MEDECINS SANS FRONTIERES
LÄKARE UTAN GRÄNSER

Report on impact 2020

An MSF team examining a patient in Hebron on the West Bank.

Photo: Medecins Sans Frontieres

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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 2020.

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 2020, thus it is not aspiring to cover the impact of all projects in 2020.[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 2020, 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 2020 we recommend the International activity report, available at https://www.msf.org/international-activity-report-2020

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 25 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 nearly 90 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 97 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.

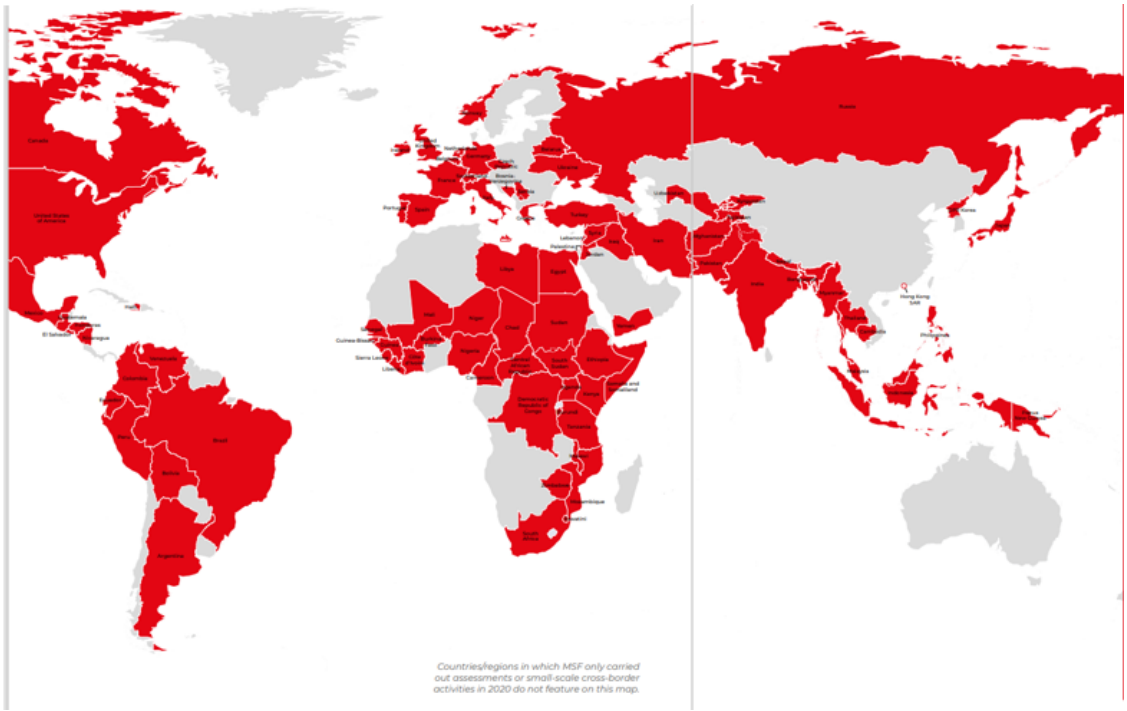
Quality medical care

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 To Essential Medicines- campaign, that celebrated 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 2020, health professionals, logistics specialists and administrative staff of all nationalities carried out 5,992 field assignments, to work with 37,763 locally hired staff in medical programmes in 88 countries.[2]



[2] MSF International financial report 2020, international-activity-report-2020.pdf (msf.org) p2-3, p9, p75,

Largest Country Programmes

By expenditure

Democratic Republic of Congo	€114 million
South Sudan	€78 million
Yemen	€76 million
Central African Republic	€69 million
Nigeria	€45 million
Iraq	€39 million
Afghanistan	€33 million
Bangladesh	€33 million
Syria	€32 million
Lebanon	€31 million

The total budget for our programmes in these 10 countries was €550 million, **50.1 per cent of MSF's programme expenses in 2020** (see pages 72-75 for more details).

