IMPACT REPORT

MSF CANADA
2025 ANNUAL REPORT

doctorswithoutborders.ca

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

2025 ACTIVITY HIGHLIGHTS

2,297,592,000
litres of water distributed

148,900
people treated for cholera

39,400
people on HIV antiretroviral treatment

17,071,300
outpatient consultations

10,500
people received care following a snakebite

30,400
people started on first-line treatment for tuberculosis

82,800
people treated after sexual violence

548,400
individual mental health consultations

14,800
people started on hepatitis C treatment

44,100
women and girls received treatment for abortion-related concerns and complications

78,400
women and girls requested and received safe abortion care

16,600
people treated for meningitis

213,700
severely malnourished children admitted to inpatient feeding programs

615,200
malnourished children admitted to outpatient feeding programs

1,300
people treated for hemorrhagic fevers, including Ebola

2,941,600
emergency room admissions

405,000
births assisted, including caesarean sections

146,500
surgical interventions requiring anesthesia

1,772,100
patients admitted

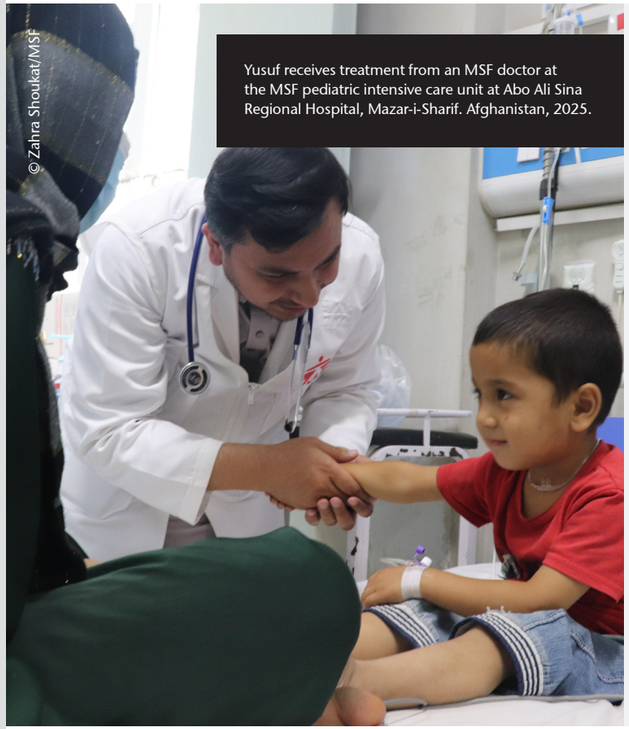
3,588,200
people treated for malaria

Data groups together direct, remote support, and coordination activities. The highlights are an overview of activities and are not exhaustive.

THANK YOU FOR YOUR SUPPORT. TOGETHER, WE MADE AN IMPACT IN 2025

In 2025, Doctors Without Borders/Médecins Sans Frontières (MSF) provided emergency medical humanitarian aid to people affected by conflict, displacement, disaster and lack of access to healthcare through 505 projects in 72 countries. The compassion and generosity of 163,676 Canadian donors helped make this work possible and allowed 232 Canadians to manage and deliver care to people directly.

The year was marked by massive humanitarian needs resulting from conflict and violence and compounded by the widespread cuts to foreign aid funding from key governments and institutions. As an organization where more than 90 per cent of income comes from private donors, we remain deeply grateful for your support. You enabled us to bring critical, and often lifesaving, assistance to people in need. Here are just a few examples of the crises we responded to, and how we were able to help.



Yusuf receives treatment from an MSF doctor at the MSF pediatric intensive care unit at Abo Ali Sina Regional Hospital, Mazar-i-Sharif. Afghanistan, 2025.

AFGHANISTAN

Healthcare needs rose sharply in MSF projects following significant funding cuts by the US and other donor programs. Early in the year teams reported a surge in children presenting with measles at three MSF-supported hospitals in different provinces, with data showing one measles-related death per day in the country. At the Abu Ali Sina regional and teaching hospital in Mazar-i-Sharif, Balkh province — where MSF has been working to strengthen services in the pediatric emergency room, neonatology and pediatric intensive care unit — we ran a triage system to prioritize critically ill children and managed a 24-bed measles isolation unit to prevent spread of the deadly disease. In the first eight weeks of 2025, teams at the hospital working alongside the Ministry of Public Health treated 1,499 children suspected of having measles — a 36 per cent increase over the comparable period in 2024. Additionally, MSF treated more than 43,800 children for measles across our projects and provided more than 106,700 doses of routine vaccinations to children age five years and under.

