

# IMPACT REPORT



MSF CANADA  
2023 ANNUAL REPORT

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A child is brought in by their caregiver to an MSF clinic in Rafah Indonesian field hospital, Palestine, 2023.

# OUR COLLECTIVE IMPACT IN 2023

**Thank you** for being a vital part of Doctors Without Borders' / Médecins Sans Frontières' (MSF's) medical humanitarian work in 2023. In the past year, MSF teams provided critical assistance to hundreds of thousands of people affected by violence – a significant component of our emergency medical work – as conflict caused immense suffering around the world. We also responded to the healthcare needs of people affected by disasters, disease outbreaks and displacement.

In April, when war broke out between the Sudanese army and paramilitary Rapid Support Forces, MSF quickly adapted our activities in Sudan to respond to overwhelming needs. Millions of people were displaced, with many forced to flee into neighbouring countries. Our teams treated thousands of people in Sudan and refugees and returnees in Chad and South Sudan for violence-relat-

ed injuries, including sexual violence, and infectious diseases in displacement camps.

Offering humanitarian assistance in Sudan proved extremely challenging with the government obstructing delivery of supplies, denying travel permits for humanitarian staff and establishing a highly restrictive process for obtaining visas for international teams, forcing a temporary suspension of activities in some facilities. Despite challenges and limited international humanitarian response, our teams worked relentlessly to provide essential medical care. In some areas, MSF was the only international organization present. This was possible because of our independent funding model, which donors like you help support.

The brutal mass killing of civilians perpetrated by Hamas on Oct. 7 and the constant bombardments and attacks by Israeli forces

in Gaza have caused unimaginable suffering. MSF teams working in Gaza and the West Bank – as we have for 20 years – faced unprecedented challenges as we provided emergency assistance and supported the perpetually strained health system.

Healthcare infrastructure and personnel – including our own – have been repeatedly hit by airstrikes or bullets and the physical space for safe delivery of care in Gaza has diminished. Five MSF staff were killed. Even as we continued calling for a sustained ceasefire in Gaza, occupation-related violence increased in the West Bank, where our teams offer mental health support and treat patients for trauma injuries.

In northeastern Democratic Republic of Congo (DRC), horrific violence perpetrated by the M23 and other armed groups displaced millions of people. Our teams delivered medical care to people living in undignified and unsafe conditions, including many patients with war wounds and survivors of sexual violence.

Our teams also faced security and logistical challenges in the Sahel region of Africa, where conflict between state forces and armed groups is destroying communities and cutting people off from healthcare. Our staff were not spared in the violence: two colleagues were killed in an attack in Burkina Faso on Feb. 8 as they were transporting supplies.

At the same time, the climate crisis continued to hit people in vulnerable situations the hardest. MSF teams launched emergency responses after earthquakes struck southern Türkiye and northwestern Syria, southwestern Morocco and Herat, Afghanistan. We also assisted people affected by cyclone Freddy in Malawi and Mozambique and cyclone Mocha in Myanmar and provided healthcare and medical supplies after flooding partially destroyed Derna town in Libya.

We continued to assist people who suffer injuries, including violence and persecution, as they make the dangerous journey through the heavily forested Darién Gap, heading northbound to Mexico and the U.S. Over half a million people made the

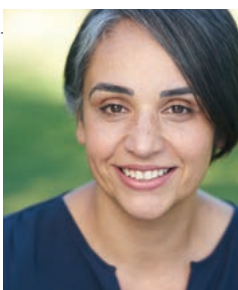
crossing, twice the number in 2022, as an increasing number of people fled due to violence and poverty, among other factors, in their countries of origin.

Since the COVID-19 pandemic, we have witnessed a rise in disease outbreaks, related in part to the severe toll it took on health systems and routine vaccination campaigns. In 2023, we treated thousands of patients for vaccine-preventable diseases such as measles, cholera and hepatitis.

Our teams also responded to malnutrition crises in Afghanistan, Angola, Burkina Faso, DRC, Ethiopia, Nigeria and Yemen.

In November, MSF published the positive results of the ‘end TB’ clinical trial, identifying three new safe and effective drug regimens for multidrug-resistant tuberculosis that can reduce treatment time. In December, three years of MSF advocacy culminated in the World Health Organization adding noma – a deadly but treatable disease – to its list of neglected tropical diseases. This should encourage the allocation of much-needed resources to help tackle it.

Despite numerous challenges, more than 69,000 MSF staff worked in over 70 countries – often at great risk – to deliver medical care to people in need. This was possible thanks to the generosity of supporters like you. Your compassion and trust in MSF’s medical humanitarian action help us to stand in solidarity with people in crises and speak out about what they experience, no matter who or where they are.



