MEDECINS SANS FRONTIERES
LÄKARE UTAN GRÄNSER

Report on impact 2018

An emergency team from MSF during a vaccination campaign in Kongo-Kinshasa

Photo: Diana Zeyneb Alhindaw /Medecins Sans Frontieres

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Non-profit organisation

Contents

Introduction

Welcome to the impact report!

You are just about to take part of an explanation of the work, strategies and choices made by Läkare Utan Gränser/ Médicins Sans Frontières (in the report abbreviated as MSF).

We hope that the impact report will provide a good basis for assumptions of what impact the work of MSF results in. The report illustrates what MSF is trying to achieve, what strategies and ways of working MSF has chosen and how MSF works with monitoring and evaluation. Furthermore the report talks about the capacity and achievements in the year 2018.

While it is the Swedish entity of MSF that is submitting this report, we have chosen not to limit the scope to only the activities that are performed by the Swedish section of MSF. This is because MSF-Sweden is part of the world-wide MSF movement, and whereas the Swedish section contributes with funds raised and fieldworkers recruited in Sweden, the impact of these resources are seen with our patients in the field.

The report is limited to give important example of the activities, impact and challenges faced in 2018, thus it is not aspiring to cover the impact of all projects in 2018[1].

[1] For further reading about all countries where MSF worked in 2018 we recommend the International activity report, available at https://www.msf.org/international-activity-report-2018

1. What does MSF want to achieve and in which contexts?

Médecins Sans Frontières (MSF) brings medical humanitarian assistance to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF offers assistance to people based on need, irrespective of race, religion, gender, sexual orientation or political affiliation. Our actions are guided by medical ethics and the principles of neutrality and impartiality.

A worldwide movement

MSF was founded in Paris, France in 1971.

Its principles are described in the organisation's founding charter. It is a non-profit, self-governed organisation. Today, MSF is a worldwide movement with 24 associations, bound together by MSF International, based in Switzerland. Thousands of health professionals, logistical and administrative staff – most of whom are hired locally – work on programs in some 70 countries worldwide.

MSF-Sweden contributes to the work of MSF in the field through the recruitment and training of fieldworkers, fundraising, advocacy and with two units directly supporting the field with innovations and evaluations.

Humanitarian action

MSF's work is based on humanitarian principles. We are committed to bringing quality medical care to people caught in crisis, regardless of race, religion or political affiliation.

MSF operates independently. We conduct our own evaluations on the ground to determine people's needs. More than 95 per cent of our overall funding comes from millions of private sources around the world.

MSF is neutral and does not take sides in armed conflicts. We provide care on the basis of need, and push for independent access to victims of conflict as required under international humanitarian law.

Bearing witness and speaking out

MSF medical teams often witness violence and neglect in the course of their work, largely in regions that receive scant international attention. Témoignage – translated as bearing witness – is the act of raising awareness, either in private or in public, about what we see happening in front of us.

At times, MSF may speak out publicly in an effort to bring a forgotten crisis to public attention, to alert the public to abuses occurring beyond the headlines, to criticize the inadequacies of the aid system, or to challenge the diversion of humanitarian aid for political interests.

Quality medical care

MSF strives to provide high-quality care to all patients. In 1999, when MSF was awarded the Nobel Peace Prize, the organisation announced the money would go towards raising awareness of and fighting against neglected diseases.

Through the Access Campaign, celebrating 20 years in 2019, and in partnership with the Drugs for Neglected Diseases initiative, this work has helped lower the price of HIV/AIDS treatment and stimulated research and development for medicines to treat malaria and neglected diseases like sleeping sickness, kala azar, tuberculosis and hepatitis C.

MSF activities around the world

In 2018, MSF conducted medical activities in 74 countries.[2] The activities were conducted through 3,824 international field staff (full-time) positions, and 39,519 locally hired field staff, supported by 3,974 staff a headquarters.[3]

[2] MSF International activity report 2018, https://www.msf.org/international-activity-report-2018 p 2. The countries where MSF worked in 2018 are marked with red. Countries in which MSF only carried out assessments or small-scale cross border activities in 2018 do not feature on this map.
[3] Ibid p 95

Largest country programmes

By expenditure

1. Democratic Republic of Congo	€109.9 million
2. South Sudan	€83.3 million
3. Yemen	€57 million
4. Central African Republic	€51.2 million
5. Syria	€47 million
6. Iraq	€45.5 million
7. Nigeria	€44.9 million
8. Bangladesh	€39.9 million
9. Afghanistan	€32 million
10. Niger	€31.6 million

The total budget for our programmes in these 10 countries was €542.3 million, **52 per cent of MSF's operational expenses in 2018** (see Facts and Figures for more details).

