

IMPACT REPORT



MSF CANADA
2024 ANNUAL REPORT
doctorswithoutborders.ca





MSF nurse Salah Aldeen provides care for a patient with symptoms of measles amid an outbreak in Rokero, Central Darfur. Sudan, 2024.

OUR COLLECTIVE IMPACT IN 2024

In 2024, Doctors Without Borders/Médecins Sans Frontières (MSF) teams worked in over 75 countries, providing emergency medical assistance to people affected by conflict, displacement, disaster and lack of access to healthcare. Amid overwhelming medical needs and dwindling respect for International Humanitarian Law, we saw people – including our supporters in Canada and around the world – come together in solidarity with those facing crises. Thank you for your generosity and commitment to our work.

Separated by thousands of kilometres, our teams in Palestine and Sudan bore witness to the devastating impact of armed conflict on civilian lives. In both contexts, people were confronted with unrelenting onslaught: children were starved through blockades, bombs were dropped on civilian populated areas and bullets were fired into hospitals.

In Gaza, Israeli forces unleashed an intensive campaign of airstrikes and ground incursions, obliterating entire neighbourhoods. Our colleagues, many of whom were affected by the crisis themselves, treated thousands of patients

for war wounds and psychological trauma, while continuing to care for pregnant women and children. MSF's ability to scale up was severely hindered by the Israeli-imposed siege and repeated obstruction of humanitarian aid, which included routinely blocking medication and medical supplies from entering Gaza. At the time of writing, 12 MSF colleagues have been killed since the start of the war. We are outraged and condemn the repeated killing of our staff in the strongest possible terms.

Farther away from mainstream Canadian headlines, a catastrophic humanitarian crisis continued in Sudan as the conflict entered its second year. Fighting between the Sudanese Armed Forces and Rapid Support Forces continued across large parts of the country. Bureaucracy and security restrictions complicated MSF's ability to provide assistance, and we were unable to respond on the scale the immense needs of people demanded. The absence of other international organizations and a lack of aid in many areas meant that people's needs in some situations of mass displacement, famine and violence were severely underserved or unmet.

Our teams in Sudan and in neighbouring Chad and South Sudan – where many Sudanese have sought refuge – treated patients for trauma injuries caused by explosions, as well as horrific sexual violence and diseases like cholera, malaria and hepatitis.

In Myanmar, the conflict in Rakhine state continued to cause widespread displacement and suffering, yet drew almost no international attention. Lives and property were deliberately destroyed, and many people were forcibly recruited into military service. Despite restrictions on our operations and repeated attacks on our facilities, we worked to continue delivering care, adopting alternative strategies like teleconsultations.

Sexual violence remained prevalent in many of the places where we worked, especially in conflict settings. In Democratic Republic of Congo (DRC), the numbers were staggering. Our teams treated more than 25,000 survivors of sexual violence in 2023 – an average of two every hour – across five provinces. This trend worsened in 2024; in displacement sites around Goma, North Kivu province, we treated almost 17,500 patients in the first five months alone.

Throughout the year, MSF continued supporting people on the move, as globally the number of forcibly displaced people reached a record level high. Our teams in Panama, Costa Rica, Honduras, Guatemala, Mexico and the United States provided essential medical and psychosocial care for people who faced critical levels of mental and physical abuse, including sexual violence, along the Latin American migration routes. We responded to the needs of people displaced by war and violence in places including DRC, Mali, Mozambique and South Sudan.

In 2024 we saw a significant rise in security incidents affecting our staff, facilities and infrastructure. This reflected our operations' closer proximity to frontlines in armed conflicts, and of the volatile security situation in many of the places where we work, such as DRC, Haiti, Palestine and Sudan. Some of these events – shootings, explosions, raids on our facilities, attacks on our ambulances – forced us to suspend some medical activities during the year.

These decisions are never taken lightly. Ultimately, it is the local communities who lose access to critically needed healthcare.

These incidents were not isolated to MSF; they reflected broader patterns of impunity where state and non-state armed groups flagrantly violated International Humanitarian Law, which is meant to protect medical workers and infrastructure.

At the same time, funding for humanitarian aid saw further cuts in 2024, widening gaps in the availability of health services. Thanks to our independent funding model – where 97.9 per cent of last year's funding came from private supporters – MSF was not directly affected by these cuts. However, we remained deeply concerned about the impact they will have on the communities we work with and assist.

At this critical juncture for humanitarianism, when global solidarity seems to be waning, we want to thank you for your ongoing commitment. The dedication of our staff, the trust of our patients and the support of our donors means that MSF can provide relief to communities caught in crisis.

Behind every IV placed in a cholera ward, each mosquito net distributed to displaced families and every pill dispensed to treat tuberculosis is a movement of people acting together in defiance of a status quo that accepts apathy and human suffering. Thank you for being part of our humanitarian action.

Sincerely,



A blue ink signature of Ruby Gill.

Ruby Gill | Outgoing President



A blue ink signature of Sana Bég.

