

# MSF 2005

US ANNUAL REPORT

## DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES

Independent humanitarian action is based on a very simple and powerful conviction that ordinary people caught up in conflict and crisis deserve to be spared from the excesses of violence and to receive lifesaving assistance.





COVER PHOTO: DEMOCRATIC REPUBLIC OF CONGO © PER-ANDERS PETTERSSON/GETTY IMAGES, IFC PHOTO: DEMOCRATIC REPUBLIC OF CONGO © RON HANIV/VII

**Doctors Without Borders/Médecins Sans Frontières (MSF)** is an independent international medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural and man-made disasters, and exclusion from health care in more than 70 countries. MSF was founded in 1971 as the first nongovernmental organization to both provide emergency medical assistance and bear witness publicly to the plight of the people it assists. A private nonprofit association, MSF is an international network with sections in 19 countries.

**The US section of Doctors Without Borders/Médecins Sans Frontières (MSF)** was founded in 1990 and maintains its headquarters in New York City. MSF-USA supports the international MSF network through management of field projects, fundraising, and recruitment of field personnel. MSF-USA also raises awareness about the causes of suffering and obstacles to providing effective assistance to people in need among the public, the media, the United Nations, US government agencies, and other nongovernmental organizations.

**AWARDED THE 1999 NOBEL PEACE PRIZE**



# MEDICAL INNOVATION

**We cannot accept that we must practice second-class medicine just because our patients live in poor countries. We need a culture of medical innovation that meets the needs of neglected patients. —DR. TIDO VON SCHOEN-ANGERER OF MSF'S ACCESS TO ESSENTIAL MEDICINES CAMPAIGN**



# LETTER FROM MSF

**PAKISTAN**  
An MSF aid worker  
tends to a victim of  
the October 2005  
earthquake.



## A COMMITMENT TO INNOVATION

Dear Friends,

With your generous support, the US section of Doctors Without Borders/Médecins Sans Frontières (MSF) was able to increase our funding for field programs by more than 48 percent in 2005. This allowed MSF teams, which included a record 208 aid workers from the United States, to provide vital medical care to people affected by conflicts and crises often ignored by political leaders and the media.

Your increased support was essential for MSF to maintain its massive aid operation to assist victims of the conflict in the Democratic Republic of Congo (DRC). Some 2,300 MSF field staff treated tens of thousands of the DRC's war-affected civilians. MSF-USA helped to raise awareness of this conflict by collaborating with VII, an international photo agency, to produce a photographic exhibition, "Democratic Republic of Congo: Forgotten War." The exhibition, which opened in New York City last year, is touring the United States, Africa, Asia, Australia, and Europe in 2006.

MSF has been able to bring innovation to the field of independent medical humanitarian assistance with your strong backing. And MSF's commitment to medical innovation—the adapting of medical tools and protocols to better meet the needs of our patients—played a crucial role in our response to two of the year's biggest emergencies: the nutritional crisis in Niger and the massive earthquake in Pakistan and India.

Every year many people in Niger live on the brink of starvation, but last year the situation was even worse than usual. A poor harvest and skyrocketing food prices made it nearly impossible for hundreds of thousands of families to feed their children. MSF treated more than 63,000 severely malnourished children—far more than any previous nutritional emergency—in 2005.

Several years ago, our teams never would have been able to handle such a high caseload. The traditional approach of hospitalizing all severely malnourished children would have overwhelmed our inpatient feeding centers. But MSF capitalized on the availability of a new ready-to-use therapeutic food—a specially formulated peanut-based paste which can be taken at home—to develop an innovative medical protocol. Using this new approach, only malnourished children who develop a complicating illness like pneumonia have to be hospitalized. The rest are allowed to go home with their mothers with a week's supply of ready-to-use therapeutic food and then return to an outpatient center each week for medical follow-up.

The results have been impressive: not only have the numbers treated been far greater, but also 90 percent of all children have been cured.

These results are on par with the best-run inpatient feeding programs. MSF teams working in Sudan and other areas are now using this outpatient approach to treat thousands of malnourished children. MSF has published this breakthrough in medical journals and shared our results with other humanitarian aid organizations.

Your continued support has also helped MSF strengthen our emergency response capacity with innovative new tools. Last year, MSF developed a 120-bed inflatable field hospital with a self-contained heating, sanitation, and water-purification system. This hospital can be quickly deployed around the world.

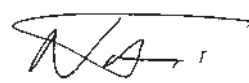
The need for this type of emergency field hospital became strikingly evident in the aftermath of the October 8, 2005, earthquake that struck India and Pakistan. Our teams reported that entire hospitals had been destroyed. Pakistani medical personnel were being forced to perform open-air surgery to treat complex orthopedic injuries and then leave patients on cots laid out on hospital grounds. There was very little post-operative care available. MSF deployed a surgical team and one of the inflatable hospitals to Mansehra, Pakistan, to help improve the quality of care there. Through this hospital, MSF surgeons carried out more than 500 surgical interventions—many involving complex orthopedic surgery—during the first two months of operation. And each week an average of 1,200 patients were seen in its emergency room. MSF provided physical therapy to some 600 patients.

