

IMPACT REPORT



MSF CANADA
2021 ANNUAL REPORT
doctorswithoutborders.ca





An MSF staff member vaccinates a child during a mobile clinic at the health centre in Sebeja, a town close to the Eritrean border in the northern Ethiopian region of Tigray. Ethiopia, 2021.

MSF'S HUMANITARIAN ACTION IN 2021

Last year, Doctors Without Borders/ Médecins Sans Frontières (MSF) responded to some of world's most challenging humanitarian emergencies – all of which were made more complex by the ongoing global pandemic. We also continued amplifying the voices of the communities we work with, calling attention to the underlying injustice, abuse and neglect affecting our patients. Thank you for helping to make this work possible.

As the COVID-19 pandemic entered its second year, its effects continued to be felt acutely in places where health systems were already fragile. We scaled up our activities in response to particularly severe outbreaks in some of the hardest-hit places, including in Yemen, Peru and India.

The stark inequity in access for lifesaving vaccinations was clear, as higher-income countries bought up billions of doses

of the COVID-19 vaccine, leaving only a small fraction available for lower-income countries. MSF teams began working on vaccine campaigns in Lebanon, Eswatini and Tunisia, while continuing to call for vaccine equity, with an end to patents and monopolies on COVID-19 medical tools.

Around the world, extreme weather events became more destructive in 2021. MSF teams delivered emergency care to people affected by severe seasonal flooding in South Sudan, treated an unusually high spike in malaria cases following heavy rains in Niger and provided assistance for communities affected by tropical storms, hurricanes and typhoons from Haiti to the Philippines. We also responded to the health consequences caused by a lack of rain, drought and deforestation in Somalia and Madagascar, which contributed to high levels of malnutrition.

The global migration crisis worsened last year, as nearly 80 million people were displaced around the world – more than any time in modern history. Millions more displaced people remained uncounted and unprotected.

Harmful government policies aiming to deter, contain and push back people seeking safety continued to deepen human suffering. In Libya, severe violence perpetrated against migrants and refugees being held in the country's notorious detention centres forced MSF to suspend our activities in Tripoli between June and September. Horrific conditions left people with no choice but to attempt the dangerous crossing of the Mediterranean Sea. In 2021, MSF maintained search and rescue activities on our chartered ship, the *Geo Barents*, as governments in the region continued to abandon their maritime responsibilities, leaving people to die at sea.

MSF witnessed a sharp rise in the number of people travelling through the Darien Gap, a dangerous and roadless stretch of jungle that serves as the only northbound land route between Colombia and Panama. Our teams provided treatment for people emerging from the jungle on the Panama side, many of whom had experienced violence and extortion at the hands of criminal gangs.

Ongoing conflict throughout Ethiopia's Tigray region has resulted in widespread devastation. Hundreds of thousands of people have been displaced within the country and into neighbouring Sudan, without access to clean water, food or medical assistance.

MSF's teams have not been spared from violence. In June, three of our colleagues – Tedros Gebremariam Gebremichael, María Hernández and Yohannes Halefom Reda – were brutally murdered while working in Tigray. We mourn their loss and continue to seek answers on the circumstances of their deaths.

Between violence, access constraints and administrative issues, Tigray has been a hostile environment for humanitarian organizations to work in. From August, only one

MSF section was able to operate in Tigray and from late November, none at all. We continued working in one region of Ethiopia and with refugees who had fled across the border into Sudan during that period.

Violence also spread deeper across the Sahel, causing waves of displacement throughout Burkina Faso, Mali, Niger and Nigeria. Following a surge of conflict in Nigeria, thousands of families fled into neighbouring Niger, where our teams treated an unprecedented number of children for severe malnutrition. We also responded to outbreaks of malaria, measles and meningitis across the region – all of which are particularly deadly for children who are malnourished.

MSF's ability to provide emergency medical care to people facing humanitarian crises is made possible through the incredible generosity of supporters like you. In 2021, more than seven million individuals and private foundations raised \$2.71 billion to fund MSF's work – more than 97 per cent of our total funding.

