

IMPACT REPORT



MSF CANADA
2022 ANNUAL REPORT
doctorswithoutborders.ca





Shakir, an MSF nurse, gives medication to a patient during a mobile clinic in the village of Nangar Daro in Sindh province, Pakistan, 2022.

© Asim Hafeez

MSF'S HUMANITARIAN ACTION IN 2022

In 2022, Doctors Without Borders/ Médecins Sans Frontières (MSF) teams responded to complex and interconnected emergencies in 78 countries as war, climate-related disasters and forced displacement drove humanitarian needs. Core to our work remained the act of bearing witness – amplifying the voices of those we assisted and speaking out about what we saw and heard while delivering medical care. In doing so, we aimed to draw the world's attention to crises and stand in solidarity with people experiencing emergencies firsthand. Thank you for being part of our work.

Once again, we assisted people affected by extreme weather events such as floods in South Sudan and South Africa, drought in Somalia and cyclones in Madagascar and

the Philippines. In January, our teams provided treatment to children with malnutrition on the outskirts of N'Djamena, Chad, in what was the driest and shortest rainy season many people could remember. Several months later, our teams assisted communities in the same area, as thousands of people were displaced by flooding due to abnormally high seasonal rains.

In June, Pakistan was swept by severe floods, putting one-third of the country underwater. Some areas were still flooded more than three months later. The devastation displaced over 30 million people and left thousands dead and injured. MSF teams provided medical and nutritional care as well as water and sanitation support for people across Sindh and Balochistan provinces.

We swiftly increased our humanitarian response in Ukraine following the dramatic escalation of violence when Russian forces conducted large-scale attacks across the country. MSF provided staff and materials, as well as training to Ukrainian surgeons and other healthcare workers to help them cope with large influxes of wounded patients.

The escalation of war in Ukraine posed several challenges for MSF teams and we had to adapt new ways of reaching people amid fast-moving frontlines. This included using specially designed medical trains to transport patients away from danger zones and running mobile clinics in shelters for people who had been displaced. At the same time, we opened hotlines to provide tele-healthcare support for people with chronic conditions.

Consequences of the war in Ukraine were felt well-beyond Europe, worsening other less reported emergencies. Compounded by wide-spread global economic decline, a lack of food and a surge of diseases including measles left millions of children at risk of malnutrition. MSF teams responded to alarming rates of malnutrition in Nigeria, Ethiopia, Kenya, Afghanistan, Chad and Yemen during the year.

Climate change, water scarcity and conflict also contributed to a resurgence in cholera globally, with more than 30 countries recording cases or outbreaks last year. MSF responded to this highly contagious disease in at least 10 countries, including Cameroon, Democratic Republic of Congo, Kenya, Niger and Syria.

The UN estimated that nearly 100 million people were forcibly displaced around the world last year. Some were caught at Belarusian, Latvian, Lithuanian or Polish borders, where they were met with frequent and often violent pushbacks. From the beginning of the year, hostile policies restricted our access to people in need of medical assistance. The war in Ukraine revealed a stark double standard in European migration policies: entry to EU countries was swiftly facilitated for millions of Ukrainians fleeing violence, while others seeking asylum in Europe were harshly denied entry.

In spite of widespread humanitarian needs, rhetoric against nongovernmental organizations (NGOs) continued in some parts of the world. In December, edicts were issued banning female NGO workers in Afghanistan, with an informal exemption for those working in healthcare. While MSF can retain women on our teams – for now – we are deeply worried about the longer-term and what impact this will have on the health and well-being of women and girls in the country.

We also witnessed the criminalization of humanitarian assistance in some places, including Mali and Niger. This has made it extremely difficult to reach people caught in a decade-long conflict along the Sahel border region of Niger, Mali and Burkina Faso that saw rocketing insecurity and displacement levels last year.

Despite challenges, our teams continued to deliver emergency care to millions of people, many of whom had no other access to healthcare. This work was made possible thanks to nearly seven million donors, who together raised \$3.08 billion – more than 97 per cent of our funding last year. This independent funding enables our rapid impartial response to communities around the world and inspires us to speak out about what they experience.

