



ANNUAL REPORT 2024

Médecins Sans Frontières Australia
Médecins Sans Frontières New Zealand



Médecins Sans Frontières is an independent, international medical humanitarian organization that provides emergency aid to people affected by armed conflict, epidemics, natural disasters, and exclusion from healthcare.

We are doctors, nurses, logistics experts, administrators, epidemiologists, laboratory technicians, mental health professionals and many others who work in accordance with MSF's guiding principles of independence, impartiality and neutrality.

▲ **Cover:** Dr Biaksoubo Keblouabé, a member of the MSF team in Adré transit camp in Chad, where hundreds of thousands of refugees have come fleeing violence in Sudan, 28 July 2024.
© Ante Bussmann/MSF

♦ **Left:** April 2024: A member of an MSF team delivered supplies to the Minova health zone in South Kivu province, DRC, after a bridge was destroyed by a flood. ©MSF

♦ **Back cover:** Perpetua is on shift as a nurse at the laboratory of the MSF-built comprehensive emergency obstetric and newborn care facility at the Nilefa Keji Hospital in Maiduguri, Borno state, Nigeria, 25 October 2024.
© Colin Delfosse/MSF

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Acknowledgement of Country

Médecins Sans Frontières Australia acknowledges the Gadigal of the Eora nation, the traditional owners of the land on which our office is located. We recognise their ongoing custodianship of land, waters and culture. We pay our respects to Elders past and present.

Whakatauki

Nāu te rourou, nāku te rourou, ka ora ai te iwi –
With your basket and my basket, the people will thrive.

This whakatauki encompasses the idea that when people work together and combine resources, we can all flourish. It was chosen by our Māori partners Deborah Harding and Tracey Poutama.

Connect with us

Australia

Call 1300 136 061

Email office@sydney.msf.org

New Zealand

Call 0508 633 324

Email contact.us@nz.msf.org

 msf.org.au or msf.org.nz

 facebook.com/MSFANZ

 [@MSFAustralia](https://twitter.com/MSFAustralia)

 [@msf_anz](https://www.instagram.com/msf_anz)

Foreword

There is no denying that 2024 was an extremely difficult year, but in the face of enormous challenges, we saw the incredible public support given to MSF by Australians and New Zealanders.

▼ **Below:** A vaccination team in the Batha region of Chad responding to an outbreak of diphtheria, 14 November 2024. Between July and December 2024, MSF's emergency response teams supported a targeted vaccination campaign of around 500,000 people in Chad, including isolated nomadic populations.
© Seigneur Yves Wilikoesse/MSF



This support is what enabled us to send 120 staff to MSF projects in more than 30 countries, to help fund emergency operations around the world, and to raise awareness at home about humanitarian crises and what can – and must – be done to address those needs. And it is this support that inspires us to keep overcoming obstacles to bring medical assistance and care to people wherever they are.

Throughout 2024, ongoing conflicts brought suffering to millions of people, while assisting them became harder and more dangerous than ever. Beyond the glare of media attention, disease outbreaks, population displacements, violence, and disasters created humanitarian needs in many places, and aid funding from major donor countries diminished, in a steep acceleration of an alarming trend.

As the year began, the war in Gaza continued to have a devastating impact on the lives of Palestinians.

The war stoked tensions and insecurity across the Middle East, also escalating conflict in Lebanon and Yemen. And it made clear the challenges that humanitarians are increasingly facing: the shrinking of humanitarian space, the weaponising of food aid and other assistance, and the extreme risks for humanitarian workers in conflict zones. By the end of the year, 11 of our MSF colleagues in Gaza had lost their lives since 7 October 2023.

The horror taking place in Gaza often overshadowed crises elsewhere, which our teams responded to with deep dedication and professionalism. In Sudan, where the civil war entered its second year, insecurity and bureaucratic obstacles constrained our ability to respond. In Haiti's capital, Port-au-Prince, violence between armed groups and the police made it one of the most dangerous places anywhere for us to operate.

In the eastern Democratic Republic of Congo (DRC), people and medical facilities were repeatedly caught in the crossfire between the army and rebel groups. In Myanmar, despite severe restrictions on our operations and repeated attacks on our facilities, we worked to deliver care, adopting alternative strategies, such as teleconsultations, wherever possible.

That delivery of care under the most challenging conditions is at the core of what we do. Across the more than 75 countries where MSF works, our teams conducted more than 16 million outpatient consultations and more than 4 million routine vaccinations – an illustration of the reach and impact we achieve.

Our teams responded to a cycle of large cholera outbreaks throughout the year, including in DRC, Sudan, South Sudan, and Yemen, countries marked by conflict and displacement. We also launched activities in other places, such as Comoros, where we had never worked before, and in Zambia, where we returned for the first time since 2018.

MSF teams treated high numbers of malnourished people in Afghanistan, Nigeria, Sudan and Yemen – crises aggravated by a global decrease in funding for malnutrition, which has reduced the availability of ready-to-use therapeutic foods. Our teams responded to an outbreak of mpox – a contagious, viral illness that can be fatal if left untreated – in DRC, Central African Republic and Burundi.

The Sydney-based Medical Unit played a crucial role in improving outcomes for women and children, who make up the majority of patients in our health projects. MSF Australia has also stepped up to meet the challenge of our changing climate.

The health impacts of climate change are increasingly visible in the places we work – through more frequent extreme weather, air pollution, the spread of infectious and water-borne diseases, and the deepening mental health toll.

Our project in Kiribati stands out as a powerful example, connecting us directly with the frontline impacts of rising sea levels. This work has resonated deeply within MSF Australia and helped elevate the visibility of Kiribati and planetary health across MSF.

2024 raised serious questions about the future of humanitarianism. Can we operate under the assumption of international protections? Will governments continue to support global health, or is this disinvestment in global health permanent? How do we adjust to meet the moment?

While we struggle with these questions, we express our gratitude for the people we work with and for the donors who stick with us while we find the answers – day-to-day, one person at a time. Working in MSF's medical-humanitarian projects is both an honour and a privilege – to be allowed into another country, to live and work alongside different cultures, and to contribute to the delivery of lifesaving health care is something we don't take for granted.

We want to take this opportunity to recognise the exceptional people who do this extraordinary work. And we want to express our gratitude to the donors who make it possible for lifesaving healthcare to reach people in need, wherever they are.

► **Katrina Penney**
President



► **Jennifer Tierney**
Executive Director



A note from Jennifer
As I reach the end of my time as Executive Director for MSFA and MSFNZ, I want to express my deepest gratitude to the staff, volunteers and supporters I've had the privilege to work alongside over the past six years. It has been an extraordinary honour to lead and represent an organisation like Médecins Sans Frontières. I have been inspired daily by the dedication, courage and humanity of those who make this work possible. Your efforts and ongoing support – often in the most challenging of circumstances – are a powerful reminder of what solidarity in action looks like.

Most of all, I remain profoundly moved by the strength of the people to whom we provide care. Be they in Palestine, Papua New Guinea, Bangladesh or one of the many other locations where we work – their stories have been my greatest motivation and will remain with me.

Thank you for the opportunity to serve in this assignment. It has truly been a privilege.

2024 Key Figures



16,493,900

outpatient consultations



4,607,000

routine vaccinations



1,665,200

patients admitted



3,877,100

malaria cases treated



2,473,700

emergency room admissions



1,318,100

vaccinations against measles



368,900

births assisted, including caesareans



506,300

mental health consultations



1,350,700,000

litres of water distributed



73,800

people treated for sexual violence

► Kawthat Mohammed, 28, and her two-and-a-half-year-old son, Kawthar, wait to receive a food distribution in Bileil locality, South Darfur, Sudan, 12 December 2024.
© Abdoalsalam Abdallah/MSF



Medical highlights

The Sydney-based Medical Unit brings together multinational expertise in obstetrics and midwifery, paediatric and neonatal care and nursing, and sexual violence care, from Sydney, Dakar, Paris and Berlin.

Throughout 2024, our paediatric and women's health teams provided technical and strategic advice and operational support directly to projects as well as to country-level coordination teams and to program teams in MSF headquarters. In addition, our advisors participated in operational research and remained focused on reducing suffering and improving health outcomes for women and children, who make up the majority of patients in MSF.

Women's health

The broad portfolio for women's health included projects focused on maternal and newborn care, cervical cancer, fistula and sexual violence. Sexual and reproductive health services, including treatment of sexually transmitted infections, access to contraception and safe abortion care, were increasingly integrated in established and emergency projects.

