



Northeast Syria © Florent Vergnes/MSF

RESPONDING TO COVID-19

Global Accountability Report 5

May to September 2021



April
2021

MSF's COVID-19 response: a timeline

20

Responding to a new wave of COVID-19, overcrowded hospitals and high mortality rates in Peru, MSF expands its support to the health authorities in Huaura province.

28

MSF restarts its COVID-19 emergency response amid a surging second wave in Mumbai, India, managing one of the dedicated COVID-19 health centres and supporting a 1,000-bed treatment centre.

May
2021

01

MSF medical teams start working at the COVID-19 treatment centre at al-Sadaqa Hospital in Aden, Yemen, supporting the local health authorities.

10

MSF urges governments in low- and middle-income countries to invest in more stable oxygen supplies, a critical medicine to treat people with severe COVID-19.

01

As a new wave of COVID-19 patients requiring care overwhelm the capacity of hospitals in Caracas, Venezuela, MSF opens a new emergency project to expand the number of beds in several hospitals in the region.



03

MSF warns that hospitals in northeast Syria risk running out of funds and medical supplies, as a major new wave of COVID-19 infections hits the region.



20

MSF in partnership with local health authorities and partners begin to offer COVID-19 vaccination to homeless, migrant and undocumented people in Brussels, Belgium.



03

MSF teams in Gaza scale-up hospital support activities to alleviate the mounting pressure on the national healthcare system, which is facing a worrying increase of patients with COVID-19.

Photos: © Florent Vergnes/MSF, Hareth Mohammed/MSF, Albert Masias/MSF

June
2021

01

Responding to a local spike in COVID-19 infections, an MSF team starts supporting a treatment centre in the health zone of Nsele, a poor and remote area on the outskirts of Kinshasa in the Democratic Republic of the Congo.

04

As Peru is reporting high COVID-19 mortality rates, MSF scales-up its response in the country, providing treatment in several locations across the country.

07

MSF criticizes the European Union's counter proposal to the 'TRIPS waiver' addressing intellectual property barriers as weak, and calls on the UK, Switzerland and Norway to stop blocking the landmark monopoly waiver.



09

In Herat, Afghanistan, MSF starts receiving patients in its COVID-19 treatment centre in Gazer Gah again, after the centre had been on standby since February.

10

In Paris, France, MSF launches a COVID-19 vaccination campaign for vulnerable people suffering extreme hardship, living in emergency shelters, day centres and workers' hostels, or on the street.



12

MSF launches a small COVID-19 emergency response in Manipur state in the far northeast of India, assisting patients with limited access to healthcare facilities due to cost, distance, or fear of stigma.



24

In Lebanon, MSF is further expanding its vaccination activities, opening two additional vaccination sites in the city of Tripoli and the town of Bar Elias.

July
2021

07

MSF teams extend their support to rehabilitating medical structures and strengthening medical and psychological care in Vargas and Lídice Hospitals in Caracas, Venezuela.

22

MSF calls on governments and pharmaceutical corporations not to plan or administer COVID-19 vaccine booster shots anywhere before all healthcare workers and vulnerable people globally have access to vaccination.

Photos: © Sandra Calligaro/MSF, Nicolas Guyonnet/MSF, Nikhil Roshan/MSF

August
2021

05

Responding to a new wave of COVID-19 infections, MSF opens isolation and treatment facilities in Yangon's Aung San Tuberculosis Hospital and in Myitkyina in Kachin state in Myanmar.



09

Amid a new wave of COVID-19 infections, MSF teams in Yemen report stigma, disinformation, fear of detention and a lack of knowledge of existing isolation centres to continue deterring people from seeking treatment for the disease in the country's war-torn health system.



23

As Pfizer-BioNTech's mRNA COVID-19 vaccine receives full approval by the US Food and Drug Administration (FDA), MSF calls on the manufacturer to immediately share the vaccine technology and knowledge with manufacturers on the African continent to boost global vaccine supply.

September
2021

02

In Peru, MSF shifts its activities from supporting hospitals to accelerating the Ministry of Health's vaccination efforts in Arequipa and the city of Cusco, where coverage has been low or where the people are unable to afford transport to get to clinics.