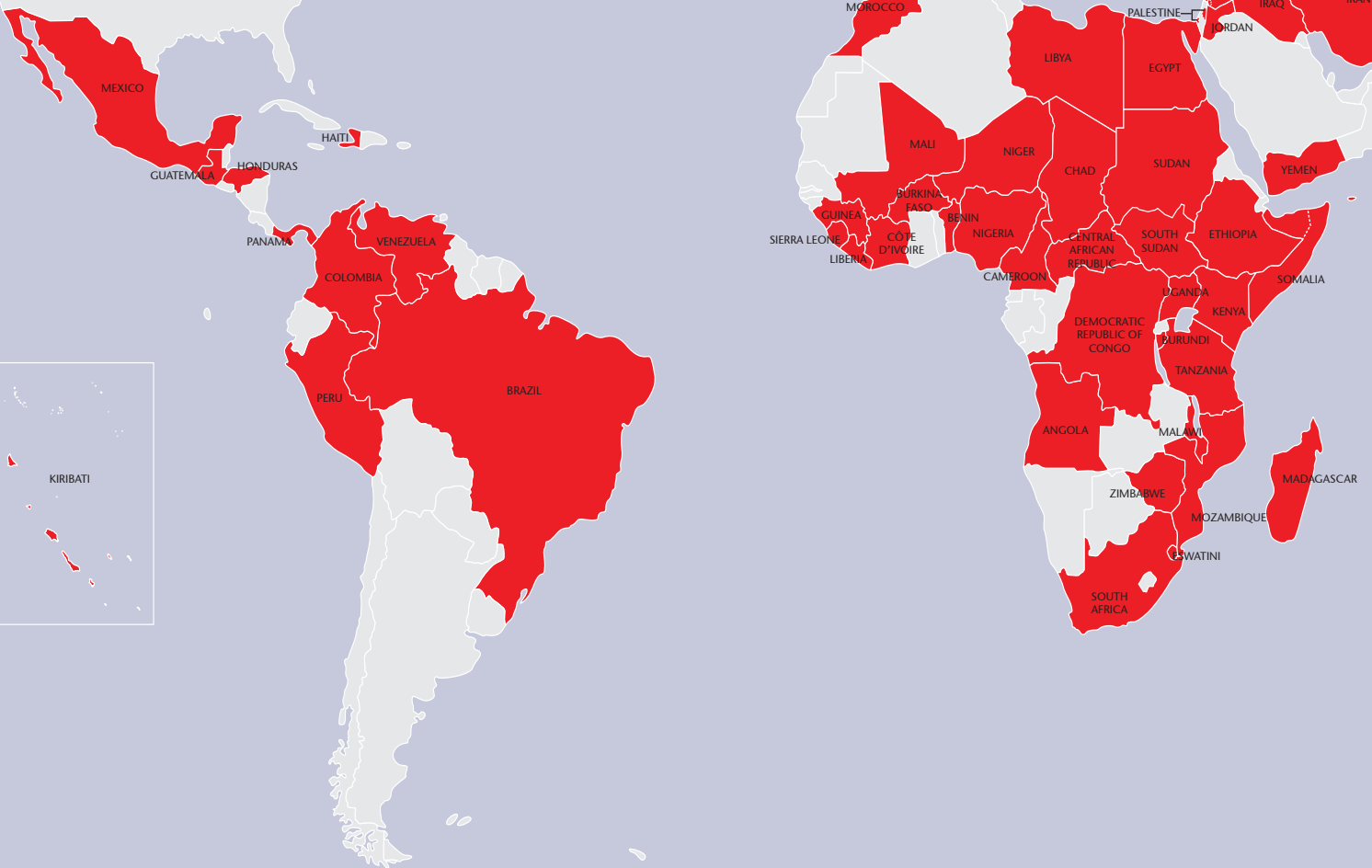
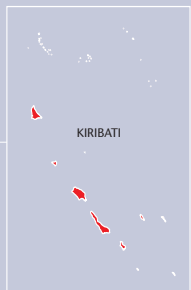
Ruby Gill | President



Sana Bég | Executive Director

Where we worked

# MSF PROGRAMS AROUND THE WORLD





## LARGEST PROGRAM EXPENSES

*in millions*

Democratic Republic of Congo	\$203
Yemen	\$161
South Sudan	\$158
Nigeria	\$108
Sudan	\$104
Central African Republic	\$104
Chad	\$85
Afghanistan	\$80
Haiti	\$73
Syria	\$72

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

Countries and regions in which MSF only carried out assessments or small-scale cross-border activities in 2023 do not feature on this map.

# 2023 ACTIVITY HIGHLIGHTS



**756.2 MILLION**  
litres of water distributed



**462,200**  
families received distributions of relief items



**3,295,700**  
vaccinations against measles in response to an outbreak



**16,459,000**

outpatient consultations

**148,000**  
people treated for measles



**25,400**  
people started on treatment for tuberculosis (TB)  
(**22,700** for first-line TB)

**2,700**  
people started on multidrug-resistant TB treatment

**62,200**

people treated for sexual violence



**493,900**

individual mental health consultations



**234,800**  
consultations for diabetes

**54,600**

women and girls who requested and received safe abortion care



**31,000**

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



**161,000**  
severely malnourished children admitted to inpatient feeding programs



**337,000**  
births assisted, including caesarean sections



**44,500**  
people receiving HIV antiretroviral treatment

**23,000**  
people with advanced HIV under MSF care

**1,946,300**

emergency room admissions



**3,724,500**  
malaria cases treated



**125,900**  
surgical interventions involving the incision, excision, manipulation or suturing of tissue, requiring anesthesia



**4,650**  
people rescued at sea

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



Naqiba leaves the MSF-supported Band-e-Amir community health facility after a postnatal consultation. At Band-e-Amir – the only health centre for women and children in the area – we offer services including pre- and postnatal care, safe delivery assistance, maternal healthcare and pediatric consultations for children under five. Afghanistan, 2023.

# AFGHANISTAN

Staff in 2023 (full-time equivalents): 3,136 locally hired; 133 internationally hired | Expenditure in 2023: **\$80** million

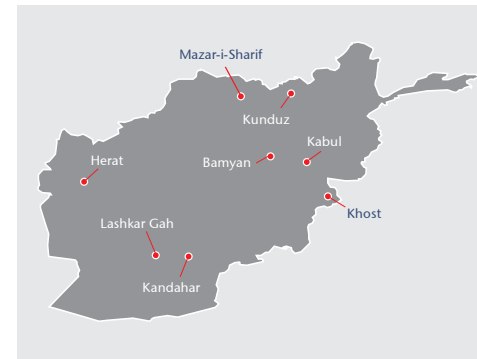
**In 2023**, Doctors Without Borders/ Médecins Sans Frontières (MSF) continued to support Afghanistan’s struggling health system by providing specialized healthcare across the country. We ran nine projects in eight provinces, maintaining a strong focus on emergency care, surgery and mother and child healthcare, with bed occupancy rates reaching 130 to 200 per cent in most of our facilities.

In Kabul, teams continued to treat patients with measles at Maiwand teaching hospital and expanded the feeding centre’s bed capacity from 34 to 47, the maximum possible. We also provided funding and technical support to the Afghan Midwives Association’s pilot project.

Our community healthcare program in Bamyan province delivered healthcare in remote and underserved districts, expanding from a mother and child focus to include general outpatient services and routine childhood vaccinations.

We supported regional hospitals in Lashkargah, Helmand province; treated thousands of critically ill children in the emergency room and admitted hundreds of newborns to neonatal intensive care in Mazar-i-Sharif, Balkh province; and set up 10 tents outside Herat hospital to treat wounded patients and donated emergency kits after three earthquakes of 6.3 magnitude devastated areas of Herat province in October.