By number of field staff[1]

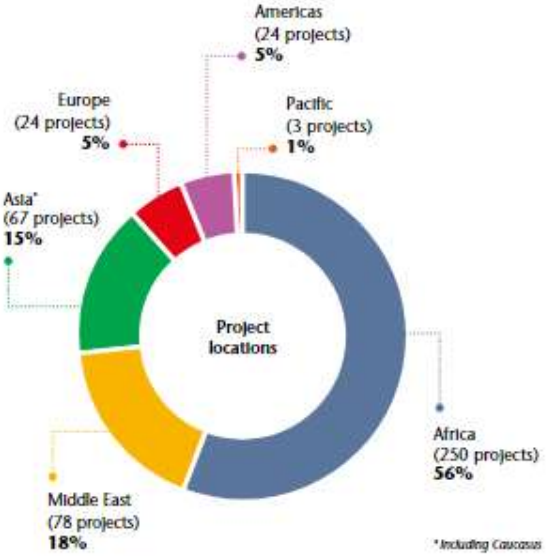
1. South Sudan	3,682
2. Democratic Republic of Congo	2,848
3. Central African Republic	2,829
4. Afghanistan	2,514
5. Bangladesh	2,380
6. Nigeria	2,365
7. Niger	2,157
8. Yemen	2,058
9. Ethiopia	1,760
10. Haiti	1,746

By number of outpatient consultations[2]

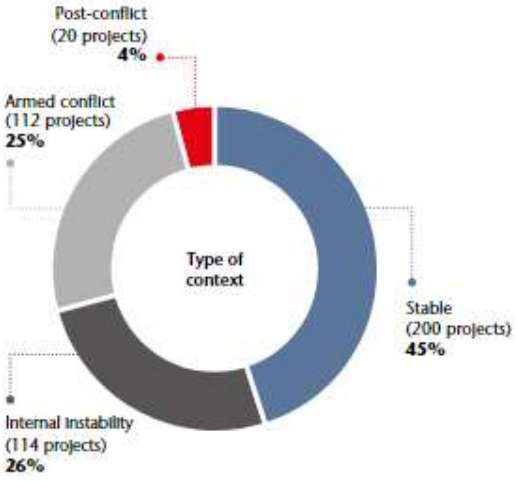
1. Democratic Republic of Congo	1,826,300
2. South Sudan	1,157,900
3. Bangladesh	954,300
4. Central African Republic	852,600
5. Niger	589,100
6. Syria	569,300
7. Yemen	535,600
8. Ethiopia	500,800
9. Sudan	467,400
10. Afghanistan	411,700

[1] ***Staff numbers*** *represent full-time equivalent positions (locally hired and international) averaged out across the year.*
[2] ***Outpatient consultations*** *exclude specialist consultations.*

Project locations



Context of intervention



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[4] MSF International activity report 2018 p 8

Collaboration and integration in existing systems

MSF does not want to purely substitute or run in parallel of existing facilities, which would indirectly undermine local capacity and jeopardise sustainability of results. Therefore, the longer-term implications of its actions on the local context are thoroughly analysed and MSF always tries, whenever possible, to collaborate with local authorities and works within existing health structures. This can take different forms at different levels, depending on the context and settings. MSF strives to hand over its activities when possible and incorporating initiatives into regular systems is the best way to ensure continuity of action.

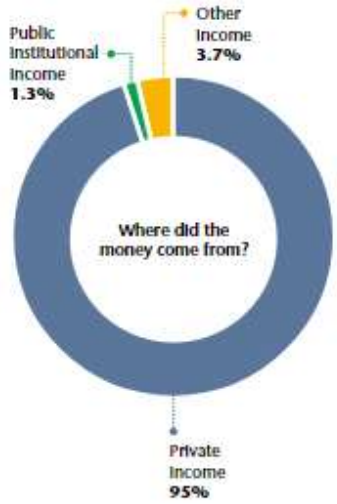
The Ministry of Health (MoH) is in most countries the main counterpart and Memorandum of Understandings (MoU) are often signed to define and regulate the terms of the collaboration. In settings where MSF supports regular facilities, both MSF and MoH contracted staff work together. This can be a challenge in terms of management of expectations, tools and routines as working conditions differ. In MSF supported structures, whenever there are MoH human resources, MSF pays any salary difference, to secure well-functioning activities

