



2016 US ANNUAL REPORT

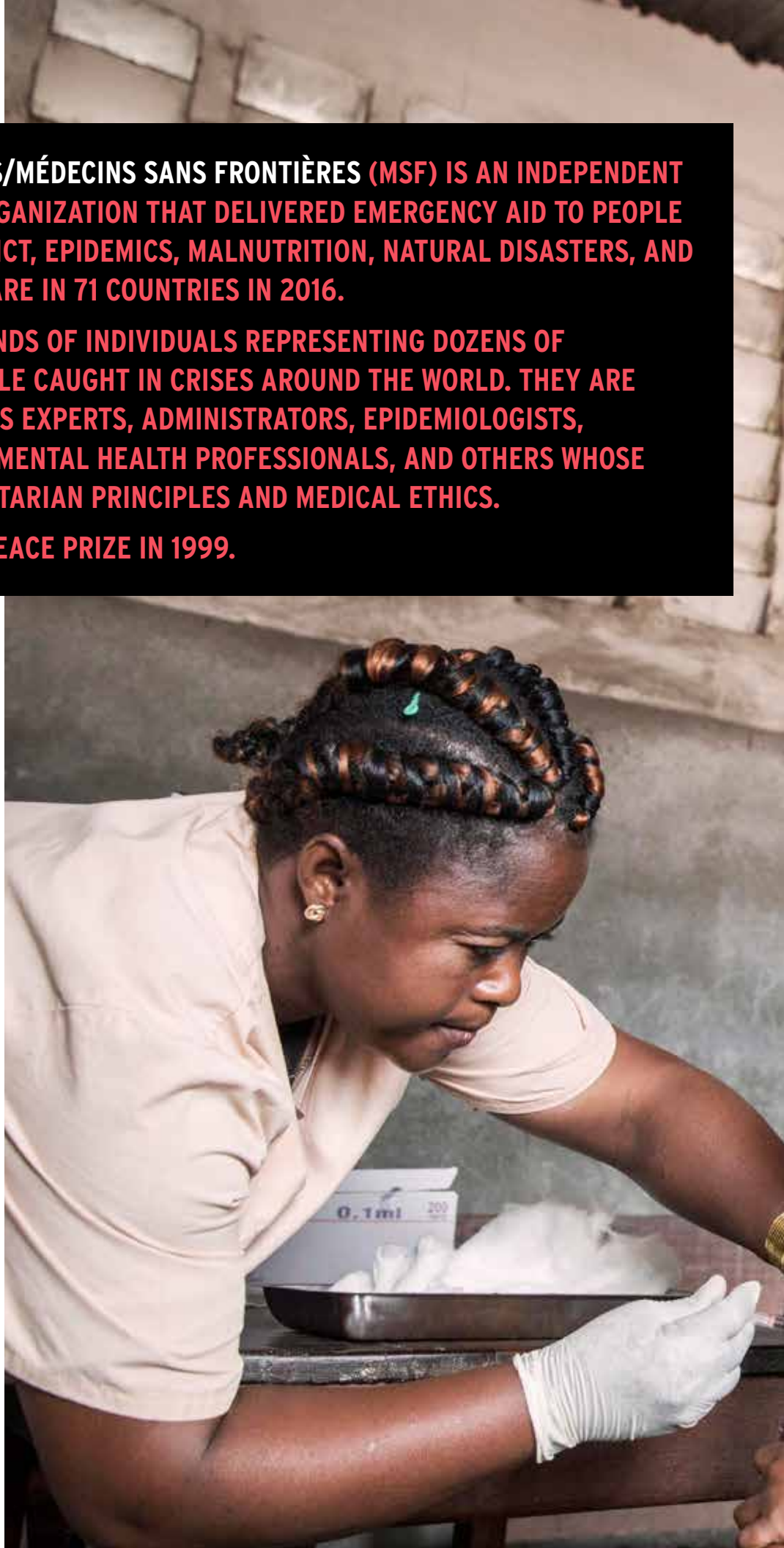
DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) IS AN INDEPENDENT MEDICAL HUMANITARIAN ORGANIZATION THAT DELIVERED EMERGENCY AID TO PEOPLE AFFECTED BY ARMED CONFLICT, EPIDEMICS, MALNUTRITION, NATURAL DISASTERS, AND EXCLUSION FROM HEALTH CARE IN 71 COUNTRIES IN 2016.

ON ANY GIVEN DAY, THOUSANDS OF INDIVIDUALS REPRESENTING DOZENS OF NATIONALITIES ASSIST PEOPLE CAUGHT IN CRISES AROUND THE WORLD. THEY ARE DOCTORS, NURSES, LOGISTICS EXPERTS, ADMINISTRATORS, EPIDEMIOLOGISTS, LABORATORY TECHNICIANS, MENTAL HEALTH PROFESSIONALS, AND OTHERS WHOSE WORK IS GUIDED BY HUMANITARIAN PRINCIPLES AND MEDICAL ETHICS.

MSF RECEIVED THE NOBEL PEACE PRIZE IN 1999.

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BOARD OF ADVISORS

A child receives a yellow fever vaccine in Kinshasa, Democratic Republic of Congo, as part of a massive campaign in which MSF vaccinated 710,000 people in 11 days in August 2016.
© Dieter Telemans





A nurse examines children at a camp for displaced people in Abs district, Yemen, where MSF supports a hospital and provides mobile outreach services.
© Gonzalo Martínez



DEAR FRIENDS,

OVER THE PAST YEAR, AS NATIVIST ARGUMENTS FOR WALLS AND OTHER BARRIERS TO KEEP PEOPLE OUT GAINED STRENGTH IN THE UNITED STATES AND AROUND THE WORLD, THE CORE MISSION OF DOCTORS WITHOUT BORDERS WAS CHALLENGED AS NEVER BEFORE. WITH YOUR STRONG SUPPORT, WE ARE FIGHTING ON ALL FRONTS TO DEFEND OUR ABILITY TO PROVIDE HUMANITARIAN ASSISTANCE FOR PEOPLE IN NEED REGARDLESS OF RACE, RELIGION, OR POLITICAL CONVICTION.

Every day, our medical teams treat people displaced by conflict and extreme violence. Throughout 2016, people seeking safety found themselves trapped in crisis, as countries closed their borders and sought to push refugees elsewhere—anywhere but here. We witnessed the terrible results first-hand during field visits to Lebanon and Mexico.

More than half our projects were dedicated to caring for people in situations of armed conflict or internal instability, with some of our biggest operations in countries that have experienced massive displacement. At the end of 2016, there were more than 65.6 million people displaced worldwide, according to the United Nations Refugee Agency. That unfathomable number provokes fear and xenophobia in some quarters, but we hope the stories of our patients might inspire greater compassion. We are also grateful for the contributions of the many MSF staff members who were once refugees themselves.

Together, we are working to ensure that our patients receive assistance and safety. In 2016, we launched a three-year advocacy campaign to expose the conditions facing those who have been “Forced From Home.” The campaign centers around a traveling, interactive exhibition led by MSF field workers who take visitors behind the headlines about the global refugee crisis. The exhibition toured the eastern US in 2016, and will travel to the mountain region and west coast this fall. In 2018, the exhibition will go to the southwestern US. For those of you living in or near the cities on the tour, we hope you will join us. [Learn more at forcedfromhome.com.]

Meanwhile, teams in the field and at headquarters are working to ensure that we have the necessary access and protection to care for those suffering the brunt of conflict. We played a leading role in pushing the United Nations Security Council to unanimously adopt Resolution 2286, which pledged to protect medical workers and patients in conflict situations. The UN Secretary-General borrowed our message, publicly affirming that “Even war has rules.”

And yet, airstrikes and shelling against health facilities have continued, with attacks often carried out by military coalitions involving Security Council member states, including France, Russia, the United Kingdom, and the United States. In 2016, 34 health structures managed or supported by MSF were attacked in Syria and Yemen. We will continue to demand that all warring parties adhere to their obligations under international law.

While our work pushing for greater access and innovation garners less visibility, it is instrumental to providing high-quality health care to the people who need it most. Through our Access Campaign, we are not only working to bring down the cost of vaccines and essential medicines, we are also supporting research and development to find new ways to treat the neglected diseases that affect many of our patients. Thanks to nearly half a million supporters who joined our campaign for A Fair Shot, Pfizer and GSK agreed to significantly lower the price of the pneumonia vaccine for children caught in humanitarian emergencies. Pneumonia is the leading killer of children under five.

We are breaking new ground through a series of clinical trials to treat drug-resistant tuberculosis (TB). A clinical trial initiated by MSF in Niger in 2014 showed that a new, heat-stable vaccine against rotavirus could help prevent large numbers of children from dying of severe diarrhea. Our research indicated that a new cholera control strategy using a single-dose oral vaccine could be effective in combating the disease. Last April, MSF vaccinated 423,000 people in Lusaka, Zambia, in the largest oral cholera vaccination campaign to be undertaken during an outbreak.

We hope that you will take some time to read the full report and reflect on the impact of our global activities made possible with your support. Consider the individual lives behind the big numbers: 9,792,200 outpatient consultations; 2,536,400 cases of malaria treated; 250,300 births assisted; 80,100 severely malnourished children treated at our inpatient feeding programs.

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



Sincerely,

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

FORCED FROM HOME



IN 2016, MSF RESPONDED TO THE MOUNTING REFUGEE CRISIS BY STEPPING UP LIFESAVING EFFORTS TO TREAT DISPLACED PEOPLE, EXPOSING THE EXTRAORDINARY CHALLENGES THEY FACE, AND ADVOCATING FOR THEIR PROTECTION.

The arguments for more restrictive migration policies are often framed in terms of national security as necessary measures to keep out terrorists and criminals. Yet most refugees and asylum-seekers are themselves seeking protection as they flee violence by armed groups, criminal gangs, and state or non-state forces. Their exodus is the symptom of deeper dysfunction—war waged without limits, state collapse, social and economic upheaval.

MSF sees the results firsthand as we treat patients caught in conflict and turmoil. We provide essential medical care on the front lines of the displacement crisis, with projects in countries that have experienced massive population shifts due to conflict—including Syria, Iraq, Yemen, Afghanistan, South Sudan, Nigeria, Democratic Republic of Congo, and Central African Republic. We also treat large numbers of displaced people in the world's leading host countries for refugees, such as Pakistan, Jordan, Lebanon, Uganda, Ethiopia, and Kenya.

Many of the world's richest countries—including the United States—are now closing their borders, compounding the challenges in parts of the developing world that already host disproportionately large numbers of displaced people. Last year, governments admitted less than 190,000 refugees for resettlement—and more than 25 million refugees and asylum seekers were suspended in a precarious limbo. Without a more generous, more equitable, and more humane global resettlement effort, millions of people will remain trapped in situations of conflict and extreme violence.

According to medical ethics, we have the duty to care for those who need treatment no matter who they are or where they are. MSF's charter demands that we speak out on behalf of our patients. So we are challenging governments to uphold their international legal obligations to refugees and asylum seekers. People whose lives are at risk must be allowed safe passage, given assistance, and be provided with protection.

A displaced Yazidi family leaves the Katsikas camp in Greece to protest alleged threats to their community. © Bruno Fert



EXPOSING THE HUMANITARIAN CRISIS NEXT DOOR

THE US ADMINISTRATION'S PLANS TO BUILD A BORDER WALL WITH MEXICO THREATEN TO FURTHER COMPLICATE AND OBSCURE A LARGELY UNDECLARED REFUGEE CRISIS.

An estimated 500,000 people are fleeing annually from El Salvador, Guatemala, and Honduras. The high level of violence in the region, known as the Northern Triangle of Central America, ranks alongside that in the world's deadliest war zones.

In 2015 and 2016, MSF carried out extensive research to understand the medical needs of migrants and refugees from Central America. We conducted a randomly sampled survey of migrants and refugees in facilities the organization supports in Mexico, and gathered additional data from MSF clinics. Nearly 40 percent of patients surveyed reported direct attacks, threats to themselves or their families, extortion, or forced recruitment attempts as the main reasons for fleeing their countries. Sixty-eight percent reported being victims of violence during their transit in Mexico. Nearly one-third of the women surveyed had been sexually abused during their journey. We treated thousands of patients for intentional wounds and emotional trauma. [Our findings were released in a report published in May 2017, "Forced to Flee Central America's Northern Triangle: A Neglected Humanitarian Crisis."]

Despite the catastrophic conditions, the United States and Mexico generally detain and deport people from the Northern Triangle rather than provide protection. We are urging both Mexico and the United States to stop deporting vulnerable people back to a dangerous region. We are also recommending that the United States expand existing Temporary Protected Status designations for citizens from the Northern Triangle, ensure humane conditions for people while their cases are processed, and guarantee access to medical and mental health care services.

A woman holds her granddaughter during an MSF support session for women at the Tenosique migrant shelter in Mexico. © Marta Soszynska/MSF

SEARCH-AND-RESCUE OPERATIONS AS A LAST RESORT

IMAGES OF FLIMSY, OVERCROWDED BOATS CARRYING REFUGEES AND MIGRANTS DESPERATE TO REACH EUROPEAN SHORES AWAKENED THE WEST TO THE MAGNITUDE OF THE GLOBAL REFUGEE CRISIS.

The emergency demands a more compassionate and coherent international response, but instead has largely been met with fear and hysteria exploited by nationalist politicians.

MSF strongly opposed the 2016 agreement between the European Union (EU) and Turkey, which offered financial and political incentives to Turkey to block people from leaving for Europe and to accept deportees from squalid prison camps in Greece. The EU-Turkey deal effectively outsourced the problem and marked a historic abdication of Europe's moral and legal responsibilities to provide asylum to those who need protection. In June, MSF announced that it would no longer accept funds from the EU or EU member states in opposition to their harmful deterrence policies.

The unacceptable costs of state indifference to the plight of refugees and migrants are obvious in the Mediterranean, where at least 5,143 men, women, and children died in 2016 while attempting to make the dangerous crossing, according to the International Organization for Migration.

Last year, MSF's search-and-rescue operations in the Mediterranean saved 21,603 people. MSF carried out the first phase of its search-and-rescue work in 2015, suspending activities in the winter with a renewed call for EU authorities to step in to prevent more tragedies. We resumed sea operations in April 2016 as European states continued to focus on deterrence and surveillance measures rather than on saving lives. MSF picked up thousands of vulnerable people along the deadly stretch of water between Libya and Italy, one of the few remaining routes to Europe as borders across the continent were closed.

We reinforced our search-and-rescue capacity with highly skilled MSF medical teams on board larger ships. The teams were equipped to provide lifesaving emergency care as well as to treat dehydration, fuel burns, hypothermia, and skin diseases. MSF provided psychological and medical first aid to many victims of torture and violence.

MSF began providing medical care to migrants, refugees, and asylum seekers detained in Libya in July 2016. We raised serious concerns with Libyan and international authorities that people were often detained arbitrarily in inhumane and unsanitary conditions. Many of our patients had been repeatedly victimized by security forces, militias, smuggling networks, criminal gangs, and other individuals exploiting their extreme vulnerability.

MSF staff register migrants and refugees aboard the Aquarius after a rescue operation in the Mediterranean Sea. © Kevin McElvaney





RESPONDING TO THE SYRIAN EMERGENCY

SYRIANS WERE THE WORLD'S LARGEST FORCIBLY DISPLACED POPULATION, WITH AN ESTIMATED 12 MILLION PEOPLE UPROOTED AT THE END OF 2016—MORE THAN HALF THE COUNTRY.

MSF's presence in Syria was severely constrained by the government and other armed groups. However we managed to operate directly in six medical facilities in regions controlled by opposition forces across northern Syria, and to provide remote support to Syrian medical networks. Civilian areas were routinely bombed and deprived of assistance. In 2016, 32 medical facilities supported by MSF were bombed or shelled on 71 separate occasions.

In July, during the siege of Aleppo by the Syrian government-led coalition, MSF was forced to temporarily suspend activities in the area. In December, after the Syrian government took full control of Aleppo city, MSF operated mobile clinics, distributed relief items, and organized a vaccine campaign to reach thousands of people evacuated to the surrounding countryside.

Since the Syrian conflict began in 2011, more than one million Syrians have fled to neighboring Lebanon—a country smaller than the state of Connecticut. [By comparison, the United States hosted just under 273,000 refugees of all nationalities in 2016, according to the UN Refugee Agency.] MSF expanded medical aid and emergency assistance to Syrian refugees, Palestinian refugees, and other vulnerable communities in Lebanon.

MSF also provided medical services to Syrian refugees in Jordan, where access to health care was extremely limited. We advocated on behalf of the more than 75,000 Syrians—mostly women and children—who were left stranded along Jordan's harsh desert frontier known as the berm. In June, Jordan closed its northern border after a car bombing at a nearby military base. Humanitarian agencies were unable to access the berm to deliver essential food, water, and medical supplies.

At least 55 people were killed in April 2016 when air strikes hit the MSF-supported Al Quds hospital and surrounding area in eastern Aleppo, Syria. © Karam Almasri







CHASING THE NEEDS IN SOUTH SUDAN

MORE THAN THREE YEARS OF CONFLICT, WHICH HAS INCLUDED EXTREME VIOLENCE AGAINST CIVILIANS, HAS FORCED 3.3 MILLION SOUTH SUDANESE PEOPLE FROM THEIR HOMES.

South Sudan was the third leading source country for refugees in 2016, with the fastest growing refugee population, according to the UN Refugee Agency. Nearly all of the 1.4 million refugees sought shelter in neighboring countries, and around 1.9 million people were internally displaced, often trapped in desperate conditions.

MSF's program in South Sudan, one of its largest anywhere, responded to the urgent medical needs of people affected by violence and maintained essential health care services across the country. Providing humanitarian assistance has become more difficult and dangerous in some places, however. Several MSF facilities were attacked or looted, with attacks often leading to the suspension of medical activities or even the closure of projects, effectively depriving tens of thousands of people of lifesaving medical care.

