Board Report 2021

Vereniging Artsen zonder Grenzen

Foreword

Dear supporters, donors, volunteers, employees, partners, and patients and communities we seek to serve

On behalf of the Board of Artsen zonder Grenzen (AzG)/ Médecins Sans Frontières (MSF) The Netherlands (MSF-NL), I present the MSF-NL 2021 Board Report.

With this report we seek to show you how we managed the resources you entrusted us with in 2021, highlighting our achievements and the challenges we faced. We strive to be as open and transparent as possible, reflecting on our successes and failures to ensure we continuously improve.

The core of our work is assisting people in crises. We exist to provide medical assistance to people affected by conflict, epidemics, disasters, or exclusion. We are committed to providing the highest quality medical care possible—no matter where we work—and to acting in the best interests of our patients, respecting their dignity, confidentiality, and ability to make decisions. *Témoignage* (witnessing) goes hand-in-hand with our medical operations. When the world turns its back on crises, we raise our voices and speak out in solidarity with our patients and the communities we seek to serve. Furthermore, we are committed to increasing access to affordable and effective tests, drugs and vaccines with the objective of dismantling barriers that prevent people from accessing the treatments they need.

Last year, 2021, was a milestone year for the MSF movement as the organisation turned 50. It was also another complex year, once again dominated by the evolution of COVID-19. In India, Myanmar, and Venezuela where the pandemic hit hard, we set up emergency responses to the pandemic. In our regular projects we integrated COVID-19 care into our day-to-day operations, ensuring our continued ability to meet other healthcare needs. We adapted to ever-changing quarantine and travel rules, and new challenges to our ability to get essential staff and supplies to our projects. We worked to ensure our staff and patients were safe – including supporting MSF-wide advocacy on equitable access to vaccines.

On top of COVID-19, the year saw multiple humanitarian crises, including increased insecurity and attacks on healthcare and humanitarian aid in many parts of the world. From the military coup in Myanmar to regime change and instability in Afghanistan; from the ongoing conflict in Tigray and surrounding regions of Ethiopia, to refugee responses in Sudan; and from violence and earthquakes in Haiti to unprecedented flooding in South Sudan, we made every effort to respond to emergencies and expand existing services. At the same time, we significantly improved and stabilised the MSF Operational Centre Amsterdam (MSF-OCA) supply chain, correcting significant arrears in processing orders and provision of supplies.

In March we reported how 65 per cent of healthcare facilities had been destroyed in Ethiopia's Tigray region. Devastatingly, three colleagues from MSF Operational Centre Barcelona were killed in a horrific incident in June. In July, MSF-OCA, along with other organisations, was given a three-month suspension. We are still not able to work in most areas today but remain in constant dialogue with the authorities. At the same time, we saw in 2021 how our return (as MSF-OCA) to Sudan in late 2020 was not only a hugely significant moment for us as an organisation, but also a timely one. We were able to quickly increase our support services for refugees who had fled Ethiopia, including building a hospital and providing comprehensive health services.

We stayed in Afghanistan throughout the withdrawal of US troops and the return of Taliban rule. We continue to make every effort to provide lifesaving medical care, including obstetric, and emergency surgeries. In addition, we treat drug-resistant TB patients, and completed the construction of a large multidrug-resistant TB hospital in Kandahar. The country is in the grip of an economic crisis and the healthcare system has all but collapsed. We continue to advocate about the needs our teams witness, including skyrocketing rates of measles and malnutrition. Our services provide a lifeline to those who can reach us, but we remain extremely concerned about the fate of millions of people cut off from healthcare and basic services.

We renewed our commitment to supporting people on the move, through the resumption of search and rescue activities in the Central Mediterranean – this time chartering our own vessel and through setting up new projects in Belarus, Poland, and Lithuania. In the current political climate in Europe, discriminatory and inhumane policies criminalise refugees, migrants, and asylum seekers, and those who seek to assist them. We continued to highlight the violence, abuse and suffering resulting from these policies, and to underscore how Europe must fundamentally change its approach to migration and asylum.

We saw heartening results from our ground-breaking trial to find better treatment for drug-resistant tuberculosis patients, with 89 per cent of patients in the new regimen group cured, compared to 52 per cent in the standard care group, and with a significantly lower rate of major side effects. We are delighted that in May 2022, the World Health Organization (WHO) has added the regimen to its guidelines for rifampicin-resistant TB.

We rolled out projects to improve patient-centred care and our community engagement. And we entrenched our commitments to address the humanitarian consequences of the climate crisis and environmental degradation – as well as to reduce our own carbon footprint. In December, as the MSF movement reached a half century, we reflected on the evolution of *témoignage* and humanitarian action over the last 50 years.

We also continued to build on the learnings from 2020 and remain determined to confront issues of racism and discrimination, and ensure accountability of abuses, within our organisation. As part of this work, we established an advisory unit on diversity, equity, and inclusion. Amongst other activities, the team organised workshops on DEI reaching more than 600 participants across our projects and offices. These trainings are an essential first step towards shifting individual mindsets and collective culture to bring about the change we need to see. Linked to this work we finalised a two-year review process and update of MSF-OCA's Code of Conduct.

In the Netherlands, we had another exceptional fundraising year. Thanks to the generosity of our supporters, we closed the year with €62.8 million in donations, well above our initial income target. On top of this, we thank the Netherlands Postcode Lottery for its additional combined donation of €17.5 million.

As our organisation grows and changes, we need leadership at governance and executive levels that reflect the aspirations of our members, staff, and the people we serve. As we continue our journey to get this right, we remain steadfast in our commitment to our patients and the communities we serve. Our teams across the world are working tirelessly to ensure we

continue to provide medical humanitarian assistance to the people who need it most – no matter who they are or where they come from. We know that our work can never be enough, but we are immensely proud of what we have achieved – as MSF-NL, as MSF-OCA, and as part of the wider MSF movement.

It is thanks to the generosity of our supporters, mostly private donors, and the tireless efforts of our staff worldwide, that we are able to provide the assistance we can. None of this would be possible without your support. Thank you.

Unni Karunakara

President ad interim
Artsen zonder Grenzen/ Médecins Sans Frontières – The Netherlands

Contents

Acronyms

AMR	Antimicrobial resistance
ARC	Audit & Risk Committee
ASSM	Applied security and safety management
AzG	Artsen zonder Grenzen (also called MSF-NL)
CAR	Central African Republic
COP 26	UN Conference of Parties 26 (on Climate Change)
CSI	Committee on Supply Improvement
DEI	Diversity, equity and inclusion
DoCC	Duty of Care Committee
DR-TB	Drug-resistant tuberculosis
DRC	Democratic Republic of Congo
EGA	Extraordinary General Assembly
ERB	Ethics review board
EU	European Union
GA	General Assembly
GD	General Director
GDPR	General Data Protection Regulation
HIS	Health Information System
HIV	Human Immunodeficiency virus
HR	Human Resources
ICRC	International Committee of the Red Cross
ICT	Information and communications technology
IGA	International General Assembly
IOM	International Organization for Migration
IPC	Infection, prevention and control
IT	Information technology
L&D	Learning and development
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières
MSF-NL	MSF The Netherlands (also called AzG)
MSF-OCA	MSF Operational Centre Amsterdam
MSF-OCBA	MSF Operational Centre Barcelona
MSF-OCG	MSF Operational Centre Geneva
MSF-OCP	MSF Operational Centre Paris
MT	Management team
NTDs	Neglected tropical diseases
PCC	Person-centred care
PHC	Primary healthcare
PMO	Project management office
RBU	Responsible behaviour unit
SAC	Safe abortion care
SRH	Sexual and reproductive healthcare
TB	Tuberculosis
UK	United Kingdom
UN	United Nations
UNSC	UN Security Council
WHO	World Health Organization
WOC	Work Council

1 Introduction

▲ MSF doctor examines a child during a mobile clinic in the village of Adiftaw, in the northern region of Tigray. Ethiopia, March 2021. Photo: Igor Barbero/MSF

This is the Board Report and Accountability Statement of Artsen zonder Grenzen (AzG)/Médecins Sans Frontières (MSF) The Netherlands, published on artsenzondergrenzen.nl, together with the Financial Report of MSF The Netherlands Association. [1]

In 2021, as COVID-19 continued to present significant challenges, we grappled with ongoing staff shortages, supply chain constraints, and travel restrictions. As in the early stages of the pandemic, our priorities focused on the safety and security of our staff and patients and on ensuring continuity of care across our projects. As the pandemic evolved, we integrated many COVID-19 response programmes into our standard programming or closed or handed them over. In Myanmar, India, Syria, and Venezuela, where there were clear gaps, we continued to run existing COVID-19 projects and set up new emergency responses. As part of our efforts to keep our staff safe and secure, ensuring all our staff had access to available vaccines, guidelines and information as well as exploring treatment options, was an organisational priority. [2]

At the same time, significant humanitarian crises were emerging or intensifying. In addition to our regular programming, we responded to conflict, insecurity, and disasters across the world. We carried out exploratory assessments in Burkina Faso and Guatemala and started new projects to support people on the move in the United Kingdom, Poland, and Lithuania, as well as resuming search and rescue operations in the Mediterranean Sea. In Haiti, Sudan, and South Sudan we expanded existing services and set up emergency projects to support refugees and communities affected by violence, earthquakes, and floods.

One of MSF-OCA's priorities, as set out in our Strategic Plan 2020 to 2023, is to contribute to the MSF movement in becoming a truly global organisation, with devolved power structures outside of Europe. As part of this effort, we began setting up an 'operational desk' to coordinate programmes from Nairobi, Kenya.

1 Previous versions of this report referred to 'MSF The Netherlands' as 'MSF Holland'

2 By the end of 2021, several treatments to treat COVID-19 had been developed, but despite strong advocacy led by the MSF Access Campaign, these remained largely out of reach. In early 2022, we received supplies of Tocilizumab (a drug used to support COVID-19 patients who need oxygen). We continue to advocate for other treatments to be made available.

Who we are: AzG/MSF-NL, MSF-OCA, and the MSF movement

The international MSF movement comprises 25 associations around the world. Each is an independent legal entity registered in the country in which it operates, and each is linked to one of the five operational centres (OCs) responsible for the delivery of MSF's medical humanitarian work. MSF The Netherlands (MSF-NL), known in the Netherlands as Artsen Zonder Grenzen (AzG) is the legal entity which hosts the MSF Operational Centre Amsterdam (MSF-OCA) partnership.

The MSF-OCA partnership comprises MSF Canada, MSF Germany, MSF-NL, MSF South Asia, MSF Sweden, and MSF-UK. MSF-OCA's medical humanitarian operations fall under the responsibility of the Board of the MSF-NL Association (the Board). The Board delegates oversight of MSF-OCA's operations and activities to the OCA-Council, made up of representatives of the boards of the different MSF-OCA partners, including MSF-NL.

MSF-NL is also a 'section' – an office which supports operations; mainly through recruitment, fundraising, advocacy, and awareness-raising – that is governed by an independent association. In this report you will see the different uses of the terms MSF-NL/AzG, MSF-OCA, and the MSF movement, as well as to specific project locations, branch offices and sections.

This Board report highlights both MSF-OCA's medical humanitarian work and global advocacy and communications efforts; and reviews 2021 from the perspective of MSF-NL as a section, including updates related to the office in Amsterdam and highlights of our work in the Netherlands.

2
Medical Humanitarian Assistance in 2021

▲ MSF midwife hands over the newborn baby to her mother at the inpatient department of the maternity unit supported by MSF at Al Jamhouri hospital in Taiz City. Yemen, June 2021. Photo: Nasir Ghafoor/MSF

In numbers: MSF-OCA's medical humanitarian work in 2021

115 projects in 33 countries, of which:
101 provided direct aid
12 related to emergency preparedness
2 were exploratory projects in new countries

Of the 101 projects providing direct aid:
79 were already running at the start of 2021
30 were responding to acute emergencies
22 were newly set up
13 were closed
5 were opened and closed within the year

Medical figures
2,502,316 outpatient consultations
126,783 inpatient admissions
609, 956 patients treated for malaria
67,322 patients treated for malnutrition (18,833 inpatients, **48,489** outpatients)
9,093 patients treated for (reported) cholera
14,995 surgical interventions
79,082 deliveries assisted
95,007 people given psychosocial care support
80,547 measles vaccinations administered
898 new multidrug-resistant tuberculosis patients started on treatment
4,568 COVID-19 cases registered
458,696,460 litres of clean water provided

Operational Snapshots

Ethiopia
In Ethiopia, we provided healthcare and water and sanitation services to people affected by the Tigray conflict. In June, three staff from MSF Operational Centre Barcelona (OCBA) were killed in a horrific incident. The murders shocked the world and the MSF movement. In July, the Ethiopian authorities suspended the activities of three non-profit organisations[3], including MSF-OCA for three months, leaving communities in Amhara, Gambella, Somali, and Tigray regions without access to healthcare. Even after the lifting of the suspension we had to keep our activities on standby as we could not be assured of the safety of our teams. In March 2022 MSF-OCA was able to re-start activities in Gambella, focused on drought and malnutrition, but we are not yet able to be operational elsewhere. We remain committed to supporting people in Ethiopia and are in continuous dialogue with the authorities.

