger and Nigeria in 2015, most cases of meningitis C in 2017 were reported from Niger, with no large-scale epidemics.

In total, MSF vaccinated 886,300 people against meningitis in response to outbreaks in 2017.

Mental healthcare

Traumatising events – such as suffering or witnessing violence, the death of loved ones or the destruction of livelihoods – are likely to affect a person's mental wellbeing. MSF provides psychosocial support to victims of trauma in an effort to reduce the likelihood of long-term psychological problems.

Psychosocial care focuses on supporting patients to develop their own coping strategies after trauma. Counsellors help people to talk about their experiences, process their feelings and learn to cope so that general stress levels are reduced. MSF also offers group counselling, which is a complementary approach.

MSF staff provided 306,300 individual mental health consultations and 49,800 group mental health sessions in 2017.

Plague

There are three types of plague: bubonic, pneumonic and septicaemic. Bubonic plague is caused by the bite of an infected flea from a small animal, such as a rat or squirrel.

The more lethal form, pneumonic plague, occurs when the bacteria infects the lungs and causes pneumonia. It is contracted when the bacteria *Yersinia pestis* is inhaled (primary infection) or develops when bubonic plague spreads to the lungs (secondary infection). Pneumonic plague can be transmitted person to person. It is highly contagious under appropriate climate conditions, overcrowding and cool temperatures. Untreated pneumonic plague is usually fatal.

Septicaemic plague is a complication that happens when the plague bacteria enters the person's blood stream. This form of plague is rarer but is quickly fatal.

Relief items distribution

MSF's primary focus is on providing medical care, but in an emergency teams often organise the distribution of relief items that are essential for survival. Such items include clothing, blankets, bedding, shelter, cleaning materials, cooking utensils and fuel. In many emergencies, relief items are distributed as kits. Cooking kits contain a stove, pots, plates, cups, cutlery and a jerrycan so that people can prepare meals, while a washing kit includes soap, shampoo, toothbrushes, toothpaste and laundry soap.

Where people are without shelter, and materials are not locally available, MSF distributes emergency supplies – rope and plastic sheeting or tents – with the aim of ensuring a shelter. In cold climates more substantial tents are provided, or teams try to find more permanent structures.

MSF distributed 82,200 relief kits in 2017.

Reproductive healthcare

Emergency obstetrics and newborn care are an important part of MSF's work. Medical staff assist births, performing caesarean sections when necessary and feasible, and mothers and newborns receive appropriate care during and after delivery.

Many of MSF's programmes offer more extensive maternal healthcare. Several ante- and postnatal visits are recommended and

include, where needed, prevention of mother-to-child transmission of HIV. Contraceptive services are offered and safe abortion care is available. The need for medical care for terminations of pregnancy is obvious: in 2017, MSF treated nearly 23,000 women and girls with abortion-related concerns and complications, many of which resulted from unsafe attempts to terminate pregnancy; close to 4,000 women and girls also received safe medical care for termination of pregnancy.

Skilled birth attendance and immediate postnatal care can prevent obstetric fistulas, a stigmatising medical condition resulting in chronic incontinence. MSF provides surgical care for fistula repair in some of the most remote areas.

Since 2012, MSF has piloted cervical cancer screening and treatment. Human papillomavirus infection is the main cause of cervical cancer and particularly affects HIV-positive women.

MSF assisted 288,900 births, including 29,300 caesarean sections, in 2017.

Sexual violence

Sexual violence occurs in all societies and in all contexts at any time. Destabilisation often results in increased levels of violence, including sexual violence. Sexual violence is particularly complex and stigmatising, has long-lasting consequences, and can result in important physical and psychological health risks.

MSF medical care for victims of sexual violence covers preventive treatment against sexually transmitted infections, including HIV, syphilis and gonorrhoea, and vaccinations for tetanus and hepatitis B. Treatment of physical injuries, psychological support and the prevention and management of unwanted pregnancy are also part of systematic care. MSF provides a medical certificate to all victims of violence.

Medical care is central to MSF's response to sexual violence, but stigma and fear may prevent many victims from coming forward. A proactive approach is necessary to raise awareness about the medical consequences of sexual violence and the availability of care. Where MSF sees large numbers of victims – especially in areas of conflict – advocacy aims to raise awareness among local authorities, as well as the armed forces when they are involved in the assaults.

MSF provided medical care to 18,800 victims of sexual violence in 2017.



Gloria Chipasula, an HIV-positive 11-year-old, poses outside her family home in Malawi as an MSF doctor checks her X-rays for signs of TB.

Sleeping sickness (human African trypanosomiasis)

Generally known as sleeping sickness, human African trypanosomiasis is a parasitic infection transmitted by tsetse flies that occurs in sub-Saharan Africa. In its latter stage, it attacks the central nervous system, causing severe neurological disorders and death if left untreated. More than 95 per cent of reported cases are caused by the parasite *Trypanosoma brucei gambiense*, which is found in western and central Africa. The reported number of new cases fell by 90 per cent between 1999 and 2015 (from around 28,000 to 2,800).

During the first stage, the disease is relatively easy to treat but difficult to diagnose, as symptoms such as fever and weakness are non-specific. The second stage begins when the parasite invades the central nervous system and the infected person begins to show neurological or psychiatric symptoms, such as poor coordination, confusion, convulsions and sleep disturbance. Accurate diagnosis of the illness requires three different laboratory tests, including a sample of spinal fluid.

Nifurtimox-eflornithine combination therapy or NECT, developed by MSF, Drugs for Neglected Diseases *initiative* (DNDi) and Epicentre, is the World Health Organization-recommended protocol for treatment. A new drug being developed by DNDi, fexinidazole, has been shown to have significant advantages over NECT and is currently awaiting regulatory approval. Once approved, it will provide a safe, effective, short-course treatment that can

be administered orally for both stages of the disease.

MSF treated 90 people for sleeping sickness in 2017.

Tuberculosis (TB)

One-third of the world's population is currently infected with the tuberculosis (TB) bacillus but they have a latent form of the disease and so have no symptoms and cannot transmit it. In some people, the latent TB infection progresses to acute TB, often due to a weak immune system. Every year, over 10 million people develop active TB and 1.8 million die from it.

TB is spread through the air when infected people cough or sneeze. Not everyone infected with TB becomes ill, but 10 per cent will develop active TB at some point in their lives. The disease most often affects the lungs. Symptoms include a persistent cough, fever, weight loss, chest pain and breathlessness in the lead-up to death. Among people living with HIV, TB incidence is much higher and is the leading cause of death.

Diagnosis of pulmonary TB depends on a sputum sample, which can be difficult to obtain from children. A molecular test that can give results after just two hours and can detect a certain level of drug resistance is now being used, but it is costly and still requires a sputum sample, as well as a reliable power supply.

A course of treatment for uncomplicated TB takes a minimum of six months. When patients are resistant to the two most powerful first-line antibiotics (isoniazid and rifampicin), they

are considered to have multidrug-resistant TB (MDR-TB). MDR-TB is not impossible to treat, but the drug regimen is arduous, taking up to two years and causing many side effects. Extensively drug-resistant tuberculosis (XDR-TB) is identified when patients show resistance to second-line drugs administered for MDR-TB. The treatment options for XDR-TB are very limited. Two new drugs – bedaquiline and delamanid – can improve treatment outcomes for patients with drug-resistant versions of the disease, but their availability is currently limited.

MSF initiated 22,100 patients on treatment for TB in 2017, of which 3,600 for MDR-TB.

Vaccinations

Immunisation is one of the most cost-effective medical interventions in public health. However, it is estimated that 1.5 million people die every year from diseases that are preventable by a series of vaccines recommended for children by the World Health Organization and MSF. Currently, these are DTP (diphtheria, tetanus, pertussis), measles, polio, hepatitis B, *Haemophilus influenzae* type b (Hib), pneumococcal conjugate, rotavirus, BCG (against tuberculosis), rubella, yellow fever, and human papillomavirus – although not all vaccines are recommended everywhere.

In countries where vaccination coverage is generally low, MSF strives to offer routine vaccinations for children under the age of five as part of its basic healthcare programme. Vaccination also forms a key part of MSF's response to outbreaks of measles, cholera, yellow fever, and meningitis. Large-scale vaccination campaigns involve awareness-raising activities regarding the epidemic disease and the benefits of immunisation, as well as information in regard to who, when and where to get the vaccine.

MSF conducted 544,800 routine vaccinations in 2017.

Water and sanitation

Safe water and good sanitation are essential to medical activities. MSF teams make sure there is a clean water supply and a waste management system in all the health facilities where it works.

In emergencies, MSF assists in the provision of safe water and adequate sanitation. Drinking water and waste disposal are among the first priorities. Where a safe water source cannot be found close by, water in containers is trucked in. Staff conduct information campaigns to promote the use of sanitation facilities and ensure good hygiene practices.

DIFFICULT CHOICES: PROVIDING HEALTHCARE IN DETENTION CENTRES IN LIBYA



© Guillaume Binet/Myop

Migrants and refugees in Libya are detained arbitrarily and held in unregulated detention centres, where there is no guaranteed access to healthcare. Medical assistance is provided by a handful of humanitarian organisations such as Médecins Sans Frontières (MSF) or by UN agencies that manage to have a presence in the country despite widespread violence and insecurity.

Working within a harmful and exploitative detention system, the risk of doing harm is always present, which presents ethical challenges for aid workers. MSF faces a number of dilemmas, regarding issues such as independence of action, access, acceptance, and limitations on the response we can provide to patients' needs.

Firstly, unrestricted access is highly challenging in prison-like facilities where the provision of medical activities is dependent on consent from the detaining authorities. In a fragmented Libya, some detention centres are more firmly under the control of the Ministry of Interior than others. Armed groups and militias that control territory are de facto in charge of detention centres located in those areas. As power dynamics shift, so does management of the detention centres, which can change rapidly and unexpectedly from one day to the next. This is against the

background of blurred boundaries between the authorities and trafficking networks which academics and observers have been reporting on for some time.¹

MSF is obliged to negotiate access to detainees inside the detention centre and must treat patients in the presence of armed guards. Medics are not always given full freedom to triage patients or decide independently which should be seen and treated. In some detention centres, people are concealed from MSF. With no formal registration or proper record-keeping in place, once people are inside a detention centre there is no way to track what happens to them. This makes close monitoring and follow-up of patients extremely difficult. From one day to the next, people can be transferred between different detention centres or moved to undisclosed locations. Some patients simply disappear without a trace.

This has a clear impact on the quality of medical care MSF is able to provide. Our medical teams are concerned by the transmission of communicable diseases inside detention centres – specifically the continual disruption to the administration of medication to patients with tuberculosis (TB). When TB remains untreated or when treatment is interrupted, it can spread and become resistant to drugs. This represents a serious risk to public health both inside and outside the detention centres.

Secondly, when access is granted, there is a risk that MSF could be perceived to be part of the detention system. The presence of MSF staff might appear to cast a veneer of respectability and legitimacy over a system where people are detained arbitrarily without recourse to the law and exposed to harm and exploitation. To avoid this, MSF has publicly called for an end to the arbitrary

» ABOVE PHOTO: Abu Salim detention centre, Libya.

detention of refugees, asylum-seekers and migrants in Libya, and has denounced European governments' migration policies to seal off the coast of Libya and 'contain' people in a country where they suffer alarming levels of violence and exploitation.

Thirdly, the relevance and effectiveness of MSF's interventions are limited when the very setting is what is causing the problems medics are seeking to address. MSF is mostly treating detainees for respiratory tract infections, acute watery diarrhoea, skin diseases and urinary tract infections. These are medical problems caused or aggravated by the lack of consistent or adequate medical assistance and the conditions inside detention centres, which are neither humane nor dignified.

Large-scale interventions to address the high rates of skin infections and infestations of scabies, lice and fleas offer only temporary relief as mattresses and bedding inside the detention centres are soon re-infected. MSF refers patients to private hospitals on the condition from the authorities that they are returned to the detention centre upon completion of treatment. Pregnant women who are referred to hospital for delivery must

be taken back to the detention centre with their newborn babies.

Arbitrary detention has a direct impact on mental health. People are detained without knowing if or when their ordeal will end. They are anxious and fearful about what will happen to them, and desperate to let their loved ones know they are still alive, but are unable to do so as they have virtually no contact with the outside world. Many patients have suicidal thoughts, difficulty sleeping, display symptoms of post-traumatic stress disorder, and suffer from panic attacks, depression and anxiety. On a regular basis MSF sees patients with psychiatric conditions requiring inpatient care that is often linked to, or exacerbated by, being detained in these circumstances.

An overwhelming number of the refugees, migrants and asylum-seekers detained have already endured alarming levels of violence and exploitation in Libya and during harrowing journeys from their home countries. There are many victims of sexual violence, trafficking, torture and ill treatment. Among the most vulnerable are children (sometimes without a parent or guardian),

pregnant or breastfeeding women, the elderly and people with mental disabilities or serious medical conditions. Despite being vulnerable and needing protection, the options to assist them are limited and often there is nowhere safe for them to go.

By delivering primary healthcare in regular mobile clinics and offering lifesaving referral services, our teams are working to improve access to medical care and alleviate suffering. In addition to reaching out to people in distress, MSF aims to raise awareness of the violence and inhumanity of their situation, given increasingly life-threatening European migration policies implemented to contain migratory flows and push people out of sight. However, we will continue to evaluate the situation and assess whether the benefits of our operations in Libya outweigh the shortcomings, while being transparent about the compromises we have to make and the limitations on the medical care we can provide in such difficult and restrictive conditions.

¹ 'Only God can stop the smugglers': Understanding human smuggling networks in Libya, CRU report, February 2017



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Detainees at Sorman women's detention centre, around 60 kilometres west of Tripoli, Libya.



PERFORMING TRAUMA SURGERY IN THE PUBLIC EYE – AND IN THE WORLD'S FORGOTTEN WARS

By Dr Mohana Amirtharajah

For civilians in a conflict zone, bomb blasts don't happen just to individuals, they happen to families and to communities. When we first started our trauma surgery project in Tal Abyad hospital in Syria, as a humanitarian response to the siege of Raqqa, one of our first patients was a girl of around 11 years old. Her family had been seeking shelter in a school when an improvised explosive device went off. None of her family was with her when she arrived at the hospital with severe burns. Fortunately, within 36 hours, her uncle and mother found her. Two other siblings had been injured in the explosion and were taken to other facilities, and we witnessed the powerful network of interconnected families and friends in this community who were able to eventually locate the two boys and reunite them with their sister in our hospital.

In the early days of the project, we saw both acute conflict-related wounds and older neglected injuries in patients who had access to surgical care for the first time in weeks. We also saw the typical surgical cases present in any community: road traffic accidents, broken bones from falls, appendicitis, etc. Once the fighting had finished, we had planned to scale down our surgical response, but people began moving back into Raqqa much faster than anticipated - and faster than the area could be properly cleared of explosive devices. What followed was an incredibly busy period as the hospital

we supported was the only civilian trauma facility in the area and it became inundated with blast victims. This time, the injured were almost all young men who, venturing back alone to reclaim family homes and assess their land, faced the daunting task of avoiding the ordnance contaminating the area, often with tragic results. Here again the community experienced the devastating loss of working-age men and heads of families, just as they were trying to return home.

The MSF trauma response in the north of Syria – similar to that of our project

in the south, and to others in Yemen and Iraq – focuses on the treatment of blast wounds and high-velocity projectile injuries, reflecting the sophistication and large military resources of the parties behind these conflicts. These interventions require technical expertise in resuscitation, critical care, care of burn wounds, and the treatment of complex abdominal, vascular and orthopaedic injuries.

Along with the technical aspects, there are numerous logistical challenges for trauma care in these contexts. Just getting patients

» **ABOVE PHOTO:** MSF doctors in the emergency room at Tal Abyad hospital in Syria's Raqqa governorate try to save the life of a young Syrian boy who was hit by a stray bullet at his home. The bullet landed in his chest and punctured his lungs.

from the point of injury to the hospital can be a hazardous endeavour with ongoing fighting, destroyed roadways and no true ambulance service. In places like Syria and Yemen, we try to set up trauma stabilisation points so that patients can receive first aid and emergency care, and be triaged and transported efficiently to a hospital where they can get lifesaving surgery. Fortunately, many of these countries have a history of good medical care, and the basic requirements for surgery, such as sterilisation, equipment and post-operative care, are all well known. Our highly skilled locally hired staff are critical in setting up and running these programmes.

The Middle East conflicts may be more in the public eye, but MSF also provides trauma surgery in the world’s forgotten wars. In South Sudan, which saw an increase in fighting in 2017, our response ranged from triage of mass-casualty events in smaller, more remote projects such as Lankien, to full surgical capacity in Bentiu. In places like South Sudan, the injuries are mostly from gunshots, knives, machetes or spears, reflecting the differences in the weapons of war in these contexts. However, although the injuries may be slightly less complex, the principles of trauma surgery remain the same: early and aggressive resuscitation, damage control surgery, and thorough and

frequent cleaning of wounds. In Central African Republic (CAR), the situation can be so unpredictable that it can be a challenge to be in the right place at the right time with the right resources. In 2017 in CAR, we began supporting a new surgical programme in a Ministry of Health hospital in Bambari. But as the violence quickly escalated, we had to pull in resources, such as surgical staff and medical equipment, from MSF projects in other parts of the country to boost our response. We were also able to transfer patients to the trauma programme in Bangui for specialist care.

The countries enduring these forgotten wars have often suffered from a neglected medical system for decades. Setting up an emergency surgery programme in a remote area of South Sudan or CAR is very different to supporting an existing hospital in the Middle East. Often we have to bring in all the equipment, medications, biomedical devices and sometimes even a tent in which to operate – albeit a very sophisticated and sterile one! In these areas, a single surgical team may be expected to perform everything from the treatment of machete wounds to appendectomies to caesarean sections.

Everywhere we work, our locally hired staff are a huge asset in expanding our ability to provide surgical care. In the Democratic Republic of

Congo, we have collaborated successfully for many years with the Ministry of Health in Mweso. In this project, trained and dedicated Congolese doctors provide the bulk of surgical care, while our staff from other countries offer coaching, teaching and supervision. In places like Mweso and Walikale in North Kivu, MSF forms part of the community, not just in the hospital but in the towns, with children often greeting you with shouts of “MSF” and a big thumbs-up sign as you walk to work.

Because the effects of violence ripple through communities, it takes a community response to treat the effects of trauma. Our trauma surgery community consists not just of the surgeons, doctors, anaesthetists and nurses who work directly on injured patients, but also the wider team of mental health workers, physiotherapists, logisticians and administrators. Not forgetting the interpreters, who provide not just language translation, but a deeper understanding of the places in which we work. As trauma surgeons and humanitarians, we are always striving to take the best care of our patients possible, whether it is in countries like Syria, which receive a lot of attention, or like CAR, which suffer largely outside of the public consciousness. In all of these places, we see the effect of violence on families and communities, we feel it with our patients and our colleagues, and we seek to make it better.



An inflatable, ready-to-use rapid deployment surgical unit (RDSU), which incorporates the essential components field teams need for emergency triage, medical and surgical care.

SOUTH SUDAN WITHOUT BORDERS: MSF EFFORTS TO HELP THE DISPLACED

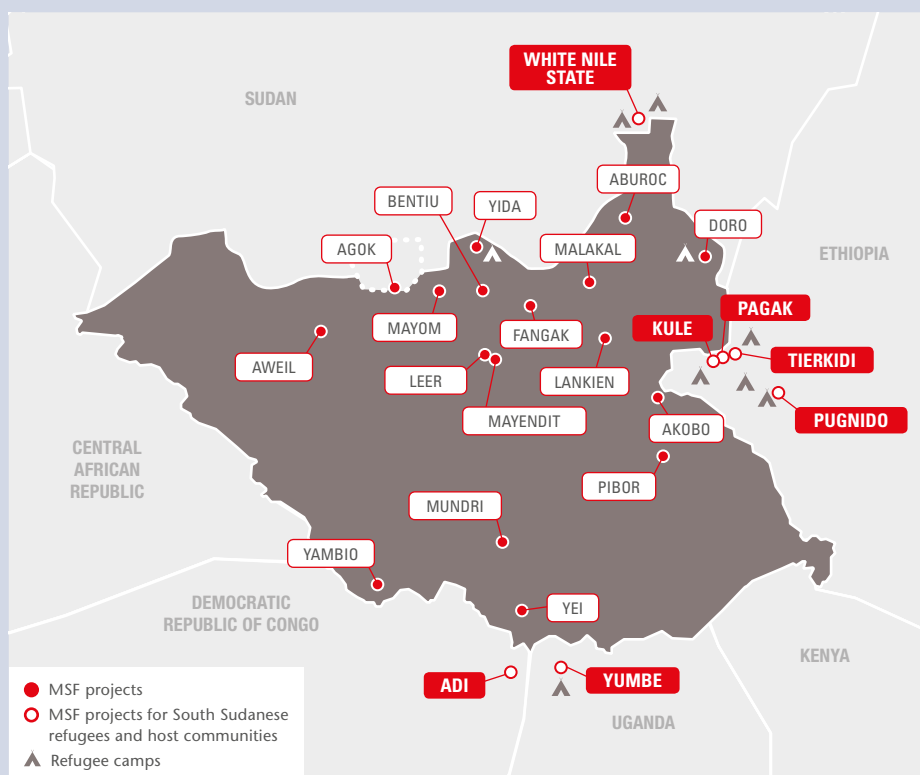
By Tom Rhodes and Bruno de Cock

Four years of civil conflict have taken a brutal toll on South Sudan and created one of the world's worst displacement crises. Civilians have experienced extreme levels of violence and been forced from their homes. Two million people are currently displaced within the country, while another two million have sought refuge in the Democratic Republic of Congo, Ethiopia, Sudan and Uganda, and are scattered in camps along the borders.

After two brutal wars lasting decades, South Sudan achieved independence in 2011, but is still struggling today to provide sufficient essential infrastructure and services such as healthcare. In December 2013, two years after independence, an internal split within the governing party, the Sudan People's Liberation Movement, triggered a violent conflict that has displaced nearly four million civilians – a third of the population of Africa's newest country. Half of these war-affected civilians are displaced internally while the rest have fled the country.

According to the UN, the collapse of the July 2016 peace talks contributed to a further surge in displacement: 737,400 people had left their homes by the end of that year. The numbers continued to increase in early 2017, particularly in Greater Equatoria region, which saw an unprecedented exodus of one million people. The outflow has been so dramatic that Uganda and Ethiopia now host the highest number of refugees in sub-Saharan Africa.

The displaced have severely limited access to clean drinking water, sanitation and health facilities. Consequently, they are prone to diseases such as malaria, respiratory and skin infections and, in some areas, cholera. The majority of the displaced are the most vulnerable: 85 per cent of refugees are women and children. Médecins Sans Frontières (MSF) has set up one of its most ambitious medical assistance programmes, with 17 bases inside South Sudan and seven on the border. MSF is continually developing and adapting operations to assist the displaced – from setting up hospitals in camps to delivering medical supplies on foot – all in a bid to reach and treat patients, regardless of how remote their locations may be.



“Many of the South Sudanese now living in White Nile state’s refugee camps fled sexual violence, torture, murder, and the destruction of their homes and villages. From one refugee to another, I hope that they can go home soon. While Sudan has offered them protection, this is not where they want to be.”

Lulwa Al Kilansi, project manager



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Weary South Sudanese refugees are registered at the border crossing point and must then take another bus for the journey to Khor Wharal refugee camp in White Nile state. At the end of 2017, the UN registered 772,000 South Sudanese refugees in Sudan and expects 200,000 more to arrive in 2018. MSF has set up an emergency field hospital providing secondary healthcare and runs a hospital in Kashafa refugee camp that also acts as a referral point.

“During the second half of 2017, we have seen a big influx – approaching 30,000 refugees – into Gambella’s Nguneyyiel camp after another camp was invaded by armed forces.”

Anton Breve, deputy head of mission

In Uganda’s Yumbe district, children in Bidi Bidi camp play near a water tank and shelters built by MSF. Vast numbers of refugees, primarily from Greater Equatoria region in South Sudan, arrived in northern Uganda in 2017. MSF provides primary and maternal healthcare, as well as mental health support and treatment for victims of sexual violence. But aid for the growing camp is still insufficient. Bidi Bidi alone hosted 270,000 refugees in April 2017 – more than any other place in the world. The UN had expected roughly 300,000 South Sudanese refugees to come to Uganda in 2017. By March, the estimate had risen to 400,000.



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In June, Jocomina Apelino, a mother of three, came to Uganda looking for food. But funding gaps have forced the World Food Programme to severely reduce food rations within the camps. Jocomina is now facing the same food shortages as she did at home while caring for her sick mother-in-law and nephew. By August, one million people had arrived at the four refugee camps (Bidi Bidi, Imvepi, Palorinya and Rhino) in Yumbe district – 85 per cent of them women and children. The UN estimated that 1.3 million South Sudanese children under the age of five were at risk of acute malnutrition at the end of 2017.



© Zacharias Abubeker

Women collect water in Nguneyyiel refugee camp in Gambella, Ethiopia. The lack of clean drinking water is a serious issue for all of the refugee camps neighbouring South Sudan, contributing to diseases such as acute watery diarrhoea. Overcrowding also facilitates the spread of tuberculosis and respiratory tract infections.



In November 2017, Nhil Yual and his younger sister Najok sit in the waiting area of the MSF health post in Pugnido camp in Gambella, Ethiopia. Najok is suffering from a head rash. Around Pugnido, MSF provides care to South Sudanese refugees and the local communities. In 2017, we increased our support to Gambella hospital, the only facility in the region offering specialised medical care for 800,000 people – half of them from South Sudan.

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South Sudanese refugees and Congolese returnees have arrived in two sites close to the South Sudanese border – Karagba and Olendere, Ituri province, Democratic Republic of Congo – where MSF has set up mobile clinics. The clinics provide basic healthcare, mental health support, and sexual and reproductive health consultations. We also support the regional hospital.



EASY TO TREAT AND PREVENT, YET CHOLERA RAVAGES COMMUNITIES IN 2017

By Joanna Keenan

Aline Kaendo knew how to keep her five-year-old son Aristide safe from cholera at home. Wash your hands, use clean toilets, drink only treated water, rinse your fruit and vegetables with clean water: Aline followed all this advice, but Aristide still fell ill.

“We treat the water at home because we can afford to buy the required product, but the children play in the lake, perhaps drink from it while they play, share food, and if they have bought it in the street it may not have been prepared hygienically,” Aline says. “They pick up fruit and eat it straight away – there are many ways in which my son could have become ill.”

Fortunately, Aline was able to seek treatment for her son at the cholera treatment centre (CTC) run by Médecins Sans Frontières (MSF) in Minova, in the eastern province of South Kivu in the Democratic Republic of Congo (DRC), where she lives.

Cholera is a water-borne bacterial infection transmitted through contact with bodily

fluids or by consuming contaminated food or water. While it can affect anyone, the people most likely to catch it are the poorest of the poor; those who live in unsanitary conditions with no access to clean water. It can cause severe diarrhoea and vomiting, and rapidly prove fatal if not treated. However, cholera is very simple to treat – most patients respond well to oral rehydration salts, which are easy to administer. In more serious cases intravenous fluids are required, but ultimately no one should die of cholera.

In 2017, DRC experienced one of the worst outbreaks of cholera in 20 years, with all but two of its 26 provinces reporting cases. Around 55,000 people were reported having caught the disease and more than 1,000 died from it. By the end of December, MSF

had treated half of the registered cases, but the epidemic was not completely over.

War-torn Yemen was also hit by a cholera outbreak of an unprecedented scale in 2017. It started in April and rapidly spread, affecting hundreds of thousands of people. By June, when the epidemic was at its peak, MSF staff were admitting more than 11,000 patients to CTCs across the country each week. In total, teams treated more than 100,000 people in 37 CTCs and oral rehydration points during the year.

More than three years of war had already taken a severe toll on the country and its infrastructure. Public health workers have not received their salaries for more than a year, so many have sought work elsewhere. High unemployment and rampant inflation

» ABOVE PHOTO: Aline Kaendo with her five-year-old son, Aristide, at the cholera treatment centre in Minova, Democratic Republic of Congo.

mean that even where health facilities are still functioning, people cannot afford the transport costs to reach them. The cholera epidemic brought a crumbling healthcare system to the brink of collapse.

While war and a failing public health system contributed to an unprecedented outbreak in Yemen, drought, conflict, population displacement, and a lack of access to safe drinking water and sanitation contributed to other outbreaks across Africa. In addition to the large epidemic in DRC, MSF teams also responded to outbreaks of cholera in Nigeria, Chad, Kenya and South Sudan.

In Borno state in northeastern Nigeria, for example, overcrowding and unhygienic conditions in the camps for displaced people created the ideal breeding grounds for cholera. MSF teams responded to outbreaks between August and November, but insecurity is a major issue in this region, making the provision of healthcare extremely dangerous and complex for our

teams. During the outbreak in Chad, MSF treated 1,000 patients and distributed hygiene kits containing sachets for treating water, 20-litre buckets, soap, blankets and mosquito nets. The team also ran activities to raise awareness of the disease and explain how to prevent it.

In total in 2017, MSF staff treated 143,100 people for cholera in 13 countries, compared with 20,600 people in 2016. However, our response could have been more effective if we, and other aid organisations, had been able to respond more quickly and implement the full range of tools that we now have at our disposal. In countries across the Horn of Africa, a lack of resources – such as adequately staffed hospitals, health promotion and awareness-raising activities, and clean water – hampered the response.

Due to security issues and our other major interventions in Yemen, our staff responded to outbreaks mainly in the areas where

they were already running projects. But the needs were much larger. While we provided lifesaving care, and water and sanitation services to ensure clean water, vaccines were not available to carry out emergency cholera vaccination campaigns in hotspot areas – an effective major component of a response to an outbreak.

We know from previous experience and scientific evidence that a one-dose oral cholera vaccine strategy is not only safe and easy to implement; it can also prevent or reduce the transmission of the disease during an epidemic. This strategy wasn't used in Yemen, or many other places that experienced outbreaks.

Our challenge going forward is to respond to future outbreaks swiftly and to the right scale, implementing the best strategy and existing tools. We should no longer see deaths from cholera – we have the measures, the tools and the means to prevent and treat the disease.



© MSF

An MSF health promoter and a former patient in the recovery tent of a cholera treatment centre in Yemen, where people are taught good practices to prevent the spread of the disease.

HEPATITIS C: PUSHING FOR ACCESS TO THE CURE

By Jason Maddix

The hepatitis C virus (HCV) kills 400,000 people every year. Breakthrough medicines can cure the disease in just 12 weeks, but millions of people cannot access these lifesaving treatments.

Around 70 million people worldwide live with chronic HCV infection today. Without treatment, the blood-borne disease can lead to liver failure, liver cancer and death. It can take years for HCV to progress, and the years are often marked by constant fear of what may come.

Din Savorn is a 50-year-old father of three living in Phnom Penh, Cambodia, who was diagnosed with HCV in 1999. In recent years, he had heard about people being cured with newer treatments but lost hope of being cured himself. "I wanted to get treated, but I couldn't afford it," he says. "I would have had to sell my house. Then my children would have no shelter. So, I just waited."

In early 2017, Din started treatment at a Médecins Sans Frontières (MSF) clinic in Phnom Penh, the only facility in Cambodia providing HCV treatment free of charge. In May, he got the news he had waited almost 20 years to hear: his treatment was a success. He was cured.

Din's treatment consisted of the newer drugs sofosbuvir and daclatasvir. Compared to older treatments, these pill-only direct-acting antivirals (DAAs) are simpler for patients to take and have far fewer side effects. With a 95 per cent cure rate, they are also highly effective. MSF medical teams are showing that simplified approaches to HCV diagnosis and treatment can provide the support patients need to complete treatment successfully, but MSF reaches only a fraction of people in need. Less than five per cent of people worldwide who could benefit from

DAAs have received them. The drugs have one serious shortcoming: their price.

Although the estimated manufacturing cost for a 12-week course of sofosbuvir and daclatasvir is less than US\$100, the manufacturers Gilead and Bristol-Myers Squibb priced them at a staggering US\$147,000 per treatment when they launched them in the United States. The move drew widespread outrage, but exorbitant prices remain a deadly barrier to treatment in both high-income and developing countries.

Since the launch of the first DAAs, MSF has worked to close the HCV treatment gap with strategies aimed at increasing access to affordable, quality-assured generic versions of the drugs. In a major milestone of 2017, MSF's supply centres and Access Campaign team negotiated successfully with generics manufacturers to procure DAAs for just \$120 per treatment in almost all MSF projects, allowing teams to start more people on treatment.

MSF announced the deal widely to increase transparency and give governments more power to negotiate better prices. Rollout of newer HCV treatments remains slow in most countries, however. The outlook is most worrying in middle- and high-income countries where patent monopolies block the production and importation of generic DAAs and allow pharmaceutical companies to keep prices high for 20 years or more.

Patents are granted according to technical criteria defined in national patent laws.

Technologies that do not meet these criteria should not be awarded patent protection, even if they offer significant medical benefits for patients. When unmerited patents stand in the way of affordable access to medicines, MSF challenges them by supporting and filing legal oppositions.

MSF filed two such challenges to HCV treatment patents in 2017, and both are currently under review. The first challenges a patent application in China that would block generics companies from producing and exporting affordable versions of a treatment that combines two crucial DAAs. The second – filed together with a broad coalition of health advocates in the European Union – challenges a patent that could block 38 European countries from producing or importing generic sofosbuvir.

We finally have the tools we need to cure and prevent transmission of HCV, and almost all governments have committed to eliminating the disease as a public health threat by 2030. Making good on that commitment requires bold, decisive action to rapidly expand access to HCV screening and treatment.

MSF provided HCV treatment with DAAs to 5,926 people in 13 countries in 2017. The MSF Access Campaign was launched in 1999 to push for access to, and the development of, lifesaving medicines, diagnostic tests and vaccines for patients in MSF programmes and beyond.

ACTIVITIES BY COUNTRY

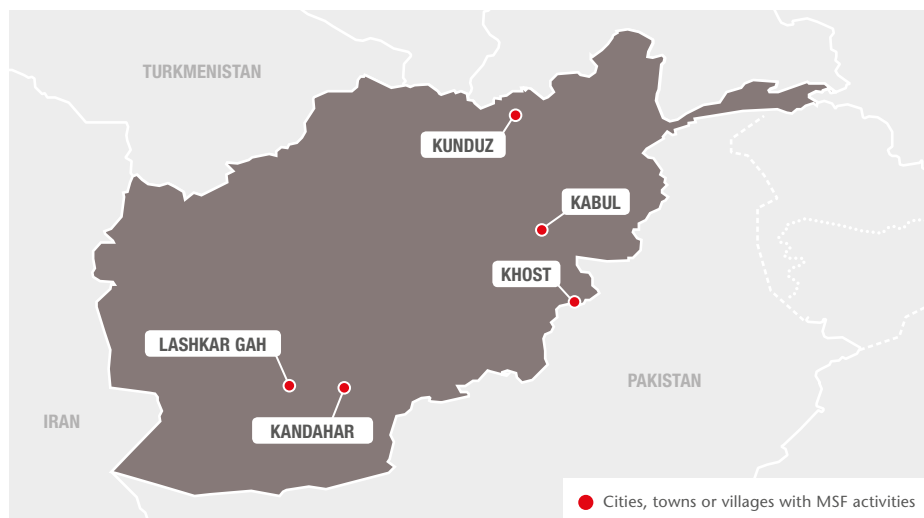
26	AFGHANISTAN	41	GERMANY	60	MADAGASCAR	77	SIERRA LEONE
28	ANGOLA	42	ETHIOPIA	61	MALAWI	78	SOUTH AFRICA
28	ARMENIA	44	GEORGIA	62	MALAYSIA	79	SOMALIA
29	BELARUS	44	GUINEA-BISSAU	62	MAURITANIA	80	SOUTH SUDAN
29	BELGIUM	45	GREECE	63	MALI	82	SUDAN
30	BANGLADESH	46	GUINEA	64	MEXICO	83	SWEDEN
32	BURKINA FASO	47	HAITI	65	MOZAMBIQUE	83	TAJIKISTAN
32	BURUNDI	48	HONDURAS	65	NAURU	84	SYRIA
33	CAMEROON	48	INDONESIA	66	MYANMAR	86	SWAZILAND
34	CENTRAL AFRICAN REPUBLIC	49	ITALY	67	PALESTINE	87	TANZANIA
36	CHAD	50	INDIA	68	NIGER	88	THAILAND
37	CAMBODIA	52	IRAQ	70	NIGERIA	88	TUNISIA
37	COLOMBIA	54	IRAN	72	PAKISTAN	89	TURKEY
38	DEMOCRATIC REPUBLIC OF CONGO	54	KYRGYZSTAN	74	PAPUA NEW GUINEA	89	UKRAINE
40	CÔTE D'IVOIRE	55	JORDAN	74	PHILIPPINES	90	UZBEKISTAN
40	EGYPT	56	KENYA	75	RUSSIAN FEDERATION	90	VENEZUELA
41	FRANCE	58	LEBANON	75	SERBIA	91	UGANDA
		59	LIBYA	76	SEARCH AND RESCUE	92	YEMEN
		60	LIBERIA			94	ZIMBABWE

Patients at Mbulumbuzi health centre's adolescent HIV project in Chiradzulu, Malawi. © Luca Sola



AFGHANISTAN

No. staff in 2017: 2,282 | Expenditure: €39.8 million | Year MSF first worked in the country: 1980 | [msf.org/afghanistan](https://www.msf.org/afghanistan) | [@MSF_Afghanistan](https://twitter.com/MSF_Afghanistan)



KEY MEDICAL FIGURES:

266,500 outpatient consultations

70,500 births assisted

6,900 major surgical interventions

Médecins Sans Frontières (MSF) focuses on providing emergency, paediatric and maternal healthcare in Afghanistan, which has some of the highest infant and maternal mortality rates in the world.