More than 46,000 babies were born in projects supported by the Medical Unit in 2024, nearly half of them in one project in Nigeria. Complicated pregnancies and deliveries, poor access to services, and the need for optimising care were regular challenges, but we continued to make progress.

We advanced coverage of safe abortion care services to one third of projects. 2024 saw the implementation of a new reporting system for safe abortion care to better capture the treatment provided across all operational centres.

Survivors of sexual violence had access to care in 30 projects, and 28,873 survivors of sexual violence received care in 2024, a 31 per cent increase over 2023.

Several initiatives were launched in 2024 to strengthen the care of women and girls.

Design began on a training package in collaboration with Marie Stopes International to better address respectful maternity care, defined as a fundamental human right that includes respecting women's beliefs, independence, emotions, dignity and their right to have a companion or perform cultural rituals during the birth of their child.

We started to revise MSF's essential guideline for obstetrics and newborn care in 2024, to replace the previous edition of 2019, and we contributed to a new MSF guideline on non-communicable diseases in pregnancy, available in English and French.

Children's health

In 2024, 73 per cent of people hospitalised were under the age of 15 years, with many arriving in life-threatening conditions that demanded urgent lifesaving interventions. Sixty-six per cent of all outpatient consultations were for children, with an increasing number requiring chronic care for long-term health conditions.

The paediatric advisors provided support for numerous emergency projects responding to disease outbreaks, armed conflict and malnutrition. The team supported the opening of a paediatric hospital in Sudan, primarily to address the alarming rates of paediatric malnutrition, and an inpatient paediatric hospital unit in Gaza, due to the collapsing local health system.



▲ Above: Abdul Wahid brought his daughter Nazifa to Herat Regional Hospital in Herat, Afghanistan, where Dr Farkhunda Farukh did a check-up to examine the child's condition, 22 January 2024. © Mahab Azizi/MSF

Improving safety and care

Strengthening nursing is essential to improve safety and quality of care.

Successes in 2024 include:

- Validation of the new Clinical Support Nurse position, which will facilitate strengthening of quality nursing care and supporting nurses in care delivery. Positions were opened in nine projects in 2024
- Content development of the MSF Academy Nursing Curriculum and SIMS project
- Improved procedures in pain management (Haiti, Jordan, South Sudan), wound care (specifically DRC, Jordan, Nigeria) and burns care (Gaza, Haiti, Syria)
- Rolling out seven quality indicators for care: safe, timely, people-centred, integrated, efficient, effective and equitable.

Field visits by the medical unit in 2024 were carried out in Burkina Faso, Chad, Haiti, Libya, South Sudan, Sudan and Syria to support the implementation of enhanced care.

Advisors also facilitated trainings such as:

- Paediatric and neonatal care training in CAR, Chad and DRC
- Fifteen workshops on exploring values and attitudes towards safe abortion care
- Sexual violence care training in Uganda
- Regional Advanced Life Support in Obstetrics (ALSO) in Uganda
- Surgical workshop for obstetrics in Côte d'Ivoire

We would like to thank current and recently departed paediatric advisors for their contributions in 2024.

Financials snapshot

Our funding relies largely on individual donations. This helps ensure our operational independence and flexibility to respond at a moment’s notice to the most urgent crises, including those which are underreported or neglected.

In 2024, 71.4 per cent of our financial resources were allocated to fulfilling our social mission, which includes our humanitarian programs as well as advocacy and awareness-raising activities. During the year, we also continued to invest in our digital maturity, implementing a new donor database system, alongside our ongoing focus on improving accountability and communications with our supporters.

Income		AUD
Regular giving (field partners)	43.1%	55,239,494
Gifts in wills	18.4%	23,655,961
Philanthropy and partnerships	15.7%	20,211,062
Online donations	11.2%	14,348,626
Direct marketing	6.2%	7,979,476
Income from other MSF sections	4.1%	5,258,952
Other income^	0.8%	972,378
Other fundraising income	0.5%	673,433
Total	100%	128,339,382

^ Examples include pro-bono donations and membership fees.

The 2024 income of MSF Australia and MSF New Zealand totalled \$128.3 million. Of this, \$122.1 million was generated from fundraising activities. This is an 8.7 per cent increase from 2023 fundraising income and represents continued generous support from the Australian and New Zealand public. Approximately 129,000 Australians and New Zealanders participated in the regular giving program in 2024, contributing on a monthly basis, and another 65,720 Australians and New Zealanders provided occasional gifts.

Finance	AUD (\$m)	AUD (\$m)
	2024	2023
Donation income	122.11	112.36
Other income *	6.23	8.58
Total income	128.34	120.94
Social mission costs	90.52	89.82
Fundraising costs	24.99	20.52
Management and general administration costs	11.26	8.97
Total costs	126.77	119.31
Surplus	1.57	1.63
Equity	18.60	16.98

* Examples include bank interest and income from other MSF sections

Our investment policy within Australia and New Zealand remained consistent with previous years. Short-term deposits were used to maximise interest, minimise risk and ensure flexibility and accessibility of funds when required.

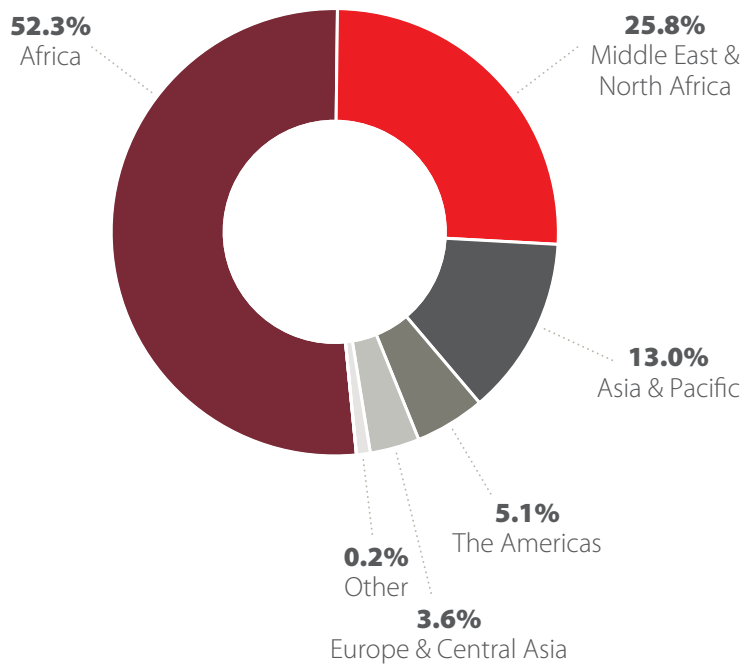
The generous support of our office volunteers was equal to \$40,747 (compared with \$37,075 in 2023).

Additionally, the Board of Directors (except for the President, who received a partial salary) and Association members, freely gave their time to MSF. The estimated total value of this time was \$539,000 (compared with \$489,000 in 2023).

In 2024, \$938,000 was spent on the Asia Pacific (APAC) project (compared with \$844,000 in 2023). This represents our increased investment in the Asia Pacific.

Spending by region

MSF Australia and MSF New Zealand spending on our medical humanitarian programs in 2024 was distributed across the following regions.



Please access our full financial statements for 2024 at our website.

► **AU and NZ consolidated:**
msf.org.au/document/2024-financial-report



► **NZ only:** msf.org.nz/document/new-zealand-performance-report-2024



▼ **Below:** A patient shot in the leg during clashes between armed groups and police receives treatment at MSF’s Tabarre hospital in Port-au-Prince, Haiti, 19 March 2024. © Réginald Louissaint Junior



Our project staff

Thank you to all the Australian and New Zealand professionals who worked in projects with MSF in 2024. This includes 100 Australians and 20 New Zealanders who departed in 2023 and 2024.

This list comprises only staff recruited by MSF Australia, who also gave their consent for their name to be printed. We also wish to recognise other Australians and New Zealanders who have contributed to MSF programs worldwide but are not listed here because they joined the organisation directly overseas.