21

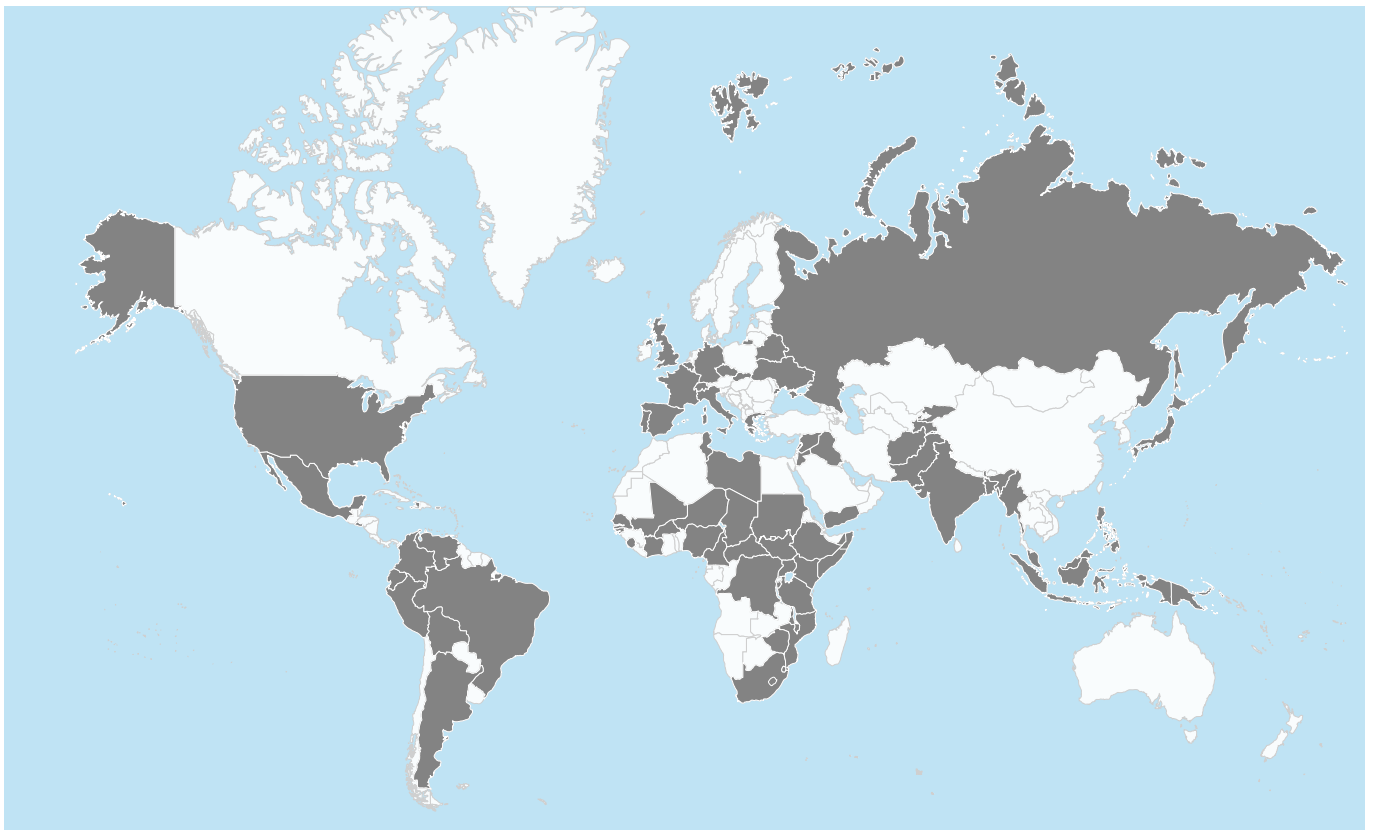
Alongside the UN General Assembly, MSF International Medical Secretary Maria Guevara urges governments to implement key lessons from the COVID-19 and earlier pandemics, including vaccine dose redistribution, sharing vaccine technology, and reaching vulnerable populations.

23

MSF teams in northwest Syria respond to a major surge in COVID-19 cases in overcrowded refugee camps and in several health facilities, including among health workers.



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GLOBAL FIGURES AT A GLANCE

March 2020-September 2021

PROJECTS

- 368** MSF projects with COVID-19 activities
- 76** Countries with MSF COVID-19 activities
- 40%** of MSF COVID-19 projects projects with a mental health component

HEALTH FACILITIES

- 991** Health facilities receiving COVID-19 technical, training or material support
- 207** Health facilities with medical support for COVID-19 patients
- 5,440** Beds for COVID-19 patients prepared/ managed by MSF

OTHER FACILITIES

- 1,231** Supported retirement and nursing homes
- 244** Supported reception and sheltering facilities for migrants, refugees and the homeless

COVID-19 VACCINATION ACTIVITIES

- 18** Countries with MSF-supported COVID-19 vaccination activities
- 35** COVID-19 vaccination campaigns supported
- 64,000** COVID-19 vaccine doses administered by MSF

CARE FOR SUSPECT AND CONFIRMED CASES

- 304,900** COVID-19 suspect outpatient consultations
- 33,500** COVID-19 suspect or confirmed inpatient admissions
- 17,100** COVID-19 patients treated with severe symptoms
- 181,000** COVID-19 tests conducted

Continued response efforts and new vaccination support: MSF COVID-19 activities from May to September 2021

New surges of high COVID-19 infection rates and patients requiring specialised care, more infectious variants of the SARS-CoV-2 virus, as well as the limited supply of vaccines and complex global rollout of vaccination campaigns continued to challenge pandemic response efforts and put strain on health systems in low- and high-resource settings alike.