Sudan
In late 2020, we, as MSF-OCA, returned to Sudan after a 12-year suspension. This was timely, as when the conflict in Tigray started in December of that year, our teams were well positioned to support refugees crossing into Sudan. In 2021 we expanded our services, including building a hospital in the largest refugee camp, Al-Tanideba increasing our provision of primary and secondary healthcare, including sexual and reproductive health and malnutrition services, as well as community surveillance, and water and sanitation activities. In March, we started a new primary healthcare project in South Darfur, designed and implemented together with the local community.

South Sudan
From May, South Sudan saw a third consecutive year of extreme flooding – this time the level of rainfall was unprecedented. Hundreds of thousands of people were displaced on top of those already living in flooded displacement camps. In the displaced persons camp in Bentiu, we carried out large-scale emergency water and sanitation and health activities, including a community-based response to sexual violence, and advocated for an improved humanitarian response to the floods. In July, as South Sudan reached its tenth birthday, we issued a report with an overview of MSF's witnessing of the medical humanitarian consequences of violence over the previous decade.

Haiti
In a year of extreme insecurity, with increased political and gang violence and elevated kidnap risk, we expanded our programmes in the capital, Port au Prince, to support communities affected by violence with primary healthcare and sexual and reproductive health services. Then in August, Haiti was struck by a 7.2 magnitude earthquake. Our response included primary healthcare services, the distribution of emergency relief items – including 11,000 hygiene kits – constructing an emergency water supply plant and helping repair water networks.

Afghanistan
We stayed in Afghanistan throughout the disruptive regime change in 2021, making every effort to continue providing lifesaving medical care. Alongside donating medical items to health providers where we could, we carried on running medical, obstetric, and surgical emergency care in Lashkar Gah. In Kandahar, we provided drug-resistant tuberculosis patients with buffer stocks of medicine and set up remote consultations to reduce their need to cross frontlines. Hospitals and medical facilities across the country remain under extreme pressure, some are barely functioning or are closed altogether. In a turbulent time, we remain committed to making every effort to serve the people of Afghanistan.

Bangladesh
All MSF operational centres are active in Cox's Bazaar district, where 900,000 Rohingya refugees remain stuck in the world's largest refugee camp. Despite the clear need, however, there has been a steady decline in humanitarian services from other organisations. In 2021, MSF provided 250 of the 350 total hospital beds available for camp residents. In March, a large fire destroyed the living quarters of thousands of families, and an MSF hospital was burnt to the ground. We restarted clinical activities within a week, working from temporary tents. As we rebuild, we plan to both expand the hospital's capacity and the services we offer.

Myanmar
In Myanmar, widespread protests following a military coup on 1 March led to numerous restrictions and arrests. Many health workers were subject to harassment and intimidation and thousands of medical staff went into hiding in fear of being attacked. We worked to help fill the gaps where we could, often navigating severe access

3 MSF- OCA, the Norwegian Refugee Council and Al Mektoum Foundation

restrictions. Our work included continuing to run projects to treat HIV patients that we had planned to handover to the Ministry of Health, and re-starting of HIV services, including diagnosis and treatment in Kachin and Shan states and Tanintharyi region. At the same time, we expanded to provide care for thousands of HIV, TB and hepatitis C patients who could no longer access treatment at government facilities. In June, a devastating wave of COVID-19 placed further immense pressure on the already overwhelmed healthcare system across the country. In response, we opened three new COVID-19 treatment centres: one in the capital Yangon, and two in townships in Kachin state. In addition, we ran COVID-19 hotlines in Shan state and Tanintharyi region, donated supplies to hospitals and trained healthcare workers.

India

In India, we, as MSF-OCA, supported the response to the devastating second wave of COVID-19 by building a 42-bed high-dependency unit in the town of Imphal in Manipur state. The Unit served vulnerable and marginalised groups mostly living in rural areas around the town, who we reached with mobile outreach teams.

European Migration

Search and Rescue

The International Organization for Migration (IOM) described 2021 as the deadliest year for people on the move towards and within Europe since 2018, including at least 1,553 people missing or dead in the central Mediterranean Sea. In May, we resumed search and rescue operations along this deadly route, through chartering our own search and rescue vessel, the Geo Barents. While at sea, we saw an increase in departures and forced returns to Libya. The illegal 'push-backs' are carried out by the Libyan Coast Guard which is part-funded and trained by the EU. From May to December, the Geo Barents conducted 22 rescues and brought 1345 people to shore. Since 2015, the MSF movement has assisted more than 80,000 people at sea.

Belarus and EU Countries

In 2021, in a new dynamic for EU migration, crises unfolded at the border areas between Belarus and Poland and Lithuania. Thousands of people – mainly from Iraq, but also Afghanistan, Syria, Cameroon and Democratic Republic of Congo (DRC) among others – attempting to cross into the EU were met with an inhumane and sometimes violent response, subject to intimidation, assault, detention and forcible returns. People were forced to hide out in forests, suffering freezing temperatures and a severe lack of food, water, shelter, or medical care. There were at least 21 deaths between August and the end of December, although the actual figure is likely to be higher. MSF-OCA entered the region in September, assessing the needs and responding where we could and tried to gain access to the 'secure zone', which runs the length of the Belarusian border. In Lithuania, we provided care for people in detention including mental health support, health promotion and distributing essential items – such as hygiene kits, cooking equipment and clothes, and were on call to assist people in the nearby forest. In Poland we focused on people's basic needs, to help them survive the harsh conditions – often by supporting the work of local organisations and individuals. However, on 6 January 2022, after having our access repeatedly blocked by the authorities, we reluctantly withdrew from the Poland/ Belarus border.

Syria

In March we saw the 10-year anniversary of the devastating war in Syria. Today, more than six million people remain displaced inside and outside the country. As MSF-OCA we work in north-eastern Syria, in Al Hol camp and Raqqa city, and we support local organisations in Kobane/Ayn Al Arab. Over the year we added to our existing programmes new projects that focus on adolescent boys in detention, acute malnutrition among under-fives, and a non-communicable diseases project co-designed with affected communities.

Yemen

In the city of Marib, once considered a safe haven, there were multiple violent attacks resulting in mass casualties and displacement. In April we started to support the emergency room of the Marib General Hospital. In a couple of weeks in September and October, we received more than 1,000 war-wounded there, as fighting intensified. At the time we did not, as MSF-OCA, have surgical capacity, but thanks to MSF Operational Centre Paris (MSF-OCP) who sent a surgical team, we were able to assist people. Meanwhile we continued to run mobile clinics, across eight locations in Marib, to provide primary healthcare services to displaced people, migrants, and a marginalised minority group, the *Muhamasheen*.

3 Programmatic Approaches & Medical Research

▲ MSF laboratory technician at the Reference Laboratory at the Republican Scientific and Practical Centre for Pulmonology and TB in Minsk. Belarus, August 2018. Photo: Viviane Dalles

Person-Centred Care

Person-centred care (PCC) is built on the understanding that it is affected individuals and communities who are the experts of their situations. Integrating PCC approaches to ensure we provide healthcare services that are attuned to the needs, values, and preferences of different communities, is an MSF-OCA strategic imperative. In 2021, as we expanded our efforts, we applied PCC in numerous settings, including: working with the community to set up a non-communicable diseases project in Syria, designing and implementing a participatory community health programme in Chad, and working with sex workers and people using intravenous drugs in Myanmar to improve how our HIV and TB projects meet their needs. Additionally, we recruited local PCC ambassadors and held workshops to support other projects develop their PCC approaches.

Primary Healthcare

Primary healthcare (PHC)[4] is a mainstay of our programming – every day, we see the critical role it plays in reducing the burden of disease and avoiding unnecessary deaths. Better integration of patient and community needs in our PHC services is a strategic imperative for MSF-OCA, closely linked with PCC. Our PHC transformation project[5] aims to develop a more patient-centered, culturally safe approach for PHC services across diverse settings. As part of this project, we reviewed PHC services across urban, remote, conflict and displacement settings, including an urban refugee setting with undocumented Rohingya refugees in Malaysia, and studies of remote, conflict and displacement settings in the DRC[6]. The outcomes will guide the development of a toolkit to support project teams to work together with communities in the design and implementation of PHC services.

4 Primary healthcare (PHC) is the first level of contact, outside of emergency care, that individuals, their families, and communities have with health systems. It encompasses health promotion, preventive, curative, and rehabilitative services, with comprehensive approaches to address individuals and communities' physical and mental health needs.

5 For more information see the project outline:
www.dev-msf-transformation.pantheonsite.io/projects/#projects-on-the-go

6 Initially planned to be carried out in Jebel Mara, Sudan, as noted in the 2020 report, we had to re-assign the location because of COVID-19 related challenges.

Medical Research

Carrying out medical research is an important part of our work, and in 2021, as MSF-OCA, we submitted 42 research protocols to the MSF ethics review board (ERB)[7].

Table 1: Medical research highlights 2021

Publications	30 papers published in 25 peer-reviewed journals, including the British Medical Journal, Conflict and Health, PLOS NTDs, Lancet Global Health, Maternal and Child Health, International Journal of Infectious Diseases. **For a full list of publications, see Annex 1.**
Conferences	Four conference abstracts and two oral presentations: • European Congress on Tropical Medicine and International Health (virtual) 28 Sep-1 Oct • Leishmaniasis East Africa Platform (virtual) 2-4 Nov
MSF Scientific Days[8] Annual conference which presents innovation and research across MSF's global programmes.	Three MSF-OCA abstracts and one poster were selected for presentation at the Scientific Days 2021. Two were from Central African Republic (CAR) – a population-based mortality survey and a malaria mass drug administration; and one was a community-led qualitative study of COVID-19 prevention and control in Nigeria and Sierra Leone. The poster was of an injury mitigation study in Dhaka, Bangladesh.
Research Impact	Two MSF-OCA studies from northern Nigeria[9] referenced in the WHO Guideline for Clinical Management of Exposure to Lead, 2021[10]

Climate and Environmental Health

The impacts of climate and environmental change exacerbate resource conflicts, displacement, and disease outbreaks. As MSF-OCA we are carrying out research to understand its impact, as well as of broader environmental health issues, in our projects. In 2021, this included carrying out research in East Africa on the impacts of climate and environmental change on diseases, such as malaria and dengue, in humanitarian settings. We also supported projects in Chad, Pakistan, South Sudan, and Venezuela to implement climate and environmental health issues into their country strategies, and developed the management structure, governance, and resourcing needs for MSF-OCA to meet its commitments to the MSF movement-wide Climate Smart project.[11] The project aims to assess and mitigate MSF's environmental impact by adopting best practices, assessing supply chain issues, and developing a roadmap towards carbon neutrality. In November, MSF-OCA members joined MSF's first delegation to the UN Climate Summit (COP 26).

eHealth and Data Governance

We developed governance mechanisms for the management and use of eHealth (electronic health) tools to support the delivery of quality healthcare and help identify and mitigate risk[12]. We also improved the user experience of the upgraded health information system (HIS), adding new content and harmonising data sets. We held trainings worldwide, supported project teams with more than 700 requests and continued to rollout the use of mobile data collection tools, such as the KoBo Toolbox (an open-source tool for humanitarian settings) to set up surveys and early warning surveillance.

Medical Incident Reporting

Reporting medical incidents is an organisational priority. In 2021, MSF-OCA teams reported 78 medical incidents, an increase from previous years – reflecting better reporting across projects. A serious incident means one in which a patient experiences a harmful event or dies. Fifty-five per cent of projects reported a serious incident, compared with 62 per cent in 2020. We also developed a two-part e-learning programme to help increase staff knowledge and skills towards improving quality of care and reporting of incidents. In 2022 we will roll out the programme, aiming to reach around 1000 staff with the first part and 500 with the second over the year.

7 All MSF's operational research is reviewed by a multidisciplinary ethics review board, for more information: www.msf.org/msf-ethics-review-board

8 The 'conference without borders' brings together researchers, practitioners, academics, and patient representatives from across the world. In 2021, Scientific Days were fully virtual with connected regional events in Asia, Africa, and Latin America. For more information see: MSF Scientific Days: www.msf.org.uk/msf-scientific-days

9 Description of results of DMSA treatment to date of acute lead toxicity outbreak in villages in northern Nigeria and Description of neurological characteristics of acute lead toxicity outbreak in villages participating in artisanal gold mining in northern Nigeria

10 WHO, Guideline for clinical management of exposure to lead: October 2021: www.who.int/publications/i/item/9789240037045

11 For more information on the Climate Smart project see: msf-transformation.org/news/climate-smart-msf

12 For example, through guidance on how to improve paediatric consultations, and on supporting prescription practices to help reduce overuse of antibiotics.

4
Igniting Change and Enabling Action

▲ On November 16, 99 survivors were rescued by MSF's Geo Barents at approximately 30 miles from the Libyan shores. Mediterranean Sea, November 2021. Photo: Virginie Nguyen Hoang/HUMA.

Humanitarian Affairs, Advocacy, and Communications

Témoignage (witnessing) is a core MSF principle. We speak out about the crises and abuses we witness and advocate for change based on our medical humanitarian action.

Speaking Out in Solidarity

As part of movement-wide initiatives as MSF turned 50,[13] in 2021 we reflected on the evolution of *témoignage* in MSF over a half-century. Together with the MSF-OCA Reflection and Analysis department, we held a series of workshops centred around the theme of "Speaking Out in Solidarity: What Should it Mean?" In lively discussions we reached common understandings of different terms and reflected together on what it means to speak out in solidarity, and what compels us to do so.