Yet there is still a dearth of adapted medical tools to confront many of the challenges facing our medical teams and affecting millions of people around the world. Tuberculosis (TB), a disease that claims two million lives each year, is a frightening example. The available medical tools are completely outdated and highly ineffective for diagnosing and treating HIV-TB co-infection, pediatric cases, and multidrug-resistant strains. Last year, MSF spoke out about these striking gaps in TB care at international conferences, in published opinion pieces, and through our Campaign for Access to Essential Medicines. It will be a long battle to obtain the most adapted medicines and diagnostics for the growing number of people living with tuberculosis, HIV/AIDS, and other diseases, but it is one that the organization is committed to fighting.

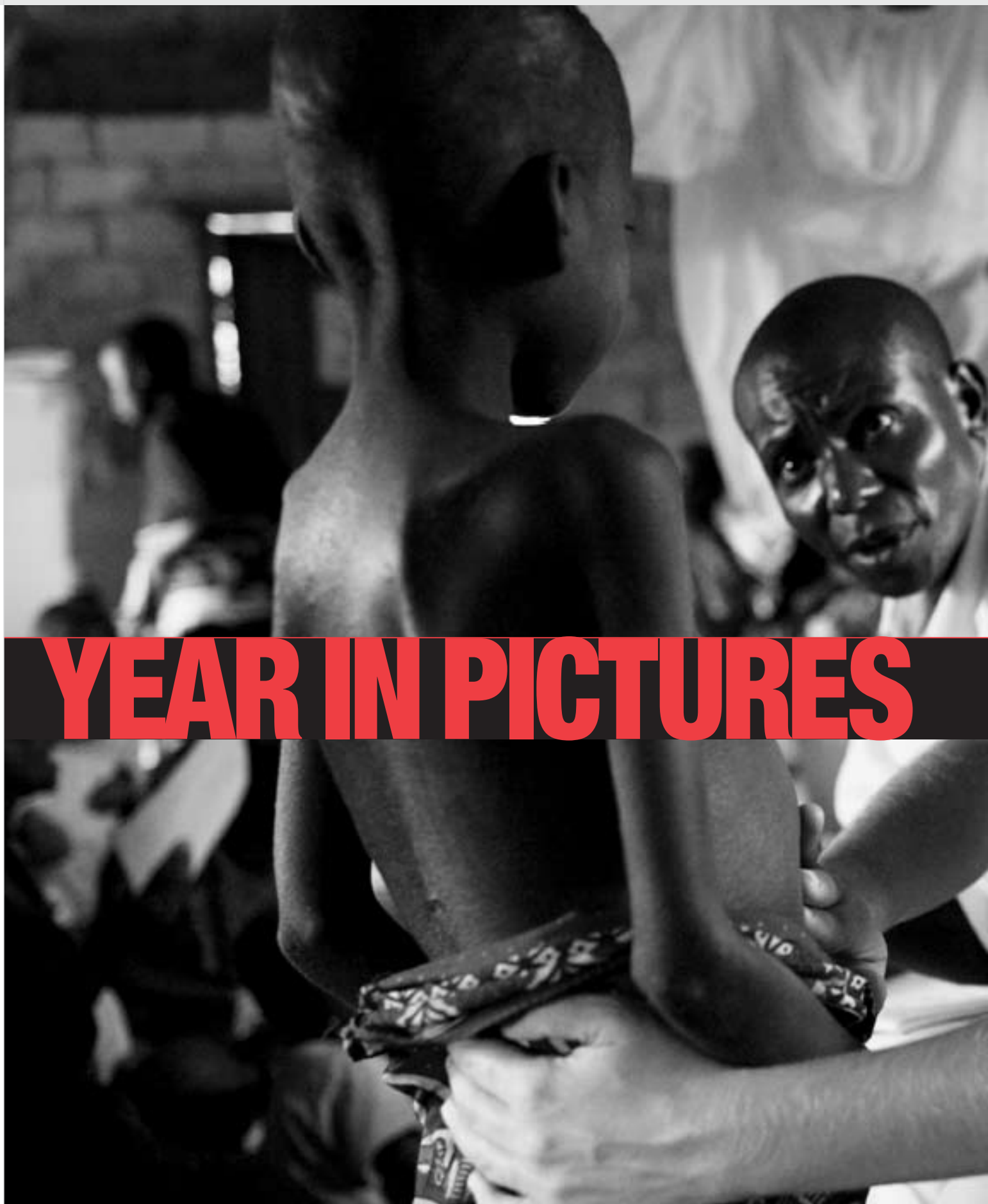
It is supporters like you who allow MSF to develop and strive for innovative solutions to meet the needs of people trapped by conflicts, natural and man-made disasters, and epidemics. On behalf of all the MSF staff, and most importantly, the people whom we assist, we extend our deep appreciation for your trust and ongoing support. Thank you.



Darin Portnoy  
President

Nicolas de Torrenté  
Executive Director



# YEAR IN PICTURES

# DEMOCRATIC REPUBLIC OF CONGO

**4,500**

MSF maintained medical programs in 26 locations in the Democratic Republic of Congo to meet some of the enormous needs brought about by a decade of conflict and the collapse of the country's public health system. Since 2003, MSF has provided specialized medical care for more than 4,500 victims of sexual violence in the northeastern Ituri district.



## JANUARY 1

More than 40 MSF aid workers provide medical assistance and distribute an initial 110 tons of relief supplies in tsunami-affected areas of Indonesia and Sri Lanka.

## JANUARY 9

In five locations in Aceh province, Indonesia, MSF teams provide medical and relief assistance to more than 100,000 people.