$1 million of Canadian support went to MSF's work in Afghanistan in 2025.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

In a context of growing insecurity, limited government commitment and reduced humanitarian funding, MSF launched several emergency responses to tackle epidemics across DRC – including one of the worst cholera epidemics in the last decade. In May, teams responded to an outbreak in Lomera, South Kivu, where lack of clean water and sanitation amid dramatic population growth for gold mining fuelled a 700% increase in cholera cases within two weeks. Teams vaccinated 8,000 people within four days and treated more than 600 patients. Discharged patients received hygiene kits — buckets, water purification tablets, and soap — and health education to prevent future infections.
MSF installed a lakeside water treatment facility and distribution point, delivering around 60,000 litres of clean water daily. One hundred latrines and 25 supervised handwashing points were set up across the settlement, including at restaurants and public gathering spots. Countrywide, MSF provided more than 2.28 million outpatient consultations and 470,000 routine vaccinations in our ongoing response to conflict and lack of healthcare.

$12.5 million of Canadian support went to MSF's work in DRC in 2025.

© Sam Bradpiece/MSF

An MSF employee shows purification tablets used to generate a clean water supply for the population of Lomera, a mining town in South Kivu grappling with a cholera outbreak. Democratic Republic of Congo, 2025.

PALESTINE

Despite obstacles imposed by the Israeli government, MSF scaled up our activities in Palestine, providing lifesaving water, sanitation and critical medical services in Gaza. In the West Bank, MSF teams witnessed the physical and psychological consequences of policies and practices aimed at forcibly transferring Palestinians from their land and preventing any possibility of return. In Hebron, Nablus, Qalqilya and Tubas, MSF's fixed and mobile clinics brought medical, mental health and social support to people affected by settler attacks, demolitions of homes, and displacement. Constant fear regarding the unpredictable incursions and attacks by Israeli forces and settlers affected people's mental health, with MSF staff noting increased hopelessness and anxiety among patients. In the West Bank, teams provided psychological support through more than 5,660 individual mental health sessions, and more than 10,300 people attended group sessions. MSF increased local capacity to provide care by training Palestinian Red Crescent Society volunteers and supported healthcare facilities with training and donated supplies, including water and fuel. MSF distributed more than 372 million litres of water in Palestine.

$3.3 million of Canadian support went to MSF's work in Palestine in 2025.

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An MSF staff member conducts first aid training in Hajjah village, Qalqiya, so volunteers can treat people at stabilization points. Palestine, 2025.

© MSF

A waiting room in Pran Men'm clinic. The MSF clinic provides comprehensive, survivor-centred medical care, including treatment to prevent sexually transmitted infections and unwanted pregnancies. Haiti, 2025.

HAITI

In Port-au-Prince, Haiti's capital, near-daily violent clashes between armed groups and police continued in a climate of ongoing political instability, four years after President Moïse's assassination. The escalation of conflict led to a steep increase in the number and brutality of incidents of sexual and gender-based violence (SGBV), used systematically against women and girls. At the Pran Men'm ("take my hand") clinic in Port-au-Prince, MSF teams continued to provide free comprehensive medical and psychological care to survivors of SGBV around the clock. The clinic has seen the number of patients triple since 2022, with an increasing number of patients reporting they have been assaulted several times by multiple aggressors, and that obtaining proper care has become more difficult. In 2025, MSF provided specialist care to 2,800 patients in this project, and more than 4,700 people countrywide. Across all our Haiti projects, MSF provided more than 177,900 outpatient consultations to people needing healthcare in a context of insecurity and diminished healthcare access.

$3.2 million of Canadian support went to MSF's work in Haiti in 2025.

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Physician Mohamed Abubaker examines a young patient in the improvised inpatient pediatrics department the team set up the day before. Sudan, 2025.

SUDAN

Civilians in Sudan endured ongoing conflict between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) resulting in famine, healthcare system collapse and an immense humanitarian crisis with an insufficient international response. In North Darfur, fighting in El Fasher, the SAF's last major stronghold in the region, led to waves of starving people fleeing to displacement camps in Tawila. MSF teams provided emergency medical care for people depleted and often injured by direct attacks, including children. From Oct. 27 to Nov. 3, after the RSF overtook El Fasher, teams found that 70% of children under five arriving in Tawila were acutely malnourished. Across Sudan MSF saw children's nutrition status deteriorate because of inadequate food, disease, insecurity and lack of livelihoods. Countrywide, MSF admitted more than 35,000 children to outpatient feeding programs and provided inpatient care to more than 15,000 malnourished children under five. Additionally, teams provided more than 250,000 emergency consultations, treated 10,800 patients after physical violence and 4,310 survivors of sexual violence.

$10.9 million of Canadian support went to MSF's work in Sudan in 2025.