Likely linked to the rapid spread of the Delta variant of the virus, April and May saw several regional hotspots in Asia, South America and Africa. Among the countries reporting the highest infection rates were India, Nepal, Sri Lanka in Asia in April, and Colombia, the Dominican Republic and Venezuela in May. Several African countries also reported increasing trends in infection rates in the second quarter of the year, including Algeria, Cameroon, Egypt, Uganda and Zambia. By the end of July, some 68 countries on all continents again showed increasing infection rates, with global numbers slowly stabilising in August and September.

In the second and third quarters of the year, the global number of confirmed COVID-19 infections increased from 151 million at the end of April to nearly 234 million by the end of September 2021. Close to 1.5 million patients died from COVID-19 related complications during the same period, adding to more than to 4.7 million confirmed deaths since the beginning of the pandemic.¹ By late September, 6.5 billion COVID-19 vaccine doses had been administered worldwide, with 23 million doses being administered every day amid persistent supply and demand challenges.²

From May to September, MSF maintained dedicated COVID-19 activities in some 138 projects in 49 countries, working alongside local health workers and supporting hospitals and treatment facilities to deliver medical care and improve infection prevention and control measures. In many countries, MSF's pandemic response continued to focus on providing protection and care for vulnerable populations in remote communities, people on the move or homeless people, as well as the elderly, including with vaccination campaigns and dedicated support activities. In all of its projects around the world, MSF teams worked to maintain other essential healthcare services amid implementing COVID-19 prevention and control measures.

While some additional COVID-19 projects could be closed or reintegrated into regular operations over the second and third quarter, MSF again launched or reactivated several new COVID-19 interventions. For the first time since the beginning of the pandemic, MSF responded with dedicated medical and vaccination activities in Burundi, Lesotho, Tunisia and Uganda. Compared to the first four months of 2021, the number of MSF projects reporting dedicated COVID-19 activities from May to September decreased by around 10%. Since the beginning of the pandemic, MSF teams responded to COVID-19 in 368 projects in 76 countries.

In late April, MSF restarted its emergency response amid a surging second wave of COVID-19 infections in the densely populated city of Mumbai in **India**, and in June launched a small emergency response in Manipur state in the northeast of the country, setting up a 42-bed



A patient at the MSF-supported COVID-19 treatment centre in Al Kuwait Hospital, Sana'a, Yemen. Hareth Mohammed /MSF

1. All historical COVID-19 country and regional case numbers in this report are taken from the MSF/Epicentre COVID-19 Epi dashboard (<https://reports.msf.net/public/covid19/>) using data published by the European Centre for Disease Prevention and Control and the Center for Systems Science and Engineering at Johns Hopkins University.
2. Global vaccination figures are sourced from <https://ourworldindata.org/covid-vaccinations>. For a brief discussion of the major global challenges with vaccine supply and inequity, see the section on COVID-19 vaccination and support activities on in this report.



Health promotion and in-house check-up activity in the state of Bahia, Brazil. Mariana Abdalla/MSF

high dependency unit. From August, MSF medical teams worked in isolation and treatment facilities in Yangon in Kachin state in **Myanmar**. Major COVID-19 operations also continued in the large refugee camp in Cox's Bazar in **Bangladesh**, and in **Afghanistan**. In **Pakistan, Indonesia, and Malaysia**, MSF additionally participated in COVID-19 vaccination campaigns or conducted community outreach and health promotion activities.

MSF teams continued to support the pandemic response in Aden, Sana'a, and other parts of **Yemen**, admitting more than 2,000 COVID-19 patients to MSF-supported facilities from May to September. In **Syria**, MSF teams worked in COVID-19 treatment facilities and offered homebased care in Al-Hol camp and the cities of Raqqa and Hassakeh in the northeast of the country, and responded to a major surge in COVID-19 cases in overcrowded refugee camps

and in several health facilities in northwest Syria in September. In **Iraq**, MSF medical teams offered outpatient consultations to suspect COVID-19 patients in Mosul and admitted several hundred COVID-19 patients to a supported hospital in Bagdad. Dedicated COVID-19 hospital support also continued in several facilities in **Palestine**.

In **Lebanon**, MSF expanded its vaccination activities launched in March, opening two additional vaccination sites in the city of Tripoli and the town of Bar Elias. In **Tunisia**, MSF supported several vaccination campaigns in August and September.

MSF emergency and regular projects in Africa continued to implement infection prevention and control measures in more than 100 health facilities, and directly treated suspected and confirmed COVID-19 patients in some 39 hospitals and treatment centres. MSF-supported health facilities in **Kenya, South Africa, South Sudan, and Uganda** were among those with highest numbers of admitted patients, while most suspected COVID-19 outpatient consultations by MSF were held in **Central African Republic, the Democratic Republic of the Congo, Malawi, and Somalia**. In July, MSF launched a new dedicated COVID-19 intervention in the Ruygi province of **Burundi** and in **Lesotho**, running health promotion campaigns and offering medical training in health facilities.

