

IMPACT REPORT



MSF CANADA
2019 ANNUAL REPORT
doctorswithoutborders.ca





Message from the President & Executive Director

OUR HUMANITARIAN ACTION IN 2019

In 2019, Doctors Without Borders/ Médecins Sans Frontières (MSF) delivered emergency medical aid to people caught in some of the world's worst humanitarian crises. This would not have been possible without our generous supporters. Thank you for sharing our belief that everyone deserves access to quality medical care.

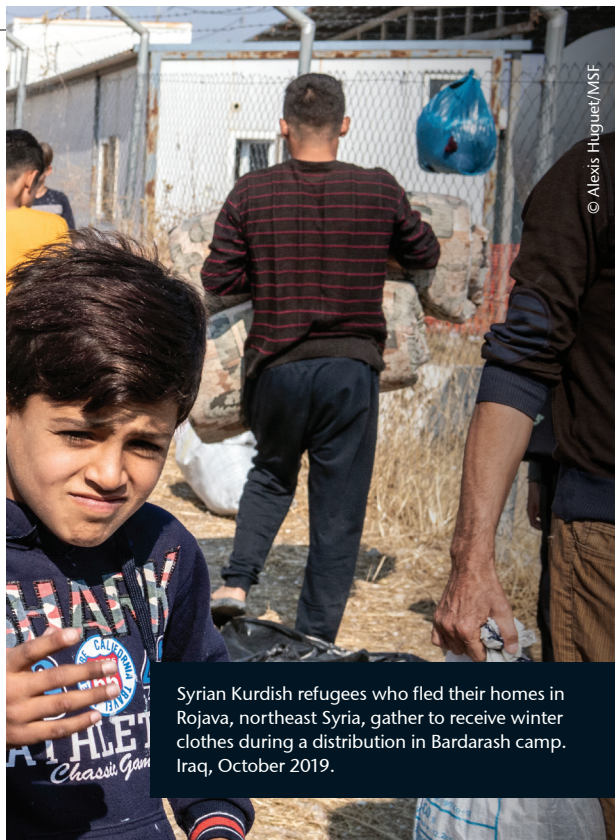
Last year, more than 45,000 MSF staff worked to provide essential healthcare to people in more than 70 countries around the world. At the same time, we continued speaking out about the underlying injustice, abuse and neglect affecting people we assist.

MASS MIGRATION

Globally, an estimated 70 million people have been forcibly displaced from their homes, many due to violence, insecurity and hardship. From Central America to the Horn of Africa to refugee camps in Bangladesh, our teams provided assistance to people on the move and advocated for their protection.

Extreme violence and poverty continued in El Salvador, Guatemala and Honduras, where every year more than 500,000 people are driven from their homes. Our teams have witnessed levels of violence here comparable to what we have seen in the world's worst war zones. Forced to flee, people seeking safety face the threat of more violence, torture and extortion during their journeys, usually through Mexico. Last year, MSF continued providing physical and mental healthcare to the migrants, refugees and asylum seekers who travel these routes, as well as to people who were deported to Mexico.

Despite growing humanitarian needs around the world, rhetoric around migration became increasingly harsh and dehumanizing. In August, the United States effectively closed its southern border to all non-Mexicans seeking asylum. This made the already precarious circumstances of the tens of thousands of people trapped along the border even more dire.



Syrian Kurdish refugees who fled their homes in Rojava, northeast Syria, gather to receive winter clothes during a distribution in Bardarash camp. Iraq, October 2019.

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DISEASE OUTBREAKS AND ACCESS TO MEDICINE

Large-scale measles outbreaks swept across several countries, including Cameroon, Nigeria, Chad and Lebanon. Democratic Republic of Congo was particularly hard hit, where the worst measles epidemic ever recorded continued throughout the year. At the same time, the Ebola outbreak declared in August 2018 raged in the northeast. MSF's response to the Ebola outbreak was affected by challenges engaging with and earning the trust of local communities.

We continued speaking out about how the for-profit global pharmaceutical industry often leaves vulnerable people without access to the medicines they need to function or survive. Prices for lifesaving drug-resistant tuberculosis (DR-TB) drugs remain unaffordable and unavailable for the majority of people around the world who desperately need them. MSF has called on drug maker Johnson & Johnson to reduce the price of their DR-TB medicine bedaquiline to \$1 a day.

YOUR IMPACT

Through the challenges, MSF responded to these and other humanitarian crises. In Mozambique, we launched an emergency response after cyclone Idai slammed down in March. In Bangladesh, teams continued providing humanitarian assistance to Rohingya refugees trapped in overcrowded camps on the border with Myanmar. And in Haiti, teams reopened a dedicated trauma surgery hospital in Port-au-Prince following a rise in violence.

This is the work you help make possible. In 2019, 96.2 per cent of our funding came from private donors, rather than governments or large institutions, giving MSF the independence to act rapidly and decisively, and to go where we are most needed.

Thank you for being a vital member of our medical humanitarian action. With the support of our donors, MSF will continue providing free, lifesaving assistance to those who need it most, no matter who they are or where they live. 🇸🇪



Wendy Lai

Dr. Wendy Lai | President



Joe Belliveau

Joe Belliveau | Executive Director

MSF restarted search and rescue operations on the Mediterranean Sea in August, partnering with SOS MEDITERRANEE. But governments in Europe still sat idly by as thousands of people seeking safety remained trapped in Libya's detention centres and thousands more languished in inhumane conditions on the Greek islands. MSF decried Europe's flouting of refugee law while treating patients in both places.

ARMED CONFLICT

Violent conflict persisted in many parts of the world, with terrifying consequences. In Yemen, the civil war entered its fifth year and has left the healthcare system in ruins. Economic hardship, active fighting and few remaining functional health facilities make accessing medical care difficult and dangerous. This is especially true for mothers and children, who often arrive too late for lifesaving care.