Sana Bég | Executive Director



LARGEST PROGRAM EXPENSES

| | <i>in millions</i> |
|------------------------------------|--------------------|
| Democratic Republic of Congo | \$193 |
| South Sudan | \$176 |
| Yemen | \$172 |
| Sudan | \$157 |
| Palestine | \$126 |
| Chad | \$119 |
| Central African Republic | \$101 |
| Nigeria | \$99 |
| Afghanistan | \$83 |
| Niger | \$77 |

| | |
|------------------------------------|--------------------------|
| AFGHANISTAN | LIBERIA |
| ARMENIA | LIBYA |
| BANGLADESH | MADAGASCAR |
| BELGIUM | MALAWI |
| BENIN | MALAYSIA |
| BRAZIL | MALI |
| BULGARIA | MAURITANIA |
| BURKINA FASO | MEXICO |
| BURUNDI | MOZAMBIQUE |
| CAMEROON | MYANMAR |
| CENTRAL AFRICAN REPUBLIC | NIGER |
| CHAD | NIGERIA |
| COLOMBIA | PAKISTAN |
| COMOROS | PALESTINE |
| CÔTE D'IVOIRE | PANAMA AND COSTA RICA |
| DEMOCRATIC REPUBLIC OF CONGO | PAPUA NEW GUINEA |
| EGYPT | PHILIPPINES |
| ESWATINI | POLAND |
| ETHIOPIA | RUSSIA |
| FRANCE | SEARCH AND RESCUE |
| GREECE | SERBIA |
| GUATEMALA | SIERRA LEONE |
| GUINEA | SOMALIA |
| HAITI | SOUTH AFRICA |
| HONDURAS | SOUTH SUDAN |
| HONG KONG SAR | SUDAN |
| INDIA | SYRIA |
| INDONESIA | TAJIKISTAN |
| IRAN | TANZANIA |
| IRAQ | THAILAND |
| ITALY | UGANDA |
| JORDAN | UKRAINE |
| KAZAKHSTAN | UNITED KINGDOM |
| KENYA | UZBEKISTAN |
| KIRIBATI | VENEZUELA |
| KYRGYZSTAN | YEMEN |
| LEBANON | ZAMBIA |
| | ZIMBABWE |

Countries and regions in which MSF only carried out assessments or small-scale cross-border activities in 2024 do not feature on this map.

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

2024 ACTIVITY HIGHLIGHTS



**1.35
BILLION**
litres of water distributed



143,800
people treated
for cholera



1,318,100
vaccinations against measles
in response to an outbreak

4,607,000
routine vaccinations



16,493,900
outpatient consultations



7,070
people received care
following a snakebite



23,400
people started
on treatment
for tuberculosis

73,800
people treated for
sexual violence



506,300
individual mental health
consultations



13,800
people treated
for meningitis

34,700

women and girls received
treatment for abortion-related
concerns and complications



63,200

women and girls
requested and received
safe abortion care



213,800
consultations for
diabetes

209,000

severely malnourished
children admitted to
inpatient feeding programs



584,700

admissions of malnourished
children to outpatient
feeding programmes



36,800
people on first-line HIV
antiretroviral treatment
under direct MSF care

20,700

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

2,473,700

emergency room admissions



3,877,100
malaria cases treated



134,000
surgical interventions
requiring anaesthesia



1,665,200
patients admitted



368,900
births assisted, including
caesarean sections

Data groups together activities where MSF had a full or limited staff presence. The highlights are an overview of MSF activities but are not exhaustive.

MSF health promoter Aisha explains MSF's medical services to refugees from Sudan. Aisha is a refugee herself and fled to Chad when the war began. Chad, 2024.

CHAD

Staff in 2024 (full-time equivalents): 2,133 locally hired; 271 internationally hired | Expenditure in 2024: **\$119** million

In 2024, Doctors Without Borders/ Médecins Sans Frontières (MSF) scaled up our activities to assist some of the 700,000 refugees and returnees in eastern Chad who fled the war in Sudan.

In Ouaddaï, Sila and Wadi Fira, MSF ran health and sanitation projects to respond to the immediate and growing needs of people living in the camps and local communities. Our teams provided basic, specialist and community healthcare in the Adré transit camp, the refugee camps of Aboutengue, Metché and Iriba, as well as in Kimiti province.

MSF built field hospitals in the Metché and Aboutengue camps so patients could access vital medical care, including emergency, pediatric, neonatal and sexual and reproductive care. We also set up an operating theatre for emergency surgery in Metché. In all our projects, we aimed to strengthen pediatric care, in particular the treatment of malnutrition and seasonal malaria.

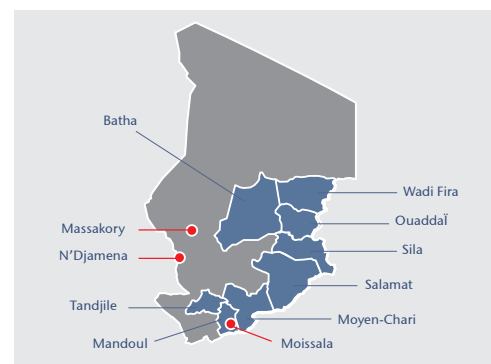
Our teams also carried out extensive work to improve water and sanitation

facilities in villages and refugee camps by constructing boreholes, latrines and showers and distributing water.

