International Activity Report 2025

MEDECINS SANS FRONTIERES

www.msf.org

The Médecins Sans Frontières 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 provides assistance to populations in distress, to victims of natural or man-made disasters, and to victims of armed conflict. They do so irrespective of race, religion, creed, or political convictions.

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

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

As volunteers, members understand the risks and dangers of the missions they carry out, and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

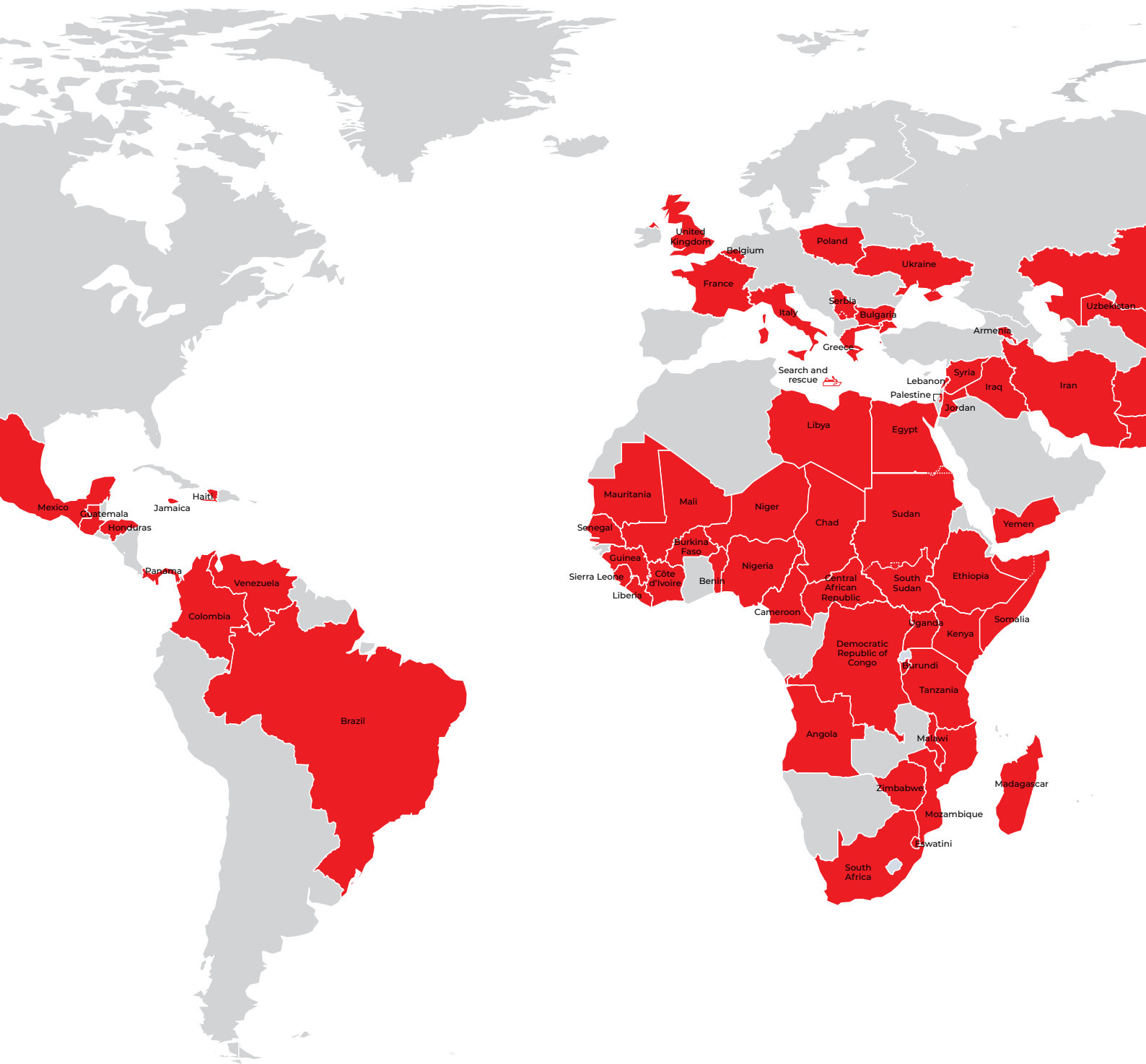
The country texts in this report provide descriptive overviews of MSF's operational activities throughout the world between January and December 2025. Staffing figures represent the total full-time equivalent (FTE) employees per country across the 12 months, for the purpose of comparisons. Medical and financial figures are rounded; for more detailed financial figures, please see the International Financial Report, available at msf.org.

Country and region maps are representational and, owing to space considerations, may not be comprehensive. For more information on our activities in other languages, please visit one of the websites listed at msf.org/contact-us.

This activity report serves as a performance report, and was produced in accordance with the recommendations of Swiss GAAP FER/RPC 21 on accounting for charitable non-profit organisations.

Contents

MSF programmes around the world



Countries in which MSF only carried out assessments, or undertook activities where we spent less than €500,000, in 2025 do not feature on this map.

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

Foreword

In moments of crisis and exclusion, Médecins Sans Frontières (MSF) teams strive to save lives and alleviate people's suffering. We provide the care that we can with our colleagues, collaborators, and supporters, but in 2025 we saw growing gaps that are not ours to fill. When people with power renege on their responsibilities and shared humanity, the communities we serve pay a high price.

In many of the places where we worked, we saw a deficit of accountability that ranged from negligence to flagrant violations of international humanitarian law. At the end of October, we appealed for civilians in El-Fasher, Sudan, to be spared from a Rapid Support Forces-led massacre that Sudanese people, MSF, and other organisations had warned about. This appeal went unheeded. As did our repeated calls for the protection of humanitarian personnel in Gaza, prompted by the Israeli forces killing six of our colleagues during the year. Meanwhile, in South Sudan, the worst cholera outbreak in the country's history entered its second year – a grim milestone for a disease that is both easily preventable and treatable.

MSF cannot stop a massacre or an airstrike, nor equip a nationwide outbreak response. But we do bring care to the communities who bear the consequences of this lack of accountability in lost lives, homes, and opportunities. Our work around the world reminds us that systems, laws, and protocols can only protect people from harm and disease when they are respected.

People in positions of political leadership matched this deficit of accountability with a deficit of solidarity, making choices that ignored our shared humanity, seen in the tightening of budgets and borders. In 2025, every cut to a humanitarian organisation's budget meant more than just a line on a spreadsheet; it was people going without drinking water in Haiti, HIV medication in Honduras, and maternal care in South Sudan. While MSF received only 0.96 per cent of our funding from governments in 2025, we worked in places where the effects of withdrawn funding were clear. In one hospital in Somalia, our team met parents who had travelled for 190 kilometres to seek malnutrition care for their children after local health facilities closed. This is not an isolated example. People across the globe have had their options reduced through these inhumane policy choices. However, we do not have to accept them as a 'new normal'.

When Italy implemented policies, such as their 'distant port' practice, designed to hinder humanitarian organisations' search and rescue work in the central Mediterranean Sea, we were forced to stop our activities on our vessel the *Geo Barents*. In November 2025, we relaunched operations on a smaller, faster boat, *Oyvon*, enabling us to return to open sea from port more quickly and save more lives. MSF teams the world over find strategies to deliver care in spite of inhumane policies.

When an Ebola outbreak was declared in September in Democratic Republic of Congo, MSF swiftly mobilised, alongside the World Health Organization, local health authorities, and the community, to bring the outbreak under control. This collaborative effort, and the quality of care provided, saved lives and reminded us that protocols protect people from disease when they are put into practice. The outbreak was declared over in December.

The world we live in is not devoid of accountability and solidarity. In an emergency, it is neighbours who assist first. And MSF can only step in to help because we are staffed and funded by people who share our values. While we are unable to fill the gaps left by leaders with political power, we are making a difference with every act of care. Our work is only possible because millions are practicing their shared commitment to humanitarianism.

We send a heartfelt thank you to every humanitarian who continues to stand in solidarity against inhumanity.

Dr Javid Abdelmoneim,
International President,
MSF

Christopher Lockyear,
Secretary General,
MSF International (until March 2026)

A crowd gathers and prays outside Nasser hospital as Abed El Hameed Qaradaya's remains are prepared to be taken to the cemetery. An attack by Israeli forces killed Qaradaya, who was a cornerstone of MSF's physiotherapy work in Gaza for 18 years. Palestine, October 2025. *© Nour Alsaqqa/MSF*

The Year in Review

By Dr Ahmed Abd-elrahman, Akke Boere, Renzo Fricke, Mahama Gbane, William Hennequin, Kenneth Lavelle, Mari Carmen Viñoles Ramon - MSF Directors of Operations

MSF teams around the world worked to assist people in 72 countries, in an ongoing act of solidarity.

An MSF nurse provides emergency care to a malnourished child, who is held by her mother, at the MSF-supported Bay regional hospital. Baidoa, Somalia, June 2025.
© Hareth Mohammed/MSF

The scale of people's needs – whether due to war, internal instability, disease outbreaks, or the difficulty in accessing medical care – became further highlighted in 2025 amid a climate of aid cuts and anti-humanitarian rhetoric. Médecins Sans Frontières (MSF) teams around the world worked to assist people in 72 countries, in an ongoing act of solidarity.

Threats to humanitarian response

Humanitarian funding had been declining in the years before the United States (US) abruptly froze foreign assistance in January 2025,[1] coinciding with the beginning of President Trump's second term, before making cuts to its aid budget. The US administration gutted vital funding to the Global Fund, Gavi, and PEPFAR,[2] and shuttered USAID, thereby cutting off support to lifesaving health programmes. Other governments also cut their aid funding.

MSF was not directly financially affected by the funding cuts. But our teams spent most of the year trying to understand and navigate the gaps, as organisations around us closed or scaled back their activities. In some places, demand for our services consequently increased.

In Somalia, disruptions to aid halted shipments of therapeutic milk for months. As a result, the number of severely malnourished children admitted to MSF-supported facilities rose 73 per cent in the first nine months of 2025, compared with the same period in 2024. In Democratic Republic of Congo (DRC), we made unplanned purchases of antiretroviral medicines, to provide to some groups of people living with HIV after their treatment programmes were stopped, and for post-exposure prophylaxis for HIV, used to treat victims and survivors of sexual violence, after the dismantling of USAID led to the cancellation of an order for 100,000 post-rape kits.

Sudan – the world's worst humanitarian crisis

April marked two years since the outbreak of conflict in Sudan between the Sudanese Armed Forces and the paramilitary Rapid Support Forces (RSF) and their allies. Both sides have committed atrocities, especially in Darfur. Despite prior warning for months from MSF and others, the scenes following ethnic cleansing by the RSF in Zamzam displacement camp and in nearby El Fasher were particularly ghastly.

Although we were able to regain access to the capital, Khartoum, the situation for people in many parts of the country remains dire, as the health system has collapsed and few humanitarian organisations are present. Our teams responded to high levels of malnutrition and mental health issues, as well as horrific sexual violence. The crisis is not contained within Sudan; hundreds of thousands of people have fled into neighbouring Chad and South Sudan, where we also work.

However, our efforts in Sudan were often constrained by the high levels of violence in some places, or by bureaucratic demands, which hindered the transport of staff and supplies. In Zalingei, measles cases surged in the last quarter of the year following a failure to deliver and coordinate measles vaccines. It all translates to an insufficient humanitarian response, making Sudan the world's worst humanitarian crisis.

Genocide in Gaza

In the Gaza Strip, Palestine, Israel continued to pursue what has now been widely described as a genocide, in retaliation for the horrendous attacks committed by Hamas in October 2023. Israeli forces continued to kill Palestinians, displace them from their neighbourhoods, and deny sufficient supplies of food and water, and access to healthcare. Living conditions for people in Gaza City and the north of Gaza deteriorated even further in September, as they became trapped in 'a siege within a siege'.

In late May, the Gaza Humanitarian Foundation, an Israeli-US initiative, was launched as part of a cynical, degrading attempt at providing 'aid'. Their food distribution sites soon degenerated into scenes of slaughter, as around 2,600 people were killed and thousands more injured.[3] We treated many people who had been wounded or traumatised by what they had seen.

Our teams throughout the Strip quickly adapted our response as frontlines moved or evacuation orders were received. However, even healthcare facilities were not spared; Israeli forces attacked and targeted hospitals, killing personnel. Six of our colleagues were killed in Gaza in 2025, bringing the total number to 15 since October 2023. We deeply mourn their loss.

Despite the ceasefire implemented on 11 October 2025, Israel continues to kill people and target civilian infrastructure, and to impede the entry of aid into Gaza.

In the West Bank, violence and the erasure of Palestinians from their land – described as ethnic cleansing – intensified, as Israel expanded settlements, destroying refugee camps and homes. Thousands of people were forcibly displaced and prevented from seeking medical care, including much-needed psychological support to cope with the extreme hardship of their daily lives.

On 30 December, Israel informed 37 NGOs, including MSF, that their registration to work in Palestine had expired. The Israeli authorities accused us of not cooperating with them on registration, even though the new procedures would endanger our staff and despite us trying to engage with them, unsuccessfully, for many months.

At the end of the year, Israel instigated a smear campaign against aid organisations, with MSF as the main target, in an attempt to arbitrarily restrict access to aid for Palestinians and to remove independent witnesses working on the ground.

The war on Gaza has had repercussions across the wider Middle East, with growing instability in Yemen, and Israel continuing to bomb southern Lebanon, despite the ceasefire implemented in November 2024.

Responding to the long-lasting trauma of conflict

The war in Ukraine showed no sign of abating in 2025. Russian drone attacks and bombing increased, targeting civilian buildings and energy infrastructure, leaving people exposed to freezing temperatures during the winter months. With no ceasefire in sight, we continue to address people's ongoing physical and psychological trauma, while constantly adapting to shifting frontlines.

Since the fall of the Assad regime in Syria in 2024, MSF has been able to return to areas of the country that had been inaccessible for a decade. Our teams are helping to restore health services and respond to the urgent needs of people still affected by sporadic fighting.

Neglected crises

The situation in South Sudan sharply deteriorated during the year, as conflict in the country restarted. People have been left behind in crisis, as global attention and funding shifted elsewhere. Communities endured displacement, flooding, malnutrition, and multiple disease outbreaks, including the largest cholera epidemic in the country's history.

The decline in international assistance has stretched South Sudan's health system to breaking point, with chronic shortages of medicines and staff. To make matters worse, health facilities and personnel have been targeted in the conflict. In 2025, we experienced nine attacks on our facilities and staff in Central Equatoria, Jonglei, and Upper Nile states. Ulang and Old Fangak hospitals were forced to close, and staff in our facilities in Pieri and Lankien, Jonglei, had to evacuate following airstrikes.

In Port-au-Prince, Haiti's capital, anarchy continues to reign, four years after President Moïse's assassination. People are subjected to appalling violence by gangs and the police, and are too afraid to leave their homes to seek healthcare. Sexual violence is being used systematically to terrorise women and girls; for example, the number of victims and survivors treated at our Pran Men'm clinic almost tripled between 2021 and 2025.

We maintained activities where possible, despite a deliberate attack on a convoy of our ambulances and intense fighting near our facilities, but we were forced to suspend work in Turgeau in March and Carrefour in April. In October, we made the difficult decision to permanently close Turgeau due to insecurity, further reducing people's access to healthcare.

The long-running conflict in northeastern DRC continued in 2025, causing repeated waves of displacement and a dramatic rise in basic needs, as the M23 armed group rapidly advanced through North Kivu and South Kivu provinces.

Sadly, MSF staff were not immune to the violence; in the space of four months, three of our colleagues were shot dead in North Kivu. Peace agreements have had little or no effect, and the fighting goes on.

We continue to address people's ongoing physical and psychological trauma.

An MSF staff member provides a consultation to a woman inside a transit centre for people displaced from frontline areas. Dnipropetrovsk *oblast* (region), Ukraine, July 2025.
© Julien Dewarichet/MSF

Mukami's father, Nuru Kangara, helps her drink oral rehydration solution at a cholera treatment centre. Kenya, November 2025.
© Lucy Makori/MSF

For the third year running, we responded to large-scale outbreaks of cholera.

In Myanmar, another country far from the international spotlight, fighting persisted in several areas, including in Rakhine state. In December, dozens of people were killed when a busy hospital was bombed in Rakhine. In March, a powerful 7.7 magnitude earthquake struck the centre of the country, killing over 5,000 people, and injuring and displacing thousands more. Our teams responded by providing medical and mental health care, as well as water and sanitation needs.

The campaign of violence against the Rohingya continued in Myanmar. Those still living there face severe restrictions on their movements and struggle to obtain even basic healthcare. For the one million Rohingya who live in the Cox's Bazar refugee camps in Bangladesh, the inhumane living conditions are being exacerbated by cuts to aid funding.

Adapting activities for people on the move

By the end of 2025, we downsized or wound up most of our migration-related projects in Mexico and Central America, including those in Panama, Guatemala, and Honduras. Changes in migration policies in the US, and in some Central American countries, resulted in a significant decrease in people heading north during the year.

In Europe, our teams continued to work with migrants and asylum seekers in Greece, Italy, France, Belgium, Serbia, and Poland. We spoke out about inhumane migration policies implemented by some of these countries, and by the European Union; in Poland, we urged the authorities to uphold the right for people to seek asylum on Polish territory, while in France, we called for recognition and protection for minors.

Our work in Libya was suspended by authorities, alongside other organisations working on migration, leaving hundreds of migrants forgotten in the hand of traffickers.

In November, we resumed our search and rescue operations in the central Mediterranean Sea, the world's deadliest migration route,[4] with a new, faster boat, the *Oyvon*. Our teams also worked in Senegal and Mauritania to assist people on the move on the perilous West Africa/Atlantic route, as they head for the Canary Islands.

Responding to natural hazards

During the year, we also assisted people affected by natural hazards. In November and December, we worked in Jamaica for the first time, in response to the devastation caused by Hurricane Melissa. MSF provided emergency medical care, rehabilitated damaged health facilities, and restored water, sanitation, and hygiene services across the battered island. After assessing the situation in Cuba, we donated supplies of essential drugs.

In October, we provided emergency medical and logistical assistance after Hurricane Priscilla hit Mexico. In Sri Lanka, we worked to restore basic healthcare, and water and sanitation, after Cyclone Ditwah caused widespread flooding and landslides in November.

Tackling diseases

For the third year running, we responded to large-scale outbreaks of cholera, a deadly yet entirely preventable disease, that once again claimed thousands of lives across the world. Our teams worked to curb epidemics in DRC, South Sudan, Sudan, Yemen, Mozambique, Tanzania, and across the Sahel. In many of these places, outbreaks were exacerbated by conflict and displacement.

Significant progress was made in the treatment of paediatric tuberculosis (TB) in 2025. MSF's Test, Avoid, Cure Tuberculosis in Children (TACTiC) project aims to reduce the high death rate of children with TB. The project released data from its operational research towards the end of the year, which demonstrated that implementing the World Health Organization's recommended treatment decision algorithms improves diagnosis and enables nearly double the number of children to start lifesaving treatment. However, these efforts are being compromised by funding cuts on diagnostics and treatment.

We are extremely grateful to our 7.5 million donors, who make our work possible, and to our nearly 66,000 staff, who remain committed to delivering care and assistance wherever it is needed, despite ongoing threats to humanitarian activities across the world.

1. Council on Foreign Relations, https://www.cfr.org/articles/great-aid-recession-2025s-humanitarian-crash-nine-charts
2. Gavi, the Vaccine Alliance, is a global partnership that increases access to immunisation. PEPFAR – US President's Emergency Plan for AIDS Relief.
3. Gaza Ministry of Health via TRTWorld, https://www.trtworld.com/article/e1480cc894cf
4. IOM, Missing Migrants, https://missingmigrants.iom.int/region/mediterranean

Overview of activities

Largest country programmes

By expenditure

Democratic Republic of Congo	€141 million
Sudan	€135 million
Palestine	€121 million
South Sudan	€114 million
Nigeria	€90 million
Yemen	€89 million
Chad	€72 million
Central African Republic	€68 million
Afghanistan	€67 million
Niger	€61 million

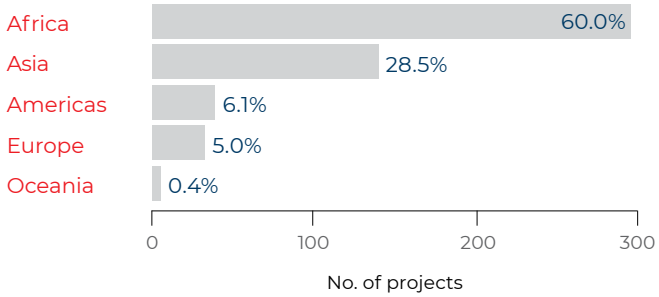
The total budget for our programmes in these 10 countries was €957 million, **60.6 per cent of MSF's programme expenses in 2025** (see Facts and figures for more details).

An MSF physiotherapist helps a child with burns walk inside the paediatrics-focused physiotherapy unit of an MSF-supported hospital in Aweil. South Sudan, March 2025. *© Frédéric Séguin/MSF*

By number of locally hired staff[1]

Afghanistan	3,716
South Sudan	3,418
Nigeria	3,384
Democratic Republic of Congo	2,884
Chad	2,446
Central African Republic	2,332
Niger	1,987
Haiti	1,959
Bangladesh	1,956
Yemen	1,882

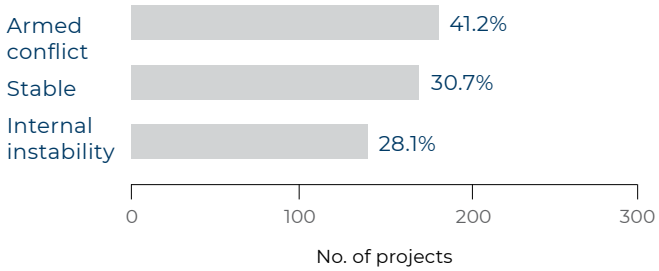
Project locations



By number of outpatient consultations[2]

Democratic Republic of Congo	2,281,100
Nigeria	1,943,100
Sudan	1,439,300
Niger	1,421,300
Palestine	919,200
Syria	896,100
Bangladesh	815,800
Burkina Faso	787,200
South Sudan	663,900
Chad	586,900

Context of interventions



[1] ***Staff numbers*** *represent full-time equivalent (FTE) positions (locally hired and international), averaged out across the year.*
[2] ***Outpatient consultations*** *exclude specialist consultations.*

2025 Activity highlights

17,071,300
outpatient consultations

3,588,200
malaria cases treated

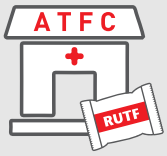
2,941,600
emergency room admissions

2,106,800
vaccinations against measles in response to an outbreak

1,772,100
patients admitted

653,300
families received distributions of relief items

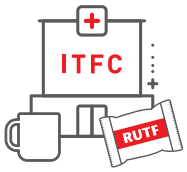
615,200
admissions of malnourished children to outpatient feeding programmes



548,400
individual mental health consultations

405,000
births assisted, including caesarean sections

213,700
severely malnourished children admitted to inpatient feeding programmes



148,900
people treated for cholera

146,500
surgical interventions involving the incision, excision, manipulation, or suturing of tissue, requiring anaesthesia

82,800
people treated for sexual violence

39,400
people receiving HIV antiretroviral treatment

30,400
people started on first-line tuberculosis treatment

14,800
people started on hepatitis C treatment

2,280
victims of torture who received treatment

1,300
people treated for haemorrhagic fevers

The above data groups together medical humanitarian activities where MSF has a full or limited staff presence. These highlights give an approximate overview of most MSF activities, but cannot be considered complete or exhaustive. Figures could be subject to change; any additions or amendments will be included in the digital version of this report, available on msf.org.

To save lives and limbs during conflict, we need investment in tackling antimicrobial resistance

Anna Farra, Middle East Medical Unit coordinator and Antimicrobial resistance adviser (until June 2026)
with Joanna Keenan, Head of International Editorial Unit

A healthcare worker reaches for medicine in the MSF-supported pharmacy at Daraya healthcare centre. Rif Damashq governorate, Syria, November 2025. *© Zahra Shoukat/MSF*

In the 72 countries where Médecins Sans Frontières (MSF) worked in 2025, over 40 per cent of our projects were in places experiencing conflict. Responding to the needs of people caught up in conflict has been a key component of our operations since we started treating war-wounded people during the Lebanese Civil War 50 years ago. More recently, our teams have honed decades' worth of experience and skills during wars in Iraq, Sudan, Yemen, Afghanistan, and Palestine.

My colleagues have treated some devastating injuries in these countries, including wounds caused by shrapnel embedded in limbs following explosions and shattered bones from live ammunition. We are still actively working in all of these countries.

Alongside addressing the physical and psychological wounds resulting from conflict, we face another more insidious threat to health following this type of injury: antimicrobial-resistant infections.

Antimicrobial resistance (AMR) occurs when bacteria, viruses, fungi, or parasites change in ways that reduce the effectiveness of medicines used to treat infections, such as antibiotics. As a result, infections become harder to treat and last longer; they are more likely to spread, cause severe illness, or lead to amputations, or even death.

The main drivers of these drug-resistant infections are a lack of access to clean water, proper sanitation, and healthcare with effective infection prevention and control measures, diagnostic infrastructure, and medicines and vaccines. Another is the overuse or misuse of antibiotics. We have seen this in many of the places where we work; for example in countries in southwestern Asia,[1] such as Iraq, where antibiotics are frequently available over the counter, rather than solely on prescription by a doctor. In Gaza, Palestine, samples taken six months before and after the Great March of Return protests during 2018 and 2019 showed a staggering 300 per cent increase in antibiotic resistance in bone and tissue cultures.[2]

Low- and middle-income countries endure a disproportionately high burden of AMR, and conflict amplifies its drivers even more.[3] This is because, during conflict, people may have weakened immune systems due to stress and malnutrition, making them more susceptible to infection. Overcrowding in refugee and displacement camps also facilitates the spread of resistant bacteria. In addition, health facilities have been destroyed or damaged, and they often

experience shortages of trained staff, diagnostic tools, and medicines, including antibiotics, during conflicts. In 2025, one hospital in Ukraine resorted to using a broad-spectrum antibiotic during surgery, rather than the recommended formulation, because it had been donated and was freely available.

With health systems weakened by war, vaccination campaigns get skipped, and disease surveillance can fall by the wayside. This makes it more difficult to prevent and detect potential outbreaks, track resistance patterns, and make treatment decisions.

So how does MSF respond to AMR? How should we respond, especially in conflict settings?

Our work on AMR is organised around three complementary pillars. The first, infection prevention and control, aims to minimise the spread of bacteria. The second, antimicrobial stewardship, ensures that the right antimicrobial, or antibiotic, is used, at the right dose, for the right duration, to tackle the infection. The third pillar, diagnostics and surveillance, poses some of the biggest challenges in addressing AMR.

Some progress has been made in recent years on improving diagnostics and surveillance, with the introduction of the MiniLab and Antibiogo. The Minilab is a portable, simplified bacteriology laboratory, adapted to low-resource settings.

Antibiogo is a diagnostic tool which enables non-expert laboratory technicians to measure and interpret antibiograms, the test that determines the sensitivity of bacteria to different antibiotics.

We reinforce these core activities with health promotion, vaccinations, improvements to water and sanitation, advocacy, and operational research.

However, it is often challenging to fully implement all these measures in active conflict settings. Much of our work is carried out post conflict, when we can support rebuilding laboratories, donating supplies to pharmacies, and strengthening antimicrobial stewardship.

To be more effective, these activities should be implemented *before* a conflict begins. This means investing in tackling AMR in fragile settings by improving access to care, water and sanitation, and vaccination – but not only. We must also adapt infection prevention and antimicrobial stewardship to local realities, and strengthen basic microbiology to understand which resistant bacteria are present. This would allow us to develop practical treatment guidelines and be better prepared should conflict erupt.

In some locations, such as Gaza, we were better prepared to deal with casualties with complex trauma, because we already had trained doctors and access to microbiological data in place. In areas of Sudan, however, we had not built up this level of expertise and local knowledge. In many of the countries where we work, such as DRC, greater investment is needed. Some countries have not created national plans to tackle AMR, while others have plans but lack the resources to implement them.

In all our projects in places prone to conflict and instability, we are planning to strengthen our response to AMR. We're developing simplified guidelines, adapting tools to conflict situations, and strengthening microbiology capacity in fragile settings. In doing so, this broader investment in AMR preparedness is essential to improve the outcomes of patients with life-threatening trauma.

AMR is a global problem, which knows no borders. This is why AMR prevention needs to be on a global scale to be effective, and investment in tackling AMR in fragile settings is of huge importance.

1 Southwestern Asia is the region often predominantly referred to as the Middle East.

2 Qamar, A. K. A.; Habboub, T. M.; Elmanama, A. A. Antimicrobial resistance of bacteria isolated at the European Gaza hospital before and after the Great March of Return protests: A retrospective study. *The Lancet*, 2022, 399, S14. https://doi.org/10.1016/S0140-6736(22)01149-7

3 MSF report, *The broken lens: Antimicrobial resistance in humanitarian settings*, https://www.msf.org/broken-lens-antimicrobial-resistance-humanitarian-settings

Antimicrobial resistance prevention needs to be on a global scale to be effective.

A trainee nurse uses ultraviolet light to examine their hands for handwashing effectiveness during an infection prevention and control training session, as part of the MSF Academy for Healthcare's basic clinical nursing programme in Ad-Dahi. Yemen, April 2025. © *MSF*

Providing sexual and reproductive healthcare is not up for debate, but it is under threat

Rachel Milkovich, Senior specialist for global health advocacy and policy
Raquel Vives Font, Sexual and reproductive health adviser

A midwife listens to the heartbeat of Fiossona Alida's unborn baby during a checkup in the days before she gives birth. Central African Republic, September 2025. *© Arlette Bashizi*

When facilities close and services are lost, the health providers who remain often struggle to keep up with patient needs.

For Médecins Sans Frontières (MSF), providing sexual and reproductive health (SRH) care means supporting women and girls at some of the most vulnerable moments of their lives: in the critical period around birth, when the risk of death is highest for both mother and baby; in the aftermath of sexual violence; and when a pregnancy is unwanted or life-threatening.

People living through humanitarian emergencies need SRH care. Worldwide, 58% of maternal deaths, 50% of newborn deaths, and 51% of stillbirths occur in conflict-affected and fragile settings.[1] MSF delivers SRH care to communities facing crises and exclusion because it is a core, lifesaving part of humanitarian care.

However, there is a general tendency to view SRH care as optional or secondary to other specialities. As a result, it remains underfunded and under-resourced globally. Between 2022 and 2023, official development assistance for SRH decreased by about one-third, with funding allocations steadily dropping each year after.[2] While the US government has made the most drastic cuts,[3] many other countries, including Germany, the UK, France, the Netherlands, and Sweden, have reduced SRH funding in recent years.[4]

Even when SRH services are available, this care remains politicised and is often treated as an ideological battleground. Beyond funding cuts, movements that are hostile toward SRH are advancing regressive policy measures that restrict this care.

MSF teams know how indispensable SRH care is because we see the dangerous consequences of its absence: women arriving late with severe complications of pregnancy; newborns who do not survive their first days of life; deaths that could have been prevented with contraception or safe abortion care; and stillbirths that could have been avoided. We also witness the profound relief that people feel when they can access SRH care. We see the circumstances under which childbearing becomes a powerful experience, when women are supported with dignified and respectful care that enables informed and non-coercive decision-making.

As shifting funding and political dynamics threaten the availability of SRH care, we must recognise that people's need for these lifesaving services will not disappear. When facilities close and services are lost, the health providers who remain often struggle to keep up with patient needs. Women and girls bear the brunt of these challenges, having to travel farther distances and endure more hardship to reach this care.

MSF teams are witnessing the devastating consequences of shrinking SRH services

In the Democratic Republic of Congo, sexual violence has been a long-standing emergency; in 2025, MSF teams offered care to over 54,000 victims and survivors across the country. The scale of this crisis means that MSF cannot respond alone. During the year, other organisations were supposed to receive 100,000 post-rape kits, which include

medication for preventing HIV and other sexually transmitted infections, but the order was cancelled after USAID was dismantled.[5,6] In response to supply gaps in North Kivu province, MSF stepped in to purchase post-exposure prophylaxis for HIV.

In Kenya, the abrupt withdrawal of US funding, which had previously covered 24 per cent of national family planning programmes, left an estimated 6.2 million people without access to contraception.[7] The closure of services caused major service disruptions for those in need of SRH care, including members of the LGBTQI+ community and people who engage in sex work, who already struggle to overcome stigma, discrimination, and social exclusion when seeking assistance.

In South Sudan, MSF began supporting the maternity department at Renk county hospital in September with supplies and financial incentives for staff, after another aid organisation was forced to withdraw support due to funding cuts. Our paediatric team working at the hospital immediately saw the repercussions of these changes on newborn health, prompting us to extend our assistance.

Working in environments hostile to SRH care

In addition to reductions in funding, we are seeing emboldened opposition movements to SRH care and new policy measures designed to curb access to these essential services. These include the Geneva Consensus Declaration (GCD), a non-binding document without any meaningful authority or enforcement power.[8] The GCD is being used to promote heteronormative concepts of family, and to undermine access to SRH and LGBTQI+-inclusive care globally. Countries that are trying to implement the GCD through national reforms are using rhetoric to distort negotiated global agreements, pushing for regressive gender norms, and asserting that there is no international right to abortion.

Concurrently, the US government introduced its Promoting Human Flourishing in Foreign Assistance (PHFFA) policy in early 2026, expanding the Global Gag Rule (GGR) to its most extreme version to date. For decades, the GGR has been used intermittently to prevent US-funded partners from providing, referring, counselling, or advocating abortion with their non-US funds, even in countries where abortion is legal.[9] The PHFFA expands the GGR's scope, and adds new restrictions on LGBTQI+-inclusive services and diversity, equity and inclusion programming. This represents an unprecedented system-wide restriction, affecting all aid sectors, all major implementers, and all health areas.[10]

When safe abortion care is not accessible, women and girls will still seek to end their unintended pregnancies, often resorting to dangerous methods that can lead to haemorrhage, infection, organ injury, infertility, and death. MSF routinely treats patients with complications caused by unsafe abortions, which continue to be a leading cause of maternal death and sickness in many of the places where we work. Our teams repeatedly see that women and girls delay seeking medical help due to fears that they will be stigmatised or punished.

These dire outcomes are not inevitable; safe and timely access to abortion care with evidence-based methods effectively prevents suffering and death.[11] Women and girls who can access safe abortion care often report more positive health outcomes and experiences in the years following their decision, relative to those who cannot access abortion.[12] This lifesaving care should be easily available to whomever needs it, wherever they are.

Measures like the GCD and PHFFA often frame safe abortion care and contraception as conflicting with, or being mutually exclusive from, maternal, newborn, and child health.

Sandra, an MSF protection supervisor, sits with victims and survivors of sexual violence in Goma and listens to their concerns. Democratic Republic of Congo, June 2025. © *Jospin Mwisha*

But at MSF, our experience shows that SRH is a spectrum of care that patients rely on at different moments in their lives. For example, a woman who does not feel ready to be a parent may seek abortion care, and then later decide that she wants to become pregnant and have children. When politics interfere with this decision-making, the consequences can be damaging or even life-threatening.

