

Médecins Sans Frontières New Zealand

ANNUAL REPORT 2017



**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**



OUR CHARTER

Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières offers assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict, without discrimination and irrespective of race, religion, creed or political affiliation.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and demands full and unhindered freedom in the exercise of its functions.

Médecins Sans Frontières volunteers undertake to respect their professional code of ethics and to maintain complete independence from all political, economic or religious powers.

As volunteers, members are aware of the risks and the dangers of the mission they undertake, and have no right to compensation for themselves or their beneficiaries other than that which Médecins Sans Frontières is able to afford them.

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Front cover: New Zealand midwife Jacqui Jones cares for a baby in Maiduguri, Nigeria, May 2017. © Jean Christophe Nougaret/MSF
Left: Dr Andrew Dimitri (R) from Australia cares for a baby with pneumonia in Qayyarah hospital, Iraq. © Javier Rius Trigueros/MSF

MESSAGE FROM THE NEW ZEALAND CHARITABLE TRUST

Katrina Penney is a nurse and midwife from Whangarei, New Zealand, who has been on several field missions with Médecins Sans Frontières and is Chair of the New Zealand Charitable Trust.



Katrina Penney

Chair of the Charitable Trust
Médecins Sans Frontières New Zealand
© Katrina Penney/MSF

My Médecins Sans Frontières journey began in 2002, with my first assignment as a nurse and midwife in Bamyian, Afghanistan.

This project was one of the most incredible life experiences, and one which cemented my desire and determination to be involved in humanitarian work. Since then, I have worked in the field with Médecins Sans Frontières in Nepal, Yemen, Haiti and Sierra Leone, each assignment continuing to impress on me the value of providing quality healthcare where it is most needed.

I became an elected member of the Médecins Sans Frontières Australia board in 2013. As a proud New Zealander, I was involved in the development of the New Zealand Trust from its inception and this stood me in good stead to accept the privileged position of Chair of the Charitable Trust.

New Zealand has always been a proud and integral part of Médecins Sans

Frontières Australia; since the beginning, New Zealanders have been generous in donating their money and services to the movement. The incorporation of the New Zealand Trust in March 2016 was a milestone in recognising this support.

A further milestone was reached in 2017, with the Trust now able to receive donations from you, our supporters, and acknowledge them as tax-deductible. This was a significant step in reinforcing Médecins Sans Frontières' identity as a reputable and trusted medical humanitarian organisation in the eyes of the New Zealand people.

Lifesaving medical care

In 2017, millions of people were disproportionately affected by the impacts of violence, disease and natural disasters. In the context of such enormous need, medical humanitarian action remained more essential than ever. Our New Zealand donors are now a valued part of a global movement helping Médecins Sans Frontières to respond to such crises.

In 2017, New Zealand supporters contributed to funding essential lifesaving medical care in Yemen. Dubbed "the forgotten war", the conflict in Yemen has claimed over 100,000 lives in three years. Providing emergency medical aid in this country continued to be a priority for Médecins Sans Frontières (see page 16 for a description of the projects in Yemen funded by New Zealand donors).

Tragically, civilians, medical personnel and health structures continued to be affected by fighting, and Médecins Sans Frontières hospitals were hit by airstrikes and shelling several times. These attacks leave both healthcare workers and people in need of medical treatment fearful to enter healthcare facilities. Civilians were further deprived of medical aid by the blockade on humanitarian assistance in 2017.

In Myanmar, peoples' access to medical treatment was also diminished as aid organisations were refused access in some areas. However, until mid-2017 Médecins Sans Frontières was able to deliver primary healthcare to the population in the region of Wa, through the support of our New Zealand donors. Read more about this project on page 15 of the report.

To our supporters

As a midwife with Médecins Sans Frontières, I have been fortunate to hear firsthand the experiences of women who seek the quality delivery care offered by our teams. Pregnant women worldwide share the same personal hope: a safe delivery and a healthy baby. Thanks to your generosity in donation and thought, Médecins Sans Frontières is able to make this a reality for many women. Providing a high standard of maternal and newborn healthcare in our field projects, 'against all odds', is one of many ways in which we can transform a hope into a reality. Thank you for supporting us in this mission.

The New Zealand Trust has had outstanding success from its launch until now, thanks to the hard work and preparation of all involved. It has been an honour and a privilege to be part of this incredible journey.

Katrina Penney

Chair of the Charitable Trust
Médecins Sans Frontières New Zealand

A mother and her child, who is receiving care in the Dasht-e-Barchi public district hospital, Kabul, Afghanistan. © Aurelie Baume/MSF, 2016



2017: OUR YEAR IN REVIEW



Paul McPhun

Executive Director

Médecins Sans Frontières Australia

Médecins Sans Frontières New Zealand

© Meredith Schofield

In 2017, Médecins Sans Frontières scaled up its response in emergency contexts around the world, delivering medical aid to those who need it most with the support of our Australian executive team.

With millions of people displaced globally after being forced to flee conflict or persecution, continued violence against civilians and outbreaks of infectious disease, Médecins Sans Frontières increased its capacity to deliver quality medical assistance. In the Message from the President (page 4), Dr Stewart Condon discusses the critical role for medical humanitarian aid to address the needs of people caught in crises. In 2017, our Sydney office team continued to work diligently to support our operations in the field and make our work assisting these people possible.

Our field staff

Through the efforts of our Field Human Resources department, Australian and New Zealand field workers filled a total of 233 field positions in 37 countries. This exceptional number of placements was in direct response to a significant growth in our emergency activities worldwide. The countries most supported were Iraq, South Sudan, Nigeria, Syria, Yemen, Bangladesh, Afghanistan, Uganda, Tanzania and the Democratic Republic of Congo. This list comprises some of the world's most severe humanitarian emergencies and indicates the essential contribution made by our field staff.

Delivering patient-centred care

Our staff continued to deliver high quality, patient-centred medical care to our patients. In the Sydney Medical Unit (see message, page 10), our medical advisors worked to support our field projects in improving paediatric, women's health and sexual violence care. The Medical Unit works in close collaboration with colleagues of the Operational Centre Paris group, as well as in direct contact with individual field projects. In 2017, the Unit conducted 16 field visits to provide technical expertise in Jordan,

the Philippines, Pakistan, Nigeria, South Sudan, Haiti, Liberia and Lebanon.

Raising the voice of our patients

Throughout 2017, we participated in 70 speaking engagements, produced approximately 100 pieces of original content, facilitated 149 external media interviews and had more than 763,000 visits to our website. With 65.6 million people forcibly displaced from their homes around the world, we highlighted their perilous journeys and precarious living conditions with a communications project during Refugee Week. Across the year we placed a communications spotlight on the crises affecting millions in Yemen and Nigeria. My visit to Maiduguri, Borno state, allowed me to document the stories of some of our patients first hand and give media interviews from our clinics. We also prioritised coverage of the refugee crisis in the Mediterranean Sea and the desperate situation of thousands trapped in Libya. We supported our operations with a long-term placement of our Media Coordinator on the rescue ship Aquarius. Closer to home, we denounced our lack of access to refugees and asylum seekers on Manus Island.

To allow New Zealanders to invest in Médecins Sans Frontières and become engaged and aware of our work, we launched www.msf.org.nz and supported our returning field workers to share their stories with the media and the public in New Zealand.

Deepening operational support for forced migration projects

The Advocacy and Public Affairs team continued to offer services in political and sectoral analysis and networking in support of our field operations. In 2017 field teams in Indonesia and Nauru were directly supported to improve understanding of the political and sectoral context of their operations, which focus on mental health for local populations as well as forced migrants. In addition, we engaged with the Australian government and their allies in the Bali Process and ASEAN to ensure our operational experience and perspectives on the situation of the Rohingya fleeing Myanmar were well

understood when those states' actions influence their fate.

Following on from our work in 2016 addressing attacks on patients, staff, and facilities in war zones, our Advocacy staff led a successful engagement with the Australian Defence Force and other key sector actors to discuss matters including targeting, protection and International Law.

Facilitating growth

The Finance and Administration team continued to improve internal controls, essential systems and drive efficiencies. The finance team has itself expanded to better support the overall growth of the office. One of the key areas of growth was the launch of our fundraising activities in New Zealand in 2017. This exciting step allows New Zealand supporters to make tax deductible donations to support medical humanitarian action.

The two-year information technology strategy is being implemented, providing many direct benefits in online tools and systems across the office and ensuring a high level of data security. Following the review and restructure of the Supporter Relations team we are seeing improved one-on-one relationships with our field partners and growing supporter base.

Domestic Human Resources maintained two priorities throughout 2017: a review of leadership within Médecins Sans Frontières, focusing on how we develop both current and emerging leaders to increase effectiveness across the organisation, and an increased investment in the health and wellbeing of staff. As an extension to these priorities, we have committed to an assessment of diversity and inclusion, ensuring that we cultivate a diverse workforce with the associated benefits of increased productivity and innovation.

International

Médecins Sans Frontières Australia was active within the international movement, positioning ourselves strongly on priority setting for operations, and leading or supporting projects that benefit our operations worldwide. Médecins Sans Frontières Australia has taken responsibility for the international Speaking Out Case Studies project, which researches and documents historical periods where



Paul McPhun meets with women in Bolori, Borno state, Nigeria in May 2017. © Jean-Christophe Nougaret/MSF

Médecins Sans Frontières spoke out on behalf of its patients when confronted by dramatic events. This valuable research will support internal and external training and reflection in the humanitarian sector.

Our partnership with the Operational Centre Paris continues to be our main international engagement. A shared strategy is now under implementation with specific contributions from Australia to our field operations such as our women's and children's health expertise, advocacy capacity and support in the development of field personnel.

An assessment across the region of Southeast Asia has been undertaken in collaboration with our regional Médecins Sans Frontières partners in Hong Kong and Japan. This highlighted significant investment opportunities that will be further explored in 2018 in the countries of Malaysia, the Philippines, Thailand and Indonesia.

We were also finally able to support the launch of a new Médecins Sans Frontières program addressing the significant gap in mental health services in Nauru. The Sydney office plays a role in directly supporting the operations of this new team in the region.

To our supporters

In 2017, our fundraising activities generated a total of \$88,039,735 mostly through the generous donations of our field partners and major donors.

I would like to thank you, our supporters, for the trust you have placed in Médecins Sans Frontières. It is this trust that allows our medical teams to set priorities based on what they know best and are directly confronted with. It is this trust that allows us to mobilise worldwide to respond quickly to emergencies, while maintaining our independence and impartiality to act on behalf of those often least visible.

In 2018 I will step down as Executive Director after eight fulfilling years in the role, during which time the commitment and loyalty of our long-term supporters has continued to overwhelm and impress. Over these years I have met and formed a strong relationship with many of you, with goodwill, collaboration and a joint determination to provide the best possible outcomes for the patients Médecins Sans Frontières serves. I am sincerely grateful for what we have been able to achieve together and I trust that the strong collaboration will continue.

Paul McPhun

Executive Director
Médecins Sans Frontières Australia
Médecins Sans Frontières New Zealand

AUSTRALIAN AND NEW ZEALAND FIELD STAFF IN 2017

Field workers from Australia and New Zealand filled 233 field roles in 2017, contributing to an international workforce of more than 45,000 people.

AFGHANISTAN

Anne Hoddle
paediatrician

Carmel Morsi
nurse

Heather Loane
anaesthetist

Janet Coleman
midwife

Jessica Chua
anaesthetist

Judith Forbes
anaesthetist

Loren Shirley
pharmacist

Megan Graham
*administration-finance
coordinator*

Miho Saito
midwife

Nicole Campbell
nurse

Rachael Auty
nurse

Rodney Miller
field coordinator

BANGLADESH

Andrew Dimitri
medical doctor

Arunn Jegatheeswaran
field coordinator

Ben Collard
logistics team leader

Eva Capa Corrales
humanitarian affairs officer

Evan O'Neill
medical doctor

Jacqui Jones
midwife

Jai Defranciscis
nurse

Jessie Watson
HR officer - regional

Matthew Gosney
HR officer - regional

Melissa Hozjan
medical doctor

Rosanna Sanderson
logistics team leader

Sam Templeman
medical coordinator

Sandra Downing
epidemiologist

Tanya Coombes
HR officer - regional

CAMBODIA

Helen Tindall
nurse

CENTRAL AFRICAN REPUBLIC

Eugen Salahoru
medical doctor

Heidi Woods Lehnen
nurse

Hugo De Vries
general logistician

Katie Treble
medical doctor

DEMOCRATIC REPUBLIC OF CONGO

Ann Thompson
midwife

John Swinnen
surgeon

Kaheba Clement Honda
medical doctor

Louisa Cormack
logistics team leader

Rose Burns
medical doctor

ETHIOPIA

Andrew Dimitri
medical doctor

Prudence Wheelwright
midwife

GREECE

Trudy Rosenwald
mental health coordinator

HAITI

Alex Rutherford
surgeon

INDIA

Parul Kashyap
HR officer

Stobdan Kalon
medical coordinator

IRAQ

Aiesha Ali
pharmacist

Cath Deacon
medical doctor

Daron Cunningham
surgeon

David Danby
logistician-electrician

Diane Hanna
mental health coordinator

Elisha Swift
midwife

Emer McCarthy
nurse

Emma Clark
medical doctor

Felicity Heath
nurse

Georgina Woolveridge
medical doctor

Geri Dyer
psychiatrist

Grace Yoo
pharmacist

Graham Baker
logistics team leader

Helmut Schoengen
anaesthetist

Ivan Thompson
surgeon

Jessa Pontevedra
medical doctor

Jessica Chua
anaesthetist

Kevin Baker
anaesthetist

Kiera Sargeant
medical doctor

Kimberley Hikaka
logistics team leader

Kyla Ulmer
nurse

Louise Timbs
nurse

Malcolm Hugo
mental health coordinator

Mathew Zacharias
anaesthetist

Melissa Hozjan
medical doctor

Natalie Schulz
*administration-finance
coordinator*

Natalie Thurtle
medical doctor

Neil Thompson
logistician-electrician

Neville Kelly
logistics team leader

Philippa Collins
nurse

Rachel Tullet
medical doctor

Raewyn Turner
nurse

Sacha Myers
communications officer

Shanti Hegde
obstetrician-gynaecologist

Sivapalan Namasivayam
anaesthetist

Stephanie Sarta
logistics team leader

Suzel Wiegert
nurse

Vino Ramasamy
HR officer - regional

ITALY

Erica Spry
psychologist

Lauren King
communications officer

Shaun Cornelius
general logistician

Jordan Nastaran Rafiei
medical doctor

KYRGYZSTAN

Graham Baker
general logistician

Vivegan Jayaretnam
logistics team leader

LEBANON

Mohamad-Ali Trad
medical doctor

LIBERIA

Frederick Cutts
logistician-electrician

Peter Sheridan
logistics team leader

William Johnson
logistician-electrician

LIBYA

Neil Thompson
logistician-electrician

MALAYSIA

Corrinne Kong
*administration-finance
coordinator*

MEXICO

Adelle Springer
epidemiologist

MYANMAR

Adelene Hilbig
medical doctor

Jennifer Duncombe
field coordinator

NAURU

Beth O'Connor
psychiatrist

Carol Nagy
field coordinator

Chandri Nambiar
cultural mediator

NIGER

Kaheba Clement Honda
nurse

NIGERIA

Allen Murphy
field coordinator

Anne Taylor
head of mission

Chatu Yapa
epidemiologist

Corrinne Kong
administration-finance coordinator

Eileen Goersdorf
nurse

Erica Spry
mental health coordinator

Frederick Cutts
logistician-electrician

Jacqui Jones
midwife

Janine Evans
nurse

Jared Watts
obstetrician-gynaecologist

Jessica Paterson
administration-finance coordinator

Josiah Park
logistics team leader

Keith Cavalli
logistics team leader

Kelly Wilcox
field coordinator

Kerrie-Lee Robertson
administration-finance coordinator

Kerry Atkins
HR officer - regional

Liam Correy
nurse

Maurice Scott
general logistician

Natalie Thurtle
medical doctor

Sarah Scott
medical doctor

Shanti Hegde
obstetrician-gynaecologist

Simon Black
logistician-electrician

PAKISTAN

Kate Edmonds
midwife

Lisa Yu
paediatrician

Sarah Dina
mental health coordinator

Simon Roberts
anaesthetist

PALESTINE

Carol Nagy
medical coordinator

Carol Nagy
field coordinator

PAPUA NEW GUINEA

Anna Haskovec
logistics team leader

Jeff Fischer
general logistician

Rachel Sun
pharmacist

PHILIPPINES

Kaye Bentley
administration-finance coordinator

SERBIA

Simone Silberberg
mental health coordinator

SIERRA LEONE

Anita Williams
epidemiologist

Annie Whybourne
medical doctor

Bethany Lansom
nurse

Daniel Baschiera
general logistician

Stella Smith
field coordinator

SOUTH SUDAN

Alan Hughes
obstetrician-gynaecologist

Alison Moebus
nurse

Ben Collard
logistics coordinator

Brian Moller
field coordinator

Brigid Buick
health promotion

Catherine Flanigan
nurse

Dwayne Minch
logistics team leader

Edith Torricke-Barton
nurse

Evan O'Neill
medical doctor

Freya Hogarth
nurse

Grace Yoo
pharmacist

Hannah Rice
midwife

Jai Defranciscis
nurse

Jairam Kamala Ramakrishnan
psychiatrist

Jezra Goeldi
logistics coordinator

Malcolm Hugo
mental health coordinator

Martin Sosa
medical coordinator

Maurice Scott
logistics team leader

Miho Saito
midwife

Petra van Beek
HR officer - regional

Rachel Lister
medical doctor

Rosanna Sanderson
water and sanitation logistician

Roslyn Brooks
medical doctor

Susan Bucknell
logistics team leader

Susan Crabtree
midwife

Tien Dinh
pharmacist

Tria Rooney
medical doctor

Ursula Alwash
nurse

SWAZILAND

Nick O'Halloran
administration-finance coordinator

SYRIA

Aiesha Ali
pharmacist

Amy Neilson
medical doctor

Annie Chesson
midwife

David MacFarlane
obstetrician-gynaecologist

Eric Boon
logistics team leader

Haydar Alwash
surgeon

Jane Davies
nurse

Jessica Chua
anaesthetist

Jessica Vanderwal
nurse

John Cooper
general logistician

Kamal Heer
surgeon

Kevin Baker
anaesthetist

Kriya Saraswati
general logistician

Peter Mathew
surgeon

Rachel Tullet
medical doctor

Raewyn Turner
nurse

Ranya Samaan
logistician-construction

Sivapalan Namasivayam
anaesthetist

Susan Bucknell
logistics team leader

Suzel Wiegert
nurse

Toby Gwynne
nurse

Vanessa Cramond
medical coordinator

Virginia Lee
mental health coordinator

TANZANIA

Elisha Swift
midwife

Jennifer Craig
logistics team leader

Kristi Payten
medical coordinator

Morne Ferreira
logistician-electrician

Natasha Davies
nurse

Saschveen Singh
medical doctor

UGANDA

Amy Le Compte
midwife

Anna Haskovec
general logistician

Anthea Fisher
logistics team leader

Hannah Hassell
midwife

Irina Petrova
psychologist

Janthimala Price
field coordinator

Kaheba Clement Honda
nurse

Khang Hoong Foong
pharmacist

Kimberley Hikaka
logistics team leader

Lisa Mazlin
nurse

Stephanie Sarta
general logistician

Vanessa Cramond
medical coordinator

UKRAINE

Zen Patel
administration-finance coordinator

UZBEKISTAN

Jemma Taylor
medical doctor

YEMEN

Caterina Schneider-King
HR officer - regional

Claire Manera
field coordinator

David McGuinness
nurse

Diana Wellby
obstetrician-gynaecologist

Haydar Alwash
surgeon

Helle Poulsen-Dobbys
medical coordinator

Hugo De Vries
logistician-construction

Liam Hannon
medical doctor

Lisa Altmann
nurse

Melissa McRae
medical coordinator

Natasha Davies
nurse

Richard Lees
anaesthetist

Sita Cacioppe
field coordinator

Steven Purbrick
field coordinator

Tamaris Hoffman
surgeon

Tiffany Button
nurse

VARIOUS

Kylie Gaudin
logistics team leader

Robert Onus
field coordinator

Rose Stephens
nurse

This list of field workers comprises only those recruited by Médecins Sans Frontières Australia. We also wish to recognise other Australians and New Zealanders who have contributed to Médecins Sans Frontières programs worldwide but are not listed here because they joined the organisation directly overseas.