In Central African Republic, conflict was both a major cause of humanitarian needs, and the reason why medical services are so scarce. In Cameroon, where conflict has displaced more than 500,000 people since 2016, violence spiked again in 2019. And in war-torn Syria, millions of people forced from their homes still live in unsafe camps.

| Where we work

MSF PROGRAMS AROUND THE WORLD





AFGHANISTAN	KENYA
ARMENIA	KYRGYZSTAN
BANGLADESH	LEBANON
BELARUS	LIBERIA
BELGIUM	LIBYA
BOLIVIA	MALAWI
BOSNIA-HERZEGOVINA	MALAYSIA
BRAZIL	MALI
BURKINA FASO	MEXICO
BURUNDI	MOZAMBIQUE
CAMBODIA	MYANMAR
CAMEROON	NICARAGUA
CENTRAL AFRICAN REPUBLIC	NIGER
CHAD	NIGERIA
COLOMBIA	PAKISTAN
CÔTE D'IVOIRE	PALESTINE
DEMOCRATIC REPUBLIC OF CONGO	PAPUA NEW GUINEA
DPR KOREA	PHILIPPINES
EGYPT	RUSSIA
EL SALVADOR	SERBIA
ESWATINI	SIERRA LEONE
ETHIOPIA	SOMALIA
FRANCE	SOUTH AFRICA
GEORGIA	SOUTH SUDAN
GREECE	SUDAN
GUINEA	SYRIA
GUINEA-BISSAU	TAJIKISTAN
HAITI	TANZANIA
HONDURAS	THAILAND
INDIA	TURKEY
INDONESIA	UGANDA
IRAN	UKRAINE
IRAQ	UZBEKISTAN
ITALY	VENEZUELA
JORDAN	YEMEN
	ZIMBABWE

Countries in which MSF only carried out assessments or small-scale cross-border activities in 2019 do not feature on this map.

2019 ACTIVITY HIGHLIGHTS



47,000
people treated
for cholera



346,900
families received
distributions of relief items



4,970
people treated for
meningitis



10,384,000
outpatient consultations

1,320,100
vaccinations against
measles in response to
an outbreak



840,000
patients admitted

28,800
people treated for
sexual violence



400,200
individual mental health
consultations



16,800
people started on
first-line tuberculosis
treatment

2,000
people started on
drug-resistant
tuberculosis
treatment



329,900
births assisted, including Cesarean sections



76,400
severely malnourished
children admitted
to inpatient feeding
programs



1,048,800
emergency room admissions



59,400
people on first-line HIV
antiretroviral treatment
under direct MSF care



2,638,200
malaria cases treated

11,100
people on second-
line HIV antiretroviral
treatment under direct
MSF care (first-line
treatment failure)



112,100
surgical interventions involving the incision, excision, manipulation
or suturing of tissue, requiring anesthesia

10,000
people started on
hepatitis C treatment

The above data groups together direct, remote support and coordination activities. These highlights give an overview of most MSF activities but cannot be considered exhaustive.

A man with his two-year-old daughter in the measles unit of the MSF-run Biringi Hospital, Ituri province. Democratic Republic of Congo, November 2019.

DEMOCRATIC REPUBLIC OF CONGO

Staff in 2019: 3,173 | Expenditure in 2019: **\$198.3** million | Year MSF first worked in the country: 1977

In Democratic Republic of Congo (DRC), MSF worked to tackle the country's largest recorded outbreaks of measles and Ebola, while addressing many other health needs.

In 2019, MSF teams worked in 21 of DRC's 26 provinces, providing services including healthcare, nutrition, vaccinations, surgery, pediatric care, support for survivors of sexual violence, as well as treatment and prevention activities for HIV/AIDS, tuberculosis (TB), measles, cholera and Ebola.

The world's largest measles outbreak has ravaged DRC since mid-2018 and was declared a national epidemic in June 2019. MSF supported surveillance activities, vaccinations and treatment for complicated cases in 16 provinces.

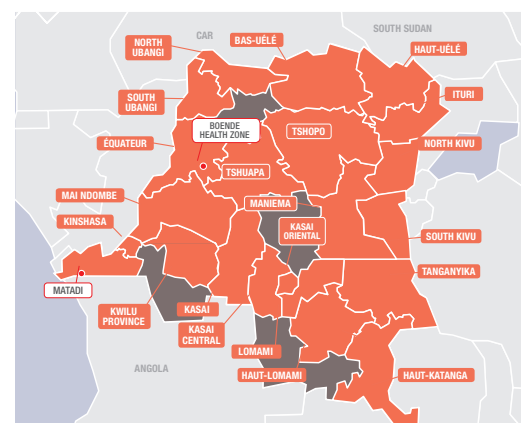
Longstanding intercommunal violence in Ituri flared up. MSF provided medical care and distributed water and relief items at around 30 makeshift shelter sites. In Mai-Ndombe, we supported health facilities

following two days of intercommunity violence, offering treatment and relief items to around 2,850 displaced households.

In North Kivu, teams supported hospitals, health centres and posts, as well as mobile clinics and community-based activities. In South Kivu, we offered treatment for malnutrition, HIV, TB and other infectious diseases, mental health support, and maternal and reproductive healthcare.

In several provinces, MSF teams offered reproductive healthcare, including safe abortion care and medical and psychological treatment for survivors of sexual and gender-based violence. We also trained people to be first responders for survivors in their own communities.

Throughout 2019, MSF supported the national response to large cholera outbreaks across the Kivus, treating patients, conducting epidemiological surveys and donating medicines. 🚑



- Regions where MSF had projects in 2019
- Cities, towns or villages where MSF worked in 2019

KEY 2019 MEDICAL FIGURES:

1,687,900 outpatient consultations
607,400 malaria cases treated
37,900 individual mental health consultations

SOUTH SUDAN

Staff in 2019: 3,615 | Expenditure in 2019: **\$127.2** million | Year MSF first worked in the country: 1983

After more than six years of conflict that has displaced over 4 million people, 2019 saw a period of peace in South Sudan. But less than half the population has access to adequate medical services.