Training of local staff, both MSF and MoH , is a key component of MSF's medical activities, both to meet immediate needs as well as to promote long-term capacity building. The areas where MSF intervenes benefit not only from well-trained staff, but also from investments made in health structures, such as improvements of buildings, equipment and water and sanitation . Every possible effort is made to ensure that handover partners take proper responsibility for such investments once MSF leaves and reasonable resources are normally made available for continued maintenance.

2. What strategies makes it possible for MSF to achieve its goals?

MSF is impartial and therefore committed to bring quality medical care to people caught in crisis, solely on the basis of needs, regardless of race, religion or political affiliation. Furthermore, MSF's operations are independent of any political, military, or religious agendas. As a medical organisation, MSF prioritises needs that impact morbidity and mortality, as well as focusing on the most vulnerable such as women, elderly and children.

A fundamental principle for MSF is that it is mostly finance by private sources.



This specific funding mechanism makes MSF a reliable actor in the field of humanitarian assistance, as it is able to intervene quickly without having to wait for donor's approval and/or funding. It also contributes to ensure MSF's independence in highly politicised contexts, making sure decisions are based only on needs and humanitarian principles[5]. This combined with an intervention model based on proximity and direct involvement allows the organisation to carry on extensive advocacy work, based on first-hand information and evidence.

Assessments are carried out prior to any intervention, to analyse the situation and determine the needs of a population, specifically the medical ones, before launching activities. During the course of a programme or intervention, regular monitoring of activities, indicators and results serve as a basis for MSF teams to adapt strategies and means according to changing needs and context evolution. At the headquarters level, operations coordinators and humanitarian advisors make sure assistance is provided where it is most needed, prioritising and allocating resources adequately between current and potential areas of intervention.

MSF also tries to work ahead of emergencies and disasters, putting a lot of effort into capacity building at the local level and emergency preparedness. Contingency plans are developed in each country of intervention. This includes prepositioning of logistical and medical resources, as well as capacity building in terms of routines, training of staff and collaboration mechanisms with other stakeholders, national and international NGOs as well as local authorities.

3. What is the capacity of MSF, in terms of finances and HR?

In 2018, the total income of MSF worldwide was 1536 million Euro.
The total income of the Swedish section of MSF was SEK 519 million, and 124 Swedish fieldworkers worked in MSF missions.[6]

Some 43,000 Médecins Sans Frontières (MSF) field staff from all over the world work tremendously hard to provide assistance to people during crisis. They are for example doctors, nurses, midwives, surgeons, anaesthetists, epidemiologists, psychiatrists,

5 If a donor country is involved in a specific conflict where MSF works, institutional funding from that donor will not be accepted. This is obviously the case when a country is taking part in a conflict, but also if it is involved as, for example, a mediator (e.g. Norway in Sri Lanka), strongly associated with other actors or plays a dominant role in the local context e.g. through UN representation, as a former colonial power or as when the European Union and its member States decided to historically fail thousands of people and to compromise the very concept of asylum by agreeing to return to Turkey asylum seekers seeking safety in Europe. In highly politicized contexts MSF chooses not to accept any institutional funding. Acceptance of the organization as an independent, neutral and competent medical humanitarian actor often depends on avoiding association with actors that are perceived to be involved at a political level. Sometimes this extends to UN agencies.

6 MSF Sweden annual report 2018 p 6

psychologists, health promotors, pharmacists, laboratory technicians, logisticians, water and sanitation staff, administrators, electricians, safety and construction staff and experts in humanitarian affairs.

All our staffs are professionals who choose to work for MSF because of a commitment to and concern for people's health and survival. More than 90 per cent are recruited in the countries where the programs are located, and they work with a small number of international staff to carry our activities.

