

Report on impact 2021



Search and rescue operation in the Mediterranean Sea
Nov 17, 2021

Photo: Candida Lobes

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Non-profit organisation

Contents

1.	What does MSF want to achieve and in which contexts?	4
2.	What strategies makes it possible for MSF to achieve its goals?.....	7
3.	What is the capacity of MSF, in terms of finances and HR?.....	8
4.	How does MSF work with monitoring and evaluation?.....	9
5.	What has been achieved in 2021	11

Introduction

You are just about to take part of 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 the impact of MSF's work. 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 2021.

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 giving important examples of the activities, impact and challenges faced in 2021, thus it is not aspiring to cover the impact of all projects in 2021.¹ For the reader that is interested in a more in-depth reading, we warmly recommend the MSF international's activity report and the MSF international financial report which covers all the countries where MSF worked in 2021, and for each country provides the key figures. They are available at the MSF International website: [msf.org](https://www.msf.org)

¹ For further reading about all countries where MSF worked in 2021 we recommend the International activity report, available at <https://www.msf.org/international-activity-report-2021>

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.

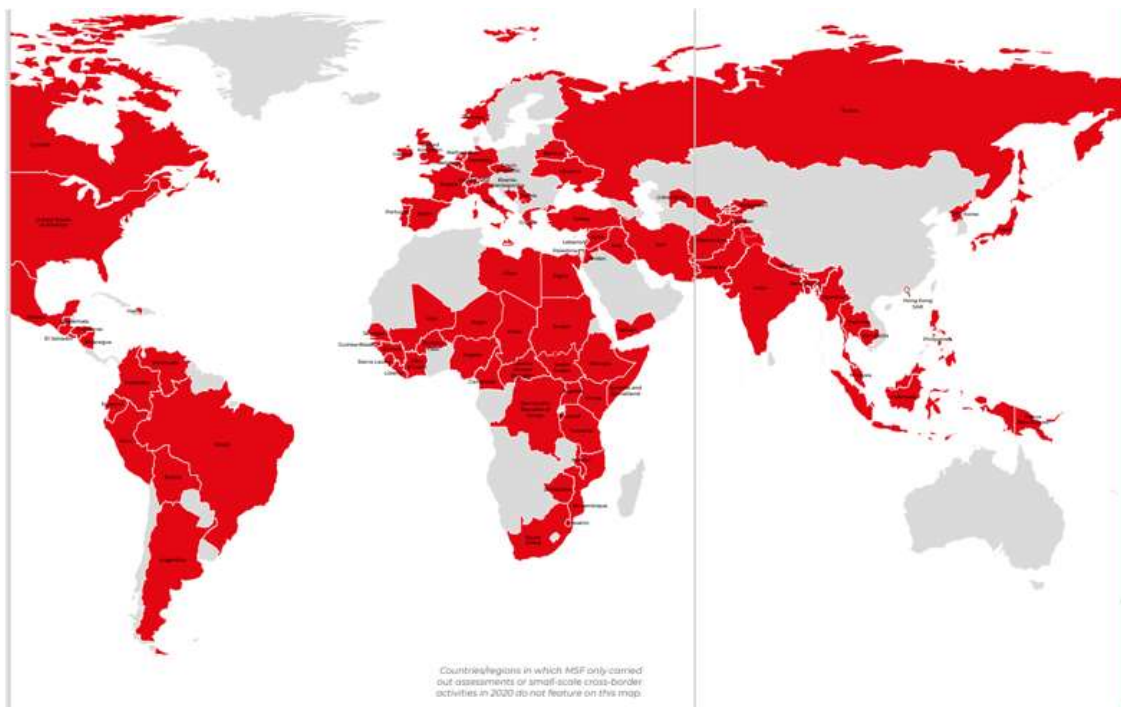
Quality medical care

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 2021, health professionals, logistics specialists and administrative staff of all nationalities carried out 6,802 assignments in our international projects, to work with 38,135 locally hired staff in medical programmes in more than 70 countries.²



² MSF International activity report 2021, https://www.msf.org/sites/default/files/2022-07/MSF_IAR_2021_web_version.pdf p81

Largest country programmes

By expenditure

Democratic Republic of Congo	€95 million
Yemen	€90 million
South Sudan	€80 million
Central African Republic	€70 million
Nigeria	€53 million
Sudan	€40 million
Afghanistan	€39 million
Ethiopia	€35 million
Haiti	€35 million
Niger	€34 million

The total budget for our programmes in these 10 countries was €570 million, **49.6 per cent of MSF's programme expenses in 2021** (see Facts and Figures for more details).