The most serious violation took place in February 2016 during an attack on displaced people taking shelter at a UN base in Malakal, where MSF ran a hospital. More than 25 people were killed, including two staff members. MSF treated patients and provided refuge for displaced people in its hospital during the attack. In June, MSF published a report sharply critical of the failure of the UN Mission in South Sudan to protect people at a designated Protection of Civilians site. MSF also condemned the appalling conditions at the sites, de facto camps for displaced people at UN bases across the country. We drew attention to the inadequate living space, insufficient food and water distribution, and rampant sexual violence.

MSF operated in parts of the country where there was no other access to health care, setting up health centers and operating mobile clinics to treat patients for a range of conditions, including acute malnutrition. MSF also established a network of community health workers drawn from the local population to provide some continuity of care, including in cases where people are forced to flee.

A doctor tends to a mother and child at the MSF hospital in Bentiu, South Sudan. © Rogier Jaarsma

DISCOVERING A HIDDEN EMERGENCY IN NIGERIA

MSF RESPONDED TO A HUMANITARIAN CRISIS IN THE NORTHEAST, WHERE 2.5 MILLION PEOPLE HAVE BEEN FORCIBLY DISPLACED BY CONFLICT.

Fighting between Boko Haram and national and regional armed forces has ruined entire towns and villages, with uprooted communities unable to sustain their traditional livelihoods.

MSF has had a permanent presence in Maiduguri since 2014, treating malnutrition, providing maternal health services, and responding to outbreaks of cholera and measles. In 2016, epidemiological surveys conducted in informal settlements in the city revealed evidence of extreme malnutrition and mortality, affecting children in particular, however MSF did not have access to areas outside the city due to conflict and insecurity. In June, more than 1,000 emaciated women and children were evacuated by the Nigerian army to Maiduguri from Bama, a town around 40 miles away. After screening and treating this group for malnutrition, MSF made the exceptional decision to accept an armed escort to assess the situation in Bama.

The team found a full-blown emergency: 24,000 people, including 15,000 children, were sheltered in a camp located on a hospital compound in Bama. Over a few hours, the MSF medical team discovered a health crisis and referred 16 severely malnourished children at immediate risk of death to the MSF in-patient therapeutic feeding center in Maiduguri. A rapid nutritional screening of more than 800 children found that 19 percent of them suffered from severe acute malnutrition—its deadliest form. The team also found 480 children's graves dug over the past year.

MSF usually refuses armed escorts in order to stay independent of any party to the conflict. In this case, a compromise was necessary to reach people in dire need of help. However, we did not compromise in terms of speaking out about the conditions witnessed by our teams in a camp controlled by the Nigerian military. We immediately publicized the severe hunger crisis in Bama in order to provoke a larger response by the international humanitarian aid system.

MSF began offering assistance in Bama, and over the following months managed to access other towns across Borno State. Teams provided health care and emergency nutritional support, improved access to water and sanitation, and distributed food and relief items. MSF data helped to convince the national authorities and international aid agencies of the scale of the emergency. By the end of 2016, the World Food Program and other aid organizations had begun large-scale interventions.

Displaced people at a camp in Ngala, Nigeria, fill jugs with clean water distributed by MSF teams. © Sylvain Cherkaoui/COSMOS





A DIFFERENT EMERGENCY EVERY DAY

MSF STRIVES TO FULFILL ITS FOUNDING MISSION AS A HUMANITARIAN ORGANIZATION THAT DELIVERS MEDICAL AID AND SPEAKS OUT ABOUT THE SUFFERING OF OUR PATIENTS.

MSF was created in response to the horrors of the Biafran War, a civil conflict that erupted in eastern Nigeria in 1967 and resulted in some two million people forced from their homes and at least 600,000 people killed, mostly from famine. The doctors and journalists who established MSF in 1971 laid the foundations for a new approach to humanitarian action that would challenge political and other boundaries, and prioritize the well-being of those caught in emergencies. Decades later, we are still providing medical care and advocating on behalf of displaced people and other victims of conflict.

We work in countries with chronic displacement crises, such as the Democratic Republic of Congo (DRC), which is simultaneously one of the top source countries for refugees and one of the leading hosts. Many people in DRC have been displaced multiple times, over generations. Last year, amid political upheaval and ongoing conflicts, there was also a massive influx of refugees from South Sudan and Burundi. MSF remained highly effective despite the volatile environment. In North Kivu province, home to large numbers of displaced people, MSF performed more than 270,000 outpatient consultations in the Mweso area alone.

“A different emergency happens there every day,” MSF health advisor Marit de Wit said of her time in eastern Congo. “Torture and gang rape are a daily reality.... Our Congolese colleagues are the real heroes of the project. They suffer the same things as our patients ... yet they are still motivated to come to work every morning.”

That’s the spirit we try to maintain across the movement. In the face of terrible suffering and injustice, there is still much work to be done. We will continue to do everything we can to address the enormous needs. And we will keep challenging governments and international agencies to fulfill their responsibilities to protect refugees and others who have been forced to flee for their lives. ■

MSF’s emergency team works with locally hired drivers to respond to a measles outbreak in May 2016 in the Democratic Republic of Congo.

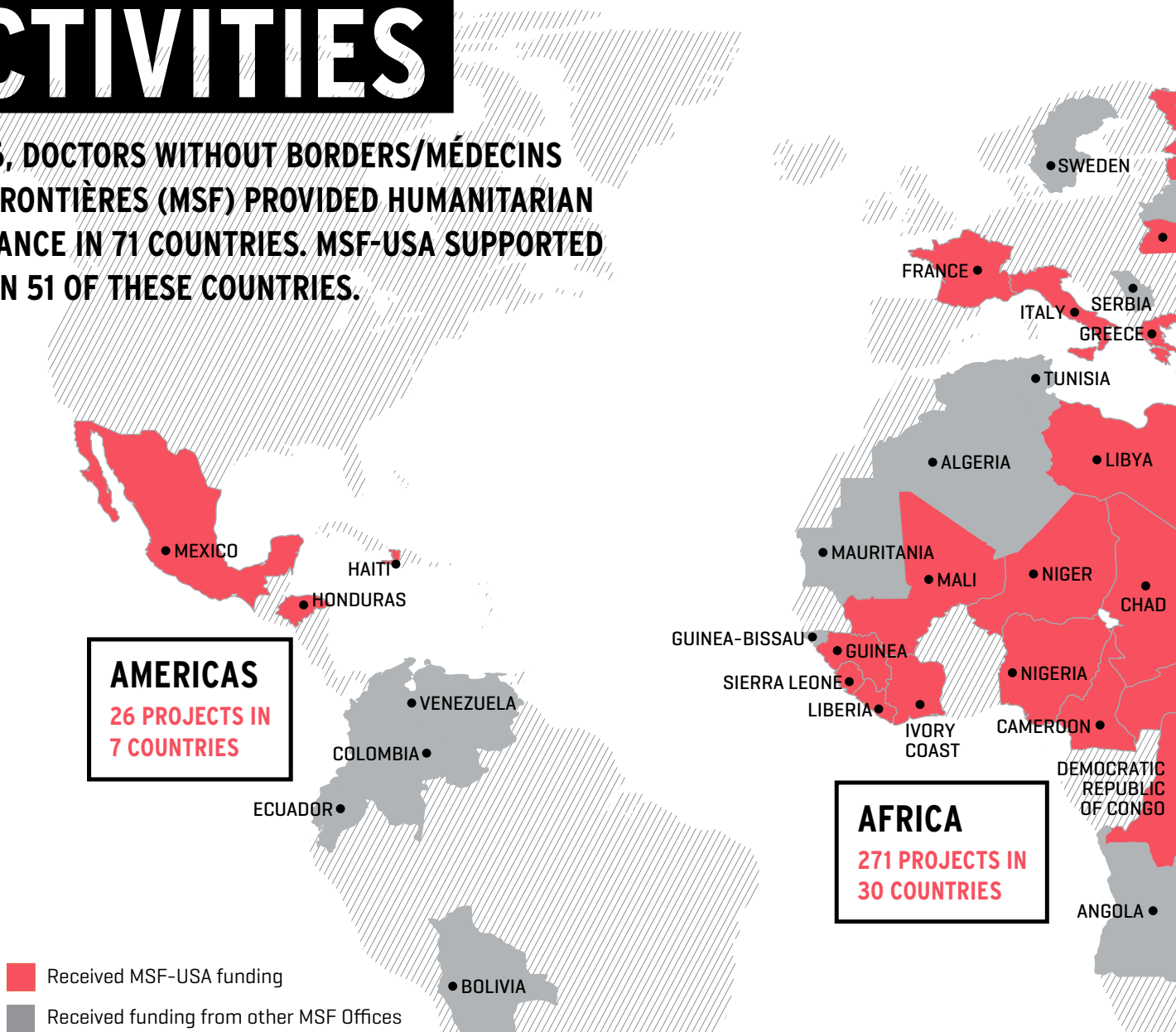
© Diana Zeyneb Alhindawi





ACTIVITIES

IN 2016, DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) PROVIDED HUMANITARIAN ASSISTANCE IN 71 COUNTRIES. MSF-USA SUPPORTED WORK IN 51 OF THESE COUNTRIES.



| | |
|------------------------------|---------------|
| DEMOCRATIC REPUBLIC OF CONGO | \$121,584,641 |
| SOUTH SUDAN | \$96,199,545 |
| CENTRAL AFRICAN REPUBLIC | \$66,856,760 |
| YEMEN | \$66,634,474 |
| IRAQ | \$46,462,866 |
| HAITI | \$46,005,021 |
| SYRIA | \$43,635,350 |
| NIGERIA | \$43,464,889 |
| ETHIOPIA | \$31,881,717 |
| NIGER | \$29,185,657 |

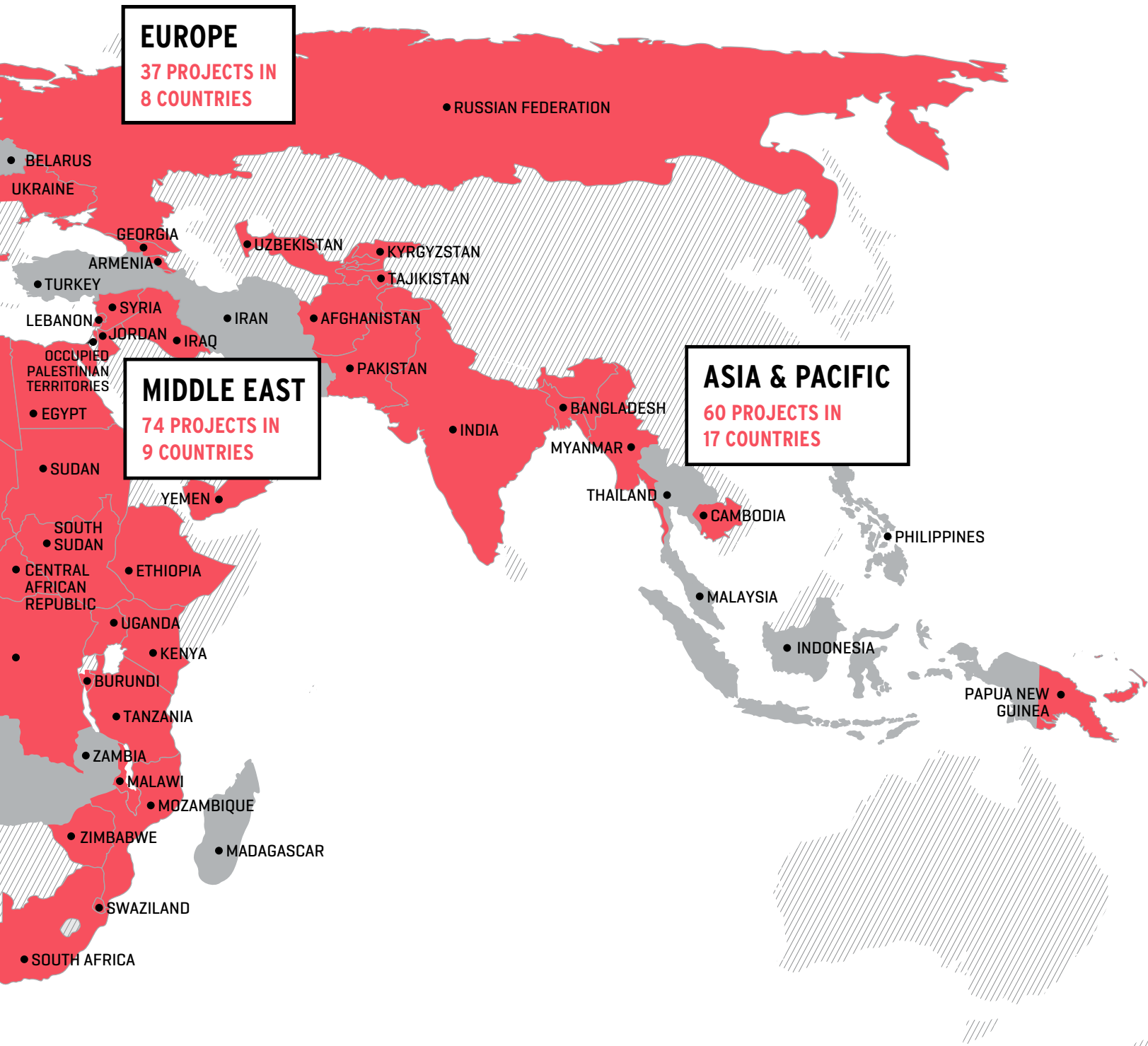
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|------------------------------|-------|
| SOUTH SUDAN | 3,683 |
| DEMOCRATIC REPUBLIC OF CONGO | 3,509 |
| CENTRAL AFRICAN REPUBLIC | 2,760 |
| AFGHANISTAN | 2,200 |
| NIGER | 2,087 |

LARGEST COUNTRY PROGRAMS IN 2016

Based on 2016 expenditures from all MSF offices.

STAFF NUMBERS IN 2016

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



| | | | |
|------------------------------|-----------|-------------|---------|
| DEMOCRATIC REPUBLIC OF CONGO | 1,960,000 | ETHIOPIA | 438,300 |
| CENTRAL AFRICAN REPUBLIC | 1,098,100 | YEMEN | 435,500 |
| SOUTH SUDAN | 934,400 | SYRIA | 372,700 |
| NIGER | 519,200 | LEBANON | 342,200 |
| NIGERIA | 441,900 | AFGHANISTAN | 328,100 |

OUTPATIENT CONSULTATIONS IN 2016

Largest country programs according to number of outpatient consultations [not including specialist consultations].

OUTPATIENT CONSULTATIONS **9,792,200**

PATIENTS ADMITTED **671,700**

MALARIA **2,536,400**
People treated for malaria

YELLOW FEVER **1,167,600**
People vaccinated against yellow fever during outbreaks

MEASLES **869,100**
People vaccinated against measles during outbreaks

MENTAL HEALTH **282,300**
Individual and group mental health consultations

BIRTHS **250,300**
Births assisted, including Caesarean sections

HIV/AIDS **232,400**
HIV/AIDS patients on antiretroviral treatment at the end of 2016

MENINGITIS **169,200**
People vaccinated against meningitis during outbreaks

SURGERY **92,600**
Major surgical interventions

MALNOURISHED CHILDREN **80,100**
Severely malnourished children admitted to inpatient feeding programs

MIGRANTS AND REFUGEES **30,600**
Migrants and refugees rescued and assisted at sea

TUBERCULOSIS **20,900**
Patients treated for tuberculosis

CHOLERA **20,600**
People treated for cholera

SEXUAL VIOLENCE **13,800**
Patients medically treated for sexual violence



2016 BY THE NUMBERS



MSF and SOS Méditerranée personnel help rescue refugees and migrants off the coast of Libya.

© Kevin McElvane

PROJECTS DESCRIBED IN THIS SECTION WERE MADE POSSIBLE IN PART BY GENEROUS CONTRIBUTIONS FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS IN THE UNITED STATES.

The great majority of funds MSF collects are unrestricted to any particular project, which is essential to MSF's ability to respond to emergencies as they unfold. The dollar amounts here reflect the total MSF-USA funding directed by MSF to field programs in a given country. These amounts are part of the total project costs presented by MSF International in its 2016 International Activity Report [activityreport2016.msf.org].

AFRICA

BURUNDI **\$5,385,538**

MSF continued to provide free, high-quality care to victims of trauma at L'Arche Kigobe, a private facility in the capital, Bujumbura, where political tensions and economic difficulties had a heavy impact. MSF increased L'Arche's capacity from 43 to 75 beds, and expanded care to treat all victims of trauma. In 2016, teams treated 4,839 patients in the emergency department, admitted 1,801 patients, and performed some 3,184 surgical interventions. Specialized physiotherapists provided 11,237 sessions for patients recovering from surgery, and 1,160 patients received psychological support.

MSF responded to two cholera alerts during the peak season. Teams set up cholera treatment centers in PRC hospital in Bujumbura, and in Kabezi and Ruziba. To prevent the spread of the disease, teams disinfected 2,832 households and provided equipment so families could treat their drinking water.

GLOSSARY

ARV: antiretroviral

DR-TB: drug-resistant tuberculosis

DS-TB: drug-sensitive tuberculosis

MDR-TB: multidrug-resistant tuberculosis

MoH: Ministry of Health

PEP: post-exposure prophylaxis

SMC: seasonal malaria chemoprevention

TB: tuberculosis

XDR-TB: extensively drug-resistant tuberculosis


CAMEROON **\$6,300,000**

Since 2011, violent attacks by Boko Haram and the counterinsurgency operations of the Nigerian army have forced hundreds of thousands of people from northeastern Nigeria to seek refuge in Cameroon, Chad, and Niger. MSF scaled up activities in the north of the country, providing health care, including maternal services and nutritional support, in Minawao camp. MSF staff carried out 58,147 consultations and improved water and sanitation services.

