IMPACT REPORT

MSF CANADA
2020 ANNUAL REPORT

doctorswithoutborders.ca

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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MSF mental health activities include conversation circles, theatre, football matches, dancing and singing. "We try to understand what people's lives were like before they escaped," says a member of the mental health team. Mozambique, December 2020.

OUR COLLECTIVE IMPACT IN 2020

The year 2020 was marked by staggering levels of loss, fear and isolation as the COVID-19 pandemic and its devastating consequences impacted people all over the world. Thank you for standing with us during one of the most difficult years in Doctors Without Borders/Médecins Sans Frontières' (MSF) five decades of existence.

With the support of donors like you, MSF responded to crises in close to 85 countries, working with communities affected by violence, displacement and outbreaks of disease, all of which were exacerbated by the global pandemic. We also continued to speak out about the underlying causes of suffering experienced by the people we assist.

COVID-19

Throughout 2020, MSF teams worked with local healthcare staff to strengthen infection prevention and control measures, protect staff and treat patients with COVID-19 across five continents. As the epicentre of the global emergency shifted, for the first time this included well-resourced countries like Italy, South Korea and Canada. In these and other countries, we shared our expertise in disease outbreak response with a multitude of first responders and healthcare providers. At the same time, our teams worked relentlessly to overcome challenges related to COVID-19 in carrying out our primary work providing essential medical care for crisis-affected people in under-resourced places.

COVID-19 brought global inequities into stark relief, particularly as the push for vaccines began. Together with our supporters across Canada, MSF called on the government to demand that publicly funded health innovations – including for COVID-19 rapid tests and vaccines— be made affordable and accessible for those who need them most.

CONFLICT AND DISPLACEMENT

People in many parts of the world continued to be displaced by violence and

insecurity at an alarming rate last year. In Cabo Delgado, Mozambique, ongoing conflict forced nearly 670,000 people from their homes by the end of 2020. Across the province, our teams supported local health facilities, ran mobile clinics in temporary camps and worked with partners to provide water and sanitation services.

In November, conflict erupted in Tigray, Ethiopia, displacing hundreds of thousands of people internally and toward neighbouring Sudan. MSF quickly mounted a large-scale response on both sides of the border and became the main healthcare provider for displaced and host communities across the region.

Targeted attacks against MSF staff and facilities forced us to suspend or reduce our activities in several places last year, including in Taiz, Yemen and Borno state, Nigeria. In May, the maternity ward at the MSF-supported Dasht-e-Barchi hospital in Kabul, Afghanistan was brutally attacked. Twenty-four people were killed, including 16 mothers, an MSF midwife and two young children. We were left with no choice but to close the ward, leaving nearly one million people without local access to specialized maternal or infant care.

RECOGNIZING AND ADDRESSING STRUCTURAL RACISM

In May, George Floyd's murder in the U.S. forced MSF to assess our own progress fighting structural racism and inequity. Although only 20 per cent of MSF's nearly 65,000-person global workforce are recruited internationally, they have disproportionate access to career mobility, pay, support and training.

Calls to action were heard from staff across the globe. MSF launched an actionable plan on racism and discrimination, including specific priorities to create more equitable opportunities for staff development and a review of how our global workforce is rewarded. In our Canadian offices, we continued to incorporate equity, diversity and inclusion principles into everything we do, from recruitment to fundraising and communications.

CLIMATE CRISIS RESPONSE

In 2020, MSF stepped up its recognition of and response to the humanitarian consequences of climate change. The MSF movement endorsed an Environmental Pact, committing us to further adapt our operational responses to people affected by climate change and environmental degradation, and to act decisively to reduce our own carbon footprint. We responded to intensified conflict across the Sahel region, in part linked to resource scarcity caused by environmental degradation. In Niamey, Niger, we treated a spike in malaria cases due to heavy rains and severe flooding. We also assisted people affected by storms in El Salvador, floods in Somalia and a hurricane in Honduras.