MESSAGE FROM THE MEDICAL UNIT



Dr Myrto Schaefer
Head of Medical Unit
Médecins Sans Frontières Australia
© Meredith Schofield

Providing patient-centred, high quality care across paediatric, women's health and sexual violence care projects was the focus for the Médecins Sans Frontières Australia Medical Unit in 2017.

In 2017 the Medical Unit continued to strive to deliver a high standard of healthcare across Médecins Sans Frontières' projects globally. In women's health we prioritised the development of quality obstetric support to deliver babies safely, together with quality care for newborns from the start of life.

We fulfilled our primary responsibility of supporting patient care in many ways, including through disease screening and prevention, innovative treatment, providing better access to medical care for highly vulnerable patients, and increasing our understanding of the contexts in which we work.

Beyond the hospital walls: obstetric and newborn care

A key priority for the Medical Unit in 2017 was further improving women's access to quality delivery care. We shifted our focus to outside of the hospital, aiming to improve care and awareness in communities. In Jahun, Nigeria, we focused on delivery care in health centres to enable women to safely deliver babies closer to home, aiming to reduce the high rate of complicated deliveries and reduce risk of consequences such as fistula, foetal death and maternal death. In terms of higher level obstetric and newborn care, the maternity hospital in Kabul, Afghanistan, remained our largest maternity program: in 2017, our medical teams helped with the deliveries of some 16,000 babies, a quarter of all the births assisted in Medical Unit-supported projects worldwide.

Across all our projects offering maternal healthcare, we also deliver quality care for newborns. In 2017 the Medical Unit piloted a neonatal training program, linked to our neonatal guidelines, aimed at staff not experienced in newborn care. This received a good response both across the

organisation and from local Ministries of Health in countries where we work.

Along with safe delivery care, and as an essential part of lifesaving healthcare for women, we continued to offer safe abortion care in our projects. We are providing emergency care for unsafe abortion, family planning and termination of pregnancy on request, with sustained efforts to increase training and support for our teams.

Cervical cancer prevention and treatment

Across our two projects providing cervical cancer prevention, in the Philippines and Malawi, 4,807 women were screened for cervical cancer. In the second year of our project in the Tondo slum area of Manila, Philippines, we vaccinated more than 23,000 girls against the human papillomavirus (HPV) responsible for cervical cancer, and we increased screening for cervical cancer by visual inspection with acetic acid (VIA) by over 500 per cent. This type of screening allows for immediate recognition of suspicious lesions and their treatment on the same day. The implementation of a mobile clinic in the form of a van set up to screen and treat patients provided more accessible care for women.

Treating malnutrition in young babies

Our treatment of paediatric malnutrition required context-adapted responses. In 2017 we were involved at a larger scale than ever before in providing treatment for malnutrition in infants under the age of six months, in Qayyarah in Iraq, following the evacuation of Mosul, and in Kobane/Ain Al Arab in northern Syria. We provided formula milk for malnourished babies of mothers who could not lactate and initiated activities aiming at re-establishing lactation and breastfeeding support. Globally, we admitted 45,817 children

KEY MEDICAL FIGURES 2017

In projects supported by the Médecins Sans Frontières Australia Medical Unit



16,000 BIRTHS
assisted in Kabul, Afghanistan

4,807 WOMEN
screened for cervical cancer in the Philippines and Malawi



45,817 CHILDREN
admitted to therapeutic feeding programs

70,350
children hospitalised



262 MEDICAL STAFF TRAINED
in emergency paediatric care

6,244 PATIENTS

came for initial care for sexual violence





A young girl from Tondo, in Manila, the Philippines, receives a human papillomavirus vaccination in a clinic run by Médecins Sans Frontières and local organisation Likhaan, September 2017. © Hannah Reyes Morales

to our therapeutic feeding programs. In 2017 we continued to work on simplified strategies of treatment. The measure of a child's middle upper arm circumference (MUAC) was scaled up as an admission criterion to feeding programs in addition to being a screening tool, allowing faster and more efficient identification of children in need of therapeutic feeding.

High level paediatric care

In 2017, 70,350 children under 15 years of age were hospitalised across our projects and 788,257 children were treated in Médecins Sans Frontières health centres. We opened a paediatric intensive care unit (PICU) service in our project in Zahle, Lebanon, close to the border with Syria. The project encompasses a PICU linked to a paediatric ward and chronic disease service to treat conditions such as epilepsy, asthma and thalassemia (a hereditary blood disease), with the aim of providing specialised paediatric care which otherwise is not accessible to the

Syrian refugee population. In 2018 we will continue to develop the provision of intensive care to critically sick children in this project. In Monrovia, Liberia we developed our first project to focus on paediatric surgery. We plan to raise the level of care through training local staff in paediatric surgery, paediatric anaesthesia and high level paediatric care. In 2017 a total of 262 medical staff were trained in emergency paediatric care across 14 courses worldwide.

Care for victims of sexual violence

Sexual violence care is increasingly a priority for the Medical Unit. In 2017, 6,244 patients came for initial care, almost 50 per cent more than in 2016. The increase reflects the opening of new clinics providing sexual violence care, as well as indicating that established clinics are seeing more patients. Our Mathare sexual violence project in Nairobi, Kenya, running for over eight years, has added two decentralised clinics to continue to

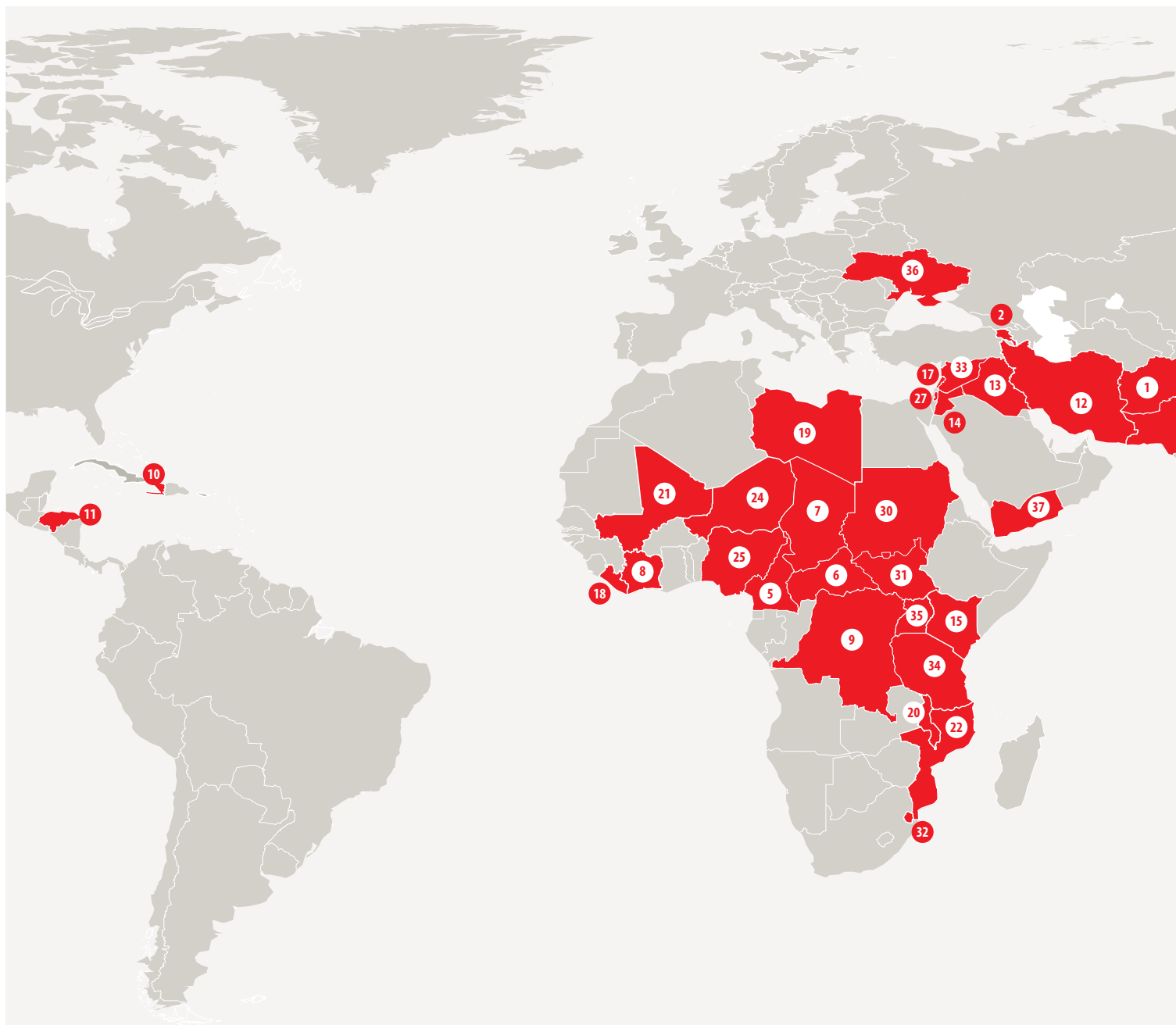
reduce barriers to access care. In 2017 we implemented sexual violence care in an emergency context in Yumbe, Uganda, serving mainly South Sudanese refugees. This project saw 786 cases in the year.

As well as providing ongoing training to our international and national staff, the Medical Unit supported field operations by developing the role of Sexual Violence Mobile Implementation Officer. The Officer will, in 2018, provide face-to-face support in our projects to ensure a high quality of care is delivered to victims of sexual violence.

2017 proved to be a challenging but productive year for the Medical Unit. In 2018, we will continue to work in innovative ways to improve the care we deliver.

Dr Myrto Schaefer
Head of Medical Unit
Médecins Sans Frontières Australia

MEDECINS SANS FRONTIERES PROJECTS FUNDED BY AUSTRALIAN AND NEW ZEALAND DONORS



Médecins Sans Frontières field projects are run by five operational centres (Amsterdam, Barcelona, Brussels, Geneva and Paris). Donations made to Médecins Sans Frontières New Zealand and Médecins Sans Frontières Australia contribute to funding projects run by both the Paris and Geneva operational centres and to funding field roles.

“In 2017, we increased our capacity to deliver quality medical assistance.”

— Paul McPhun, Executive Director, Médecins Sans Frontières New Zealand



Country	MSF Paris	MSF Geneva
1. Afghanistan	1,526,080	
2. Armenia	164,099	
3. Bangladesh	305,216	
4. Cambodia	1,008,559	
5. Cameroon		2,547,277
6. Central African Republic	2,789,701	435,390
7. Chad	1,312,801	1,088,476
8. Cote D'Ivoire	2,536,110	
9. Democratic Republic of Congo	2,461,502	1,409,576
10. Haiti	1,526,079	
11. Honduras		544,238
12. Iran	1,621,928	
13. Iraq	1,249,239	1,359,767
14. Jordan	4,562,561	
15. Kenya	3,733,695	1,306,171
16. Kyrgyzstan		163,271
17. Lebanon	1,622,946	
18. Liberia	640,279	
19. Libya	1,708,383	
20. Malawi	820,501	
21. Mali	3,243,857	
22. Mozambique		108,847
23. Myanmar		103,126
24. Niger	1,641,000	2,176,952
25. Nigeria	5,085,746	
26. Pakistan	1,621,928	
27. Palestine	1,641,000	
28. Papua New Guinea	1,040,519	
29. Philippines	1,132,580	
30. Sudan		2,176,952
31. South Sudan	2,271,971	2,176,952
32. Swaziland		1,474,885
33. Syria	753,807	3,572,331
34. Tanzania		217,695
35. Uganda	1,641,000	
36. Ukraine		1,088,476
37. Yemen	4,653,527	780,288
TOTAL	54,316,614	22,730,670

OVERALL TOTAL: 77,047,284 *All figures are in New Zealand dollars

PROJECTS FUNDED BY NEW ZEALAND DONORS

In 2017, Médecins Sans Frontières allocated funds from New Zealand donors to projects in Myanmar and Yemen. Médecins Sans Frontières also runs a range of other projects including those described on pages 14 to 55 (funded by Australian donors). The report also includes stories from field workers recruited by Médecins Sans Frontières Australia.

Médecins Sans Frontières Australia's full financial statements are available in the Médecins Sans Frontières Australia Annual Report at <https://www.msf.org.au/reports-and-publications>. For a complete record of Médecins Sans Frontières' work in 2017, including projects funded through other Médecins Sans Frontières sections, please go to www.msf.org.

KEY:

TOTAL FUNDING

refers to the total cost of the projects described in the country description for 2017 (projects run by Operational Centre Paris and/or Operational Centre Geneva). All amounts are in New Zealand dollars.

MSFA FUNDING

refers to Médecins Sans Frontières Australia's contribution to the country's projects in 2017. All amounts are in New Zealand dollars.

MSFNZ FUNDING

refers to Médecins Sans Frontières New Zealand's contribution to the country's projects in 2017. All amounts are in New Zealand dollars.

FIELD STAFF

refers to the total number of field staff in projects run by Operational Centre Paris and Operational Centre Geneva in 2017.



A Médecins Sans Frontières midwife with her son, who is examined by staff for symptoms of malaria in a clinic in Aweil, South Sudan. © Peter Bauza

MYANMAR



▲ Project locations funded by Australian and New Zealand donors.



KEY ACTIVITIES:

Maternal healthcare, primary healthcare, vaccinations



FUNDING:

TOTAL	MSFA	MSFNZ
\$1,802,917	\$36,069	\$67,057



FIELD STAFF:

9



KEY MEDICAL FIGURE:

2,438 outpatient consultations in Wa

MYANMAR

In 2017 in Myanmar, armed conflict, displacement, intercommunal tensions and statelessness led to a significant crisis. Meanwhile, provision of medical care diminished further as aid organisations were refused access.

In August, attacks on police posts in Rakhine state prompted government forces to respond with grossly disproportionate security operations. This caused a catastrophic humanitarian situation in the state, prompting over 660,000 people – mostly Rohingya – to flee to Bangladesh by the end of the year.

At the end of 2017, Médecins Sans Frontières was still waiting for official permits to carry out medical activities, Rohingya continued to flee across the border into Bangladesh, and very few humanitarian actors were allowed to respond in Rakhine.

In eastern Myanmar, in Wa Special Region 2, Médecins Sans Frontières ran fixed and mobile clinics to provide primary healthcare in an area where access to medical treatment is severely limited.

Due to a worsening political situation and the inability to secure access for

international staff, Médecins Sans Frontières activities in Wa ended in mid-2017. Before the close of the project, teams performed over 2,438 outpatient consultations and 112 antenatal consultations, provided vaccinations, including against tetanus, to 2,382 pregnant women, treated 497 people for non-communicable diseases, and provided regular community health training on the use of safe delivery kits and treatment of malaria.

In Wa, Médecins Sans Frontières ran clinics in an area where access to medical treatment is severely limited.



A field worker story from Nigeria

NAME:

Jacqui Jones

FROM: Originally from New Zealand, now in Wyoming NSW

FIELD ROLE:

Midwife Activity Manager, Maiduguri, April to October 2017



My role in Maiduguri involved assisting with managing the Nigerian supervisors, providing education to staff and assisting with difficult births or other cases.

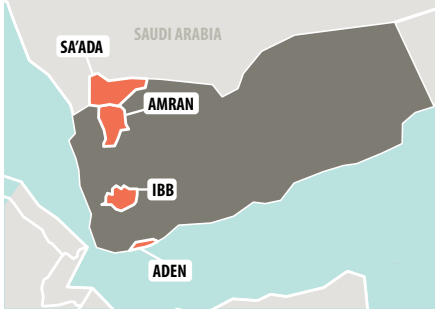
I was available on the phone to the midwives whenever they needed me, as I could only visit the hospitals during the day due to security restrictions.

One patient story which stuck with me was the case of a nun who came for treatment for a gynaecological problem. She was displaced after armed groups attacked the convent. I didn't have the equipment to help, so together we went to the Ministry of Health supervisor, an Islamic woman who at that time was fasting during Ramadan. I watched these two women conversing, and they quickly found a solution. There was no judgement about religion or anything else, just assistance provided to someone who required it. This is what always amazes me the most. Our world has us believe we are at war with one another, however working with Médecins Sans Frontières, seeing regular people getting on with their lives, you realise we have no reason to be.

Jacqui Jones with a young mother and baby in a health centre in Maiduguri.

© Jean Christophe Nougaret/MSF

YEMEN



▲ Project locations funded by Australian and New Zealand donors.



KEY ACTIVITIES:

Emergency medicine, outbreak response, surgery



FUNDING:

TOTAL	MSFA	MSFNZ
\$34,999,871	\$5,277,350	\$156,465



FIELD STAFF:

655



KEY MEDICAL FIGURE:

12,674 people treated for cholera in Amran

In the recovery tent of a cholera treatment centre in Yemen, patients are taught hand washing practices to avoid infection. © MSF



YEMEN

A full-scale war has been raging in Yemen since 2015. In 2017, a cholera outbreak and an upsurge in fighting exacerbated the already dire humanitarian situation.