## FEBRUARY 25

MSF responds to a measles epidemic in the Democratic Republic of Congo's northeastern Djugu region, where some 20,000 people live in internally displaced persons camps.



# HAITI

1,700

**In response to an upsurge in violence in Port-au-Prince, the capital of Haiti, MSF opened a surgical trauma center there. During 2005, MSF surgeons treated more than 1,700 people—half of them women, children, or elderly—for violence-related injuries.**

## MARCH 7

MSF reports that it has treated more than 500 women and girls who were raped over a six-month period in the South Darfur and West Darfur states of Sudan.

## MARCH 24

MSF launches an emergency intervention in Angola to control an epidemic outbreak of Marburg disease, a deadly hemorrhagic fever.

## MARCH 26

*The New York Times* publishes an MSF op-ed on TB: "In an age of unparalleled medical advances, we must refuse to accept that millions of people will be left to perish at the hands of this antique disease."



INDONESIA © SEBASTIAN BOELSCH



# TSUNAMI

**41,000**

MSF emergency teams working primarily in Indonesia and Sri Lanka delivered more than 2,000 tons of medical, water-and-sanitation, and relief supplies to victims of the Indian Ocean tsunami, and performed some 41,000 medical consultations during 2005.

## APRIL 8

MSF's Dr. Christophe Fournier tells the UN Security Council: "Many of those who have lived and worked in Port-au-Prince for decades told me that they had never experienced such levels of violence and insecurity."

## APRIL 26

Just three months after Niger's harvest, MSF sounds an alarm over increasing numbers of severely malnourished children entering its therapeutic feeding program.

## MAY 31

Following MSF's report on sexual violence in Darfur, the Sudanese government arrests two representatives of the organization and accuses them of "crimes against the state." Charges are dropped 20 days later.



# NIGER

63,000

During an epidemic of acute malnutrition in Niger, MSF treated more than 63,000 severely malnourished children with an innovative, ready-to-use therapeutic food, enabling the majority to be cured without being hospitalized—something thought impossible only a few years ago.

## JUNE 8

MSF and other groups launch an international appeal for new treatments for neglected diseases.

## JUNE 9

With severely malnourished children filling its nutritional programs in Niger, MSF calls for free food aid to save thousands of already malnourished children.

## JULY 5

Having treated 1,100 victims of violence in seven months, MSF urges all armed groups in Port-au-Prince, Haiti, to respect the safety of civilians.





**JULY 19**

With more than 1,500 children already under treatment in southern Sudan's Tonj district, MSF reports that approximately one-quarter of the children under five in this area are acutely malnourished.

**JULY 29**

At an international AIDS conference in Rio de Janeiro, MSF presents medical data on its treatment of 1,840 children living with HIV/AIDS and decries the lack of pediatric AIDS diagnostic tests and medicines.

**SEPTEMBER 19**

MSF teams have treated more than 11,000 cases of cholera resulting from epidemics in Burkina Faso, Guinea, Guinea-Bissau, and Liberia.

# MALARIA

**1,000,000**

In 2005, MSF treated more than one million cases of malaria using artemisinin-based combination therapy (ACT), the most potent and fastest acting treatment. Despite the availability of ACT, MSF teams still witness government-run and other health facilities giving patients old and ineffective malaria medicines.

**SEPTEMBER 25**

MSF reports that more than 10,000 tsunami-affected people have attended psychosocial and psycho-educational group counseling sessions in Indonesia's Aceh province.

**OCTOBER 10**

Two days after a massive earthquake strikes Pakistan and India, MSF emergency medical teams are in place and assisting the wounded.

**OCTOBER 18**

MSF teams begin to distribute the first shipments of more than 400 tons of tents, blankets, and other relief supplies to victims of the earthquake.



PAKISTAN © BRUNO STEVENS / COSMOS

# EARTHQUAKE 2,000

In the aftermath of the October 8, 2005, earthquake, MSF emergency teams fanned out across cities and mountain villages to distribute nearly 2,000 tons of relief supplies, including tents, hygiene kits, and heaters, and tended to thousands of severely wounded people in 18 locations in Pakistan and 3 in India.



## DECEMBER 10

Increased fighting in the Democratic Republic of Congo's Katanga province forces some 16,000 Congolese to seek safety in the town of Dubie where MSF runs a clinic.

## DECEMBER 19

In Sudan's Kordofan state, MSF vaccinates more than 200,000 people following an epidemic of yellow fever.

## DECEMBER 31

MSF begins to close its emergency nutritional program in the northern Nigerian state of Katsina, after having treated nearly 13,000 severely malnourished children.

# 05

## MSF ACTIVITIES

In 2005, Doctors Without Borders/Médecins Sans Frontières (MSF) provided humanitarian assistance in more than 70 countries. Projects that received funding from MSF-USA are described in the Project Support section of this report.