Most medical care in South Sudan is delivered by non-governmental organizations such as MSF, as only 2.6 per cent of the government's budget is allocated to health. For many communities, treatment is often difficult to reach or non-existent.

MSF worked in 19 projects across South Sudan in 2019. Activities ranged from treating gunshot wounds in Agok and providing comprehensive medical care in Protection of Civilians (PoC) sites, to vaccinating children against deadly diseases such as measles and ensuring Ebola preparedness at the border with Democratic Republic of Congo.

Nearly one million people were affected by unprecedented heavy flooding, which began in July. In October, the government declared a national state of emergency. Thousands of people were displaced, including many of our local colleagues. In Pibor, one of the worst affected areas, our health centre was submerged and destroyed. MSF set up a temporary tented facility to provide critical care in Pibor, and set up mobile clinics in affected communities where we work. We also worked to provide adequate water and sanitation resources.

In 2019, malaria remained a major health concern in South Sudan. We treated 292,100 adults and children and ran prevention and awareness-raising activities in nearly

all our projects. Strategies included distributing mosquito nets and implementing new outreach methods.

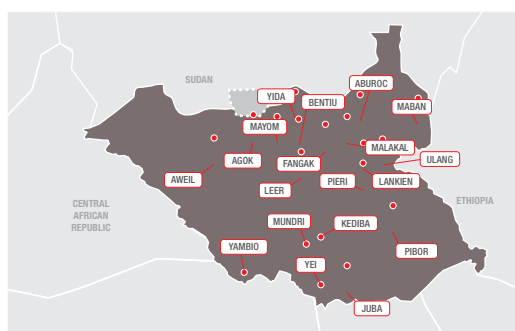
In April, we reopened our maternal, emergency and reproductive services, closed in 2016 due to repeated attacks on MSF patients and staff. In the first month alone, we treated 300 people, including more than 100 pregnant women.

An estimated 1.5 million people are internally displaced in South Sudan, as well as nearly 300,000 refugees from neighbouring Sudan. In 2019, we offered medical assistance and distributed relief items to refugees and displaced people across the country.

MSF managed a hospital in both the Benitu and Malakal United Nations PoC sites. These sites offer protection to vulnerable people who would otherwise be exposed to armed violence. The humanitarian needs here are high due to poor living conditions, ongoing violence and mental trauma.

In Benti, the largest PoC site in South Sudan with over 100,000 people, we provided specialist healthcare, surgery and emergency services for adults and children in our 160-bed hospital. At our 55-bed hospital in Malakal PoC, we offered a range of general and specialist services, including mental healthcare.

Our 80-bed hospital in Lankien also provided obstetric and pediatric care, nutritional support and treatment for HIV, TB and kala azar. Treatment for survivors of sexual and gender-based violence, which is integrated into all our projects in South Sudan, was also available. 🚶



○ Cities, towns or villages where MSF worked in 2019

The maps and places used do not reflect any position by MSF on their legal status.

KEY 2019 MEDICAL FIGURES:

1,120,900 outpatient consultations

292,100 malaria cases treated

60,500 people admitted to hospital



Displaced children in northern Abs, where MSF operated mobile clinics to provide consultations, vaccinations and referrals to the hospital we support there. Yemen, April 2019.

YEMEN

Staff in 2019: 2,538 | Expenditure in 2019: **\$111.6** million | Year MSF first worked in the country: 1986

In Yemen, five years of civil war has left the healthcare system in ruins. Violent clashes on front lines and frequent attacks on health facilities prevented civilians from accessing critical healthcare.

Insecurity and access constraints prevented MSF and other organizations from collecting reliable data on nutritional and humanitarian needs across the country

Last year, MSF worked in 12 hospitals and health centres and provided support to more than 20 health facilities across 13 governorates in Yemen.

Our staff witnessed numerous attacks on patients, medical facilities and civilians in 2019.

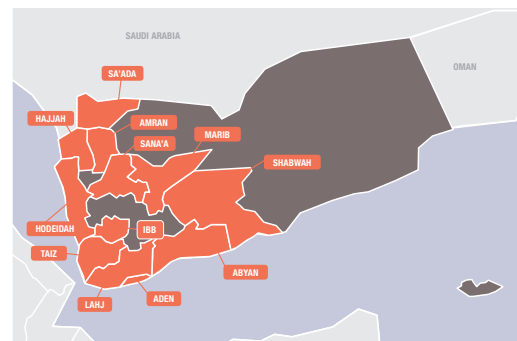
In Aden surgical hospital, activities were suspended for a month after a patient was kidnapped and killed. In Taiz city, the MSF-supported Al-Thawra hospital was subjected to 11 armed intrusions, during which a patient was killed. And in Mocha, an MSF hospital was severely damaged when surrounding buildings were hit during an aerial attack.

MSF has reiterated our call for pledges ensuring the safeguarding of health facilities, medical workers, patients and their caregivers to be upheld and respected.

We provided maternal and child healthcare in most of the governorates we supported. Tragically, many mothers, children and newborns died in or on arrival at hospitals where we worked. Many newborns brought to us for care had a low birthweight or were born prematurely. The high numbers of deaths are linked to many factors, most of which are a direct result of the war.

In response to increased needs, MSF started to build a new maternity hospital in Al-Qanawes to serve Hajjah and Hodeidah governorates.