In Moissala, MSF continued to partner with the Ministry of Health to improve access to obstetric and maternal healthcare and services for children. In the capital N'Djamena, MSF collaborated with the ministry on a malnutrition project, supporting five outpatient therapeutic feeding centres and a hospital.

Devastating floods affected all 23 provinces of Chad in 2024. Together with the Ministry of Health, MSF responded to people's most immediate needs. Teams also supported routine and emergency vaccination campaigns country-wide, notably against measles, and responded to a diphtheria resurgence in Batha region.

To improve access to care and early treatment, MSF promoted a communal approach to disease awareness and prevention in several of our projects. In Sila, we continued developing a community-based healthcare network across 91 villages. 🚶



- Regions where MSF had projects in 2024
- Cities, towns or villages where MSF worked in 2024

KEY MEDICAL FIGURES:

601,400 outpatient consultations

67,500 vaccinations against measles in response to an outbreak

402,932,000 litres of chlorinated water distributed



MSF health promoter Delice Sezage Tulinabo leads vital awareness-raising activities in Kayaruchinya, Democratic Republic of Congo, 2024.

DEMOCRATIC REPUBLIC OF CONGO

Staff in 2024 (full-time equivalents): 2,509 locally hired; 309 internationally hired | Expenditure in 2024: **\$193** million

Escalated conflict between the Congolese armed forces and armed groups resulted in immense humanitarian needs in 2024. Doctors Without Borders/Médecins Sans Frontières (MSF) provided vital support to people, running regular and emergency projects throughout the country.

Lack of national and international action contributed to deteriorating living conditions in already overcrowded displacement camps around Goma, North Kivu. MSF scaled up our emergency response strengthening general, maternal and pediatric care, delivering lifesaving vaccinations and treating an unprecedented number of survivors of sexual violence. We were the primary water provider in the camps, installing a solar-powered water supply, and built sanitation infrastructure.


Teams ran mobile clinics to reach people impacted by fighting and repeated displacement in both North and South Kivu. In South Kivu, MSF launched an emergency intervention delivering medical care to people who are sick and injured and improving hygiene conditions in camps.

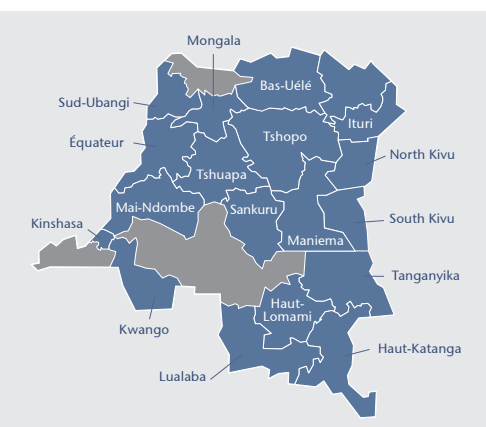
In Ituri province, civilians suffered widespread attacks by armed groups.

MSF continued to support Salama clinic in Bunia, providing surgery and post-surgical care, including physiotherapy and mental health support for patients suffering from trauma. We trained staff and helped 13 health zones prepare for mass-casualty events. MSF also supported the general hospitals in Angumu and Drodoro.

Emergency teams responded to measles epidemics and a surge in mpox outbreaks. We conducted epidemiological surveillance, awareness and research activities in nine provinces and supported the health ministry with patient care.

Ongoing projects across the country supported health facilities and trained community health workers to detect high-prevalence conditions such as malaria and malnutrition, particularly in remote areas. In the capital, Kinshasa, teams provided clean water and medical care after severe flooding in January. MSF continued to offer HIV care in the Kabinda hospital and five health centres.

Sexual violence continues to be a critical concern. Teams provided care to 46,900 survivors of sexual violence with medical treatment, psychological support and promoted community awareness. 



■ Regions where MSF had projects in 2024

KEY MEDICAL FIGURES:

2,285,100 outpatient consultations

843,300 vaccinations against measles in response to an outbreak

19,700 children admitted to inpatient feeding programs

HAITI

Staff in 2024 (full-time equivalents): 1,699 locally hired; 129 internationally hired | Expenditure in 2024: **\$73** million

Violence reached new levels in Haiti in 2024, as armed groups intensified their attacks on civilians, public institutions and utilities, disrupting essential services and leaving millions struggling to meet their basic needs. Doctors Without Borders/ Médecins Sans Frontières (MSF) delivered lifesaving treatment for trauma and burns, care for survivors of sexual violence and maternal and neonatal care.

Between February and April, the monthly number of patients arriving with gunshot wounds at MSF's Tabarre trauma hospital surged from 60 to 100. We expanded bed capacity from 50 to 75 to meet the demand for surgery.

In March, MSF opened the Sant MSF pou Blese trauma centre in Carrefour, Port-au-Prince, to treat victims of gunshots, stabbings, burns and road accidents, and re-opened the Turgeau emergency centre, closed in December 2023 after a fatal attack.