## Africa

Angola  
Benin  
Burkina Faso  
Burundi  
Cameroon  
Central African Republic  
Chad  
Congo Republic (Congo-Brazzaville)  
Democratic Republic of Congo  
Ethiopia  
Guinea  
Guinea-Bissau  
Ivory Coast  
Kenya  
Liberia

Madagascar  
Malawi  
Mali  
Mauritania  
Morocco  
Mozambique  
Niger  
Nigeria  
Rwanda  
Sierra Leone  
Somalia  
South Africa  
Sudan  
Tanzania  
Uganda  
Zambia  
Zimbabwe

## The Americas

Bolivia  
Brazil  
Colombia  
Ecuador  
Guatemala  
Haiti  
Honduras  
Nicaragua  
Peru

## Asia and the Pacific

Bangladesh  
Cambodia  
China  
India  
Indonesia  
Iran  
Japan  
Laos  
Myanmar  
Nepal  
Pakistan  
The Philippines  
South Korea  
Sri Lanka  
Thailand

## The Caucasus and Central Asia

Armenia  
Georgia (and Abkhazia)  
Russian Federation (North Caucasus)  
Turkmenistan  
Uzbekistan

## Europe

Belgium  
Bulgaria  
France  
Italy  
Luxembourg  
Serbia and Montenegro  
Spain  
Sweden  
Switzerland  
Ukraine

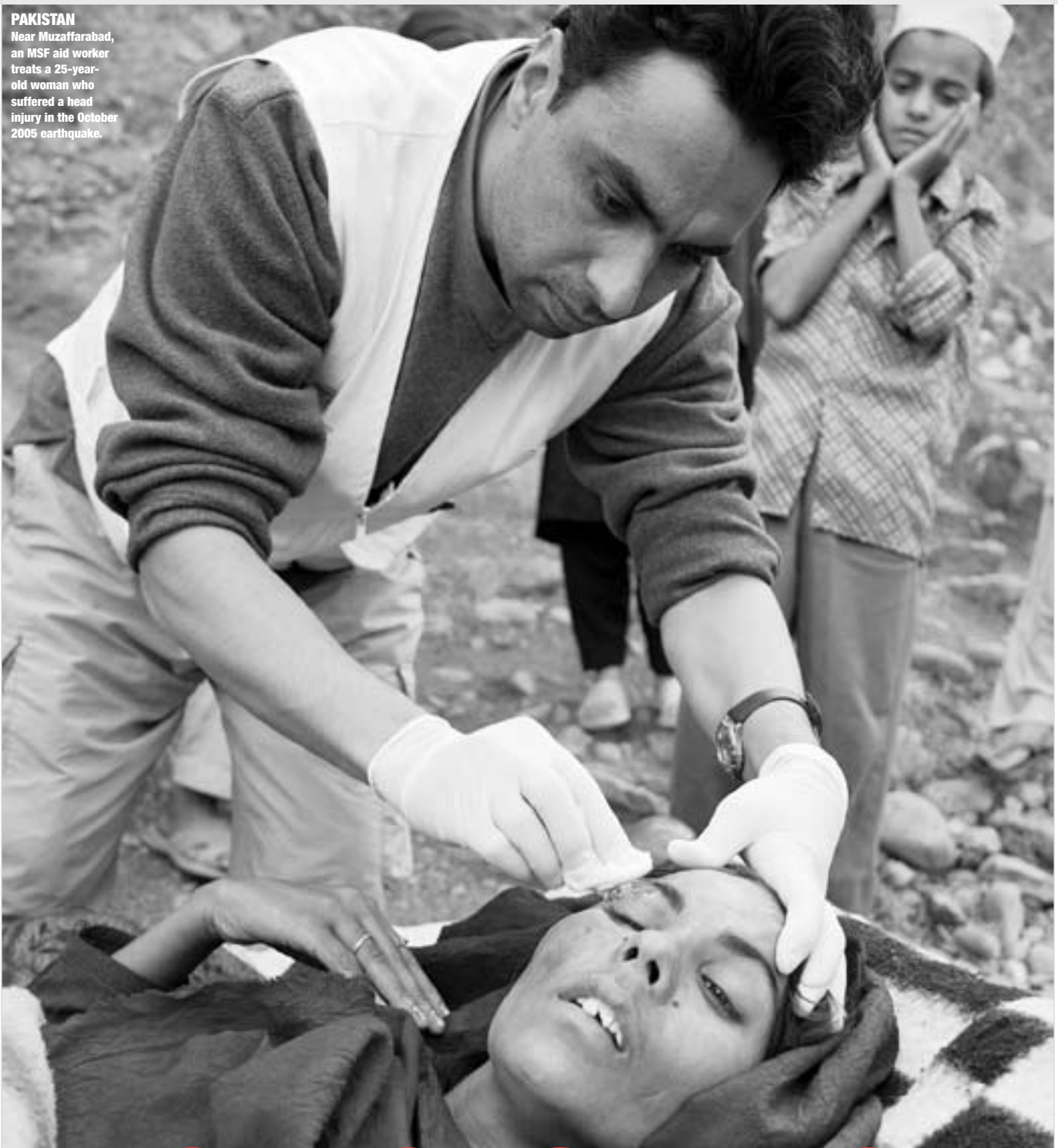
## Middle East

Palestinian Territories



**PAKISTAN**

Near Muzaffarabad, an MSF aid worker treats a 25-year-old woman who suffered a head injury in the October 2005 earthquake.



© BRUNO STEVENS / COSMOS

# PROJECT SUPPORT

The generous contributions to Doctors Without Borders/Médecins Sans Frontières (MSF) by individuals as well as foundations, corporations, and nonprofit organizations in the United States helped make the projects described in this section possible. Funds contributed specifically by MSF-USA to projects in the following countries are listed after the name of each country. Additional funds for these projects were raised by other MSF offices. To learn more about these and other MSF aid programs, please visit [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org).