By number of field staff[1]

South Sudan	3,555
Democratic Republic of Congo	3,069
Central African Republic	2,927
Yemen	2,621
Nigeria	2,380
Afghanistan	2,196
Bangladesh	1,982
Pakistan	1,508
Niger	1,469
Haiti	1,316

By number of outpatient consultations[2]

Democratic Republic of Congo	1,694,103
Central African Republic	766,900
South Sudan	687,979
Niger	681,161
Burkina Faso	589,363
Bangladesh	568,369
Mali	510,896
Nigeria	432,553
Syria	416,692
Tanzania	293,582

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

A man leaves a distribution point after receiving a hygiene kit and jerry cans. Dadu district, Pakistan, November 2020.
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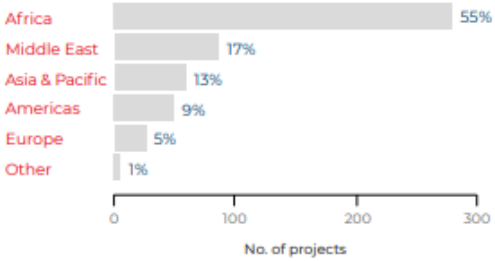
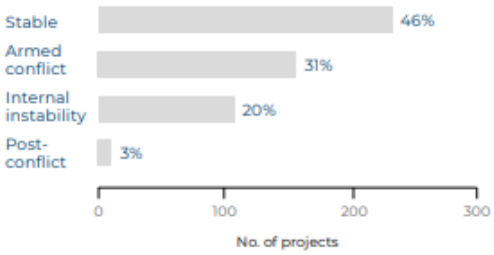
Project Locations



Context of Interventions



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[3] MSF International activity report 2020 p8

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.

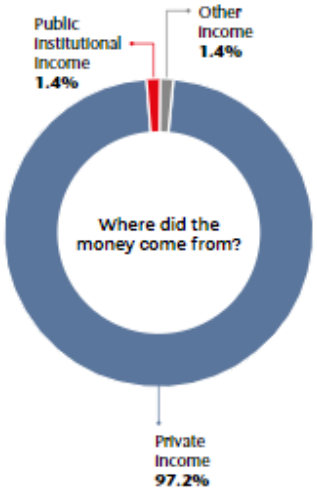
2. What strategies makes it possible for MSF to achieve its goals?

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, 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

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 2020, the total income of MSF worldwide was 1902 million Euro, and the total expenditure was 1680 million Euro.[5]
The total income and expenditure of the Swedish section of MSF was SEK 702 million.[6]
During the year, 88 Swedish fieldworkers worked in MSF missions.[7]

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

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 2020 p 12
[6] MSF Sweden annual report 2020 p 17
[7] Ibid p 9

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, 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.[8]

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.[9] 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 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 Stockholm Evaluation unit worked on sixteen evaluations during 2020, out of which seven were completed by year end. The evaluations were examining

[8] MSF International activity report 2020 p 37. Staff numbers represent the number of full-time equivalent positions averaged out across the year.

[9] 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).

approaches, results and co-ordination of the implementation of MSF projects. Most were evaluations of operational projects, though there was also work on organizational management and development. In 2020, the evaluation unit experienced delays due to the COVID-19 pandemic, since both the staff employed by MSF and the national health-authorities were forced to re-prioritize their efforts and shift focus. At the same time this has led to new possibilities. Due to the international travel restrictions, a larger number of consultants have been hired in the countries where the MSF-operation to be evaluated took place.[10]

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 2020

In one of the most demanding years in the organisations almost half-century of providing assistance, MSF teams worked in nearly 90 countries to respond to COVID-19 and other emergencies, violence and disease outbreaks, that were made more complex by the pandemic. While responding to COVID-19, we also focused on maintaining access to healthcare and helping to prevent health systems from being overwhelmed. We fought to continue our day-to-day work, working to avoid the 'ripple effect' of illness and deaths from other diseases.

