MEDECINS SANS FRONTIERES
LÄKARE UTAN GRÄNSER

Report on impact 2019

A team of MSF health promoters goes door-to-door in Nueva Capital, a neighbourhood on the outskirts of Tegucigalpa, to inform residents of MSF services in local clinics, including care to victims of violence. Honduras, February 2019.

Photo: Christina Simons /Medecins Sans Frontieres

Läkare Utan Gränser/MSF-Sweden
802017-2360
Non-profit organisation

Contents

Introduction

You are just about to take part of a descriptionof the work, strategies and choices made by Läkare Utan Gränser/ Médecins 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 2019.

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 examples of the activities, impact and challenges faced in 2019, thus it is not aspiring to cover the impact of all projects in 2019[1]. For the reader that is interested in a more in-depth reading, we warmly recommend the MSF international activity report and the MSF international financial report which covers all the countries where MSF worked in 2019, and for each country provides the key figures. They are available at the MSF International website: msf.org

[1] For further reading about all countries where MSF worked in 2019 we recommend the International activity report, available at https://www.msf.org/international-activity-report-2019

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.

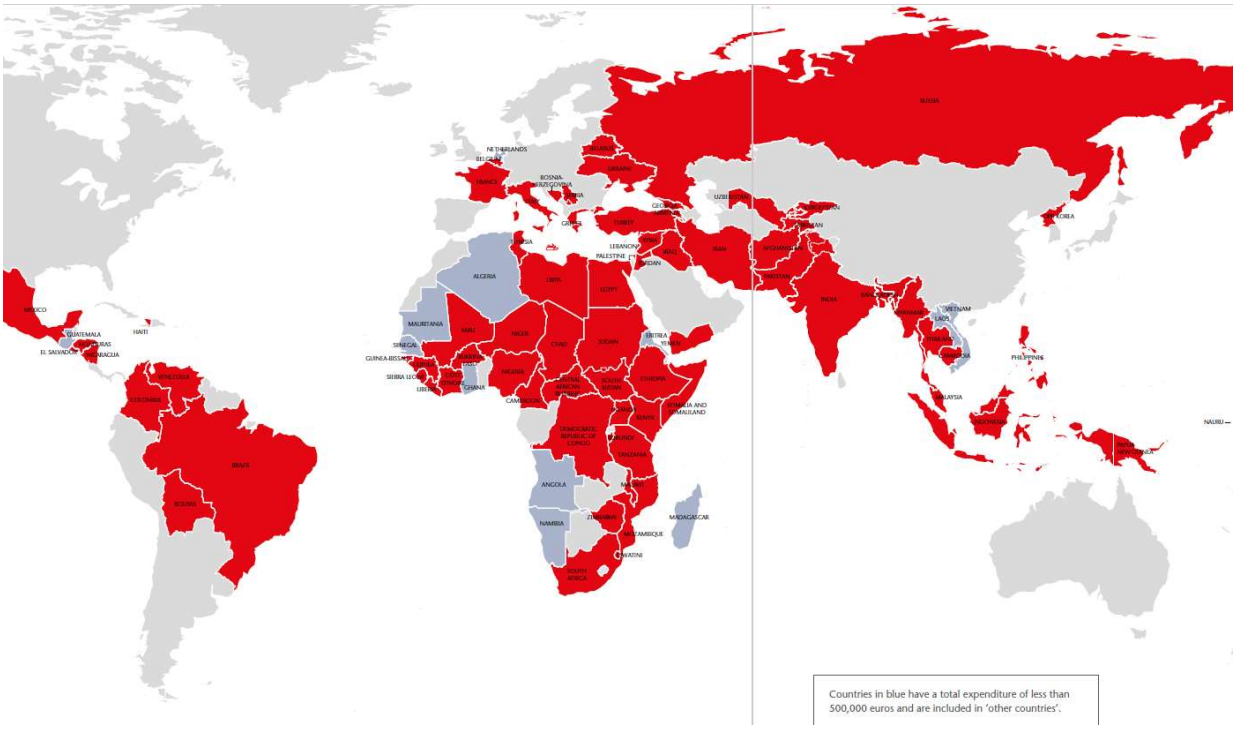
Quality medical care

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 2019, health professionals, logistics specialists and administrative staff of all nationalities carried out 7,513 field assignments, to work with more than 37,500 locally hired staff in medical programmes in over 70 countries..[2]



[2] MSF International financial report 2019, https://www.msf.org/sites/msf.org/files/2020-06/MSF_Financial_Report_2019_FINAL.pdf p7.