## ■ ANGOLA \$2,776,749

International staff: 80 National staff: 1,100

### PROVIDING CARE FOR NEGLECTED DISEASES

Three years after Angola's civil war came to an end, 70 percent of Angolans still lack access to basic health care. MSF continued to help fill this void through support of hospitals and health centers in the provinces of Bié, Bengo, Kuito, Lunda Norte, Malanje, Cuanza Sul, Moxico, Huambo, Cuanda Cubango, Huila, and Uige. MSF projects focused particularly on care for people with malaria, sleeping sickness, tuberculosis (TB), and, most recently, HIV/AIDS. In 2005, MSF also provided emergency assistance when the country was confronted with an outbreak of the deadly Marburg virus.

## ■ ARMENIA \$950,000

International staff: 22 National staff: 104

### CONFRONTING SEXUALLY TRANSMITTED DISEASES AND MENTAL ILLNESS

MSF worked to reduce the spread of HIV/AIDS and other sexually transmitted diseases through a clinic in the Shirak region and an HIV-prevention project in Vanadzor city. MSF also provided outpatient psychiatric, psychological, and social support to people with mental illness in Gegharkunik province. MSF is supporting and renovating government health structures in the regions of Vardenis and Tshambarak, home to many Azerbaijani refugees.

## ■ BURUNDI \$345,000

International staff: 54 National staff: 755

### HELPING PEOPLE DURING POST-WAR RECONSTRUCTION

MSF provided basic health services through health centers and hospitals in the provinces of Bujumbura, Karuzi, and Makamba. MSF also treated and counseled victims of sexual violence and provided care for approximately 120 patients with sexually transmitted diseases each month in a health center for women in the capital, Bujumbura. MSF continued to treat war-wounded civilians from Bujumbura Rural, the country's last province still at war.

CHINA  
A woman waits to  
receive counseling  
at MSF's HIV/AIDS  
clinic in Nanning.

## ■ CAMEROON \$500,000

International staff: 9 National staff: 68

### TREATING AIDS AND BURULI ULCER

MSF operated an HIV/AIDS project in the capital, Yaoundé, and in the city of Douala, providing antiretroviral treatment to more than 1,200 people. MSF also ran a treatment program in the Akonolinga district for those living with Buruli ulcer, a disease similar to leprosy that is treatable only with surgery.

## ■ CHAD \$1,500,000

International staff: 56 National staff: 405

### ASSISTING DARFUR REFUGEES AND VACCINATING THOUSANDS

In the last two years, an estimated 200,000 people entered eastern Chad in their effort to flee attacks in the Darfur region of Sudan. MSF provided medical, surgical, pediatric, and maternal care as well as food, water, and shelter to many of the 83,000 refugees living in four camps near the Sudanese border. In the southwestern district of Bongor, MSF ran a malaria project and a surgical training program, and also carried out a meningitis-vaccination campaign, immunizing 196,000 people between the ages of 6 months and 30 years. MSF also vaccinated 500,000 children against measles in the south and in the capital, N'Djamena.

## ■ CHINA \$397,470

International staff: 16 National staff: 72

### EXPANDING AIDS CARE AND HELPING THE VULNERABLE

MSF has strived to expand HIV/AIDS treatment and care in a country where the disease remains highly stigmatized. In the city of Xiangfan, in Hubei province, and the southern city of Nanning, MSF ran comprehensive HIV/AIDS programs that provide antiretroviral treatment to more than 300 people living with the disease. Additionally, MSF provided psychosocial support to children living on the streets of Baoji, Shaanxi province. After MSF withdrew from North Korea in 1998, the organization started to provide shelter, clothing, food, and medical care to hundreds of North Korean refugees hiding in China and other countries.

## ■ COLOMBIA \$847,720

International staff: 49 National staff: 151

### ASSISTING VICTIMS OF CIVIL WAR

In Colombia, violence is the primary public health hazard and the leading cause of death. MSF ran mobile clinics that provided basic medical and mental health care to civilians in the departments of Caqueta, Choc, Córdoba, Sucre, Bolívar, Nariño, Norte de Santander, Tolima, and Cundinamarca,

**ECUADOR**  
In the city of  
Guayaquil, MSF  
provides HIV/AIDS  
treatment.



© JUAN CARLOS TOMASI

and in the Bogotá capital district. MSF also provided basic health care to people living in Soacha district near Bogotá, where thousands of Colombia's displaced arrive each year. In the western city of Quibdó, in Chocó department, Colombia's poorest region, MSF teams supported two health centers in the shantytowns of Porvenir and Repos as well as a large hospital center, Ismael Roldan, and the maternity ward of San Francisco Regional Hospital.

#### **CONGO REPUBLIC \$100,000** International staff: 25 National staff: 223

##### **DESTROYED INFRASTRUCTURE AND A LACK OF CARE**

In the Pool region, MSF helped people living with HIV/AIDS, tuberculosis, malaria, war trauma, and sexually transmitted infections at hospitals in Kinkala and Kindamba. In Mindouli district, MSF staff offered basic health care in the local hospital and in five area health centers, and ran mobile clinics throughout the region. MSF continued a treatment program for sleeping sickness in the areas of Mossaka in the Cuvette Est region (on the Congo River) and in Nkayi in the Bouenza region in the south of the country.