Outbreaks of infectious diseases are common in Yemen, due to poor sanitation, a lack of clean water, a shortage of vaccines and gaps in regular vaccination programs. Between January and April, we admitted 15,265 suspected cholera patients to our facilities and opened cholera treatment centres in Khamer and Taiz. 🚑



● Regions where MSF had projects in 2019

KEY 2019 MEDICAL FIGURES:

27,100 surgical interventions
308,900 outpatient consultations
75,800 people admitted to hospital



Top 10 MSF Countries by Expense 2019

Mothers and children in Mingala, an area that is difficult to access due to insecurity and bad road conditions, during a two-day MSF vaccination program. Central African Republic, March 2019.

CENTRAL AFRICAN REPUBLIC

Staff in 2019: 2,775 | Expenditure in 2019: **\$86.7** million | Year MSF first worked in the country: 1997

Despite the peace agreement signed by the government and armed groups in Central African Republic (CAR) in February, violence continues unabated in many parts of the country. Thousands of people live in fear, exposed to extreme violence with no access to healthcare or basic services.

Pervasive insecurity repeatedly hampered MSF's ability to respond to people's urgent medical needs. Nevertheless, we continued assisting local and displaced communities and launching emergency interventions.

In Bangui, we improved sexual and reproductive healthcare, to reduce sickness and death from obstetric complications, as well as from the consequences of unsafe terminations of pregnancy, the main cause of death among women at MSF-supported maternity facilities in the city.

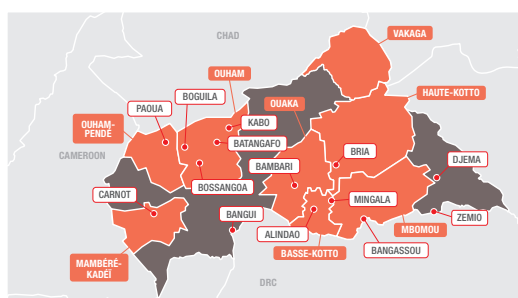
Malaria remains the main killer of children under five in CAR, its effects often exacerbated by malnutrition and preventable diseases. Strategies to deliver care closer to people's homes included supporting community health workers to test and treat patients with simple forms of malaria and diarrhea in their villages.

MSF supplied existing health centres with medicines, equipment, staff and technical training. We also supported hospital emergency rooms and pediatric wards, enabling the most severely ill children to obtain free specialist care.

Prevention is essential to saving lives, which is why MSF supported routine vaccination and mass vaccination campaigns.

MSF was the main organization delivering care for survivors of sexual violence in CAR. We have progressively integrated it into our programs across the country. We also launched a project called Tongolo, offering care for sexual violence, specifically adapted to male, child and adolescent patients.

HIV/AIDS is a leading cause of death among adults in CAR. Our teams worked to make treatment accessible in our projects and offered treatment and training in the university hospital. Less than half of the 110,000 people living with HIV in CAR have access to care. In 2019, when the country experienced a major stockout of antiretroviral medication, MSF provided supplies to the Ministry of Health. 🚚



- Regions where MSF had projects in 2019
- Cities, towns or villages where MSF worked in 2019

KEY 2019 MEDICAL FIGURES:

967,000 outpatient consultations

69,400 patients admitted to hospital

612,700 malaria cases treated

NIGERIA

Staff in 2019: 2,448 | Expenditure in 2019: **\$70.3** million | Year MSF first worked in the country: 1996

In 2019, intensification of violence and insecurity increased humanitarian needs in Nigeria. An estimated one million people are cut off from aid.

In the northeast, over a decade of conflict between the Nigerian government and armed opposition groups has had severe effects. The UN estimates two million people are displaced, and seven million depend on aid for survival. In 2019, a number of aid workers were abducted and killed by armed opposition.

Only people in government-controlled areas in and around the state capital could receive humanitarian assistance. In accessible areas, MSF offered nutritional care, vaccinations, treatment for malaria, tuberculosis and HIV, as well as care for survivors of sexual violence, and mental health support. We also ran water and sanitation activities.

In Benue, people who fled land dispute violence in 2018 remained displaced. We supported the Ministry of Health, which included conducting medical consultations, distributing relief items, building shelters, latrines and showers, and supplying drinking water inside displaced persons camps.

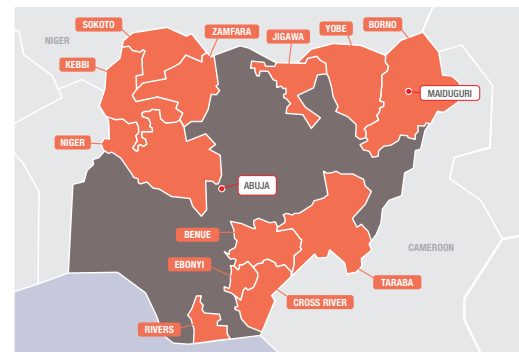
We offered medical care to refugees from Cameroon and to host communities in Cross River State from July 2018 to November 2019, when we handed over activities to the health ministry.

In Jahun hospital, Jigawa state, we provided comprehensive emergency obstetrics and neonatal care.

In Port-Harcourt, MSF ran two clinics offering medical and mental healthcare to an increasing number of survivors of sexual violence.

In 2019, 938 patients completed chelation therapy in our program for children under five affected by lead poisoning associated with artisanal gold mining in Zamfara state. Together with the Ministry of Health and other organizations, we published a report on the pilot program we ran in Niger state showing safer mining practices reduced blood lead levels by 32 per cent.

Noma is a gangrenous disease causing disfigurement. It particularly affects children, leaving scars only complex surgery can repair. Four times a year, specialized MSF medical staff have supported Noma care at Sokoto Children's Hospital. With the health ministry, we conducted outreach focusing on early detection in 2019. 🚑



● Regions where MSF had projects in 2019
○ Cities, towns or villages where MSF worked in 2019

KEY 2019 MEDICAL FIGURES:

287,200 outpatient consultations

64,600 people admitted to hospital

53,300 malaria cases treated



In the burns unit of Benue State University Hospital, an MSF nurse changes the bandages of a patient injured in an oil tanker explosion. Nigeria, August 2019.