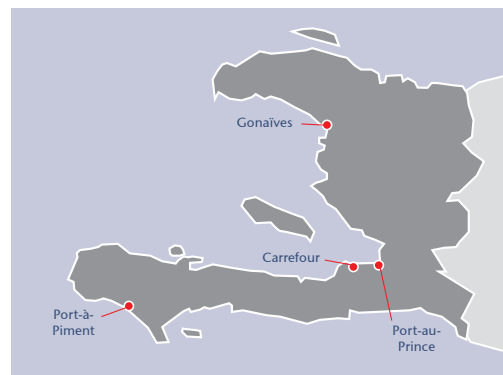
The increased violence forced one million people from their homes. Many live in informal sites with inadequate water and sanitation. MSF distributed clean water

in 15 sites and constructed latrines and showers, while our mobile clinics treated people suffering from diarrhea and scabies.

The maternal mortality rate in Haiti remains high. MSF supported mothers with emergency obstetric and neonatal services at Port-à-Piment and began rehabilitating the Isaïe Jeanty maternity hospital in Port-au-Prince. The hospital will offer free maternal care, reproductive health services and support for survivors of sexual and gender-based violence (SGBV).

Increased SGBV has left survivors in urgent need of shelter, mental health support and medical care. MSF teams provided comprehensive care at the Pran Men'm clinic, Carrefour maternity hospital, and started a new program in Cité Soleil.

Violence and insecurity forced several major hospitals in Port-au-Prince to close. Our teams faced security threats and incidents. On Nov. 11, two patients were killed and staff assaulted during an attack on an ambulance. We suspended most activities in the capital on Nov. 20, resuming some on Dec. 11. 🚑



● Cities, towns or villages where MSF worked in 2024

KEY MEDICAL FIGURES:

4,660 people treated for sexual violence

13,168,000 litres of chlorinated water distributed

9,750 surgical interventions



An MSF team treats a patient in the operating room at the MSF hospital in Tabarre. The patient was shot in the foot during clashes between armed groups and police forces. Haiti, 2024.

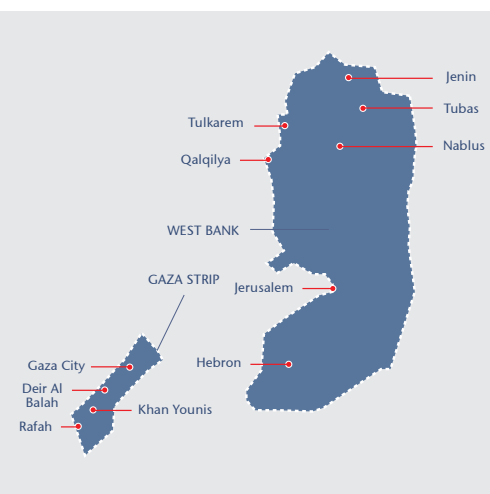
© Réginald Louissaint Junior



MSF water and sanitation agent Youssef Al-Khishawi oversees a water distribution in Rafah, southern Gaza. Palestine, 2024.

PALESTINE

Staff in 2024 (Full-time equivalents): 748 locally hired; 127 internationally hired | Expenditure in 2024: **\$126 million**



- Regions where MSF had projects in 2024
- Cities, towns or villages where MSF worked in 2024

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

KEY MEDICAL FIGURES:

750,100 outpatient consultations

123,600 emergency room admissions

37,000 pre-natal consultations

In 2024, Israel intensified its campaign of destruction on Gaza, launched after the horrific attacks and hostage-taking by Hamas in Israel on Oct.7, 2023. Doctors Without Borders/ Médecins Sans Frontières (MSF) adapted our activities to respond to people's urgent medical needs in Gaza and the West Bank.

In May, the offensive on Rafah forced more than a million people living in overcrowded tents and shelters to flee again. By the end of 2024, over 90 per cent of people in Gaza had been repeatedly forcibly displaced.


Civilian infrastructure and the health system were decimated, with most hospitals partially or completely destroyed. Four MSF staff members were killed in 2024, bringing the total to nine from the start of the war to the end of the year.

Despite the challenges and risks, our teams delivered surgery, physiotherapy and psychosocial support for patients with burns and trauma injuries; maternal and neonatal care; basic healthcare; sexual and reproductive healthcare; mental health support and treatment for non-communicable diseases. We also assisted with water distribution and the

installation of water treatment systems and sanitation facilities.

In December, MSF published *Gaza: Life in a Death Trap*, reporting that we were witnessing clear signs of ethnic cleansing, as Palestinian life was being wiped out in the north. In the West Bank, our teams witnessed a rapid escalation of violence, with ambulances carrying critical patients blocked at checkpoints, medical facilities surrounded and raided, and health workers subjected to physical violence and killing. MSF provided emergency assistance, basic healthcare through mobile clinics, and mental health services in Hebron, Nablus, Tubas, Jenin, Tulikarem and Qalqilya.

Teams also conducted first-aid training for paramedic volunteers in the West Bank refugee camps. We donated vehicles for paramedic services and relief items to communities trapped due to violence.

At year's end, humanitarian operations, including MSF's, continued to face severe restrictions on the delivery of humanitarian aid to Palestinians. MSF has repeatedly called for an immediate and sustained ceasefire in Gaza. 