At the same time, our teams continued to run a comprehensive tuberculosis program and pediatric nutrition program in Kandahar. We donated supplies to the provincial hospital, ran an 83-bed maternity hospital and supported eight maternity-focused health centres in Khost province. MSF staff ran a trauma centre in Kunduz, where an antibiotic stewardship program was introduced to help reduce antimicrobial resistance against first-line treatments in the community. 🚑



● Cities, towns or villages where MSF worked in 2023

## KEY 2023 MEDICAL FIGURES:

**436,100** emergency room admissions

**45,100** births assisted, including 2,640 caesarean sections

**16,500** surgical interventions



An MSF water and sanitation engineer distributes water to people at Rusayo camp on the outskirts of Goma, North Kivu province, Democratic Republic of Congo, 2023.

# DEMOCRATIC REPUBLIC OF CONGO

Staff in 2023 (full-time equivalents): 2,576 locally hired; 313 internationally hired | Expenditure in 2023: **\$203** million

**Violence escalated** in eastern Democratic Republic of Congo (DRC) in 2023, leaving 5.6 million people displaced by year's end and making it one of the largest internal displacement crises in the world. Doctors Without Borders/Médecins Sans Frontières (MSF) increased activities to respond to the growing humanitarian needs and several health emergencies.

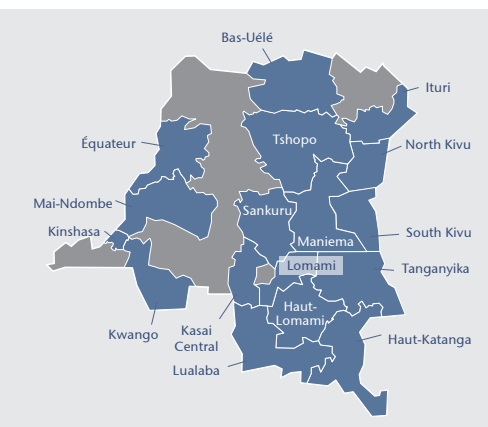
continued supporting the general hospitals in Angumu and Bunia and launched a surgical project at Salama hospital with post-surgical services, including physiotherapy and mental healthcare.

In Tshopo and Mai-Ndombe provinces, emergency responses were launched, including providing general healthcare and running mobile clinics for people caught in land or inter-communal conflict. MSF teams also responded to people affected by floods and landslides in South Kivu.

In North Kivu, intensified fighting between the M23 armed group and the Congolese armed forces led to repeated, forced displacement of people. MSF teams ran mobile clinics in several displacement sites providing people with clean water, sanitation facilities and medical care, including care for survivors of sexual violence. Some people sought safety in South Kivu, where MSF teams treated sick and injured people and improved hygiene facilities after a rise in cholera and measles cases.

There was also a rapid spread of measles, with nearly 300,000 cases registered and 6,000 deaths, partly due to deteriorating security in the east and vaccination setbacks. As a response, we undertook emergency vaccination campaigns across DRC to curb the spread of numerous diseases and responded to outbreaks of typhoid fever in Kwango province and mpox in Équateur province.

In Kinshasa, MSF launched a project for people with disabilities, focused on improving access to healthcare facilities, boosting hygiene in accommodation sites and working with the community to support the needs of people with disabilities. 🏠



■ Regions where MSF had projects in 2023

## KEY 2023 MEDICAL FIGURES:

**2,578,300** outpatient consultations

**1,495,400** vaccinations against measles in response to an outbreak

**29,000** people treated for sexual violence



# HAITI

Staff in 2023 (full-time equivalents): 1,846 locally hired; 122 internationally hired | Expenditure in 2023: **\$73** million

**Politically and economically rooted gang violence** continued to rock Port-au-Prince and other areas of Haiti in 2023. Doctors Without Borders/Médecins Sans Frontières (MSF) worked amid the instability to maintain vital healthcare services, including general healthcare and treatment for trauma, burns and sexual and gender-based violence (SGBV).

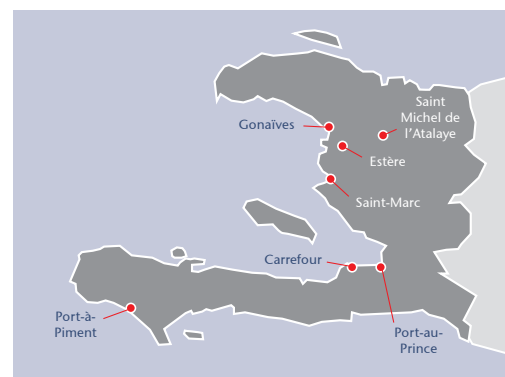
Our facilities included hospitals in Tabarre and Cité Soleil, a sexual violence and reproductive healthcare clinic in Delmas and an emergency stabilization centre in Turgeau. We supported health centres and operated mobile clinics in some of the most affected neighbourhoods of Port-au-Prince, including Brooklyn, Bel-Air and Delmas 4, and sites where people gathered after fleeing violence. On April 24 alone, close to 50 people with gunshot and knife wounds were admitted to our medical facilities.

MSF teams also provided specialized medical, psychological and social care to survivors of SGBV at our clinics in Port-au-Prince and Gonaïves. A free telephone helpline offered remote psychological

support and health centre referrals, increasing access to care. Our mobile clinics in hard-to-reach neighbourhoods also offered care to survivors of SGBV.

The availability of maternal healthcare throughout Haiti – a country with one of the highest maternal death rates in the world – remains extremely limited. In the southwestern town of Port-à-Piment, we reopened a formerly government-run maternity and neonatal hospital, severely damaged by the 2021 earthquake. Our teams rebuilt and upgraded the hospital, which now provides pre- and neonatal care and surgery for patients with obstetric complications.