© Moises Saman / Magnum Photos

Jamilla, a 58-year-old Syrian-Kurdish refugee, at a clinic run by MSF inside Bardarash refugee camp. Jamilla came to the clinic complaining of back and leg pain. Iraq, November 2019.

IRAQ

Staff in 2019: 1,379 | Expenditure in 2019: **\$69.1** million | Year MSF first worked in the country: 2003

In 2019, MSF continued providing essential healthcare in Iraq, where people are suffering from the effects of years of conflict and ongoing instability.

Although displaced people continued returning to their homes in 2019, more than a million still face significant barriers that prevent them from doing so. Some have been living in camps for years, with little access to basic services. At the end of the year, the violent crackdown on protests across the country put additional pressure on the health system.

Many healthcare facilities have been destroyed and there is a shortage of medical specialists and services. Mental health needs have increased, generated by prolonged suffering among both internally displaced people and the rest of the Iraqi population.

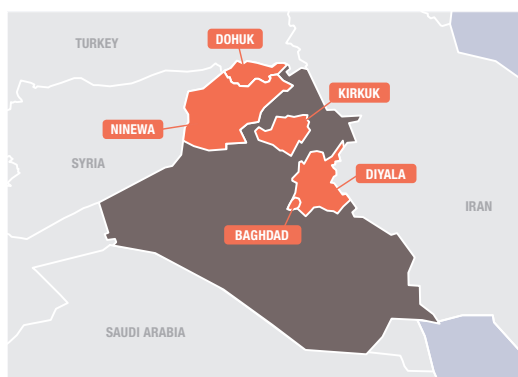
MSF maintained our range of basic and secondary health services in 2019, including maternity and neonatal care, emergency rehabilitation, treatment for non-communicable diseases, surgery and post-operative care, and mental health support for displaced people, returnees and vulnerable communities.

Mental healthcare was a main component of all MSF services in Ninewa governorate, where the war against the Islamic State has resulted in severe physical and mental trauma among its inhabitants.

In West Mosul, we ran a comprehensive maternity unit in Nablus hospital with surgical capacity for Cesarean sections. As displaced families returned to the area, we also set up maternity services in Al-Rafedein basic healthcare centre.

In Diyala, MSF teams addressed the needs of displaced people, returnees and host communities by offering basic healthcare, mental health support, sexual and reproductive healthcare, treatment for non-communicable diseases and health promotion.

From October, when the demonstrations started, our teams provided medical supplies and technical support to various hospitals across the country. This included mass casualty triage training at the Ali hospital for the doctors and nurses working in the emergency department. 🚑



● Regions where MSF had projects in 2019

KEY 2019 MEDICAL FIGURES:

4,390 surgical interventions

33,300 individual mental health consultations

11,200 births assisted

SYRIA

Staff in 2019: 939 | Expenditure in 2019: **\$61.7** million | Year MSF first worked in the country: 2009

In Syria, civilian areas and infrastructure, including medical facilities, came under direct fire again in 2019. Thousands of people were killed or wounded, and many more driven from their homes.

MSF teams negotiated access where possible, following independent evaluations of medical needs. Where direct presence was impossible, we donated medicines, medical equipment and relief items; remotely trained medical staff; and offered technical medical advice and financial assistance to facilities' running costs.

In April, hundreds of thousands were displaced after the offensive launched by Syrian government forces and allies, notably Russia, in Idlib, the last opposition stronghold. Schools, hospitals, markets and camps for displaced people were also hit and damaged. Some MSF-supported hospitals had to reduce or suspend services, for fear of being hit.

We supported healthcare in hospitals and clinics in Idlib and Aleppo governorates. We also continued partnerships with three reference hospitals.

In Atmeh, we ran a specialized burns unit, offering surgery, skin grafts, dressings, physiotherapy and psychological support. An average of 150 procedures were performed a month in 2019, with severe or complex cases referred to Turkey by ambulance.

In January, we launched an emergency response in Al-Hol camp in Hassakeh governorate. The camp swelled after 60,000 people arrived. Ninety-four per cent of people living there are women and children. In a highly politicized and militarized setting, we provided relief items and emergency care at the reception, then opened a comprehensive healthcare facility and an inpatient nutrition centre.

The situation changed significantly in north-east Syria in October, when U.S.-led

coalition forces suddenly relocated further east. The Turkish military, alongside allied Syrian armed opposition groups, launched operation 'Peace Spring', aimed at clearing the Kurdish People's Protection Units from the Turkish border. As a result, we had to suspend some projects and temporarily evacuate international staff to Iraq and relocate some locally hired teams.

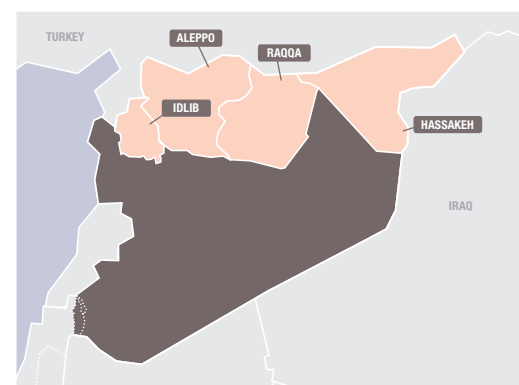
Comprehensive activities, including treatment for over 280 patients for the blood disease thalassemia, were suspended in Tal Abyad hospital after Turkish-backed groups took control of the area. Our hospital program closed towards the end of 2019, as we were unable to negotiate resumption of activities with new authorities.

In Raqqa city, we continued to run a healthcare centre offering emergency care, outpatient consultations, mental health support and vaccinations. At Raqqa National Hospital, MSF completed a large facility rehabilitation, then set up and supported emergency, inpatient and post-operative care, general and orthopedic surgery and radiology, as well as the blood bank and laboratory.