For example, we largely managed to maintain our HIV, hepatitis C and tuberculosis programs, with adapted protocols and alternative approaches to provide treatment, while protecting patients and staff from COVID-19. In other cases, we tried to close

[10] Läkare Utan Gränser/MSF-Sweden Annual report 2020 p 11

gaps in healthcare. Staff in our Nablus maternity hospital, in Mosul, Iraq, increased capacity when other facilities in the city closed because of COVID-19. Our teams treated patients with severe COVID-19 in Haiti, South Africa and Yemen, for example. In Yemen, we ran the only two COVID-19 treatment centers in the city of Aden, managing huge influxes of patients in critical condition, often with insufficient ventilators for patients and personal protective equipment (PPE) for staff. Meanwhile, our teams found themselves working in wealthy countries – in some cases for the first time – to bridge a knowledge gap in outbreak response.

When possible, we continued our search and rescue activities in the Mediterranean Sea to assist people fleeing the dire conditions in Libya, although NGO search and rescue efforts were repeatedly targeted by Italian authorities.[11]

Some examples of achievements from MSF programmes around the world in 2020 shows that MSF teams:

- Provided **9,904,200** outpatient consultations (112,000 for COVID-19) and care to **877,300 (15,400 for COVID-19)** hospitalised patients
- Vaccinated **1,008,500** people against measles in response to an outbreak
- Treated **2,690,600** cases of malaria
- Treated **8,300** patients for cholera
- Admitted **64,300** severely malnourished children to inpatient feeding programmes
- Assisted **306,800** births, including caesarean sections.
- Performed **117,600** interventions involving the incision or suturing of tissue, requiring anaesthesia
- Treated **29,300** patients for sexual violence
- Started to treat **13,800** tuberculosis patients with first-line treatment
- Had **63,500** people on first-line HIV anti-retroviral treatment and **13,800** people on second-line HIV anti-retroviral treatment under direct MSF care
- Had **6,250** people starting hepatitis C treatment
- Distributed relief items to **395,000** families
- Had **1,026,900** patients admitted to emergency rooms[12]

The Swedish section of MSF contributed with 548 million SEK to the international MSF activities, and raised awareness with the public, the Swedish government and other decision-makers on topics and operational contexts such as COVID-19, for example regarding access to vaccines, where Sweden is engaged both as donor to the platform Covax and in EU-discussions on access to COVID-19 vaccines and treatment. Other examples of awareness raising were on the various side effects linked to the pandemic, migration, the lack of access to safe abortions, the Ebola-outbreak in Kongo-Kinshasa and the lengthy conflict in Yemen. 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.

During the year 88 fieldworkers recruited in Sweden, filled a total of 113 positions in the field (some fieldworkers did more than one mission during the year). The Swedish

[11] MSF International activity report 2020 p 5-7
[12] Ibid p 9

innovation unit (SIU) worked on several cases aiming to improve MSFs work in the field. In 2020, the unit focused on the work with digital health, such as digital support for tuberculosis patients in India, which was necessary due to the ongoing COVID-19 pandemic. The unit also put focus on supporting the work in becoming a more climate friendly organization.

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 above.[13]

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.

In 2020, Médecins Sans Frontières (MSF) teams worked in more countries (88) than at any other time in our history, to achieve the goal to bring medical humanitarian assistance to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. For example;

- We responded to the **COVID-19 pandemic** in 70 of them, implementing measures to improve infection prevention and control (IPC), testing, and treatment, among other activities. MSF medical teams admitted 15,400 suspected and confirmed COVID-19 patients to 156 dedicated treatment centres and hospitals. Some 6,000 of these patients presented with severe symptoms and required oxygen support. Providing such specialised care was particularly challenging in conflict zones and countries affected by humanitarian crises. In many places, MSF was working for the first time ever; in others, it was our first intervention in decades. As some of the richest nations in the world struggled to cope with the pandemic, MSF stepped in to boost capacity and provide care to neglected or marginalised groups, such as

[13] MSF Sweden annual report 2020, p 9-11

homeless people, migrants and refugees, and the elderly. We also worked in areas with little or no experience of dealing with epidemics, offering advice and expertise, honed from our extensive practice of responding to disease outbreaks across the world. In March, we launched the COVID-19 Crisis Fund, that during the year raised €121 million, used to both support our dedicated COVID-19 programmes and mitigate the associated impact on existing health services. [14]