In our executive offices, almost 4,000 staff in the areas of field support and management, communications, advocacy, fundraising, finance and human resources teams contribute to making sure MSF provides effective medical assistance to the people who need it most. Specialised medical and logistical support departments ensure that innovations and advances in research are incorporated into our work in clinics and hospitals around the world.[7]

4. How does MSF work with monitoring and evaluation?

Following initial needs assessments and baseline data when available, the logical frameworks developed in all MSF's interventions help implement activities and measure to what extent the objectives are met, through a close monitoring of a set of indicators.[8] This is done on a daily, weekly, monthly, bi-annual and yearly basis by the project teams. Statistics, management indicators and medical data are compiled and analysed at field and headquarter levels. On the basis of those results, it is then possible for MSF to follow-up the relevance and appropriateness of its interventions and to identify and analyse any gaps in implementation. Visits from the coordination teams (based in the capital) and from headquarters' operational responsible, medical referents and technical experts are carried out on a regular basis, when a specific need is detected but also as a continuous support and follow-up.

The degree of achievement can sometimes be impacted negatively by contextual changes (security, politics etc.), external and internal difficulties (human resources, logistics, administrative barriers etc.)

Evaluations and reviews have long been used in MSF for assessing the quality of its interventions, in terms of medical and operational standards, with respect to the organisation's mission and principles. Systematic and objective evaluation processes are important opportunities to reflect, explore and capture the many experiences teams have in the challenging context MSF works in. Evaluations are therefore a much-needed tool for organisational learning.

7 MSF International activity report 2018 p 95

8 Some of the important key performance indicators used in the organisation are the number of consultations/treatments in OPD (Out-Patient Department) and IPD (In-Patient Department), ANC (Ante Natal Care), PNC (Post Natal Care), Surgery, Deliveries, HIV (treated), Mental Health Sessions, Malaria (treated), Malnutrition, Vaccination and SGBV (Sexual Gender Based Violence).

The Stockholm Evaluation Unit (SEU) is part of MSF's international evaluation group, consisting of three independent units in Vienna, Paris and Stockholm. The units work with evaluations of MSF activities across the world, and other initiatives in processes for reflection and learning.
During 2018 the unit carried out several evaluations and other learning exercises, for example concerning projects in Mauretania, Mozambique and Malawi. The unit also assisted the movement in updating the framework for project monitoring and the system for accountability towards patients and local communities. [9]
More information about MSF evaluation work can be found at http://evaluation.msf.org. Some evaluation reports are public and can be downloaded from this website, while others are restricted internally . This limitation is mainly due to the sensitive nature of the operational contexts and the resulting content.
The annual evaluation event, associative debates and discussions, are other ways that MSF shares "lessons learnt" within the movement.

MSF also does other types of evaluations, both external and internal, such as mortality surveys, retrospective studies, coverage surveys, health promotion follow-ups, internal reviews of operations and/or ways of working etc. For epidemiological purposes MSF can require the expertise of "Epicentre" which is an internationally recognised institution that performs surveys and evaluations from an epidemiological perspective. Less ambitious (more limited scope and resources) but still very valuable studies are conducted at the country level, by regular field teams, on various topics. The results are often aimed to stay at project or country level, unless findings can benefit other programmes and stakeholders. Whenever possible and/or relevant the outcomes are shared with national authorities and other actors to improve overall responses and planning of activities.

Besides the formal and structured initiatives described above, it is important to stress that MSF has a broad culture of continuous improvement and self-criticism, at all levels of the organisation. Each intervention or project is followed by debriefings sessions to capitalise on lessons learned. Protocols and ways of working are regularly put into question and all technical departments work continuously to improve efficiency of programmes and technical solutions, patients' treatment, national strategies, MSF routines etc.

5. What has been achieved in 2018

In 2018, Médecins Sans Frontières (MSF) teams provided medical and humanitarian assistance to people facing extreme hardship in over 70 countries. From treating war-wounded ever closer to frontlines in Yemen, to responding to epidemic outbreaks such as cholera in Niger and Ebola and measles in Democratic Republic of Congo to providing assistance to people fleeing violence in the Central African Republic, emergency response continued to be a core part of our work.[10]

Yemen was the country where our teams treated the highest number of war-wounded in 2018, over 16.000 people. We also treated more than 150 people wounded by mines around Mocha. In Gaza our surgical teams performed over 3,000 major surgical

[9] Läkare Utan Gränser/MSF-Sweden Annual report 2018 p 11
[10] MSF International activity report 2018 p 5

interventions (compared with 400 in 2017). The increase was the result of violence during protests in Gaza, resulting in numerous gunshot injuries, mostly to the legs. MSF teams in Central African Republic provided surgical care to was-wounded patients, particularly in Bangui, Bambari and Batangafo.[11] In Ethiopia, 1,4 million people were forced to become internally displaced. The country also hosts the second largest refugee population in Africa. During 2018 MSF carried out multiple types of medical activities needed to fill gaps in healthcare, both in camps and in existing medical structures.