Although MSF does not accept US government funds and is not required to comply with the PHFFA, the patients and communities we serve are not insulated from an environment where SRH is politicised, scrutinised, and restricted.

Our commitment to providing lifesaving SRH services

Our approach to SRH care is derived from the MSF Charter. We offer impartial medical assistance based on needs, uphold universal medical ethics, and maintain independence. We are committed to following medical guidelines that promote autonomy, respect, and person-centred care, because these principles contribute to better health outcomes for patients and communities.

For MSF, providing SRH care is not optional; it is central to our mandate as humanitarians. We will continue to deliver comprehensive services that are resilient during crises and emergencies, and which are grounded in equity and inclusion.

Note to readers:
Although this article uses the term 'women' and 'girls', we recognise that transgender, intersex, and gender non-binary people also experience pregnancy and need contraceptive services. We work to ensure that our services are gender-inclusive, and we strive to overcome all barriers to sexual and reproductive health services.

1 World Health Organization: https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

2 International Campaign for Women's Right to Safe Abortion: https://www.safeabortionwomensright.org/news/donors-donors-delivering-for-srhr/

3 Guttmacher: https://www.guttmacher.org/article/2025/04/protecting-global-sexual-and-reproductive-health-and-rights-face-retrograde-us

4 SEEK Development. Donor Tracker. The future of RMNCH-N funding: A sector at risk. 2025.

5 US Agency for International Development

6 Reuters: https://www.reuters.com/business/healthcare-pharmaceuticals/usaid-cancelled-rape-survivor-kits-congo-conflict-erupted-2025-07-01/

7 Govt of Kenya. Impact of the US Government Stop Work Order following the adoption of the Executive Order No. 14169 on January 20, 2025. 2025.

8 IPSAS: https://www.ipas.org/resource/protego-operationalizing-the-geneva-consensus-declaration/

9 The Mexico City Policy: An Explainer: https://www.kff.org/global-health-policy/the-mexico-city-policy-an-explainer/

10 MSF USA: https://www.doctorswithoutborders.org/latest/msf-condemns-sweeping-expansion-global-gag-rule

11 WHO: https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/abortion

12 Biggs, M.A., Foster, D.G. (2024). What is the impact of having an abortion on people's mental health? In: Bindeman, J. (eds) *The Mental Health Clinician's Handbook for Abortion Care*. Springer, Cham: https://www.ansirh.org/research/ongoing/turnaway-study

Activities by country

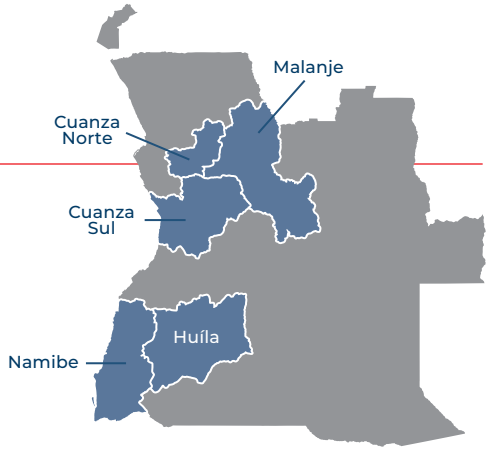
MSF staff walk through a distribution site in Adré that was organised by MSF and the World Food Programme. Food and soap were distributed to people as part of MSF's response to a cholera outbreak. Chad, September 2025. *© Léa Gillabert/MSF*

Angola

No. staff in 2025: 3 (FTE) » Expenditure in 2025: €0.5 million
MSF first worked in the country: 1983 » msf.org/angola

KEY MEDICAL FIGURE

1,670
people treated for cholera



■ Regions where MSF had projects in 2025

In Angola, Médecins Sans Frontières (MSF) responded to a widespread cholera outbreak in 2025, helping people access treatment, safe water, and information on how to prevent infection and death.

In January 2025, the Ministry of Health declared a cholera outbreak in the capital, Luanda, the first recorded in Angola since 2018. As cases spread to multiple provinces, the ministry asked MSF to support the national response. Our teams arrived in April and focused on reducing deaths by improving access to care, strengthening infection prevention and control measures, and working with communities to decrease transmission.

Based on epidemiological data and a lack of resources in the province, MSF prioritised Cuanza Sul, where people were arriving at health facilities with advanced dehydration and the case fatality rate was among the highest in the country. Working closely with provincial and municipal health authorities, we helped set up and reorganise cholera treatment centres and oral rehydration points in Sumbe, Gabela, Seles, Porto Amboim, Boa Entrada, Quilenda, Conda, and other municipalities. We trained health staff in treatment and infection prevention and control, repaired beds, improved patient flow, and ensured safe water and waste management within treatment sites.

Beyond health facilities, our teams worked with community leaders, volunteers, and local organisations to share practical prevention messages, promote early care-seeking, and distribute hygiene items to people discharged from treatment. These activities helped reduce delays in accessing care and promoted safer practices at home.

We also supported the oral cholera vaccination campaign in Cuanza Sul, helping design community mobilisation strategies, train volunteers and health promoters, and coordinate messaging so people understood when and where to get vaccinated.

In other provinces, including Huíla, Cuanza Norte, Malanje, and Namibe, we conducted assessments and supported authorities by providing training, water, and sanitation services, and supplies for outbreak preparedness. In Namibe, we reinforced surveillance, community engagement, and treatment, to help contain the outbreak.

Overall, our response, which ran until July, focused on providing practical, lifesaving care, and supporting people and communities to protect themselves from cholera.

Armenia

No. staff in 2025: 30 (FTE) » Expenditure in 2025: €1.5 million
MSF first worked in the country: 1988 » msf.org/armenia

KEY MEDICAL FIGURE

190
people started on hepatitis C treatment

● Cities, towns or villages where MSF worked in 2025

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

The focus of Médecins Sans Frontières (MSF) activities in Armenia in 2025 was addressing the high prevalence of hepatitis C, through improved testing, treatment, and training, and donations of materials.

In 2023, MSF opened a project at Arshakunyats polyclinic in the capital, Yerevan, which implemented a simplified model of care for people with hepatitis C. As well as providing direct clinical support for patients with the disease, our team introduced new protocols to reduce delays in starting treatment and to simplify follow-up.

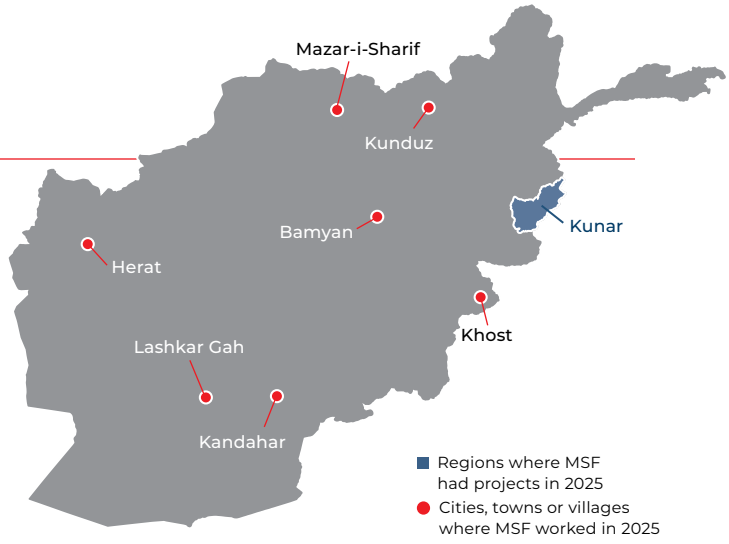
We also conducted training and mentoring activities for local healthcare professionals, enabling them to independently manage hepatitis C patients and integrate the simplified model into routine national health services.

In particular, we worked to improve access to testing and treatment for communities who are underserved and at high risk for the disease, such as people who inject drugs and people who engage in sex work. These communities often face a high disease burden and structural barriers to care. In addition, MSF worked in Armavir prison, expanding testing coverage and treatment among incarcerated people.

Alongside direct medical activities, MSF supported national capacity building through workshops, technical guidance, and donations of equipment and materials. This facilitated the continuation of services within the national healthcare system after we closed the project in December. Our programme in Armenia formed part of MSF's global work providing medical care to communities with limited access to healthcare, including marginalised people.

Afghanistan

No. staff in 2025: 3,716 (FTE) » Expenditure in 2025: €66.6 million
MSF first worked in the country: 1980 » msf.org/afghanistan



KEY MEDICAL FIGURES

429,200
emergency room admissions

307,400
outpatient consultations

129,400
patients admitted to hospital

54,300
births assisted, including **3,210** caesarean sections

43,900
people treated for measles

16,300
surgical interventions

10,300
children admitted to inpatient feeding programmes

120
people started on treatment for DR-TB

In Afghanistan, Médecins Sans Frontières (MSF) continued to deliver vital healthcare, with a particular focus on women and children, as funding cuts forced hundreds of health facilities to close.

Following the announcement of widespread funding cuts from traditional donors, such as the United States (US) and European countries, in 2025, more than 400 healthcare facilities were forced to close across Afghanistan.[1] This put additional pressure on an already fragile healthcare system, and the demand for services at MSF facilities rose sharply, exceeding our capacity, particularly for paediatric and maternal care. Due to the absence of general healthcare at a local level, people delayed seeking assistance, which often meant they had developed complications by the time they reached hospitals. Meanwhile, poor vaccine coverage in rural areas led to a surge in measles outbreaks among children.

In August, a magnitude 6 earthquake struck eastern Afghanistan, with Kunar province at the epicentre, killing over 2,000 people and injuring thousands more.[2] Many people lost their homes and their livelihoods in the disaster. In response, MSF teams worked in displacement camps, providing general outpatient consultations, wound dressing, routine vaccinations, women's health consultations, assistance with births, and mental health support, as well as activities to prevent disease outbreaks, such as establishing water and sanitation services.

The situation for women worsened in 2025, as ongoing restrictions continued to erase them from public and professional life. In November in Herat, female patients, caregivers, and staff were required to wear a burqa to enter all public health facilities, leading to an almost immediate reduction in patient numbers at Herat regional hospital. The enforcement of the *mahram* policy, which requires women to travel with a male guardian, was strengthened during the year, exacerbating barriers women face in accessing healthcare. The years-long ban on education for girls beyond grade six (generally age 12) continued, increasing the risk of a long-term shortage of female healthcare professionals.

Balkh

MSF has been supporting Abu Ali Sina regional and teaching hospital in Mazar-i-Sharif in Balkh province since August 2023, working alongside the Ministry of Public Health to reduce paediatric and neonatal deaths in northern Afghanistan. Our teams work in the paediatric emergency room, and in the neonatology and paediatric intensive care units. We also run a triage system to prioritise critically ill children, and managed a 24-bed isolation unit for measles patients with the Ministry of Public Health until the end of October. In November, we extended our work to the general paediatric ward.

Ahmad Reshad and Sorya Rashid, MSF doctors, analyse an x-ray of a child admitted to the paediatric intensive care unit at the Abu Ali Sina regional hospital. Mazar-i-Sharif, Afghanistan, July 2025.
© Zahra Shoukat/MSF

Matiullah, who had a road accident and received surgery at MSF's Kunduz trauma centre, attends a session with a physiotherapist to regain mobility in his leg. Afghanistan, August 2025.
© Alexandre Marcou/MSF

Bamyan

Since December 2022, MSF has been running a community healthcare programme in Bamyan province for underserved villages, particularly in Saighan, Shibar, and Yakawlang districts. We constructed eight health facilities in remote districts between 2022 and 2023, located more than 10 kilometres – or over two hours on foot – from the nearest health centre. In these health facilities, MSF-supported health staff provide mother and child health services, including antenatal and postnatal care, obstetric and gynaecological consultations, family planning, assistance in uncomplicated deliveries, vaccination, nutrition screening, and general adult outpatient care. Maternal care referrals are sent to the MSF-supported maternity department in the provincial hospital, and referrals for specialist care are provided when needed.

Helmand

MSF has been working alongside the Ministry of Public Health at Boost provincial hospital in Lashkar Gah, Helmand province, since 2009. In 2025, MSF worked in nearly every department of the hospital, including the emergency room, paediatrics, neonatology, maternity, surgical services, internal medicine, and isolation wards.

Overcrowding remains a critical challenge in the paediatric department, including the inpatient therapeutic feeding centre, and in the maternity department, which assisted an average of 90 deliveries per day. In 2025, our team admitted double the paediatric patients, and assisted in double the deliveries, compared with 2020.

Due to the high volume of patients, we started handing over some of our other activities in Boost hospital to the Ministry of Public Health, to refocus our resources and efforts on the departments for maternal and child health.

Herat

MSF has collaborated with the Ministry of Public Health at Herat regional hospital since 2018 to improve paediatric healthcare. We manage paediatric triage, the emergency room, the inpatient and outpatient therapeutic feeding centres, and the intensive and intermediate care units, as well as a dedicated measles isolation ward. In 2025, we treated many children with measles, the majority of whom were under 12 months old. We also recorded an increase in consultations in the paediatric emergency room compared with 2024.

Kandahar

Since 2016, MSF has been treating patients with drug-resistant tuberculosis (DR-TB) in Kandahar province, and supporting the detection and treatment of drug-sensitive TB in other facilities across southern Afghanistan.

To address the high burden of malnutrition, we also run inpatient and outpatient therapeutic feeding centres, providing treatment for severe acute malnutrition, alongside routine vaccinations, for children under five.

Khost

In Khost, our maternity hospital offers comprehensive emergency obstetric and neonatal care, serving as a referral centre for women suffering obstetric complications, including prolonged labour and ante- and postpartum haemorrhage, across the province. At the hospital, our package of care includes services in pre-delivery rooms, delivery rooms, a neonatal intensive care unit, mothers' intensive care unit, and operating theatre. We are also promoting skin-to-skin mother and child contact, which improves the health of premature babies and their mothers alike.

We also offer financial support and training for staff in eight MSF-supported health centres in the province.

Kunduz

In 2025, Kunduz trauma centre continued to deliver surgical and rehabilitative care – including physiotherapy – for patients with trauma injuries from Kunduz and the surrounding provinces. We also run a microbiology laboratory and an antimicrobial stewardship programme to monitor and treat infections, seeking to reduce the prevalence of antimicrobial resistance against first-line treatments in the community.

In October, we commemorated the 10th anniversary of the US airstrikes which resulted in the death of 42 people and destroyed the original centre. We rebuilt the facility in a different site and reopened it in 2021.

Kunar

Following the earthquake in August, MSF sent medical supplies to affected hospitals, and rapidly sent teams to assess needs in Jalalabad and the surrounding districts. In mid-September, we opened a general healthcare clinic in Patan camp, offering outpatient consultations, vaccinations, ante- and postnatal care, health promotion, and mental health support. In October, we started running these services in Ari Gamba camp. At the end of the year, we handed both clinics over to the Afghan Red Crescent Society and the Ministry of Public Health.

1 World Health Organization and Health Cluster: https://reliefweb.int/report/afghanistan/afghanistan-suspendedclosed-health-facilities-due-us-government-work-stop-ban-update-31-august-2025

2 Ariana News: https://www.ariananews.af/afghanistan-earthquake-death-toll-rises-to-2205-with-over-3500-injured/

Bangladesh

No. staff in 2025: 1,956 (FTE) » Expenditure in 2025: €31.5 million
MSF first worked in the country: 1985 » msf.org/bangladesh

KEY MEDICAL FIGURES

815,800
outpatient consultations

242,800
emergency room admissions

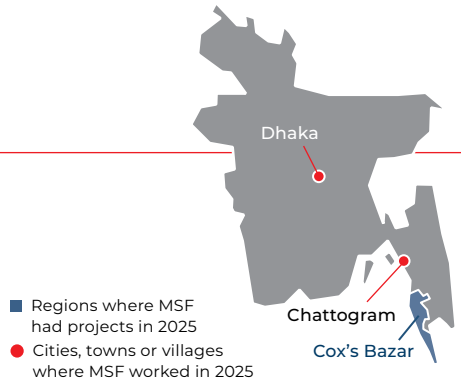
13,700
people started on hepatitis C treatment

4,440
births assisted

In Cox's Bazar, Bangladesh, home to the world's largest refugee camp complex, Médecins Sans Frontières (MSF) runs several facilities providing care to Rohingya refugees and host communities.

In 2025, MSF delivered emergency care, sexual and reproductive health services, mental health support, and treatment for non-communicable diseases and for victims of gender-based violence through three hospitals, two healthcare centres, and a specialised clinic. Our teams also treated patients for acute watery diarrhoea, respiratory infections, dengue fever, and measles. The security situation continued to be volatile in and around the camps, due in part to the conflict over the border in Myanmar, which led to further arrivals of refugees. Despite growing needs, the humanitarian response was constrained by a decrease in international funding.

During the year, MSF launched a large-scale hepatitis C 'test and treat' campaign to address concerningly high levels of the disease in the camps. We established three specialised treatment centres within our existing facilities, filling a critical gap in care. We also tackled another major public health concern in Cox's Bazar: water, sanitation, and hygiene conditions. We focused on improving water infrastructure, quality monitoring, outbreak



prevention, and hygiene promotion. In 2025, the camps experienced the highest cholera surge since 2017, while scabies prevalence remained high.

MSF's report, *Illusion of choice*,[1] reveals that 58% of Rohingya refugees feel unsafe in camps, while 56% struggle to access essential healthcare. Only 37% were aware of ongoing global discussions about their future, leaving them with little agency or clarity regarding their long-term prospects. These figures underscore that, while 84% dread returning to Myanmar without their safety assured, staying in the camps offers them no dignity or control over their lives.

In response to climate-sensitive health threats, MSF launched a dengue response in Chattogram city, comprising vector control, epidemiological surveillance, and community awareness-raising activities. Meanwhile, in March, we handed over our project in Kamrangirchar, in Dhaka, to local authorities. For 15 years, we had run a range of services for factory workers and victims and survivors of sexual violence.

1 MSF: https://www.msf.org/illusion-choice-rohingya-voices-echo-camps

Belgium

No. staff in 2025: 23 (FTE) » Expenditure in 2025: €2.1 million
MSF first worked in the country: 1987 » msf.org/belgium

KEY MEDICAL FIGURES

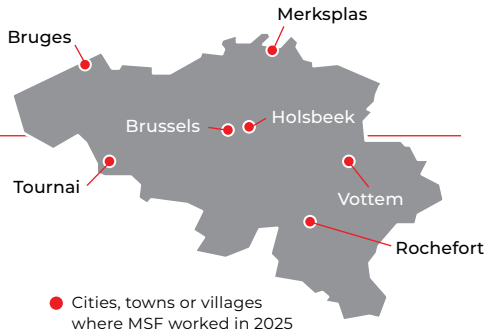
1,960
outpatient consultations

740
mental health consultations provided in group sessions

49
individual mental health consultations

In Belgium, Médecins Sans Frontières (MSF) offers medical and psychological support to migrants and refugees, and calls on the government to fulfil its obligations towards them.

Belgium continues to be both a destination and a transit country within Europe. In 2025, around 34,400 people applied for international protection in Belgium, a 14 per cent decrease compared with 2024.[1] Despite this reduction, reception conditions remained critically overstretched. Persistent shortages in accommodation and support services left thousands of asylum seekers without shelter, including victims and survivors of conflict, persecution, and torture. Undocumented migrants and people excluded from reception face serious barriers to housing and healthcare, increasing their risk of illness and mental health conditions, including anxiety, depression, and post-traumatic stress disorder. Throughout the year, our teams in Brussels provided medical



consultations and psychological care, including health promotion activities, and strengthened infection prevention and control measures.

In addition, we consolidated our network of medical volunteers providing second medical opinions for people held in administrative detention centres across the country, helping to document health needs and protection concerns.

As Belgium further tightened its migration policies and anti-migrant narratives intensified, MSF scaled up advocacy efforts, calling for effective access to healthcare for all, adequate reception conditions, and full respect for national, European Union, and international legal obligations, including for people in administrative detention.

1 Office of the Commissioner General for Refugees and Stateless Persons: https://www.cgrs.be/en/news/asylum-statistics-overview-2025

Benin

No. staff in 2025: 105 (FTE) » Expenditure in 2025: €4.1 million
MSF first worked in the country: 1985 » msf.org/benin

KEY MEDICAL FIGURES

67,800
outpatient consultations

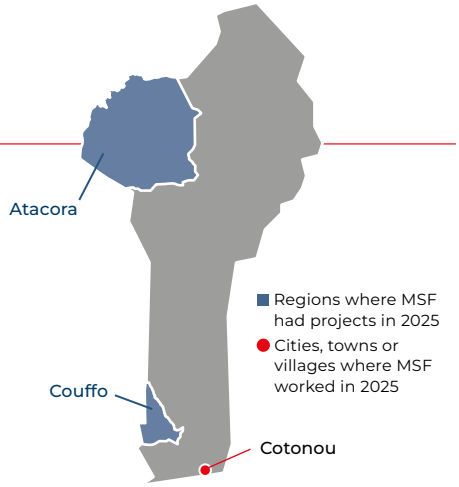
30,500
malaria cases treated

4,500
births assisted

In 2025, Médecins Sans Frontières (MSF) assisted people affected by displacement and violence in northern Benin. In the south, we worked to improve sexual and reproductive healthcare for women and adolescents.

We continued to work in the north of the country, amid a growing humanitarian crisis, with thousands of people displaced due to insecurity and attacks by non-state armed groups. In the south, despite progress achieved in recent years, significant health challenges remained, particularly regarding sexual and reproductive healthcare.

In the north, specifically in Tanongou, MSF responded to the needs of communities forced to flee their villages during armed raids, by supporting health centres in Toucountouna and Tanguiéta through donating supplies and facilitating referrals. We also distributed relief items, such as hygiene kits and mosquito nets. To strengthen access to healthcare in hard-to-reach communities, we started working in health centres in Matéri, Cobly, and Pétinga, focusing on improving treatment for malaria and malnutrition, particularly for children under five years old and pregnant women, and for injuries resulting from community violence.



In addition, we trained healthcare staff working in emergency rooms in Atacora and Alibori departments in mass-casualty management, aiming to improve the speed and effectiveness of responses during crises.

In Couffo department, in southern Benin, the sexual and reproductive healthcare project we opened in 2022 continues to cater to the needs of women, adolescents, and families. Our teams support women throughout pregnancy, childbirth, and postnatal follow-up, and ensure access to family planning services and safe abortion care. We also provide medical and psychosocial care to victims and survivors of sexual violence. Women trained by MSF carry out most of the outreach and health promotion activities in the department's villages. The commitment of these women from the community has strengthened the link between health centres in the area and local people, especially women, who are now visiting the centres on a much more regular basis.

Brazil

No. staff in 2025: 85 (FTE) » Expenditure in 2025: €4 million
MSF first worked in the country: 1991 » msf.org/brazil

KEY MEDICAL FIGURES

12,500
outpatient consultations

2,760
mental health consultations provided in group sessions

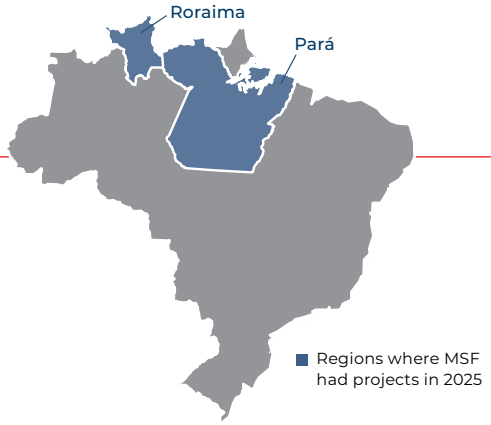
680
malaria cases treated

320
individual mental health consultations

In 2025, Médecins Sans Frontières (MSF) concluded two projects that delivered healthcare to hard-to-reach communities in Brazil.

In the Yanomami Indigenous Territory, in Auaris region, Roraima state, MSF focused on diagnosis and treatment of malaria, and mental health services. Around 30,000 people live in communities scattered across the territory. In the state capital, Boa Vista, our teams supported the health centre, which is the referral facility for Yanomami patients. We also conducted health promotion sessions in the community, and upgraded sanitation infrastructure.

We closed our project in Roraima state in 2025, after nearly three years of activities. The successful collaboration between MSF teams and the Indigenous communities created a lasting legacy for the region, and for MSF. The health facilities and services we strengthened will continue to serve local people, while the experience of adapting medical approaches, using traditional knowledge and learning shared by the Indigenous communities, will inform future MSF projects. Before our departure, we conducted training for healthcare staff and community members to ensure a sustainable transition.



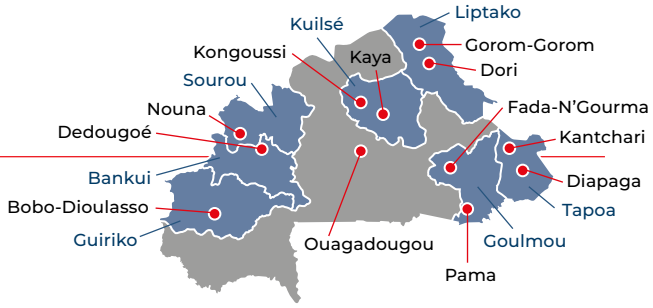
In Portel, a town located about 16 hours by boat from the Pará state capital, Belém, MSF delivered comprehensive healthcare to riverside and rural communities. We also worked to improve care for victims and survivors of sexual violence, establishing two specialised reception rooms to guarantee their privacy at medical facilities, and offering training to health professionals and staff from other areas.

With support from MSF, post-exposure prophylaxis (PEP), an HIV prevention medication, became more readily available for both adults and children in Portel. For the first time, a paediatric formulation was introduced in the city, and PEP for adults could be acquired at health facilities other than the hospital.

We concluded our medical activities in Portel in June. In the same month, we celebrated another important legacy of our work: the establishment of a public policy regarding care of children and adolescents who are victims of sexual violence, which we had influenced.

Burkina Faso

No. staff in 2025: 1,306 (FTE) » Expenditure in 2025: €32.6 million
MSF first worked in the country: 1995 » msf.org/burkina-faso



■ Regions where MSF had projects in 2025
● Cities, towns or villages where MSF worked in 2025

KEY MEDICAL FIGURES

100,816,000
litres of chlorinated water distributed

787,200
outpatient consultations

180,400
malaria cases treated

16,600
individual mental health consultations

In Burkina Faso, Médecins Sans Frontières (MSF) continued to support displaced people and host communities affected by the volatile security situation and a significant reduction in international aid.

Ongoing insecurity forced our teams to suspend and reorganise some activities in Tougan, Sourou region. In other areas of the country, such as Soum, Tapoa, and Kuilsé, thousands of people living under blockade are left with little or no humanitarian assistance. Our teams also witnessed how some critical medical services, such as nutritional support for children, were reduced, or even completely terminated, following the withdrawal of international aid.

Despite these constraints, our teams maintained projects in seven regions, delivering a range of medical activities, including general, paediatric, maternal, and mental health care, as well as screening and treatment for malaria and malnutrition.

Our teams began working in Dédougou, in the northwest, to deliver improved care to people living with non-communicable diseases, in particular diabetes and hypertension. This included providing consultations, treatment, and referrals. We also sent mobile clinics to hard-to-reach areas, such as Djibasso, Bâ, and Bomborokuy.

MSF continued to train medical staff, and in 2025 our Academy for Healthcare celebrated the graduation of the first cohort of midwives in Bobo-Dioulasso. Other activities during the year included enhancing health infrastructure by building a neonatal unit in Kaya regional hospital, and improving water and sanitation in Gorom-Gorom by drilling a borehole and constructing a sterilisation room.

In addition, our teams launched multiple emergency responses to assist people displaced by insecurity in the east and northeast of the country. As well as providing lifesaving care, we supported routine vaccination campaigns, particularly against measles and polio.

Burundi

No. staff in 2025: 120 (FTE) » Expenditure in 2025: €4.6 million
MSF first worked in the country: 1992 » msf.org/burundi

■ Regions where MSF had projects in 2025
● Cities, towns or villages where MSF worked in 2025

KEY MEDICAL FIGURES

164,400
malaria cases treated

3,700
people treated for cholera

620
people treated for measles

In Burundi, Médecins Sans Frontières (MSF) implemented a strategic approach to reducing malaria cases in Cibitoke province. We also assisted Congolese refugees and responded to several disease outbreaks.

In 2025, MSF collaborated with the Burundian health authorities on a lifesaving malaria prevention initiative in Cibitoke, which involved administering vaccines and malaria prevention drugs, and distributing mosquito nets. We carried out research to assess the impact of the initiative, and reported a 40 per cent drop in severe malaria cases at Cibitoke district hospital compared with the same period in 2024.[1]

To increase our support to communities in Cibitoke, we drilled two boreholes to provide clean water. We also installed a solar power station at the hospital to ensure the continuity of care.

In early 2025, thousands of refugees from the war in the Democratic Republic of Congo (DRC) arrived in Burundi. MSF teams supported the refugees both in Cibitoke and in the designated Musenyi site in Burunga province, where around 18,000 people were living in precarious conditions by the end of April.[2] In Musenyi, we provided outpatient care and measles vaccinations for children, as well as treatment for, and mosquito nets to prevent, malaria. In Rugombo, Cibitoke province, we responded to a cholera outbreak and installed oral rehydration points.

During the year, we also responded to cholera outbreaks in Bujumbura and in Nyanza-Lac health district, in southern Burundi, in August and November, respectively.

In December, over 100,000 people fled over the border from South Kivu, DRC.[3] Our teams launched an initial response in Ndava transit camp providing healthcare and distributing relief items, then we collaborated with the authorities in Busuma camp, where most of the refugees were moved to, by supporting a cholera treatment centre, running a general healthcare clinic, organising specialist referrals, and distributing water.

1 MSF: https://www.msf.org/burundi-children-receive-triple-protection-against-malaria-cibitoke
2 UNICEF: https://www.unicef.org/documents/burundi-humanitarian-situation-report-no16-15-february-2026
3 UN Geneva: https://www.ungeneva.org/fr/news-media/news/2025/12/114391/rdc-plus-de-100-000-refugies-accueillis-au-burundi-en-pres-dun-mois (in French)

Central African Republic

No. staff in 2025: 2,332 (FTE) » Expenditure in 2025: €67.9 million
MSF first worked in the country: 1997 » msf.org/central-african-republic

KEY MEDICAL FIGURES

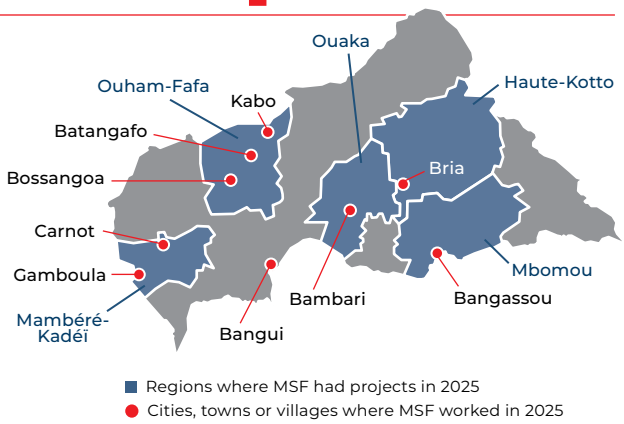
577,600
outpatient consultations

301,400
malaria cases treated

78,300
patients admitted to hospital

22,900
births assisted

Médecins Sans Frontières (MSF) works to address the critical shortage of health services in Central African Republic (CAR), in particular for women and children in hard-to-reach areas of the country.



The health system in CAR is structurally fragile and underfunded, with one of the lowest doctor-to-person ratios in the world, and only half of its facilities functional. Epidemics also pose a major challenge, compounded by low vaccination coverage. Access to healthcare in rural, remote areas is further hampered by chronic insecurity, impassable roads, and the high cost of transport to the nearest facility, which is often many kilometres away.

MSF plays a crucial role in delivering essential care in the country, in the capital, Bangui, and in remote regions of Bambari, Bangassou, Batangafo, Bossangoa, Bria, and Carnot.

Improving access to healthcare

We continue to run a broad range of medical services, supporting health facilities with emergency surgery, intensive care, paediatrics, neonatology, intensive nutrition, treatment for HIV, tuberculosis and chronic diseases, and sexual and reproductive healthcare. In 2025, our teams completed the construction of a 74-bed paediatric ward at Carnot hospital, which we run in collaboration with the Ministry of Public Health.

Maternal, infant, and neonatal death rates in CAR remain among the highest globally, due to inadequate care during pregnancy and childbirth. We are responding by delivering free, high-quality services for mothers and children, such as antenatal consultations, caesarean sections, and incubation for newborns, in all our projects in the capital and in Bangassou, Batangafo, Bossangoa, Carnot, and Bria.

Malaria is a leading cause of sickness and death in CAR, particularly among children under five years old, and accounts for a large proportion of consultations in health facilities. MSF is working to improve access to diagnosis and treatment by operating 'malaria points' in communities, where trained community health workers are able to diagnose and treat the disease early.

Strengthening vaccination coverage

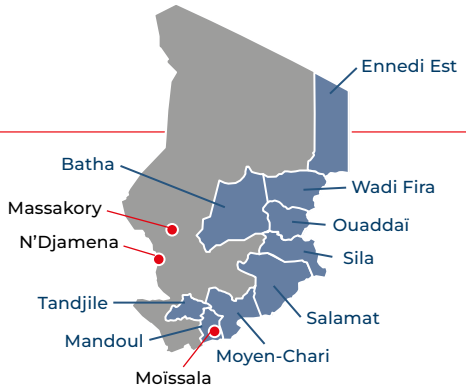
Low vaccination coverage in CAR triggers frequent disease outbreaks that directly threaten the lives of young children. In 2025, MSF scaled up support for routine vaccination programmes in all the health facilities where we worked, not only increasing the number of vaccinations administered, but also providing a constant supply of medical equipment and training Ministry of Health staff on vaccination. EURECA[1], our mobile emergency response team, which conducts epidemiological surveillance across the country, assisted local health authorities with two measles vaccination campaigns in 2025.

1 EURECA stands for 'Équipe d'Urgence en République centrafricaine'.

An MSF vaccination team boards boats as they cross the Ouham-Fafa River, in Mala, to deliver vaccines to remote communities. Central African Republic, July 2025.
© Amadou Barazé/MSF

Chad

No. staff in 2025: 2,446 (FTE) » Expenditure in 2025: €72 million
MSF first worked in the country: 1981 » msf.org/chad



KEY MEDICAL FIGURES

361,912,000
litres of chlorinated water distributed

979,600
routine vaccinations

586,900
outpatient consultations

136,500
malaria cases treated

42,800
patients admitted to hospital

40,700
admissions of children to outpatient feeding programmes

34,600
people vaccinated against cholera in response to an outbreak

9,680
births assisted

Amid a deepening humanitarian crisis, driven by displacement, epidemics and food insecurity, Médecins Sans Frontières (MSF) teams work across Chad, filling gaps in healthcare and responding to emergencies.

People in Chad faced recurrent outbreaks of cholera, diphtheria, and measles, as well as the continued threat of malaria and worsening malnutrition during 2025. The country's low vaccination rates drive epidemics in places where people have difficulties reaching healthcare, whether because of the associated costs, or the lack of functioning and well-staffed facilities. Meanwhile, cuts in international aid further reduced the fragile health system's ability to meet people's needs. In response, MSF ran a range of activities, maintaining support to hospitals, general healthcare centres, and community-based health systems, and sending teams to assist in emergencies. We worked to deliver lifesaving care and reinforce local capacity in some of the most isolated communities.