The conflict in Afghanistan continued to intensify in 2017, exacerbating the already immense medical needs. The number of people seeking healthcare in the six projects MSF runs across five provinces grew steadily. Teams delivered more than 70,000 babies in 2017, almost a quarter of all the births assisted by MSF worldwide.

Trauma care in Kunduz

On 3 October 2015 – one of the darkest days in MSF history – a US airstrike destroyed the MSF trauma centre in the city of Kunduz, killing 42 people, including 14 of our colleagues. This attack on a medical facility left thousands of people without lifesaving care and made an indelible mark on MSF in Afghanistan and around the world. We received an overwhelming outpouring of support from our donors and the public worldwide. At stake was not only MSF's work in Kunduz, but the ability to provide trauma care on the frontline in conflicts all over the world.

Following the attack, MSF engaged in a period of internal reflection and intense discussions at the highest levels with all parties to the conflict. The objective was to understand the limits of providing

trauma care on the frontline and reduce the likelihood of any such attacks happening in the future. After a year and a half of negotiations, formal commitments were given that our staff, patients and hospitals would be safe from attack and that MSF could provide medical care to anyone who needed it, regardless of their ethnicity, political beliefs or allegiances.

The need for lifesaving trauma care and free, quality medical services remains extremely high in Kunduz. While we know there can never be full guarantees when working in an active conflict zone, we believe the commitments obtained allow us to return and manage the risks that come with

providing trauma care in this context. MSF's return to Kunduz remains a step-by-step process. It started in July 2017 with the opening of an outpatient clinic for stable patients with minor burns, wounds from previous surgical interventions, minor trauma or diseases such as diabetes that cause chronic skin lesions. MSF continues to run a small stabilisation clinic in Chardara district outside the city, and plans to open a new trauma hospital in Kunduz city in 2019.

Growing medical needs in Kabul

Kabul, the capital of Afghanistan, has experienced massive population growth over the last decade, and the city's public health services cannot meet the medical needs.



A young girl with head trauma in the emergency room at Ahmad Shah Baba district hospital in eastern Kabul.



© Andrew Quilty/Oculi

A mother and her newborn baby in the neonatal unit at Ahmad Shah Baba district hospital in eastern Kabul.

People continue to come into the city from other parts of the country, fleeing insecurity or searching for economic opportunities.

Since 2009, MSF has supported the Ministry of Public Health at Ahmad Shah Baba district hospital in eastern Kabul, which serves more than 1.2 million people. MSF runs the outpatient and inpatient services, with a focus on maternal health, including ante- and postnatal care, and emergency treatment. MSF also assists with neonatal and paediatric care, surgery, nutrition, family planning, health promotion and vaccinations. MSF staff work in the hospital's laboratory and X-ray services and run programmes for patients with tuberculosis (TB) and chronic non-communicable diseases such as hypertension and diabetes. The hospital conducted over 116,000 outpatient consultations in 2017 and admitted more than 2,000 patients each month. Over 20,000 babies were delivered at the hospital, almost 60 per day.

MSF supports the Ministry of Public Health to provide 24-hour maternal care at Dasht-e-Barchi hospital, the only facility for emergency and complicated deliveries in a neighbourhood of more than one million people. MSF runs the labour and delivery rooms, an operating theatre for caesarean sections and other complicated deliveries,

a recovery room, a 30-bed maternity unit and a 20-bed neonatal unit. In 2017, the MSF team assisted almost 16,000 deliveries, a third of which were complicated cases. At the end of the year, MSF started to support another hospital in the area with staff, training and essential drugs in order to increase the facility's capacity to provide maternity services.

Boost hospital, Lashkar Gah

Another MSF team works in Boost provincial hospital in Lashkar Gah, the capital of Helmand province. The province is one of the areas most affected by active conflict and insecurity takes a heavy toll on access to healthcare, particularly on people living in districts outside the city. The hospital – one of only three referral hospitals in southern Afghanistan – now has 353 beds and the average occupancy rate is close to 100 per cent. On several occasions during the year, admissions exceeded capacity. In 2017, the team assisted 11,000 deliveries and performed more than 90,000 emergency room consultations. Almost 3,500 children were treated for severe malnutrition, 40 per cent more than in 2016.

Khost maternity hospital

MSF has been running a dedicated maternity hospital in Khost in eastern

Afghanistan since 2012, providing a safe environment for women to deliver around the clock. The number of births continues to grow steadily, with the team assisting almost 23,000 in 2017. MSF also supports five health centres in outlying districts in the province, increasing their capacity to manage normal deliveries so the hospital can focus on patients with complications. As well as strengthening the referral system for complicated cases, this support includes medical supplies, staff training, financial assistance to recruit more midwives, and new buildings for maternity services in two of the facilities.

Drug-resistant TB (DR-TB) in Kandahar

In 2017, the first patients on MSF's DR-TB programme in Kandahar successfully completed their treatment and were discharged. Since the project started, 41 DR-TB patients have been diagnosed and 13 of them have been put on an innovative regimen that reduces the treatment from at least 20 months to only nine. The shorter treatment produces fewer side effects and improves the patients' quality of life. The project has a laboratory and facilities to accommodate patients during their treatment in Kandahar. MSF also provides support to Mirwais regional hospital, and organises training for other facilities to improve detection of TB, including drug-sensitive cases.

ANGOLA

No. staff in 2017: 77 | Expenditure: €3.7 million | Year MSF first worked in the country: 1983 | [msf.org/angola](https://www.msf.org/angola)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

46,700 outpatient consultations

14,100 patients treated for malaria

800 patients treated in feeding centres

In 2017, Médecins Sans Frontières (MSF) consolidated its operations in Angola – restarted in 2016, after an absence of nine years – by continuing to support the health authorities to respond to emergencies.

According to official figures, more than 30,000 people fleeing conflict in Kasai province in neighbouring Democratic Republic of Congo took shelter in two makeshift camps (Cacanda and Mussungue) in the city of Dundo in Lunda Norte province. In April, after the first 10,000 people arrived, MSF helped with latrine installations and water deliveries, and opened two clinics in the camps, where teams carried out mass vaccination campaigns reaching more than 5,000 children. MSF staff also supported nutrition and paediatric services in Chitato hospital. In October, when the situation had stabilised and the number of consultations had dropped from 2,000 to 800 per week, these activities were handed over to other

organisations, thus enabling MSF teams to respond to other emergencies.

MSF also worked in Namacunde, in the southern province of Cunene, tackling malaria and malnutrition in an intervention that lasted until July.

Between January and April, at the request of the Angolan authorities, MSF responded to cholera outbreaks in Soyo and Luanda, setting up cholera treatment centres and training medical staff.

MSF will continue to support local authorities to provide emergency healthcare services, and a dedicated emergency team is ready to be deployed whenever there is a health alert in the country.

ARMENIA

No. staff in 2017: 43 | Expenditure: €1.7 million | Year MSF first worked in the country: 1988 | [msf.org/armenia](https://www.msf.org/armenia)



- Cities, towns or villages where MSF works

KEY MEDICAL FIGURE:

58 patients started on treatment for MDR-TB

Médecins Sans Frontières (MSF) supports the Armenian authorities in treating patients with drug-resistant tuberculosis (DR-TB).

Tuberculosis (TB) remains a significant public health concern in Armenia, with an estimated incidence of 44 per 100,000 people in 2016. DR-TB prevalence is 47 per cent among patients who have already been treated for TB.

MSF has supported the Armenian authorities in providing treatment to DR-TB patients since 2005 and has progressively expanded its activities. Since June 2016, it has covered the whole country.

In 2013, with MSF's support, Armenia was among the first countries in the world to use bedaquiline, the first new drug to be developed to treat TB in 50 years. The Armenian Ministry of Health and MSF have since collaborated to provide access to delamanid, another new TB drug. Since 2015, both drugs have been prescribed in

the framework of the endTB partnership, a project that aims to accelerate the use of bedaquiline and delamanid, and document their safety and effectiveness in routine use. By the end of 2017, 142 DR-TB patients had started a regimen that included one of the new drugs. To help patients cope with the constraints of the treatment – which lasts up to two years and involves taking thousands of pills under medical observation – MSF has introduced a system enabling them to take some drugs at home, with a medical staff member remotely connected by video. In 2017, 65 patients benefited from this system.

Since 2016, MSF has also been offering treatment to DR-TB patients co-infected with hepatitis C, using direct-acting antivirals, a new, effective and less toxic class of drugs for hepatitis C treatment. In 2017, 26 co-infected patients began treatment.

BELARUS

No. staff in 2017: 30 | Expenditure: €1.6 million | Year MSF first worked in the country: 2015 | msf.org/belarus



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURE:

31 patients started on treatment for MDR-TB

Médecins Sans Frontières (MSF) supports the Belarusian Ministry of Health to treat patients with multidrug-resistant tuberculosis (MDR-TB).

Belarus is listed as a high-burden country for MDR-TB in the World Health Organization's 2017 Global Tuberculosis Report. MSF is currently supporting the Ministry of Health in four TB facilities: the Republican Scientific and Practical Centre of Pulmonology and Tuberculosis, 1st and 2nd City TB dispensaries in Minsk, and City TB hospital in Volkovichi, Minsk region. In late 2017, a team started to treat prisoners with MDR-TB in Orsha's Colony 12. Following a review conducted by MSF in 2016 that identified alcohol use disorder as the main risk factor for poor adherence to treatment, teams are exploring new measures to address this problem in the project.

By the end of 2017, MSF was treating 59 patients with extensively drug-resistant TB

with new regimens containing bedaquiline and/or delamanid. The project continues to participate in the endTB observational study, which covers more than 15 countries and aims to find shorter, less toxic and more effective treatments for MDR-TB, with fewer debilitating side effects. MSF is conducting the study in partnership with Partners in Health and Interactive Research and Development. Since August 2015, 81 patients in Belarus had been recruited for the study, including 31 in 2017. At the end of December, after a year of preparing the site in Minsk to meet the strict requirements, a pioneering clinical trial, TB PRACTECAL, received approval to start admitting patients.

BELGIUM

No. staff in 2017: 11 | Expenditure: €1 million | Year MSF first worked in the country: 1987 | msf.org/belgium

🐦 @azgbelgie @msfbelgique



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

525 individual mental health consultations

53 group mental health sessions

In 2017, Médecins Sans Frontières (MSF) developed several activities in Belgium to respond to the needs of migrants and refugees.

MSF provided psychosocial support to migrants and refugees in three reception centres and a number of individual housing projects in Charleroi and Roeselare. The team offered mental health screening, counselling and psychoeducation, as well as cultural briefings and social and recreational activities. People with symptoms of severe mental health problems were referred to specialist care as appropriate. MSF conducted 525 individual mental health sessions and reached 446 people through group activities.

In September, MSF launched an activity next to Maximilien Park in Brussels. The project aims to offer mental health counselling to migrants and refugees in transit through the country. These consultations take place in a humanitarian hub in collaboration with six other organisations, who offer a complete package of services to vulnerable people, including medical care, contact tracing and legal advice. In the first three months of the project, MSF's psychologist conducted 140 consultations with mainly Sudanese, Ethiopian and Eritrean men.

BANGLADESH

No. staff in 2017: 529 | Expenditure: €15.5 million | Year MSF first worked in the country: 1985 | [msf.org/bangladesh](https://www.msf.org/bangladesh)



● Cities, towns, villages or districts where MSF works

KEY MEDICAL FIGURES:

309,900 outpatient consultations

30,800 antenatal consultations

10,600 individual mental health consultations

1,300 patients treated for intentional physical violence

600 patients treated after incidents of sexual violence

In 2017, Médecins Sans Frontières (MSF) continued to provide healthcare to vulnerable people in Bangladesh, and dramatically scaled up its activities to respond to a massive influx of Rohingya refugees from Myanmar.

Assisting Rohingya refugees in Cox's Bazar

A concerted campaign of violence unleashed by the Myanmar military against the Rohingya in Rakhine state from 25 August prompted more than 660,000 people to flee across the border into Cox's Bazar district, Bangladesh, by the end of 2017. This brought the total Rohingya refugee population in the country to over 830,000. Most Rohingya reside in precarious shelters in heavily congested settlements prone to



© Mohammad Ghannam/MSF

100-year-old Dilaforuz was carried by her son, Solim, for eight days from Myanmar to Tasnimarkhola settlement in Bangladesh, where her daughter-in-law, Jahura, cares for her and her six grandchildren.

mudslides and flooding, where the hygiene and sanitation conditions are dire, and there is a shortage of clean drinking water.

In response to the huge growth in needs, MSF massively scaled up its operations in Cox's Bazar. By the end of 2017, MSF was managing 19 health posts, three primary health centres and four inpatient facilities. Between July and December, the number of patients seen by MSF teams each day had increased from approximately 200 to over 2,000. The main conditions treated were respiratory tract infections, diarrhoeal diseases and infant malnutrition, which directly correlate with the abject living conditions in the settlements.

By the end of the year, thousands of people with suspected cases of measles and diphtheria had sought care at MSF facilities. As well as treating over 2,624 patients for diphtheria, teams started active case investigation in most of the settlements where they worked – to identify further cases, collect information on the number of residents in the patient's household and on any other contacts made prior to presentation. Contacts of patients with diphtheria were treated prophylactically with antibiotics. MSF opened a number of diphtheria treatment centres, such as in

Rubber Garden, near Kutupalong makeshift settlement, where suspected cases could be monitored and treated.

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

As part of preparedness plans for potential outbreaks of cholera or other diarrhoeal diseases, MSF identified sites for treatment units in Balukhali, Hakimpara, Jamtoli and Unchprang.

MSF also increased its water and sanitation activities, which in 2017 included supplying some 8 million litres of chlorinated water and installing more than 1,700 latrines and 170 wells across the settlements in northern and southern Cox's Bazar. In addition, staff ran hygiene promotion activities and distributed soap. Teams were deployed at arrival, transit and settlement locations to ensure that newly arrived refugees had

access to safe drinking water and adequate sanitation facilities.

MSF worked with the Bangladeshi Ministry of Health and Family Welfare to extend vaccination coverage among the Rohingya. The ministry completed a measles and rubella vaccination campaign in early December, which MSF supported with community mobilisation, site identification, logistics and transportation of vaccines. It targeted more than 330,000 children aged between six months and 15 years. Over 156,000 people in Kutupalong and 41,000 in Balukhali were vaccinated.

Between 25 August and 31 December, MSF treated 120 victims of sexual violence in its sexual and reproductive health units. Over 80 per cent of these patients were rape victims and over one-third were under the age of 18.

In December, MSF published results from six surveys it conducted in refugee settlements in Bangladesh. They revealed that at least 9,000 Rohingya died in Myanmar, in Rakhine state, between 25 August and 24 September 2017. As 71.7 per cent of the reported deaths were caused by violence, at least 6,700 Rohingya, in the most conservative estimations, are believed to have been killed, including at least 730 children under the age of five. Cause of death by shooting accounted for 69.4 per cent of all these deaths; being 'burned to death at home' accounted for 8.8 per cent; being beaten to death accounted for 5 per cent; sexual violence leading to death for 2.6 per cent; and death by landmine for 1 per cent. These surveys provide epidemiological evidence of high rates of mortality among the Rohingya population due to violence, and suggest that mass killings took place in Rakhine. MSF has routinely collected accounts by refugees

who arrived in Bangladesh after 25 August to better understand the circumstances of their flight and the patterns of violence to which they have been exposed.

At the end of 2017, Rohingya continued to seek refuge in Bangladesh and a significant increase in humanitarian aid will be needed in 2018.

Kamrangirchar slum

In 2017, MSF treated 6,996 patients in the occupational health programme for factory workers it runs in Kamrangirchar slum, on the outskirts of the capital, Dhaka. Reproductive healthcare services for women and girls are also available as part of the project. The team carried out 10,055 antenatal consultations and 4,371 family planning sessions, and assisted 974 deliveries. In addition, they treated more than 400 victims of sexual violence and conducted over 2,300 mental health consultations.



© Amber Dowell/MSF

A counsellor gives a talk on sexual violence and intimate partner violence at MSF's women's health clinic in Kamrangirchar slum.

BURKINA FASO

No. staff in 2017: 1 | Expenditure: €0.2 million | Year MSF first worked in the country: 1995 | msf.org/burkina-faso | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

Médecins Sans Frontières (MSF) returned to Burkina Faso in October 2017, after an absence of just over two years, to support the Ministry of Health during a dengue epidemic.

A dengue epidemic was declared in the central region of Burkina Faso on 28 September 2017. Dengue is a viral disease spread by mosquitoes that causes fever and acute joint and muscle pain. While there is no treatment for the disease itself, early diagnosis and treating the symptoms can reduce suffering and prevent death.

MSF teams supported four health centres and the infectious diseases department at Ouagadougou's university hospital. They ensured access to rapid tests, referrals for severe cases, medication to control fever, and care for those suffering from the disease, including the most vulnerable people such as pregnant women and children under the age of five. MSF also worked with Burkinabe medical personnel to improve detection of the virus and treat symptoms, by giving IV fluids and blood transfusions. Over 450 medical and paramedical Ministry of Health staff received training in 35 structures.

Community awareness-raising activities were undertaken in the health centres to encourage people to seek medical care rather than to self-medicate if they showed symptoms of dengue, and to explain the importance of vector control in their homes. MSF teams also sprayed insecticide to kill mosquitoes in the five supported health structures and installed mosquito netting at windows and doors in the university hospital.

In addition to the supported health centres, teams visited a further five health structures for two or three days each, to test and treat patients with dengue symptoms. MSF was therefore able to monitor how the epidemic was progressing in these areas.

In total during the intervention, 3,290 dengue-related consultations were undertaken with the Ministry of Health, and 951 rapid tests were performed.

BURUNDI

No. staff in 2017: 350 | Expenditure: €7.5 million | Year MSF first worked in the country: 1992 | msf.org/burundi



- Regions where MSF has projects
- Cities, towns or villages where MSF works

In 2017, Médecins Sans Frontières (MSF) continued its work with trauma victims in the Burundian capital, Bujumbura, and launched a response to an ongoing malaria epidemic in Gitega province.

The 75-bed hospital l'Arche Kigobe, a private facility supported by MSF, provided care for victims of trauma and burns in Bujumbura. Violence has decreased since the 2015 civil unrest, but it remains present in Bujumbura and elsewhere in the country, and is exacerbated by poverty. Eight per cent of the hospital's patients were treated for violent trauma in 2017. MSF teams conducted 18,824 outpatient consultations, admitted 2,676 for care and performed more than 4,000 surgical interventions. More than 1,000 individual mental health consultations were also conducted.

In September, MSF launched a response to a massive increase in malaria cases in Gitega province that was putting a significant strain on local health services. MSF supported 14 local facilities and Ntita district hospital, providing case management for both simple and complicated malaria, and treated a total of 36,847 patients. The team also helped improve the local blood bank and ran health promotion activities to improve infection and control measures.

KEY MEDICAL FIGURES:

36,800 patients treated for malaria

4,100 major surgical interventions

CAMEROON

No. staff in 2017: 701 | Expenditure: €11.9 million | Year MSF first worked in the country: 1984 | [msf.org/cameroon](https://www.msf.org/cameroon) | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

122,100 outpatient consultations

8,800 patients treated in feeding centres

4,200 major surgical interventions

Médecins Sans Frontières (MSF) increased its activities in north Cameroon in 2017 to provide emergency care for victims of violence.

Since 2011, the conflict between armed opposition groups and the Nigerian army has forced hundreds of thousands of people from northeast Nigeria to seek refuge in Cameroon, Chad and Niger. During the past three years, violence has increasingly spilled over from Nigeria into the three neighbouring countries, causing further displacement. By the end of the year, there were around 88,000 refugees and 240,000 internally displaced people in Cameroon.

Emergency medical care for victims of violence

Since the first suicide attacks on Cameroonian soil in Maroua in 2015, there have been frequent bombings in the Far



A young woman has her dressings changed following a skin graft performed in the surgical department of Maroua hospital.

North region. In 2017 alone, MSF recorded over 58 such attacks in the region – more than one each week.

In response, MSF scaled up its emergency surgical activities and boosted its capacity to treat mass casualties following attacks. In the town of Mora, close to the Nigerian border, MSF rehabilitated the operating theatre and set up an ambulance referral service at the local hospital. The team stabilised patients and transferred those in need of specialised surgical care to Maroua hospital.

In 2016, MSF rehabilitated the operating theatre and post-operative ward at Maroua hospital and now manages its surgical department. During 2017, MSF teams carried out 3,136 surgical interventions in Maroua.

MSF also trained Ministry of Health staff in the management of large influxes of wounded patients and donated mass casualty kits to local hospitals.

Nutritional and paediatric care for displaced and vulnerable people

Displacement and violence have put a further strain on the already weak and overstretched health system. In the area

bordering Nigeria, health facilities lack staff and medical supplies and many have been abandoned altogether. In response, MSF provided medical care in several locations in the north of the country.

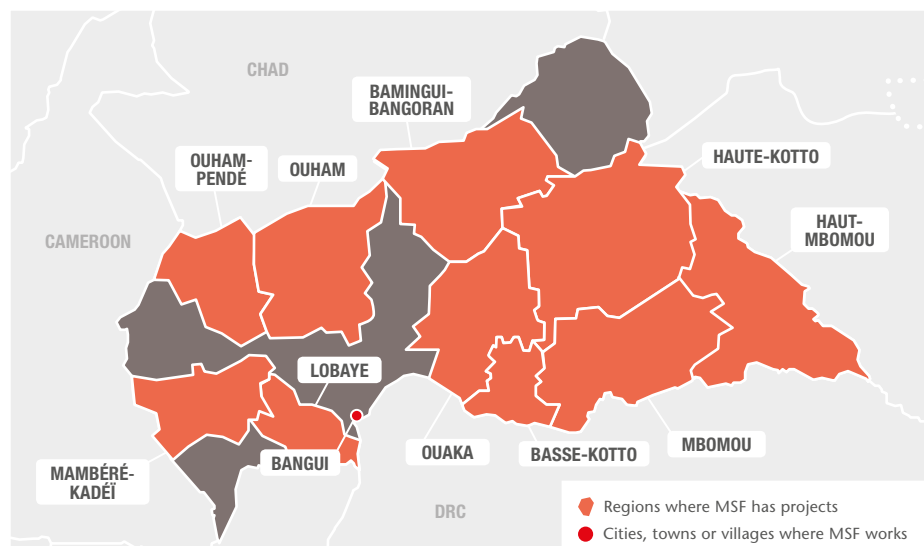
In hospitals in the towns of Mora, Maroua and Kousséri, teams ran specialised nutrition and paediatric care programmes for children under the age of five. MSF also supported surgery and set up a blood bank at Kousséri district hospital.

In addition, MSF staff worked in two health centres serving displaced people and local residents in Mora, and offered nutritional care and outpatient consultations in three health centres on the outskirts of Kousséri.

In July, MSF handed over its medical activities in Minawao refugee camp, which is administered by the UN refugee agency, to the International Medical Corps. MSF teams had been providing maternity services and nutritional and psychological support to Nigerian refugees in the camp. More than 110,000 outpatient consultations were carried out since the project started in 2015.

CENTRAL AFRICAN REPUBLIC

No. staff in 2017: 2,887 | Expenditure: €57.8 million | Year MSF first worked in the country: 1997 | [msf.org/car](https://www.msf.org/car) | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



KEY MEDICAL FIGURES:

748,600 outpatient consultations

444,600 patients treated for malaria

121,600 routine vaccinations

63,800 measles vaccinations in response to an outbreak

62,900 patients admitted to hospital

17,900 births assisted

8,900 major surgical interventions

In the Central African Republic (CAR), renewed conflict in 2017 and extreme levels of violence against civilians led to mass displacement and acute humanitarian needs.

In 2017, non-state armed groups controlled 14 of the 16 provinces in this country of 4.5 million people. Thousands of civilians fled their homes because of fighting and violent attacks against them, taking the number of people displaced in recent years to 688,000 – around 15 per cent of the population. In neighbouring countries, the number of refugees from CAR rose to 545,000.

The conflict directly affected the population's access to medical care, food, water, shelter and education, and left them in a state of extreme vulnerability. Brutal murders took place, including summary executions, some of which were witnessed by Médecins Sans Frontières (MSF) staff.

In 2017, MSF continued to offer outpatient and inpatient care to local communities and internally displaced people in 10 provinces. In Batangafo, Kabo, Boguila and Bossangoa (Ouham), Paoua (Ouham-Pendé), Carnot

and Berbérati (Mambéré-Kadéï), Bangassou (Mbomou), Zémio (Haut-Mbomou), Bambari (Ouaka), Bria (Haute-Kotto), Alindao (Basse-Kotto), Ndele (Bamingui-Bangoran), Mbaïki (Lobaye) and the capital Bangui, teams

provided basic, specialised and emergency care, as well as maternity and paediatric services. Staff assisted 17,855 births, performed 8,878 surgical interventions and carried out a total of 748,563 outpatient consultations.



Men wounded in the ongoing clashes wait to be admitted to the emergency room at Bria hospital.



© Colin Delfosse/Out of Focus

Mothers and grandmothers queue to have their babies vaccinated as part of the MSF vaccination campaign in Maloum.

Responding to violence

In 2017, MSF adapted six of its 17 projects (Bria, Bangassou, Batangafo, Paoua, Zemio and the emergency team, Eureka) to respond to the urgent needs of those directly affected by the spiralling conflict.

In Bria, a surgical team was deployed between January and April to support the hospital's regular paediatric activities, and to treat the hundreds of patients wounded in the ongoing clashes in the region. As Bria came under repeated attack, civilians who did not flee were trapped in their homes, prompting MSF to set up mobile clinics in a number of locations such as the PK3 displacement site.

In May, open warfare broke out in Bangassou, where MSF had been supporting the 118-bed regional hospital and three health centres. As a result, the team adapted its response to address the needs of displaced people within Bangassou city and in Ndu village, across the border in the Democratic Republic of Congo (DRC). After several security incidents, a violent armed robbery at an MSF base on 21 November triggered the evacuation of the entire team and the suspension of activities for three months.

In Batangafo, activities were particularly affected from July, when the hospital was transformed into a camp for displaced people. Due to the security situation, it was extremely difficult to run mobile clinics in the second

half of 2017, but community health workers were able to continue their activities.

The security situation in Paoua deteriorated considerably at the end of December. Fighting on the outskirts of the city displaced more than 65,000 people and forced MSF to end its support to seven health centres. Until then, the team had been running a primary and secondary healthcare programme, and had treated more than 1,000 patients for snakebites.

In Bambari and Kabo, MSF teams treated and referred many war-wounded patients who had come to their facilities from surrounding towns and villages. In Bangui, MSF provided care, including surgery, to victims of violence from the city and the surrounding provinces in its first district hospital. Teams treated victims of sexual violence and ran Castor maternity hospital, which focuses on complicated births, as well as Gbaya Dombia maternity facility for simple births in the PK5 area.

Emergency response team

MSF's emergency team in CAR, Eureka, is deployed for short-term interventions and temporary targeted measures. In 2017, it responded to violence, health and nutrition crises in Mbres, Maloum and Alindao, where the conflict had severely restricted access to food. The team also spent two months in Gbadolite in DRC, offering support to people

from CAR who had fled over the border. In October, Eureka returned to Alindao in response to renewed fighting there. The team set up mobile clinics outside the town, as well as supporting the district hospital in its treatment of malnourished children.

Malaria, HIV and tuberculosis (TB)

Teams continue to provide treatment for HIV/AIDS, TB and malaria in CAR. In 2017, MSF reinforced a community approach, setting up networks of community workers to treat malaria in Kabo and Batangafo, and offering free malaria testing and treatment in Bossangoa and Bambari. A total of 444,587 patients were treated for malaria in 2017.

The HIV programmes in Paoua and Carnot focused on decentralising antiretroviral (ARV) treatment at primary healthcare level in challenging and low-resource settings. Efforts were made in Batangafo and Kabo to adapt the programmes to community models as the conflict made access to ARV drugs even more difficult. Following three attacks on the hospital in Zemio, which forced most of the population to flee, the teams managed to contact 1,200 of the 1,600 people enrolled in an HIV community-based programme and supply them with ARV drugs.

Vaccination campaigns

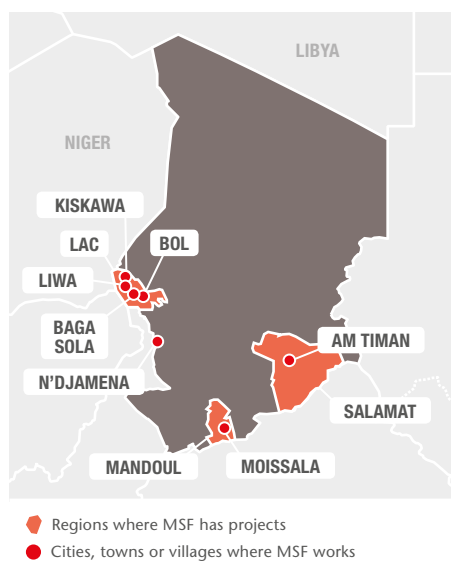
In 2017, MSF carried out vaccination campaigns to protect children from diseases such as diphtheria, hepatitis B, measles and pneumonia in Lobaye and Carnot. Multi-antigen vaccinations were also provided by the Eureka emergency response team, and an additional vaccination campaign was launched in response to a measles outbreak in Mbaïki. The campaigns enabled a total of 185,400 children to be vaccinated. In Berbérati, 22,400 women of childbearing age were vaccinated against tetanus.

Project closures

Despite growing insecurity in other areas of the country, Mambéré-Kadéï remained stable in 2017. After three years working in the hospital in the prefectural capital, Berbérati, and surrounding health centres, MSF handed over its activities to the Ministry of Health in September. Since the beginning of the project, MSF had admitted 20,700 children to the hospital's paediatric unit, treated more than 4,570 children under five years of age for severe acute malnutrition and assisted more than 5,500 births. In Zemio, with the fighting over and the emergency response finalised, the project closed in December 2017.

CHAD

No. staff in 2017: 864 | Expenditure: €17.1 million | Year MSF first worked in the country: 1981 | msf.org/chad | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



KEY MEDICAL FIGURES:

179,400 outpatient consultations

54,000 patients treated for malaria

6,700 patients treated in feeding centres

3,100 births assisted

In 2017, violent clashes between armed opposition groups and military forces in the Lake Chad region, near the border with Nigeria and Niger, forced people to flee inland.

Providing healthcare in the Lake Chad region

Médecins Sans Frontières (MSF) has been running mobile clinics serving both displaced people and local communities in the departments of Baga Sola, Bol and Liwa since 2015. Services include basic healthcare, screening for malnutrition and antenatal care, as well as mental health support. MSF also launched a preventive malaria treatment campaign for children under the age of five.

On the islands of Fitine and Bougourmi, MSF runs mobile clinics for remote communities with no access to healthcare.



Zara Adam, 27, takes her child for a check-up at an MSF mobile clinic in Yakoua, near Bol.

In Bol, MSF works alongside Ministry of Public Health staff in the regional hospital to provide paediatric and maternal care, nutrition services and surgery. Near Bol, MSF supported reproductive healthcare services in Sawa district by raising awareness among traditional midwives of the importance of encouraging pregnant women to give birth at local health facilities.

Tackling epidemics in eastern Chad

MSF responded to hepatitis E and cholera epidemics in Salamat region. By the time it closed its emergency hepatitis E project in April 2017, the team had documented more than 1,222 suspected cases in the town of Am Timan. As part of its prevention campaign, MSF distributed 10,567 hygiene kits to people at risk.

In August 2017, a cholera epidemic broke out in Dar Sila region near the Sudanese border and spread southwards to Am Timan. MSF moved its initial response team from Dar Sila to Salamat, setting up a cholera treatment centre, as well as small treatment units, in and around Am Timan. According to the authorities, there were 817 cases – including 29 deaths – in Salamat between 11 September and 30 November.

Reinforcing maternal and child health in Am Timan

MSF launched its activities in Am Timan in 2006 in response to a nutrition crisis. Since then, the team has been supporting the regional hospital's paediatric, maternity and laboratory services. MSF also runs a nutrition programme and, until the end of 2017, provided care for tuberculosis and HIV/AIDS patients. In addition, the teams ran general medical, antenatal and nutrition clinics in two health centres.

MSF is progressively handing over its activities in Bol and Am Timan to the health authorities.

Fighting malaria in Moissala

Since 2010, MSF work in the health district of Moissala, in southern Chad, has focused on the prevention and treatment of malaria in children under the age of five and pregnant women. In 2017, four preventive treatment campaigns (seasonal malaria chemoprevention) reached a total of 111,757 children. MSF also manages complicated cases in the antimalarial unit at Moissala hospital and supports 22 surrounding health centres by managing simple cases and referrals.

CAMBODIA

No. staff in 2017: 105 | Expenditure: €4.5 million | Year MSF first worked in the country: 1979 | msf.org/cambodia | [@MSF_seAsia](https://twitter.com/MSF_seAsia)



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

2,900 patients started on treatment for hepatitis C

1,300 patients treated for malaria

In 2017, Médecins Sans Frontières (MSF) projects in Cambodia focused on tackling hepatitis C and malaria.

In May 2016, MSF launched a programme offering free diagnosis and treatment for hepatitis C. Although its prevalence is unknown, it is estimated that between two and five per cent of the Cambodian population is infected. Once considered a lifelong and deadly disease, treatment for this blood-borne virus has been revolutionised in recent years with the arrival of new – and expensive – drugs, called direct-acting antivirals (DAAs).

The project is based at Preah Kossamak hospital in the capital, Phnom Penh. One of its goals is to simplify diagnosis and treatment, to show its cost-effectiveness and make it replicable in other countries. In 2017, MSF treated 2,926 patients with DAAs, which cure more than 95 per cent of people who complete the treatment.

In Preah Vihear province, northern Cambodia, resistance to one of the powerful antimalarial drugs, artemisinin, has been confirmed. MSF is testing strategies to help eliminate the disease – in particular the resistant *Plasmodium falciparum* form – through a combination of screening, testing and treatment. Teams continued to support testing and treatment in the community and in health facilities, as well as screening for people at risk of infection.

Research carried out in 2017 provided an insight into the development of resistance to the three main drugs used to treat *Plasmodium falciparum* (or severe) malaria. The outcomes of the research will be evaluated, and recommendations will be made for potential replication elsewhere.

COLOMBIA

No. staff in 2017: 93 | Expenditure: €2.2 million | Year MSF first worked in the country: 1985 | msf.org/colombia



● Regions where MSF intervened in emergencies
● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

12,900 outpatient consultations

9,600 individual mental health consultations

In 2017, Médecins Sans Frontières (MSF) carried out emergency interventions and continued to assist victims of violence in Colombia.

Civilians are trapped in a spiral of violence despite the peace agreement between the FARC rebel group and the government. Significant parts of Colombian territory are still disputed by criminal organisations, former FARC combatants who have refused to demobilise, and ELN guerrillas.

MSF's emergency team intervened to assist displaced people in Chocó, Antioquia, Guaviare and Caquetá. After a landslide in Mocoa, Putumayo, that killed around 300 people and left hundreds missing, teams supported the local hospital and offered primary healthcare.

MSF continued to run its mental healthcare programmes in Tumaco and Buenaventura, providing psychological support to people affected by violence, related to both crime and armed groups. A total of 9,097 mental health consultations were held in 2017. In addition, in Buenaventura, 800 people sought psychological support through MSF's

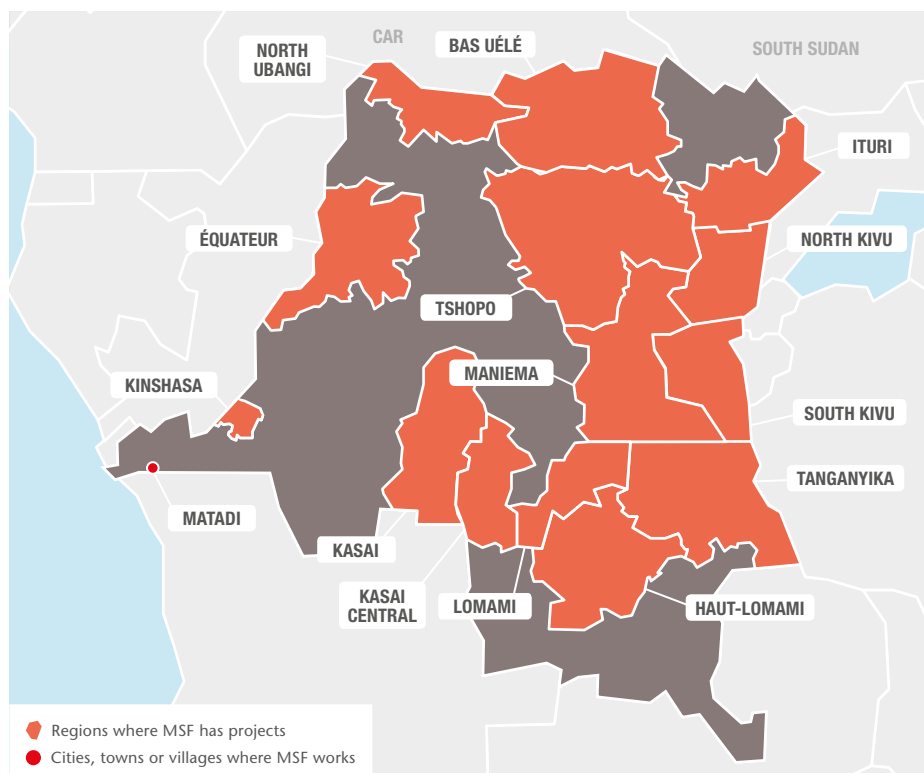
free and confidential telephone helpline. The teams also reinforced MSF's services in the different communities.

