MEDECINS SANS FRONTIERES
LÄKARE UTAN GRÄNSER

Report on impact 2022

For the first time in 30 years, Lebanon was affected by a cholera outbreak. MSF assisted with vaccinations and information about the disease.

Photo: Mohamad Cheblak

Läkare Utan Gränser/MSF-Sweden
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Non-profit organisation

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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 2022.

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 2022, thus it is not aspiring to cover the impact of all projects in 2022.[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 2022, 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 2022 we recommend the International activity report, available at https://www.msf.org/international-activity-report-2022

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 2022, internationally hired health professionals, logistics specialists and administrative staff of all nationalities worked in 3,796 positions alongside 40,306 locally hired staff in medical programmes in more than 70 countries.[2]

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[2] MSF International activity report 2022, https://www.msf.org/international-activity-report-2022 p71

Largest country programmes

By expenditure

Yemen	€115 million
Democratic Republic of Congo	€113 million
South Sudan	€112 million
Nigeria	€91 million
Central African Republic	€68 million
Sudan	€49 million
Haiti	€49 million
Afghanistan	€48 million
Ukraine	€48 million
Niger	€43 million

The total budget for our programmes in these 10 countries was €736 million, **52.4 per cent of MSF's programme expenses in 2022** (see Facts and Figures for more details).

By number of staff[1] – full-time equivalents

South Sudan	3,460
Yemen	3,009
Afghanistan	2,848
Nigeria	2,830
Central African Republic	2,798
Democratic Republic of Congo	2,755
Bangladesh	2,043
Haiti	1,684
Niger	1,474
Sierra Leone	1,448

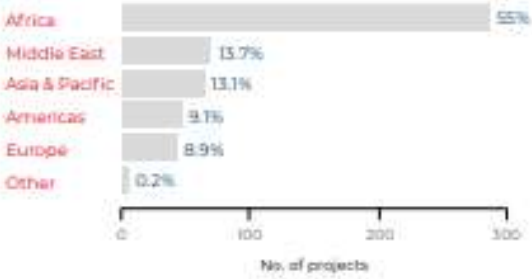
By number of outpatient consultations[2]

Democratic Republic of Congo	2,116,500
Burundi	1,478,200
Niger	1,262,800
Syria	1,017,900
Burkina Faso	1,016,400
Nigeria	945,500
Central African Republic	937,200
Bangladesh	895,300
South Sudan	891,000
Sudan	586,800

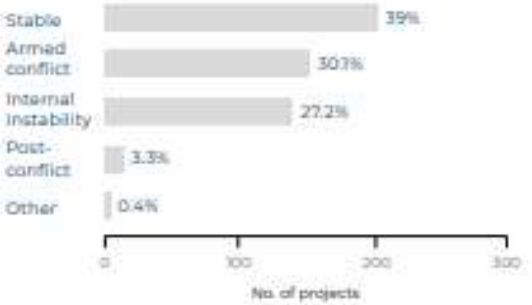
[1] ***Staff numbers*** *represent full-time equivalent positions (locally hired and international) in our programmes averaged out across the year.*
[2] ***Outpatient consultations*** *exclude specialist consultations.*

An MSF doctor in consultation with a young boy at the San Vincente migration centre, Panama, January 2022.
© Oliver Bamh/MSF

Project locations



Context of interventions



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[3] MSF International activity report 2022, p8

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.

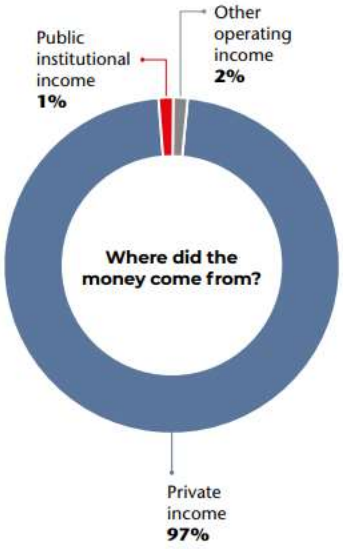
2. What strategies makes it possible for MSF to achieve its goals?

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 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 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

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 2022, the total income of MSF worldwide increased with 16% compared with 2021, to 2252 million Euro. The total expenditure was 2168 million Euro, an increase of 22%.[5]
The total income of the Swedish section of MSF was SEK 750 million.[6] During the year, 87 Swedish fieldworkers worked in MSF international assignments.[7]

MSF staff from all over the world work tremendously hard in our projects to provide assistance to people during crisis, in approximately 44,000 full-time equivalent positions. 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

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 2022 p 8
[6] MSF Sweden annual report 2022 p 17
[7] Ibid p 9

are recruited in the countries where the programs are located, working together with a smaller number of international staff to carry our activities.