In Europe and Central Asia, MSF ran or directly supported vaccination campaigns for homeless, migrant and undocumented people in **Belgium and France** in May and June, and ran health promotion activities targeting vulnerable groups in **Italy and Portugal**. Dedicated COVID-19 interventions also continued in **Kyrgyzstan, Russia and Ukraine**.



A man receives a dose of COVID-19 vaccine at the MSF vaccination centre in Bar Elias, Lebanon. Tracy Makhoul/MSF

In early May, MSF opened a new emergency project to expand the number of beds in several hospitals in the region of Caracas, **Venezuela**, as a new wave of COVID-19 patients overwhelmed the capacity of the local health system. In seven dedicated COVID-19 and regular projects in the country, MSF teams held more than 20,000 suspect COVID-19 outpatient consultations between May and September, and admitted some 950 patients in need of

stationary care. In **Peru**, MSF scaled-up its response offering treatment for COVID-19 patients in several locations across the country in June. By September, the operational focus of the intervention was shifted to accelerating the Ministry of Health's vaccination efforts in Arequipa and in the city of Cusco. MSF COVID-19 operations also continued in several locations in Brazil, as well as in **Bolivia, Haiti, and Honduras**.



Supporting health facilities and protecting healthcare workers during the pandemic

From May to September 2021, MSF provided COVID-19 technical, training, and material support in more than 200 health facilities, including implementing infection prevention and control measures, organising trainings for medical personnel and improving the patient flow in hospitals. More than 30% of MSF's COVID-19 projects included counselling and mental health support to healthcare workers, patients, family members, or in communities. In an additional 79 hospitals and treatment centres, MSF medical teams directly treated COVID-19 patients and set up or managed more than 1,500 dedicated beds.

Brazil, Burkina Faso, the Democratic Republic of the Congo, and Mali were the countries with the most health facilities receiving MSF technical, training, and material support. The majority of COVID-19 treatment centres and hospitals where MSF provided medical care to COVID-19 patients were reported from humanitarian crisis and conflict settings in Central African Republic, the Democratic Republic of the Congo, Niger, South Sudan, Syria, Venezuela, and Yemen.

Since the beginning of the pandemic, MSF's global COVID-19 response included some 368 projects in 76 countries, working in more than to 990 health facilities and treating COVID-19 patients in an additional 207 hospitals and treatment centres.



Patient care and COVID-19 case management

More than 105,000 suspect COVID-19 outpatient consultations and over 54,000 tests were conducted in MSF-supported health facilities and treatment centres worldwide between May and September 2021. Some 10,700 COVID-19 patients required hospitalisation and nearly 5,000 patients showed severe symptoms requiring intensive care such as respiratory support.

With more than 20,000 suspect COVID-19 outpatient consultations respectively, MSF projects in the large refugee camps of Cox's Bazar in Bangladesh, in Afghanistan, and in Venezuela continued to report the highest number of consultations, followed by health facilities in Iraq (10,600 consultations), in Syria (9,300 consultations), and in Malawi (4,900 consultations).³ The highest number of COVID-19 patients requiring hospitalisation from May to September were admitted in MSF projects in Yemen (2,100 admissions) and South Sudan (1,400 admissions), followed by Syria (1,200 admissions), Venezuela (900 admissions), and South Africa (800 admissions).

Since March 2020, MSF medical teams globally conducted more than 304,900 COVID-19 suspect or confirmed outpatient consultations and admitted more than 33,500 patients to hospitals and treatment facilities.



Health workers in the intensive care unit of Al Jumhuri isolation centre in Sana'a, Yemen. Majd Aljunaid/MSF

COVID-19 vaccination and support activities

From late March 2021, MSF teams in multiple countries started to support COVID-19 vaccination activities with medical personnel, community outreach, health promotion, and technical advice. The first MSF-supported vaccination campaigns were launched in Lebanon, Belgium, South Africa and the United States in March and April, primarily targeting vulnerable elderly people and medical personnel.

While global vaccine scarcity and inequity remained major challenges over the second and third quarter of the year, manufacturers were gradually able to increase supply and more doses were allocated to the COVID-19 Vaccine Global Access Facility (COVAX).⁴ Vaccine delivery and demand, however, posed additional barriers to global vaccination efforts. Many low- and middle-income countries struggled to absorb available vaccines due to weak health and cold chain infrastructure, while additionally facing objections to some vaccine types and poor acceptance of vaccines as a preventative tool. Different local priorities in vaccination strategies, high operating costs, and vaccines' short shelf-life complicated vaccination efforts, further, leading to some vaccine donations being rejected and large quantities of doses going to waste.