Medical care was provided to 227 victims of sexual violence in Tumaco and 296 in Buenaventura. MSF also supported women who needed to terminate their pregnancies. Despite liberal legislation in this regard, barriers still exist for women seeking access to safe medical assistance.

After 50 years of war, it is estimated that more than 126,000 people are missing. MSF has initiated a project to provide psychological support to family members of victims of forced disappearance. It is based in Puerto Asís, Putumayo, and Cali, Valle, where almost 500 and 3,000 people are reported missing, respectively. After starting in August and September, the project teams conducted more than 300 individual mental health consultations and 160 group sessions.

DEMOCRATIC REPUBLIC OF CONGO

No. staff in 2017: 2,881 | Expenditure: €101.7 million | Year MSF first worked in the country: 1977 | [msf.org/drc](https://www.msf.org/drc) | [@MSFCongo](https://twitter.com/MSFCongo)



KEY MEDICAL FIGURES:

1,772,000 outpatient consultations

856,500 patients treated for malaria

122,800 patients admitted to hospital

42,700 patients treated in feeding centres

38,300 births assisted

19,200 patients treated for cholera

15,800 major surgical interventions

7,300 patients treated for HIV

4,700 patients treated after incidents of sexual violence

Millions of people were displaced in the Democratic Republic of Congo (DRC) in 2017 as new waves of violence erupted.

Médecins Sans Frontières (MSF) is running some of its largest programmes in DRC, where 4.1 million people were internally displaced in 2017 alone, due to longstanding crises in the east and new emergencies developing in other parts of the country.

Conflict in Tanganyika province has intensified over the last couple of years, which has led to the displacement of over half a million people. In 2017, MSF stepped up its response, providing emergency assistance in Nyunzu and in makeshift camps in Kalemie and the surrounding areas. Many of the displaced are living in and around the town of Kalemie with host families, in makeshift camps or in school compounds. Some are sleeping on the ground with only a mosquito net for shelter. MSF activities

included measles vaccinations, mobile clinics offering primary healthcare, as well as reproductive health services and mental health consultations, support to health centres, and paediatric inpatient care. Teams also distributed water and built latrines and showers in some of the camps.

More than 1.3 million people fled extreme violence in Greater Kasai region, with some escaping into the bush and hiding for weeks despite dire medical needs, unable to access care due to insecurity. MSF teams were able to treat some who had suffered severe injuries such as deep machete or gunshot wounds. The conflict triggered an acute nutrition crisis in rural areas and a sharp increase in sexual violence. Teams treated war-wounded patients in a rehabilitated wing of Kananga city hospital, performing 1,204 surgical interventions, and provided care for victims of sexual violence. In Tshikapa, MSF supported care in a hospital, three health centres and the prison. On the outskirts of both cities, where many of the health centres had been looted, destroyed or burned, MSF ran mobile clinics.

Assistance for refugees and host communities

In September, MSF started to assist people who had fled conflict in Central African Republic by supporting hospitals in the northern towns of Gbadolite and Mobayi-Mbongo. Mobile clinics also provided care to some 67,400 refugees and their host communities.

Tens of thousands of South Sudanese refugees have settled in the north of DRC. MSF ran mobile clinics in the villages of Karagba and Olendere, in Ituri province, offering refugees and host communities access to basic healthcare, mental health support, sexual and reproductive health consultations, and referrals. A team also supported the regional hospital.

Providing comprehensive care in the Kivu provinces

The Kivu provinces are still reeling from the devastating Congo Wars of the 1990s and are plagued by ongoing fighting. More than 1.5 million internally displaced people live in the Kivus, where the humanitarian and



© Gwenn Dubourthoumieu

A severely malnourished child is measured at an MSF-supported health centre in Bukama, Masisi, in North Kivu.

medical needs only intensified in 2017 as the situation in the provinces deteriorated. Over the year, MSF provided almost 1.5 million outpatient consultations and admitted more than 95,000 patients to its facilities in North and South Kivu.

Teams continued to manage four comprehensive projects in Masisi, Walikale, Mweso and Rutshuru in North Kivu. Each supported a hospital, as well as health centres and community treatment sites. A new project was also set up in Bambo.

When violence broke out again in South Kivu in July, MSF treated the wounded, while continuing with its regular activities. In Lulingu, Kalehe and Mulungu, the team focuses on care for children under 15, sexual and reproductive healthcare and treatment for victims of violence. Teams also implement a community-based approach to treat malaria and malnutrition. The main activities in Baraka and Kimbi are paediatric care, HIV and tuberculosis (TB) treatment, sexual and reproductive health, and care for victims of sexual violence.

Response to epidemics

Due to poor access to healthcare, the average life expectancy in DRC is around 58 years. One in 10 Congolese children dies before the age of five.

Emergency response is a core activity for MSF in the country. Five teams are dedicated to monitoring health alerts and deploying a rapid response to outbreaks

of violence, population displacement and epidemics across this vast country. In 2017, MSF launched 62 emergency interventions. During the first half of the year, most were in response to multiple measles outbreaks. In total, teams vaccinated 1,050,315 children against measles, and treated 13,906 for the disease.

From mid-2017 MSF switched its focus to a cholera epidemic that started in the Kivus, where cholera is endemic. It spread to the rest of the country, becoming one of the biggest outbreaks in DRC of the last two decades. Overall, MSF cared for 19,239 cholera patients nationwide.

MSF also responded to an Ebola outbreak in remote Likati province in May; four people died during the outbreak, which was quickly contained.

Addressing longstanding health issues

Malaria is endemic and the main cause of death in DRC. MSF teams treated 856,531 patients for the disease in 2017, more than for any other illness. MSF experimented with new models of care that can be adapted to local settings to improve treatment, for example the introduction of large-scale community-based projects. These are currently running in Baraka and Kimbi, and teams in Bili, Mweso and Walikale are exploring this option.

Women's health remains an important component of most MSF projects. This includes treating patients who have had

unsafe abortions and care for people who have suffered sexual and gender-based violence, especially in Kasai, the Kivus, and Mambasa in Ituri.

In 2017, MSF intervened in the Kivu provinces, Uélé and Kasai regions to address high levels of malnutrition among children.

MSF continues to provide comprehensive medical and psychosocial care for people living with HIV and AIDS in Kinshasa, Goma, Baraka and Kimbi, and works with the national HIV programme, partner organisations and patient groups to improve access to testing and treatment. In 2017, 7,185 patients received antiretroviral treatment at MSF-supported health centres in Kinshasa, Goma, Mweso, Baraka and Kimbi. Over 2,990 patients with late-stage HIV were treated in MSF's AIDS unit in Kinshasa alone.

In Maniema province, an MSF mobile team tested over 18,000 people for human African trypanosomiasis, also known as sleeping sickness, 42 of whom required treatment. While the prevalence of this neglected disease has decreased in the past decade, there are still many presumed hotspots that are difficult to access.

Project closures

In March, MSF closed its Shabunda project in South Kivu. In seven years, 927,000 outpatient consultations were carried out. In April, MSF closed the project in Manono, where teams had worked in the regional hospital's paediatric department and health centres.

At the end of the year, activities in Rutshuru, Boga and Gety were handed over to the Ministry of Health. During its 11 years in Gety, MSF undertook 573,200 outpatient consultations and assisted almost 13,500 births.

Our missing colleagues

On 11 July 2013, four MSF staff were abducted in Kamango, in the east of DRC, where they were carrying out a health assessment. One of them, Chantal, managed to escape in August 2014, but we are still without news of Philippe, Richard and Romy. MSF remains committed to obtaining their liberation, including through the mobilisation of a crisis management team. On 30 September 2017, a member of the crisis management team was sentenced to 10 years' jail for his involvement in trying to solve the crisis. MSF is working to resolve this situation in the best possible way.

CÔTE D'IVOIRE

No. staff in 2017: 198 | Expenditure: €4.3 million | Year MSF first worked in the country: 1990 | msf.org/cote-divoire | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

5,000 births assisted, including
500 caesarean sections

Médecins Sans Frontières (MSF) supports maternal and child health in the Hambol region of Côte d'Ivoire.

The political and military crises of 2002-2010 have taken a severe toll on the Ivorian health system. According to the World Health Organization, it is one of the weakest in Africa, with only one medical doctor and five midwives per 10,000 inhabitants. As the maternal mortality rate is very high, the Ministry of Health has made maternal healthcare one of its main priorities, offering it free of charge to all pregnant women. However, budgetary restrictions, drug stockouts and a lack of trained health personnel, among other factors, continue to hamper access to good-quality medical services for women and young children.

In Hambol region, where the mortality rate is estimated at 661 per 100,000 live births, according to a 2015 Epicentre survey, MSF runs a project in collaboration with the Ministry of Health.

The team aims to improve care for obstetric and neonatal emergencies in this rural setting by supporting Katiola referral hospital and 27 primary health centres in the region. In 2017, MSF also started to rehabilitate parts of Dabakala hospital, such as the operating theatre, in order to improve the management of caesarean sections. MSF supports all these facilities with medical supplies and personnel, and operates an efficient referral system for complicated deliveries. Training, coaching and supervision of Ministry of Health staff form a significant part of MSF's programme.

Every month in 2017, on average, 415 deliveries were assisted in MSF-supported facilities, including over 40 caesarean sections, and 64 newborns were admitted to the neonatal ward at Katiola hospital.

EGYPT

No. staff in 2017: 119 | Expenditure: €2.0 million | Year MSF first worked in the country: 2010 | msf.org/egypt



- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

9,200 individual mental health consultations

4,300 outpatient consultations

In 2017, Médecins Sans Frontières (MSF) expanded its activities in Egypt to meet the needs of the increasing numbers of refugees and migrants arriving in the country.

According to data from UNHCR, the United Nations refugee agency, Egypt was hosting 211,104 refugees and asylum seekers of 63 nationalities in September 2017. Many had fled conflict and insecurity in countries such as Syria, Iraq, Libya, Sudan, Somalia and Eritrea. Some had been subjected to violence and exploitation in their home countries or during their journeys and have psychological problems and physical disabilities. In Egypt, they often struggle to access medical care, because of administrative and language barriers, unaffordable fees and a lack of suitable services.

Since 2012, the MSF project in the capital Cairo has been offering migrants and

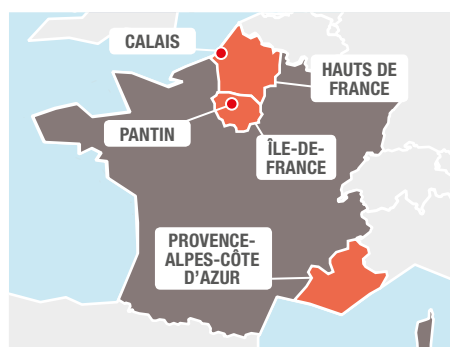
refugees rehabilitative treatment tailored to their individual needs, consisting of medical and mental health assistance, physiotherapy and social support.

In 2017, MSF treated more than 2,000 new patients, in addition to the 1,500 already enrolled in the programme. The teams carried out around 20,000 consultations: some 4,300 for medical care, 2,660 for physiotherapy, 9,200 for mental health and 3,580 for social support.

MSF is engaged in ongoing discussions with different governmental authorities to explore potential new areas of cooperation going forward.

FRANCE

No. staff in 2017: 10 | Expenditure: €1.3 million | Year MSF first worked in the country: 1987 | [msf.org/france](https://www.msf.org/france) | [@MSF_France](https://twitter.com/MSF_France)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

In France, Médecins Sans Frontières (MSF) continues to assist migrants and refugees living in inhumane conditions in a hostile environment.

In Paris, northern France and at the border with Italy, migrants and refugees encounter policies and practices aimed at preventing them from settling or claiming their rights. Forced to hide from the authorities, they are increasingly invisible to the local population. This leaves them vulnerable to abuse and violence.

In 2017, MSF ran primary healthcare mobile clinics and regular outreach activities in Paris, where more than 1,000 refugees and migrants were sleeping rough on the streets, constantly hassled at night by the authorities. MSF teams provided around 2,500 consultations through mobile clinics and donated 32,000 blankets and sleeping bags in Paris and Calais, in addition to other basic essential items. In January and February, MSF also provided emergency accommodation to 2,000 people, the vast majority of whom were minors.

Unaccompanied minors are among the most vulnerable, often arriving alone in France after

arduous journeys, and having to deal with a lack of information, inadequate reception facilities, and a maze of administrative bureaucracy making it impossible for them to even register their claims. Some manage to apply for child protection and, if recognised as minors, are looked after by children's services. But those whose claims are turned down are excluded from the legal system and denied any further assistance.

In December, MSF opened a day centre in Pantin, in the suburbs of Paris, to offer unaccompanied minors respite, medical care, and social and administrative support. In cooperation with several associations and lawyers, MSF teams follow up each individual case.

MSF also monitors the situation across the country, with a specific focus on northern and southeastern France. Teams provide assistance, either directly or by supporting other organisations already active on the ground.

GERMANY

No. staff in 2017: 0* | Expenditure: €0.2 million | Year MSF first worked in the country: 2017 | [msf.org/germany](https://www.msf.org/germany) | [@MSF_de](https://twitter.com/MSF_de)



- Cities, towns or villages where MSF works

Médecins Sans Frontières (MSF) launched a pilot project in 2017 in response to the immense need for psychosocial aid among asylum seekers in Germany.

One million asylum seekers are currently living in Germany. In March, in collaboration with staff from St Josef hospital in Schweinfurt, Bavaria, MSF started to offer peer counselling to asylum seekers in the first reception centre, and later in secondary accommodation. By the end of the year, almost 300 people had participated in the programme, which included individual counselling and group sessions on topics such as dealing with stress. The beneficiaries, most of whom were from Afghanistan, Somalia, Syria and other war-torn countries, had experienced violence and torture, lost family members or were worried about relatives they had left behind. Many were living in precarious conditions, often with the fear of deportation. Several vulnerable patients suffering from suicidal thoughts or self-harming behaviour were referred to specialised psychiatric clinics.

This project introduced MSF's way of working with lay counsellors to the care system for asylum seekers in Germany. Three lay counsellors, former refugees from Somalia, Syria and Iran, are helping newly arrived asylum seekers in their mother tongue, under the guidance and supervision of clinical psychologists. This type of low-threshold psychosocial care, which MSF has developed in refugee camps worldwide, is rare in Germany.

The project was handed over to St Josef hospital at the end of the year. MSF remains committed to advocating similar projects in other regions and is ready to support them with its experience and know-how.

PATIENT STORY

YASSIN

Yassin is a father of nine. Since fleeing Aleppo four years ago, he and his family's quest for a peaceful existence has taken them through Syria, Lebanon, Turkey and the EU. In Athens, an MSF doctor who treated his wife for mental health problems told him he needed help too. Yassin and his family now live in the reception centre for asylum seekers in Schweinfurt.

"Today, I know that mental health is important, but then I was torn. In Syria, people believe that anyone who goes to the psychologist is crazy. But I realised I needed help. The talks with the counsellors here do me good. It helps when someone listens to me. I'd like to learn German and work as a truck driver again. But it's not easy for me. Recently, I've been so forgetful and confused."

* Psychological counsellors employed by St Josef hospital

ETHIOPIA

No. staff in 2017: 1,863 | Expenditure: €30.8 million | Year MSF first worked in the country: 1984 | [msf.org/ethiopia](https://www.msf.org/ethiopia)

KEY MEDICAL FIGURES:

455,500 outpatient consultations

81,400 patients treated for malaria

17,300 patients admitted to hospital

16,600 patients treated in feeding centres

In Ethiopia, Médecins Sans Frontières (MSF) continues to fill gaps in healthcare and respond to emergencies such as malnutrition and disease outbreaks in both the host population and the growing refugee communities.

Emergency responses

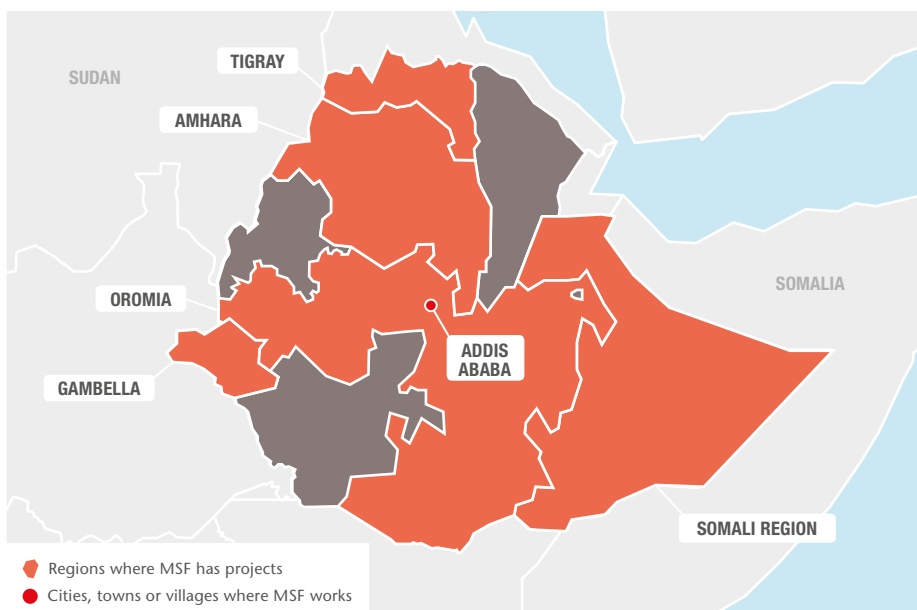
Over the year, MSF responded to a major nutrition emergency in Doolo and Jarar zones, Somali region. More than 3,400 children were admitted to MSF's inpatient therapeutic feeding centres and therapeutic food was distributed to another almost 14,000 children enrolled in outpatient programmes across the region. Support rations were also given to patients' families. In addition, Somali region suffered one of the biggest outbreaks of acute watery diarrhoea in recent years. MSF teams provided drugs, set up treatment centres all over the region and treated 18,302 suspected cases.

MSF also launched several vaccination campaigns in camps for internally displaced people in Oromia and Somali regions. The old conflict between the two regions flared up again in 2017, forcing people to flee and aggravating the already dire humanitarian situation caused by years of drought.

MSF teams continue to monitor the situation and are ready to intervene when necessary.

Somali region

Since 1995, MSF has been present in Dolo town, Liben zone, on the border with Somalia. The health centre in Dolo Ado provides basic healthcare to the local



community, as well as to refugees who have fled violence and food insecurity in Somalia and settled in five camps in the zone. MSF also treats many Somali nationals who cross the border in search of medical care.

MSF has constantly worked to improve medical care in the health centre, and in 2017 started to offer X-ray services and basic surgery. Over the year, 31,588 outpatient consultations were carried out and 3,671 patients were admitted for care in Dolo Ado.

MSF teams provide care in two health posts in Buramino and Hilaweyn camps and assess the health of new arrivals in the refugee reception centre.

In the towns of Fik and Degehabur, MSF supports government hospitals with specialised medical staff and donations of drugs.

MSF started working in Wardher, Doolo zone, in 2007. Before the large-scale emergency response in the region in mid-2017, the project supported the



Nyawal Biel, 24, is examined by MSF staff at the health post in Pugnido refugee camp.



© Zacharias Abubeker

A newborn baby with birth asphyxia is successfully resuscitated by an MSF midwife and paediatrician at Gambella hospital.

local hospital's maternity and paediatric departments, and also ran a tuberculosis programme. Other teams worked in health centres in Danod and Yucub and operated an average of 10 mobile clinics. During the emergency, many of these services were suspended or adapted according to needs and new activities were launched. More than 50 oral rehydration points and 30 outpatient feeding centres were set up. A new project site was opened in Geladi, providing medical care and water supplies. MSF treated 235 patients for acute jaundice symptoms and 235 cases of measles. When the situation had stabilised, the number of outpatient feeding centres was reduced to around a dozen. The team increased activities in these remaining centres to provide care for all children under the age of 15. Almost 26,500 children were vaccinated against measles and over 26,780 consultations were conducted.

Gambella region

In 2017, MSF increased its support to Gambella hospital, the only facility in the region offering specialised medical care for a population of 800,000, half of them

refugees from South Sudan. Teams worked in the emergency room, operating theatre, surgical inpatient unit and maternity department. During the year, MSF saw 29,310 patients in the emergency room, performed 1,468 surgical interventions and assisted 1,230 deliveries.

MSF also worked with the Ethiopian authorities in Kule and Tierkidi refugee camps in Itang district, which together provide shelter for over 120,000 South Sudanese refugees. Teams worked in a health centre and six health posts, offering most medical services except surgery. MSF conducted more than 300,000 outpatient consultations and admitted 1,995 patients for care. In addition, teams ran vaccination campaigns, and operated mobile clinics at a number of entry points to the camps. Malaria was one of the biggest problems seen in 2017, with over 72,000 cases treated.

Other MSF teams provided care to South Sudanese refugees and the local communities around Pugnido. Staff supported the hospital emergency room, intensive care unit, inpatient department

and maternity unit, conducting a total of 46,484 outpatient consultations, admitting 2,350 patients, and assisting 188 deliveries.

Amhara region

Since 2002, the MSF project in Abdurafi has been carrying out research on kala azar (visceral leishmaniasis) in conjunction with the Institute of Tropical Medicine Antwerp, the University of Gondar and the Ethiopian Public Health Institute. The project seeks to develop better treatment methods for complicated kala azar cases. The team in Abdurafi is also trying to find a more effective snakebite antivenom. In 2017, 322 patients received treatment for snakebites, and 299 for kala azar.

Tigray region

In Tigray, MSF offers both inpatient and outpatient psychiatric care to Eritrean refugees in Shimelba and Hitsats camps. Through the project in Hitsats, more than 3,600 outpatient psychiatric consultations were carried out and 1,583 patients were admitted in 2017. Additionally, over 2,600 patients were treated for malaria through mobile clinics in response to an outbreak.

GEORGIA

No. staff in 2017: 49 | Expenditure: €2.3 million | Year MSF first worked in the country: 1993 | msf.org/georgia



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURE:

54 patients started treatment for MDR-TB

Tuberculosis (TB) represents a significant public health issue in Georgia, where Médecins Sans Frontières (MSF) activities focus on patients with the multidrug-resistant form of the disease.

In 2016, the World Health Organization estimated that 92 people per 100,000 in Georgia were newly infected with TB and 460 patients needed treatment for multidrug-resistant TB (MDR-TB). Among TB cases declared that year, 11 per cent of newly diagnosed patients, and 31 per cent of previously treated ones, had MDR-TB. The high burden of drug-resistant TB is one of the main obstacles to effective TB control in the country.

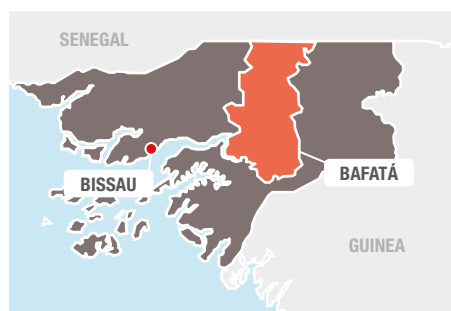
Since July 2014, MSF has been focusing its activities around the introduction of new treatments for MDR-TB patients, through the endTB partnership. EndTB is a project aimed at developing and making available shorter, less toxic and more effective treatments for MDR-TB. Since April 2015, as part of an observational study, MSF and the Ministry

of Health have been treating patients with delamanid and bedaquiline, the first two new TB drugs to be developed in 50 years. In the first four months of 2017, 44 new patients began MDR-TB treatment regimens containing either bedaquiline or delamanid, combined with other TB drugs. This brought to 100 the total number of patients on treatment in the programme at the end of the year. Georgia also hosts one of the sites for the endTB clinical trial, which aims to compare the safety and efficacy of different MDR-TB regimens containing bedaquiline and/or delamanid. The first patient was enrolled in February 2017.

In Abkhazia, MSF started supporting the introduction of new MDR-TB regimens through training and drug supply in October. MSF also facilitates the transportation of TB samples to the national referral laboratory in Tbilisi for testing.

GUINEA-BISSAU

No. staff in 2017: 298 | Expenditure: €5.3 million | Year MSF first worked in the country: 1998 | msf.org/guinea-bissau



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

4,900 patients treated for malaria

3,700 patients admitted to hospital, including **500** in inpatient feeding programmes

Guinea-Bissau is one of the poorest countries in the world. Years of political instability and economic stagnation have had a serious impact on the health system.

In the central region of Bafatá, Médecins Sans Frontières (MSF) continued working to reduce childhood mortality by managing the regional hospital's neonatal and paediatric wards, and running a nutrition programme for children under 15 years of age. Teams also supported four health centres in rural areas and trained community health workers to diagnose and treat diarrhoea, malaria and acute respiratory infections, and to detect and refer patients with malnutrition. They also operated a hospital referral system.

MSF doubled the bed capacity of the regional hospital during the peak malaria season and, as an added preventive measure, implemented a seasonal malaria chemoprevention (SMC) strategy for the

second year running, reaching 21,000 children in Bafatá. As a result of the team's advocacy and training initiatives, funds were allocated for SMC in other regions of Guinea-Bissau.

In Simao Mendes national hospital in Bissau, MSF supported activities in the paediatric intensive care unit and, from September, provided 40 beds in the neonatal intensive care unit. The team worked closely and successfully with the Ministry of Health's paediatric and maternity services to reduce the very high child mortality rates in the units, which were mainly due to neonatal sepsis, lower respiratory tract infections and malaria.

GREECE

No. staff in 2017: 159 | Expenditure: €9.6 million | Year MSF first worked in the country: 1991 | msf.org/greece | [@MSFGreece](https://twitter.com/MSFGreece)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

19,600 outpatient consultations

10,900 individual mental health consultations

600 group mental health sessions

Migrants and refugees continue to be the focus of Médecins Sans Frontières (MSF) activities on the Greek mainland and the islands of Lesbos, Samos and Chios.

MSF has provided medical and humanitarian assistance to migrants and refugees in Greece since 1996. These activities expanded in 2014 to meet the needs of the increasing numbers reaching the Greek shores from Turkey. Since the EU-Turkey deal in March 2016, many have been prevented from leaving the Greek islands while waiting for a decision on their claim for asylum. They spend long periods of time with poor access to healthcare and the fear of being sent back to Turkey. Those who reach the mainland often live in inadequate conditions, waiting for their refugee status or relocation to camps or flats. MSF continued to provide medical services in Athens and other parts of the Greek mainland, as well as on the islands of Lesbos, Samos and Chios. Between January and December 2017, MSF teams conducted almost 19,600 consultations.



Aiful, 25, from Bangladesh, prepares food inside a large tent in Moria camp, where he and many others wait to learn their fate.

Greek islands

MSF has been running a clinic on Lesbos providing primary healthcare, treatment for chronic diseases, sexual and reproductive health services and mental health support since October 2016. Since August 2017, the team has focused on the needs of survivors of torture and sexual violence, and people with severe mental health conditions. In November, MSF set up an additional clinic in front of Moria camp to increase access to medical care for children under 16 years of age and pregnant women living in terrible conditions inside the camp.

On Samos, MSF runs a temporary shelter for up to 80 people for families of pregnant women, newborns or single parents. MSF also provides mental health support to patients and, in partnership with the Greek Council for Refugees, offers individual legal assistance. MSF conducted a vaccination campaign for children hosted in shelters and assisted national authorities with vaccinations in the 'hotspot'. Teams also intervened in Vathy Police Station, to improve living conditions and access to medical and mental healthcare for detainees.

In December, MSF started working on the island of Chios, providing cultural mediation services at the local hospital.

Athens

MSF has been running three clinics in Athens to respond to the specific needs of migrants and refugees. In the day centre, MSF provides sexual and reproductive healthcare, mental health support and treatment for chronic diseases. In September, teams also started running a travel medicine clinic to provide support to people moving on from Athens.

In a second centre MSF offers comprehensive care to survivors of torture and other forms of violence. The clinic, run in collaboration with Day Centre Babel and the Greek Council for Refugees, implements a multidisciplinary approach including medical and mental healthcare, physiotherapy, social assistance and legal support.

In a third centre near Victoria Square, MSF provided primary healthcare and mental health support until December, and is assisting the municipal clinic with cultural mediation services.

Greek mainland

In Epirus, MSF provided psychological and psychiatric care to people living in and around Ioannina until December. Mobile teams also operated in the wider Attika region around Athens, as well as Central Greece, throughout the year.

Around Thessaloniki, MSF offered psychological and psychiatric care, as well as health promotion in several camps, along with support to local hospitals, until July.

GUINEA

No. staff in 2017: 248 | Expenditure: €9.8 million | Year MSF first worked in the country: 1984 | msf.org/guinea



- ▭ Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

- 10,900** patients treated for HIV
- 7,900** patients treated for malaria
- 2,800** patients admitted to hospital

Médecins Sans Frontières (MSF) improves access to medical services and develops innovative models of care in Guinea, whose already fragile health system was severely impacted by the 2014–2016 Ebola epidemic.

MSF works in collaboration with the Ministry of Health and in 2017 supported almost 11,000 people living with HIV. The project offers HIV testing, treatment and follow-up services, as well as health promotion activities, in six health centres in the capital Conakry. Since December 2016, MSF has also been supporting a 31-bed unit in Donka hospital that provides specialised inpatient care to people with AIDS.

In 2017, MSF launched new activities in Kouroussa in northeastern Guinea, where malaria is hyperendemic and the leading cause of mortality. The project aims to develop models of community care targeting children under five years of age that can be adapted to this rural area. MSF currently

supports the prefectorial hospital, as well as five health centres. The team is improving access to healthcare by training and supporting community healthcare providers to diagnose and treat simple forms of diseases and conditions such as malaria, diarrhoea and malnutrition, and to identify cases that need to be referred.

The project in Guinea maintains full capacity to respond to emergencies such as epidemics and natural disasters. In March 2017, MSF worked with the Ministry of Health to organise the response to a measles epidemic in the five communes of Conakry, vaccinating more than 650,000 children between the ages of six months and 10 years.

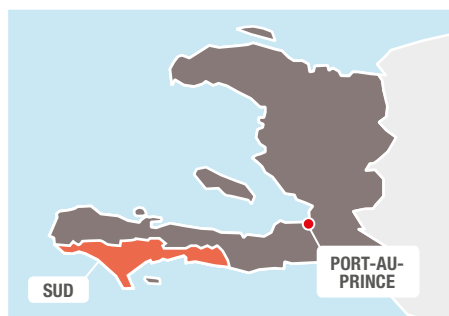
© Markel Redondo



MSF staff head to the island of Kassa, a few kilometres from Conakry, to conduct measles vaccinations as part of the large-scale response to the epidemic declared in early 2017.

HAITI

No. staff in 2017: 2,148 | Expenditure: €40.7 million | Year MSF first worked in the country: 1991 | [msf.org/haiti](https://www.msf.org/haiti)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURE:

13,000 major surgical interventions

In addition to its regular emergency response activities in Haiti, where quality healthcare is unaffordable for the majority, Médecins Sans Frontières (MSF) has developed a range of free, specialised medical care.

This specialised care is available at three hospitals MSF manages in the capital Port-au-Prince and benefits people who would otherwise be unable to access this level of service.

Burns treatment

Drouillard centre, close to Cité Soleil slum, is the only specialised centre in the country to focus on the treatment of severe burns – a widespread problem mostly linked to the dire living conditions of destitute Haitians. Around half of patients are children under the age of five who have been injured in domestic accidents. In 2017, the team conducted more than 1,300 emergency room visits and admitted almost 700 patients. Treatment included surgery, dressings and pain management, as well as physiotherapy, psychological care and infection control. In one innovative technique, patients were treated with grafts of artificial skin. Most patients came from the Port-au-Prince area, but some were referred from other regions by air ambulance. MSF also trained medical staff and started constructing a new 40-bed hospital to replace the existing temporary facility in 2018.



Children in Martissant slum read health promotion messages on cholera prevention.

Mother and child care

The 176-bed Centre de Référence d'Urgences Obstétricales (CRUO) cares for pregnant women who present with life-threatening complications such as pre-eclampsia, eclampsia, obstetric haemorrhage, obstructed labour or uterine rupture. It also cares for newborns requiring treatment for conditions such as low birthweight, difficulty breathing, or who need help feeding. In 2017, the teams assisted 4,864 births, including 1,870 caesarean sections. Mental health support and post-natal care was also provided.

Trauma care

The Tabarre trauma hospital provides comprehensive treatment for victims of road accidents or gunshot wounds, including surgery and physiotherapy. In 2017, 6,539 surgical operations were performed.

These three facilities, built in the aftermath of the devastating 2010 earthquake, are container-based hospitals designed for only temporary use. CRUO is scheduled to close its doors in 2018, and Tabarre, in mid-2019. Efforts have been made over the years to improve specialised care in the country by training local interns in relevant medical specialities.

Victims of sexual and gender-based violence

An alarmingly high number of young people in Haiti, especially women and girls, experience sexual and gender-based violence. Yet the services available are inadequate.

In Port-au-Prince, where the number of victims is particularly high, MSF manages Pran Men'm clinic, which provides medical care and psychological support. In 2017, 769 patients were treated in the clinic.

Primary healthcare in Martissant slum, Port-au-Prince

In Martissant, the second-largest slum in the country, MSF manages an emergency healthcare centre which is open around the clock. In 2017, it provided 35,800 outpatient consultations and admitted more than 2,000 patients. MSF also organised water and sanitation activities in the slum to prevent the spread of cholera and eliminate *Aedes* mosquitoes, which carry the dengue, Zika and chikungunya viruses.

Emergency responses to diseases

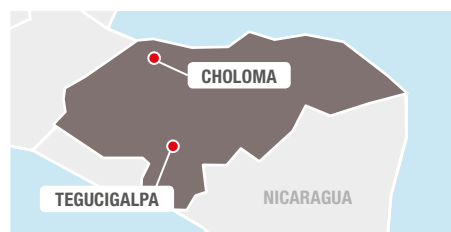
MSF staff treat cholera patients in both Martissant and CRUO, and support the Ministry of Health with epidemiological surveillance. In the aftermath of Hurricane Matthew, a team also assisted with the second round of cholera vaccination in Port-à-Piment.

Port-à-Piment, Sud department

Port-à-Piment is the latest MSF project, located in the west of the country in a rural area that was severely affected by the hurricane. MSF supports the local healthcare centre, where it focuses mostly on maternal health; the number of births in the facility has quadrupled since the team started to support it.

HONDURAS

No. staff in 2017: 63 | Expenditure: €1.8 million | Year MSF first worked in the country: 1974 | [msf.org/honduras](https://www.msf.org/honduras)



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

6,800 antenatal consultations

2,300 individual mental health consultations

600 patients treated after incidents of sexual violence

Honduras continues to experience high levels of political, economic and social instability, and has one of the world's highest rates of violence. Women are among the worst affected by the medical, psychological and social consequences.

In March 2017, Médecins Sans Frontières (MSF) started working at a mother and child clinic in Choloma, a rapidly expanding industrial city in northern Honduras that is notorious for its high levels of violence. Until MSF opened the project, there were few healthcare facilities catering for the needs of women in the area. Many pregnant women were not receiving antenatal care and delivery services remained extremely limited. The result was a high rate of medical complications among women of reproductive age.

MSF teams in Choloma provide family planning, ante- and postnatal consultations, assist births, and offer psychosocial support to victims of violence, including victims of sexual violence.

In the capital, Tegucigalpa, MSF continued its *servicio prioritario*, or priority service, in

collaboration with the Honduran Ministry of Health, offering emergency medical and psychological care to victims of violence, including sexual violence. This free, confidential, one-stop service is available at three different places in Tegucigalpa, including at the city's main hospital.

Medical treatment for rape includes post-exposure prophylaxis to prevent HIV and hepatitis B infections, and treatment for other sexually transmitted infections, such as syphilis and gonorrhoea. In addition, counselling, group therapy and psychological first aid are available.

In accordance with international protocols, MSF continues to advocate access to comprehensive medical care for victims of sexual violence in Honduras, where emergency contraception is still banned.

INDONESIA

No. staff in 2017: 10 | Expenditure: €0.5 million | Year MSF first worked in the country: 1995 | [msf.org/indonesia](https://www.msf.org/indonesia) | [@MSF_seAsia](https://twitter.com/MSF_seAsia)

In Indonesia, Médecins Sans Frontières (MSF) is opening a new programme specialising in access to reproductive healthcare for adolescents.

In June 2017, MSF signed a memorandum of understanding with the national Ministry of Health to look at strategies to increase access to confidential reproductive healthcare services tailored to the specific needs of young people in the critical gap between childhood and adulthood.

The project in Pandeglang, a district in Banten province, which is located around four hours west of the Indonesian capital, Jakarta, is aimed at improving the quality of service provision, awareness and access to healthcare for adolescents. The project is in its set-up phase and will open in early 2018.

In Jakarta, MSF is working with the local health authorities to improve access to healthcare services and encourage health-seeking



● Regions where MSF has projects
● Cities, towns or villages where MSF works

behaviour, particularly among young people in the fishing villages and towns on the Thousand Islands, an archipelago north of Jakarta. The initial intervention in late 2017 focused on sexual and reproductive health education for school children and teachers, and will be continued throughout 2018.

Also in 2017, a team from MSF and the University of Oslo facilitated workshops on the management of methanol poisoning in Jakarta, Surabaya and Yogyakarta. Methanol poisoning is a nationwide issue in Indonesia, where spirits sometimes contain

the substance, which can cause serious health problems. The workshops highlight new approaches in detection, diagnosis and treatment of methanol poisoning, as well as building awareness of the scale and magnitude of the problem at national level and the need for specialised medical care for the condition.