In Mora town, near the Nigerian border, MSF offered specialized nutritional and pediatric care at the hospital, supported two health centers, and ran an ambulance service and surgical activities in response to a large influx of wounded patients. At Maroua hospital, MSF renovated the operating theater and post-surgical ward and carried out 737 surgical interventions between August and December. In Kousseri, on the Chadian border, MSF supported the surgical ward at the district hospital, performing Caesarean sections and emergency interventions. MSF staff also provided nutritional and pediatric care at the hospital, conducted outpatient consultations in three health centers, and trained MoH staff.

CENTRAL AFRICAN REPUBLIC **\$26,599,672**

Years of political unrest and violence have resulted in a protracted humanitarian crisis in CAR. In 2016, thousands of people were killed, wounded, or displaced as armed groups fought for territory. Two MSF workers were killed while doing their jobs. Many humanitarian agencies withdrew from CAR in 2016 due to lack of funding, but MSF maintained its presence, with 17 projects across the country.



A child receives a vaccination for yellow fever in Kinshasa, Democratic Republic of Congo. © Dieter Telemans



PROJECT SUPPORT



MSF staff hold a session on sexual violence and sexually transmitted infections in Molokai village, Democratic Republic of Congo.
© Natacha Buhler/MSF

Violence in the capital, Bangui, resulted in dozens of casualties. MSF provided emergency services in the city's General Hospital, carrying out 3,700 surgical interventions. The team conducted 32,300 consultations in the PK5 neighborhood, treating children under the age of 15 at Mamadou Mbaiki health center. More than 106,000 consultations were carried out at the MSF field hospital in M'poko camp for internally displaced people at Bangui's airport. MSF scaled up services for women and babies in the city, managing the 80-bed Castor maternity hospital and assisting around 600 births per month; supported the Gbaya Dombia maternity facility in PK5; and rehabilitated a small maternity hospital in the Dameka/Boeing area.

MSF provided comprehensive care to local communities and displaced people in Batangafo, Kabo, Boguila, Bossangoa, Paoua, Carnot, and Ndele. In Berbérati, MSF supported the regional hospital and four health centers. More than 4,200 children were admitted to the hospital in 2016, and over 21,900 pediatric outpatient consultations were carried out in the health centers.

In Bambari, MSF provided primary and secondary health care to the host population and around 50,000 displaced people living in camps, carrying out nearly 35,000 consultations. In Bria, MSF provided health care to

children, and in Zémio teams offered basic and specialist health care in the hospital. In Bangassou, MSF supported the 118-bed reference hospital, which was being expanded, as well as three health centers.

MSF's emergency response team Equipe d'Urgence RCA (Eureca) responded to several health and nutrition emergencies across the country and vaccinated more than 12,800 children against measles. The team also aided 4,000 South Sudanese refugees in Bambouti. Nearly 95,000 children in Berbérati, Bangassou, and Paoua received routine immunizations in 2016 during multi-antigen vaccination campaigns.

CHAD \$6,610,951

In 2016, thousands of people in the Lake Chad region were forced to flee their homes as a result of violent clashes between Boko Haram and Chadian military forces. MSF ran mobile clinics from bases in Baga Sola, Bol, Liwa, and Kiskawa to provide basic health care and mental health support to displaced people and the local population, supported the health center in Tchoukoutalia, and offered mental health care to Nigerian refugees in Dar es Salam camp.

In Bol regional hospital, MSF collaborated with MoH staff on sexual and reproductive health, working in the maternity and pediatric

wards as well as in the therapeutic feeding center.

In Moïssala, MSF ran a prevention, detection, and treatment program for pediatric malaria that also included pregnant women. Around 2,300 children were admitted to Moïssala hospital's malaria unit, and 43,000 children and 7,500 women were treated for malaria in MSF-supported health facilities in the district. Four rounds of SMC were administered in 2016, each reaching more than 110,000 children.

In Am Timan, MSF supported the hospital's pediatric and maternity wards as well as the laboratory, and also managed the nutrition program and TB and HIV activities. MSF outreach teams worked at three health centers. In September, MSF's Chad Emergency Response Unit responded to an outbreak of hepatitis E in Am Timan.

In 2016, 2,176 children were treated for severe malnutrition. For the first time, MSF started a malnutrition prevention project targeting nearly 30,000 children under the age of two in and around Bokoro. Mothers in 15 rural locations received food supplements along with soap and mosquito nets.

DEMOCRATIC REPUBLIC OF CONGO \$44,372,856

In 2016, MSF provided 1.96 million outpatient consultations in DRC, its largest program based on services delivered. Teams responded to disease outbreaks, violence, and needs arising from massive displacement. MSF supported the MoH in a major emergency response to the outbreak of yellow fever, vaccinating more than a million people in Kinshasa and Matadi city. MSF's Pool d'Urgence Congo responded to 26 emergencies relating to cholera, measles, typhoid fever, and displaced people, reaching 330,000 people across the country.

In North Kivu, MSF hospitals admitted nearly 35,000 children suffering from malnutrition and/or other diseases; over 270,000 outpatient consultations were provided in the Mweso area alone, and more than 7,500 surgical interventions were performed in Rutshuru Hospital.

MSF supported five health facilities in Goma offering screening and treatment for HIV/AIDS; the team provided care for over 2,600 affected patients. In South Kivu, MSF carried out over 284,000 outpatient consultations, admitted 10,800 people to hospitals, treated more than 10,700 malnourished children, and assisted more than 10,000 deliveries. A surge of malaria cases pushed the MSF-supported hospital in Baraka to its limits. A 100-bed facility built by MSF was in full use, and more community-based sites were set up to treat 200,000 children for malaria, pneumonia, and diarrhea. Staff carried

out over 450,000 outpatient consultations and admitted more than 17,000 patients to the hospital. MSF teams continued to support health centers in Lulimba, Misisi, and Lubondja, opening additional community-based sites and carrying out nearly 200,000 outpatient consultations.

In early 2016, MSF opened a project to assist victims of sexual violence in Mam-basa region. Teams provided care for over 1,100 victims of violence and treated 11,900 for sexually transmitted infections in nine MSF-supported health centers. MSF teams in Boga and Gety regional hospitals and health centers treated 3,300 patients in emergency rooms and intensive care units and over 280 victims of sexual violence. More than 600 deliveries were assisted in Boga, and over 2,200 children were admitted to the pediatric ward in Gety Hospital. In Haut-Uélé teams treated more than 84,000 patients for malaria during an outbreak between May and August.

MSF teams supported two hospitals and several health centers in Manono and Kabalo during a nutrition emergency. More than 6,000 children suffering mainly from malnutrition and malaria were admitted to the pediatric unit. In Nyunzu, MSF responded to a measles outbreak and vaccinated around 90,000 children. MSF's project in Bili and Bossobolo provided 80,000 consultations for refugees from Central African Republic and host communities.

In Kinshasa, MSF provided medical and psychosocial care for people with HIV/AIDS, supported hospitals and health centers, and piloted innovative ways of managing patients. In 2016, over 2,500 patients with advanced HIV were admitted to the hospital and 68,000 consultations were carried out. Toward the end of the year, MSF supported 10 health facilities to treat 160 patients who were wounded during violent protests against the president. Similar support was given to health facilities in Lubumbashi.

MSF continued efforts to find our three missing colleagues: Philippe Bundya Musingelwa, Richard Muhindo Matabishi, and Romy Ya-Dunia Ntibanyendera. They were abducted in July 2013 in Kamango, in the east of the country, while carrying out a health assessment.

EGYPT **\$1,617,626**

MSF provided medical and mental health assistance, physiotherapy, and social support to refugees and migrants in Egypt, whose numbers have risen sharply in recent years due to conflict and instability in the region. In 2016, MSF treated 1,465 new patients, in addition to the existing cohort. Refugees and migrants struggled with limited employment opportunities and difficulties in accessing health care. Many had experienced violence

and exploitation that left them with psychological problems and physical disabilities.

Teams assisted other vulnerable individuals with 2,655 medical consultations and distribution of over 2,300 hygiene kits. MSF continued discussions with the Egyptian Ministry of Health and Population and national medical institutions to establish partnership projects in key public health areas, and offered to contribute technical medical expertise to existing initiatives.

ETHIOPIA **\$9,299,000**

MSF continued to fill health care gaps, respond to emergencies, and provide care for the growing refugee population.

In Wardher hospital and other health facilities in Doolo zone's Danod and Yucub districts, MSF provided inpatient and outpatient services, including primary and reproductive health care and treatment for malnutrition and TB. MSF also worked in 10 outreach clinics and donated drugs and medical supplies. In partnership with the Regional Health Bureau, MSF treated around 45,000 patients.

In Liben zone's Dolo Ado, MSF provided Somali refugees and the host community with basic health care, nutritional support, and routine immunizations. MSF also managed three health posts in Buramino and Hiloweyn camps and worked in the health center in Dolo Ado town. MSF worked at the local district hospital of Fik, in the central Somali Region. In Degehabur, MSF provided maternal health services and expanded the hospital. Mobile clinics offered basic health care.

In Gambella region, MSF provided basic and secondary health services for South Sudanese refugees and local communities, and ran a regular mobile clinic for refugees at the entry point of Pagak. In 2016, MSF offered basic medical assistance to 264,000 refugees and local residents and treated 87,000 patients for malaria in these locations. MSF also donated much-needed supplies to Gambella Hospital and supported the surgical ward.

In Amhara region, MSF provided treatment, diagnosis, and prevention of kala azar [visceral leishmaniasis], including for patients co-infected with HIV and/or TB; efforts so far have resulted in a significant decrease in transmission and infection rates. Teams also treated snakebites and supported emergency referrals.

In collaboration with Ethiopian authorities, MSF provided mental health care for some 6,200 Eritrean refugees in Shimelba and Hitsats camps in Tigray region and ran a psychiatric care center and a secondary health care facility. In Aseko, nearly 4,800 children with moderate acute malnutrition received supplementary food, and 160 with severe acute malnutrition were referred to therapeutic feeding programs. In Babile, MSF supported local health teams to screen and treat around 300 malnourished children.

GUINEA **\$3,703,806**

From January to September, MSF worked in Conakry, Coyah, Dubreka, and Forécariah, treating 359 Ebola survivors and 282 health



A woman working at a brothel in Conakry, Guinea, receives HIV testing and counseling from MSF teams. © Sam Phelps

professionals for medical complications. MSF provided medical and psychological care to 354 people indirectly affected by the Ebola epidemic, such as family members of the victims. Over 18,000 people benefited from information sessions designed to reduce the stigma affecting Ebola survivors. The closure of the survivor project in September marked the end of MSF's direct involvement in Ebola-related medical activities.

In November, in collaboration with the MoH, MSF opened a 31-bed center in Donka Hospital to treat people suffering from advanced HIV. The Donka center offers free, high-quality care to patients with HIV-related diseases such as Kaposi's sarcoma and cryptococcal meningitis. It also conducts operational research and provides hands-on medical training.

At the end of 2016, MSF was providing medical care for 9,856 people living with HIV. MSF gradually handed over the provision of ARVs to a large patient cohort to the national health ministry, and by the end of 2016, was providing first-line ARVs to 2,573 patients in Conakry.

IVORY COAST \$2,160,000

Years of political crisis have taken a heavy toll on the health system, and maternal mortality rates are particularly dire. In the Hambol region, where there are an estimated 661 maternal deaths per 100,000 live births, MSF ran a project with the MoH to improve the management of obstetric and neonatal emergencies in rural settings. MSF supported the Katiola referral hospital and three primary health centers in the region by providing additional personnel and medical supplies; facilitating an efficient referral system for complicated deliveries; and running a training, coaching, and supervision program for MoH staff. An average of 350 deliveries per month were assisted in MSF-supported facilities. At Katiola hospital, 55 newborns were admitted to the neonatal ward and 50 Caesarean sections were performed.

KENYA \$5,965,604

In 2016, MSF opposed the Kenyan government's decision to close the massive Dadaab refugee camp, which housed more than 300,000 Somali refugees. According to MSF's October report, more than 80 percent of refugees surveyed said they did not want to return to Somalia, citing issues such as the threat of being forcibly recruited by armed groups, sexual violence, and the lack of access to health care. In November, the government announced it would extend the deadline for Dadaab's closure until May 2017. Throughout the year, MSF continued its work in the 100-bed hospital in Dagahaley and

at two health posts in Dadaab, carrying out 162,653 outpatient consultations and admitting 9,137 patients to the hospital. More than 3,000 babies were born in the hospital's maternity ward.

In partnership with the Mombasa County Department of Health, MSF launched a sexual and reproductive health project in Mrima health facility to reduce maternal and newborn mortality.

In Kibera, Nairobi's largest slum, 176,415 people received medical treatment from MSF in 2016, including 728 patients treated for HIV, 386 for TB, and 997 for non-communicable diseases. After more than 20 years in Kibera, MSF began the process of handing the clinic over to the Kenyan government and another NGO.

Since 2008, MSF's clinic in Nairobi Eastlands has provided psychological, medical, legal, and social assistance to victims of sexual and gender-based violence. MSF worked with local authorities to increase access to emergency care for people living in Mathare slum and the Eastleigh neighborhood. A team in Eastlands also supported the detection and treatment of MDR-TB.

Since 2014, MSF has run a program in Ndiwa sub-county aimed at controlling the spread of HIV and reducing the number of deaths from the disease, working in the adult medical ward of Homa Bay and Ndiwa hospitals to improve the quality of care for both HIV and non-HIV patients. In 2016, more than 3,000 patients were diagnosed and enrolled on treatment, and more than 14,300 patients were receiving ARVs.

LIBERIA \$2,780,000

The devastating 2014–2015 Ebola outbreak resulted in more than 4,800 deaths in Liberia, including 184 health care professionals. Though health services were progressively restored, gaps persisted, notably in specialized pediatric care and mental health.

In 2015, MSF opened the Bardnesville Junction Hospital (BJH) in Monrovia, the Liberian capital and the epicenter of the Ebola outbreak, to provide specialized and emergency pediatric care, neonatology services, management of complicated severe malnutrition, on-site training, and an Ebola survivor clinic. In September 2016, the Liberia Board of Nursery and Midwifery validated the hospital as a site for clinical skills training. The first group of nursing students completed their practical training in December.

During 2016, 8,200 emergency consultations were carried out and nearly 4,500 patients were admitted to BJH. MSF's survivor clinic provided care to approximately 600 patients and conducted an average of 240 consultations per month. In December,

MSF's patients were transferred to three MoH centers in Monrovia and the survivor clinic was closed.

LIBYA \$4,320,000

Libya remained fragmented by conflict and political divisions, which severely impacted the health care system. MSF donated drugs and medical equipment to hospitals throughout the country to support emergency and surgical care. In Benghazi, MSF ran a clinic with a Libyan NGO to offer pediatric and gynecological consultations to displaced and vulnerable people. MSF also supported the emergency room in Benghazi Medical Center and Al Abyar and Al-Marj hospitals with staff and training. MSF supported the main Misrata hospital, establishing a partnership for infection control with an MSF-run hospital in Amman, and provided two hospitals in Zintan with supplies and mass-casualty response training.

In addition to being a destination for hundreds of thousands of refugees, asylum seekers, and migrants, Libya was a transit point for people attempting to cross the Mediterranean to reach Europe. These people were exposed to alarming levels of violence, exploitation, and ill treatment. MSF ran mobile clinics in seven migrant detention centers in and around Tripoli, carrying out 7,145 medical consultations.

MALAWI \$460,000

MSF ran several projects to combat HIV/AIDS in Malawi, where an estimated 980,000 people live with the virus. In Nsanje District, MSF supported the district management team in running a fully decentralized HIV and TB program, supported care for patients with advanced HIV in the district hospital, and health care for truck drivers and sex workers.

MSF worked with the health ministry to support HIV patients in Chiradzulu and began a four-year handover process to ensure high-quality management of stable HIV patients. MSF is shifting its focus to hard-to-reach groups. MSF also worked to improve access to viral load testing in five district health centers, and provided screening and preventive treatment for cervical cancer.

MSF provided HIV, TB, and primary health care services in Maula and Chichiri central prisons, where 97 percent of inmates were tested for HIV during the year. Of those who tested positive, 94 percent were started on treatment and 93 percent achieved an undetectable viral load. MSF extended similar services to two district prisons where inmates had limited access to health care. MSF continued development of its transnational "corridor project," providing health care for high-risk groups including sex workers, truck drivers, and men who have sex with men.

After a major cholera outbreak on Lake Chilwa in early 2016, MSF launched a mass vaccination campaign that reached 108,400 people. An innovative two-dose strategy was used for 5,863 hard-to-reach people, with the second dose self-administered two weeks after the first. MSF concluded a nine-month emergency intervention in Kapise, where around 10,000 Mozambicans sought refuge from conflict in their country in December 2015.

MALI \$6,120,000

Access to medical care remains limited in northern Mali due to a lack of medical staff and supplies, and insecurity arising from clashes between armed groups. In Anson-go town, Gao region, MSF supported the 48-bed referral hospital with outpatient consultations, inpatient and emergency care, surgery, maternal health care, treatment for chronic diseases, nutrition and laboratory services, and mental health care. In rural areas of Ansongo, MSF arranged referrals to health centers and the hospital. From July to December, when the nomadic community migrate with their cattle far from the health centers, MSF ensured they had access to primary health care by training and mentoring community health workers in the diagnosis and treatment of common diseases. More than 57,145 children received routine catch-up vaccinations and antimalarial treatment during the seasonal peak.

In Kidal region, MSF supported five health centers. In collaboration with local authorities, the team implemented SMC for the first time in the region, targeting around 16,000 children between three months and five years old. During the year, MSF started to hand over its SMC activities in Koutiala to the MoH. An average of 171,000 children received antimalarial drugs in each round.