Countering Discriminatory Policies

Advocating with marginalised and excluded groups

We continued to advocate and communicate for the rights and dignity of marginalised groups and excluded groups, based on our proximity to them. In Bangladesh we documented the impact of COVID-19 restrictions on freedom of movement, access to care, and security among Rohingya refugees. In restricted environments, such as Al Hol camp, Syria, and detention sites in Libya –where we are one of few organisations on the ground – we continued to bear witness and draw attention to the consequences of inhumane policies.

In Malaysia, we worked with Rohingya refugees to set up a Refugee Advocacy Group, primarily aimed at supporting the Rohingya to advocate for themselves. The refugee-led initiative identified three priority areas the group wished to advocate around: arrest and detention, community relations and resettlement to other countries.

Supporting people on the move

We denounced policy-induced humanitarian crises that criminalise migrants, refugees, and asylum seekers and subject them to violence and exploitation. In May we resumed search and rescue activities in the central Mediterranean Sea and from June we supported people attempting to cross into EU countries from Belarus. We amplified the voices of people we assisted, offering a platform for people to tell their stories[14]. In January 2022 MSF analysis of the health outcomes of rescued people over five years, was published in the British Medical Journal[15].

13 See for example www.msf50.org/en as well as a collaboration with Magnum photos, www.50years.msf.org/home/gb

14 See for example: Voices from the field: The father who faced the sea so his sons might go to school, November 2021 www.msf.org/father-and-sons-escape-deadly-mediterranean-sea

15 Health conditions of migrants, refugees and asylum seekers on search and rescue vessels on the central Mediterranean Sea, 2016–2019: a retrospective analysis BMJ Open, January 2022: www.bmjopen.bmj.com/content/12/1/e053661.citation-tools

Violence and Healthcare

Healthcare destroyed in Tigray
We continued to document and speak out about threats to humanitarian and medical action. In March our report showing how 65 per cent of healthcare facilities had been destroyed in the Tigray region[16]. received widespread media coverage and the highest social media engagement MSF has seen on the crisis, with around 50,000 linked mentions. It also helped position the @ MSF_EastAfrica twitter account as a 'go to' reference point for MSF updates on Ethiopia, internally and externally.

The fifth anniversary of UNSC 2286
In May, it was the fifth anniversary of UN Security Council Resolution 2286. The resolution asserts that Security Council members were unanimous in 'strongly condemning attacks against medical facilities and personnel in conflict situations' and reaffirmed their protected status under international humanitarian law. The resolution, which was drafted with support from MSF and the International Committee of the Red Cross (ICRC) was prompted in part by the 2015 airstrikes on the MSF trauma hospital in Kunduz, Afghanistan, which killed 42 people. However, five years on, little has changed – healthcare facilities, medical and humanitarian workers, and patients are still at risk. Through online events, opinion pieces and social media campaigns we highlighted the failure of 2286 – documenting the far-reaching impact of attacks on healthcare and calling on states to take responsibility for their actions[17].

South Sudan at 10
In July, as South Sudan reached its tenth birthday, we published South Sudan at 10[18] a report offering a consolidated account of MSF's experience in South Sudan since independence. Based on interviews with more than 100 of our South Sudanese staff, the report seeks to serve as a record and reminder of the human toll of violence, as seen by our staff and patients. It is dedicated to the memory of the 24 of our South Sudanese staff killed by violence over the last decade. The report was accompanied with images, graphics, and a series of videos of South Sudanese staff reflecting on their hopes for the future.

Humanitarian Responses and Access
We called out weak humanitarian responses in Sudan and South Sudan, highlighting deplorable living conditions and risks to healthcare and protection[19]. We created a dedicated position to focus on humanitarian access, and in 2021, focused on country support in Haiti and Venezuela and hosting negotiation trainings.

Afghanistan
In Afghanistan, just weeks before the US military withdrawal and the return of Taliban rule, we released a report based on our patients' experiences which highlighted the failure of the Afghan government and donors to develop a model of accessible, affordable, and quality healthcare in the country[20]. Following the regime change, with the country in economic crisis as donors froze funding, and sanctions were put in place – the already weak healthcare system was on the verge of collapse. We continued to speak out and advocate about the needs we saw including measles outbreaks and widespread food insecurity.

16 People left with few healthcare options in Tigray as facilities looted, destroyed, March 2021: www.msf.org/health-facilities-targeted-tigray-region-ethiopia
17 For example: Attacks on Healthcare: Five years of 2286, March 2021: www.msf.ie/events/event-attacks-healthcare-five-years-un-resolution-2286
18 South Sudan at 10: an MSF record of the consequences of violence, July 2021: www.msf.org/south-sudan-10-msf-record-consequences-violence
19 See for example: Third year of severe floods leaves nearly 800,000 people struggling, November 2021: www.msf.org/third-year-floods-leaves-people-struggling-south-sudan
20 The Continued Struggle to Access Medical Care in Afghanistan, June 2021: www.msf.org/continued-struggle-access-care-afghanistan

Medical Innovation

▲ Dr Louisa Dunn, a sub-investigator on the TB PRACTECAL clinical trial consults with a patient. South-Africa, August 2018. Photo: Oliver Petrie/MSF

TB-PRACTECAL

Tuberculosis (TB) is the world's deadliest infectious disease, claiming 1.5 million lives in 2020. Drug-resistant TB (DR-TB) occurs when the bacteria that cause TB do not respond to standard treatment. Until recently patients with DR-TB had to endure up to 20 months of treatment, involving painful injections and up to 20 pills a day, often with severe side effects. Even then there was only a 50 per cent chance the treatment would work.

In 2017, made possible thanks to Netherlands Postcode Lottery funding, we started the TB PRACTECAL clinical trial which aimed to change this.[21] The ambitious trial, run across seven sites in Belarus, South Africa, and Uzbekistan sought to identify short, oral, effective, and tolerable treatments. In March 2021, the trial's independent data safety and monitoring board indicated that the regimen under study was superior to the current standard of care, and that we could stop enrolling new patients.[22] In October, we shared the trial results – showing how 89 per cent of patients in the new regimen group were cured, compared to 52 per cent in the standard care (control) group, and that there was a significantly lower rate of major side effects – at the Union Lung Health Conference [23]. In May 2022, WHO incorporated our treatment into its guidelines for the treatment of rifampicin-resistant TB [24].

Neglected Tropical Diseases

In January, we published a report, Overcoming Neglect [25] to coincide with the new WHO roadmap on neglected tropical diseases (NTDs). The report provides an overview of MSF's 30-year history of treating NTDs while advocating for better access to diagnosis, treatment, and care. Across the year we developed clinical diagnostic algorithms for integrated management of persistent fever syndromes, finalised studies on new treatments for visceral leishmaniasis, and started a study on new diagnostic tools for brucellosis [26].

21 We received the first funding from the Netherlands Postcode Lottery for the initial planning of the trial in 2013 (2013 – 2016: € 6.8 million)

22 www.msf.org/drug-resistant-tuberculosis-trial-ends-enrolment-after-positive-initial-data

23 www.msf.org/clinical-trial-finds-short-effective-safe-DR-TB-treatment

24 www.who.int/news/item/02-05-2022-who-issues-rapid-communication-on-updated-guidance-for-the-treatment-of-drug-resistant-tuberculosis

25 Overcoming Neglect, finding ways to control and manage NTDs, January 2021: www.msf.org/overcoming-neglect-report-ntds

26 Insecurity and import issues meant we had to delay planned studies on cutaneous leishmaniasis and snakebite

Noma

In 2021, we continued our efforts for noma patients.[27] In Sokoto, Nigeria we carried out 105 reconstructive surgeries on 74 patients, making up for time lost because of COVID-19. Our approach in 2021 focused on organising training and support for Nigerian surgeons and anaesthetists. Together with partners we advocated for noma to be formally recognised as an NTD, including hosting a virtual conference attended by nearly 1,000 researchers and policy makers, and continued screenings and discussions of our noma documentary film [28].

Infection, Prevention and Control

In 2021, we reviewed and updated our baseline assessment tool for the implementation of infection, prevention, and control (IPC) in hospitals. Nearly 90 per cent of our facilities completed an assessment, achieving an extremely high aggregate score of 83 per cent on all indicators.

Antimicrobial Resistance

Antimicrobial resistance (AMR), the development of resistance to antimicrobial drugs, risks undoing many of advances on healthcare, as common infections become harder, or impossible, to treat. As MSF-OCA it is a strategic priority to understand and address some of the underlying causes of resistance.

In early 2021, together with the British Society for Antimicrobial Chemotherapy (BSAC), [29] we launched an online AMR training programme for locally recruited MSF staff. The course, designed together with the MSF Academy for Healthcare, [30] focuses on best practice for IPC and antibiotic stewardship in hospital settings. The course is externally accredited by the UK Royal College of Pathologists and is the first formal MSF training on IPC and AMR, and the first diploma-level blended learning course with clinical mentoring support in MSF. The first cohort of 28 participants from 10 countries across three operational centres enrolled in May, completing the course in early 2022 with an average exam score of 93 per cent.

We completed research on antibiotic dosing and prescribing for adults and children in Yemen, published data from a paediatric sepsis study in Nigeria and presented data from projects in Bangladesh, Yemen and Nigeria at conferences and events. [31]

Nursing

Nurses make up more than half of our workforce, and we are committed to developing nurse leadership and improving the safety and quality of nursing through professional development. In 2021 we continued to address resource gaps, including producing new manuals of nursing procedures, neonatal nursing care and safety guides. In November, locally hired nurses working in MSF-OCA projects in CAR, DRC, Iraq, Myanmar, Nigeria, South Sudan, and Yemen shared their experiences of upholding professional standards in conflict settings, in a joint event as part of the International Conference of Nurses Conference [32].

Sexual and Reproductive Healthcare and Safe Abortion Care

In 2021, MSF-OCA teams provided a diverse range of SRH services, including nearly 150,000 antenatal consultations, assisted nearly 80,000 deliveries, and conducted more than 40,000 postnatal checks.

Unsafe abortion is one of the primary reasons for maternal health deaths worldwide, and the only one that is almost entirely preventable. Since 2016 we have steadily increased our provision of safe abortion care (SAC) and in 2021, we provided nearly 6,600 safe abortions, a 21 per cent increase from 2020 (and a 234 per cent increase from 2018). As part of the MSF safe abortion taskforce, we developed the first MSF contraceptive guidelines and toolkit in 2021, as well as communicating on the importance of access to SAC. [33] Despite this progress, our current SAC care remains limited to a few countries and going forward our priority is to increase the geographical spread of SAC services.

27 Noma is a disease that mostly affects children living in poverty, without treatment it kills up to 90 per cent of people in the first two weeks of infection. Survivors are left with severe facial disfigurements that make it hard to eat, speak, see, or breathe. Since 2014 we have carried out reconstructive surgeries for noma patients. For more information see: noma.msf.org

28 Conference, February 2021: Noma a disease that shouldn't exist anymore: www.restoring-dignity.com/noma-conference-2021

29 For more information: www.bsac.org.uk

30 Founded in 2017, the MSF Academy for Healthcare is a movement-wide training initiative, designed to improve the quality of healthcare in MSF projects and help strengthen local health systems, for more information: www.msf.org/academy

31 The Infection Control Africa Network Conference (a point prevalence survey in Kutupalong, Bangladesh), MSF Scientific Days (a quality improvement project in antibiotic use for C-Section from Taiz-Houban, Yemen), and a presentation of stewardship from Anka, Nigeria at MSF sponsored World Antimicrobial Awareness Week webinars.

32 www.icncongress2021.org

33 www.doctorswithoutborders.org/latest/revolution-safe-abortion-care

Social Science

The social science team comprises anthropologists, public health specialists, a health promotion with community engagement advisor, and the project lead for the PHC project. The team works to develop interdisciplinary approaches to help contextualise our humanitarian and health interventions. In 2021 we gave support in 16 different settings, including: anthropological research on the perceptions of COVID-19 vaccines in Sierra Leone, and Syria, community-centred interventions in Chad, Syria, and Tajikistan, and trainings on sexual and gender-based violence. A study across 13 project areas from Bangladesh to Tajikistan, found COVID-19 had led to a breakdown of social systems and economies in many countries, and underscored the critical role of communities in the design and implementation of public health measures. We also recruited a child protection implementor to support our work with children who may be exposed to exploitation and abuse.

5 Logistics

▲ Teams at MSF Supply are preparing approximately 80 tons of material to be sent to Haiti. Belgium, August 2021. Photo: Julien Dewarichet

Supply

In 2021, the ongoing impacts of COVID-19 continued to significantly affect transport and logistics worldwide, heightening the complexity of procuring supplies and shipping essential cargo. Despite the challenging global landscape, we were able to significantly improve and stabilise the MSF-OCA supply chain. By the end of the year, we had managed to correct the significant arrears in processing orders and provision of supplies reported in 2020. The progress made is illustrated by the increase in goods we were able to deliver to our projects. In 2021, we shipped 12,544 cubic metres of goods worth over €36 million, compared to 8,436 cubic metres of goods at a value of €24.3 million the previous year.

At the same time, we needed to respond to emerging and ongoing humanitarian crises in Ethiopia, Haiti, Myanmar, Pakistan, and Yemen. In some cases, we initially struggled to ensure we could supply sufficient stock to sustain regular projects and meet emergency needs, but the stabilisation of the supply chain meant we were able to overcome this. The process included the optimisation of the composition of our emergency stocks and increasing the efficiency of internal processes needed to release them – such as active management of emergency stocks stored in different warehouses worldwide to ensure they can be rapidly deployed if needed. A supply support team worked to identify, diagnose, and address immediate and long-term supply problems in different programmes, setting up a monitoring system to anticipate when essential medical items need to be replenished in order to prevent stock shortages or ruptures.