We are deeply grateful for your support. Thank you. 🙏



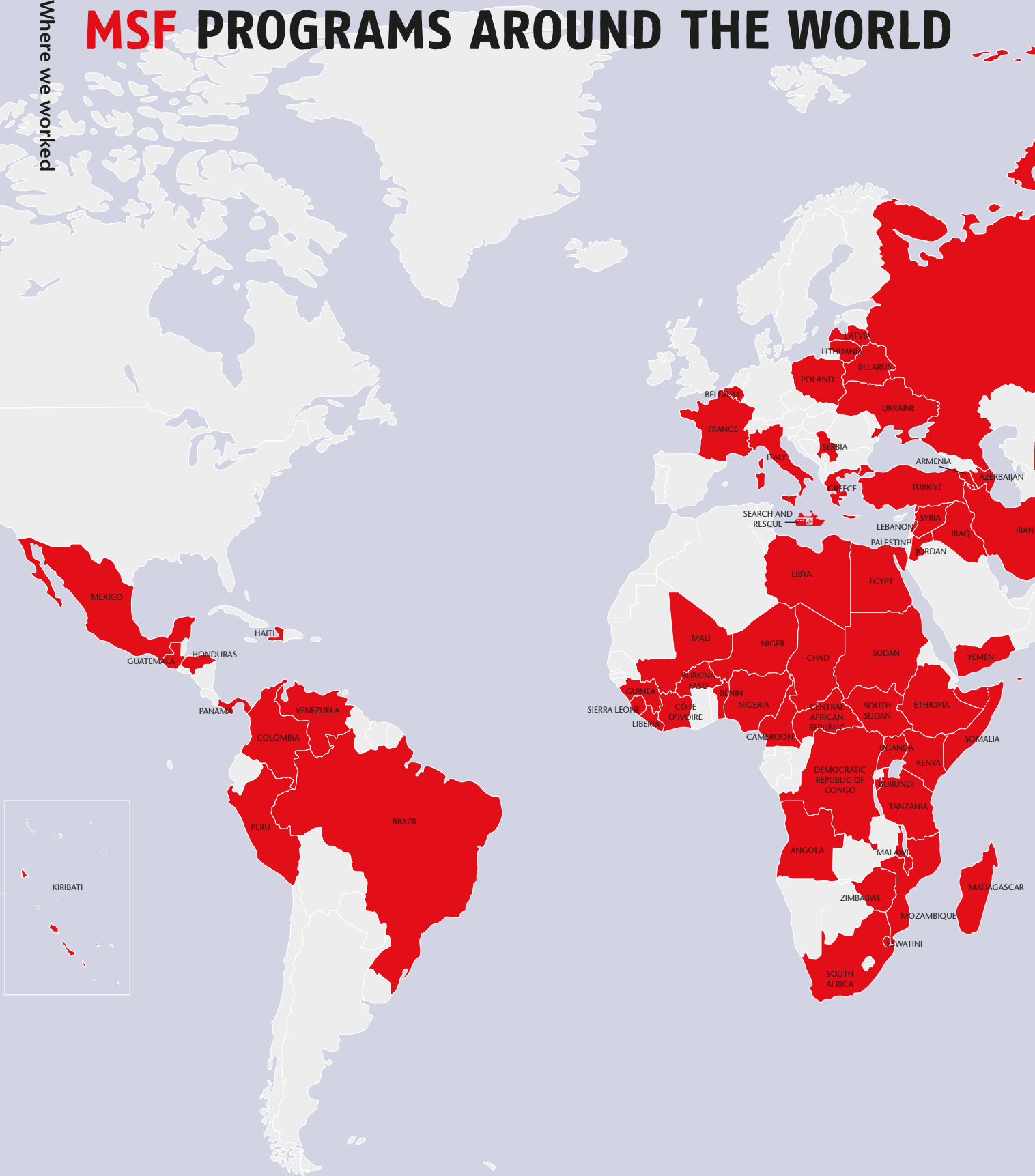
Ruby Gill | President



Joseph Belliveau | Executive Director

| Where we worked

MSF PROGRAMS AROUND THE WORLD





LARGEST PROGRAM EXPENSES

in millions

Yemen	\$158
Democratic Republic of Congo	\$155
South Sudan	\$153
Nigeria	\$125
Central African Republic	\$93
Sudan	\$67
Haiti	\$67
Afghanistan	\$66
Ukraine	\$66
Niger	\$59

AFGHANISTAN	LATVIA/LITHUANIA
ANGOLA	LEBANON
ARMENIA/ AZERBAIJAN	LIBERIA
BANGLADESH	LIBYA
BELARUS	MADAGASCAR
BELGIUM	MALAWI
BENIN	MALAYSIA
BRAZIL	MALI
BURKINA FASO	MEXICO
BURUNDI	MOZAMBIQUE
CAMEROON	MYANMAR
CENTRAL AFRICAN REPUBLIC	NIGER
CHAD	NIGERIA
COLOMBIA	PAKISTAN
CÔTE D'IVOIRE	PALESTINE
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	PANAMA
DEMOCRATIC REPUBLIC OF CONGO	PAPUA NEW GUINEA
EGYPT	PERU
ESWATINI	PHILIPPINES
ETHIOPIA	POLAND
FRANCE	RUSSIA
GREECE	SEARCH AND RESCUE OPERATIONS
GUATEMALA	SERBIA
GUINEA	SIERRA LEONE
HAITI	SOMALIA
HONDURAS	SOUTH AFRICA
INDIA	SOUTH SUDAN
INDONESIA	SUDAN
IRAN	SYRIA
IRAQ	TAJIKISTAN
ITALY	TANZANIA
JORDAN	THAILAND
KENYA	TÜRKIYE
KIRIBATI	UGANDA
KYRGYZSTAN	UKRAINE
	UZBEKISTAN
	VENEZUELA
	YEMEN
	ZIMBABWE

Countries/regions in which MSF only carried out assessments or small-scale cross-border activities in 2022 do not feature on this map.