From May to September, MSF extended its vaccination support activities around the world in some 17 countries, following a patient-centred approach targeting vulnerable and neglected populations and health workers. Wherever possible, MSF-supported vaccination activities were conducted in close collaboration with national health

authorities and accompanied by dedicated community outreach and health promotion to address vaccine hesitancy and other health needs.

More than 64,000 COVID-19 vaccine doses were administered in MSF-supported vaccination activities from May-September, with major campaigns running in health facilities, retirement homes and prisons in Lebanon, among people suffering hardship and living in emergency shelters in the region of Paris and Brussels, and in MSF projects in Pakistan, Central Africa Republic, Tunisia, and Bangladesh.



An MSF team supporting the local COVID-19 vaccination campaign in Huaura province, Peru, in May. Luz Guarniz/MSF

3. The comparability of outpatient consultations and admissions to stationary care however continued to face limitations. In Bangladesh and Afghanistan, for example, of COVID-19 testing material, people's fear of testing positive and facing confinement measures, as well as long waiting times require an adapted screening and triage system accommodating higher number of patients.

4. For a more detailed account of scarcity, supply and distribution challenges of COVID-19 vaccines from an MSF perspective, see the outlook chapter of the third Global Accountability Report (<https://www.msf.org/msf-and-coronavirus-covid-19-september-december-2020>).

Advocating for equitable access to COVID-19 diagnostics, treatments and vaccines



Equitable access to COVID-19 diagnostics, treatments and vaccines remained a cornerstone of MSF's global advocacy efforts, calling upon pharmaceutical companies, national governments and international bodies to suspend patents and other intellectual property, share vaccine supplies and technology, and ensure life-saving treatments are available to everyone.

In May, MSF released a briefing paper alerting of the consequences of supply shortages of medical oxygen in low- and middle-income settings. In several countries, MSF teams working alongside local health authorities repeatedly struggling with gaps in oxygen supply, putting patients' lives at risk and leaving health workers unable to provide essential care to all patients. In its briefing, MSF called upon governments and international organisations to invest in more stable oxygen supply chains, provide sustainable funding, and regulate the price of oxygen.

MSF continued its call on governments to support South Africa's and India's landmark proposal to the World Trade Organization (WTO) to waive intellectual-property monopolies on COVID-19 medical tools during the pandemic. In June, MSF criticised the European Union's counterproposal to the so-called 'TRIPS waiver' as weak, and again urged the EU and countries including the UK, Switzerland and Norway to cease delay tactics and start formal negotiations on the waiver. In September, MSF criticized Commission President Von der Leyen's State of the European Union speech to contain empty promises on vaccine equity, calling for the EU to finally make COVID-19 vaccines accessible globally.

Closely following global vaccine scarcity issues and the progress of the COVID-19 Vaccine Global Access Facility (COVAX), MSF continued to advocate for vaccines to be distributed equitably and to protect frontline health workers and people at highest risk in hard-hit countries. In late July, MSF called on governments and pharmaceutical corporations not to plan or administer COVID-19 vaccine booster shots anywhere before healthcare workers and vulnerable populations including refugees, migrants and homeless people received equal first access to COVID-19 vaccines.

MSF welcomed the establishment of the first COVID-19 mRNA vaccine technology transfer hub on the African continent by the World Health Organization (WHO), in June. In late August, MSF called on the mRNA vaccine manufacturers Pfizer, BioNTech and Moderna to globally share their vaccine technology and knowledge via the new technology transfer hub. At the end of September, as pharmaceutical corporation Sanofi announced it would abandon its own promising COVID-19 mRNA vaccine candidate, MSF urged the company to transfer the vaccine's technology and know-how to the hub, which at the time of publishing this report has yet to receive its first technology transfer.

MSF also advocated for more equitable access to newly recommended COVID-19 treatments, such as tocilizumab and sarilumab in July and casirivimab/imdevimab in September. In early September, MSF criticized the diagnostics corporation Cepheid's inadequate price reduction of COVID-19 tests for low- and middle-income countries.

Human resources and staff travel

Despite most commercial airlines having resumed their regular routes, organising international departures to and returns from MSF missions remained challenging in the second and third quarters of 2021. With many airlines changing routing and flight times or cancelling flights on very short notice, MSF staff and travel coordinators often had to remain exceptionally flexible in planning and purchasing international departures and return. Acquiring the correct vaccination certification for departure, transit, and destination countries, as well as organising the compulsory COVID-19 tests with often very limited validity added another layer of complexity to MSF's international travel.

For MSF staff from countries with high infection rates and new variants of concern of SARS-CoV-2, including the United Kingdom, India, and Brazil: international missions were often not possible due to travel bans and entry restrictions in destination countries. For some missions, staffing needs could be met by colleagues from countries including Myanmar, Madagascar, Kyrgyzstan and Lebanon, which, however, also required arranging new visa procedures and travel routes. Returning to countries with strict quarantine measures, in turn, caused substantial additional cost for accommodation in quarantine facilities and testing.