Following a severe earthquake in Pidie Jaya in Aceh province, Sumatra, in late 2016, MSF continued providing support, predominantly mental healthcare, to affected communities into the early part of 2017.

ITALY

No. staff in 2017: 60 | Expenditure: €4.6 million | Year MSF first worked in the country: 1999 | msf.org/italy | [@MSF_Italia](https://twitter.com/MSF_Italia)



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

2,500 individual mental health consultations

200 group mental health sessions

In 2017, Médecins Sans Frontières (MSF) teams in Italy focused on mental health activities, specialised care for victims of violence and support for civil society initiatives for migrants and refugees.

The European and Italian authorities stepped up their efforts to stem the arrival of migrants and refugees in Europe at all costs in 2017, leaving many exposed to violence and arbitrary detention in Libya. Despite these cynical efforts, 119,396 migrants and refugees have arrived on Italian shores, mainly disembarking in Sicilian ports. Although this number is smaller than in previous years, the Italian reception system is still struggling to respond to their specific needs. Most people are hosted in temporary emergency reception facilities, but more than 10,000 live in informal settlements, either because they are trying to reach other European destinations or because they are excluded from the official system.

MSF monitored the humanitarian needs of those living in informal settlements around the country and had volunteers working within occupied buildings in Bari and Turin, seeking to reduce the residents' marginalisation by facilitating their access to healthcare and other services.



© Mohammad Ghannam/MSF

Ismael, 22, from Pakistan, on the Italian-French border, where he was stuck living hand-to-mouth after a year and a half on the move, including 11 months in hiding in Serbia.

Sicily and southern ports

For the third consecutive year, MSF was present at the arrival points, providing psychological first aid to survivors of shipwrecks and traumatic rescues. In 2017, 21 such operations were conducted, mainly in Sicily, Calabria and Campania. In Trapani, a team consisting of a psychologist and cultural mediators offered psychological support through 1,232 individual and 116 group sessions, and assisted local services in several secondary reception centres.

Since July 2016, MSF has been running a psychotherapeutic clinic in collaboration with the local health services to treat patients with the most severe mental health problems. In summer 2017, MSF also opened a 24-hour medical centre in Catania for asylum seekers in need of care after discharge from hospital. The centre implements a holistic approach to support patients during the rehabilitation process. MSF also provided mental health support and improved water and sanitation conditions in the informal settlements where seasonal migrant workers live in the south of Sicily.

Rome

In Rome, MSF runs a rehabilitation centre for torture survivors, in collaboration with local partners Medici Contro la Tortura and ASGI. The centre has a multidisciplinary approach, providing medical and psychological support, as well as physiotherapy, social and legal assistance. In 2017, the team received 56 new admissions. The centre provides care for patients from almost 20 different countries, the majority of them victims of violence and ill-treatment while transiting Libya.

Northern borders

MSF responded to the needs of people stranded at Italy's northern borders with basic psychological and medical assistance, food and other donations. In Ventimiglia, at the border with France, a team of cultural mediators and a midwife ran a small clinic together with local volunteer doctors. In addition, an MSF team offered psychological first aid in the Italian Red Cross camp. In Como, at the border with Switzerland, MSF provided mental health support to migrants in transit. MSF also supported civil society initiatives with food and other donations for migrants in transit in Como, Ventimiglia and Gorizia, at the border with Slovenia.

INDIA

No. staff in 2017: 609 | Expenditure: €14.5 million | Year MSF first worked in the country: 1999 | msf.org/india

KEY MEDICAL FIGURES:

70,700 outpatient consultations

3,900 individual mental health consultations

2,100 patients provided with first-line ARV treatment

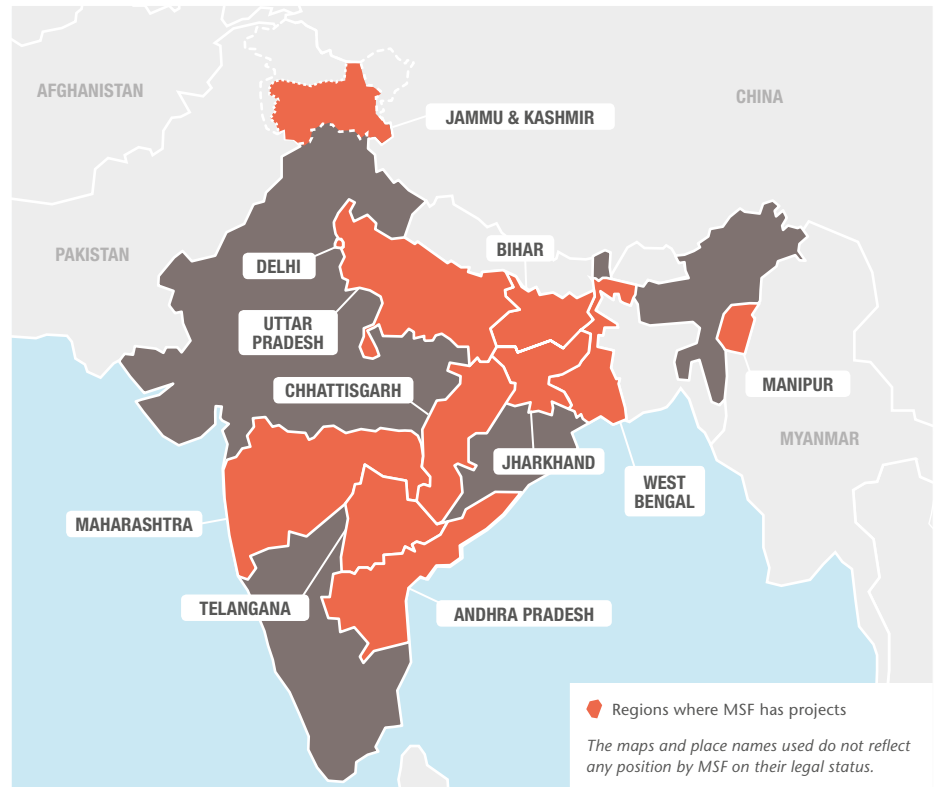
1,900 patients started on treatment for TB, including **1,500** for MDR-TB

1,500 patients started on treatment for hepatitis C

In India, Médecins Sans Frontières (MSF) runs a wide range of programmes for people unable to access healthcare, including mental health support, and treatment for infectious diseases, malnutrition and sexual violence.

New hepatitis C project in Meerut

In January 2017, MSF opened a clinic providing care for hepatitis C in Meerut city in Uttar Pradesh, northern India. Uttar Pradesh is one of India's largest states, with an estimated population of more than



200 million. Staff had expected the clinic to be busy, but within weeks of opening were overwhelmed by the huge number of people in need of testing and treatment.

Many of the patients seeking care are thought to have been infected through poor medical practices such as unsafe blood transfusions and the use of unsterilised

equipment by unqualified medical practitioners or traditional healers. Health promotion therefore plays a vital role in educating the community about prevention.

MSF uses direct-acting antivirals, the latest generation of hepatitis C drugs, which are manufactured in India and available at a much lower cost compared with other parts of the world. Nevertheless, they are still unaffordable for millions of patients.

At the facility, run in collaboration with state health authorities, the team has also pioneered a simplified model of care to enhance adherence to treatment. This means patients only need to attend the clinic once a month.

Treating tuberculosis (TB) and HIV in Mumbai

In Mumbai, a city of 22 million people, around 50,000 people have TB, and 4,000 are infected with drug-resistant strains of the disease.

In 2017, MSF continued to provide medical and psychosocial care for patients with HIV and drug-resistant TB (DR-TB) at four projects around the city, aiming to reduce the number of people who suffer from the disease and die as a result of it.

MSF's teams treat some of the sickest patients, who require the most advanced combination medications which are not



A woman is examined at MSF's kala azar-HIV ward in Patna, Bihar. Kala azar-HIV co-infected patients are often detected with chest infections such as tuberculosis.



© Ravi Mishra

Geeta, who was treated for over eight months at MSF's hepatitis C clinic in Meerut, is given the all-clear.

available in the public sector. They are also developing patient-centred, individualised models of care, and trying to influence the country's treatment guidelines.

Mental healthcare in Jammu and Kashmir

Since 2001, MSF has been offering counselling in Jammu and Kashmir, where years of conflict have taken a toll on people's mental health. Teams offer this service at hospitals in Baramulla, Srinagar, Bandipora, Pulwama and Sopore. To combat the stigma associated with mental illness, MSF raises awareness of the importance of mental health and seeking assistance. In 2017, in collaboration with a local association, MSF also conducted psychoeducation sessions for groups of pellet gun victims.

Primary healthcare in Andhra Pradesh, Chhattisgarh and Telangana

Longstanding, low-intensity conflict has left large sections of Andhra Pradesh, Chhattisgarh and Telangana without access to medical services. MSF operates mobile clinics to take primary healthcare to people living in remote villages in these states. Teams provide treatment for malaria, respiratory infections, pneumonia and skin diseases, as well as sexual and reproductive health and vaccinations. As Bijapur district hospital has upgraded its facilities, MSF closed its 15-bed mother and child health centre that had been providing reproductive, paediatric and TB care in Bijapur town since 2009.

Sexual and gender-based violence in Delhi

Sexual and gender-based violence is a medical emergency. In 2015, MSF opened Umeed Ki Kiran, a community-based

clinic in north Delhi that is open around the clock, providing treatment and post-exposure prophylaxis to prevent HIV/AIDS and other sexually transmitted diseases and unwanted pregnancies to victims of sexual and domestic violence. In 2017, 250 patients received treatment. In addition, the team conducted more than 700 psychosocial counselling sessions. MSF continued to work with community-based organisations, police, government protection agencies and the health ministry to highlight the clinic's services and create an efficient referral system.

Specialised care for TB, HIV and hepatitis C in Manipur

At its clinics in Churachandpur, Chakpikarong and Moreh, on the border with Myanmar, MSF provides screening, diagnosis and treatment for HIV, TB, hepatitis C and co-infections. Patients also receive pre- and post-test counselling to help them adhere to the regimens, which can have debilitating side effects. At an opioid substitution therapy centre in Churachandpur, MSF treats mono-infected hepatitis C patients and partners of co-infected patients. In 2017, MSF, in collaboration with Manipur AIDS Control Society, introduced a simplified model of care for hepatitis C patients. Since the beginning of the programme, 400 co-infected and 57 mono-infected patients have completed treatment for hepatitis C.

Treating severe acute malnutrition in Chakradharpur, Jharkhand

A third of the world's severely acutely malnourished children live in India.¹ Since 2009, MSF has treated over 17,000 children with severe acute malnutrition in the country,

using an innovative, community-based model. In 2017, MSF supported the Ministry of Health in the identification, treatment and follow-up of children with severe acute malnutrition in Chakradharpur and admitted 594 patients to the programme.

Kala azar–HIV co-infection in Patna, Bihar

Transmitted through the bite of an infected sandfly, kala azar (visceral leishmaniasis) is an endemic disease that thrives in agricultural settings and is prevalent in Bihar, which accounts for 80 per cent of cases nationwide. MSF focuses on addressing kala azar–HIV co-infection, an emerging public health concern, which carries a greater risk of death as the diseases reinforce each other and weaken the immune system. In 2017, the project treated 172 kala azar–HIV co-infected patients in Rajendra Memorial Research Institute in Patna.

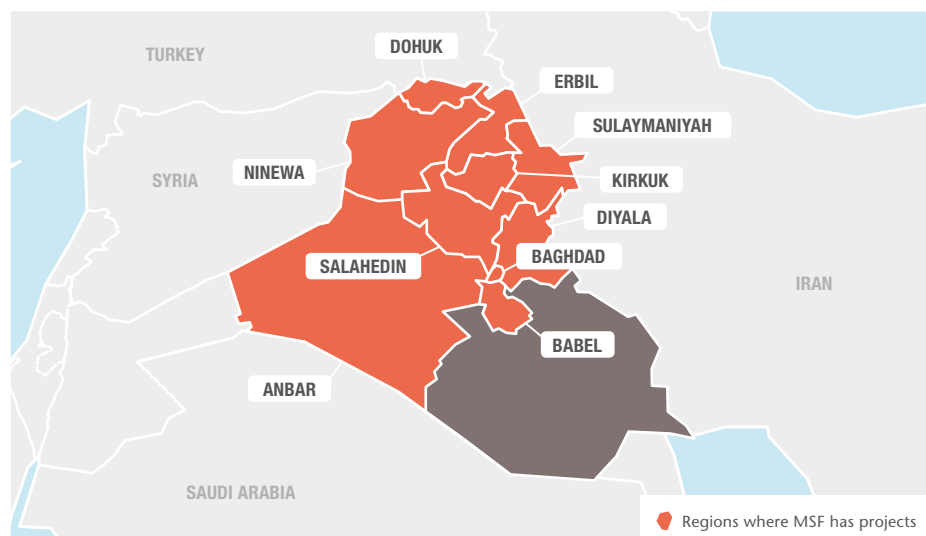
Antibiotic resistance and respiratory tract infections in Asansol, West Bengal

Since 2015, MSF has been working on the diagnosis of acute fevers and paediatric respiratory infections in order to gain a better understanding of antibiotic resistance in Asansol district. In 2017, the project oversaw 3,241 consultations for acute respiratory infections at its outpatient clinics and ran community outreach initiatives promoting the importance of hand hygiene, and the rational consumption and prescription of antibiotics, among nursing school students, mothers and school children.

¹UNICEF-WHO-World Bank Group: *Joint child malnutrition estimates – Levels and trends (2015)*

IRAQ

No. staff in 2017: 1,620 | Expenditure: €57.6 million | Year MSF first worked in the country: 2003 | [msf.org/iraq](https://www.msf.org/iraq) | [@MSF_Iraq](https://twitter.com/MSF_Iraq)



KEY MEDICAL FIGURES:

42,600 individual mental health consultations

6,200 births assisted

4,600 major surgical interventions

2,500 patients treated in feeding centres

The conflict in Iraq continued to take its toll in 2017, killing, injuring and displacing thousands of civilians. Many health facilities were destroyed, leaving the sick and wounded with no access to care.

Although the conflict subsided in late 2017, humanitarian needs in Iraq remain extremely high. More than 2.9 million people have still not been able to return to their homes.

Médecins Sans Frontières (MSF) significantly stepped up its response in Iraq, providing trauma care and emergency surgery for war-wounded people. MSF teams also delivered basic healthcare, nutrition programmes, maternal health services, treatment for chronic diseases and mental health support for displaced people and others affected by the violence.

Ninewa governorate

Mosul

In the battle to recapture Mosul, frontlines cut through residential areas, which meant that many people were living under siege and bombardment, for months in some areas. Many of those injured had to wait for days or weeks before they could safely leave their homes, and in most cases only the walking-wounded were able to safely reach a clinic or hospital.

MSF was part of a major emergency response in and around Mosul. After an assessment of risks to patients and staff, MSF positioned

several trauma stabilisation posts close to the frontlines, where teams stabilised wounded patients before referring them to other medical facilities.

In east Mosul, MSF ran four projects in hospitals offering a range of services including emergency and intensive care, surgery and maternal healthcare, as well as inpatient and outpatient therapeutic feeding centres for children. All four projects have now closed.

In June, as the violence escalated in west Mosul, MSF opened a hospital to treat

trauma patients. In addition to an inpatient department and emergency room, it has a maternity unit. When the number of war-related trauma cases decreased, MSF expanded its maternity, newborn and paediatric care activities in the facility.

Hamam al-Alil

MSF ran an emergency trauma surgery hospital in Hamam al-Alil, 30 kilometres south of Mosul, until July 2017. More than half of the trauma patients from the battle for west Mosul passed through this hospital. MSF also set up a primary healthcare centre in the town.



The Old City in Mosul, pictured in April 2018, when much of the city remained inaccessible due to the destruction and presence of improvised explosive devices, unexploded ordnance and booby traps.

Al-Hamdaniya

MSF set up a 40-bed hospital department with Handicap International in Al-Hamdaniya, southeast of Mosul, to provide post-operative care and rehabilitation for people who had received emergency lifesaving surgery on or behind the frontlines. Many patients needed secondary amputations, wound cleaning and major internal surgery.

Camps for displaced people

During the battle for Mosul, thousands of people fled the city, seeking shelter in camps in Ninewa and Erbil governorates. MSF operated in 16 locations, providing primary healthcare, treatment for non-communicable diseases (NCDs), such as diabetes and hypertension, and mental health support, including psychosocial counselling and child therapy.

Zummar

MSF ran a maternity clinic with a paediatric unit in Tal Maraḡ village, which was in a disputed area of Iraq with limited access to healthcare. The clinic offers ante- and postnatal consultations and basic emergency obstetric care. General healthcare consultations, mental health services and treatment for NCDs were also available via mobile clinics deployed to surrounding villages.

Qayyarah

MSF's field hospital in Qayyarah operated at full capacity, providing surgery, emergency and inpatient care, paediatrics, nutrition and mental health support. In June, teams started seeing and treating an increased number of babies who were severely malnourished. In July, an integrated nutrition and mental health project was launched in camps close to Qayyarah. The project treats children under the age of five for acute malnutrition.

Kirkuk governorate

Throughout 2017, people fled Hawija district, often travelling at night on foot with little food and water. MSF's mobile teams were located at key points to offer assistance. In January MSF also started providing basic healthcare, emergency referrals, NCD treatment and mental health consultations in Daquḡ camp. In addition, MSF donated supplies and trained staff in the emergency rooms of the two main hospitals in Kirkuk city.

Dohuk governorate

After more than four years of operations, MSF handed over its sexual and reproductive health and maternity project in Domiz Syrian refugee camp to the Dohuk Directorate of Health in November.

Sulaymaniyah governorate

MSF expanded its project in Sulaymaniyah to support the huge influx of displaced people, setting up health promotion and mental



A child is admitted to the emergency trauma surgery hospital MSF ran in Hamam al-Alil, 30 kilometres south of Mosul.

health activities, including individual and group counselling sessions, in Arbat camp.

MSF also supported Sulaymaniyah emergency hospital to improve standards of care and infection prevention and control, by training staff and refurbishing the emergency room and intensive care unit. The project finished in November.

Diyala governorate

In Jalawla and Sadiya, MSF provides treatment for NCDs, mental health support and sexual and reproductive healthcare for families returning to the area. In 2017, MSF assisted with the rehabilitation of the towns' primary healthcare centres and Jalawla hospital. MSF teams also provided NCD and mental health services in two camps for displaced people.

Anbar governorate

MSF teams provided primary healthcare, NCD follow-up and mental health services in Amriyat Al Fallujah and Habbaniya Tourist City camps. MSF closed its primary healthcare clinic in Kilo 18 camp when the number of people in the camp fell.

MSF completed its support of Al Fallujah teaching maternity hospital in Anbar, having rehabilitated the emergency room, upgraded the operating theatre, improved waste management and trained nursing staff.

MSF prepared a new mental health unit in Ramadi teaching hospital, which will open in early 2018. The unit will offer specialised care to patients with moderate and severe mental health disorders.

Salahedin governorate

As military operations expanded in northwestern Iraq, thousands of civilians fled to relatively safer areas in Salahedin. To respond to the growing needs, MSF ran mobile clinics in the city of Tikrit, offering outpatient and mental health consultations, and set up a primary healthcare centre in one of the camps.

Babel governorate

In a new project to upgrade Ibn Saif paediatric hospital in Musayib, MSF rehabilitated the wards and warehouse, and constructed a pharmacy. The team trained medical and paramedical personnel, established infection and waste management protocols, and donated more than 30 tonnes of medicines and equipment. MSF also set up a psychosocial unit for inpatients and the community. The project was handed over to the Directorate of Health in December.

Baghdad governorate

In August, MSF opened a rehabilitation centre with a 20-bed inpatient department in Baghdad, to provide physiotherapy, pain management and psychological support to civilian victims of war.

Teams also worked in a mobile unit in Abu Ghraib district, offering medical and mental healthcare to displaced people, and in a primary healthcare clinic in the Al Shuhada II area.

IRAN

No. staff in 2017: 40 | Expenditure: €1.7 million | Year MSF first worked in the country: 1990 | msf.org/iran



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

19,600 outpatient consultations

3,500 individual mental health consultations

45 patients started on treatment for hepatitis C

Since 2012, Médecins Sans Frontières (MSF) has been providing free healthcare to excluded and marginalised groups in south Tehran, including drug users, sex workers, street children and the *Ghorbati* ethnic minority.

Although the prevalence of infectious diseases is relatively low in Iran (less than one per cent for HIV), it is much higher in these vulnerable groups. According to the Iranian Ministry of Health, more than 60 per cent of the 160,000 HIV patients in the country are drug users, and an estimated 50 to 75 per cent of injectable-drug users have hepatitis C.

In Darvazeh Ghar district, MSF runs a clinic offering a comprehensive package of medical services designed for high-risk patients who suffer from stigma and/or need more help to follow their treatment. Services include counselling and support from peer workers, psychosocial aid, medical and mental health consultations, ante- and postnatal care, family planning and treatment for sexually transmitted infections. Patients can also be tested for communicable diseases such

as HIV, tuberculosis and hepatitis C. MSF treats hepatitis C patients with direct-acting antivirals, effective and well-tolerated drugs, which usually require a course of only three months. The team also operates a referral system, and runs mobile clinics in partnership with Society for Recovery Support, a local organisation which specialises in support for addicts and provides psychosocial assistance, harm reduction and shelter. In 2017, teams conducted 19,575 outpatient consultations and 3,495 individual mental health consultations in fixed and mobile clinics. A total of 218 patients were referred for care, and 45 started treatment for hepatitis C.

In 2017, the authorities accepted a proposal for a new project to address drug issues among the Afghan community in Mashhad, which will be launched in early 2018.

KYRGYZSTAN

No. staff in 2017: 105 | Expenditure: €2.7 million | Year MSF first worked in the country: 2005 | msf.org/kyrgyzstan



● Regions where MSF has projects
● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

1,800 outpatient consultations

670 antenatal consultations

64 patients started on treatment for MDR-TB

Médecins Sans Frontières (MSF) focuses on treating drug resistant tuberculosis (DR-TB) in Kyrgyzstan, one of 30 countries with the highest rates of the disease.

Tuberculosis (TB) is one of the 10 leading causes of death globally, according to the World Health Organization. The vast majority of these deaths occur in low- and middle-income countries. Strains of TB resistant to the main TB drugs pose an even deadlier threat: only half of patients with multidrug-resistant TB are cured.

In Kara-Suu district, the largest region in Kyrgyzstan, MSF continues to work with the Ministry of Health in the fight against DR-TB. The project aims to provide outpatient treatment where possible, thereby limiting the amount of time patients have to spend in hospital. Patients receive comprehensive care, including treatment for side effects of the medication, care for any conditions linked to their TB, and social and psychological support. They are given daily observed

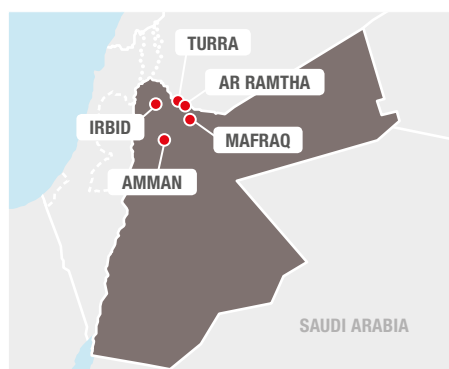
treatment at smaller clinics, and have a monthly consultation with a doctor at one of the three TB cabinets supported by MSF.

A small group of patients with severe complications receive inpatient care at Kara-Suu hospital. In April 2017, MSF started using two new drugs – bedaquiline and delamanid – as part of the endTB observational study to treat patients who have been diagnosed with extensively drug resistant TB (XDR-TB) or pre-XDR-TB.

In Aidarken, Batken oblast (province), MSF is supporting the Ministry of Health to deliver better care for non-communicable diseases, as well as helping improve mother and child healthcare. In parallel, MSF is assessing the possible impact of heavy metal pollution on public health.

JORDAN

No. staff in 2017: 547 | Expenditure: €30.1 million | Year MSF first worked in the country: 2006 | [msf.org/jordan](https://www.msf.org/jordan)



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

67,600 outpatient consultations

8,300 individual mental health consultations

2,200 major surgical interventions



© Maya Abu Ata/MSF

Khairiya, from Syria, has been suffering from diabetes for 15 years and now receives monthly home visits from MSF staff in Irbid.

Médecins Sans Frontières (MSF) runs healthcare programmes to assist Syrian refugees and vulnerable Jordanians.

There are almost 650,000 registered Syrian refugees in Jordan, the majority of whom rely on humanitarian assistance to meet their basic needs. The huge growth in the number of people has placed increased pressure on the country's health system. MSF operates three clinics in Irbid governorate dedicated to providing Syrians and vulnerable Jordanians with treatment for non-communicable diseases (NCDs), a leading cause of death in the region. The clinics offer medical care, home visits and psychosocial support to about 5,000 patients with diseases such as diabetes and hypertension. In 2017, the clinics carried out more than 37,000 consultations. MSF also supports a comprehensive primary healthcare centre in Turra, in Sahel Houran district, Ar Ramtha, which serves Syrian refugees and the local community. The team there conducted 12,554 consultations in 2017.

Maternal healthcare

MSF is the main provider of reproductive healthcare for Syrian refugees in Irbid governorate, where it runs a 22-bed maternity department and a neonatal intensive care unit. In 2017, the teams assisted 4,120 deliveries, admitted 664 newborn babies and carried out some 16,000 antenatal consultations. MSF has also increased its focus on mental healthcare, offering support to Syrian children and their parents in a project based in Mafraq, as well as through outreach consultations and sessions held at the NCD clinics and primary healthcare centre in Irbid. The various teams provided individual and group counselling, psychosocial support and health education sessions.

Reconstructive surgery in Amman

The Amman reconstructive surgery hospital continues to treat war-wounded patients and indirect victims of violence from neighbouring countries. The hospital provides comprehensive care for patients requiring orthopaedic, reconstructive and maxillofacial surgery, including

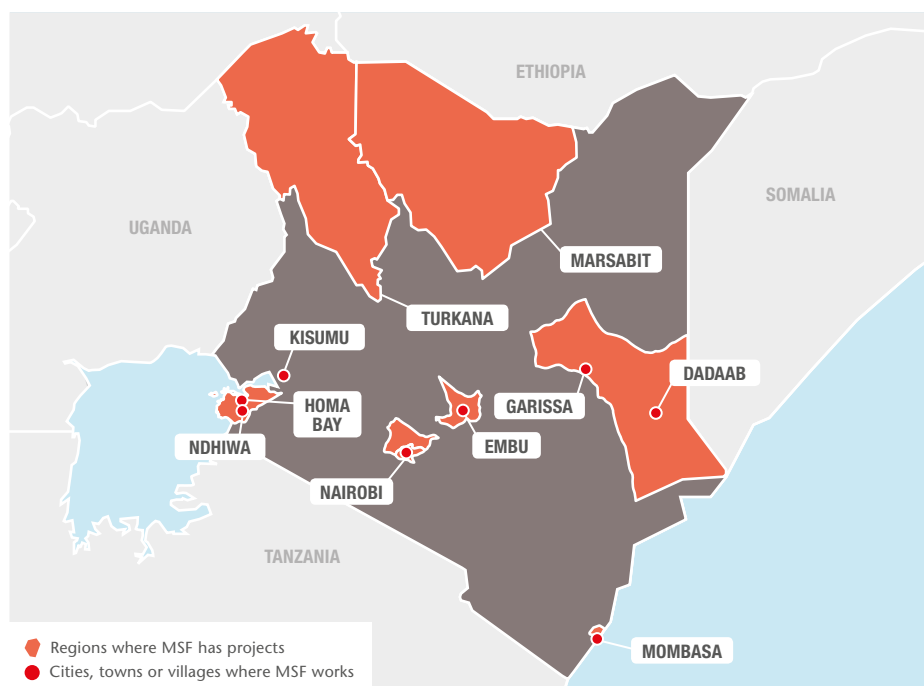
physiotherapy and mental health support. In 2017, 1,150 surgical procedures were performed, and an average of 188 patients were being treated in the hospital at any one time.

Emergency surgery in Ar Ramtha

Since 2013, MSF's emergency surgical project in Ar Ramtha in northern Jordan has been offering emergency surgical and post-operative care to war-wounded patients referred from field hospitals in southern Syria. As fighting escalated in the first half of 2017, MSF saw an increase in the number of severely wounded patients evacuated to the hospital for urgent medical treatment. However, following the creation of a de-escalation zone in southwestern Syria in July, the level of violence decreased and there was a sharp decline in the number of patients arriving at the hospital. MSF has therefore decided to close the Ar Ramtha project by the end of January 2018. In 2017, staff admitted and treated 295 war-wounded patients, conducted over 600 major surgical interventions and carried out more than 1,650 psychosocial support sessions.

KENYA

No. staff in 2017: 796 | Expenditure: €25.5 million | Year MSF first worked in the country: 1987 | [msf.org/kenya](https://www.msf.org/kenya) | [@MSFNairobi](https://twitter.com/MSFNairobi)



KEY MEDICAL FIGURES:

211,000 outpatient consultations

20,800 patients admitted to hospital

15,200 patients provided with first-line ARV treatment

10,800 births assisted

5,500 individual mental health consultations

2,100 major surgical interventions

2,000 patients treated after incidents of sexual violence

290 patients started on treatment for TB

In 2017, Médecins Sans Frontières (MSF) continued to provide much-needed medical care in Kenya's refugee camps and slums, while also responding to public health challenges and outbreaks of disease across the country.

Many public health facilities were closed and thousands of people were left without access to essential healthcare for a large part of the year due to strikes by health workers. Doctors went on strike for the first three months of the year, followed by nurses from June until November. This had a knock-on effect on MSF's activities, increasing the number of patients presenting at its facilities and putting a strain on its resources. In response, MSF set up additional medical facilities and offered financial assistance for patients needing specialised care in private clinics, which they could not otherwise have afforded.

Dadaab refugee camps

In February 2017, in a ruling that was welcomed by MSF, the High Court of Kenya put a stop to the government's plans to close the Dadaab refugee camps, which are home to more than 230,000 Somali refugees. The biggest concern for MSF was

that people would be sent back to Somalia, where there is limited access to healthcare and ongoing insecurity.

In Dadaab camp in Dadaab, MSF runs two health posts, which treat more than 10,000 patients per month, as well as a

hospital for more complicated cases. The teams in Dagahaley provide sexual and reproductive healthcare, surgery, medical and psychological assistance for victims of sexual violence, mental health support, treatment for HIV and tuberculosis (TB), palliative care for patients with chronic illnesses, home-based



© Yann Libessart/MSF

Samau Mwero, 25, is given an epidural. Her first baby, a girl she named Mrima, was delivered by caesarean section at MSF's emergency obstetric facility in Likoni.



A patient with HIV is looked after by a nurse at Homa Bay hospital.

insulin management for patients with diabetes and emergency response services.

Nairobi

MSF continues to offer treatment to victims of sexual and gender-based violence in the capital through its project in Eastlands. In recent years, the team has recorded an increase in the number of people treated; this could be a result of outreach campaigns carried out by MSF and the local community, making people more willing to come forward, rather than a rise in the number of incidents.

The emergency care programme run by MSF in Eastlands treated more than 1,900 patients in 2017. The project has a toll-free 24-hour call centre and an ambulance referral service.

In June, MSF handed over the facility it had been running for 20 years in Kibera, the largest slum in Kenya, to the Nairobi City County Department of Health Services. The project, which started as a small clinic in 1997, has grown into a major health facility providing comprehensive primary and secondary healthcare, including care for TB, HIV, non-communicable diseases (NCDs), such as epilepsy and asthma, and sexual and gender-based violence, as well as ante- and postnatal services and deliveries.

Until June, MSF provided care for patients with drug-resistant TB (DR-TB) in Nairobi and is now supporting Ministry of Health facilities to deliver this service. The team

offered treatment for hepatitis C throughout 2017, and will continue to do so until all the patients have completed their courses in June 2018.

HIV care in Homa Bay

More than 24 per cent of the population of Homa Bay county are HIV positive – the highest rate of HIV infection in the country. MSF supports both inpatient and outpatient services in 33 facilities in Ndiwa subcounty, in addition to two wards for patients with advanced HIV-related diseases.

MSF works with the Ministry of Health and local communities to run outreach services, including door-to-door visits, testing and counselling, to reduce the spread of HIV and the number of deaths from HIV-related diseases.

MSF also supports the TB ward at Homa Bay county referral hospital, treating patients with both drug-sensitive and drug-resistant strains of the disease.

Obstetric care in Mombasa county

At the start of 2017, MSF opened an operating theatre within a temporary shipping-container facility it has been running in Likoni, Mombasa county, since early 2016. This has enabled the team to offer emergency obstetric care locally. Previously, expectant mothers had to take a ferry across a channel to reach medical services in Mombasa. The

ferry often experienced delays, putting the lives of women and their babies at risk. MSF also continued to support the construction and rehabilitation of a permanent hospital, to be opened in 2018.

New projects

MSF started a pilot project in Embu county focusing on testing models of care for NCDs within existing primary health facilities. MSF teams are currently mentoring Ministry of Health staff in the management and care of NCDs in seven locations. They share the results with other organisations with the aim of increasing access to care for these conditions elsewhere.

Emergency response services

Following the general elections in August 2017, there were violent clashes between protestors and security forces in several parts of the country. MSF treated a total of 217 casualties in Nairobi, Kisumu, Homa Bay and Garissa counties.

In Baringo, Turkana and Marsabit counties, MSF responded to a spike in malaria cases, assisting the Ministry of Health to test more than 5,000 people, treat some 1,800 patients and distribute over 49,000 mosquito nets.

Teams also responded to outbreaks of cholera in Nairobi and Dadaab, chikungunya in Mombasa, and malnutrition in the region formerly known as North Eastern Province.

LEBANON

No. staff in 2017: 489 | Expenditure: €30.9 million | Year MSF first worked in the country: 1976 | [msf.org/lebanon](https://www.msf.org/lebanon)

KEY MEDICAL FIGURES:

291,500 outpatient consultations

11,100 individual mental health consultations

5,600 births assisted

670 group mental health sessions

As neighbouring conflicts continue to spiral, more than a quarter of Lebanon's population is now made up of refugees, including over a million from Syria.

This huge influx of people has put an immense strain on the country's services, such as education, health, housing, water and electricity.

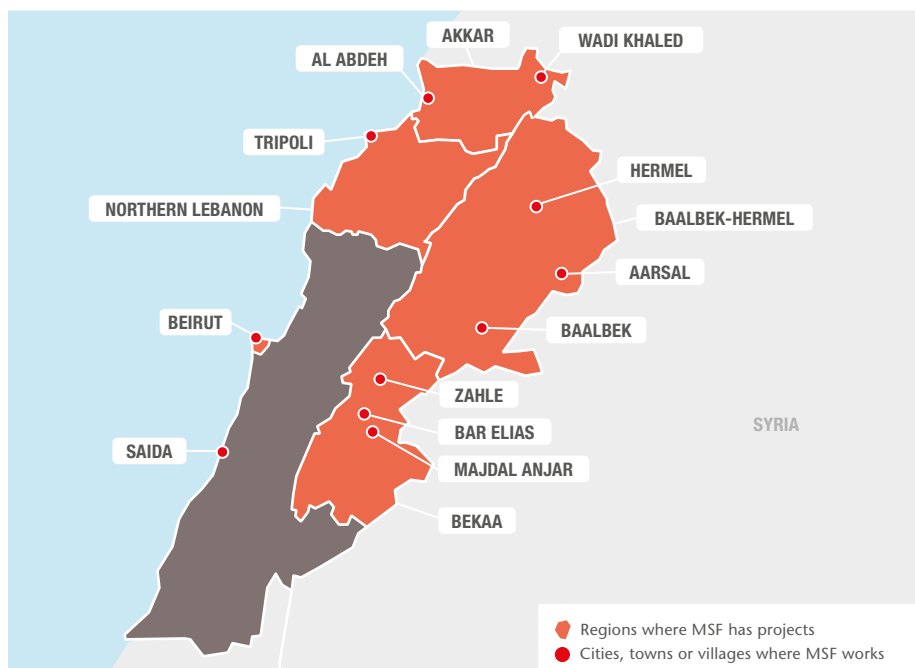
In 2017, Médecins Sans Frontières (MSF) was present across Lebanon, and continued to provide Syrian refugees and Lebanese communities with free high-quality medical assistance, including primary healthcare, treatment for acute and chronic diseases, sexual and reproductive health services, mental health support and health promotion activities. MSF expanded its services to offer secondary and tertiary care with the opening of a paediatric unit in a government hospital in 2017. MSF also ran three mother and child health centres across the country.

Teams carried out around more than 291,000 outpatient consultations and some 11,100 mental health consultations, and assisted almost 5,600 births.

South Beirut

Since September 2013, MSF has been managing a primary healthcare centre and a mother and child health centre in Shatila refugee camp, where vulnerable Palestinians, Syrians, Palestinians from Syria and Lebanese, in addition to other communities of various nationalities, are living in deplorable conditions.

In Burj al-Barajneh refugee camp, MSF runs a health centre providing sexual and



reproductive health services, mental health support and health promotion activities. MSF also operates a home-based care programme for patients with chronic diseases who suffer from mobility problems.

Bekaa Valley

In the Bekaa Valley, where the majority of Syrian refugees have settled, MSF provides primary healthcare services through four clinics in Hermel, Aarsal, Baalbek and Majdal Anjar. In addition, teams run two mother and child health centres in Aarsal and Majdal Anjar.