Cargo is loaded onto a helicopter in Port-au-Prince, Haiti, August 2021. © Nico D'Autenay/MSF

By number of field staff¹ – full time equivalents

Central African Republic	3,049
South Sudan	2,953
Yemen	2,879
Democratic Republic of Congo	2,650
Afghanistan	2,343
Nigeria	2,286
Bangladesh	2,013
Haiti	1,487
Niger	1,485
Ethiopia	1,403

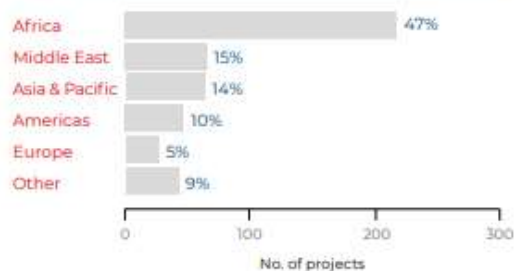
By number of outpatient consultations²

Democratic Republic of Congo	1,753,200
Syria	1,144,500
Central African Republic	890,100
Burkina Faso	844,300
Niger	832,900
Bangladesh	716,600
South Sudan	667,400
Sudan	647,300
Mali	600,500
Nigeria	493,700

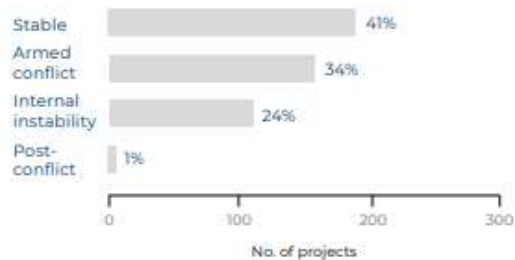
¹ **Staff numbers** represent full-time equivalent positions (locally hired and international) averaged out across the year.

² **Outpatient consultations** exclude specialist consultations.

Project locations



Context of interventions



Collaboration and integration in existing systems

MSF does not want to purely substitute or run in parallel to 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 in 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.

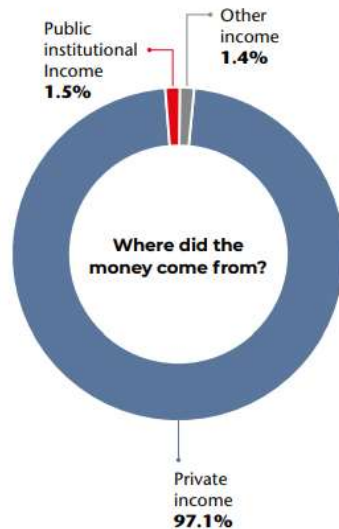
2. What strategies makes it possible for MSF to achieve its goals?

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 financed by private sources. This specific funding mechanism makes MSF a reliable actor in the field of humanitarian assistance, as it can 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 principles⁴.

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

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 such as national and international NGOs as well as local authorities.

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

In 2021, the total income of MSF worldwide increased with 2% compared with 2020, to 1936 million Euro. The total expenditure was 1783 million Euro.⁵ The total income of the Swedish section of MSF was SEK 578 million.⁶ During the year, 87 Swedish fieldworkers worked in MSF international assignments.⁷

Some 42,000 MSF staff from all over the world work tremendously hard in our projects to provide assistance to people during crisis. They are for example doctors, nurses, midwives, surgeons, anaesthetists, epidemiologists, psychiatrists, psychologists, health promoters, 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

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 2021 p 8

⁶ MSF Sweden annual report 2021 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 out activities.

In our executive offices, there are more than 4,000 staff in the areas of field support and management, communications, advocacy, fundraising, finance, and human resources teams 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 of 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 project and headquarter levels. Based on 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 (often based in the capital of the project countries) 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.

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, although 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.).

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 seventeen evaluations during 2021. The evaluations were examining approaches, strategies, 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. Due to

⁸ MSF International activity report 2021, p79. 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 organization 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 international travel restrictions, a larger number of consultants have been hired in the countries where the MSF-operation to be evaluated took place. In addition to the evaluations conducted, the unit also facilitated a workshop where learnings from evaluations in the past seven years were shared.¹⁰

Associative debates and discussions are other ways that MSF shares lessons learnt within the movement.