2022 ACTIVITY HIGHLIGHTS



52,600
patients treated
for cholera



474,100
families received
distributions of relief items



4,124,700
vaccinations against
measles in response
to an outbreak



16,272,300

outpatient consultations

158,200
people treated
for measles



1,214,100
patients admitted

39,900
people treated for
sexual violence



425,500
individual mental health
consultations



17,800
people started on
first-line treatment
for TB

44,900

women and girls who
requested and received
safe abortion care



25,100

women and girls who received
treatment for abortion-related
concerns and complications



5,770
people started on
hepatitis C treatment



127,400
severely malnourished
children admitted
to inpatient feeding
programs



320,700
births assisted, including
cesarean sections



31,500
people on first-line HIV
antiretroviral treatment
under direct MSF care

6,570
people on second-line HIV
antiretroviral treatment
under direct MSF care

1,422,600

emergency room admissions



4,268,600
malaria cases treated



118,100
surgical interventions involving the incision, excision, manipulation
or suturing of tissue, requiring anesthesia



3,850
people rescued at sea

The above data groups together direct, remote support and coordination activities. These highlights give an overview of most MSF activities but cannot be considered exhaustive.



Bibi Amina holds her two-year-old daughter Gull Sima while she has her blood pressure taken by an MSF nurse at the MSF-run hospital for drug-resistant tuberculosis in Kandahar city. Afghanistan, 2022.

AFGHANISTAN

Staff in 2022 (full-time equivalents): 2,744 locally hired; 104 internationally hired | Expenditure in 2022: **\$66 million**

As the security situation in Afghanistan improved in 2022, Doctors Without Borders/Médecins Sans Frontières (MSF) saw an increase in the number of people coming to our facilities. We ran seven programs in seven districts, with a focus on mother and child health, emergency care and tuberculosis (TB) treatment.

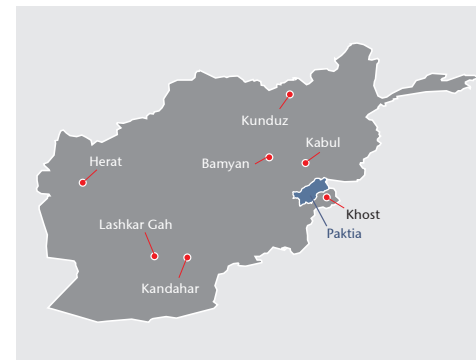
At the MSF-supported Boost hospital in Lashkar Gah, we saw a 32 per cent increase in patients compared to the previous year. This was in part because many health facilities in Helmand Province suspended or limited their activities due to a lack of funding, medical supplies and qualified healthcare workers. MSF supported the 340-bed hospital with a wide range of services, including surgery and maternal and pediatric healthcare.

In Kabul, MSF renovated the pediatric department of Maiwand teaching hospital and opened a measles ward and inpatient therapeutic feeding centre, while at our hospital in Khost, we offered neonatal

and maternal care, with a special focus on complicated deliveries. At the same time, we provided medicines and funding for additional midwives in eight health centres across the province, so women without health risk factors could give birth closer to home.

In Herat regional hospital, MSF supported the pediatric department, the emergency room and the intensive care unit. We saw a 42 per cent increase in the number of children admitted to our feeding centre, almost half of them under six months old. MSF also admitted thousands of people for emergency care both in Herat and at our trauma centre in Kunduz.

In Kandahar, where MSF has been treating TB since 2016, we opened an inpatient feeding centre to respond to elevated levels of malnutrition among children. We also started a new project in Bamyan province to support the provincial hospital and completed the first phase of an assessment in three additional districts. 🚑



■ Regions where MSF had projects in 2022
● Cities, towns or villages where MSF worked in 2022

KEY 2022 MEDICAL FIGURES:

337,700 emergency room consultations

42,800 births assisted, including 2,100 cesarean sections

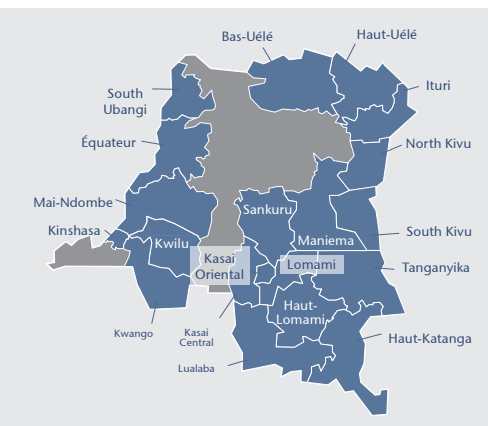
13,700 surgical interventions



MSF nurse Evariste Bayedi provides care to Mayunga Papy's son at the Simbambéli site in Kwamouth for people displaced by violence. Papy was planning to sell his land to take his son to Kinshasa for treatment, but the arrival of the MSF mobile clinic meant his son could be treated free on the spot. Democratic Republic of Congo, 2022.

DEMOCRATIC REPUBLIC OF CONGO

Staff in 2022 (full-time equivalents): 2,381 locally hired; 289 internationally hired | Expenditure in 2022: **\$155** million



■ Regions where MSF had projects in 2022

KEY 2022 MEDICAL FIGURES:

2,116,500 outpatient consultations

2,143,600 vaccinations against measles in response to an outbreak

10,000 people treated for sexual violence

Democratic Republic of Congo (DRC)

is home to 5.7 million people who have been displaced. In 2022, increased levels of violence and disease outbreaks further deteriorated the humanitarian situation.