In our executive offices, there are close to 5,000 full time equivalent positions, 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 carried out fifteen evaluations during 2022. The evaluations were examining approaches, strategies, results, and co-ordination of the implementation of MSF projects. 80% were evaluations of operational projects, while a few were evaluations of organizational management and development connected

[8] MSF International activity report 2022, p71. 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 running of projects. In addition to the evaluations conducted, the unit also facilitated a workshop using the results from evaluations to create an understanding of how projects with a catalytic component are implemented and if they achieve their objectives when it comes to improvements. [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 2022 p10

[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 2022?

War, violence, natural disasters, disease outbreaks, rising inflation and spiralling prices; these factors all contributed to an overall increase in people's needs for life-saving health care.

In Ukraine, activities were scaled up where possible, and material were distributed to hospitals in the country. By converting a train to hospital, we were able to transport patients away from dangerous places while at the same time providing treatment during transport. Mobile clinics were set up in subway stations where many people had seeked shelter from bombs.

2022 was the year when cholera outbreaks were reported in 30 countries. Natural disasters, climate change and humanitarian crisis contributed to the substantial increase. MSF responded to outbreaks in for example Syria, Nigeria, Cameroon, Niger, Lebanon, Congo-Kinshasa, Kenya and Haiti.

Extreme weather events have severely affected many people during 2022. Floodings in South Sudan, South Africa and Pakistan, drought in Somalia and cyclones in Madagascar and the Philippines. MSF was present to provide health care and secure access to clean water and food.

In several countries, growing numbers of children come to us with severe malnutrition. In Baidoa, Somalia, where a prolonged drought led to bad harvest, our teams were at times seeing 500 acutely malnourished children a week.[12]

The Swedish section of MSF contributed with 517 million SEK to the international MSF activities and raised awareness with the public on for example by facilitating interviews with MSF staff sharing what they had witnessed related to the humanitarian situation in Ukraine. Efforts were directed to raise opinion with the new Swedish government related to HIV/Aids, Tuberculosis and Malaria, with the objective to ensure that the government maintain the financing and engagement in global health issues on a high level.

Other examples of contexts we raised awareness about are the Ebola outbreak in Uganda and the ongoing malnutrition crisis in countries such as Somalia, Nigeria, Yemen and Afghanistan. Furthermore, we highlighted the topic of unsafe abortions, the situation for migrants in Belarus and search and rescue activities on the Mediterranean Sea. 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.

[12] https://lakareutangranser.se/givarrapport-2022

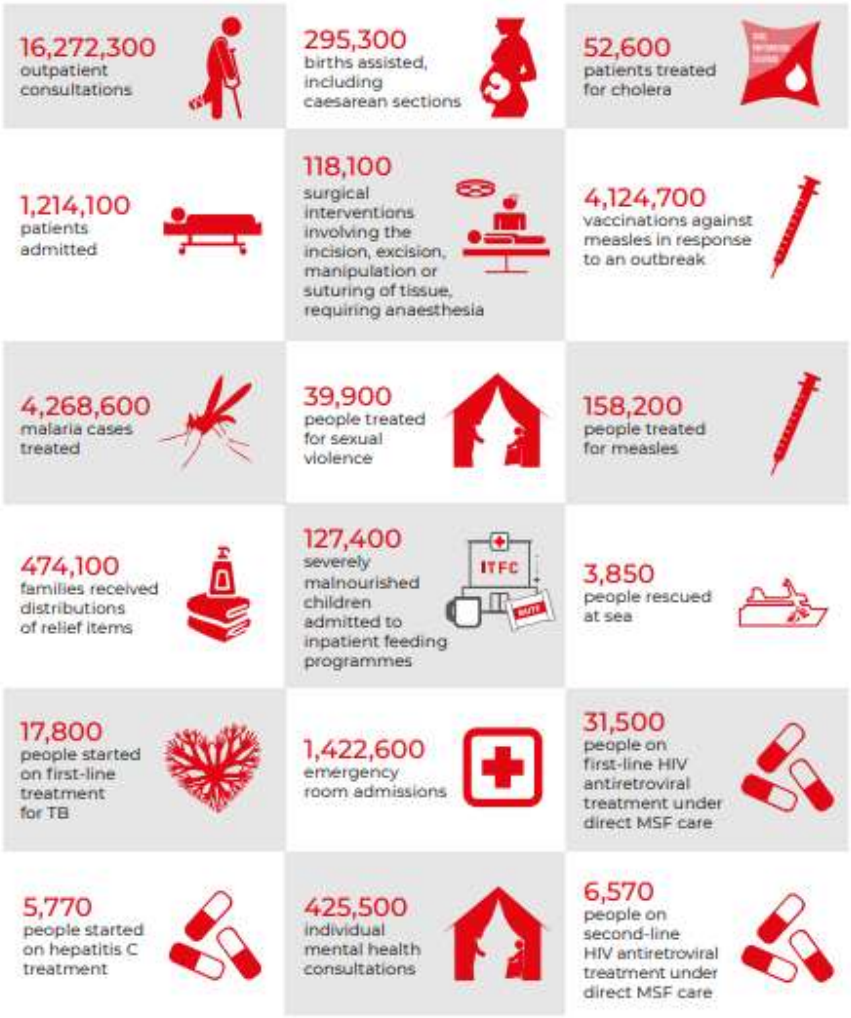
During the year of 2022, 87 international mobile staff were recruited in Sweden, and filled a total of 111 positions in the international MSF projects (some staff worked more than one project during the year).