Largest country programmes
By expenditure

1. Democratic Republic of Congo	€133.1 million
2. South Sudan	€85.4 million
3. Yemen	€74.9 million
4. Central African Republic	€58.2 million
5. Nigeria	€47.2 million
6. Iraq	€46.4 million
7. Syria	€41.4 million
8. Afghanistan	€35.4 million
9. Lebanon	€30.9 million
10. Bangladesh	€29.4 million

The total budget for our programmes in these 10 countries was €582.3 million, **53 per cent of MSF's operational expenses in 2019** (see Facts and Figures for more details).

By number of field staff[1]

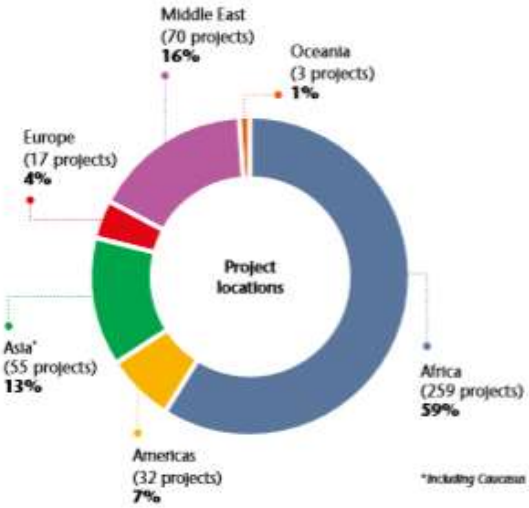
1. South Sudan	3,615
2. Democratic Republic of Congo	3,173
3. Central African Republic	2,775
4. Yemen	2,538
5. Nigeria	2,448
6. Afghanistan	2,388
7. Bangladesh	1,871
8. Niger	1,829
9. Pakistan	1,510
10. Iraq	1,379

By number of outpatient consultations[2]

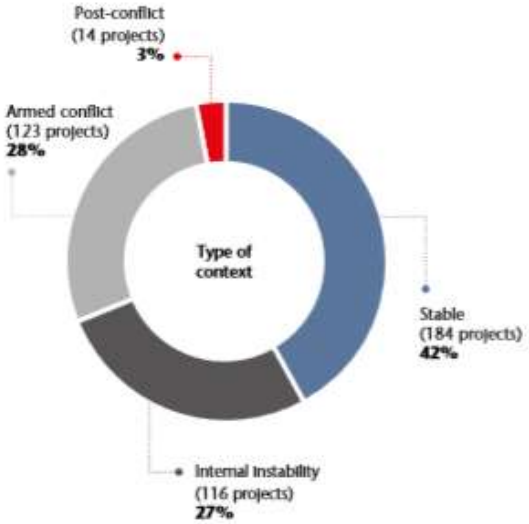
1. Democratic Republic of Congo	1,687,910
2. South Sudan	1,120,925
3. Central African Republic	967,031
4. Bangladesh	556,336
5. Syria	515,068
6. Niger	436,141
7. Sudan	434,765
8. Ethiopia	355,148
9. Mali	350,088
10. Tanzania	319,072

[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



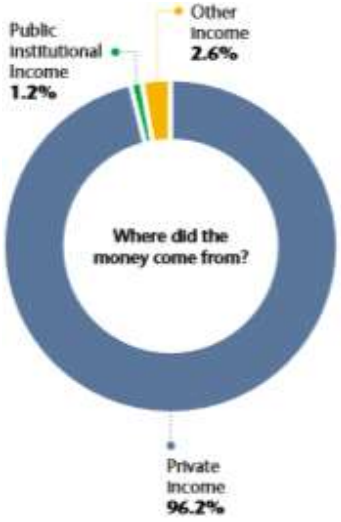
Context of intervention



3

[3] MSF International activity report 2019 p 10

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[4].