Fighting was concentrated in Rutshuru territory, North Kivu. While most humanitarian organizations left, Doctors Without Borders/Médecins Sans Frontières (MSF) supported health facilities to provide intensive care, surgery, treatment for malnutrition and care for survivors of sexual violence. We also ran mobile clinics, built latrines and distributed water and relief items in displacement sites.

As tens of thousands of people gathered in informal settlements near Goma, MSF launched an emergency response and called on the humanitarian community to take action. In August, when cholera was first reported, MSF organized an oral vaccination campaign, but a huge influx of new arrivals meant a cholera outbreak could not be prevented. For

many weeks, our teams were the only healthcare providers responding to this emergency. We treated cholera patients and administered tens of thousands of oral cholera vaccinations in South Kivu and Kasai Oriental provinces.

In 2022, there was a country-wide flare-up in measles cases, with the disease reaching epidemic levels in nearly half of DRC's health zones. Our teams carried out 45 measles responses and vaccinated over two million children. We also assisted the Ministry of Health's responses to a meningitis outbreak in Haut-Uélé and two Ebola outbreaks in Equateur and North Kivu provinces.

MSF teams maintained our regular medical activities across DRC, including treatment for HIV, tuberculosis, malnutrition, sexual violence and malaria; sexual and reproductive health; safe abortion care; and mental health services and support to marginalized people, including street kids, people in prison and sex workers. 🚑

HAITI

Staff in 2022 (full-time equivalents): 1,584 locally hired; 102 internationally hired | Expenditure in 2022: **\$67** million

Rival gangs waged a brutal war on the streets of Port-au-Prince throughout 2022, paralyzing and isolating the country's capital for extended periods of time. The increased violence and a resurgence of cholera led to a steep increase in the number of patients admitted to Doctors Without Borders/Médecins Sans Frontières (MSF) hospitals.

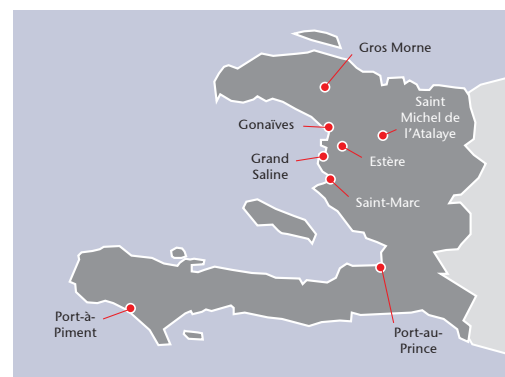
In April, our hospital in Cité Soleil suspended activities for three months after a patient was killed outside the building. In July, over 300 people were killed in the city and numerous cases of rape reported. In our three trauma and emergency hospitals in Port-au-Prince, MSF teams treated survivors of gunshots, stab wounds and sexual and gender-based violence (SGBV), as well as people with severe burns and injuries related to road accidents.

MSF also provided care for survivors of SGBV at our health facilities in Gonaïves and through mobile clinics in the most affected neighbourhoods of Port-au-Prince, where we provided people with a range of health services.

After an increase in fuel prices was announced in September, a major gang blocked access to the country's main oil terminal for more than a month. This exacerbated fuel shortages and forced healthcare facilities to close or reduce services, as they depend on generators for electricity.

Unrest also temporarily disrupted the water distribution network, which, along with overcrowded living conditions, led to a cholera outbreak. By the end of the year, MSF had admitted 13,000 patients to our six cholera treatment centres in and around Port-au-Prince. Our teams also chlorinated water points and provided logistical support to the Ministry of Health's cholera vaccination campaign.

Haiti has one of the highest maternal death rates in the world. At our clinic in Port-à-Piment, in the southwest, MSF expanded our sexual and reproductive health activities to include surgery and pre- and neonatal care. 🚑



○ Cities, towns or villages where MSF worked in 2022.

KEY 2022 MEDICAL FIGURES:

45,500 emergency room consultations

5,780 people treated for intentional physical violence

2,600 people treated for sexual violence



During a mobile medical clinic in Delmas 4 area of Port-au-Prince, MSF teams work in dark, windowless basement rooms, to avoid the high risk of stray bullets. Haiti, 2022.



Hannatu Bello and her twin daughters Hassana and Hussena leave an MSF ambulatory therapeutic feeding centre in Kebbi, Nigeria, 2022.

NIGERIA

Staff in 2022 (full-time equivalents): 2,624 locally hired; 206 internationally hired | Expenditure in 2022: **\$125** million



- Regions where MSF had projects in 2022
- Cities, towns or villages where MSF worked in 2022

KEY 2022 MEDICAL FIGURES:

945,500 outpatient consultations

348,100 malaria cases treated

36,900 children admitted to inpatient feeding programs

Escalating violence, displacement, soaring food prices, climate change and epidemics drove severe health and malnutrition crises across northeast and northwest Nigeria last year.

Doctors Without Borders/Médecins Sans Frontières (MSF) responded to growing humanitarian needs across the region. In the northeast, we provided care for children with malnutrition in outpatient and inpatient therapeutic centres. In response to a full-scale emergency in Borno state, where people have endured more than a decade of conflict, we tripled the bed capacity at one of our clinics.