Much of the public infrastructure, including health facilities, has been destroyed by the warring parties. Import restrictions due to the imposition of a blockade by the Saudi-led coalition in 2015, coupled with high inflation, have crippled Yemenis' access to healthcare and other essential services. Furthermore, many of the country's 50,000 health workers have not been paid since August 2016 and have consequently left the public health system, forced to look for other sources of income. All these factors have led to the collapse of the health system and outbreaks of diseases. Even where medical facilities are operational, most people are no longer able to afford the transport costs

to go to them. This means they are unable to seek timely care, and easily curable health conditions are turning deadly when left untreated.

In 2017, Yemen experienced its worst cholera epidemic, with an estimated one million people affected. The conflict exacerbated the challenges for Yemeni people in accessing clean water, disposing of waste and obtaining medical care.

Aden

In Aden governorate, Médecins Sans Frontières dispatched an emergency team to respond to the second wave of cholera, providing training of staff,

donations, and water and sanitation support in cholera treatment centres (CTCs) set up by the Ministry of Health. At Médecins Sans Frontières' emergency surgical hospital in Aden, the team saw an increase in the number of patients admitted for surgery this year, not only from the frontlines, but also from within the city, due to an upsurge in violence. Staff performed 4,881 surgical interventions in Aden in 2017.

Amran

Teams treated 12,674 people with cholera in Amran governorate in 2017. Médecins Sans Frontières also worked in Khamir and Huth hospitals, where teams provided maternal healthcare, paediatric care and nutrition care, and performed 2,210 caesarean sections.



A field worker story from Mediterranean

NAME: Lauren King | **FROM:** Sydney, NSW

FIELD ROLE:
Field Communications Manager on the MV Aquarius, search and rescue ship operated by Médecins Sans Frontières and SOS Méditerranée, July to December 2017



© Lauren King/MSF

I coordinate all communications for Médecins Sans Frontières from the Aquarius. There are often independent journalists on board the ship, so I set up interviews for them and organise the logistics of their visit. I respond to interview requests, write stories, and make videos for social media. But of course, when there are rescues, all plans go out the window! Quite often we're woken up at 4am by the Maritime Rescue Coordination Centre informing us of boats in distress. I grab my tools – for doctors, it's the medical kits, for communications, it's your phone and camera. I wake up the journalists on board, and then I head up to the deck to take photos of the team in action and update Twitter. After that, I help with the rescue. I hand out rescue kits and assist the midwife in the women's shelter. My scheduled deck watch is a great time to hear the stories of the people we have rescued.

The hardest time on board is disembarkation. Watching people leave after two days hearing of their extraordinary journeys from Africa and the Middle East, and not knowing what their future holds, is incredibly difficult to do. Once they disembark we can't do much for them. The team would identify the most vulnerable cases and link them to other humanitarian organisations in Italy. Apart from this, we can only provide humanity and dignity in the short time we are with them.

Sa'ada

In 2017, Médecins Sans Frontières returned to the hospital in Haydan, in the governorate of Sa'ada. Teams had left after the hospital was destroyed by airstrikes in 2015. Throughout the year, staff provided 11,894 emergency consultations and 3,889 ante- and post-natal consultations. Further east, our teams also support the health centres of Nushor and Yesnim. In response to the cholera outbreak, we ran a CTC of 20 beds in Sa'ada city.

Ibb

In Kilo, a city located between Ibb and Taiz, Médecins Sans Frontières continued to work on improving the surgical capacity, intensive care unit, emergency ward and inpatient department of one of the main hospitals. The team trained staff in mass casualty

Respect for humanitarian principles and the safety of medical facilities and staff remain key concerns for Médecins Sans Frontières.

incident preparedness and supported the maternity unit, laboratory and X-ray department with logistics and supplies. As more people became aware of our activities at this hospital, the number of patients increased. Médecins Sans Frontières teams provided 3,886 surgical interventions and 3,644 emergency consultations, and admitted 7,737 patients for treatment in 2017.

Challenges to our programs in Yemen going forward

The respect for humanitarian principles and the safety of medical facilities and staff remain key concerns for Médecins Sans Frontières, as well as import limitations due to the blockade and their effects on the Yemeni healthcare system. Authorities in Sana'a and Aden continue to impose new and often arbitrary requirements and restrictions on aid operations across the country. In November 2017, the Saudi-led coalition imposed a complete blockade on humanitarian staff and cargo at the ports and airports under its control, thereby hampering Médecins Sans Frontières' capacity to assist vulnerable communities in need.

OTHER MEDECINS SANS FRONTIERES PROJECTS

The following projects were funded by Médecins Sans Frontières Australia.

AFGHANISTAN



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Maternal healthcare, newborn care



FUNDING:

TOTAL	MSFA
\$5,726,243	\$1,526,080



FIELD STAFF:

278



KEY MEDICAL FIGURE:

16,000 babies delivered in Dasht-e-Barchi

AFGHANISTAN

Médecins Sans Frontières focuses on providing maternal healthcare in Afghanistan, which has some of the highest maternal and neonatal mortality rates in the world.

The conflict in Afghanistan continued to intensify in 2017, exacerbating the already immense medical needs. In Kabul, Médecins Sans Frontières supports the Ministry of Public Health to provide 24-hour maternal care at Dasht-e-Barchi hospital, the only facility for emergency and complicated deliveries in a neighbourhood of more than one million people. Médecins Sans Frontières runs the labour and delivery rooms, an operating theatre for caesarean sections and other complicated deliveries, a recovery room, a 30-bed maternity unit and a 20-bed neonatal unit.

In 2017, the Médecins Sans Frontières team assisted almost 16,000 deliveries, a third of which were complicated cases. At the end of the year, we started to support another Ministry of Public Health hospital in the area with staff, training and essential drugs to increase

the facility's capacity to provide non-complicated maternity services.

Working at full capacity, the newborn unit admitted 1,342 babies with complications such as sepsis, hypoglycemia and birth asphyxia [loss of oxygen around the time of birth].

The newborn unit admitted 1,342 babies with complications such as sepsis, hypoglycemia and birth asphyxia.



A field worker story from Afghanistan

NAME:

Siry Ibrahim

FROM:

Wellington, NZ

FIELD ROLE:

Head of Mission, Afghanistan, November 2016 to August 2017

I contributed to the analysis and follow up of the political and humanitarian situation for Médecins Sans Frontières in Afghanistan, including analysing the local context and problems. I gave support to our operational strategy, monitored operations and provided managerial support to the Project Coordinators. I had responsibilities in security analysis and management, negotiations with stakeholders, communications and reporting, to name a few. Part of my role was also to facilitate the debates and discussions at field level among Médecins Sans Frontières' association members.

Médecins Sans Frontières provides a very unique opportunity – the job is challenging and rewarding at the same time. The most challenging aspects are sometimes feeling hopeless when you cannot access the people in need, and when you say goodbye to people you have just spent your whole assignment with. But the work gives you a sense of fulfilment that no other job can.





© Najiba Noori/MSF

Aqila is Midwife Supervisor in Dasht-e-Barchi hospital in Kabul, Afghanistan. She delivered her baby boy in the hospital. On working days he is cared for in the childcare centre, which opened in January 2016.

ARMENIA

Médecins Sans Frontières supports the Armenian health authorities in treating patients with drug-resistant tuberculosis (DR-TB).

Tuberculosis remains a significant public health concern in Armenia, with an estimated incidence of 44 new cases per 100,000 people in 2016. DR-TB prevalence is 47 per cent among patients who have already been treated for TB.

Médecins Sans Frontières has supported the Armenian health authorities in providing treatment to DR-TB patients since 2005 and has progressively expanded its activities. Since June 2016, these have covered the whole country.

In 2013, with Médecins Sans Frontières' support, Armenia was among the first countries in the world to use bedaquiline, the first new drug to be developed to treat TB in 50 years. The Armenian Ministry of Health and Médecins Sans Frontières have since collaborated to provide access to delamanid, another new TB drug. Since 2015, both drugs have been prescribed in the framework of the

endTB partnership, a project that aims to accelerate the use of bedaquiline and delamanid, and to document their safety and effectiveness in routine use. At the end of 2017, 142 DR-TB patients started a regimen that included one of the two new drugs. To help patients cope with the constraints of the treatment, which lasts up to two years and involves taking thousands of pills under medical observation, Médecins Sans Frontières has introduced a system enabling patients to take some drugs at home, with a medical staff member remotely connected by video. In 2017, 65 patients benefited from this system.

Since 2016, Médecins Sans Frontières has also been offering treatment to DR-TB patients co-infected with hepatitis C, using direct-acting antivirals, a new, effective and less toxic class of drugs. In 2017, 26 co-infected patients started treatment.

ARMENIA



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Tuberculosis care



FUNDING:

TOTAL	MSFA
\$2,749,213	\$164,099



FIELD STAFF:

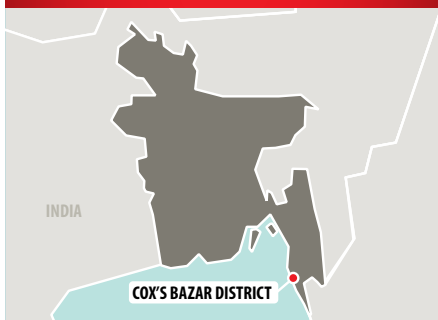
43



KEY MEDICAL FIGURE:

142 patients receiving innovative DR-TB treatment

BANGLADESH



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Paediatrics, primary healthcare, sexual and reproductive healthcare, water and sanitation activities



FUNDING:

TOTAL	MSFA
\$2,749,213	\$305,216



FIELD STAFF:

278



KEY MEDICAL FIGURE:

400 patients treated per day in Tasnimarkhola



A mother with her 18-month-old daughter in a Médecins Sans Frontières clinic in Bangladesh, where the baby is being treated for a fever, cough and severe breathlessness. The family crossed the border from Myanmar in September. © Mohammad Ghannam

BANGLADESH

In 2017, Médecins Sans Frontières dramatically scaled up its activities to respond to a massive influx of Rohingya refugees from Myanmar.

A concerted campaign of violence unleashed by the Myanmar military against the Rohingya in Rakhine state, Myanmar, from 25 August prompted more than 660,000 people to flee across the border into Cox's Bazar district, Bangladesh, by the end of 2017, bringing the total Rohingya refugee population in the country to over 830,000. Most Rohingya are living under precarious shelters in heavily congested settlements prone to mudslides and flooding, where the hygiene and sanitation conditions are dire, and there is a shortage of clean drinking water.

In response to the huge growth in needs, Médecins Sans Frontières massively scaled up operations in Cox's Bazar. The main conditions treated by the teams were respiratory tract infections, diarrhoeal diseases and

child malnutrition, which directly correlate with the abject living conditions in the settlements. In 2017, teams established two health centres in Balukhali informal refugee camp, and one health centre with a sexual and reproductive health service in Tasnimarkhola camp. The Tasnimarkhola centre treated an average of 400 patients per day, 30 per cent of who were children under five years old. The centre also received victims of sexual violence. A 50-bed hospital with an isolation room for people with infectious diseases was constructed in Tasnimarkhola camp, dedicated to children under 15 years of age. The facility was the only one offering inpatient care in the area.

Plans were made to open a second hospital in Balukhali camp in 2018,

encompassing a maternity department with a neonatal care unit, an intensive care unit, an isolation unit and an intensive therapeutic feeding centre.

Médecins Sans Frontières also undertook water and sanitation activities, which in 2017 included providing the health facilities with water, hygiene and sanitation support through the construction of wells, latrines, greywater management and a waste zone; as well as a deep drilling campaign to increase access to clean water in the camps.

To manage outbreaks of infectious disease, Médecins Sans Frontières established an active surveillance system alongside a volunteer-based outreach program to identify and refer cases of diphtheria and measles in the community. Our team also worked with other Médecins Sans Frontières sections to support a Ministry of Health measles vaccination campaign in late November.



A field worker story from Bangladesh

In December, Médecins Sans Frontières published results from six surveys it conducted in refugee settlements in Bangladesh, which revealed that at least 9,000 Rohingya died in Myanmar, in Rakhine state, between 25 August and 24 September 2017. As 71.7 per cent of the reported deaths were caused by violence, at least 6,700 Rohingya, in the most conservative estimations, were estimated to have been killed, including at least 730 children under the age of five years. Médecins Sans Frontières has routinely collected accounts by refugees who arrived in Bangladesh after 25 August to better understand the circumstances of their flight and the patterns of violence to which they have been exposed. At the end of 2017, Rohingya continued to seek refuge in Bangladesh and a significant increase in humanitarian aid is needed in 2018.



NAME:

Evan O'Neill

FROM:

Melbourne, VIC

FIELD ROLE:

Medical Activity Manager,
Bangladesh, September to
November 2017

In addition to a clinic, we also have an outpost deeper in the camp where we provide medical advice and essential medicines to patients unable to traverse the tricky path to our crowded clinic. It also gives us extra eyes, as we monitor for potential outbreaks – cholera, measles, polio – all possible.

Children account for more than the fair share of smiles I see, and in my mind each smile is defiance in the face of the statistical peril facing paediatric patients. Or maybe it's just a good distraction. Children don't know the numbers, but they know hunger. We are seeing more children wasted to the point of severe acute malnutrition (SAM). It is said that if you are a child with malnutrition, you are 10 times more likely to die from common camp afflictions, like diarrhoea or respiratory infections.

This worries me as I think about the spectre of malnutrition looming larger by the day. We are monitoring it and referring the ones we identify as SAM to the ambulatory malnutrition treatment centres in the camp and, eventually, referring the more severe cases to the intensive inpatient treatment centre Médecins Sans Frontières has a few kilometres north.

CAMBODIA



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Hepatitis C care



FUNDING:

TOTAL	MSFA
\$5,775,917	\$1,008,559



FIELD STAFF:

54



KEY MEDICAL FIGURE:

2,926 patients treated with direct-acting antivirals



Savorn is given a shot by a technician at the clinic run by Médecins Sans Frontières in Phnom Penh, Cambodia. © Todd Brown

CAMBODIA

In 2017, Médecins Sans Frontières projects in Cambodia focused on tackling hepatitis C.

In May 2016, Médecins Sans Frontières launched a program offering free diagnosis and treatment for hepatitis C. Although its prevalence is unknown, an estimated two to five per cent of the Cambodian population is infected. Treatment for this blood-borne virus, once considered a lifelong and deadly disease, has been revolutionised in recent years with the arrival of new – and expensive – drugs, called direct-acting antivirals.

The project is based at Preah Kossamak hospital in the capital, Phnom Penh. One of its goals is to simplify diagnosis and treatment, to show its cost-effectiveness and make it replicable in other countries. In 2017 Médecins Sans Frontières treated 2,926 patients with direct-acting antivirals, which cure more than 95 per cent of people who complete the treatment.

A PATIENT'S STORY:

Savorn is a father of three young children who lives and works in Phnom Penh. Like many people with hepatitis C in Cambodia, Savorn knew he was sick with the virus many years ago and struggled to find any effective and affordable treatment. In early 2017, Savorn started on treatment, and in May he heard the good news that he was cured.

“Before I started this treatment, I felt hopeless. I couldn’t afford the new treatment and was waiting to die. If I wanted to have the treatment, I needed to sell my house. If I sold my house, my kids would not have any shelter. Then someone told me about a post on Facebook that Médecins Sans Frontières was offering this new treatment for free at Preah Kossamak Hospital. I went straight to the clinic and registered myself. This morning when the doctor showed me the result, I was overwhelmed with relief. I was really happy and on the edge of crying.”



A Médecins Sans Frontières volunteer nurse performs a fibroscan at the Preah Kossamak clinic in Phnom Penh, Cambodia. © Todd Brown

CAMEROON



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Primary healthcare, secondary healthcare, surgery, vaccinations



FUNDING:

TOTAL	MSFA
\$10,175,135	\$2,547,277



FIELD STAFF:

378



KEY MEDICAL FIGURE:

3,136 surgical interventions in Maroua

CAMEROON

Médecins Sans Frontières increased activities in north Cameroon to provide emergency care for victims of violence.

Since 2011, the conflict between armed opposition groups and the Nigerian army has forced hundreds of thousands of people from northeast Nigeria to seek refuge in Cameroon, Chad and Niger. During the past three years, violence has increasingly spilled over from Nigeria into the three neighbouring countries, causing further displacement. By the end of the year, there were around 88,000 refugees and 240,000 internally displaced people in Cameroon.

Since the first suicide attacks on Cameroonian soil in Maroua in 2015, there have been frequent bombings in the Far North region. In 2017 alone, Médecins Sans Frontières recorded over 58 such attacks in the region – more than one each week. In response, Médecins Sans Frontières scaled up emergency surgical activities and boosted capacity to treat mass casualties following attacks. In the town of Mora, close to the Nigerian border, Médecins Sans Frontières rehabilitated the operating theatre and set up an ambulance

referral service at the local hospital. The team stabilised patients and transferred those in need of specialised surgical care to Maroua hospital.

Médecins Sans Frontières also rehabilitated the operating theatre and post-operative ward at Maroua hospital in 2016 and now manages its surgical department. During 2017 our teams carried out 3,136 surgical interventions in Maroua. In Mora, our staff worked in two health centres serving displaced people and local residents, and vaccinated 28,748 children against diseases including polio, diphtheria, tetanus, whooping cough, measles and hepatitis B. Médecins Sans Frontières also trained Ministry of Health staff in the management of large influxes of wounded patients and donated mass casualty kits to local hospitals.



A young boy returns to his bed in the postoperative care unit of a regional hospital in Cameroon. © Alexis Huguët/MSF

CENTRAL AFRICAN REPUBLIC



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

HIV/AIDS care, maternal healthcare, nutrition, paediatrics, sexual violence care, surgery



FUNDING:

TOTAL	MSFA
\$30,272,181	\$3,225,091



FIELD STAFF:

1,146



KEY MEDICAL FIGURE:

5,500 births assisted in Berbérati

CENTRAL AFRICAN REPUBLIC

In the Central African Republic (CAR), renewed conflict and extreme levels of violence against civilians led to mass displacement and acute humanitarian needs.

In 2017, non-state armed groups controlled 14 of the 16 prefectures in this country of 4.5 million people. Thousands of civilians fled their homes because of fighting and violent attacks against them, taking the number of people displaced in recent years to 688,000 – around 15 per cent of the population. In neighbouring countries, the number of refugees from CAR rose to 545,000.