We reorganised our internal structures to ensure more efficient order processing and adaptability to changing operational needs. We also invested in improvements to the enterprise resource planning system, including additional tools and enhancements to the quality of our master databases. We increased the integration and improvement to system and business processes with our new logistics service provider. This focused on enhanced operational performance management, alignment and connectedness of information, communications technology systems, and improved inventory management. For example, introducing an inventory cycle counting procedure at the beginning the year, which greatly facilitated the end-of-year audit and avoided service interruptions in our warehouses. We also embedded EU standards for 'good distribution practice' across our projects.

Programme Support

Construction
In 2021, we finalised two major construction projects:

- A multidrug-resistant TB hospital in Kandahar, Afghanistan, completed amidst the significant context challenges. The 3,000 square metre hospital has 24 isolation rooms with ensuite bathrooms, eight consulting rooms, support facilities such as a laboratory. It is powered with a-175 kwph hybrid solar system, has its own decentralised wastewater treatment system, centralised fire alarms, and independent heating, ventilation, and air-conditioning.
- A 3,500 square metre hospital in Al-Tanideba camp in Sudan supporting refugees from Ethiopia. The comprehensive health facility is a semi-permanent structure including paediatric, maternity and emergency departments, an isolation facility, outpatient services, a laboratory, and a pharmacy.

Advanced Security and Safety Management
We continued to develop and improve our operational advice and organisational competencies in applied security and safety management (ASSM). The objective of this work is to promote a security culture that can enhance our operational reach, increase communities' access to healthcare, and allow for high quality medical humanitarian programmes.

In 2021, we:
- Developed a movement planning repository, to provide guidance on convoy movements
- Developed guidance on unexploded ordnance, landmines, and drone attacks
- Continued the development of a new ballistic protection membrane and an applied security assessment tool

We also continued to develop essential guidance and tools linked to safety and security, including updating our guidelines for closing projects, and evacuation procedures.

Air Operations and Air Safety Management
As MSF-OCA, we continued to operate 19 aircrafts in support of our operations. Our goal is to develop a standard air safety environment and organisational safety culture and minimise any risk associated with our air operations. In 2021, we endorsed a new air operations safety policy which outlines our commitment to managing air operations responsibly and continually improve our safety records.

Maritime Support
Together with MSF-Norway we invested in support capacities for maritime operations (safety of boating operations; maritime law; use of boats in emergencies; nautical competence of staff and crews) and supported MSF's search and rescue activities on the Geo Barents.

6 Staff

▲ MSF team is unloading NFI items for distribution amongst people affected by a cyclone followed and associated floodings. Mozambique, June 2014. Photo: Giuseppe La Rosa/MSF

HR and Learning & Development

Human Resources

Although not on the scale of the early days of the pandemic, human resources (HR) teams continued to face significant COVID-19 related challenges. This was particularly the case for the placement of international staff. Our teams worked hard to stay on top of ever-changing travel alerts and rules and regulations related to quarantine restrictions and vaccination entry requirements across the world. We carried out a preliminary review of the job function grid and rewards policy to prepare for an HR policy review and process improvement plan in 2022.

In 2021:

- Average international staff assignment duration was 8.2 months (in 2020, it was 9.7 months)
- 1088 international staff departed on assignment (in 2020, the total number was 860)
- 10,318 locally hired staff worked for MSF-OCA in 2021 (in 2020, the overall headcount was 9,488)

Employee Engagement

Following on from the 2020 employee engagement survey in our Amsterdam office, and as part of our plans to reach all MSF-OCA projects and offices by 2023, we carried out the survey in Malaysia, Tajikistan, Yemen, and Sierra Leone. The survey aims to measure staff engagement and satisfaction and we intend to use the findings to help build strategies to improve job satisfaction, increase staff motivation and create a more inclusive culture. We also repeated a smaller version in Amsterdam, finding that professional growth opportunities are a priority for many staff. In 2021, 90 per cent of staff we approached completed the survey. After an analysis of the data, colleagues in managerial positions at headquarters as well as field level have been working on engagement action planning and improving areas that were pinpointed in the survey of needing attention. In 2022 we will conduct the survey in 15 more countries, aiming to reach around 5000 staff.

Learning & Development

We continued to adapt face-to-face training and courses into virtual and blended learning options. In December, we launched our new leadership, and people management course, created as part of our strategic commitment to develop leaders across the world. From September to December 2021, we successfully published 63 courses and learning resources on Tembo, an MSF-wide online learning platform, which aims to ensure materials are accessible to all staff, no matter their contract type or location.

Staff Health

COVID-19

We continued to adapt routine support to staff health as the COVID-19 situation evolved. We held educational webinars, group support, mindfulness, and coaching sessions for colleagues at the HQ in Amsterdam as well as for OCA partner sections to help managers support their teams.

Staff vaccination

MSF's initial priority was to ensure that all staff in project countries had access to vaccines, that met MSF quality standards. This was a significant challenge in and of itself, but then as vaccines did become more available in some areas, we were faced with a new challenge. It became apparent that many staff were reluctant to get vaccinated. The underlying reasons were complex, including lack of trust in responsible authorities, rumours, and misinformation. In addition, we found that not all information was filtering to all staff. To increase trust and uptake of the vaccines, we recruited a COVID-19 vaccination implementer who supported project staff to set up a network of local implementers, and hosted webinars and Q&A sessions to exchange concerns and share up-to-date information. Over time, vaccine uptake did increase in some areas, although there was wide divergence (anywhere from 20 – 90 per cent). In others, it remains an unresolved issue.

Psychological Support

We published the results from our study on how international staff stay healthy in projects [34] and started to integrate its recommendations into our projects. At the same time, we expanded the psychological support package for MSF-OCA staff. This included personal health pre- and post-departure briefings for international staff, implementing a screening tool developed in 2020 to support this. A research proposal for a study of how locally recruited staff stay healthy was approved to be taken forward in 2022. And we set up psychosocial support services for locally hired staff in 13 project countries, as well as supporting MSF offices in Asia and Africa to set up their own services.

International staff psychological and physical health assessments 2021

Psychological	Physical
• Pre-assignment: briefings (1083) • During assignment: counselling (929), acute walk-in (177) • Field visits (10) • After assignment: debriefings (876), psychological follow-up (177), referrals (17)	• Pre-assignment: health briefings (536), personal medical advice (111) • During assignment: Medevacs (51) • After assignment: debriefings (45), consultation (31)

34 Social Science & Medicine, vol 285, September 2021: Mental and physical health of international humanitarian aid workers on short-term assignments: Findings from a prospective cohort study: www.sciencedirect.com/science/article/pii/S0277953621006006?via%3Dihub

Staff Safety and Security

MSF-OCA did not see any "critical Incidents," in 2021, although other operational centres did. However, the number of both "severe" and "moderate" incidents increased. We recorded 231 security incidents, an increase of 17 per cent compared with 2020, in part linked to increased movements as we re-started operations. Numerous incidents in Ethiopia included arrests and detentions.

Tragically, three MSF-OCA staff members, and one former staff member, were killed in violent incidents (unrelated to their association with MSF) in Central African Republic, Syria, and Yemen. There was further tragedy in Al-Hol camp in northeast Syria, when three children died in accidents involving trucks, driven by external suppliers, we had hired to provide essential water services.

MSF-OCA contributed to further harmonisation of security analyses between MSF operational centres. We continued training work with staff in projects and offices, both online and in face-to-face trainings, including some with external facilitators. One project, a new version of SINDY, the MSF-wide security database, was delayed and will be piloted in the second half of 2022.

7
DEI & Responsible Behaviour

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Diversity, Equity and Inclusion

Diversity efforts within MSF are focused on ensuring fair representation of the rich mix of differences within individuals in the organisation, across ethnicity, race, age, gender, experiences, sexual orientation across our governance and management.

Equity is about assuring fair treatment, access, opportunity, and advancement for all, while striving to identify and eliminate barriers that have prevented full participation for some groups, including within our procedures, processes, and distribution of resources.

Inclusion is about each person feeling valued and connected, their inherent worth is recognised and that they are safe to express themselves.[35]

Discrimination in MSF

Founded in Europe in the 1970s, MSF's practices and structures are not immune from the influence of the continent's colonising past. There is disparity in the status, salaries, and opportunities for locally hired staff compared with international staff. Inequalities are perpetuated by a lack of diversity and representation in governance and leadership positions.

As a global movement, MSF has long strived to promote the principles that underlie diversity, equity, and inclusion (DEI). In its 2006 La Mancha Agreement, MSF recognised "the urgent need to address any issues of discrimination within MSF that are undermining our ability to realise our full operational and associative potential." The statement echoed earlier declarations that defined the evolution and principles of MSF [36] and was amplified over the years, including a significant MSF movement-wide push in 2018. However, change was too slow and in 2020 the global surge of the Black Lives Matter movement provided a catalyst for much-needed internal and external scrutiny of MSF.
In response, we expedited our efforts to tackle institutional racism in the organisation and embed DEI commitments into every aspect of our work.

35 For more information see: www.msf-transformation.org/news/moving-towards-diversity-equity-and-inclusion

36 For more information on these agreements and principles, see: http://associativehistory.msf.org

DEI Advisory Unit

In 2021, MSF-OCA established a DEI advisory unit[37], which developed a DEI strategic framework and 'lexicon' – a common and shared language – and held 'equity days' for staff to exchange ideas. Over the more than 600 participants from projects and offices across the world joined one or more of 30 DEI workshops. These are an essential first step towards shifting individual mindsets and collective culture to be open to, and ready for, change. Through this work we are all learning to recognise and acknowledge our biases and to explore what is needed to promote inclusiveness and equity, including in the management of official complaints. One area of focus was our communications in the Netherlands, and we developed specific DEI guidelines on this (see section 8).

People Respect and Value

Our People Respect and Value project[38] saw eight 'bottom-up' (i.e., reflecting voices at project level) initiatives started, five from MSF-OCA projects. These projects aim to generate measurable change based on locally defined ambitions, facilitated by local experts. Although the 'outcome' is specific change and defined ambitions, the 'output' is that the entire programme team is engaged in defining the ambition according to the local context. Together with MSF Operational Centre Geneva (MSF-OCG), we are running projects in Guatemala, Honduras, Mexico, Malaysia, Kenya, Pakistan, and Uzbekistan. The project runs until the end of 2022, and in the second half of the year its activities will be integrated into the DEI work of all MSF operational centres.

Going Forward

There is much work to be done. As MSF-OCA, we are committed to making the changes needed to address all forms of discrimination. We continue to advance our multiyear roadmap to structure our work on anti-discrimination, with plans, for example to identify, address, and change recruitment processes. Equity is a journey and to be sustainable it also needs time to evolve; each year brings us one step closer to entrenching diversity and inclusion into the organisation.

As we continue our journey, we will also continue to face challenges, feel discomfort. We know this and we also embrace it, because it is only by taking this path that we can create the sustainable change we need. In 2022, we must start moving beyond "The MSF we want to be," and start showing that we are "Becoming the MSF we need to be."

37 The unit comprises a senior advisor in Canada, advisors in Jordan and Kenya, implementors in DRC and Yemen, and an officer in Southeast Asia

38 In 2018, together with other MSF offices we initiated and sponsored a programme called "People, Respect and Value". The project's objectives include to identify and address the structural barriers to inclusion, at all levels that lead to injustice in our efforts to be an aspirational inclusive, fair and diverse organisation. For more information: www.msf-transformation.org/news/people-respect-and-value-phase-2-diversity-equity-inclusion

Responsible Behaviour

In 2021, the MSF-OCA Responsible Behaviour Unit (RBU) received 118 reports of interpersonal misconduct, 15 more than in 2020 (103 cases), which may reflect improved reporting. Most reported issues concerned harassment or bullying, abuse of power, and sexual harassment. Fifty-four per cent (64 cases) of these cases came as support requests from projects, leading to strong collaboration between the RBU and country management teams. Of 118 reports received, 28 progressed to investigation.[39] Of these, four resulted in a verbal warning, nine led to a written warning, usually combined with mandatory training and 11 led to dismissal.[40] In four investigations there was insufficient evidence to prove the allegations.

Code of Conduct and Trainings
We conducted 261 briefings and debriefings with project leadership, as well as training sessions for new staff on behavioural expectations and ensuring a safe working environment. We also finalised the two-year review and update of the MSF-OCA Code of Conduct, which came into effect on 1 January 2022. To support its rollout we designed training modules, including a toolkit for understanding and awareness-raising with a wide range of materials and approaches for different settings.
We continued working across MSF sections to ensure consistency in our approaches and to share experience and resources. As a result, MSF-OCA's new interpersonal and misconduct definitions have been adopted across the MSF movement.

Responsible Behaviour Implementers
In South Sudan and Bangladesh, we locally hired responsible behaviour implementers who support prevention and responses to misconduct, including training and awareness-raising. Initially, there were misconceptions that responsible behaviour work was limited to some staff groups. With increased awareness-raising by the responsible behaviour implementers, staff are beginning to see that we all have a part to play in creating respectful, inclusive and safer working environment for MSF staff, patients and communities. The implementers are also easily accessible to provide advice to staff who experience or witness inappropriate behaviour. In addition, in Nigeria we introduced confidantes to act as a first point of contact for staff with behaviour-related concerns. The job of the *confidantes* is to help staff navigate the integrity system (including understanding what type of misconduct they may have witnessed or experienced how to report and to whom, or, if not misconduct, understanding what other channels are available to address their concerns.)