Providing care to Sudanese refugees and host communities in eastern Chad

As of 31 December, an estimated 1.26 million people had crossed into Chad since the conflict in Sudan began, of whom 356,000 are Chadian returnees.[1] As transit sites filled rapidly, people were relocated to extensions of long-standing camps, such as Iridimi and Toulum. In Toulum, MSF provided antenatal consultations, psychological support, treatment for malnutrition, vaccinations, and specialist referrals. In April, after the Sudanese Rapid Support Forces took over Zamzam camp in North Darfur, Sudan, and more than 60,000 people arrived in Tiné, Chad, in one week, MSF distributed therapeutic food to children under five years old and pregnant and breastfeeding women. We also supplied essential relief items, such as cooking equipment and hygiene kits, and built latrines in Touloum camp. To accommodate the new arrivals, we began providing comprehensive general healthcare in two new camps in Iridimi and Goudrane.

Throughout the year, we delivered general healthcare to refugees in Tiné and Ouré Cassoni, including antenatal consultations, treatment for sexual violence, routine immunisations, nutritional support, and mental health care. We also conducted health promotion, and water, sanitation, and hygiene activities. In August, MSF started to run a fixed clinic and mobile clinics in Ouré Cassoni, and carried out water trucking and latrine construction to meet urgent needs in the densely populated camp.

In the town of Adré, we maintained our integrated general and specialist healthcare at the health centre and hospital. Our teams carried out paediatric and reproductive health consultations at our health centre, and vaccinated children as they arrived at the border. At the hospital, we assisted with deliveries, admitted children for severe acute malnutrition, and provided neonatal and paediatric inpatient care.

In Metché camp, we continued to run our hospital, serving both refugees and host communities with emergency care, surgery, maternal and neonatal health services, mental health support, and treatment for malnutrition. To ensure adequate access to safe drinking water and to reduce the risk of epidemics, our teams rehabilitated boreholes and extended water distribution systems in the camp. In Aboutengue camp, we offered both inpatient and outpatient care, and treated patients with moderate acute and severe acute malnutrition. Our team also supported treatment of chronic diseases and mental health conditions, and collaborated with the Ministry of Health to run vaccination campaigns.

A healthcare worker vaccinates a woman against cholera at a general emergency healthcare centre in Koufroun. Chad, September 2025.
© Léa Gillabert/MSF

People collect water at a distribution point in Adré refugee camp, which hosts people who have fled violence in Sudan. Chad, April 2025.
© Gabriella Bianchi/MSF

Responding to epidemics

Tackling epidemics remained a key activity for MSF in 2025. Northeast of the capital, N'Djamena, we responded to a diphtheria outbreak affecting multiple districts in Bahr El-Gazel and Batha provinces, by providing both inpatient and outpatient care. To contain further outbreaks, our teams, supported by community health workers, launched vaccination campaigns in Bahr El-Gazel, and in Iridimi camp in Wadi Fira province.

MSF's Chad emergency response team supported surveillance and vaccination efforts in several provinces, including Batha, N'Djamena, and Salamat. We also assisted with an emergency response to malnutrition in Am Timan during the lean season – the period between harvests when food stocks are depleted – treating severely malnourished children and boosting hospital capacity.

In N'Djamena's 9th district, we responded to a measles outbreak by providing outpatient care and donating treatment kits to health centres.

During the rainy season, we launched activities in Ouaddaï, Sila, and Hadjer Lamis provinces to tackle cholera outbreaks. In Hadjer Hadid district, Ouaddaï, we set up cholera treatment units and oral rehydration points, and improved water distribution, and infection prevention and control measures. We also supported the Ministry of Health's response to a meningitis outbreak in five districts of Ouaddaï, by administering vaccinations and treating severe cases at Abéché regional hospital. Through vaccination campaigns, strengthened surveillance, rapid response, and close collaboration with health authorities, we helped to contain multiple outbreaks.

Supporting chronic needs

In addition to our emergency responses, we maintained long-term projects focusing on malaria, malnutrition, and improving access to healthcare. In Moïssala, in Moyen-Chari, MSF partnered with the Ministry of Health to conduct seasonal malaria chemoprevention across 37 health zones. Our teams also conducted paediatric consultations and assisted births in hospitals in Moïssala.

Food insecurity is a major problem in Chad, exacerbated by issues such as displacement, climate shocks, and the poor economic situation. In Massakory district, Hadjer Lamis, MSF supported 21 community sites offering treatment for malnutrition alongside other health services, such as sexual and reproductive healthcare, as well as the hospital's malnutrition unit. MSF teams helped run paediatric outpatient therapeutic feeding programmes, while MSF-trained community health workers screened children for malnutrition and organised referrals when necessary. We also rehabilitated water distribution systems, and conducted health promotion activities to address underlying drivers of malnutrition.

In Sila, we continued our community-based healthcare model across 91 villages, in which community members participate in decision-making about activities. MSF teams conducted general health consultations and assisted with maternity referrals and vaccinations. This project seeks to reinforce existing health facilities, with the aim of ensuring the continuation of services beyond MSF's presence in the province.

1 IOM: https://crisisresponse.iom.int/sites/g/files/tmzbdl1481/files/appeal/documents/Chad-Sudan-Crisis-Response-Update-60-Dec-2025-EN.pdf

Cameroon

No. staff in 2025: 225 (FTE) » Expenditure in 2025: €8.8 million
MSF first worked in the country: 1984 » msf.org/cameroon

KEY MEDICAL FIGURES

72,100 outpatient consultations

28,700 malaria cases treated

1,760 surgical interventions

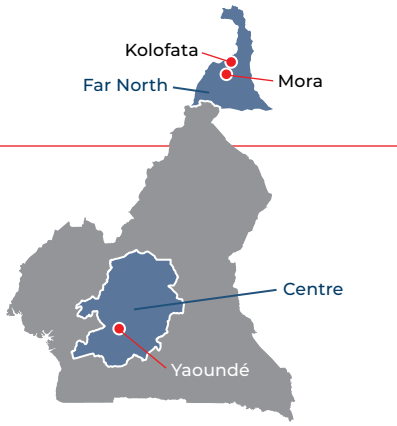
390 admissions of children to outpatient feeding programmes

In 2025, Médecins Sans Frontières (MSF) provided emergency surgery for patients with violence-related injuries in Cameroon's volatile Far North region, and helped tackle outbreaks of infectious diseases.

The conflict in the Lake Chad Basin continues to have a severe impact on communities in northern Cameroon. Many people have been displaced and injured during repeated incursions by armed groups. Throughout 2025, MSF maintained support to the emergency surgery department at Mora district hospital, treating patients with violence-related wounds and trauma.

In addition, our teams worked to bring care closer to home for communities cut off from medical facilities due to insecurity. We trained community health workers to identify and treat uncomplicated malaria,[1] diarrhoea, and severe acute malnutrition in children, and to refer patients requiring specialist care.

Following a resurgence in measles cases in Far North, we carried out an emergency vaccination campaign in Mora health district and treated children at the district hospital.



Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

In Yaoundé, the capital, we launched a cholera prevention project in support of the national eradication plan. Our teams are working with local authorities to curb the spread of the epidemic that has persisted since 2021. We are constructing and rehabilitating water distribution points to improve access to safe drinking water in the most at-risk neighbourhoods, and conducting community awareness activities to promote good hygiene practices.

1 Uncomplicated malaria is a form of malaria where a person has a diagnosis confirmed by a test, but does not have severe or life-threatening symptoms.

Colombia

No. staff in 2025: 63 (FTE) » Expenditure in 2025: €2.5 million
MSF first worked in the country: 1985 » msf.org/colombia

KEY MEDICAL FIGURES

10,700 outpatient consultations

4,660 mental health consultations provided in group sessions

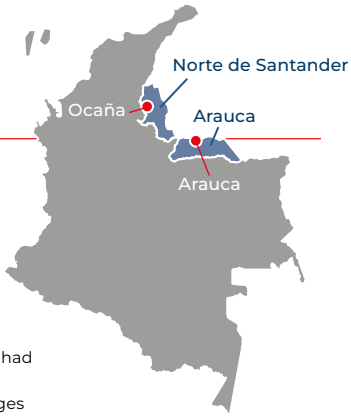
960 individual mental health consultations

In 2025, an upsurge in violence in Colombia cut off entire communities from medical services. Médecins Sans Frontières (MSF) worked to bring care back to two of the worst-affected regions.

In 2025, Colombia experienced its highest level of violence since the peace agreement was signed between the state and the Revolutionary Armed Forces of Colombia (FARC) in 2016. MSF teams launched responses in two eastern regions suffering the impacts of conflict: Norte de Santander and Arauca, where people struggle to obtain healthcare and public services are weak.

According to the Office of the Ombudsman, the current conflict involves at least 10 armed groups, ranging from historical organisations to more recent criminal groups.[1] Mass displacement and confinement of communities, kidnappings, armed strikes, bomb attacks on police infrastructure, and violence against civilians were reported in several regions, including Norte de Santander, Arauca, Cauca, Chocó, and Guaviare.

The Catatumbo subregion of Norte de Santander was severely affected, with 101,000 people displaced,[2] and around 25,000 experiencing restrictions on their movements.[3] MSF initiated an emergency response to bring care to confined and isolated communities with extremely limited access to health facilities, due to closures, restrictions imposed by armed groups, or the risk of landmines and stray bullets. As well as delivering general healthcare, mental health support, and sexual and reproductive health services, our teams distributed water filters and mosquito nets.



Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

From March to December, MSF ran a project in Arauca for communities who face barriers to accessing healthcare. In the city of Arauca, our teams assisted Venezuelan migrants, Indigenous people, and Colombian returnees living in precarious conditions in informal settlements. In rural areas of Tame, Arauquita, and Puerto Rondón, we provided medical and mental health care to people affected by armed conflict. In addition to healthcare programmes, MSF conducted activities to improve water supply, such as rehabilitating wells and distributing water filters.

1 Colombia Office of the Ombudsman: https://www.defensoria.gov.co/-/defensoria-del-pueblo-reporta-once-focos-de-emergencia-humanitaria-en-colombia (in Spanish)

2 Colombia Office of the Ombudsman: https://www.defensoria.gov.co/documents/20123/3620015/Informe_Catatubo+low.pdf/c12dd6c6-52a6-c44b-e698-241ec30c13b2?t=1768424744417 (in Spanish)

3 UNDP: https://www.undp.org/sites/g/files/zskgke326/files/2026-01/undp_co_pub_paz_informe_catatumbo_ene14_2026.pdf (in Spanish)

Côte d'Ivoire

No. staff in 2025: 138 (FTE) » Expenditure in 2025: €6.8 million
MSF first worked in the country: 1990 » msf.org/cote-divoire

KEY MEDICAL FIGURES

51,600
outpatient consultations

14,700
malaria cases treated

8,520
antenatal consultations

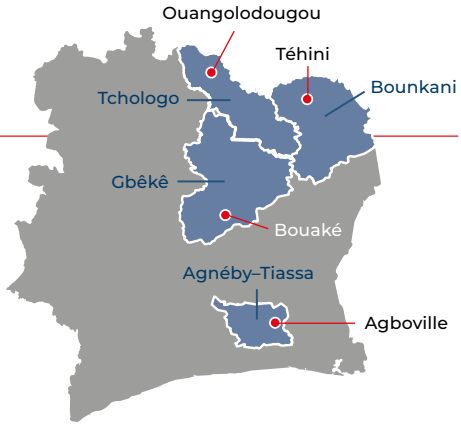
3,970
individual mental health consultations

In 2025, Médecins Sans Frontières ran a project in Côte d'Ivoire to support refugees from Burkina Faso and Mali. We also helped tackle a cholera outbreak in the country's largest city.

In northern Côte d'Ivoire, we responded to the needs of refugees displaced by recurrent violence in neighbouring countries. While some are hosted by local families, many live in precarious conditions with limited access to basic services, including healthcare. Our teams provided both refugees and host communities with general healthcare, including reproductive health consultations and referrals, focusing on Ouangolodougou and Téhini districts. In collaboration with the Ministry of Health, we also supported routine immunisation activities and preventive measles vaccination campaigns.

MSF is supporting the Ministry of Health with a pilot project on mental health and epilepsy in the Gbêkê region. In 2025, the project provided consultations and treatments, enrolled new patients, and referred people in need of higher-level care. We also conducted health education activities with communities, to raise awareness about mental health conditions and epilepsy.

Following the declaration of a cholera outbreak in Abidjan in June, MSF, in close collaboration with the Ministry of Health and partners, began a coordinated and comprehensive response in the Port-Bouët–Vridi and Yopougon Est districts. We established and fully equipped three cholera treatment units.



Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

Egypt

No. staff in 2025: 72 (FTE) » Expenditure in 2025: €2.2 million
MSF first worked in the country: 2010 » msf.org/egypt

KEY MEDICAL FIGURES

16,200
outpatient consultations

4,170
consultations for diabetes

3,910
consultations for high blood pressure

1,290
individual mental health sessions

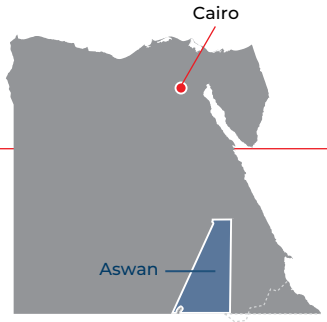
In 2025, Médecins Sans Frontières (MSF) scaled up mobile activities to assist Sudanese refugees in Aswan governorate, in southern Egypt.

Egypt continues to host large numbers of refugees who fled from the war in neighbouring Sudan. Hundreds of thousands of people have gathered in southern areas of the country, close to the border.

From January 2025, our teams started to run regular mobile clinics in five different locations in Aswan governorate, in partnership with the Om Habibeh Foundation (OHF), an Egyptian NGO with a long history in the governorate.

The aim of these mobile clinics is to facilitate access to healthcare for communities in the area, both Egyptian and Sudanese, and reduce pressure on existing health facilities. We focus on providing general consultations and mental health support, as well as referrals to other health facilities for additional medical care.

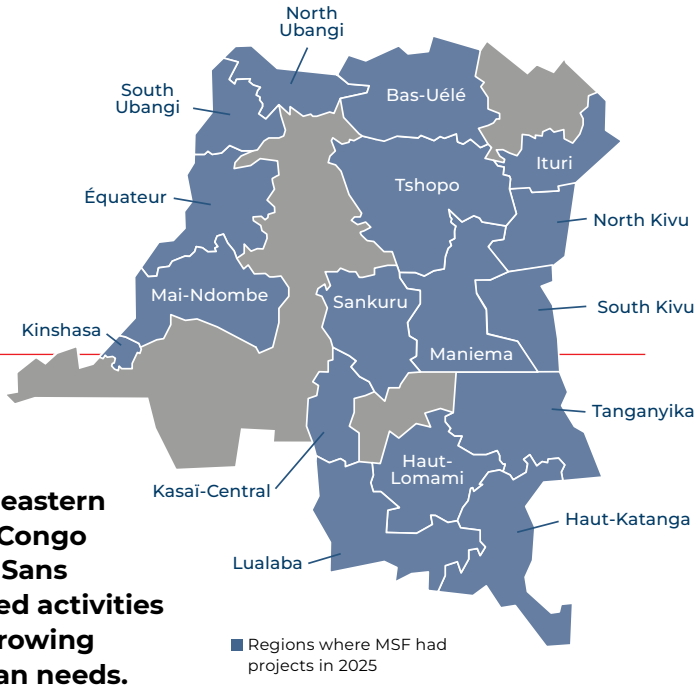
The mobile clinics, consisting of doctors, nurses, psychologists, and health educators from both MSF and OHF, visit two locations in Aswan city, and the surrounding villages of Daraw, Karkar, and Nasr Al-Nuba, where people struggle to obtain the care they need.



Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025
The maps and place names used do not reflect any position by MSF on their legal status.

Democratic Republic of Congo

No. staff in 2025: 2,884 (FTE) » Expenditure in 2025: €141.1 million
MSF first worked in the country: 1977 » msf.org/drc



KEY MEDICAL FIGURES

2,281,100 outpatient consultations

183,100 emergency room admissions

54,600 people treated for sexual violence

25,200 people treated for cholera

20,200 children admitted to inpatient feeding programmes

As violence escalated in eastern Democratic Republic of Congo (DRC) in 2025, Médecins Sans Frontières (MSF) increased activities to respond to people's growing medical and humanitarian needs.

Our teams rapidly scaled up assistance to people caught up in violent clashes between government forces, the M23 armed group, and their respective allies in North Kivu and South Kivu. During the year, M23 expanded its control over larger parts of both provinces, including their capitals, Goma and Bukavu. Our teams also launched emergency responses in Ituri province, which continues to be ravaged by intercommunity violence, and Maniema province, where another armed conflict is ongoing. In addition to these emergency responses, we maintained our regular projects, and supported the Congolese health authorities to tackle various epidemics across the country.

Escalating conflict in the east

The armed conflict that has been raging in the east of the country for over 30 years escalated in 2025, causing further waves of mass displacement and a dramatic increase in basic needs, including for food, security, healthcare, and protection for the most vulnerable, including women, children, and elderly people. Hospitals in North Kivu, South Kivu, Ituri, and Maniema received large influxes of wounded people, with victims reporting extreme levels of violence, including massacres, abductions, and sexual assaults.

An MSF staff member provides a consultation to a woman and her baby during a mobile clinic in Kingi, where MSF supports displaced people who have returned to their homes after living in camps in Goma. North Kivu, Democratic Republic of Congo, February 2025.
© Daniel Buuma

Surgeons cauterise a gunshot victim's wound at the Rutshuru general reference hospital. North Kivu, Democratic Republic of Congo, August 2025.
© Sam Bradpiece/MSF

In North Kivu and South Kivu, the health systems have largely collapsed, as health facilities have been destroyed, and deliveries of medicines and other medical supplies were interrupted during the fighting.

Patients seeking care at the facilities still functioning often arrived late, sometimes after days of walking, in a critical condition. In some cases, civilians were deliberately targeted, as in Binza, in North Kivu, in the middle of the year; in others, they were caught in the crossfire, falling victim to stray bullets. Health staff worked under extremely difficult conditions, vulnerable to attacks and overstretched due to personnel shortages. Three of our colleagues were killed during the year, while medical facilities we support in Masisi, Walikale, Goma, Rutshuru, and Uvira came under fire and were raided by armed men.

Amid this volatile situation, MSF remained one of the few organisations delivering direct care to people affected by the conflict. In health facilities we supported in Mweso, Masisi, Walikale, Goma, Rutshuru, Minova, Uvira, Fizi, and Bunyakiri, we treated people for gunshot and shrapnel wounds and other violence-related trauma, providing not only emergency surgery but also essential psychological support. Our teams also offered medical and psychological care to thousands of victims and survivors of sexual violence, which continued to be rife in 2025.

In Ituri, the humanitarian crisis remains largely ignored by the national authorities and international media, despite people's immense needs. For decades, this province has been rocked by conflicts between local armed groups, militias, and rebel movements, linked to community rivalries or broader regional dynamics. In 2025, the situation deteriorated further, with a series of attacks targeting civilians, displaced communities, and even places considered as safe havens, such as camps for internally displaced people and medical facilities. As the number of patients with serious violence-related injuries almost doubled in a few months, we expanded our support to Salama clinic in Bunia, by installing additional beds. Many of the patients we treated had open fractures, gunshot wounds, or shrapnel injuries. MSF continued to work in general hospitals in Angumu and Drodro, as well as numerous health centres and community healthcare sites. We supported general and specialist healthcare, including treatment for malaria and respiratory infections, in addition to maternal and paediatric services. We also provided general healthcare and support for disease outbreaks in Adii and Zapay, in response to a massive influx of refugees from South Sudan and Central African Republic.

In Maniema province, we increased our response to meet the urgent health needs of people affected by the conflict. Meanwhile, we completed the transfer of our Salamabila project to the local health authorities after meeting our objectives, which included reducing maternal death rates, over seven years of providing care in the area. This project focused on treating patients with violence-related injuries, managing malaria and acute malnutrition, delivering maternal care, and providing holistic care for victims and survivors of sexual violence, including medical treatment, psychological support, and socioeconomic assistance.

Response to epidemics

In 2025, MSF launched several emergency responses to tackle epidemics across DRC, in a context marked by growing insecurity, limited government commitment, and the withdrawal of several organisations following cuts in humanitarian funding. Our teams provided treatment and vaccinations to curb measles epidemics in Haut-Katanga, Haut-Lomami, Tanganyika, North Ubangi, South Ubangi, Bas-Uélé, North Kivu, South Kivu, and Maniema provinces.

DRC was also hit by a devastating cholera epidemic, one of the worst in the last decade. In response to the rapid spread of the disease, MSF sent emergency teams to Mai-Ndombe, Kinshasa, Haut-Katanga, Équateur, Tshopo, Maniema, North Kivu, and South Kivu to support the health authorities with medical care and vaccinations.

Other disease responses in 2025 included treating patients with mpox in South Kivu, Kinshasa, and South Ubangi; tackling a resurgence in malaria cases in Fizi; and supporting health authorities to control an Ebola outbreak in Kasaï, and typhoid fever in Sankuru.

Regular projects

Alongside our emergency activities, we run regular projects across DRC. We train networks of community health workers and support health facilities in a range of areas, including general and specialist health services, treatment for malnutrition, surgery, sexual and reproductive healthcare, malaria control, and psychological support.

In Kinshasa, MSF provides HIV care at Kabinda hospital and in five health centres. Our teams also support adherence to treatment through youth clubs in four health zones in the city.

Ethiopia

No. staff in 2025: 1,122 (FTE) » Expenditure in 2025: €25.2 million
MSF first worked in the country: 1984 » msf.org/ethiopia

KEY MEDICAL FIGURES

273,000
outpatient consultations

81,800
malaria cases treated

1,480
people treated for cholera

200
people treated for kala azar

Médecins Sans Frontières (MSF) worked in seven regions of Ethiopia in 2025, delivering vital assistance to people affected by violence, disease outbreaks, and displacement.

Across our projects, MSF teams offered essential care, such as vaccinations, paediatric care, outpatient consultations, sexual and reproductive care, emergency room services, and nutritional support. We also improved people's access to water, sanitation, and hygiene services by constructing and rehabilitating infrastructure.

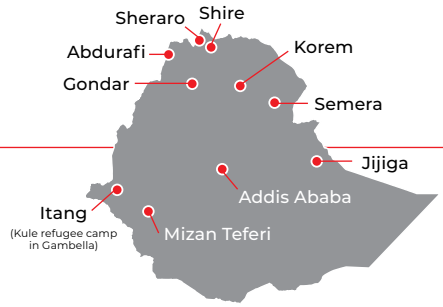
Through the year, people crossed into Gambella region from South Sudan, fleeing several spikes of violence. They arrived either at established camps, settling alongside families who have been displaced for years, or at sites which emerged to accommodate new arrivals. As the number of displaced people grew, cuts to international humanitarian funding by key donors, such as USAID, strained basic services like food distribution, healthcare, and water and sanitation support.

MSF teams continued to run a health centre in Kule refugee camp. In addition to our regular activities at the health centre, which include malaria and sexual and gender-based violence care, we treated newly arrived refugees for violence-related injuries and cholera across Gambella region, and distributed relief items, such as soap and jerrycans. In November, for the first time in Ethiopia, and in a refugee camp globally, we completed the rollout of the malaria R21 vaccine for children under five in Kule.

In Ethiopia's Somali region, repeated failed rainy seasons have turned drought into a daily struggle for survival. MSF teams are screening children for malnutrition, and supporting nutrition and water and sanitation activities with local authorities in Barey district, Afder zone, while also conducting vaccination campaigns to help overstretched health facilities cope with deepening funding cuts. Meanwhile in Tigray, people still live in overcrowded camps, with little access to essentials, three years after the cessation of hostilities in the region. In Shire and Sheraro, our activities included sexual and reproductive healthcare, care for sexual and gender-based violence and mental health conditions, and treatment for neglected tropical diseases. To tackle an outbreak of cholera in hard-to-reach areas, we set up treatment units and improved infection prevention and control measures.

In Korem town, whose region has faced health emergencies such as measles, cholera, and malnutrition while being affected by instability, limited access to health services, and damage to health infrastructure, we provided emergency and referral services, medical supplies, and staff training for maternal and child health services at Korem general hospital. We also donated supplies to four other facilities in the area.

From malaria outbreaks in southeast Ethiopia to childhood malnutrition in Afar, and kala azar, snakebites, and epidemic threats in Amhara, our teams strengthened lifesaving care across Mizan Teferi, Semera, Gondar, and Abdurafi, by responding to urgent medical needs and maintaining support for communities facing recurring health crises.



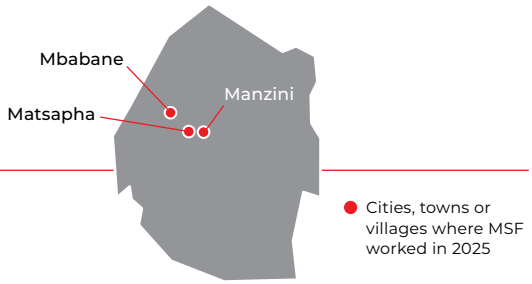
● Cities, towns or villages where MSF worked in 2025
The maps and place names used do not reflect any position by MSF on their legal status.

MSF continues to call for accountability for the deaths of our colleagues

On 24 June 2021, our colleagues María Hernández Matas, Tedros Gebremariam Gebremichael, and Yohannes Halefom Reda were killed on duty in Tigray. Since the Ethiopian authorities have not responded to our repeated requests for a formal and transparent investigation, we released our internal findings in 2025, which confirmed the attack as an intentional killing of clearly identified aid workers. We demand that those responsible for attacking humanitarians are held accountable.

Nyauahial Puoch plays with her child, Nakhan, inside MSF's inpatient therapeutic feeding centre in Kule refugee camp. MSF staff treated Nakhan for malnutrition, as aid cuts had reduced food aid for people in Gambella region. Ethiopia, August 2025. *© Ehab Zawati/MSF*

Eswatini



No. staff in 2025: 108 (FTE) » Expenditure in 2025: €4.6 million
MSF first worked in the country: 2007 » msf.org/eswatini

KEY MEDICAL FIGURES

11,600 outpatient consultations

4,860 consultations for contraceptive services

130 people newly diagnosed with HIV

Sexual and reproductive health services, including HIV prevention and care, remained the focus of Médecins Sans Frontières (MSF) activities in Eswatini in 2025.

HIV continues to be the leading cause of death in Eswatini.[1] It is estimated that one-quarter of the population, and nearly one-third of women aged 15-49, live with the disease.[2]

In 2025, our teams rolled out a new HIV prevention tool, CAB-LA (cabotegravir long-acting), an injectable pre-exposure prophylaxis (PrEP), which provides protection for two months. Along with other long-acting PrEP medications, such as lenacapavir, it could be a game changer in controlling the HIV epidemic if access is ensured for those who need it most.

It has become increasingly difficult for people to obtain innovative preventive treatments, such as long-acting PrEP, in Eswatini, due to the health ministry's over-reliance on external funds. In addition, in 2025, funding from programmes such as PEPFAR[3] became uncertain. For this reason, we supported the integration of CAB-LA within the PrEP regimens in our Sitsandziwe sexual health clinic by securing a number of doses of the medication.

The initial uptake of CAB-LA was promising, with a majority of patients who began using it continuing to do so at the end of 2025, expressing appreciation for the ability to take it discreetly.

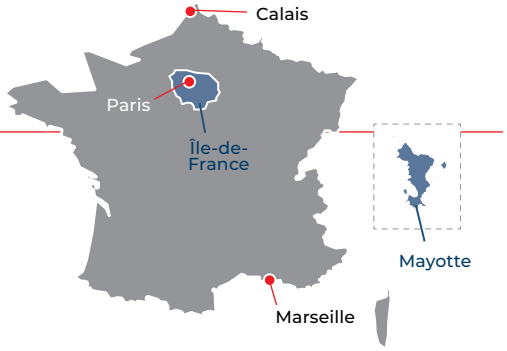
We also continued to run our other HIV counselling, testing, prevention, and treatment activities in Sitsandziwe. The clinic also offered family planning consultations, comprehensive care for sexually transmitted infections and sexual and gender-based violence, mental health support, vaccinations, as well as screening and treatment for cervical cancer and chronic hepatitis. In Manzini city, the capital of Manzini district, an MSF team runs the high-dependency unit in the government hospital, providing care for people with non-communicable diseases.

1 Institute for Health Metrics and Evaluation: https://www.healthdata.org/research-analysis/health-by-location/profiles/swaziland

2 Ministry of Health (MOH), Eswatini, November 2023: phia.icap.columbia.edu/wp-content/uploads/2023/12/241123_SHIMS_ENG_RR3_Final-1.pdf

3 The US President's Emergency Plan for AIDS Relief.

France



No. staff in 2025: 42 (FTE) » Expenditure in 2025: €7.7 million
MSF first worked in the country: 1987 » msf.org/france

KEY MEDICAL FIGURES

12,100 outpatient consultations

970 individual mental health consultations

In France, Médecins Sans Frontières runs support services for migrants, asylum seekers, and refugees, particularly unaccompanied minors. In 2025, we concluded our response to Cyclone Chido on the Mayotte archipelago.

In Calais, northern France, we welcome unaccompanied minors at our day centre, providing them with respite, food, clothing, psychoeducation, and help to access services. Meanwhile, our mobile teams offer medical consultations, referrals, and psychological support to migrants, asylum seekers, and refugees living in precarious conditions, including informal settlements, around the city. In April, we began a collaboration with Utopia 56, a French association, to conduct coastal patrols in northern France, and provide psychological first aid and medical assistance to survivors of shipwrecks or failed attempts to cross the Channel.

In Pantin, northeastern Paris, we provide multidisciplinary support for unaccompanied female minors who have no protection from the state. At our day centre, which is a girls-only space, they have access to medical, psychological, social, and legal assistance tailored to their specific needs.

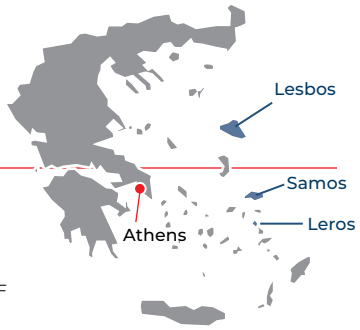
We also have accommodation for around 20 teenage girls living in vulnerable situations, such as girls with complex health conditions or who were previously living on the street.

In Marseille, southern France, we offer shelter and the same range of support services to unaccompanied minors with serious health conditions and mental health needs, in an 18-bed house. In addition, we run a day centre in collaboration with other organisations, where unaccompanied minors can receive respite, medical consultations, referrals, and psychological support.

Following Cyclone Chido, which hit the Mayotte archipelago at the end of 2024, we launched emergency activities to assist people in the worst-affected areas. Between mid-December 2024 and mid-March 2025, our mobile clinics visited informal urban neighbourhoods, focusing on addressing critical needs, such as the lack of access to safe water, and conducting general healthcare consultations.

Greece

No. staff in 2025: 152 (FTE) » Expenditure in 2025: €8.5 million
MSF first worked in the country: 1991 » msf.org/greece



■ Regions where MSF had projects in 2025
● Cities, towns or villages where MSF worked in 2025

KEY MEDICAL FIGURES

22,200 outpatient consultations

2,790 individual mental health consultations

1,170 consultations for contraceptive services

340 people treated for sexual violence

Médecins Sans Frontières (MSF) runs a range of services for migrants, refugees, and asylum seekers in Greece, both at entry points and in reception centres, where services are limited.

While the overall number of people arriving in Greece by sea decreased by 23.4 per cent compared with 2024, many thousands continued to land on islands in the Aegean throughout 2025.[1] During the year, Greece intensified its restrictive approach to migration, exacerbating poor reception conditions. Meanwhile, the authorities also reduced or suspended some services, like housing and cash assistance, that they had previously taken over from the UN and other organisations, leaving many asylum seekers unable to meet basic needs.

On Crete, which was the first entry point for 47 per cent of sea arrivals,[2] MSF conducted medical consultations and distributed hygiene kits to people on disembarkation.

Four thousand people arrived on Lesbos,[3] where MSF continued to offer a range of services, comprising basic healthcare, mental health and psychosocial support, sexual and reproductive healthcare, health promotion activities, and referrals for legal services for people living in Mavrovouni Closed Controlled Access Centre (CCAC).

From January to October 2025, MSF ran a mobile unit delivering the same support in the CCAC and the public hospital on Leros.

Over 5,000 people arrived on Samos,[4] leading to severe overcrowding at the CCAC for several months. Gaps in state provision meant that many people struggled to obtain basic healthcare, while disruptions to referrals left others without access to specialised treatment. MSF ran mobile clinics inside the CCAC and at a day centre in Vathi to increase the availability of care.

MSF also provided emergency medical assistance to people as they arrived on Samos and Lesbos, after either a shipwreck or making landfall, which often happened following several pushbacks, according to their testimonies. This work included offering medical and psychological assistance, and distributing food and other essential items.

In May, after nearly a decade of providing medical, psychosocial, social, and legal support to migrants, asylum seekers, and refugees, we closed our day centre in Athens to refocus our efforts elsewhere in line with our medical-humanitarian work. The centre delivered general healthcare and mental health consultations, as well as treatment for sexual violence.

1 UNHCR: https://data.unhcr.org/en/documents/details/120817
2 UNHCR: https://data.unhcr.org/en/documents/details/120817
3 UNHCR: https://data.unhcr.org/en/documents/details/120817
4 Greek Ministry of Migration and Asylum: https://migration.gov.gr/en/statistika/

Guatemala

No. staff in 2025: 32 (FTE) » Expenditure in 2025: €1.4 million
MSF first worked in the country: 1984 » msf.org/guatemala

● Cities, towns or villages where MSF worked in 2025

KEY MEDICAL FIGURES

1,890 outpatient consultations

260 individual mental health consultations

190 consultations for contraceptive services

29 people treated for intentional physical violence

In 2025, Médecins Sans Frontières (MSF) concluded a project for people on the move in Guatemala, as the number transiting the country declined sharply.

Between January and June 2025, people continued to travel through Guatemala on their way north to the United States. Many arrived exhausted and traumatised after long journeys through Central and South America, having experienced incidents of violence, theft, and sexual assault along the route. Others needed care for respiratory infections, skin conditions, untreated chronic diseases, and gastrointestinal illnesses linked to unsafe water.

MSF teams worked in Esquipulas, near the border with Honduras, and in Tecún Umán, on the border with Mexico, offering general healthcare, psychological support, social work consultations, and health promotion activities. We also treated victims and survivors of sexual violence, providing preventive treatment for infections, emergency contraception, and mental health care. Many patients delayed seeking help due to fear, stigma, or uncertainty about their rights while travelling through the country.

However, by mid-year, the number of people crossing these border points had dropped significantly following changes in US migration policies, and, at times, many of the people we saw were recent deportees.

In October, after observing a sustained reduction in crossings, we ceased activities in both locations. Rather than a reduction in health needs, this decision reflected shifting migration dynamics and increasing challenges in reaching people in need.

Although fewer people are now travelling north through Guatemala, and some have moved back to their places of origin, many remain stranded in the country with limited access to medical services. We will continue to assess how best to allocate our resources to respond to gaps in healthcare in Guatemala as the situation evolves.