YOUR IMPACT

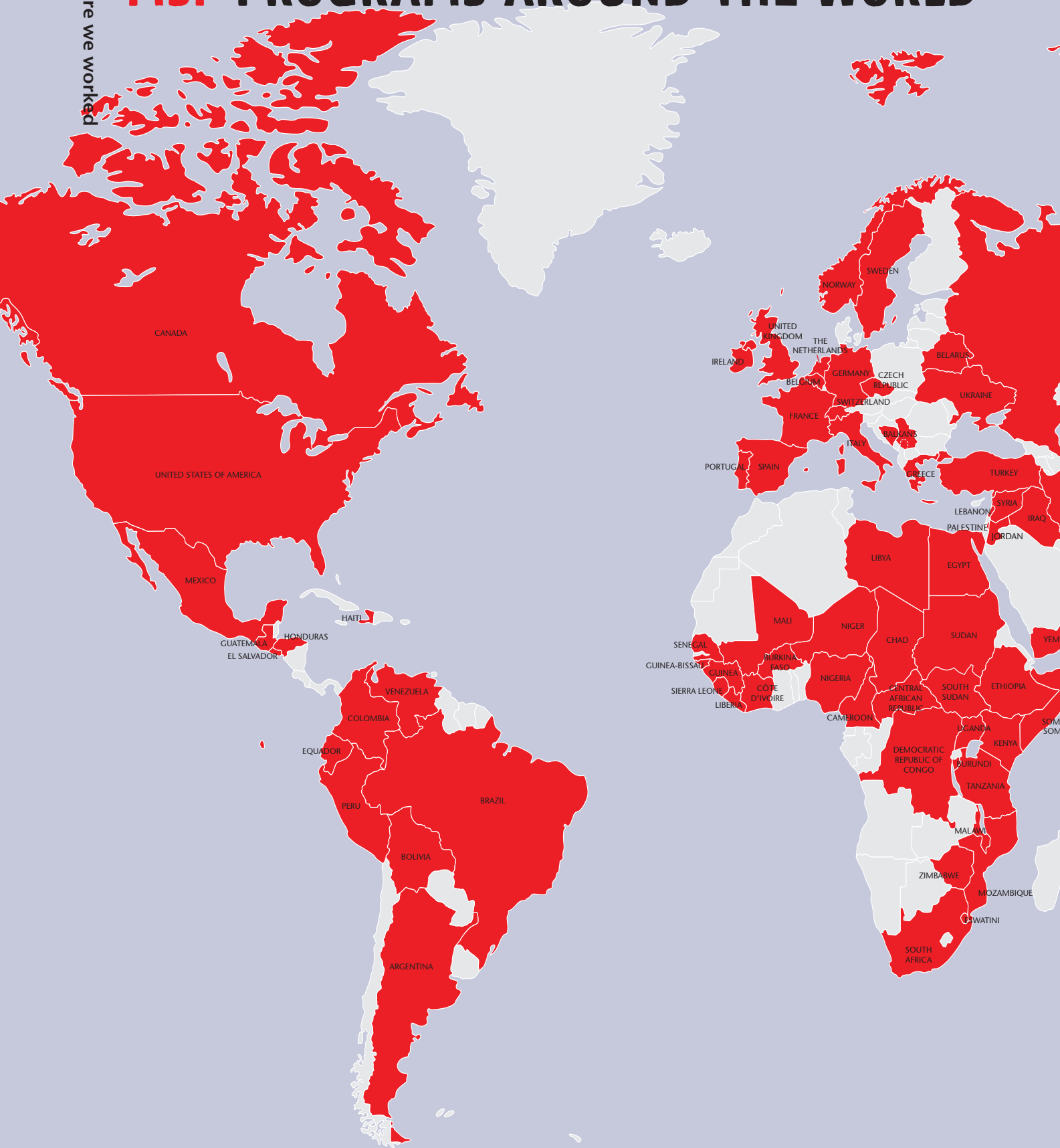
MSF's ability to provide lifesaving medical care to people caught in crisis is made possible thanks to the incredible generosity of supporters like you. Together with private foundations, nearly seven million individual supporters from around the world raised $2.97 billion for our lifesaving work in 2020 – more than 97 per cent of MSF's total funding for the year.

We do not take this generosity for granted. With the help of our supporters, MSF will continue working in solidarity with crisis-affected communities to deliver the highest quality care to those who need it most, no matter who they are or where they may be. Thank you.

Dr. Wendy Lai | Outgoing President

Joseph Belliveau | Executive Director

MSF PROGRAMS AROUND THE WORLD



Due to the COVID-19 pandemic spreading all over the world, the number of countries in which MSF had interventions in 2020 saw a substantial increase, from 72 to more than 85.

PROGRAM EXPENSES OVER $35 MILLION

	in millions
Democratic Republic of Congo	$174
South Sudan	$119
Yemen	$116
Central African Republic	$105
Nigeria	$68
Iraq	$59
Afghanistan	$50
Bangladesh	$50
Syria	$48
Lebanon	$47
Mali	$41
Niger	$41
Kenya	$39
Haiti	$35
Sudan	$35

AFGHANISTAN
ARGENTINA
BALKANS
BANGLADESH
BELARUS
BELGIUM
BOLIVIA
BRAZIL
BURKINA FASO
BURUNDI
CAMBODIA
CAMEROON
CANADA
CENTRAL AFRICAN REPUBLIC
CHAD
CHINA
COLOMBIA
CÔTE D'IVOIRE
CZECH REPUBLIC
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
DEMOCRATIC REPUBLIC OF CONGO
ECUADOR
EGYPT
EL SALVADOR
ESWATINI
ETHIOPIA
FRANCE
GERMANY
GREECE
GUATEMALA
GUINEA
GUINEA-BISSAU
HAITI
HONDURAS
HONG KONG
INDIA
INDONESIA
IRAN
IRAQ
IRELAND
ITALY
JAPAN
JORDAN
KENYA
KYRGYZSTAN
LEBANON
LIBERIA
LIBYA
MALAWI
MALAYSIA
MALI
MEXICO
MOZAMBIQUE
MYANMAR
NEPAL
THE NETHERLANDS
NIGER
NIGERIA
NORWAY
PAKISTAN
PALESTINE
PAPUA NEW GUINEA
PERU
PHILIPPINES
PORTUGAL
RUSSIA
SENEGAL
SIERRA LEONE
SOMALIA AND SOMALILAND
SOUTH AFRICA
SOUTH SUDAN
SPAIN
SUDAN
SWEDEN
SWITZERLAND
SYRIA
TAJIKISTAN
TANZANIA
THAILAND
TURKEY
UGANDA
UKRAINE
UNITED KINGDOM
UNITED STATES OF AMERICA
UZBEKISTAN
VENEZUELA
YEMEN
ZIMBABWE

Countries in which MSF only carried out assessments or small-scale cross-border activities in 2020 do not feature on this map.