39 Many reports to the RBU are not referred for investigation for different reasons, including that: they are resolved through an alternative resolution mechanism such as dialogue, mediation, training, or performance management; or they would not, if proven, constitute possible interpersonal misconduct and are instead referred to the most relevant department for follow-up.
40 The decision to dismiss an employee is applied across all MSF sections.

8 In the Netherlands

▲ Event for private donors organized in cooperation with the International Documentary Filmfestival Amsterdam. The Netherlands, November 2021. Photo: MSF.

Fundraising and Income

Artsen zonder Grenzen (AzG), had another exceptional year. Thanks to the heart-warming generosity of our supporters and the Dutch public, we closed 2021 with €62.7 million, seven per cent (€4.2 million) above our initial income target of € 58.5 million.[41]

However, we also continued to feel the impact of COVID-19. Once again, we had to suspend face-to-face fundraising activities, which affected our ability to ensure regular donations and made it difficult for us to develop relationships with major donors. Still, partly thanks to online events which allowed us to reach broader groups of donors, we were able to increase engagement in some areas, successfully gaining new one-off donors. Although the overall numbers are lower than in 2020 (because that year was so focused on COVID-19) we are pleased with the growth in, and income from, new audiences. A particular highlight was a supporter event we organised with AzG's founder, Jacques de Milliano, the MSF-OCA Operations Director and staff from Haiti and Afghanistan, for MSF's 50th birthday.[42]

National Postcode Lottery

The Netherlands' National Postcode Lottery is MSF's largest donor worldwide. Our longstanding relationship with the Lottery is extremely important to us. The partnership supports complex medical programmes, such as TB PRACTECAL (see Section 4) which are often difficult to communicate, and therefore to raise funds for. The Lottery not only provides us with essential finances, but always helps us reach wider audiences. We are grateful for this support, which has enabled us to carry out medical innovation and transform the experiences of patients worldwide.

In 2021, the Lottery gave AzG an additional €4 million for the trial (on top of the €6.8 million from the *Droomfonds* which made the trial a possibility in the first place), in addition to its annual donation of €13.5 million.

41 This sum excludes the €17.5 million (two donations one of €13.5 million and an additional €4 million from the National Postcode Lottery)

42 www.artsenzondergrenzen.nl/events/50jaarazg

Awareness and Reputation

For the third year in a row, we increased our media reach, this time by nearly 25 per cent – achieving 166.221 million hits (compared with 166 million in 2020). In a country with a population of 17.6 million people, this means we were able to reach people multiple times. The main topics we achieved coverage for were Afghanistan, Ethiopia, COVID-19, and refugees. A campaign about our 50-year anniversary, shared on social media and in cinemas also helped increase our reach. Goede Doelen Nederland, an agency which monitors the reputation of Dutch charities showed public trust in AzG to be at an all-time high. We scored particularly highly on 'how we spend donor money,' in 'having an impact in difficult conflict areas' and received appreciation of our ethos that 'everyone has an equal right to medical help.'

DEI in Communications Materials
We prioritised reviewing DEI in our communications, including an overview of images and language. We have taken conscious efforts to move away from 'white saviour' narratives and images, which strip agency from our patients and staff. As part of our ongoing commitment to accurately present, and celebrate, the diversity of our organisation, we developed DEI guidelines for images and text. Supported by the Expert Centre for Humanitarian Communication, this is an ongoing project that requires constant review as we seek to recognise our biases and ensure we consult, critique, and adapt our content to be as inclusive as possible. Going forward we will continue to adapt media and fundraising materials and broaden our scope to review recruitment and advocacy materials.

Advocacy and Networking

Engagement and events
We increased our engagement with Dutch civil society by joining KUNO, a platform for humanitarian Knowledge Exchange in the Netherlands, as well as engaging with organisations such as the Medicijnen Netwerk, Platform Humanitaire Actie, and the Afghanistan Platform. In November, Board and Association members as well as office staff joined a national climate demonstration linked to the COP26 climate summit.

Inspired by Polish citizens who placed green lights outside their houses to let people on the move know they could knock for help, we participated in ActieGroenLicht, lighting up Amsterdam office in green to mark Human Rights Day on 10 December. We continued to voice our opposition to the impact of EU migration policies including joining an expert meeting on the EU Migration Pact, in the Dutch Senate in March.

Advocating on counter-terrorism legislation
In the autumn, following two years of intense advocacy by a coalition of aid agencies, including AzG the Dutch Ministry of Justice adapted the language of proposed counter terrorism legislation. The law, which intends to criminalise the presence of Dutch citizens in so-called 'terrorist' areas, now includes an exemption for humanitarian aid workers and journalists. The Dutch Parliament is expected to take a final vote in 2022.

COVID-19
We continued to contribute to the national COVID-19 response in the Netherlands –including advising the Dutch government specialised centre on infectious diseases on organisational crisis management[43], hosting webinars and giving media interviews.

Together with other Dutch organisations, we ensured that the lack of access to COVID-19 vaccines in the Global South stayed on the political agenda, using information from the MSF Access Campaign[44]. An AzG commissioned research showed 93 per cent of Dutch citizens support fair distribution of COVID-19 vaccines. This data helped pressure the government to export excess vaccines before the end of the year.

43 In addition, we provided individual and group psychosocial, mental health sessions.

44 The Access Campaign is part of MSF. Its aim is to advocate for effective drugs, tests, and vaccines (available, affordable, suited to the people we care for and adapted to places where they live). www.msfaccess.org

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9 ICT and Data Security

Information and Communications Technology
MSF-OCA's project-based information and communications technology (ICT) teams worked with MSF in Nairobi to build more than 70 cyberkits to install over the next two years. Cyberkits contain hardware and software to improve IT infrastructure, security, and connectivity in low-resource settings. This helps improve the performance of applications and enables improved monitoring and support set-ups to projects. By the end of 2021, we had installed 22 cyberkits through onsite visits and remote set-up.

We continued supporting teams working from home, ensuring staff had the equipment they needed, such as monitors, providing training on SharePoint and Teams, and developing an information management training strategy. Despite preparing in advance, we had to delay a project to replace outdated laptops and update the Wi-Fi in the Amsterdam office, because of a worldwide shortage of computer chips.

ICT and Cybersecurity, Data Protection and Privacy
Remote working continued to present privacy and data protection challenges and we adapted our procedures to support home working, such as developing guidance on the recording and sharing of webinars and online meetings. We also raised awareness about responsible handling of personal data to protect our patients and staff, and the compliance needs of the European 'General Data Protection Regulation' (GDPR). In September, we hired a health data protection officer.

We collaborated with other MSF operational centres as well as the shared IT services centre in the Czech Republic, to streamline our efforts to tackle cybersecurity and other common ICT issues across the MSF movement. This included agreeing on a common approach to the mainstreaming of privacy and data protection measures. Together we created guidance on the management of cyber-incidents and through ongoing monitoring and evaluation of cyber risks we took steps to further secure our information systems, such as multi-factor authentication. We finalised the information security policies framework, which includes best practice on information security in offices and projects, and significantly progressed work on an MSF data protection framework.

10 Programme Finance

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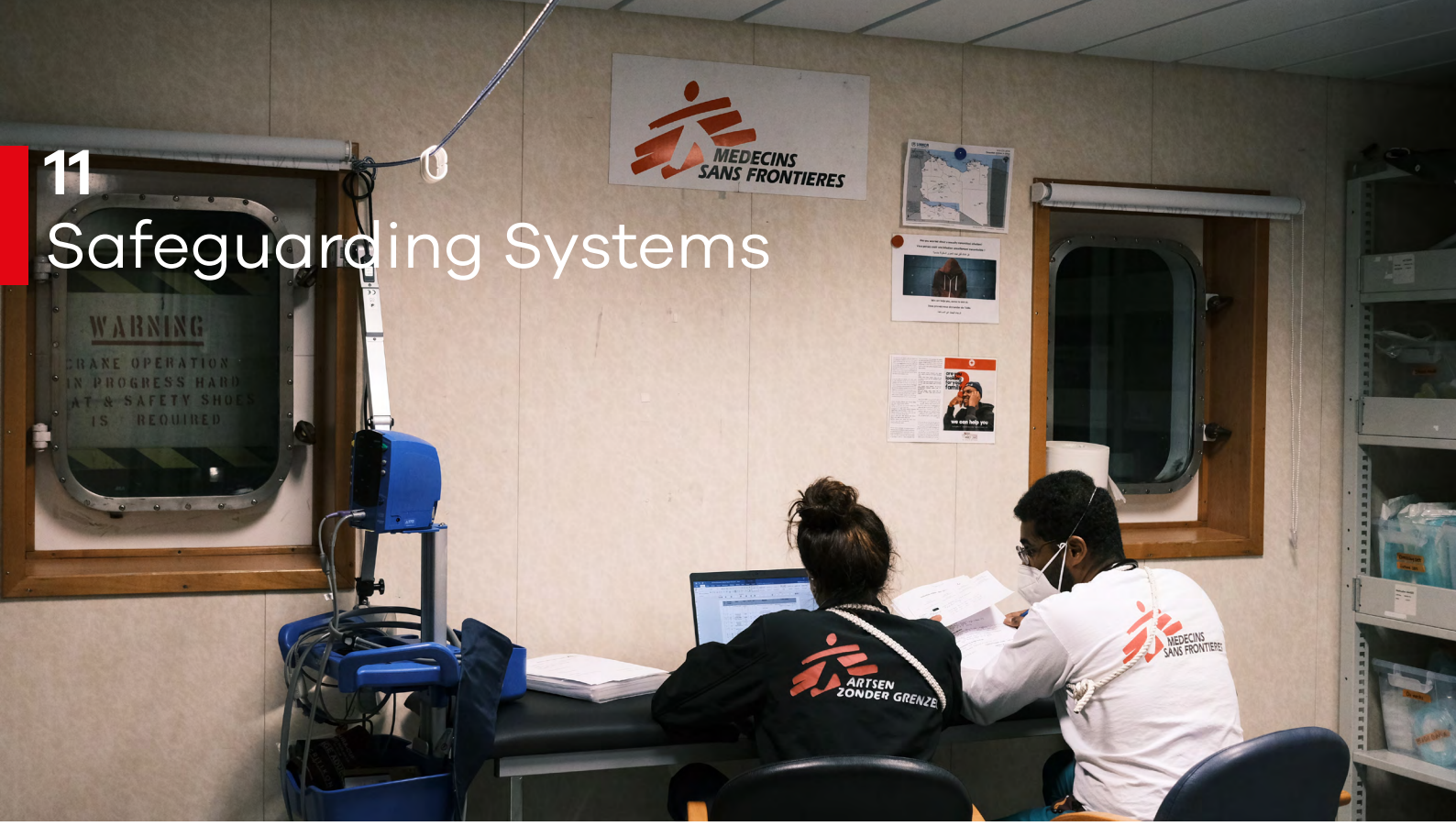
We continued to effectively manage most of our finance activities remotely, benefitting from the MS Dynamics and Office 365 platforms. We finalised the design and development of a new budget tool for real time access to cost information in our projects, to be rolled out in 2022.

Despite COVID-19, we (MSF-NL) closed 2021 in a stronger financial position than in 2020. This was the result of another exceptional fundraising performance across MSF sections and continued overwhelming generosity from donors. This generosity translated into income which exceeded budget by €76 million. As a result, despite a 14 per cent increase in our expenditure on emergency aid, reserves at the end of 2021 increased to eight months. We continue to update our contingency plan and management dashboard as good practice to ensure we can respond quickly to changes in our financial position. This work is equally important for the management of income that goes beyond planning assumptions as it is for managing any reductions in projected income.

In 2019, the MSF sections reached a new financial agreement for 2020-2023. Under its terms, MSF-NL receives a share of the net total income (total funds raised minus costs for fundraising, offices, and contributions to MSF-International). Following a mid-term review of the agreement, the shares for the coming years have been set at 22.25% for 2022 and 22.10% for 2023, compared with 22.75% for 2020 and 2021. The impacts of the reduced percentages are accounted for in our projections of income for these years.

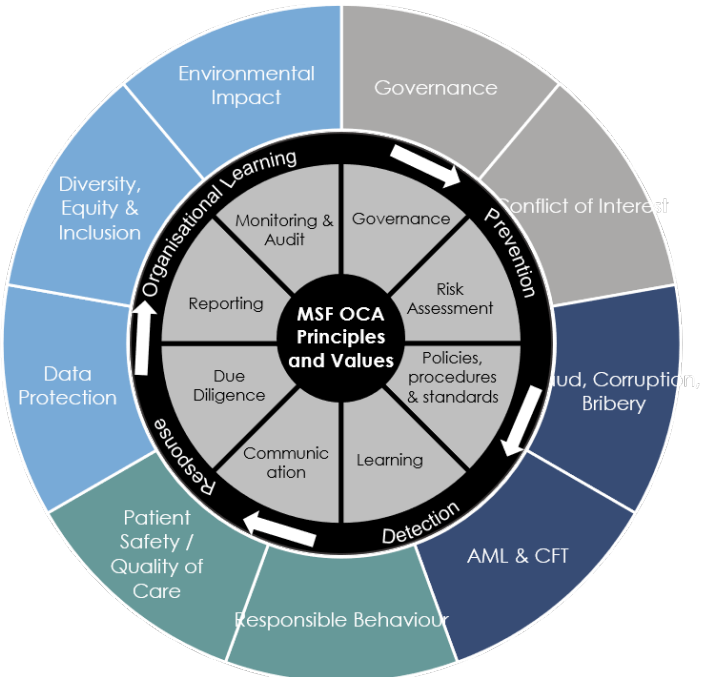
11 Safeguarding Systems



▲ Members of the MSF medical team work late into the night on board of the Geo Barents, a rescue ship operated by Medecins Sans Frontieres. Mediterranean Sea, March 2022. Photo: Kenny Karpov

Compliance, Ethics and Risk

We continued to implement the compliance and ethics framework developed in 2020. The framework provides for a systematic approach to managing compliance and ethics across MSF-OCA, focused on the most important risks to the communities we assist, our supporters and our staff.