The conflict directly affected the population's access to medical care, food, water, shelter and education, and left them in a state of extreme vulnerability. Brutal murders took place, including summary executions, some of which were witnessed by Médecins Sans Frontières staff.

In 2017, Médecins Sans Frontières continued to offer outpatient and inpatient care to local communities and internally displaced people in three

prefectures and the capital. In Paoua (Ouham-Pendé), Carnot and Berbérati (Mambéré-Kadéï), Bria (Haute-Kotto) and Bangui, the team provided basic, specialised and emergency care, as well as maternity and paediatric services.

Responding to violence

In 2017, Médecins Sans Frontières adapted its projects in Bria and Paoua to respond to the urgent needs of those directly affected by the spiralling conflict. In Bria, a surgical team was deployed between January and April to support the hospital's regular paediatric activities, and to treat the hundreds of patients wounded in the ongoing clashes in the region. As Bria came under repeated attack, civilians who did not flee were trapped in their homes, prompting Médecins Sans Frontières to set up mobile clinics

Thousands of civilians fled their homes because of fighting and violent attacks against them.



A field worker story from CAR



NAME:

Katie Treble

FROM:

Byron Bay, NSW

FIELD ROLE:

Medical doctor, Bria, February to June 2017

Even though I have been a doctor for nearly eight years and I thought I'd seen my fair share of sick kids, it turns out I hadn't seen anything 'til I got here. CAR is one of the poorest, hungriest countries in the world, with one of the highest infant mortality rates. The majority of kids who come through my emergency department are much sicker than any child I've ever seen in the west, and have diseases I've only read about in textbooks. Many are malnourished and weak before they even get sick, and live far away in camps for displaced people where they are visited occasionally by our mobile outreach clinics, so they're usually desperately unwell by the time they reach us. A 19-year-old mother cycled 100km with her 3-week-old baby to get to us the other day.

It's a beautiful country but a brutal place to be a child, with tetanus, pneumonia, TB, starvation, diarrhoea and malaria all on the cards. The children survive through a pervasive resilience and cheerfulness, and for every death there are dozens who pull through who I'd never have imagined could recover. They show me that being here and trying to swim against the overwhelming tide of childhood disease isn't always a completely pointless, thankless task after all.



A young girl is vaccinated in a health centre supported by Médecins Sans Frontières in Paoua, Central African Republic. © Alexis Huguet

in a number of locations such as the PK3 displacement site.

The security situation in Paoua deteriorated considerably at the end of December. Fighting on the outskirts of the city displaced more than 65,000 people and forced Médecins Sans Frontières to end its support to seven health centres. Until then, the team had been running a primary and secondary healthcare program, and had treated more than 1,000 patients for snakebites. Overall in 2017, the team conducted 78,782 outpatient consultations.

In Bangui's first district hospital Médecins Sans Frontières provided care, including surgery, to victims of violence from the city and the surrounding

prefectures. Teams treated victims of sexual violence and performed 4,128 surgical interventions.

In Carnot, teams admitted 4,074 children to hospital and provided 59,540 consultations in health facilities supported by Médecins Sans Frontières.

HIV care

Teams continued to provide treatment for HIV/AIDS in CAR. The HIV programs in Paoua and Carnot focused on decentralising antiretroviral treatment at primary healthcare level in challenging and low-resource settings.

Vaccination campaigns

Médecins Sans Frontières carried out vaccination campaigns to protect

children from diseases such as diphtheria, hepatitis B, measles and pneumonia in Carnot. In Berbérati, 22,400 women of childbearing age were vaccinated against tetanus, which will also help protect their newborns in the future.

Project closures

After three years working in the hospital in the prefectural capital, Berbérati, and surrounding health centres, Médecins Sans Frontières handed over its activities to the Ministry of Health in September. Since the beginning of the project, Médecins Sans Frontières had admitted 20,700 children to the hospital's paediatric unit, treated more than 4,570 children under five years of age for severe acute malnutrition and assisted more than 5,500 births.

CHAD



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Malaria care, maternal healthcare, nutrition, primary healthcare



FUNDING:

TOTAL	MSFA
\$12,559,583	\$2,401,277



FIELD STAFF:

282



KEY MEDICAL FIGURE:

111,757 children protected against malaria

CHAD

In 2017, violent clashes between armed opposition groups and military forces in the Lake Chad region, near the border with Nigeria and Niger, forced people to flee inland.

Médecins Sans Frontières continued its projects in Baga Sola and Liwa health districts, in the Lake Chad region, where access to healthcare is extremely limited for local residents as well as refugees and displaced people. Teams run frequent mobile clinics providing primary healthcare, including psychological support and treatment for victims of sexual violence. Médecins Sans Frontières also launched a preventive malaria treatment campaign (seasonal malaria chemoprevention) for children under the age of five. During the year, teams carried out 79,363 outpatient consultations and 6,598 antenatal consultations, vaccinated 12,684 people and screened 11,108 children for malnutrition. Médecins Sans Frontières is constantly developing and applying new strategies to improve its response to emergencies, including malnutrition. For example, in this region, teams trained

mothers to detect malnutrition in their children as early as possible, and also vaccinated malnourished children against common diseases.

Fighting malaria in Moissala

Since 2010 in the health district of Moissala, in southern Chad, Médecins Sans Frontières has focused on the prevention and treatment of malaria in children under the age of five and pregnant women. In 2017, four preventive treatment campaigns against malaria reached a total of 111,757 children. Médecins Sans Frontières also supports 22 health centres to manage simple cases of malaria, and to refer other patients to Moissala hospital where our teams run an antimalarial unit for complicated cases.



A Médecins Sans Frontières nurse assesses a patient in a mobile clinic for local and displaced people in the Lake Chad region. © Sara Creta/MSF

CÔTE D'IVOIRE



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Maternal healthcare,
newborn healthcare



FUNDING:

TOTAL	MSFA
\$7,577,894	\$2,536,110



FIELD STAFF:

198



KEY MEDICAL FIGURE:

415 births assisted each month

CÔTE D'IVOIRE

Médecins Sans Frontières supports maternal and child health in the Hambol region of Côte d'Ivoire.

The political and military crises of 2002 to 2010 have taken a severe toll on the Ivorian health system: according to the World Health Organization, it is one of the weakest in Africa, with only one medical doctor and five midwives per 10,000 inhabitants. As the maternal mortality rate is very high, the Ministry of Health has made maternal healthcare one of its main priorities, offering it free of charge to all pregnant women. However, budgetary restrictions, drug stockouts and a lack of trained health personnel, among other factors, continue to hamper access to good quality medical services for women and young children.

In Hambol region the mortality rate is estimated at 661 per 100,000 live births, according to a 2015 survey by Epicentre, Médecins Sans Frontières' epidemiological research group. The Médecins Sans Frontières team, in conjunction with the Ministry of Health, aims to improve care for obstetric and

neonatal emergencies in this rural setting by supporting Katiola referral hospital and six primary health centres in the region. In 2017 Médecins Sans Frontières also started to rehabilitate parts of Dabakala hospital, including the operating theatre, in order to improve the management of caesarean sections. Médecins Sans Frontières supports all these facilities with medical supplies and personnel and operates an efficient referral system for complicated deliveries. Training, coaching and supervision of Ministry of Health staff also form a significant part of the program.

Every month in 2017, on average 415 deliveries were assisted in Médecins Sans Frontières supported facilities, including over 40 caesarean sections; and 64 newborns were admitted to the neonatal ward at Katiola hospital.



© Jean-Christophe Nougaret/MSF

A PATIENT'S STORY:

Albertine cares for her baby in Koutiala hospital, Côte D'Ivoire, two days after her complicated delivery. Albertine was referred from Dabakala, more than 80 km away.

Obstetrician-gynaecologist Dr Rasha Khoury explains Albertine's case before getting ready to operate. "She needs to have her baby delivered by caesarean section because her baby is bigger than her pelvis. This is a potentially life-saving intervention, because if her labour prolongs she risks a uterine rupture or dystocia [obstructed labour], and both could cause serious, future complications for her. She has already had a caesarean for her first baby, and she took traditional medicine to accelerate the birth this time. In fact, this combination has already caused a partial uterine rupture." One hour after surgery began, Albertine is out of trouble. Her newborn has survived but had to be resuscitated by a paediatrician and midwife, because his small lungs were filled with meconium [a baby's first faeces]. He is under care in the neonatal intensive care unit. Says Rasha, "Without the quick referral from Dabakala, the emergency obstetric services here in Koutiala hospital, the trained staff, the blood bank and the newborn unit, mother and baby would probably have not survived."

DEMOCRATIC REPUBLIC OF CONGO



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

HIV/AIDS care, maternal healthcare, paediatrics, primary healthcare, outbreak response, secondary healthcare, vaccinations



FUNDING:

TOTAL	MSFA
\$26,346,957	\$3,871,078



FIELD STAFF:

428



KEY MEDICAL FIGURE:

78,467 children vaccinated against measles in Nyunzu

A Médecins Sans Frontières health promoter explains the importance of malaria testing and treatment, at the health centre in Gety, Democratic Republic of Congo. © Caroline Frechard/MSF



DEMOCRATIC REPUBLIC OF CONGO

Millions of people were displaced in the Democratic Republic of Congo (DRC) in 2017 as new waves of violence erupted.

In Goma, North Kivu province, Médecins Sans Frontières supports the Ministry of Health to provide HIV/AIDS screening in five health facilities. In 2017, 9,380 people were screened. At the end of 2017, Médecins Sans Frontières transferred its activities in the hospital in Rutshuru, North Kivu, to the Ministry of Health. Teams had been supporting the hospital since 2009, and in 2017 performed 6,582 surgical procedures and treated 4,606 people in emergency for malaria.

After 11 years working in Gety in Ituri, Médecins Sans Frontières handed over the last of its activities there to the Ministry of Health. Since 2015, our teams had been gradually handing over responsibility for various departments to the ministry and, with over 650 training sessions, had ensured staff have the required knowledge and skills. From 2007, teams conducted 573,200 outpatient consultations, 16,900 postnatal consultations, admitted 42,900 patients to hospital and assisted almost 13,500 deliveries. As well as supporting paediatrics, women's health, neonatology, emergencies and intensive care, our staff worked to prevent epidemics through vaccination campaigns. Médecins Sans Frontières also helped to rebuild and renovate the regional hospital.

Response to outbreaks

In the Upper Lomami region, teams responded to an outbreak of cholera in May which affected people in the areas along the lakes of Kabamba and Kibala, and the Lulaba River. Médecins Sans Frontières opened a cholera treatment centre, in which teams were treating 1,568 patients at the end of 2017.

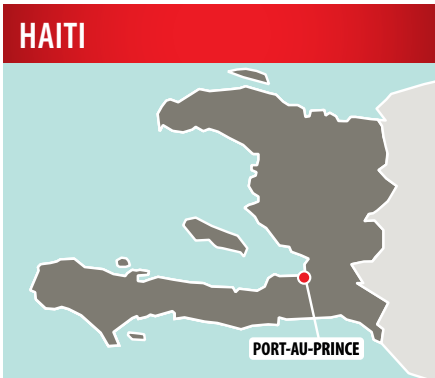
Our team continued to work to bring an outbreak of measles under control in Nyunzu, Tanganyika province. Staff vaccinated 78,467 children against the disease in 2017. The region also remains affected by violence, with around 30,000 people displaced from their homes. Médecins Sans Frontières worked to provide primary and secondary healthcare to refugees and the local community, including management of severe measles cases and the opening of a 21-bed paediatric department. Teams also carried out epidemiological surveillance for measles and cholera.

Assistance to victims of violence

In July, Médecins Sans Frontières sent a team to the Kasai region, based on reports of extreme violence and displacement of people related to the conflict between the Congolese armed forces and a new armed group. The team were the first representatives of an international organisation to assess the health zones of Dibaya and Thsimbulu. Staff conducted mobile clinics and screening for malnutrition in several health centres run by the Ministry of Health, and donated medical and food items to these health centres.

Bwito, in Rutshuru territory, has seen a resurgence of intercommunal violence since 2016, with clashes between armed groups and with the Congolese army. Civilians continue to be subjected to brutal violence, resulting in forced displacement and a phenomenon of "mono-ethnicity" of certain areas. In the village of Bambu, Médecins Sans Frontières provided 23,058 primary healthcare consultations and supported the paediatric ward and an intensive therapeutic feeding unit in Bambu hospital.

HAITI



PORT-AU-PRINCE

▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Burns care



FUNDING:

TOTAL	MSFA
\$9,548,586	\$1,526,079



FIELD STAFF:

314



KEY MEDICAL FIGURE:

1,300 emergency room consultations

HAITI

In Haiti, where quality healthcare is unaffordable for the majority, Médecins Sans Frontières provides free, specialised medical care to burns patients.

In the capital Port-au-Prince, Médecins Sans Frontières is working in Drouillard hospital, close to Cité Soleil slum. Drouillard is the only specialised centre in the country to focus on the treatment of severe burns – a widespread problem mostly linked to the dire living conditions of destitute Haitians. Around half the patients are children under the age of five who have been injured in domestic accidents. In 2017, the team conducted more than 1,300 emergency room consultations and admitted almost 700 patients. Treatment included surgery, dressings and pain management, as well as physiotherapy, psychological care

and infection control. In one innovative technique, patients were treated with grafts of artificial skin. Most patients came from the Port-au-Prince area, but some were referred from other regions by air ambulance. Médecins Sans Frontières also trained medical staff and started constructing a new 40-bed hospital to replace the existing temporary facility in 2018.

Drouillard is the only specialised centre in Haiti to focus on the treatment of severe burns.

A Médecins Sans Frontières nurse at Drouillard hospital, Haiti treats a patient who suffered severe burns in an explosion.
© Spencer Platt/Getty



HONDURAS



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Sexual and reproductive healthcare, sexual violence care



FUNDING:

TOTAL	MSFA
\$1,688,904	\$544,238



FIELD STAFF:

30



KEY MEDICAL FIGURE:

415 deliveries assisted each month

HONDURAS

Honduras continues to experience high levels of political, economic and social instability, and has one of the world's highest rates of violence. Women are among the worst affected by the medical, psychological and social consequences.

In March 2017, Médecins Sans Frontières started working at a mother and child clinic in Choloma, a rapidly expanding industrial city in northern Honduras that is notorious for its high levels of violence. Until Médecins Sans Frontières opened the project, there were few health facilities catering for the needs of women in the area. Many pregnant women were not receiving antenatal care and delivery services remained extremely limited. The result was a high rate of medical complications among women of reproductive age.

Médecins Sans Frontières teams in Choloma provide family planning, ante- and postnatal consultations, assist births, and offer psychosocial support to victims of violence, including victims of sexual violence. In collaboration with the Ministry of Health staff, 19,271 outpatient consultations were carried out. In October, Médecins Sans Frontières began implementing its strategy for the prevention of unsafe abortion practices through activities such as family planning, counselling, contraceptive services and sexual violence prevention.

Our teams in Choloma provide family planning, ante- and postnatal consultations, assist births, and offer psychological support to victims of violence.



A mental healthcare worker comforts a patient who has come to a Médecins Sans Frontières clinic in Honduras for medical and mental healthcare after suffering domestic violence. © Christina Simons/MSF

IRAN



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Hepatitis C care, HIV/AIDS care, mental healthcare, sexual and reproductive healthcare



FUNDING:

TOTAL	MSFA
\$2,769,767	\$1,621,928



FIELD STAFF:

40



KEY MEDICAL FIGURE:

19,575 outpatient consultations



A baby receives care in the primary healthcare centre in Tehran, Iran. © Samantha Maurin /MSF, 2013

IRAN

Since 2012, Médecins Sans Frontières has been providing free healthcare to excluded and marginalised groups in south Tehran, including drug users, sex workers, street children and the *ghorbat* ethnic minority.

Although the prevalence of infectious diseases is relatively low in Iran (less than one per cent for HIV), it is much higher in these vulnerable groups. According to the Iranian Ministry of Health, more than 60 per cent of the 160,000 HIV patients in the country are drug users, and an estimated 50 to 75 per cent of injectable-drug users have hepatitis C.

In Darvazeh Ghar district, Médecins Sans Frontières runs a clinic offering a comprehensive package of medical services designed for high-risk patients who experience stigma, or need more help to follow their treatment. Services include counselling and support from peer workers, psychosocial aid, medical and mental health consultations, ante- and postnatal care, family planning

and treatment for sexually transmitted infections. Patients can also be tested for communicable diseases such as HIV, tuberculosis and hepatitis C. Médecins Sans Frontières treats hepatitis C patients with direct-acting antivirals, which are effective and well-tolerated drugs, with a course of only three months. The team also operates a referral system, and runs mobile clinics in partnership with Society for Recovery Support, a local organisation which specialises in support for addicts and provides psychosocial assistance, harm reduction and shelter. In 2017, teams conducted 19,575 outpatient consultations and 3,495 individual mental health consultations in fixed and mobile clinics. A total of 218 patients were referred for care, and 45 started

treatment for hepatitis C. Iranian authorities accepted a proposal for a new project to address drug issues among the Afghan community in Mashhad, which will be launched in early 2018.

Médecins Sans Frontières offers medical services designed for high-risk patients who experience stigma, or need more help to follow their treatment.

IRAQ



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Mental healthcare, paediatrics, primary healthcare, secondary healthcare, sexual and reproductive healthcare, surgery



FUNDING:

TOTAL	MSFA
\$36,703,111	\$2,609,006



FIELD STAFF:

654



KEY MEDICAL FIGURE:

26,770 mental health consultations in refugee camps

A consultation in a mobile clinic near Zummar, Iraq. © Louise Annaud/MSF



In displacement settlements teams provided primary healthcare, treatment for non-communicable diseases and mental health support.

IRAQ

The conflict in Iraq continued to take its toll in 2017, killing, injuring and displacing thousands of civilians. Many health facilities were destroyed, leaving the sick and wounded with no access to care.

Although the conflict subsided in late 2017, humanitarian needs in Iraq remain extremely high. More than 2.9 million people have still not been able to return to their homes.

In the battle to recapture Mosul, many civilians were killed and wounded in the city or while trying to flee, due to explosions, bombings and shooting. People fled east of Mosul, settling in camps in the governorates of Erbil and Ninewa where access to healthcare was extremely limited.

Camps for displaced people

Médecins Sans Frontières operated in 16 locations in Erbil and Ninewa governorates, delivering medical

assistance to people living in displacement settlements after having fled the violence. Teams provided primary healthcare, treatment for non-communicable diseases (NCDs) such as diabetes and hypertension, and mental health support, including psychosocial counselling and child therapy. Overall, teams carried out 25,168 primary health and non-communicable disease consultations and 26,770 mental health consultations.