We also addressed people's invisible wounds, running mental health services in 54 countries. In 2018, MSF released a number of reports that highlighted the grave mental health situation of refugees and displaced people, including alarming rates of mental illness and thoughts of suicide among people stuck on Lesbos in Greece, on Nauro, and in camps in South Sudan where we ran group and individual counselling sessions for the affected refugees as well as in other countries.[12]

Overall the figures demonstrate major achievements. Some examples from MSF programmes around the world in 2018:

- Provided **11,718,700** open consultations and care to **758,200** hospitalised patients
- Vaccinated **1,479,800** people against measles in response to an outbreak
- Vaccinated **33,900** people against meningitis in response to an outbreak
- Treated **2,396,200** cases of malaria
- Treated **63,700** patients for cholera
- Admitted **74,200** severely malnourished children to inpatient feeding programmes
- Conducted **404,700** individual mental health consultations
- Assisted **309,500** births, including caesarean sections.
- Performed **104,700** major surgical interventions
- Medically treated **24,900** patients for sexual violence
- Started to treat **16,500** tuberculosis patients with first-line treatment, and **2,840** patients with Multi Drug Resistant-Tuberculosis (MDR-TB).
- Had **159,100** patients on first-line anti-retroviral treatment and **17,100** patients on second-line anti-retroviral treatment by the end of the year.
- Had **14,400** patients on hepatitis C treatment
- Assisted **3,184** migrants and refugees at sea
- Admitted **2,800** people to Ebola treatment centres, of whom **450** were confirmed as having Ebola[13]

The Swedish section of MSF contributed with 410 million SEK to the international MSF activities, and raised awareness with the public, the Swedish government and other decision-makers about subjects such as humanitarian access to Yemen and Syria, and the situations in Myanmar, Kongo-Kinshasa and Central African Republic. In focus were also the work for increased access to safe abortions, treatment for HIV and tuberculosis. Other important topics in the communication with the public was the escalating violence in Gaza, attacks on medical facilities, search and rescue activities on the Mediterranean and the situation in Libya.

[11] MSF International activity report 2018 p 6
[12] Ibid p7
[13] Ibid p 9

During the year 124 fieldworkers recruited in Sweden, filled a total of 156 positions in the field (some fieldworkers did more than one mission during the year). The Swedish innovation unit (SIU) worked on several cases aiming to improve MSFs work in the field. During 2018 the SIU worked with ten cases out of which several are now being implemented. Two highlights amongst the cases in 2018 were:

- The oxygen concentrator driven by solar energy that helps young children to breathe, tested in Kongo-Kinshasa.
- The air-condition driven by solar energy that was tested in Haiti.

More information about the work of the Innovation Unit can be found here http://innovation.lakareutangranser.se.

The Stockholm evaluation unit (SEU), established in the Swedish section of MSF in 2012, carried out several evaluations of field interventions, as further explained on page 9.[14]

Measuring the impact of MSF operations – some examples

The number of consultations and patients treated annually, shows the extent to which MSF carry out medical activities. However, measuring the real impact of MSF activities is difficult due to several reasons. The situation in areas of interventions is often unstable, which can lead to quick changes in the environment, worsening of security situation and/or degradation of humanitarian and medical priorities, people moving, target populations shifting, other actors coming in or leaving etc. Furthermore, baselines are often missing, incomplete or unreliable, making it difficult to follow-up on the overall goal of MSF operations to reduce mortality and morbidity.
However, without being presumptuous, in terms of impact, as described in the report MSF can argue that its programmes contribute to improvements in the areas of intervention. Projects lead to measurable results (mainly at an outcome and output level), some with immediate outcomes and other with more sustainable and/or longer term impacts. Moreover, in many of MSF's countries of intervention, MSF can, given the size and volume of its operations and the humanitarian context, assume that its programmes have a positive impact on the population, despite enormous needs and limited resources. For example;

- In **South Sudan**, MSF responded to the urgent medical needs of people affected by violence while maintainu essential healthcare services through 16 projects across the country. Healthcare is scarce or non-existent in many parts of the country and it is estimated that less than half of the population has access to adequate medical services. MSF provided in 2018 more than 1,100,000 consultations, and almost 300,000 patients were treated for malaria. In addition, we assisted 14,300 births and performed over 7,000 surgical interventions.[15]