The level of violence significantly increased in the northwest last year, forcing more than one million people to flee their homes. Insecurity in Zamfara state forced us to scale down our hospital in Anka, though we continued providing care for residents and displaced people. We also worked in two hospitals and 10 general health facilities in Shinkafi and Zurmi, responding to the consequences of violence.

We also expanded our sexual and gender-based violence programs following an alarming rise in sexual violence. At the same time, we continued running the maternity and neonatal departments of Jahun general hospital and a clinic dedicated to treating women affected by obstetric fistula (a hole in the birth canal during childbirth).

During a massive cholera outbreak that hit parts of the northeast, northwest and south, MSF teams worked alongside the Ministry of Health to treat infected people, launch vaccination campaigns and improve water and sanitation services.

In Sokoto, we treated children suffering from noma, a childhood disease that starts with an infection of the gums and goes on to destroy the bone and tissue of the cheek and nose. Without treatment, noma kills up to 90 per cent of patients within weeks. Our teams also ran an international advocacy campaign, calling for noma to be included in the World Health Organization’s Neglected Tropical Diseases list in 2023. 🚩

YEMEN

Staff in 2022 (full-time equivalents): 2,830 locally hired; 179 internationally hired | Expenditure in 2022: **\$158** million

Ongoing armed conflict and the deterioration of the economy drove a massive humanitarian crisis in Yemen last year. As food and fuel prices rose, many families could not afford to eat or travel to health-care facilities.

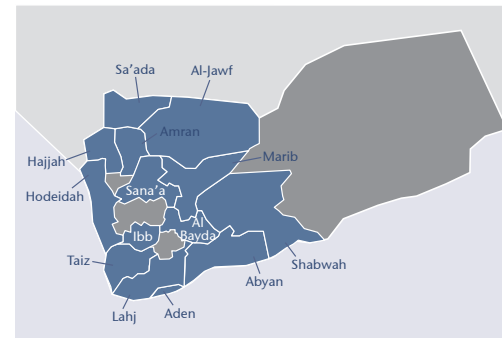
Doctors Without Borders/Médecins Sans Frontières (MSF) teams worked in 12 hospitals and supported 16 other health facilities across 13 governorates, with a focus on inpatient and emergency care. We provided medical assistance to people injured in conflict and responded to surging rates of malnutrition and preventable diseases. At the same time, we called for a more effective international response and for greater access to people in need of humanitarian assistance.

MSF-supported emergency rooms treated hundreds of thousands of patients, performing surgeries for violence-related injuries, obstetric complications and traffic accidents. Poor access to health services caused many people to delay

seeking care or forced them to travel long distances. As a result, people often developed complications by the time they reached MSF's facilities.

In an effort to reduce high maternal and infant death rates, we worked with the Ministry of Health in Hodeidah, Hajjah, Ibb and Taiz governorates to develop emergency referral pathways to accelerate people's access to care. We also supported maternal and child healthcare in most governorates across the country to assist with deliveries, including cesareans, and provided pre- and neonatal care. Our teams treated over 10,000 cases of malnutrition over the course of the year.

Low vaccination coverage, poor living conditions and the collapse of the health-care system resulted in a resurgence of preventable diseases such as cholera, diphtheria, measles and whooping cough. Our teams provided vaccinations, carried out health promotion activities and managed isolation centres. 🚫



■ Regions where MSF had projects in 2022

KEY 2022 MEDICAL FIGURES:

108,200 people admitted to hospital

71,200 outpatient consultations for children under five

35,500 births assisted, including 5,470 cesarean sections



A nurse measures a pregnant woman's blood pressure during a prenatal consultation in Al-Jahmouri hospital in Taiz city, Yemen, 2022.




RESCUING PEOPLE IN DISTRESS AT SEA

In 2022, Doctors Without Borders/ Médecins Sans Frontières (MSF) continued search and rescue activities on the Mediterranean Sea to assist people attempting the perilous crossing.

Despite increasing operational and political challenges, the team rescued

more than 3,800 people in distress and provided emergency medical assistance to people aboard MSF's chartered ship, the *Geo Barents*.

The following images are a testimony to the harrowing experiences survivors face on the world's deadliest migration route. 



© Candida Lobes/MSF



© MSF/Sonsoles Galindo



© Lorene Giorgis/MSF



© Mahlia Esiami

LEFT PAGE:

MSF's team rescued 90 people, including 35 minors, from an overcrowded rubber boat in international waters off the Libyan coast. Mediterranean Sea, December 2022.

THIS PAGE:

Top-right: The MSF team assists a survivor who was rescued in the middle of the night from an overcrowded rubber boat with 75 other people. Mediterranean Sea, September 2022.

Top-left: The MSF medical team assists Fatima* as she delivers her baby on board the *Geo Barents*. Together with 90 other people, including her three sons, Fatima was rescued the morning before from an unstable rubber boat. Fatima and her family were then evacuated to Lampedusa, Italy as she needed specialized care. Mediterranean Sea, December 2022.

Middle-left: After five days at sea, survivors disembark the *Geo Barents* in Taratano. Among them were 73 minors, the youngest of whom was three months old. The MSF team conducted six rescues in 12 hours the day they were brought aboard, saving the lives of 315 people in distress. Italy, July 2022.

