IN 2017, THE GENEROSITY OF CANADIANS HELPED DOCTORS WITHOUT BORDERS/ MÉDECINS SANS FRONTIÈRES (MSF) continue to deliver lifesaving emergency healthcare to people caught up in some of the world’s worst humanitarian crises.

Throughout last year, our medical teams were actively providing care in places that regularly appear in the world’s headlines: operating emergency rooms for people on both sides of Yemen’s ongoing conflict, rescuing people from sinking migrant boats on the Mediterranean Sea or conducting medical feeding programs for people suffering from malnutrition in South Sudan and Nigeria.

Your support also enabled us to respond rapidly to new emergencies, as we quickly scaled up our activities in places like Bangladesh, where more than 600,000 Rohingya refugees arrived en masse following targeted ethnic violence in Myanmar, and Democratic Republic of Congo, where MSF teams helped contain a deadly cholera outbreak.

Perhaps even more significantly, the trust you placed in us to go wherever the medical needs are greatest meant that we continued providing essential emergency care to people suffering far from the world’s attention, in little-known or overlooked crises. That’s what allowed us to treat patients along Mexico’s notorious migration routes as they fled violence in Central America; to provide medications to people with multi-drug-resistant forms of tuberculosis in Kyrgyzstan; and to offer counselling and care to survivors of sexual violence in Haiti.

IMPACTS AND CHALLENGES

These efforts underscore the purpose of MSF’s medical humanitarian mission: to alleviate suffering and to deliver lifesaving quality medical care to the people around the world who need it most. But last year also presented us with difficult challenges. In both Yemen and Bangladesh, where violence has cut off many people from essential health services, we were confronted with outbreaks of diphtheria, a vaccine-preventable, highly contagious and deadly disease that most medics haven’t seen since it was largely eradicated by vaccination years ago. Elsewhere, renewed violence in places like Central African Republic left MSF virtually alone to meet humanitarian needs in some areas, while in other parts of the world our teams and our facilities continued to come under bombardment and assault from various armed groups who refused to adequately protect civilians or health workers in war zones.

But we were also able to react quickly when new challenges arose. The reason we rely on the support of private and individual donors like you is that it allows us to be nimble and to respond immediately whenever new situations present themselves. That simply wouldn’t be possible if we depended on large institutional donors such as governments for our funding, and it meant we were able to rapidly adapt our operations to unforeseen developments.

Canada plays a critical role in MSF’s global impact. Hundreds of Canadians work directly on the front lines of our medical projects overseas every year, while teams here at home assist in those efforts through program support, fundraising, recruitment and advocacy. In 2017, MSF Canada’s Program Unit continued to develop the organization’s global telemedicine program, helping connect an international network of medical
specialists to some of MSF’s more remote field hospitals. And after many years in which our Canadian supporters joined us in advocating for improved access to lower-cost medicines, we welcomed the passage in Parliament last October of Motion M-132, calling on Canada’s Standing Committee on Health to study how to improve access to Canadian-funded health research, with the aim of lowering the price of medicines in Canada and globally — and making access to medicines more affordable.

We are grateful that so many people in Canada actively share in our mission to alleviate suffering and to restore health and dignity to people affected by trauma, persecution or neglect. We would not be able to carry out this work without your partnership. Thank you for your involvement and your commitment to our shared humanitarian values.

This report looks at the impact we had together in 2017: where we worked, the challenges we faced, and the lifesaving differences you helped us make in the lives of people made vulnerable by conflict, disease, exclusion and disaster.

As we look ahead, we know that many of the emergencies we respond to are ongoing, and that new crises have yet to emerge. The needs remain great in the nearly 70 countries where MSF works around the world — and in the 33 places where Canadian funds directly contributed to MSF’s interventions last year. But we know that, together with you, we will continue to provide essential care to those who need it most, and in so doing will bring hope to people who might otherwise have none.

With deepest gratitude,

Joseph Belliveau, Executive director

Dr. Wendy Lai, President

Doctors Without Borders/ Médecins Sans Frontières (MSF) Canada
YOUR SUPPORT IN ACTION

Contexts in which MSF’s work was directly supported by Canadian funds in 2017:

1. Afghanistan
2. Bangladesh
3. Cameroon
4. Central African Republic
5. Chad
6. Colombia
7. Democratic Republic of Congo
8. Ethiopia
9. Haiti
10. Honduras
11. India
12. Iraq
13. Jordan
14. Kenya
15. Kyrgyzstan
16. Lebanon
17. Mali
18. Mediterranean Sea rescue (Italy)
19. Mexico
20. Myanmar
21. Niger
22. Nigeria
23. Palestine
24. Philippines
25. Sierra Leone
26. Somalia
27. South Sudan
28. Sudan
29. Syria
30. Tanzania
31. Uganda
32. Ukraine
33. Yemen
As a member of the international MSF movement, MSF Canada is an essential part of one of the world’s largest and most effective medical humanitarian organizations, delivering emergency care to people affected by conflict and violence, epidemics and disease, healthcare exclusion and environmental disasters in close to 70 different countries.