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

Also in March, MSF opened a paediatric intensive care unit in a government hospital in Zahle, providing secondary and tertiary healthcare, general paediatrics and paediatric intensive care, as well as elective surgery.

North Lebanon

MSF runs three primary healthcare centres in Tripoli and Akkar governorates and a dedicated mental health programme in three centres, targeting vulnerable Syrians and Lebanese.

In October 2017, MSF implemented a water and sanitation programme in informal

tented settlements in a number of villages in Akkar that are not covered by other humanitarian organisations.

South Lebanon

In 2017, MSF's programme in Ein-el-Hilweh Palestinian refugee camp in Saida focused on the most acute unmet needs of the residents. MSF helped medical personnel in the camp to build up their emergency preparedness and response plan so they could stabilise any injured people caught up in violence. The team also launched a new home-based care programme for patients who suffer from mobility problems.

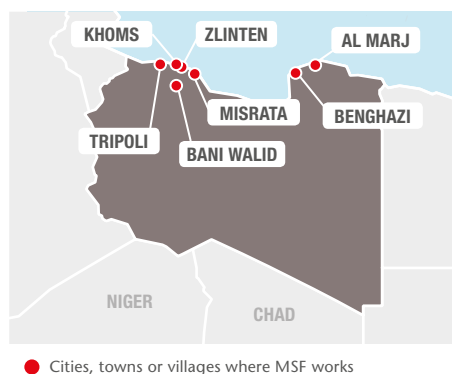


© Bruno De Cock/MSF

The home-based care MSF provides in Burj al-Barajneh offers comfort to patients such as Amina Hamadi, 78, who has diabetes and suffered from loneliness and depression.

LIBYA

No. staff in 2017: 67 | Expenditure: €6.9 million | Year MSF first worked in the country: 2011 | [msf.org/libya](https://www.msf.org/libya)



KEY MEDICAL FIGURE:

30,200 outpatient consultations

In 2017, widespread violence and insecurity in Libya meant that Médecins Sans Frontières (MSF) was one of the few international organisations working in the country.

Despite the instability and ongoing conflict, Libya remained a destination for migrant workers from across the African continent and a transit country for migrants, asylum seekers and refugees attempting to cross the Mediterranean and reach Europe.

In 2017, MSF provided medical assistance to migrants and refugees arbitrarily held in

detention centres that are nominally under the control of the Ministry of the Interior. Most medical complaints were related to the conditions in which they were detained, with overcrowding, inadequate food and drinking water, and insufficient latrines resulting in respiratory tract infections, musculoskeletal pain, skin diseases such as scabies, and diarrhoeal diseases. MSF publicly called for an end to the arbitrary detention of migrants and refugees in Libya, calling it harmful and exploitative. MSF denounced European governments' migration policies to seal off the coast of Libya and 'contain' migrants, asylum seekers and refugees in a country where they are exposed to extreme, widespread violence and exploitation.

In Tripoli, MSF conducted 17,219 medical consultations and referred 470 patients to secondary healthcare facilities. During October and November, a massive increase in the number of people detained caused extreme overcrowding and further deterioration of conditions inside detention centres there. The pressure was eased in December, when the International Organization for Migration repatriated thousands of people.

In Misrata, MSF supported the main hospital to improve infection control, and also scaled up its response to the needs of migrants and refugees in the area. Medical teams started working in five detention centres in Misrata,

Khoms and Zliten, carrying out a total of 1,351 consultations and referring 49 patients for further treatment.

The majority of migrants and refugees in Libya live outside detention centres, and, like the local communities, they are affected by the deterioration in public health facilities, which face drug and staff shortages. In Misrata, MSF opened an outpatient clinic offering free, primary healthcare and referrals to patients of all ages and nationalities.

In mid-2017, MSF also started to work in Bani Walid, reportedly a major transit hub for smugglers and traffickers. In partnership with a local organisation, MSF assisted people who had been held captive by criminal networks in the area but had managed to escape. Many had survived kidnapping for ransom, extortion and torture. The team provided 479 medical consultations to survivors and referred 24 patients to hospitals in Misrata and Tripoli.

In the east of the country, MSF ran a clinic in Benghazi in collaboration with a Libyan NGO, offering paediatric and gynaecology consultations to displaced and vulnerable people, as well as mental health support to children and families affected by trauma and violence. MSF ended its support of Al Abyar and Al-Marj hospitals in 2017 due to a reduction in the number of patients.



Detainees at Sorman women's detention centre near Tripoli try to dress chemical burns.

PATIENT STORY

"I don't know her name or even if she is still alive," said photojournalist Guillaume Binet, who gained rare access to several detention centres in Libya.

"She was one of a group of women being held in the yard of a detention centre about 60 kilometres west of Tripoli. They were intercepted at sea by the Libyan coastguard while attempting to reach Europe. Many had severe burns on their legs. Sea water had splashed over the sides of the rubber dinghy and reacted with fuel that had spilled on the floor of the boat where the women were sitting. I don't know what happened to the woman with the pink scarf. But without the medical care she so desperately needed, I doubt she is still alive."

LIBERIA

No. staff in 2017: 290 | Expenditure: €5.8 million | Year MSF first worked in the country: 1990 | msf.org/liberia | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

5,900 patients admitted to hospital, including **1,700** in inpatient feeding programmes

4,500 patients treated for malaria

In 2017, Médecins Sans Frontières (MSF) focused on paediatric care and mental health treatment in Liberia.

MSF set up Bardnesville Junction hospital in Monrovia in 2015 to support Liberia's health services during the Ebola crisis. Originally serving children under the age of five, in 2017 the admission criteria were broadened to include patients up to the age of 15. During the year, staff attended to 7,040 children in the emergency room and admitted almost 6,000 patients, mainly for malaria, severe acute malnutrition and respiratory tract infections.

Bardnesville Junction hospital continued to serve as a teaching hospital, providing placements for nursing students. The team conducted operational research on paediatric health issues, including paracetamol

intoxication. In late 2017, an operating theatre was constructed for a paediatric surgery programme that will open in January 2018.

In September, MSF started to support mental health and epilepsy care at four primary healthcare centres in and around Monrovia. An MSF psychiatrist and two mental health clinicians offer guidance on diagnosis and treatment to Ministry of Health personnel at the health centres, and psychosocial workers train volunteers to identify people in the community who need treatment. MSF also provides psychiatric and anti-seizure medications. With MSF's support, the health centres carried out 2,446 mental health and epilepsy consultations.

MADAGASCAR

No. staff in 2017: 2 | Expenditure: €0.4 million | Year MSF first worked in the country: 1987 | msf.org/madagascar



● Cities, towns or villages where MSF works

From October to December 2017, Médecins Sans Frontières (MSF) supported Madagascar's Ministry of Health to tackle an outbreak of pneumonic plague.

Although plague is endemic in Madagascar, the 2017 outbreak was exceptional in that it was of the deadlier pneumonic form, which is transmitted from human to human, rather than the more common bubonic form, which is transmitted by small mammals. Between August and early December, over 2,400 people caught the disease and 209 died from it.¹

The port city Tamatave (also known as Toamasina), on the eastern coast of Madagascar, had the largest concentration of pneumonic plague cases after the capital, Antananarivo. In October, MSF helped set up and manage the plague triage and treatment centre. The team focused on boosting hygiene and infection control measures in and around the centre, training medical staff, conducting health promotion activities in the community, and improving patient triage systems.

By November, the outbreak was under control and MSF began to wind down its activities in Tamatave. The team remained for a few weeks to conduct an evaluation of plague-related health threats around Antananarivo and also reinforced the triage and waste management systems in the island's only specialised plague treatment centre, the Centre Hospitalier Anti-Peste à Ambohimandra, in Antananarivo.

In Ambalavao, Haute Matsiatra region, MSF set up a plague triage and treatment centre to improve infection prevention measures and waste management. To support the Ministry of Health's response to future outbreaks, the team also organised awareness-raising activities in the community.

¹ World Health Organization's Health Emergency Information and Risk Assessment, 4 December 2017

MALAWI

No. staff in 2017: 349 | Expenditure: €7.3 million | Year MSF first worked in the country: 1986 | msf.org/malawi | [@MsfMalawi](https://twitter.com/MsfMalawi)



KEY MEDICAL FIGURES:

27,300 patients provided with first-line ARV treatment

2,800 patients provided with second-line ARV treatment

1,000 patients started on treatment for TB

The main focus of activities for Médecins Sans Frontières (MSF) in Malawi continues to be improving care for HIV patients, particularly adolescents and other vulnerable groups.

Since the 1990s, when the HIV epidemic was at its peak in the country, Malawi has shown a lot of improvement but there remains work to be done. According to UNAIDS, HIV prevalence dropped from an estimated 14.2 per cent in 2003 to 9.2 per cent in 2016.¹

By mid-2017, 714,691 people living with HIV were taking lifelong antiretroviral treatment.

Yet HIV remains the leading cause of death among adults in Malawi, and there are still around 28,000 new cases each year. The progress made relies heavily on international funding, and there is a critical lack of qualified health staff.



Simbazako, 19, has radiography for TB at Nsanje district hospital, where MSF is helping to improve the diagnosis and clinical care of HIV and TB.

Focusing HIV care on adolescents and AIDS patients in Chiradzulu

In Chiradzulu, MSF is completing the four-year handover of its HIV activities to the Ministry of Health. In 2016, MSF studies showed gaps in the detection and timely management of patients failing first- and second-line HIV treatment and revealed that only 30 per cent of adolescents were under effective treatment.

MSF is developing specific activities aimed at improving management of these patients and their adherence to treatment. They include setting up comprehensive, multidisciplinary services for adolescents, patients facing difficulties in staying on treatment or those not responding to treatment.

Prevention and early treatment of cervical cancer

Malawi has the highest rate of cervical cancer in the world, with an estimated 75 of every 100,000 women newly affected each year. Yet only 10 to 20 per cent of women in the country receive early screenings and preventive vaccination is not implemented. MSF is developing a comprehensive project in Blantyre city and Chiradzulu district, including screening and treatment for pre-cancerous lesions, vaccination against human papillomavirus, treatment for cervical cancer and palliative care.

Improving care for HIV and tuberculosis (TB) in Nsanje

Through the 'Nsanje HIV TB District Support' model, MSF is assisting the underfunded district health service to strengthen its coordination, fill critical gaps (for example, with staff and drug supplies) and improve HIV and TB services. MSF teams mentor health staff in Nsanje hospital and 14 health centres. To reduce HIV-related mortality, special emphasis is placed on patients with advanced HIV, from early detection to improving care in the referral hospital.

Comprehensive care for sex workers

As part of its transnational 'corridor' project along transport routes between Malawi and Mozambique, MSF provides comprehensive HIV, TB and sexual and reproductive health services, for truck drivers and sex workers in one-stop clinics in Mwanza, Zalewa, Dedza and Nsanje.

Prison project

In Chichiri and Maula prisons, MSF is providing a package of screening and primary healthcare for HIV and TB, as well as improving water and sanitation services for inmates. The model has been accepted as a best-practice example. MSF is calling for it to be implemented nationwide, and for the extreme overcrowding and malnutrition in prisons to be addressed.

¹ UNAIDS/WHO Epidemiological Fact Sheet, 2004 Update and UNAIDS country factsheet 2016

MALAYSIA

No. staff in 2017: 6 | Expenditure: €0.8 million | Year MSF first worked in the country: 2004 | msf.org/malaysia | [@MSF_seAsia](https://twitter.com/MSF_seAsia)



Regions where MSF has projects

KEY MEDICAL FIGURE:

4,900 outpatient consultations

In 2017, Médecins Sans Frontières (MSF) projects in Malaysia focused on healthcare for refugee communities and survivors of human trafficking.

MSF operated 51 mobile clinics for refugee communities in Malaysia in 2017. The teams conducted a total of 4,862 consultations and 893 referrals for secondary services, including comprehensive emergency obstetrics, neonatal care, treatment for work- and accident-related trauma, and for tuberculosis and non-communicable diseases. Around 65 per cent of those treated were unregistered refugees, mainly Rohingya, whose precarious legal status means they are often unable to access healthcare. In 2018 MSF will open a fixed clinic offering primary healthcare in a neighbourhood in Penang where migrants from many countries have settled.

Early in the year, MSF started providing medical screenings and outpatient consultations in government shelters for victims of human trafficking. The team also donated hygiene kits and ran health education sessions. During the year,

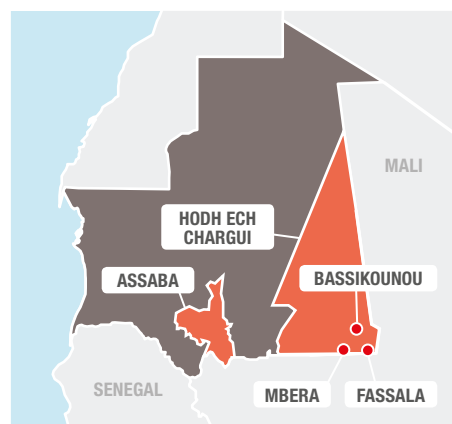
297 victims from Thailand, Cambodia, Vietnam, Indonesia, China, Myanmar, Malaysia, Nepal, Bangladesh and the Philippines benefited from these services.

In Langkawi, a known migrant disembarkation site, MSF has developed a strong network with various fishermen communities and local authorities. This will place the team in the best position to provide a first response if migrant boats arrive. Two training sessions for the fishermen were organised.

MSF also addresses access to protection. The United Nations refugee agency, UNHCR, continues to restrict asylum claims by ethnic groups from Myanmar, who represent 90 per cent of asylum seekers in Malaysia. A limited number of NGOs can refer asylum claims to the refugee agency based on a set of additional vulnerability criteria. In 2017, MSF made 439 such referrals, 31 per cent of the total received by the agency nationwide.

MAURITANIA

No. staff in 2017: 394 | Expenditure: €6.1 million | Year MSF first worked in the country: 1994 | msf.org/mauritania | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



Regions where MSF has projects
Cities, towns or villages where MSF works

Médecins Sans Frontières (MSF) provides essential healthcare and mental health support to Malian refugees and vulnerable host communities in Mauritania.

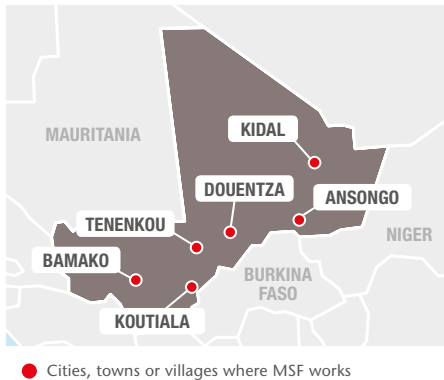
Following the 2012 conflict in Mali, thousands of people fled into Mauritania in search of safety. Many of them settled in Mbera camp, at the border between the two countries. Despite a peace agreement in 2015, many refugees decided to remain in the camp, as the security situation in northern Mali remained unstable. According to data from UNHCR, the United Nations refugee agency, there were 52,000 refugees in the camp at the end of 2017, with more than 4,000 new arrivals during the year. MSF provides emergency and primary healthcare for the refugees in the camp and the host communities in nearby

Bassikounou and Fassala. During 2017, MSF conducted some 200,000 consultations, covering ante- and postnatal care, family planning, obstetrics and neonatology, chronic and infectious diseases, and nutrition. The teams performed 408 surgical interventions, including caesarean sections and orthopaedic procedures. MSF also started to offer mental health support to refugees in the camp, and conducted 721 psychological consultations in 2017.

At the end of the year, MSF built an obstetric care unit in Barkéol health centre (Assaba region) and donated equipment.

MALI

No. staff in 2017: 763 | Expenditure: €12.7 million | Year MSF first worked in the country: 1992 | [msf.org/mali](https://www.msf.org/mali) | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



KEY MEDICAL FIGURE:

178,200 outpatient consultations

Persistent insecurity, particularly in northern and central regions, has resulted in an overall deterioration in the national health system and basic social services in Mali.

Médecins Sans Frontières (MSF) runs programmes in several parts of the country to increase access to healthcare for the most vulnerable.

Ansongo

MSF has been supporting the reference hospital in Ansongo town, in Gao region in eastern Mali, since 2012. Teams support outpatient consultations, emergency care and admissions, surgery, maternal healthcare, chronic disease treatment, nutritional care, neonatology, paediatrics, and treatment and psychological support for victims of violence, including victims of sexual violence. MSF also provides basic care for pregnant women and children under five years of age at the community health centre in the town.

In Ansongo district, MSF refers patients to community health centres and transfers severe cases to Gao hospital. Between July and December, when nomadic groups



Mahamadou Agairi, 40, wears his two-day-old baby 'kangaroo' style, as his wife recovers from an obstetric operation she underwent during delivery at the MSF-supported hospital in Ansongo.

migrate, teams ensure they have access to healthcare by training community health workers to diagnose and treat the most common diseases. A monitoring and referral system for serious cases is also in place.

Kidal

In Kidal, north of Gao, MSF supports six health centres in and around the city in partnership with local authorities. Teams provide primary healthcare to the entire population as well as epidemiological surveillance, and refer complicated cases to the referral health centre (CSRef) and Gao hospital.

In Douentza, MSF supports the CSRef in the management of malnutrition, emergency surgery, hospital admissions for children under 15 years of age and mental health services. It also provides referrals to the CSRef, and transfers urgent cases to Mopti city.

In Koutiala, in the south of the country, MSF focuses on children under the age of five. The team supports nutrition services at the

CSRef, as well as in 15 community health centres. In addition, MSF deploys extra community workers in the health district during the peak malaria season. MSF is currently constructing a 185-bed paediatric care unit at Koutiala CSRef.

In Ténenkou, MSF's priority is care for women of childbearing age. Staff support the maternity ward, operating theatre and the outpatient department at the CSRef. MSF also deploys 'malaria agents' to hard-to-reach communities during the peak months (August to November) and mobile clinics offering basic healthcare.

Emergency response team in the Sahel

An emergency mobile team, composed of medical, paramedical and logistical experts, has been in place since 2015 in the Sahel. Its purpose is to monitor the epidemiological situation and to respond, within 24 to 48 hours, to medical and humanitarian emergencies in the region, mainly in Niger but also in Mali.

MEXICO

No. staff in 2017: 174 | Expenditure: €5.0 million | Year MSF first worked in the country: 1985 | [msf.org/mexico](https://www.msf.org/mexico) | [@MSF_Mexico](https://twitter.com/MSF_Mexico)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

29,200 outpatient consultations

8,600 individual mental health consultations

3,000 group mental health sessions



William carries his wife, Gloria, to the police station to report a violent assault they suffered when attempting to cross the Guatemalan border into Mexico.

Médecins Sans Frontières (MSF) works with migrants and refugees in Mexico, and offers medical and mental health services in areas of the country riddled with criminal networks and violence.

Although the number of migrants in transit through Mexico dropped slightly in 2017, hundreds of thousands of people fled violence and poverty in Guatemala, Honduras and El Salvador. Many were exposed to further violence and inhumane treatment during their journey.

MSF runs a number of projects in the country, providing medical and mental healthcare. In 2017, teams were also deployed to help people affected by two major earthquakes.

Tenosique

In Tenosique, the MSF team, consisting of two psychologists, a doctor and a social worker, offers assistance to migrants in Shelter 72. In 2017, the team scaled up its assistance for victims of sexual violence.

Guadalajara

Guadalajara is on the northern trans migrant route, where levels of violence are

particularly high. An MSF team started assisting migrants in the FM4 Shelter in February 2017, and a mobile clinic visits the Casa del Migrante in Coatzacoalcos, offering psychological and social care.

Mexico City

In July, MSF opened a specialised therapeutic centre, the Centre for Integral Action, for displaced people who have been victims of extreme violence, torture and ill treatment. The centre can accommodate 28 patients with their families.

Reynosa

MSF expanded its activities in Reynosa (Tamaulipas state), to provide medical, psychological and social care in one of Mexico's most violent areas. A team composed of a doctor, a nurse and a psychologist offers healthcare at a fixed clinic, and refers patients when necessary. The team also runs mobile clinics in two shelters for migrants and provides medical care to victims of sexual violence, including post-exposure prophylaxis and mental health support.

Acapulco

In Acapulco, MSF expanded its activities to new neighbourhoods (Progreso, Ciudad Renacimiento and Zapata) after consolidating its project in Colonia Jardín.

The team provides services around the clock in Renacimiento hospital. In 2017, MSF staff treated 200 victims of sexual violence and carried out 2,307 individual mental health consultations, as well as facilitating community support groups and activities in each of the neighbourhoods.

Tierra Caliente

In Tierra Caliente (Guerrero state), rural health posts are frequently closed due to violence, threats, turf wars and a lack of staff. MSF has two mobile teams carrying out regular medical and mental health clinics in these areas. Almost 10,000 medical consultations and 1,300 individual mental health consultations were conducted in 2017.

Earthquake responses

On 7 and 19 September, several states in central and southern Mexico were affected by two separate earthquakes, which left hundreds dead, thousands injured and many people homeless. In response, MSF deployed seven teams in Oaxaca, Puebla, Morelos, State of Mexico and Mexico City, which provided more than 1,000 medical consultations, 674 individual mental health consultations and 661 group mental health sessions in an intervention that lasted more than two months. The teams also distributed basic survival kits and donated tents to around 200 families.

MOZAMBIQUE

No. staff in 2017: 466 | Expenditure: €10.4 million
Year MSF first worked in the country: 1984 | msf.org/mozambique

Médecins Sans Frontières (MSF) provides specialised care in Mozambique, where the frail health system is struggling to curb a dual epidemic of HIV and tuberculosis (TB).

Mozambique has one of the highest HIV prevalence rates in the world. Around 13 per cent of people aged 15-49 are infected,¹ and 34,000 people co-infected with HIV and TB die each year.

In Maputo, MSF cares for HIV patients needing second- or third-line antiretroviral (ARV) treatment and for those with co-infections such as Kaposi's sarcoma, drug-resistant TB and hepatitis.

In Tete, MSF works with community treatment groups, whose members meet regularly to collect medication and support each other, and deploys a mobile mentoring team to 13 health centres.

In Tete and Beira, the team provides sexual and reproductive health services, including HIV testing and treatment for vulnerable and stigmatised groups, such as sex workers and men who have sex with men (MSM), as part of MSF's transnational 'corridor' project along transport routes between Malawi and Mozambique. In the last quarter of 2017, 1,270 sex workers and 218 MSM

were followed up in both towns. Sexual, reproductive and maternal health services were also reinforced in Morrumbala district, Zambezia province.

In Manica province, where political tensions have limited access to healthcare, mobile teams conducted over 14,000 consultations in 2017, mainly for malaria, diarrhoea, respiratory and skin infections, and sexual and reproductive health.

New projects

Teams in Maputo and Beira are working to reduce sickness and mortality in patients with advanced HIV by improving diagnosis, treatment and continuity of care, and supporting the laboratory and pharmacy. MSF is also running a pilot project in Maputo for people who use drugs, focusing on developing a model of care that includes comprehensive harm reduction. A third of the almost 150 patients in this pilot project are HIV positive and 20 per cent tested positive for hepatitis C. Ten of the 27 patients with hepatitis C who started treatment were cured,



Regions where MSF has projects

Cities, towns or villages where MSF works

KEY MEDICAL FIGURE:

14,400 patients provided with first-line ARV treatment

the first in the country, as treatment was previously unavailable.

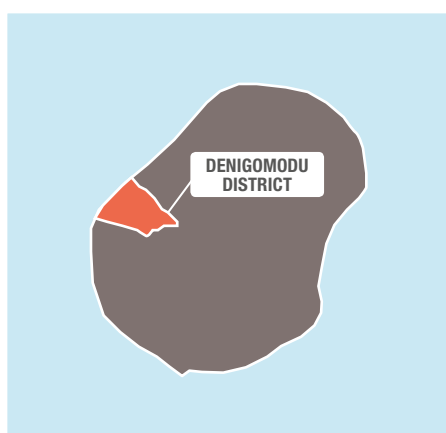
Responding to cholera outbreaks

MSF set up cholera treatment units in Nampula, Maputo and Tete provinces, and supported a vaccination campaign led by the national health department that reached 297,598 people in Tete.

¹ *Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique (IMASIDA), March 2017*

NAURU

No. staff in 2017: 2 | Expenditure: €0.3 million | Year MSF first worked in the country: 2017 | msf.org/nauru



Regions where MSF has projects

KEY MEDICAL FIGURE:

80 individual mental health consultations

In November 2017, Médecins Sans Frontières (MSF) started providing free psychological and psychiatric services in the Republic of Nauru.

Through a 'one door for all' policy, the team provides mental health support to the Nauruan population, and to the asylum seekers and refugees who live on the island as part of the Australian government's policy of offshore processing.

MSF provides these services through an independent clinic, the Ministry of Health hospital and home visits. MSF will also train and support Nauru government staff to boost the capacity to treat psychological and psychiatric disorders on the island. The team will conduct outreach activities to promote the services, raise awareness of mental health issues and reduce the stigma attached to seeking treatment.

The programme was set up following a number of visits to the island over the previous two years, during which MSF identified gaps in the provision of mental health support for both the Nauruan population and the refugees and asylum seekers on the island. A memorandum of understanding with the Nauruan Ministry of Health was signed in June 2017.

During the exploratory mission, the team found that the mental health needs on Nauru were significant, and there was insufficient capacity to address them on the island. They identified cases of schizophrenia, family violence and concerning levels of depression, especially among children.

MYANMAR

No. staff in 2017: 1,234 | Expenditure: €17.1 million | Year MSF first worked in the country: 1992 | [msf.org/myanmar](https://www.msf.org/myanmar) | [@MSF_seAsia](https://twitter.com/MSF_seAsia)



Regions where MSF has projects

KEY MEDICAL FIGURES:

123,400 outpatient consultations

34,700 patients treated for HIV

1,000 patients started on treatment for TB

300 patients started on treatment for hepatitis C

In 2017 in Myanmar, armed conflict, displacement, intercommunal tensions and statelessness, led to a significant crisis; while provision of medical care diminished further as aid organisations were refused access.

Rakhine state

Results from six surveys Médecins Sans Frontières (MSF) conducted in refugee settlements in Bangladesh revealed a grossly disproportionate response by the Myanmar military to attacks on police posts in August. At a conservative estimate, at least 6,700 Rohingya are believed to have been killed in Myanmar in a one-month period, including at least 730 children below the age of five. More than 660,000 people – mostly Rohingya – had fled to Bangladesh by the end of the year. When villages were burned to the ground, three of the four clinics run by MSF were destroyed. MSF operations in northern Rakhine were restricted between early August and the end of the year due



© Alessandro Penso/MAPS

Tin Lay, 42, at MSF's Insein clinic, Yangon, where she is preparing to start TB treatment.

to a ban on international staff and a lack of authorisation to carry out medical activities. MSF continued to reach out to the authorities to offer support in emergency and non-emergency healthcare for the people remaining in Rakhine. In September, MSF publicly called on the government of Myanmar to grant independent and unfettered access to international humanitarian organisations.

Until August, MSF provided primary and reproductive healthcare in fixed and mobile clinics in Maungdaw district and supported Ministry of Health and Sports hospitals in Maungdaw and Buthidaung with HIV care. MSF teams carried out over 36,000 medical consultations and 1,043 referrals. In and around Sittwe and Pauktaw, MSF offered primary and reproductive healthcare, and emergency referrals through mobile clinics deployed to villages and five camps for internally displaced people, with an average of 1,820 consultations per month in the camps.

By the end of the year, MSF was still waiting for permission to operate as Rohingya continued to flee across the border into Bangladesh. Very few humanitarian organisations were allowed access to Rakhine.

Shan and Kachin states

There was renewed conflict in Kachin and Shan states, where an estimated 100,000 people are displaced. MSF assists vulnerable communities there. In 2017,

teams treated 16,586 people living with with HIV and 504 patients with tuberculosis (TB), including 28 with multidrug-resistant TB (MDR-TB), across the two states.

Yangon region

In Yangon, MSF provided care to patients with HIV and TB at two clinics. The team started treatment for 21 patients with extensively drug-resistant TB. In addition, 42 HIV-positive patients received treatment for MDR-TB and 194 for hepatitis C.

Tanintharyi region

MSF continues to run a clinic in Dawei, supporting hospitals to decentralise HIV care. MSF is responsible for viral load testing for all HIV patients in Tanintharyi region, and works with the community to improve early HIV detection and treatment. Treatment for TB and hepatitis C is also available.

Wa and Naga

Due to a worsening political situation and the inability to secure access for MSF international staff, medical activities in Wa Special Region 2, northern Shan state, ended in mid-2017. Before closing, MSF conducted over 2,430 outpatient consultations through fixed and mobile clinics. A new programme focusing on primary healthcare and health promotion was launched in Naga, one of the most remote corners of the country, in Sagaing region.

PALESTINE

No. staff in 2017: 147 | Expenditure: €5.8 million
Year MSF first worked in the country: 1989 | [msf.org/palestine](https://www.msf.org/palestine)

In Palestine, Médecins Sans Frontières (MSF) provides psychological assistance in the West Bank and specialist medical care to burns and trauma patients in the Gaza Strip.

West Bank

MSF has been running mental health programmes offering free and confidential support in Nablus, Qalqilya, Hebron, Bethlehem and Ramallah governorates, where the ongoing occupation and internal violence continue to have a serious impact on the physical and psychological health of the people. They are exposed to both direct and indirect trauma, including violence, raids on their homes and arrests of family members.

In November 2017, MSF concluded its mental health interventions in Bethlehem and Ramallah, but continued to run the programmes in Nablus, Qalqilya and Hebron governorates. Teams also continued to provide mental health awareness sessions in villages in Nablus and Qalqilya governorates. They extended the activity to five of the most affected areas in Hebron, where long-term mental health interventions are conducted, involving existing groups from the community.

These activities included psychoeducation on stress management, mental health stigma and awareness, and individual consultations for those in need.

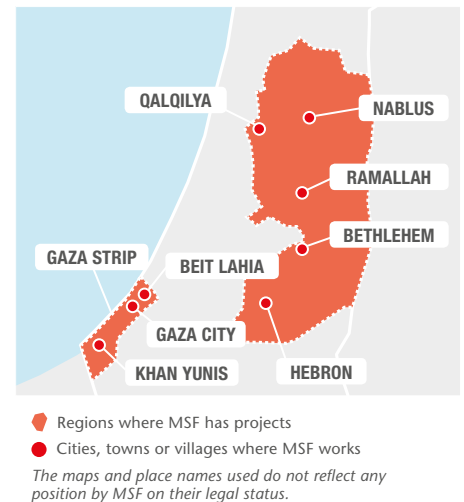
In 2017, 644 patients benefited from individual and group mental health sessions. Over 44 per cent of these patients were under 18 years of age.

In 2017, MSF strengthened its partnership with Nablus Rafidia hospital, providing psychological support to patients admitted to the burns unit and the paediatric ward, and to their caretakers, and supervising medical staff.

Gaza Strip

A number of factors have contributed to the deterioration in the general socioeconomic situation in Gaza, including the 10-year blockade imposed by Israel and the fighting between the various Palestinian authorities. More than half of the population is unemployed, electricity is restricted to a few hours per day, there is a lack of clean drinking water and people's movements in and out of the Strip are extremely limited, preventing them from seeking specialised healthcare.

MSF staff work in three clinics in Gaza, providing specialist care for burns and trauma patients, such as dressings, physiotherapy and occupational therapy.



KEY MEDICAL FIGURES:

9,500 outpatient consultations

6,000 individual mental health consultations

400 major surgical interventions

In 2017, 4,900 patients were treated, mostly for burns sustained in domestic accidents; 62 per cent of these patients were under 15.

Despite the technical experience of MSF nurses and physiotherapists, their work is complicated by the limited access to essential painkillers in Gaza. To alleviate the suffering of burns patients during the most painful medical procedures, MSF introduced the sedation technique using nitrous oxide mixed with oxygen, known as EMONO.

MSF continued to run its reconstructive surgical programmes in conjunction with the Ministry of Health for patients with burns, trauma or congenital malformations. In 2017, MSF teams performed a total of 411 interventions on 197 patients, 75 per cent of whom were under 18 years of age.

The most complex cases that cannot be handled in Gaza are referred to MSF's reconstructive surgery hospital in Jordan. However, due to administrative restrictions, only six out of 19 patients could be referred in 2017.

MSF continued to run sessions on burns awareness for schools and women's associations, giving advice on preventing accidents and lessons in first aid.

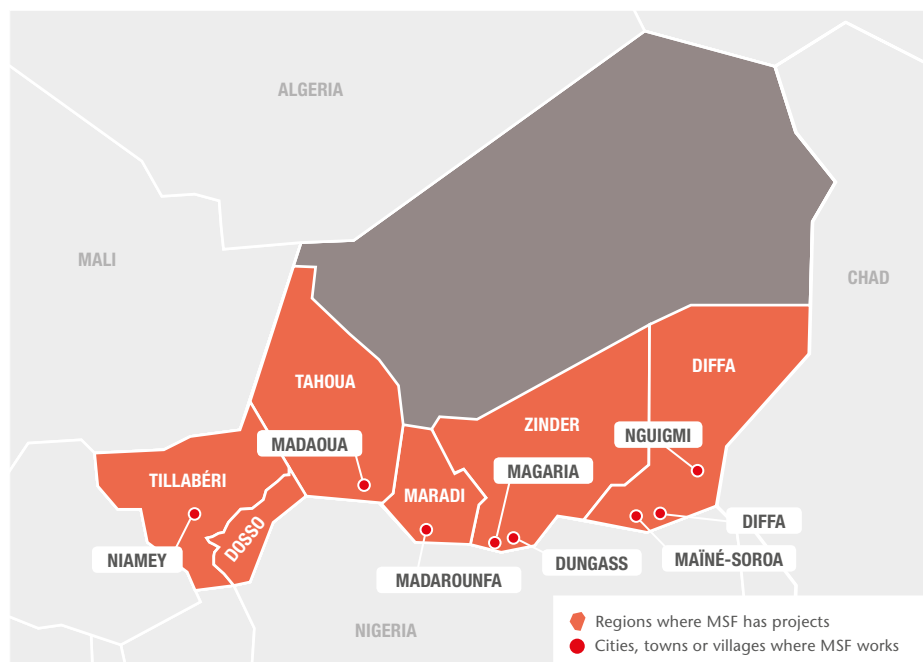


© Laurie Bonnaud/MSF

An MSF team performs reconstructive plastic surgery at Dar Al Salam hospital in Gaza.

NIGER

No. staff in 2017: 2,093 | Expenditure: €27.1 million | Year MSF first worked in the country: 1985 | [msf.org/niger](https://www.msf.org/niger) | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



KEY MEDICAL FIGURES:

596,800 meningitis vaccinations in response to an outbreak

112,300 patients treated for malaria

73,300 patients admitted to hospital, including **49,900** children aged under five

38,900 patients treated in feeding centres

9,000 births assisted

In Niger, Médecins Sans Frontières (MSF) continued to focus on reducing child mortality, particularly during the peak malnutrition and malaria season, and providing care for the refugees and displaced people in Diffa, while responding to epidemics such as hepatitis E.

Responding to epidemics

When a hepatitis E epidemic was declared in Diffa region in April 2017, MSF responded by launching a range of activities to tackle the disease. Working at 224 sites, teams chlorinated water and distributed clean jerry cans, as well as community and personal hygiene kits that included soap, gloves and utensils. More than 200,000 people attended awareness-raising sessions about preventing the disease and recognising its symptoms. MSF also supported the treatment of hepatitis E in hospitals and health centres, and set up an intensive care unit in the mother and child clinic in Diffa to treat pregnant women suffering from complications as a result of the disease. A total of 350 women were admitted to the unit.

Niger also experienced another meningitis C outbreak in 2017. Between March and June, MSF teams worked with the Ministry of Health to vaccinate around 464,000 people in the worst-affected regions: Niamey, Tillabéri, Dosso, Tahoua and Maradi.

Diffa region

People living in Diffa region, on the border with Nigeria, continue to suffer the consequences of the violent clashes between

armed opposition groups in Nigeria and the different military forces in the region. MSF works with the Ministry of Health to provide humanitarian assistance, primary and secondary healthcare, reproductive health services and mental health consultations for the local community and displaced people, and to respond to emergencies.

In 2017, teams worked in the main maternal and paediatric regional hospital in Diffa town,



The paediatric unit of Magaria district hospital is veiled in mosquito nets as night falls.



© Erwan Rogard

centre in Zinder city, MSF handed these activities over to the local authorities and the French Red Cross.

Maradi region

MSF continues to run its paediatric programme focusing on the management of the main causes of childhood death, notably malnutrition and malaria, in Madarounfa district. Mothers also come over the border from Nigeria to seek treatment for their children.

The programme, which opened in 2001, today comprises inpatient care for severe malnutrition, malaria and other diseases affecting children under the age of five in the district hospital, and outpatient treatment for severe malnutrition without complications in five Madarounfa health zones.

MSF-supported community health workers are active in over 40 villages during the peak malaria season to ensure early detection and treatment of simple malaria and screening for malnutrition. MSF has scaled up its health promotion and community-based healthcare activities, resulting in a 25 per cent reduction in admissions for severe complicated malaria in the facilities it supports. A total of 14,486 children in Madarounfa district received outpatient care for severe malnutrition in 2017.

Tahoua region

MSF teams work in Madaoua district hospital, running the inpatient therapeutic feeding centre and the paediatric and neonatal wards. The hospital has a capacity of 400 beds when there are peaks in malnutrition and malaria cases. More than 14,500 children under the age of five were treated in Madaoua hospital in 2017. MSF also supported the hospital's maternity ward to reduce newborn mortality, and assisted with obstetric emergencies. In addition, MSF staff started to work on a new maternity unit in Sabon-Guida health centre. More than 3,700 deliveries were assisted in these two medical facilities in 2017.