David Adams
Haydar Alwash
Audrey Badaoui
Patrick Baffoun
Leanne Baldwin
Irma Bilgrami
Maia Blenkinsop
Susan Bucknell
Lucy Butler
Beau Carr
Amy Carter
Kathrine Charlton
Prem Chopra
Grant Clark
Louise Clarke
Peter Clausen
Prue Coakley
Donna Collins
Shelley Cook
Matthew Cooper
Louisa Cormack
Lindsay Croghan
Madeleine Crowe
Amy-Louise Curtis
Katie Dabbs
Marguerite Dalmau
Andrew Dimitri
Thienminh Dinh
Christian Donatsch
Catherine Flanigan
Shuang Fong
Isaline Goemaere
Eileen Goersdorf
Megan Graham
Abbie Hamilton
Shelley Harris-Studdart
Tasnim Hasan
Ian Hayes
Melony Heaver

Trudy Rosenwald
Shanti Hegde
Adelene Hilbig
Michael Hoey
Malcolm Hugo
Rhianon Hutcheson
Vivegan Jayaretnam
Arunn Jegatheeswaran
Mitchell Johnson
Alec Kelly
Wajid Khan
Graham Knottenbelt
Corrinne Kong
Gloria Leung
Anne Lickliter
Rachel Lister
Siobhan Lockie
Candice Lynch
Marty Lynch
Lenore Maitland
Adam Mangal
Rory Marples
Isabella Mayes
Gabriel Mayorga
Jessica Meagher
Benjamin Meates
Manogna Metlapalli
Alison Moebus
Brian Moller
Shanna Morris
Gerard Moynihan
Scott Murcko
Allen Murphy
Carol Nagy
Désiré Ndisabiye
Amy Neilson
Saari Nigol
Chiho Otani
Gail Page

Andrea Parisi
Natalie Park
Kristi Payten
Lisa Peberdy
Sophie Phelan
Tara Pollock
Timothy Pont
Jessa Pontevedra
Steven Purbrick
Hannah Rice
Gerald Riordan
Tamalee Roberts
Philippa Rokkas
Kiera Sargeant
Emma Schimann
Caterina Schneider-King
Helmut Schoengen
Lisa Searle
Ben Shearman
Rebecca Smith
Tracy Spencer
Jonathan Stacey
Sally Stevenson
Adriana Talotta
Samuel Templeman
Louise Timbs
Kaylene Tomkins
Alice Twomey
Jessie Watson
Suzel Wiegert
Kelly Wilcox
Deborah Wilson
Noni Winkler
Kristy Wolff
Scarlett Wong
Grace Yoo
Emily Young
Kristi Young
Aidan Yuen

120

PROFESSIONALS FROM AUSTRALIA & NEW ZEALAND ON

166

ASSIGNMENTS IN 2024



67%

MEDICAL &
PARAMEDICAL*



16%

OPERATIONS



11%

HR &
FINANCE



6%

LOGISTICS &
SUPPLY

37

COUNTRIES WORKED IN

CONTRIBUTING TO A GLOBAL WORKFORCE OF

50,000+

FULL TIME STAFF

* ‘Paramedical’ includes all health professionals who are not doctors.

Where you helped



In 2024, MSF ran medical humanitarian projects in more than 75 countries. Our donors in Australia and New Zealand supported work in 32 of those countries.

- Funded by Australian and/or New Zealand donors
- Funded by other MSF offices

Top supported countries by AU and NZ project staff

Palestine	28
South Sudan	16
Sudan	14
Afghanistan	13
Kiribati	9
Yemen	9
Bangladesh	7
Kenya	6
DRC	6
Nigeria	6

Projects to which Australian and New Zealand donors contributed

COUNTRY	AU FUNDING	NZ FUNDING
1 Afghanistan	2,352,941	320,076
2 Bangladesh	2,941,176	533,460
3 Burkina Faso	2,776,471	-
4 Cameroon	1,200,000	-
5 Central African Republic	2,352,941	-
6 Chad	2,352,941	640,153
7 Democratic Republic of Congo	2,352,941	160,039
8 Guatemala	1,000,000	-
9 Haiti	2,352,941	-
10 Honduras	500,000	-
11 Iraq	4,552,941	-
12 Kenya	1,488,235	-
13 Kiribati	679,425	654,146
14 Lebanon	3,500,000	136,032
15 Liberia	1,176,471	-
16 Libya	1,176,471	-
17 Malawi	2,352,941	746,845
18 Mali	2,352,941	-
19 Mozambique	500,000	-
20 Myanmar	500,000	-
21 Niger	4,952,941	-
22 Nigeria	2,352,941	453,441
23 Pakistan	2,352,941	426,768
24 Palestine	3,094,333	26,673
25 Papua New Guinea	1,176,471	-
26 Philippines	588,235	-
27 South Sudan	4,552,941	-
28 Sudan	3,152,941	864,206
29 Syria	2,352,941	565,223
30 Uganda	2,352,941	426,768
31 Ukraine	84,706	-
32 Yemen	3,163,237	912,216
Total	68,639,348	6,866,048

OTHER PROJECTS	
MSF Academy	136,781
Overall Total (AUD)	75,642,177

Support in action

This section highlights some of what MSF’s people and supporters achieved together in 2024. We focus on countries that received the most funding from Australian and New Zealand supporters and contexts where MSF projects brought targeted approaches to address local health challenges: Bangladesh, Democratic Republic of Congo, Kiribati, Malawi, Niger, Palestine, Sudan, South Sudan and Yemen.

We look at our emergency fund, mental healthcare in emergencies, vaccination programs and the increasing attacks on humanitarians – and humanity. And we get perspectives on MSF’s impact and value from patients, staff and supporters.

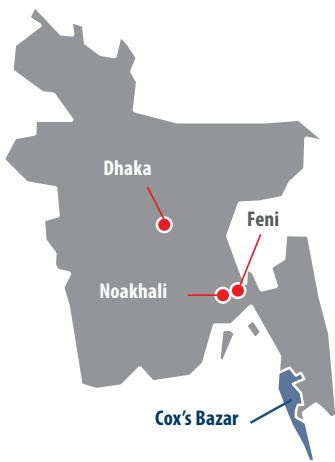
Below: An MSF health promoter explains the signs and symptoms of mpox to camp residents at the health centre supported by MSF in the Kanyaruchinya displacement site, near Goma, DRC, 28 August 2024. © Michel Lunanga/MSF

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

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

Bangladesh

- ANZ FUNDING: \$3,474,636
- TOTAL FUNDING: \$48.2 MILLION
- ANZ STAFF: 7
- TOTAL STAFF: 1,924



Following a surge in fighting in Myanmar in 2024, MSF teams witnessed an increase in the number of Rohingya refugees arriving in Bangladesh, many with violence-related injuries.

Thousands of Rohingya refugees received healthcare in MSF’s eight health facilities in Cox’s Bazar. MSF provided emergency care, sexual and reproductive health services, and mental health support and treatment for victims of sexual and gender-based violence. We also treated patients for a range of non-communicable diseases, acute watery diarrhoea, respiratory infections, dengue fever and measles.

A significant increase in violence inside the camps since mid-2022 and fighting between armed groups in September 2024 led to the temporary suspension of activities in some of the camps. Earlier in the year we also witnessed Rohingya boys and young men being threatened and pressured into returning to Myanmar to fight.

MSF saw a sharp increase in scabies cases in the last quarter of 2024, compared to 2023, when numbers had reduced following a mass drug administration. An MSF-led assessment found reduced chlorination and poor water distribution across all camps, likely contributing to a rise in water-borne diseases.

A study published in June by Epicentre, MSF’s epidemiological centre, reported a high prevalence of hepatitis C infection in adults living in the camps. By December, MSF and other organisations had committed about 60 per cent of needed resources to tackle the virus.

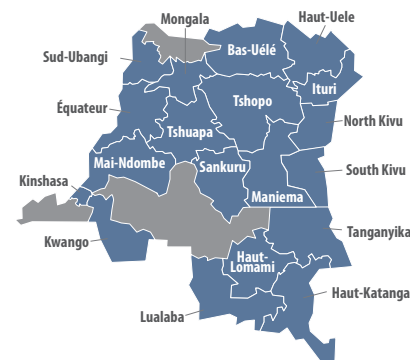
MSF continued to run two clinics in Dhaka’s Kamrangirchar district, offering sexual and reproductive healthcare, medical and psychological treatment for victims and survivors of sexual and gender-based violence, and occupational health services for factory workers.