Guinea

No. staff in 2025: 204 (FTE) » Expenditure in 2025: €5.9 million
MSF first worked in the country: 1984 » msf.org/guinea

KEY MEDICAL FIGURES

14,500
people receiving HIV antiretroviral treatment

4,650
people with advanced HIV under direct MSF care

2,120
people newly diagnosed with HIV

Médecins Sans Frontières (MSF) has been supporting people living with HIV in Guinea for over 20 years, working to improve treatment and help overcome stigma and barriers to care.

Although Guinea has a relatively low HIV prevalence, accessing high-quality, free, and timely care remains a challenge in the country.

In the capital, Conakry, and the surrounding areas, MSF teams continued to provide medical care for people living with advanced HIV. The Donka unit for care, training, and research, which we manage in the city, offers regular consultations, inpatient treatment, and clinical follow-up for patients in advanced stages of the disease.

In 2025, as well as initiating new patients on antiretroviral (ARV) treatment, we trained healthcare professionals in HIV clinical management, advanced HIV care, prevention of opportunistic infections, and patient support, with the aim of strengthening local capacities to enable the gradual handover of activities to the national health authorities. MSF continued to implement simplified models of care designed to bring treatment closer to patients and communities, including ARV drug distribution points.

During the year, we also scaled up our activities for victims and survivors of sexual violence, supporting free, confidential, and accessible medical and psychosocial care which enables rapid treatment at two Ministry of Health facilities. A majority of patients sought care within the first 72 hours, a critical timeframe for effective treatment.

Other activities in 2025 included responding to emergencies. In August, we provided medical and psychosocial care to people affected by a deadly landslide in Manéah, 40 kilometres northeast of the capital. Our teams also donated mass casualty kits, and provided psychological first aid to three hospitals in Conakry.

In Matoto, one of Conakry's 13 urban communes, MSF helped Saint Gabriel dispensary, an outpatient facility, respond to a measles outbreak. In addition to treating children, we provided logistical support to improve patient flow and isolation measures, and carried out rehabilitation work to upgrade the facility.

Honduras

No. staff in 2025: 118 (FTE) » Expenditure in 2025: €4 million
MSF first worked in the country: 1974 » msf.org/honduras

KEY MEDICAL FIGURES

6,870
outpatient consultations

2,530
individual mental health consultations

530
consultations for contraceptive services

93
people treated for sexual violence

Médecins Sans Frontières completed two significant projects in Honduras in 2025, and reoriented activities to focus on providing sexual and reproductive health services at a health centre in San Pedro Sula.

Following the reduction in the number of people attempting to reach Mexico and the United States, we closed our project in Danlí, near the Nicaraguan border. For four years, we had offered medical, psychological, and social support, as well as health promotion activities, for people on the move through the country.

After releasing mosquitoes carrying *Wolbachia*[1] – an arbovirus[2] prevention strategy implemented in collaboration with the World Mosquito Program, the Ministry of Health, and the National Autonomous University of Honduras – near the capital, Tegucigalpa, in 2024, we completed a study on the results. The study suggests that *Wolbachia* contributed to a significant reduction in dengue incidence during 2024, specifically in the area where the mosquitoes were released.

As a result of these findings, we set up community groups against dengue, and a community-based epidemiological surveillance system. We also completed two chemoprevention activities for arboviruses – residual wall spraying and the installation of larvicide traps – in the La Joya, El Edén, and El Manchén neighbourhoods, in collaboration with the Honduran authorities and the communities.

Throughout the year, we continued to run our sexual and reproductive health services for adolescents in health centres and educational institutions in San Pedro Sula. In this city, we also work to ensure access to comprehensive healthcare for people who engage in sex work and LGBTQI+ individuals, including psychosocial and basic psychiatric care, health promotion, screening and treatment for sexually transmitted infections, human papillomavirus vaccinations, screening for cervical cancer, family planning, pre-exposure prophylaxis to prevent HIV, and treatment for sexual violence.

1 *Wolbachia* is a bacterium that prevents mosquitoes from carrying dengue.

2 Arboviruses are a group of viral diseases that are transmitted to humans by arthropods, mainly mosquitoes. Common examples include dengue, Zika, chikungunya, and yellow fever.

Haiti

No. staff in 2025: 1,959 (FTE) » Expenditure in 2025: €53.4 million
MSF first worked in the country: 1991 » msf.org/haiti

KEY MEDICAL FIGURES

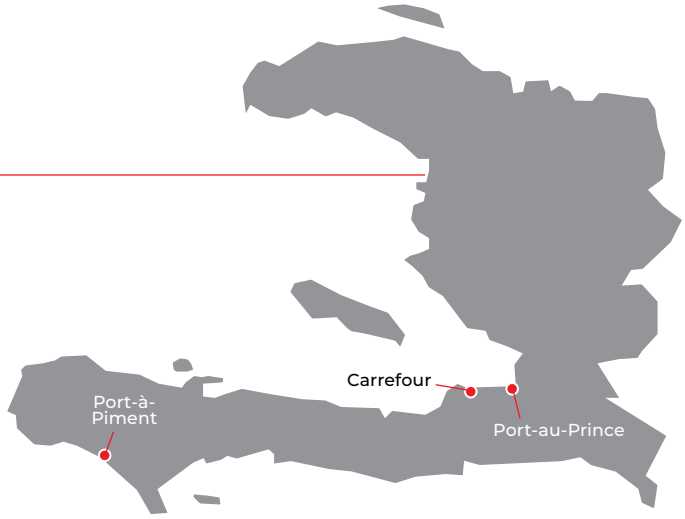
177,900
outpatient consultations

12,800
surgical interventions

4,780
people treated for sexual violence

4,680
people treated for intentional physical violence

2,980
births assisted



● Cities, towns or villages where MSF worked in 2025

As the security situation deteriorated even further in Haiti, Médecins Sans Frontières (MSF) teams delivered vital services, including treatment for trauma, burns, and sexual violence, and maternal and neonatal healthcare.

Since 2021, political instability and armed group violence have reached intolerable levels in Haiti. The Viv Ansanm ('living together') alliance, composed of armed groups that had previously fought each other, has gained control of approximately 85 per cent of the capital, Port-au-Prince.[1] In these neighbourhoods, thousands of residents are completely cut off from basic services such as electricity, water, education, transport, and healthcare, and face the constant danger of being caught in deadly crossfire, with no means of escape.

Port-au-Prince has become a battleground, where violent clashes between these armed groups and the police, backed by community self-defence brigades, are a daily occurrence. In 2025, there was a marked escalation in violence, as private military contractors, whose weapons included explosive drones, were deployed in the city. At the same time, the UN Security Council took the decision to progressively send a 5,550-man 'Gang Suppression Force' to Haiti, replacing the previous Kenyan-led Multinational Support Mission.

Haiti recorded 8,100 murders during the year.[2] Several major hospitals in Port-au-Prince are still closed due to attacks, looting, or insecurity, making access to healthcare extremely challenging. To date, more than 1.4 million people have been displaced, including nearly 400,000 in 2025 alone.[3] Many live in informal sites, in dire conditions, without adequate water and sanitation facilities.

Where possible, MSF continued to work in this volatile context, despite repeated security threats and incidents that disrupted our operations. On 15 March, we were forced to suspend our activities at Carrefour and Turgeau medical centres due to an upsurge in fighting in their immediate vicinity. As our teams were evacuating Turgeau on board an MSF convoy, our four clearly identified vehicles were shot at, at least 15 times, by a man in police uniform. Our colleagues sustained minor injuries, and we decided to suspend all patient referrals in MSF ambulances.

An MSF vehicle, marked with a no-weapons sticker, is riddled with bullet holes after it was intentionally fired upon, along with three other MSF vehicles, during a staff evacuation that was coordinated with the authorities. Port-au-Prince, Haiti, March 2025. *© MSF*

Resimène holds her newborn baby at Isaïe Jeanty maternity centre in Cité Soleil. Port-au-Prince, Haiti, September 2025.
© Marx Stanley Léveillé/MSF

Later in the year, in the absence of sustainable solutions to properly secure our Turgeau medical centre, we had to take the devastating decision to close it permanently, reducing healthcare options even further for people in the city.

Treatment for violence-related injuries

MSF continued to respond to the consequences of armed violence in the capital. During 2025, our medical team in Cité Soleil treated people with violence-related injuries, half of which were gunshot wounds. In our Tabarre trauma and burns hospital, we had to increase our bed capacity from 75 to 90, in order to accommodate the growing number of wounded patients arriving every day.

On 20 September, many wounded patients arrived at Cité Soleil hospital and Isaïe Jeanty maternity hospital, where we also work, following a drone attack in Cité Soleil neighbourhood. The majority of the patients were children and women.

Comprehensive care for sexual and gender-based violence (SGBV)

The escalation in conflict in Port-au-Prince has led to a steep increase in the number of SGBV cases, and in the brutality of the attacks. Since 2021, the Pran Men'm clinic we opened a decade ago to provide comprehensive medical and psychological support for victims and survivors of SGBV has seen a threefold rise in the number of patients.[4] An increasing number of them have reported being assaulted several times in their life, and by multiple aggressors, and that it is becoming more and more difficult to obtain proper care in a timely manner.

We also continued to run our SGBV-related services at Drouillard hospital, in Carrefour, and at Port-à-Piment maternity hospital. In 2025, we also started offering them at Isaïe Jeanty maternity hospital.

Sexual and reproductive health services

The maternal death rate in Haiti remains alarmingly high. South department has one of the highest rates, at 344 deaths per 100,000 births.[5] This is due to a number of factors, such as the lack of functional healthcare facilities, insecurity, and high transport costs, which prevent many women from seeking care.

In response, MSF works in partnership with the Ministry of Public Health and Population, offering emergency obstetric and neonatal services in Port-à-Piment. Our teams assist with births, including those requiring specialist care. To improve maternal healthcare in Port-au-Prince, MSF contributed to the reopening of Isaïe Jeanty maternity hospital, which closed during a wave of violence in 2024. Since March 2025, we have been working with the Ministry of Public Health and Population and other partners to offer assistance with births, outpatient consultations, and contraceptives. We also carried out significant rehabilitation work on the building to increase the bed capacity of the maternity ward.

1 Security Council Report: https://www.securitycouncilreport.org/monthly-forecast/2025-07/haiti-31.php
2 United Nations: https://docs.un.org/en/S/2026/31
3 International Organization for Migration: https://dtm.iom.int/haiti
4 MSF: https://www.msf.org/report-sexual-and-gender-based-violence-port-au-prince
5 Haiti Ministry of Public Health and Population: https://oldwebsite.mspp.gouv.ht/wp-content/uploads/Presentation-Annuaire-Statistique-2023-final-191224-12.pdf (in French)

India

No. staff in 2025: 511 (FTE) » Expenditure in 2025: €9.7 million
MSF first worked in the country: 1999 » msf.org/india

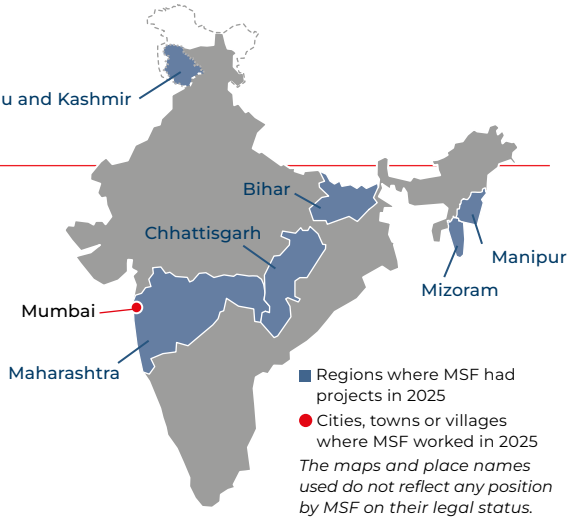
KEY MEDICAL FIGURES

13,700
individual mental health consultations

10,200
malaria cases treated

1,000
people with advanced HIV under direct MSF care

270
people started on treatment for TB, including **13** for MDR-TB



In India, Médecins Sans Frontières (MSF) works to fill gaps in services for marginalised communities, including treatment for infectious diseases, mental health support, and essential healthcare.

In Bihar, people living with advanced HIV have limited options for treatment, and a high death rate due to co-infections with other infectious diseases. Our patients also live with economic vulnerability, intense social stigmatisation related to HIV, and exclusion, all of which impact their ability to access and adhere to treatment. Working with the Bihar state Department of Health and Family Welfare, MSF provides specialised inpatient treatment, including management of physical symptoms, psychosocial support, and palliative care, at Guru Gobind Singh hospital in Patna. We also provide specialised care for people living with HIV, tuberculosis, hepatitis C, and co-infections of the diseases through several clinics in Manipur state, in northeast India. In addition to screening, diagnosing, and treating patients, we also extend care to their families to curb disease spread.

Our clinic in Zokhawthar, Mizoram state, located at the India–Myanmar border, continues to deliver comprehensive general healthcare to displaced and host communities. We also conduct health promotion activities at the clinic, in communities, and in nine settlements and camps in the area, and organise specialist referrals to Champhai district hospital and facilities in Aizawl, the state capital.

The long-standing unrest in Chhattisgarh state entered a new phase in 2025, as government security forces intensified their operations against Maoist rebels. Despite increasing tensions, MSF was able to maintain essential health services for people living in rural villages around Bijapur. Our teams travelled over tough terrain to run regular mobile clinics in six different locations, where we provided treatment for malaria, respiratory infections like pneumonia, skin diseases, and malnutrition, and offered reproductive health services. In Jammu and Kashmir, mental health remains a critical yet often overlooked concern. MSF teams continue to offer counselling services at hospitals and health centres in Pulwama, Srinagar, Tral, and Sopore. Our teams work to raise awareness, promote understanding, and break the stigma of mental illness, and provide practical tools to promote mental wellbeing.

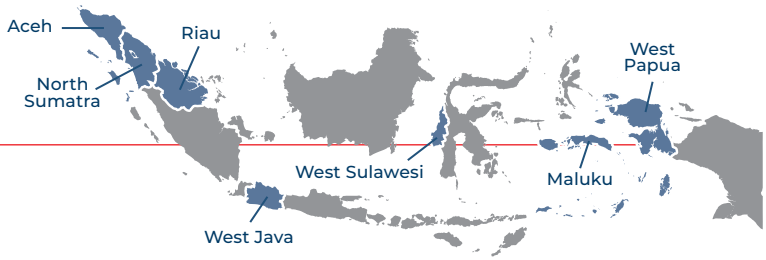
Indonesia

No. staff in 2025: 17 (FTE) » Expenditure in 2025: €0.9 million
MSF first worked in the country: 1995 » msf.org/indonesia

KEY MEDICAL FIGURES

1,860
outpatient consultations

97
mental health consultations provided in group sessions



In Indonesia, Médecins Sans Frontières (MSF) delivered training programmes focused on emergency preparedness and rapid response, and supported the rehabilitation of health centres after Cyclone Senyar.

Throughout 2025, MSF continued to collaborate with the Ministry of Health, provincial and district health offices, health centres, local NGOs, and other partners to deliver training programmes on emergency preparedness and response. The sessions covered medical emergencies, mental health awareness, psychosocial support, medical waste management in healthcare facilities during crises, and the use of geographical information systems and data collection.

We conducted this training through MSF's emergency preparedness project ('E-hub') in Maluku, West Sulawesi, Aceh, and West Java. We made the decision to close the E-hub project at the end of the year, handing over all training tools and materials to the Ministry of Health's Health Crisis Centre.

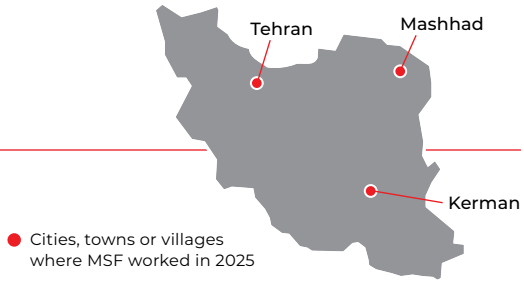
In late November, Cyclone Senyar brought extreme rainfall to parts of Indonesia, Malaysia, and Thailand. In Indonesia, the cyclone triggered catastrophic flooding across three provinces on Sumatra island – Aceh, North Sumatra, and West Sumatra. According to the Indonesian authorities, more than 1,100 people died and over a million were displaced as of late December.MSF responded in close coordination with the Ministry of Health Crisis Centre and local health authorities by providing mobile clinics, psychological first aid, water and sanitation supplies, and support to reactivate healthcare centres. We also distributed hygiene and debris-cleaning kits.

MSF also worked with a local partner to assist Rohingya communities in Aceh and Riau provinces. As well as running mobile clinics, we trucked in clean water and distributed maternal, newborn, and first-aid kits, and provided emergency response training in Pekanbaru, in Riau.

In West Papua, we supplied hygiene kits to a local organisation working in flood-affected communities in Wamena district, Jayawijaya regency. We also conducted medical surveillance for malaria and dengue in the highland villages of Nipsan and Talambo, and training sessions on basic medical care for community partners.

Iran

No. staff in 2025: 120 (FTE) » Expenditure in 2025: €4.2 million
MSF first worked in the country: 1990 » msf.org/iran



KEY MEDICAL FIGURE

59,700
outpatient consultations

Médecins Sans Frontières (MSF) ran three projects in Iran in 2025, providing free medical services to people systematically excluded from the public health system.

In South Tehran, Mashhad, and in Kerman province, MSF teams supported Afghan refugees, migrants, people who use drugs, and other marginalised groups facing major barriers to care. MSF delivered general healthcare consultations, including mental health support, assistance with the management of non-communicable diseases (NCDs), screening for infectious diseases, treatment for hepatitis C, nursing care, and referrals to specialised health services.

The UN refugee agency, UNHCR, estimates that around 2.5 million forcibly displaced people of varying documentation statuses were living in Iran in 2025, including approximately 770,000 registered refugees, the majority of whom are Afghan.[1] Many refugees, other forcibly displaced people, and migrants face stigma, economic barriers, and obstacles to accessing healthcare, as well as the fear of deportation.

In South Tehran, MSF provided general healthcare through fixed and mobile clinics. Our activities included consultations for general and mental health care, sexual and reproductive health services, and hepatitis C screening and treatment. We ran mobile clinics in select locations despite the security constraints surrounding working with marginalised and excluded communities, and expanded hepatitis C activities in government-mandated drug rehabilitation camps.

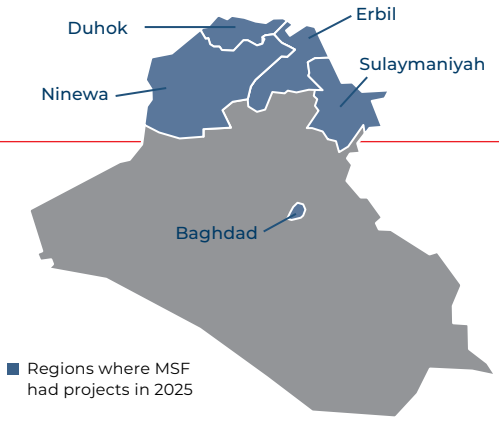
In Mashhad, near the Afghan border, MSF worked with refugees and marginalised communities through a fixed clinic, mobile clinics, and in government-mandated drug rehabilitation camps, offering medical and psychological consultations, follow-up for NCDs, referrals, and hepatitis C services for high-risk groups, such as people who inject drugs, as well as community health promotion.

In Kerman province, to the southeast, MSF focused on improving access to general and specialised care. We continued to provide healthcare activities at the Vahdat clinic, in collaboration with a local partner, and offered financial support for uninsured patients requiring specialist care. In December, we inaugurated a new MSF-supported clinic to increase provision of treatment for communicable and non-communicable diseases, sexual and reproductive health services, and mental health support.

1 UNHCR: https://data.unhcr.org/en/documents/details/121100

Iraq

No. staff in 2025: 392 (FTE) » Expenditure in 2025: €19.2 million
MSF first worked in the country: 2003 » msf.org/iraq



KEY MEDICAL FIGURES

69,000
outpatient consultations

7,920
births assisted

2,940
individual mental health consultations

1,980
antenatal consultations

In 2025, Médecins Sans Frontières (MSF) teams continued to deliver care, particularly to children, women, and people with tuberculosis, in underserved neighbourhoods.

Our teams worked in West Mosul, Ninewa governorate, and in the capital, Baghdad, providing essential services in a health system that is still recovering from decades of conflict and instability.

At Nablus field hospital, we provided comprehensive maternity services, including assistance with deliveries and emergency obstetric care, such as caesarean sections. We also offered emergency paediatric services and neonatal care, ensuring that newborns with complications received timely, lifesaving treatment.

At Al-Ama and Al-Ubur maternity clinics, MSF focused on maternal and reproductive healthcare. Services included antenatal and postnatal consultations, family planning, and health education sessions. Across both facilities, we integrated mental health support into our activities, comprising individual and group counselling, psychological first aid, and health promotion initiatives to address the psychological impact of years of violence and displacement. After years of providing care, and with a final donation of supplies, we handed over the Al-Ama and Al-Ubur maternity clinics to local health authorities in March and October, respectively.

In Baghdad, MSF continued to support the national tuberculosis (TB) programme through collaboration with the National Tuberculosis Institute. Our support included strengthening treatment protocols, training healthcare staff, ensuring a continuous supply of medications, and conducting screening activities in places of detention. These efforts aimed to improve early detection, treatment adherence, and the overall quality of TB care.

Italy

No. staff in 2025: 33 (FTE) » Expenditure in 2025: €2.7 million
MSF first worked in the country: 1999 » msf.org/italy

KEY MEDICAL FIGURES

5,680
outpatient consultations

2,060
individual mental health consultations

280
victims of torture treated

Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

In Italy, Médecins Sans Frontières (MSF) provides medical and psychological care to migrants arriving by sea, many of whom are undocumented and have suffered extreme violence during their journeys.

Throughout 2025, a mobile MSF team was in Agrigento, Sicily, to assist people who had crossed the central Mediterranean Sea by boat. Many people identified as vulnerable, such as people who survived torture or trafficking, people living with disabilities, pregnant women, unaccompanied children, and people with severe physical or mental health conditions, are transferred to reception centres on arrival. Our team provides medical consultations, referrals for specialised care, and psychological support to migrants hosted in these centres.

In Palermo, MSF delivers comprehensive care, combining medical and psychological rehabilitation with social and legal support, for migrants who have survived torture and intentional violence in Libya and along their journeys, in collaboration with the university hospital.

During the year, our teams in Agrigento and Palermo responded to several accidents and shipwrecks off the Sicilian coast by offering psychological first aid to survivors, and to victims' families.

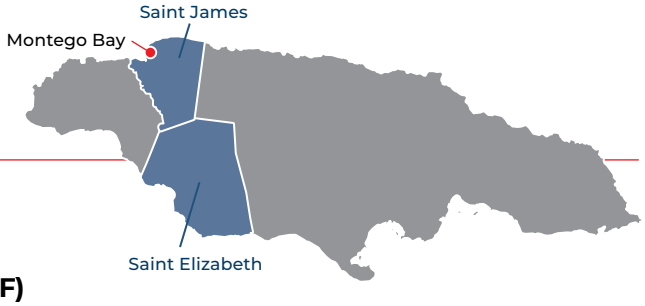
MSF volunteers continued to help migrants, asylum seekers, and marginalised people to access medical services in Palermo, Naples, Rome, Turin, Udine, Milan, and Bari, through dedicated helpdesks.

Jamaica

No. staff in 2025: 2 (FTE) » Expenditure in 2025: €1.4 million
MSF first worked in the country: 2025 » msf.org/jamaica

KEY MEDICAL FIGURE

700,000
litres of chlorinated water distributed



Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

Médecins Sans Frontières (MSF) worked in Jamaica for the first time in 2025, following a powerful hurricane. Our teams rehabilitated health facilities and essential services, and responded to disease outbreaks.

In November, we launched an emergency response in Saint James and Saint Elizabeth parishes in western Jamaica, following the devastation caused by Hurricane Melissa, which affected over 279,000 people.[1] Our response focused on delivering lifesaving emergency healthcare, rehabilitating damaged health facilities, and restoring essential water, sanitation, and hygiene services.

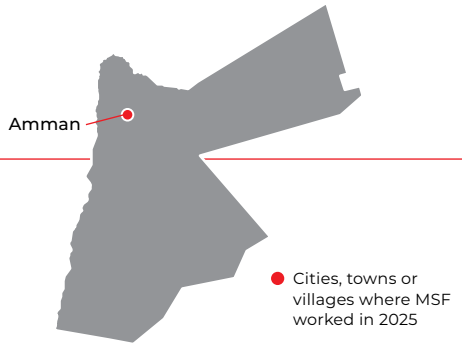
Within a month, we helped to restore services at seven healthcare centres by organising roof repairs and/or re-establishing water supply. With MSF's assistance, Cornwall regional hospital, in Montego Bay, began operating at full capacity after its roof was repaired. Our teams supported 20 healthcare centres, and provided materials, supplies, and transportation for the Ministry of Health to operate 17 mobile clinics in 17 different locations, to reach the most remote areas and affected people. Our support also included donating medical supplies to centres, providing clean water, and distributing essential items and hygiene kits to families.

In addition, MSF helped to tackle an outbreak of leptospirosis, a disease spread through contaminated water and soil. The outbreak in Jamaica was due to flooding and interruptions to the supply of safe water caused by the hurricane. In collaboration with the Ministry of Health, we provided larvicides and personal protective equipment, mapped the spread of the disease, and developed materials to support community-led prevention activities.

We finished our work in Jamaica at the end of the year.

1 OCHA: https://reliefweb.int/report/jamaica/jamaica-hurricane-melissa-situation-report-no-6-2-december

Jordan



No. staff in 2025: 239 (FTE) » Expenditure in 2025: €12.9 million
MSF first worked in the country: 2006 » msf.org/jordan

KEY MEDICAL FIGURES

28,600
outpatient consultations

1,030
surgical interventions

530
patients admitted to hospital

In Jordan, Médecins Sans Frontières (MSF) continued to provide reconstructive surgery, physiotherapy, and mental health care to war-wounded patients from across the Middle East, including medically evacuated children from Gaza, Palestine.

Our reconstructive surgery programme was established in Amman in 2006 to treat victims of the Iraq War, and has since expanded to receive war-wounded patients from Syria, Yemen, Palestine, Somalia, and Sudan. Patients receive specialised care that is often unavailable in their home countries.

Over time, the programme has become a regional referral centre for people living with complex, life-changing injuries. Through it, we provide advanced surgical and rehabilitative treatment for orthopaedic and maxillofacial trauma, burns, and other conflict-related wounds. The hospital also has a highly specialised microbiology and antimicrobial-resistance laboratory that enables the diagnosis and treatment of some of the region's most complex infections linked to war-related injuries.

As the war in Gaza escalated in 2025, MSF increased efforts to medically evacuate war-wounded patients. Despite major administrative constraints imposed by the Israeli authorities, our teams successfully transferred 35 children and 52 caregivers to the hospital in Amman, where they received comprehensive surgical and rehabilitative care.

Our hospital implements a holistic approach to treatment, which comprises physiotherapy, occupational therapy, mental health care, and psychosocial support. In 2025, we continued to develop a peer-support programme, which encourages patients to support each other through their shared experiences of trauma and treatment, and offers them a chance to bond through their rehabilitation.

We have strengthened the programme's patient-centred model of care through vocational training initiatives. Training in skills such as tailoring and barbering has helped patients improve their employability, regain independence, and reintegrate into society.

In addition, we continue to invest in innovations to enhance care and rehabilitation; for example, 3D-printed limb prosthetics and customised burn masks, to help patients recover lost functional abilities and regain autonomy.

Kazakhstan

No. staff in 2025: 12 (FTE) » Expenditure in 2025: €0.7 million
MSF first worked in the country: 1996 » msf.org/kazakhstan

KEY MEDICAL FIGURE

250
individual mental health consultations

In 2025, Médecins Sans Frontières (MSF) continued to develop a project for survivors of violence and ill-treatment in Kazakhstan, with a focus on community engagement.

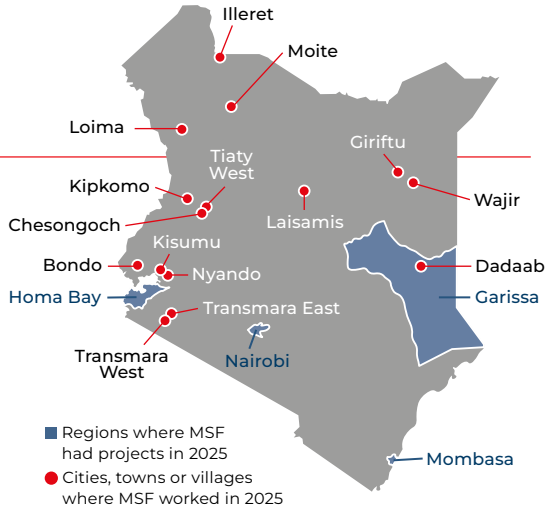
The project, launched in Almaty in 2024, supports vulnerable groups, such as the Kandastar community, ethnic Kazakhs who have returned to Kazakhstan after years or even generations of living abroad. Many of them face challenges integrating into society in Kazakhstan, or suffer from mental health problems that developed during their emigrant life. Specialised care helps Kandastar community members overcome the unique challenges of reintegration by fostering wellbeing and adaptation to life in Kazakhstan.

Our activities include individual mental health consultations, health education, and support with medical referrals, delivered through community-based approaches and collaboration with local partners. Outreach activities, including home visits, and peer support networks help build trust and ensure cultural relevance.

In Malovodnoye, a semi-rural settlement on the outskirts of Almaty, we opened community and health promotion services to assist Kandastar communities in accessing care. Throughout the year, the project helped people overcome barriers, such as language, cost, and transportation constraints. The increased involvement of peer supporters and the establishment of a community advisory board fostered community participation and created space for people to shape the care they receive.

Kenya

No. staff in 2025: 742 (FTE) » Expenditure in 2025: €27.9 million
MSF first worked in the country: 1987 » msf.org/kenya



KEY MEDICAL FIGURES

325,800
outpatient consultations

26,400
vaccinations against measles in response to an outbreak

19,100
patients admitted to hospital

3,560
malaria cases treated

Médecins Sans Frontières (MSF) responded to multiple emergencies in Kenya, including disease outbreaks, devastating landslides, and violent unrest. We also continued our regular projects, delivering lifesaving care to refugees and remote communities.

In response to measles outbreaks in Tiaty West and Moite, Marsabit county, we worked closely with the local health authorities to provide treatment, vaccinations for children, and awareness-raising activities, and to strengthen epidemiological surveillance. In Turkana county, in March, we launched a six-week response to tackle a surge in malaria cases. As well as offering treatment, our teams distributed mosquito nets and trained community health promoters to test for the disease in remote villages. We assisted with cholera responses in Nairobi and Narok by setting up treatment centres, donating medical supplies, conducting community awareness-raising activities, and improving water and sanitisation facilities.

The humanitarian landscape in Dadaab refugee complex evolved amid global funding reductions. Humanitarian organisations and communities worked to mitigate the risk of deteriorating living conditions and reduced access to healthcare. Our teams in Dagahaley camp, within the Dadaab complex, continued to deliver general healthcare and specialist referrals, working at health posts and conducting outreach activities to increase access to care.

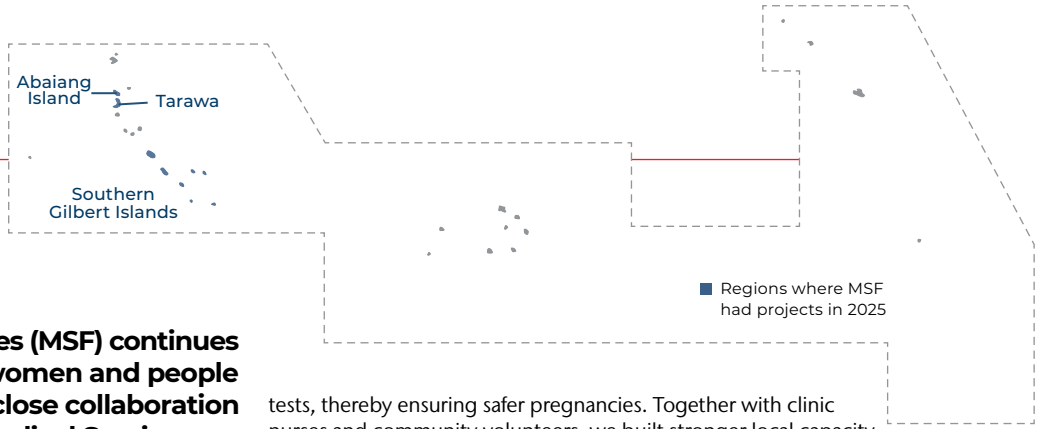
Following deadly landslides in Elgeyo-Marakwet county, we provided emergency medical support, referrals, vaccinations, and relief items, such as jerrycans and soap. We also improved water and sanitation facilities by installing latrines, showers, and solar lighting, and supplying clean water.

Meanwhile, in the capital, Nairobi, we expanded our youth-friendly sexual and reproductive health services by running mobile clinics in the city's informal settlements. We also assisted people with violence-related injuries sustained in anti-government protests in Nairobi and Kisumu, through ambulance referrals and treatment at the trauma clinic in Eastlands. In Homa Bay, our teams offered general, specialist, and palliative care, and supported hospitals with treatment for tuberculosis and non-communicable diseases.

In Wajir and Marsabit counties, we worked to reduce deaths from kala azar, a neglected tropical disease caused by the bite of sand flies, by strengthening treatment, water and sanitation services, and preventive measures in Wajir and Loglogo hospitals. In Mombasa, we supported the response to an mpox outbreak by providing inpatient care and vaccinations, expanding bed capacity for isolation, and improving infection prevention measures in Utange hospital.

Kiribati

No. staff in 2025: 24 (FTE)
Expenditure in 2025: €2.1 million
MSF first worked in the country: 2022
msf.org/kiribati



In Kiribati, Médecins Sans Frontières (MSF) continues to strengthen care for pregnant women and people living with chronic conditions, in close collaboration with the Ministry of Health and Medical Services.

Drought, saltwater intrusion, and sea-level rise have reduced the availability of fresh water and nutritious foods in Kiribati, a remote island nation in the central Pacific Ocean. This has contributed to a range of health issues, including undernutrition among women and children, obesity, and non-communicable diseases, such as gestational diabetes and pregnancy-related hypertension, placing more pressure on an overstretched public health system.

In 2025, MSF conducted health screenings across villages on Abaiang island and Eita, South Tarawa. We also trained community volunteers to identify early signs of malnutrition and monitor children aged six to 59 months for undernutrition and diarrhoeal diseases. MSF refers those found at risk to health centres.

In addition, we trained community volunteers to use tools, such as the CRADLE Vital Signs Alert system, to detect early signs of hypertension, and carry out blood sugar tests for diabetes. In clinics, we worked to improve early detection of gestational diabetes by offering oral glucose tolerance tests, thereby ensuring safer pregnancies. Together with clinic nurses and community volunteers, we built stronger local capacity to identify at-risk women, reducing costly emergency referrals to the capital.

Our water and sanitation team tested wells in Abaiang for salinity and coliform bacteria.[1] The results showed that nearly all were contaminated with coliforms, and 19 per cent were over safe salinity threshold levels for people with hypertension. We integrated these findings, along with GPS data, into a multilayered interactive geographic information system map which we developed with the Ministry of Health and Medical Services. This tool is being used by MSF's water and sanitation team to guide well rehabilitation and improve rainwater harvesting methods.