YEMEN

Staff in 2024 (Full-time equivalents): 2,149 locally hired; 185 internationally hired | Expenditure in 2024: **\$172** million

Years of conflict and displacement, a worsening economic landscape and lack of healthcare have left millions of people in need of humanitarian assistance in Yemen. In 2024, Doctors Without Borders/ Médecins Sans Frontières (MSF) delivered critical medical care to people affected by ongoing armed conflict and instability.

Our teams worked in 17 hospitals across 12 governorates, providing medical assistance including emergency services, maternal and pediatric care, nutritional support and surgery. We trained staff at more than 10 basic healthcare centres and donated medicine and supplies to help people access basic healthcare in their communities.

MSF staff have seen worsening trends in malnutrition in recent years, particularly among children. In 2024, teams continued to provide nutritional care for inpatients and outpatients across seven governorates.

As the country's healthcare system deteriorated and people missed their routine vaccinations, we noted an increase in vaccine-preventable diseases. MSF launched emergency responses in nine governorates following outbreaks of cholera, acute watery diarrhea, measles and diphtheria. In Marib

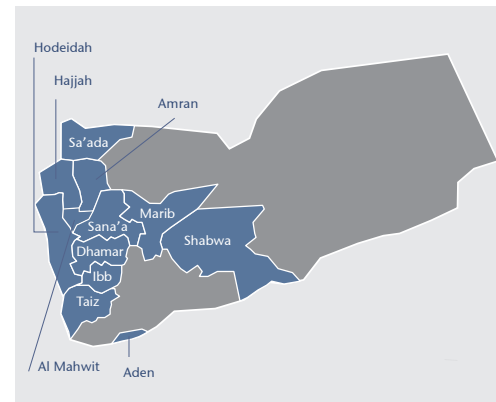
and Taiz, we provided logistical support for a catch-up vaccination campaign for children and pregnant women.

Maternal and child healthcare remains a core element of our work in Yemen. We delivered maternal, neonatal and pediatric services, including pre-natal and post-natal consultations and assistance with deliveries, for inpatients and outpatients in nine governorates.

Our colleagues provided emergency care at the Aden trauma centre, and at hospitals in Taiz, Ibb, Hodeidah and Hajjah governorates. We donated trauma kits for mass casualty events to Al-Thawra and Al-Gamhori hospitals in Sana'a governorate.

In response to needs for mental health support, MSF integrated basic mental healthcare into all our activities in Hodeidah, Marib and Taiz governorates. We ran a mental health clinic and a day centre providing psychological care in Hajjah city.

Following severe flooding in Mahweet and Marib governorates in August, teams delivered emergency healthcare and donated blankets and hygiene kits. 🚰



■ Regions where MSF had projects in 2024

KEY MEDICAL FIGURES:

232,800 patients admitted to hospital

65,600 people treated for cholera

11,500 children admitted to inpatient feeding programs

MSF midwife Altaf al Wahidi supports a patient through labour at the MSF maternity ward in the Mocha general hospital. Yemen, 2024.





Displacement: Photo story

© Mohammed Jamal Jibreel/MSF

Displaced people reaching Tawila locality. They mainly come from the city of El Fasher and surrounding camps like Zamzam and Abu Shok, where they had to flee intense violence. Sudan, 2024.

PROVIDING CARE TO PEOPLE FORCED FROM HOME: MSF'S RESPONSE AROUND THE WORLD

In 2024 alone, an estimated 123.2 million people* were displaced, either within their own countries or across borders as refugees. Many were forced from their homes because of conflict, violence, persecution or disaster. Others left in search of safer environments and better livelihood opportunities due to economic or political upheaval in their countries.

When people flee, they often need to leave everything behind. Most of

them face further difficulties on their journey to find safety, including a lack of access to basic necessities such as medical care, food and clean water. Responding to these needs is a core part of Doctors Without Borders/ Médecins Sans Frontières (MSF) medical humanitarian response. These photos offer a glimpse of some of the work you helped make possible in 2024.

[*unhcr.org/global-trends-report-2024](https://www.unhcr.org/global-trends-report-2024)

UKRAINE ►

The wounds and medical needs of people fleeing Kurakhove, Donetsk region, revealed the harsh impact of war on civilians: no medical care, no electricity, no heat. Shelling had destroyed the Kurakhove Thermal Power Plant, cutting off electricity and heating. Hospitals in the area were no longer operational, forcing residents to travel long distances for care. Many people had to wait several days, as bombing continued, before they were evacuated to a transit centre in Pavlohrad (Dnipropetrovsk region), 150 kilometres away. MSF teams, which run a mobile clinic in Pavlohrad, treated more than 200 patients over two months.



MSF doctor Oleksandr Hontariev treats a patient near a transit centre in Pavlohrad, Dnipropetrovsk region, for people fleeing the war. Ukraine, 2024.

◀ BANGLADESH

“At our Kutupalong clinic, I see a critical need: supporting survivors of sexual and gender-based violence. Fear and stigma often prevent survivors from seeking help and can lead to treatment delays. There are more difficulties for Rohingya women who are displaced from their motherland and have taken refuge in Bangladesh. Fear of being outsiders and limited movement within camps hinder healthcare access. MSF offers confidential services to all survivors, regardless of their origin. This includes medical care, counselling and medication. Special signs like white flowers or the phrase “Mashir Ghor” help women access care discreetly.” – Sumaiya Shimu Kakoli, MSF midwife.