While MSF's work is generally respected by communities in Haiti, the volatile security situation impacted our teams in 2023. Critical incidents that endangered our staff and resulted in the deaths of two of our patients forced temporary suspensions of some activities, including suspension of our work in Raoul Pierre Louis hospital in Carrefour in January and the closure of the Turgeau emergency centre in December. 🚫



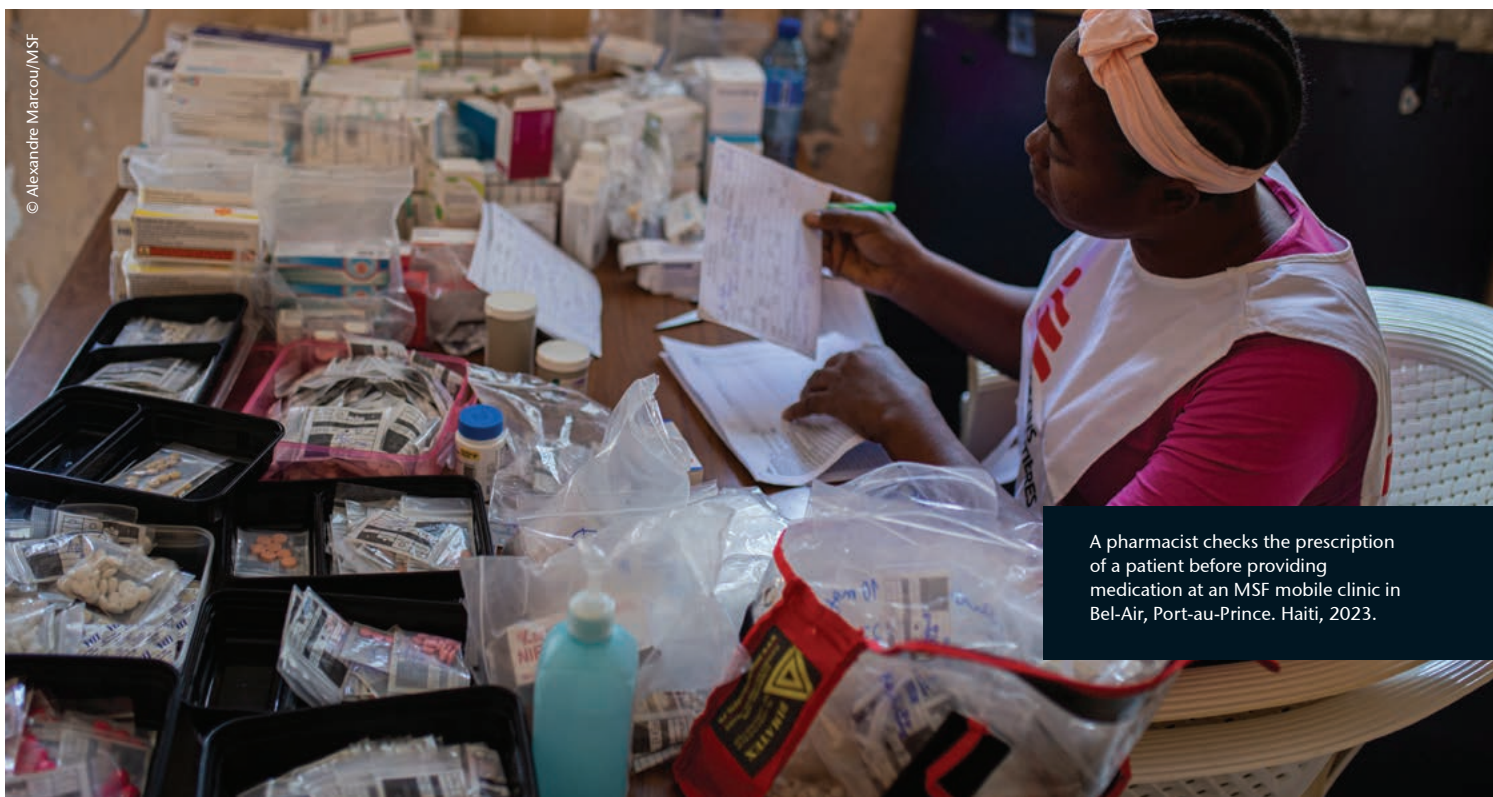
● Cities, towns or villages where MSF worked in 2023

## KEY 2023 MEDICAL FIGURES:

**37,600** emergency room consultations

**5,780** people treated for intentional physical violence

**4,200** people treated for sexual violence



© Alexandre Marcou/MSF

A pharmacist checks the prescription of a patient before providing medication at an MSF mobile clinic in Bel-Air, Port-au-Prince. Haiti, 2023.



© Ahmad Mahmud/MSF

An MSF doctor speaks to the mother of a child admitted to the measles isolation unit at Um Sangour Refugee Camp, White Nile State, Sudan, 2023.

# SUDAN

Staff in 2023 (full-time equivalents): 1,083 locally hired; 155 internationally hired | Expenditure in 2023: **\$104** million

**In April 2023**, intense fighting broke out between the Sudanese Armed Forces and the paramilitary Rapid Support Forces in Khartoum and soon spread across most of Sudan, killing and injuring thousands of people and uprooting millions from their homes. Doctors Without Borders/ Médecins Sans Frontières (MSF) teams, already working in 11 states in Sudan, quickly responded to people’s health needs, despite obstructions including bans on transportation of medical supplies and travel.

to Gedaref and Kassala states, where we increased an existing response.

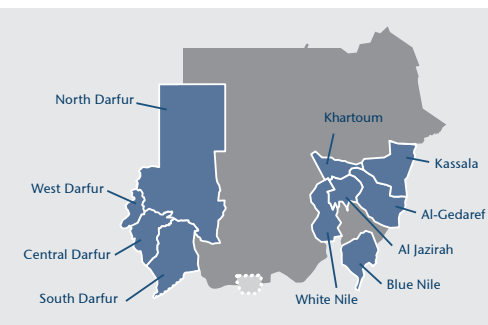
Soon after conflict erupted, Darfur became an epicentre of violence. The MSF-supported South hospital in El Fasher, North Darfur, received 136 wounded patients in the first 48 hours of fighting. We rapidly transformed the small maternity facility into a hospital with an operating room and emergency room that could receive mass casualties. In Nyala, South Darfur, an MSF compound and warehouse were attacked and looted early on, forcing us to suspend activities in and around Nyala. In West Darfur, the MSF-supported El-Geneina teaching hospital was looted and extensively damaged. The city became so dangerous that no access was possible for several months.