MSF continues to provide midwifery support and training at Tungaru central hospital. Meanwhile, we concluded our support to pharmacy services at the hospital, which included improving supply, waste, and regulatory processes, in October.

1 Coliform bacteria, while not harmful themselves, suggest the presence of harmful pathogens when found in water systems.

Lebanon

No. staff in 2025: 433 (FTE) » Expenditure in 2025: €24.6 million
MSF first worked in the country: 1976 » msf.org/lebanon

KEY MEDICAL FIGURES

225,400
outpatient consultations

22,800
consultations for diabetes

21,500
consultations for high blood pressure

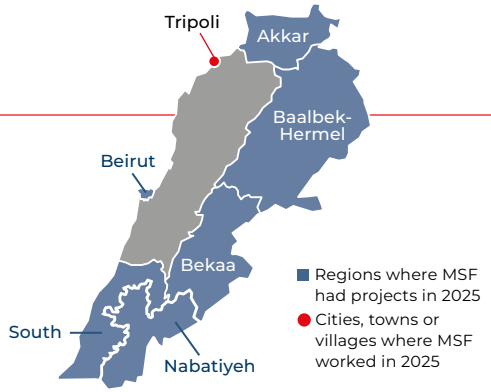
11,800
individual mental health consultations

Médecins Sans Frontières (MSF) teams in Lebanon support communities facing barriers to healthcare, including refugees, displaced families, and migrant workers.

Most people who had been displaced by the Israel-Hezbollah conflict managed to return to their areas of origin, but not necessarily to their homes. Despite the November 2024 ceasefire agreement, Israeli attacks on the country continued in 2025, preventing people's recovery and taking a further toll on their mental health.

In war-affected areas, civilian infrastructure, including healthcare facilities, was severely damaged or destroyed. We sent mobile clinics to conduct general and mental health consultations for people struggling to access medical services in Nabatiyeh, South, Bekaa, and Baalbek-Hermel governorates. We also rehabilitated three health centres in South governorate to restore care for returnees and displaced people who otherwise would have gone without.

While some Syrian refugees who had been living in Lebanon returned to Syria, there were several new influxes of people during 2025, seeking refuge from violence and fears of persecution back home. To respond to the immediate health needs of refugees arriving over the northern and northeastern borders, we sent mobile clinics into Baalbek-Hermel and Akkar governorates.



In Tripoli, a city in North governorate experiencing severe economic hardship, we maintained our support to a network of healthcare centres, which included donating medicines and providing technical and financial support. Our clinics in Hermel and Arsal in Baalbek-Hermel, and Burj Hammoud and Burj Al-Barajneh, in the suburbs of Beirut, offered comprehensive health services to communities who are otherwise excluded from care, such as Palestinian and Syrian refugees, and migrant workers from sub-Saharan Africa and southeast Asia. Issues such as the high cost of medical care, a lack of local facilities, and uncertain legal status can prevent them from accessing services.

At the end of the year, we closed our Burj Al-Barajneh clinic, where we had been working for more than a decade, as part of our strategy to move towards supporting public health facilities providing similar services to the community.

Liberia

No. staff in 2025: 41 (FTE) » Expenditure in 2025: €1.9 million
MSF first worked in the country: 1990 » msf.org/liberia

KEY MEDICAL FIGURE

2,970
people received care for mental health conditions or epilepsy

Médecins Sans Frontières (MSF) runs a project for people living with mental health and neurological conditions in Liberia. Opened in 2017, the project works to improve medical and psychosocial support for patients.

We work in five health facilities in Montserrado county, in collaboration with Ministry of Health clinical staff. MSF psychologists work with neurologists and psychiatrists from the Ministry of Health to provide care on an outpatient basis to people with epilepsy and mental health conditions. Our team supports people with epilepsy to manage their symptoms, and offers diagnosis and treatment to mental health patients.

Depending on the level of care required, we also organise referrals to general healthcare centres or the psychiatric hospital. In addition, our psychosocial support workers and health volunteers work with patients' families and communities to address the social stigma endured by people who live with neurological and mental health conditions.

The project implements our 'people and patients as partners' approach, which aims to actively involve patients in decision-making about their own care plan, in collaboration with the Ministry of Health.

Libya

No. staff in 2025: 46 (FTE) » Expenditure in 2025: €4.6 million
MSF first worked in the country: 2011 » msf.org/libya

KEY MEDICAL FIGURES

3,040
outpatient consultations

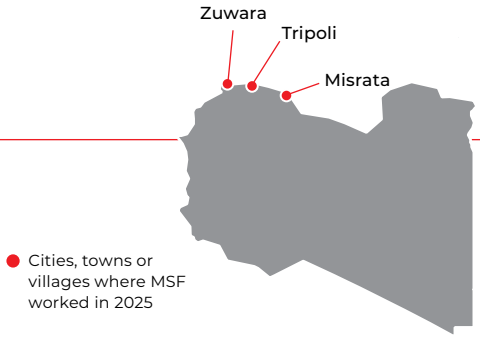
590
antenatal consultations

77
people started on treatment for TB

Médecins Sans Frontières (MSF) provided healthcare to migrants and refugees in Libya until March 2025, when the Libyan authorities suspended our activities as part of a crackdown on international organisations.

MSF was offering basic healthcare, diagnosis, and treatment for tuberculosis (TB), mental health support, and sexual and reproductive health consultations to refugees, asylum seekers, and migrants who have no access to medical services in the country.

During the first three months of the year, we conducted general medical consultations and protection services, such as identifying minors and advocating for their release, in a detention centre near the capital, Tripoli. Along the coast in Zuwara, our general medical and sexual and reproductive health services were open to both Libyan and non-Libyan patients. Our teams also referred patients requiring specialist services to other organisations in Tripoli. Although we were forced to suspend operations at the end of March, patients we had identified with particularly complex or severe conditions continued to be evacuated by UNHCR, the UN refugee agency, to Italy via a humanitarian corridor through the end of the year.



In Misrata, our teams had been working at the Misrata chest hospital with the Ministry of Health since 2022, mainly treating patients with TB, including multidrug-resistant TB, and supervising staff and testing activities. Between the end of 2024 and the beginning of 2025, we handed over the management of the hospital's TB unit to the Ministry of Health, while a team remained to provide technical support.

On 27 March 2025, MSF was instructed to suspend activities in Libya following the closure of our premises by the Libyan Internal Security Agency and the interrogation of several members of our staff. This wave of repression also affected nine other humanitarian organisations operating in the west of the country. In October 2025, MSF was ordered, in a letter from the Libyan Ministry of Foreign Affairs, to leave the country. No reason was given to justify our expulsion, and the process was unclear. We continued to engage with the authorities, and we received an authorisation to restart our activities in January 2026.

Madagascar

No. staff in 2025: 142 (FTE) » Expenditure in 2025: €4.7 million
MSF first worked in the country: 1987 » msf.org/madagascar

KEY MEDICAL FIGURES

102,900
outpatient consultations

35,100
malaria cases treated

5,250
children admitted to outpatient feeding programmes

3,240
families received relief items

Emergency response is a core activity for Médecins Sans Frontières (MSF) in Madagascar, a country vulnerable to extreme weather events, and the associated risks of malaria and malnutrition.

Early in the year, tropical cyclones Honde and Jude struck the southwest of the country, affecting thousands of people.[1] Severe flooding also hit the capital, Antananarivo, following heavy rains. MSF teams launched emergency responses in Toliara II and the capital, providing medical care through mobile clinics and essential items, such as hygiene kits. In Toliara II, we also donated materials to rehabilitate health facilities damaged by the cyclones.

In Ikongo district, MSF responded to an increase in malaria cases through mobile clinics, awareness-raising activities, and the distribution of mosquito nets. In this remote area, where access to healthcare is limited, malaria and malnutrition remain persistent threats. Cyclones and heavy rains worsen living conditions and prevent people from travelling to health facilities.

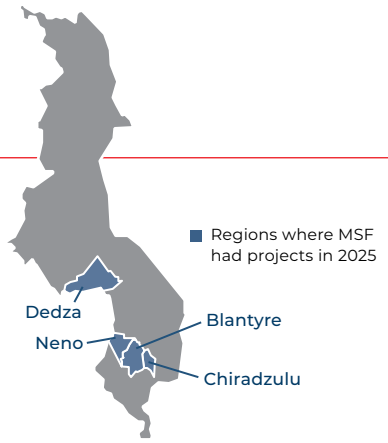
In the last quarter of 2025, our teams responded to two emergencies in eastern Madagascar. In Mananjary district, we distributed essentials items to families after a major fire broke out, affecting more than 1,700 households. In Ikongo, in response to an alarming rise in malnutrition cases, we expanded our activities to nine additional health centres and 22 outpatient therapeutic feeding centres.

During the year, in collaboration with local communities and partners, including Ny Tanintsika and Health in Harmony, we began providing care as part of the Fagnimbogna project in Ikongo district. The medical activities were developed based on needs that communities expressed through the project's participatory approach. We are now working to provide care to children under 15 years old and pregnant women, reinforcing local health services.

1 UNFPA: https://madagascar.unfpa.org/fr/publications/situation-report-mois-de-mars-2025

Malawi

No. staff in 2025: 316 (FTE) » Expenditure in 2025: €7.4 million
MSF first worked in the country: 1987 » msf.org/malawi



KEY MEDICAL FIGURES

28,700 outpatient consultations

5,550 screenings for cervical cancer

2,150 individual mental health consultations

1,260 surgical interventions

In Malawi, Médecins Sans Frontières (MSF) implements a comprehensive model of prevention and care for cervical cancer, and supports two community-based organisations for people who engage in sex work.

In Malawi's second-largest city, Blantyre, and the surrounding district, we have worked closely with the health authorities to develop a comprehensive cervical cancer programme that comprises basic and advanced prevention, diagnosis, and treatment, as well as palliative care. Patient-centred activities, such as mental health support, education sessions, physiotherapy, and social support, are also part of the programme. For the second consecutive year, we were able to refer patients to a private radiotherapy centre in Blantyre.

In 2025, MSF finalised the PAVE[1] study, which was implemented in 10 health centres and a mobile clinic, where we supported cervical cancer screening and treatment. This study, which was developed in nine countries, aims to evaluate a screen–triage–treat strategy using self-sampled HPV testing and AI-assisted visual evaluation to better detect and manage precancerous cervical lesions in resource-limited settings.

In Dedza and Zalewa, we work alongside two community-based organisations run by people who engage in sex work and former MSF staff, providing sexual and reproductive health services. We offer screening and treatment for sexually transmitted infections, cervical cancer screening, contraceptives, mental health counselling, and HIV prophylaxis. In 2025, we participated in a research study on injectable pre-exposure prophylaxis (PrEP), and subsequently improved the model of care for women who are receiving care from MSF and require HIV PrEP. They no longer need to take an oral drug every day; instead, they receive an injectable version every three months.

In 2025, MSF also provided emergency support to refugees from Mozambique in Nsanje by building latrines and showers, distributing hygiene kits, and running health promotion sessions.

1 Papillomavirus and Automated Visual Evaluation.

Malaysia

No. staff in 2025: 71 (FTE) » Expenditure in 2025: €3.1 million
MSF first worked in the country: 2004 » msf.org/malaysia

Regions where MSF had projects in 2025

KEY MEDICAL FIGURES

18,900 outpatient consultations

4,700 antenatal consultations

1,730 individual mental health consultations

52 people treated for sexual violence

In Malaysia, Médecins Sans Frontières (MSF) assists refugees, primarily the Rohingya community, who face systemic barriers to healthcare.

Between January and October 2025, over 5,100 Rohingya refugees undertook dangerous sea and river crossings – navigating the Naf River, the Bay of Bengal, and the Andaman Sea.[1] The Malaysian coastguard routinely intercepted and pushed boats back, capsizing them, or forcing them to return to Myanmar or Bangladesh. The Rohingya community in Malaysia has grown from approximately 5,000 in the 1990s to more than 200,000 today,[2] reflecting decades of persecution and displacement.

Malaysia's non-signatory status to the 1951 Refugee Convention leaves this community exposed to immigration raids, arbitrary arrest, prolonged detention, discrimination, and deportation. While the government has taken steps to transfer detained mothers and children from immigration detention centres (IDCs) to dedicated facilities, sustainable and humane alternatives to detention have yet to be established.

We reach the most vulnerable – women and children without a registration card from UNHCR, the UN refugee agency – through a fixed clinic in Butterworth, Penang, and six mobile clinics across Penang and Kedah. Our services include general healthcare, treatment for sexual and gender-based violence, mental health support, health awareness sessions, routine vaccinations for children, and specialist referrals to other facilities. We also refer patients to UNHCR, where registration enables access to healthcare at reduced cost. Demand for antenatal care and family planning remains consistently high.

In two IDCs in Kedah and Perak, we provide medical and psychosocial care, distribute essential hygiene items, including soap and sanitary pads, and conduct training for immigration officers and medical assistants on medical and mental health issues.

Advocacy at state and federal levels remains central to MSF's work in Malaysia. We continue to oppose the detention of refugees in IDCs, and call for refugees to be issued identity documents, enabling them to work, access healthcare, and be better protected from exploitation and discrimination.

1 IOM: https://dtm.iom.int/sites/g/files/tmzbdl1461/files/reports/RDH_RBA_Factsheet_Intraregional_2025.pdf

2 Lowy Institute: https://www.lowyinstitute.org/the-interpreter/rohingya-boats-out-mind-still-coming

Mali

No. staff in 2025: 1,457 (FTE) » Expenditure in 2025: €46 million
MSF first worked in the country: 1992 » msf.org/mali

KEY MEDICAL FIGURES

582,500
outpatient consultations

63,800
patients admitted to hospital

2,430
surgical interventions

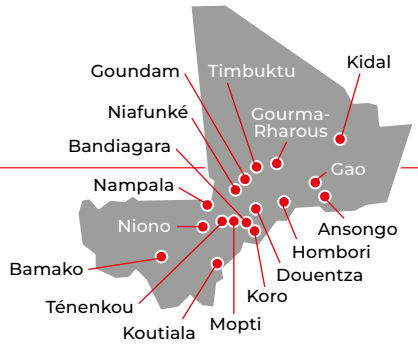
820
people treated for intentional physical violence

Amid escalating conflict, Médecins Sans Frontières (MSF) teams in Mali continued to deliver lifesaving care to people affected by displacement and violence, and run essential health services, particularly for women and children.

In 2025, thousands of families were displaced by targeted attacks on communities and violent clashes between the Malian army, its partners, and non-state armed groups. MSF teams working around Niafunké, Kidal, Ténenkou, Nampala, and Koro reported that most of these families were displaced to areas with little access to healthcare and other basic services.

We maintained our regular activities throughout the year, supporting health facilities to provide paediatric, maternal, and nutritional care, sexual and reproductive health services, and emergency surgery for victims of violence. We also donated medical supplies and medicines. As the attacks intensified in 2025, we treated many patients with violence-related injuries.

In Koro, we assisted refugees from Burkina Faso by offering basic healthcare, distributing household kits containing items such as soap and cooking equipment, and constructing water points, latrines, and showers.



● Cities, towns or villages where MSF worked in 2025

We also trained healthcare staff and rehabilitated health facilities in Niono, Niafunké, Ténenkou, and Douentza health districts, and continued to run our community-based health services for people living in remote areas who struggle to obtain medical care.

In the capital, Bamako, we worked with the Ministry of Health to improve diagnosis and treatment for women with breast and cervical cancers. This included providing chemotherapy at Point G hospital.

In September, the Groupe de Soutien à l'Islam et aux Musulmans imposed a blockade, preventing the importation of fuel from neighbouring countries. This had numerous consequences for our medical activities: some people were unable to reach health facilities to seek care; patient referrals became slower and more costly; and there were power shortages in some hospitals.

Despite these issues, and other challenges, such as access constraints and physical attacks, our teams made every effort to maintain activities across the country, especially as reduced international funding and the withdrawal of several humanitarian organisations further diminished the provision of services and assistance.

Mauritania

No. staff in 2025: 67 (FTE) » Expenditure in 2025: €5 million
MSF first worked in the country: 1992 » msf.org/mauritania

KEY MEDICAL FIGURES

38,000
outpatient consultations

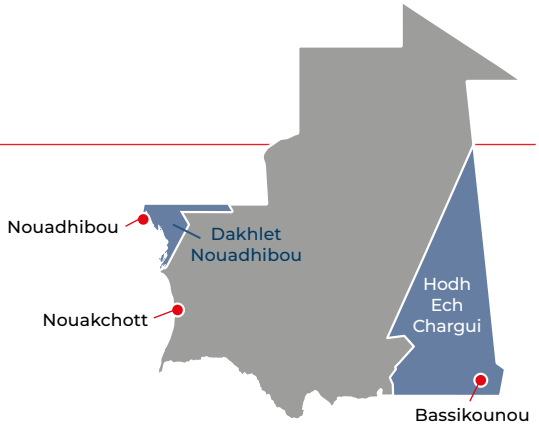
2,100
antenatal consultations

81
people treated for intentional physical violence

In 2025, Médecins Sans Frontières (MSF) scaled up medical and humanitarian assistance for Malian refugees and people on the move through Mauritania.

Our teams provided care to refugees, asylum seekers, and migrants attempting to make the perilous Atlantic crossing from the Mauritanian coast, and to Malians seeking safety in the southeastern region of Hodh Ech Chargui.

In Nouadhibou, MSF offered medical and psychological assistance to migrants on boats intercepted while heading towards the Canary Islands. While the Spanish authorities reported a drop in the number of arrivals from Mauritania during 2025,[1] in part due to increased maritime surveillance and stricter enforcement by Mauritanian authorities, many people continued to attempt the sea route, leaving from other West African countries to reduce the risk of interception. Some of our patients reported being on board for up to 15 days with no water, and fearful of drowning because they did not know how to swim. Others witnessed people dying during their boat journeys, and saw bodies being thrown into the sea. In Nouadhibou, our teams also ran outpatient activities, including mental health support and referrals for social services, for people transiting Mauritania on their way north to Europe.



■ Regions where MSF had projects in 2025
● Cities, towns or villages where MSF worked in 2025

In southeastern Mauritania, there were repeated influxes of refugees from Mali, seeking respite from the extreme violence in their country. They often arrived in a state of exhaustion, traumatised by their experiences, and settled in villages and informal camps without adequate services. Our teams worked in these areas, providing general and specialised healthcare for victims of violence. We gradually added other services during the year, including mental health and social support, and a community network to identify and refer victims of violence. We switched from running a system of mobile clinics to supporting healthcare facilities in Douenkara, Fassala, Aghor, and Tinagwitine, with general and paediatric healthcare, reproductive and sexual health consultations, vaccinations, treatment for severe acute malnutrition, and specialist referrals to Bassikounou and Neima hospitals. These services were also open to Mauritanian patients.

1 RTVE: https://www.rtve.es/noticias/20260102/desplome-ruta-canaria-caer-426-llegadas-irregulares-2025/16881023.shtml (in Spanish)

Mexico

● Cities, towns or villages where MSF worked in 2025

No. staff in 2025: 229 (FTE) » Expenditure in 2025: €10 million
MSF first worked in the country: 1985 » msf.org/mexico

KEY MEDICAL FIGURES

39,000
outpatient consultations

8,370
individual mental health consultations

370
antenatal consultations

180
people treated for sexual violence

In 2025, as migration dynamics in Mexico shifted sharply, Médecins Sans Frontières (MSF) adapted operations to provide care to people remaining in the country, as well as local communities.

The new United States (US) administration that came into power in January implemented policies that had a severe impact on people travelling the Central American migration route, including an increase in deportations and a significant reduction in movement across the entire region. In particular, the closure of the CBP One mobile app, through which people booked asylum appointments to enter the US, reshaped humanitarian needs across Mexico.

To adapt to these changes, we closed projects in Coatzacoalcos, Reynosa, and Matamoros, where for more than seven years we had focused on assisting people in transit or waiting at the border. As people were unable to continue their journeys and remained in Mexico, they faced uncertainty about their futures, legal obstacles, and difficulties in obtaining healthcare. Consequently, our activities shifted from emergency aid to addressing the chronic medical and psychological needs of people left in legal and social limbo.

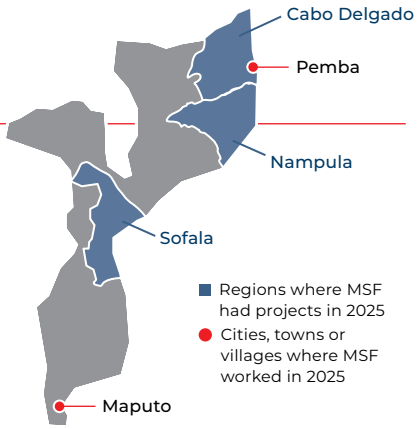
Mexico City and other urban centres became places of reception and long-term stay rather than points of transit. In response, MSF continued working in the capital, and in Tapachula, to support people no longer on the move, but trying to rebuild their lives. On the northern border, in Ciudad Juárez, we reoriented our activities towards victims of violence. Our Comprehensive Care Centre in Mexico City remained central to our work in the country, with teams there providing multidisciplinary care – comprising medical, psychiatric, and psychological care, social work, and physiotherapy – to victims and survivors of extreme violence, torture, and sexual assault.

Across all our projects, including an emergency response in Hidalgo state after the devastation caused by Hurricane Priscilla, we broadened our approach to include not only migrants and internally displaced people, but also local communities with limited access to healthcare due to socioeconomic and geographic barriers. We adapted our activities in fixed facilities and mobile clinics to reach dispersed and often invisible communities, while mental health care became increasingly important as people endured prolonged displacement and trauma.

A patient sees an MSF staff member for a consultation at a mobile clinic in Ciudad Juárez. Mexico, April 2025.
© Yotibel Moreno/MSF

Mozambique

No. staff in 2025: 706 (FTE) » Expenditure in 2025: €18.5 million
MSF first worked in the country: 1984 » msf.org/mozambique



KEY MEDICAL FIGURES

180,200
outpatient consultations

19,200
patients admitted to hospital

10,800
births assisted

3,650
individual mental health consultations

Médecins Sans Frontières (MSF) continued to respond to a deteriorating humanitarian situation in Mozambique, driven by escalating armed violence, recurrent climate shocks, and widespread disease outbreaks.

As the conflict in Mozambique entered its eighth year, attacks by Islamic State - Mozambique intensified in Cabo Delgado and Nampula provinces, triggering widespread fear, and three waves of displacement between July and December, during which around 300,000 people fled their homes.[1] Many were displaced multiple times, sometimes returning to camps they had left years earlier. The high levels of insecurity put an additional strain on the already fragile health system, further reducing access to essential services for displaced people and host communities.

MSF conducted a range of activities in 2025 to fill gaps in healthcare. Across all our projects and emergency responses, we ensured the integration of prevention, diagnosis, and treatment for HIV, tuberculosis (TB), and malaria, leading causes of death in Mozambique.

Cabo Delgado remains the epicentre of the crisis. In Macomia, we resumed activities we had suspended following an attack in 2024, relaunching mobile clinics and constructing what is now the only operating theatre in the district at a Ministry of Health facility, bringing care that would otherwise be two hours away. In Muidumbe and Nangade, we worked in local health centres and trained community health workers. In Mueda, we provided medical staff, supplies, and technical assistance to deliver emergency maternal, paediatric, neonatal, and mental health care, as well as referrals, at the rural hospital. In Palma, we temporarily suspended our mobile clinics and outreach activities during peaks of insecurity. Likewise, in Mocímboa da Praia, one of the conflict's hotspots, we ceased operations in September due to attacks and threats. We gradually resumed work in December, focusing on critical hospital services, mental health, and outreach.

Mental health care remained a core component of our work. As well as conducting individual and group consultations, we trained community members to increase awareness and acceptance, and health staff to improve referral systems.

Early in 2025, we wound up our emergency response to Cyclone Chido, which had caused major damage to health facilities and water systems, and spikes in malaria and diarrhoeal diseases. Our teams supported recovery by restoring essential services and offering psychosocial support.

In Beira, Sofala province, we handed over the sexual and reproductive health project that we had been running for over a decade to the Ministry of Health, marking the end of our major contributions to HIV prevention and treatment in the area.

In June, we also concluded regular activities in Nampula, where we had worked to improve care for malaria and neglected tropical diseases, including surgery for hydrocele, a complication of a tropical parasitic disease called filariasis, which causes an abnormal accumulation of fluid in the testicles. We remain ready to provide support during new emergencies.

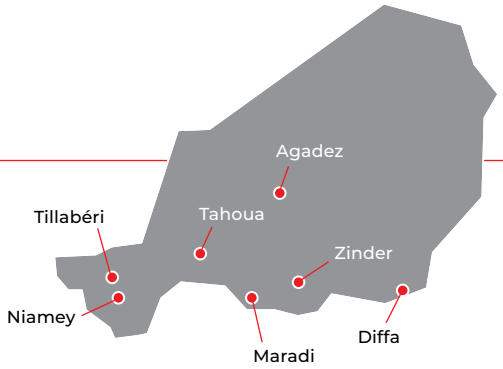
Between July and December, in Chiúre, Mueda, Mocímboa da Praia, and Eráti districts, MSF provided medical consultations, maternity care, screening for malnutrition, mental health support, referrals, and water, sanitation, and hygiene services to displaced and host communities. In addition, we supported the Ministry of Health to tackle several cholera outbreaks across Cabo Delgado and Nampula.

1 UN OCHA: https://www.unocha.org/publications/report/mozambique/mozambique-cabo-delgado-nampula-niassa-provinces-humanitarian-snapshot

Alzarete, an MSF mental health counsellor, and José Severino, an MSF mental health promoter, introduce a colouring activity to children, to help them identify their emotions and be referred for mental health consultations if needed, at the Micone temporary resettlement centre in Chiúre. Mozambique, August 2025. *© Marília Gurgel/MSF*

Niger

No. staff in 2025: 1,987 (FTE) » Expenditure in 2025: €60.6 million
MSF first worked in the country: 1985 » msf.org/niger



● Cities, towns or villages where MSF worked in 2025

KEY MEDICAL FIGURES

1,421,300 outpatient consultations, including **890,800** for children under 5

809,300 malaria cases treated

26,900 children admitted to inpatient feeding programmes

14,500 births assisted

In 2025, Médecins Sans Frontières (MSF) brought care to people affected by malnutrition, violence, forced displacement, and seasonal disease across seven regions of Niger.

Communities in Niger continue to face health and humanitarian emergencies linked to armed conflict and natural hazards, which are both exacerbated by climate change. In collaboration with the Ministry of Health, MSF worked across our projects to improve access to community-level, general, and specialist healthcare. We also distributed drinking water and essential items, such as hygiene kits, to families, and helped rehabilitate healthcare facilities.

During the peak malaria season, which occurs annually between June and October, we scaled up our activities to support treatment in public hospitals in seven regions. In Tahoua, we responded in isolated areas, and those affected by armed conflict. In addition to working in Madaoua district hospital and three temporary paediatric units in the region, we engaged community volunteers and conducted community awareness as aspects of our malaria and malnutrition response. We also had a particular focus on malaria-related activities, including treatment, community outreach, and patient referral, in Niamey and Zinder regions.

Insecurity, failed crops, and forced displacement continue to have a severe impact on children's nutrition in Niger. In response to people's acute needs, MSF runs some of our largest malnutrition projects globally in the country. In Magaria district, Zinder, torrential rainfall causing flooding or the overflow of the Kori de Korama wetland contributes to malnutrition. We worked in the paediatric unit of the district hospital, providing care to children with severe malnutrition. In Maradi region, we integrated the distribution of a fortified flour mixture, called *Garin Yara*, which supports healthy growth, strengthens the immune system, and helps address nutrition deficiencies, into our malnutrition activities in five health areas of Madarounfa. This included community sessions for caregivers to learn about its use.

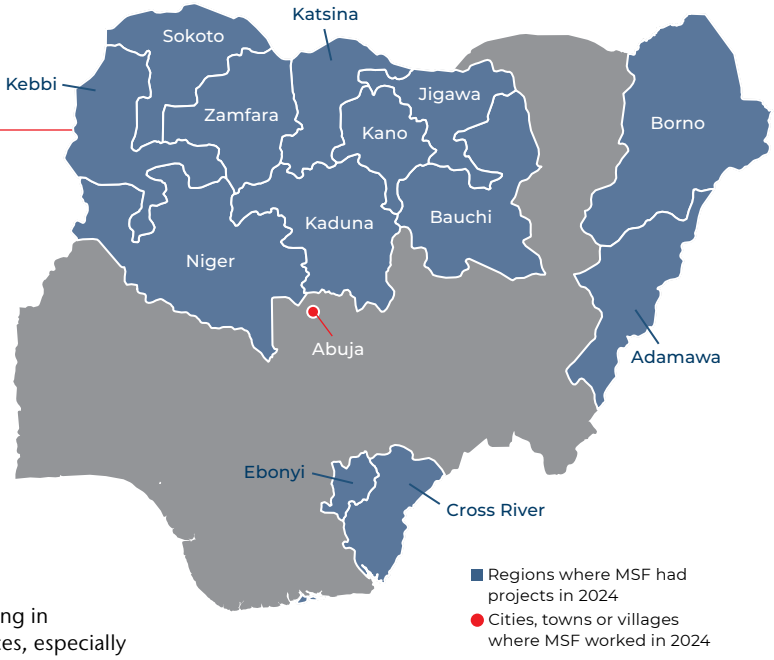
Throughout 2025, we also worked to improve people's access to specialised care, in particular in Diffa and Tillabéri regions. In Diffa, MSF introduced hydroxyurea, an oral chemotherapy drug, to provide a better treatment option to children with sickle cell disease. In Tillabéri, we opened a second operating theatre at Téra hospital, and rehabilitated the operating theatre for caesarean sections in Banibangou. This strengthened surgical capacity, and helped reduce referrals in an area where volatile security conditions can make medical evacuations risky.

MSF teams also worked to bring care to displaced people in Niger. This included expanding our activities in Téra, Tillabéri region. In Agadez region, we continued to assist migrants by providing psychological support, facilitating access to healthcare, and distributing hygiene kits and blankets. In addition, MSF teams carried out search and rescue operations for migrants who had been violently pushed back into the desert from Libya and Algeria, and referred them to facilities where we work in Assamaka for medical and psychological care.

Haram, an MSF nurse, provides treatment to a girl with sickle cell disease at the mother and child health centre in Diffa. Niger, May 2025.
© Ousseina Harouna/MSF

Nigeria

No. staff in 2025: 3,384 (FTE) » Expenditure in 2025: €90.2 million
MSF first worked in the country: 1996 » msf.org/nigeria



KEY MEDICAL FIGURES

1,943,100
outpatient consultations

881,500
routine vaccinations

436,200
malaria cases treated

357,100
admissions of children to outpatient feeding programmes

230,600
patients admitted to hospital

89,800
children admitted to inpatient feeding programmes

39,200
births assisted

32,600
people treated for measles

4,790
surgical interventions

In Nigeria, Médecins Sans Frontières (MSF) expanded activities to address malnutrition, and assist communities affected by violence, disease, and a lack of healthcare, with a focus on providing care for women and children.

Millions of people in Nigeria are living in increasingly vulnerable circumstances, especially in the northern states, where ongoing conflict, poverty, and climate shocks, such as flooding, are taking a severe toll on their health.

Our teams worked in 12 of Nigeria's 36 states in 2025, running a wide range of services, including paediatric and maternal healthcare; treatment for malnutrition, malaria, tuberculosis, and sexual violence; mental health support; reconstructive surgery for obstetric fistula and noma; and emergency responses during disease outbreaks. In reaction to surging needs, driven by increasing insecurity and diminishing international aid, we scaled up our activities throughout the year.

Tackling the malnutrition crisis across northern Nigeria

Communities in northern Nigeria endured yet another year of catastrophic malnutrition, with the peak season lasting longer than in recent years. Our teams reported that malnutrition rates and admissions were persistently high, and that patient numbers had risen each year since 2022.

Our teams treated hundreds of thousands of severely malnourished children in inpatient and outpatient therapeutic feeding centres across seven northern states. As well as medical stabilisation, we provided physiotherapy in Kano and Katsina states, using structured play therapy and motor stimulation to address muscle wasting, developmental delays, and restricted movement in recovering children. We also distributed nutritional supplements to children in Katsina as an emergency prevention measure.

Additionally, in Katsina, we began a partnership with an organisation in August to offer cash-for-food assistance to caregivers of children with malnutrition. These funds help families purchase nutritious food and cover travel expenses for essential medical follow-up, significantly reducing the risk of relapse.

Recognising the link between maternal and child health, we integrated mental health sessions and nutritional support for caregivers into paediatric feeding programmes.

Mubarak, an MSF physiotherapist, helps Usman to walk with a push-toy at an MSF-supported inpatient therapeutic feeding centre. Kano state, Nigeria, May 2025.
© Abba Adamu Musa/MSF

A hospital staff member collects decontaminated rubber boots at the MSF-supported Lassa fever treatment centre in Abubakar Tafawa Balewa University teaching hospital. Bauchi state, Nigeria, February 2025.
© Isaac Buay/MSF

Responding to emergencies and infectious disease outbreaks

During the year, MSF responded to recurrent outbreaks and surges of cholera, measles, malaria, diphtheria, and Lassa fever across northern Nigeria. These outbreaks are often exacerbated by malnutrition, low vaccination coverage, poor living conditions, and limited access to healthcare.

Between February and April, MSF teams treated patients and carried out health promotion activities in response to a meningitis outbreak in Kebbi and Sokoto states. We also launched a successful vaccination campaign to curb the rise in cases in Kebbi.

In Borno, Sokoto, Zamfara, Adamawa, and Bauchi states, we implemented activities to combat diseases, such as vaccination campaigns, including large-scale measles drives, and indoor residual spraying and seasonal chemoprevention for malaria, and operated cholera treatment centres. In Borno, Kano, and Bauchi, we set up dedicated isolation and treatment centres for diphtheria and Lassa fever, where we provided patient care and trained local healthcare workers. In April, we successfully handed over Lassa fever care to the local health authorities in Ebonyi state.

In Bauchi, we converted our seasonal Lassa fever response into a regular project, establishing a full-time presence within Abubakar Tafawa Balewa University teaching hospital. In addition to treating patients, we train staff, support research, and improve infection prevention and control measures.

MSF responded to other emergencies in 2025, including floods in Mokwa, Niger state, where we distributed mosquito nets, medications, detergents, and other hygiene essentials, and set up handwashing stations.

Saving women's lives through holistic care

Nigeria accounts for roughly one in five maternal deaths worldwide. In 2025, we continued to deliver free, specialised emergency obstetric and neonatal services, performed obstetric fistula repair surgery, and provided comprehensive services for victims and survivors of sexual violence, comprising both medical care and psychological support.

Adapting activities to maximise impact

In August, MSF launched an emergency care project in Gwoza general hospital, in Borno, a state affected by years of violent conflict. We rehabilitated the emergency department to include a resuscitation room, a wound-dressing area, and separate observation rooms for men and women.

In December, we initiated a pilot programme to improve the availability of healthcare in underserved and hard-to-reach communities in Kaduna state. An MSF team trains and equips community health workers to diagnose and treat the leading causes of mortality in children under five, including malaria, pneumonia, and diarrhoea. The project also offers malnutrition screening and vaccination referrals, effectively decentralising healthcare to reduce childhood deaths in an area where health facilities are hardly available.