Thank you for being a critical member of our humanitarian action. In December, as we marked 50 years since MSF's founding, we reflected on the changes our organization has undergone as well as the lives we've impacted over that time. With your help, MSF remains committed to standing in solidarity with people affected by crises wherever needed. 🌍



Ruby Gill | President



Joseph Belliveau | Executive Director

MSF PROGRAMS AROUND THE WORLD





LARGEST PROGRAM EXPENSES

in millions

Democratic Republic of Congo	\$136
Yemen	\$129
South Sudan	\$115
Central African Republic	\$100
Nigeria	\$76
Sudan	\$57
Afghanistan	\$56
Ethiopia	\$50
Haiti	\$50
Niger	\$48

AFGHANISTAN	KYRGYZSTAN
ARMENIA/ AZERBAIJAN	LEBANON
BALKANS	LIBERIA
BANGLADESH	LIBYA
BELARUS	MADAGASCAR
BELGIUM	MALAWI
BOLIVIA	MALAYSIA
BRAZIL	MALI
BURKINA FASO	MEXICO
BURUNDI	MOZAMBIQUE
CAMBODIA	MYANMAR
CAMEROON	NIGER
CENTRAL AFRICAN REPUBLIC	NIGERIA
CHAD	PAKISTAN
COLOMBIA	PALESTINE
CÔTE D'IVOIRE	PANAMA
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	PAPUA NEW GUINEA
DEMOCRATIC REPUBLIC OF CONGO	PERU
EGYPT	PHILIPPINES
EL SALVADOR	RUSSIA
ESWATINI	SEARCH AND RESCUE
ETHIOPIA	SIERRA LEONE
FRANCE	SOMALIA AND SOMALILAND
GREECE	SOUTH AFRICA
GUATEMALA	SOUTH SUDAN
GUINEA	SUDAN
HAITI	SYRIA
HONDURAS	TAJIKISTAN
INDIA	TANZANIA
INDONESIA	THAILAND
IRAN	TURKEY
IRAQ	UGANDA
JORDAN	UKRAINE
KENYA	UZBEKISTAN
	VENEZUELA
	YEMEN
	ZIMBABWE

Countries in which MSF only carried out assessments or small-scale cross-border activities in 2021 do not feature on this map.

2021 ACTIVITY HIGHLIGHTS



50,200
people treated
for cholera



1.74 BILLION
litres of water
distributed



3,100,000
routine vaccinations



12,592,800

outpatient consultations

1,628,600
vaccinations against
measles in response
to an outbreak



161,300
consultations for
diabetes

34,800

people treated for
sexual violence



383,300

individual mental health
consultations



15,400
people started on
first-line tuberculosis
treatment

1,840
people started on
multidrug-resistant
tuberculosis treatment

35,200

Women and girls who
requested and received safe
abortion care



317,300

births assisted, including
Cesarean sections



82,000
severely malnourished
children admitted
to inpatient feeding
programs



1,264,500
emergency room admissions



30,200
people on first-line HIV
antiretroviral treatment
under direct MSF care



2,681,500

malaria cases treated

7,330
people on second-
line HIV antiretroviral
treatment under direct
MSF care



111,800
surgical interventions involving the incision, excision, manipulation
or suturing of tissue, requiring anesthesia



1,660
Survivors of torture
who received
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 medic in the emergency room of the MSF Kunduz emergency trauma unit treats a patient who has suffered a complicated fracture of their upper and lower leg from a bomb blast. Afghanistan, July 2021.

AFGHANISTAN

Staff in 2021 (full-time equivalents): 2,246 locally hired; 97 internationally hired | Expenditure in 2021: **\$56** million

Afghanistan saw great upheaval in 2021, with the withdrawal of U.S. and NATO forces and the Islamic Emirate of Afghanistan (also known as the Taliban) seizing control in August.

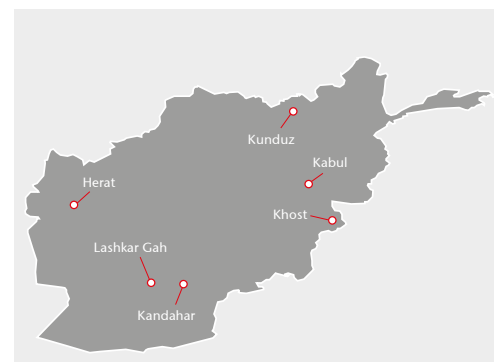
From that point onward, MSF's programs saw a huge increase in consultations, as people could travel more freely to reach medical care. While many health facilities closed or were more limited in scope after losing their international funding following the change in government, MSF kept our programs running throughout the year.

For 13 days in May, fighting prevented MSF staff from leaving the 300-bed Boost hospital compound in Lashkar Gah, where we offer maternal healthcare, pediatrics and surgery. We continued treating patients, including many who were war-wounded. For the final four months of the year, the hospital was routinely functioning over capacity and in September, we recorded the highest number of assisted births and patients requiring

emergency care since we first started supporting the hospital in 2009.

In Kandahar, we sent our patients with drug-resistant tuberculosis home with extra stocks of medication and conducted remote consultations when fighting reached the city. We also set up a temporary clinic for children in an informal settlement and sent a mobile clinic to assist people who were displaced on the border with Pakistan. In Khost, we expanded our maternal and neonatal care hospital to enable more women to give birth safely.