Compliance, ethics and risk framework

Risk

Our biggest risks are associated with contexts characterised by quick onset and unpredictable deterioration of the security situation. We are also exposed to operational risks associated with the requirement to comply with programme country legislation. The future development and impact on our activities can be extremely difficult to predict and is subject to frequent change. We manage risk with an emphasis on ensuring minimal risks to staff, patients and communities we assist, to safeguard their wellbeing, our reputation, and to ensure our solvency. Our support infrastructure is designed to quickly respond to changing circumstances and emerging risks and opportunities. We continue working on maintaining an open culture in which risks can be discussed.

In our work, security, health and safety, and behavioural risk management require and receive specific attention. See Table: risk appetite for more information. Specifically, financial risk exposure may arise from tax and regulatory legislation that in an unstable environment may be subject to interpretation and frequent change. This is captured in our risk appetite towards legislation and compliance in the countries in which we work.

In our programmes, we accept a minimal-to-cautious level of risk toward local (tax) law and regulations. Where management has assessed that it is probable that a position on the interpretation of relevant legislation cannot be upheld, an appropriate provision has been included in the Financial Statements. Through the implementation of our compliance and ethics framework we have established a mechanism to continuously assess compliance with local laws and regulations and the mitigation of associated risks.

Management teams in headquarter offices and at programme levels play an important role in risk management. We maintain risk inventories and carry out exercises with staff throughout the organisation to identify and assess risks with a potential impact on our goals. We make assessments based on the impact of the implementation of our social mission, their occurrence, their likelihood, and their financial consequences. The management team reviewed the central risk inventory, ensuring a risk lens in the Annual Plan and prioritised risks for attention in the compliance and ethics framework.

The top risks and an outline of their development throughout the year can be found in the table: top risks. To prevent reputational risks (e.g., related to our image as described in Section 8) affecting our operations we created a financial buffer to absorb these and integrated this into our reserves policy.

Risk appetite

Risk category		Risk Acceptance Level					Description
		Averse	Minimal	Cautious	Open	Hungry	
Strategy							OCA strives to achieve its objectives and its ability to fulfil its ambition to play a leading role in delivering medical-humanitarian aid and to invest in the capacities to support that ambition. A fair part of our operations are unpredictable and require a dynamic approach. In order to respond to significant emergencies, we might accept to take strategic risks including possibly stretching available resources if it benefits the population in danger.
Operations	Medical Humanitarian Action						First and foremost, our purpose is to start up and/or continue emergency aid operations. Populations in situations that are life threatening or of dire needs would drive us to accept more risks in our interventions and in our strive for meaningful access.
	Supply Chain						We aim to ensure a responsive and adaptable supply chain, maintain product quality standards and continuity of supply services and of operations.
	Safety and Security						Although we accept the need to work in contexts of acute crisis or conflict, we will nevertheless do everything reasonably practicable to reduce significant risks to our employees, our patients and the populations we assist. We apply strict rules and regulations in order to minimise safety and security risks for our staff and beneficiaries. We take minimal risks in regard to safety and have a cautious approach towards security risks if we assess there is a high benefit for our patients.
Medical care							We aim to minimise risk (especially clinical risk) and maintain high standards of medical care. We realise that in acute emergency response operations we may accept a higher level of risk. We emphasise the importance of creating a culture of learning from error and disclosing incidents.
Reputation							We maintain a solid reputation for living up to our core principles (neutrality, independence and impartiality), for transparency and for accountability towards our donors and beneficiaries. This translates in an open model of associative governance and an insistence on modest levels of compensation for all employees. Our communications are accurate and based on our own observations and experience while we maintain a relatively open approach towards communication risks and the potential reputational impact if it concerns the plight of the people we assist.
Finance	Income						Our emergency aid operations are principally funded by private donations. While we are cautious to accept funding that can be perceived to be at tension with our independence, we will maximise diversification of funding sources.
	Financial Position and Advocacy						We maintain a solid financial position in order to guarantee our emergency response capacity and ensure independent access to populations in distress and the achievement of our objectives. We are risk-averse in our financial and investment policies.
	Foreign Exchange						Working worldwide in unstable environments and having a diverse but predictable flow of income, we incur minimal foreign exchange risk, in spite of the unstable environments in which we work, as we have an inbuilt hedge resulting from the diversity of currencies in which we receive income and make expenditures.
Legal and compliance	In Countries of Operation						We strive to comply as much as possible with applicable laws and regulations. In our programmes, we accept a cautious level of risk towards local (tax) laws and regulations. We may accept to be non-compliant, as we place greater priority on our patients and staff. This is particularly the case when compliance may restrict our ability to assist populations in distress.
	In Countries of Management						In countries in which we have our headquarters, we strive to be compliant in accordance with the regulatory frameworks. As in OCA we have our headquarters in various countries, we strive to align our compliance policies. We are risk averse in respect to financial compliance; we strictly follow rules and regulations adhering to governance codes, charity regulations, Good Distribution Practices and when preparing our financial statements and management reports.
Integrity	Behaviour						We are strongly committed to prevent, detect, manage and follow-up on all aspects of inappropriate behaviour in the workplace, towards patients and vulnerable populations whilst managing the cultural change to achieve it.
	Fraud and Corruption						We have an averse tolerance for internal fraud and corruption as we do not accept our staff engaging in any form of corruption in relation to their work and our operations. Due to the context of our operations, we acknowledge that circumstances may arise taking precedence over other considerations and justify greater flexibility in our position. Whilst we do not support it, we may accept a reasonable acceptance of external corruption.
	Data Security						We are vigilant to the protection and security of data and with a specific emphasis on the personal data of patients, donors and staff.
Organisation and Work Culture							We strive for a diverse and inclusive organisation and work culture, in part by ensuring an international workforce, while realising that differences can be challenging. Diversity means openness to people with different perspectives and differing expectations. Becoming a truly global organisation is key to our development and growth.

Top risks

Risk	Trend	Main Mitigation Measures	Impact
Operations: Interruption of the supply chain.	→	• Increased local purchase; • Increased direct delivery; • Continue organisational and management capacity for supply support; • Monitoring and forecasting of metrics used.	*High* The risk could lead to interruption of our health care services.
Operations: Serious adverse (security) event affects staff and/or patients under our care.	→	• Continue and reinforce safety and security policies and measures including applied security network; • Security and crisis management training; • Staff induction and awareness; • Regular security assessments and monitoring by Field Security Advisor.	*Medium-High* The risk could lead to severe interruption of our health care services.
Reputation and Integrity: Inappropriate behaviour of humanitarian worker of an NGO, UN or MSF staff proper.	↗	• Implementation of improved Code of Conduct; • Continue Responsible Behaviour Unit and prompt investigation and response of incidents; • Confidantes/Persons of Trust installed in all (programme) locations.	*Medium-High* The incidents could negatively affect MSF reputation, including community trust and donor recognition and income.
Integrity – information Security Threats to the confidentiality, integrity, or availability of MSF networks, systems or data caused by cyberattacks or lack of appropriate security controls and infrastructure measures.	→	• Continue and reinforce security measures; • Continue and strengthen MSF Shared Services security policies and implementation to improve security visibility and risk intelligence; • Increased awareness of staff for security and privacy.	*Medium* The incidents could lead to loss/theft of data, higher costs and reputational damage.
Legal and Compliance: Legal and Compliance: Non-compliance with regulations, including – but not limited to – privacy regulation, and inability to efficiently adapt to new regulatory decisions in the EU and/or programme countries	↗	• Strengthen the effectiveness of the Compliance and Ethics Framework and the compliance organisation by integrating Compliance staff pool, implementation of revised whistleblowing mechanism, proactive internal compliance investigations, and improving and maintaining robust internal controls.	*Medium* The risk could affect operations (access), higher costs and reputational damage.
Organisation and Work Culture Inability to attract and retain the right staff and ensure cohesion in the management and leadership to ensure an agile organisation and engagement of staff to meet our ambitions.	↗	• Regular employee engagement surveys; • Development and implementation of staffing strategy and review of function grid; • Creation of a Diversity, Equity and Inclusion Unit and implementation of related strategies; • Reinforcing Leadership and People Management training; • Increased internal communication and trainings.	*Medium* The risk could affect operations effectiveness and efficiency; result in higher costs and reputational damage.
Organisation and Work Culture Inability to keep pace with the level of growth and complexity in operations and lack of capacity for required change in the organisation.	→	• Investment / project portfolio planning; • Implement improved planning & control cycle including subsidiarity and joint implementation responsibility for partners; • Investment in strengthening information management; • Increased internal communication.	*Medium* The risk could affect operations effectiveness efficiency; result in higher costs and reputational damage.

Evaluations
In 2021 we conducted several evaluations including a strategic review of Belarus, Russia, Uzbekistan, Tajikistan as part of a longer-term engagement strategy in countries in the region where MSF-OCA remains operational, as well as in Turkmenistan where we are not currently operational but may want to re-engage. In addition, we conducted a review of the MSF-OCA Kenya Office plans and how it fits within the MSF landscape within East Africa. In the autumn, we launched the review of the India COVID-19 response, examining the collaboration between MSF-India and MSF-OCA and analysing how it affected our response and identifying successes, challenges, and gaps. The review will be finalised in early 2022. We also reviewed all of our emergency interventions, taking the findings and recommendations forward into our planning of future activities.

Internal Audit
We conducted three internal audits and reviews in 2021.

In the spring, we reviewed our project management office (PMO) five years after we set it up. We brought in external expertise to help us evaluate the PMO against our ambitions for its scope, approach, and maturity. The assessment took input from more than 30 stakeholders through an extensive questionnaire and in-depth interviews with six key stakeholders. The assessment concluded that the position and role of PMO within MSF-OCA is ambiguous and needs further clarification.

In the summer, we started an audit of our procedures and compliance in relation to anti money-laundering and countering the financing of terrorist activities. The audit assessed the legal frame we use and reviewed our guidance. We also analysed risk activities, due diligence, and money flows of supplier and third party for five programmes, reviewing how these processes are organised locally. The audit showed that practical guidance for the programmes needs to be further developed. Donations from third parties and staff recruitment were out of scope for this audit.

In the autumn, we carried out an internal audit in Tashkent and Nukus, Uzbekistan, focused on compliance of the Uzbekistan programme. The audit team was supported by a local legal advisor who spoke Uzbek and Russian, was knowledgeable about the Uzbekistan legal framework and the context in which we work. The successful approach may be considered for future audits in complex environments. The audit highlighted several compliance challenges, which are currently being addressed by the management.

Additional internal auditing plans were hampered by COVID-19 travel restrictions and internal HR challenges.

External Audit
Deloitte Accountants B.V. were our auditors for 2021, selected after a competitive tender process and starting in August. The tendering committee recommended Deloitte for its specific expertise on supply chains and centre of excellence for Microsoft Dynamics 365.

In its interim findings, Deloitte reiterated the importance for us to progress on the development of our ICT security management systems and procedures. Building on previous year's findings, specific attention was given to inventory control and warehouse management. In 2022, we will work with Deloitte on ICT general controls and in developing our environmental, social and governance reporting.

Protecting our Brand
We need to ensure the integrity of the Artsen zonder Grenzen name and logo to reduce the risk of dilution of these trademarks, avoid confusion in fundraising and operational activities, and manage reputational risk. In 2021, we reached an agreement on a name change and cancellation of registration in one case (in 2020, we had two cases). We also acted upon two cases in which our logo was used on commercial goods without our knowledge or permission.

The impact of the Conflict in Ukraine on Our Operations

In response to requests from donors, all MSF-sections have created a restricted fund of €50 million dedicated to activities in the Ukraine region, which we anticipate will be fully used.

In January 2022, a month before the Russian offensive began, we carried out an exploratory mission to assess potential consequences of the military build-up along the Ukrainian borders with Russia and Belarus. In February 2022, shortly after the start of the war, we completed the set-up of a (previously planned) coordination office in Poland. This was timely as we were able to start supporting communities in Ukraine. The annual budget allocated to the Ukraine region in 2022 thus far is €4.4 million, well within our reserve budget for unplanned activities.

While the humanitarian needs are severe, we anticipate that the conflict will not have a direct, detrimental impact on our financial position. We reserve budget each year for unplanned activities so that we can respond immediately to various crises that emerge. In addition to our emergency response activities for Ukraine, we have a coordination office and four operational projects in Russia and Belarus focused on HIV and TB patients, with an annual budget of €3.1 million.

In response to the conflict, many countries have imposed sanctions on Russia and in early March, the EU announced that seven Russian banks would be barred from using the SWIFT financial network.