Canadian financial support made a direct impact in 33 of those countries in 2017, including our search-and-rescue operations on the Mediterranean Sea. Canadian field staff, meanwhile, were on the ground in nearly every context where MSF works around the world.

Your support also helped MSF Canada produce innovative healthcare solutions for use in the challenging environments in which our teams operate, and enabled us to continue advocating for our patients worldwide.

In 2017, over 163,000 private Canadian supporters — individuals, organizations, estates and community groups — donated more than $59 million to MSF’s lifesaving work. These funds, combined with contributions from the federal Canadian government and the government of Ontario to our front-line emergency response work, provided direct support to MSF’s humanitarian medical programs in 33 different countries (including our international search-and-rescue response in the Mediterranean Sea), as well as to our Access to Essential Medicines Campaign and our Drugs for Neglected Diseases Initiative and Innovation Fund.

Thanks to the generosity of people like you, MSF is able to maintain the financial and operational independence that allows us to provide urgent care where it is needed most. To read our full 2017 audited financial statements, please visit www.doctorswithoutborders.ca.
IN 2017, MSF CONTINUED TO PROVIDE humanitarian emergency medical care to people affected by violence and displacement in some of the world’s worst conflict zones.

In places like Yemen and Syria, multi-dimensional wars involving international military powers killed or injured thousands of civilians, destroyed hospitals and other health facilities and created conditions ripe for the spread of diseases such as cholera. In countries such as Nigeria, South Sudan, Central African Republic and Myanmar, sectarian violence not only caused appalling amounts of bloodshed, but created catastrophic levels of malnutrition, displacement or disease among people trapped by conflict.

In all of these places and more, MSF worked to provide front-line medical care to people with few other options, treating people wounded by violence but also delivering essential primary healthcare, running vaccination programs and providing safe options for maternal and chronic care. Crucially, our presence also served to remind people who felt they had lost all hope that the world has not forgotten them.

By the end of 2017, MSF had received 718,802 patients at our emergency rooms in Yemen, and at the medical facilities we support, since the start of the country’s ongoing civil conflict three years ago.

As the war in Yemen continues to rage, it has become clear that the conflict is causing the country’s health system to fall apart. The World Health Organization estimates that more than half of Yemen’s health facilities are non-functional, and deadly outbreaks of cholera and even diphtheria in 2017 underscored the public health crisis that ongoing mass violence has created. MSF continues to provide a lifeline in places where health services are otherwise unavailable, but some of our own staff and hospitals remain at risk of bombardment or attack.
EVERY YEAR, MILLIONS OF PEOPLE around the world die from preventable diseases. The majority of them are children, mostly under the age of five, living in low-income countries. Some of the illnesses they succumb to barely exist in Canada and other wealthier places, where vaccination programs have greatly reduced and in some cases totally eliminated mortality rates for certain diseases.

Debilitating illnesses take a harsh toll on people living in countries where limited health systems are unable to provide adequate treatment. Lack of resources also means these places are susceptible to deadly large-scale epidemics that they cannot manage or contain alone.

MSF works on the front lines of disease treatment and prevention in nearly 70 countries, running vaccination programs — in 2017, for example, we helped immunize over one million children against measles in Democratic Republic of Congo — and fighting outbreaks of disease. Our teams also help people who are ill but have no other access to treatment, such as those living with HIV in Myanmar, kala azar in India or tuberculosis in more than 20 countries around the world.
Beyond the headlines created by wars and large-scale disease epidemics lie countless lesser-known health crises, many of which cause unbearable levels of suffering for those affected.

At the heart of MSF’s medical humanitarian work is the imperative not only to provide care wherever the needs are greatest, but to shine a light on forgotten or overlooked emergencies and to speak out on behalf of those who cannot do so themselves.

Many of the world’s most critical ongoing health crises are the result not of disaster or conflict but of poverty, persecution or neglect, which leaves vulnerable people excluded from the healthcare they urgently need.

Whether they are members of Myanmar’s Rohingya minority being denied basic health services, refugees in hiding along Mexico’s migration routes or survivors of sexual violence in Haiti, many of MSF’s most at-risk patients have nowhere else to turn for help, and they depend on our presence for essential medical care.

Between last September and January, MSF teams had treated 4,371 cases of diphtheria among Rohingya refugees in Bangladesh.