#### **DEMOCRATIC REPUBLIC OF CONGO \$6,030,525**

International staff: 223 National staff: 2,133

##### **SEEKING TO MEET MASSIVE HUMANITARIAN NEEDS**

MSF runs one of its largest aid operations in the Democratic Republic of Congo (DRC). Teams work in 26 locations across the provinces of Kinshasa, Equateur, Orientale, North Kivu, South Kivu, and Katanga. Over the past year, MSF responded to cholera epidemics near Goma and Beni, and to massive displacements of people due to fighting around Kanyabayonga in North Kivu. A 10-day abduction of two MSF staff members in June 2005 forced the organization to end its assistance programs to more than 100,000 displaced persons living in camps near Lake Albert in the northeastern Ituri region. MSF continued to operate a 150-bed emergency hospital in Bunia, one of the Ituri region's largest towns. MSF also provided care to more than 3,500 victims of sexual violence in the towns of Bunia, Beni, Rutshuru, and Kayna. In the capital city of Kinshasa, in the west, and in Bukavu, South Kivu province, in the east, MSF

provided antiretroviral treatment to 1,800 people living with HIV/AIDS. MSF maintained emergency teams on standby in Kinshasa, Kisangani, Lubumbashi, and Mbandaka to confront sudden crises such as outbreaks of measles, whooping cough, plague, or cholera.

#### **ECUADOR \$195,525**

International staff: 13 National staff: 21

##### **EXPANDING TREATMENT OF HIV/AIDS**

MSF ran an HIV/AIDS project in western Guayas province, treating approximately 330 patients, of whom more than 90 received antiretroviral (ARV) medicines. In addition, MSF urged the government to use and to facilitate the registration of less expensive generic medicines instead of costly brand-name ARVs.

#### **ETHIOPIA \$800,000**

International staff: 55 National staff: 721

##### **ADDRESSING STAGGERING MEDICAL NEEDS**

In Galaha, in the northeastern Afar region, MSF admitted 40 patients each month to its tuberculosis-treatment program adapted to the needs of the semi-nomadic people

## **Innovating Malnutrition Treatment CHALLENGE**

The number of children affected by major outbreaks of acute malnutrition often far exceeds the capacity of aid organizations to treat them in health structures.

© PETERIK WIGGERS



**ETHIOPIA**  
An MSF physician explains to a young patient how to take the antimalaria treatment known as artemisinin-based combination therapy.

of the region. In May 2005, MSF used mobile clinics to bring medical care and food to approximately 60,000 long underserved people in the Gambella region of south-eastern Ethiopia. In the northwest, MSF ran programs for people suffering from the deadly disease kala azar. MSF started antiretroviral treatment for nearly 500 people living with HIV/AIDS in the north-western town of Humera. MSF supported malaria treatment in 10 government health facilities that serve some 300,000 people in the southern Damot Gale district. In the Cherrati district of the Somali region—home to approximately 75,000 people—MSF ran a primary care program.

## ■ GEORGIA \$1,950,000

International staff: 9 National staff: 63

### TREATING TUBERCULOSIS AND AIDING THE EXCLUDED

MSF treated tuberculosis including its multidrug-resistant strain in Abkhazia. Through a medical clinic, dispensary, and mobile clinic in the capital, Tbilisi, MSF provided an average of 790 consultations per month, mostly for elderly people, orphans, pregnant women, and isolated

mothers without income. In addition, MSF supported the surgical department of the district hospital in Akhmeta, providing care to some of the 2,000 Chechen refugees living in Georgia's Pankisi Valley and to the local population of approximately 40,000.

## ■ GUATEMALA \$925,000

International staff: 21 National staff: 96

### EXPANDING ACCESS TO HIV/AIDS CARE

In Guatemala City, Puerto Barrios, and Coatepeque, MSF provided antiretroviral treatment to more than 1,900 people living with HIV/AIDS—constituting half of all Guatemalans receiving this life-extending treatment. Another 1,800 people received care for opportunistic infections in these facilities. In Chiquimula, MSF screened children for Chagas, an endemic parasitic disease, to locate those whose disease was at the acute phase, which is still treatable. MSF also ran a project in Guatemala City that provided free health care and psychological counseling to more than 700 children and young adults living on the streets. In October 2005, MSF provided water-and-sanitation assistance, shelter,

and relief supplies to some 40,000 people affected by Tropical Storm Stan.

## ■ GUINEA-BISSAU \$608,150

International staff: 10 National staff: 73

### BATTLING CHOLERA

MSF responded to a cholera epidemic that sickened more than 23,000 people by establishing 2 treatment centers and supporting 15 other government structures.

## ■ GUINEA \$600,000

International staff: 20 National staff: 277

### TREATING INFECTIOUS DISEASES AND RESPONDING TO EMERGENCIES

MSF staff trained doctors and health workers to manage tuberculosis. In the Communal Medical Center in Conakry, the capital, and in the prefecture hospital of Guéckedou, MSF provided comprehensive HIV/AIDS care to more than 300 people. In addition, MSF assisted thousands of Liberian and Ivorian refugees living in the southeastern prefecture of N'Zérékoré. MSF also supported the treatment of nearly 700 people during a cholera outbreak in Conakry.

## Innovating Malnutrition Treatment INNOVATION

Capitalizing on the availability of a new, ready-to-use therapeutic food, MSF developed an effective medical protocol for outpatient care of acute malnutrition. During 2005, MSF treated 63,000 severely acute malnourished children in Niger with a 90 percent cure rate. More than three-quarters of these children never had to be hospitalized.



**INDONESIA**

A child stands in the rubble of the former harbor area in the tsunami-affected city of Meulaboh in Aceh province.