Teams continued to implement the comprehensive preventive and curative care programme, which fully monitors all children under the age of two, in Tama health zone, Bouza district. More than 254,200 children in the region were vaccinated against measles in 2017.

Fatima Lawan delivered triplets at Magaria hospital. One did not survive the birth; the other two, at 35 days old, are being cared for in the hospital's paediatric unit.

the district hospitals of Nguigmi and Mainé-Soroa town, as well as in several health centres and health posts in the districts of Diffa, Nguigmi and Bosso. Since June, MSF teams have been running mobile clinics in hard-to-reach areas of the region in order to treat displaced people affected by violence, as well as nomadic communities.

MSF started supporting Mainé-Soroa district in 2017, providing primary and secondary healthcare to cross-border and mobile populations living between Niger and Yunusari Local Government Area in Yobe State, Nigeria. Teams ran mobile clinics and supported the referral of surgical, paediatric and internal medicine cases to Mainé-Soroa hospital.

Teams also set up 'listening spaces' in the villages of Assaga and Chetimari to offer advice and medical assistance to women on sexual and reproductive health issues.

MSF is developing community-based healthcare and health promotion activities in the region, targeting malaria, diarrhoea, respiratory infections and screening for malnutrition.

Due to the high level of violence and trauma that people in the region have faced, MSF provided psychosocial support for the host and displaced populations, carrying out 15,742 individual consultations and 2,534 group sessions.

MSF teams in the region carried out more than 300,000 medical consultations and assisted more than 5,300 deliveries in 2017.

Zinder region

MSF has worked in Magaria since 2005, and in 2017 continued to boost the capacity of the paediatric unit in Magaria district hospital by providing staff and training. Between June and December, when the number of admissions for malnutrition and malaria increased, the paediatric unit had a peak capacity of 600 beds. Some 15,000 children under the age of five were treated in the paediatric unit of Magaria hospital in 2017.

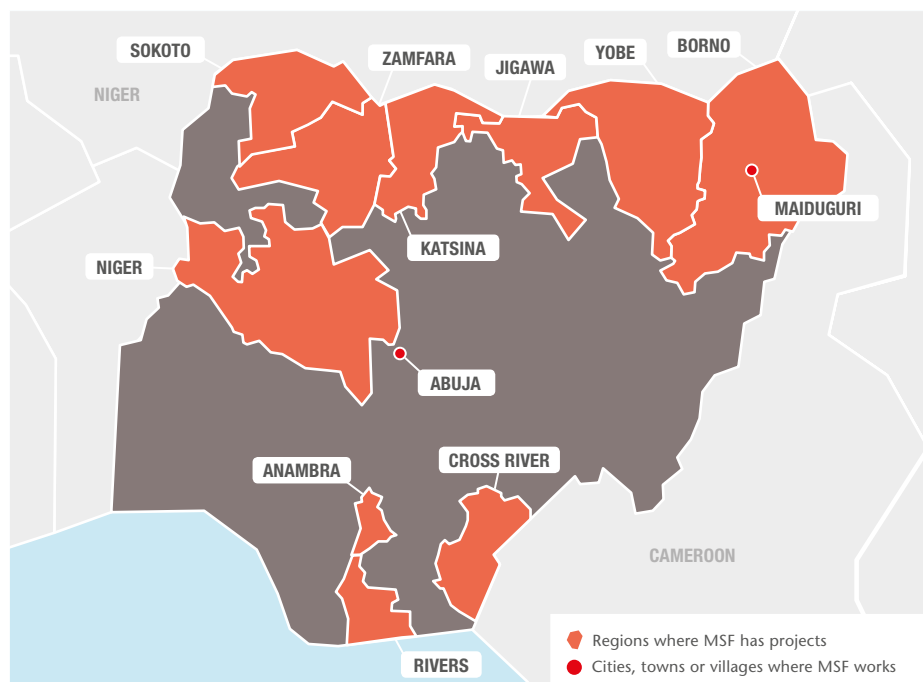
In addition, MSF staff worked in six health centres and one health post to support primary healthcare for children and hospital referrals for the most severe cases. Observation rooms were set up in the busy health centres of Dantchiao and Magaria, where patients were stabilised before being transferred, if necessary, to the paediatric unit in Magaria.

In the nearby district of Dungass, MSF opened a 200-bed paediatric unit during the peak malnutrition and malaria season for the second successive year. MSF staff also worked in five outlying health centres and two health posts.

In March, after 12 years of supporting the inpatient paediatric unit at the national hospital and an inpatient therapeutic feeding

NIGERIA

No. staff in 2017: 2,595 | Expenditure: €54.8 million | Year MSF first worked in the country: 1996 | msf.org/nigeria | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



KEY MEDICAL FIGURES:

512,500 outpatient consultations

289,400 meningitis vaccinations in response to an outbreak

54,800 patients admitted to hospital

51,300 measles vaccinations in response to an outbreak

41,300 patients treated in feeding centres

19,100 births assisted

9,500 relief kits distributed

3,300 major surgical interventions

In Nigeria, assisting people caught up in the conflict between armed opposition groups and the military remained a priority for Médecins Sans Frontières (MSF) in 2017.

Civilians are bearing the brunt of the conflict, which entered its eighth year in 2017. According to the United Nations, more than 1.7 million people are internally displaced in the northeast of Nigeria. Of these, some 80 per cent are in Borno state.¹ Thousands have been killed in the fighting and many more by the deadly combination of malnutrition, measles and malaria.

In 2017, MSF responded to Nigeria's largest meningitis C outbreak in 10 years and continued to expand its programmes focusing on women and children. It is estimated that 58,000 women die from complications during pregnancy and childbirth every year and one in eight children dies before the age of five.²

Responding to armed conflict in the northeast

MSF has scaled up its assistance in Borno over the past two years, but access to

areas held by armed opposition groups, or contested by the two sides, has been restricted, and little is known about the needs of people in these locations.

MSF teams in Borno and Yobe run paediatric nutrition programmes, vaccination campaigns, general consultations and services to support emergency rooms, maternity and paediatric wards and other inpatient

departments. Staff also manage mental health activities, monitor food, water and shelter needs, and respond to disease outbreaks.

Although the nutrition situation has generally stabilised in Maiduguri, capital of Borno state, due to a massive deployment of aid, vulnerable pockets still remain. In some enclaves controlled by the military, people are unable to farm or fish due to



A mother and her child at the therapeutic feeding centre in Maiduguri, the capital of Borno state.



© Sylvain Cherkaoui/COSMOS

Rann during the rainy season.

Providing healthcare for women and children

MSF runs the maternity and neonatal departments of Jahun general hospital, Jigawa state. A high proportion of the 1,000 women admitted per month in 2017 were suffering from obstetric complications such as eclampsia. In 2017, MSF treated 325 women for vesico-vaginal fistula, a condition resulting from prolonged obstructed labour that requires complex surgery. To reduce pregnancy complications, teams also support basic obstetrics in health centres.

In Sokoto, MSF continues to support the reconstructive surgery project in the noma children's hospital for patients with noma disease and other conditions. As well as surgery, the team provides pre- and post-operative care and mental health support. A total of 301 surgeries were performed on 243 noma patients in 2017.

In Rivers state, in partnership with the Ministry of Health, MSF opened a second clinic in Port Harcourt offering comprehensive care to victims of sexual violence. Outreach and community-based awareness activities were also organised in schools, police stations and through the media.

Responding to lead poisoning in Zamfara and Niger states

MSF began working in Zamfara state in 2010, responding to lead poisoning in children. In 2017, teams worked in five outreach clinics in Abare, Bagega, Dareta, Yargalma and Sumke, and in the paediatric inpatient department of Anka general hospital.

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

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

¹ United Nations Office for the Coordination of Humanitarian Affairs Nigeria humanitarian dashboard Jan.–Nov. 2017, and Borno State Displacement Profile as of 19 April 2017

² World Health Organization Trends in Maternal Mortality: 1990 to 2015, and 2013 Nigeria Demographic and Health Survey

restrictions on their movements, making them heavily dependent on humanitarian assistance. MSF teams distributed food and provided nutritional screening and care for over 35,700 malnourished children through the inpatient and outpatient therapeutic feeding centres in Borno and Yobe. A total of 11,842 children under five were admitted for care in MSF facilities across the two states.

Primary and secondary healthcare for displaced people was available through fixed facilities in Maiduguri, Damboa, Benisheik, Gwoza, Monguno, Ngala, Pulka, Rann, Damaturu, Kukerita and Jakusko. Teams also deployed mobile clinics to the hard-to-reach towns of Bama, Banki, Damasak and Dikwa to improve water and sanitation as well as conduct medical consultations. Activities in Benisheik and Jakusko were handed over to other organisations at the end of the year. In Jakusko, MSF had treated more than 20,200 children under 15 for malaria.

MSF also handed over its mother and child healthcare programme in Maimusari and Bolori, in Maiduguri, to the Ministry of Health and closed Gwange intensive therapeutic feeding centre, but maintained the focus on child healthcare by opening a paediatric hospital with an intensive care unit at the same site.

In 2017, in the northeast of Nigeria, MSF conducted over 400,000 outpatient consultations. Over 9,000 deliveries were assisted by MSF teams, almost double the

total number of assisted deliveries of the previous year. Teams also vaccinated children against measles, pneumococcal pneumonia and other preventable diseases.

The isolated town of Rann, where MSF runs a health facility, was bombed in January. At least 90 people, including three MSF workers, were killed and scores more were wounded. The Nigerian army later claimed responsibility for the bombing, saying it was a mistake.

Tackling outbreaks of disease

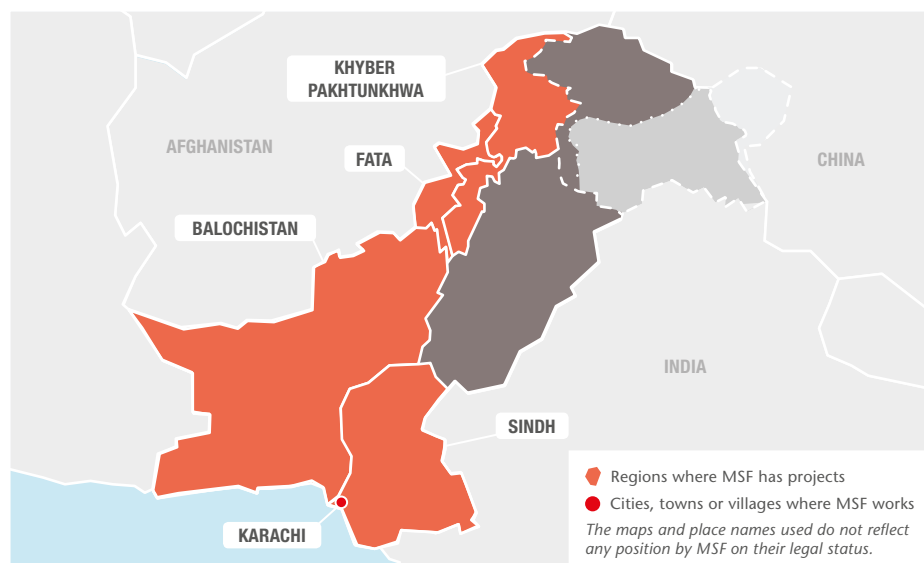
In response to a meningitis outbreak, MSF deployed teams to support the Ministry of Health in the worst-affected areas (Sokoto, Zamfara, Yobe and Katsina states) by providing medical supplies, training and assistance with case identification and management. In Sokoto, MSF ran a 200-bed facility. Teams assisted a vaccination campaign that reached more than 278,000 people in Sokoto and Yobe.

MSF continues to run epidemic surveillance and monitoring for epidemic-prone diseases such as meningitis, measles, cholera and Lassa fever. Between August and November, MSF responded to a cholera outbreak in Maiduguri, Monguno and Mafa, operating three cholera treatment centres and a cholera treatment unit. Over 4,000 patients were treated for cholera in Nigeria in 2017.

MSF also intervened to assist Cameroonian refugees in Cross River state, carrying out water and sanitation activities.

PAKISTAN

No. staff in 2017: 1,751 | Expenditure: €23.0 million | Year MSF first worked in the country: 1986 | [msf.org/pakistan](https://www.msf.org/pakistan) | [@MSF_Pakistan](https://twitter.com/MSF_Pakistan)



KEY MEDICAL FIGURES:

219,700 outpatient consultations

26,500 births assisted, including
2,200 caesarean sections

13,300 patients treated in
feeding centres

770 patients started on treatment for
hepatitis C

Access to healthcare remains a challenge in Pakistan, especially for women and children: women die from preventable complications during pregnancy and delivery, and newborn care is unavailable in many parts of the country.

Médecins Sans Frontières (MSF) continues to fill gaps in healthcare, particularly in isolated rural communities, urban slums and areas affected by conflict.

Forced closure of projects in Federally Administered Tribal Areas (FATA)

In September and November respectively, the authorities in Kurram and Bajaur informed MSF that the certificate required for carrying out medical activities in FATA would not be renewed, but gave no explanation for this decision. It is likely that the closure of these medical facilities delivering free, high-quality healthcare will have serious negative implications for people who rely on them.

MSF had been providing medical services in Kurram for 14 years at the time of the closure. In Sadda, MSF was responsible for the paediatric outpatient and inpatient departments. Teams also ran the neonatal unit, and treated patients with the parasitic skin disease cutaneous leishmaniasis. In

Alizai, MSF ran the paediatric outpatient department and observation room. Before the projects closed in 2017, MSF teams carried out a total of 26,567 outpatient consultations in Sadda and Alizai.

In Bajaur, MSF had been supporting the outpatient, emergency and mother and child health departments in Tehsil hospital at Nawagai since 2013. The number of people seeking healthcare at the hospital had continued to increase, illustrating the enormous needs in the area. Between 1 January and 13 November 2017 – the

day MSF left Bajaur – the teams treated 17,194 patients in the stabilisation room and assisted 1,311 deliveries.

Mother and child health in Balochistan

Near the Afghan border, MSF works with the Ministry of Health at Chaman district headquarters hospital, providing reproductive, newborn and paediatric healthcare. The team also manages the emergency room, and offers inpatient and outpatient nutritional support for malnourished children under the age of five.



A father holds his child as he is examined at Tehsil hospital in Bajaur.



An MSF nurse calms a severely malnourished newborn at the Dera Murad Jamali district headquarters hospital in Balochistan.

These services are available to local residents, Afghan refugees and people who cross the border seeking medical assistance.

In the eastern districts of Jaffarabad and Naseerabad, MSF supports an inpatient therapeutic feeding programme for severely malnourished children, as well as the general paediatric and neonatal wards and reproductive healthcare in Dera Murad Jamali district headquarters hospital. Teams also run an outpatient therapeutic feeding programme through a network of mobile clinics and outreach sites. A new site was opened in Manjo Shuri in 2017, in response to the large number of malnourished children in urgent need of care.

In 2017, MSF's 60-bed paediatric hospital in Quetta admitted 453 newborns and 600 severely malnourished children. After six years of operations, the hospital closed in October. In Kuchlak, 20 kilometres north of Quetta, MSF manages a health centre offering outpatient treatment for children, including nutritional support for under-fives, 24-hour basic emergency obstetric care and psychosocial counselling. Patients with emergency obstetric complications are referred to Quetta.

In 2017, MSF provided specialised treatment to 2,823 patients for cutaneous leishmaniasis through the Kuchlak Maternal and Child health centre, the Bolan Medical Complex hospital in Quetta and Benazir Bhutto hospital in Mari Abad.

Emergency, maternal and newborn care in Khyber Pakhtunkhwa

MSF operates a comprehensive 24-hour emergency obstetric care service at Peshawar women's hospital for patients referred from surrounding districts and FATA. The hospital has 24 obstetric beds and an 18-bed unit for premature and severely ill newborns requiring specialised care. In 2017, 3,687 deliveries were assisted.

In Timergara, around 200 kilometres north of Peshawar, MSF supports the district headquarters hospital's emergency department and also provides comprehensive emergency obstetric care. A total of 10,607 births were assisted in 2017. The neonatal unit was expanded from 18 to 34 beds, and upgraded to include an eight-bed 'kangaroo care' room, where mothers carry their newborns against their chest, so that their body warmth acts as a natural incubator, helping to regulate the babies' temperature.

A total of 163,835 patients were seen in the emergency department.

Healthcare for Machar Colony

Karachi's Machar Colony slum is densely populated, with around 150,000 people living in polluted conditions and facing a lack of clean water and waste disposal. MSF conducts outpatient consultations at the clinic it runs in collaboration with SINA Health Education & Welfare Trust and provides diagnosis and specialised treatment for hepatitis C, which is highly prevalent in Pakistan. In 2017, 773 patients were started on treatment and 692 completed the course. The team also manages uncomplicated births and offers mental health counselling and health promotion. At the end of 2017, MSF closed the stabilisation room it had been running in the clinic.

Emergency response

In response to a dengue outbreak in Peshawar, MSF launched an awareness campaign in the affected areas in August 2017. The outreach team visited 1,720 households and delivered awareness sessions on the prevention and treatment of dengue to more than 13,500 people.

PAPUA NEW GUINEA

No. staff in 2017: 152 | Expenditure: €4.1 million | Year MSF first worked in the country: 1992 | msf.org/papua-new-guinea



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

2,200 patients started on treatment for TB, including **53** for MDR-TB

In Papua New Guinea, Médecins Sans Frontières (MSF) focused on expanding access to care and improving adherence to treatment for patients with tuberculosis (TB).

TB was declared a major public health emergency in Papua New Guinea, with almost 30,000 new cases in 2016. It is the fourth biggest cause of death in hospital admissions, and the principal cause of mortality among HIV/AIDS patients.

In collaboration with the national TB programme, MSF focuses on improving screening, diagnosis, treatment initiation and follow-up at Gerehu hospital, in the capital Port Moresby. Mobile teams also work in the community to improve patient adherence to treatment.

In Gulf province, MSF expanded its TB programme to support two health centres as well as Kerema general hospital. Difficult access to remote areas and the lack of an effective follow-up system result in a high number of patients not completing their treatment. In collaboration with the provincial authorities, MSF continues to develop a decentralised model of care facilitating access to diagnosis, treatment and follow-up closer to patients' homes.

In 2017, MSF initiated treatment for more than 2,100 patients with drug-sensitive TB, and 53 with drug-resistant TB.

PHILIPPINES

No. staff in 2017: 25 | Expenditure: €1.8 million | Year MSF first worked in the country: 1987 | msf.org/philippines | [@MSF_seAsia](https://twitter.com/MSF_seAsia)



● Cities, towns or villages where MSF works

In the Philippines, Médecins Sans Frontières (MSF) focused on improving access to sexual and reproductive healthcare in slums in the capital, Manila, and responded to violent clashes in the south.

Since 2016, MSF has partnered with a local organisation, Likhaan, to offer sexual and reproductive health services in two densely populated and impoverished Manila districts, Tondo and San Andres. In 2017, MSF and Likhaan moved to a larger clinic in Tondo and carried out an average of 1,380 consultations a month between the two clinics. The clinic offers family planning services and care for victims of sexual violence, as well as screening and treatment for cervical cancer. MSF, in conjunction with Likhaan and Manila City Health, also vaccinated more than 23,000 girls against the human papillomavirus, responsible for cervical cancer.

From June 2017, MSF offered psychological first aid and ran water, sanitation and hygiene activities for people displaced by the conflict between the Philippine armed forces and two pro-Islamic State factions, the Maute group and Abu Sayyaf, in Marawi city, Mindanao region. More than 370,000 people were displaced from Marawi and its surroundings.

MSF provided psychological first aid to more than 11,500 people, and distributed 1,500 hygiene kits and 1,150 jerry cans. When the siege of Marawi was declared over in late October, MSF remained in the area to support internally displaced people and returnees.

RUSSIAN FEDERATION

No. staff in 2017: 84 | Expenditure: €5.7 million | Year MSF first worked in the country: 1992 | [msf.org/russian-federation](https://www.msf.org/russian-federation)



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURE:

38 patients started on treatment for MDR-TB

In 2017, Médecins Sans Frontières (MSF) wound down its projects in Russia, which focused on tuberculosis (TB), mental health and cardiac care in Chechnya.

TB programme

Since 2004, MSF had been working closely with the Chechen Ministry of Health to implement a TB treatment programme. During the year, the team gradually handed over its TB activities to the ministry, admitting its last patient at the end of August. A total of 156 patients have been treated since June 2014. By the end of the year, 60 extensively drug-resistant TB patients were still on treatment. The Ministry of Health has committed to ensuring continuity of care for these patients.

In 2017, MSF started treatment for 27 TB patients co-infected with diabetes, regularly monitoring their blood sugar and helping them to manage their conditions.

Mental health support

In 2017, teams provided individual psychosocial care for 868 patients and

44 group counselling sessions for victims of violence in the mental health programme. This project was closed in March.

Cardiac care

After seven years of activity, the cardiac care project in the emergency hospital in the capital, Grozny, was closed in December. During the last year, MSF focused on ensuring the technical autonomy of the interventional cardiology team. MSF continued to support cardiac care by supplying drugs and medical equipment, improving the quality of treatment for acute patients, and training doctors and nurses. In 2017, the cardiac resuscitation unit admitted 1,568 acute patients, 504 of whom benefited from an angiography (an imaging technique to examine the inside of coronary arteries) and 315 from an angioplasty (a procedure to widen narrowed or obstructed arteries).

SERBIA

No. staff in 2017: 66 | Expenditure: €2.6 million | Year MSF first worked in the country: 1991 | [msf.org/serbia](https://www.msf.org/serbia)



● Cities, towns or villages where MSF works

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

KEY MEDICAL FIGURES:

22,800 outpatient consultations

3,600 individual mental health consultations

760 group mental health sessions

Médecins Sans Frontières (MSF) has been providing medical and mental health support to migrants and refugees crossing into or stranded in Serbia since 2014.

Despite the official closure of the 'Balkan route' in 2016, people continued to arrive in Serbia in 2017, on their way to other countries in Europe. At the beginning of the year, at least 2,000 people were stranded in an abandoned building in the centre of Belgrade, with no access to healthcare and enduring temperatures as low as -20°C. MSF provided medical support and erected tents to accommodate the most vulnerable people during the winter. In March, MSF opened a clinic in the city centre offering primary medical and mental healthcare.

Meanwhile, people trying to cross borders experienced violence and abuse allegedly perpetrated by border guards of multiple European countries, who used unnecessary force to push them back. MSF offered medical and mental health support to

these victims of violence and denounced their inhumane treatment. A mobile team continued to provide primary health services along the Hungarian and Croatian borders throughout 2017.

Between January and December, MSF conducted over 22,800 consultations, for people stranded in Serbia and new arrivals fleeing war and seeking a better life. Most were aged between 16 and 25, although some were unaccompanied minors and families. Teams also started mental health activities outside the two main camps in the Belgrade area, where they have identified a worrying increase in numbers of people showing symptoms of distress, such as post-traumatic stress disorder, especially among those who are left with no alternative but to wait in administrative and legal limbo.

SEARCH AND RESCUE OPERATIONS

No. staff in 2017: 37 | Expenditure: €9.0 million | Year MSF started search and rescue operations: 2015
msf.org/mediterranean-migration | [@MSF_Sea](https://twitter.com/MSF_Sea)



In 2017, Médecins Sans Frontières (MSF) continued its search and rescue operations to assist refugees, asylum seekers and migrants on the perilous central Mediterranean Sea route, while facing increasing political and operational challenges.

According to the International Organization for Migration, at least 2,835 people drowned while attempting to cross from Libya to Europe by sea in 2017. The UN migration agency also noted that the number of people rescued and brought to ports of safety in Italy in 2017 was the lowest for four years – around 120,000.

The fall in numbers departing from Libya was hailed as a success by some, as it meant fewer lives would be lost at sea. However, the decrease was a result of agreements between Libya, Italy and the EU as part of a broader strategy to seal off the coast of Libya and ‘contain’ refugees, asylum seekers and migrants in a country where they are exposed to extreme and widespread violence and exploitation.

The EU-supported Libyan coastguard scaled up its activities in international waters, intercepting refugees and migrants and bringing them back to Libya. Although these activities are presented as ‘rescue



© Maud Veith/SOS Méditerranée

An *Aquarius* search and rescue mission on 1 November 2017. The team retrieved more than 500 people from three overloaded rubber boats in distress that day, but an unknown number remained missing, presumed drowned.

operations’, migrants and refugees are not being returned to a port of safety. On numerous occasions, Libyan coastguard vessels displayed threatening and violent behaviour towards unarmed NGO vessels carrying out search and rescue operations. In May, MSF witnessed a Libyan coastguard vessel firing gunshots into the air as it approached a boat in distress, further endangering the lives of refugees and migrants on board.

In an increasingly hostile environment, in which politicians in Italy and other European countries attempted to undermine public support for search and rescue, NGOs faced unfounded accusations of collaboration and collusion with traffickers. The code of conduct proposed by the Italian Ministry of Interior legitimised a long-running political campaign to discredit and scapegoat NGOs who already operated within a clear legal framework and in line with all national, international and maritime laws. A rescue ship was impounded in Italy pending legal proceedings and a nationalist

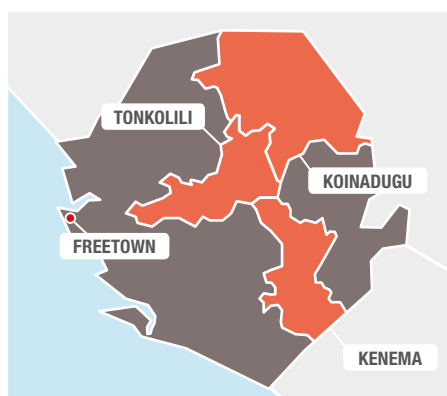
vigilante group even chartered its own boat for several weeks in order to actively disrupt lifesaving activities.

Despite this, MSF teams on the dedicated search and rescue vessels *Prudence* and *Aquarius* (the latter run in partnership with SOS MEDITERRANEE) were able to rescue 23,852 refugees and migrants from unseaworthy boats and bring them to a port of safety in Italy in 2017. As a result of the drop in the number of boats reaching international waters, MSF decided to temporarily suspend its boat *Prudence* in October.

MSF doctors treated people for injuries they had suffered while in Libya and heard their accounts of violence and abuse. Many patients also had severe skin infections or chemical burns, and during the winter months, the team saw numerous cases of hypothermia. Over 10 per cent of all women rescued were pregnant. Two babies were born safely on board the MSF ships, and were named Mercy and Christ. The team also recovered 13 dead bodies.

SIERRA LEONE

No. staff in 2017: 651 | Expenditure: €14.1 million | Year MSF first worked in the country: 1986 | msf.org/sierra-leone | [@MSF_WestAfrica](https://twitter.com/MSF_WestAfrica)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

38,300 patients treated for malaria

14,500 antenatal consultations

4,400 births assisted, including
600 caesarean sections

4,200 postnatal consultations

In Sierra Leone, Médecins Sans Frontières (MSF) aims to contribute to the recovery of the health system following the Ebola outbreak and combat the high mortality rates among pregnant women and children.

MSF teams work in a number of districts across the country, providing medical care as well as staff training and supplies.

Tonkolili district

In Tonkolili, MSF supports the paediatric ward, maternity and neonatal services, and the blood transfusion laboratory at Magburaka district hospital, and assists Magburaka mother and child health post with staff and supplies.

MSF works with Ministry of Health staff to provide paediatric and basic emergency obstetric care in the community health centre in Yoni chiefdom. At the end of



MSF staff cross the valley to reach the community of Jah Kingdom, who were all but cut off by the floods that hit Freetown and its surroundings.

2016, a study conducted by MSF revealed the under-five mortality rate in rural Yoni chiefdom to be close to the emergency threshold (1.55 deaths/10,000 people/day).

In 2017, during the rainy season, MSF trained and deployed community health workers to conduct malaria screening, treatment and referrals in villages in 10 different locations. A total of 13,792 children were screened and 77 per cent tested positive.

MSF supported four additional healthcare units in the district, with medical supplies and training, mentoring and supervision of Ministry of Health staff.

Koinadugu district

In Koinadugu, MSF staff work in the paediatric and maternity wards and the emergency department at Kabala district hospital. By the end of the year, MSF had assisted 1,314 births and treated 618 women with pregnancy complications – an important achievement in the fight against maternal mortality in the district.

In 2017, teams also started to offer primary healthcare in four health units in Mongo chiefdom and opened a blood bank in one of them. An MSF team supports the community health centre, community health workers, traditional birth attendants and the health post with capacity building, maternal and child healthcare, supplies of essential

medicines, health promotion and infection prevention and control. MSF also supports the entire district referral system.

Kenema district

In Kenema, MSF assists 10 health posts in Gorama Mende and Wandor chiefdoms. The team also helps with the referral system and is currently rehabilitating the water and energy supplies for all the facilities. The district was one of the hardest hit during the Ebola outbreak: more than 200 health workers died of the disease. A new teaching hospital, due to open in October 2018, will focus on reducing maternal and child mortality, while helping to develop the country's health workforce.

Emergency response

In Tonkolili, Koinadugu, Kenema and the capital, Freetown, MSF teams continued to monitor the nutrition situation and to respond to emergencies. In August, MSF participated in the response to the landslide and floods that occurred in Freetown, providing clean water to more than 3,000 people at three different points in the city. MSF also assisted the Ministry of Health during a cholera vaccination campaign that reached around 120,000 people in high-risk areas of the capital, providing staff supervision, health promotion activities and logistical support.

SOUTH AFRICA

No. staff in 2017: 243 | Expenditure: €10.2 million | Year MSF first worked in the country: 1999 | [msf.org/south-africa](https://www.msf.org/south-africa) | [@MSF_SouthAfrica](https://twitter.com/MSF_SouthAfrica)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

14,300 patients treated for HIV

690 patients started on treatment for TB, including **280** for MDR-TB

330 patients treated after incidents of sexual violence

In South Africa, Médecins Sans Frontières (MSF) continues to develop new testing and treatment strategies for HIV and tuberculosis (TB), support victims of sexual violence and push for better access to lifesaving drugs.

King Cetshwayo district, KwaZulu-Natal

The MSF HIV and TB project in King Cetshwayo district uses innovative community-based strategies to reduce the incidence of the diseases, as well as sickness and mortality.

Since 2012, as part of its outreach testing services, MSF has annually performed an average of 4,500 HIV tests in over 30 high schools. This has not only increased HIV testing coverage in the district, but also demonstrated the feasibility of delivering sexual and reproductive health services on school grounds.

A process to decentralise drug-resistant TB (DR-TB) care is underway in the district, so patients can receive treatment closer



Distributing condoms is part of MSF's community awareness activities in Boitekong township in Rustenburg.

to their homes. MSF initiated 126 patients on a new treatment for DR-TB, including a new drug, bedaquiline, in a hospital in the district. In Durban, the province's largest city, MSF launched a clinical trial called TB PRACTECAL in partnership with the TB and HIV Investigative Network. The trial is aimed at finding a shorter, more effective treatment regimen for DR-TB that does not require patients to undergo painful daily injections, and has fewer debilitating side effects.

Khayelitsha, Western Cape

The Khayelitsha project near Cape Town continues to develop innovative interventions in HIV and DR-TB care, with the aim of influencing local, national, regional and international policies on treatment for these diseases.

The project successfully increased access to new drugs for DR-TB patients, and currently has some of the largest groups of patients on the new drugs, or combinations of them. This was a major factor in the project being chosen as a site for the multi-location endTB trial, which seeks to revolutionise treatment for the toughest strains of TB. A focus on alcohol disorders as the most common reason that DR-TB patients interrupt treatment was the project's major patient support intervention in 2017. The effectiveness of oral self-testing as a tool for increasing the number of people who are aware of their HIV status was investigated. The project also

piloted postnatal support clubs for mothers and their babies in primary healthcare facilities in partnership with Mothers2Mothers, aiming to provide integrated care and prevention of mother-to-child HIV transmission. No transmission was recorded 18 months after the women gave birth.

Rustenburg, North West

In 2017, MSF continued its support to the provincial health department, expanding access to medical and psychosocial care for victims of sexual violence in Bojanala district. The project is located in South Africa's platinum mining belt, where one in four women between the ages of 18 and 49 have been raped in their lifetime. A total of 332 victims of sexual violence were treated in three MSF-supported primary healthcare facilities called 'Kgomotso care centres', where an essential package of medical care, forensic examination and psychosocial services is available to victims.

To increase the numbers of patients accessing services and referred to the centres in 2017, MSF positioned social workers in a community-based organisation and a local police station. MSF nurses also supported the provision of sexual and reproductive health services, including choice of termination of pregnancy in two primary healthcare facilities. Between September and December, a total of 428 clients had first-trimester terminations in MSF-supported facilities.

MSF continued to advocate increased access to comprehensive services at healthcare facilities for victims of sexual violence nationwide. A report, *Untreated Violence: Critical gaps in medical and clinical forensic care for survivors of sexual violence in South Africa*, publicised the findings of MSF's telephone survey of facilities designated across the country to provide care for victims of sexual violence. The survey found that 73 per cent of participating facilities do not provide or do not have the capacity to offer all necessary services.

Fix the Patent Laws (FTPL)

Launched in 2011 with MSF as a founding member, the FTPL campaign is a coalition of 36 patient groups and organisations which advocates reform of South Africa's

intellectual property laws to address obstacles to access to affordable medicines. In August 2017, the Department of Trade and Industry published a new draft of the Intellectual Property Policy for public comment, which was welcomed by the FTPL coalition as it recognised the need for a balance between public health and intellectual property protection. The FTPL coalition continues to exert pressure on the government to expedite the pace of legislative reform. A final policy and reform bills are expected to be debated by parliament in 2018.

Stop Stockouts Project (SSP)

The SSP is a consortium of organisations – including MSF – who are dedicated to assisting the thousands of people living in

South Africa whose livelihoods and lives are threatened by chronic shortages of essential medication. SSP crowd-sources stockout reports from health service users, healthcare workers and volunteers, and maps reported cases. SSP pushes for the rapid resolution of stockouts and shortages through engagement with suppliers, government and other stakeholders.

At the International AIDS Society conference in 2017, SSP presented an economic analysis of the cost impact that stockouts of HIV and TB medicines have on affected individuals and the health system. Stockouts can be impoverishing for at least 40 per cent of health service users, and efforts made by healthcare workers to source medicines in the event of stockouts place a substantial financial burden on the health system.

PATIENT STORY

POPPY MAKGBATLOU

"For 29 years I endured physical and mental abuse at the hands of my husband. I stayed with him because in our culture, we respect the wishes of our parents, and my mother felt it would humiliate her if I left him. In 2014 and 2015 I lost my mother, sister and brother, and my life fell apart – I could no longer face my home but had nowhere else to go. On the streets of Boitekong I had met a healthcare worker called Rosina from MSF, who told me about the services for victims of partner violence at the Kgomotso care centre at Boitekong community health centre. I borrowed 20 rand (US\$1.70), and took a taxi to the centre, where I was counselled and then transported to a shelter for vulnerable women and children. I feel strong now, and ready to leave the shelter. If an abused woman hears my story, I want her to know that I used to hide my problems, but if you don't seek help it can kill you from inside. Getting to a clinic and talking to a counsellor saved my life."

SOMALIA

No. staff in 2017: 39 | Expenditure: €4.7 million | Year MSF first worked in the country: 1979 | msf.org/somalia



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURE:

3,600 patients treated in feeding centres

After an absence of four years due to a series of violent attacks on its staff, Médecins Sans Frontières (MSF) started treating patients in Somalia again in 2017.

MSF's support of the Mudug regional hospital in North Galkayo, Puntland region, resumed in May 2017 with nutrition programmes, in both ambulatory and inpatient therapeutic feeding centres. Outpatient and inpatient paediatric services were then activated in June, followed by emergency room support in September.

In November, in response to a surge in malnutrition in the Horn of Africa, MSF launched emergency projects in Dushamareb, the capital of Galmudug state, and Dollow, Gedo region, on the border with Ethiopia.

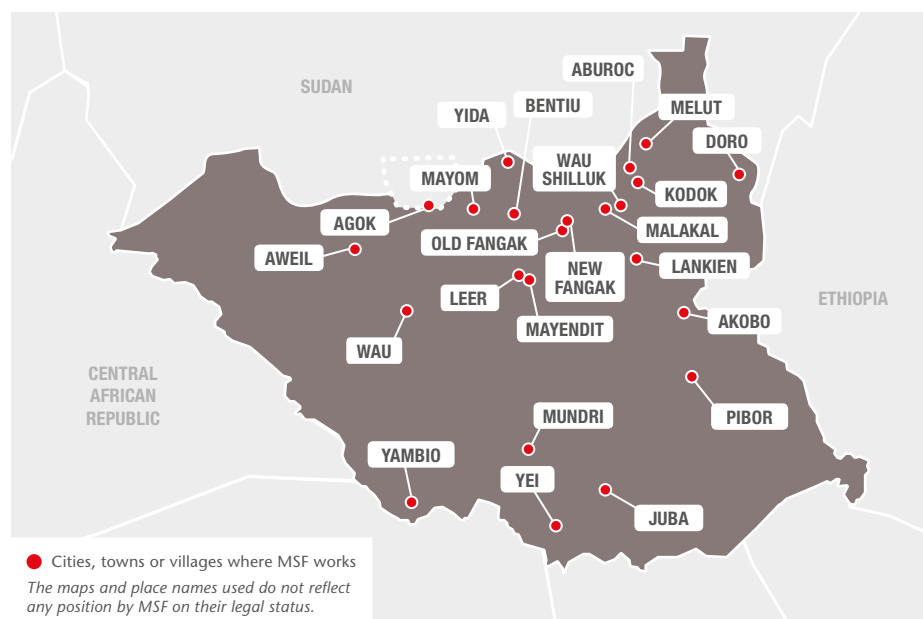
Teams also carried out exploratory missions to assess the medical and humanitarian needs in Baidoa. As a result, MSF decided to support the regional hospital's maternity and paediatric wards. Medical activities are planned to start in April 2018.