The Swedish innovation unit (SIU) worked on several cases aiming to improve the work in MSF's international projects, mainly in the areas of digital and climate- and environmentally related health. One example from 2022 is the development of digital therapeutic tools (patient applications and software for health care staff), involving projects in Belarus, India and Lebanon.[13]

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

[13] Läkare Utan Gränser/MSF Sweden annual report 2022, p 9-10

2022 Activity highlights



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[14] MSF International activity report 2022, p9

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.

Throughout the year, MSF teams were present with projects in more than 75 countries, such as **Yemen, Democratic Republic of Congo, South Sudan, and Ukraine,** to achieve the goal to bring medical humanitarian assistance to people affected by armed conflict, epidemics, natural disasters, and exclusion from healthcare. For example;

- In **Ukraine** 90,800 outpatient consultations and 13,600 individual mental health consultations were conducted throughout 2022. In the early days following the escalation of the war, hospitals were in crucial need of medical supplies. We established supply lines to health facilities and displaced people in Severodonetsk, Luhansk region, Mariupol, Donetsk region, the capital, Kyiv, and Dnipro, for the delivery of drugs, medical materials and other essential items. Our teams offered emergency and surgical care for patients during mass casualty and trauma events, particularly in Apostolove and Konstiantynivka. We also supported hospitals across the country with donations and training on mass casualty management, decontamination response in case of chemical or biological attack, mental health care, and treatment for sexual and gender-based violence. Mental health was a major concern, especially among vulnerable groups such as children and elderly people, as well as healthcare workers. We provided mental health care in shelters for displaced people and villages, and in the aftermath of the battle for Hostomel in April, conducted individual and group counselling sessions for people traumatised by the fighting. MSF also assisted people who had been victims of torture or sexual and gender-based violence. The war created an increased need for physiotherapy and rehabilitation for war-wounded people, many of whom have life-altering injuries. In coordination with the Ukrainian Interior Ministry and the Ministry of Health in Kyiv and Vinnytsia, MSF offered specialised physiotherapy, as well as psychological and psychiatric treatment, in two hospitals. In April 2022, we started running a specially designed medical train to evacuate patients from areas near the eastern frontlines to

the west of the country. The first medical train referral transported nine patients, injured in or near Mariupol, from hospitals in Zaporizhzhia to Lviv. Over 80 referrals were conducted, evacuating 2 560 patients including the nearly 80 children from an orphanage in Zaporizhzhia and over 200 neurological and psychiatric patients from Kharkiv. We also operated an ambulance referral system in the east and south of the country, and set up mobile clinics in several locations, including in the subway stations where many people had seeked shelter from bombs.

- The humanitarian situation deteriorated further in **Democratic Republic of Congo (DRC)** last year, mainly because of increased levels of armed violence, in particular due to the resurgence of the M23 armed group in North Kivu. The escalation in conflict and insecurity forced nearly 600,000 people to flee their homes, in a province where 1.9 million people had already been displaced. MSF was one of the first organisations to launch an emergency intervention in the temporary settlements in Munigi and Kanyaruchinya to which many people had fled. Our teams offered general healthcare, treatment for victims of sexual violence, referrals to Goma hospitals, and safe drinking water, while repeatedly calling on the humanitarian community to support the response. When the first suspected cases of cholera were reported in these settlements in August, we organised an oral vaccination campaign. However, in October, as fighting intensified in Rutshuru territory, there was a huge influx of new arrivals, and a cholera outbreak could not be prevented. For many weeks, our teams were the only healthcare providers responding to this emergency, setting up dedicated treatment centres. other disease outbreaks during the year, including cholera in North Kivu, South Kivu and Kasaï Oriental provinces, where we treated patients and protected tens of thousands of people through oral cholera vaccinations. We also assisted the Ministry of Health's response to a meningitis outbreak in Haut-Uélé, and to two Ebola outbreaks in Equateur and North Kivu provinces. Measles reached epidemic levels in nearly half of DRC's health zones, with close to 150,000 cases and 1,800 deaths officially reported. Our teams carried out 45 specific measles responses in the country, while also continuing to run our usual immunisation and care activities in our regular projects. We vaccinated over two million children against measles in the course of 2022.