Bottom-left: Fatu takes a selfie with her two children, Awa and Ebrahim, on the women and children's deck aboard the *Geo Barents*. Between 3 and 6 p.m., they can visit male friends and family members on the ground floor deck. Mediterranean Sea, December 2022.

**Name has been changed.*



The MSF team and Ukrainian paramedics transfer a patient severely wounded in the war from an ambulance stretcher to a bed inside the intensive care unit of the MSF medical train. Ukraine, 2022.

“YOU START TO HAVE AN IDEA OF THE SCALE OF THE SUFFERING”

MSF’S MEDICAL REFERRAL TRAIN IN UKRAINE

Artur Struminsky | Nurse aide | Ukraine

In 2022, Doctors Without Borders/Médecins Sans Frontières (MSF) medical trains evacuated 2,560 people from hospitals in eastern Ukraine to health facilities farther away from the ongoing war.

I am both Italian and Ukrainian. I moved with my family to Italy as a teenager. I came back to Ukraine on Feb. 23, 2022. I knew about the risks of war but I had to take care of urgent family matters. I stayed in Brody, a small city in Lviv district. At four in the morning, I heard many jets circling over the city. Then the first news came in about massive attacks on Kyiv and Odesa. At seven in the morning, our city was under missile attack.

I gathered my aunt, my little niece, my grandmother and my mother and brought them by car to the Polish border. The situation was chaotic. There were thousands of people, impossible to count. We stayed on our feet for around 30 hours in the cold. I knew I would not be able to cross the border as a male Ukrainian citizen of military age. I returned to Brody and asked myself what I could do.

I have worked as a humanitarian for the past 18 years. I believe in a situation like this, everyone has their role. I saw MSF was looking for medical staff for its [medical] train project. I sent my resume and they asked me when I could start and I said, straight away.

MSF's highly medicalized train has a setup very similar to a hospital with an intensive care unit (ICU). On my first trip, I supported the team in the ICU. In the beginning, I was a little anxious. Even though I had extensive experience working in emergency settings, I had obviously never worked on a medical train before.

We see different types of patients on the train. The elderly with chronic diseases trapped in the conflict as well as the children with multiple traumas. It is hard to imagine how many civilians become victims in this conflict.

Until you end up in an armed conflict yourself, you cannot believe how many victims it creates. But trip by trip you see all these people with blast injuries, bone fractures, amputations... You start to have an idea of the scale of the suffering inflicted on people.

On one trip, we had a 15-year-old girl with extensive damage to her abdominal area as well as fragmentations of her spinal cord as a result of a bomb blast. Even though we all knew what she had been through, she kept a positive attitude and smiled at me and the other medical staff every time we checked on her or passed by her bed. She showed me what resilience can look like even when you've been heavily injured. This was a pretty strong experience and very rewarding.

During another trip, we had a man on the train together with his eight-year-old daughter and his grandmother. He was in a lot of pain as he had an amputated leg and the other one was broken.

"I have two problems," he said. "I am in a lot of pain with my leg."

"No problem," I replied. "We will manage your pain with medication. And what is the other issue?"

"As you can see, I have my daughter with me," he said. "I still haven't found the courage to tell her that her mother died. I was with her when it happened. I saw her dying next to my side."

They were grocery shopping together when an artillery attack happened at the supermarket. This man saw his wife die and struggled in all his pain to tell his daughter her mother had passed away.

There was another intense moment when I treated a woman with a blast injury who was accompanied by her adult son.

I asked her what had happened to better understand the cause of the trauma, so we could make sure she gets the best possible care on board the train. She told me how she came under bombing and she saw her other son and her husband dying. There are no right words that you can say in this moment. All you can do is give a hand and a compassionate look and stay with her until she disembarks.

The work on the train has made me appreciate the peace I took for granted before the war. Now I understand what a clear sky means – a peaceful sky. Maybe in the past I was a little egoistic. I was thinking about my development, about my future. This experience taught me that war is everywhere. Next time you could be the person that needs help. 🇺🇦



MSF nurse aide Artur Struminsky aboard the medical train during a trip to the eastern city of Pokrovsk, where the team picked up people wounded in the war and transferred them to hospitals away from the frontlines. Ukraine, 2022.

2022 OVERVIEW OF ACTIVITIES

LARGEST COUNTRY PROGRAMS

By expenditure (in Canadian dollars)

1. Yemen	\$158 million
2. Democratic Republic of Congo	\$155 million
3. South Sudan	\$153 million
4. Nigeria	\$125 million
5. Central African Republic	\$93 million
6. Sudan	\$67 million
7. Haiti	\$67 million
8. Afghanistan	\$66 million
9. Ukraine	\$66 million
10. Niger	\$59 million

The total expenditure for our programs in these 10 countries was \$1.008 billion, **52.4 per cent of MSF's program expenses in 2022.**

By number of staff¹

1. South Sudan	3,460
2. Yemen	3,009
3. Afghanistan	2,848
4. Nigeria	2,830
5. Central African Republic	2,798
6. Democratic Republic of Congo	2,755
7. Bangladesh	2,043
8. Haiti	1,694
9. Niger	1,474
10. Sierra Leone	1,448