Fighting also reached Kunduz, where our new trauma centre was still under construction, leading us to transform our office space into a 25-bed emergency trauma unit. On Aug. 16 the centre opened, with 54 beds, an intensive care unit, two operating rooms and an outpatient department. In Herat, we ran a clinic for people who are internally displaced and a therapeutic feeding centre for children at the regional hospital, while offering COVID-19 treatment at a dedicated site. 🚑



○ Cities, towns or villages where MSF worked in 2021

KEY 2021 MEDICAL FIGURES:

130,400 outpatient consultations

36,100 births assisted, including 1,670 Cesarean sections

172,700 emergency room consultations




Central African Republic, 2021

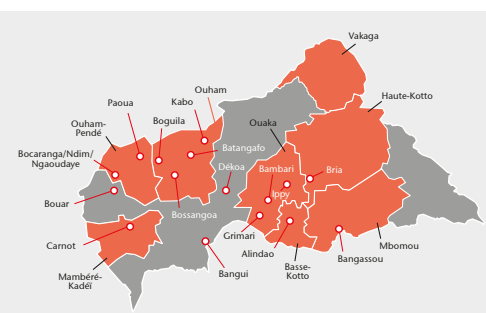
Staff in 2021 (full-time equivalents): 2,773 locally hired; 276 internationally hired | Expenditure in 2021: **\$100** million

provided basic healthcare, as well as water and sanitation.

Landmines, improvised explosive devices and attacks on civilians and medical facilities hampered access to healthcare across the country, including in Bocaranga, where our emergency team assisted survivors of sexual violence, administered routine vaccinations and improved the provision of water and sanitation. To ensure continuity of care for people with HIV, we implemented a community-based model of care for patients in places including Carnot, Bossangoa, Boguila, Bambari and Zémio.

Nonetheless, we continued to run 13 basic and specialist healthcare projects, focusing on maternal and child health, surgery, treatment for HIV and tuberculosis and responding to outbreaks of disease, with almost all our programs offering treatment for sexual violence. We also ran various emergency responses and assisted people affected by conflict.

In the capital, Bangui, MSF's trauma surgery hospital frequently received patients referred from other provinces requiring emergency and longer-term surgical care. While maintaining our maternal health program, we also worked on rehabilitating the emergency obstetric and newborn care units of one of the capital's main public health facilities – crucial in a country where few women have access to free, quality care during pregnancy and childbirth outside of MSF-supported facilities. 



- Regions where MSF had projects in 2021
- Cities, towns or villages where MSF worked in 2021

KEY 2021 MEDICAL FIGURES:

890,100 outpatient consultations

490,800 malaria cases treated

6,500 people treated for sexual violence

In Bangassou, where MSF supports the Regional University hospital, more than 1,000 people arrived seeking shelter following attacks by armed groups in January. Another 10,000 people fled to Democratic Republic of Congo, where we increased our support to a local health centre. That same month, 8,000 people fled fighting in Bouar to seek shelter in a cathedral and makeshift camps, where MSF

HAITI

Staff in 2021 (full-time equivalents): 1,393 locally hired; 94 internationally hired | Expenditure in 2021: **\$50** million

Throughout 2021, armed clashes, robberies and kidnappings affected people throughout Haiti's capital, Port-au-Prince. On July 7, the president was assassinated at his home.

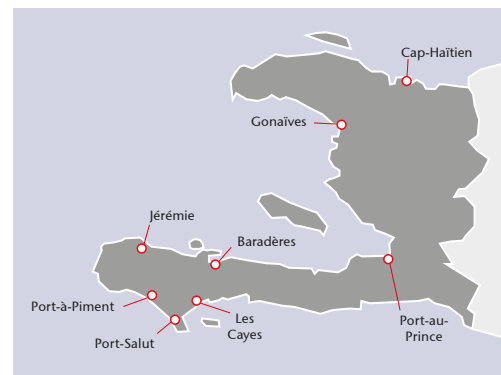
MSF responded to the violence and other emergencies, while working to maintain vital medical services.

At our trauma hospital in the capital's Tabarre neighbourhood, we provided surgery and follow-up care for patients with injuries from gunshots, stabbings and traffic accidents. A staff member was shot dead on his way home from work, a victim of the unbearable "ordinary violence" gripping the city.

In February, MSF closed all but the emergency department at our Drouillard hospital in Cité Soleil, the main facility for burns in the country, and moved our program and patients into the Tabarre hospital. In June, we closed our emergency centre in

Martissant after it was targeted by gunfire for the first time in its 15-year history. In August, we opened a new emergency centre in Turgeau, another district of Port-au-Prince, and in late 2021, began supporting the emergency room of a public hospital in Carrefour. We also ran mobile clinics to support thousands of people who had fled armed clashes and were staying with relatives or in schools and churches. Throughout the year, we ran programs for survivors of gender-based and intimate-partner violence in our clinics in Port-au-Prince and Artibonite department.