Elsewhere in Koutiala district, MSF ran a comprehensive pediatric program. In 2016, 7,032 children were admitted to the pediatric ward and 3,829 to the nutrition ward of the MSF-supported regional referral hospital. MSF also supported pediatric and nutrition activities in five health centers across the district, carrying out 90,203 outpatient consultations and treating 3,779 children for malnutrition.

MOZAMBIQUE \$320,000

Despite ambitious plans to treat everyone diagnosed with HIV, Mozambique struggled to respond to an epidemic affecting 11.5 percent of all adults. In Maputo, MSF provided care for HIV patients who needed second- or third-line ARV treatment and treated co-morbidities such as Kaposi's sarcoma and viral hepatitis, as well as TB and DR-TB. MSF



An MSF doctor conducts an appetite test at a nutrition center in Fori, Nigeria. © Musa Yahaya/MSF

helped launch a new viral hepatitis C program in 2016, with three patients starting treatment through the national health system.

MSF supported the MoH in Changara and Marara districts in expanding access to HIV and TB care using innovative, community-based models of care. MSF continued to develop models of care for high-risk groups, including sex workers and men who have sex with men, covering 180 locations along the commercial corridor route linking Beira harbor to the mining area of Tete province. MSF conducted medical consultations with more than 4,000 sex workers. MSF started two new projects in Morrumbala and Mossurize districts, providing obstetric care in rural areas and improving access to health services for communities affected by conflict.

NIGER \$9,655,310

In Niger, MSF focused on reducing child mortality, particularly during the annual nutrition and malaria crisis. Teams also provided humanitarian assistance to refugees and displaced people in the south.

In Diffa region, where hundreds of thousands of people were affected by fighting between Boko Haram and armies in the area, MSF worked with the MoH to provide free basic and reproductive health care and to respond to emergencies. Teams carried out over 317,000 consultations and 3,810 deliveries, and treated some 24,500 malaria patients in Diffa in 2016.

In Tahoua region, MSF worked in health centers and at the Madaoua district hospital, which expanded to 350 beds during the seasonal peak in malnutrition and malaria cases. MSF ran the inpatient therapeutic feeding cen-

ter (ITFC) and pediatric and neonatal wards, and started supporting the maternity ward.

In Zinder region, MSF supported the pediatric unit and ITFC in Magaria district hospital. The team repeatedly boosted capacity for malnutrition and malaria cases, reaching 600 beds at the seasonal peak and supporting 11 health centers. In Dungass district, MSF opened an additional 200-bed pediatric unit.

MSF teams ran community-based activities to combat malaria, and more than 117,000 children received SMC. MSF supported pediatric and nutrition activities in Zinder City and Chare Zamna.

In Maradi region, MSF ran a pediatric program in and around Madarounfa town and added neonatal care to MSF's activities; 15,573 children received care for severe malnutrition.

MSF and the MoH vaccinated nearly 240,000 people during a meningitis outbreak, and vaccinated 70,000 people in Tahoua region, 66,000 in Diffa region, and 61,000 in Tillabéri region during measles outbreaks. Other teams assisted in a vaccination campaign against cholera in Diffa and aided victims of floods in Tahoua.

NIGERIA \$13,377,303

The conflict between Boko Haram and the Nigerian military has resulted in massive displacement and a catastrophic humanitarian emergency across the northeast. In several areas of Borno State, high mortality rates were linked to severe malnutrition and preventable diseases. Although security within Maiduguri, the state capital, improved slightly, active conflict, mass displacement, and disease outbreaks continued outside the city.

MSF scaled up emergency assistance in Borno and the surrounding region. Insecurity limited MSF activities in some of the hardest hit villages, leading teams to carry out rapid interventions. MSF scaled up services in camps for displaced people in Maiduguri and in 10 nearby towns, running clinics to remote locations where access was possible. MSF admitted 20,760 children to therapeutic feeding centers, and carried out 290,222 outpatient and 2,764 emergency consultations. MSF conducted over 56,000 antenatal care consultations and assisted in 5,181 deliveries. Teams provided over 1,099 tons of food to displaced people in the last half of 2016, vaccinated approximately 130,000 children against measles and 10,052 against pneumococcal pneumonia, and provided 18,754 with SMC.

In Kukareta village in Yobe state, MSF offered a range of care, referring complicated cases to Damaturu hospital in the state capital, where MSF operated a nutrition program and reached 3,717 children in an SMC campaign.

In Jakusko local government area, MSF vaccinated 143,800 children against measles and started working in four therapeutic feeding centers. MSF began working in Zamfara state in 2010, responding to lead poisoning in children. In 2016, MSF teams treated children in five clinics and in Anka general hospital.

Following an outbreak of lead poisoning in Niger state, MSF opened the safer mining pilot project in November and worked with miners to reduce exposure to lead and off-site contamination.

In the Kebbe area of Sokoto state, MSF supported Kuchi health care center to treat pregnant women and children until May, when the project closed due to insecurity. In Sokoto, MSF provided surgical care for 388 patients

with noma and other diseases and worked with the MoH and the World Health Organization to respond to a meningitis outbreak, vaccinating 113,030 people.

In Port Harcourt, Rivers state, MSF provided a comprehensive package of care for survivors of sexual violence, which included PEP for HIV and sexually transmitted infections, vaccinations, emergency contraception, and counselling. MSF continued to run its vesicovaginal fistula and emergency obstetric program in Jahun general hospital in Jigawa state. The team treated 400 women with fistulas, performed 2,660 obstetrics-related surgical procedures, and assisted in 7,365 births. MSF also set up basic emergency obstetric services in surrounding health centers.

SIERRA LEONE **\$1,706,791**

Sierra Leone was finally declared Ebola-free on March 17, 2016, but the country struggled to rebuild its shattered health system. Access to medical care was already limited before the epidemic, and an estimated 10 percent of the country's health professionals were among the 3,950 people killed by the virus.

The Ebola survivors' clinic, opened by MSF in July 2015 to help patients with complications, was handed over to the MoH at the end of September 2016. The clinic provided medical treatment and mental health care to more than 400 survivors and their families, and promoted safe sex and malaria prevention. MSF sent health promoters to educate communities about the disease and reduce social stigma.

Sierra Leone had some of the worst health indicators even before the Ebola epidemic, especially for maternal and child mortality. In Tonkolili district, MSF supported the pediatric and maternity wards, neonatal services, and blood transfusion laboratory at Magburaka district hospital, and assisted the Magburaka mother and child health post with staff and supplies. MSF provided emergency obstetric care in a community health center in Yoni Chiefdom, Hinistas. Teams conducted 21,180 outpatient and 6,245 antenatal consultations, admitted 2,996 children to the pediatric ward, and assisted 1,457 deliveries.

MSF launched a project in Koinadugu in April, rehabilitating Kabala hospital, growing the pediatric ward from 15 to 45 beds, and creating a three-bed neonatal ward. The project also provided health care to Ebola survivors, and screening for malaria and HIV. Teams monitored the nutrition situation and responded to emergencies and disease outbreaks. In May, 65,159 children were vaccinated against measles.

SOUTH AFRICA **\$719,565**

South Africa has the largest HIV patient cohort in the world and has helped to lead efforts to gain access to new treatments for MDR-TB. In KwaZulu-Natal province, MSF's HIV/ TB project in uThungulu district aims to be the first site in South Africa to meet the United Nations 90-90-90 targets. In 2016, MSF tested 56,029 individuals, supported 2,370 male circumcisions, and distributed 1,573,756 condoms.

In partnership with the city and the organization mothers2mothers, MSF's Khayelitsha project near Cape Town established 13 postnatal "Moms and Tots" clubs where women and their babies could get one-stop services for HIV and other health issues. MSF fought for access to new drugs for patients in Khayelitsha and nationally. South Africa now has national access to the new TB drug bedaquiline, and in Khayelitsha, MSF had the largest national cohort on another promising new medication, delamanid, with 61 new patients initiated on treatment in 2016.

With the Department of Health in North West province, MSF expanded access to care for victims of sexual violence in Rustenburg, in the platinum mining belt. MSF supported three Kgomoiso health care facilities providing a package of medical, legal, and psychosocial care to victims of sexual violence—including a forensic examination, PEP to prevent HIV and other sexually transmitted infections, and psychosocial support.

MSF is a founding member of the Fix the Patent Laws coalition, 32 patient groups and organizations campaigning for reform of South Africa's intellectual property laws to improve access to affordable medicines. Following years of pressure, the South African Department of Trade and Industry released a new intellectual policy consultative framework in 2016.

The Stop Stockouts Project, a civil society consortium supported by MSF and other organizations, received 605 reports of stockouts and trained 3,454 patients and activists to monitor the availability of essential drugs and push for the rapid resolution of shortages.

SOUTH SUDAN **\$25,344,439**

More than three years of ongoing conflict, which has included extreme violence against civilians, has forced millions of people across South Sudan to flee from their homes. MSF continued to respond to urgent medical needs and maintained essential programs across the country despite growing challenges, including attacks on health care facilities.

In February, the MSF-run hospital at the Malakal Protection of Civilians [PoC] site was attacked, and more than 25 people were killed, including two staff members.



Students in rural KwaZulu-Natal, South Africa, receive HIV counseling and testing from MSF staff. © Greg Lomas/MSF



Women and children visit the MSF hospital in Bentiu, South Sudan.
© Rogier Jaarsma

MSF published a report on the events and launched an advocacy campaign calling on the United Nations Mission in South Sudan to provide credible security to civilians under its care and improve conditions at the site. In June, MSF built a new 60-bed hospital on the site and opened a medical center in Malakal town.

After fighting broke out in the capital, Juba, in July, MSF set up a surgical facility and ran mobile clinics across the city. In the first month, one outreach team treated 9,242 people. MSF staff also helped the MoH set up and run a cholera treatment center.

In Greater Upper Nile Region, the MSF clinic in Pibor provided maternity and emergency services. Looting in February temporarily halted activities, but the clinic was operational again by April. The team started to offer surgery in late 2016. MSF staff provided medical care to the 50,000 Sudanese refugees in Doro camp and the local community in Maban county.

The MSF hospital in Lankien, the only functioning medical facility in the area, admitted 1,068 patients to its therapeutic feeding program in 2016. Teams also provided treatment to 1,530 patients for kala azar [visceral leishmaniasis]. Malaria was the main morbidity at

the hospital and in the primary health care center in Yuai; teams carried out 116,944 consultations.

MSF ran a 160-bed facility at the Bentiu PoC site, where 120,000 displaced civilians were sheltered at the end of 2016. It was the only hospital on site, providing a range of services and running outreach activities in the POC and Bentiu town.

MSF set up emergency services in Leer and Mayendit counties as intense fighting displaced thousands of people. Mobile teams provided care and treatment for survivors of sexual violence. In July, medical activities were temporarily disrupted when the MSF compound in Leer town was looted. In Yida, MSF offered inpatient and outpatient services, vaccinations, and HIV and TB treatment to refugees from South Kordofan, Sudan. MSF also ran facilities in Mayom county, Wau Shilluk, and Fangak.

In Equatoria Region, following an increase in violence, MSF set up a clinic in Yei. An MSF project set up in Mundri was suspended after an armed robbery. Despite clashes in the Yambio area, MSF continued its HIV program.

Aweil hospital, the only secondary health care facility in this area of Bahr El Ghazal region, served 1.5 million people. In 2016, the

team provided maternal and child care and responded to a sharp peak in malaria. Further south, in Wau, MSF carried out around 42,000 consultations when violent clashes displaced more than 60,000 people in June.

Agok hospital provided specialist and emergency care to more than 140,000 people in the remote Abyei Special Administrative Area. Teams carried out around 50,000 consultations and treated more than 40,000 people for malaria in isolated villages.

SUDAN \$6,280,376

MSF continued to provide emergency medical treatment in Sudan despite some restrictions to areas affected by conflict.

When fighting displaced more than 160,000 people from Jebel Mara, North Darfur, MSF deployed an emergency response team to set up a health center in Sortoni and increase operations in Tawila. In Sortoni, MSF treated 40,616 outpatients and vaccinated 9,683 children for measles. In Tawila, MSF conducted 108,933 outpatient consultations and admitted 4,878 inpatients—mainly for malnutrition, diarrheal diseases, and malaria.

MSF responded to violence in the gold mining area of El Sireaf, and ran four health

centers in Dar Zaghawa focused on mothers and children.

In El Geneina town, West Darfur state, MSF teams supported three primary health centers and helped the government hospital manage severely malnourished children.

MSF ran a 40-bed hospital outside Kasha-fa camp in White Nile State, serving the more than 17,000 refugees from South Sudan, acting as a referral facility for five other camps, and providing care for the host community.

In the village of Tabarak Allah, in Al-Ge-daref state, MSF screened 2,180 people for kala azar (visceral leishmaniasis) and admitted 545 kala azar patients to Tabarak Allah government rural hospital. MSF started supporting Bazura hospital where kala azar is endemic. MSF trained MoH staff and ran health education and awareness-raising activities for the Tabarak Allah and Bazura communities in partnership with a local NGO.

SWAZILAND **\$3,000,000**

MSF continued to get more HIV patients on ARV treatment in 2016 through the “test and start” strategy. MSF piloted the strategy in the Nhlngano project, where, after HIV testing, ARVs were immediately offered to more than 1,700 people who tested positive. Twelve months after treatment initiation, 82 percent of patients had successfully suppressed the virus. As a result, “test and start” was adopted by the MoH as the national standard of HIV care in October.

MSF increasingly focused on providing specialized HIV care, including second- and third-line ARV treatment, cervical cancer screening, and routine point-of-care testing for opportunistic infections. In 2016, 31,784 patients had viral load tests, 407 received second-line HIV care, 1,407 were enrolled in community ARV models of care, and 647 women were screened for cervical cancer.

In Moneni, MSF started treating patients with XDR-TB using the promising new drugs bedaquiline and delamanid in combination with repurposed medicines. After six months, almost all of the 81 XDR-TB and MDR-TB patients had reached the stage where TB bacteria could no longer be detected in their sputum. In Manzini, MSF saw a success rate of 75 percent when implementing the shorter DR-TB treatment regimen of nine to 12 months, rather than two years. This regimen has since been recommended by the World Health Organization, and was adopted by the MoH as the new national standard of care for MDR-TB treatment, with support from MSF.

TANZANIA **\$3,100,000**

MSF expanded its services across three refugee camps in Tanzania in response to a massive influx of refugees from neighboring



MSF has seen an influx of patients at the Nduta refugee camp in Tanzania. © Louise Annaud/MSF

Burundi. Newly arrived refugees were often forced to stay in overcrowded and unhygienic communal shelters, which contributed to the spread of disease.

In Nyarugusu refugee camp, MSF supported the intensive feeding center at the camp hospital, treating 175 patients before handing it over to the Tanzanian Red Cross in March. MSF deployed three mobile clinics aimed at reducing infection and mortality from malaria, and also established a 40-bed stabilization unit and blood bank. MSF carried out 64,450 outpatient consultations—46,380 for malaria—and distributed 65,000 mosquito nets. Teams conducted 24,550 mental health consultations and supported water and sanitation activities.

In Nduta refugee camp, MSF was the main health care provider and the only organization offering a full range of medical services, including reproductive health care,

treatment for malnutrition, and care for survivors of sexual violence. MSF refurbished and expanded the 120-bed hospital and ran five health posts. Staff carried out 186,345 outpatient consultations, assisted in more than 3,000 deliveries, and treated almost 44,260 people for malaria. In Mtendeli camp, MSF supplied around 428,000 liters of water daily and ran community health surveillance until September.

After a severe earthquake near Bukoba in September, MSF donated emergency medical supplies to the local hospital.

UGANDA **\$3,160,000**

MSF has offered viral load testing for people on HIV treatment in Arua regional hospital since 2013—performing 20,845 tests over the past three years. Sixty patients who were not improving on second-line ARVs benefited



from drug-resistance testing; 19 of them were started on third-line treatment.

In Kasese, MSF ran a clinic providing health care to adolescents, including sexual and reproductive health services, and HIV and TB prevention, screening, and treatment. More than 11,700 outpatient consultations were carried out and 3,200 adolescents were tested for HIV at the clinic in 2016.

In the three districts around Lake George and Lake Edward, MSF ran a project to improve detection and care for HIV, TB, and malaria in fishing communities. The team launched a proactive screening campaign in February, testing 13,771 people for HIV. MSF provided technical support in five health centers that offered comprehensive care at these sites, performing 1,234 viral load tests for people on HIV treatment.

Uganda hosted more than a million refugees, including approximately 700,000

South Sudanese. In Bidibidi, in the north of the country, MSF filled gaps in refugee care, including medical consultations, disease surveillance, and provision of water and sanitation. In November, MSF trucked in 66,000 liters of water per day.

ZIMBABWE **\$500,000**

MSF ran projects in partnership with the Zimbabwean Ministry of Health and Child Care (MoHCC), providing treatment for HIV, TB, non-communicable diseases and mental health issues. The health sector faced numerous challenges, including shortages of essential medicines.

While HIV prevalence has decreased from 30 percent in the early 2000s to 15 percent today, there were still major gaps in services. In 2016, MSF supported the rollout of viral load monitoring for patients on ARVs country-wide.

In Harare, MSF offered comprehensive support to survivors of sexual violence and health services to adolescents in the urban district of Mbare. In Epworth polyclinic, MSF provided care for HIV, TB, and MDR-TB, and provided cervical cancer screenings and early treatment for HIV-positive women. MSF also worked to ensure that people in the city's most vulnerable neighborhoods had access to clean water.

In Chikurubi maximum security prison, MSF supported the diagnosis and treatment of HIV and TB, and provided mental health services. In Harare central hospital, MSF offered psychiatric treatment and support and provided infrastructure improvements. MSF also provided decentralized psychiatric care and community follow-up to discharged patients.

In Gutu, where MSF has provided HIV care since 2011, the results of a survey conducted by MSF Epicentre indicated that the district was on track to reach the 90-90-90 HIV treatment goals set by the UN.