MSF is also developing a proposal on outbreak preparedness and response to support communities in southern Somalia, in cooperation with the Ministry of Health and other health organisations.

Because of its past experience, MSF's return to Somalia is both cautious and modest. MSF's presence in Somalia, the scope of its programmes and the potential expansion of its activities to other regions of the country will depend entirely on the acceptance, facilitation and active support received from the authorities and communities that it serves. MSF will assess locations for future projects based on needs, feasibility and the ability to secure the presence of international staff alongside Somali staff.

SOUTH SUDAN

No. staff in 2017: 3,574 | Expenditure: €74.3 million | Year MSF first worked in the country: 1983 | [msf.org/south-sudan](https://www.msf.org/south-sudan) | [@MSF_SouthSudan](https://twitter.com/MSF_SouthSudan)



KEY MEDICAL FIGURES:

1,154,600 outpatient consultations

334,400 patients treated for malaria

47,200 patients admitted to hospital

11,700 births assisted, including **240** caesarean sections

10,600 patients treated in feeding centres

8,400 patients treated for intentional physical violence

6,000 major surgical interventions

2,400 patients treated for kala azar

Throughout 2017, Médecins Sans Frontières (MSF) responded to emergency medical needs arising from conflict and epidemics, while striving to maintain its existing healthcare programmes in South Sudan.

Tens of thousands of people in South Sudan have died and roughly one in three people have been forced from their homes since renewed conflict broke out in December 2013. Two million people have fled to neighbouring countries, while another two million are displaced within South Sudan. Security also remained a major challenge for humanitarians in 2017, as their facilities came under attack and it became increasingly dangerous to work in some areas.

MSF operates primary and secondary healthcare programmes in hospitals and clinics, runs outreach activities for displaced people and remote communities, responds to emergencies and outbreaks as they occur, and carries out preventive activities such as vaccination campaigns.

Greater Upper Nile region

In 2017, MSF carried out an emergency nutritional intervention in response to reports of high levels of malnutrition in

Mayendit and Leer counties, which have been plagued by years of violent conflict. MSF also set up a system in which South Sudanese staff travel with displaced people to provide medical care, including for victims of sexual violence.

MSF continued to provide primary and secondary healthcare in Lankien, including treatment for kala azar (visceral leishmaniasis), despite outbursts of fighting that forced

staff to evacuate several times and civilians to escape into the bush. The team also responded to a cholera outbreak, setting up a treatment centre in Lankien and oral rehydration points in three surrounding areas.

In Fangak, a remote opposition-held area, MSF manages the emergency room, operating theatre and inpatient feeding centre, as well as the paediatric, adult and maternity wards at Old Fangak hospital.



Camille, an MSF midwife working at Old Fangak hospital, shows a traditional birth attendant how to vaccinate a pregnant woman.

In 2017, teams also opened an outpatient clinic in nearby Phom, and deployed mobile clinics along the Zeraf River.

In Pibor, MSF continues to be the sole provider of medical services to the Murle people, operating through one primary healthcare centre and two primary healthcare units in Lekongole and Gumruk. At their peak, malnutrition rates amongst our patients were three times higher in 2017 than in the previous year.

MSF's clinic in Pibor was attacked twice in 2017, forcing the team to suspend activities temporarily. Violent clashes also resulted in the closure of two MSF projects in Upper Nile state. In late January, fighting between government and opposition forces in Wau Shilluk forced people, including MSF staff, to flee. The MSF hospital was subsequently looted and destroyed and the team evacuated to Kodok, where they continued to provide healthcare to those who had been displaced. In April, Kodok was also attacked, and staff and patients fled with the local population to Aburoc. Here, the team set up a field hospital, responded to a cholera outbreak in the makeshift camp, and supported remote communities with decentralised care.

Towards the end of 2017, following fighting that led to further displacement, MSF started running clinics on boats to serve people in isolated villages along the Akobo and Pibor rivers, where there are few health facilities. MSF continues to develop its decentralised model of primary healthcare in order to reach as many people in these scattered communities as possible.

MSF continued to run a clinic in Mayom town in collaboration with the Ministry of Health, offering basic primary and emergency healthcare, as well as treatment for HIV and tuberculosis (TB).

Protection of Civilians (PoC) sites

MSF continues to provide medical care within UN PoC sites, which were set up as a temporary solution to protect people trying to escape the violence in December 2013. Four years on, hundreds of thousands remain trapped in a hostile and insalubrious environment where living conditions are well below acceptable standards.

Secondary healthcare, surgical services and support for victims of sexual violence is available in MSF's 160-bed hospital in Bentiu, the country's largest PoC site, which has a population of more than 110,000.



A laboratory technician tests blood samples at the MSF hospital in Bentiu PoC.

In Malakal PoC, which is home to around 25,000 people, MSF provides secondary healthcare and mental health services. MSF also runs a hospital in Malakal town and has started to provide care for remote communities in the surrounding area.

Equatoria region

In mid-2016, the Equatoria region emerged as a new frontline in the conflict, and hundreds of thousands of people were uprooted by the surge in violence. Security challenges prevented MSF from gaining full access to respond to the immense humanitarian needs of the displaced, especially around urban centres where there was intense fighting between government and opposition forces.

In addition, MSF staff in Yei were arrested by South Sudanese army forces while on duty on 4 January; two were released on 27 January and the other four on 31 March. This incident raised serious concerns as those involved were working hard to bring lifesaving healthcare to people in need. MSF, however, remains committed to its work in the area. The team in Yei offers basic healthcare in two clinics within the city.

In Mundri, the primary healthcare team focuses on maternal and child health, as well as community-based care for victims of sexual violence. In Yambio, the team continues to run its established HIV 'test and treat' programme and mobile clinics for displaced people.

Greater Bahr el Ghazal region

In March, MSF closed the mobile clinics it had been operating in Wau and

the surrounding countryside as other organisations began medical activities in this conflict-affected area.

MSF staff manage the paediatric and maternity departments in Aweil state hospital, where malaria remains the main cause of admission. Teams also support five health facilities with testing and treatment for the disease throughout the rainy season.

Abyei Special Administrative Area

In Agok, MSF runs the only referral hospital in the area providing primary and secondary healthcare, including surgery for a population of more than 140,000 people. Due to the increased need for specialist healthcare, MSF started to rehabilitate and extend the hospital in 2017. The new inpatient department, due to be completed in mid-2018, will provide room for more than 140 patients.

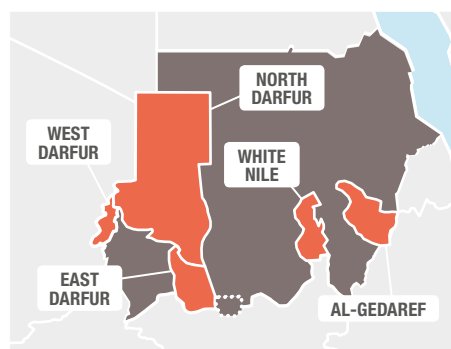
Sudanese refugees

MSF continues to work in camps for Sudanese refugees. In Yida, teams manage an inpatient department, an inpatient feeding centre, a neonatal unit and the treatment of HIV and TB.

In Doro, MSF built a new hospital which has improved patient care and infection control. The team also carried out a mass vaccination campaign and spraying activities to reduce the incidence of malaria. In addition, MSF provided outpatient care and vaccinations to 21,000 South Sudanese living in nearby Maban, and extended its vaccination activities into nearby opposition-held areas.

SUDAN

No. staff in 2017: 666 | Expenditure: €15.3 million | Year MSF first worked in the country: 1979 | [msf.org/sudan](https://www.msf.org/sudan)



Regions where MSF has projects

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

KEY MEDICAL FIGURES:

394,000 outpatient consultations

34,700 antenatal consultations

19,300 measles vaccinations in response to an outbreak

1,300 patients treated for kala azar

At the end of 2017, there were nearly 3.3 million internally displaced people and 772,000 registered South Sudanese refugees in Sudan, as well as many other migrants in transit to Europe.

Al-Gedaref

In Al-Gedaref, eastern Sudan, Médecins Sans Frontières (MSF) teams treated 336 cases of suspected acute watery diarrhoea. MSF trained staff from partner organisations in case management and prevention, and conducted community education sessions.

Sudan has the highest rate of kala azar (visceral leishmaniasis) in East Africa and Al-Gedaref accounts for nearly 70 per cent of the patients nationwide. MSF provides free diagnosis and case management support to two hospitals in this region and organises awareness-raising activities in the community. More than 1,300 patients were treated for kala azar in Sudan in 2017.



Volunteers and community leaders have a training session on how best to communicate and promote good hygiene practices in the community.

North Darfur

Tawila is home to almost 75,000 internally displaced people. MSF added a new maternity wing to the hospital there, increasing the capacity to 58 beds. During the year, staff assisted with 541 deliveries at the hospital.

Teams continued to run a project in Sortoni camp, where many people who have fled fighting in Jebel Mara have settled. In 2017, more than 56,600 primary healthcare consultations were carried out.

The MSF-supported hospital assists internally displaced people in the gold mining area of El Sireaf, where periodic clashes between the local community and armed nomadic groups result in many deaths. A new primary health post was opened in Garazawya which can also refer patients to El Sireaf hospital.

In 2017, MSF handed over the project it had been running in Dar Zaghawa since 2009 to the Ministry of Health.

West Darfur

Local health facilities in West Darfur are being rehabilitated as increasing numbers of people displaced by the war return home. In 2017, MSF opened a clinic offering high-quality paediatric services. The team there

also provides epidemiological monitoring and is ready to respond to emergencies.

East Darfur

In East Darfur, MSF is working in Kario refugee camp, which hosts 19,000 refugees from South Sudan. Following an outbreak of acute watery diarrhoea, the team opened a treatment centre, in addition to the primary and secondary healthcare services available in the camp. MSF also organised a mass vaccination campaign against measles.

White Nile state

In response to a large influx of South Sudanese refugees at Khor Wharal camp, MSF set up an emergency field hospital, providing secondary healthcare for the camp population of 50,000 people. More than 91,000 consultations were performed and 5,793 patients were admitted to the facility over the course of the year.

MSF also runs an 83-bed hospital in Kashafa refugee camp, which has a population of 83,000 South Sudanese who arrived before 2017. The hospital is also a referral point for the local community.

SWEDEN

No. staff in 2017: 7 | Expenditure: €0.6 million | Year MSF first worked in the country: 2004 | [msf.org/sweden](https://www.msf.org/sweden) | [@MSF_Sweden](https://twitter.com/MSF_Sweden)



● Regions where MSF has projects

KEY MEDICAL FIGURE:

650 individual mental health consultations

In August 2017, Médecins Sans Frontières (MSF) closed the project which had been providing humanitarian support to asylum seekers in Sweden's Västra Götaland county.

MSF offered psychosocial support, including mental health screenings, individual and group counselling and psychoeducation at four asylum centres for adults and six homes for unaccompanied minors in the municipalities of Götene, Lidköping and Mariestad. The team also provided general health information, group recreational activities and social activities to strengthen the asylum seekers' social network. Patients with symptoms of severe mental health problems or physical illness were referred to primary or specialist care as appropriate. In total, MSF screened 219 asylum seekers for

mental health problems, held 460 follow-up sessions and supported 1,300 people through group sessions. Additionally, some 650 asylum seekers received psychological first aid. Most of the people who benefited from these services were from countries affected by war, such as Afghanistan, Syria and Iraq.

In early 2018, MSF plans to release a report detailing how uncertainty negatively affects the mental health of asylum seekers. A practical manual and toolkit resulting from the intervention in Västra Götaland will be distributed to organisations implementing policies for asylum seekers across Sweden.

TAJIKISTAN

No. staff in 2017: 111 | Expenditure: €2.2 million | Year MSF first worked in the country: 1997 | [msf.org/tajikistan](https://www.msf.org/tajikistan)



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

190 patients started on treatment for TB, including **53** for MDR-TB

Since 2011, Médecins Sans Frontières (MSF) has been working with the Tajik Ministry of Health to implement a comprehensive paediatric tuberculosis (TB) care programme.

The programme aims to demonstrate that treating children for TB is feasible and that the disease, including its drug-resistant forms, can be successfully diagnosed and cured. The model of care encompasses active case finding by contact tracing, testing, treatment, drug compounding (preparing personalised medications for patients), and the monitoring and management of side effects. The programme offers psychosocial support, with adherence counselling and play therapy, schooling for hospitalised children, and care for children with HIV co-infection and/or severe malnutrition. By the end of 2017, some 190 patients had started treatment.

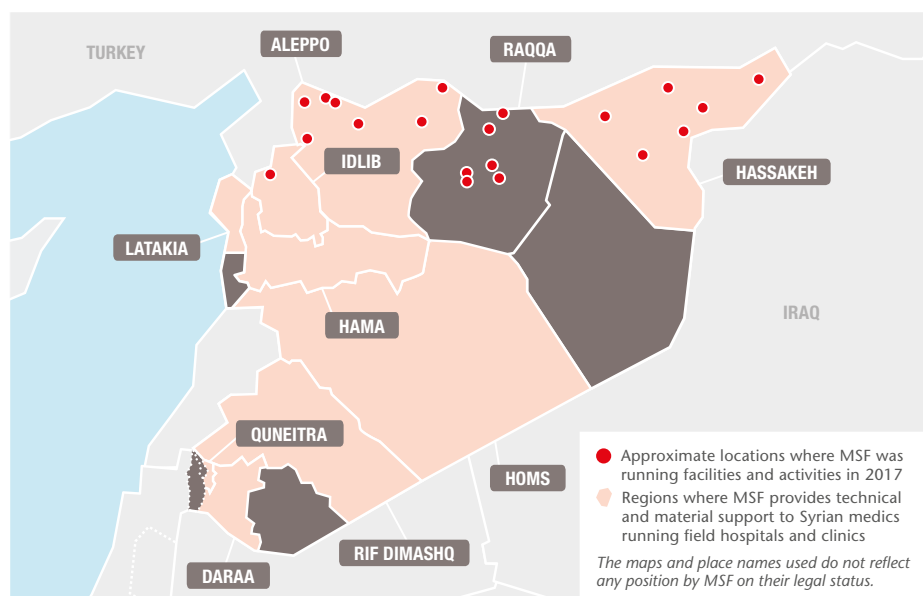
The project is ground-breaking in its use of new combinations of drugs with children of all ages. In 2017, the team celebrated two 'firsts': one patient with extensively drug-resistant TB successfully completed treatment on a combination of bedaquiline and delamanid, and two multidrug-resistant patients successfully completed a shorter-course regimen. Additionally, an updated paediatric treatment protocol developed by MSF was

adopted as a national programmatic guideline in 2017. To strengthen the Ministry of Health's capacity, MSF conducted 20 training sessions for 425 family doctors, nurses and healthcare staff.

At the Kulob paediatric and family HIV project in the south of Tajikistan, MSF works to reduce morbidity and mortality among children with HIV/AIDS and their families, focusing particularly on opportunistic infections (especially TB), preventing mother-to-child transmission, and infection control to prevent the transmission of blood-borne infections. Since the project began in 2015, MSF has started 134 patients on treatment. In 2017, MSF supported the development of two medical waste zones and the renovation of patient consultation facilities. The team conducted 101 training sessions – with 1,767 participants – on topics ranging from clinical best practices to prevention measures, disclosure processes, and adherence counselling, and also set up the first patient support groups for parents of children living with HIV.

SYRIA

No. staff in 2017: 773 | Expenditure: €52.2million | Year MSF first worked in the country: 2009 | msf.org/syria | [@MSF_Syria](https://twitter.com/MSF_Syria)



KEY MEDICAL FIGURES:

647,600 outpatient consultations

30,100 patients admitted to hospital

23,000 relief kits distributed

11,400 births assisted, including **3,500** caesarean sections

10,000 major surgical interventions

The conflict in Syria continued into its seventh year, entering new depths of violence and leaving millions of people in desperate need of assistance.

Civilians, civilian areas and civilian infrastructure continued to come under direct fire in 2017. Thousands of people were killed and wounded in military offensives around the country and hundreds of thousands more were forced from their homes by the conflict. Meanwhile, 11 medical facilities supported by Médecins Sans Frontières (MSF) were hit by bombs or shells on 12 occasions in targeted or indiscriminate attacks.

MSF continues to provide medical and humanitarian assistance in Syria but its activities are severely limited by insecurity and constraints on access.

MSF always negotiates access with the authorities – official or de facto – in control of an area. However, the Islamic State group has not given any assurances since it abducted MSF staff in 2014 and the Syrian government has not granted authorisation to work despite repeated requests.

In areas where access could be negotiated, MSF ran or directly supported six hospitals and seven health centres in 2017, and also deployed six mobile clinic teams and six

vaccination teams in opposition-held regions across northern Syria.

In areas where staff could not be deployed or permanently present, MSF maintained its distance support of medical facilities. Mostly run from neighbouring countries, this consisted of: donations of medicines, medical material and relief items; remote training of medics inside Syria; technical medical advice; and financial support to cover the facilities' running costs. In besieged areas, MSF's underground support was all the more critical as medical essentials were often removed from official aid convoys by the besieging forces. In 2017, facilities receiving distance support from MSF conducted more than 2.6 million outpatient consultations and 158,000 major and minor surgical procedures, assisted over 38,000 births and admitted more than 152,000 patients for hospital care. While some of these facilities are fully reliant on MSF for support, others are supported by a range of organisations so the above figures cannot be entirely attributed to MSF programmes.

Raqqa governorate

In June, the Syrian Democratic Forces (SDF) launched an offensive with US-led international support to take control of Raqqa city. As the frontlines approached the city, civilians became trapped and high levels of insecurity made it extremely difficult to reach those in need. MSF set up a medical stabilisation unit near the frontlines

to improve the survival chances of people injured in the fighting or as they fled the city.

In November, after the active fighting subsided in Raqqa, MSF was one of the only organisations to start providing medical assistance inside the city, through a primary healthcare unit and a stabilisation point. As residents started to return, many were wounded or killed by booby traps, improvised explosive devices, mines and explosive ordnance that littered the city. MSF treated 233 people for these types of injury in the last six weeks of 2017.

The hospital in Tal Abyad was partially damaged in an SDF-led offensive to take control of the town. MSF had started working there in partnership with the local health authorities in anticipation of an influx of war-wounded from Raqqa city and neighbouring areas. MSF supported all the hospital's main departments, including its paediatric, maternity, surgical, vaccination, Thalassaemia and mental health work. During the Raqqa offensive the team admitted hundreds of patients for major surgery; 73 per cent of the procedures were considered lifesaving and more than half were conflict related, mainly blast injuries.

Ain Issa displacement camp, to the north of Raqqa, became an official transit camp for displaced people. As arrivals to the camp increased, teams distributed relief items such as mattresses, blankets and hygiene

kits, set up water and sanitation services, and responded to a measles outbreak, as well as conducting routine vaccinations. They also built a medical and mental health clinic and supported a volunteer-run primary healthcare centre.

In July, MSF rehabilitated a primary healthcare centre in Tabqa and started offering medical consultations, mental healthcare and physiotherapy to displaced people. To the north of Tabqa, a team in Twaheenah displacement camp conducted measles vaccinations and provided primary healthcare.

MSF supported or administered more than 100,000 vaccinations to children across Raqqa governorate in 2017, many of whom were living in previously inaccessible areas.

Hassakeh governorate

Intense fighting in northeast Syria resulted in massive displacement, thousands of casualties and severe damage to health facilities. Many injured patients were treated in the emergency room that MSF rehabilitated in the main referral hospital in Hassakeh.

As in Raqqa, when the violence subsided and people began to return home, the team saw a sharp increase in the number of patients wounded by explosive devices that had been left or placed in homes, on agricultural land and along roadsides.

In 2017, MSF treated nearly 3,800 patients in the emergency room and performed 563 surgical procedures.

MSF also managed two primary healthcare centres in Hassakeh and ran mobile and fixed clinics in camps for displaced people, focusing on mental and reproductive healthcare and treatment for non-communicable diseases (NCDs) such as hypertension and diabetes.

Aleppo governorate

In Azaz district, MSF maintained its full support of Al Salamah hospital, where both primary and secondary healthcare is available. As no regular vaccinations had been administered in this area since 2014, MSF launched a large-scale vaccination campaign.

In March, in response to a large influx of people displaced by fighting in northern Syria, MSF started working at Manbij hospital, in partnership with the local health authorities. Teams ran mobile clinics in the surrounding area and in camps, and conducted vaccinations throughout the district.

In Kobanê/Ain Al Arab, MSF is working with



Ahmad is treated by an MSF physiotherapist in Ain Issa displacement camp. He had to have both his legs amputated after setting off a hidden explosive device as he fled Raqqa, where he lost his wife and two daughters in a bombardment that destroyed their home.

the local health authorities to re-establish basic health facilities, providing outpatient consultations, vaccinations and psychological support. In 2017, the team built an outpatient department and supported the emergency room, intensive care unit, maternity ward, operating theatre and nursing activities at Kobanê general hospital with supervision, training and drug supplies.

Idlib governorate

Throughout 2017, MSF supported vaccination programmes in northern Idlib and deployed mobile teams to assist people arriving at camps and settlements. As well as offering medical consultations, teams distributed winter survival and hygiene kits, and conducted water and sanitation activities.

In November, MSF started to focus on direct medical assistance for people with NCDs, supporting teams in Taqad and Tal Krysian primary healthcare centres and running mobile clinics in remote villages.

MSF reinforced its distance support for post-kidney transplant patients across the governorate, ensuring continued access to lifesaving care for more than 90 people.

In Qunaya, MSF signed a co-management agreement with the regional referral hospital and deployed five permanent staff to provide material and technical oversight across all services.

MSF continued to offer specialist care for burns patients at Atmeh hospital, including surgery, skin grafts, dressings, physiotherapy and psychological support.

Homs governorate

In the besieged, opposition-controlled area of northern Homs, MSF continued its distance support of eight medical facilities. Distance support for post-kidney transplant patients was also conducted in northern Homs, where 26 patients were enrolled.

Rif Dimashq governorate

Periods of heightened siege and bombardment by the Syrian government coalition, which preceded so-called 'reconciliation' agreements, effectively cut off MSF's avenues of support to communities in heavily shelled areas of Rif Dimashq, central Syria, where medical needs remained immense.

In May, MSF suspended all its medical support in East Ghouta for around a month in response to non-respect of healthcare during a period of intense fighting between armed opposition groups in the area.

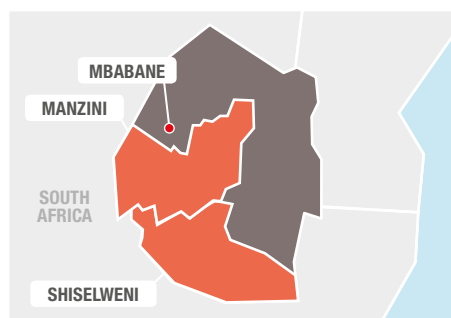
Over the year, MSF reduced its distance-support programme in Rif Dimashq from 33 to 22 facilities, in order to focus on the most medically relevant hospitals and clinics, with non-trauma medical needs as high a priority as treating war wounds.

Daraa and Quneitra governorates

MSF provided medical, technical and logistical support to eight health facilities in southern Syria to improve access to care for displaced people and local communities in Daraa and Quneitra. MSF also worked on a remote 'telemedicine' support service, to be implemented in early 2018.

SWAZILAND

No. staff in 2017: 352 | Expenditure: €9.0 million | Year MSF first worked in the country: 2007 | [msf.org/swaziland](https://www.msf.org/swaziland)



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

10,900 patients provided with first-line ARV treatment

1,000 patients started on treatment for TB, including **280** for MDR-TB

680 patients provided with second- and third-line ARV treatment



Samuel, 66, is examined for tuberculosis by an MSF doctor at Matsapha clinic.

In 2017, Médecins Sans Frontières (MSF) continued to focus on reducing HIV transmission and improving access to decentralised care for people with HIV, tuberculosis (TB) and drug-resistant TB (DR-TB).

Swaziland has one of the world's highest rates of HIV, affecting roughly one in three adults. The HIV epidemic is showing signs of stabilising and in recent years the number of AIDS-related deaths has reduced. Based on a 2017 HIV incidence survey, the rate of new infections has almost halved within five years.

In Shiselweni region, MSF continued with its 'test and treat' strategy, providing immediate treatment at the time of HIV diagnosis, irrespective of clinical criteria. In addition, MSF introduced innovative approaches such as pre-exposure prophylaxis (PrEP) for patients at increased risk of HIV infection, and oral HIV self-testing for hard-to-reach people. A total of 129 patients initiated PrEP and 2,140 people have accessed HIV self-testing since May.

MSF is increasingly focused on providing specialised care and support for people living with HIV. This includes providing second- and third-line antiretroviral (ARV) treatment, cervical cancer screening and routine point-of-care screening for the cryptococcal antigen, an indicator of meningitis. In 2017, 2,637 women were screened for cervical cancer, 17 per cent of whom tested positive. Of these, 60 per cent were treated. MSF also provides community-based HIV care, including treatment clubs for adults and children.

Swaziland has one of the highest TB notification rates worldwide. Because of the close connection between the HIV and TB epidemics, 70 per cent of people who contract TB are also HIV positive.

In Manzini region, MSF continued its research into the shorter-course treatment for multidrug-resistant TB (MDR-TB). A total of 149 patients were enrolled in the study; 132 patients finished their treatment, with a cure rate of 72 per cent. The study will be concluded in 2018 when the one-year follow-up is finalised. Since 2017, the shorter DR-TB regimen has been included in the national protocol, with MSF providing technical support for its implementation.

MSF continued to offer technical support to the national TB reference laboratory in Mbabane and helped to upgrade the Bio Safety level 3 laboratory.

The national TB programme has made significant progress with regards to provision and use of new TB drugs, diagnostics and decentralisation of treatment and care. It also started taking over the provision of support packages for DR-TB patients. These include nutrition and treatment support, as well as transport costs, which help improve patients' adherence to their regimen.

Due to the decreased incidences of HIV and TB, the resulting lower illness and mortality rates, and improvements in the Ministry of Health's capacity to manage the diseases, MSF has decided to gradually hand over its projects in Manzini. In March, MSF handed over most of its services at Matsapha comprehensive healthcare clinic to AIDS Healthcare Foundation, while continuing to support the DR-TB programme and the laboratory. In December, DR-TB activities in Mankayane hospital and Luyengo clinic were handed over to the Ministry of Health.

TANZANIA

No. staff in 2017: 248 | Expenditure: €7.6 million | Year MSF first worked in the country: 1993 | [msf.org/tanzania](https://www.msf.org/tanzania)



● Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

445,800 outpatient consultations, including **141,800** for children under five

179,100 patients treated for malaria

8,900 individual mental health consultations

6,400 births assisted

6,200 routine vaccinations

Throughout 2017, thousands of people fleeing unrest in Burundi continued to cross the border to seek refuge in Tanzania.

In January, the Tanzanian government revoked the prima facie status of Burundian refugees. This meant that automatic refugee status was not granted to new arrivals in the country, and each person had to have their refugee status determined individually.

Although the number of arrivals from Burundi decreased over the course of the year, there were still a total of 315,156 refugees living in three camps – Nyarugusu, Mtendeli and Nduta – by December. This included over 80,000 from the Democratic Republic of Congo in Nyarugusu. All camps were at full capacity at the end of 2017.

In 2017, Médecins Sans Frontières (MSF) was present in Nyarugusu and Nduta. In Nyarugusu, the facilities included a 40-bed emergency room and a stabilisation unit. Teams conducted water, sanitation and health promotion activities, ran malaria clinics and provided mental health consultations. MSF had phased out of all of its activities in Nyarugusu by the end of May, donating some of its medical facilities to the Tanzanian Red Cross.

In Nduta camp, which was at double its intended capacity at the end of the year, MSF was the main healthcare provider. Teams ran a 175-bed hospital, six outpatient health posts and health promotion activities. Hospital services included maternal care, nutritional support, paediatric and adult inpatient departments, and an emergency room. Specialised outpatient services, such as treatment for HIV, malaria and tuberculosis, were also provided.

Malaria remained the most common medical problem in the camp, accounting for around a third of all outpatient consultations in 2017. Despite the comprehensive malaria prevention and control activities in the camp, including rapid access to diagnosis and treatment, the infection rate remained very high during the rainy season. In December, MSF distributed thousands of mosquito nets in areas identified as being high-risk due to the concentration of mosquitoes and the incidence of malaria.

The number of patients with diarrhoea and skin diseases also remained high due to poor living conditions and hygiene in certain areas of the camp.

Protracted encampment and a general sense of insecurity in the camp, together with helplessness about what the future holds, caused mental health needs among the refugees to grow significantly in 2017. The main diagnoses were depression, anxiety and psychosomatic disorders. In addition, the number of patients presenting with acute psychiatric conditions at the MSF hospital increased throughout the year.



© Erwan Rogard

The waiting room at one of MSF's health posts in Nduta refugee camp.

THAILAND

No. staff in 2017: 6 | Expenditure: €0.4 million | Year MSF first worked in the country: 1976 | [msf.org/thailand](https://www.msf.org/thailand) | [@MSF_seAsia](https://twitter.com/MSF_seAsia)



In late 2017, Médecins Sans Frontières (MSF) started a project in the south of Thailand to improve access to mental healthcare.

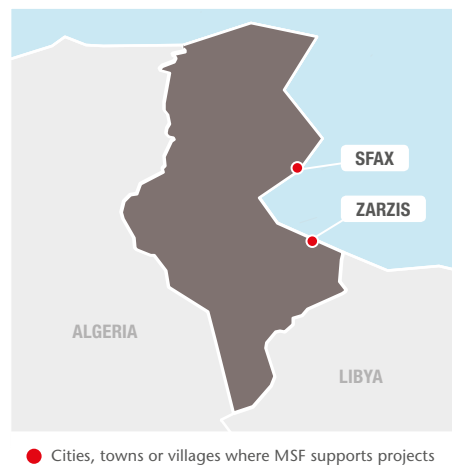
The MSF programme in Thailand will operate in Pattani, Yala and Narathiwat, the most southerly provinces of the country, bordering Malaysia. The people in these areas, particularly women and children, have been affected by years of violent unrest.

MSF, through an implementing local partner, is working in collaboration with both government and non-governmental organisations to provide counselling services for the most vulnerable sections of the community, especially women and orphans.

Training sessions for local grassroots organisations and civil society stakeholders were organised in 2017, and the team will start to see the first patients in early 2018. The psychological support provided will include individual and group counselling, psychosocial education and stress management. Additional medical services such as physiotherapy and pain management will also be offered in the coming year.

TUNISIA

No. staff in 2017: 36 | Expenditure: €0.6 million | Year MSF first worked in the country: 2011 | [msf.org/tunisia](https://www.msf.org/tunisia)



In 2017, Médecins Sans Frontières (MSF) continued to work with vulnerable people in Tunisia, including victims of human trafficking, migrants and refugees.

MSF signed an agreement with the Tunisian Ministry of Health in 2017, enabling it to continue its activities for migrants, refugees and victims of human trafficking, as well as vulnerable local people with limited access to the national health system, around the coastal towns of Zarzis and Sfax.

In Zarzis, MSF mobile teams provided medical and mental health support in the Red Crescent centre in Medenine, where they conducted 1,833 consultations. One in three consultations were for women. Mobile teams also offered medical and mental health support to the last remaining residents of Choucha camp until their forced eviction in June 2017, carrying out a total of 109 consultations. The camp had opened on

the Libyan border in 2011, for people fleeing war in the country.

In Sfax, MSF provided medical and psychological assistance to victims of human trafficking, migrants from sub-Saharan Africa and other vulnerable people. Teams also conducted emergency interventions for people arriving at the ports of Sfax and Zarzis. MSF donated drugs and medical kits for emergencies – including intravenous fluids, medical equipment for dressings and cannulas – to authorities in Medenine Governorate. MSF supported national authorities in response to hepatitis A epidemics, funding 7,200 vaccines for the national Ministry of Health. In October, MSF handed its activities over to other organisations and closed its projects.

TURKEY

No. staff in 2017: 79 | Expenditure: €13.4 million |

Year MSF first worked in the country: 1999 | msf.org/turkey | [@MSF_Turkiye](https://twitter.com/MSF_Turkiye)



● Cities, towns or villages where MSF supports projects

Not authorised to operate directly in Turkey since June 2016, in 2017 Médecins Sans Frontières (MSF) provided financial and technical support to local NGOs working with Syrian refugees.

Turkey continues to host the world's largest refugee population, with more than 3.7 million currently living in the country. Around 94 per cent of Syrian refugees in Turkey live outside camps and have limited access to basic services.

Sanliurfa

In 2017, MSF supported Support to Life (STL), which provided 1,805 individual and 95 group counselling sessions, ran psychoeducation

sessions in kindergartens and for people with physical disabilities in their homes. Outreach workers visited more than 1,000 households.

MSF supported Metider in providing translation services in hospitals to help Syrian patients communicate with medical staff through 36,049 translation sessions. The team also participated in a government-initiated vaccination campaign, vaccinating over 14,000 children up to the age of five.

MSF helped the International Blue Crescent Foundation (IBC) run a psychosocial support programme in Akcakale, a province of Sanliurfa, where 2,262 individual and 205 group counselling sessions were conducted. IBC also organised 3,958 home visits as part of its outreach activities and helped refugees improve their language, IT and handicrafts skills.

Kilis and Istanbul

An MSF-supported programme in Kilis, conducted by Citizens' Assembly, provided primary healthcare, mental healthcare and psychosocial support services to Syrian refugees. A total of 17,660 medical consultations and 4,737 individual counselling and psychological support sessions were conducted. In addition, the team ran 3,884 psychoeducation group sessions and 913 family counselling and psychological support sessions. A total of 268 people were referred to psychiatric services.

The Nefes centre in Istanbul, which is also run by Citizens' Assembly, offered support and advisory services for migrants and refugees who had suffered ill-treatment.

UKRAINE

No. staff in 2017: 150 | Expenditure: €5.7 million | Year MSF first worked in the country: 1999 | msf.org/ukraine | [@MSF_Ukraine](https://twitter.com/MSF_Ukraine)



● Regions where MSF has projects
 ●●● 'Contact' line

KEY MEDICAL FIGURES:

26,800 outpatient consultations

120 patients started on treatment for hepatitis C

44 patients started on treatment for MDR-TB

As the conflict in eastern Ukraine continued into its third year, access to healthcare remained severely limited for people living along the frontline, due to disrupted services and damage to infrastructure.

In eastern Ukraine, Médecins Sans Frontières (MSF) scaled up its mobile clinics and operated in a total of 28 locations. The teams offered primary healthcare and psychological support to those living in or near the conflict zone, including internally displaced people. The majority of patients are aged over 50 and have chronic diseases.

In addition, MSF provided training in psychological support to assist healthcare workers and teachers living and working in the conflict zone.

Hepatitis C

MSF opened a hepatitis C programme in Mykolaiv region, providing treatment with two effective direct-acting antivirals – daclatasvir and sofosbuvir – as well as

diagnostic tests, patient support, education and counselling services. Some patients are co-infected with HIV or on opioid substitution therapy; others are healthcare workers infected with the virus.

Handover of care for drug-resistant tuberculosis (DR-TB) patients in the penitentiary system

At the end of November, MSF handed over care of patients with DR-TB in the penitentiary system in Dnipro and Donetsk. In order to ensure continuity of care, a transfer plan was put in place for each patient, including the provision of medication to enable them to finish their treatment. MSF is also now working to open a new programme in Zhytomyr to treat DR-TB patients in the general population.

UZBEKISTAN

No. staff in 2017: 264 | Expenditure: €9.0 million | Year MSF first worked in the country: 1997 | msf.org/uzbekistan



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

7,300 individual mental health consultations

2,500 patients started on treatment for TB, including **760** for MDR-TB

880 patients started on first-line ARV treatment

Tuberculosis (TB) and HIV care continue to be the focus for Médecins Sans Frontières (MSF) in Uzbekistan, which is among the 27 countries with the highest rates of multidrug-resistant TB.

TB programme

In January, MSF launched its clinical trial TB PRACTECAL in Nukus, Karakalpakstan, and had enrolled 55 patients by the end of 2017. The trial aims to evaluate regimens containing two promising new drugs, bedaquiline and pretomanid, combined with existing and repurposed drugs, over a much shorter course of six months. This treatment has the potential to be more effective and more tolerable, and does not require injections.

As part of the comprehensive TB care programme in Karakalpakstan, MSF works with the national and regional health ministries to implement models of care that are more patient-centred. In 2017, MSF supported the rollout of the new World Health Organization guidelines in five of 16 districts.

During 2017, 2,466 patients started TB treatment. Of these, 1,710 were treated for drug-sensitive TB and 756 for drug-resistant

strains, including 79 for extensively drug-resistant TB (XDR-TB). Of the 756 drug-resistant TB patients, 130 were treated with new or repurposed drugs.

HIV care

Working with the health ministry at the Tashkent HIV project, MSF has set up a 'one-stop shop' facility to support the integration of services for HIV, TB, hepatitis C and provide more effective testing and treatment for co-infected patients. In 2017, MSF and the Republican AIDS Centre reached an agreement that MSF will test and treat high-risk groups, such as people who inject drugs and sex workers.