Qayyarah

Médecins Sans Frontières' field hospital in Qayyarah operated at full capacity, providing surgery, emergency and inpatient care, paediatric medicine, nutrition and mental health support.



A field worker story from Iraq

**NAME:**

Kevin Baker

FROM:

Sydney, NSW

FIELD ROLE:

Anaesthetist, Mosul/
Hammam Al Allil,
March to April 2017

Our health facilities in Iraq are remarkable, with all the required surgical and anaesthetic equipment. There's one operating theatre in a shipping container on the back of a truck, a second operating theatre in a tent, and a recovery room with an intensive care unit, where we maintain patients before transferring them. The injuries we were seeing were predominantly gunshot wounds. There was a shocking number of children under 15. Many of these kids weren't hit by a stray piece of shrapnel, but appeared to suffer sniper wounds – it seemed they had been intentionally hit. That was the most dramatic thing about this field placement: kids being shot, even toddlers being shot. That was an emotional experience for the team, and there were plenty of tears shed, including my own.

Teams treated more than 1,000 emergencies in the first month, carrying out over 90 surgeries. Following the end of the offensive on Mosul, the number of war-wounded patients decreased, and teams mainly received paediatric and burns cases referred from other health facilities in the region. In 2017, our teams provided 14,306 emergency consultations, carried out 2,854 surgeries and admitted 1,421 patients to hospital. In February, Médecins Sans Frontières managed the emergency department of a trauma stabilisation post in Hammam Al-Alil, 30 kilometres south of Mosul. In that month, teams received a total of 1,895 patients.

East Mosul

At Gogjali trauma stabilisation post, our teams received 1,077 emergency cases in three months, including

people injured by explosions and artillery fire. Teams established a 17-bed maternity hospital in Karama, a region deprived of access to maternal and newborn healthcare. Staff assisted 482 deliveries before the closure of the project in mid-July. Médecins Sans Frontières also supported Al Taheel Hospital from March to August, where teams undertook 1,403 emergency consultations, mainly related to trauma, and performed 1,827 dressings and 489 surgical interventions.

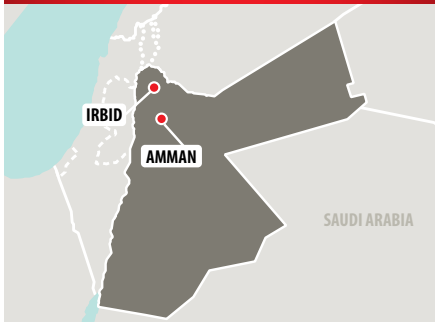
Baghdad

In August, Médecins Sans Frontières opened a rehabilitation centre with a 20-bed inpatient department in Baghdad, to provide physiotherapy, pain management and psychological support to civilian war victims. Teams carried out 714 outpatient and 520 inpatient physiotherapy sessions.

Zummar

In Zummar, north of Mosul, Médecins Sans Frontières continued to run a maternity clinic, an emergency room and a paediatric inpatient department at Tal Maraqq Hospital. The team offered sexual and reproductive healthcare and referrals for complicated cases. In addition, mobile clinics were deployed to neglected communities in Tal Afar district to provide primary healthcare, including treatment for non-communicable diseases. After the Kurdish referendum in September and the subsequent border changes in that region, communities previously cut off from medical care suddenly had access to the Zummar clinic. This resulted in a sharp increase in the number of people seeking help, and the team conducted a total of 10,600 sexual and reproductive health consultations and assisted 2,881 deliveries.

JORDAN



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Mental healthcare, neonatal care, sexual and reproductive healthcare, surgery



FUNDING:

TOTAL	MSFA
\$29,597,296	\$4,562,561



FIELD STAFF:

238



KEY MEDICAL FIGURE:

16,000 antenatal consultations

JORDAN

Médecins Sans Frontières runs healthcare programs to assist Syrian refugees and vulnerable Jordanians.

There are almost 650,000 registered Syrian refugees in Jordan, the majority of whom rely on humanitarian assistance to meet their basic needs. The huge growth in the number of people has placed increased pressure on the health system.

Médecins Sans Frontières is the main provider of reproductive healthcare for Syrian refugees in Irbid governorate, where we run a 22-bed maternity department and a neonatal intensive care unit. This year, the teams assisted 4,120 deliveries, admitted 664 newborns and carried out some 16,000 antenatal consultations. We also increased our focus on mental healthcare, offering support to Syrian children and their parents in a project based in Mafraq, as well as through outreach consultations and sessions held at the non-communicable disease clinics and primary healthcare centre in Irbid. The various teams provided individual and group counselling, psychosocial support and health education sessions.

Médecins Sans Frontières also continued to support medical facilities in southern Syria from Jordan through medical donations, technical support and distance training.

Reconstructive surgery in Amman

The Amman reconstructive surgery hospital continues to treat war-wounded patients and indirect victims of violence from neighbouring countries. The hospital provides comprehensive care for patients requiring orthopaedic, reconstructive and maxillofacial surgery, including physiotherapy and mental health support. In 2017, 1,150 surgical procedures were performed, and an average of 188 patients were being treated in the hospital at any one time.

A PATIENT'S STORY:

Manal was injured in 2015 when a missile exploded in the northern Iraqi city of Kirkuk. She was left with burns and muscle tightening which restricted movement in her forehead, neck, right ear, eyelid, right elbow and wrist.

Before coming to Jordan, Manal had had no surgery. She had difficulty closing her right eye, which stayed slightly open while she slept, disturbing her rest. In Médecins Sans Frontières' hospital in Amman, the physiotherapists massage her eye and teach her how to do it on her own. Since having surgery and intensive physiotherapy, Manal is able to close her eyes and sleep properly, as well as use her hands to pick out tunes on the guitar.



© Alessio Mamo

KENYA



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

HIV/AIDS care, maternal healthcare, sexual violence care, tuberculosis care



FUNDING:

TOTAL

\$20,688,007

MSFA

\$5,039,866



FIELD STAFF:

188



KEY MEDICAL FIGURE:

7,864 births assisted in Likoni

KENYA

In 2017, Médecins Sans Frontières continued to provide much-needed medical care in Kenya's refugee camps and slums, while also responding to public health challenges including infectious disease outbreaks across the country.

Many public health facilities were closed and thousands of people were left without access to essential healthcare for a large part of the year due to strikes by health workers – doctors for the first three months of the year, followed by nurses from June until November. This had a knock-on effect on Médecins Sans Frontières' activities, increasing the number of patients presenting at our facilities and putting a strain on resources. In response, Médecins Sans Frontières set up additional medical facilities and offered financial assistance for patients needing specialised care in private clinics, which they could not otherwise have afforded.

Nairobi

Médecins Sans Frontières continues to offer treatment to victims of sexual violence in the capital through its project in Eastlands. In recent years, the team has recorded an increase in the number of people treated; rather than a rise in the

number of incidents, this could be a result of outreach campaigns by our teams and the local community, making people more willing to come forward.

HIV care in Homa Bay

More than 24 per cent of the population of Homa Bay county is HIV positive – the highest rate of HIV infection in the country. Médecins Sans Frontières supports both inpatient and outpatient services in 33 facilities in Ndihiwa subcounty, in addition to two wards for patients with advanced HIV-related diseases. Our teams work with the Ministry of Health and local communities to run outreach services, including door-to-door visits, testing and counselling, to reduce the spread of HIV and the number of deaths from HIV-related diseases. Médecins Sans Frontières also supports the TB ward at Homa Bay county referral hospital, treating patients with both drug-sensitive and drug-resistant strains of the disease.

Obstetric care in Likoni

In 2017, Médecins Sans Frontières implemented sexual and reproductive healthcare services and comprehensive emergency obstetric and neonatal care at the Mrima health facility in Likoni sub-county. A temporary container village was set up to accommodate the inpatient department, the laboratory and an operating theatre. A total of 7,864 deliveries were assisted in this structure, as well as 1,656 caesarean sections. Previously, pregnant women had to take a ferry across a channel to reach medical services in Mombasa. The ferry often experienced delays, putting the lives of women and their babies at risk. Construction and extension of the existing permanent health facility began in January 2017, and continued throughout the year. The project also has an important outreach component including health promotion activities and support for peripheral health facilities.



A blood sample collection in Ndihiwa hospital, Homa Bay, Kenya. © Patrick Meinhardt

KYRGYZSTAN



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Primary healthcare



FUNDING:

TOTAL	MSFA
\$2,222,800	\$163,271



FIELD STAFF:

23



KEY MEDICAL FIGURE:

Six primary healthcare centres supported

KYRGYZSTAN

In 2017, Médecins Sans Frontières continued to focus on the health effects of environmental pollution in the south-west of Kyrgyzstan.

In the city of Aidarken, Batken district, Médecins Sans Frontières is supporting the Ministry of Health to deliver care for non-communicable diseases such as anaemia and hypertension. The project, launched in December 2016, aims to provide better diagnosis and management of disease as well as improve mother and

child healthcare through mobile clinics. In parallel, our teams are assessing the possible impact of heavy metal pollution on public health. In 2017 teams supported a total of 1,438 consultations, including 673 non-communicable disease consultations and 765 obstetric consultations.



A consultation in the Aidarken hospital, Kyrgyzstan.
© Maxime Fossat

LEBANON

As neighbouring conflicts continue to spiral, more than one-quarter of Lebanon's population is now composed of refugees, including over one million from Syria.

This huge influx of people has put an immense strain on the country's services, such as education, healthcare, housing, water and electricity.

In the Bekaa Valley, where the majority of Syrian refugees has settled, Médecins Sans Frontières opened a paediatric intensive care unit in a government hospital in Zahle

in March. In total we are now providing secondary and tertiary healthcare, general paediatrics and paediatric intensive care, as well as elective surgery. Teams are treating chronic diseases including epilepsy, asthma and thalassemia, a hereditary blood disease. From March, teams conducted 1,400 emergency room consultations.

LEBANON



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Paediatrics, secondary healthcare, surgery



FUNDING:

TOTAL	MSFA
\$6,514,179	\$1,622,946



FIELD STAFF:

82



KEY MEDICAL FIGURE:

1,400 paediatric emergency room consultations

A PATIENT'S STORY:

Sobhiya holds her seven-month-old grandson, Mohamed.

"My daughter, Amera, delivered her son Mohamed at home and not in a hospital, due to the difficult financial situation faced by her family. The size of the baby was very small, and the midwife told the family that Mohamed is not in a good condition." Mohamed was born in a refugee camp in the Bekaa Valley, where his parents and brother live. Since the baby's birth, Mohamed's family hasn't stopped visiting hospitals. They were relying on money from relatives to pay for each visit, until they heard about the free healthcare offered in the paediatric department run by Médecins Sans Frontières in Zahle. Sobhiya comes to see her grandson in the hospital regularly.

Sobhiya feeds her young grandson in a paediatric intensive care unit run by Médecins Sans Frontières in Lebanon. © Florian Serieux/MSF



LIBERIA

In 2017, Médecins Sans Frontières prioritised paediatric care and mental health treatment in Liberia.

Médecins Sans Frontières set up Bardnesville Junction hospital in Monrovia in 2015 to support Liberia's health services during the Ebola crisis. Originally serving children under the age of five, in 2017 the admission criteria were broadened to include patients up to the age of 15. During 2017, staff attended to 7,040 children in the emergency room and admitted almost 6,000 patients, mainly for malaria, severe acute malnutrition and respiratory tract infections.

Bardnesville Junction hospital continued to serve as a teaching hospital, providing placements for nursing students. The team conducted operational research on paediatric health issues, including paracetamol intoxication. In late 2017, an operating theatre was constructed for a paediatric surgery program that opened in January 2018.

In September 2017, Médecins Sans Frontières started to support mental health and epilepsy care at four primary healthcare centres in and around Monrovia. A Médecins Sans Frontières psychiatrist and two mental health clinicians offer guidance on diagnosis and treatment to Ministry of Health personnel at the health centres, and psychosocial workers train volunteers to identify people in the community who need treatment. Médecins Sans Frontières also provides psychiatric and anti-seizure medications. With Médecins Sans Frontières' support, the health centres carried out 2,446 mental health and epilepsy consultations.

LIBERIA

▲ Project locations funded by Australian donors

KEY ACTIVITIES:
Malaria care, mental healthcare, nutrition, paediatric care, surgery

FUNDING:

TOTAL	MSFA
\$9,785,829	\$640,279

FIELD STAFF:
290

KEY MEDICAL FIGURE:
7,040 children received emergency care

LIBYA



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Mental healthcare, paediatrics, primary healthcare, sexual and reproductive care



FUNDING:

TOTAL	MSFA
\$7,827,978	\$1,708,383



FIELD STAFF:

53



KEY MEDICAL FIGURE:

1,351 consultations in migrant detention centres

LIBYA

In 2017, widespread violence and insecurity in Libya meant that Médecins Sans Frontières was one of the few international organisations working in the country.

Despite the instability and ongoing conflict, Libya remained a destination for migrant workers from across the African continent and a transit country for migrants, asylum seekers and refugees attempting to cross the Mediterranean and reach Europe.

In 2017, Médecins Sans Frontières provided medical assistance to migrants and refugees arbitrarily held in detention centres that are nominally under the control of the Ministry of the Interior. Most medical complaints were related to the conditions in which people were detained, with overcrowding, inadequate food and drinking water and insufficient latrines resulting in respiratory tract infections, musculoskeletal pain, skin diseases such as scabies infestations, and diarrhoeal diseases. Médecins Sans Frontières publicly called for an end to the arbitrary detention of migrants and refugees in Libya, calling it harmful and

exploitative. Médecins Sans Frontières also denounced European governments' migration policies to seal off the coast of Libya and 'contain' migrants, asylum seekers and refugees in a country where they are exposed to extreme, widespread violence and exploitation.

In Misrata, Khoms and Zliten, medical teams started working in five detention centres, carrying out a total of 1,351 consultations and referring 49 patients for further treatment. The majority of migrants and refugees in Libya live outside detention centres, and like the local communities, they are affected by the deterioration in public health facilities, which face drug and staff shortages. In Misrata, Médecins Sans Frontières opened an outpatient clinic offering primary healthcare and referrals to patients of all ages and nationalities. Médecins Sans Frontières supported the main hospital to improve infection control and also scaled up its response to the needs of migrants and refugees in the area.

In mid-2017, teams also started to work in Bani Walid, reportedly a major transit hub for smugglers and traffickers. In partnership with a local organisation, Médecins Sans Frontières assisted people who had been held captive by criminal networks in the area but had managed to escape. Many had survived kidnapping for ransom, extortion and torture. The team provided 479 medical consultations to survivors and referred 24 patients to hospitals in Misrata and Tripoli.

In the east of the country, Médecins Sans Frontières ran a clinic in Benghazi in collaboration with a Libyan non-governmental organisation, offering paediatric and gynaecology consultations to displaced and vulnerable women and children. In 2017, teams held 12,501 paediatric consultations, and saw 8,798 gynaecology and obstetric cases. Teams also provided mental health support to children and families affected by trauma and violence.



A consultation with female migrants in a detention centre outside of Misrata, Libya. © Tankred Stoebe/MSF

MALAWI



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Cervical cancer care, HIV/AIDS care, sexual and reproductive healthcare



FUNDING:

TOTAL	MSFA
\$4,818,402	\$820,501



FIELD STAFF:

138



KEY MEDICAL FIGURE:

2,912 patients younger than 20 years receiving antiretroviral treatment

Alfred, 18 years old, is receiving treatment for HIV in Chiradzulu, Malawi, where Médecins Sans Frontières is working to improve adherence to antiretroviral treatment for adolescents. © Luca Sola

MALAWI

The main focus of activities for Médecins Sans Frontières in Malawi continues to be improving care for HIV patients, particularly adolescents and other vulnerable groups.

Since the 1990s, when the HIV epidemic was at its peak in the country, the situation in Malawi has improved greatly but there remains work to be done. By mid-2017, 714,691 people living with HIV were taking lifelong antiretroviral treatment.

Yet HIV remains the leading cause of death among adults in Malawi, and there are still around 28,000 new cases each year. The progress made relies heavily on international funding, and there is a critical lack of qualified health staff.

Care for adolescents in Chiradzulu

In Chiradzulu, Médecins Sans Frontières is completing the four-year handover of its HIV activities to the Ministry of Health. However, in 2016, Médecins Sans Frontières studies showed gaps in the detection and timely management of patients failing first- and second-line HIV treatment and revealed that only 30 per cent of adolescents were under effective treatment. Médecins Sans Frontières is developing specific activities

aimed at improving management of these patients and their adherence to treatment. They include setting up comprehensive, multidisciplinary services for adolescents, patients facing difficulties staying on treatment or those not responding to treatment.

Prevention and early treatment of cervical cancer

Malawi has the highest incidence of cervical cancer in the world, with an estimated 75 of every 100,000 women newly affected each year. Yet only 10 to 20 per cent of women in the country receive early screenings, while preventive vaccination is not implemented. Médecins Sans Frontières is developing a comprehensive project in Blantyre city and Chiradzulu district, including screening and treatment for pre-cancerous lesions, vaccination against human papillomavirus (the main cause of cervical cancer), treatment for cervical cancer and palliative care.



© Luca Sola

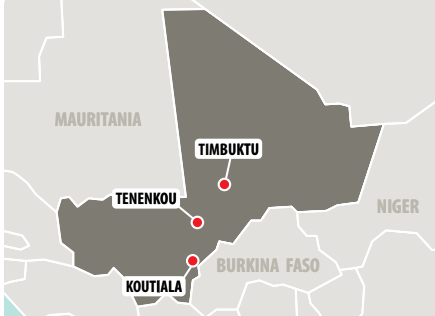


A PATIENT'S STORY:

Debora, 18, is HIV-positive. She is receiving care from Médecins Sans Frontières at Mbulumbuzi Health Centre in Chiradzulu.

"I feel ok, because I have accepted that I am HIV-positive. With the counselling I received I realised that being HIV-positive is not the end of everything. The main constraint for me is not being able to study at boarding school because I always think how I will be taking my drugs, and how my friends will think of me if they know I am taking ARVs (antiretrovirals). I know that one day I will achieve my dream of becoming a journalist. With proper medication the future is bright."

MALI



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Malaria care, nutrition, sexual and reproductive care, paediatrics



FUNDING:

TOTAL	MSFA
\$13,883,100	\$3,243,857



FIELD STAFF:

489



KEY MEDICAL FIGURE:

2,644 children treated for severe acute malnutrition

MALI

Persistent insecurity, particularly in northern and central regions, has resulted in an overall deterioration of the national health system and basic social services in Mali.