Nashima, a Rohingya refugee living in Unchiprang camp, Cox’s Bazar, visiting MSF’s Goyalmara Mother and Child Hospital with her child suffering from pneumonia, 1 April 2024. © Farah Tanjee/MSF



Democratic Republic of Congo

- ▶ ANZ FUNDING: \$2,512,980
- ▶ TOTAL FUNDING: \$218.2 MILLION
- ▶ ANZ STAFF: 6
- ▶ TOTAL STAFF: 2,819



In 2024, MSF increased activities to respond to the impacts of the conflict raging across North Kivu, South Kivu and Ituri provinces in eastern DRC, which by the end of the year had displaced 4 million people. We responded to many other emergencies, including disease outbreaks and floods.

Conflict in North and South Kivu escalated in 2024 between the M23, the Congolese armed forces, their respective allies, and other armed groups, causing new waves of displacement. We scaled up emergency response efforts, strengthening general, maternal, and paediatric care, delivering life-saving vaccinations, and providing treatment for victim-survivors of sexual violence.

In Ituri province, largely overlooked by the government and with limited international response, violations of international humanitarian law had a significant impact on people's access to healthcare.

Responding to measles epidemics remained a primary focus for MSF's emergency mobile teams. We also addressed a surge in mpox outbreaks, formerly known as monkeypox. The rise in cases was compounded by the extremely high population density in displacement sites in North and South Kivu.

In Équateur, South Kivu, South-Ubangi, North-Ubangi, Tshopo, Haut-Uélé, Bas-Uélé, Ituri and North Kivu provinces, we conducted epidemiological surveillance, awareness-raising and research activities and supported the Ministry of Health with patient care.

In Tshopo, we also responded with surveillance and supported the Ministry of Health in setting up and running two treatment centres. In Uvira, a hotspot for mpox in South Kivu, MSF assisted with case management, infection prevention and control measures and community awareness-raising.

We also continued to run regular projects across DRC, including supporting health facilities and training networks of community health workers to detect high-prevalence conditions such as malaria and malnutrition, particularly in hard-to-reach areas. Care for victims and survivors of sexual violence is another major component of many of our projects. Our teams provided not only medical treatment, but also psychological support, and engaged communities with awareness-raising activities to ensure people know where to seek treatment.

In the capital Kinshasa, we provided HIV care in Kabinda hospital and five health centres, and we worked to improve access to healthcare for people with disabilities.



◀ October 2024: Aerial view of the Lushagala camp in Goma, North Kivu, where MSF supported displaced communities by improving healthcare and sanitation for people living in overcrowded conditions.
© Michel Lunanga



"One of the things Hansen Technologies aims for is what we call 'acts of impact'. That's not just about what the company is doing, but also what our employees do in their own time. We're a global organisation with about 1,800 employees around the world. Over the last 30-plus years we have expanded from Australia to operate in more than 30 countries.

"Everyone likes to give back. So a number of years ago, we elected as a board along with the executive to try and focus our attention on what we could globally get behind, and we started looking at various charities. That's when we chose MSF. I think the reason MSF always touched with me is its unbiased approach, its compassion to world events. It was something we felt the whole organisation could get behind.

"We publish stories internally online and on Hansen TV about how we give back. We want to share with our employees around the world what different individuals and teams are doing and hopefully inspire them too. MSF has become not just the charity we donate to as a corporate, but also a beneficiary of a number of acts of impact each year.

"I'd always thought of the work of MSF as just being about treating physical health. More recently, looking at the mental health side of people in camps, it's something we never really got into before, and I found that really quite moving. It reinforced as an organisation where we should donate and get our whole company behind. We feel very proud to have helped, even if in the scheme of what is needed it is relatively small."

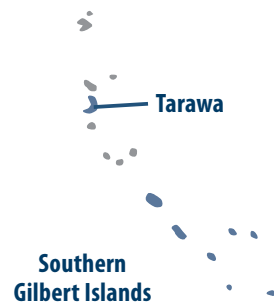
Andrew Hansen

Global CEO and Managing Director, Hansen Technologies, Melbourne



Kiribati

- ▶ **ANZ FUNDING:**
\$1,333,571
- ▶ **TOTAL FUNDING:**
\$2.3 MILLION
- ▶ **ANZ STAFF: 9**
- ▶ **TOTAL STAFF: 16**



Storm surges, droughts and saltwater intrusion have reduced the availability of fresh water and nutritious foods in Kiribati. To address the burden of non-communicable diseases (NCDs) and malnutrition affecting women of childbearing age and children under five, MSF implemented a community-integrated approach aimed at strengthening local health systems and providing people with a better understanding of the link between climate change and health.

MSF's ongoing partnership with the i-Kiribati Ministry of Health and Medical Services has been central to this initiative. We worked together to enhance the national healthcare system's ability to manage the rising incidence of NCDs, including diabetes, high blood pressure and obesity, alongside malnutrition.

We supported nurses and medical assistants to improve recognition of health conditions and used key innovations such as the CRADLE Vital Signs Alert system – a device designed to detect pre-eclampsia, sepsis and other pregnancy-related complications in low-resource settings. MSF teams identified several issues with women and children, including diabetes, high blood pressure and obesity. There was also evidence of poor water and sanitation conditions, and episodes of diarrhoea among children.

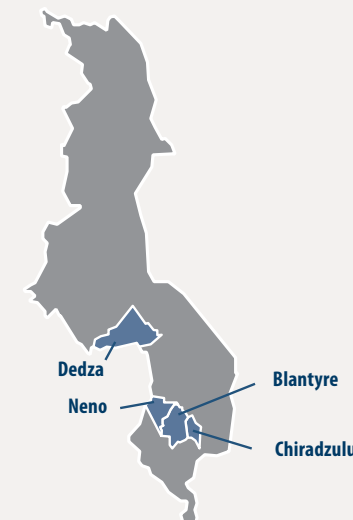
MSF supported the improvement of pharmacy processes, including the ordering and monitoring of supplies, and assisted with waste management at Tungaru Central hospital and health centres on the outer islands.

- ▶ *Tebunginako village in Abaiang was abandoned by residents as intruding saltwater caused land erosion and the loss of freshwater sources. An abandoned church and a maneaba (community gathering space) remain.*
© Victor Caringal/MSF



Malawi

- ▶ **ANZ FUNDING:**
\$3,099,786
- ▶ **TOTAL FUNDING:**
\$9.8 MILLION
- ▶ **ANZ STAFF: 1**
- ▶ **TOTAL STAFF: 307**



In Malawi, MSF runs a project to improve preventive and curative care for cervical cancer. The country has one of the highest death rates for the disease in the world.

In Malawi's second-largest city, Blantyre, and the surrounding district, we have worked closely with the health authorities to implement a comprehensive program of prevention, screening, diagnosis and treatment, as well as palliative care, for cervical cancer. The disease accounts for almost 40 per cent of all cancers among women in Malawi and kills more than 2,000 every year.

Based in Queen Elizabeth Central Hospital in Blantyre, our services include outpatient treatment for pre-cancerous and cancerous lesions, surgery, chemotherapy and home-based palliative care for patients living with the advanced stages of the disease.

Patient-centred activities such as mental health support, education sessions, physiotherapy and social support are also part of our program.

Prior to 2024, we had to refer patients requiring radiotherapy to facilities in Kenya as it was not available in Malawi. In March, a private radiotherapy centre opened in Blantyre, meaning that patients could now be treated closer to home.

In addition to our cervical cancer program, we worked alongside two community-based organisations run by sex workers in Dedza and Zalewa, providing close-to-home sexual and reproductive health services through mobile outreach clinics.



PATIENT: Dreaming of dignity

Aziza Idriss and her children

Aboutengue Refugee Camp,
Eastern Chad, 23 July 2024



© Thibault Fendler/MSF

Aziza, from El-Geneina in West Darfur, Sudan, arrived in Aboutengue camp in July 2023 with her family of nine. People living in the refugee camps over the border from Sudan rely almost entirely on humanitarian organisations for their basic needs.

"Life in the camp is difficult. We're living with a lot of hardships. We don't have enough food. Food distributions happen once a month, but the rations are so small that we usually run out of food long before the next distribution."

"I am grateful for what MSF is providing such as plastic sheeting, jerrycan, mosquito net, soap bars, and of course, medical care. But we really need proper shelters and enough food to survive. When I compare what our lives used to be in Sudan to what we have now, it really troubles me. All we want is to live with dignity, like we used to."

Niger

- ▶ ANZ FUNDING: \$4,952,941
- ▶ TOTAL FUNDING: \$87.6 MILLION
- ▶ ANZ STAFF: 0
- ▶ TOTAL STAFF: 2,946



MSF continued to address the consequences of violence, displacement and malnutrition across six regions of Niger.