During the year, MSF closed two projects in Nigeria. In September, we handed over our activities in Cross River, with a final donation of supplies, to the Ministry of Health. Since May 2022, we had been delivering comprehensive healthcare to thousands of people living in Akampa local government area, near the Nigeria-Cameroon border. Our teams operated two general healthcare centres in Akor and Old Ndibeji, serving communities where access to medical services was limited.

In December, after 11 years of activities, we concluded our support to Gwange paediatric hospital in Maiduguri, Borno, with a donation of supplies. The hospital now provides free emergency care for children under 15, focusing on malaria and malnutrition, and has an intensive care unit and an inpatient feeding centre.

Offering comprehensive care for noma patients

MSF continues to provide inpatient care, reconstructive surgery, and nutritional and mental health support at the dedicated noma Children's hospital in Sokoto. We also organise community outreach activities to increase early detection. Noma – a neglected, disfiguring, and often fatal infection linked to malnutrition – primarily affects children under six years old.

Myanmar

No. staff in 2025: 739 (FTE) » Expenditure in 2025: €19.1 million
MSF first worked in the country: 1992 » msf.org/myanmar

KEY MEDICAL FIGURES

151,900 outpatient consultations

4,500 antenatal consultations

1,500 people treated for sexual violence

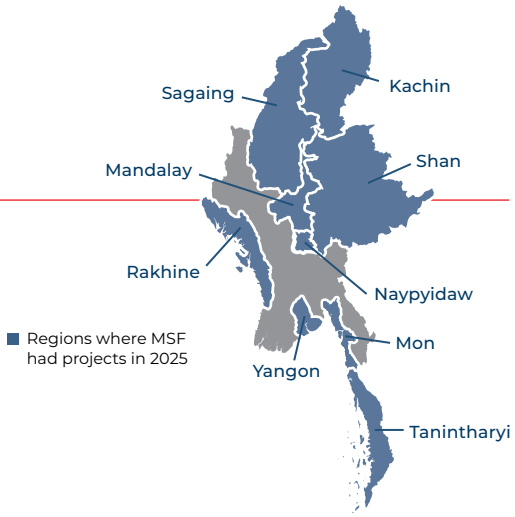
960 people started on treatment for TB, including **22** for MDR-TB

Médecins Sans Frontières (MSF) teams in Myanmar continued to face barriers in providing humanitarian assistance to communities in need. Despite this, we delivered emergency assistance to people affected by conflict, exclusion, and an earthquake.

In 2025, we saw the gap between people's needs and our ability to respond grow, as increasing access restrictions – including bureaucratic and administrative measures that limited our ability to travel and move supplies – impeded our medical humanitarian action. Wherever possible, MSF teams provided lifesaving care to communities through regular and emergency programmes.

As well as maintaining our support to the national AIDS and tuberculosis (TB) programmes in Kachin state, northern Shan state, and Yangon region, we provided treatment for sexual and gender-based violence, general healthcare, sexual and reproductive health services, and emergency referrals to specialist facilities across our projects.

In 2025, enhanced infection prevention and control (IPC) measures were introduced in national TB programme clinics across Yangon region. MSF's IPC support began in February at Insein Union TB institute, later expanding to two more facilities, and included carrying out renovations to infrastructure, donating materials, and providing training and monitoring.



We also assisted communities affected by conflict between the Myanmar Armed Forces and different ethnic and resistance groups. In Kachin, we distributed hygiene kits to displaced families in areas that were safely accessible to us. In Rakhine state, Rohingya people continued to attempt journeys by sea, in hope of escaping the systemic persecution the minority group faces in Myanmar, by reaching neighbouring countries such as Bangladesh and Malaysia. When boats are intercepted by the Myanmar Navy, people aboard, including children, may be detained. We provided 30 days' worth of food to children after they were released.

When a 7.7 magnitude earthquake struck Myanmar in March, MSF delivered emergency assistance in the most heavily affected areas, including Mandalay, Sagaing city and Nyaung Shwe in southern Shan state. We focused on distributing relief items and shelter kits, and improving water and sanitation conditions by drilling boreholes, constructing a pipeline, and installing water treatment systems.

In Dawei, Tanintharyi region, we were forced to suspend and eventually close a project due to high levels of insecurity, ending 20 years of essential healthcare services.

Pakistan

No. staff in 2025: 1,018 (FTE) » Expenditure in 2025: €14.6 million
MSF first worked in the country: 1986 » msf.org/pakistan

KEY MEDICAL FIGURES

167,000 outpatient consultations

17,400 births assisted

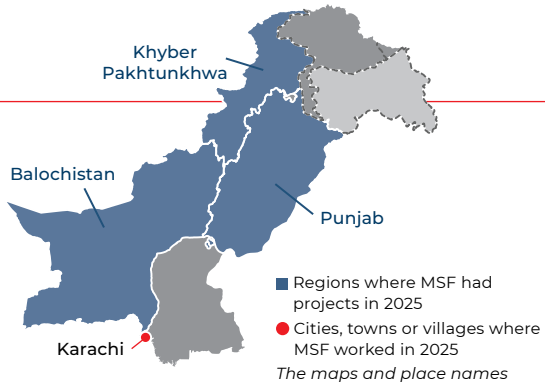
6,430 patients received a new treatment for cutaneous leishmaniasis

410 people started on treatment for TB, including **160** for MDR-TB

Médecins Sans Frontières (MSF) delivered essential medical care in Pakistan in 2025, treating neglected tropical diseases and tuberculosis, expanding medical programmes for mothers and children, and responding to severe flooding.

In 2025, MSF opened a paediatric tuberculosis (TB) programme in a rural health centre in Keamari district in Karachi, Sindh province, with the aim of testing and diagnosing children early, and making it easier for people in remote areas to receive care. In July, we extended treatment for cutaneous leishmaniasis, a parasitic infection that causes skin lesions that MSF has been treating in Pakistan since 2008, to patients at Dogra hospital in Khyber Pakhtunkhwa province. We also improved access to maternal and child healthcare by starting a neonatal care programme in Dogra hospital.

Devastating floods triggered by heavy monsoon rains struck the country again in 2025. In response, MSF supported a government health facility in Buner in Khyber Pakhtunkhwa, by offering general healthcare consultations, psychosocial support, and health promotion activities. In Punjab province's Multan and Muzaffargarh districts, we distributed essential relief items, including blankets and hygiene kits. In addition, our mobile teams conducted general healthcare consultations in Multan.



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

In Balochistan, a province with alarmingly high maternal death rates, we continue to run vital reproductive and neonatal health services in Kuchlak, Chaman, and Dera Murad Jamali. In Balochistan, MSF's services continue to be a lifeline for marginalised communities, including Afghan refugees who are living under fear of deportation and with underserved needs.

In Gujranwala, Punjab, we are improving care for patients with drug-resistant and/or multidrug-resistant TB at our dedicated site. There, we are able to provide screenings, diagnosis, and treatment, as well as encourage early diagnosis through outreach and health promotion activities.

After being displaced from their homes by conflict over a decade ago, people have been returning to Tirah valley in northwest Khyber Pakhtunkhwa. An MSF team has been running a clinic for communities in Tirah since 2022, offering general and emergency healthcare, services for mothers and children, and referrals.

Panama

No. staff in 2025: 15 (FTE) » Expenditure in 2025: €0.7 million
MSF first worked in the country: 1993 » msf.org/panama

Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

KEY MEDICAL FIGURES

2,210 outpatient consultations

450 individual mental health consultations

44 people treated for sexual violence

Médecins Sans Frontières (MSF) concluded medical activities in Panama in September 2025, as migration policies and patterns changed through the year.

In 2025, the number of people crossing the Darién Gap – the dense jungle border between Colombia and Panama — fell by 99 per cent compared to 2024.[1] This decline was mainly linked to stricter migration policies in the United States (US), affecting people transiting through Central America to reach North America. In March, Panamanian authorities declared the Darién route closed, leading to a significant reduction in reception infrastructure for migrants. As well, bilateral cooperation between Panama and the US saw people returned to Panama.

Between February and May, MSF teams worked at the San Vicente temporary migrant reception station, where dozens of people from different countries, most of whom had been deported from the US, gathered. There, MSF's work focused mainly on mental health care, as people needed assistance managing their high levels of stress, psychological trauma, and uncertainty about their futures.

Following the closure of the Darién route, in June we launched a three-month emergency response in Colón province, in northern Panama, to support people moving down from North America. Through this work, we primarily assisted Venezuelans who, unable to continue north, were returning to South America by sea.

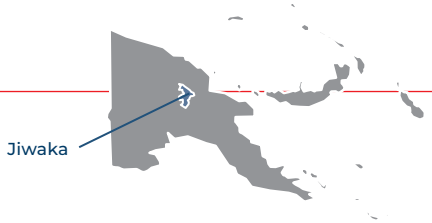
During this response, our teams treated people with dehydration, some of whom consumed unsafe water, and people with mental health conditions stemming from uncertainty and prolonged exposure to traumatic experiences. We also distributed clean drinking water and hygiene kits to help meet basic needs.

Following the significant drop in people travelling through Panama, MSF ended all activities during the first week of September, after nearly four and a half years of presence in the country.

1 Migración Panamá: https://www.migracion.gob.pa/estadisticas/ (in Spanish)

Papua New Guinea

No. staff in 2025: 43 (FTE) » Expenditure in 2025: €2.3 million
MSF first worked in the country: 1992 » msf.org/papua-new-guinea



Regions where MSF had projects in 2025

KEY MEDICAL FIGURES

170 outpatient consultations

58 individual mental health consultations

44 people treated for intentional physical violence

21 people treated for sexual violence

In Papua New Guinea, Médecins Sans Frontières (MSF) runs a project to improve care for victims and survivors of different forms of violence, especially in hard-to-reach communities.

Intentional violence – including intercommunal fighting, family violence, and sexual and gender-based assaults, as well as attacks linked to sorcery accusations – remains a major cause of injuries and trauma in Papua New Guinea. However, due to the country's rugged terrain and limited services, many remote communities struggle to obtain adequate care.

In Jiwaka province, MSF supports the provincial health authorities to improve care for victims and survivors of violence, and bring it closer to their homes. Our activities centre on Minj health centre and its surrounding communities, including four health posts. Our aim is to strengthen referral and follow-up for all forms of violence, and improve privacy and confidentiality. To increase clinical skills, we deliver a training package covering medical and psychological first aid, wound care, and treatment for victims and survivors of gender-based violence, backed by donations of medical supplies. In 2025, our teams conducted training sessions across 15 facilities. In collaboration with the provincial health promotion division, MSF identified community health volunteers to share information, provide basic first aid, and refer victims and survivors of violence to health facilities for further care.

Palestine

No. staff in 2025: 1,436 (FTE) » Expenditure in 2025: €121.5 million
MSF first worked in the country: 1988 » msf.org/palestine

KEY MEDICAL FIGURES

372,085,000
litres of chlorinated water distributed

919,200
outpatient consultations

427,600
emergency room admissions

61,400
individual mental health consultations

48,900
patients admitted to hospital

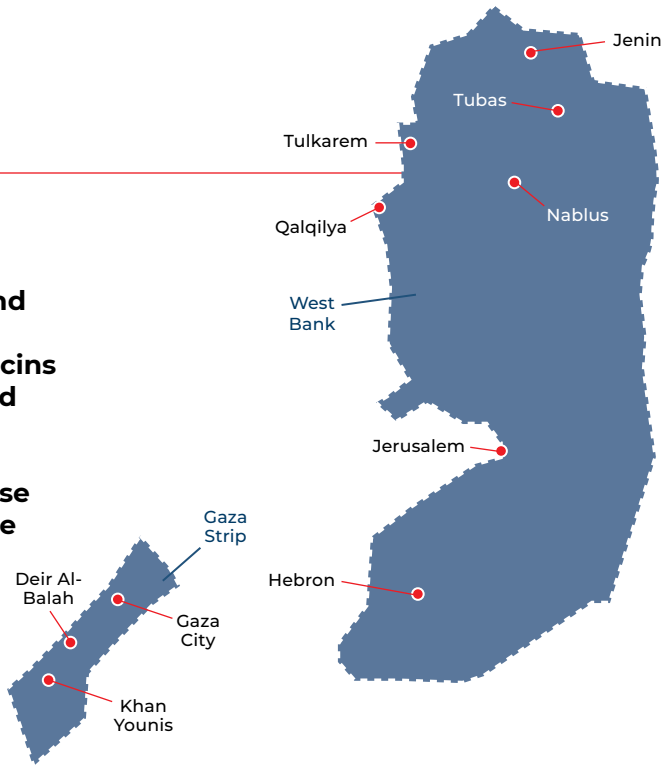
43,600
people treated for intentional physical violence

27,400
surgical interventions

13,800
births assisted

4,000
admissions of children to outpatient feeding programmes

Despite Israel's blockade and deliberate obstruction of humanitarian access, Médecins Sans Frontières (MSF) scaled up activities in Palestine to assist people in need of medical care, including those injured and displaced by the genocide in Gaza in 2025.



■ Regions where MSF had projects in 2025
● Cities, towns or villages where MSF worked in 2025
The maps and place names used do not reflect any position by MSF on their legal status.

Gaza

In 2025, Israel continued its ruthless campaign in Gaza, not only through brutal and incessant violence, but also through months of blockade, denying people their most basic needs for survival, such as food and water, culminating in famine conditions in some areas in August. By 31 December, 71,266 people had been killed by Israeli forces since the start of the war,[1] while civilian infrastructure and the health system in the Gaza Strip had been systematically decimated.

Throughout the year, Palestinians were forcibly displaced and pushed into an ever-shrinking geographic area. MSF teams supporting emergency departments responded to multiple mass-casualty incidents, receiving hundreds of patients killed or injured by Israeli strikes in southern Gaza. We also witnessed how the Israeli authorities increasingly suppressed humanitarian space, including by dismantling the UN-led response and replacing it with a militarised food distribution scheme run by the Gaza Humanitarian Foundation (GHF). This led to violence and killings at food distribution sites.

MSF's clinics were overwhelmed by patients with gunshot wounds, lacerations, and crush injuries, many of them children, as people were shot at or injured in the chaos as they tried to get food. Across the Strip, our teams treated a growing number of children with moderate and severe malnutrition until the ceasefire came into effect on 10 October.

MSF called on the Israeli authorities to end the violence, allow humanitarian aid to enter at scale, and dismantle the GHF sites (which stopped functioning after the October ceasefire). Meanwhile, the Israeli authorities introduced a new registration

Palestinians risk their lives to collect food from the Gaza Humanitarian Foundation's Netzarim distribution point, which is "secured" by private American contractors and in an area under full Israeli military control. Gaza Strip, Palestine, July 2025 © *MSF*

Ola holds her eight-month-old child, Nour Al-Shaer, who has severe malnutrition, at MSF's Al-Attar healthcare centre. Gaza Strip, Palestine, August 2025.
© Nour Alsaqqa/MSF

system for international NGOs with restrictive and politicised rules, fundamentally jeopardising the continuation of humanitarian action in Palestine.

At the end of August, the Israeli forces launched a large-scale offensive on Gaza City, destroying entire neighbourhoods and forcibly displacing hundreds of thousands of people into the middle of the Strip. As a result, MSF had no option but to relocate teams and suspend all medical activities in the city at the end of September.

After a second ceasefire came into effect in October, Palestinians returned to the north, and MSF teams relaunched activities. We returned to public hospitals, resuming paediatric services, burns treatment, and physiotherapy, and helping to repair facilities that were filled with rubble. We also opened multiple medical points to deliver general healthcare in areas where the Israeli forces had destroyed all the health facilities. In spite of the ceasefire, the flow of humanitarian aid into Gaza remained critically inadequate, and Israel continued to block essential items, such as shelter materials and so-called dual use items,[2] exacerbating the dire winter living conditions.

In response to the immense needs, we expanded our medical, water, and sanitation activities throughout the year. MSF continued to be one of the largest providers of services such as comprehensive care for patients with burns and trauma injuries, which included physiotherapy, dressing wounds, surgery, and maternal and neonatal healthcare. By the end of the year, our teams were supporting six hospitals and seven healthcare centres. We were also running two field hospitals, two clinics, and an inpatient feeding centre, as well as providing clean water to hundreds of thousands of Palestinians in Gaza.

In 2025, six more MSF colleagues died in Israeli airstrikes or targeted attacks, taking the total number of MSF staff killed in Gaza to 15. To date, our official request for an independent investigation into these killings has not officially been answered by the Israeli authorities. We have made repeated calls for a sustained and immediate ceasefire, urgent and unhindered access for humanitarian aid, medical evacuations, and an end to the genocide.

The West Bank

In the West Bank, MSF teams continued to witness the consequences of policies and practices of ethnic cleansing, aimed at forcibly transferring Palestinians from their land and preventing any possibility of return. This included a sharp increase in violence by the Israeli military and settlers, who killed and injured many Palestinians. While not new, we witnessed a clear expansion of Israeli settlements and policies aimed at displacing Palestinians in 2025. The ongoing Israeli Iron Wall military operation, which began in January 2025, forcibly displaced 40,000 people in the northern West Bank within a month, according to UNRWA, the United Nations Relief and Works Agency for Palestine Refugees.[3] Three refugee camps were violently raided and emptied. Homes and civilian infrastructure – including schools and healthcare centres – were demolished, increasing the likelihood that the displacement will become permanent. MSF operated mobile clinics to deliver general healthcare to thousands of people displaced by the military operations in the north, particularly in Jenin and Tulkarem, and distributed hygiene kits, food parcels, and clean water.

In Hebron, Nablus, Qalqilya, and Tubas, our operations focused on offering medical and mental health support to people affected by settler attacks, demolitions, and displacement, through both mobile and fixed clinics. The constant fear regarding longer and unpredictable incursions and attacks by both Israeli forces and settlers is taking a significant toll on people's mental health, increasing feelings of hopelessness and anxiety, as observed by our mental health teams. MSF also conducted training for Palestinian Red Crescent Society volunteers, and supported healthcare facilities with training and donations of supplies, including water and fuel.

MSF's registration beyond 2025

Throughout the year, MSF faced severe operational uncertainty, due to Israel's attempts to control and restrict the activities of humanitarian organisations by demanding they re-register to work in the country and submit private information about Palestinian staff. MSF had considerable and legitimate concerns about sharing this data, and therefore, in August, we provided all information requested, except personal details of our staff, which we refused to provide to the Israeli authorities without guaranteed safeguards. Without registration, which expired on 31 December, MSF is unable to send supplies or international staff into Palestine, but our Palestinian teams remain committed to providing assistance for as long as possible.

1 United Nations Office for the Coordination of Humanitarian Affairs (OCHA): https://www.ochaopt.org/content/humanitarian-situation-update-351-gaza-strip

2 A dual-use item is a product, material, or technology that is intended for legitimate civilian or medical use, but is blocked or restricted from entering the Gaza Strip by Israeli authorities because it could potentially be repurposed for military use.

3 UNRWA: https://www.unrwa.org/newsroom/official-statements/large-scale-forced-displacement-west-bank-impacts-40000-people

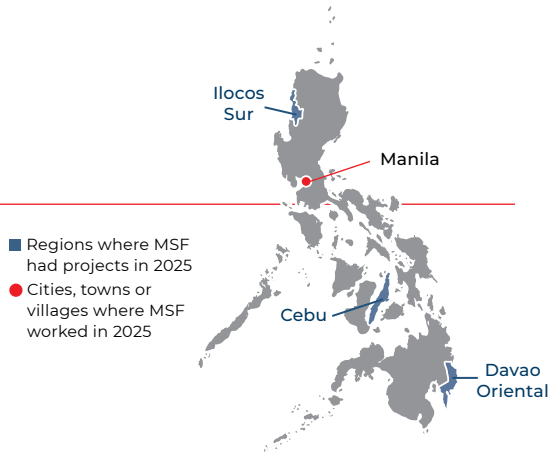
Philippines

No. staff in 2025: 52 (FTE) » Expenditure in 2025: €2.4 million
MSF first worked in the country: 1984 » msf.org/philippines

KEY MEDICAL FIGURES

8,000
families received relief items

680
people started on treatment for TB, including **20** for MDR-TB



Médecins Sans Frontières (MSF) is working in Tondo, an impoverished area of Manila, to improve tuberculosis (TB) diagnosis and prevention. In 2025, we also responded to natural hazards in several regions of the Philippines.

Due to overcrowding and poor living conditions, the prevalence of TB in Tondo is four to five times higher than the national average,[1] while the country ranks third in the world in terms of TB burden.[2] In 2025, MSF continued to travel around the community with a truck equipped with an x-ray machine to help screen residents for the disease. To make TB screening faster and more efficient, we use artificial intelligence computer-aided detection to analyse chest x-rays.

Once a diagnosis of TB is confirmed, an MSF team informs patients, provides them with advice, ensures that they understand what TB is and why it is essential to follow treatment, and refers them to local health centres for care. MSF has partnered with a local NGO, Upskills+ Foundation, to offer community kitchen-prepared meals to patients undergoing treatment.

We also offer preventive treatment to people who have been in close contact with patients with confirmed TB, particularly children, who are at greater risk of developing severe forms of the disease. In addition, we conduct research on shorter courses of TB treatment for children, and help health authorities to implement them.

In 2025, the Philippines was hit by several natural hazards. In September, following deadly tropical storms in Ilocos region, we distributed hygiene kits. Soon after, when a 6.9 magnitude earthquake struck Cebu province, we responded again by distributing drinking water and hygiene kits. In October, after powerful offshore earthquakes in Davao region, MSF offered psychological support and shelter materials to affected people, and provided medical supplies to health facilities in the hardest-hit areas. In November, we helped communities devastated by Typhoon Kalmaegi by sending mobile clinics, providing mental health support and medical supplies, and deep-cleaning health centres. In Eastern Samar province, we trained local health authorities on how to identify people in need of mental health support, and provide psychological first aid to them.

1 PLOS Global Public Health: https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004232
2 WHO: https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2025/tb-disease-burden/1-1-tb-incidence

Poland

No. staff in 2025: 12 (FTE) » Expenditure in 2025: €0.9 million
MSF first worked in the country: 2005 » msf.org/poland

KEY MEDICAL FIGURE

47
outpatient consultations

In Poland, Médecins Sans Frontières (MSF) assists migrants and asylum seekers stranded at the border with Belarus, and supports people with tuberculosis (TB) who have fled Ukraine.

Since 2022, MSF has been offering emergency medical care to people trapped in the forested areas between Poland and Belarus. Our teams provide first aid for violence-related injuries, frostbite, hypothermia, and other health conditions resulting from prolonged exposure to harsh environments.

In addition, we organise emergency referrals and follow-up in close cooperation with other organisations and civil society groups.

Advocacy is an important component of our work in Poland. In 2025, we raised concerns over new legislation that suspended the right to asylum, warning the Polish government and European Union institutions of the adverse consequences that this will have on people's health and safety. MSF continues to call for an end to pushbacks, restoration of the right to claim asylum, and for better treatment and protection of asylum seekers in Poland.

Since 2022, we have been supporting refugees who have crossed into Poland since the war in Ukraine escalated. We work with local authorities and international partners to ensure continuity of care for those with TB, linking them to appropriate medical facilities, and providing psychological and social support. For example, we refer patients that need specialised mental health care, provide temporary accommodation and cash assistance for essential needs after they are medically discharged, and refer them to specialised organisations for legal and administrative support.

Search and rescue operations

No. staff in 2025: 15 (FTE) » Expenditure in 2025: €3.2 million
MSF started search and rescue: 2015 » msf.org/mediterranean-migration

KEY FIGURE

68
people rescued at sea

In November 2025, Médecins Sans Frontières (MSF) relaunched lifesaving search and rescue (SAR) operations in the Mediterranean Sea, using the new rescue vessel *Oyvon*.

Almost a year after we were forced to suspend our activities in the central Mediterranean, we began to operate onboard *Oyvon*, a smaller, faster vessel than its predecessor, the *Geo Barents*. This was as a strategic response to restrictive Italian laws and policies, notably the Piantedosi Decree[1] and 'distant port' practices introduced in January 2023, which specifically target humanitarian rescue vessels.

Before deployment, *Oyvon* underwent refitting and upgrades to adapt it for SAR operations, including new radio telecommunications equipment, a crane, and a fast inflatable rescue boat, as well as an onboard clinic for general medical care.

In the brief period before the end of the year, the *Oyvon* team carried out two operations. Everyone on board was brought to safety in Lampedusa, Italy.

During 2025, MSF, together with other NGOs, organised events in Rome and the EU Parliament to mark 10 years of civil SAR efforts and solidarity with migrants in the central Mediterranean. Our report, *Deadly Manoeuvres: Obstruction and Violence in the Central Mediterranean*,[2] released in June, details how the ability of SAR vessels to provide lifesaving assistance is actively undermined by Italy's policies.

Over 1,330 people died or went missing attempting to cross the central Mediterranean in 2025,[3] even as interceptions and forced returns rose sharply; 27,116 people were reportedly intercepted at sea and returned to Libya, up by around 24 per cent from 2024.

In the second half of the year, there was a serious escalation in violence against people on the move and SAR vessels, perpetrated by the Libyan Coast Guard.[4]

1 The Piantedosi decree (Decree-Law 1/2023) introduced a new set of rules applicable exclusively to civilian rescue vessels, and a set of sanctions for non-compliance, ranging from 20 days' detention in port up to confiscation of the vessel. Among other rules, the decree requires NGO vessels to head immediately to the assigned port after each rescue, and thus limits the scope for multiple rescues in a single voyage.

2 MSF: https://www.msf.org/deadly-manoeuvres-obstruction-and-violence-central-mediterranean

3 IOM, Missing Migrants project: https://missingmigrants.iom.int/

4 SOS MEDITERRANEE: https://www.sosmediterranee.org/sos-med-libyan-attack/

Senegal

No. staff in 2025: 20 (FTE) » Expenditure in 2025: €1.3 million
MSF first worked in the country: 2020 » msf.org/senegal

KEY MEDICAL FIGURE

98
outpatient consultations

In December 2025, Médecins Sans Frontières (MSF) launched activities to assist people attempting to make the perilous Atlantic crossing to the Canary Islands from Senegal.

Every year, thousands of people attempt to reach the Canary Islands from West Africa aboard makeshift, overloaded boats that lack safety standards. While interceptions at sea by Senegalese and Mauritanian authorities appear to have discouraged would-be migrants — as evidenced by the 60 per cent decrease in arrivals to the Canary Islands[1] — it is difficult to estimate how many boats disappear at sea with dozens of passengers on board.

MSF launched activities in Senegal to provide care to people attempting this journey, initially conducting training for state authorities and civil society organisations involved in maritime search and rescue.

By the end of the year, we had opened an outpatient consultation centre within Colobane health facility, where we offer general healthcare and psychological support for migrants, including Senegalese nationals who had been turned back. We also began mobile outreach activities, with a team composed of a doctor, nurse, and social worker visiting migrants directly in the community three times per week to provide first aid and refer people in need of further care to our health centre. In addition, we also assist migrants in finding shelter and legal support.

1 RTVE: https://www.rtve.es/noticias/20260102/desplome-ruta-canaria-caer-426-llegadas-irregulares-2025/16881023.shtml (in Spanish)

Serbia

No. staff in 2025: 14 (FTE) » Expenditure in 2025: €0.5 million
MSF first worked in the country: 1991 » msf.org/serbia

KEY MEDICAL FIGURES

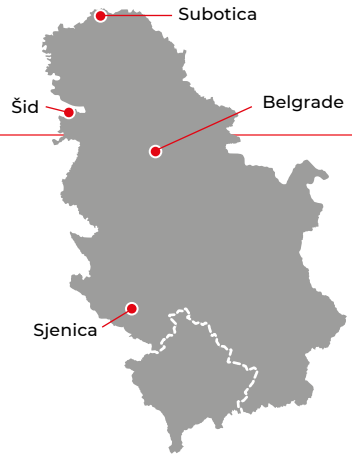
2,190
outpatient consultations

59
people treated for intentional physical violence

In 2025, Médecins Sans Frontières (MSF) delivered essential medical and humanitarian assistance to refugees and migrants living in precarious conditions in Serbia.

Serbia continues to be one of the main transit countries in the Balkans for refugees and migrants in search of safety elsewhere in Europe. Through systematic and deliberate neglect, our patients in Serbia are barred from most basic services, such as shelter, medical services, and safe ways of travelling. Many of them reported that they had been subjected to pushbacks by state authorities at the borders. Others said they had experienced extreme levels of violence, including sexual assaults, during their journeys. In 2025, an even greater number of patients than in previous years reported being kidnapped by criminal groups while crossing forests and other dangerous terrain. Throughout the year, our teams conducted general medical consultations for people on the move across Serbia.

We sent our mobile clinic, which is coordinated from Belgrade, to informal settlements and other locations where people had gathered along the borders and further into the country, to provide general healthcare, health promotion activities, and essential relief items, such as blankets, warm clothing, footwear, and hygiene kits. We collaborated with local civil society organisations to offer care for victims of physical and psychological violence, including inhumane and degrading treatment. MSF treated people whose health had been affected by freezing winter temperatures, unsanitary living conditions, and lack of food, clean clothes, and medical care.



● Cities, towns or villages where MSF worked in 2025

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

We continued to denounce the deadly consequences of European Union migration policies; in particular the increased securitisation and violent measures to which refugees and migrants are subjected as they attempt to seek safety or continue their journeys to other European countries. In Serbia, the effects of border externalisation became more visible in 2025, leading to a continuous increase in violence and harm.

Sierra Leone

No. staff in 2025: 993 (FTE) » Expenditure in 2025: €15.5 million
MSF first worked in the country: 1986 » msf.org/sierra-leone

KEY MEDICAL FIGURES

49,300
outpatient consultations

28,600
malaria cases treated

17,900
patients admitted to hospital

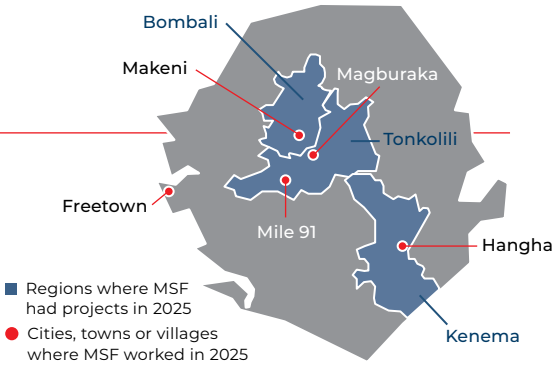
5,370
births assisted

As Sierra Leoneans continue to experience high rates of maternal and child death, Médecins Sans Frontières (MSF) teams are working to bring essential obstetric and paediatric care to communities, while also responding to outbreaks as needed.

In 2025, we responded to an mpox outbreak by establishing a 50-bed treatment centre, and rehabilitating the national referral hospital's isolation ward in Sierra Leone's capital, Freetown. In Bombali and Tonkolili districts, Northern province, our team assisted with health promotion activities and contact tracing, and provided supplies and training to the Ministry of Health.

In Kenema district, Eastern Province, we continued to offer lifesaving care for pregnant women, lactating mothers, and children under five years old, at the 164-bed maternal and child health hospital that we opened in 2019.

Throughout the year, we also supported four general healthcare facilities in Kenema district by donating medical supplies, rehabilitating infrastructure, and training Ministry of Health medical staff. In addition, we sent mobile teams to remote communities in the district, where there were few health facilities, to deliver vital services, such as rapid malaria testing and treatment, vaccinations for children under five years old, family planning consultations, and antenatal care.



■ Regions where MSF had projects in 2025
● Cities, towns or villages where MSF worked in 2025

In July, we concluded our tuberculosis (TB)-related activities in Bombali district. Since 2019, we had been working to improve access to diagnosis and treatment for both drug-sensitive and drug-resistant TB. During this time, we provided treatment for adults and children, as well as prevention therapy and support for the rollout of a shorter treatment regimen for drug-resistant TB, and introduced tools to strengthen the diagnosis of paediatric TB.

In August and September, respectively, our activities in Magburaka and Mile 91 township, including their surrounding communities in Tonkolili district, also concluded. For nine years, we had focused on reducing maternal and child deaths in the district by supporting general healthcare facilities with medical supplies and infrastructure rehabilitation, drilling boreholes, and facilitating referrals for specialist care. Our support also included care for pregnant women, lactating mothers, and children under five years old at the Magburaka government hospital and the Hinistas community health centre in Mile 91.

Somalia

No. staff in 2025: 101 (FTE) » Expenditure in 2025: €16.6 million
MSF first worked in the country: 1979 » msf.org/somalia

KEY MEDICAL FIGURES

304,200
outpatient consultations

66,400
emergency room admissions

26,500
patients admitted to hospital

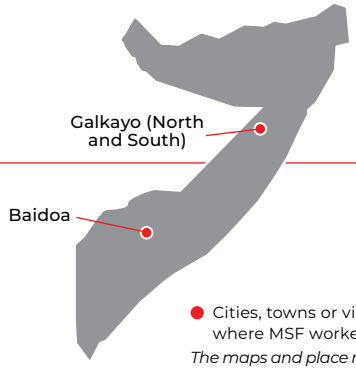
10,300
births assisted

As the drought and malnutrition crisis worsened in Somalia in 2025, Médecins Sans Frontières provided lifesaving care for mothers and children, as well as vaccines and treatment for infectious diseases.

Consecutive failed rainy seasons and drastic cuts in humanitarian funding exacerbated the health and malnutrition crisis across Somalia in 2025. Communities already displaced by conflict and climate shocks faced reduced access to food, water, and medical care. Health and nutrition services either closed or scaled down activities in many districts, just as admissions for severe malnutrition, and cases of measles, diphtheria, and acute watery diarrhoea, increased. Intensified insecurity and limited humanitarian access further hampered the scale and continuity of our response.

In Baidoa, Southwest state, our teams continued to provide emergency obstetric care, neonatal services, and inpatient treatment for children with severe malnutrition at Bay regional hospital. Mobile teams travelled to outlying areas to screen pregnant women and children, administer vaccinations, and refer patients with complications for specialist care.

As drought conditions worsened, we launched emergency water trucking activities, and set up water storage facilities in 17 displacement sites. We also installed lighting to improve safety and living conditions.



● Cities, towns or villages where MSF worked in 2025

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

In August, we opened a 20-bed obstetric fistula unit at the hospital, offering surgery and comprehensive support to women living with fistula, a serious childbirth-related injury leading to incontinence and often severe social stigma.

In Galkayo North, Puntland state, and Galkayo South, Galmudug state, Mudug region, our teams ran emergency, maternity, and paediatric services. We treated children with malnutrition, tuberculosis (TB), and drug-resistant TB, ran the neonatal care unit at the hospital, and sent mobile clinics to displacement sites and remote communities. In these areas, access to healthcare had become increasingly limited as funding cuts reduced services and people had to move in search of pasturable land amid the ongoing drought and conflict. As part of our green initiative at Mudug regional hospital in Galkayo North, we installed solar panels, reducing diesel use and emissions, while ensuring reliable power for essential services and strengthening the hospital's resilience during climate shocks.