In Koutiala, in the south of the country, Médecins Sans Frontières runs a comprehensive paediatric program aimed at reducing the morbidity and mortality of children under the age of five, many of them vulnerable to malaria and malnutrition. As part of the program, which links community and hospital-level care in collaboration with the Ministry of Health, the team supports nutrition services in Koutiala's main referral hospital and in 15 community health centres. In 2017, 2,644 children were hospitalised for treatment of severe acute malnutrition. In the peak malaria season, from August to November, Médecins Sans Frontières dispatches extra community workers in the health district to identify, manage and refer cases. Our teams are currently constructing a new, 185-bed paediatric care unit to improve facilities in the hospital.

In Ténenkou, teams provide primary and secondary healthcare for women and adolescents. Staff support the maternity ward, operating theatre and the outpatient department at the referral health centre. In 2017, teams conducted 5,597 consultations with women of childbearing age and 2,068 prenatal consultations. Médecins Sans Frontières also supports malaria health workers to manage malaria cases in five health centres during the peak malaria months, and runs mobile clinics offering basic healthcare to hard to reach communities. A total of 5,373 people were treated for malaria.

Médecins Sans Frontières' project in the regional referral hospital of Timbuktu, which opened in 2012, was handed over to local authorities in April.

MOZAMBIQUE

Médecins Sans Frontières provides specialised care in Mozambique, where the frail health system is struggling to curb a dual epidemic of HIV and tuberculosis (TB).

Mozambique has one of the highest rates of HIV prevalence in the world. Around 13 per cent of people aged 15-49 are infected and 34,000 people co-infected with HIV and TB die each year.

In Maputo, Médecins Sans Frontières cares for patients needing second- or third-line antiretroviral treatment and for those with co-morbidities such as Kaposi's sarcoma, drug-resistant tuberculosis (DR-TB) and hepatitis. Kaposi's sarcoma is a cancer that particularly affects patients with poor immune function. Médecins Sans Frontières has provided these patients with a new, improved treatment allowing quicker recovery. A total of 1,498 patients were taking this new drug in 2017. Our teams also provide comprehensive care for multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB). A hepatitis C treatment program was scaled up during the year to include

treatment for injectable drug users, focusing on developing a model of care that includes comprehensive harm reduction. Of the 27 patients with hepatitis C who received treatment, 10 were cured – the first in the country as treatment was previously unavailable.

In Maputo, Médecins Sans Frontières cares for patients needing second- or third-line antiretroviral treatment and for those with co-morbidities such as Kaposi's sarcoma.

MOZAMBIQUE



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Hepatitis C care, HIV/AIDS care, tuberculosis care



FUNDING:

TOTAL	MSFA
\$6,489,655	\$108,847



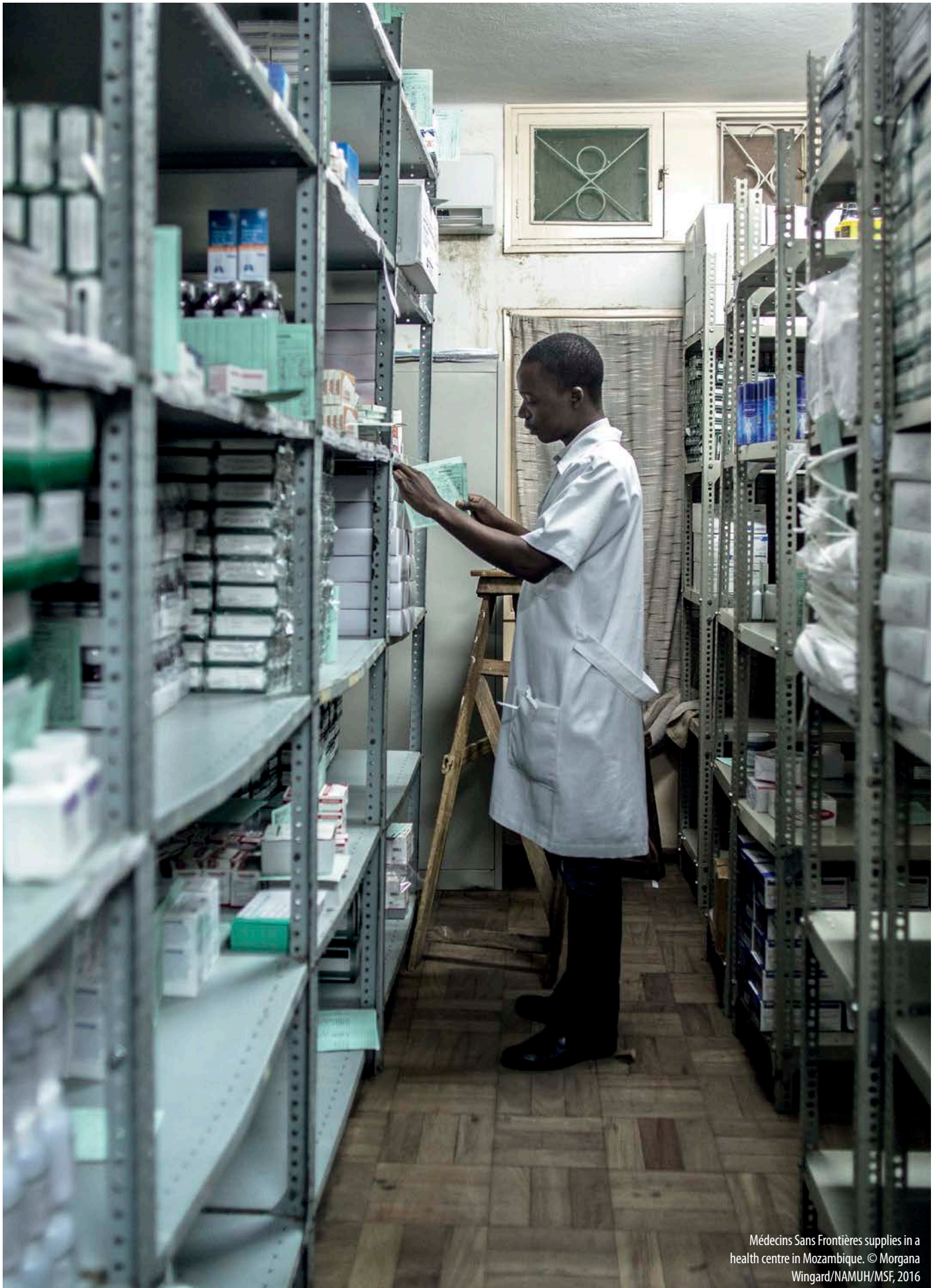
FIELD STAFF:

129



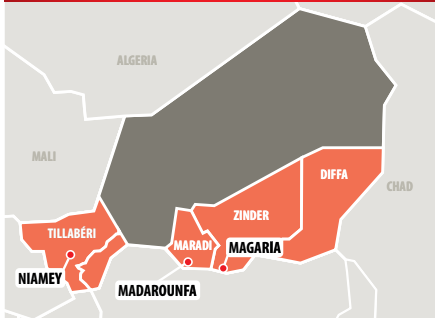
KEY MEDICAL FIGURE:

1,498 people received new treatment for HIV and co-morbidities



Médecins Sans Frontières supplies in a health centre in Mozambique. © Morgana Wingard/NAMUH/MSF, 2016

NIGER



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Malaria care, nutrition, outbreak response, paediatrics, vaccinations



FUNDING:

TOTAL	MSFA
\$19,497,876	\$3,817,952



FIELD STAFF:

759



KEY MEDICAL FIGURE:

14,486 children treated for severe malnutrition

NIGER

In Niger, Médecins Sans Frontières focused on reducing child mortality, particularly during the peak malnutrition and malaria season, and continued providing healthcare to refugees and displaced people in Diffa.

Every year, people in Niger face the annual 'hunger gap' between June and September, when the number of malaria and malnutrition cases increases dramatically. Without early treatment, severe cases can result in medical complications. Médecins Sans Frontières has worked in Magaria, in Zinder region, since 2005, and in 2017 continued to boost the capacity of the paediatric unit in Magaria district hospital by providing staff and training. Between June and December, when the number of admissions for malnutrition and malaria increased, the paediatric unit had a peak capacity of 600 beds. More than 14,849 children under the age of five were treated in the paediatric unit of Magaria hospital in 2017. In addition, Médecins Sans Frontières staff worked in six health centres and one health post to support primary healthcare for children and hospital referrals for the most severe cases. Observation rooms were set up in the busy health centres of Dantchiao and Magaria, where patients were stabilised before being transferred, if necessary, to the paediatric unit in Magaria. Médecins Sans Frontières teams also led awareness-raising sessions in Magaria.

Diffa

People living in Diffa region, on the border with Nigeria, continue to suffer the consequences of the violent clashes between armed opposition groups in Nigeria and the different military forces in the region. In 2017, Médecins Sans Frontières started supporting Mainé-Soroa district, providing primary and secondary healthcare to cross-border and mobile populations living between Niger and Yunusari Local Government Area in Yobe state, Nigeria. Teams ran mobile clinics and supported the referral of surgical, paediatric and internal medicine cases to Mainé-Soroa hospital. In total, staff carried out 46,569 consultations in Mainé-Soroa and in Kanama, Yunusari.

Maradi

In Madarounfa district, Maradi region, Médecins Sans Frontières continues to run its paediatric program focusing on the management of the main causes of childhood death, notably malnutrition and malaria. Mothers also come over the border from Nigeria to seek treatment for their children. The program, which opened in 2001, today comprises inpatient care for severe malnutrition and its complications, malaria and other diseases affecting children under the age of five in the district hospital, and outpatient treatment for severe malnutrition without complications in five Madarounfa health zones. Médecins Sans Frontières-supported community health workers are active in 34 villages during the peak malaria season to ensure early detection and treatment of simple malaria and screening for malnutrition. Our teams have scaled up health promotion and community-based healthcare activities. A total of 14,486 children in Madarounfa district received outpatient care for severe malnutrition in 2017.

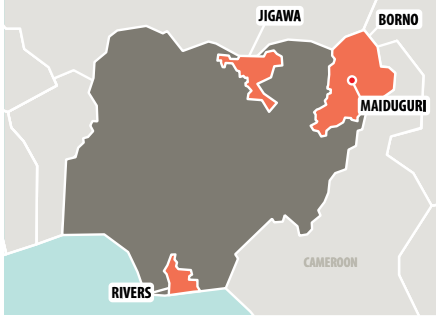
Meningitis outbreak

Cases of meningitis were detected in Niamey in February and March 2017. The epidemic threshold was crossed in Boukoki, Lazaret and Foulan Koira health areas. Our teams conducted a vaccination campaign in coordination with the Ministry of Health, to immunise 320,000 people in the regions of Niamey, Dosso and Tahoua.

A child is treated for malaria by a nurse in a community health centre in Magaria, Niger. © Sarah Pierre/MSF



NIGERIA



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Nutrition, paediatrics, outbreak response, sexual and reproductive healthcare, sexual violence care



FUNDING:

TOTAL	MSFA
\$32,483,542	\$5,085,746



FIELD STAFF:

1,044



KEY MEDICAL FIGURE:

75,676 children vaccinated in Borno

NIGERIA

In Nigeria, assisting people caught up in the conflict between armed opposition groups and the military remained a priority for Médecins Sans Frontières in 2017.

Civilians are bearing the brunt of the conflict, which entered its eighth year in 2017. According to the United Nations, more than 1.7 million people are internally displaced in the northeast of Nigeria. Of these, some 80 per cent are in Borno. Thousands have been killed in the fighting and many more by the deadly combination of malnutrition, measles and malaria. In 2017, Médecins Sans Frontières continued to expand its programs focusing on women and children. It is estimated that 58,000 women die from complications during pregnancy and childbirth every year and one in eight children dies before the age of five.

Responding to armed conflict in the northeast

Médecins Sans Frontières has scaled up its assistance in Borno state over the past two years, but access to areas held by armed opposition groups, or contested by the two sides, has been restricted, and little is known about the needs of people in these locations. Although the nutrition situation has generally stabilised in Maiduguri, capital of Borno state, due to a massive deployment of aid, vulnerable pockets still remain. In some enclaves controlled by the military, people are unable to farm or fish due to restrictions on their movements, making them heavily dependent on humanitarian assistance. Our teams continued to deliver health services for women and children in Maiduguri, providing paediatric consultations,

emergency care and intensive care, outpatient therapeutic nutritional centres, and basic obstetric and neonatal care.

The Borno Emergency Support Team works to reduce the mortality and morbidity of vulnerable people in the region, and to respond to emergency needs. In 2017, the team focused on surveillance, vaccinations, screening for malnutrition, therapeutic food distribution, and water and sanitation activities. The emergency team also responded to a cholera outbreak in Monguno and Maiduguri. In total, staff vaccinated 75,676 children in Borno. In Monguno, also in Borno state, Médecins Sans Frontières admitted 2,280 people for hospital care. Our team also assisted the development of water and sanitation activities in camps for displaced people.

Providing healthcare for women and their newborns

In the Médecins Sans Frontières-run maternity and neonatal departments of Jahun general hospital, in Jigawa state in the north, a high proportion of the 1,000 women admitted per month in 2017 were suffering from obstetric complications such as eclampsia. Our team also treated 325 women for vesico-vaginal fistula, a condition resulting from prolonged obstructed labour that requires complex surgery. To reduce pregnancy complications, teams also support basic obstetric care in health centres.

In the southern Rivers state, in partnership with the Ministry of Health, Médecins Sans Frontières opened a second clinic in Port Harcourt offering comprehensive care to victims of sexual violence. In 2017, the team received 950 new cases. Outreach and community-based awareness activities were also organised in schools, police stations and through the media.

Emergency response

The Emergency team 'EPrep', based in Abuja, was created in 2006 to enable Médecins Sans Frontières to react to natural and man-made disasters and epidemics. In 2017, the team responded to the meningitis outbreak in Katsina state, supported the Monguno team in responding to the cholera epidemic, and performed consultations and referrals in mobile clinics in Yobe state.

A doctor checks a patient's blood pressure in the Jahun general hospital, Nigeria. © Maro Verli



PAKISTAN



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Emergency care, maternal healthcare, neonatal care, paediatrics, primary healthcare



FUNDING:

TOTAL	MSFA
\$7,660,113	\$1,621,928



FIELD STAFF:

300



KEY MEDICAL FIGURE:

3,687 births assisted in Peshawar

PAKISTAN

Access to healthcare remains a challenge in Pakistan, especially for women and children: women die from preventable complications during pregnancy and delivery, and newborn care is unavailable in many parts of the country.

Médecins Sans Frontières continues to fill gaps in healthcare, particularly in isolated rural communities, urban slums and areas affected by conflict.

Emergency, maternal and newborn care in Khyber Pakhtunkhwa

In Peshawar Women's Hospital Médecins Sans Frontières operates a comprehensive 24-hour emergency obstetric care service for patients referred from surrounding districts and the Federally Administered Tribal Areas (FATA). The hospital has 24 obstetric beds and an 18-bed unit for premature and severely ill newborns requiring specialised care. In 2017, 3,687 deliveries were assisted, including 489 caesareans.

Forced closure of projects in FATA

In September and November respectively, the authorities informed Médecins Sans Frontières that the

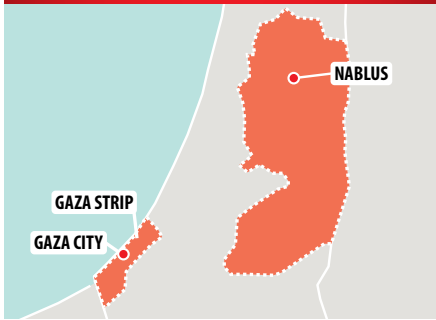
certificate required for carrying out medical activities in FATA would not be renewed, but gave no explanation for this decision. It is likely that the closure of these medical facilities delivering free, high-quality healthcare will have serious negative implications for people who rely on them.

Médecins Sans Frontières had been providing medical services in Kurram for 14 years at the time of the closure. In Sadda, Médecins Sans Frontières was responsible for the paediatric outpatient and inpatient departments. Teams also ran the newborn unit, and treated patients with the parasitic skin disease cutaneous leishmaniasis. In Alizai, our teams ran the paediatric outpatient department and observation room. In 2017, up until closure, Médecins Sans Frontières carried out a total of 26,567 outpatient consultations in Sadda and Alizai.



A newborn receiving respiratory assistance in Médecins Sans Frontières' maternity hospital in Peshawar, Pakistan. © Shaista Aziz/MSF

PALESTINE



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Burns care, mental healthcare



FUNDING:

TOTAL	MSFA
\$7,320,958	\$1,641,000



FIELD STAFF:

114



KEY MEDICAL FIGURE:

4,900 people treated for burns and trauma

PALESTINE

In Palestine, Médecins Sans Frontières provides psychological assistance in the West Bank and specialist medical care to burns and trauma patients in the Gaza Strip.

Médecins Sans Frontières runs mental health programs offering confidential support in Nablus governorate, where the ongoing occupation and internal violence continue to have a serious impact on the physical and psychological health of the people. They are exposed to both direct and indirect trauma, including violence, raids on their homes and arrests of family members.

Teams also continued to provide mental health awareness sessions in villages in Nablus. The sessions included psychoeducation on stress management as well as mental health stigma and awareness, and individual consultations were offered for those in need. In 2017, Médecins Sans Frontières strengthened its partnership with Nablus Rafidia hospital, providing psychological support to patients admitted to the burns unit and the paediatric ward, to their caretakers, and to supervising medical staff.

Overall, staff performed 2,238 psychological consultations in Nablus in 2017.

Gaza Strip

A number of factors have contributed to the deterioration in the general socioeconomic situation in Gaza, including the 10-year blockade imposed by Israel and the fighting between the various Palestinian authorities. More than half of the population is unemployed, electricity is restricted to a few hours per day and there is a lack of clean drinking water. People's movements in and out of the Gaza Strip are extremely limited, preventing them from seeking specialised healthcare.

Médecins Sans Frontières staff work in three clinics in Gaza, providing specialist care for burns and trauma patients, such as dressings, physiotherapy and occupational therapy. In 2017, 4,900 patients were treated, mostly for burns sustained in domestic accidents; 62 per cent of these patients were under 15 years old. Despite the technical experience of our nurses and physiotherapists, their work is complicated by the limited access to essential painkillers in Gaza. To alleviate the suffering of burns patients during the most painful medical procedures, our teams introduced a sedation technique using nitrous oxide mixed with oxygen, known as EMONO.