In 2017, 153 patients started treatment for hepatitis C and 14 patients were initiated on third-line antiretroviral (ARV) treatment for HIV, after their initial and subsequent regimens ceased to work. Almost 880 patients started first-line ARV treatment in 2017.

VENEZUELA

No. staff in 2017: 125 | Expenditure: €5.5 million | Year MSF first worked in the country: 2015 | msf.org/venezuela



- Regions where MSF has projects
- Cities, towns or villages where MSF works

KEY MEDICAL FIGURES:

3,300 individual mental health consultations

560 group mental health sessions

Political and economic crisis and the social consequences continue to have a serious impact on Venezuelans.

In 2017, Médecins Sans Frontières (MSF) expanded its activities in the capital, Caracas, providing mental healthcare to victims of urban violence and sexual violence, in collaboration with other local organisations and public institutions. The project, which started in mid-2016 in two of the city's most dangerous neighbourhoods, Petare and La Vega, now also operates from one of the main public hospitals in the city, and receives referrals from the surrounding region. MSF advocates considering sexual violence a medical emergency and treating it in a comprehensive way to help protect victims from further suffering. This integral approach combines medical and psychological care with the help of social workers.

In 2017, MSF started working in Maracaibo, the country's second largest city, in Zulia state. The team provides medical and mental healthcare to young people and victims of

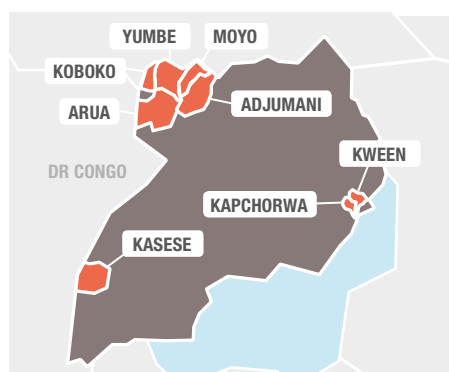
sexual violence, through four public health facilities. Services include ante- and postnatal checks, contraception, emergency deliveries and psychological support to individuals and groups. MSF health promoters also visit schools, sports centres and youth clubs to talk to young people about their sexual and reproductive health.

In Sifontes, a mining area in Bolivar state, near the Brazilian border, MSF started working with the state malaria programme to test, treat and prevent the disease.

Throughout the protests that took place in the first half of the year, resulting in more than 100 casualties and thousands of wounded, MSF supported hospitals in five cities, including Caracas, with medical supplies, psychological support and technical assistance, such as training for mass casualties.

UGANDA

No. staff in 2017: 897 | Expenditure: €18.2 million | Year MSF first worked in the country: 1986 | [msf.org/uganda](https://www.msf.org/uganda)



Regions where MSF has projects

KEY MEDICAL FIGURES:

520 million litres of water distributed

304,600 outpatient consultations

8,900 individual mental health consultations

810 patients treated after incidents of sexual violence

770 patients provided with first-line ARV treatment, and **740** with second-line ARV treatment

In Uganda, Médecins Sans Frontières (MSF) focuses on responding to the medical needs of refugees and improving access to care for HIV, tuberculosis (TB) and sexual and reproductive health.

Providing assistance to South Sudanese refugees

Huge numbers of refugees from the southern belt of South Sudan (Greater Equatoria region) continued to arrive in Uganda in 2017. By August, one million people – 85 per cent of whom were women and children – had fled across the border into northern Uganda, according to UNHCR, the United Nations refugee agency. Despite the efforts of the Ugandan authorities and other organisations, the provision of aid was insufficient to meet the urgent needs of so many people.

MSF developed and adapted a wide range of activities to assist refugees. In Bidi Bidi, Imvepi, Palorinya and Rhino settlements in Yumbe district, teams conducted more than 273,773 primary healthcare consultations, admitted 3,574 patients to MSF-managed facilities, assisted 712 births, and offered mental health support and care for 786 victims of sexual violence. In addition, staff provided vaccinations and ran health surveillance activities. The logistics team worked to improve access to drinking water, supplying an average of two million litres of water per day at the peak of activities.

Expanding access to HIV and TB care

An estimated 1.2 million people live with HIV in Uganda. Despite significant improvements, HIV detection and care remain a public health concern in specific groups of people, such as fishing communities, children and adolescents.

In landing sites for fishermen on lakes Edward and George, MSF opened a project in 2015 to improve access to HIV and TB testing and treatment.

MSF offers quick and reliable viral load monitoring through its point-of-care testing facility at Arua regional referral hospital, allowing patients to be switched to second-line antiretroviral (ARV) treatment if necessary. By the end of 2017, 739 people were on second-line ARVs in Arua. In 2017, the team also provided drug-resistance tests and drugs which enabled 10 new patients to access third-line treatment. MSF reinforced clinical and psychosocial support for HIV patients in 2017, especially for adolescents, to help them adhere to their life-long treatment.

Sexual and reproductive care for adolescents

Adolescents are particularly vulnerable to the life-threatening health risks related to unwanted pregnancies, HIV/AIDS and sexually transmitted infections, due to a lack of awareness about these risks, and the shortage of youth-friendly sexual health and counselling services. MSF opened the Kasese adolescent centre in Kasese town in 2015, which offers sexual and reproductive healthcare, as well as community awareness-raising and recreational activities that encourage adolescents to come for a consultation. In 2017, 30,852 adolescents had consultations and 20 victims of sexual violence received care.

Response to a Marburg fever outbreak

Between the end of October and the beginning of December, MSF responded to an outbreak of Marburg fever in Kween and Kapchorwa districts, in the east of Uganda. Teams set up two 10-bed treatment centres, trained healthcare staff and assisted local health authorities with epidemiological surveillance, community health promotion and mapping activities.

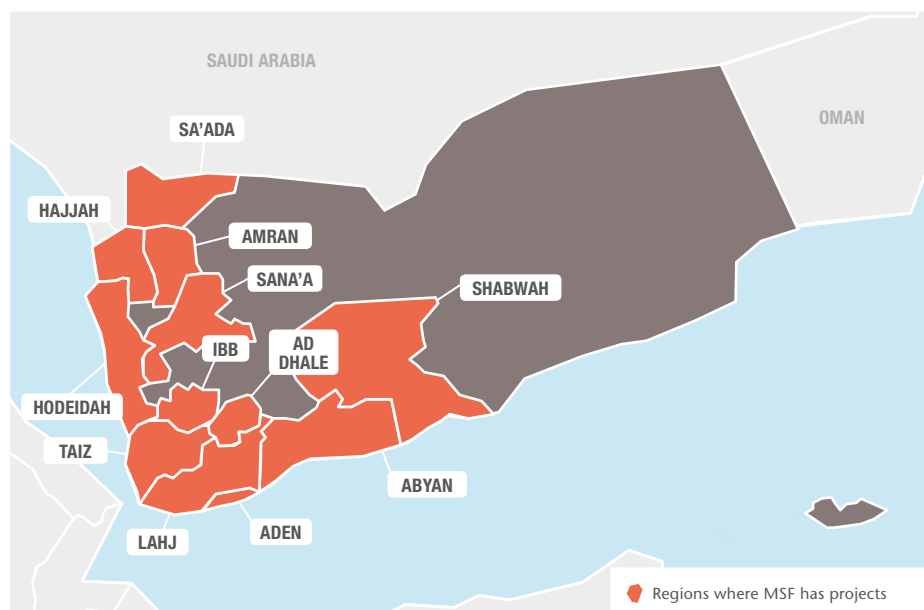


© Frederic Noy/COSMOS

A paediatric consultation at the MSF health centre in Bidi Bidi settlement.

YEMEN

No. staff in 2017: 1,797 | Expenditure: €61.5 million | Year MSF first worked in the country: 1986 | msf.org/yemen | [@MSF_Yemen](https://twitter.com/MSF_Yemen)



KEY MEDICAL FIGURES:

101,500 patients treated for cholera

21,800 antenatal consultations

19,700 major surgical interventions

9,500 patients treated for intentional physical violence, including war wounds

4,200 patients treated for malaria

4,000 relief kits distributed

3,400 patients treated in feeding centres

Since 2015, a full-scale war has been raging in Yemen. Outbreaks of disease and an upsurge in fighting in 2017 exacerbated the already dire humanitarian situation.

Much of the public infrastructure, including health facilities, has been destroyed by the warring parties. Import restrictions due to the imposition of a blockade by the Saudi-led coalition (SLC) in 2015, coupled with high inflation, have crippled Yemenis' access to healthcare and other essential services. Furthermore, many of the country's 50,000 health workers have not been paid since August 2016 and have consequently left the public health system, forced to look for other sources of income.

All these factors have led to the collapse of the health system, and outbreaks of diseases, such as cholera and diphtheria. Even where medical facilities are operational, most people are no longer able to afford the transport costs to go to them. This means they are unable to seek timely care, and easily curable health conditions are turning deadly when left untreated.

To respond to the growing humanitarian needs, Médecins Sans Frontières (MSF) scaled up its activities in Yemen in 2017,

working in 13 hospitals and health centres in 12 governorates and supporting 20 public health facilities. MSF teams are back in the Haydan and Abs hospitals that were bombed by SLC in October 2015 and August 2016, respectively. MSF employs more than 1,790 national and international

staff and supports over 1,000 health ministry employees, which makes Yemen one of its biggest missions in terms of human resources.

MSF teams performed 19,728 surgical interventions in the country during 2017. At the emergency surgical hospital MSF



Kawkab Al Sarafi, a nurse in the emergency room of Al Koweit university hospital in Sana'a and, is one of thousands of health workers who have not been paid since August 2016.



Faez Nasr, an MSF watchman who lives in Sa'ada city, sits in the rubble of what was his parents' house. His father was injured in the explosion and his mother died while driving him to hospital.

runs in Aden, the team saw an increase in the number of patients admitted for surgery, not only from the frontlines, but also from within the city, due to an upsurge in violence.

Many basic health conditions cannot be treated by the time patients make it to MSF clinics. For example, a growing number of women deliver their babies at home or arrive with complications. In Taiz, Yemen's second largest city and the scene of intense fighting for over two years, MSF assisted more than 7,900 deliveries in 2017 at Al-Houban mother and child hospital. On both sides of the frontline in Taiz, indiscriminate violence continues to threaten civilian lives every day.

In addition, MSF donated medical supplies, including surgical kits and medicine, to more than 20 governmental hospitals and health facilities across the country.

Cholera, a crisis within a crisis

MSF admitted 101,475 patients to its cholera treatment centres (CTCs) over the year. The cholera outbreak of 2017 exemplifies the consequences of the conflict on the Yemeni people. If there had not been a war, they would not have faced the same challenges in accessing clean water, disposing of waste and obtaining medical care.

In April 2017, when the outbreak started, MSF immediately launched a response,

opening 37 CTCs and oral rehydration points in nine of the 22 Yemeni governorates. The 15-bed treatment unit set up in Khamir hospital in Amran was soon full and had to be replaced with a larger one with 100 beds. In Hajjah, one of the most severely affected governorates, the Abs CTC alone admitted 15,769 patients, almost a sixth of the total admitted by MSF during the epidemic. In Ibb governorate, as well as setting up CTCs, MSF trained hospital staff to identify and treat the disease, and referred the most vulnerable patients to treatment centres. CTC teams also provided training on best practices to prevent the spread of the disease and organised outreach activities to monitor the quality of water, distribute decontamination kits and raise awareness.

In the third week of June, when the outbreak reached its peak, MSF admitted 11,139 patients. After this, the number of admissions started to decrease, and there were only a few hundred in October.

Diphtheria, the re-emergence of a neglected and forgotten disease

As the cholera epidemic subsided, teams began to see the first patients with diphtheria. Nearly 70 per cent of the suspected cases were identified in Ibb, with the rest scattered across 15 other governorates. This disease, which can be fatal in up to 40 per cent of cases if

left untreated, was eliminated from most countries after systematic childhood vaccination campaigns. The last case in Yemen was recorded in 1992, and the last outbreak in 1982.

In response, MSF opened a diphtheria treatment unit in Nasser hospital in Ibb city and at Al Nasr Hospital in Ad Dhale, and supported two others in Yarim and Jiblah hospitals, the latter with intensive care capacity. An ambulance referral system was also set up to transport patients to the hospital. In addition, MSF supports the transport of samples to a laboratory and carries out community-based health promotion activities. In 2017, MSF treated more than 400 patients suffering from diphtheria.

Renal failure treatment

Since 2015, four of Yemen's 32 kidney treatment centres have been forced to close. The 28 remaining centres are running out of essential supplies, so treatment is often interrupted.

Over the past two years, MSF has imported more than 800 tonnes of dialysis supplies and provided over 83,000 dialysis sessions for some 800 patients, as well as supporting six dialysis treatment centres. Three of these have now been handed over to another organisation. More than 4,400 renal failure patients remain in urgent need of care.

Challenges to MSF's programmes in Yemen going forward

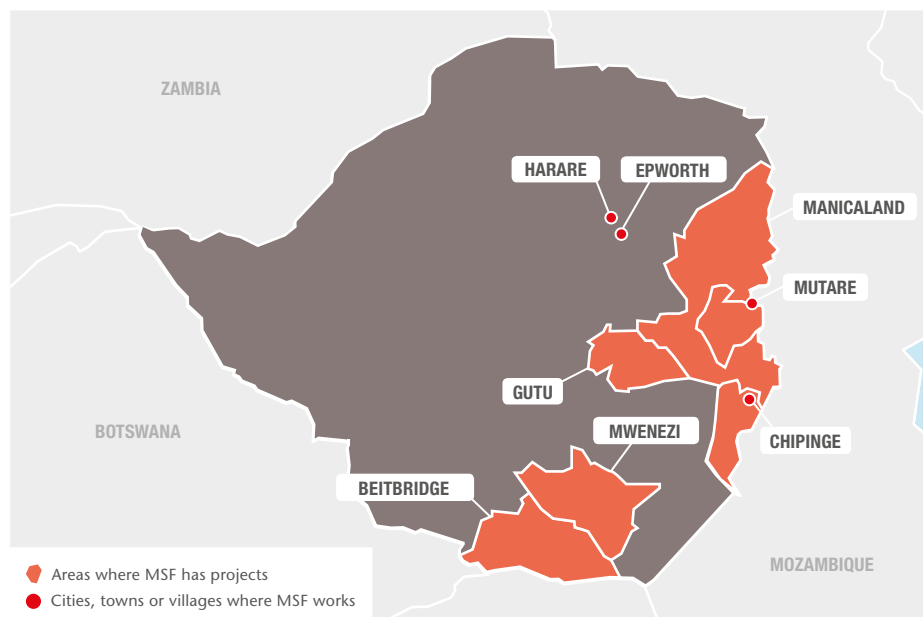
The respect for humanitarian principles and the safety of medical facilities and staff remain key concerns for MSF, as well as import limitations due to the blockade and its effects on the Yemeni healthcare system.

Authorities in Sana'a and Aden continue to impose new and often arbitrary requirements and restrictions on aid operations across the country. In November 2017, the SLC imposed a complete blockade on humanitarian staff and cargo at the ports and airports under its control, thereby hampering MSF's capacity to assist vulnerable communities in need.

In 2017, the MSF office in Djibouti arranged more than 200 flights from Djibouti to Yemen, carrying more than 500 tonnes of cargo and 1,200 staff going to work in the country.

ZIMBABWE

No. staff in 2017: 266 | Expenditure: €11.3 million | Year MSF first worked in the country: 2000 | [msf.org/zimbabwe](https://www.msf.org/zimbabwe) | [@MSF_Zimbabwe](https://twitter.com/MSF_Zimbabwe)



KEY MEDICAL FIGURES:

58,600 patients provided with first-line ARV treatment

1,700 patients started on treatment for TB

1,700 individual mental health consultations

1,400 patients treated after incidents of sexual violence

390 group mental health sessions

In 2017, Médecins Sans Frontières (MSF) continued to provide treatment for HIV, tuberculosis (TB), non-communicable diseases (NCDs) and mental health issues, in partnership with the Zimbabwean Ministry of Health and Child Care.

The health sector in Zimbabwe faces numerous challenges, including shortages of medical supplies and essential medicines. MSF continued to run water, sanitation and hygiene projects, provide cervical cancer screening and treatment, care for victims of sexual violence, and respond to emergencies.

Harare

MSF offered treatment and psychosocial support to 1,356 victims of sexual violence and comprehensive youth-friendly sexual and reproductive health services to 2,454 adolescents in Mbare.

MSF improved the provision of clean water to vulnerable communities in Harare by rehabilitating and upgrading 13 boreholes

and drilling five new ones. The team also supported the response to an outbreak of typhoid in Harare.

Treatment for HIV, TB and NCDs

In Manicaland province, MSF supported the scale-up of viral load testing in 40 health facilities and the management of patients

whose antiretroviral (ARV) therapy had failed. Staff also assisted with the treatment of NCDs such as asthma, hypertension and diabetes, and piloted the integration of treatment for HIV-positive patients living with NCDs. A total of 1,861 patients were followed up for NCDs in Chipinge and 550 diabetics were registered for treatment



As part of the medical programme MSF set up at Chikurubi maximum security prison, an inmate weighs himself in the courtyard while others await their turn.



A psychosocial support session with an MSF counsellor in Mbare.

in Mutare. In addition, MSF is supporting a pilot programme of nine-month treatment for patients with drug-resistant TB (DR-TB). At the end of 2017, three patients had been initiated on this treatment.

MSF continued to run HIV outreach programmes using patient-friendly, empowering models of care for hard-to-reach communities whose nearest health facilities can be up to 180 kilometres away.

MSF supported the health ministry to provide cervical cancer screening and treat patients with early-stage cervical cancer in Epworth and Gutu. A total of 5,925 women were screened for cervical cancer and 597 received treatment.

Staff training and handovers

In collaboration with the health ministry and the World Health Organization (WHO), MSF offered WHO Mental Health Gap Action Programme training to around 250 nurses from various health institutions.

MSF also provided coaching and mentoring services to the Ministry of Health and Child Care, Zimbabwe Prisons and Correctional Services, and City of Harare health staff,

in preparation for the handover of MSF's mental health projects at Chikurubi maximum security prison and Harare central hospital at the end of the year. In five years, MSF teams had cared for 4,250 people in the psychiatric unit. MSF's Harare community psychiatry intervention was handed over to the University of Zimbabwe in October.

MSF teams also provided training on advanced HIV/TB, DR-TB and paediatric and adolescent care for newly recruited doctors at Epworth clinic, and on treatment for victims of sexual violence for nurses in Harare polyclinics.

After 11 years of offering treatment, care and support to more than 24,406 HIV patients and 9,197 TB patients, MSF handed over the Epworth HIV/TB project to the health ministry at the end of 2017.

Although MSF handed over its viral load monitoring activities at the national microbiology reference laboratory and Beatrice Road infectious diseases hospital, the team continued to support the implementation of viral load monitoring in its projects.

PATIENT STORY

JOEL*

Joel was working as a cleaner at a company in Harare when he suddenly became very violent at work. He was taken to hospital and admitted to the psychiatric unit for treatment.

When he eventually returned to work, he realised his workmates knew he had been admitted to the psychiatric ward. They started to look down on him. He felt stigmatised and finally resigned.

"Stigma is still rife in the community and even in the workplace," he says. "I always see mentally ill people in the community and it really pains me because I realise they did not get the kind of help and assistance that I got."

Despite training as a welder, Joel couldn't find a job because people did not want to employ someone with a history of mental illness. He finally got one after referrals from a psychiatrist.

Joel's condition has now stabilised due to the medication he continues to take.

"I would like to appeal to the government to assist mentally ill patients so that they can start income-generating projects," he says. "If they are occupied and have something to do, they will remain occupied and avoid substance abuse that can in turn cause them to relapse."

*Name changed at patient's request

FACTS AND FIGURES

Médecins Sans Frontières (MSF) is an international, independent, private and non-profit organisation.

It comprises 21 main national offices in Australia, Austria, Belgium, Brazil, Canada, Denmark, France, Germany, Greece, Hong Kong, Italy, Japan, Luxembourg, the Netherlands, Norway, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the United States. There are also branch offices in Argentina, the Czech Republic, Republic of Korea, India, Ireland, Kenya, Mexico and the United Arab Emirates. MSF International is based in Geneva.

The search for efficiency has led MSF to create 10 specialised organisations, called 'satellites', which take charge of specific activities such as humanitarian relief supplies, epidemiological and medical research, and research on humanitarian and social action. These satellites, considered as related parties to the national offices, include

MSF Supply, MSF Logistique and Epicentre, among others. As these organisations are controlled by MSF, they are included in the scope of the MSF Financial Report and the figures presented here.

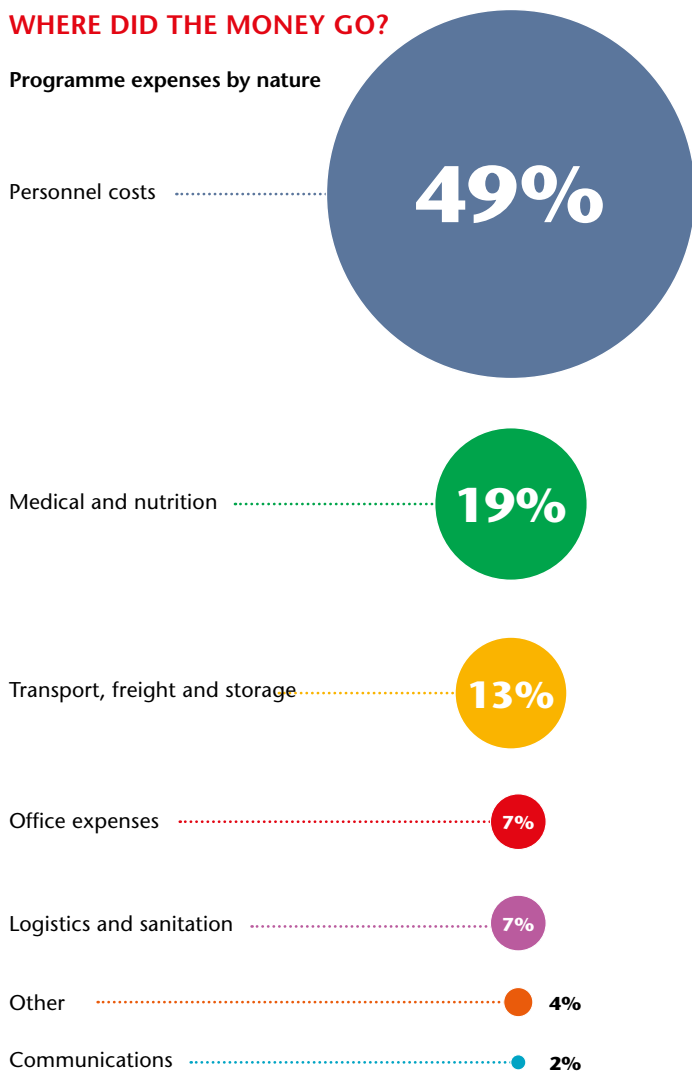
These figures describe MSF's finances on a combined international level. The 2017 combined international figures have been prepared in accordance with Swiss GAAP FER/RPC. The figures have been jointly audited by the accounting firms of KPMG and Ernst & Young. A copy of the full 2017 Financial Report may be obtained at www.msf.org. In addition, each national office of MSF 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.

The figures presented here are for the 2017 calendar year. All amounts are presented in millions of euros.

Note: Figures in these tables and graphs are rounded, which may result in apparent inconsistencies in totals.

WHERE DID THE MONEY GO?

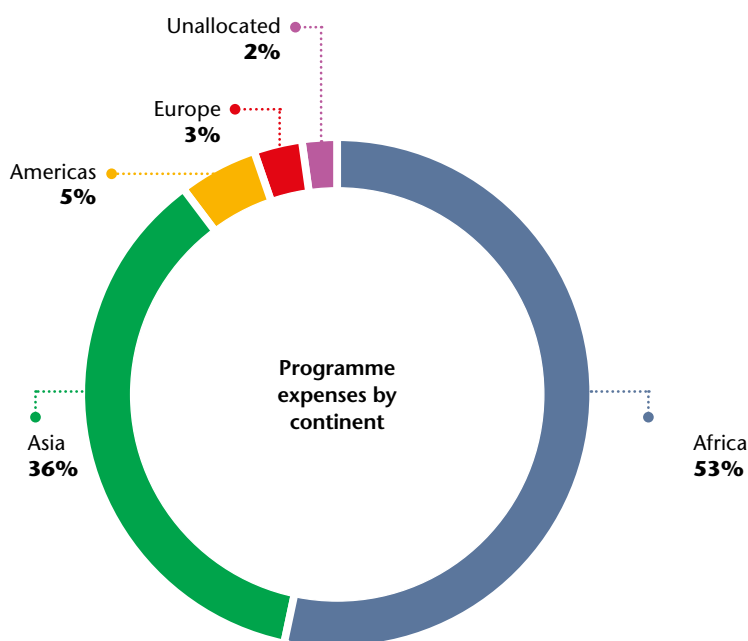
Programme expenses by nature



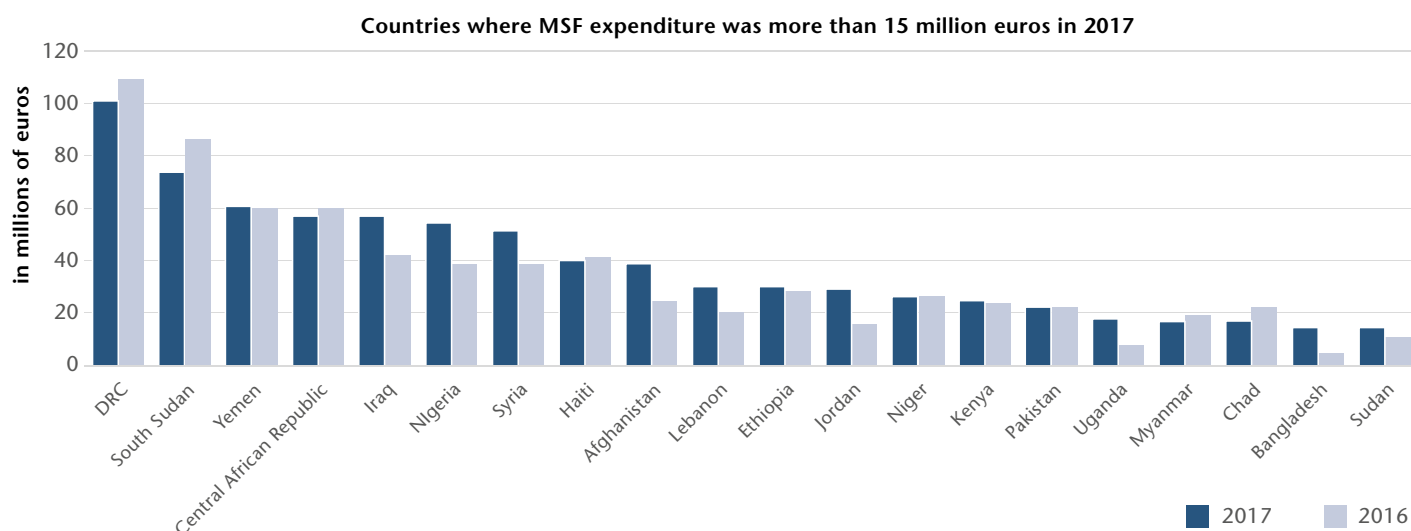
The biggest category of expenses is dedicated to personnel costs: about 49 per cent of expenditure comprises all costs related to locally hired and international staff (including plane tickets, insurance, accommodation, etc).

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 transport, freight and storage.

Logistics and sanitation comprise building materials and equipment for health centres, water and sanitation and logistical supplies.



COUNTRIES WHERE WE SPENT THE MOST



AFRICA

in millions of €

Democratic Republic of Congo	101.7
South Sudan	74.3
Central African Republic	57.8
Nigeria	54.8
Ethiopia	30.8
Niger	27.1
Kenya	25.5
Uganda	18.2
Chad	17.1
Sudan	15.3
Sierra Leone	14.1
Mali	12.7
Cameroon	11.9
Zimbabwe	11.3
Mozambique	10.4
South Africa	10.2
Guinea	9.8
Swaziland	9.0
Tanzania	7.6
Burundi	7.5
Malawi	7.3
Libya	6.9
Mauritania	6.1
Liberia	5.8
Guinea-Bissau	5.3
Somalia	4.7
Côte d'Ivoire	4.3
Angola	3.7
Egypt	2.0
Other countries*	1.9

Total Africa 575.0

ASIA AND THE MIDDLE EAST

in millions of €

Yemen	61.5
Iraq	57.6
Syria	52.2
Afghanistan	39.8
Lebanon	30.9
Jordan	30.1
Pakistan	23.0
Myanmar	17.1
Bangladesh	15.5
India	14.5
Turkey	13.4
Uzbekistan	9.0
Palestine	5.8
Cambodia	4.5
Kyrgyzstan	2.7
Georgia	2.3
Tajikistan	2.2
Philippines	1.8
Armenia	1.7
Iran	1.7
Other countries*	1.7

Total Asia 389.0

THE AMERICAS

in millions of €

Haiti	40.7
Venezuela	5.5
Mexico	5.0
Colombia	2.2
Honduras	1.8
Other countries*	1.2

Total America 56.5

EUROPE

in millions of €

Greece	9.6
Ukraine	5.7
Russian Federation	5.7
Italy	4.6
Serbia	2.6
Belgium	1.6
Belarus	1.6
France	1.3
Other countries*	0.9

Total Europe 33.6

OCEANIA

in millions of €

Papua New Guinea	4.1
Other countries*	0.3

Total Oceania 4.4

UNALLOCATED

in millions of €

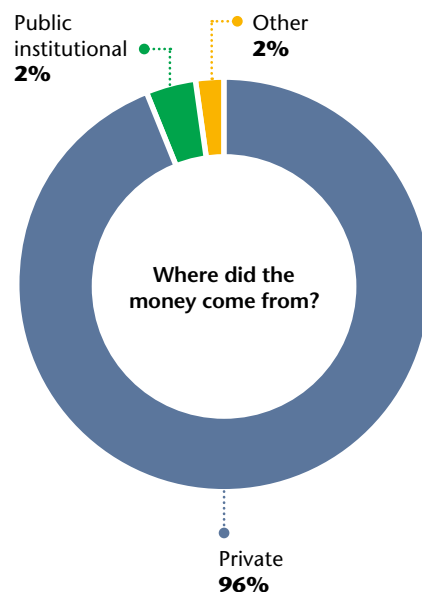
Mediterranean Sea Operations	9.0
Others	11.4
Transversal activities	5.5

Total unallocated 26.0**Total programme expenses 1,084.5**

* 'Other countries' combines all the countries for which programme expenses were below one million euros.

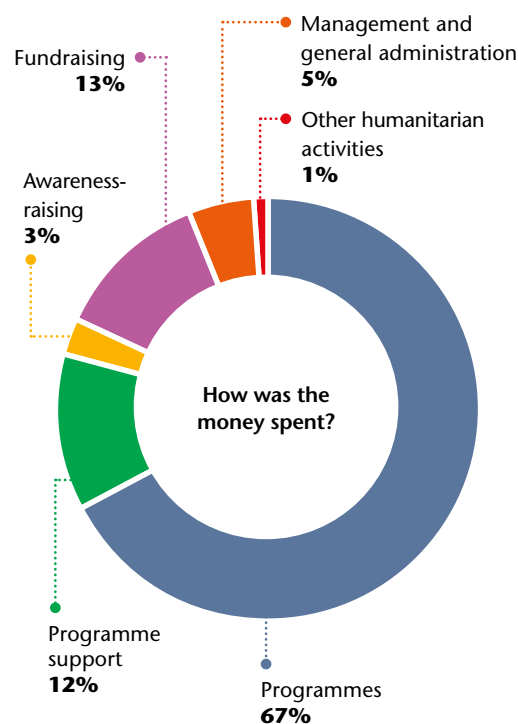
WHERE DID THE MONEY COME FROM?

	2017		2016	
	in millions of €	percentage	in millions of €	percentage
Private	1,471.1	96%	1,438.3	94%
Public institutional	29.9	2%	54.0	4%
Other	30.8	2%	24.0	2%
Income	1,531.8	100%	1,516.3	100%



HOW WAS THE MONEY SPENT?

	2017		2016	
	in millions of €	percentage	in millions of €	percentage
Programmes	1,084.5	67%	989.4	68%
Programme support	190.3	12%	170.6	12%
Awareness-raising	46.3	3%	45.1	3%
Other humanitarian activities	13.7	1%	12.3	1%
Social mission	1,334.8	83%	1,217.4	83%
Fundraising	203.2	13%	173.6	12%
Management and general administration	78.4	5%	67.8	5%
Other expenses	281.6	17%	241.5	17%
Expenditure	1,616.4	100%	1,458.8	100%
Exchange losses/gains	-18.9		11.4	
Deficit/surplus	-103.5		68.8	



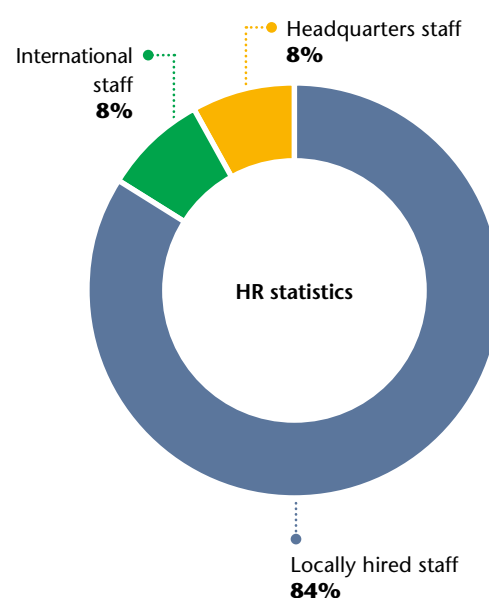
YEAR-END FINANCIAL POSITION

	2017		2016	
	in millions of €	percentage	in millions of €	percentage
Cash and cash equivalents	840	63%	1,001	69%
Other current assets	230	17%	223	15%
Non-current assets	258	19%	229	16%
Assets	1,328	100%	1,453	100%
Restricted funds	43	3%	34	2%
Unrestricted funds	996	75%	1,107	76%
Other funds	22	2%	72	5%
Funds	1,062	80%	1,214	84%
Current liabilities	185	14%	172	12%
Non-current liabilities	81	6%	67	5%
Liabilities	266	20%	239	16%
Liabilities and retained earnings	1,328	100%	1,453	100%

6.3
MILLION
private donors

HR STATISTICS

	2017		2016	
	no. staff	percentage	no. staff	percentage
Medical pool	1,603	20%	1,420	18%
Nurses and other paramedical pool	2,640	33%	2,656	34%
Non-medical pool	3,715	47%	3,699	48%
International departures (full year)	7,958	100%	7,775	100%
Locally hired staff	37,844	84%	32,046	83%
International staff	3,664	8%	3,202	8%
Field positions	41,508	92%	35,248	91%
Positions at headquarters	3,724	8%	3,301	9%
Staff	45,232	100%	38,549	100%



The majority of MSF staff (84 per cent) are hired locally in the countries of intervention. Headquarters staff represent eight per cent of total staff. Departure figures represent the number of times international staff left on field missions. Staff figures represent the total annual full-time equivalent positions.

Sources of income

As part of MSF's effort to guarantee its independence and strengthen the organisation's link with society, we strive to maintain a high level of private income. In 2017, 96 per cent of MSF's income came from private sources. More than 6.3 million individual donors and private foundations worldwide made this possible. Public institutional agencies providing funding to MSF included, among others, the governments of Belgium, Canada, Denmark, Luxembourg and Switzerland.

Expenditure is allocated in line with the main activities performed by MSF according to the full cost method. Therefore all expense categories include salaries, direct costs and allocated overheads (e.g. building costs and depreciation).

Programme expenses represent expenses incurred in the field or by headquarters on behalf of the field.

Social mission includes all costs related to operations in the field as well as all the medical and operational support from the headquarters directly allocated to the field and awareness-raising activities. Social mission costs represent 82.6 per cent of the total costs for 2017.

Other expenses comprises costs associated with raising funds from all possible sources, the expenditures incurred in the management and administration of the organisation, as well as income tax paid on commercial activities.

Restricted funds may be capital funds, where donors require the assets to be invested or retained for long-term use rather than expended; or the minimum compulsory level of retained earnings to be maintained in some countries. Temporarily restricted funds are unspent designated donor funds to a specific purpose (e.g. a specific country or project), restricted in time, or required to be invested and retained rather than expended, but without any contractual obligation of reimbursement.

Unrestricted funds are unspent, non-designated donor funds expendable at the discretion of MSF's trustees in furtherance of our social mission.

Other funds are foundations' capital and translation adjustments arising from the translation of entities' financial statements into euros.

MSF's funds have been built up over the years by surpluses of income over expenses. At the end of 2017, the available portion (excluding permanently restricted funds and capital for foundations) represented 7.5 months of the preceding year's activity. The purpose of maintaining funds is to meet the following needs: working capital needs over the course of the year, as fundraising traditionally has seasonal peaks while expenditure is relatively constant; swift operational response to humanitarian needs that will be funded by forthcoming public fundraising campaigns and/or by public institutional funding; future major humanitarian emergencies for which sufficient funding cannot be obtained; the sustainability of long-term programmes (e.g. antiretroviral treatment programmes); and a sudden drop in private and/or public institutional funding that cannot be matched in the short term by a reduction in expenditure.

The complete International Financial Report is available at www.msf.org

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COVER PHOTO

A mother watches on as her child is examined by MSF nurses at the cholera treatment centre in Katana, Democratic Republic of Congo.
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