- In **Kongo-Kinshasa**, MSF provided vital humanitarian and medical assistance in 16 of the country's 26 provinces. Our services included general and specialist healthcare, nutrition, vaccinations, surgery, paediatric and maternal care, medical and psychological support for victims of sexual violence and vulnerable people, as well as treatment and prevention activities for HIV/AIDS, tuberculosis (TB) and cholera. In 2020, MSF also responded to the world's largest measles epidemic in Kongo-Kinshasa, where the teams carried out mass vaccination campaigns (vaccinating 567,800 people) and treated patients with complications. MSF also responded to two simultaneous outbreaks of Ebola, in addition to COVID-19, which had claimed 591 lives by the end of the year.[15]

- **South Sudan** was hit by multiple emergencies in 2020, including escalating violence, COVID-19, severe flooding and high levels of food insecurity. A total of 7.5 million people – around two-thirds of the population – were in need of humanitarian assistance. Médecins Sans Frontières (MSF) responded to the urgent medical and humanitarian needs, while ensuring essential healthcare services continued in the 16 projects we run in the country. This included 688,000 outpatient consultations, 195,300 malaria cases treated, 54,300 people admitted to hospital and 13,400 births assisted. For the second consecutive year, severe flooding affected more than one million people across a wide swathe of South Sudan, submerging their homes and health facilities, and leaving them without adequate food, water or shelter. Our teams responded to the massive needs, delivering emergency healthcare through mobile clinics, hospitals and clinics. We scaled up our nutritional support for young children, through mobile clinics and our inpatient therapeutic feeding centre in Pibor town. We also distributed 60,000 litres of drinking water per day where floodwater had contaminated wells.[16]

- In **Central African Republic (CAR)**, which has the lowest life expectancy in the world (53 years), three-quarters of the population live below the poverty line. Ongoing conflict has forced thousands to leave their homes and their livelihoods, and most people have no access to healthcare because of financial, cultural and physical barriers. In January, the Ministry of Health declared a nationwide measles epidemic. Our teams supported the health authorities with vaccination campaigns in seven health districts across the country. We also treated children for the disease, and for other illnesses such as malnutrition. The spread of COVID-19 affected the response capacity of

[14] MSF International activity report 2020 p 4,13,16-17. More information on our COVID-19 activities, and details of the income and expenditure relating to the COVID-19 Crisis Fund, can be found in the three COVID-19 Global Accountability reports at www.msf.org/covid-19
[15] Ibid, p 32
[16] MSF International activity report 2020 p 60

governments, donors and other health organisations in many countries; however, in CAR, pervasive insecurity, logistical constraints and the cost of setting up a large-scale vaccination campaign in remote parts of the country made the measles outbreak more challenging to manage than the pandemic. Malaria remained a major issue in the country in 2020 where 534,500 malaria cases were treated by MSF teams. Our teams launched preventive treatment campaigns in Batangafo and Bossangoa targeting pregnant women and children, especially during the rainy season between July and October. To reach the maximum number of people and make sure communities understood the importance of prevention measures, we held discussions with community leaders, and broadcasted radio spots before distributing the medication. Post distribution visits to verify that people had taken the treatment and to identify any side effects were conducted. A survey showed that both coverage and adherence were high. The number of malaria cases in 2020 compared to 2019 was also lower, indicating the effectiveness of this method.[17]

- 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$1 per day for people everywhere who need it, in order to allow scale-up of treatment and reduce deaths[18]. In July 2020, J&J announced a reduced price of 1,5$, which is a reduction of 32%.[19] The vaccine alliance GAVI has a fund called Advance market commitment (AMC), with the purpose to accelerate the development of vaccines that meet developing country needs. MSF Access campaign had been advocating for the remaining funds of the AMC to be reserved for the first alternative pneumonia vaccine product to be brought to market. In June 2020, this became reality when GAVI awarded the remainder of the fund to the Serum Institute of India, which in December 2019 received quality approval for the pneumonia vaccine. This will reduce the price for vaccinations against pneumonia, one of the diseases that globally kills the largest number of young children. 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.[20]