Between May and September, MSF continued and further adjusted several of its short-term human resource (HR) measures put in place in March 2020 to mitigate the impact of the pandemic, including compensation of international staff affected by travel restrictions, and coverage of some costs linked to compulsory quarantine upon return. For international staff temporarily working in their home country due to COVID-19 restrictions, previous international salary levels continued to be maintained for a limited period. Adapting salaries and benefits during the pandemic has brought to light additional HR and reward policy challenges including pay differences for different staff groups, which are currently being addressed as part of MSF's longer-term Rewards Review.

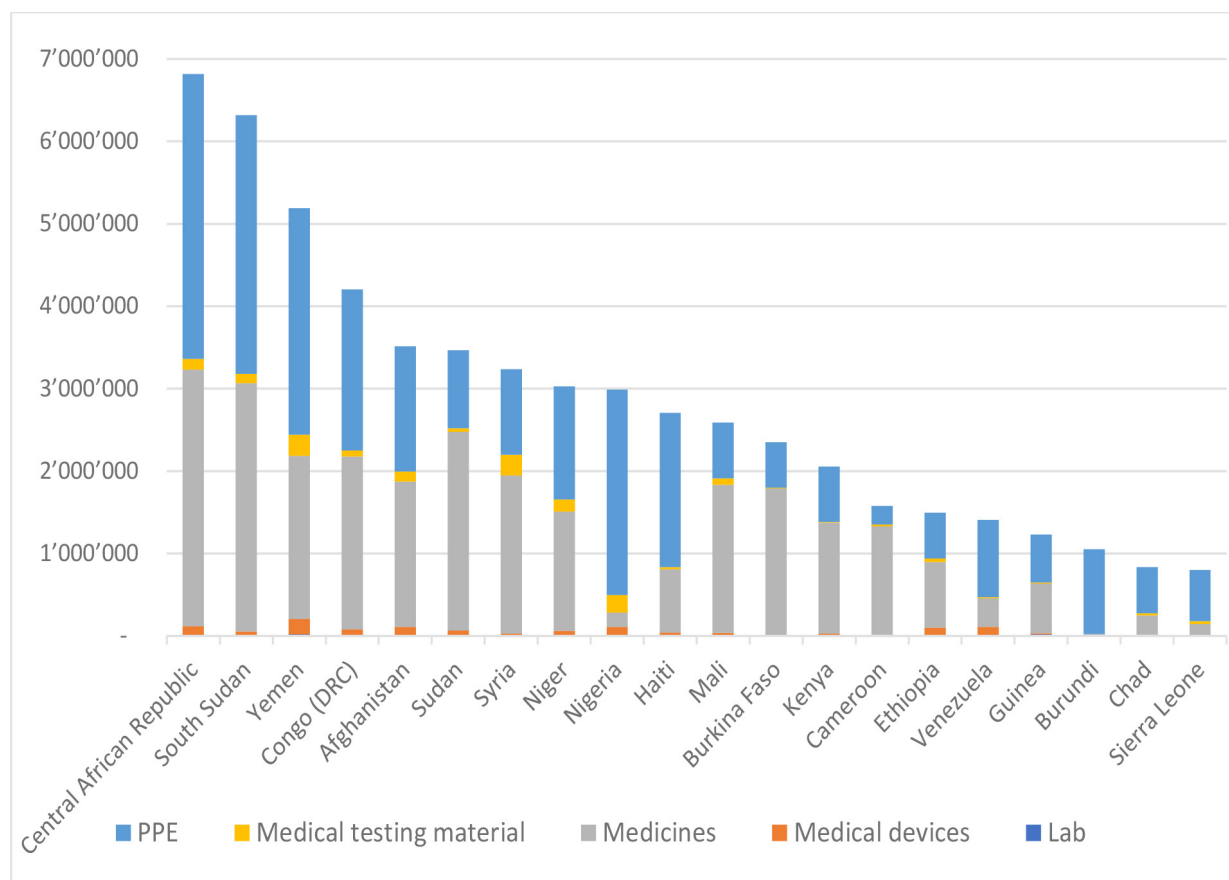
Numerous MSF offices around the world continued to endorse full or partial home working policies, and many have announced to transition to permanent hybrid working policies that allow staff to combine working from home and office presence. For international staff deployed to MSF missions, however, home working is set to remain an exception to ensure presence of international specialists in MSF's humanitarian medical projects.



Doctors, nurses, health workers and outreach coordinators meet for a debriefing at the MSF High Dependency Unit in Manipur, Imphal in India at the end of a packed day. Nikhil Roshan/MSF

Supply of equipment to MSF operations

Items packed for MSF's COVID-19 response from May to September 2021, quantities for top 20 receiving countries



Global procurement and supply of protective and medical equipment for the COVID-19 response overall continued to stabilise in 2021, yet some essential items remained in short supply and high demand. From May, a spike in demand for oxygen concentrators and related accessories in India led to a new global shortage and long lead times for procurement, limiting global supplies over the summer months and leaving several MSF orders pending.