The sanctions on Russia may impact our operations.

- We have taken measures to ensure uninterrupted continuity of our medical programmes in Russia continuously for at least three months.
- Salaries: the sanctions on the Russian financial network may disrupt our ability to pay salaries for internationally mobile staff in Russia. We are finding solutions on a case-by-case basis.
- Supplies: for now, we have been successful in organising an international supply line of medical items, for donations and for our own activities. However, in the mid-long term the impact of sanctions on our supply chain is difficult to anticipate. Ukrainian hospitals are being bombed and critical ruptures are reported in many pharmacies.
- Transport costs: as the global economy grapples with increased fuel prices and high inflation, we are seeing sharp increases in transport costs.

While the economic impact of rising programme costs can be incorporated into our planning, the social costs of rising prices on living standards across the world may be a further catalyst to insecurity and conflict. We anticipate structural cost increases on our operations budgets worldwide as of mid-2022.

12 Association and Governance

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MSF-NL Board and Association

In February 2021, the Board extended the co-optation of Santhosh Kumar SS, Vice-President of the Board of MSF South Asia, until October 2021. As per usual, Board elections were held during the statutory General Assembly (GA) on 12 June 2021. At this GA, the MSF-NL Board opened four vacancies: two medical and two non-medical. Marit van Lenthe was re-elected as President of the Board for a second term, and Astrid Madsen, Filipe Garcia and Brigitte Augustijn were each elected to the Board for a first term of three years. The Board also extended the terms of Michel Farkas and Unni Karunakara as elected members by one year. Annemarie Duijnstee decided not to stand for re-election after the end of her first term as an elected member of the Board which ended in June 2021. Riekje Elema also decided to step down from the Board at the GA.

MSF-NL Board members 2021

(Re) Appointed	Name (term of membership) Position/ Membership of committees	Term runs until	Secondary Activities
2021	**Marit van Lenthe** (Second term) President Chair of the OCA Council Member of the MSF International Board	Resigned on 1 April 2022	n/a
2018	**Annemarie Duijnstee** (First term) Vice-President Chair of the Remuneration Committee Member of the Duty of Care Committee	Term ended June 2021	Head of HR Department, Leiden University
2018	**Unni Karunakara** (Second term) Member of the MSF South Asia Board Member of the Medical Committee (from September 2020 until June 2021)	2022– Term extended by one year	Assistant Clinical Professor, School of Public Health, Yale University; Member, Selection Committee, MSF Transformational Investment Capacity); Member, Steering Committee, MSF Access Campaign; Member, Advisory Board, Prasanna School of Public Health, Manipal University
2018	**Michel Farkas** (First term) Treasurer Chair of the Audit and Risk Committee Chair of the Remuneration Committee	2022 – Term extended by one year	Chief Operations Officer (COO) & acting Chief Executive Officer (CEO), Hivos
2020	**Tessa Thiadens** (Second term) Chair of the Association Committee IGA Representative	2023	Resident for the specialisation General Practice/ Family Medicine, SBOH Stichting Beroepsopleiding Huisartsen)
2019	**Leonoor Cornelissen** (First term) IGA Representative Member of the OCA Association Committee Member of Association Committee	Stepped down 31 December 2021	Migration and Development Policy Advisor, Ministry of Foreign Affairs, Netherlands. Language Buddy, Stichting Nieuw Thuis Rotterdam; Advisor, United World College
2019	**Hans Stolk** (First term) Member of the Remuneration Committee Member of the Duty of Care Committee	2022	Manager Polikliniek Amersfoort, Sinai Centre
2019	**Riekje Elema** (First term)	Stepped down June 2021	Projectmanager/Coach Verpleegkundige Topzorg, Universitair Medisch Centrum Groningen, Cater for Health (ZZP); Onderzoeker Ondervoeding Ouderen, Universitair Medisch Centrum Groningen, Cater for Health (ZZP)

(Re) Appointed	Name (term of membership) Position/ membership of committees	Term runs until	Secondary activities
2020	**Santhosh Kumar SS** (First term, co-opted member) Vice President of the MSF South Asia Board	Term ended in October 2021	Deputy Superintendent Trivandrum Medical College
2020	**Els Niehaus** (First term) Vice President Member of the Audit & Risk Committee Chair of the Remuneration Committee	2023	Head of Business Operations, Dow Jones Factiva, Barcelona (Spain)
2021	**Astrid Madsen** (First term) IGA Representative Member of the Association Committee	2024	Advisor Energy & Climate, Self-Employed
2021	**Brigitte Augustijn** (First term) Member of the Association Committee Member of the Medical Committee	2024	Self-employed General Practitioner and volunteer GP at an asylum seekers' centre. Medical English Project, English Education Group Roosendaal Member, WHIG (Dutch platform for family medicine & international health)
2021	**Filipe Garcia** (First term) Member of the OCA Council	2024	Senior Project and Business Manager (Climate and Environment), ETLog GmbH

On 31 December 2021, the Board of the MSF-NL Association consisted of 10 members, as shown in the table above: MSF-NL Board members 2021. All Board members provided full disclosure of their professional and ancillary activities and other interests, in accordance with Article 5 of the Association's By-laws. The Board has determined that there were no direct or indirect conflicts of interest for any member.

Board Remuneration and Expenses
With the exception of the President, Board members are not remunerated. However, they may receive reimbursement to cover expenses, such as travel and printing, up to a maximum of €1,000 per year, a so-called "volunteer allowance".

The MSF-NL By-laws, in conjunction with the Remuneration Policy, specify the framework for remuneration of the President. The President may receive partial remuneration for time exclusively spent on Board responsibilities or for the MSF movement. The President's remuneration can be found in the 'Policy on the Remuneration of the MSF-NL Board' and is in accordance with the principles approved by the GA. Its key stipulations are:

- The President may be compensated for lost income if tasks for the Board take up substantial amounts of time that s/he could otherwise have used to earn income
- The President can claim remuneration to a maximum of 20-hours-a-week
- The President's hourly fee is based on the salary grid that applies to the MT

In 2021, the MSF-NL President, Marit van Lenthe, received a gross salary, including leave allowance, of €69,197 (2020: €65,727) based on a work percentage of 75%. The total remuneration for the year including pension contribution and employer social security contribution amounted to €91,139 (2020: €85,905).

Board Meetings
The Board met, both virtually and in person, 12 times in 2021, dates and attendance are shown below.

Date	Attendance record
20 January	9/10
13 February	9/10
15 March	7/10
9 April	9/10
15 May	6/10
16 July	8/11
27 July	7/11
16 September	8/11
24 & 25 September	9/11
29 October	10/10
10 December	10/10
15 December	9/10

The Board's primary activity in 2021 was the hiring of a new GD following the departure of Nelke Manders on 1 March 2021. In that same month, the President started an extensive and -inclusive process which involved members of staff, the Association, the Executive, and people in governance positions. The process was supported by an executive search agency called Red Sea, which is headquartered in the UK. In September, the OCA-Council recommended that an external candidate, Florine Clomegah-Freitas, be appointed to the position, and in October the Board followed, offering Florine Clomegah-Freitas a contract with a start date of 22 November 2021. A project team designed an onboarding programme, and Florine Clomegah-Freitas assumed full responsibility for the role of GD on 17 December 2021.

In 2021, recurring agenda items, included:
- Exchanges with the MT about risk and mitigation policies for the organisation, the approval of the annual plan and the mid-term review, and the development of the strategic direction of MSF-NL.
- Updates from Board committees to facilitate decision-making on issues related to finance, risk and remuneration and the MSF-NL Association.
- Recruitment of the new GD.
- Preparation for the MSF-NL GA and the MSF International General Assembly (IGA). The MSF-NL GA was virtual, and focused on DEI themes. Additionally, the Board mandated and prepared its IGA representatives to discuss, decide and vote on its behalf at the IGA.

The Board also reflected upon and discussed recurring themes that emerged in 2020 and continued in 2021.
- The continued impacts of COVID-19 on patients, staff, and operations. The Board closely monitored developments and discussed risks to staff health and wellbeing, supply, and operational viability. In July, the Board and Executive discussed a COVID-19 vaccination programme for MSF staff.
- The topic of institutional racism in MSF has recurred in every Board meeting since May 2020. In 2021, the Board participated in several DEI workshops. The Board also set in motion processes to enable the formation of a more diverse Board for MSF-NL and addressed issues of inequality at the IGA.
- As MSF marked its 50th anniversary, the 'MSF We Want to Be' discussions started to gather momentum. MSF-NL has been an active participant in these discussions, and in 2021 the Board continued reflection on MSF's future, both at a global level and within the Netherlands.

The Board delegated a review of the MSF-NL By-laws to the President and Vice-President. In conjunction with the Controller, they held sessions on updating the By-laws to reflect today's realities and to incorporate governance changes following the most recent Memorandum of Understanding (MoU) with the OCA Partnership. The Board also delegated responsibility for the recruitment and selection of a new Treasurer to the Vice-President to be co-opted to the Board at the next GA, when the current Treasurer, Michel Farkas, will reach the end of his mandate. With the support of an executive search agency called Colourful People, a new Treasurer to the Board was presented on 14 May 2022.

Consultations with the Executive
In its regular meetings, the Board discussed current issues and potential risks in MSF-NL with the Executive. In addition, the President had regular meetings with the (interim) GD and the Deputy Director. These meetings concerned ongoing organisational matters.

Oliver Behn, Director of Operations, acted as GD, during the temporary absence of then GD Nelke Manders from December 2020 until she left the organisation on 1 March 2021. He continued to act as GD from 1 March until 17 December 2021 when he handed over to Florine Clomegah-Freitas, the newly recruited GD.

Consultations with the Works Council
The Board and the Works Council (WoC) met twice in 2021; on 12 May and on 21 October. In these meetings, the Board and the WoC discussed staff wellbeing, the employee engagement survey, the culture in the Amsterdam office and the WoC's advisory role to the Executive. From May onwards, the Board involved the WoC in the recruitment process for the new GD. The WoC was consulted on agreed moments in process and was given the opportunity to meet the final three candidates, and offer its advice on its preferred candidate.

Supervision
Strong governance is key to safeguarding the principles and social mission of MSF- NL. The principles of governance that apply to the MSF-NL Association are detailed in three main documents: the Statutes of the MSF-NL Association, the MSF-NL By-laws, and the Management Statute. The Association plays a governance role in the wider MSF movement by means of its direct participation in the IGA in accordance with the MSF International Statutes. In addition, the MoU with MSF-OCA describes the operational management functions and oversight responsibilities that MSF-NL shares with its partners within MSF-OCA, and that the partners have subsequently delegated to the MSF-OCA Council. The principles agreed upon and set out in these documents reflect the principles of good governance to which the organisation subscribes. The Board is responsible for ensuring that these principles are relevant and applied in practice. The Board continued to monitor these questions throughout the year with the help of its committees, and in regular consultation with the GD, the Deputy Director and the Controller. In addition, on the International Board of MSF, MSF-NL and its OCA partners are represented by the Chair of the OCA Council (in accordance with MSF International Statutes).

The MSF-NL Board has three statutory committees: the Medical Committee (an MSF-OCA Council Committee), the Audit & Risk Committee (ARC) and the Remuneration Committee. The Medical Committee and the ARC are MSF-OCA Council committees, while the Remuneration Committee is an MSF-NL Committee, which adds an MSF-OCA Council member to its meeting on an *ad hoc* basis when it needs to prepare advice for the MSF-OCA Council. The Board also has an Association Committee, to ensure a vital and an active MSF-NL Association, and has a member sit on the OCA Duty of Care Committee.

The MSF-OCA Council
The MSF-OCA Council is a non-statutory body which oversees the implementation of MSF-OCA's social mission. As of 31 December 2021, the MSF-OCA Council comprised 12 members. Two delegates from each of the boards of MSF-NL, MSF Germany, MSF South Asia and MSF-UK and one from each of the boards of MSF-Canada and MSF-Sweden. MSF-NL is represented by the President and one other elected Board member. In addition, the MSF-NL Treasurer and Chair of the ARC, and the Chair of the Medical Committee sit on the OCA Council.

Medical Committee
The Medical Committee advises the OCA Council on medical policy and strategy and approves the accountability framework for the implementation of medical programmes. The Medical Committee currently consists of the Chair of the Committee and five representatives from the OCA partnership –MSF-NL, MSF-Germany, MSF-UK, MSF-South Asia and MSF-Sweden. The OCA Medical Director has a standing invitation to the meetings. In February 2021, Rob Verrechia stepped down as Chair of the Committee and Leslie Shanks was proposed and approved by the OCA Council to take on this role, she joined in September 2021. The Medical Committee met twice virtually in 2021, on: 11 October and on 14 December.

Audit & Risk Committee
On 31 December 2021, the MSF-NL and MSF-OCA Audit & Risk Committee (ARC) consisted of six members: the

treasurers of MSF-NL, MSF Germany, MSF-UK and MSF Canada, one MSF-NL Board member, Els Niehaus and a project representative. The MSF-NL Treasurer, Michel Farkas, is also the Chair of the ARC and has a seat on the MSF-OCA Council in this capacity. Further, the GD, the Controller and the Chair of the MSF-OCA Council have a standing invitation to all ARC meetings. The ARC met seven times virtually in 2021, on: 1 February, 16 February, 13 April, 11 May, 6 July, 27 October, and 14 December. In 2021, the ARC and the MSF-NL Treasurer advised the Board on matters of finance, risk management, governance, and internal control, including the 2020 Financial Statements and Auditors' Report; the 2021 and 2022 budgets and on interim financial reports.