4 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,

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 2019, the total income of MSF worldwide was 1632 million Euro, and the total expenditure was 1685 million Euro.[5]
The total income and expenditure of the Swedish section of MSF was SEK 639 million. During the year, 131 Swedish fieldworkers worked in MSF missions.[6]

Some 41,000 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, psychologists, health promotors, pharmacists, laboratory technicians, logisticians, water and sanitation staff, administrators, electricians, safety and construction staff and experts in humanitarian affairs.

All our staff members 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.

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.

[5] MSF International financial report 2019 p 11
6 MSF Sweden annual report 2019 p 4

In our executive offices, more than 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.

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.

The unit worked on ten evaluations during 2019, examining approaches, results and co-ordination of the implementation of MSF projects. Most were evaluations of operational projects, though there was also work on interventions related to HR and

7 MSF International activity report 2019 p 96. Staff numbers represent the number of full-time equivalent positions averaged out across the year.

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).

fundraising.[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 2019

In 2019, Médecins Sans Frontières (MSF) teams provided medical and humanitarian assistance to people facing extreme hardship in over 70 countries. The Ebola outbreak declared in northeastern Democratic Republic of Congo (DRC) in August 2018 continued to rage, alongside the worst-ever measles epidemic, while further east, two cyclones and severe flooding devastated parts of Mozambique, Sudan, and South Sudan. There was an upsurge in conflict across the Sahel and in Yemen, and thousands of migrants, refugees and asylum seekers remained trapped in Libya, Greece and Mexico, exposed to violence and disease.[10]

Overall the figures demonstrate major achievements. Some examples from MSF programmes around the world in 2019:

- Provided **10,384,000** outpatient consultations and care to **840,000** hospitalised patients
- Vaccinated **1,320,100** people against measles in response to an outbreak
- Treated **2,638,200** cases of malaria
- Treated **47,000** patients for cholera
- Admitted **76,400** severely malnourished children to inpatient feeding programmes

[9] Läkare Utan Gränser/MSF-Sweden Annual report 2019 p 11
[10] MSF International activity report 2019 p 5

- Conducted **400,200** individual mental health consultations
- Assisted **329,900** births, including caesarean sections.
- Performed **112,100** major surgical interventions
- Medically treated **28,800** patients for sexual violence
- Started to treat **16,800** tuberculosis patients with first-line treatment, and **2,000** patients with Multi Drug Resistant-Tuberculosis (MDR-TB).
- Had **59,400** people on first-line HIV anti-retroviral treatment and **11,100** people on second-line HIV anti-retroviral treatment under direct MSF care.
- Had **10,000** people on hepatitis C treatment
- Distributed relief items to **346,900** families
- Treated **4,970** people for meningitis
- Had **1,048,900** patients admitted to emergency room[11]

The Swedish section of MSF contributed with 490 million SEK to the international MSF activities, and raised awareness with the public, the Swedish government and other decision-makers on operational contexts such as Nigeria, Yemen and others. Depending on the issue, we either simply share what we see on the ground, in line with our témoignage mandate, or we include more targeted advocacy messages with the aim of influencing governmental policies. On certain issues, in particular medical topics such as tuberculosis, HIV, Ebola and measles, MSF holds a unique position in Sweden both due to the size of our operations and our technical knowledge about these types of issues. We use our voice accordingly.
We have also focused our efforts on challenging Sweden's policy regarding the migration crisis in Europe.

During the year 131 fieldworkers recruited in Sweden, filled a total of 160 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. In 2019, the unit had a strong focus on renewable energy, with one project focused on solar air conditioning that we expect to be installed in around 60 projects around the world. The unit also organized a Paediatric Hackathon in Stockholm looking into burn wound dressing and play therapy for children. Further, the unit was involved in a case related to how primary healthcare can be improved.