MSF midwife Sumaiya Shimu Kakoli provides care for a patient at MSF's Kutupalong hospital. Bangladesh, 2024.

GEO BARENTS - MEDITERRANEAN SEA ►

“As people stepped onto the deck, they were wet and shivering, with anxious looks on their faces. We offered them dry, warm clothes, food, water and a place to rest. It was comforting to see the 68 rescued people safe on board and resting after such a dangerous and stressful journey. Among them was one pregnant woman and several children. They came from Syria, Palestine, Bangladesh, Pakistan and Egypt. As the reality of their new situation sunk in – that they had been rescued – the look of happiness and relief on their faces was amazing to see.” – MSF International President Christos Christou, who joined MSF's search and rescue team on the Geo Barents for two weeks in January.



Survivor disembarks the Geo Barents in Ravenna in January. Italy, 2024.

MEXICO

Between the end of September and the beginning of December, MSF responded to 12 caravans — made up of some 10,000 people — in the states of Chiapas, Oaxaca and Veracruz, providing more than 1,900 medical consultations. Due to an increase in migrant caravans, particularly following the US election, MSF expanded our assistance through mobile clinics in late 2024. Our teams report that the people they treat — especially women and children — often have limited access to basic services and spend long periods in unsanitary, hostile environments that worsen medical and mental health issues.



An MSF staff member provides information to migrants who have just arrived at La Venta, Oaxaca state. Mexico, 2024.

© Adri Salido



An MSF staff member provides care to Um Mohammad, who is a refugee from Syria. Lebanon, 2024.

© Dalia Khamissy

LEBANON

Um Mohammad, a Syrian refugee living in Lebanon fled with her three daughters after an airstrike landed dangerously close in Qsaibeh, south Lebanon. She packed a change of clothes for each of them and grabbed only a blanket, leaving behind the groceries she had bought that day on her kitchen floor. Amid bombardment and incursions across southern Lebanon, countless families were uprooted, many seeking refuge in the coastal city of Saida. MSF's mobile medical teams visited several locations, offering general healthcare, medication and mental health support to people displaced by the violence.

MALI

In October, heavy rains resulted in flooding in several regions of Mali, causing widespread destruction and displacing thousands of people. For the first time since 1966, the high dykes in Ténenkou were unable to prevent the town from being flooded. The floods led to a rapid growth in the number of mosquitoes, contributing to a significant increase in malaria cases. MSF collaborated with the Malian authorities to respond to people's urgent needs — providing medical care and essential household items, supplying clean water and building latrines.



An MSF team heading for Ténenkou boards a motorized canoe in Ké Macina. The roads are impassable and river navigation is the only means of transport. Mali, 2024.

© Mohamed Dayfour Diawara

MSF cultural mediator Noura Arafat and her colleague Fatima Saad Dwikat in Nablus, West Bank. Palestine, 2024.

BUILDING BRIDGES TO PROVIDE MENTAL HEALTH SUPPORT

Noura Arafat is an intercultural mediator for Doctors Without Borders/Médecins Sans Frontières (MSF). She has lived in Nablus all her life, where she helps women from her community access the mental health support they need.

The war in Gaza has had a devastating impact on people living in the West Bank, including Nablus. Greater movement restrictions and increased violence by settlers and Israeli forces have displaced thousands of Palestinians, and access to basic services, including medical and mental healthcare has diminished.

MSF teams, including local and international psychologists, provide mental health support to people in need in the region.

“EVERY SINGLE ASPECT OF OUR LIFE IS REALLY AFFECTED BY THE OCCUPATION.”

“[People] think it’s just a conflict. To me, it’s not,” says Noura.

“When you see people suffering psychologically with different disorders, obsessive-compulsive disorder for example, you think it’s simple. But when you delve into the patient’s history, it’s because a father has been imprisoned for life or because the patient has never seen her father.... Every single aspect of our life is really affected by the occupation.”

Noura facilitates sessions between patients and MSF psychologists by interpreting and mediating. She also briefs psychologists on

Palestine’s culture, history, background and unique aspects of the community.

“My role is important because without the interpretation first, there isn’t any session for the psychologist or the patient. And when the psychologist knows more about [the patient’s background], they have a better understanding.”

Other than MSF, there are limited mental health services available in Nablus.

“Women in Palestine, in general, and in Nablus, have all kinds of challenges,” says Noura. “Almost every day, we lose a Palestinian. We work with mothers every day. They grieve the loss of their sons, their husbands, their children, which is really sad. Sometimes it’s a lifelong grief that has no solution.”

“These women know their strengths. They know how to continue their lives. They know how to cope with the difficulties because these traumas and difficulties are ongoing. But we try to give them the means and skills to be more resilient, to cope and to find hope in life, which is really very special to my heart.”