- Work also continued in numerous other humanitarian crises. 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.

- **Yemen's** humanitarian crisis is driven by armed conflict, but the consequent deterioration of the economy has also had a direct impact on people's living conditions, health and access to essential treatment. As food and fuel prices continue to rise, many families cannot afford to eat or travel to healthcare facilities. The availability of healthcare in Yemen, in particular high-quality, affordable basic medical services at community level, is diminishing, and in some cases is nonexistent. During 2022, MSF carried out 71,200 outpatient consultations for children aged under 5, assisted 35,500 births, including 5,470

caesarean sections, and had 6,450 children admitted to inpatient feeding programmes. Our teams also worked in 12 and supported 16 other health facilities across 13 governorates, with a focus on inpatient and emergency care. 108,200 people were admitted to hospitals and 36,500 surgical interventions were carried out.

- Around two-thirds of **South Sudan** was covered by floodwaters in 2022's rainy season, affecting over a million people. For the past four years, the flooding has been unprecedented in its intensity, putting the country on the frontlines of the climate crisis. Tens of thousands of people live in displacement camps, where there is a lack of shelter, safe drinking water, healthcare and sanitation facilities. With many communities marooned on 'islands', MSF ran mobile clinics to improve access to healthcare, and provided emergency referrals by boat. In some places, we also set up temporary structures to ensure continuity of care. In Bentiu, Unity state, we responded to an influx of patients with waterborne diseases by increasing our bed capacity from 135 to 175. In Maban, Upper Nile state, we distributed relief items, such as plastic sheeting, blankets, hygiene kits and cooking equipment, and installed water and sanitation facilities. At times, our teams had to travel on foot for several hours to deliver drugs to people displaced by flooding in Abyei Special Administrative Area. [15]

- 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 have an impact by increasing knowledge amongst decision makers and the public and provoke change when needed.

- In Dec 2022, the findings of the TB-practecal study by **MSF's Access campaign** were published in the New England Journal of Medicine, prompting WHO to update the global guidelines for drug-resistant Tuberculosis (DR-TB). The new all-oral, six-month treatment regimen is safer and more effective at treating multidrug-resistant tuberculosis and 89% cure rate. [16]

[15] MSF International activity report 2022 p 62-63, 26-27, 66-67, 56
[16] https://www.msfaccess.org/tb-practecal-groundbreaking-msf-trial-finds-better-treatment-people-drug-resistant-tuberculosis

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.
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 2022, MSF-work was featured in 178 peer-reviewed articles, covering a range of subjects, for example related to Tuberculosis, HIV, COVID-19 and Ebola. **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.[17]

With evidence from the research by the **Drugs for neglected diseases initiative** (DNd*i*) **,** the World Health Organization recommended a more effective new treatment for people with visceral leishmaniasis who are also living with HIV. In another research milestone, DND*i*'s pivotal Phase II/III trial conducted with partners in the DRC and Guinea showed that our investigational single-dose oral treatment for sleeping sickness, acoziborole, can cure up to 95% of patients. This brings us one step closer to delivering a break-through treatment that can help boost chances of sustainably eliminating this deadly disease.[18]

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

[17] https://scienceportal.msf.org/
[18] Dndi annual report 2022 Dndi annual report 2022

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. Balancing our duty of care with keeping our staff safe proved to be extremely complicated. In the Central African Republic and South Sudan, we lost three colleagues in brutal killings, while in Cameroon, several staff members were detained on false charges for extended periods of time before being released. In some cases, this insecurity hampered our ability to reach people most in need, and in others forced us to close projects[19]

- Although we are proud of the progress the partnerships of DNd*i* are making against diseases that disproportionally impact poor and marginalized communities. But at the same time, we face growing concern that insufficient investment in medical innovation puts continued progress at serious risk. At the June Kigali Summit on Malaria and Neglected Tropical Diseases (NTDs), we spoke out loudly for putting innovation at the top of the NTD agenda and called for concrete commitments to filling the gaps in simple, safe, and effective essential health tools.

- The challenges we faced last year were not only external; while striving to become the MSF we want to be, we were also forced to look more deeply within. In February, we released a progress report on our commitments to tackle institutional discrimination and racism within MSF. [20]

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.

[19] MSF International activity report 2022 p 4
[20] Dndi annual report 2022 Dndi annual report 2022