In Mwenezi, MSF worked with the MoHCC to implement the "test and start" strategy for 18,000 people, where patients diagnosed with HIV were immediately put on ARV therapy (ART). MSF supported the implementation of Community ART Groups (CAGs) in Mwenezi and throughout Manicaland province.

In Beitbridge, teams provided mental health support and medical care to Zimbabweans who had been deported from South Africa

AMERICAS

HAITI **\$16,656,009**

MSF responded to urgent medical needs in Haiti, where a weak health system was further hampered by strikes in public hospitals and damage caused by Hurricane Matthew

in October. MSF carried out an emergency response to the hurricane, supporting Port-à-Piment hospital and running mobile clinics in southern Haiti. Teams treated 17,537 patients, including 478 for cholera. They repaired 26 water points and trucked in more than 10 million liters of clean water. In remote mountain areas, MSF supplied building materials to 9,500 families and administered vaccines to 14,000 people.

The cholera epidemic remained a major public health concern. In 2016, teams treated a total of 2,615 patients, many of whom were infected in the aftermath of Hurricane Matthew. In addition to building cholera treatment centers, MSF helped hospitals to manage infected patients. Teams worked at two centers in Delmas and maintained rapid response capacity in case of emergency.

In Haiti, sexual violence is a neglected medical emergency. MSF's Pran Men'm clinic in the Delmas 33 district of Port-au-Prince provided emergency medical care to victims of sexual and gender-based violence, treating 787 people, more than half under the age of 18. MSF worked to improve the availability of health care services and raise community awareness. MSF ran the Centre de Référence des Urgences en Obstétrique, a 176-bed center that treats pregnant women with obstetric complications. In 2016, the team carried out 19,077 consultations, assisted 5,594 births, and admitted 2,498 babies to the neonatal emergency care unit.

In Drouillard hospital, in Port-au-Prince's Cité Soleil area, MSF ran a severe burns unit which has become the de facto national referral center for burn patients. In 2016, 43 percent of people treated there were under the age of five. A total of 801 patients were admitted to the unit and 630 underwent major surgery. The teams applied 4,071 wound dressings, and conducted 14,030 physiotherapy sessions and 1,773 mental health consultations. In Tabarre, MSF's Nap Kenbe hospital received a large increase in the number of patients in the second half of 2016 due to a strike in the country's public health sector. In 2016, staff treated 15,228 patients in the emergency room and performed 8,088 surgical interventions. The Martissant clinic provided around-the-clock health care in a slum area marked by violence, with staff treating 52,344 patients in 2016.

HONDURAS **\$200,000**

In Honduras, which has one of the highest rates of violence in the world, MSF continued its "servicio prioritario" (priority service) in collaboration with the MoH to offer emergency medical and psychological care to victims of violence. This free, confidential, one-stop service was available at two health centers



MSF staff use a donkey to carry supplies for a mobile clinic across a river in Port-à-Piment, Haiti. © Joffrey Monnier/MSF

and in Tegucigalpa's main hospital. In 2016, MSF treated over 900 victims of violence, including 560 victims of sexual violence, and carried out 1,830 mental health consultations. Medical treatment for rape included PEP to prevent HIV infection and provide protection against other sexually transmitted infections, hepatitis B, and tetanus. MSF continued to advocate for victims of sexual violence to have access to medical care, including emergency contraception, in accordance with international protocols.

MSF also carried out activities in Tegucigalpa to improve control of the Aedes mosquito, the insect responsible for the transmission of Zika, dengue, and chikungunya. Efforts included a geographical vector analysis and community outreach.

MEXICO \$1,800,000

MSF continued to provide medical and psychosocial support for Central American migrants and refugees, as well as local communities affected by violence. Every year, an estimated 400,000 people flee violence and poverty in El Salvador, Honduras, and Guatemala, and are systematically exposed to further violence along the migration route through Mexico on their way to the US. In 2016, more than 15,000 migrants and refugees from Central America were registered in the shelters where MSF worked, and 2,700 participated in psycho-educational or psychosocial activities. Over 2,200 medical and

690 mental health consultations were carried out in Ixtepec, Tenosique, and Celaya. In the MSF integral care center in Mexico City, teams provided medical and psychological support to 63 victims of inhumane treatment.

In Acapulco, MSF offered mental health care to 480 victims of violence and carried out over 2,340 mental health consultations in Colonia Jardín. In Tierra Caliente, Guerrero state, where rural health posts were closed due to violence, MSF provided emergency obstetric services in Arcelia hospital and began running mobile clinics in other municipalities toward the end of the year. In Reynoso, MSF handed over a project to improve emergency care in the general hospital and set up a new project providing medical and mental health care for victims of violence.

In Nochixtlan, Oaxaca, following a July confrontation between teachers and state security forces, MSF treated the wounded and offered mental health consultations to the families of those killed or missing. MSF closed the Chagas project in Oaxaca in April 2016 and handed over activities to the MoH.

ASIA

AFGHANISTAN \$4,615,780

Amid intensifying conflict, MSF cared for an increasing number of patients and responded to growing medical needs. MSF focused on

improving access to emergency, pediatric, and maternal health care in Afghanistan, which has one of the highest maternal mortality rates in the world. A quarter of all the births assisted by MSF worldwide were in Afghanistan, and teams helped deliver more than 66,000 babies in 2016.

MSF pursued negotiations with all parties to the conflict regarding the need to ensure a safe humanitarian space. After US military airstrikes destroyed its trauma center in Kunduz in October 2015, killing 42 people, MSF engaged in intensive advocacy to call for the protection of medical facilities from attack. At the end of 2016, MSF obtained commitments that its staff and patients would be respected, and care could be provided to everyone in need, regardless of their ethnicity, political beliefs, or allegiances. MSF evaluated the possibility of resuming trauma care activities in Kunduz in 2017.

As the capital, Kabul, has experienced massive population growth, the city's public health services were overwhelmed. At Ahmad Shah Baba district hospital in eastern Kabul, MSF supported the Ministry of Public Health to deliver outpatient and inpatient care, with a focus on maternal health and emergency services. MSF increased the capacity of the hospital and started to rehabilitate the buildings. Staff conducted 100,000 consultations and assisted 18,966 deliveries, almost 20 percent more than in 2015.

MSF collaborated with the Ministry of Public Health to provide around-the-clock care at Kabul's Dasht-e-Barchi hospital. Teams assisted 15,627 deliveries, almost 27 percent of which were complicated cases.

MSF's maternity hospital in Khost, in eastern Afghanistan, has helped reduce maternal mortality by offering a safe environment for women to deliver their babies, in the care of predominantly female medical staff, free of charge. The number of deliveries reached 21,335 in 2016, a 40 percent increase over two years. In 2016, MSF began supporting three health centers in outlying districts in Khost province to increase their capacity to assist normal deliveries.

Since 2009, MSF has supported Boost provincial hospital in Lashkar Gah, Helmand province, one of only three referral hospitals in southern Afghanistan. In 2016, the team completed the rehabilitation of the original hospital building and extended the maternity department. Staff assisted 10,572 deliveries in 2016. The hospital has a neonatology unit and pediatric department, where 2,431 children were treated for malnutrition in 2016.

MSF started supporting the diagnosis and treatment of DR-TB in Kandahar province. MSF provided additional staff at Mirwais hospital, and organized training for other facilities to improve case detection.

ARMENIA \$430,000

MSF focused on implementing new regimens for patients with MDR-TB in Armenia, which has one of the highest rates of the disease in the world. The main challenge in treating MDR-TB patients is the length and toxicity of the regimen itself. Treatment is only successful for around half of MDR-TB patients and a quarter of those with XDR-TB. Armenia was one of the first countries to authorize the use of two new TB drugs, bedaquiline and delamanid, which promise to be less toxic and more effective. In 2016, 66 MDR-TB patients started the new regimen and 79 were under treatment by the end of the year.

BANGLADESH \$800,000

MSF continued to provide health care to vulnerable people in Bangladesh, including large numbers of Rohingya refugees from Myanmar. MSF ran a clinic offering comprehensive medical care to Rohingya refugees and the local community near the Kutupalong makeshift camp in Cox's Bazar district. There was a sharp increase in patient figures in the last two months of the year, due to an influx of Rohingya fleeing Myanmar's northern Rakhine state. The team treated 113 violence-related injuries in November and December, including 17 with gunshot wounds. During the year, teams carried out 89,954 outpatient, 2,491 inpatient, and 4,559 mental health consultations. They also treated 103 victims of sexual violence.

In Kamrangirchar slum, in the capital, Dhaka, MSF offered reproductive health care to adolescent girls, carrying out 4,578 antenatal consultations and assisting 457 deliveries in 2016. The team provided medical and psychological support to 535 victims of sexual violence and intimate partner violence. In addition, 2,324 family planning sessions and 2,379 individual mental health consultations were conducted with people of all ages. MSF continued to run its occupational health program for factory workers in Kamrangirchar, carrying out 8,923 consultations.

CAMBODIA \$860,000

In May 2016, MSF launched a hepatitis C program at the Preah Kossamak hospital in Phnom Penh, offering the first free treatment for the virus in Cambodia. By the end of December, 307 patients were on treatment and 183 were on the waiting list. Initial findings indicated that a large percentage of hepatitis C patients were older, and that fifty percent of patients had advanced fibrosis of the liver. Only a small number of HIV patients at the hospital were co-infected with hepatitis C.

MSF's research project in northern Cambodia was set up to find ways to eliminate

malaria in an area where there is proven resistance to the most powerful antimalarial drug, artemisinin. The strategy consists of early diagnosis and treatment for people with symptoms, together with voluntary testing of high-risk groups. In 2016, the project was expanded to test more than 3,000 people who were not showing malaria symptoms. The tests identified 33 people who were carrying the most serious strain of malaria. These patients then received treatment to reduce the chance of transmission. The results will inform health promotion efforts and the next stages of the research project.

GEORGIA \$550,000

By the end of 2016, 180 patients in Georgia had started on an improved treatment regimen for MDR-TB – the highest number supported by MSF in any country. MSF prepared to launch a major clinical trial involving a shorter regimen—nine months instead of two years—and based on the use of two new drugs, bedaquiline and delamanid. These efforts were undertaken as part of the endTB project, a global partnership, including MSF, which aims to find shorter, less toxic, and more effective treatments for DR-TB. MDR-TB is a major public health issue in Georgia: 12 percent of all new TB patients and 39 percent of those previously treated for TB have a multidrug-resistant form of the disease. Approximately 10 percent of MDR-TB patients have XDR-TB. MSF started supporting the MoH in the implementation of the new drugs in 2014, and continued within the framework of the endTB program from 2015.

In Abkhazia, MSF continued to support AMRA, a local NGO created by former MSF employees that runs a health program for 35 elderly people, as well as counselling and social activities for 40 DR-TB patients.

INDIA \$1,641,265

MSF focused mainly on mental health care; screening and treatment for HIV, TB, and hepatitis C; and support to victims of sexual and gender-based violence.

MSF ran mobile clinics in remote areas of Chhattisgarh, where low-intensity conflict has left much of the local population with limited or no access to health care. Teams conducted 50,057 outpatient consultations, treated 9,094 malaria patients, and administered 2,872 vaccinations. At MSF's mother and child health center in Bijapur, staff assisted 312 deliveries and carried out 5,419 antenatal consultations.

MSF's community-based clinic in north Delhi, Umeed ki Kiran (Ray of Hope), offered medical and psychological care to victims of domestic and sexual violence. MSF's

mental health team trained 164 accredited social health activists in identifying signs and symptoms of sexual and gender-based violence.

Since 2001, MSF has provided counseling services to people affected by conflict in Jammu and Kashmir. In May, MSF released the first ever comprehensive survey on the state of mental health here. Conducted in collaboration with Kashmir University and the Institute of Mental Health and Neurosciences, the survey found significant symptoms of mental distress in 45 percent of adults. Following an outbreak of violence in July, the team gave psychological first aid to victims of trauma and donated medical supplies.

In Mumbai, MSF provided medical and psychosocial care for patients with HIV and DR-TB through four projects. MSF opened a TB outpatient department at Shatabdi hospital in June and supported five health posts in the community. MSF counsellors provided psychosocial support in several TB hospitals in Sewri, south Mumbai. MSF also provided screening and treatment for HIV, DR-TB, and hepatitis C at three clinics in Manipal. MSF chose Meerut, Uttar Pradesh, as the site for a hepatitis C treatment program expected to launch in January 2017. In Bihar, MSF focused on treating kala azar patients co-infected with HIV, a growing health issue affecting the most vulnerable communities.

In late 2015, MSF initiated a project to treat febrile illnesses in the Asansol district of Burdwan, West Bengal. In 2016, teams at Asansol district hospital and surrounding primary health centers screened 101,519 patients, and identified and treated 11,374 cases of acute fever and 1,425 cases of acute undifferentiated fever.

KYRGYZSTAN \$400,000

MSF primarily focused on confronting the prevalence of DR-TB, which affects an estimated 2,400 people in Kyrgyzstan, according to the World Health Organization. The rates of drug resistance among new TB cases were as high as one-third, and in previously treated TB cases, more than half of patients developed the drug-resistant form of the disease. In Osh, Kara Suu district, MSF provided outpatient care for people with DR-TB. Patients attended monthly medical consultations, which included psychological support, at one of three TB clinics supported by MSF. MSF also mentored MoH staff. Teams supported the diagnosis and treatment of patients in Kara Suu hospital, and followed up with patients receiving treatment at Osh TB hospital. A total of 90 patients were enrolled in MSF's DR-TB program in 2016.

In December, MSF launched a program in Aidarken, Batken oblast, to treat people

affected by diseases that have occurred as a result of mining extraction industries or environmental pollution in the area.

MYANMAR **\$2,600,000**

MSF continued to work with the MoH to support care for HIV and TB patients, primary health care, and vaccination activities. In Yangon, MSF provided care to 16,869 patients with HIV, TB, and MDR-TB at two clinics, and started its first patient on XDR-TB treatment as part of the endTB program. In Kachin state, despite intensifying conflict, MSF provided care to 11,020 patients with HIV, TB, and MDR-TB. Teams also conducted mental health consultations at a camp for internally displaced people. In Shan state, MSF provided treatment to 4,628 patients with HIV and MDR-TB, and a mobile team conducted primary health care consultations across the north. MSF remained the main provider of HIV care in Dawei, Tanintharyi region, treating 2,355 people with the disease in 2016 and supporting the National AIDS Program's efforts to decentralize treatment.

Despite access restrictions and a worsening political situation in Wa Special Region 2, MSF conducted over 9,000 outpatient consultations through fixed and mobile clinics and supported MoH vaccination campaigns. MSF also supported the catch-up vaccination campaign for 10,951 children under five in Lahe township, Sagaing region.

In northern Rakhine, the October 9 attacks on border police prompted a complete lockdown on all humanitarian assistance, leaving thousands of patients without access to primary health care for over two months. MSF conducted just over 2,000 medical consultations during the last quarter of 2016, compared to the roughly 15,000 anticipated, based on the monthly average. A partial resumption of programs was allowed in mid-December. Checkpoints hindered access to emergency and specialist care, particularly for the Rohingya. Movement restrictions for international staff also prevented MSF from providing support to its teams and raising awareness about urgent humanitarian needs in the area.

PAKISTAN **\$4,710,000**

MSF responded to urgent needs in Pakistan, with a focus on mother and child health and care for people in isolated rural communities, urban slums, and areas affected by conflict.

MSF ran a pediatric hospital in Quetta, where 800 patients were admitted and 2,385 malnourished children received treatment. In Kuchlak, MSF managed a mother and child health center where staff carried out 39,527 outpatient consultations and assisted 4,989 births. At the Kuchlak center and at Benazir



MSF's project team in Dushanbe, Tajikistan, has started treating the first TB patients using the new drug delamanid. © MSF

Bhutto hospital in Mari Abad, MSF treated 2,555 patients for cutaneous leishmaniasis. MSF worked at Chaman district headquarters hospital, providing care to local residents, Afghan refugees, and people who crossed the border seeking medical assistance. MSF continued to work in the eastern districts of Jaffarabad and Naseerabad, where 11,474 malnourished children received treatment under the therapeutic feeding program.

In the Federally Administered Tribal Areas, MSF provided medical care to vulnerable communities. At Nawagai civil hospital in Bajaur, teams provided treatment for cutaneous leishmaniasis, endemic in the area. At Satta Tehsil headquarters hospital in Kurram Agency, MSF provided inpatient and outpatient care for children; treatment for cutaneous leishmaniasis; antenatal care, and obstetric and emergency referrals.

MSF offered comprehensive 24-hour emergency obstetric care at Women's Hospital in Peshawar for patients referred from surrounding areas. In 2016, 4,906 deliveries were assisted, including 479 Caesarean sections. In Timurgara, MSF supported the district headquarters hospital, where teams provided emergency obstetric care and assisted 9,627 births.

In Karachi's densely populated Machar Colony slum, MSF provided 107,397 outpatient consultations at a clinic run in collaboration with a local NGO. MSF provided diagnosis and high-quality treatment for hepatitis C, prevalent in this area.

MSF conducted emergency response activities throughout the year, including the distribution of emergency kits to people

affected by flooding in Khyber Pakhtunkhwa, a dengue prevention campaign in Timurgara, and a heatstroke prevention effort in Machar Colony to provide drinking water and first aid.

PAPUA NEW GUINEA **\$2,160,000**

MSF scaled up capacity for TB screening, diagnosis, and treatment in Gerehu hospital in Port Moresby, where around 25 percent of the country's TB patients live. Mobile teams worked in the community to improve patient adherence to treatment. In Gulf province, MSF expanded its TB program to support two health centers as well as Kerema general hospital. Poor access to remote areas and the lack of an effective follow-up system have resulted in a high number of TB patients not completing their treatment. MSF continued to promote a decentralized model of care to improve outcomes. By the end of 2016, MSF had initiated treatment for 1,819 patients with DS-TB and 24 with DR-TB.