We maintained support for the maternity hospital in Kobanê/Ain Al Arab, in Aleppo governorate, with provision of medical supplies and financial support to health workers. We supported routine vaccination programs in 12 locations.

Following the temporary evacuation of our international colleagues, we were forced to suspend our activities in Tel Kocher in Hassakeh governorate, where we ran a general healthcare centre. We gradually resumed some medical activities.

In Tel Kocher, we provided hygiene kits and blankets to victims of floods and donated 1,000 blankets and a triage tent to Hassakeh National Hospital during a mass casualty response. 🚑



● Governorates where MSF ran and supported medical activities in 2019

The maps and place names used do not reflect any position by MSF on their legal status.

KEY 2019 MEDICAL FIGURES:

515,100 outpatient consultations

169,100 routine vaccinations

14,800 births assisted, including 3,670 Cesarean sections



© Noor Ahmad Saleem/MSF

MSF doctor Azada Barez examines a young patient in Kahdistan clinic, Herat province, Afghanistan, July 2019.

AFGHANISTAN

Staff in 2019: 2,388 | Expenditure in 2019: **\$52.7** million | Year MSF first worked in the country: 1980

More than 40 years of conflict and instability has left Afghanistan's economy and infrastructure in ruins, and many people dependent on humanitarian assistance.

The crisis in Afghanistan is characterized by upsurges in conflict, recurring disasters, widespread internal displacement, very low health indicators, extreme poverty, and an overburdened and underfunded healthcare system.

In 2019, presidential elections and peace talks between the U.S. and the Islamic Emirate of Afghanistan, better known as the Taliban, led to renewed violence, which had a severe impact on people's access to healthcare.

MSF ran six projects in six provinces in 2019, with a focus on emergency, pediatric and maternal healthcare.

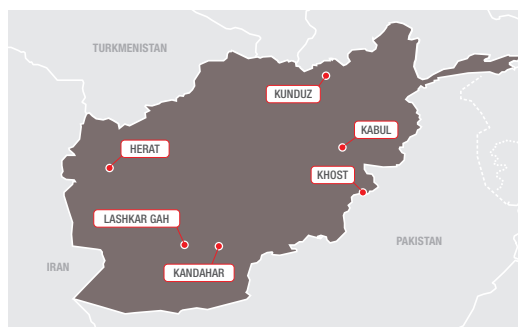
In March, we completed the handover of the Ahmad Shah Baba hospital in eastern Kabul to the Ministry of Public Health. Since opening the project in 2009, MSF has worked to upgrade it to a district hospital, strengthening the emergency department, maternity services and treatment protocols.

MSF continued running a dedicated 24-hour maternity hospital in Khost, eastern Afghanistan, providing a safe environment for women to give birth. The team assisted over 23,000 births in 2019. We estimate this is nearly half the total births for Khost province. We also continued supporting five health centres in outlying districts, increasing their capacity to manage normal births.

We continued supporting the Boost provincial hospital, one of only three referral facilities in an area severely affected by conflict and insecurity, and with few fully functional medical facilities.

In December 2018, MSF opened a clinic in the outskirts of Herat after a wave of internally displaced people arrived in the city. In 2019, we treated more than 44,000 patients, most of whom were children suffering from acute respiratory infections and watery diarrhea.

Increased awareness of our project caused the number of patients attending the wound care clinic in Kunduz to rise by almost 30 per cent. The clinic treats stable patients with wounds from minor burns, trauma, previous surgery or diseases that cause chronic skin lesions. 🚑



○ Cities, towns or villages where MSF worked in 2019

KEY 2019 MEDICAL FIGURES:

307,200 outpatient consultations

59,900 births assisted

6,280 surgical interventions

LEBANON

Staff in 2019: 646 | Expenditure in 2019: **\$46** million | Year MSF first worked in the country: 1976

In a year marked by mass anti-government protests across Lebanon, MSF continued providing general and specialist healthcare to host, migrant and refugee communities.

In 2019, thousands of people protested institutional corruption in the Lebanese political system. The instability and political deadlock led to rapid inflation, deteriorated living conditions, and increased health costs. Already vulnerable people were heavily impacted, whether Lebanese, migrants or refugees.

MSF's main objective last year was to ensure free access to high-quality general and specialist healthcare.

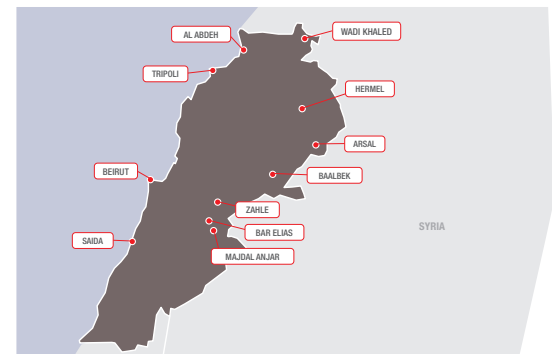
We worked in Beirut and in various locations in northern and southern Lebanon. We operated programs to treat chronic non-communicable diseases, provide mental health support, sexual and repro-

ductive healthcare services, and mother and child healthcare.

MSF partnered with the Ministry of Public Health to offer mental health treatment at the Hermel and Aarsal clinics, with general practitioners supervised and supported by psychiatrists.

In Zahlet, we ran a specialized pediatrics program that included emergency consultations, intensive care and treatment for the blood disorder thalassemia at a governmental hospital. We also offered maternity services in our birth centre in Rafik Hariri University hospital.

In one of the most populated Palestinian refugee camps, MSF operated a home-based care program and supported medical staff with emergency response training to assist patients with violence-related injuries. 🚑



○ Cities, towns or villages where MSF worked in 2019

KEY 2019 MEDICAL FIGURES:

217,600 outpatient consultations

10,700 individual mental health consultations

4,850 births assisted

BANGLADESH

Staff in 2019: 1,871 | Expenditure in 2019: **\$43.8** million | Year MSF first worked in the country: 1985

Last year, MSF continued to respond to the medical and humanitarian needs of Rohingya refugees and vulnerable Bangladeshi communities.