Working alongside the new government, MSF ran a range of community-based health services, including nutrition support, paediatric, maternal and reproductive care, and malaria treatment. We also helped with the response to a major flood event by donating essential items such as cooking and hygiene kits.

Although border closures, insecurity and other factors continued to disrupt supply chains, our teams treated an increased number of children in Maradi, Zinder, Tahoua and Diffa regions between June and November, the ‘lean season’ when rainfall is heaviest and food stocks are depleted.

In Magaria, we carried out an indoor residual spraying campaign in partnership with the national malaria control program in 25 villages to curb the proliferation of mosquitoes.

We hired an additional 200 healthcare workers to help treat malnourished and sick children in Madarounfa and collaborated with local health authorities to open 40 community-based healthcare sites in Diffa to treat malaria and refer patients requiring further care to the hospitals we support in Diffa and Nguigmi.

In addition to our general care in Torodi, our teams supported the hospital in Tera and four other health facilities. Through 28 community-based healthcare sites, we brought care for malaria, respiratory infections and diarrhoea closer to home.

MSF continued to assist people migrating through Agadez, many of whom had been expelled from Algeria and were left stranded in the desert. Our teams provided mental health support along migratory routes, facilitated protection referrals for vulnerable people, and continued advocating for the dignity and security of migrants.

We also ran search and rescue activities in the desert and distributed relief items such as hygiene kits and blankets.



◀ A sprayer after treating a house against mosquitoes during the 2024 indoor residual spraying campaign in the Magaria health district, 30 July 2024. © Eloge Mbaihondou/MSF



STAFF PROFILE: “We need courage and help to survive”

“Where I grew up in Bujumbura, Burundi, MSF provided surgical, nutrition and obstetric services. During the civil war between 1993 and 2005, there was shooting every day. I saw the job MSF was doing and wanted to be part of that emergency effort – to support people in places where there is no other assistance. The idea that MSF responds fast to go to places that other organisations don’t, and stays after others leave, made me want to be part of it.”

Désiré’s assignment in South Sudan was to investigate the widely used rapid diagnostic test in scenarios where one of the parasites that causes malaria mutates, resulting in a false negative. “We aimed to quantify these mutations to understand the scope of the issue, and whether we needed to adapt our testing protocols.”

After the team completed data collection, the samples were sent to the Australian Defence Force Malaria and Infectious Diseases Institute in Brisbane for analysis.

“It is a relief to find that the current tests continue to perform well. Changing testing strategies in an environment like South Sudan would be extremely challenging.

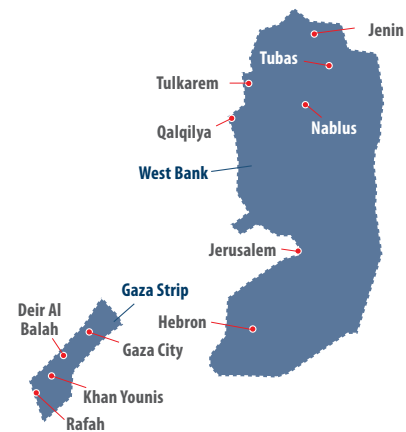
“The beauty of public health is that you are not just helping one individual who is ill. You can help whole communities, even countries. With epidemiology, surveillance and data helps us identify disease patterns and prevalence, and we can identify potential for and manage outbreaks.”

Désiré Ndisabiye
Epidemiologist
Sydney (Bidjigal Land)



Palestine

- ▶ **ANZ FUNDING:**
\$3,121,006
- ▶ **TOTAL FUNDING:**
\$142.5 MILLION
- ▶ **ANZ STAFF: 28**
- ▶ **TOTAL STAFF: 875**



Gaza

Israel intensified its destructive campaign in Gaza in response to Hamas' attack and hostage-taking on 7 October 2023.

By the end of 2024, more than 45,000 Palestinians had been killed, and civilian infrastructure and the health system were decimated. The war brought profound physical and psychological trauma, and 90 per cent of Palestinians in Gaza had been repeatedly displaced. Most sought refuge in an ever-shrinking space in southern and central Gaza. Nowhere was spared from Israel's offensive, not even areas it declared "safe humanitarian zones", which were repeatedly bombed.

Our staff and patients had to abandon 17 health facilities and were subjected to around 45 violent incidents between October 2023 and December 2024. Four of our staff members were killed in 2024, bringing the total to 11 during the war.

We scaled up and adapted our medical activities. These included multidisciplinary care for patients with burns and trauma injuries, as well as maternal and neonatal care, basic healthcare, sexual and reproductive healthcare, mental health support and treatment for non-communicable diseases. We also assisted with the distribution of water and the installation of water treatment systems and sanitation facilities.

The health system faced critical shortages of drugs and other vital goods.

We repeatedly called for a sustained and immediate ceasefire in Gaza, for urgent and unhindered access for humanitarian, and for all parties to the conflict to respect and protect medical facilities. By the end of the year, our teams were supporting two hospitals, Al-Aqsa and Nasser, two MSF field hospitals in Deir Al-Balah, five healthcare centres and two clinics.

The West Bank

Israeli forces and settlers increased their use of extreme physical violence against Palestinians in the occupied West Bank since the war started in Gaza. During 2024, Israel also introduced more restrictive measures on movement, which severely obstructed access to healthcare and exacerbated the already dire living conditions. The Israeli forces carried out increasingly violent and longer incursions, particularly in the north of the territory.

These incursions, along with settler violence, movement restrictions and financial hardship, resulted in the largest number of Palestinians being forcibly displaced from their homes in decades.

MSF continued to provide emergency care, basic healthcare via mobile clinics and mental health services in Hebron, Nablus, Tubas, Jenin, Tulkarem and Qalqilya. Our mental health teams observed that constant fear of incursions and attacks by Israeli forces and settlers took a significant toll on people's mental health.

Our teams increased the number of mobile clinics around Nablus and in H2, a highly restricted area in Hebron city. At the end of 2024, humanitarian operations, including MSF's, continued to face severe restrictions.

- ▶ **Opposite:** At Al Saraya in Gaza City, people sit on the rubble of their destroyed home, with their tent set up across from the debris, 3 November 2024.
© Motassem Abu Aser/MSF



SUPPORTER PROFILE:

"I have to do something"

"What touched me about MSF is its very clear focus on war zones and alleviating the suffering there.

"As a young man, I was a volunteer in northeast Thailand for Volunteer Service Abroad. Years later, as a director of that organisation, I was involved in setting up development projects in Indochina and Indonesia. My late wife was from Vietnam, and she and her family suffered, like all of her generation, by what happened there. So, I'm well aware of the impact and devastation of conflict on human beings and the long-term consequences for the rest of their lives – and for their children, and maybe their grandchildren.

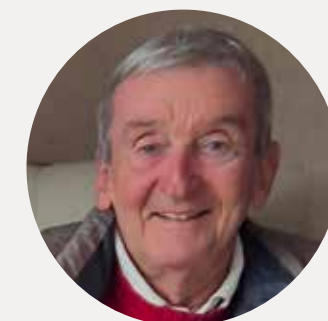
"What you at MSF are doing that has particularly touched me in the last couple of years is about what's going on in Gaza and the West Bank, particularly Gaza, which to me is another level of horror. That has really struck me as something totally outrageous and unnecessary. And you're one of the organisations actually on the ground.

"Sitting here in New Zealand, there are two things I can do that are practical, instead of just saying, 'Well, isn't this awful?' One is I write letters to members of our political parties and leaders. Two is I contribute what I think I can to your organisation. I have to do something when I see what's going on.

"You've got a lot of local people on the ground, and also expatriates. It's very much integrated, as far as I can see, into the lives of the people that you're working with. This is a really important issue for me."

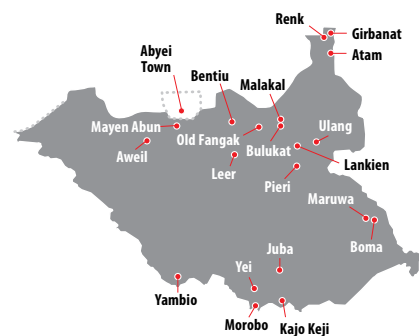
Chris Hawley

Auckland, New Zealand
MSF supporter since 2021



South Sudan

- ▶ **ANZ FUNDING:**
\$4,552,941
- ▶ **TOTAL FUNDING:**
\$199.8 MILLION
- ▶ **ANZ STAFF: 16**
- ▶ **TOTAL STAFF: 3,814**



MSF ran 12 regular and five emergency projects in South Sudan, delivering a range of services. We operate one of our largest assistance programs worldwide in South Sudan, responding to the many health needs resulting from ongoing conflict, displacement, recurrent floods and disease outbreaks. The decrease in international funding for humanitarian and development programs and the precarious state of the national healthcare system compounded these issues, and working in South Sudan continued to be highly dangerous for humanitarian organisations.