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,

[17] Ibid p 28
[18] Ibid p 19
[19] https://msfaccess.org/johnson-johnson-tb-drug-price-reduction-important-step-and-governments-need-urgently-scale-better
[20] MSF responds to news that Gavi will release funds from pneumonia vaccine 'Advance Market Commitment' to first new product from a developing country manufacturer | Médecins Sans Frontières Access Campaign (msfaccess.org)

steps towards better hygiene practices consequently decrease the risk of waterborne diseases. 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 2020, MSF-work was featured in 267 peer-reviewed articles, covering a range of subjects, for example related to tuberculosis and HIV co-infection and how EU migration policies drive health crisis on Greek islands. 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.[21]

In April 2020, MSF´s partner organization Drugs for Neglected Diseases initiative (DNDi) co-founded the COVID-19 Clinical Research Coalition, which has brought together more than 800 researchers, physicians, funders, and policymakers from 88 countries to advance research that answers to the specific needs of people and health systems in low- and middle countries. DNDi's drug discovery teams were also contributing to the response, working with partners to identify potential treatment candidates from existing antivirals while also initiating longer-term efforts to discover all-new antiviral drug candidates for the treatment of SARS-CoV-2, future generations of coronavirus, and potentially other pandemic-prone viruses. And from the earliest days of the pandemic, we have spoken out – advocating for R&D to be driven by the public interest and for COVID-19 health tools to be developed and delivered as public goods, with equitable access for all. In late 2020, DNDi's industrial partner Pharmaniaga submitted Ravidasvir for the treatment of hepatitis C for regulatory approval in Malaysia. Granted conditional approval in June 2021, the all-new chemical entity will now be part of an affordable, safe, and highly effective all-oral cure for hepatitis C. Ravidasvir is the ninth treatment delivered by DNDi since its founding.[22]

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 and facilitates networking and partnerships with other organisations. It also brings synergistic improvements to data collection, monitoring and feedback, which is vital

[21] http://fieldresearch.msf.org
[22] DNDi annual report 2020, p 1 DNDi Annual Report 2020

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

- In some places the pandemic forced us to suspend activities; in Pakistan, our treatment programme for cutaneous leishmaniasis was put on standby, and a maternity hospital closed for two weeks when many staff became sick. MSF initiated COVID-19 activities in January, assisting vulnerable people in Hong Kong. In February and March, as borders and airports closed, it became increasingly difficult to move supplies and staff to our projects. The scramble to find scarce personal protective equipment (PPE) in early 2020 made it hard to ensure staff and patients were adequately protected, and highlighted glaring inequalities between wealthier and poorer countries.[23]

- In 2020, we were forced to temporarily suspend or scale back some of our activities after violence against our facilities and staff, including in Taiz, Yemen; Borno state, Nigeria; Fizi territory, Democratic Republic of Congo (DRC); and northwestern Cameroon. On 12 May, following an attack on the maternity wing in Kabul's Dasht-e-Barchi hospital, Afghanistan, in which 16 mothers and an MSF midwife were killed, we had no option but to close the facility, thereby depriving women and babies of critically needed obstetric and neonatal care.[24]

- Harsh containment measures and deplorable living conditions in Moria, Greece, led to the camp being burnt to the ground in September. MSF provided medical assistance and psychological support.[25]

- NGO search and rescue efforts on the Mediterranean Sea were repeatedly targeted by Italian authorities: at one stage, virtually all NGO vessels were detained over minor technical issues, leaving little or no NGO rescue capacity in the Mediterranean. The vessel Sea-Watch 4 was detained for six months from September 2020.[26]

[23] MSF International activity report 2020, p 5
[24] Ibid, p 6
[25] MSF International activity report 2020, p 6
[26] Ibid, p 6

Despite all achievements, it is important to keep in mind that during 2020 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.