After a 7.2 magnitude earthquake struck the south of the country on Aug. 14, we provided orthopedic surgery and follow-up care at hospitals in Jérémie and Les Cayes, referred trauma patients to our Tabarre hospital and emergency centre in Turgeau and dispatched teams to support medical facilities in affected areas. We also ran mobile clinics, delivered drinking water and repaired water networks in badly damaged regions. 🚑



○ Cities, towns or villages where MSF worked in 2021.

KEY 2021 MEDICAL FIGURES:

25,000 emergency room consultations

3,220 people treated for intentional physical violence

1,560 people treated for sexual violence

Cargo is loaded into a helicopter in Port-au-Prince to be flown to Les Cayes, for MSF staff to use in response to the earthquake that struck on Aug. 14, Haiti, 2021.





An MSF community-based care team member working in a camp for people who have been displaced by flooding in Unity State discusses sexual and gender-based violence with people in the camp. South Sudan, 2021.

SOUTH SUDAN

Staff in 2021 (full-time equivalents): 2,695 locally hired; 258 internationally hired | Expenditure in 2021: **\$115** million

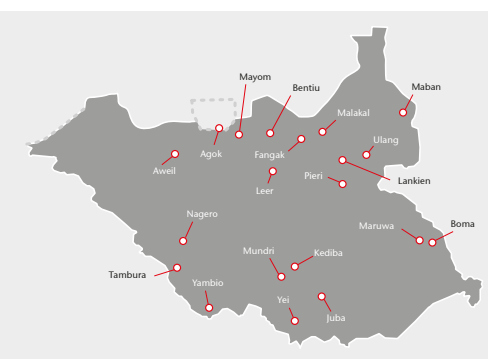
In July 2021, the Republic of South Sudan marked 10 years of independence. However, despite a peace agreement and a unified government, the security situation remained volatile in many areas.

Furthermore, the country was hit by severe flooding, food insecurity and disease outbreaks. By the end of the year, 8.9 million people – more than two-thirds of the population – were estimated to be in need of humanitarian assistance. MSF continued to respond to critical medical and humanitarian needs, while maintaining essential healthcare services across six states and two administrative areas.

In response to the floods, MSF delivered emergency healthcare through mobile clinics, hospitals and health centres in Unity and Jonglei states, the worst affected regions. Across these projects, we treated tens of thousands of people, mostly for malaria, malnutrition, respiratory tract infections and acute watery diarrhea and distributed relief items to displaced families.

Many fleeing the floods found themselves in camps set up for people seeking safety from fighting. MSF ran hospitals in several camps, which were administered by the UN or the national government. Conditions here were dire, leading to disease outbreaks, including a hepatitis E outbreak in Bentui camp. When food rations were cut by 50 per cent, severe acute malnutrition levels rose well above emergency thresholds. We opened a third inpatient therapeutic feeding centre in our hospital in Bentui camp to address an 80 per cent increase in admissions.

In addition to working in the camps, MSF ran mobile clinics across the country for people who were displaced, offering basic health services, routine vaccinations, mental health support, screenings for malnutrition and malaria treatment. We also supported hospitals, including in Aweil, where we launched a seasonal malaria chemoprevention program aiming to reduce the high numbers of deaths from the disease. By the end of the year, our teams had reached tens of thousands of children. 🏠



○ Cities, towns or villages where MSF worked in 2021.

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

KEY 2021 MEDICAL FIGURES:

667,400 outpatient consultations

213,200 malaria cases treated

11,900 vaccinations against measles in response to an outbreak

SYRIA

Staff in 2021 (full-time equivalents): 480 locally hired; 69 internationally hired | Expenditure in 2021: **\$46** million

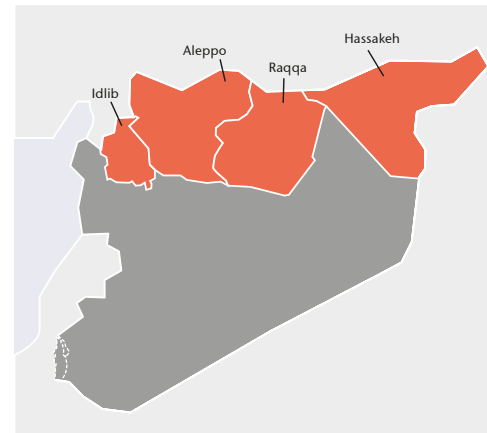
In Syria, funding for humanitarian assistance continued to fall, despite a rise in the numbers of people in desperate need of assistance after 11 years of war. MSF received an increasing number of requests to support hospitals and health centres facing frequent shortages of essential medicines and medical supplies.