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.

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.¹¹ 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 with staff who worked on the project, 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.

¹⁰ Läkare Utan Gränser/MSF-Sweden Annual report 2021 p 10

¹¹ Epicentre is a non-profit organization created by MSF in 1986 to provide epidemiological expertise in evaluation, research and training programs, mainly in support of MSF operations. Epicentre has 3 research centers - Paris (France), Mbarara (Uganda) and Maradi (Niger), teams of epidemiologists in Cameroon, Mali, DRC, Malawi, Chad, South Sudan, Niger, Uganda - teams delocalized in New York, Dubai, Dakar, Geneva, Brussels, London, Cape Town, a Research Department and an Epidemiology Intervention and Training Department. As part of the MSF movement, Epicentre is mostly (about 2/3) funded through MSF's public fundraising. Epicentre also collaborates and leads projects aligned with Epicentre's mission from other sources of funding. Those other funders include the Agence nationale de recherche contre le sida et les hépatites, Drugs for Neglected Diseases initiative and the Elsevier Foundation. For the past couple of years Epicentre has an annual budget of over 16 million Euros.

5. What has been achieved in 2021

While COVID-19 absorbed the attention and resources of many high-income countries, its direct and indirect effects were felt in places where health systems were already weak. We used our expertise in tackling disease epidemics to support countries struggling to deal with COVID-19, as well as other ongoing health crises.

Our teams responded to outbreaks of other diseases; responded to natural disasters; carried out surgery in conflict zones; treated children for malnutrition; helped women give birth safely; and provided medical care and humanitarian aid to people fleeing violence, insecurity, and hardship.

During 2021, the climate emergency became even more destructive: floods in South Sudan forced nearly one million people from their homes; changing weather patterns in Niger devastated crop production and caused malaria to spike; and typhoons and hurricanes battered towns and villages from Haiti to the Philippines.¹²

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 on topics and operational contexts such as equal access to COVID-19-vaccine. Other examples of contexts we raised awareness about are the humanitarian crises in Afghanistan and Yemen, floodings in South Sudan and typhoons in the Philippines. 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 of 2021, 87 international mobile staff were recruited in Sweden, filled a total of 109 positions in the field (some staff did more than one mission during the year).



















The Swedish innovation unit (SIU) worked on several cases aiming to improve MSF's work in the field. In 2021, the unit focused on digital health, such as a digital support app for tuberculosis patients in India. The app will also be useful in other contexts and with other diseases, for example diabetes. The unit also put focus on supporting the work in becoming a more climate friendly organization through better solutions for using solar energy and waste disposal of used batteries.¹³

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

¹² MSF International activity report 2021 p 4, 20, 42, 64

¹³ MSF Sweden annual report 2021, p 9-10

2021 Activity highlights

12,592,800 outpatient consultations 	2,681,500 malaria cases treated 	1,628,600 vaccinations against measles in response to an outbreak 
1,264,500 emergency room admissions 	1,044,000 patients admitted 	639,000 families received distributions of relief items 
383,300 individual mental health consultations 	317,300 births assisted, including caesarean sections 	111,800 surgical interventions involving the incision, excision, manipulation or suturing of tissue, requiring anaesthesia 
90,900 people treated for measles 	82,000 severely malnourished children admitted to inpatient feeding programmes 	50,200 patients treated for cholera 
30,200 people on first-line HIV antiretroviral treatment under direct MSF care 	34,800 people treated for sexual violence 	15,400 people started on first-line tuberculosis treatment 
7,330 people on second-line HIV antiretroviral treatment under direct MSF care 	6,020 people started on hepatitis C treatment 	1,900 migrants and refugees assisted at sea 

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¹⁴ Ibid p 15

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 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 led 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.