Committee on Supply Improvement
In March 2021, the MSF-OCA Council appointed an ad hoc Committee named the Committee on Supply Improvement (CSI). After a breakdown in our supply chain to field operations in 2020, in 2021 this has been repaired. With a lot of effort, the backlog on delivery of medical supplies in the countries where we work was brought back to acceptable levels, ensuring sufficient stock levels to sustain regular projects and to meet emergency needs. The CSI assumed responsibility for the oversight of the MSF-OCA MT's 2021 Supply Review Action Plan and related activities involving the improvement and progress of supply issues. In 2021, the CSI consisted of the treasurers of MSF-NL and MSF-UK and a member of the MSF-OCA Council. In 2021, the CSI met 10 times virtually, on: 5 March, 12 March, 18 March, 9 April, 14 June, 28 June, 13 October, 29 November, and 13 December. In December 2021, the OCA Council dissolved the CSI and handed over its responsibilities to the ARC.

Remuneration Committee
On 31 December 2021, the Remuneration Committee consisted of three members: Els Niehaus, Hans Stolk and Michel Farkas. The Staff Director and the Controller have a standing invitation to the Remuneration Committee. The Committee advises the board on the remuneration and grading framework for MSF-NL, and the specific remuneration policy for the Executive's senior leadership and the President of the Board. In 2021, the Remuneration Committee met on: 3 February, 29 April, 27 September, and 1 December. Topics under discussion included: exit and contract arrangements of MT members, the job function grid, and the development of a continuous social plan.

Duty of Care Committee
On 31 December 2021, the Duty of Care Committee (DoCC) consisted of three members: Vita Sanderson, Dal Babu and Hans Stolk. The OCA MT Chair has a standing invitation to the Duty of Care Committee. The DoCC supports the OCA Council to monitor and oversee the OCA integrity framework and safety and security framework, ensuring that there is an effective culture of accountability on integrity, behaviour, health and safety and professional conduct. In 2021, the Duty of Care Committee met three times, on: 1 April, 18 May and 20 October. Topics under discussion included: the RBU, staff health, the new OCA Code of Conduct, and the evaluation of critical incidents.

Association and Governance
The Artsen zonder Grenzen/MSF-NL Association, grew from 1,149 members in December 2020 to 1,236 in December 2021.

Association Committee
The Association Committee consists of members of the Board, the Association Engagement Officer, and a delegation of Association members. The Association Committee is responsible for organising events that engage and encourage Association members to actively participate in the development of our social mission.

General Assembly
The MSF-NL annual GA is the biggest associative event of the year. In June 2021 the GA was once again hosted fully virtually. The first part, livestreamed on YouTube, had 289 unique views, and 77 people attended the second part via Microsoft Teams. More than 150 members cast their ballots using the eVoting system. The Board presented the 2020 Accountability and Financial Statements, which were approved with 77.1 per cent of the votes. The GA also approved three motions related to quality of care, climate impact and MSF's investment policy.

As in 2020, the Association organised a series of events in the lead-up to the GA. In these, members gathered to discuss "Becoming the MSF We Want to Be", as well as attending a 'meet and greet' with candidates standing for election to the Board.

Association Events
Outside of the GA, the Association organised numerous online events throughout the year. Members gathered for discussions and debates on topics such as NTDs, MSF's 50-year anniversary, photography in humanitarian settings, and a screening of the documentary Egoiste, a film created in partnership with MSF which follows 40 humanitarian workers and their loved ones as they discuss the impact of their work on their lives. In addition, members joined several informal get-togethers to catch up and discuss the Association's direction.

On 11 September, we hosted the second fully virtual edition of the OCA Café, with live translation into English,

French and Arabic. A total of 464 people registered, and live presentations had 254 unique views, from 58 different countries. Most participants joined from Ireland, Jordan, the Netherlands, and the UK, and from projects in Bangladesh, CAR, Chad, DRC, Haiti, India, Iraq, Kenya & Sudan, Nigeria, Pakistan, Somalia, South Sudan, Syria, Uzbekistan, and Yemen. Discussions focused on contemporary risks of humanitarian action. Between sessions attendees were able to connect to members of the OCA Council and the MT.

External Events

As in previous years, Association members were active with external audiences, joining events, and giving lectures and presentations. Through volunteering to share their experiences, our dedicated colleagues help raise awareness of MSF's work and broaden our audiences. In 2021, members participated in debates and presentations on diverse themes, including refugee health, non-communicable diseases, photography in MSF, and MSF's 50-year anniversary.

Exceptional Events in 2022

On 9 April 2022 the Board held an Extraordinary General Assembly, (EGA) attended by 80 Association members in person, and over 150 online. The EGA was requested by a group of 47 members as they expressed their concern about a critical situation in the executive management of AzG. A year after Nelke Manders had left the organisation two years before her second term would be concluded, the newly recruited GD was absent from work. The members demanded clarity on the GD selection process which had commenced and concluded in 2021, called for a discussion on the Board fulfilling its supervisory role of the MT, and answers to questions around a book that the new GD, Florine Clomegah-Freitas, had published in December 2021.

On 1 April, a week before the EGA, Marit van Lenthe resigned as President of the Board and consequently also left her position as Chair of the OCA Council and member of the MSF International Board. In a letter to staff and Association members she assumed full responsibility for her role in the management of the organisation's leadership over the preceding two years. The Board appointed Unni Karunakara as new President until the next annual statutory GA, to be held on 11 June 2022

At the EGA, the Board took full responsibility for the governance and leadership crisis resulting from the appointment of the new GD and announced that each member would stand down at the forthcoming GA. In the interim, the Board continues to manage daily affairs while working to find candidates, either by election or co-optation, for a new Board as of 11 June.

In addition, at the EGA a motion was carried that the current Board co-opt three additional members from within the Association. The Board accepted this motion and on 26 April 2022 Gerbren Deves, Vincent Hoedt and Annemarie Loof joined the Board. On the same date, the Board allowed Nyakio (Charity) Kamau and Heidi Hochstenbach to join as observers, without voting rights.

The Board accepted another motion and committed to sharing relevant information pertaining to the EGA, with the MSF-NL Association, the boards of all OCA partners, and the MSF International Board.

In the absence of a GD, members of the MT have redistributed tasks and responsibilities. This additional effort, together with measures taken by the Board to reach a fair resolution in the best interest of the organisation, has helped ensure the continuity of our medical humanitarian operations and that our patients and staff remain at the heart of our work.

MSF-NL co-opted Board members, April 2022

Co-opted	Name	Term runs until	Secondary activities
April 2022	**Annemarie Loof** Co-opted member	June 2022	Country Programmes Operation Lead, GAIN (Global Alliance for Improved Nutrition)
April 2022	**Gerbren Deves** Co-opted member	June 2022	Development Director, World Press Photo Board member, Ineke Feitz Stichting
April 2022	**Vincent Hoedt** Co-opted member	June 2022	Team Leader, Dutch State Forestry, Zeeland South

13 Conclusions and Account

▲ At Hôpital Immaculée Conception in Les Cayes, MSF staff provide physiotherapy for patients injured during the earthquake. Haiti, September 2021. Photo: Pierre Fromentin/MSF

In the opinion of the Board, the 2021 Annual Report and Financial Statements provide a fair reflection of programmes, activities and results achieved in relation to the 2021 Annual Plan, long-term strategic objectives and what was approved by the Board during the year.

The Board is confident that the programmes, activities, and results achieved in 2021 contributed to achieving the social mission goals of the Association, as laid down in the statutes: "to organise the provision of actual medical help to people in disaster areas and crisis anywhere in the world, in accordance with the principles expressed in the MSF Charter. Based on its medical work, the Association endeavours to be an effective advocate for the populations it assists".

All Board members accept responsibility for the Annual Report and Financial Statements. The Board also accepts responsibility for the internal control system established and maintained by the MT, which is designed to provide reasonable assurance of the integrity and reliability of the organisation's financial reporting and assist in the achievement of the organisation's objectives.

MSF-NL maintains an internal audit function that supports the review of the internal control and risk management systems. Internal audit reports are issued to the Board's Audit Committee and contribute to the Board's opinion of the design and operational effectiveness of internal control and risk management systems. The Board is of the opinion that these internal control and risk management systems provide reasonable assurance that the Financial Statements for year ending 31 December 2021 do not contain errors of material significance. Accordingly, the Board considers, to the best of our knowledge, that the Financial Statements and Annual Report drawn up by the Management Team, for the year ending 31 December 2021, are a fair reflection of the financial position of, and transactions taken by, the MSF-NL Association.

On behalf of the Board and the OCA Council, we would like to thank all MSF employees, volunteers, and donors for their continued support and dedication to our mission. These efforts underpin every aspect of our medical humanitarian work – none of which would be possible without you.

Amsterdam, 25 May 2022
On behalf of the Board,
Unni Karunakara, President

ANNEX: MSF OCA Publications in 2021

AMR		
The Lancet Microbe	Comment	Leaving no one behind: the need for a truly global response to antimicrobial resistance
Scientific Reports	Article	Multi-drug resistance and high mortality associated with community-acquired bloodstream infections in children in conflict-affected northwest Nigeria
Climate Change and Planetary Health		
Heliyon	Article	Predicting changes in land use/land cover and seasonal land surface temperature using multi-temporal landsat images in the northwest region of Bangladesh
The Lancet Countdown	Policy Brief	Policy brief for Médecins Sans Frontières 2021
BMJ	Opinion	A failure of ambition on climate action will amplify humanitarian needs
Conflict, Migration, and Health		
Conflict and Health	Article	Mortality beyond emergency threshold in a silent crisis- results from a population-based mortality survey in Ouaka prefecture, Central African Republic, 2020
Journal of Migration and Health	Article	Understanding the health needs of internally displaced persons: A scoping review
BMJ	Article	The UK government's migration policy plans will only cause more suffering and death
British Journal of Anaesthesia	Editorial	Improving mass casualty planning in low resource settings: Médecins Sans Frontières and International Committee of the Red Cross perspective

HIV		
AIDS Research and Therapy	Article	Predictors of virological failure among people living with HIV receiving first line antiretroviral treatment in Myanmar: retrospective cohort analysis
Maternal and Child Health		
BMC Pregnancy & Childbirth	Article	Resilience to maintain quality of intrapartum care in war torn Yemen: a retrospective pre-post study evaluating effects of changing birth volumes in a congested frontline hospital
Mental Health		
Social Science & Medicine	Article	Mental and physical health of international humanitarian aid workers on short-term assignments: Findings from a prospective cohort study
Neglected Tropical Diseases		
Facial Plastic Surgery	Article	Noma and Necrotizing Fasciitis of the Face and Neck
PLOS NTDs	Article	Effectiveness of miltefosine in cutaneous leishmaniasis caused by Leishmania tropica in Pakistan after antimonial treatment failure or contraindications to first line therapy—A retrospective analysis
PLOS ONE	Article	An outbreak of acute jaundice syndrome (AJS) among the Rohingya refugees in Cox's Bazar, Bangladesh: Findings from enhanced epidemiological surveillance
PLOS NTDs	Article	Noma, a neglected disease: A viewpoint article
PLOS Neglected Tropical Diseases	Review	Visceral Leishmaniasis in pregnancy and vertical transmission: A systematic literature review on the therapeutic orphans
BMJ Global Health	Comment	Control of visceral leishmaniasis in East Africa: fragile progress, new threats
The Lancet Global Health	Review	Towards the elimination of visceral leishmaniasis as a public health problem in east Africa: reflections on an enhanced control strategy and a call for action
Non-Communicable Diseases		
BMC Health Services Research	Article	MSF experiences of providing multidisciplinary primary level NCD care for Syrian refugees and the host population in Jordan: an implementation study guided by the RE-AIM framework
Outbreaks		
International Journal of Infectious Diseases	Article	Another form of Lassa fever? Early neurological symptoms and high mortality reveal differences in two outbreaks in Ebonyi State, Nigeria 2017–2019
PLOS Medicine	Article	Epidemiological, clinical, and public health response characteristics of a large outbreak of diphtheria among the Rohingya population in Cox's Bazar, Bangladesh, 2017 to 2019: A retrospective study

Research, Reporting, and Data		
Frontiers in Public Health	Article	Electronic Data Management for Vaccine Trials in Low Resource Settings: Upgrades, Scalability, and Impact of ODK
Conflict and Health	Comment	A call to safeguard sexual and reproductive health information and services during Ebola outbreaks
Tuberculosis		
Tropical Medicine & International Health	Article	Accuracy of molecular drug susceptibility testing amongst tuberculosis patients in Karakalpakstan, Uzbekistan
ERJ Open Research	Article	Outcomes with a shorter multidrug-resistant tuberculosis regimen from Karakalpakstan, Uzbekistan
The European Respiratory Journal	Article	All-oral longer regimens are effective for the management of multidrug resistant tuberculosis in high burden settings
BMC Trials	Article	Optimising recruitment to a late-phase tuberculosis clinical trial: a qualitative study exploring patient and practitioner experiences in Uzbekistan
BMC Trials	Article	TB research requires strong protections, innovation, and increased funding in response to COVID-19

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Cover photo: MSF doctor examines Qadratullah, 8, who is treated for an abscess on his arm. Afghanistan, January 2022.
Photo: © Oriane Zerah