**HAITI \$2,125,000**

International staff: 34 National staff: 263

**WORKING AMID INTENSIFYING VIOLENCE**

Since December 2004, MSF medical and surgical teams at St. Joseph's Hospital have treated nearly 2,500 people for violence-related injuries in Haiti's capital Port-au-Prince. Starting in March 2005, MSF began providing post-surgical physiotherapy at a 27-bed physical rehabilitation center in Port-au-Prince. MSF reopened Choscal Hospital and Chapi Health Center in the heart of Cité Soleil, also in Port-au-Prince, in August 2005, and performed nearly 12,000 medical consultations and 800 emergency interventions. In April 2005, MSF opened a basic health care project in the city's Decayette area, which carried out 120 consultations a day. In the country's central Artibonite department, south of the coastal city of Gonaïves, MSF provided maternal and pediatric care through health structures in the commune of Petite Rivière.

**INDONESIA \$5,971,245**

International staff: 36 National staff: 622

**IN THE AFTERMATH OF THE TSUNAMI**

In the weeks after the tsunami battered

Indonesia's Aceh province, MSF dispatched emergency teams and more than 1,000 tons of medical, water-and-sanitation, and relief materials to the area. MSF teams ran mobile clinics and supported two district hospitals in the towns of Meulaboh and Sigli. By March, the acute emergency phase had ended and teams focused on rehabilitating health structures and addressing basic health needs. In Aceh province, more than 10,000 tsunami-affected people attended psychosocial group sessions run by MSF. In May 2005, MSF responded to an outbreak of malaria unrelated to the tsunami in the Gorong Archipelago in the eastern part of Maluku province, near New Guinea.

**IVORY COAST \$1,500,000**

International staff: 55 National staff: 1,284

**VIOLENCE DEEPENS HEALTH CARE CRISIS**

Working on both sides of the frontline of the Ivory Coast's civil war, MSF ran hospitals in Bouaké, Man, and Danané, and health centers and mobile clinics in Bangolo, Kouibly, Guiglo, and Bin Houin. Mobile clinics in the west brought care to those living in more isolated areas. MSF treated

more than 70,000 cases of malaria in 2005. MSF closed its basic health care program for prisoners at the MACA prison in the capital, Abidjan.

**KENYA \$566,915**

International staff: 36 National staff: 329

**INCREASING AIDS TREATMENT**

In 2005, MSF treated more than 5,600 people living with HIV/AIDS in Kenya and cared for thousands more through programs in several areas: Nairobi's Mathare and Kibera slums and Dagoretti district, Western province's Busia district near the border with Uganda, and the Homa Bay district of Nyanza province.

**LIBERIA \$3,182,937**

International staff: 92 National staff: 2,032

**RESPONDING TO MANY NEEDS**

Although Liberia's bloody civil conflict has ended and a transitional government was created in 2003, most Liberians continue to struggle for their very survival. In Monrovia, MSF provided a comprehensive range of medical services, including treatment for sexual violence, at Mamba Point, Benson, Redemption, and Island

## Strengthening Emergency Response CHALLENGE

During natural disasters and armed conflicts, medical structures are often destroyed, and there may be little time to rehabilitate them in the immediate aftermath of crises. Establishing sanitary medical facilities can be extremely difficult.





**LIBERIA**  
Medical staff calm  
a young patient at  
the MSF-run Benson  
Hospital in the  
capital, Monrovia.

Hospitals. These facilities provided the only completely free medical care available to the capital's 1.6 million residents. In northwestern Lofa county, MSF provided primary and secondary health care services, including treatment for malaria and tuberculosis, through its two hospitals in Foya and Kolahun. MSF-supported hospitals and clinics treated thousands of Liberians, including many who are still internally displaced, in Bong, Grand Bassa, Grand Gedeh, Monteserrado, Nimba, and River Cess counties. MSF also responded throughout Liberia to outbreaks of endemic diseases like cholera.

### **MALAWI \$1,032,000**

**International staff: 27 National staff: 254**

#### **IMPROVING HIV/AIDS CARE**

In Malawi, most MSF activities are focused on treatment and care for those living with HIV/AIDS—a population numbering more than one million adults and children. MSF provides antiretroviral treatment to 6,900 people through programs in Chiradzulu and Thyolo districts.

### **MOZAMBIQUE \$480,000**

**International staff: 35 National staff: 437**

#### **TREATING HIV/AIDS**

MSF activities in Mozambique focused on HIV/AIDS, where 500 people are infected each day. MSF provided antiretroviral treatment to more than 5,500 people living with HIV/AIDS through medical facilities in Maputo, Niassa, and Tete provinces.

### **MYANMAR \$150,000**

**International staff: 43 National staff: 731**

#### **HELPING THE MOST VULNERABLE**

MSF teams ran malaria projects and mobile clinics in the states of Mon, Kayin, and Rakhine, and in Tanintharyi division. In Rakhine state in the western part of Myanmar, MSF also provided basic health services to Rakhine Muslims (or Rohingya), a vulnerable and impoverished group whose citizenship is disputed and movement is restricted. MSF began antiretroviral treatment for more than 550 people living with HIV/AIDS in the capital, Yangon; in Tanintharyi division; and in the states of Kachin, Shan, and Rakhine.