2020 ACTIVITY HIGHLIGHTS

8,300
people treated for cholera

395,000
families received distributions of relief items

112,000
outpatient consultations for COVID-19

15,400
patients admitted for COVID-19

9,904,200
outpatient consultations

877,300
patients admitted

29,300
people treated for sexual violence

349,500
individual mental health consultations

13,800
people started on first-line tuberculosis treatment

2,100
people started on multidrug-resistant tuberculosis treatment

306,800
births assisted, including Cesarean sections

64,300
severely malnourished children admitted to inpatient feeding programs

1,026,900
emergency room admissions

63,500
people on first-line HIV antiretroviral treatment under direct MSF care

13,800
people on second-line HIV antiretroviral treatment under direct MSF care (first-line treatment failure)

2,690,600
malaria cases treated

117,600
surgical interventions involving the incision, excision, manipulation or suturing of tissue, requiring anesthesia

1,008,500
vaccinations against measles in response to an outbreak

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.

© MSF / Caroline Thirion

Measles vaccines being delivered by motorbike from Lisala to Boxo Manzi, Mongala province, a remote area in the north of the country badly hit by a measles epidemic. MSF sent emergency teams to provide treatment and vaccinations. Democratic Republic of Congo, February 2020.

DEMOCRATIC REPUBLIC OF CONGO

Staff in 2020: 2,707 locally hired; 362 internationally hired | Expenditure in 2020: **$174** million

In Democratic Republic of Congo (DRC), thousands of people continued to endure armed conflict, displacement and sexual violence in 2020, while a measles epidemic, Ebola outbreaks and the COVID-19 pandemic stretched health authorities to the limit.

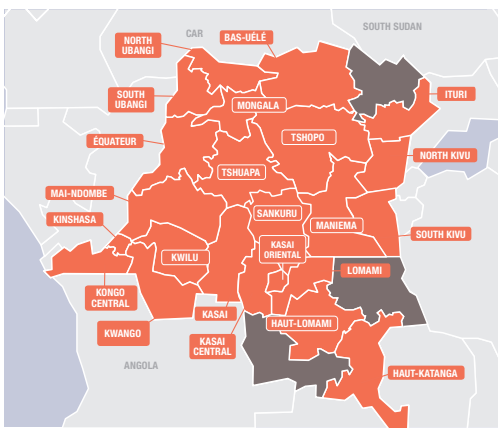
In 2020, MSF worked in 16 of DRC's 26 provinces through 14 projects and 28 emergency interventions. Our teams provided general and specialist healthcare, nutrition, vaccinations, surgery, pediatric and maternal care, support for survivors of sexual violence as well as treatment and prevention activities for HIV, tuberculosis (TB) and cholera. Staff also responded to a massive measles epidemic, two outbreaks of Ebola and the arrival of COVID-19.

In Kinshasa, the city hit hardest by the pandemic, we offered emergency support in Saint-Joseph Hospital and adapted all our programs to ensure continuity of care, including for the 2,093 patients at the MSF-supported Kabinda hospital, which treats advanced HIV and TB.

As authorities struggled to contain the world's biggest measles outbreak, MSF carried out mass vaccination campaigns and supported the response to the largest Ebola outbreak in the country's history, which infected 3,470 people and claimed 2,287 lives. When a new Ebola outbreak occurred in Équateur province, MSF helped increase laboratory capacity and set up isolation units in communities in a decentralized approach resulting in fewer deaths among Ebola patients.

The level of sexual violence remained extremely high in DRC in provinces affected by conflict and in those considered more stable. MSF provided medical and psychological care to survivors in Kasai-Central, Ituri, North Kivu, South Kivu, Maniema and Haut Katanga. Those seeking care within 72 hours of an assault received post-exposure prophylaxis to prevent HIV, emergency contraception, antibiotics to prevent sexually transmitted infections and vaccinations for tetanus and hepatitis B.

A number of security incidents in Ituri and Kivu provinces at the end of 2020 forced MSF to reduce our activities and to rethink how best to offer support without putting patients or staff at risk.



Regions where MSF had projects in 2020

KEY 2020 MEDICAL FIGURES:

1,694,100 outpatient consultations

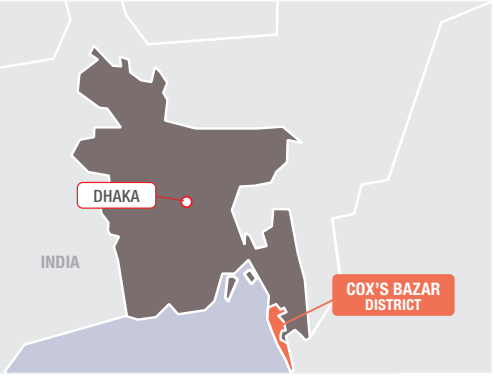
567,800 vaccinations against measles in response to an outbreak

9,740 people treated for sexual violence

Staff triage a patient at MSF's Jamtoli primary healthcare clinic in Cox's Bazar refugee camp. Bangladesh, April 2020.

BANGLADESH

Staff in 2020: 1,885 locally hired; 97 internationally hired | Expenditure in 2020: **$50** million



● Regions where MSF had projects in 2020
○ Cities, towns or villages where MSF worked in 2020

KEY 2020 MEDICAL FIGURES:

10,000,000 litres of chlorinated water distributed

568,400 outpatient consultations

27,400 individual mental health consultations

The authorities in Bangladesh implemented restrictions on movement and other measures in response to the COVID-19 pandemic in 2020, making it more challenging to provide humanitarian assistance and disrupting access to healthcare for both Rohingya refugees and Bangladeshi communities.