We assisted people in several areas of northern Syria, where we could negotiate access and the security situation was safe enough for us to work. Our teams provided trauma and wound care, maternal and child health services, mental health support and treatment for chronic diseases.

In northwest Syria, where some 2.7 million people remain displaced, we supported eight hospitals in Idlib and Aleppo governorates, including the only specialized burns unit in the area. We provided medical care to people living in camps through mobile clinics and health centres, offered mental health support, improved water supply and sanitation facilities and distributed hygiene kits and relief items.

In northeast Syria, we supported a large primary healthcare centre in Raqqa, where we responded to a rise in the number of malnourished children by setting up an in-patient therapeutic feeding centre in June. In August, we began providing primary healthcare and tuberculosis treatment for adolescents who had been detained in Hassakeh city and in September, started supporting a new clinic in the city's southern neighbourhoods. We also offered a range of medical and water and sanitation services in Al Hol camp, where violent incidents led to the deaths of many camp residents, including an MSF staff member in January.

The already enormous needs in the region were exacerbated by the COVID-19 pandemic. MSF offered care to people with COVID-19 in treatment centres and at their homes, distributed prevention kits in the camps and organized health promotion teams to spread messages about the safety and efficacy of vaccines. 🚑



● Regions where MSF had projects in 2021

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

KEY 2021 MEDICAL FIGURES:

1,144,500 outpatient consultations

60,300 families received relief items

3,450 individual mental health consultations

Abu Bakr receives medical care at the MSF-supported Raqqa National hospital after being diagnosed with COVID-19. Syria, 2021.



© Florent Vergnes



MSF nurse Aghendia Alemngu worked in Geneina Teaching Hospital in West Darfur, Sudan, 2021.

IMPROVING CARE ONE STEP AT A TIME IN WEST DARFUR

HOW SMALL CHANGES CAN BE TRANSFORMATIVE

Aghendia Alemngu | Nurse | Sudan

I first encountered Doctors Without Borders/Médecins Sans Frontières (MSF) in my home country of Cameroon in February 2014 when I was working for the Ministry of Health at a district hospital close to the border with Central African Republic. There was a huge influx of refugees and we were overwhelmed with patients. MSF sent in a team to do an assessment and quickly established a project to support the refugees. There and then I said I had to work for MSF before I died.

MAGIC BOX

I was working in the maternity unit. The number of women coming in to give birth soared and we had problems treating premature and severely underweight babies. The MSF team set up a neonatal unit using tents next to the maternity unit and introduced what became known as the “magic box”: a locally constructed incubator made from wood and foil survival blankets.

GENEINA

The “magic boxes” saved many lives, and made me realize you don’t always need a lot of technology to make a difference. Small changes adapted to the medical reality of a particular context, a bit of creative thinking and a strategic approach can be transformative. I’ve seen this first-hand in Geneina Teaching Hospital, West Darfur, where I am just finishing my assignment.

Geneina, the capital of West Darfur state, has been affected by sporadic intercommunal conflict for many years. Thousands of people have had to escape the violence, leaving behind their homes and livelihoods. Even at the best of times, people suffer from a shortage of nutritious food and poor water and sanitation conditions, while medical care is sparse and expensive.

MSF has been supporting the hospital in Geneina since mid-May [2021]. The focus has been on training the current staff on things like triage, mass casualty planning and infection prevention and control measures. We also run mobile clinics that visit the “gathering sites” – areas where people who have had to flee the violence are now living.

I have been spending my time in the hospital’s malnutrition ward, working with the Ministry of Health team to care for malnourished children under the age of five.

We’ve been seeing a rise in malnutrition. Many of the parents I spoke to told me work is precarious and they have to make difficult choices about what to spend money on and when they eat. Lots of families here are going hungry or eating nutritionally poorer diets.

The mother of a child admitted to our care told me that after losing her husband in the last conflict, food became a constant struggle. Some days she would have to leave her child’s bedside and work carrying bricks, just to scrape some money together to eat.

SMALL CHANGES, BIG RESULTS

The 51-bed malnutrition ward, where we treat complicated cases of malnutrition, is already 85 to 90 per cent full.

Sometimes we can be overwhelmed by the challenges of a task. But during my time in Geneina, I’ve tried to remind myself small changes can lead to big results, just like I’d seen in Cameroon.

In Geneina, I saw how motivated the hospital’s doctors and nurses are. They are all eager to further develop their skills and enhance care in a difficult environment. We worked together to develop their skills, and to identify new ways of working that could benefit our patients.