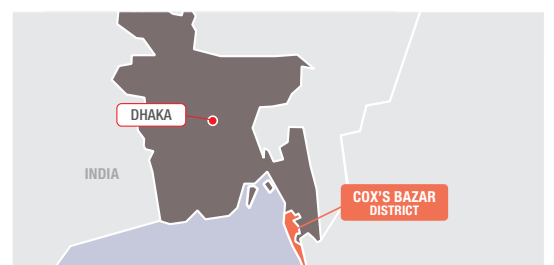
In 2019, MSF remained one of the main providers of medical humanitarian aid to the stateless Rohingya, approximately one million of whom live in the world's largest refugee camp in Cox's Bazar. Water-borne and vaccine-preventable diseases, such as measles, acute watery diarrhea and diphtheria, pose an ongoing threat.

Throughout 2019, MSF teams focused on improving the quality and reach of our healthcare, working with the refugee community to understand their needs and build trust in our services. This resulted in a

significant increase in the number of people, especially women, attending our facilities.

By the end of 2019, MSF operated three hospitals, three general health centres, one health post, two specialized clinics and four outbreak response facilities providing a wide range of inpatient and outpatient services.

Our teams in Dhaka conducted occupational health consultations for factory workers and started a new mobile health clinic. We also ran sexual and reproductive health services for girls and women, carrying out prenatal consultations, assisting births and offering comprehensive treatment for survivors of sexual and intimate-partner violence, with integrated mental health support. 🚑



● Regions where MSF had projects in 2019
○ Cities, towns or villages where MSF worked in 2019

KEY 2019 MEDICAL FIGURES:

556,300 outpatient consultations

27,700 individual mental health consultations

3,400 births assisted

2019 OVERVIEW OF ACTIVITIES

LARGEST COUNTRY PROGRAMS

By expenditure (in Canadian dollars)

1. Democratic Republic of Congo	\$198.3 million
2. South Sudan	\$127.2 million
3. Yemen	\$111.6 million
4. Central African Republic	\$86.7 million
5. Nigeria	\$70.3 million
6. Iraq	\$69.1 million
7. Syria	\$61.7 million
8. Afghanistan	\$52.7 million
9. Lebanon	\$46 million
10. Bangladesh	\$43.8 million

The total budget for our programs in these 10 countries was \$867.5 million, **53 per cent of MSF's operational expenses in 2019** (see Facts and Figures for more details).

By number of field staff¹

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

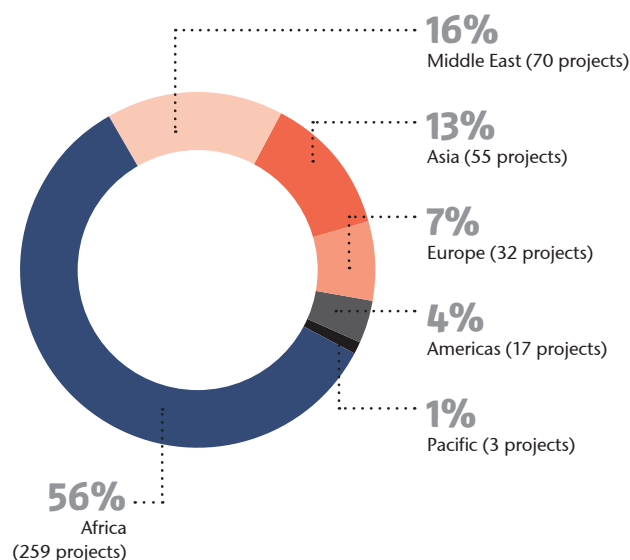
By number of outpatient consultations²

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

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

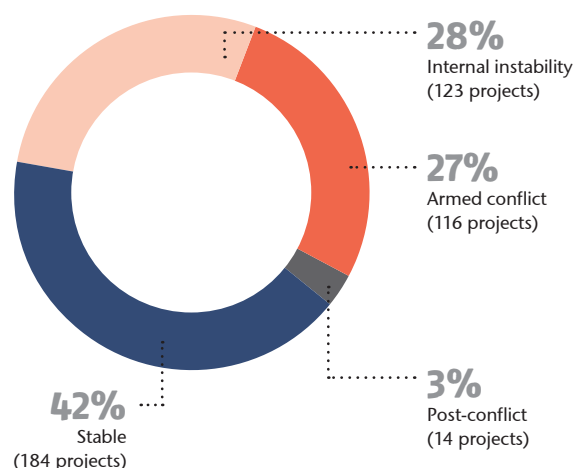
² **Outpatient consultations** exclude specialist consultations.

PROJECT LOCATIONS



CONTEXT OF INTERVENTION

Type of context



All financial figures have been converted from euros to Canadian dollars, using the Bank of Canada's annual average exchange rate for 2019: 1 euro = 1.49 CAD. For the original figures in euros from MSF's 2019 International Activity Report, visit www.doctorswithoutborders.ca.

2019 FACTS AND FIGURES

HOW WAS THE MONEY SPENT?

2019

2018

Social mission				
Program expenses ¹	1,627.4	65%	1,602.7	65%
Program support	310	12%	321	13%
Awareness-raising and Access Campaign	67	3%	71.2	3%
Other humanitarian activities	37.5	1%	23.7	1%
Total social mission	2,042.5	81%	2,018.6	82%
Other expenses				
Fundraising	340.9	14%	318.4	12%
Management and general administration	126.7	5%	123.8	5%
Total other expenses	467.6	19%	442.2	17%
TOTAL OPERATING EXPENSES	2,510.1	100%	2,461	100%

WHERE DID THE MONEY COME FROM?