Médecins Sans Frontières continued to run reconstructive surgical programs in conjunction with the Ministry of Health for patients with burns, trauma or congenital malformations and in 2017 performed a total of 411 interventions on 197 patients, 75 per cent of whom were under 18 years of age. The most complex cases that cannot be handled in Gaza are referred to Médecins Sans Frontières' reconstructive surgery hospital in Jordan (see page 32). However, due to administrative restrictions, only six out of 19 patients could be referred in 2017.

Our teams continued to run sessions on burns awareness for schools and women's associations, giving advice on preventing accidents and lessons in first aid.



Mohammed was shot by an Israeli soldier in May 2017, while stopping at the border on his motorbike. He was operated on four times by Médecins Sans Frontières surgeons and received physiotherapy at our clinic in Gaza. © Laurie Bonnaud/MSF

PAPUA NEW GUINEA



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Tuberculosis care



FUNDING:

TOTAL	MSFA
\$7,237,025	\$1,040,519



FIELD STAFF:

152



KEY MEDICAL FIGURE:

More than 2,150 people receiving TB treatment in 2017

PAPUA NEW GUINEA

In Papua New Guinea, Médecins Sans Frontières focused on expanding access to care and improving adherence to treatment for patients with tuberculosis (TB).

TB was declared a major public health emergency in Papua New Guinea, with almost 30,000 new cases in 2016. It is the fourth-biggest cause of death among hospital admissions, and the principal cause of mortality among HIV/AIDS patients.

In collaboration with the national TB program, Médecins Sans Frontières focuses on improving screening, diagnosis, treatment initiation and follow-up at Gerehu hospital, in the capital Port Moresby. Mobile teams also work in the community to improve patient adherence to treatment.

In Gulf Province, Médecins Sans Frontières expanded its TB program

to support two health centres as well as Kerema general hospital. Difficult access to remote areas and the lack of an effective follow-up system result in a high number of patients not completing their treatment. In collaboration with the provincial authorities, Médecins Sans Frontières continues to develop a decentralised model of care facilitating access to diagnosis, treatment and follow-up closer to patients' homes.

By the end of 2017, Médecins Sans Frontières had initiated treatment for more than 2,100 patients with drug-sensitive TB, and 53 with drug-resistant TB.

“Losing a child was very hard, and I really wanted to know what was going on with me. So we came to Gerehu clinic and they advised me that I had TB.”



A PATIENT'S STORY:

Giakila was five months' pregnant when she became seriously ill, and ended up losing her baby.

“Losing a child was very hard, and I really wanted to know what was going on with me. So we came to Gerehu clinic and they advised me that I had TB.”

Giakila was diagnosed with multidrug-resistant TB, which involves two years of treatment including daily injections in the early stages. “I was scared at first, because there were too many medicines that I was taking. But then it started helping me to recover some of the loss that I encountered, so I was happy taking these medicines.”

PHILIPPINES



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Sexual and reproductive healthcare, sexual violence care, water



FUNDING:

TOTAL	MSFA
\$3,117,487	\$1,132,580



FIELD STAFF:

29



KEY MEDICAL FIGURE:

More than 23,000 girls vaccinated against HPV in Manila

PHILIPPINES

In the Philippines, Médecins Sans Frontières focused on improving access to sexual and reproductive healthcare in slums in the capital Manila, and responded to violent clashes in the south.

Since 2016, Médecins Sans Frontières has partnered with a local organisation, Likhaan, to offer sexual and reproductive health services in two densely populated and impoverished Manila districts, Tondo and San Andres. In 2017, Médecins Sans Frontières and Likhaan moved to a larger clinic in Tondo and carried out an average of 1,380 consultations a month between the two clinics. The Tondo clinic offers family planning services and care for victims of sexual violence, as well as screening and treatment for cervical cancer. In conjunction with Likhaan and Manila City Health our teams also vaccinated more than 23,000 girls against the human papillomavirus (HPV) responsible for cervical cancer.

From June 2017, Médecins Sans Frontières offered psychological first aid and ran water, sanitation and hygiene activities for people displaced by the conflict between the Philippine armed forces and two

pro-Islamic State factions, in Marawi city, Mindanao region. More than 370,000 people were displaced. Teams provided psychological first aid to more than 11,500 people, and distributed 1,500 hygiene kits and 1,150 jerry cans. When the siege of the city was declared over in late October, teams remained in the area to support internally displaced people and returnees.



A young girl from Tondo receives her free HPV vaccination in a Médecins Sans Frontières and Likhaan clinic in Manila, the Philippines. © Hannah Reyes Morales

SUDAN

At the end of 2017, there were nearly 3.3 million internally displaced people and 772,000 registered South Sudanese refugees in Sudan, as well as many other migrants in transit to Europe.

Sudan has the highest rate of kala azar, or visceral leishmaniasis (a disease spread by sandfly bites), in East Africa, and Al-Gedaref in eastern Sudan accounts for nearly 70 per cent of the national caseload. Médecins Sans Frontières provides free diagnosis and case management support to two hospitals in this region and organises awareness-raising activities in the community. From the end of 2016 to April 2017, the number of cases rose to

a level not seen since 2011. More than 1,300 patients were treated for visceral leishmaniasis in 2017.

Also in Al-Gedaref, Médecins Sans Frontières treated 336 cases of suspected acute watery diarrhoea. Our teams trained staff from partner organisations in case management and prevention, and conducted community education sessions.

Médecins Sans Frontières provides diagnosis of visceral leishmaniasis and case management support, and organises awareness-raising activities in the community.

SUDAN



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Outbreak response, visceral leishmaniasis care



FUNDING:

TOTAL	MSFA
\$3,280,914	\$2,176,952



FIELD STAFF:

40



KEY MEDICAL FIGURE:

1,300 people treated for visceral leishmaniasis

SOUTH SUDAN



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Malaria care, maternal healthcare, nutrition, paediatric care, surgery, vaccinations



FUNDING:

TOTAL	MSFA
\$49,277,778	\$4,448,923



FIELD STAFF:

688



KEY MEDICAL FIGURE:

101,831 people treated for malaria in remote villages

SOUTH SUDAN

Throughout 2017, Médecins Sans Frontières responded to emergency medical needs arising from conflict and epidemics, while striving to maintain its existing healthcare programs in South Sudan.

Tens of thousands of people in South Sudan have died and roughly one in three people have been forced from their homes since renewed conflict broke out in December 2013. Two million people have fled to neighbouring countries, while another two million are displaced within South Sudan. Security also remained a major challenge for humanitarians in 2017, as facilities came under attack and it became increasingly dangerous to work in some areas.

In South Sudan, Médecins Sans Frontières operates primary and secondary healthcare programs in hospitals and clinics, runs outreach activities for displaced people and remote communities, responds to emergencies and outbreaks as they occur and carries out preventive activities such as vaccination campaigns.

Fangak

In Fangak, a remote, opposition-held area, Médecins Sans Frontières manages the emergency room, operating theatre and inpatient feeding centre, as well as the paediatric, adult and maternity wards at Old Fangak hospital. In late 2017, the team restarted surgical services, performing 184 surgical procedures in December. The team also opened an outpatient clinic in nearby Phom, where they provided 18,148 consultations, and deployed mobile clinics along the Zeraf River.

Greater Bahr el Ghazal region

Médecins Sans Frontières staff manage the paediatric and maternity departments in Aweil state hospital, the only facility providing secondary healthcare in the region. Malaria

remains the main cause of admission; in 2017, 5,767 people were admitted for treatment of the disease. Teams also support five health facilities with testing and treatment for the disease throughout the rainy season. In March, Médecins Sans Frontières closed the mobile clinics we had been operating in Wau and the surrounding countryside as other organisations began medical activities in this conflict-affected area.

Abyei Special Administrative Area

In Agok, Médecins Sans Frontières runs the only referral hospital in the area providing primary and secondary healthcare, including surgery for a population of more than 140,000 people. Due to the increased need for specialist healthcare, teams started to rehabilitate and extend the hospital in 2017. The new inpatient department, due to be completed in mid-2018, will provide room for more than 140 inpatients. Overall, 9,806 patients were admitted to the hospital, including 2,162 for treatment in the therapeutic feeding centre. Teams ran a malaria test-and-treat program in remote villages and treated over 101,831 patients with the help of community workers.

Sudanese refugees

Médecins Sans Frontières continues to work in Yida camp for refugees from South Kordofan, Sudan. There, teams manage an inpatient department, an inpatient feeding centre, a neonatal unit and the treatment of HIV and TB. Our teams also work in the Nuba Mountains, South Kordofan, where in 2017 we provided 151,895 consultations and vaccinated 36,709 children.

In Agok, Médecins Sans Frontières runs the only referral hospital in the area providing primary and secondary healthcare, including surgery.

A PATIENT'S STORY:

Dr Rosyln Brooks, from Cooma, NSW, recounts a patient she treated in Lankien, South Sudan.

"Here in Lankien, I have seen many conditions that are rare or non-existent in Australia. One morning, I was called to see a four-year-old boy in the emergency room. He was sitting up, mouth half open, drooling and spitting saliva, and struggling to breathe. His throat and upper airway were almost completely obstructed and he had spasms of barking, seal-like cough. This is the typical picture of acute epiglottitis, a life-threatening medical emergency in which there is fever and massive swelling of the throat that can completely block the airway.

The boy's father was wonderful – he sat up supporting his child for several days and nights, while we treated with intravenous antibiotics, corticosteroids and fluids. After about a week, this little boy recovered well and went home, still with a barking seal-like cough, but breathing and eating easily."



Patients arrive at the Médecins Sans Frontières hospital in Agok, South Sudan, having been transported by special chain vehicle from Mayom. © Peter Bauza

SWAZILAND

In 2017, Médecins Sans Frontières continued to focus on reducing HIV transmission and improving access to decentralised care for people with HIV, tuberculosis (TB) and drug-resistant TB (DR-TB) in Swaziland.

Swaziland has one of the world's highest rates of HIV, affecting roughly one in three adults. The country also has one of the highest TB notification rates, and 70 per cent of people who contract TB are also HIV-positive. The HIV epidemic is showing signs of stabilising and in recent years the number of AIDS-related deaths has reduced. Based on a 2017 HIV incidence survey, the rate of new infections has almost halved within five years.

Médecins Sans Frontières' project in Nhlanguano, Shiselweni region, aims to improve the quality of comprehensive HIV and TB care in health facilities and at community level, and provide better management of DR-TB. To help patients stick to their treatment, Médecins Sans Frontières has set up community adherence clubs for adults and children. For people particularly at

risk of contracting HIV, pre-exposure prophylaxis is offered as an additional means of HIV prevention. Overall, 5,886 patients received antiretroviral therapy in 2017. In May, oral HIV self-testing was also implemented in Nhlanguano, with a total of 1,328 self-testing kits distributed by the end of the year.

To help patients stick to their treatment, Médecins Sans Frontières has set up community adherence clubs for adults and children.

SWAZILAND



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

HIV/AIDS care, tuberculosis care



FUNDING:

TOTAL	MSFA
\$9,169,345	\$1,474,885



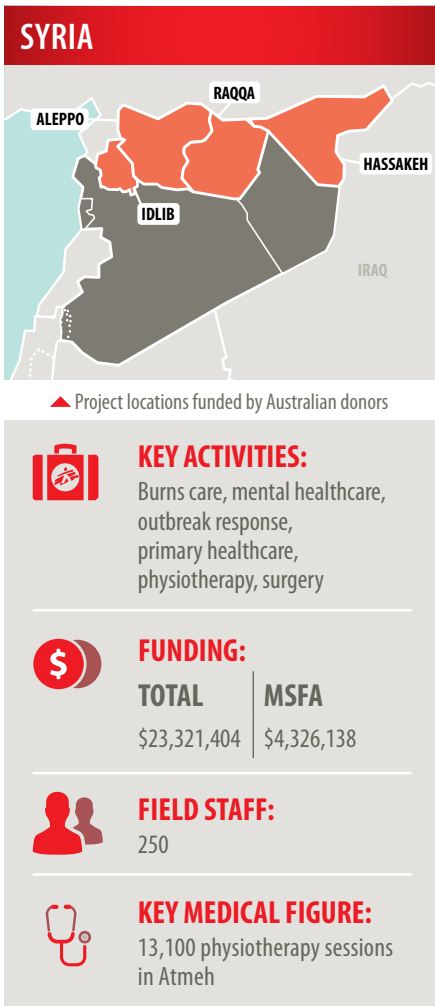
FIELD STAFF:

147



KEY MEDICAL FIGURE:

1,328 oral HIV self-testing kits distributed



SYRIA

The conflict in Syria continued into its seventh year, entering new depths of violence and leaving millions of people in desperate need of assistance.

Civilians, civilian areas and civilian infrastructure continued to come under direct fire in Syria in 2017. Thousands of people were killed and wounded in military offensives around the country and hundreds of thousands more were forced from their homes by the conflict.

Our teams continue to provide medical and humanitarian assistance in Syria but our activities are severely limited by insecurity and constraints on access. Médecins Sans Frontières always negotiates access with the authorities – official or de facto – in control of an area; but the Islamic State group has not given any assurances since it abducted Médecins Sans Frontières staff in 2014 and the Syrian government has not granted authorisation to work despite repeated requests.

In areas where staff could not be deployed or permanently present, Médecins Sans Frontières maintained its distance support of medical facilities. Mostly run from neighbouring countries, this consisted of donations of medicines, medical material and relief items; remote training of medics inside Syria; and technical medical advice and financial support to cover facility running costs. In 2017, Médecins Sans Frontières supported 23 health facilities, reduced to 14 in June. Up to August, these facilities provided 278,177 outpatient consultations and treatment for 58,187 people with chronic disease.

Raqqa governorate

In June, the Syrian Democratic Forces launched an offensive with US-led

international support to take control of Raqqa city. As the frontlines approached the city, civilians became trapped and high levels of insecurity made it extremely difficult to reach those in need. Ain Issa displacement camp, to the north of Raqqa, became an official transit camp for people fleeing the conflict. As arrivals to the camp increased, teams distributed relief items such as mattresses, blankets and hygiene kits, set up water and sanitation services, and responded to a measles outbreak, as well as conducting routine vaccinations. In September, as the camp reached a population of 9,000 people, teams performed an average of 200 consultations each day. The camp reached a population of some 15,000 people by the end of 2017. Médecins Sans Frontières also built a medical and mental health clinic and supported a volunteer-run primary healthcare centre.



A physiotherapist treats a man who lost both his legs after activating an explosive device while fleeing Raqqa, Syria. © Agnes Varraine-Leca

In July, Médecins Sans Frontières rehabilitated a primary healthcare centre in Tabqa and started offering medical consultations, mental healthcare and physiotherapy to displaced people. To the north of Tabqa, a team in Twaheenah displacement camp conducted measles vaccinations and provided primary healthcare.

Aleppo governorate

In Kobanê/Ain Al Arab, Médecins Sans Frontières is working with the local health authorities to re-establish basic health facilities, providing outpatient consultations, vaccinations and psychological support. This year, the team built an outpatient department and supported the emergency room, intensive care unit, maternity ward, operating theatre and nursing activities at Kobanê general hospital with supervision, training and drug supplies. The team

provided 10,575 emergency consultations and admitted 1,151 children to the hospital.

Idlib governorate

Médecins Sans Frontières continued to offer specialist care for burns patients at Atmeh hospital, including surgery, skin grafts, dressings, physiotherapy and psychological support. In 2017, staff performed 13,100 physiotherapy sessions and 602 major surgery interventions.

Hassakeh governorate

Intense fighting in northeast Syria resulted in massive displacement, thousands of casualties and severe damage to health facilities. Many injured patients were treated in the emergency room that Médecins Sans Frontières rehabilitated in the main referral hospital in Hassakeh. As in Raqqa, when the violence subsided and people began to return home, the

team saw a sharp increase in the number of patients wounded by explosive devices that had been left or placed in homes, on agricultural land and along roadsides. In 2017, Médecins Sans Frontières treated nearly 3,800 people in the emergency room and performed 563 surgical procedures.

Médecins Sans Frontières also ran mobile and fixed clinics in camps for displaced people, focusing on mental healthcare, reproductive healthcare and treatment for non-communicable diseases such as hypertension and diabetes. Teams carried out a total of 15,219 consultations in 2017.

TANZANIA



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

Malaria care, maternal healthcare, mental healthcare, nutrition, paediatrics, primary healthcare, secondary healthcare, sexual violence care



FUNDING:

TOTAL	MSFA
\$11,503,280	\$217,695



FIELD STAFF:

194



KEY MEDICAL FIGURE:

8,888 individual psychological consultations

TANZANIA

Throughout 2017, thousands of people fleeing unrest in Burundi continued to cross the border to seek refuge in Tanzania.

In January, the Tanzanian government revoked the prima facie status of Burundian refugees, meaning that automatic refugee status was not granted to new arrivals in the country, and each person had to have their refugee status determined individually.

Although the number of arrivals from Burundi decreased over the course of the year, there were still over 315,000 refugees from the Democratic Republic of Congo and Burundi living in three main camps in the Kigoma district.

In Nduta camp, which was at double its intended capacity with 118,635 refugees at the end of the year, Médecins Sans Frontières was the main healthcare provider. Teams ran a 175-bed hospital, six outpatient health posts and health promotion activities. Hospital services included maternal healthcare, nutritional support, paediatric and adult inpatient departments and an emergency room. In 2017, 18,002 patients were admitted to the hospital and 6,365 births were assisted. Specialised outpatient services, such as treatment for HIV, malaria and tuberculosis, were also provided.

Malaria remained the most common medical problem in the camp, accounting for around one-third of all

outpatient consultations in 2017. Despite the comprehensive malaria prevention and control activities in the camp, including rapid access to diagnosis and treatment, the infection rate remained very high during the rainy season. In December, Médecins Sans Frontières distributed thousands of mosquito nets in areas identified as being high risk due to the concentration of mosquitos and incidence of malaria.

The number of patients with diarrhoea and skin diseases also remained high due to poor living conditions and hygiene in certain areas of the camp.

As a consequence of protracted encampment and a general sense of insecurity and helplessness about the future, mental health needs among the refugees grew significantly in 2017. The main diagnoses were depression, anxiety and psychosomatic disorders. In addition, the number of patients presenting with acute psychiatric conditions at the Médecins Sans Frontières hospital increased throughout the year. Teams performed 8,888 individual psychological consultations throughout the year. Care was also provided for a total of 540 victims of sexual violence.



A field worker story from Tanzania

NAME:

Saschveen Singh

FROM:

Perth, WA

FIELD ROLE:

Medical doctor, Nduta, Tanzania, April to November 2017

Among the chaos that is a refugee camp, and despite all the limitations and restrictions, there is an incredible sense of teamwork that permeates our activities at our hospital and in the community health posts. The work of the 600-plus staff on the ground here in Nduta is no mean feat, and it never ceases to amaze me how it somehow all comes together each day and keeps an incredible momentum, charged with the collective energies of the people here.