[14] MSF Sweden annual report 2018 p 11-12
[15] MSF International activity report 2018 p 80

- After four years of war, the **Yemeni** health system is in ruins across the country. Many medical staff have left because their salaries have not been paid since August 2016, and few hospitals are still functional. In response to the vast gap in services for women and children in particular, MSF teams provided maternal and paediatric healthcare in several governorates. On the western coast, one of the biggest medical issues is the lack of surgical capacity. The MSF hospital in Mocha is the only facility with an operating theatre serving the local population in the 450-kilometre stretch from Hodeidah and Aden. In 2018, 24,600 major surgical interventions were performed.[16]

- The **Democratic Republic of Congo (DRC)** has endured decades of multiple overlapping crises and severe limitations in medical capacity and is since years one of the countries where MSF has the most extensive activities. Services range from basic healthcare to nutrition, paediatrics, treatment for victims of sexual violence and care for people living with HIV/AIDS. In 2018 we responded to nine measles outbreaks and two successive outbreaks of Ebola, including the country's largest ever.[17]
- In the field of **vaccination**, MSF is very reactive, quickly setting up emergency campaigns in the event of outbreak. As an example, in 2018, almost 1,5 million beneficiaries got immunized against measles in response to an outbreak.

- The efforts made by the MSF **Access to essential medicines** campaign in 2017 to advocate for better access to key drug combinations used to treat hepatitis C, has now resulted in our teams being able to scale up and simplify treatment in a number of countries. One example is Cambodia, where we also introduced a simplified diagnostic process that has significantly reduced the time between screening and the start of treatment. [18] Improved access to lifesaving medicines is achieved when patents are dropped, accelerating affordable generic versions of the same drug. When this happens, it is a major achievement that will impact the lives of many people, far beyond the number of patient that MSF treats

More generally, in all contexts of intervention, extensive health promotion activities go hand in hand with MSF medical input. Therefore, behavioural changes and more adequate health seeking habits can hopefully be expected in the long run. For example, steps towards better hygiene practices consequently decrease the risk of waterborne deceases . MSF has also been doing more and more in terms of water and sanitation, as this is one of the most important factors to reduce morbidity and often a pre-condition to any other interventions (healthcare provision, food and nutrition etc.), especially in poor settings and fragile environments.

[16] MSF International activity report 2018 p 88-89
[17] Ibid p 34
[18] Ibid p 7

Impact of MSF's field based research

MSF is known for its humanitarian medical work, but has also produced important research based on its field experience. MSF has published articles in over 100 peer-reviewed journals and they have often changed clinical practice and been used for humanitarian advocacy.
Operational research undertaken by MSF units such as LuxOR (Luxembourg), SAMU (South Africa), the Manson Unit (United Kingdom), Epicentre (France) and BRAMU (Brazil) is a vital component of effective humanitarian aid. The number of peer-reviewed publications in which MSF work has featured, has increased from barely five, mainly focused on HIV/AIDS, in 2000, to more than 200 covering a range of subjects in 2018. Since 2010, the MSF Field Research website (http://fieldresearch.msf.org), which archives MSF-authored publications and makes them available for free, has had over a million downloads from around the world. [19]

In November 2018, MSF's partner organisation Drugs for Neglected Diseases initiate (DND*i*) received approval for fexinidazole, a sleeping sickness drug that is safer, easier to administer and more effective than previous treatments. MSF projects trialled fexinidazole which is the first new chemical entity to be developed by DND*i*.[20]

The Centre for Applied Reflection on Humanitarian Practice (ARHP) – which documents and reflects upon the operational challenges and dilemmas faced by MSF field teams initiated in 2016 the two-year Emergency Gap project[21]. Its final report, '*Bridging the emergency gap - Reflections and a call for action after a two-year exploration of emergency response in acute conflict*' was made available in April 2018.

Operational research such as the Emergency Gap project allows MSF to improve programme performance, help patients, assess the feasibility of new strategies and/or interventions and advocate policy change. It also makes MSF accountable to its patients, its donors and itself, and consequently challenges the 'business as usual' approach. Furthermore, operational research leads to improved medical/scientific visibility and credibility, raises awareness of the scientific literature among field staff and facilitates networking and partnerships with other organisations. It also brings synergistic improvements to data collection, monitoring and feedback, which is vital for credible medical témoignage. The breadth and calibre of operational research has endowed MSF with international credibility. More importantly, our unique perspective and strong evidence base have given us access to key decision-makers and bodies, allowing us to influence policy change and improve health outcomes in our programme locations.