Before the deadly “clearance operations” against them began in Myanmar’s Rakhine State last August, members of the country’s Rohingya minority were already denied citizenship and excluded from basic health services — including vaccination programs. When more than half a million Rohingya fled the violence and sought refuge in Bangladesh, a looming health crisis in the newly overcrowded displacement camps was made worse as a result of this critical immunization gap. Diphtheria, a killer disease that was considered eradicated by vaccination in most parts of the world, emerged as a serious threat.
WHILE LARGE AND DESTRUCTIVE natural calamities such as earthquakes, hurricanes and landslides often create major humanitarian emergencies to which MSF must respond rapidly in order to save lives — especially within the critical first 72 hours, a window of time that can make the difference between life and death — they are not the only environmental disasters that require urgent medical humanitarian intervention.

Health crises related to changes in climate or exposure to toxic pollutants can cause widespread illness or increased mortality, often with particular impact on people already marginalized or cut off from essential medical services.

From poor harvests in Africa’s Sahel region to industrial pollution in Nigeria and drought across the Middle East, environmental challenges expose already vulnerable people to malnutrition, disease and critical health risks. These localized catastrophes in turn contribute to mass human displacement, as people flee inhospitable environments and become caught up in the increasingly complex global migration crisis.

Unsafe and small-scale mining operations in northern Nigeria expose workers and other members of the local population to lethal toxins. The dust created when miners try to extract gold using basic processes contains high levels of lead, which can cause debilitating physical and mental conditions in those who ingest it, and poses a significant risk to children under the age of five, who are particularly vulnerable and at greater risk of impairment or death.

MSF has treated more than 5,000 children for lead poisoning in Nigeria’s Zamfara State since 2010, when an estimated 400 people, most of them children, died as a result of ingesting high levels of lead into their bloodstream.

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Governor General David Johnston greets some of the Canadians who were part of MSF’s response to the Ebola crisis in West Africa.

Some members of MSF Canada’s Board of Directors.

A telemedicine clinical discussion in Madoua, Niger.

IT USED TO BE THAT WHEN MEDICAL STAFF AT MSF’S FIELD PROJECT IN MADOUA, NIGER, encountered challenging cases, limited access to specialist expertise meant they could not always make advanced clinical diagnoses. Now they can share cases and take part in live clinical discussions with experts from around the world. Telemedicine, a program that connects MSF field staff with a global network of medical specialists, provides a technological solution to some of the challenges of delivering care in remote areas. “We have a chance to make a real difference in our ability to bring medical care to the places that need it the most,” says Fabien Schneider, who helps MSF Canada’s Program Unit oversee the organization’s international telemedicine program.

Improving MSF’s ability to provide high-quality medical care in low-resource settings is part of MSF Canada’s contribution to the organization’s global activities. Canada is home to MSF’s Transformational Investment Capacity (TIC), an international innovation initiative intended to equip our teams around the world with more effective tools for responding to tomorrow’s health emergencies. Along with telemedicine, e-learning and other programs, the TIC reflects not only Canada’s access to global technical expertise but also its track record of commitment to humanitarian action.

In 2017, Canadians raised funds and worked overseas for MSF in record numbers. Our teams in Canada continued to help MSF deliver essential resources to our staff and patients in the field, and they advocated here at home on behalf of people worldwide who cannot access the medical care they most urgently need.

In a year in which MSF was named one of Canada’s top employers, and the federal government recognized the efforts of Canadians who helped MSF respond to the Ebola crisis in West Africa in 2014-15, much of our work took place outside of the spotlight, where Canadians from across the country continued to dedicate themselves to MSF’s mission of alleviating suffering and providing care to those who need it most.
THANKS TO YOUR SUPPORT
378 CANADIANS TRAVELLED OVERSEAS TO HELP MSF DELIVER
LIFESAVING CARE IN 2017

202
The number of Canadians who provided direct care to patients as MSF medical personnel (doctors, nurses, midwives, medical specialists).

176
The number of Canadians who helped direct and manage MSF’s field operations (heads of mission, coordinators, administrators, engineers, logisticians).

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 2017, 378 Canadians worked with MSF on the front lines of global humanitarian crises, a 10 per cent increase over 2016.

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“EVERY DAY I WITNESS the determination of the Rohingya people. They are choosing to live and not merely to survive. By providing quality medical care, we are helping restore not only their health but their dignity. Thank you for helping us do just that.”

Nadejda Azares
MSF Nurse
Vancouver, BC

“AS A DONOR AND FIELD WORKER, I feel so humbled to see the impact of our support in the field each day. From Canada to Cox’s Bazar, the efforts of each individual means access to medical care for millions of people. I’m so proud to be a humanitarian alongside all of our supporters back home. Thank you.”

Tricia Khan
MSF Human Resources Manager
Winnipeg, Manitoba

Nadejda Azares, pictured left, and Tricia Khan are two Canadian field workers who are part of MSF’s emergency response for Rohingya refugees in Cox’s Bazar, Bangladesh.