By the end of the year, over seven million people were displaced. Ethnically targeted violence is estimated to have killed between 10,000 and 15,000 people in El-Geneina alone. A sustained ceasefire has not been achieved and MSF continues to respond to humanitarian needs.

Throughout 2023, MSF teams maintained our activities in several states in eastern Sudan. 🇸🇩

Most hospitals in Khartoum were forced to stop functioning and those remaining open were overwhelmed. MSF donated supplies and brought in a surgical team to Bashair teaching hospital, converted the Turkish hospital so it could receive mass casualties and began supporting Al Nao hospital in Omdurman, treating patients injured by gunshots, stabbings and shrapnel, as well as non-trauma-related conditions. We also worked in Umdawwanban and Alban Al-Jadeed hospitals in Khartoum state.

The conflict forced hundreds of thousands of people to flee Khartoum to Wad Madani, Al-Jazirah state, where MSF teams provided medical consultations. People also moved



■ Regions where MSF had projects in 2023

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

## KEY 2023 MEDICAL FIGURES:

**697,600** outpatient consultations

**102,300** emergency room admissions

**4,610** surgical interventions

# SYRIA


Staff in 2023 (full-time equivalents): 773 locally hired; 76 internationally hired | Expenditure in 2023: **\$72 million**

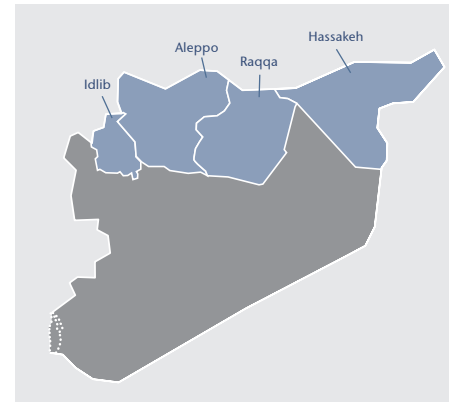
**In Syria**, Doctors Without Borders/ Médecins Sans Frontières (MSF) provides vital healthcare to people who are displaced and living in extremely vulnerable conditions.

Nearly 12 years of conflict have eroded the health system in northern Syria. People living in the area, including refugees and those who have been displaced, face daily challenges to access essentials, including clean water and healthcare.

In Idlib and Aleppo governorates, our teams provided critical medical humanitarian assistance. At the same time, we supported six hospitals offering a range of specialist services, ran a burns facility, supported 12 general healthcare centres and operated 11 mobile clinics that delivered essential medical care to displaced people living in remote and inaccessible areas. Our teams also managed two clinics for non-communicable diseases (NCDs), facilitated patient referrals through ambulances and provided water, sanitation and hygiene services in more than 100 camps.

In northeast Syria, where the health system relies heavily on international support, MSF supported general healthcare clinics, offering care for patients with NCDs; mental health programs; inpatient and outpatient feeding centres and an emergency room. We also ran a water purification plant to supply safe drinking water for people living in Al-Hol camp, which is currently home to over 40,000 people, mostly women and children.

In February 2023, powerful earthquakes hit the south of Türkiye and northwest Syria, killing over 59,000 people and injuring many more. Homes and infrastructure, including medical facilities, were severely damaged. Having a long-established presence in northwest Syria, our teams quickly responded, distributing trauma kits, rehabilitating healthcare facilities and sending mobile teams to affected areas. MSF delivered over 40 trucks of medical and essential items. We donated relief items to the Syrian Arab Red Crescent, and medical and non-medical equipment to 30 hospitals in the region. We also sent medical equipment to around 10 hospitals in Bab Al-Hawa, Darat Izza, Idlib Atarib and other locations. 



■ Regions where MSF had projects in 2023

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

## KEY 2023 MEDICAL FIGURES:

**1,191,600** outpatient consultations

**32,600** individual mental health consultations

**13,600** births assisted, including 2,980 caesarean sections



An MSF team provides a reproductive health consultation to a woman in a tent ward, two weeks after a 6.3 magnitude earthquake damaged the local hospital. Jindires, Syria, 2023.

Mulikat Okolanwon is a noma advocate and works at the MSF-supported Sokoto noma hospital. Nigeria, 2023.

## “THERE IS ABILITY IN DISABILITY AND THERE IS NOTHING THAT WE CANNOT DO.”

*Mulikat Okolanwon had noma as a child and was left severely disfigured. After undergoing several reconstructive surgeries at Sokoto noma hospital in northern Nigeria, which Doctor Without Borders/Médecins Sans Frontières (MSF) supports, she studied to become a healthcare professional. Today, Mulikat provides hygiene and mental health support to noma patients at the same hospital and has become a patient advocate, travelling abroad to raise awareness about the disease and share her story. She is the co-founder of Elysium, the first association for noma survivors. In 2024, she was named in Time Magazine’s 100 Most Influential People in Health.*

**I started my life in an awkward way,** not like other children. I was living with my grandparents in their village when I was infected by an unknown disease. They tried what they could, but the disease got worse quickly and disfigured my face.

I was referred to a teaching hospital near my home and I recovered from the

disease. However, it left a severe mark on my face that hindered me from associating with people in the community. I couldn’t go out, I couldn’t go anywhere. Imagine a life where people are running away from you. I couldn’t look at myself in a mirror or have my pictures taken like others. I lived in loneliness and depression all the time.

Later, I had surgery in another hospital but, despite multiple attempts, it failed. The outcome led to more panic and emotional instability for my family and me. I was crying all the time and I often wished I hadn't survived to witness the stigma and social impact of the disease.

Luckily, I met a professor in Lagos who referred me to Sokoto noma hospital. It was a 24-hour drive away. There, I had my first successful plastic surgery. I had five more rounds of surgery over the next 20 years.

After that, I finally began to admire myself, to take pictures of myself and to interact with people in the community. I enrolled at school to catch up in life. But still some students didn't like to interact with me because of the way I looked.

My first job at Sokoto noma hospital was as a cook. Later, I decided to further my education so I could have a career. It was tough because I struggled to pay for the classes, but I held on. Today, I have a diploma in health information management.

In January 2018, I started working as a hygiene officer with MSF in the same hospital, where MSF treats noma patients for free. I also work with the mental health department. Telling my story encourages noma patients and their families to keep on fighting and gives them hope.