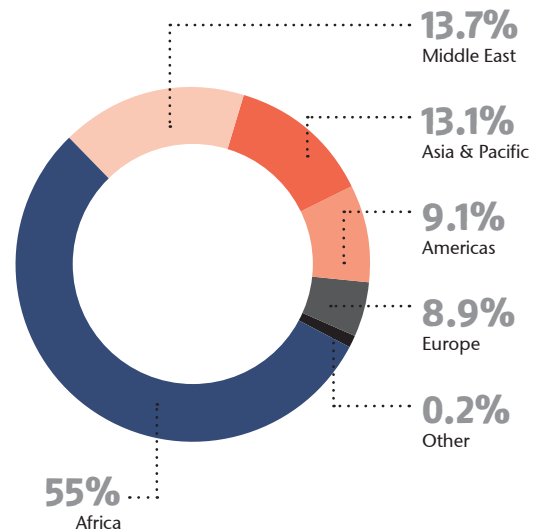
By number of outpatient consultations²

1. Democratic Republic of Congo	2,116,500
2. Burundi	1,478,200
3. Niger	1,262,800
4. Syria	1,017,900
5. Burkina Faso	1,016,400
6. Nigeria	945,500
7. Central African Republic	937,200
8. Bangladesh	895,300
9. South Sudan	891,000
10. Sudan	586,800

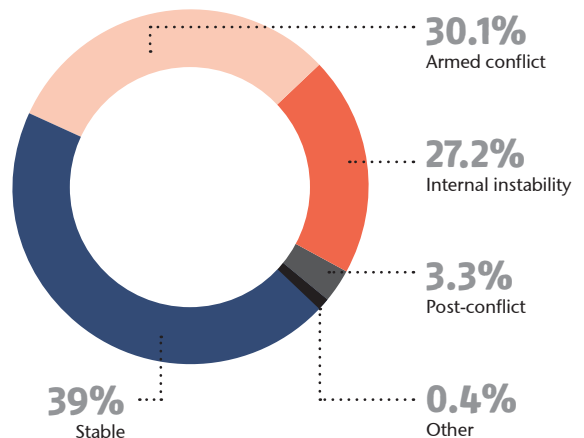
¹ **Staff numbers** represent full-time equivalent positions (locally hired and internationally hired) averaged out across the year.

² **Outpatient consultations** exclude specialist consultations.

PROJECT LOCATIONS



CONTEXT OF INTERVENTION



All financial figures have been converted from euros to Canadian dollars, using annual average exchange rate for 2022 at 1.3696. For the original figures in euros from MSF's 2022 International Activity Report, visit doctorswithoutborders.ca/about-msf/impact-accountability.

2022 FINANCIAL INDEPENDENCE AND ACCOUNTABILITY

As part of MSF's effort to guarantee our independence and strengthen the organization's link with society, we strive to maintain a high level of private income. In 2022, 97.3 per cent of MSF's income came from private sources.

More than seven million individual donors, private foundations and corporations worldwide made this possible. Public institutional agencies providing funding to MSF included, among others, the governments of Canada and Switzerland; the World Health Organization (WHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria; the International Drug Purchase Facility (UNITAID) and some regional councils and municipalities of France, Luxemburg and Switzerland.

HOW WAS THE MONEY SPENT? figures in millions of Canadian dollars

	2022		2021	
Social mission				
Program expenses ¹	\$ 1,923.15	65%	\$ 1,653.7	65%
Program support	347.80	12%	\$ 310.8	12%
Awareness-raising and Access Campaign	68.45	2%	\$ 61.8	2%
Other humanitarian activities	40.24	1%	\$ 37.4	1%
Total social mission	\$ 2,379.65	80%	\$ 2,063.9	80%
Other expenses				
Fundraising	\$ 445.86	15%	\$ 388.6	15%
Management and general administration	143.23	5%	\$ 113.7	5%
Total other expenses	589.13	20%	\$ 502.3	20%
TOTAL OPERATING EXPENSES	\$ 2,968.79	100%	\$ 2,566.2	100%

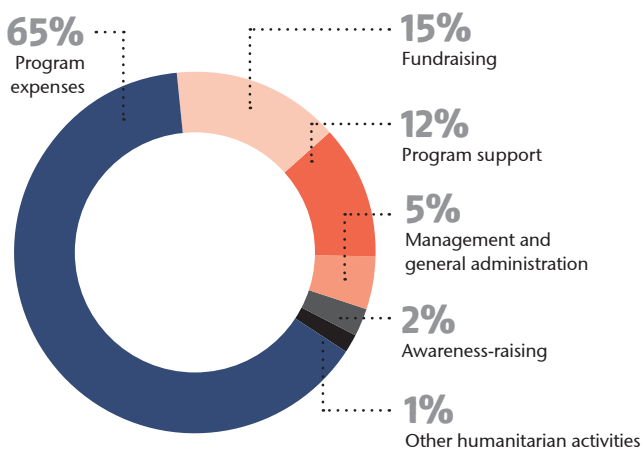
WHERE DID THE MONEY COME FROM?