PROTECTING PATIENTS

As I come to the end of my assignment here, I can already see improvements to hygiene, sanitation and other infection prevention and control measures, as well as in documenting patient files. These changes might seem small, but they are key to protecting patients, caretakers and health personnel. This includes an 18-month-old patient we treated on the malnutrition ward. She was unable to eat because she had lesions in her mouth, but after 13 days on the ward she had improved enough that we were able to discharge her. 🏠



© Stephan Oberreit

IZLG/21/005

MSF health promoters April Ozibo Chinezon (left) and Joseph Ibeabuchi raise awareness about Lassa fever in Abakaliki, Ebonyi State, to stop the spread of the disease and reduce stigma. Nigeria, 2021.

NURSING IN NIGERIA: "A PASSION WAS IGNITED IN ME"

AN OUTBREAK OF LASSA FEVER CREATED A PASSION FOR PROTECTING PATIENTS AND COLLEAGUES

Shirley Samson | Nurse | Nigeria

I first joined Doctors Without Borders/ Médecins Sans Frontières (MSF) on a short-term contract. The team needed support to care for patients during the peak season for Lassa fever, a viral hemorrhagic disease.

The year before, in 2018, there was a huge outbreak of Lassa fever here. Many healthcare workers didn't have access to appropriate personal protective equipment (PPE) and ended up risking their lives to take care of patients. Some died in the course of their work.

When I was offered a temporary job, I felt skeptical. However, on my first day I saw I had everything I needed to keep myself

safe: the scrubs, the boots, the surgical gowns, the coveralls, the masks, the respirators, goggles.

I said to myself, "For the fact that I'm going to stay protected, then nothing is going to stop me from rendering this care to these persons that are sick."

PASSION

I had never worked anywhere before where healthcare was provided free of charge. Instead, patients and their families have to pay for this, they have to buy that. When they don't bring the money, you don't



treat them. This means as a nurse, you have two options: spend your personal money to take care of them or watch them suffer.

But for that four months in the MSF Lassa fever project, I was able to do everything I wanted for my patients. I had PPE. I had access to medication. If I saw my patient was wearing a long face, I could talk to the mental health counsellors and they would give their support. My patients had basically everything they needed. It made me really, really happy.

But when the peak season ended, our short-term contracts ended with it. I made a decision that this was the only kind of nursing job I wanted: where my patients don't have to suffer because they don't have money. The passion was just ignited in me.

A NEW CHALLENGE

I started looking for jobs with MSF. Any adverts I saw, I applied. I even applied to be a cleaner, that was how much I wanted to be part of MSF. At last, I got a nursing job in northern Nigeria, at an MSF hospital for

people displaced by conflict. A different kind of challenge. But my experience with Lassa fever had developed a deep consciousness of infection control in me, I had seen how it could save lives and I wanted to learn more.

I started doing online courses. In February 2020, I applied for the role of infection prevention and control supervisor back in the Lassa fever project, where my MSF journey had started.

I got the job.

THE IMPORTANCE OF PREVENTION

In our project, the health promotion teams are out in the community sharing information about how people can avoid Lassa fever. Meanwhile, I work to ensure the virus doesn't spread within the hospital.

There's not enough research into Lassa fever, which means that diagnosis is still difficult and the treatments we have are adapted from other viruses. To me that makes preventing infections even more important.

I put things in place to prevent accidental exposure among the staff and if a staff member gets exposed, then I also ensure they are monitored and get a post-exposure prophylaxis if needed. Since MSF's intervention to the crisis in 2019, no staff member has died from Lassa fever here.

We make sure everyone who works at the centre is trained and retrained and trained again. I ensure cleaning and decontaminations are up to standard, and PPE is available.

I love my job. I have the laboratory. I have the laundry. I have the central sterilization unit. I'm in everybody's business. I work with the medical team, the health promotion team, the environmental health team, the construction team.

It's one thing to treat infection but it's another thing to prevent it. If it is preventable, then that's what we try to do. 🦠



MSF nurse Shirley Samson worked as an infection prevention and control supervisor. Nigeria, 2021.

2021 OVERVIEW OF ACTIVITIES

LARGEST COUNTRY PROGRAMS

By expenditure (in Canadian dollars)

1. Democratic Republic of Congo	\$136 million
2. Yemen	\$129 million
3. South Sudan	\$115 million
4. Central African Republic	\$100 million
5. Nigeria	\$76 million
6. Sudan	\$57 million
7. Afghanistan	\$56 million
8. Ethiopia	\$50 million
9. Haiti	\$50 million
10. Niger	\$48 million

The total budget for our programs in these 10 countries was \$820 million, **49.6 per cent of MSF's operational expenses in 2021.**