In 2022, my journey as a noma advocate took me outside Nigeria for the first time. I was invited to Switzerland and had the opportunity to share my story during the World Health Assembly. The Minister of Health for Nigeria was also there and announced Nigeria was taking the lead in

calling to add noma to the World Health Organization's (WHO's) list of neglected tropical diseases.\* Its inclusion is key to raising awareness about noma globally and getting the attention and resources noma patients and survivors deserve.

## **"TELLING MY STORY ENCOURAGES NOMA PATIENTS AND THEIR FAMILIES TO KEEP ON FIGHTING AND GIVES THEM HOPE."**

My motivation to speak out is because 90 per cent of noma patients die within a few weeks – and that is something we can prevent. It is important to repeat: noma is a preventable and treatable disease that should not exist anymore.

I also co-founded the first noma survivors' organization, Elysium. Our objective is to support survivors just as we were supported, so they can get a job and live an independent life. There is ability in disability and there is nothing we cannot do. 🚀

MSF has supported the Nigerian Ministry of Health's Sokoto noma hospital since 2014, providing reconstructive surgery, nutritional support, mental health support and outreach activities for patients like Mulikat. Since 2014, MSF's surgical teams have carried out more than 1,150 surgeries on close to 800 patients. All services at Sokoto noma hospital are free.

*\*In December 2023, the WHO officially added noma to its list of neglected tropical diseases.*

## **WHAT IS NOMA?**

Noma is an infectious but non-contagious bacterial disease that starts as gum inflammation, similar to a small ulcer in the mouth. The infection very quickly destroys bone and tissue and affects the jaw, lips, cheeks and nose – depending on where it starts.

Primarily affecting those living in lower-income countries, noma mainly affects children under the age of seven. Particularly susceptible are people experiencing malnutrition and lacking access to essentials, including clean water and toothbrushes, to maintain oral hygiene, as well as people who have also contracted measles or malaria.



The entrance to the main building of the MSF-supported Boost hospital in Lashkar Gah, Afghanistan, 2022.

# MATERNITY CARE IN LASHKAR GAH

*Afghanistan has one of the world’s highest rates of pregnancy and childbirth-related deaths. Since 2009, a Doctors Without Borders/Médecins Sans Frontières (MSF) team has been working to help safely deliver babies in Boost hospital, Lashkar Gah. But it hasn’t always been this way, says Rahmatullah Ali Jani who works with MSF as a human resources officer.*

**I was raised near Lashkar Gah city,** Helmand province. This is the story of two journeys I made, a couple of years apart but closely connected.

One night in the summer of 2008, I am just falling asleep around midnight when I hear a loud knocking at the door.

My uncle is on the doorstep. “Start the car,” he says, “We have to go somewhere.”

**“THERE IS NO STRETCHER, WHEELCHAIR OR ANYONE TO HELP.”**

I do as my uncle says and start driving through the dark, following his directions. We drive to a poverty-stricken neighbour-

hood on the outskirts of the city and stop outside a house, where a heavily pregnant woman and a man are waiting for us.

My uncle instructs me to fold down the seats so the woman can lie down.

Soon I’m driving carefully in the dark, along bumpy roads towards the city centre, crossing different checkpoints, answering different questions.

An hour and a half later, we arrive at the entrance to a large, dark hospital compound. “What are you doing? Why are you here?” asks the guard. We explain and he waves us inside. It’s difficult to navigate: no driveway, no lights, many trees and fallen branches. Eventually, we find the main building.

A man with an oil lamp approaches and asks why we are there. He points towards a dark hallway. There is no stretcher, wheelchair or anyone to help. Just total silence except the sound of the woman in pain. The building smells of open wounds and alcohol. We walk along the hallway, pressing buttons on our phone for enough light to avoid bumping into walls.

When we reach the maternity department, a woman holding an oil lamp asks why we are here. We lose time explaining. She says, "Wait here, I'll try to find the midwife on duty."

She reappears, telling us the midwife is not in the hospital and she'll go to the midwife's house.

Half an hour later they're back. The midwife greets us nicely and takes the pregnant woman inside. After 10 minutes, she brings us a list of items saying, "In this hospital, we can support the delivery, but we don't have medication or supplies. You have to purchase everything yourselves from a pharmacy."

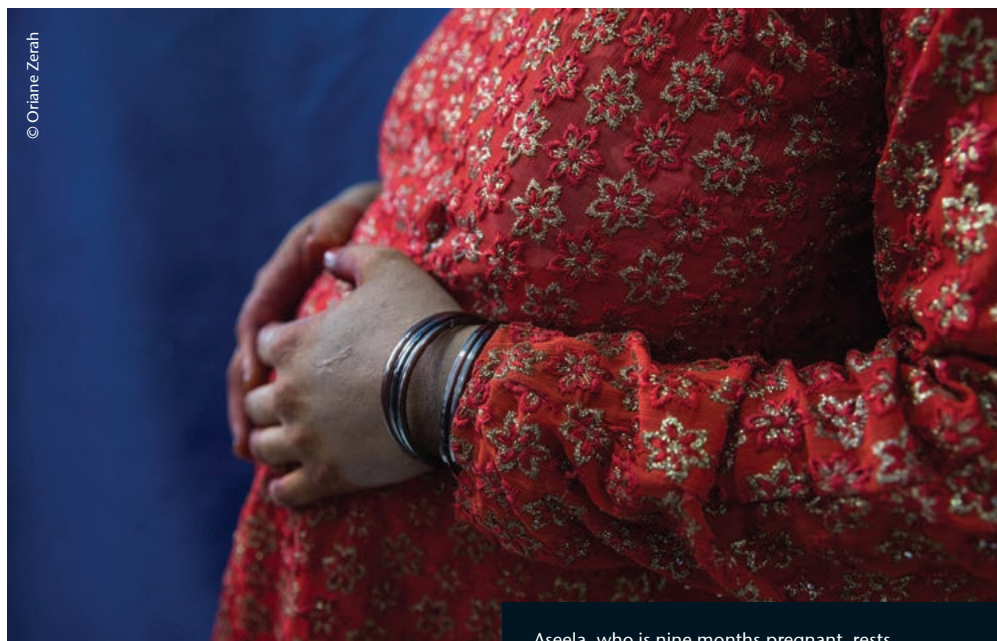
The woman with the lamp asks us, "Why would you bring her to this hospital and not a private clinic? You know there is no infrastructure here." But a private clinic is unaffordable.