South Africa

No. staff in 2025: 46 (FTE) » Expenditure in 2025: €2.2 million
MSF first worked in the country: 1999 » msf.org/south-africa

KEY MEDICAL FIGURES

340
consultations for high blood pressure

110
consultations for diabetes

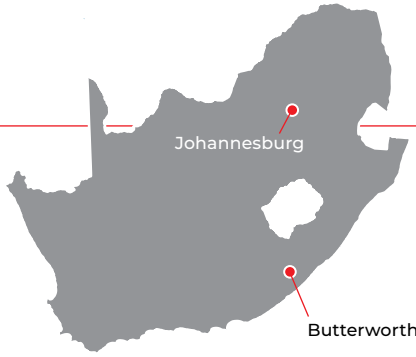
30
families who received relief items

In South Africa, Médecins Sans Frontières assisted foreign nationals physically blocked from accessing public health facilities by anti-migrant groups, while continuing to run a non-communicable diseases (NCDs) project in Butterworth.

From July through September, anti-migrant groups camped outside dozens of clinics and hospitals in Gauteng, preventing foreign nationals, including pregnant women and people living with HIV, from seeking medical care.

Our teams refilled antiretroviral medication for people living with HIV who could not collect it themselves at the blocked health facilities, and we referred patients to alternative health facilities unaffected by blockages.

Throughout 2025, we continued to run an NCD project in Butterworth, Eastern Cape province, in partnership with the Department of Health. To strengthen skills for NCD management, we launched a side-by-side nurse mentorship and coaching programme across seven facilities, and classroom-based training for health professionals in 60 Department of Health facilities. In addition, to promote patient wellbeing, we piloted healthy lifestyle groups with two community-based organisations, focusing on educating members on nutrition, diet, and exercise. Participants were then encouraged to engage in healthy cooking and gardening activities, organised in collaboration with the Department of Agriculture.



● Cities, towns or villages where MSF worked in 2025

After training health staff, we piloted the use of HbA1c blood testing for diabetes[1] in five of the seven facilities. In addition, we donated equipment and supplies for NCD management and diagnosis, such as digital blood pressure monitors, vital signs monitors, height and weight scales, and glucometers.

By the end of 2025, we had renovated and equipped an additional external pick-up point for medication, bringing the total number to four. Pick-up points provide reliable and accessible medicines for patients with chronic diseases. They are managed by trained community members, who distribute the medication free of charge to patients on behalf of the government.

1 This form of testing provides a longer-term understanding of glycaemic control, particularly for people who are pre-diabetic or living with Type 2 diabetes.

South Sudan

No. staff in 2025: 3,418 (FTE) » Expenditure in 2025: €113.5 million
MSF first worked in the country: 1983 » msf.org/south-sudan

KEY MEDICAL FIGURES

663,900
outpatient consultations

236,400
malaria cases treated

162,900
routine vaccinations

91,400
patients admitted to hospital

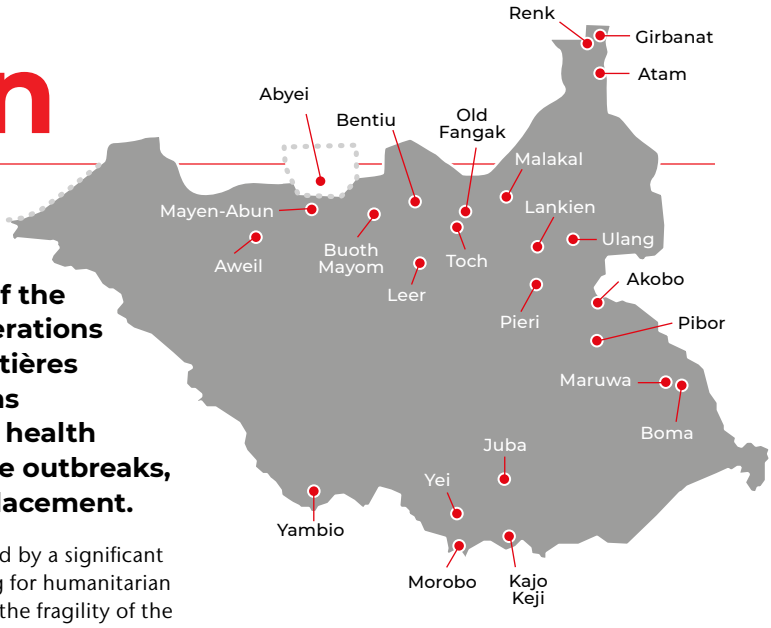
27,600
people treated for cholera

11,200
surgical interventions

4,920
people treated for intentional physical violence

3,260
children admitted to inpatient feeding programmes

2,660
people treated for sexual violence



● Cities, towns or villages where MSF worked in 2025
The maps and place names used do not reflect any position by MSF on their legal status.

South Sudan was one of the largest countries of operations for Médecins Sans Frontières (MSF) in 2025. Our teams responded to immense health needs, driven by disease outbreaks, conflict, and mass displacement.

The dire situation was exacerbated by a significant reduction in international funding for humanitarian and development initiatives, and the fragility of the national healthcare system. Rising political tensions and increasing violence further restricted people's access to medical care and other essential services during the year.

Attacks on healthcare

In 2025, there was a sharp escalation in armed conflict, with increasing attacks on healthcare facilities, medical staff, and patients. We recorded nine attacks on our staff and facilities during the year, in locations including Ulang, Old Fangak, Morobo, Yei River, and Lankien. These incidents pushed healthcare even further out of people's reach. After our hospital in Ulang was looted and destroyed, we were forced to close it and withdraw support to 13 general healthcare facilities in the county. We also closed our hospital in Old Fangak after it was bombed, and relocated activities to Toch. In Central Equatoria state, we suspended activities in Yei River and Morobo counties following the abduction of a staff member. In Lankien, airstrikes near MSF's hospital forced us to evacuate some staff, leaving a smaller team to continue activities.

Tackling cholera

The cholera outbreak which began in October 2024, and is the worst in the country's history, continued to spread across South Sudan throughout 2025, affecting multiple states and putting additional pressure on the overstretched health system. The rapid transmission was fuelled by mass displacement, which was triggered by conflict, limited emergency surge capacity, and chronically under-resourced water, sanitation, and hygiene services. No MSF project across the country was left untouched by cholera.

In January, cases surged in Unity state, particularly in Bentiu and the surrounding areas. Then, in a one-month period, between February and March, a new hotspot emerged, when over 1,000 cholera cases were reported in Akobo, a remote border

Adhar Luil holds her son, Bang Bang, in the observation ward of an MSF hospital in Twic county, as he receives oxygen support as part of treatment for anaemia. South Sudan, November 2025.
© Nicolò Filippo Rosso

Aisha Ibrahim accompanies her mother to an MSF mobile clinic for displaced people from Sudan in Renk county. South Sudan, January 2025.
© Paula Casado Aguirregabiria/MSF

county in Jonglei state with few healthcare facilities. In response, we established cholera treatment centres (CTC), provided medical supplies, training, and support with treatment at Akobo and Bentiu state hospitals and in Rubkona town. We also assisted with an oral cholera vaccination campaign in Bentiu displacement camp.

In addition, we operated CTCs in Malakal and Ulang in Upper Nile state, and supported the Ministry of Health in the capital, Juba, by establishing a cholera treatment unit, strengthening epidemiological surveillance, running vaccination campaigns, and improving water and sanitation facilities.

Responding to malaria and flooding

Malaria remains the leading cause of illness and death in South Sudan, with outbreaks closely linked to seasonal rains and environmental conditions. The high burden reflects broader gaps in healthcare, including shortages of antimalarial drugs and inconsistent rollout of prevention tools, such as seasonal malaria chemoprevention and insecticide-treated bed nets. MSF conducted chemoprevention ahead of the peak season to protect children under five in the worst-affected counties, including Twic and Aweil. In Yambio state hospital's paediatric ward in October, during peak malaria season, we donated essential drugs and medical supplies, and trained staff in infection, prevention and control measures and in waste management.

During the year, we also treated people with malaria in Bentiu, Leer, and Old Fangak after severe flooding, which also caused widespread damage and heightened the risk of water-borne diseases, such as cholera and typhoid. In early August, MSF also detected a spike in suspected hepatitis E cases in Aweil, driven by poor water, sanitation, and hygiene infrastructure. Pregnant women, whom the disease most severely affects, along with immunocompromised people, were arriving late to hospital, and some passed away.

We responded by treating patients, distributing chlorine tablets, and rehabilitating wells and hand pumps.

Supporting people displaced by the war in Sudan

Since the beginning of the Sudan war in April 2023, more than one million refugees and returnees have crossed from Sudan into South Sudan, placing an enormous strain on local health services, particularly in Upper Nile and Abyei Special Administrative Area. Many people arrived with nothing after weeks of dangerous travel, having endured violence, including sexual and gender-based assaults, and extortion.

As the crisis escalated, we significantly expanded our medical and humanitarian response in Renk. Our teams ran mobile clinics in the informal settlements of Atam, Gosfami, and Girbanat for large influxes of people fleeing violence. We also assisted with water treatment and safe water supply to reduce the risk of water-borne disease in these areas.

Our teams offered treatment for a range of health issues, including acute and chronic diseases, obstetric complications, violence-related injuries, and mental health conditions. In Renk civil hospital, we worked in the paediatric, maternal, and surgical wards, and the blood bank. We also supported the functioning of the hospital by providing water and electricity, as well as food for patients.

Handing over medical activities to sustain healthcare services

In 2025, we focused on ensuring more sustainable access to healthcare by progressively integrating key services into Ministry of Health facilities. This strategic shift aimed to strengthen local health systems and preserve the ministry's capacity to respond effectively to emergencies.

In June, after more than a decade of providing care through a hospital in Bentiu displacement camp, we successfully transferred all our core medical services to Bentiu state hospital, a public health facility that we are running in partnership with the Ministry of Health.

In July, we also transferred our long-running activities in Malakal Protection of Civilians site to Malakal teaching hospital, to build a more efficient and accessible health system for people in Malakal and across Upper Nile. In addition, we contributed to the provision of lifesaving surgical care at the hospital by renovating the operating theatre and a 30-bed post-operative ward, and contributing specialised staff to assist with emergency caesarean sections and trauma injuries.

Towards the end of 2025, MSF opened a new project in Upper Nile. Adopting an agile approach to support multiple health facilities along the Sobat River, we started delivering urgently needed medical care to people affected by displacement and conflict.

Sudan

No. staff in 2025: 1,745 (FTE) » Expenditure in 2025: €134.6 million
MSF first worked in the country: 1979 » msf.org/sudan

KEY MEDICAL FIGURES

406,865,000
litres of chlorinated water distributed

1,439,300
outpatient consultations

155,300
patients admitted to hospital

40,800
people treated for cholera

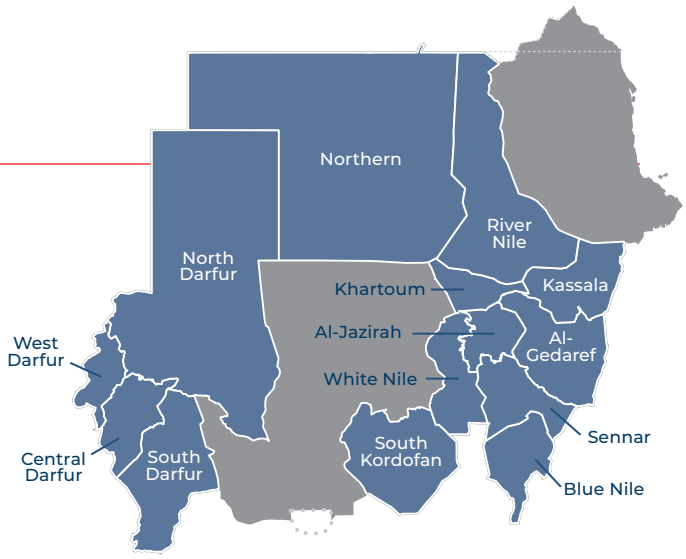
35,100
admissions of children to outpatient feeding programmes

34,400
births assisted

10,800
people treated for intentional physical violence

9,520
people treated for measles

4,310
people treated for sexual violence



Regions where MSF had projects in 2025
The maps and place names used do not reflect any position by MSF on their legal status.

Throughout 2025, Médecins Sans Frontières (MSF) worked across war-ravaged Sudan, delivering lifesaving assistance to people exposed to atrocities and critical shortages of water, food, and medical care.

Despite attacks on our facilities and access restrictions, we continued to deliver a wide range of medical services to communities who have been affected in the ongoing war between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF).

The humanitarian situation in Sudan remains catastrophic. While the warring parties bear primary responsibility, the limited aid response and the global failure to prioritise the protection of civilians and humanitarian access have exacerbated people's suffering. Although some progress was made on bureaucratic hurdles during the year, such as cross-border access to Darfur through Chad, it was often impossible to secure visas and travel permits in the east of Sudan, or crossline access, in a timely manner. In some cases, we were deliberately blocked from treating people in need; for example in North Darfur, where the RSF's campaign of siege forced us to halt activities for patients already in the grip of famine in Zamzam camp.

Cholera and other disease outbreaks

In 2025, MSF continued to tackle the worst cholera outbreak the country has experienced in recent years. Whereas cases subsided in some states, such as Northern and Kassala, in the first half of the year, they rose in White Nile, following strikes against a power plant in February, which put pumps out of service and forced people to rely on contaminated water.

Cholera cases exploded in Khartoum in May, and spiralled out of control in Darfur in August. In response, often in partnership with other aid organisations, our teams set up or expanded treatment centres and oral rehydration points, distributed clean water, donated medical and logistical supplies, and improved sanitation and infection control in the affected areas.

There was also a steep rise in measles cases across Darfur due to a lack of routine and reactive vaccination campaigns. We increased our capacity to isolate and treat measles patients, and conducted several vaccination campaigns, while calling on the authorities and health partners to take urgent measures to curb the outbreak. Many of the children we treated were suffering from acute malnutrition, as well as measles, which increased their risk of developing life-threatening complications.

Midwife Meskerem Mulugeta helps deliver a healthy baby at El-Geneina teaching hospital. West Darfur, Sudan, August 2025.
© Moises Saman/Magnum Photos

Staff at an MSF warehouse carry food items to a truck headed towards a food distribution site in Nyala. South Darfur, Sudan, February 2025.
© Abdoalsalam Abdallah

To strengthen child immunisation, our teams coordinated vaccine supplies and improved cold chain systems. Across the country, we also treated people with malaria, dengue, diphtheria, and whooping cough.

Widespread attacks against civilians and healthcare

No one was safe from the fighting, as both warring parties frequently hit residential areas, markets, aid convoys, and hospitals. Our teams assisted with mass influxes of injured patients in emergency rooms in Khartoum, Nyala, Tawila, and other locations. Our vehicles and places where we operate were also targeted during the year. On 10 January, one of our ambulances came under fire in North Darfur while referring a woman in labour, resulting in the death of a caregiver. In August, during an armed assault inside Zalingei hospital, where our teams were working, a Ministry of Health staff member was injured. This was followed by another shooting and death of a Ministry of Health staff member in the same facility in November.

In 2025, North Darfur and the Kordofans were the epicentres of extreme violence and mass killings, as the SAF and RSF waged a battle for control.

In North Darfur, we had to halt all our activities in Zamzam camp in February, due to the escalating attacks and siege that prevented us from sending in supplies and staff. Following the large-scale RSF assault on the camp in April, we provided emergency and surgical care in the nearby town of Tawila. As people continued to flee the violence in and around El-Fasher and seek refuge in overcrowded camps in Tawila, we significantly scaled up our response, distributing food and water, expanding healthcare services, and setting up a 250-bed hospital.

According to the UN, at least 6,000 people were killed in three days during the RSF's capture of El-Fasher.[1] In the weeks that followed, we assessed the displacement situation in various locations across Darfur and made efforts to locate and help survivors. We also offered comprehensive care to hundreds of victims and survivors of sexual violence.

At the end of the year, following increased security risks, we had to withdraw from Kornoi, Um Baru, and Tina, where we had been running medical and humanitarian services.

In South Kordofan, we provided urgent medical care and relief items, mostly jerrycans and hygiene kits, to displaced people in five camps in the Nuba Mountains. However, at times, bureaucratic delays and restrictions prevented us from reaching communities in dire need of medical support in both North Kordofan and South Kordofan.

In Khartoum state, we resumed our activities in May in Bashair and Turkish hospitals, which we had been forced to suspend for months due to repeated security incidents. Hundreds of thousands of people started to return to the capital city in the second half of the year, often to find their homes destroyed and basic services collapsed.

Healthcare for mothers and children

Pregnant women in Sudan struggle to obtain timely maternal care, due to the conflict, the scarcity of functional clinics, and unaffordable transportation. By the time they reach medical facilities, some have complications that increase the risk of death for them and their babies. In response, MSF focused on strengthening antenatal and inpatient care, referrals, and nutritional support, in Nyala, Tawila, and Zalingei. We also treated children with malnutrition across the hospitals and clinics we support, including in the malnutrition ward we run in Ad-Damazin, Blue Nile state. Originally designed to accommodate 36 beds, the ward expands to as many as 170 during the peak season. Yet even outside these peak periods, it rarely returns to its intended capacity, due to the high demand for inpatient care.

1 OHCHR: https://www.ohchr.org/en/press-releases/2026/02/sudan-rsf-violations-capture-el-fasher-amount-war-crimes

Syria

No. staff in 2025: 699 (FTE) » Expenditure in 2025: €48.9 million
MSF first worked in the country: 2009 » msf.org/syria

KEY MEDICAL FIGURES

896,100
outpatient consultations, including **148,500** for children under 5

28,100
individual mental health consultations

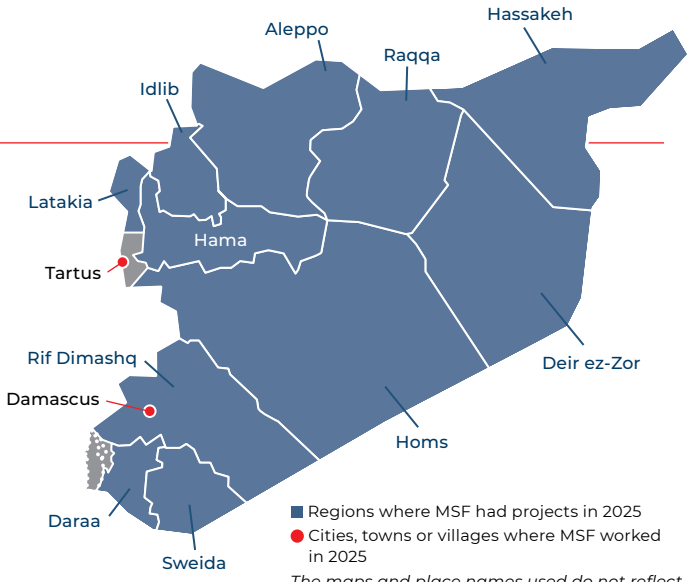
10,400
births assisted, including **1,980** caesarean sections

6,810
surgical interventions

In 2025, Médecins Sans Frontières (MSF) sent teams further into Syria, to reach communities in urgent need of medical assistance after years of conflict.

Around one million Syrian refugees returned home, while over six million remained internally displaced,[1] in a country devastated by 14 years of conflict. Entire neighbourhoods have been destroyed, and people face widespread poverty, severe shortages of water, food, and healthcare, and the risk of injury from unexploded ordnance. During 2025, we scaled up our operations, delivering care in 10 hospitals and 21 clinics and general healthcare centres, and running mobile clinics across 12 of the 14 governorates.

Despite relative stability, there were sporadic surges in violence in several governorates, causing further waves of displacement within the country and over borders. An outbreak of violence in Sweida forced 180,000 people to flee their homes,[2] putting a further strain on communities in other areas of the governorate, and in Daraa and Rif Dimashq (Rural Damascus). In Daraa, MSF responded by providing mass-casualty kits, medical consultations, and mental health support, and distributing relief items to displaced families. In Sweida, we supported emergency room services through donating medical supplies, rehabilitation work, and training, while also supplying fuel for ambulances, and distributing blankets, hygiene kits, and kitchen equipment. In March, following violence in Tartus and Latakia, MSF treated patients in Jisr Al-Shughour and donated medical kits to health facilities.



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

In northwest Syria, especially Idlib, we operated mobile clinics in displacement camps, offering general, maternal, and child healthcare, mental health support, and treatment for chronic diseases. We also scaled up specialist care for survivors of ill-treatment from Idlib, Damascus, and Kafr Batna. In Anjara, Kafr Dael, Job Kass, Tal Hadia, and Fraikeh, we set up boreholes and pumps and trucked in water for displaced people. In addition, at our hospital in Atmeh, we treated patients with burns, mostly incurred in accidents due to unsafe living conditions in camps.

In the northeast, fighting in Manbij, Shahba, and Tal Rifaat in December 2024 caused thousands of people to flee towards Raqqa and Tabqa. In response, MSF distributed water and essential relief items, and ran mobile clinics in Raqqa, Tabqa, and Hassakeh. To increase access to safe water, we rehabilitated boreholes in Deir ez-Zor and Hassakeh, and operated a water purification plant in Al-Hol camp. We also continued to run our clinic in Al-Hol camp, and support others in Hassakeh and Raqqa, to ensure people had access to treatment for non-communicable diseases and mental health conditions.

Following renewed violence in Aleppo's Sheikh Maqsoud neighbourhood in September and December, which led to massive waves of displacement towards the northeast of the country, we distributed essential relief items to families.

In Homs governorate, MSF supported a general healthcare centre by expanding sexual and reproductive health services, renovating the facility, and providing equipment and staff incentives. We also donated trauma kits to hospitals. In Homs governorate, we improved services at the blood diseases centre and blood bank through the provision of medications, training, and infrastructure upgrades. In Tartus, we donated dialysis machines and trained hospital staff.

1 UNHCR: https://www.unhcr.org/news/press-releases/unhcr-historic-return-displaced-syrians-presents-opportunity-and-urgent

2 UN OCHA: https://www.unocha.org/publications/report/syrian-arab-republic/syrian-arab-republic-flash-update-no-8-escalation-hostilities-sweida-governorate-22-august-2025

An MSF nurse checks a patient's vital signs at a mobile clinic in Aleppo, a necessary step before the patient sees the doctor and receives the medication she needs. Syria, May 2025.
© Abdulrahman Sadeq/MSF

Sri Lanka

No. staff in 2025: 1 (FTE) » Expenditure in 2025: €0.9 million
MSF first worked in the country: 1986 » msf.org/sri-lanka

KEY MEDICAL FIGURE

400
mental health consultations provided in group sessions

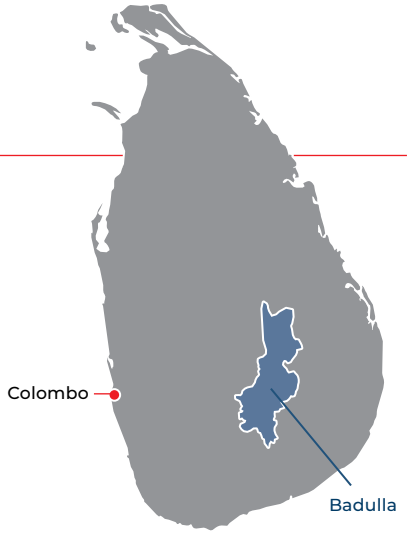
After Cyclone Ditwah struck Sri Lanka in November 2025, Médecins Sans Frontières (MSF) assisted thousands of people affected by widespread flooding and landslides.

The cyclone was the worst natural disaster to hit Sri Lanka in the last two decades. Following the government's declaration of a nationwide state of emergency, MSF worked alongside local organisations to address people's needs and strengthen recovery efforts.

In the immediate aftermath, MSF distributed hundreds of hygiene kits to evacuated people in four emergency shelters in the capital, Colombo. We also delivered winter-suitable family tents and heavy-duty plastic sheets to Sri Lanka's Disaster Management Centre, to support relief efforts in colder regions.

In the central highlands, we carried out a short-term emergency response, focused on supporting displaced communities who work on tea plantations, often on steep slopes and exposed to the elements.

We were able to provide people with essential relief items, including warm clothing and blankets, dignity kits, comprising sanitary products and other hygiene items for women and girls, and maternity kits, which include items for both mother and newborn after delivery.



Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

Our team restored water supply in eight locations, ensuring families had access to safe water for drinking, cooking, and hygiene. We also constructed latrines, showers, and handwashing points to improve sanitation and prevent the spread of diseases.

In collaboration with local organisations, MSF trained community volunteers to conduct mental health and psychosocial support activities to help people cope with trauma and loss. Many of those we assisted had been severely affected by the cyclone, having lost their homes and living with the prospect of prolonged displacement.

Although people had begun to return home and resume their daily lives by the end of 2025, many thousands remained in need of assistance.

Tajikistan

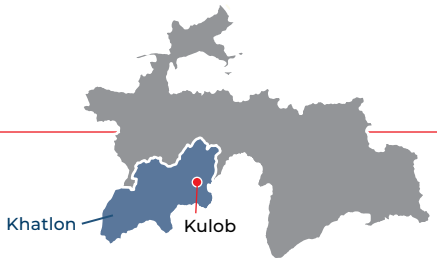
No. staff in 2025: 96 (FTE) » Expenditure in 2025: €3.3 million
MSF first worked in the country: 1997 » msf.org/tajikistan

KEY MEDICAL FIGURE

19
people started on treatment for MDR-TB

Improving tuberculosis (TB) care remains the focus of Médecins Sans Frontières activities in Tajikistan. We implement a holistic, person-centred approach, treating patients in their homes, where possible.

In Kulob, in the south of the country, we continue to run our 'Zero TB' project, aimed at eliminating TB through prevention and care in households, workplaces, and health facilities. The project comprises active case finding, patient follow-up, laboratory diagnosis, and individualised treatment, including for drug-resistant TB. Our teams visit neighbourhoods and villages, using portable x-ray machines to screen people close to their homes, and refer those with TB symptoms for testing and treatment, in line with World Health Organization guidelines.



Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

We also provide mental health and psychosocial support, including counselling and assistance with treatment adherence, to patients through the recovery process.

Throughout the year, we continued to help the Ministry of Health and Social Protection of Population to strengthen national TB strategies, by enhancing diagnostic capacity, training healthcare workers, and introducing digital chest x-ray systems with computer-aided detection.

Tanzania

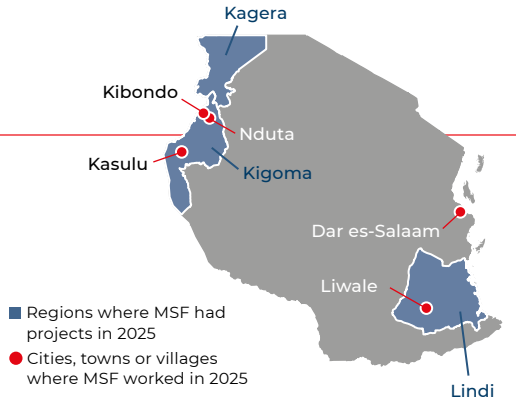
No. staff in 2025: 232 (FTE) » Expenditure in 2025: €9.1 million
MSF first worked in the country: 1993 » msf.org/tanzania

KEY MEDICAL FIGURES

39,500
outpatient consultations

11,000
people admitted to hospital

5,570
births assisted



Médecins Sans Frontières (MSF) activities in Tanzania included providing specialist healthcare for refugees, supporting public hospitals with training, donations of supplies, and improvements to infrastructure, and tackling a cholera outbreak.

For the past decade, MSF has been the sole provider of specialised healthcare for Burundian refugees in Nduta camp. The population has decreased by 50 per cent since its 2017 peak, and stood at 55,000 by the end of 2025.[1] Despite funding cuts and the withdrawal of major partners, our teams remained a reliable presence, as accelerated voluntary repatriations ahead of the planned camp closure in March 2026 increased tensions and fears among refugees. In 2025, as well as running a range of general and specialist services, including maternal and neonatal healthcare and mental health support, our teams continued to speak out about the dire conditions in the camp and the need for sustained international support.

In Liwale, people are living in remote communities, with a lack of health facilities. MSF worked to strengthen maternal and emergency services at the district hospital, by renovating the operating theatre and neonatal intensive care unit, and donating biomedical equipment. We also installed solar panels to improve the power supply, and upgraded sanitation and waste systems. Elsewhere in the district, our teams enhanced the quality of care by making regular monthly supervisory visits to health centres, and donating medical supplies to dispensaries. We engaged with the community to help them obtain the care they needed. In addition, we had an ambulance based in Kimambi, to facilitate around-the-clock emergency referrals.

Following the cholera outbreak declared on 18 August in Nyansha ward, Kasulu district, we supported the Ministry of Health's response, focusing on treating patients in the 20-bed cholera treatment centre, curbing transmission by improving infection prevention and control measures, and running community awareness-raising activities.

Ahead of the October 2025 general elections, MSF supported emergency preparedness in Dar es-Salaam, where unrest risked overwhelming public facilities. At Amana regional referral hospital, and in Buguruni and Magomeni health facilities, our teams assisted with mass-casualty planning, triage, staff training, logistics, and referral systems.

1 UNHCR: https://data.unhcr.org/en/situations/burundi/location/2030

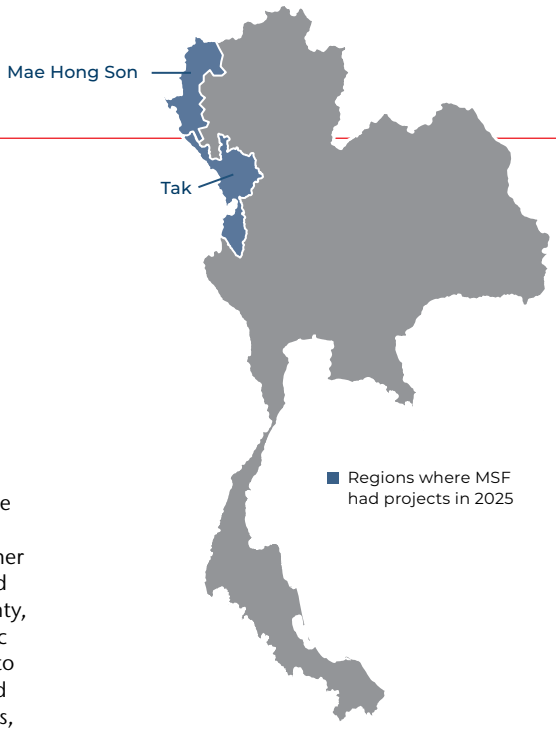
Thailand

No. staff in 2025: 14 (FTE) » Expenditure in 2025: €0.9 million
MSF first worked in the country: 1976 » msf.org/thailand

KEY MEDICAL FIGURES

1,490
mental health consultations provided in group sessions

170
individual mental health consultations



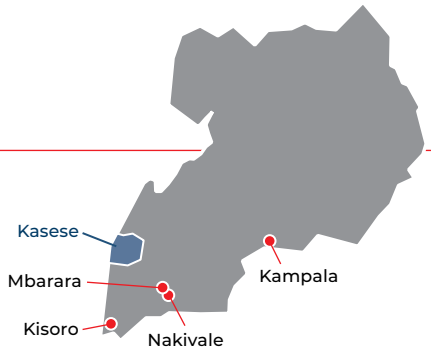
In Thailand, Médecins Sans Frontières (MSF) assisted refugees from conflict-ravaged eastern Myanmar with referrals for specialised healthcare throughout 2025.

Continued violence and the collapse of health services in Myanmar drove thousands of people over the border into northwestern Thailand, in search of refuge and assistance in camps or other areas hosting migrant communities. Many lived in precarious conditions, facing legal uncertainty, restricted mobility, and limited access to public services. In addition, severe budget cuts, due to reduced US funding, have diminished food and healthcare, causing direct health consequences, such as malnutrition and harmful coping strategies.

In these border areas, MSF helped with referrals to facilities in Mae Hong Son state, in northern Thailand, for patients from Kayah and Kayin states (also known as Karenni and Karen, respectively), in eastern Myanmar, who needed specialised care but were unable to obtain it in their home country due to the conflict. We also started providing mental health services in a patient house for refugees, where people can stay to recover from surgery, in Mae Sariang.

Uganda

No. staff in 2025: 301 (FTE) » Expenditure in 2025: €6.7 million
MSF first worked in the country: 1986 » msf.org/uganda



Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

KEY MEDICAL FIGURES

49,500 outpatient consultations

8,090 antenatal consultations

2,580 consultations for sickle cell disease

1,190 consultations for contraceptive services

Médecins Sans Frontières (MSF) runs a clinic tailored to the needs of adolescents in Uganda's Kasese district. We also support the health authorities to respond to disease outbreaks and other emergencies.

Our dedicated clinic in Kasese implements a one-stop-shop approach, delivering a broad range of medical services, with a focus on sexual and reproductive healthcare, for patients aged between 10 and 19 years. We also provide social and mental health support for victims and survivors of sexual violence of all ages, and help patients with the management of chronic conditions. In 2025, we started to treat sickle cell disease with hydroxyurea, a drug that prevents severe attacks.

In addition, MSF teams are ready to support the Ugandan health authorities in case of emergency. In response to an Ebola outbreak that was declared in January, we refurbished the 32-bed Ebola treatment centre that we had constructed close to Mulago national referral hospital in Kampala in 2022, and built a new Ebola treatment unit at a health centre in Mbale. We also offered advice on medical care and patient pathways, and trained Ministry of Health staff on infection prevention and control measures in Kasese, Fort Portal, and Mbale.

Other emergency activities in 2025 included assisting refugees from the war in neighbouring Democratic Republic of Congo. In April, we donated drugs and tents to UNHCR, the UN refugee agency, to assist their response to a cholera alert in Kisoro settlement. In July, we provided drugs, training, and materials for water and sanitation services to a local partner association in Nakivale refugee settlement.

Ukraine

No. staff in 2025: 425 (FTE) » Expenditure in 2025: €15.4 million
MSF first worked in the country: 1999 » msf.org/ukraine

Regions where MSF had projects in 2025
Cities, towns or villages where MSF worked in 2025

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

KEY MEDICAL FIGURES

79,400 outpatient consultations

13,200 individual mental health consultations

570 patients admitted to hospital

As the war in Ukraine continued in 2025, Médecins Sans Frontières (MSF) teams remained close to the frontlines, assisting people with both physical and psychological trauma.

In 2025, MSF worked in five hospitals near frontlines in the south and east of Ukraine, including the city of Kherson. We responded to mass-casualty incidents, referring the injured in our ambulances and supporting emergency departments, intensive care units, and operating theatres. In addition, we treated many patients for chronic conditions that had become acute owing to a lack of general healthcare.

We ran mobile clinics and ambulance referrals along the frontlines in Donetsk, Dnipropetrovsk, Kharkiv, Kherson, Mykolaiv, Sumy, and Zaporizhzhia regions. Our teams screened for tuberculosis and offered treatment for chronic diseases, such as hypertension, mainly to elderly people and people with limited mobility, many of whom had resorted to living in basements or shelters to escape the shelling.

During the year, we increased our activities in displacement shelters to assist the growing number of people fleeing the frontlines. The number of consultations we provided through mobile clinics increased in 2025, compared with 2024.

Repeated attacks on energy infrastructure by Russian forces further disrupted every aspect of daily life, especially in the winter, when the temperature dropped to minus 20 degrees Celsius. Widespread power cuts impacted the functioning of hospitals, often leading to delays in the provision of care, and exacerbated health issues among people living in basements and shelters.

In Cherkasy, Dnipro, Odesa, and Zaporizhzhia, MSF ran rehabilitation services comprising physiotherapy, mental health care, and nursing support for patients who had recently undergone trauma surgery, including amputations.

As well as delivering direct care, we continued to send medical supplies to hospitals near the frontlines and conduct training for mass-casualty incidents.