Many people are of the misconception that Médecins Sans Frontières is comprised only of doctors and nurses, however the reality is that the medical teams would have no way of reaching the population or administering care without the support of a huge number of other professionals making it happen; no one department could exist or function without the support of another. I've been inspired by so many of the people I work with here, in particular our refugee colleagues who have to deal with the reality of living in a tent, but who still come to work every day and give it their all.



©MSF

The Médecins Sans Frontières hospital in Nduta refugee camp, Tanzania, where children are recovering from severe acute malnutrition. © Erwan Rogard/MSF



UGANDA



▲ Project locations funded by Australian donors



KEY ACTIVITIES:

HIV/AIDS care, malaria care, mental healthcare, outbreak response, sexual and reproductive healthcare, sexual violence care, vaccinations, water and sanitation



FUNDING:

TOTAL	MSFA
\$15,534,341	\$1,641,000



FIELD STAFF:

517



KEY MEDICAL FIGURE:

50,701 cases of malaria treated

UGANDA

In Uganda, Médecins Sans Frontières focuses on responding to the medical needs of refugees and improving access to care for HIV and sexual and reproductive health.

Huge numbers of refugees from the southern belt of South Sudan (Greater Equatoria region) continued to arrive in Uganda in 2017. By August, one million people – 85 per cent of whom were women and children – had fled across the border into northern Uganda, according to UNHCR, the United Nations refugee agency. Despite the efforts of the Ugandan authorities and other organisations, the provision of aid was insufficient to meet the urgent needs of so many people.

Médecins Sans Frontières developed and adapted a wide range of activities to assist refugees. In Bidi Bidi, Imvepi and Adjumani settlements, teams conducted 96,814 outpatient consultations, cared for 50,701 cases of malaria, admitted 1,802 patients to Médecins Sans Frontières-managed facilities, assisted 477 deliveries and offered mental healthcare for 3,089 people. In addition, staff provided vaccinations and ran health surveillance activities. The logistics team worked to improve access to drinking water and the construction of latrines.

Expanding access to HIV care

An estimated 1.2 million people live with HIV in Uganda. Despite significant improvements, HIV detection and care remain a public health concern in specific groups of people, such as adolescents. Médecins Sans Frontières offers quick and reliable viral load monitoring through its point-of-care testing facility at Arua regional referral hospital, allowing patients to be switched to second-line antiretroviral treatment if necessary. By the end of 2017, 739 people were on second-line ARVs in Arua. In 2017, the team also provided drug-resistance tests and an alternative drug regimen which enabled 10 new patients to access third-line treatment. Médecins Sans Frontières reinforced clinical and psychosocial support for HIV patients, especially for adolescents, to help them comply with their life-long treatment.

Sexual and reproductive care for adolescents

Adolescents are particularly vulnerable to the life-threatening health risks related to unwanted pregnancies, HIV/AIDS and sexually transmitted infections, due to a lack of awareness about these risks, and the shortage of youth-friendly sexual health and counselling services. Médecins Sans Frontières opened the Kaseke adolescent centre in Kaseke town in 2015, which offers sexual and reproductive healthcare, as well as community awareness-raising and recreational activities that encourage adolescents to come for consultations. In 2017, 30,852 adolescents had consultations and 20 victims of sexual violence received care.

Response to a Marburg fever outbreak

Between the end of October and beginning of December, Médecins Sans Frontières addressed an outbreak of Marburg fever in Kween and Kapchorwa districts, in the east of Uganda. Teams set up two 10-bed treatment centres, trained healthcare staff and assisted local health authorities with epidemiological surveillance, community health promotion and mapping activities.



A child receives an oral vaccine against polio in Imvepi refugee camp, Uganda. © Judith Kormann



A pregnant woman receives a consultation in the health centre of Bidi Bidi refugee camp, Uganda. © Frederic Noy/ COSMOS/ MSF

UKRAINE

In Mykolaiv district, southern Ukraine, Médecins Sans Frontières started a new project for the treatment of hepatitis C.





When left untreated, hepatitis C can lead to liver failure and liver cancer. The program, which is conducted in collaboration with the Ministry of Health and the Mykolaiv Regional Centre of Palliative Care and Integrated Services, is aimed at around 1,000 patients with hepatitis C. Some of the patients are coinfecting with HIV or on opioid substitution therapy, while others are healthcare workers infected with the virus. Patients receive free treatment with direct-acting antivirals and are also supported with counselling and health education

in order to improve adherence to treatment and help manage social issues resulting from their disease. The project became operational in November and by the end of the year 328 hepatitis C consultations had been carried out. Médecins Sans Frontières has also provided state-of-the-art diagnostic equipment and medical items to the centre in Mykolaiv.

Médecins Sans Frontières provided state-of-the-art diagnostic equipment and medical items to the centre in Mykolaiv.

UKRAINE

▲ Project locations funded by Australian donors

	KEY ACTIVITIES:	
	Hepatitis C care	
	FUNDING:	
	TOTAL	MSFA
	\$2,291,379	\$1,088,476
	FIELD STAFF:	
	14	
	KEY MEDICAL FIGURE:	
	328 hepatitis C consultations	

Médecins Sans Frontières New Zealand Charitable Trust

Annual report

For the year ended 31 December 2017

Annual report

For the year ended 31 December 2017

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Trust information

Charitable Trusts incorporation: 2637615
Registration date: 9 March 2016

Charities registration number: CC53189
Registration date: 17 March 2016

Trustees: Katrina Marie Penney
Matthew Charles Reid
Maurine Elizabeth Hilton-Thorp

Settlor: Médecins Sans Frontières Australia Limited

Registered office: 118 Stone Wall Rise
Maungatapere
Whangarei 0179

Postal address: PO Box 6241
Wellesley Street
Auckland 1141


Auditors: Ernst & Young
Australia

Trustees report


For the year ended 31 December 2017

The Board of Trustees have pleasure in presenting the Annual Report of the Médecins Sans Frontières New Zealand Charitable Trust, incorporating the financial statements and auditors' report, for the year ended 31 December 2017.

For and on behalf of the board who authorise the financial statements for issue:



Trustee
12/06/2018
Date



Trustee
12/06/2018
Date

Statement of comprehensive revenue and expenses

For the year ended 31 December 2017

	Notes	2017 \$	2016 \$
Revenue	3	408,896	-
Social mission costs			
Field costs		(222,878)	-
Other expenses			
Fundraising expenses		(1,188,900)	-
Administration expenses		(311,782)	-
		<u>(1,500,682)</u>	<u>-</u>
Net (deficit) for the year	4	<u>(1,314,664)</u>	<u>-</u>

The above statement of comprehensive revenue and expenses should be read in conjunction with the accompanying notes.

Statement of financial position

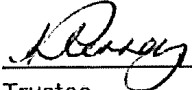
As at 31 December 2017

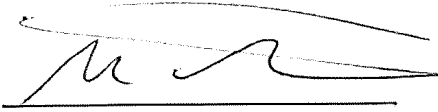
	Notes	2017 \$	2016 \$
Current assets			
Cash and cash equivalents		116,418	10
		<u>116,418</u>	<u>10</u>
Non-current assets			
Intangible assets	5	19,830	-
		<u>19,830</u>	<u>-</u>
Total assets		<u>136,248</u>	<u>10</u>
Current liabilities			
Trade and other payables	6	470,347	-
		<u>470,347</u>	<u>-</u>
Total liabilities		<u>470,347</u>	<u>-</u>
Net assets		<u>(334,099)</u>	<u>10</u>
Equity			
Settled equity		980,565	10
Retained surplus		(1,314,664)	-
Total equity		<u>(334,099)</u>	<u>10</u>

The above statement of financial position should be read in conjunction with the accompanying notes.

For and on behalf of the Board of Trustees who authorised these financial statements for issue on:

12 June 2018 Date


Trustee


Trustee

Statement of changes in equity

For the year ended 31 December 2017

	Notes	Settled equity	Retained surplus	Total
		\$	\$	\$
Balance at 1 January 2017		10	-	10
Net (deficit) for the year		-	(1,314,664)	(1,314,664)
Settled equity	7	980,555	-	980,555
Balance at 31 December 2017		<u>980,565</u>	<u>(1,314,664)</u>	<u>(334,099)</u>
Balance at 9 March 2016		-	-	-
Net (deficit) for the year		-	-	-
Corpus settled		10	-	10
Balance at 31 December 2016		<u>10</u>	<u>-</u>	<u>10</u>

The above statement of changes in equity should be read in conjunction with the accompanying notes.

Statement of cash flows

As at 31 December 2017	2017	2016
	\$	\$
Operating activities		
Grants, sponsorships, donations and bequests	408,886	-
Payments to suppliers	(1,246,293)	-
Net cash flows used in operating activities	<u>(837,407)</u>	<u>-</u>
Investing activities		
Investment in intangible assets	5 (26,740)	-
Net cash flows used in investing activities	<u>(26,740)</u>	<u>-</u>
Financing activities		
Settled funds	<u>980,555</u>	<u>10</u>
Net cash flows from financing activities	<u>980,555</u>	<u>10</u>
Net increase in total cash and cash equivalents	116,408	10
Cash and cash equivalents at beginning of period	<u>10</u>	<u>-</u>
Cash and cash equivalents at end of period	<u>116,418</u>	<u>10</u>

The above statement of cash flows should be read in conjunction with the accompanying notes.

Notes to the financial statements

For the year ended 31 December 2017

1 Corporate information

The financial statements of Médecins Sans Frontières New Zealand Charitable Trust (the Trust) for the year ended 31 December 2017 were authorised for issue in accordance with a resolution of trustees.

The Trust was created under a deed of trust and incorporated under the Charitable Trusts Act 1957 and registered under the Charities Act 2005 on 17 March 2016.

The Trust is domiciled in New Zealand and was established to raise funds for the purpose of promoting the development of health infrastructure, training of medical staff and promotion of health in developing countries.

The Trust was incorporated under the Charitable Trusts Act 1957 on 9 March 2016 and commenced operations during April 2017.

Related party support

The financial report has been prepared on a going concern basis, which contemplates continuity of normal business activities and realisation of assets and settlement of liabilities in the ordinary course of business.

In making this assessment, the Trustees have considered the commitment of Médecins Sans Frontières Australia Limited that it will continue to provide financial support to ensure the Trust is able to meet its debts as and when they fall due.

2 Summary of significant accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with the Charities Act 2005 which require compliance with generally accepted accounting practice in New Zealand (NZ GAAP). For the purposes of complying with NZ GAAP the Trust is a public benefit entity (PBE) as its objective is to provide goods or services for community or social benefit rather than making a financial return.

The Trust has elected to report in accordance with Tier 2 PBE Standards Reduced Disclosure Regime ("PBE Standards RDR") as it is not publicly accountable and is not large.

The financial statements are presented in the Trust's functional currency, New Zealand dollars, and all values are rounded to the nearest dollar unless stated otherwise.

b) Statement of compliance

The financial statements have been prepared in accordance with PBE Standards RDR.

c) Foreign currency translation

Transactions in foreign currencies are initially recorded in the functional currency by applying the exchange rates ruling at the date of the transaction. Foreign exchange gains and losses resulting from the settlement of such transactions and from the translation at year-end exchange rates of monetary assets and liabilities denominated in foreign currencies are recognised in revenue and expenses.

Notes to the financial statements

For the year ended 31 December 2017

d) Intangible assets

Intangible assets acquired are initially measured at cost. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and impairment losses.

The useful lives of intangible assets are assessed to be either finite or indefinite. Intangible assets with finite lives are amortised over the useful life and tested for impairment whenever there is an indication that the intangible asset may be impaired. The amortisation period and the amortisation method for an intangible asset with a finite useful life is reviewed at least at each balance date. Changes in the expected useful life are accounted for prospectively by changing the amortisation period or method, as appropriate. The amortisation expense on intangible assets with finite lives is recognised in revenue and expenses in the expense category consistent with the function of the intangible asset.

A summary of the policies applied to intangible assets is as follows:

- Software - finite, amortised on a straight line basis over 3 years

Gains or losses arising from derecognition of an intangible asset are measured as the difference between the net disposal proceeds and the carrying amount of the asset and are recognised in revenue and expenses when the asset is derecognised.

e) Impairment of non-financial assets

Intangible assets with an indefinite useful life are not subject to amortisation and are tested annually for impairment. Intangible assets subject to amortisation and all other non-financial assets are reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable. The recoverable amount is the higher of an asset's fair value, less costs to sell and value in use.

If any such indication exists and where the carrying values exceed the estimated recoverable amount, the assets are written down to their recoverable amount.

f) Financial instruments

All financial instruments are initially recognised at the fair value of the consideration received/transferred less, in the case of financial assets and liabilities not recorded at fair value through revenue and expenses, directly attributable transaction costs. Subsequently the Trust applies the following accounting policies for financial instruments:

Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Financial liabilities

Financial liabilities at amortised cost consist of trade and other payables (note 6).

Trade payables and other payables are recognised when the Trust becomes obliged to make future payments resulting from the purchase of goods and services. The amounts are unsecured and usually paid within 30 days of recognition. Trade payables are not discounted given their short term nature.

Notes to the financial statements

For the year ended 31 December 2017

g) Impairment of financial assets

Financial assets are assessed for indicators of impairment at balance date. Financial assets are impaired where there is objective evidence, as a result of one or more events occurring after initial recognition, the estimated future cash flows have been impacted.

For financial assets carried at amortised cost, the amount of the impairment is the difference between the asset's carrying amount and the present value of the estimated future cash flows, discounted at the original effective interest rate.

The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of trade receivables where the carrying amount is reduced through the use of an allowance provision. When a trade receivable is uncollectible, it is written off against the allowance provision. A trade receivable is deemed to be uncollectible upon notification of insolvency of the debtor or upon similar evidence the Trust will be unable to collect the trade receivable. Changes in the carrying amount of the allowance account are recognised in revenue and expenses.

If in a subsequent period the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment loss was recognised, the previously recognised impairment loss is reversed.

h) Revenue

Revenue is recognised and measured at the fair value of the consideration received or receivable to the extent it is probable that the economic benefits will flow to the Trust and the revenue can be reliably measured.

Revenue from non-exchange transactions - Donations, bequests and fundraising

Donations, bequests and fundraising revenue received, excluding donations-in-kind, are recognised as revenue when receivable unless there is an obligation in substance to return the funds if conditions of the donation, bequest or other receipt are not met. If there is such an obligation the revenue is recorded as revenue received in advance and recognised as revenue only when all conditions are satisfied.

Donations-in-kind and voluntary assistance

Donations-in-kind for items received and/or services provided at discount are recorded at the fair value of the items or services received, where identifiable.

Voluntary assistance may be provided to the Trust by office volunteers. The time donated by office volunteers are not recognised as the revenue received, and services provided, cannot be reliably measured.

i) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of GST except:

- when the GST incurred is not recoverable from the taxation authority; and
- receivables and payables, which are stated with the amount of GST included.

Notes to the financial statements

For the year ended 31 December 2017

j) Income tax

The Trust is a registered charity under the Charities Act 2005 and is therefore exempt from income tax.

k) Significant accounting judgements, estimates and assumptions

The preparation of the Trust's financial statements requires management to make judgements, estimates and assumptions which effect the reported revenues, expenses, assets and liabilities and the accompanying disclosures. Uncertainty about these assumptions and estimates could result in outcomes that may require a material adjustment to the carrying amount of assets or liabilities in future periods.

Notes to the financial statements

For the year ended 31 December 2017

	Note	2017 \$	2016 \$
3 Revenue			
<i>Non-exchange revenue</i>			
Donations and bequests		408,896	-
		<u>408,896</u>	<u>-</u>
4 Expenses			
Net deficit for the year includes the following expenses:			
Administrative service recharge	7	227,118	-
Net foreign exchange (gain)/loss		10,859	-
Amortisation	5	6,910	-
5 Intangibles			
		Computer software	Total
		\$	\$
<i>Cost</i>			
Balance at 1 January 2017		-	-
Additions		26,740	26,740
Balance at 31 December 2017		<u>26,740</u>	<u>26,740</u>
<i>Accumulated depreciation & impairment</i>			
Balance at 1 January 2017		-	-
Amortisation		6,910	6,910
Balance at 31 December 2017		<u>6,910</u>	<u>6,910</u>
Net book value at 31 December 2017		<u>19,830</u>	<u>19,830</u>
Net book value at 31 December 2016		<u>-</u>	<u>-</u>
6 Trade and other payables		2017	2016
		\$	\$
Trade payables - third party		46,073	-
Trade payables - related party (Note 7)		398,731	-
Accruals		25,543	-
Total trade and other payables		<u>470,347</u>	<u>-</u>

Notes to the financial statements

For the year ended 31 December 2017

7 Related parties

The Trust was established to give effect to the charitable purposes (Note 1) and to represent Médecins Sans Frontières in New Zealand.

Transactions with related parties

During the year the Trust provided services and supported the field operations of Médecins Sans Frontières international entities.

The following table provides the total amount of transactions which have been entered into with related parties for the relevant financial year.

	Field costs	Expense recharges	Amounts payable	Amounts receivable
	\$	\$	\$	\$
31 December 2017				
Médecins Sans Frontières entities	222,878	227,118	398,731	-
	<u>222,878</u>	<u>227,118</u>	<u>398,731</u>	<u>-</u>
31 December 2016				
Médecins Sans Frontières entities	-	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

During the year Médecins Sans Frontières Australia Limited contributed \$980,555 as funding to assist in the establishment of the New Zealand operations which has been reflected in the increase in equity.

Terms and conditions of transactions with related parties.

Sales to, and purchases from, related parties are recorded on normal commercial terms. Outstanding balances at year end are unsecured and settlement occurs in cash or netting.

For the year ended 31 December 2017, the Trust has not made any allowance for impairment loss relating to amounts owed by related parties (2016: \$nil).

Key management and trustee remuneration

Key management and Trustees are not remunerated by the Trust. Key management are employees of a related party.

8 Events after balance date, commitments and contingent liabilities

Subsequent events after balance date

There have been no significant events occurring after balance date which may affect either the Trust's operations or results of those operations or the Trust's state of affairs.

Capital commitments

There were no contingent liabilities at 31 December 2017 (2016: \$nil).

Commitments

The Trust had no capital commitments at 31 December 2017 (2016: \$nil).



Médecins Sans Frontières New Zealand

PO Box 6241, Wellesley St, Auckland 1141

Phone: 0508 633 324

Email: contact.us@nz.msf.org

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