By number of project staff¹

1. Central African Republic	3,049
2. South Sudan	2,953
3. Yemen	2,879
4. Democratic Republic of Congo	2,650
5. Afghanistan	2,343
6. Nigeria	2,286
7. Bangladesh	2,013
8. Haiti	1,487
9. Niger	1,485
10. Ethiopia	1,403

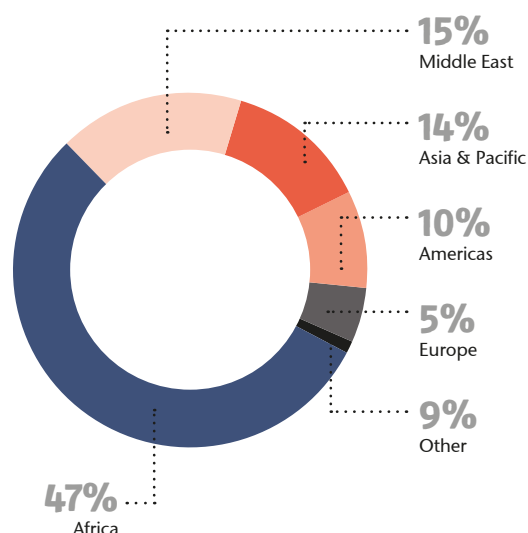
By number of outpatient consultations²

1. Democratic Republic of Congo	1,753,200
2. Syria	1,144,500
3. Central African Republic	890,100
4. Burkina Faso	844,300
5. Niger	832,900
6. Bangladesh	716,600
7. South Sudan	667,400
8. Sudan	647,300
9. Mali	600,500
10. Nigeria	493,700

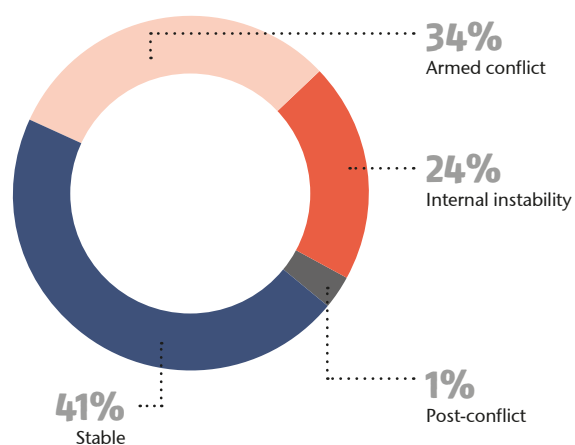
¹ **Staff numbers** represent full-time equivalent positions (locally hired and internationally hired) averaged out across the year.

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 2021: 1 euro = 1.4393 CAD. For the original figures in euros from MSF's 2021 International Activity Report, visit doctorswithoutborders.ca/impact-and-accountability.

2021 FINANCIAL INDEPENDENCE AND ACCOUNTABILITY

As part of Doctors Without Border/Médecins Sans Frontières' (MSF) effort to guarantee our independence, we strive to maintain a high level of private income. In 2021, 97.1 per cent of MSF's income came from private sources.

More than seven 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*

	2021		2020	
Social mission				
Program expenses ¹	\$ 1,653.7	65%	\$ 1,653.9	64%
Program support	\$ 310.8	12%	\$ 310.5	12%
Awareness-raising and Access Campaign	\$ 61.8	2%	\$ 65.7	3%
Other humanitarian activities	\$ 37.4	1%	\$ 39.7	1%
Total social mission	\$ 2,063.9	80%	\$ 2,069.8	80%
Other expenses				
Fundraising	\$ 388.6	15%	\$ 382.5	15%
Management and general administration	\$ 113.7	5%	\$ 117.8	5%
Total other expenses	\$ 502.3	20%	\$ 500.3	20%
TOTAL OPERATING EXPENSES	\$ 2,566.2	100%	\$ 2,570.1	100%
	(€ 1,782.7)		(€ 1,679.8)	

WHERE DID THE MONEY COME FROM?

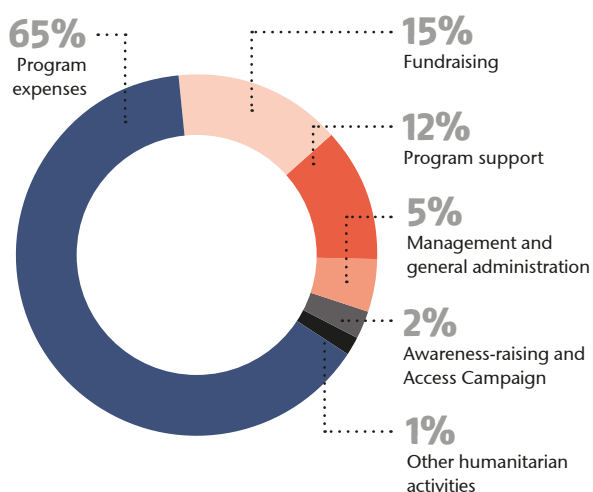
Private income	\$ 2,713.9	97.1%	\$ 2,827.5	97.2%
Public institutional income	\$ 41.3	1.5%	\$ 40.5	1.4%
Other income	\$ 30.7	1.4%	\$ 41.6	1.4%
TOTAL INCOME	\$ 2,785.9	100%	\$ 2,909.6	100%
	(€ 1,935.6)		(€ 1,901.7)	

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).