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.[12]

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,

[11] Ibid p 9
[12] MSF Sweden annual report 2019, p 11

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;

- On the east-coast of southern Africa, MSF assisted people affected by floodings. On 15 March, Cyclone Idai hit Beira in Sofala province, affecting some 1.85 million people. Homes, health facilities and other infrastructure were destroyed by the cyclone and subsequent flooding and more than 400,000 people were displaced. We deployed emergency teams to support the response and, 10 days later, a cholera outbreak was declared. As well as managing 57 per cent of cholera patients,1 we supported the Ministry of Health to vaccinate 900,000 people against the disease, set up two water treatment plants, rehabilitated 18 health centres and distributed relief items, such as soap, mosquito nets, cooking utensils, blankets, mats and buckets. In total, we conducted nearly 11,900 outpatient consultations, primarily for malnutrition and malaria, in 25 locations.[13]

- In Central African republic, despite the peace agreement signed by the government and armed groups in the Central African Republic (CAR) in February, violence has continued unabated in many parts of the country. Although there have been fewer large-scale attacks on civilians, thousands of people are still living in constant fear, exposed to beatings, rape and murder, with no access to healthcare or other basic services. The pervasive insecurity repeatedly hampered the ability of (MSF) to deliver medical care and respond to the urgent needs of vulnerable people. Nevertheless, MSF continued to run 12 projects for local and displaced communities in six prefectures and the capital, Bangui, providing roughly 1 million people (approximately 100 000 more than in 2018) with general and emergency care, trauma surgery, maternal and paediatric services, including assistance to 4,260 victims of sexual violence and 612,700 treatments for malaria as well as 4,420 patients on treatment for HIV.[14]

- In South Sudan nearly one million people were affected by unprecedented heavy flooding, which began in July. On 30 October, the South Sudanese government declared a national state of emergency. Thousands of people were displaced, including many of our local colleagues, who lost their homes, crops and livestock. To respond to the health needs, MSF deployed emergency teams in and around Pibor, Maban, Lankien and Ulang. In Pibor, one of the worst affected areas, our health centre was submerged and destroyed. A temporary tented facility was set up to provide care for people in Pibor, Maban and Gumuruk, including outpatient, inpatient and maternity

[13] MSF International activity report 2019, p 80
[14] Ibid p 30

services. Mobile clinics were set up in all areas where MSF was working to prevent and treat malaria, respiratory tract infections, diarrhoea, skin infections and malnutrition. MSF also repaired latrines and boreholes, set up water purification systems to supply safe drinking water to the displaced and host communities and distributed thousands of relief items to those most affected by the flooding. These included water purification solution and mosquito nets people could use themselves to prevent diseases such as diarrhoea and malaria.

- In Honduras MSF continued to deliver comprehensive care to victims of violence, including sexual violence, in the capital, Tegucigalpa. Our teams provide medical treatment for rape, including post-exposure prophylaxis to prevent HIV and hepatitis B infection, and treatment for other sexually transmitted diseases such as syphilis. Counselling, group therapy and psychological first aid are also available. In Choloma, MSF runs a mother and child-clinic assisting births and offering family planning. During eight months in 2019, MSF responded to a dengue fever emergency in the north, mainly in Cortés department. During the year, the number of outpatient consultantions in Honduras was 42,500. The number of individual mental health consultations was 5,170.

- In the field of **vaccination**, MSF is very reactive, quickly setting up emergency campaigns in the event of outbreak. In 2019, the largest measles outbreak registered in the worlds history hit DRC, where MSF intervened with 679,500 vaccinations and treated some 48,000. In total MSF vaccinated over 1,3 million people, including for example also vaccinations against cholera during the floodings following the cyclone Idai . [15]

- MSF **Access to essential medicines campaign** has joined TB activists and civil society around the globe to demand that critical medicines to treat drug-resistant TB (DR-TB) are made more affordable. DR-TB remains exceedingly difficult and expensive to treat, with severe side effects and dismal cure rates. In 2019, MSF launched a global campaign calling on pharmaceutical corporation Johnson & Johnson (J&J) to lower the price of its TB medicine bedaquiline to no more than US$1 per day for people everywhere who need it, in order to allow scale-up of treatment and reduce deaths[16]. In July 2020, J&J announced a reduced price of 1,5$, which is a reduction of 32%.[17] 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,

[15] MSF International activity report p36, 63, 9
[16] Ibid p 19
[17] https://msfaccess.org/johnson-johnson-tb-drug-price-reduction-important-step-and-governments-need-urgently-scale-better

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.