In March, MSF launched the report "Return to Abuser," which exposes gaps in services and systems that keep women and girls trapped in cycles of severe domestic and sexual violence. In 2016, the team handed over to provincial health authorities a project treating victims of sexual and domestic violence at Tari Hospital.

TAJIKISTAN **\$684,550**

MSF continued to work with the MoH to diagnose and treat children and their families affected by DS- and DR-TB. In 2016, the promising new drugs bedaquiline and delamanid

were used for the first time in Tajikistan—with 17 patients treated with bedaquiline and four with delamanid. The program aimed to treat patients at home wherever possible and demonstrate that comprehensive TB care for children is feasible. MSF also supported the pediatric TB hospital in Dushanbe and the pediatric ward in Machiton hospital. The project treated children who have both TB and HIV, and TB and severe malnutrition. MSF worked with the MoH to finalize the third version of the pediatric guide for Tajikistan, providing information about best practices for the treatment of children with TB. Since the beginning of the project, 147 patients with TB have been treated. MSF also ran the Kulob pediatric HIV and family project aiming to reduce morbidity and mortality of children with HIV/AIDS. Since June, the team has assisted 62 children and 17 family members.

EUROPE

FRANCE **\$2,700,000**

In 2016, migrants and refugees trying to reach the United Kingdom found themselves stranded in northern France. The number of inhabitants in the “Jungle”—an informal camp for refugees and migrants in Calais—increased from 3,000 to nearly 10,000. The lack of adequate shelter and sanitation here and in other informal camps in northern France had significant consequences for people’s health. MSF filled gaps in services, providing health care until March, and water and sanitation services until the summer. Teams also ran a center for unaccompanied refugee minors in collaboration with other organizations and offered psychological support. In October, the Jungle was dismantled, and an estimated 6,000 people living there were sent to different sites across France. MSF halted its medical and psychological activities in the area but continued to monitor the situation and provide assistance, either directly or by supporting other organizations.

In the Grande-Synthe camp near Dunkirk, MSF conducted medical and psychological consultations through mobile clinics and constructed 370 shelters with sanitation facilities for 1,300 refugees and migrants. MSF handed over these activities to other organizations in September.

GREECE **\$4,298,725**

Until March 2016, thousands of people fleeing war and persecution were arriving daily on the Greek islands before continuing their journeys across Europe. The closure of the Balkan route and the EU deal with Turkey in March left migrants and refugees stranded without access to basic services, adequate

shelter, or information about their legal status. MSF shifted its focus from providing lifesaving surgery and medical care to addressing the specific needs of those stuck in unsanitary camps.

In 2016, MSF carried out 12,830 basic health care consultations across the island of Lesbos through its mobile clinics and inside Moria and Kara Tepe registration centers. In Matamados, in the north of the island, MSF ran a transit center for new arrivals. MSF halted all activities in Moria after the hotspot became a pre-removal detention center. MSF continued to provide medical and mental health care in Kara Tepe. In September, MSF opened a clinic in Mytilene town center and began outreach activities in Moria.

On Samos island, MSF provided basic health care for new arrivals at the port, as well as in the prison. MSF provided 18,700 meals in the Samos migrant camp and distributed tents and blankets before an official hotspot was constructed. MSF provided mental health services through 170 individual consultations and 249 follow-up consultations at the Samos hotspot. MSF also operated a shelter for vulnerable people on Samos through a local hotel.

MSF launched search-and-rescue activities off the island of Lesbos in collaboration with Greenpeace, assisting more than 18,117 people in 361 interventions between November 2015 and March 2016. MSF halted these activities in August.

In Athens, MSF operated three clinics for migrants and asylum seekers. Between February and December over 4,055 medical consultations were carried out there. An MSF psychologist also treated 152 patients and conducted 574 individual mental health consultations. In Kypseli, a team of psychologists, doctors, physiotherapists, social workers, and cultural mediators worked with local partners to offer interdisciplinary rehabilitation to victims of torture and ill treatment.

MSF offered basic health care in Eleonas camp, Korinthos detention center, and Piraeus port. In Elliniko camp, MSF provided sexual and reproductive health care and mental health support. At the height of the emergency, MSF teams distributed 6,600 meals and 9,660 blankets and provided over 1,680 medical consultations to migrants transferred to Attica. Teams offered mental health support to people living in dire conditions in overcrowded camps in Ritsona, Malakasa, Lavrio, and Aghio Andreas, and in Thermopyles, where sexual and reproductive health care was also available.

MSF helped thousands of people living in squalid conditions at the informal camp in Idomeni. Between January and June, MSF provided shelter, water, sanitation facilities, and medical care through 27,085 consultations. Services included basic health care,

treatment for chronic diseases, sexual and reproductive healthcare and mental health support. After the Idomeni camp was dismantled, teams offered mental health support in five camps around Thessaloniki.

MSF provided mental health services in Ioannina from April, and, until September, ran a mobile clinic offering basic health care to three camps in the area.

MSF conducted a vaccination campaign in Idomeni camp before it closed. Between July and September, a team also supported an MoH vaccination campaign against the 10 most common childhood diseases. The campaign targeted more than 7,000 children aged between six weeks and 15 years in more than 15 locations across Greece.

ITALY **\$784,883**

Italy continued to be the main landing point for migrants and refugees coming to Europe via the central Mediterranean. In 2016, 180,746 people arrived by sea, mainly from sub-Saharan Africa. In 2016, MSF launched a mental health care project in 16 reception centers in Sicily’s Trapani Province, where a team of cultural mediators and psychologists screened asylum seekers and provided care to those in need. The team assisted 641 patients. With the growing number of deaths at sea, MSF provided psychological first aid to people showing signs of trauma. In April 2016, MSF opened a rehabilitation center for torture survivors in Rome. Patients received care through a multidisciplinary approach involving medical and psychological services, physiotherapy, and social and legal assistance.

From the end of 2015 to July 2016, MSF teams provided medical care, shelter, and support to hundreds of refugees in Gorizia, on the border with Slovenia. In response to the urgent needs of migrants in transit at the borders with France and Switzerland, MSF teams collaborated with local authorities and volunteer networks to provide basic psychological and medical assistance, as well as food and other essential items.

RUSSIAN FEDERATION **\$2,260,000**

MSF continued to run TB, mental health, and cardiac care programs in Chechnya. For many years, MSF has worked closely with the Chechen MoH to implement a TB treatment program. After handing over the management of MDR-TB to the ministry, MSF focused on XDR-TB. MSF procured appropriate medicines, including new and repurposed drugs, to develop more effective treatment options. The TB program included laboratory support, health promotion, and psychosocial assistance for patients and their families.



An 82-year-old woman receives medical care and mental health support from MSF's mobile clinic in Pavlopil, Ukraine. © Maurice Ressel

MSF continued to care for XDR-TB patients with diabetes co-morbidity. A total of 60 patients with diabetes and TB, and 79 patients with XDR-TB were under treatment in December 2016. Teams in the mental health program provided individual psychosocial care for 4,838 patients and 314 group counseling sessions for victims of violence.

MSF continued to support cardiac care in the emergency hospital in the Chechen capital, Grozny, and in Urus-Martan Hospital by supplying drugs and medical equipment and improving the quality of care for acute patients. A master class was organized with specialists from the Medical University of Dusseldorf to enhance the technical skills of the Grozny interventional cardiology team. In 2016, the cardiac resuscitation unit admitted 1,327 acute patients, 413 of whom benefited from an angiography, and 397 from an angioplasty.

UKRAINE \$500,000

As the conflict in eastern Ukraine continued, those living on the front lines bore the brunt of the violence. Throughout 2016, MSF ran mobile clinics and increased psychological and medical support to people living in the areas controlled by the Ukrainian government, including those displaced by conflict. MSF psychologists worked in 26 locations in the southern part of the conflict zone, providing 3,052 consultations for patients with

acute or chronic stress. MSF held group sessions for the elderly and ensured treatment for people suffering from chronic diseases such as diabetes and hypertension. In 2016, MSF conducted a total of 27,835 outpatient consultations.

MSF teams worked in 40 locations in and around Bakhmut and assisted more than 40,000 residents and 10,000 displaced people. In July, when the capacity of the local health system had improved, MSF withdrew from the area. MSF also continued to support and treat prisoners with DR-TB in pre-detention centers in Mariupol and Bakhmut, and in the penal colony in Dnipro.

UZBEKISTAN \$2,500,000

MSF launched a new clinical trial in Uzbekistan in December to develop a radically improved course of treatment for DR-TB. The first patients enrolled in the trial, TB PRACTICAL, began treatment in January 2017. The trial combines the first new TB drugs available in over 50 years with existing drugs to develop shorter, more tolerable treatment regimens. In July 2016, MSF began treating children with a shorter regimen of nine months, instead of the usual 12 months or more, and has been conducting research into the results. MSF also investigated medical outcomes for adults on the shorter treatment. MSF ran all of its TB projects as part of a longstanding collaboration with the re-

gional and central MoH, combining outpatient care, state-of-the-art diagnostic tests, and a comprehensive support program. In 2016, over 2,646 patients started TB treatment on this program; 1,767 were treated for DS-TB, and 878 for DR-TB.

In the capital, Tashkent, MSF supported the regional AIDS center to increase access to diagnosis and care for patients living with HIV and to better treat co-infections. In 2016, 25 patients started treatment for hepatitis C. For the first time in Uzbekistan, 13 patients were put on third-line drugs for HIV. In total, 842 patients started ARV treatment in 2016.

MIDDLE EAST

IRAQ \$6,420,000

Since 2014, over 3.3 million people have been displaced across the country, and many were still living in unstable areas. MSF steadily increased its response during 2016, deploying teams across 11 governorates to provide emergency and basic medical care, as well as essential relief items to displaced families, returnees, impoverished host communities, and Syrian refugees.

MSF started running mobile clinics in the city of Tikrit and surrounding areas in August in response to an influx of people displaced by expanded military operations. Teams conducted more than 15,000 consultations. In Al Anbar province, MSF opened a secondary health care center in Amriyat Al Fallujah camp, which hosted around 60,000 Iraqis displaced by conflict.

In October, teams in Kirkuk governorate began providing health care, including psychological and psychosocial support, for displaced people and war-wounded patients. They also ran mobile clinics offering primary health care, first aid, and emergency referrals to hospitals in Kirkuk city.

In November, MSF mobile teams were deployed to new camps west of Erbil established to accommodate people fleeing the battle of Mosul. As well as primary health care, they provided treatment for chronic diseases, and psychological and psychiatric care. In Qayyarah, south of Mosul, MSF set up a hospital with an emergency room, operating theater, and 32-bed inpatient department. During the first month alone, the hospital treated over 1,000 emergency patients and carried out more than 90 surgical interventions. Teams also worked in a field surgical unit and advanced medical posts in unstable areas around Mosul.

MSF increased psychological support for the growing number of Iraqis and Syrian refugees traumatized by recurrent violence and precarious living conditions. In 2016, mental

health teams provided more than 23,000 consultations.

MSF continued to run its maternity clinic in Domiz camp for Syrian refugees and opened a new one in the village of Tal Maraqa, Ninewa. In the first three months, the team assisted over 400 deliveries.

In Sulaymaniyah governorate, MSF supported the emergency hospital, providing hands-on training to improve medical services in the intensive care unit and the emergency trauma ward. MSF teams worked in the emergency rooms in Kirkuk and Azadi hospitals, focusing on triage and staff training.

MSF provided around 9,000 medical consultations at the primary health care center in Bzeibiz between February and October 2016, closing the project in November as patient numbers decreased.

JORDAN **\$14,200,000**

MSF provided health care to Syrian refugees and vulnerable Jordanians around the country.

MSF was the main reproductive health care provider for Syrian refugees in Irbid governorate, next to the Syrian border. In 2016, the team assisted 3,663 deliveries, admitted 658 newborn babies to the unit, and carried out 14,848 antenatal consultations. MSF also provided mental health support to children under the age of 18. The medical evacuation of war-wounded Syrians to Ramtha hospital was greatly limited by Jordan's decision to close its borders in June. However, MSF worked with the health ministry to provide emergency surgical and post-operative care, treating 369 war-wounded patients and carrying out over 1,239 individual counselling sessions. At the post-operative care facility in Zaatar refugee camp, MSF treated 126 patients and conducted more than 1,283 psychosocial sessions before closing the facility in December.

In March 2016, MSF opened a clinic in Ramtha city to care for refugees and vulnerable Jordanians requiring treatment for non-communicable diseases (NCDs). In April, MSF introduced psychosocial support in its NCDs project in Irbid, with two clinics conducting over 25,500 consultations. In September, MSF started supporting the comprehensive primary health care center in Turra, Irbid, providing outpatient consultations, maternal health care, mental health support, and health education for Syrian refugees and vulnerable Jordanians.

More than 75,000 Syrians – 75 percent of them women and children – were stranded at the northeastern border of Jordan along a desert frontier known as the berm. In May, MSF began operating mobile clinics at the refugee camp in Rukban, focusing on children under five and pregnant women.

When access to the border was halted after an attack near the berm on June 21, MSF actively negotiated to return to the area and respond to the urgent medical needs of the people living there.

At the Amman reconstructive surgery hospital, MSF treated war-wounded patients and indirect victims of violence from neighboring countries—mainly Iraq, Yemen, Syria, and the Occupied Palestinian Territories—performing 1,055 surgical procedures in 2016.

LEBANON **\$2,500,000**

More than 1.5 million Syrians have fled to Lebanon since the conflict began in 2011, a massive influx that has further strained the country's health services. Since 2011, MSF has expanded its medical response to provide emergency assistance to Syrian refugees (regardless of registration status), Palestinian Syrians and other Palestinian refugees, as well as Lebanese returnees and other vulnerable groups.

MSF worked in the north of Lebanon, the Bekaa Valley, south Beirut, and Saida, offering free, high-quality primary health care, including treatment for acute and chronic diseases, reproductive services, and mental health support. Teams ran three mother and child health centers across the country. In 2016, MSF carried out 359,377 outpatient consultations, 7,265 mental health sessions, and assisted nearly 6,300 births, including 2,400 Caesarean sections.

Since September 2013, MSF has managed a primary health care center and a mother and child health center in Shatila refugee camp, where over 30,000 refugees live in deplorable conditions just outside the Beirut city center. In Burj al-Barajneh refugee camp, MSF opened a health center providing sexual and reproductive health services, mental health care, and health promotion activities. In May, the team launched a home-based care program for patients with chronic diseases who suffer from mobility problems.

In the Bekaa Valley, where the majority of refugees have settled, MSF provided primary health care through four clinics for Syrian refugees and the local community. In December, MSF opened a chronic diseases care center in Bar Elias. MSF ran five primary health care centers in Akkar and Tripoli governorates for Syrian refugees and vulnerable Lebanese. In February, MSF started to work in Wadi Khaled and Akroum. A team continued to offer primary health care in Ein-el-Hilweh camp, the largest Palestinian refugee camp in Lebanon with around 100,000 Palestinians, Palestinian refugees from Syria, and Syrian refugees.

OCCUPIED PALESTINIAN TERRITORIES **\$2,160,000**

MSF continued to provide medical and psychological assistance to people affected by the ongoing conflict. MSF ran mental health programs in Hebron, Nablus, Qalqilya, Bethlehem, and Ramallah governorates offering psychological and social support to victims of political violence.

In 2016, 4,141 new patients benefited from individual and group mental health sessions, over 70 percent of which were in the highly militarized city of Hebron. The team marked 20 years of working in Hebron with a series of public events to highlight the importance of mental health services. In addition to medical care, the team provided training for medical staff, teachers, and counselors. In April, MSF opened an innovative emergency response project covering Bethlehem and Ramallah governorates, offering psychological first aid and psycho-educational support.

In 2016, MSF started a partnership with An-Najah University in Nablus to launch the first Master's degree in clinical psychology in the Palestinian Territories. MSF staff also supported the burns unit of Rafidya hospital in Nablus.

MSF's burns and trauma centers in the Gaza Strip treated over 4,231 patients, mostly children. The majority of burns resulted from domestic accidents in conflict-damaged homes. Staff dressed more than 52,000 wounds, and conducted over 36,000 physiotherapy and 1,000 occupational therapy sessions. In 2016, MSF's burns awareness campaign reached more than 35,500 children in schools, kindergartens, and nurseries.

The surgical programs run by MSF in Al Shifa and Nasser hospitals, in conjunction with the health ministry, performed 275 surgical interventions, 71 percent of them on children under 16 years old.

SYRIA **\$4,950,000**

The extreme violence perpetrated against civilians during six years of war in Syria showed no sign of abating, as civilian areas were routinely bombed and deprived of assistance. Access to food and health care remained extremely poor, and many hospitals faced critical shortages of supplies and staff. Well over half of the Syrian population have been forced from their homes by the conflict.

MSF's direct presence was significantly constrained in a country where it should be running some of its largest medical programs. The Syrian government did not grant MSF authorization to operate in the country, and insecurity limited MSF's ability to provide assistance in areas controlled by the Islamic State group or other opposition forces. Nevertheless, in 2016, MSF continued

to operate directly in six medical facilities in regions controlled by opposition forces across northern Syria and provided distance support to Syrian medical networks.

Medical facilities, staff, and patients were victims of indiscriminate and targeted attacks. In 2016, 32 medical facilities supported by MSF were bombed or shelled on 71 separate occasions. On February 15, an MSF-supported hospital in Ma'arat Al Numan, Idlib governorate, was hit by four missiles, killing twenty-five people. On April 27, at least 55 people were killed when airstrikes hit the MSF-supported Al Quds hospital and the surrounding neighborhood in Aleppo city.

Since 2014, MSF has provided regular medical supplies to eight hospitals, six health centers and three first-aid points in eastern Aleppo city. Following the consolidation of the siege by the government-led coalition in July 2016, MSF halted activities, apart from the delivery of one shipment of approximately 100 tons of medical supplies. MSF kept in close contact with doctors and nurses in eastern Aleppo who testified to the immense suffering of people trapped in a city battered by bombing and shelling. In December, after the Syrian government took full control of Aleppo city, thousands of people from the eastern part were evacuated to rural areas of Idlib and Aleppo governorates. MSF ran mobile clinics, distributed relief items, and organized a vaccination campaign.