MSF focused on ensuring continuity of healthcare for Rohingya refugees, who live in massive, overcrowded camps on the border with Myanmar, and for communities in urban slums, adapting our programs as needed in the face of COVID-19.

Our medical teams ran 12 facilities in Cox's Bazar district, offering healthcare to both Rohingya refugees and host communities. In three of these facilities, we set up dedicated isolation and treatment centres for severe acute respiratory tract infections. In six others, we adapted areas to treat potential COVID-19 patients. Staff observed a sustained drop of around 50 per cent in outpatient consultations and a similar decrease in the number of refugees presenting at our clinics with acute respiratory tract problems. This indicated that patients with COVID-19-related symptoms were not comfortable seeking care.

Within the refugee camps, MSF was forced to scale down routine vaccinations and community surveillance and to suspend other activities, such as regular outreach, community engagement and hygiene promotion, as only Rohingya volunteers were allowed to raise awareness of health issues inside the camps. To support public efforts to reduce transmission risks, our teams distributed nearly 300,000 face masks in Ukhiya.

In our two urban clinics in Kamrangirchar district in the capital, Dhaka, MSF provided reproductive healthcare and medical and psychological support for survivors of sexual and gender-based violence. We also offered occupational health services, including treatment for workers diagnosed with occupational diseases as well as preventive care and risk assessment in factories. Staff conducted almost 5,000 consultations for factory workers and ran mobile clinics offering healthcare to tannery workers in Savar subdistrict.

YEMEN

Staff in 2020: 2,470 locally hired; 151 internationally hired | Expenditure in 2020: **$116** million

The COVID-19 pandemic hit Yemen hard in 2020, one of many crises unfolding in a country still at war after more than half a decade.

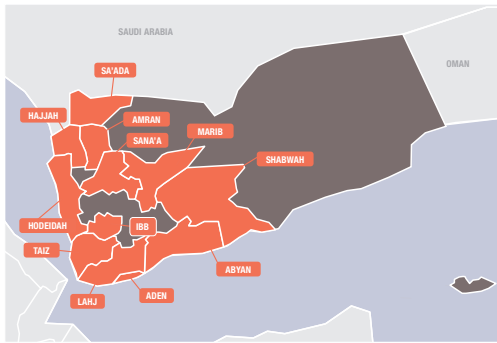
With Yemen's health system already in ruins, a surge in deaths due to COVID-19 struck the country in May. Some hospitals closed their doors, with staff fearing COVID-19 and lacking personal protective equipment. The conflict caused injuries and death and prevented thousands of people from gaining access to medical care, while local authorities restricted the work of assistance organizations. Healthcare facilities and workers continued to be attacked, including an MSF-supported hospital in Taiz City, which was attacked multiple times.

Despite these challenges, MSF ran 12 hospitals and health centres and supported 13 others in 13 governorates across the country.

Our teams supported COVID-19 treatment centres at hospitals in Aden and Al-Kuwait, Yemen's two largest cities, and opened smaller treatment centres in Ibb, Haydan and Khamir. Staff put prevention measures in place at our regular projects so they could continue to offer essential healthcare. By September, with cases in decline, we handed our major COVID-19 activities to the local health authorities, while preparing for a possible second wave.

In response to the conflict in Yemen, MSF teams worked across the country to offer surgical care for wounded people and built a new operating room in Haydan. Staff also provided care for mothers and their newborn children, assisting in more than a thousand births every month in Abs. In Abs, Haydan and Khamar, we treated an increased number of children for malnutrition.

Restrictions on our movements from both sides of the conflict hampered our capacity to conduct needs assessments and operate mobile clinics, and we sometimes struggled to obtain visas for specialist staff.



Regions where MSF had projects in 2020

KEY 2020 MEDICAL FIGURES:

250,300 outpatient consultations

23,400 births assisted

26,600 surgical interventions

Staff at Al-Sahul COVID-19 centre transfer an oxygen tank to the intensive care unit to be used to treat patients with COVID-19. Yemen, April 2020.

© MSF / Majd Aljunaid

An MSF health promoter distributes masks to people going into the city of Zinder to limit the spread of COVID-19 in the city. Niger, August 2020.

KEEPING PACE WITH THE PANDEMIC: MSF'S GLOBAL COVID-19 RESPONSE

In 2020, Doctors Without Borders/Médecins Sans Frontières (MSF) teams pushed hard to scale up a global emergency response to the COVID-19 pandemic in more than 300 existing projects and dedicated COVID-19 interventions in 70 countries. Our teams worked in both low- and high-resource countries, in some places for the first time ever and in others for the first time in decades.

In March, we launched the COVID-19 Crisis Fund to both support our dedicated COVID-19 programs and mitigate the associated impact on existing health services. We are grateful for the incredible generosity of our supporters, who together raised $226 million for our global response.

Our COVID-19 response was threefold: protect healthcare facilities and medical personnel; treat patients in conflict and crisis situations; and reach people without access to healthcare, such as migrants and refugees.

In approximately 780 health facilities and 980 retirement and long-term care homes, MSF focused on ramping up infection prevention and control measures. Specialists provided staff training, set up patient flow and triage zones and installed handwashing stations. MSF distributed more than 3.2 million masks, gowns, gloves and other personal protective equipment to shield health workers and patients.