After searching for an hour, we find an open pharmacy and get everything on the list. More supplies are needed through the night and we repeat this trip twice.

In the morning there is good news: the baby is born, and the mother and baby are healthy. There is no postnatal care, so we take them straight home.

A couple of years later, I get a similar phone call but I'm expecting it, knowing my aunt is pregnant. Just as before, it's nearly midnight when we hit the road.

Again, the bumpy roads and check-points, but upon arrival at the hospital compound, the gate is opened for us and we drive on the paved road to the main entrance.



© Oriane Zerah

Instead of total darkness, I see a massive, well-lit white building. I'm shocked. "Are we in the right place?" I ask. "Are you sure this is the hospital we want to go to?"

We enter the building and people give us directions. Some female staff appear with a stretcher and take my aunt inside. One of them explains what will happen next, how long it will take, that it will be safe and I shouldn't worry.

I barely hear anything she says because I'm so distracted by everything else. It's midnight but bright as daylight. I'm thinking: "What's happening? Is this a different place? Am I on a different planet?"

All around me are signs pointing to various departments: emergency, lab, radiology, pediatrics. It's an amazing experience to see the changes to the hospital, now supported by MSF.

In 2022, there was a change of power in Lashkar Gah. Amid active shooting, fighting and rockets in the city for 10 days, the MSF team was there, treating patients in the basement.

On my first visit, many years ago, they faced challenges to deliver one baby. Now, they can deliver more than 2,000 babies every month. 🇦🇫

Aseela, who is nine months pregnant, rests her hands on her belly while at the MSF-supported Boost hospital. Afghanistan, 2022.

**"ARE WE IN THE RIGHT PLACE? ARE YOU SURE THIS IS THE HOSPITAL WE WANT TO GO TO?"**



© MSF

Rahmatullah Ali Jani, MSF human resources officer. 2023.

# 2023 OVERVIEW OF ACTIVITIES

## LARGEST COUNTRY PROGRAMS

### By expenditure (in million Canadian dollars)

1. Democratic Republic of Congo	\$203
2. Yemen	\$161
3. South Sudan	\$158
4. Nigeria	\$108
5. Sudan	\$104
6. Central African Republic	\$104
7. Chad	\$85
8. Afghanistan	\$80
9. Haiti	\$73
10. Syria	\$72

The total expenditure for our programs in these 10 countries was \$1,148 million CAD, **53 per cent of MSF's program expenses in 2023.**

### By number of project staff<sup>1</sup>

1. South Sudan	3,773
2. Afghanistan	3,269
3. Nigeria	3,058
4. Democratic Republic of Congo	2,890
5. Yemen	2,768
6. Central African Republic	2,499
7. Bangladesh	2,015
8. Haiti	1,968
9. Niger	1,729
10. Mali	1,478

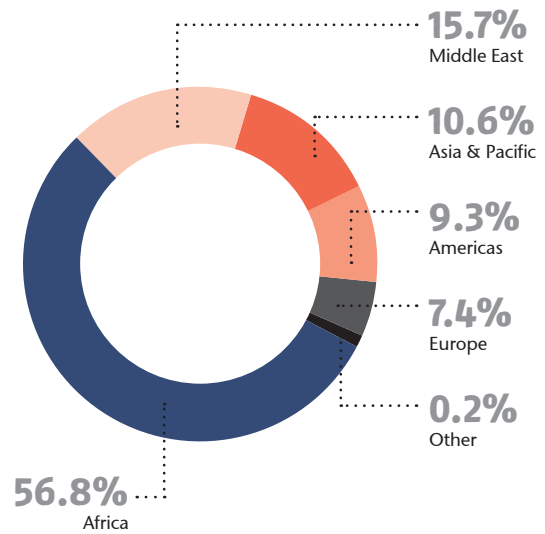
### By number of outpatient consultations<sup>2</sup>

1. Democratic Republic of Congo	2,578,300
2. Nigeria	1,203,600
3. Syria	1,191,600
4. Burkina Faso	1,020,100
5. Niger	1,012,700
6. South Sudan	879,100
7. Central African Republic	725,700
8. Sudan	697,600
9. Chad	654,400
10. Bangladesh	628,300

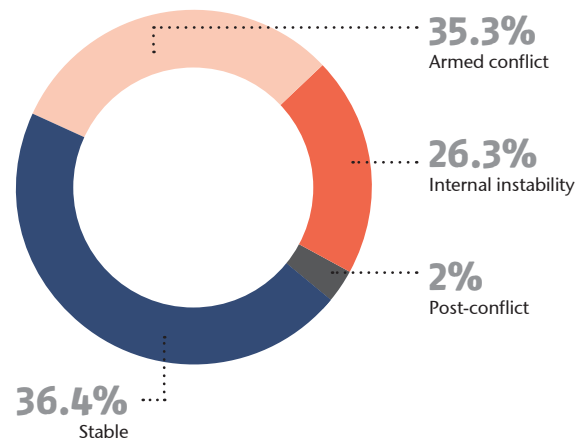
<sup>1</sup> **Staff numbers** represent full-time equivalent positions (locally hired and internationally hired) averaged out across the year.

<sup>2</sup> **Outpatient consultations** exclude specialist consultations.

## PROJECT LOCATIONS



## CONTEXT OF INTERVENTION



All financial figures have been converted from Euros to Canadian Dollars, using the annual average exchange rate for 2023 at 1.463. For the original figures in euros from MSF's 2023 International Activity Report, visit [doctorswithoutborders.ca/about-msf/impact-accountability](https://doctorswithoutborders.ca/about-msf/impact-accountability).



# 2023 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 2023, 98 per cent of MSF's income came from private sources.

**More than 7.3 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, the Global Fund to Fight AIDS, Tuberculosis and Malaria; the International Drug Purchase Facility; and some national health institutes, regional councils and municipalities of France, Luxemburg and Switzerland.