MSF teams responded to numerous disease outbreaks, including measles, yellow fever, hepatitis E and cholera.

The cholera outbreak declared in October in the border town of Renk affected seven states by the end of the year. Our response included setting up cholera treatment centres and units, water and sanitation activities, active case finding, surveillance and supporting the rollout of oral cholera vaccination campaigns.

In Fangak county, Jonglei state, MSF completed a nine-month hepatitis E vaccination campaign.

There were numerous surges in malaria cases. In Aweil State Hospital, we had an unusually high number of admissions of children suffering from severe acute malnutrition, requiring us to double the capacity of the inpatient therapeutic feeding centre from 22 to 44 beds.

Severe and widespread flooding had a devastating impact on communities across the country. We built a 20-bed field hospital in New Fangak as a precaution in case Old Fangak hospital flooded. Although not originally intended for this purpose, its presence proved invaluable during the cholera response. By the end of 2024, nearly one million people had crossed from Sudan fleeing the war, according to UN figures. MSF responded in informal settlements by sending mobile clinics to deliver basic healthcare, truck in water and set up other water and sanitation infrastructure.

We continued to run our stabilisation centre at the Joda crossing point, and our team in Renk civil hospital provided pre- and post-operative care for war-related injuries, in partnership with the International Committee of the Red Cross.

In October, in collaboration with the Ministry of Health, we opened a 48-bed paediatric unit refurbished by our team at Bentiu state hospital. By transferring these services, MSF and the Ministry of Health aimed to work together to maintain and enhance healthcare provision in Unity state. MSF's Academy for Healthcare continued working to address the shortage of qualified healthcare professionals that has long plagued South Sudan.

◀ *A healthcare worker tests a patient for malaria during triage in Mayen Abun hospital, in Twic county, which had one of the highest rates of malaria in the country, 15 October 2024.*
© Paula Casado Aguirregabiria/MSF



PATIENT:
Benefiting greatly

On a bright, sunny morning, Hashim Abdullah visited the MSF clinic in Hawija, Iraq, for his final checkup before his medical care was transferred to the public basic healthcare centre.

At the end of February 2024, after eight years of providing medical care, MSF handed over all its activities in the Hawija district and Abassi sub-district of Kirkuk governorate to the Directorate of Health. Hashim Abdullah had been coming to the clinic since 2018 for treatment of a chronic health condition.

"I have been visiting MSF since I returned from the camp. Returning from displacement, we found everything we owned gone. No healthcare services were functioning," Hashim says. "MSF's free services helped me and many others in the area stay healthy while we rebuilt our lives and homes."

"I started visiting the MSF clinic a year after the end of the war. I was visiting their clinic in Al-Abbasi subdistrict, where I live. We heard from others that the services were good, and we were advised to go there for consultations.

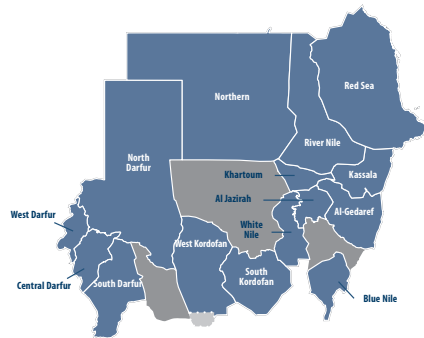
"When we arrived, they welcomed us and created a health file for us. We know that Hawija has recovered, and this recovery means that the role of this emergency medical organisation has ended. However, we still feel sad to see them leave, because we benefit greatly from the high-quality services here."

Hashim Abdullah
Hawija, Iraq



Sudan

- **ANZ FUNDING:**
\$4,017,147
- **TOTAL FUNDING:**
\$177.7 MILLION
- **ANZ STAFF: 14**
- **TOTAL STAFF: 1,390**



Throughout 2024, MSF delivered medical and humanitarian assistance across many of the country's conflict-ravaged states.

The fighting between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) has caused the world's largest displacement crisis, with millions of people driven from their homes.

Many have been subjected to ethnically motivated and sexual violence and are facing malnutrition, as well as the loss of their homes and livelihoods.

People's suffering was compounded in the country's east and central states by outbreaks of cholera and spikes in malaria and dengue fever.

MSF teams faced numerous challenges in the delivery of care, including restrictions imposed by both warring parties, delays in receiving travel permits and disruptions to supply routes due to insecurity, as well as attacks on our facilities and staff. Despite these obstacles, we had teams working in 15 of the country's 18 states and were one of only a handful of organisations operating in areas controlled by both the SAF and the RSF.

In many parts of the country, health facilities were targeted, including in El-Fasher, North Darfur, where hospitals were repeatedly attacked, and in Khartoum, where armed fighters entered hospitals on several occasions, in one instance killing a patient in Bashair Teaching hospital.

These attacks eventually forced MSF to suspend medical activities in El-Fasher and in two hospitals in Khartoum.

The malnutrition crisis in Zamzam displacement camp in North Darfur, which began following the outbreak of war in 2023, was further exacerbated from May 2024, as the RSF laid siege to El-Fasher and surrounding camps.

In October, we suspended outpatient nutrition activities in Zamzam due to the blockade on supplies. Shortly after we resumed activities, the camp was repeatedly shelled, forcing us to halt outpatient nutrition services in December, including treatment for 5,000 children with acute malnutrition.

MSF teams also saw alarmingly high rates of malnutrition and hunger in other parts of Sudan, and outbreaks of vaccine-preventable diseases occurred in many parts of the country.

Our teams responded to cholera outbreaks in Khartoum, River Nile, White Nile, Blue Nile, Kassala and Al-Gedaref states by setting up new, and supporting existing, treatment centres. There were also worrying rates of malaria and dengue fever across Sudan.

MSF ran several catch-up vaccination campaigns for children who had missed out in 2024. We also responded to a measles outbreak in East Jebel Marra, West Darfur.

Medical care was especially difficult for mothers and children to access. In South Darfur, MSF teams saw many pregnant women and newborns die due to the scarcity of functioning health facilities.

MSF continued delivering medical services to remote and isolated communities, focusing on nutrition and malaria screening and treatment through outreach activities.

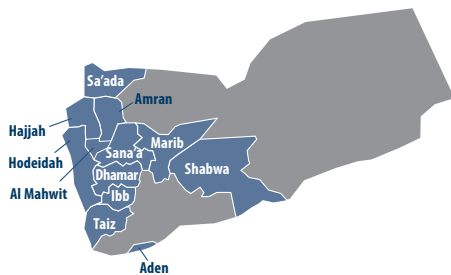
- **Right:** In September 2024, in collaboration with the Ministry of Health, MSF set up and managed a 100-bed cholera treatment centre in Atbarah city, River Nile state, which recorded the highest number of cholera cases in the state. © MSF

- **Opposite:** Displaced people reaching Tawila locality, North Darfur, 10 June 2024. © Mohammed Jamal Jibreel /MSF



Yemen

- ▶ ANZ FUNDING:
\$4,075,454
- ▶ TOTAL FUNDING:
\$194.5 MILLION
- ▶ ANZ STAFF: **9**
- ▶ TOTAL STAFF: **2,334**



MSF continued to deliver lifesaving care to people in Yemen affected by ongoing conflict and instability and responded to a steep rise in vaccine-preventable diseases. Yemen has experienced one of the worst humanitarian crises in the world, with millions of people displaced and in need of assistance. In 2024, regional armed escalations following Israel's war on Gaza directly impacted the country.

The lack of healthcare in large areas of the country and the worsening economic landscape had severe repercussions on people's health and living conditions. In 2024, MSF worked in 17 hospitals across 12 governorates, providing medical services such as emergency, maternal and paediatric care, nutritional support and specialised surgery.

To facilitate access to basic healthcare at community level, MSF supported more than 10 basic healthcare centres with staff training and incentives, donations of medications and medical supplies, and building rehabilitation.

In response to worsening trends in malnutrition, especially among children, MSF offered acute and intensive therapeutic nutrition care in seven governorates, with outpatient and inpatient paediatric therapeutic feeding centres in multiple locations.