During the year, MSF teams admitted 15,400 suspected and confirmed COVID-19 patients to 156 dedicated treatment centres and hospitals – from Brazil to South Africa to Bangladesh. Around 6,000 of these patients presented with severe symptoms and required oxygen support. Providing such specialized care was particularly challenging in conflict zones and countries affected by humanitarian crises, such as in Yemen, where MSF treated 2,000 patients at three dedicated centres and in improvised wards, training staff on the spot. In other places including Venezuela, where MSF treated 1,400 patients, our response was made more challenging as internationally recruited staff and supplies were denied access to the country.

MSF'S GLOBAL COVID-19 RESPONSE IN 2020

PROJECTS

- **302** MSF projects with COVID-19 activities
- **70** countries with MSF COVID-19 activities

HEALTH FACILITIES

- **778** health facilities receiving COVID-19 technical, training or material support
- **4,360** beds for COVID-19 patients prepared/managed by MSF

OTHER FACILITIES

- **983** supported retirement and nursing homes
- **221** supported reception and sheltering facilities for migrants, refugees and people experiencing homelessness

PROTECTIVE EQUIPMENT AND HEALTH PROMOTION

- **3.21 million** COVID-19 protective equipment, masks and hygiene kits distributed
- **301,000** COVID-19 health promotion sessions in health structures
- **376,000** COVID-19 health promotion sessions in communities or other facilities

CARE FOR SUSPECT AND CONFIRMED CASES

- **112,000** COVID-19 suspect outpatient consultations
- **15,400** COVID-19 suspect or confirmed inpatient admissions
- **6,000** COVID-19 patients treated with severe symptoms

As some of the highest-resourced nations in the world struggled to cope with the pandemic, MSF stepped in to boost capacity and provide care to people at higher risk, such as people experiencing homelessness, migrants, refugees and elderly people, in places including France, the United States and Canada. We also offered trainings and expertise, honed from decades of experience responding to disease outbreaks around the world.

From late February to the end of the year, our three global supply centres packed close to 125 million items for MSF's global COVID-19 response, including personal protective equipment, medical devices, medication, testing material and specialized laboratory equipment. Most of these items were shipped to our projects in humanitarian crisis and conflict settings with limited local procurement options, such as Afghanistan, Bangladesh, Central African Republic, Democratic Republic of Congo, South Sudan and Yemen.

For more comprehensive information on our global COVID-19 response in 2020, please visit **doctorswithoutborders.ca/impact-and-accountability**, where you will find details posted in our International Activity Report.

RESPONDING IN CANADA

In 2020, MSF was operational in Canada for the first time, drawing on our expertise in epidemics to provide two COVID-19 e-briefings to help medical organizations, government agencies and remote Indigenous communities prevent and manage the pandemic. MSF teams also carried out infection prevention and control assessments in homeless shelters in Toronto and in long-term care facilities in Montreal, and recommended ways to improve overall safety for staff and residents.

ATTACK ON MATERNITY WARD IN DASHT-E-BARCHI, AFGHANISTAN

On May 12, 2020, armed men attacked the Doctors Without Borders/Médecins Sans Frontières (MSF)'s maternity wing in Dasht-e-Barchi hospital in Kabul, Afghanistan, killing 24 people, including 16 mothers, an MSF midwife and two young children.

Fearing our patients and staff would be targeted again, we made the painful decision to withdraw from the hospital in mid-June. The assailants, whose brutal attack forced us to close our maternity and neonatology departments, have left women and babies without essential medical care in a country that has some of the worst maternal and neonatal death rates in the world. In 2019 alone, MSF teams assisted 16,000 births in Dasht-e-Barchi, making it one of our biggest maternal care projects to date.

Aquila is a midwife from Afghanistan who was working at Dasht-e-Barchi hospital at the time of the attack:

"When MSF opened the Dasht-e-Barchi project in November 2014, I was one of the first to start working there, as a midwife to begin with, then as midwife supervisor in the admission, labour and delivery rooms. After that, I became a midwife trainer – which I remained until the day of the attack.

Dasht-e-Barchi is an area with a large population. Most of the people living here are among the poorest of Afghan society.

The maternity department offered good services for pregnant women, including labour, delivery and postnatal rooms, a neonatal unit, a blood bank, a laboratory and an operating theatre, as well as health education and family planning. It was one of the few places providing free, high-quality healthcare regardless of ethnicity, religion and nationality, and we looked after patients very well. For this reason, many women chose to come to the hospital to give birth. On average we'd assist 45 to 50 births every day, some of which would be complicated deliveries.

The day of the attack started like any other. At 9 a.m., I went to the gate to collect the night report. I realized that there was no registration book and headed to the office to get a new one. Suddenly, I heard gunfire. At first, I thought it might be coming from

Maternity ward of Dasht-e-Barchi hospital: Women resting after delivery of their babies. Afghanistan, December 2019.

the street outside. I met my colleagues on the way, and we all looked at each other questioningly. Just then, the alarm bell rang, and we all headed to a safe room. We closed the door, after making sure most of our colleagues were inside.

The sound of gunfire was getting closer and louder. We asked each other why the hospital would be attacked when we were there to bring new life into the world, when most of the employees were female and the patients were pregnant women and newborns.