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

	2023		2022	
<b>Social mission</b>				
Program expenses <sup>1</sup>	2,176	64%	1,923	65%
Program support	420	13%	348	12%
Awareness-raising	80	2%	68	2%
Other humanitarian activities	31	1%	40	1%
<b>Total social mission</b>	<b>2,707</b>	<b>80%</b>	<b>2,380</b>	<b>80%</b>
<b>Other expenses</b>				
Fundraising	502	15%	446	15%
Management and general administration	168	5%	143	5%
<b>Total other expenses</b>	<b>670</b>	<b>20%</b>	<b>589</b>	<b>20%</b>
<b>TOTAL OPERATING EXPENSES</b>	<b>3,377</b>	<b>100%</b>	<b>2,969</b>	<b>100%</b>

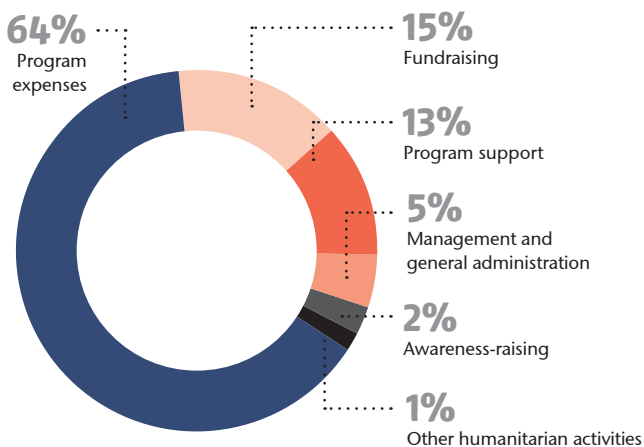
## WHERE DID THE MONEY COME FROM?

Private income	3,393	98%	3,001	97%
Public institutional income	35	1%	32	1%
Other income	31	1%	53	2%
<b>TOTAL INCOME</b>	<b>3,459</b>	<b>100%</b>	<b>3,085</b>	<b>100%</b>

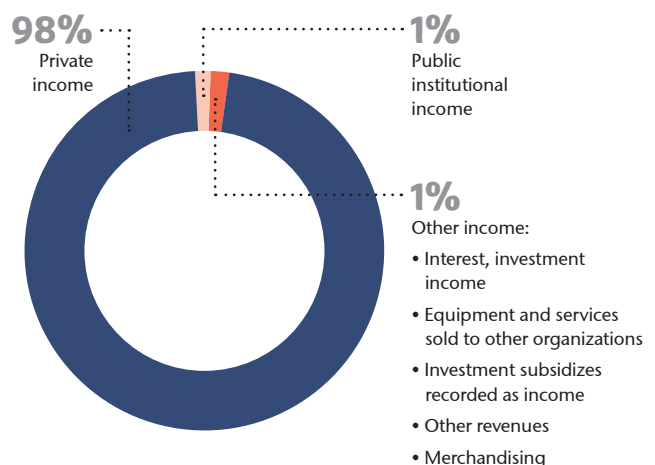
<sup>1</sup> **Program expenses** represent expenses incurred in the projects or by headquarters on behalf of the projects. All expenses are allocated in line with the main activities performed by MSF according to the full cost method. Therefore, all expense categories include salaries, medical costs, 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 2023 was 1.463. Rounding may result in apparent inconsistencies in totals.

## HOW WAS THE MONEY SPENT?



## WHERE DID THE MONEY COME FROM?



# 2023 FACTS AND FIGURES IN CANADA

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

Statement of operations

Year ended Dec. 31, 2023

	<b>2023</b>	2022
	Canadian \$	Canadian \$
<b>REVENUE</b>		
Donations	<b>98,017,804</b>	98,559,304
Support from Global Affairs Canada, International Humanitarian Assistance Directorate	<b>15,116,922</b>	14,883,078
Fees from other MSF sections	<b>7,366,117</b>	7,453,425
Grants from other MSF sections	<b>944,345</b>	746,620
Interest and other revenue	<b>1,093,218</b>	475,034
Other	<b>20,723</b>	14,486
<b>TOTAL REVENUE</b>	<b>122,559,129</b>	122,131,947
<b>EXPENSES</b>		
Program services		
Emergency, medical, nutrition and health projects	<b>85,080,522</b>	86,090,287
Program support and development	<b>14,829,910</b>	14,897,135
Public education	<b>1,342,869</b>	1,284,490
<b>SUBTOTAL PROGRAM SERVICES</b>	<b>101,253,301</b>	102,271,912
Supporting services		
Fundraising	<b>17,092,478</b>	16,299,069
Management and general	<b>3,998,522</b>	3,109,646
<b>SUBTOTAL SUPPORTING SERVICES</b>	<b>21,091,000</b>	19,408,715
Foreign exchange loss (gain)	<b>82,223</b>	(24,917)
<b>TOTAL EXPENSES</b>	<b>122,426,524</b>	121,655,710
<b>Excess of revenue over expenses</b>	<b>132,605</b>	476,237

For more information and to read MSF Canada's complete financial statements for 2023, visit [doctorswithoutborders.ca/about-msf/impact-accountability](https://doctorswithoutborders.ca/about-msf/impact-accountability)

# WITH THE SUPPORT OF OUR DONORS

**258**

**WORKERS TRAVELLED OVERSEAS ON CANADIAN CONTRACTS TO HELP MSF DELIVER EMERGENCY MEDICAL CARE IN 2023\***



**130**

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



**128**

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, psychologists, logisticians and more. \*In 2023, a total of 258 Canadian citizens and permanent residents were part of MSF's work supporting people around the world facing humanitarian crises.



**FRONT COVER:** An MSF nurse aide measures a child's upper arm circumference to screen for malnutrition at an MSF mobile clinic at the Riverside transit site in Renk town, Upper Nile State, South Sudan, 2023. © Nasir Ghafoor/MSF

**BACK COVER:** The MSF integrated community case management team in Abyei. From left to right: Front – Christopher, Awa, Regina. Back – Chol, Hamada, Kat, Charles, Marteen. South Sudan, 2023. © Sean Sutton/Panos Pictures

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 the more than 70 countries worldwide where MSF worked in 2023, 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](mailto:accessibility@toronto.msf.org)

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