During 2021, **the climate emergency** became ever more destructive: floods in South Sudan forced nearly one million people from their homes; changing weather patterns in Niger devastated crop production and caused malaria to spike, while typhoons and hurricanes battered towns and villages from Haiti to the Philippines. Throughout the year, MSF teams were present with 465 projects in more than 70 countries, such as **Yemen, Democratic Republic of Congo, South Sudan, and Central African Republic**, to achieve the goal to bring medical humanitarian assistance to people affected by armed conflict, epidemics, natural disasters, and exclusion from healthcare. For example;

- Following the withdrawal of coalition forces from **Afghanistan** earlier in the year, the Islamic Emirate of Afghanistan (also known as the Taliban) entered Kabul in August, in the last stage of a rapid retake of power in the country, as the government collapsed. MSF teams stayed in place throughout the takeover, and we have since continued to provide care. In the second half of the year, drought and a deepening economic crisis led to an increase in the numbers of malnourished children arriving at our projects. Throughout the year 5,470 children were admitted to our inpatient feeding programmes. In Khost, we run a dedicated hospital providing maternal and neonatal care. The hospital has a 60-bed maternity unit, a 28-bed neonatal unit and two operating theatres. The maternity unit usually focuses on complicated deliveries, but we expanded our admission criteria from August until December to enable more women to give birth safely. Throughout the year, MSF assisted 36,100 births in Afghanistan, including 1,670 caesarean sections.
- MSF responded to emergencies and maintained vital medical services during an extremely challenging year in **Haiti**. As well as assisting people affected by violence in the capital, we sent teams to support survivors of an earthquake in the south and people injured in a fuel truck explosion in the northern town of Cap-Haïtien. During the year in Haiti, MSF did 25,000 emergency room

consultations 3,220 people were treated for intentional physical violence and 1,560 people were treated for sexual violence.

- Work also continued in numerous other humanitarian crisis. New projects were started for to assist people who have fled the violence in Tigray region in **Ethiopia**. Medical assistance was provided during the severe floodings in **South Sudan**, where we treated tens of thousands of people, mostly for malaria, malnutrition, respiratory tract infections and acute watery diarrhoea. In addition, we distributed relief items, including plastic sheeting, mosquito nets and soap, to displaced families.¹⁵

As the **COVID-19 pandemic** entered its second year, infections continued to surge around the world, affecting every country in which Médecins Sans Frontières (MSF) provides medical and humanitarian care. Our teams integrated vaccination and testing into project sites in countries such as Afghanistan, Bangladesh, Central African Republic, Cameroon, Democratic Republic of Congo, Eswatini and Kenya. Vaccination and testing were also integrated into other healthcare services elsewhere – for example, via malaria treatment in Côte d'Ivoire. Activities were adjusted according to needs; for example, in Iraq, we cared for patients with severe disease during peaks, and switched to vaccination, community outreach and staff training during ebbs. We also supported national vaccination campaigns in Lebanon, Brazil, Malawi, Peru, and Uganda, with a specific focus on vulnerable or high-risk groups. 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 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.¹⁶

- In addition to the medical work, MSF actively works to **raise awareness and speak out** about the humanitarian crisis that our staff witness in the projects. Through the communication and advocacy work, we strive to increase knowledge amongst decision makers and the public and provoke change when needed. The Swedish section of MSF managed to have an impact in several areas, reaching around 4 million people through our Facebook and Instagram pages, and having almost 700 000 viewings on Twitter. MSF published 13 debate articles lifting subjects such as antibiotic resistance, the humanitarian situation for refugees and migrants, and diseases such as Malaria and Tuberculosis. The need for equal access to vaccines was amongst the topics that engaged our social media followers most of all, and more than 7 300 people in Sweden signed our petition for equal distribution of COVID-19 vaccines globally. Another topic highlighted was access to treatment for tuberculosis. On the world tuberculosis day, we arranged a webinar together with World infection fund and Global fund against Aids, tuberculosis, and malaria. The

¹⁵ MSF International activity report 2021 p 4, 20, 42, 64

¹⁶ MSF International activity report, p 16

purpose was to highlight the situation regarding tuberculosis in different parts of the world in the shadow of the Corona pandemic. We were also active in the preparations for the **UN high level meeting about HIV and Aids**, giving input to the political declaration about increased need for resources, reduced mortality and society led interventions. MSF in Sweden is a strong humanitarian voice with access to discussion partners at governmental level where firsthand information and perspectives from project countries can be brought forward. Meetings were held with the foreign ministry and Sida to highlight the situation in for example Afghanistan, Yemen, Ethiopia, Libya, Greece, Central African Republic and Myanmar.