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. In 2019, MSF-work was featured in 213 peer-reviewed, covering a range of subjects, for example related to treatment for multidrug-resistant tuberculosis and the search for new antibiotics . 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. [18]

In November 2018, MSF's partner organisation Drugs for Neglected Diseases initiate (DND*i*) received approval from European Medicines Agency 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*. In July 2019, the drug was added to the WHO Essential Medicines List in July 2019. For the rest of 2019, DNDi and the National Sleeping Sickness Control Programme (PNLTHA) conducted training sessions of health workers throughout the endemic areas of the DRC on the correct way to administer this new oral drug. The first treatments outside of clinical trials were administered in January 2020.[19]

The Centre for Applied Reflection on Humanitarian Practice (ARHP) – which documents and reflects upon the operational challenges and dilemmas faced by MSF field teams published three reports in 2019, regarding challenges for survivors of sexual violence in Central african republic (CAR), the attacks in Batangafo, CAR, where a large part of the city was burnt, and thirdly about displacement and humanitarian response in Ethipia[20].

Operational research such as the above mentioned, 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

[18] http://fieldresearch.msf.org
[19] DNDi annual report 2019, p 14; https://dndi.org/wp-content/uploads/2020/07/DNDi-AnnualReport-2019.pdf
[20] https://arhp.msf.es

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 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 2019 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 face 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.

- In August 2018, the authorities in the Democratic Republic of Congo (DRC) declared an **Ebola** outbreak, which turned out to be the largest the country had ever known, and continued during 2019. The epidemic spread through communities in North Kivu and Ituri provinces that were already severely affected by decades of armed conflict.
  This time, it seemed that MSF was better prepared to respond than in previous Ebola outbreaks, now with two vaccines and two therapeutic drugs available. Despite the proven efficacy of these new tools, two of every three people with Ebola died and the virus continued to spread for more than 18 months. With the promising resources at hand, MSF should have been able to reduce the number of deaths and number of new cases. But this did not happen. People slipped through the net and were not cared for by those responding to the Ebola outbreak. At some points in the epidemic, more than half of Ebola-related deaths were occurring within the community, with people never reaching Ebola treatment centres (ETCs). Those who did, arrived too late, when treatments were less likely to prevent a fatal outcome. The care proposed by the Ebola response did not always meet patients' needs, including those who were not

sick with Ebola. Having not gained the trust of the community, the response was perceived by people as hostile. Often, people were offered care in isolation, far away from their families and communities. Considering people perceived the mortality rate for Ebola patients in the ETCs to be high, for many, the proposed healthcare was not reassuring enough and did not offer much. In North Kivu and Ituri provinces, Ebola is often not the top health priority. People in these areas face other life-threatening diseases such as measles, malaria and malnutrition, as well as a strained health system impacted by the ongoing armed conflict. The overall response was centred on the Ebola outbreak rather than patient and community health needs. It absorbed a lot of the fragile health system's already limited resources, leaving many seriously sick people without critical care. The failure to focus on local-level coordination and provide an individualised response for patients in each disease hotspot meant that MSF and other organisations tackling the disease were unable to obtain the trust and acceptance of the communities. For future interventions, an important learning is that in order to get the best of any new 'game-changers' in an outbreak response, community ownership and social mobilisation are vital. For this to be achieved, patients and communities must clearly see the benefits of the response. MSF have progressively moved away from Ebola-centric approaches to focus on the overall needs of communities.[21]

- In the advocacy work, MSF-Sweden have focused efforts on **challenging Sweden's policy regarding the migration crisis in Europe.** The humanitarian situation and the dangerous conditions for migrants and refugees in Libya and on the Mediterranean has been addressed through official letters as well as in bilateral meetings. We have asked the Swedish government to engage more proactively to ensure that search and rescue vessels on the Mediterranean can disembark at a port of safety. Despite the strong focus on this issue in bilateral advocacy efforts, the governments' position has remained unchanged[22].

- Another problem is the **instrumentalisation of humanitarian aid by military forces**. In Mali, for example, international armies (one of the main parties in the conflict) have taken it on themselves to
distribute medicines in facilities supported by MSF in order to win the hearts and minds of the population, without any concern for the transfer of the risk of being associated with these parties to MSF staff and the population. In such a polarised context and with so many armed groups with different interests fighting on the same territories, it is essential that humanitarian action is carried out in a neutral and impartial way.[23]

[21] MSF International activity report, p 10.11
[22] MSF-Sweden annual report, p 10-11
[23] MSF International activity report 2019, p 13