2025 FACTS AND FIGURES IN CANADA

Doctors Without Borders Canada/Médecins Sans Frontières (MSF) Canada
Statement of operations
Year ended Dec. 31, 2025

	2025	2024
	Canadian $	Canadian $
REVENUE		
Donations	**113,630,604**	96,327,829
Support from Global Affairs Canada, International Humanitarian Assistance Directorate ("IHA")	**12,500,000**	12,500,000
Fees from other MSF sections	**6,999,791**	7,175,302
Grants from other MSF sections	**71,953**	848,343
Interest and other revenue	**758,686**	721,397
TOTAL REVENUE	**133,961,034**	117,572,871
EXPENSES		
Program services		
Emergency, medical, nutrition and health projects	**98,025,981**	80,159,449
Program support and development	**15,072,826**	15,202,422
Public education	**1,324,790**	1,264,613
SUBTOTAL PROGRAM SERVICES	**114,423,597**	96,626,484
Supporting services		
Fundraising	**16,086,988**	16,979,517
Management and general	**3,523,734**	3,729,591
SUBTOTAL SUPPORTING SERVICES	**19,610,722**	20,709,108
Foreign exchange gain	**(136,603)**	(23,096)
TOTAL EXPENSES	**133,897,716**	117,312,496
EXCESS OF REVENUE OVER EXPENSES	**63,318**	260,375

For more information and to read MSF Canada's complete financial statements for 2025, visit doctorswithoutborders.ca/about-msf/impact-accountability

NEW HOPE FOR PEOPLE WITH HEPATITIS C IN COX'S BAZAR

Physician Farhana Yesmin consults with a patient who has come for treatment for hepatitis C. Bangladesh, 2025.

Farhana Yesmin, a physician working with Doctors Without Borders/Médecins Sans Frontières (MSF) in Cox's Bazar, Bangladesh explains how MSF's 'test and treat' campaign changes lives and brings hope to refugees living with hepatitis C.

The camps in Cox's Bazar, Bangladesh, are the largest refugee camps in the world, home to members of the Rohingya community who fled violence in Myanmar. Overcrowding and limited access to healthcare in the camps have created conditions that are particularly conducive to the spread of hepatitis C — a viral disease that affects the liver and kills more than 1.3 million people worldwide every year.

Since March 2025, I've been working on a hepatitis C project at MSF's 'hospital on the hill' in Bangladesh. The rate of hepatitis C infection we have found is alarming. By August 2025, out of nearly 12,000 people screened we identified 2,136 positive cases. This is why MSF launched an intensive 'test and treat' campaign.

Hepatitis C is sometimes referred to as the 'silent killer', as it often shows no symptoms for years. Many people are simply unaware that they have it. Receiving a positive diagnosis comes as a shock to people, but it also paves the way for treatment that can save lives.

"When I found out I had hepatitis C, I panicked," says Nur, a Rohingya refugee. "I knew nothing about this disease and didn't know I had it because I had no symptoms, no pain, no aches, no signs at all. That's why it came as a real shock when I was told the result of the blood test. But the good news is that I'm going to receive treatment!"

For those who have been diagnosed with hepatitis C, there is a general sense of relief that treatment is finally available locally.

In addition to case management, one of the significant improvements to our service has been the change to the age restrictions for treatment. Previously, we were unable to treat people under the age of 40. We are now able to treat people from the age of 11, which considerably broadens our scope. We also encourage screening within families, which is a positive step towards prevention on a larger scale.

The more screening we carry out, the more cases we detect, and the more deaths we can prevent. It's a colossal undertaking, but every person treated is a life transformed.

PROVIDING ESSENTIAL HEALTHCARE IN BANGLADESH

In 2025, MSF delivered a range of medical care to Rohingya refugees and host communities in Cox's Bazar through three hospitals, two healthcare centres and a clinic. The 'test and treat' campaign for hepatitis C in the camps aims to treat 30,000 people by the end of 2026.

BANGLADESH MEDICAL FIGURES FOR 2025:

815,800
outpatient consultations

242,800
emergency room admissions

4,440
births assisted

13,700
people started on hepatitis C treatment

FRONT COVER: Physician Sayeed Jahangir checks on 13-year-old Nur, who presented with UTI and heart, kidney and skin diseases at the MSF Jamtoli primary healthcare centre. His mother Fatema was always by his side. Kutupalong Refugee Camp. Bangladesh 2025. ©Ante Bussmann/MSF

BACK COVER: MSF staff push a 4WD out of the mud on a flooded road after it got stuck on its way to a health centre. MSF conducts malnutrition screening and treatment for children under five at the health centres. Ethiopia, 2025.
© Paula Casado Aguirregabiria/MSF

The stories and activity information in MSF Canada's Impact Report are highlights of MSF's work. 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 72 countries worldwide where MSF worked in 2025, as contained in our posted International Activity Report and our International Financial Report. A full list of countries directly supported by Canadian funds is available 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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