The attack started at about 9:50 a.m. and lasted for around four hours. We stayed inside the safe room for five hours. I was thinking about my patients and colleagues, the poor patients who were in labour and the innocent children who could not defend themselves. Because my work took me to each part of the hospital every day, I could imagine the patients in the delivery room and the labour room – each of them flashed before my eyes. After the shooting ended, we learned that we had lost one of our midwives, Maryam, as well as children and mothers who had come here hoping for a safe delivery. A number of colleagues, patients and carers had been injured. Every time I think about it, I get angry and upset.

MSF's decision to leave the hospital was almost as shocking as the attack. I cannot judge this decision, but I know that it will take a heavy toll on the people of Dasht-e-Barchi, because, every day, MSF's services saved the lives of many mothers who were at risk of dying. MSF's departure from the area not only affected patients, but also the hospital staff, many of whom are still unemployed. For me, my colleagues and the people of Dasht-e-Barchi, this was a black day that will not be forgotten."

The entrance to the main office compound of the Dasht-e-Barchi hosptial the day after the horrendous attack on patients and staff. Afghanistan, May 2020.

MSF's decision to leave Dasht-e-Barchi was a difficult and painful one. In many conflict zones, including those in Yemen, Syria, Democratic Republic of Congo and Central African Republic, medical facilities continue to be attacked. MSF calls again for all parties to conflict to stop attacks on healthcare workers, facilities and patients. Violence has taken a heavy toll on civilians in many places where we work and each attack on medical facilities or health workers deprives communities of much-needed, often lifesaving care.

MSF midwife Roseline K. Sammy examines a pregnant woman in MSF's hospital in Old Fangak town, Jonglei State. It is the only place in the region where people can receive treatment for serious conditions. Patients from remote villages often walk from several hours to several days to access medical care. South Sudan, November 2020.

CHALLENGING TIMES IN SOUTH SUDAN

MAMMAN MUSTAPHA'S MSF ASSIGNMENT IN SOUTH SUDAN WAS ONLY MEANT TO LAST NINE MONTHS, BUT A SERIES OF UNEXPECTED EVENTS MEANT HE STAYED FOR ALMOST TWICE THAT.

Mamman Mustapha | Project Coordinator | South Sudan

I arrived at the hospital in Old Fangak in April 2019 to work as the project coordinator, responsible for all the non-medical aspects of the hospital: things like supplies, security and staffing.

My first impression was that it is a very isolated area, a huge swamp. There used to be about 5,000 people around there, but now there are more than 20,000 since many families came in to escape armed conflict in recent years.

THERE ARE NO ROADS OR CARS, ONLY BOATS

The water is often at chest level, so friends or family sometimes have to carry people with medical needs from the villages to the hospital. Or they send word and we send a boat as an ambulance. This happens almost every day, sometimes three times a day.

There is no phone network, so people usually send the strongest person available to walk fast and inform us that someone

needs medical care, or they ask fishermen or commercial boats on the river to tell us.

People are very good about passing information — they are traumatized, they witnessed the war, and they were displaced many times. Now when something is happening, they share information very quickly.

A DIFFERENT KIND OF VIOLENCE

Since 2018, there is no active war around Old Fangak, but there are continuous conflicts among the various clans and families. We are now treating more people wounded by violence in the hospital than when I arrived.

People in Old Fangak are very friendly and are always offering a cup of tea. I often sat in the market on the weekends to talk and build relationships between MSF and the community.

FROM MALARIA TO MALNUTRITION

We see all kinds of medical needs in the hospital, since it is the only one in the area.

Malaria is very common. The time of year between when crops are planted and when they're ready to harvest is known as the "hunger gap" and malnutrition is common then. We see obstetrical emergencies, respiratory tract infections, tuberculosis, HIV and other chronic diseases. During the rainy season, we see quite a few patients with snakebites, because there are many poisonous snakes and people are vulnerable, sleeping outside, working in the grass, going barefoot.

This year the rainfall has been less than in previous years, and we are worried about a food shortage, while on the other hand, there is a risk of flooding as everyone lives near the water

COVID-19: ONE CONCERN OF MANY

I had been planning to stay for nine months as MSF's project coordinator, but then I offered to stay another three months, to see every season of the year.

I kept working to understand the culture, to better understand the context and the needs of the community.

Then the COVID-19 pandemic was declared and I stayed for another five months. There was a lockdown in the country, and it was harder to get supplies and new staff. We focused on maintaining our essential activities at the hospital.

We have about 150 locally recruited staff and we worked with them to wear masks, maintain social distancing and increase handwashing. There is no testing available to confirm COVID-19 cases, but we saw our first two suspect cases in May and June. One person died.

We keep two beds to treat patients with suspected COVID-19 safely in isolation. But these days, COVID-19 is one of many medical needs we are concerned about.

THE REASONS WHY

The rainy season is my favourite time because it is the most challenging. There is mud everywhere, and sometimes our supply plane cannot land and you depend on the local food. You see all the beautiful insects and the sunset looks like fire in the sky.

© MSF

Mamman Mustapha is an MSF project coordinator from Nigeria. South Sudan, 2020.