In Azaz district, north of Aleppo, MSF ran the 34-bed Al Salamah hospital, offering a wide range of services. In 2016, staff conducted 85,737 outpatient consultations, performed 1,598 surgical interventions, and admitted 3,692 patients. MSF delivered relief items and hygiene kits for displaced families trapped between the front line and the Turkish border, and also implemented a water and sanitation program in an informal settlement east of Azaz town.

In the Kobane/Ain al-Arab area of northern Syria, MSF worked alongside the local health administration to re-establish basic medical services. It supported nine primary health units, a maternity clinic, and two hospitals. In rural Jarablus, MSF partnered with a Turkish NGO to assist three primary health centers.

In the summer, when a military offensive caused civilians to flee Manbij, MSF scaled up its support to help meet the needs of the displaced and host communities. MSF continued to run a 20-bed burn hospital in Atmeh, and also ran vaccination, health education, and disease surveillance activities in 180 surrounding camps and villages hosting approximately 165,000 internally displaced people. In Qunaya, MSF scaled up its distance support to the regional referral hospital, and supported routine vaccination in Qunaya and Darkoush hospitals. Since 2013, MSF teams

have offered primary health services in Hasakeh governorate, with a focus on mother and child care and chronic diseases.

Since 2011, MSF has supported a growing number of medical facilities in some of the areas worst affected by conflict. This program included donations of medicine, medical material, and relief items; distance training for staff inside Syria; technical medical advice; and financial support to keep the facilities running. In 2016, regular support was given to 80 medical structures across Syria, including in Aleppo, Dara'a, Hama, Homs, Idlib, Quneitra, and rural Damascus governorates. These facilities conducted more than 2.2 million outpatient consultations, 770,000 emergency room consultations, 225,000 surgeries, and assisted over 29,000 births. Ad hoc support, such as medical donations, was provided to an additional 80 medical facilities across the country.

YEMEN **\$19,831,250**

Yemen's full-scale war, raging since March 2015, has inflicted immense costs on the population. Medical services were in a critical state as hundreds of health facilities across the country stopped functioning due to airstrikes, shelling, lack of supplies, inadequate funding or staff. MSF scaled up its activities, directly providing health care to patients in 12 hospitals and supporting at least 18 other health facilities.

In 2016, more than 32,900 patients in facilities operated or supported by MSF received treatment for intentional physical violence, including war wounds—and nearly half of them were treated by MSF teams. MSF's program in Yemen was one of its largest worldwide in terms of personnel.

Between October 2015 and August 2016, MSF lost 26 colleagues and patients in four separate bombings of health facilities it ran or supported. Following the airstrike on Abs hospital on August 15 that killed 19 people, including an MSF staff member, MSF temporarily withdrew its staff from six hospitals in the north of Yemen while continuing to support the facilities. MSF ran the emergency room, inpatient department, pediatric ward, and maternity departments at Abs hospital, and opened an inpatient therapeutic feeding center in December. MSF conducted medical outreach activities for people living in and around camps for the internally displaced in Abs district. MSF also provided lifesaving health care in Al Jumhuri hospital in Hajjah town.

In Sa'ada governorate, MSF provided assistance in the emergency room and maternity department of Shihara hospital, which was hit by a missile in January 2016. Haydan health center was hit by an airstrike in October 2015, nevertheless MSF continued to work there until August 2016. MSF

teams worked in the maternity, surgical, and inpatient departments, and provided mental health care and physiotherapy in Al Jumhuri hospital in Sa'ada.

In Amran governorate, MSF helped provide health care and ran referral systems in Al-Salam hospital and four health centers. In May, MSF conducted a scabies treatment campaign at camps for internally displaced people.

MSF supported the emergency room and operating theater in Al-Kuwait hospital in Sana'a and donated emergency supplies to Al-Jumhuri, Al-Thawra, and Al-Sabeen hospitals.

MSF continued to support the MoH's HIV program, helping to ensure that, despite the violence, 97 percent of the program's 2,529 patients received their lifesaving ARV treatment.

In Ibb governorate, the most densely populated region of Yemen, MSF supported the emergency department of Al-Thawra Hospital. MSF rehabilitated the General Rural Hospital of Thi As-Sufal district, close to the front lines, and performed lifesaving surgeries on severe medical cases.

The situation was critical in Taiz as most hospitals were forced to close amid heavy fighting. MSF provided lifesaving medical activities on both sides of the front line, treating patients with injuries resulting from airstrikes, blasts, shelling, gunshots, and landmines. Teams continued to run a mother and child hospital and a trauma center, and regularly supported four other hospitals in the city.

In Ad Dhale, where fighting flared in August, MSF worked in Al-Nasr Hospital, Al Salam hospital, Thee Ijlal health center, and Damt health center.

MSF continued to run its emergency surgical hospital in Aden, providing lifesaving health care to thousands of people. MSF medical staff also provided primary health care services to inmates at Aden central prison.

OTHER PROGRAM SUPPORT

ACCESS CAMPAIGN **\$1,254,178**

MSF's Access Campaign was created to push for access to, and the development of, affordable and adapted medicines for patients in MSF projects and beyond. Through technical and advocacy work directed toward governments, pharmaceutical companies, other humanitarian organizations, and policy makers, the Access Campaign aims to increase or maintain affordable access to urgently needed and often lifesaving drugs, vaccines, and diagnostic devices, while also challenging today's global research and

development system to prioritize patients' needs.

In 2016, its work included continued opposition to sections of the US-led Trans-Pacific Partnership trade agreement that would limit access to affordable drugs and patient-driven innovation; sustained calls for pharmaceutical companies to make vaccines (and the pneumococcal vaccine in particular) and existing treatments for DR-TB and hepatitis C more affordable; asking the Indian government to withstand external pressure—especially from the US government—to change its laws in ways that would impede the development of generic medicines; congressional advocacy to improve incentives for innovation, especially for neglected diseases; and pushing governments and the international community to better respond to the global challenges caused by antimicrobial resistance (AMR) and high drug prices.

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDI)

\$987,912

DNDI is a not-for-profit, patient needs-driven research and development (R&D) organization co-founded by MSF in 2003. In 2016, DNDI announced an agreement with the Egyptian drug manufacturer Pharco Pharmaceuticals to develop an affordable hepatitis C treatment regimen. Phase III studies in Malaysia and Thailand will test a combination treatment of the registered hepatitis C drug sofosbuvir with the investigational drug vildavir, with Pharco agreeing to supply the combination for less than \$300 per treatment course. Separately, late-stage trials were conducted in the Democratic Republic of Congo to develop two simple, oral treatments for sleeping sickness (human African trypanosomiasis).

Together with the World Health Organization (WHO), DNDI established the Global Antibiotic Research and Development Partnership (GARDP) in May. GARDP aims to develop up to four new treatments targeting serious drug-resistant infections by 2023. This partnership builds on commitments made by governments at the UN High-Level Meeting on Antimicrobial Resistance, including recommendations to seek alternative models of R&D that delink research costs from prices and sales, a theme that was also part of DNDI's contribution to the 2016 UN High-Level Panel on Access to Medicines. In May, mycetoma was added to WHO's official list of neglected tropical diseases, bolstering efforts by DNDI to develop a treatment for this devastating infection.



Displaced people in Borno State, Nigeria, receive medicine from MSF staff. © Benoit Finck/MSF

EPICENTRE \$60,000

Epicentre is a nonprofit organization founded by MSF in 1986 to foster epidemiological research in humanitarian settings. Epicentre carries out research, runs clinical trials and evaluations, and conducts training courses, working with MSF's international operations and its own research centers in Niger and Uganda.

In 2016, Epicentre was involved in over 200 surveys, studies, and projects around the world. Epicentre continued a clinical trial in Niger to test the efficacy of a new, heat-stable vaccine against rotavirus, one of the leading causes of death from severe diarrhea among children. Epicentre conducted surveys of refugees and migrants at "the Jungle" camp in Calais, France, and at seven sites across Greece to document the types and levels of violence they experienced during the journey. In Uganda, a mortality and morbidity surveillance system was implemented to better respond to the needs of displaced people in Bidibidi, one of the world's largest refugee camps with an influx of people fleeing the conflict in South Sudan. Epicentre continued to monitor reports of measles cases in Democratic Republic of Congo and worked to develop a risk assessment tool to anticipate the threat of future outbreaks.

INTERNATIONAL OFFICE

\$3,644,648

MSF's International Office coordinates common projects on behalf of MSF's 21 sections worldwide and supports MSF's advocacy efforts with the United Nations and other international bodies.

WORKING GROUP ON REPRODUCTIVE HEALTH AND SEXUAL VIOLENCE CARE

\$226,553

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

TOTAL: \$300,119,963*

**This total amount of MSF-USA project support reflects a credit of \$124,630 that was provided to the MSF International Fund for Innovation and Operational Research in 2015 and withdrawn in 2016 when the fund was closed.*

FIELD STAFF



Children chat with staff in Gety, Democratic Republic of Congo, where MSF provides a range of services at the local hospital.
© Thibaud Eude/MSF

MSF-USA IS CONSISTENTLY ONE OF THE LARGEST PROVIDERS OF INTERNATIONAL STAFF TO OUR FIELD OPERATIONS, MANAGING 419 DEPARTURES IN 2016.

Our MSF-USA pool worked in more than 55 countries last year, assisting in projects as diverse as supporting refugees in Tanzania, Jordan, and Greece; providing access to care for tuberculosis patients in India, Georgia, and Swaziland; and performing surgery in Afghanistan, the Democratic Republic of Congo, and South Sudan. This is only a small sample of the contributions our field workers make each year.

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

MSF is committed to supporting our staff throughout their work, including by developing their “soft skills.” MSF-USA has provided a Field Management Training program since 2008, which so far has benefited more than 1,500 team members—the majority of these being national staff. In 2016, we expanded the training program and will be developing more courses and other initiatives to build the management capacities of staff and encourage people to move into leadership positions.

In addition to staff development, we are revamping our recruitment processes in order to support our needs today and into the future. MSF field operations are changing, often demanding new skills and expertise in order to maintain the high quality of our medical services. The diversity of our projects sometimes requires professional profiles we have not recruited in the past. While we can build some expertise in-house, we are also looking beyond our traditional recruitment practices to find people with specific skills and professional backgrounds. This is a real added value that MSF-USA can provide to our operations, as the US is fertile ground for specialist professionals, particularly in the medical field. Our recruitment outreach programs are adapting quickly to support the changes we see in our operations.

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

— **Kate Mort**, *Director of Field Human Resources, MSF-USA*

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An MSF psychologist counsels a burn patient at Drouillard hospital in Port-au-Prince, Haiti. © Corentin Fohlen

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INTERESTED IN JOINING MSF?

MSF is always looking for motivated and skilled medical and non-medical professionals for our field projects around the world. For more information, please visit doctorswithoutborders.org.

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An MSF doctor tends to a child in Mora, in northern Cameroon. © Louise Annaud/MSF



MSF teams aboard the Bourbon Argos in the Mediterranean rescue a 13-month-old girl. © Borja Ruiz Rodriguez/MSF

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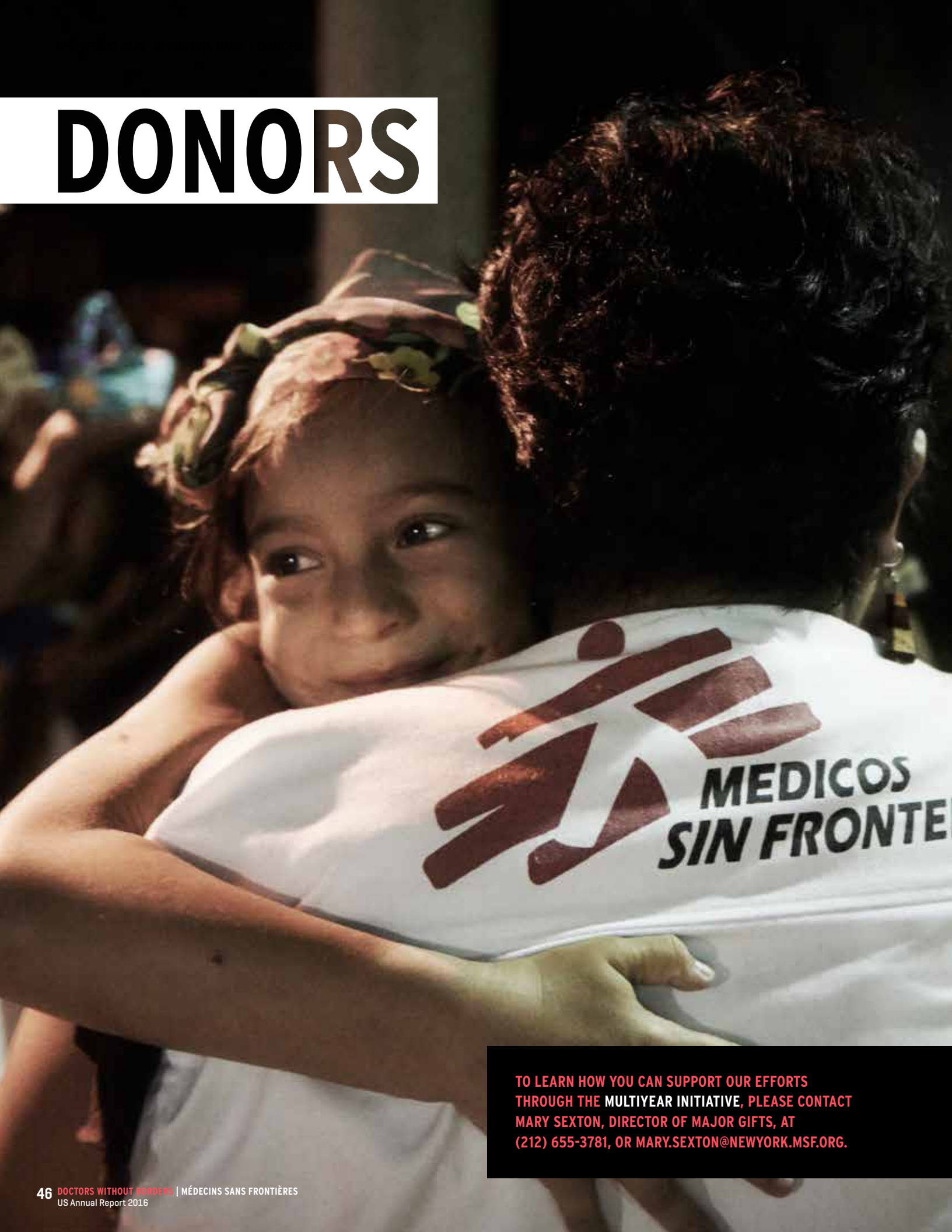
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MSF teams work to control the spread of yellow fever in Kinshasa, Democratic Republic of Congo. © Dieter Telemans



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An MSF social worker holds a child traveling along the dangerous migration route through Mexico.
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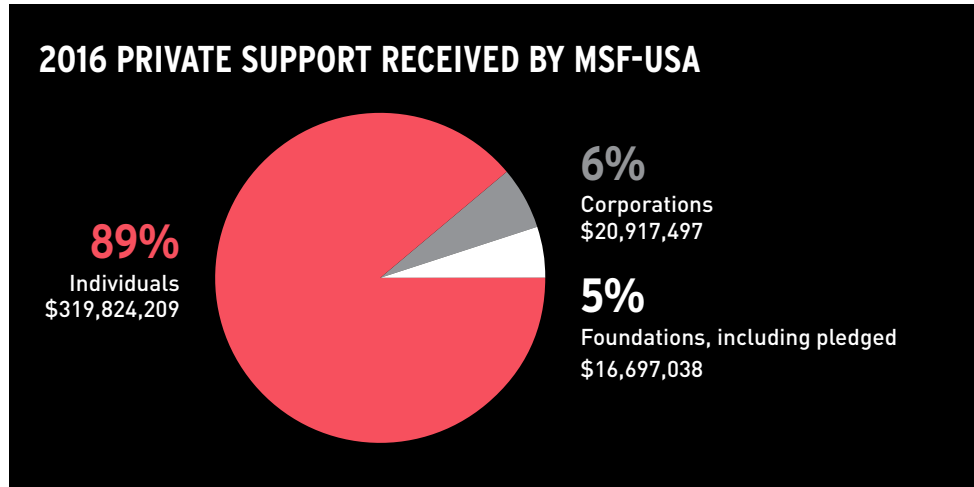
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| Derek & Patricia Till | | | | |

FINANCIAL REPORT



OUR ABILITY TO RESPOND QUICKLY AND EFFECTIVELY TO EMERGENCIES WAS SUSTAINED BY THE HUNDREDS OF THOUSANDS OF INDIVIDUAL DONORS WHO SUPPORT MSF-USA. WE ARE DEEPLY GRATEFUL TO ALL THOSE WHO HELPED MAKE THIS WORK POSSIBLE DURING A CHALLENGING TIME.

In 2016, MSF-USA exceeded the generous support we received in 2015 by 6.5 percent. MSF drew increased interest and engagement through its sustained humanitarian response to the global displacement crisis, major interventions in Yemen and Nigeria, and high-profile advocacy to ensure that medical facilities are protected in conflict zones.

We increased our support for MSF programs by 24 percent—a reflection of the enormous need for emergency medical care in a volatile world. MSF-USA's largest expenditures went to programs in Democratic Republic of Congo [\$44.4 million], Central African Republic [\$26.6 million], South Sudan [\$25.3 million], and Yemen [\$19.8 million].