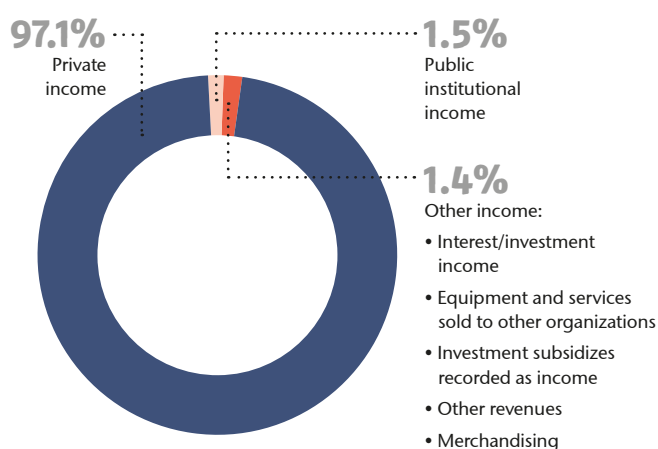
Taken from the latest MSF International Activity Report, financial activities originally published in euros are converted to Canadian dollars at the average rate for the current year. The average rate in 2021 was 1.4393. Rounding may result in apparent inconsistencies in totals.

Why total euro figures are included above: Year over year increase in fundraising income continued in 2021. However, the strengthening of the Canadian dollar in 2021 resulted in lower Canadian dollar converted figures.

HOW WAS THE MONEY SPENT?



WHERE DID THE MONEY COME FROM?



2021 FACTS AND FIGURES IN CANADA

Doctors Without Borders Canada/Médecins Sans Frontières (MSF) Canada

Statement of operations

Year ended Dec. 31, 2021

	2021	2020
	Canadian \$	Canadian \$
REVENUE		
Donations	82,237,035	78,079,330
Support from Global Affairs Canada, International Humanitarian Assistance Directorate ("IHA")	22,500,000	10,100,000
Fees from other MSF sections	8,052,807	8,138,791
Grants from other MSF sections	243,023	420,852
Interest and other revenue	174,521	138,347
Other	54,660	100,317
TOTAL REVENUE	113,262,046	96,977,637
EXPENSES		
Program services		
Emergency, medical, nutrition and health projects	88,864,450	60,514,998
Program support and development	13,937,327	14,234,763
Public education	863,867	872,600
SUBTOTAL PROGRAM SERVICES	103,665,644	75,622,361
Supporting services		
Fundraising	15,894,597	13,066,882
Management and general	2,682,917	2,444,558
SUBTOTAL SUPPORTING SERVICES	18,577,514	15,511,440
Foreign exchange losses	46,611	43,423
TOTAL EXPENSES	122,289,769	91,177,224
Excess (deficiency) of revenue over expenses	9,027,273	5,800,413

For more information, and to read MSF Canada's complete financial statements for 2021, visit doctorswithoutborders.ca/impact-and-accountability

WITH THE SUPPORT OF OUR DONORS

291

**WORKERS TRAVELLED OVERSEAS
ON CANADIAN CONTRACTS TO HELP
MSF DELIVER EMERGENCY MEDICAL
CARE IN 2021***



142

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



149

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 2021, a total of 291 Canadian citizens and permanent residents were part of MSF's work supporting people around the world facing humanitarian crises.

FRONT COVER: On the evening of Oct., 23, a rubber boat with 95 people on board was about to be intercepted by the Libyan Coast Guard. The MSF team aboard the *Geo Barents* arrived in time to safely rescue people from the boat, offer medical care and transport them to shore in Europe. Mediterranean Sea, 2021. © Filippo Taddei/MSF

BACK COVER: An MSF doctor treats a patient with multi-drug resistant tuberculosis (MDR-TB), who was brought to the clinic in Mumbai by her parents. Here, the team is piloting non-invasive protocols to address the gap in TB care for children. India, 2021. © Atul Loke



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 more than 70 countries worldwide where MSF worked in 2021, 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

551 Adelaide Street West
Toronto, Ontario M5V 0N8
416 964 0619 | 1 800 928 8685
DonorRelations@toronto.msf.org

www.doctorswithoutborders.ca