Due to falling vaccination coverage, there was a marked increase in vaccine-preventable diseases such as cholera, acute watery diarrhoea, measles and diphtheria. MSF launched emergency responses in nine governorates to tackle outbreaks.

We also responded to outbreaks of measles in Amran, Hajjah, Hodeidah and Saada, and diphtheria in Dhamar.

We ran a range of specialised maternal, neonatal and paediatric services, comprising ante- and postnatal consultations, assistance with deliveries, and both inpatient and outpatient care.

In Sana'a, MSF supported the emergency room at Al-Kuwait hospital and provided treatment for children with visceral leishmaniasis (kala azar). MSF also supported the central lab in Sana'a's microbiology department, identifying pathogens that cause infection, especially neonatal sepsis.

Our teams provided emergency care at five hospitals, and we continued to run an operating theatre in Dhi As-Sufal.

Years of conflict, economic hardship and diminishing access to basic services have taken a severe mental toll on the people of Yemen. We have integrated basic mental healthcare into all our activities in Hodeidah, Marib and Taiz governorates. We provided psychiatric care, individual and group counselling sessions and psychotherapy in Hajjah, where we also ran a day centre offering psychological care and a rehabilitation program for patients with chronic mental health conditions.

◀ *Nurses in Taiz Houban, Taiz governorate, measure the glucose level of a five-month-old baby suffering from severe dehydration caused by acute watery diarrhoea, 20 May 2024.*
© Salam Daoud/MSF



STAFF MEMBER: **Committed to the work**

Anne Taylor has been on 21 assignments with MSF between 2003 and 2024, including in Nepal, Nigeria, Palestine and Sudan. She reflects on what keeps her going back.

"I am committed to the work. What MSF does is really important. I have always appreciated MSF's stance and principles of independence, neutrality and impartiality.

"I joined MSF late in my working life, around age 50. I started as a construction logistician, as I have a construction background. I then became a logistics coordinator. Anne progressed from logistics to head of mission roles, bringing new challenges. Four assignments in Palestine provided important insights.

"The needs are so great in the contexts we work in. We need to be very specific about where we put our energy. We match our skills and resources to achieve the most impact. Gaza is a good example of where this is challenged. We know the need, and it's very hard to match resources to this, while hindered by the war and a lack of access to everything we need.

"The hospital system is completely destroyed. It's a very severe, conscious, deliberate attack on healthcare, looking at the number of hospitals destroyed. I've never seen anything like what we're seeing now in terms of such persistent attacks on civilians. Nowhere in Gaza is safe."

For Anne, despite the changing environment, the journey she started more than two decades ago continues.

"I think the role for humanitarians is greater now than ever."

Anne Taylor

Emergency coordinator
Wellington (Te Whanganui-a-Tara)





Emergency Fund

When an emergency occurs, our priority is getting aid to those who need it, fast. Quick access to resources enables us to deploy our medical humanitarian teams and supplies as soon as possible.

► **Right Top:** In October 2024, Severe Tropical Storm Trami brought intense rains across the Philippines, causing widespread flooding and landslides. More than 7 million people were affected in 17 regions of the country, with over 100 killed. In Barangay San Miguel, Bula, Camarines Sur, one of the hardest-hit communities, a nurse triaged patients in the MSF mobile clinic. © Regina Layug Rosero/MSF

► **Right Below:** In June 2024, MSF shipped 80 tons of medical supplies to Haiti by air and by road after three months of being able to import medicines and supplies, which directly threatened our activities in the country. With the reopening of Port-au-Prince international airport, the shipments met the urgent need to resupply MSF's programs, although they were still far from covering all the needs of the medical facilities in which MSF teams were working. © MSF

The MSF Emergency Fund ensures we can move fast when a disaster hits, disease breaks out, or conflict erupts. We usually don't know the full scale or scope of our response until after an initial assessment, when we can determine how much money we will need to assist the people affected.

Crises with the most media coverage often attract the highest donations. Other emergencies may not capture the world's attention the same way, and the news cycle might move on before the emergency is over. Our core values of independence, impartiality and neutrality guide us to provide aid where it is needed.

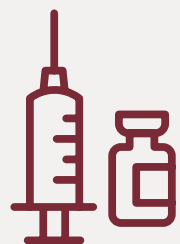
In 2024, our Australian and New Zealand donors contributed \$5,248,131 for projects in Afghanistan, Central African Republic, Chad, Gaza, Haiti, Kenya, Lebanon, the Philippines, Syria, Ukraine and other countries in response to outbreaks of disease, malnutrition crises, disasters and emergencies, as well as for preparation activities.



► **Above:** The Turkish Trauma and Emergency Hospital was newly opened in Saida, Lebanon, in November 2024, after the escalation of conflict in Lebanon. The hospital was set up to specialise in treatment of trauma and burn victims, with MSF teams managing its emergency room, two operating theatres and one inpatient department with 22 beds. We also provided technical support for infection prevention and control mechanisms, trained Ministry of Health nurses on acute trauma management, and donated fuel and medical supplies. © MSF

▼ **Below:** In August 2024, an MSF team crossed the Niger River in a motorised pirogue to reach Ténenkou, Mali, after torrential rains made all impassable. In response to the widespread flooding, which affected 47,000 people, MSF mobilised its medical and logistical teams and carried out assessments at flood-affected sites. © Mohamed Dayfour Diawara/MSF





Vaccination: the impact of conflict on disease prevention

“Challenges in last mile delivery, conflict, insecurity, population displacement, problems with infrastructure – these are the things that make routine activities a challenge.”

John Johnson
MSF vaccine advisor

In 2024 MSF worked hard to address the gaps in vaccine coverage left by conflict, the pandemic and other factors, while also facing into funding cuts that threaten access to vaccines for vulnerable populations.

MSF teams vaccinate millions of people every year, either as part of routine vaccination programs or in response to outbreaks of disease. But it is increasingly difficult to reach some communities.

“Challenges in last mile delivery, conflict, insecurity, population displacement, problems with infrastructure – these are the things that make routine activities a challenge,” says John Johnson, MSF vaccine advisor.

Close to 15 million children worldwide have missed all routine vaccinations – so-called zero-dose children. Ten million of these children live in fragile humanitarian settings, where they are increasingly vulnerable to infection.

In 2024, we saw polio re-emerge in Gaza after 25 years, with a case confirmed in a ten-month-old baby in August. This was just one way that immunisation gaps – alongside unsanitary living conditions and the destruction of health infrastructure – contributed to the rise (and return) of preventable disease. MSF responded with a mass vaccination campaign, immunising more than 600,000 children under the age of 10.

Conflicts in Sudan and DRC also contributed to surges of measles, cholera and mpox – in places where vaccine access is extremely challenging.

In terms of response to outbreaks, for the past few years, MSF teams have responded to continuous cycles of large-scale cholera outbreaks, including in DRC, Sudan, South Sudan, and Yemen. Again, conflict and displacement are key drivers of this highly contagious and potentially deadly disease.

In 2024, we launched activities in countries we had not worked in before, such as Comoros (an east African archipelago), and we returned to countries we hadn’t worked in for some years, such as Zambia and Tanzania. Our response to these large and prolonged outbreaks was hindered by a cholera vaccine shortage, due to high demand, and because one of the two principal oral vaccine manufacturers ceased production.

An outbreak of mpox began to spread in DRC and subsequently to other countries in Africa, before the World Health Organization declared it a public health emergency of international concern in August. Our teams responded to mpox in DRC, Central African Republic, and Burundi.

Over the last few years, humanitarian funding has been decreasing, and the gaps in healthcare are becoming evident in the countries where we work. This trend continued in 2024. While MSF is not directly financially affected by funding cuts, we are deeply concerned by what this means for the communities we work with and the future of disease prevention.

“To supporters of MSF’s immunisation work, we say thank you. Vaccines save lives. Vaccination remains one of the most cost-effective ways to reduce illness and death, but it remains challenging work to get vaccines to people who need them, especially children living in remote and conflict areas,” Johnson says.

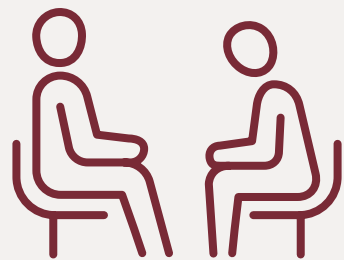
Halving mortality

An observational study conducted by Epicentre, MSF’s medical research and epidemiology centre in June 2024, showed for the first time that vaccination can halve mortality among people infected by Ebola.