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

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

| REVENUES | 2016 | 2015 |
|-------------------------------------------------------------------|--------------------|--------------------|
| PUBLIC SUPPORT | | |
| Total Public Support | 357,438,744 | 335,780,737 |
| OTHER REVENUE | | |
| Investment Income (loss) | 1,334,049 | (2,284,658) |
| Gain (loss) on Investments and Actuarial Gain (loss) on Annuities | (465,346) | (1,541,402) |
| Other Revenue | 316,387 | 223,292 |
| Grants from Affiliates: | | |
| MSF Network Grants | 4,585,569 | 3,814,732 |
| Secunded field staff grants | 9,792,654 | 8,998,978 |
| Total Other Revenue | 15,563,313 | 9,210,942 |
| Total Revenue excluding Gifts In-kind | 373,002,057 | 344,991,679 |
| Gifts In-kind | 1,214,948 | 2,552,830 |
| Total Revenue and Gifts In-kind | 374,217,005 | 347,544,509 |

| EXPENSES | 2016 | 2015 |
|-----------------------------------------------|--------------------|--------------------|
| PROGRAM SERVICES (Total) | 325,596,066 | 262,547,920 |
| SUPPORTING SERVICES (Total) | 37,708,547 | 32,970,975 |
| Total Expenses excluding Gifts In-kind | 363,304,613 | 295,518,895 |
| Gifts In-Kind | 1,604,061 | 2,213,820 |
| Total Expenses and Gifts In-kind | 364,908,674 | 297,732,715 |
| Increase in Net Assets | 9,308,331 | 49,811,794 |

| NET ASSETS | 2016 | 2015 |
|-----------------------------------------|--------------------|--------------------|
| Net assets at the beginning of the year | 277,920,082 | 228,108,288 |
| Increase in Net Assets | 9,308,331 | 49,811,794 |
| Net assets at year end | 287,228,413 | 277,920,082 |

OPPOSITE: Midwife Tatiana carries out an exam on a newborn baby in Kabo, Central African Republic, a country where MSF has maintained a major presence to respond to the protracted humanitarian crisis and escalating violence. © Sandra Smiley/MSF

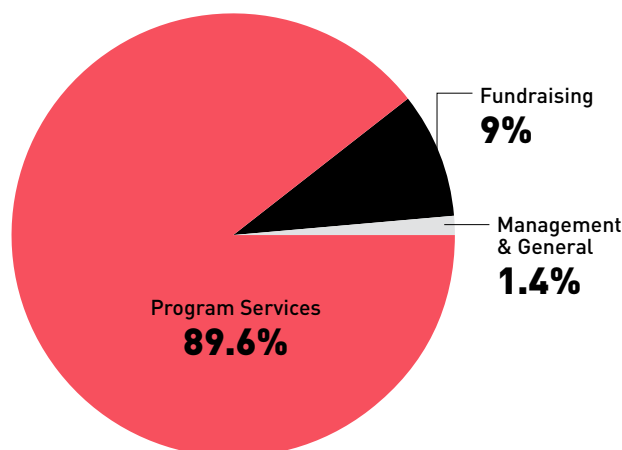
STATEMENT OF FINANCIAL POSITION 2016

| ASSETS | 2016 | 2015 |
|-----------------------------------------------|--------------------|--------------------|
| Cash & Equivalents and Short-Term Investments | 219,759,686 | 223,154,594 |
| Receivables | 46,939,390 | 44,813,268 |
| Other Assets | 79,690,566 | 26,259,972 |
| Total Assets | 346,389,642 | 294,227,834 |

| LIABILITIES AND NET ASSETS | 2016 | 2015 |
|-----------------------------------------|--------------------|--------------------|
| Grants Payable | 26,380,000 | 450,630 |
| Other Payables | 7,337,781 | 4,237,105 |
| Other Liabilities | 25,443,448 | 11,620,017 |
| Total Liabilities | 59,161,229 | 16,307,752 |
| Unrestricted Net Assets | 266,153,837 | 259,552,396 |
| Temporarily Restricted Net Assets | 20,340,846 | 17,694,964 |
| Permanently Restricted Net Assets | 733,730 | 672,722 |
| Total Net Assets | 287,228,413 | 277,920,082 |
| Total Liabilities and Net Assets | 346,389,642 | 294,227,834 |

2016 EXPENSES

Excluding In-Kind Expenses



MSF-USA is recognized as tax-exempt under section 501 (c) (3) of the Internal Revenue Code. A copy of the most recent annual report filed by MSF-USA with the New York State Attorney General may be obtained, upon request, by contacting MSF-USA at 333 Seventh Avenue, 2nd Floor, New York, NY 10001-5004, or the Attorney General's Charities Bureau at 120 Broadway, New York, NY 10271. A list of all of the MSF offices that received funds from MSF-USA is also available upon request. A full presentation of MSF-USA's audited financial statements is available at: www.doctorswithoutborders.org/sites/usa/files/doctors_without_borders_financial_statements_2016.pdf



HOW YOUR SUPPORT SAVES LIVES

Mocktar, 38, received treatment and a prosthetic leg from MSF after stepping on a landmine. Displaced along with his family, he works with MSF in Aden, Yemen, to provide psychosocial support to patients. © Malak Shaher/MSF

MSF SCALED UP ACTIVITIES TO RESPOND TO THE GROWING EMERGENCY IN YEMEN, WHERE INDISCRIMINATE ATTACKS AGAINST CIVILIANS HAD A DEVASTATING IMPACT ON A COUNTRY THAT WAS ALREADY ONE OF THE POOREST IN THE REGION.



MSF’s presence in Yemen was its largest in the Middle East, with nearly 1,600 staff, including 82 international staff. Teams provided direct health care to patients in 12 hospitals and supported at least 18 other facilities. We worked to fill the many gaps left by a national health care system on the brink of collapse: less than half of the country’s health facilities were functioning, and the ones that remained were left to operate with insufficient personnel, equipment, medicines, or even basic supplies such as water and electricity.

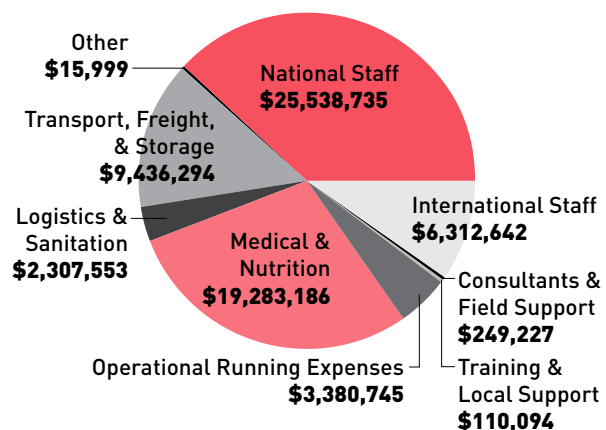
Medical facilities and personnel repeatedly came under fire in the war pitting Saudi-led coalition forces against Houthi militants. Between October 2015 and August 2016, MSF lost 26 colleagues and patients in four separate bombings of health facilities it ran or supported. After an airstrike hit Abs hospital on August 15, killing 19 people, MSF temporarily withdrew its staff from six hospitals in the north of the country. MSF continued to support these facilities and resumed activities in northern Yemen in November.

The physical and emotional consequences of such attacks are dire. In addition to treating tens of thousands of war-related injuries, MSF teams regularly cared for patients with acute post-violence stress syndrome. After Shiara hospital was hit by a projectile in January, some pregnant women feared returning to the facility and decided it would be safer to give birth in nearby caves.

Despite the enormous challenges of working in Yemen, MSF staff provided 435,500 outpatient consultations, performed 16,400 surgical interventions, and assisted 12,500 births.

EXPENSES BY CATEGORY

TOTAL OVERALL MSF PROGRAM EXPENSES \$66,634,475



BOARD OF DIRECTORS

JOHN LAWRENCE, PRESIDENT

Dr. John Lawrence, a native of Illinois, attended Dartmouth College and Dartmouth Medical School, then completed a family practice internship and worked as a general medical officer in Tuba City, on the Navajo Reservation, in northern Arizona. He later returned to residency and completed training in general surgery in Rochester, New York, and then in pediatric surgery at St. Christopher's Hospital in Philadelphia. For the past 20 years, he has been a practicing pediatric surgeon, primarily in academic settings, and he is currently a staff pediatric surgeon at Maimonides Medical Center in Brooklyn, New York. Dr. Lawrence has completed eight missions with MSF since 2009—including as a surgeon in the Central African Republic, Ivory Coast, Haiti, Syria, and the Democratic Republic of the Congo. He is pursuing an MPH degree through the Bloomberg School of Public Health at Johns Hopkins University. Dr. Lawrence was appointed president of the board of directors in June 2016.

NABIL AL-TIKRITI, VICE-PRESIDENT

Nabil Al-Tikriti, who was first elected to the US Board of Directors in 2011, has worked with MSF since 1993 as a field administrator, logistician, context analyst, cultural facilitator, and deputy head of mission in Somalia, Albania, Iran, Turkey, Jordan, Syria, and the Mediterranean Sea. He has also worked with other organizations as a consultant and election monitor in Europe, Asia, and Africa. An expert on the modern Middle East, Iraq, and Turkey, Dr. Al-Tikriti is currently associate professor of Middle East history at the University of Mary Washington. He holds a bachelor's degree in Arab studies from Georgetown University, a master's in international affairs from Columbia University, and a doctorate in Ottoman history from the University of Chicago. He has also studied at Bogaziçi Üniversitesi in Istanbul, the Center for Arabic Studies Abroad in Cairo, and the American University in Cairo. He has been awarded two Fulbright scholarships, a United States Institute of Peace fellowship, and a National Endowment for the Humanities/American Research Institute grant for field work in Turkey.

GENE WOLFSON, TREASURER

Gene Wolfson is currently a partner at Catalyst Investors, where he manages investor relations and firm business development and serves as a member of the investment committee. From 2006 to 2008 he was managing director at Citigroup, where he managed the micro-cap sales-and-trading desk and international broker/dealer relationships, while also working on special projects related to investment opportunities and acquisitions. Wolfson previously held management positions at TD Waterhouse Capital Markets, where he was president and founder; Allegiance Securities; TD Securities USA; and Gateway Capital Investment Group. He holds an MBA in finance from Pace University and a BS in marketing and management from Montclair State University.

JENNIFER REYNOSO, SECRETARY

Jennifer Reynoso is counsel in the Exempt Organizations Practice at Simpson Thacher & Bartlett LLP. She advises a variety of public charities and private foundations on structural and operating issues, including formation, governance, reorganizations, and domestic and international grantmaking and operations. She advises donors on charitable-giving techniques. Jennifer has also been involved in assisting governing bodies in internal investigations.

Jennifer is currently the incoming chair of the Non-Profit Committee of the Association of the Bar of the City of New York and is a member of the Exempt Organizations Committee of the American Bar Association Section of Taxation.

Jennifer joined Simpson Thacher after serving as a law clerk to the Honorable Wilfred Feinberg of the US Court of Appeals for the Second Circuit. She also spent 1999–2000 as associate counsel for the New York Public Library. Jennifer earned her JD at New York University, where she graduated summa cum laude. She served as an articles editor of the New York University Law Review, was a fellow of the National Center on Philanthropy and the Law, and was named a member of the Order of the Coif. Jennifer earned her BA from the University of Michigan, where she graduated with high distinction.

RAMIN ASGARY

Dr. Ramin Asgary, MPH, started working with MSF in 1997, and has served as field physician, project/medical coordinator, and senior health and research advisor in regions including Eurasia, Sub-Saharan Africa, South and Central America. Much of his experience involves refugee issues and conflict or post-conflict settings. Dr. Asgary is on the faculty of Weill Cornell Medical College, Columbia University and George Washington University's Schools of Public Health. He also provides direct medical care to homeless people in New York City at shelters and clinics. His research interests include women's health, reproductive health, cervical cancer, refugee health, complex emergencies, and ethics and accountability in humanitarian assistance.

KASSIA ECHAVARRI-QUEEN

Kassia Echavarrí-Queen began her field work with MSF in 2007 as a supply manager in Sierra Leone, having previously worked in marketing and strategy for technology companies, start-ups, and the Fritz Institute, which focuses on disaster response and recovery. In the years that followed, Echavarrí-Queen worked extensively in the field with MSF as program coordinator and head of mission in Guatemala, Kenya, South Sudan, Sri Lanka, and Syria. Her two most recent missions were an Ebola response program in Liberia and a project in Nepal following the earthquake there in April 2015. All told, Echavarrí-Queen has more than 14 years of international program management experience. Now living in her native San Francisco, Echavarrí-Queen holds a BA in international relations from Alliant University and an MA in international economics and management from SDA Bocconi.

KELLY S. GRIMSHAW

Kelly Grimshaw, RN, MSN, APRN, CCRN, joined MSF in 1999, establishing a tuberculosis program in Turkmenistan. She has since worked as a nurse practitioner and project coordinator in China, Sierra Leone, Indonesia, and Zambia, assisting people affected by civil and ethnic conflicts, as well as the HIV pandemic. Kelly also provided assistance and program oversight as medical coordinator for projects in Angola, Liberia, Ivory Coast, and Nigeria that responded to cholera, Marburg hemorrhagic fever, meningitis, and measles outbreaks. In the US, she has volunteered her services to the MSF-USA Speakers Bureau and Refugee Camp in the Heart of the City exhibits. She currently works in nursing education.

ALISON LUDWIG

Dr. Alison Ludwig is a physician who earned her medical degree at Temple University School of Medicine and completed an internal medicine residency at the University of California, San Francisco. She joined MSF in 2007 and has undertaken field assignments as a field physician, medical team lead, and medical coordinator in Zimbabwe and Sudan. Dr. Ludwig completed a fellowship in applied medical epidemiology through the Epidemic Intelligence Service and the Centers for Disease and Control Prevention. She has worked as a research coordinator on HIV public health research projects in East Africa through the University of California, San Francisco, and in the domestic tuberculosis program for the City of San Francisco. Currently she is physician chief of medical practice at a large primary care clinic at the San Francisco VA Medical Center, where she teaches residents, manages medical operations, and cares for veterans. Dr. Ludwig was elected to the board in June 2016.

AERLYN PFEIL

Aerlyn Pfeil is a certified professional midwife and sexual violence program consultant from Portland, Oregon. She has been practicing midwifery since 1999 and joined MSF in 2011. She has worked in maternal health programs in South Sudan, Haiti, Senegal, the Somali region of Ethiopia, and Papua New Guinea. Aerlyn has been an active association member since joining MSF and was elected to the board in June 2016. She holds a BA in sociology from Whitman College, and a BS in midwifery and a degree in global health from the University of Manchester. Pfeil was elected to the board in June 2016.

PHILIP SACKS

Philip Sacks received an AB from Brown University and an MMA from the University of Rhode Island. He is a licensed master mariner specialized in large sailing vessels and oceanographic research vessels. He spent 33 years working as a sailing ship captain, professor of nautical science, and senior administrator at SEA Education Association in Woods Hole, MA. He is also a project management specialist. He has coordinated science missions for Woods Hole Oceanographic Institution and the US Antarctic Program. As a consultant, he has managed the construction of research vessels and remote research stations worldwide. Since 2006, Sacks has completed 10 humanitarian aid missions as a logistician and logistics coordinator with MSF in a wide range of contexts based in Thailand, South Sudan, Nigeria, Sri Lanka, Democratic Republic of Congo, Chad, and Haiti. Sacks was elected to the board in June 2016.

SUSAN SHEPHERD

Dr. Susan Shepherd is a pediatrician who earned her medical degree at the Université Libre de Bruxelles and completed a residency in general pediatrics at the University of Chicago. When she joined MSF in 2003, she was practicing at the Butte Community Health Center in rural Montana. Dr. Shepherd has undertaken field assignments in Uganda, Chad, Niger, and Kenya. She became deeply involved in MSF's efforts to combat childhood malnutrition, working for MSF's Access Campaign, coordinating the MSF Nutrition Working Group, and holding a position in the MSF-France Department of Operations. Since leaving her staff role with MSF in 2013, Dr. Shepherd has worked with the World Food Program in Central African Republic and Cameroon. Currently she works for the Alliance for International Medical Action (ALIMA), a French medical organization, where she focuses on developing strategies to improve service delivery and quality of medical care for children in Sub-Saharan Africa.

ALI N'SIMBO

Dr. Ali N'Simbo is a medical doctor from the Democratic Republic of Congo [DRC]. He has worked with MSF since 2011, first on an emergency team near his home in South Kivu, DRC, and later in South Sudan. Prior to that, he worked as a physician with the Ministry of Health in DRC and with several other national and international non-governmental organizations. He attended the University of Kisangani, where he received his medical degree. Dr. N'Simbo was elected to the board in June 2016.

MEGO TERZIAN, PRESIDENT, MSF-FRANCE

Dr. Mego Terzian is the president of MSF-France. Born in Lebanon, he earned his medical degree in pediatrics from Yerevan State Medical University in Armenia in 1999. While still in medical school, he worked as a translator for MSF in Nagorno-Karabakh, and from 1999 through 2002, he worked as an MSF field doctor in Sierra Leone, Afghanistan, Iran, and the Democratic Republic of Congo. In 2003, he became an emergency coordinator for MSF projects in Liberia, Ivory Coast, Niger, Pakistan, Central African Republic, Jordan, and other countries. He later served as deputy director and then as director of MSF's emergency programming at MSF in France, before assuming his current role.

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Board listing as of December 31, 2016.



A helicopter delivers supplies for MSF mobile clinics and a hospital in Port-à-Piment, Haiti. © Jeanty Junior Augustin



An MSF vehicle drives through Bambari in Central African Republic. © Sylvain Cherkaoui/Cosmos for MSF

FRONT COVER: MSF staff treat an infant in the neonatal intensive care unit at Boost Hospital in Helmand province, Afghanistan. © Kadir Van Lohuizen/NOOR





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**ON BEHALF OF OUR FIELD STAFF AND THE
PEOPLE WE ASSIST WORLDWIDE, THANK YOU.**