Private income	2,339.4	96.2%	2,233.9	95%
Public institutional income	29.8	1.2%	31.7	1.3%
Other income	62.58	2.6%	85.4	3.7%
TOTAL INCOME	2,431.8	100%	2,351	100%

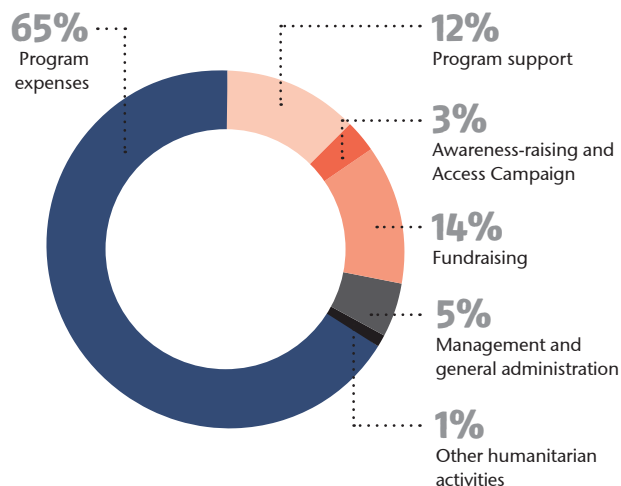
¹ The individual Statements of Financial Activities of the combined entities are translated at the average rate for the current year. The main currency exchange rate compared to the euro is as follows: average rate of 1.49 in 2019.

² Program expenses represent expenses incurred in the field or by headquarters on behalf of the field. All expenses are allocated in line with the main activities performed by MSF according to the full cost method. Therefore, all expense categories include salaries, direct costs and allocated overheads (e.g. building costs and depreciation).

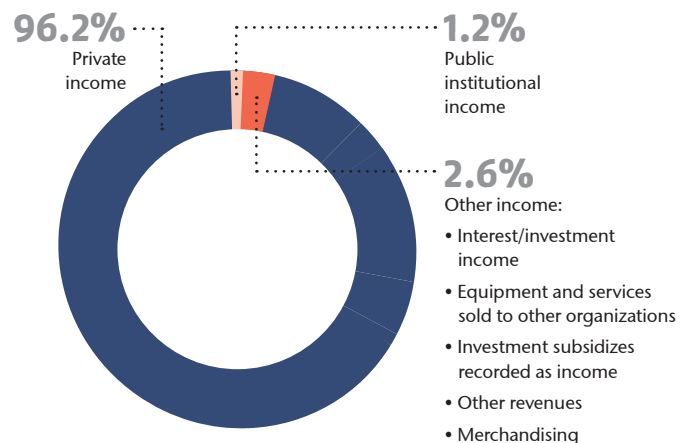
As part of MSF's effort to guarantee its independence and strengthen the organization's link with society, we strive to maintain a high level of private income. In 2019, 96.2 per cent of MSF's income came from private sources.

More than 6.5 million individual donors and private foundations worldwide made this possible. Public institutional agencies providing funding to MSF included, among others, the governments of Canada, Japan and Switzerland, the Global Fund and the International Drug Purchase Facility (UNITAID).

HOW WAS THE MONEY SPENT?



WHERE DID THE MONEY COME FROM?



MSF IN CANADA

Doctors Without Borders Canada/Médecins Sans Frontières Canada

Statement of operations

Year ended December 31, 2019

	2019	2018
	Canadian \$	Canadian \$
REVENUE		
Donations	66,779,483	63,179,284
Support from Global Affairs Canada, International Humanitarian Assistance Directorate ("IHA")	10,150,000	8,200,000
Fees from other MSF sections	8,625,490	8,932,193
Grants from other MSF sections	17,109	-
Interest	246,205	256,552
Other	38,955	60,994
TOTAL REVENUE	85,857,242	80,629,023
EXPENSES		
Program services		
Emergency, medical, nutrition and health projects	56,845,482	57,760,729
Program support and development	15,283,163	14,537,227
Public education	926,817	1,063,413
SUBTOTAL PROGRAM SERVICE	73,055,462	73,361,369
Supporting services		
Fundraising	10,591,606	9,581,669
Management and general	2,333,638	2,108,053
SUBTOTAL SUPPORTING SERVICES	12,925,244	11,689,722
Foreign exchange losses	33,544	29,689
TOTAL EXPENSES	86,014,250	85,080,780
(Deficiency) excess of revenue over expenses	(157,008)	(4,451,757)

For more information, and to read MSF Canada's complete financial statements for 2019, visit www.doctorswithoutborders.ca/content/impact-and-accountability

THANKS TO YOUR SUPPORT



At any given moment, there are more than a hundred Canadians working overseas with MSF, helping provide care to some of the world's most vulnerable people. They are doctors, nurses, engineers, coordinators, administrators, surgeons, logisticians and more. In 2019, a total of *335 Canadian citizens and permanent residents were part of MSF's field operations on the front lines of global humanitarian crises.



FRONT COVER: Subhan calms his daughter Afia as she receives an injection for cutaneous leishmaniasis at MSF's treatment centre in Naseerullah Khan Babar Memorial hospital, Peshawar. Pakistan, June 2019.
© Nasir Ghafoor/MSF

BACK COVER: MSF community health educator Chidinma Arua, in the market of the village Amuzu Igbeagu, raising awareness about Lassa fever. She explains how to avoid the disease and what to do if someone gets infected. Niger, May 2019.
© Albert Masias/MSF

The stories and activity information in MSF Canada's Impact Report are highlights of MSF's work in the included countries. They are meant to give an overview of MSF's efforts but should not be considered exhaustive.

We encourage you to visit doctorswithoutborders.ca for more comprehensive and detailed activities on the close to 70 countries worldwide where MSF worked in 2019, as contained in our posted International Activity Report and our International Financial Report; as well as the full list of countries directly supported by Canadian funds as contained in our posted MSF Canada Financial Report.

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