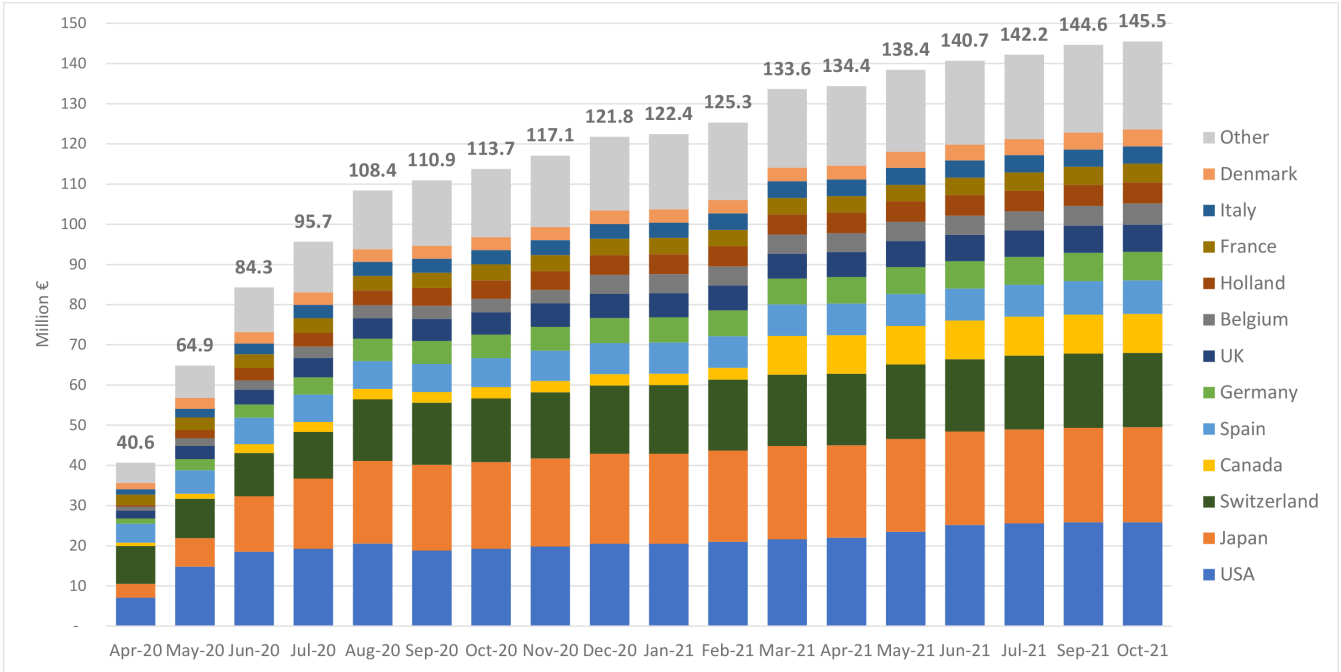
From May to September, MSF's supply centres in Amsterdam, Bordeaux and Brussels packed some additional 63 million items for the global COVID-19 response. Personal protective equipment (30.4 million items, 48%) and medication used to treat COVID-19 patients (29.1 million items, 46%) made up the biggest proportions of items packed and dispatched to MSF missions. Items earmarked for COVID-19 preparedness and direct response activities made up about 42 percent of packed supplies for MSF operations globally, with nearly 86 million other items dispatched for regular and emergency projects.

A majority of COVID-19 response items continued to be shipped to MSF projects in humanitarian crisis and conflict settings with limited local procurement opportunities, with MSF-supported facilities in the Central African Republic, South Sudan, Yemen, Democratic Republic of the Congo, and Afghanistan among the top five countries receiving material and medicines.