Noura’s interview has been edited for brevity. 🌸

2024 OVERVIEW OF ACTIVITIES

LARGEST COUNTRY PROGRAMS

By expenditure (in millions of Canadian dollars):

| | |
|---------------------------------|-------|
| 1. Democratic Republic of Congo | \$193 |
| 2. South Sudan | \$176 |
| 3. Yemen | \$172 |
| 4. Sudan | \$157 |
| 5. Palestine | \$126 |
| 6. Chad | \$119 |
| 7. Central African Republic | \$101 |
| 8. Nigeria | \$99 |
| 9. Afghanistan | \$83 |
| 10. Niger | \$77 |

The total expenditure for our programs in these 10 countries was \$1.3 billion, 58 per cent of all MSF's program expenses in 2024.

By number of project staff*

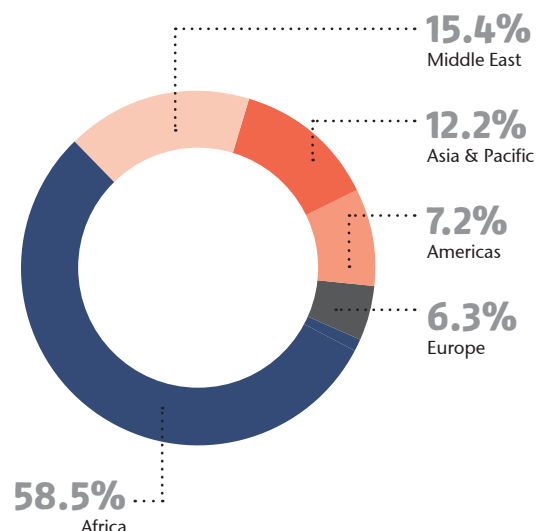
| | |
|---------------------------------|-------|
| 1. South Sudan | 3,814 |
| 2. Afghanistan | 3,564 |
| 3. Nigeria | 3,398 |
| 4. Niger | 2,946 |
| 5. Democratic Republic of Congo | 2,819 |
| 6. Chad | 2,404 |
| 7. Central African Republic | 2,379 |
| 8. Yemen | 2,334 |
| 9. Bangladesh | 1,924 |
| 10. Haiti | 1,829 |

By number of outpatient consultations (excluding specialist consultations):

| | |
|---------------------------------|-----------|
| 1. Democratic Republic of Congo | 2,285,100 |
| 2. Nigeria | 1,668,100 |
| 3. Niger | 1,155,400 |
| 4. Syria | 1,134,400 |
| 5. Sudan | 1,061,200 |
| 6. Burkina Faso | 922,500 |
| 7. South Sudan | 803,600 |
| 8. Palestine | 750,100 |
| 9. Mali | 639,300 |
| 10. Bangladesh | 624,100 |

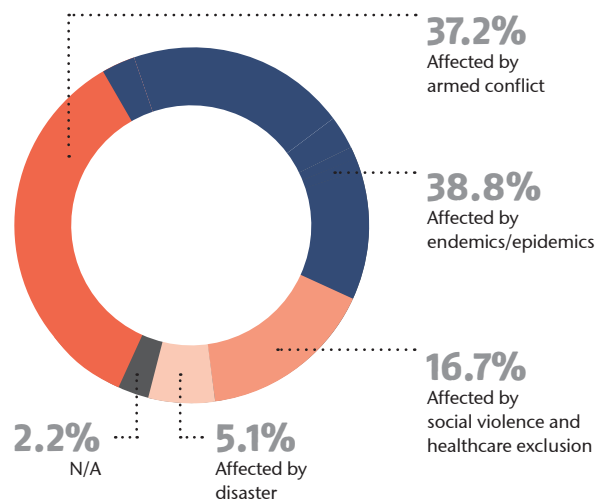
*Number of full-time equivalent positions, hired locally and internationally, averaged across the year.

PROJECT LOCATIONS



PROJECT DISTRIBUTION

according to event type by group of people:



All financial figures have been converted from euros to Canadian dollars, using the annual average exchange rate for 2024 at 1.482. For the original figures in euros from MSF's 2024 International Activity Report, visit doctorswithoutborders.ca/about-msf/impact-accountability.

2024 FINANCIAL INDEPENDENCE AND ACCOUNTABILITY

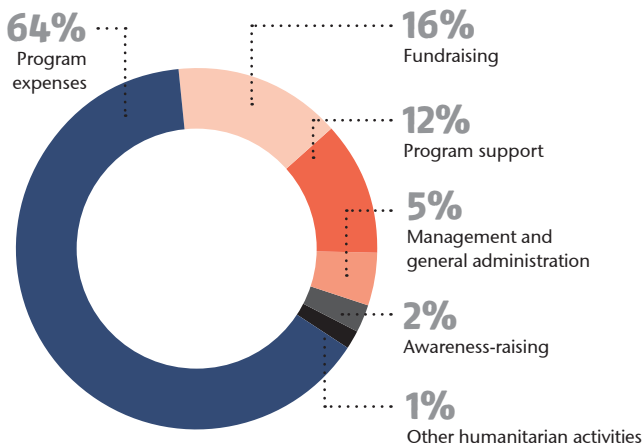
As part of MSF’s effort to guarantee our independence and strengthen the organization’s link with society, we strive to maintain a high level of private income. In 2024, 97.9 per cent of MSF’s income came from private sources.