Research can also be used for advocacy purposes. One important way MSF can produce long-term impact is by witnessing and speaking out on situations the teams are confronted to. Case studies were originally designed for internal purposes but, with the hope of broadening their educational scope, the studies are now available to the

[19] http://fieldresearch.msf.org
[20] MSF International activity report 2018 p 7
[21] https://arhp.msf.es/categories/emergency-gap

public on the http://speakingout.msf.org/ website, as well as various websites of Médecins Sans Frontières. MSF is also publishing regular press releases as well as in depth reports that have hopefully contributed to catch the attention of the international community, media and decision makers.

Challenges in implementation, due to both internal and external factors

Despite all achievements, it is important to keep in mind that during 2018 MSF just as other humanitarian organisations were hampered in its action due to lack of access as well as the targeting of medical and humanitarian assistance, leading to unacceptable security issues. This is a major concern that actors and donors at all levels must be aware of. MSF is often operating in very challenging contexts, where many organisations choose not to be because of the risks linked to security situation, corruption, access etc.

MSF programmes and teams regularly faced difficulties in the implementation of activities, due to the need for evacuations, or suspension of activities, based on security, political or administrative difficulties, large scale epidemics etc. Exit preparedness, closing down and handing over projects remain difficult and plans to do so are often jeopardised or delayed due to changes in the context that affected the needs of the host population and/or the ability of other actors to take over.

During the years MSF teams have withstood several security incidents and faced serious barriers to access. The issue of incidents targeting MSF and other humanitarian organisations is of significant concern, not only for security, but also for the ultimate impact these events and their consequences – temporary suspension or revocation of medical services – have on the health and survival of the people we aim to help.[22]

As 2018 drew to a close, the Democratic Republic of Congo (DRC) was in the midst of its second Ebola outbreak of the year, and its biggest ever. MSF was part of the response, led by the Ministry of Health. Although rapid and well-resourced, with teams having access to a promising new vaccine and several new drugs with the potential to better protect and treat people, the response, and those managing it, failed to adapt to people's priorities, and to gain the trust of the community. This lack of trust in the health services meant people delayed or avoided seeking treatment. The active conflict in the area also made it challenging to reach the people in need. By the end of the year, the epidemic in North Kivu and Ituri provinces had claimed more than 360 lives and in some areas was still not under control.

Early in the year, Syrian civilians and medical staff were caught in the violence in Idlib, in the northwest, and in East Ghouta, near the capital Damascus. In East Ghouta, the barrage was relentless in February and March, with waves of dead and injured arriving at MSF-supported hospitals and health posts. As the siege blocked incoming aid, medical staff had few medical supplies to work with. By the end of the offensive, 19 of the 20 hospitals and clinics we supported were destroyed or abandoned, leaving civilians with few options to seek medical help.[23]

In Ad Dhale, Yemen, constant attacks on our staff and patients forced us to withdraw from the town in November 2018.

[22] MSF International activity report 2018 p 4-7
[23] Ibid p 5

In Gaza, where over 3,000 surgical interventions were performed, our medical teams and patients face the challenge of long-term rehabilitation and multiple surgical procedures, while trying to avoid the risk for infection, in an enclave with limited resourced due to the 11-year blockade.

In December in the Central Mediterranean MSF were forced to end our search and rescue operations after increasingly obstructive actions by European governments, particularly Italy, which shut its ports to migrant rescue boats, despite an estimated 2,297 people having drowned while attempting to fleeLibya during the year. On Nauru MSF has been providing desperately needed mental healthcare to local people and asylum seekers held on Nauru as part of Australia's offshore detention policy. In October, the Nauruan government expelled MSF team with just 24 hours' notice with no more explanation than that "our services were no longer required".
In Central African Republic where our teams provided surgical care to people following the escalating violence in Bangui, fighting prevented us from reaching many of the injured people who had fled into the bush. [24]

MSF was in 2018 able to have an impact beyond its immediate activities, reaching populations or pioneering the use of practices in ways that have far-reaching and lasting consequences, as this report has tried to highlight and explain.

[24] MSF-International activity report p 6