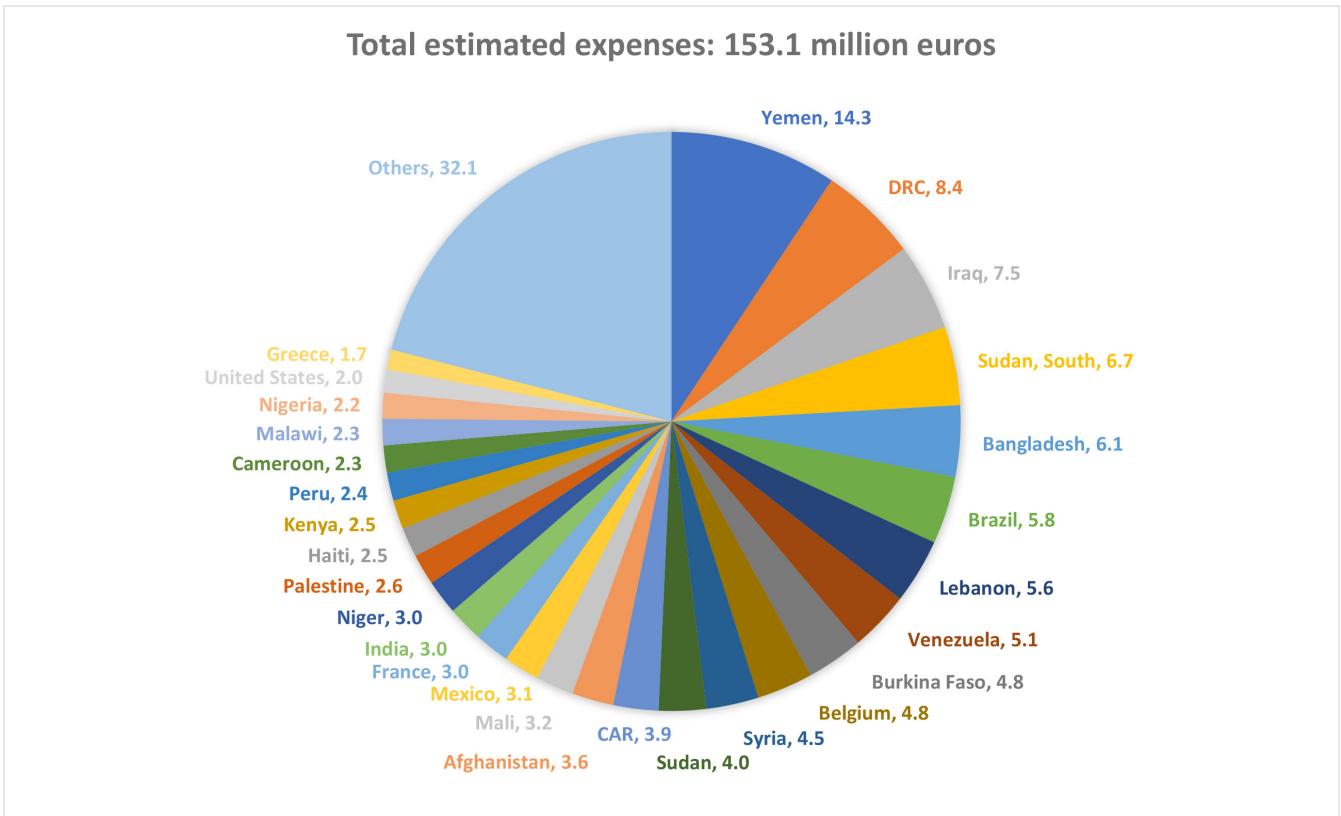


Finance

Evolution of contributions to MSF's COVID-19 crisis fund and country with highest donations, April 2020-October 2021 (million euros)



COVID-19: estimated programme expenses by country of intervention in million euros, April 2020-September 2021



COVID-19 Crisis Fund income and programme expenditure



Health workers in the ICU of the MSF-supported Al Jumhuri isolation centre in Sana'a, Yemen. MSF COVID-19 interventions continued in the country over the second and third quarters of 2021. Majd Aljunaid /MSF

The COVID-19 Crisis Fund was inaugurated in March 2020 as part of MSF's global response to the pandemic. The initial fundraising goal of the fund was set at 150 million euros to cover the substantial additional costs of dedicated COVID-19 interventions and to mitigate the impact of the pandemic on other MSF projects. From June to October, MSF fundraising teams in 35 MSF offices continued to raise close to an additional five million euros for the Crisis Fund, increasing the fund's total income from 140.7 million at the end of June to over 145 million euros by the end of October 2021. Private donors in the US, Japan, Switzerland, Canada, Spain, Germany and the United Kingdom contributed the largest share of funding for MSF's COVID-19 response. As most MSF COVID-19 activities are planned to be integrated in regular MSF programmes, the COVID-19 Crisis Fund will be closed at the end of 2021.

From January to September 2021, some estimated 35.7 million euros were attributed to MSF's COVID-19 response activities.⁵ By late September, total programme expenses allocated to MSF's COVID-19 Crisis Fund since April 2020 amounted to an estimated 153.1 million euros. Humanitarian settings and conflict zones continue to make for the major share of programme expenses covered by the Crisis Fund. MSF's largest and most cost-intensive COVID-19 operations were in Yemen (14.3 million euros), the Democratic Republic of the Congo (8.4 million euros), Iraq (7.5 million euros), South Sudan (6.7 million euros), and Bangladesh (6.1 million euros), together accounting for more than a quarter of expenses. A sizeable share of expenses was also incurred by MSF COVID-19 interventions in hard-hit high- and middle-income countries such as Brazil (5.8 million euros), Lebanon (5.6 million euros), Belgium (4.8 million euros), Mexico (3.1 million euros), or France (3.0 million euros).

5. Financial information for 2021 was not yet audited at the time of this report's publication. Actual figures are based on accounting entries and are still subject to corrections.



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