More than 7.1 million individual donors, private foundations and corporations worldwide made this possible.

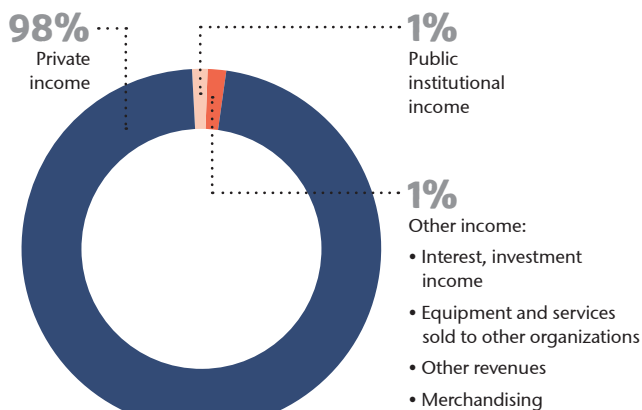
| HOW WAS THE MONEY SPENT? | figures in millions of Canadian dollars | | 2024 | 2023 |
|---------------------------------------|---|-------------|--------------|-------------|
| Social mission | | | | |
| Program expenses ¹ | 2,239 | 64% | 2,176 | 64% |
| Program support | 435 | 12% | 420 | 13% |
| Awareness-raising | 83 | 2% | 80 | 2% |
| Other humanitarian activities | 32 | 1% | 31 | 1% |
| Total social mission | 2,789 | 79% | 2,707 | 80% |
| Other expenses | | | | |
| Fundraising | 553 | 16% | 502 | 15% |
| Management and general administration | 191 | 5% | 168 | 5% |
| Total other expenses | 744 | 21% | 670 | 20% |
| TOTAL OPERATING EXPENSES | 3,533 | 100% | 3,377 | 100% |
| WHERE DID THE MONEY COME FROM? | | | | |
| Private income | 3,428 | 98% | 3,393 | 98% |
| Public institutional income | 37 | 1% | 35 | 1% |
| Other income | 36 | 1% | 31 | 1% |
| TOTAL INCOME | 3,501 | 100% | 3,459 | 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, medical costs, logistics and transport costs and other direct costs. Taken from the latest MSF International Activity Report, financial activities originally published in euros are converted to Canadian dollars at the average rate for that year. The average rate in 2024 was 1.482. Rounding may result in apparent inconsistencies in totals.

HOW WAS THE MONEY SPENT?



WHERE DID THE MONEY COME FROM?



2024 FACTS AND FIGURES IN CANADA

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

Statement of operations

Year ended Dec. 31, 2024

| | 2024 | 2023 |
|---|--------------------|-------------|
| | Canadian \$ | Canadian \$ |
| REVENUE | | |
| Donations | 96,327,829 | 98,017,804 |
| Support from Global Affairs Canada, International Humanitarian Assistance Directorate | 12,500,000 | 15,116,922 |
| Fees from other MSF sections | 7,175,302 | 7,366,117 |
| Grants from other MSF sections | 848,343 | 944,345 |
| Interest and other revenue | 721,397 | 1,113,941 |
| TOTAL REVENUE | 117,572,871 | 122,559,129 |
| EXPENSES | | |
| Program services | | |
| Emergency, medical, nutrition and health projects | 80,159,449 | 85,080,522 |
| Program support and development | 15,202,422 | 14,829,910 |
| Public education | 1,264,613 | 1,342,869 |
| SUBTOTAL PROGRAM SERVICES | 96,626,484 | 101,253,301 |
| Supporting services | | |
| Fundraising | 16,979,517 | 17,092,478 |
| Management and general | 3,729,591 | 3,998,522 |
| SUBTOTAL SUPPORTING SERVICES | 20,709,108 | 21,091,000 |
| Foreign exchange loss (gain) | (23,096) | 82,223 |
| TOTAL EXPENSES | 117,312,496 | 122,426,524 |
| Excess of revenue over expenses | 260,375 | 132,605 |

For more information and to read MSF Canada's complete financial statements for 2024, visit doctorswithoutborders.ca/about-msf/impact-accountability

WITH THE SUPPORT OF OUR DONORS

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**WORKERS TRAVELLED OVERSEAS
ON CANADIAN CONTRACTS TO HELP
MSF DELIVER EMERGENCY MEDICAL
CARE IN 2024***



112

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



125

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

At any given moment, there are more than 100 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 2024, a total of 237 Canadian citizens and permanent residents were part of MSF's work supporting people around the world facing humanitarian crises.

FRONT COVER: A patient during a session with a physiotherapist at MSF's reconstructive surgery hospital in Amman. He was nearly killed when his family's house was levelled by an Israeli airstrike in Gaza, Jordan, 2024. © Moises Saman/Magnum Photos

BACK COVER: MSF health promoter Abdallah explains to Hissin the medical services MSF provides, in front of the clinic in Adré transit camp. ©Ante Bussmann/MSF



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

We encourage you to visit doctorswithoutborders.ca for more comprehensive and detailed activities on the 75 countries worldwide where MSF worked in 2024, 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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