In Vinnytsia, we run a specialised post-traumatic stress disorder clinic offering psychological support, health promotion, and social assistance. In 2025, we saw not only an overall rise in consultations at the clinic, but also an increase in complex and severe cases, with many patients suffering the effects of prolonged exposure to frontlines.

United Kingdom

No. staff in 2025: 4 (FTE) » Expenditure in 2025: €0.4 million
MSF first worked in the country: 2020 » msf.org/united-kingdom

KEY MEDICAL FIGURES

82
individual mental health consultations

24
mental health consultations provided in group sessions

In 2025, Médecins Sans Frontières (MSF) supported asylum seekers and refugees in the United Kingdom (UK) through community activities, clinical assessments, social support, and psychological therapy.

In the UK, refugees and asylum seekers often struggle to obtain the comprehensive services they need after making dangerous journeys to reach the country.

In partnership with Doctors of the World, MSF ran mobile clinics to assist people being held at Wethersfield mass containment site in Essex from late 2023 until April 2025. During this time, we identified several people as having acute mental health needs, which led us to begin a mental health programme for refugees and asylum seekers being housed in different accommodation in Birmingham and Sandwell.

In these locations, MSF provides a range of services, including outreach activities, initial assessments, and individual and group therapy sessions.

● Cities, towns or villages where MSF worked in 2025

With these activities, we aim to facilitate access to care, identify needs, and refer elsewhere as necessary.

Once we identify a person as needing psychological support, we conduct an initial assessment to determine whether our trauma programme is suitable for them. People with symptoms of post-traumatic stress disorder are enrolled in a seven-week trauma treatment programme designed to support symptom management and improve emotional stability.

At the end of each programme cycle, people have follow-up interviews to measure their progress and determine whether they need a referral for further treatment. Throughout this stage, we support them to deal with administrative and bureaucratic barriers.

Uzbekistan

No. staff in 2025: 115 (FTE) » Expenditure in 2025: €4.3 million
MSF first worked in the country: 1997 » msf.org/uzbekistan

KEY MEDICAL FIGURES

58
people newly diagnosed with HIV

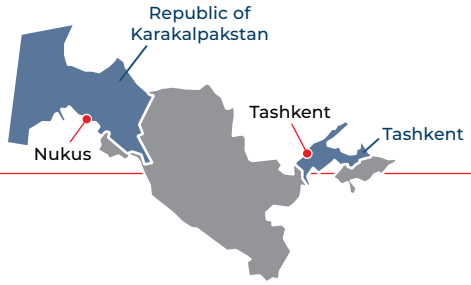
8
people started on treatment for MDR-TB

In Uzbekistan, Médecins Sans Frontières (MSF) continued to work with the Ministry of Health to improve diagnosis and treatment for people living with HIV and tuberculosis (TB).

In the capital, Tashkent, MSF concentrated on supporting diagnosis and treatment for HIV and co-infections. In June 2025, we successfully concluded our HIV outreach project, which engaged people from high-risk groups to offer testing, diagnosis, and information on infection prevention. We handed over our mobile clinic to the Ministry of Health.

In September, we ended our long-running collaboration with the Karakalpakstan Tuberculosis Programme. The closing ceremony, attended by MSF staff, national health authorities, and representatives of the expert community, marked almost three decades of joint efforts to strengthen TB care in Karakalpakstan.

Since 1998, MSF had focused on improving TB diagnosis and treatment, transforming the regional TB care system, and promoting shorter, less toxic



■ Regions where MSF had projects in 2025
● Cities, towns or villages where MSF worked in 2025

treatment regimens. We also worked to build the capacity of local providers so that TB care continues after our departure. In addition, we handed over a state-of-the-art mycobacteriology laboratory, now one of the most advanced facilities of its kind in Central Asia. This lab plays a critical role in diagnosing both drug-sensitive TB and multidrug-resistant TB, providing high-quality testing services across the region.

In April, our team travelled to Almaty, Kazakhstan, to co-host a TB workshop with the aim of accelerating the adoption, uptake, and effective implementation of the World Health Organization's latest policies on TB diagnostics, prevention, screening, treatment, and nutrition across countries in the region with a high TB burden, including Uzbekistan.

With our two long-standing projects concluded by the end of 2025, we began looking at what medical and humanitarian needs MSF could address in Uzbekistan in the future.

Venezuela

No. staff in 2025: 185 (FTE) » Expenditure in 2025: €6.2 million
MSF first worked in the country: 2015 » msf.org/venezuela

KEY MEDICAL FIGURES

169,800
outpatient consultations

15,300
consultations for contraceptive services

870
individual mental health consultations

76
people treated for sexual violence

As the political and socioeconomic crisis continued in Venezuela in 2025, Médecins Sans Frontières (MSF) worked to reduce gaps in healthcare by providing essential services, and strengthening local health facilities.

In Venezuela, people are living with a practical collapse of the institutions that should cover their basic needs after more than 25 years of an authoritarian regime, corruption, and political repression. In 2025, economic deterioration, which was exacerbated by sanctions and political isolation, worsened in the face of withdrawn international aid funding. People, and especially women, are often unable to receive the care they need due to a lack of health professionals, functioning facilities, and essential supplies.

Our teams supported the public health network in Anzoátegui and Delta Amacuro states by providing direct care, including sexual and reproductive health services, and implementing infection prevention and control measures. In Anzoátegui, our activities included general healthcare, maternal and neonatal health services, family planning consultations, and treatment for victims and survivors of sexual violence. MSF promoted a comprehensive approach to sexual violence care in facilities across the state.

In 2025, based on assessing people's needs, we refocused activities on reducing high levels of maternal and neonatal deaths.

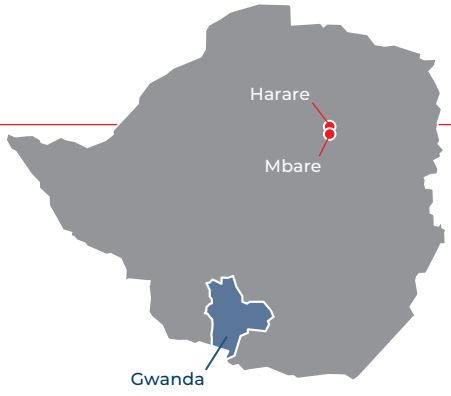
To ensure the successful handover of our other activities in Anzoátegui, we donated medical supplies to the centres where we worked, performed preventive maintenance on medical equipment, and carried out structural renovations.

In Delta Amacuro, we continued to deliver medical care to remote, mainly Indigenous, communities, despite the logistical challenges posed by the geography of the state. Having to travel by river means that it can take people up to six hours to reach health facilities. Our teams in this area work to increase the provision of general healthcare, sexual and reproductive health services, and treatment for malnutrition, tuberculosis, and HIV, and to implement MSF technical protocols in specialities with high death rates, such as maternal and neonatal care.

Finally, the team carried out extensive preparation and planning for possible emergency scenarios arising from political instability and tensions between the governments of the United States and Venezuela.

Zimbabwe

No. staff in 2025: 104 (FTE) » Expenditure in 2025: €4.7 million
MSF first worked in the country: 2000 » msf.org/zimbabwe



KEY MEDICAL FIGURES

28,500
outpatient consultations

4,380
consultations for contraceptive services

410
individual mental health consultations

260
people receiving HIV antiretroviral treatment

Médecins Sans Frontières (MSF) runs projects to increase access to healthcare for underserved groups in Zimbabwe, such as adolescents, people who engage in sex work, and artisanal mining communities.

In Gwanda, MSF provides medical care to artisanal miners, their families, and host communities through mobile clinics. People in this hard-to-reach area are exposed to health risks linked to unsafe working conditions, a lack of local health facilities, and other barriers to care, such as affordability. In 2025, MSF ran a range of medical services at 36 mining locations, including general healthcare, treatment for HIV, tuberculosis (TB), silicosis, and mental health conditions, and health promotion.

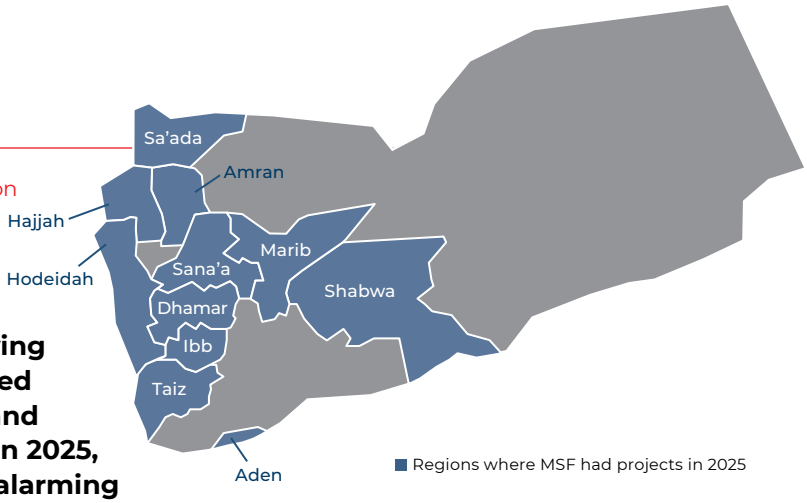
To facilitate earlier detection and diagnosis of TB and silicosis (a lung disease that typically affects people working in construction, mining, and stone cutting) in these remote communities, we introduced a portable x-ray and computer-aided detection system. We also adopted a peer-led model for mental health care, recruiting peer educators who are integrated in the community and can refer people for mental health services with MSF.

In Mbare and Epworth, densely populated settlements in the capital, Harare, MSF teams continue to offer youth-friendly, one-stop sexual and reproductive health services, focused on addressing the multiple and evolving health needs of adolescents and young people. We offer testing and treatment for HIV and sexually transmitted infections, as well as HIV pre-exposure prophylaxis, counselling, and mental health support. Through our peer-led, community participation model, we also worked to reduce barriers to access, promote continuity of care, and strengthen adolescents' agency in managing their health.

We continue to adapt our medical and operational approaches to reach underserved communities, reinforcing our commitment to equitable access to healthcare in Zimbabwe.

Yemen

No. staff in 2025: 1,822 (FTE) » Expenditure in 2025: €88.6 million
MSF first worked in the country: 1986 » msf.org/yemen



KEY MEDICAL FIGURES

386,600
outpatient consultations

216,500
patients admitted to hospital

30,500
births assisted

29,600
people treated for cholera

21,000
individual mental health consultations

12,400
people treated for measles

11,700
children admitted to inpatient feeding programmes

4,500
malaria cases treated

In Yemen, Médecins Sans Frontières (MSF) delivers lifesaving care to people affected by regional conflict and economic hardship. In 2025, we responded to an alarming rise in malnutrition cases.

Yemen is experiencing a severe medical humanitarian crisis, exacerbated by deep cuts in international funding. In 2025, the country was also affected by military escalations, including some linked to the Gaza–Israel war.

The closure of health facilities across the country has had devastating consequences for communities already facing immense adversity. As funding shortfalls and ongoing insecurity forced clinics and hospitals to scale down operations or close altogether, millions of people were left with little or no access to essential services, such as maternal care, vaccinations, emergency surgery, and treatment for chronic diseases. The facilities that continue to function are overwhelmed with patients, and struggle to provide adequate care due to shortages of medicines and staff. This growing strain on the healthcare system is putting more lives at risk.

Increasing pressure on humanitarian operations and growing access constraints limited the ability to deliver care at scale, particularly in the north of the country. As humanitarian capacity declined, fewer services remained available for communities, placing additional strain on MSF-supported facilities and underscoring the widening gaps in the overall response.

MSF operated in 12 hospitals and 9 health facilities across 11 governorates, delivering a range of medical services, including emergency care, maternal and paediatric services, nutritional support, and specialised surgery. Our teams also supported emergency responses to an outbreak of acute watery diarrhoea, and treated people injured in airstrikes in Yemen during regional military escalations linked to the Gaza–Israel war.

Malnutrition care

In 2025, health facilities in Yemen were increasingly overwhelmed by the numbers of malnourished children, as soaring prices and suspensions and reductions in food assistance programmes limited the availability of nutritious food for families. Facilities where we work in Yemen, including Abs hospital in Hajjah governorate, recorded an increase in malnutrition cases, aggravated by gaps in healthcare and vaccination coverage. At Al-Salam hospital in Amran governorate, where we also work, rising malnutrition cases coincided with shrinking international funding and inadequate therapeutic food supplies. Despite these constraints, our teams expanded inpatient capacity from 30 to 81 beds,

Patients receive treatment for acute watery diarrhoea at the MSF-supported diarrhoea treatment centre in Al-Qaeda City. Ibb governorate, Yemen, August 2025.
© Sadiq Onundi/MSF

An MSF midwife cares for a newborn in the neonatal intensive care unit at Al-Salam hospital in Khamir. Amran governorate, Yemen, April 2025.
© Charlotte Sujobert/MSF

and continued treating children with moderate acute malnutrition. Our team also operates a large inpatient therapeutic feeding centre in Ad-Dahi, which has a 103-bed capacity.

In Haydan hospital, Sa'ada governorate, the number of children we treated for severe acute malnutrition in the inpatient therapeutic feeding centre increased significantly during the third quarter of the year, reflecting growing needs and the reduced availability of treatment for malnutrition due to aid cuts.

Maternal and child healthcare

Maternal and child healthcare remains a central component of our activities in Yemen. In 2025, we ran comprehensive maternal, neonatal, and paediatric services, comprising inpatient and outpatient care, ante- and postnatal consultations, and assistance with deliveries, including caesarean sections.

At Abs hospital, Hajjah governorate, and Al-Salam hospital in Khamir, Amran governorate, we continued to support maternity, neonatal, and paediatric wards. In Taiz governorate, we increased our maternity capacity to 54 beds within the general hospital in Mocha city, and offered comprehensive maternal, obstetric, and neonatal care. We also worked in the inpatient paediatric department of the hospital, in collaboration with the Ministry of Health, operating a 72-bed specialised healthcare facility, with an emergency room for children under 12.

In Hodeidah governorate, we ran specialist maternity and neonatal services at Al-Qanawes mother and child hospital. We also provided paediatric and neonatal care for rural communities in Ad-Dahi district, and in Dhi As-Sufal, Ibb governorate.

At Haydan hospital in Sa'ada governorate, our teams reported an increase in admissions to the maternity room for deliveries, and high demand for paediatric services.

Emergency healthcare

From April 2025, Yemen witnessed a worrying spike in acute watery diarrhoea cases. Years of protracted conflict, crumbling infrastructure, and a lack of access to clean water and sanitation services, compounded by heavy rains, have consistently fuelled the spread of water-borne diseases in the country.

To cope with the surge in cases, MSF opened a 50-bed diarrhoea treatment centre (DTC) in Abs hospital, in collaboration with the Ministry of Health. We later expanded this to 75 beds, and opened an additional 20-bed centre in Al-Qanawes. We also worked with the ministry to open a diarrhoea treatment unit in Al-Zuhra district, where most of the patients we treated in Abs hospital came from, and set up seven oral rehydration points (ORPs) in the community.

In addition, we opened a 30-bed DTC at Al-Salam hospital to respond to a growing acute watery diarrhoea outbreak. As the number of patients increased, we boosted capacity to 80 beds, and supported three ORPs across Khamir district. Our teams worked with community health workers to raise awareness of the disease and refer suspected cases to the DTC. In Mafraq Al-Mocha healthcare centre in Taiz, we constructed a two-bed isolation unit and renovated the emergency room, and continued to support emergency and outpatient services. We also supported a 150-bed DTC in Ibb governorate.

Project handovers

In 2025, we handed over some of our long-running medical activities in Yemen, including projects in Ataq city, Shabwa governorate, and Taiz and Marib cities, to the local health authorities. To support continuity after the handovers, we donated six months' worth of medical supplies, and offered temporary assistance, including water, fuel, food, and staff incentives.

Facts and figures

Médecins Sans Frontières (MSF) is an international, independent, private, and non-profit organisation.

The MSF associations
We are a movement with activities focused on the countries where we provide assistance, engaging MSF volunteers and staff from all over the world in a shared commitment to medical humanitarian action.

Through MSF associations, members have the right and responsibility to voice their opinions, and contribute to the definition and guidance of our social mission. The associations bring together individuals in formal and informal debates and activities – in operational projects, in general assemblies at national and regional levels, and in an annual International General Assembly.

Because the people making the decisions are current or former staff, MSF remains relevant to the needs seen in the countries where we run activities and focused on medical care and on our core principles: independence, impartiality, and neutrality.

Today, the international MSF movement is composed of 28 associations around the world. Each of them is an independent legal entity registered in the country where they are based. The associations elect their own board of directors and president during their General Assembly.

The associations are: Australia, Austria, Belgium, Brazil, CAMEX (Central America and Mexico), Canada, Democratic Republic of Congo, Denmark, Eastern Africa, France, Germany, Greece, Hong Kong, Italy, Japan, Latin America, Luxembourg, the Netherlands, Norway, South Asia, South Korea, Southern Africa, Spain, Sweden, Switzerland, the United Kingdom, the USA, and WaCA (West and Central Africa).

Our offices around the world
The MSF associations are linked to seven Operational Directorates that directly manage our humanitarian action in the countries where we work, and decide when, where, and what medical care is needed.

MSF sections are offices that support our work with patients and communities. They mainly recruit staff, organise fundraising, and raise awareness of the humanitarian crises our teams are witnessing. Each MSF section is linked to an association, which defines the strategic direction of the section and ensures accountability for the work done.

Some MSF sections have opened branch offices to extend this support work further. Currently, there are 24 sections and 19 branch offices around the world.

Additional satellite offices exist to support our work, mainly for logistics, supply, and epidemiology.

These satellites provide specific activities for the benefit of the MSF movement and/or MSF entities, such as humanitarian relief supplies, epidemiological and medical research, IT services, fundraising, facility management, and research on humanitarian and social action. As these entities are controlled by MSF, they are included in the scope of the MSF International Financial Report and the figures presented here.

The figures presented below describe MSF's finances on a combined international level. This means that they add up the finances of all sections after eliminating all transactions and balances between MSF entities. The 2025 combined international figures have been prepared in accordance with Swiss GAAP FER/RPC. The figures have been audited by the accounting firm Ernst & Young.

The full 2025 International Financial Report can be found on www.msf.org. In addition, each national office publishes annual, audited Financial Statements according to its national accounting policies, legislation, and auditing rules. Copies of these reports may be requested from the national offices.

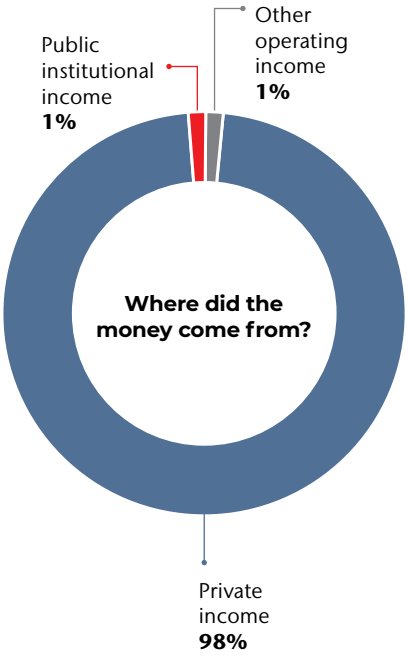
The figures presented here are for the 2025 calendar year. All amounts are presented in millions of euros. Note: Rounding ***may result in apparent inconsistencies in totals.***

* Figures relating to all the branch offices are included in the International Financial Report, although some are not disclosed separately.

Where did the money come from?

MSF's revenue in 2025 exceeded €2.6 billion. The breakdown of income by source has remained stable. Income increased by €248 million, or 10 per cent, over 2024.

	2025		2024		Variation 2025 vs 2024
	in millions EUR	*percentage*	*in millions EUR*	*percentage*	*in millions EUR*
Private income	2,560	98%	2,313	98%	248
Public institutional income	25	1%	25	1%	0
Other operating income	19	1%	24	1%	-5
Total operating income	**2,605**	**100%**	**2,365**	**100%**	**242**

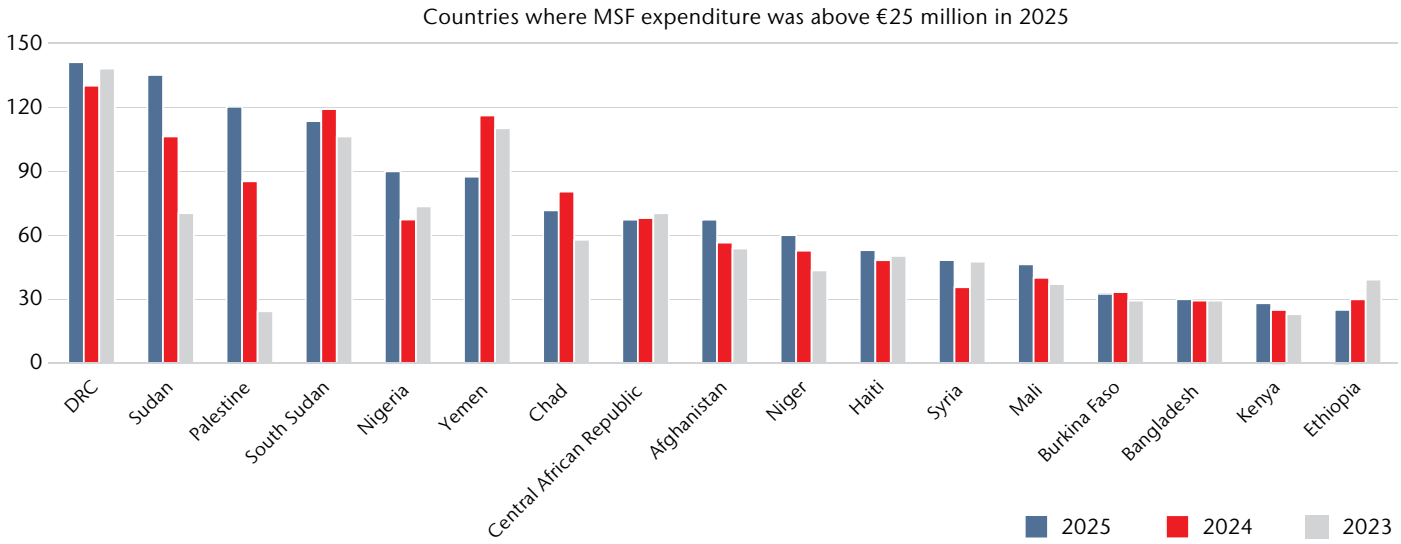


More than 7.5 million private donors

As part of MSF's effort to guarantee its independence and strengthen the organisation's link with society, we strive to maintain a high level of private income. In 2025, 98 per cent of MSF's operating income came from private sources.

More than 7.5 million individual donors and private foundations worldwide made this possible. Public institutional agencies providing funding to MSF included, among others, the governments of Canada and Switzerland; the Global Fund to Fight AIDS, Tuberculosis and Malaria; Unitaid; and national health institutes, research organisations, regional councils, and municipalities of France, Luxembourg, and Switzerland.

Where did the money go?



Africa

	in millions EUR
Democratic Republic of Congo	141
Sudan	135
South Sudan	114
Nigeria	90
Chad	72
Central African Republic	68
Niger	61
Mali	46
Burkina Faso	33
Kenya	28
Ethiopia	25
Mozambique	19
Somalia	17
Sierra Leone	15
Tanzania	9
Cameroon	9
Malawi	7
Côte d'Ivoire	7
Uganda	7
Guinea	6
Mauritania	5
Madagascar	5
Zimbabwe	5
Burundi	5
Eswatini	5
Benin	4
Search and rescue operations	3
South Africa	2
Liberia	2
Senegal	1
Others	1
Total	**944**

Asia & Pacific

	in millions EUR
Afghanistan	67
Bangladesh	31
Myanmar	19
Pakistan	15
India	10
Malaysia	3
Philippines	2
Papua New Guinea	2
Kiribati	2
Sri Lanka	1
Indonesia	1
Thailand	1
Total	**154**

Europe & Central Asia

	in millions EUR
Ukraine	15
Greece	8
France	8
Uzbekistan	4
Tajikistan	3
Italy	3
Belgium	2
Armenia	2
Poland	1
Kazakhstan	1
Balkans[1]	1
Others	1
Total	**49**

Americas

	in millions EUR
Haiti	53
Mexico	10
Venezuela	6
Brazil	4
Honduras	4
Colombia	2
Jamaica	1
Guatemala	1
Panama	1
Total	**84**

Southwest Asia[2] & North Africa

	in millions EUR
Palestine	121
Yemen	89
Syria	49
Lebanon	25
Iraq	19
Jordan	13
Libya	5
Iran	4
Egypt	2
Total	**327**

Unallocated

	in millions EUR
Transversal activities	22
Total	**22**

Total all contracts and countries **1,580**

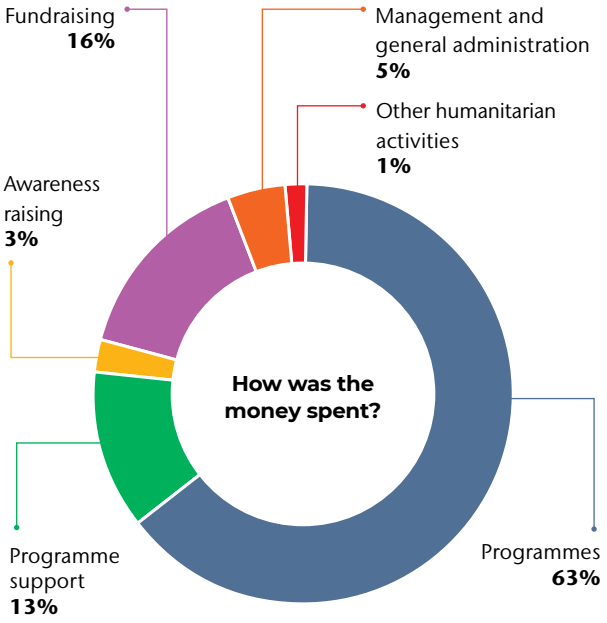
1 Balkans includes Serbia.
2 Southwest Asia refers to the region more commonly known as the Middle East.
**Others includes countries where expenditure was less than 1 million euros.
***Transversal costs are those expenses which cannot be directly attributed to any mission, or are shared by two missions or more.

How was the money spent?

Operating expenses reached €2.5 billion in 2025. This represents a 45% increase over the last six years (2019-2025). MSF's priority is to maximise the funding that goes to programmes, and the ratio of expenses going towards programmes has slightly decreased, from 63.4% in 2024 to 63.2% in 2025. The share of expenses directly related to the mission of MSF has remained at 79% in the last two years. Fundraising expenses ensure that MSF can continue receiving a substantial share of its funding from private, independent sources.

Operational expenses by activity

	2025		2024	
	in millions EUR	*percentage*	*in millions EUR*	*percentage*
Programmes	1,580	63%	1,510	63%
Programme support	316	13%	294	12%
Awareness raising	63	3%	56	2%
Other humanitarian activities	16	1%	22	1%
Social mission	**1,975**	**79%**	**1,882**	**79%**
Fundraising	398	16%	373	16%
Management and general administration	127	5%	129	5%
Other operating expenses	**525**	**21%**	**502**	**21%**
OPERATING EXPENSES	**2,500**	**100%**	**2,384**	**100%**



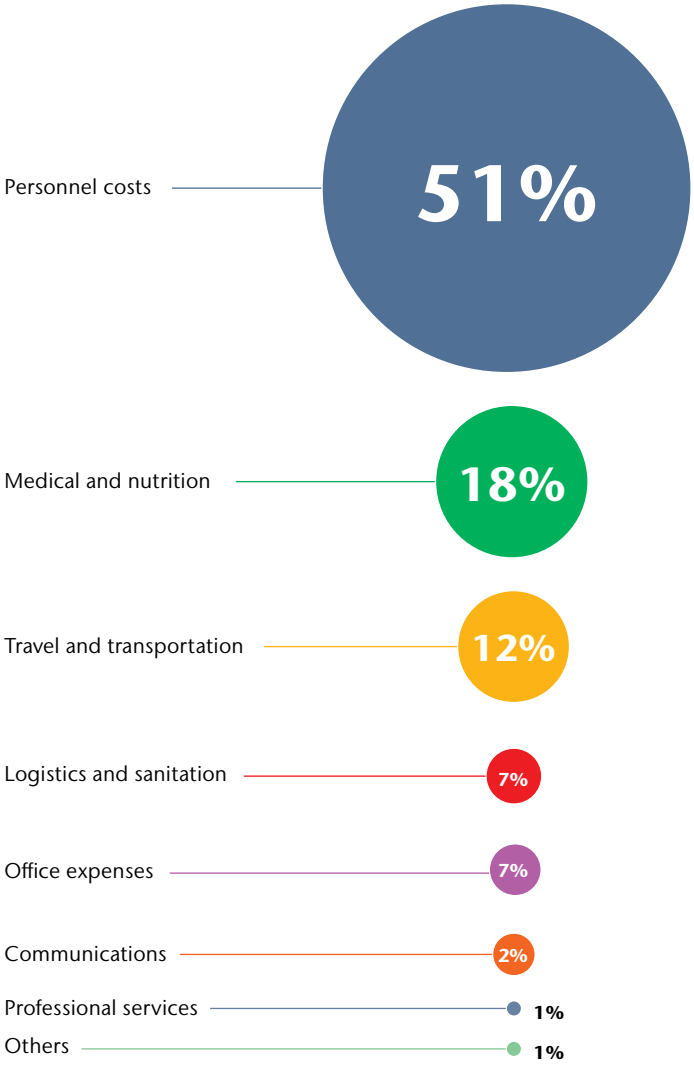
The largest category of expenses is dedicated to 'Personnel costs'; 51% of expenditure comprises all costs related to locally hired and international staff (including salaries, social charges, plane tickets, insurance, accommodation, etc).

The 'Medical and nutrition' category includes drugs and medical equipment, vaccines, hospitalisation fees, and therapeutic food. The delivery of these supplies is included in the category of 'Travel and transportation'.

'Logistics and sanitation' comprises building materials and equipment for health centres, and water and sanitation and logistical supplies.

'Others' includes grants to external partners and taxes.

Programme expenses[1] by nature



[1] **Programme expenses** represent expenses incurred in the field, or by headquarters on behalf of the field. All expenses are allocated in line with the main activities performed by MSF according to the full cost method. Therefore, all expense categories include salaries, medical costs, logistics and transport costs, and other direct costs.

Year-end financial position

	2025		2024	
	in millions EUR	*percentage*	*in millions EUR*	*percentage*
Cash and cash equivalents	1,124	56%	1,071	54%
Other current assets	517	26%	525	27%
Non-current assets	373	19%	380	19%
TOTAL ASSETS	**2,013**	**100%**	**1,976**	**100%**
Restricted funds[2]	**61**	**3%**	**36**	**2%**
Unrestricted funds[3]	1,479	73%	1,413	71%
Other funds[4]	59	3%	98	5%
Organisational capital	**1,538**	**76%**	**1,511**	**76%**
Current liabilities	383	19%	388	20%
Non-current liabilities	31	2%	41	2%
Current and non-current liabilities	**414**	**21%**	**429**	**22%**
TOTAL LIABILITIES AND FUNDS	**2,013**	**100%**	**1,976**	**100%**

HR statistics

	2025		2024	
	no. staff	*percentage*	*no. staff*	*percentage*
Staff positions[5]				
Locally hired programmes staff	39,943	80%	42,899	82%
International programmes staff	4,187	8%	4,100	8%
Field positions[6]	**44,130**	**89%**	**46,999**	**90%**
Positions at headquarters	**5,641**	**11%**	**5,329**	**10%**
TOTAL STAFF	**49,771**	**100%**	**52,329**	**100%**

The complete International Financial Report is available at www.msf.org

The result for 2025, after adjusting for financial results, extraordinary result, and exchange gains/losses, shows a surplus of €81 million (surplus of €34 million for 2024). MSF's funds have been built up over the years by surpluses of income over expenses. At the end of 2025, the remaining available reserves (excluding permanently restricted funds and capital for foundations) represented 7.7 months of activities at 2025 level (7.8 months in 2024).

The purpose of maintaining financial reserves is to meet the following needs:

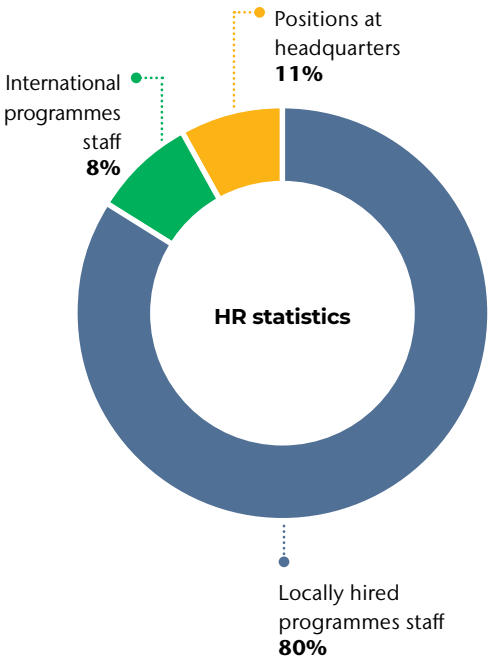
a) Meet working capital needs over the course of the year, as fundraising traditionally has seasonal peaks, while expenditure is relatively constant;

b) Provide a swift operational response to humanitarian needs that will be funded by forthcoming public fundraising campaigns and/or by public institutional funding;

c) Secure funds for future major humanitarian emergencies for which sufficient funding cannot be obtained;

d) Facilitate the sustainability of long-term programmes (e.g. antiretroviral treatment programmes); and

e) Protect activities when a sudden unplanned event takes place, such as a sudden drop in private and/or public institutional funding that cannot be matched in the short term by a reduction in expenditure, or unforeseen changes in economic conditions, including foreign exchange variations.



[2] **Restricted funds** may be permanently or temporarily restricted: permanently restricted funds include capital funds, where the assets are required by the donors to be invested or retained for long-term use, rather than expended in the short term, and minimum compulsory level of funds to be maintained in some countries; temporarily restricted funds are unspent donor funds designated to a specific purpose (e.g. a specific country or project), restricted in time, or required to be invested and retained rather than expended, without any contractual obligation to reimburse.

[3] **Unrestricted funds** are unspent, non-designated donor funds expendable at the discretion of MSF's trustees in furtherance of our social mission.

[4] **Other funds** are foundations' capital and translation adjustments arising from the translation of entities' financial statements into euros.

[5] **Staff numbers** represent the number of full-time equivalent positions averaged out across the year.

[6] **Positions in programmes** include programme and programme support staff.

MSF staff aboard *Oyvon*, MSF's search and rescue vessel, respond to people in distress who travelled for three days on an overcrowded and unseaworthy rubber boat. Central Mediterranean Sea, November 2025.
© Lisa Veran/MSF

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Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare, and natural disasters. MSF offers assistance to people based on need and irrespective of race, religion, gender, or political affiliation.

MSF is a non-profit organisation. It was founded in Paris, France, in 1971. Today, MSF is a worldwide movement of 28 associations. Thousands of health professionals, logistics, and administrative staff manage projects in more than 70 countries worldwide. MSF International is based in Geneva, Switzerland.

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Cover photo »
Dr Hasna Hena Mou and medical assistant Rajib Mazumdar treat Shofi Mohammad for abscesses in the emergency room of MSF's Kutupalong hospital, as Shofi's father, Anas Mohammad, comforts him. Cox's Bazar, Bangladesh, May 2025.