2020 OVERVIEW OF ACTIVITIES

LARGEST COUNTRY PROGRAMS

By expenditure (in Canadian dollars)

1. Democratic Republic of Congo	$174 million
2. South Sudan	$119 million
3. Yemen	$116 million
4. Central African Republic	$105 million
5. Nigeria	$68 million
6. Iraq	$59 million
7. Afghanistan	$50 million
8. Bangladesh	$50 million
9. Syria	$48 million
10. Lebanon	$47 million

The total budget for our programs in these 10 countries was $841 million, **50.1 per cent of MSF's operational expenses in 2020.**

By number of project staff[1]

1. South Sudan	3,555
2. Democratic Republic of Congo	3,069
3. Central African Republic	2,927
4. Yemen	2,621
5. Nigeria	2,380
6. Afghanistan	2,196
7. Bangladesh	1,982
8. Pakistan	1,508
9. Niger	1,469
10. Haiti	1,316

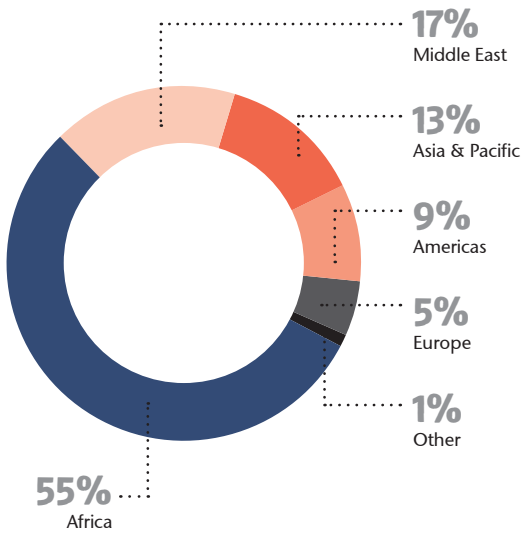
By number of outpatient consultations[2]

1. Democratic Republic of Congo	1,694,103
2. Central African Republic	766,900
3. South Sudan	687,979
4. Niger	681,161
5. Burkina Faso	589,363
6. Bangladesh	568,369
7. Mali	510,896
8. Nigeria	432,553
9. Syria	416,692
10. Tanzania	293,582

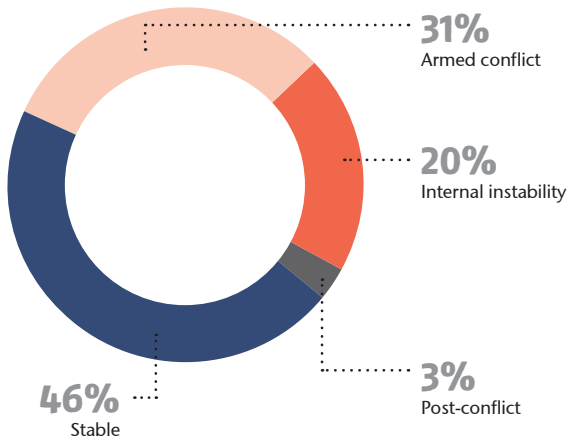
[1] ***Staff numbers*** *represent full-time equivalent positions (locally hired and internationally hired) averaged out across the year.*

[2] ***Outpatient consultations*** *exclude specialist consultations.*

PROJECT LOCATIONS



CONTEXT OF INTERVENTION



All financial figures have been converted from euros to Canadian dollars, using the Bank of Canada's annual average exchange rate for 2020: 1 euro = 1.53 CAD. For the original figures in euros from MSF's 2020 International Activity Report, visit **doctorswithoutborders.ca/impact-and-accountability**.

2020 FINANCIAL INDEPENDENCE AND ACCOUNTABILITY

As part of Doctors Without Border/Médecins Sans Frontières' (MSF) effort to guarantee its independence we strive to maintain a high level of private income. In 2020, 97.2 per cent of MSF's income came from private sources.

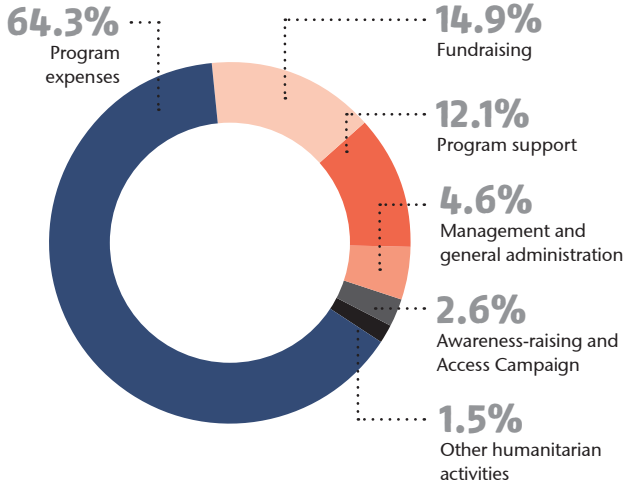
More than 7 million individual donors and private foundations worldwide made this possible. Public institutional agencies providing funding to MSF included, among others, the governments of Canada, Japan and Switzerland, the Global Fund and the International Drug Purchase Facility (UNITAID).