The study, published in *The Lancet Infectious Diseases*, analysed data collected during the tenth Ebola epidemic in the DRC. Vaccination after exposure to a person infected with Ebola virus disease, even when administered shortly before the onset of symptoms, still confers significant protection against death.

▼ **Below:** Ajiwa receives care for measles from MSF staff in the isolation ward of Kampene general referral hospital, eastern DRC, 1 June 2024. MSF teams vaccinated 60,000 children aged six months to nine years against measles between the end of May and the beginning of July 2024 in response to outbreaks. © Norah Mbadu/MSF





Mental health in humanitarian settings

“Most of the patients we receive are patients that come with symptoms of anxiety, because they have been displaced many times and have fears about what comes ahead. We also receive people suffering with depression.”

Elvis
MSF mental health activity manager, Aboutengue refugee camp in Chad

For more than 25 years, MSF has been delivering mental healthcare as part of our emergency relief efforts.

Communities facing armed conflict, natural disasters, and limited healthcare access are disproportionately affected by mental health conditions. MSF mental healthcare initiatives are designed to alleviate emotional distress, improve functioning, and uphold dignity through a comprehensive approach that combines clinical care with community-based programs. This work is often led by locally trained counsellors supported by MSF, with guidance and clinical oversight from psychologists or psychiatrists.

Mental healthcare is integrated into programs for paediatrics, nutrition, oncology, substance use, and surgery and burns, as well as in programs for refugees and migrants. It is an essential component of treatment for HIV/AIDS, tuberculosis, malnutrition, non-communicable disease and surgery and burns patients. When appropriate, MSF's counselling services may reinforce or complement mental healthcare approaches that already exist in the local communities where we work. It is important that our approach to mental healthcare includes local and culturally specific definitions and perceptions of psychosocial health.

In 2024, MSF conducted more than 506,000 individual mental health consultations. There was a significant demand for mental health support and care in response to violence, particularly through targeted interventions for the populations of Gaza and the West Bank amid ongoing crises.

Mental health and psychosocial support strategies addressing violence were also strengthened in various contexts, including through projects in Haiti with a focus on sexual violence, support for displaced persons in the Democratic Republic of Congo, and exploratory initiatives in Papua New Guinea and Mauritania.

Existing activities were stabilised and reinforced in areas such as Burkina Faso, Chad, Haiti, Nigeria, DRC, and the West Bank. Total mental health project numbers slightly decreased, from 45 in 2023 to 38 in 2024, but there was an overall increase in consultations. This can be attributed to several factors, including the strengthening of project strategies as well as improvements in data collection.

The implementation of the Chronic Disease Care Monitoring tool in Bangladesh demonstrated the importance and benefits of investing in robust monitoring tools, as recorded consultations had a significant rise – from 8,484 in 2023 to 18,857 in 2024. However, while the implementation of this new tool and standardisation of indicators was a considerable achievement, the majority of projects, particularly in emergency and large-scale project contexts, were still awaiting upgrades to the new system.

An in-depth analysis of human resources conducted during the year at OCP aimed to address shared challenges across MSF sections. The appointment of a dedicated manager for mental health provided immediate support to the internationally mobile staff pool, and successful mental health activity manager placements were made in several locations, although for complex projects such as Goma (DRC), Nablus (West Bank) and Haiti, matching suitably experienced candidates remained a challenge.

“Not a normal trauma”

At MSF's reconstructive surgery hospital in Amman, Jordan, our teams treated the few children from Gaza we could transfer for rehabilitation, after first being evacuated to Egypt. MSF psychiatrist Dr Ahmad Mahmoud Al Salem observed the dramatic deterioration of Palestinians' mental health after 7 October 2023: “This is not a normal trauma. This is a huge, tormenting catastrophe,” he said.

“We work with the patients through a myriad of methods, including one-to-one therapy, educational activities, and in more severe cases through psychiatry and medication. The goal is to support these kids so that they can love themselves and love life again, but they will need this psychotherapy for years to come to support them and to help alleviate the psychological effect of the traumatising event that they have experienced.”

▼ **Below:** After four months in hospital and multiple surgeries for shrapnel and blast injuries, Yuri, 48, is learning to walk with crutches with the help of an MSF physiotherapist. He is also supported by MSF psychologists. “Before this incident, I had already seen a psychologist, so it was easier to trust this time,” Yuri said. “The MSF psychologists visit our ward, and it's helpful to talk. If you don't express what you've experienced, it remains inside, hindering recovery. I really want to get better.” Cherkasy, Ukraine, 22 October 2024. © Yuliia Trofimova/MSF





Humanity under attack

“The consequences of casting international humanitarian law to the wind will reverberate well beyond Gaza. It will be an enduring burden on our collective conscience. This is not just political inaction – it has become political complicity.”

Christopher Lockyear
MSF secretary general,
speaking at the
UN Security Council

The number of recorded security incidents affecting MSF staff, facilities and infrastructure was much higher in 2024 compared to recent years. Some of these incidents – shootings, explosions, raids on our facilities, and attacks on our ambulances – led to the suspension of our medical activities.

Such decisions are never taken lightly, knowing that it is local communities who lose access to desperately needed healthcare. The effects of this changing security environment reflect the experiences of the people we assist and the whole humanitarian community. State and non-state armed groups have increasingly and flagrantly committed violations of international humanitarian law, which should protect medical workers and infrastructure. More than 360 aid workers were killed in 2024, making it the deadliest year on record for humanitarian workers. Most of them were locally hired staff helping their own communities and countries.

The space in which humanitarian workers can safely work has shrunk. And funding for humanitarian aid has been in decline. This trend continued in 2024, with many countries cutting or redirecting funds for aid. While MSF is not directly financially affected by government funding cuts, the situation is cause for deep concern. No single organisation can fill the hole in the international aid system. Nevertheless, our commitment to providing medical humanitarian aid to people who need it remains unchanged.

That commitment means communicating with all parties involved in situations of armed conflict, so that our neutrality, impartiality and independence are understood and we can reach people in need. In the DRC, Haiti, Sudan and elsewhere, maintaining dialogue has enabled us to keep working in situations where other organisations have left. But there is still no guarantee of our security.

Advocating to end conflicts and enable aid to reach people in need remains an essential part of our work – as does our reliance on our supporters, whose voices are critical in getting our message heard. In Australia and New Zealand, more than 115,000 people added their voices to our statement of support for a ceasefire in Gaza and Israel.

On the global stage, MSF secretary general Christopher Lockyear spoke at the UN Security Council in February, demanding an immediate and enduring ceasefire: “We have watched members of this Council deliberate and delay while civilians die. This death, destruction, and forced displacement are the result of military and political choices that blatantly disregard civilian lives. These choices could have been – and still can be – made very differently.”

In March, Dr Christos Christou, MSF international president, addressed the National Press Club of Australia on the state of humanitarianism:

“As the world faces numerous complex humanitarian tragedies, humanity itself is under attack. MSF will continue to stand by our patients to alleviate their suffering and restore their dignity.”

“We will continue our work as doctors, as humanitarians, and as human beings. We will continue to bear witness and speak out, always based on our medical humanitarian action. But there are limits to humanitarianism. We can call for a ceasefire, but we cannot stop war. We cannot stop attacks on hospitals and patients. We cannot open borders to allow aid in. These are political responsibilities.”

By the end of the year, 11 of our MSF colleagues had been killed in Gaza since the start of the conflict in October 2023, and no ceasefire had yet been reached.

► **Right:** Christopher Lockyear, secretary general of MSF, holds up an image of the destroyed MSF shelter in Al-Mawasi in Khan Younis, Gaza, during a briefing to the UN Security Council on 20 February 2024. © UN Photo/Loey Felipe

▼ **Below:** Saudi hospital in El Fasher, North Darfur, Sudan, was struck during intense fighting on 13 December 2024, and again on 18 December. Local health ministry sources reported 18 people killed and 57 injured. © MSF





Thank you for standing in solidarity with patients around the world. We are so grateful for your support, which makes it possible for MSF to deliver immediate and longer-term medical humanitarian care to people in crisis.

MSF strives to maintain a high level of private income, which is essential for us to operate independently and to respond effectively to the most urgent needs.

Whether you've supported for 12 months or over the last 30 years, we can't thank you enough for being a valued part of our global movement.