- **MSF's Access Campaign** was highly vocal, stressing the need for equitable distribution of COVID-19 vaccines worldwide and pushing hard for mechanisms to expand access. As another example of impact, the Access campaign has since several years advocated for the WHO and companies manufacturing insulin to ensure availability of more affordable quality-assured biosimilar insulins to meet people's growing need for this lifesaving medicine. During 2021 it was finally included on the WHO Essential medicines list. This is an important step in the struggle to reduce prices of insulin and medical supplies needed to inject and monitor diabetes.¹⁷



Impact of MSF's research

MSF is known for its humanitarian medical work but has also produced important research based on the experience from international project throughout the years. MSF has published articles in over 100 peer-reviewed journals and they have often changed clinical practice and been used for humanitarian advocacy.

¹⁷ <https://msfaccess.org/msf-responds-inclusion-insulin-analogues-whos-essential-medicines-list>

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 2021, MSF-work was featured in 203 peer-reviewed articles, covering a range of subjects, for example related to Snakebites, COVID-19 and Noma disease. **The MSF Science Portal**, which archives MSF-authored publications and makes them available for free, has the impact of making knowledge sharing more inclusive, foster stakeholder engagement and boost evidence-based advocacy.¹⁸

Though the COVID-19 pandemic continued to take a devastating toll in 2021, the **Drugs for neglected diseases initiative** (DNDi) advanced 50 projects in their research and development portfolio, including multiple new chemical entities, delivered new treatments, and forged new alliances for innovation.

With five new chemical entities for leishmaniasis advancing in clinical trials, Dndi teams and partners are making major strides towards the long-term goal of developing all-new, all-oral drugs to dramatically improve treatment. Dndi also delivered on the short-term strategy of improving treatment regimens using existing drugs, including the World Health Organization's release of new guidelines for the treatment of **visceral leishmaniasis** in people living with HIV, and PAHO's preparation of new guidelines for the treatment of visceral leishmaniasis, both informed by trials conducted by Dndi and partners in India, Ethiopia, and Brazil.

In the second part of the year, Dndi joined with government, science, and industry partners in India, Thailand, Malaysia, and Brazil to find a safe, effective, and affordable treatment for **dengue fever**, reinforcing Dndi's strategic imperative to address **climate-sensitive diseases**.¹⁹

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 for 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, as mentioned above. Case studies were originally designed for internal purposes but, with the hope of broadening their educational scope, the studies are

¹⁸ <https://scienceportal.msf.org/>

¹⁹ Dndi annual report 2021 [Dndi annual report 2021](#)

now available to the public on the <http://speakingout.msf.org/> website, as well as various websites of Médecins Sans Frontières.

Challenges in implementation, due to both internal and external factors

- As a humanitarian organisation we never take sides in armed conflicts, but we can still become a target for the violence. In June 2021, three of our colleagues were murdered in the Tigray region of northern Ethiopia. Despite the enormous suffering that the people in the region were subjected to, this forced us to take the decision to pause the activities in Tigray. The murders were not the only challenge in Ethiopia – during three months the Ethiopian authorities suspended a part of our activities in the country.²⁰
- In May 2021, MSF resumed search and rescue activities in the Central Mediterranean Sea, the world's deadliest migration route, on board the chartered vessel Geo Barents. The ship has undergone the necessary modifications to make it suitable for search and rescue, and is equipped with two fast rescue boats, two decks for survivors, a clinic, a delivery room, and an observation room. Although the Geo Barents fully adheres to the rules and regulations of the maritime authorities, in July, the Italian authorities identified 22 deficiencies, which led to a three-week suspension in activities. Once again, the discriminatory use of the regulations and the politically motivated interpretation of the legal provisions were used to prevent a humanitarian organisation from carrying out its lifesaving work. Between June and December, we rescued 1,903 people in 30 rescue operations at sea. In November, during a rescue off the Libyan coast, our team found the bodies of 10 people on the lower deck of an overcrowded wooden boat that had left Libya the day before with more than 100 people on board. These people are believed to have been asphyxiated by fuel fumes. MSF continues to denounce the deadly consequences of European migration policies and the absence of safe and legal migration pathways and calls on the EU and European governments to suspend their political and material support to the system of forced returns to Libya.²¹

Despite all achievements, it is important to keep in mind that during 2021, MSF just as other humanitarian organisations were hampered in its action due to lack of access to patients 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, 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.

²⁰ Läkare Utan Gränser annual report 2021, p 3

²¹ MSF International activity report 2021, p 64