HOW WAS THE MONEY SPENT? *figures in millions*	**2020**		**2019**	
Social mission				
Program expenses[1]	$1,653.9	64%	$ 1,627.4	65%
Program support	$ 310.5	12%	$ 310	12%
Awareness-raising and Access Campaign	$ 65.7	3%	$ 67	3%
Other humanitarian activities	$ 39.7	1%	$ 37.5	1%
Total social mission	$ 2,069.8	80%	$ 2,042.5	81%
Other expenses				
Fundraising	$ 382.5	15%	$ 340.9	14%
Management and general administration	$ 117.8	5%	$ 126.7	5%
Total other expenses	$ 500.3	20%	$ 467.6	19%
TOTAL OPERATING EXPENSES	**$ 2,570.1**	**100%**	**$ 2,510.1**	**100%**
WHERE DID THE MONEY COME FROM?				
Private income	$ 2,827.5	97.2%	$ 2,339.4	96.2%
Public institutional income	$ 40.5	1.4%	$ 29.8	1.2%
Other income	$ 41.6	1.4%	$ 62.58	2.6%
TOTAL INCOME	**$ 2,909.6**	**100%**	**$ 2,431.8**	**100%**

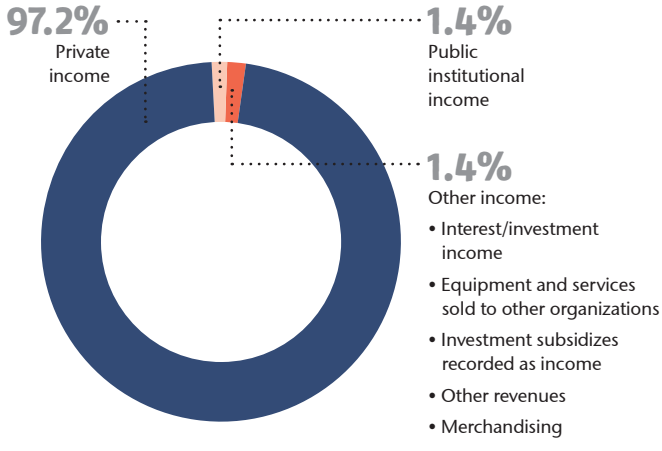
[1] *Program expenses represent expenses incurred in the projects or by headquarters on behalf of the projects. All expenses are allocated in line with the main activities performed by MSF according to the full cost method. Therefore, all expense categories include salaries, direct costs and allocated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

Taken from the latest MSF International Activity Report, financial activities originally published in euros are converted to Canadian dollars at the average rate for the current year. The average rate in 2020 was 1.53.

HOW WAS THE MONEY SPENT?



WHERE DID THE MONEY COME FROM?



2020 FACTS AND FIGURES IN CANADA

Doctors Without Borders Canada/Médecins Sans Frontières Canada
Statement of operations
Year ended December 31, 2020

	2020	2019
	Canadian $	Canadian $
REVENUE		
Donations	**78,079,330**	66,779,483
Support from Global Affairs Canada, International Humanitarian Assistance Directorate ("IHA")	**10,100,000**	10,150,000
Fees from other MSF sections	**8,138,791**	8,625,490
Grants from other MSF sections	**420,852**	17,109
Interest	**138,347**	246,205
Other	**100,317**	38,955
TOTAL REVENUE	**96,977,637**	85,857,242
EXPENSES		
Program services		
Emergency, medical, nutrition and health projects	**60,514,998**	56,845,482
Program support and development	**14,234,763**	15,283,163
Public education	**872,600**	926,817
SUBTOTAL PROGRAM SERVICES	**75,622,361**	73,055,462
Supporting services		
Fundraising	**13,066,882**	10,591,606
Management and general	**2,444,558**	2,333,638
SUBTOTAL SUPPORTING SERVICES	**15,511,440**	12,925,244
Foreign exchange losses	**43,423**	33,544
TOTAL EXPENSES	**91,177,224**	86,014,250
Excess (deficiency) of revenue over expenses	**5,800,413**	(157,008)

For more information, and to read MSF Canada's complete financial statements for 2020, visit doctorswithoutborders.ca/impact-and-accountability

WITH THE SUPPORT OF OUR DONORS

317

WORKERS TRAVELLED OVERSEAS ON CANADIAN CONTRACTS TO HELP MSF DELIVER LIFESAVING CARE IN 2020*

170

Provided direct care to patients as MSF medical personnel (doctors, nurses, midwives, medical specialists).

147

Helped direct and manage MSF's project operations (country program directors, coordinators, administrators, engineers, logisticians).

At any given moment, there are more than a hundred Canadians working overseas with MSF, helping provide care to people who need it most. They are doctors, nurses, engineers, coordinators, administrators, surgeons, logisticians and more. In 2020, a total of *317 Canadian citizens and permanent residents were part of MSF's work supporting people around the world facing humanitarian crises.

FRONT COVER: A health worker puts on personal protective equipment before entering the control area of the MSF care centre for mild and moderate cases of COVID-19 in São Gabriel da Cachoeira. The facility was specifically adapted to suit local traditions; over 90 per cent of people in São Gabriel da Cachoeira are of Indigenous origin. Brazil, July 2020. © Diego Baravelli

BACK COVER: On June 24, 2020, 60-year-old Ghanem Qaid Nasser was admitted in serious condition to the MSF-supported Al-Sahul isolation centre for COVID-19 patients. "It started with a high fever, coughing and dizziness," he says. "And I couldn't breathe." After two weeks Ghanem was discharged recovered. "With the care I received here, life came back to me." He was given a warm farewell from the medical team, which they give to each of their patients discharged from the centre. Yemen, June 2020. © MSF/Majd Aljunaid

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 85 countries worldwide where MSF worked in 2020, 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.

ACCESSIBILITY NOTE: MSF Canada is committed to meeting the accessibility needs of people with disabilities in a timely manner. If you require this information in an alternative format, please contact **accessibility@toronto.msf.org**

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