Private income	\$ 3,000.66	97%	\$ 2,713.9	97%
Public institutional income	31.69	1%	\$ 41.3	2%
Other income	52.51	2%	\$ 30.7	1%
TOTAL INCOME	\$ 3,084.89	100%	\$ 2,785.9	100%

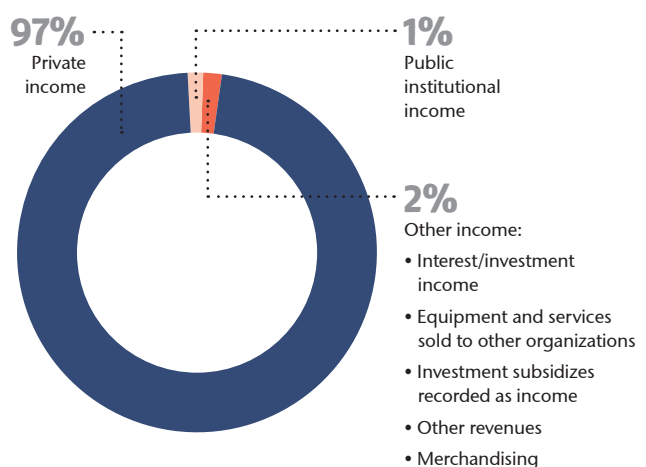
¹ **Program expenses** represent expenses incurred in the projects or by headquarters on behalf of the projects. All expenses are allocated in line with the main activities performed by MSF according to the full cost method. Therefore, all expense categories include salaries, medical costs, logistics and transport costs and other direct costs.

Taken from the latest MSF International Activity Report, financial activities originally published in euros are converted to Canadian dollars at the average rate for that year. The average rate in 2022 was 1.3696. Rounding may result in apparent inconsistencies in totals.

HOW WAS THE MONEY SPENT?



WHERE DID THE MONEY COME FROM?



2022 FACTS AND FIGURES IN CANADA

Doctors Without Borders Canada/Médecins Sans Frontières (MSF) Canada

Statement of operations

Year ended Dec. 31, 2022

	2022	2021
	Canadian \$	Canadian \$
REVENUE		
Donations	98,559,304	82,237,035
Support from Global Affairs Canada, International Humanitarian Assistance Directorate (“IHA”)	14,883,078	22,500,000
Fees from other MSF sections	7,453,425	8,052,807
Grants from other MSF sections	746,620	243,023
Interest and other revenue	475,034	174,521
Other	14,486	54,660
TOTAL REVENUE	122,131,947	113,262,046
EXPENSES		
Program services		
Emergency, medical, nutrition and health projects	86,090,287	88,864,450
Program support and development	14,897,135	13,937,327
Public education	1,284,490	863,867
SUBTOTAL PROGRAM SERVICES	102,271,912	103,665,644
Supporting services		
Fundraising	16,299,069	15,894,597
Management and general	3,109,646	2,682,917
SUBTOTAL SUPPORTING SERVICES	19,408,715	18,577,514
Foreign exchange losses	(24,917)	46,611
TOTAL EXPENSES	121,655,710	122,289,769
Excess (deficiency) of revenue over expenses	476,237	(9,027,723)

For more information and to read MSF Canada’s complete financial statements for 2022, visit doctorswithoutborders.ca/about-msf/impact-accountability

WITH THE SUPPORT OF **OUR DONORS**

272

**WORKERS TRAVELLED OVERSEAS
ON CANADIAN CONTRACTS TO HELP
MSF DELIVER EMERGENCY MEDICAL
CARE IN 2022***



136

Provided direct care to patients as MSF medical personnel (doctors, nurses, midwives, medical specialists).



136

Helped direct and manage MSF's project operations (country program directors, coordinators, administrators, engineers, logisticians).

At any given moment, there are more than one hundred Canadians working overseas with MSF, helping provide care to people who need it most. They are doctors, nurses, engineers, coordinators, administrators, surgeons, logisticians and more. *In 2022, a total of 272 Canadian citizens and permanent residents were part of MSF's work supporting people around the world facing humanitarian crises.

FRONT COVER: MSF nurse, Anastasia Prudnikova, monitors a war-wounded patient inside the MSF medical train during a journey from Pokrovsk, in eastern Ukraine, to Lviv in western Ukraine. The journey takes approximately 20 hours. Last year 2,560 patients were evacuated by medical train. Ukraine, March 2022. © Andrii Ovod

BACK COVER: MSF doctor Ibrahim Fori Bwala examines Ja'afar Ahmed, a child who was admitted with severe malnutrition to the inpatient therapeutic feeding centre at MSF's Nilefa Kiji nutrition hospital in Maiduguri, Borno State. Nigeria, 2022. © Nasir Ghafoor/MSF



The stories and activity information in MSF Canada's Impact Report are highlights of MSF's work in the included countries. They are meant to give an overview of MSF's efforts but should not be considered exhaustive.

We encourage you to visit [doctorswithoutborders.ca](https://www.doctorswithoutborders.ca) for more comprehensive and detailed activities on more than 70 countries worldwide where MSF worked in 2022, as contained in our posted International Activity Report and our International Financial Report; as well as the full list of countries directly supported by Canadian funds as contained in our posted MSF Canada Financial Report.

ACCESSIBILITY NOTE: MSF Canada is committed to meeting the accessibility needs of people with disabilities in a timely manner. If you require this information in an alternative format, please contact accessibility@toronto.msf.org

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