### **NEPAL \$600,000**

**International staff: 10 National staff: 42**

#### **ASSISTING CIVILIANS TRAPPED BY CONFLICT**

In the western area of Rukum, MSF ran the district hospital serving 190,000 people. The small hospital is located in an enclave under government control near areas controlled by Maoist forces. In July 2005, MSF opened a new primary health care project in the western region of Kalikot.

### **NIGER \$11,180,300**

**International staff: 105 National staff: 1,510**

#### **SAVING TENS OF THOUSANDS OF MALNOURISHED CHILDREN**

During 2005, MSF provided treatment to more than 63,000 severely acute malnourished children through outpatient and inpatient therapeutic feeding centers in the Maradi, Tahoua, Zinder, Tillaberi, and Diffa regions. The majority of the children were treated and cured on an outpatient basis. In the Maradi, Dakoro, Tessaoua, Keita, Tahoua, and Ouallam areas, MSF teams provided monthly supplementary food rations to more than 30,000 families of moderately malnourished children and of children under six months of age.

## **Strengthening Emergency Response INNOVATION**

MSF has developed a 120-bed inflatable field hospital with a self-contained heating and water-purification system. The hospital was deployed to Mansehra, Pakistan, following the October 8, 2005, earthquake. During its first two months of operation, MSF surgeons performed more than 500 surgical interventions.

**PAKISTAN**

An MSF physician attends to a boy who was injured during the October 8, 2005, earthquake.

**NIGERIA \$3,300,000**

International staff: 53 National staff: 316

**CONFRONTING HIV/AIDS, MALARIA, AND VIOLENCE**

Through General Hospital-Lagos, MSF teams treated more than 1,000 people living with HIV/AIDS. In Port Harcourt, in the oil-rich Niger Delta region, MSF opened a surgical trauma center to assist victims of violence in the area. In isolated parts of southern Bayelsa State, MSF teams provided basic health care at several health centers and provided drug donations to a number of clinics. MSF treated nearly 13,000 severely acute malnourished children in the northern state of Katsina. In Borno State, near the border with Niger, another team treated nearly 900 acutely malnourished children.

**PAKISTAN \$2,900,000**

International staff: 9 National staff: 115

**PROVIDING MEDICAL AID TO EARTHQUAKE VICTIMS**

MSF medical teams immediately responded to the October 8, 2005, earthquake that devastated Pakistan and parts of India. They worked in 13 locations in Pakistan to

tend to thousands of people suffering from severe injuries. In Mansehra, MSF ran a surgical field hospital, where surgeons carried out more than 500 procedures by the end of the year. During the same period, the hospital's emergency room performed an average of 1,200 consultations per week, including minor surgeries. In Muzaffarabad district, MSF teams provided an average of 2,700 medical consultations per week for patients suffering mainly from diarrhea, respiratory infections, or skin infections. In all, the organization delivered nearly 2,000 tons of relief supplies ranging from tents, blankets, and plastic sheeting to hygiene, cooking, and tool kits.

**PALESTINIAN TERRITORIES \$200,000**

International staff: 16 National staff: 44

**PROVIDING CRUCIAL MENTAL HEALTH CARE**

MSF provided medical and psychological services in the West Bank cities of Nablus and Hebron as well as in Gaza to civilians who were affected by the high levels of violence in this region.

**PERU \$155,000**

International staff: 4 National staff: 41

**DECENTRALIZING HIV/AIDS CARE**

In the Lima slum of Villa El Salvador, MSF operated a project to provide "decentralized" AIDS care. Starting in August 2004, MSF began treating residents living with AIDS at the local Centro Materno Infantil San Jose health center. By the end of 2005, more than 120 people were receiving antiretroviral treatment.

**RUSSIAN FEDERATION \$700,000**

International staff: 14 National staff: 235

**AIDING CIVILIANS CAUGHT IN CAUCASUS CONFLICT**

MSF continued to assist displaced Chechens living in Ingushetia by providing drugs and equipment to local health structures, and by offering shelter, logistical support, and psychosocial services. MSF staff provided some 700 gynecological/obstetric clinic consultations and 750 pediatric consultations per month in the Ingushetian town of Sleptovskaya and in the city of Nazran. Through mobile

**Advancing Surgical Care****CHALLENGE**

During 2005, MSF treated more than 1,700 patients for violence-related injuries, including nearly 1,300 gunshot victims, through its trauma center at St. Joseph's Hospital in Port-au-Prince, Haiti. Many of these war-wounded civilians required complex post-operative rehabilitation.

© RENZO FRICKE/MSF



**SIERRA LEONE**  
Children play outside the MSF-supported Gondama Referral Center in the city of Bo.

medical and mental health clinics in and around the Chechen city of Grozny, MSF provided care to Chechen returnees who were living in “temporary accommodation centers” under grim and unhealthy conditions as well as to the war-affected local population. In Moscow, MSF ran a project offering medical, psychosocial, and social support to more than 15,000 street children.

## **RWANDA \$150,000**

**International staff: 14 National staff: 111**

### **TREATING HIV/AIDS AND GENOCIDE SURVIVORS**

At the Kirimonko and Kinyinya health centers in Kigali, the capital, MSF supported antiretroviral treatment for more than 1,340 people living with HIV/AIDS. In addition to handling obstetrical emergencies, caring for victims of sexual violence, and offering general reproductive health services, MSF’s program for women in Ruhengeri province began providing AIDS treatment in three health centers. MSF also worked with three local associations to provide psychological help to survivors of the 1994 genocide.

## **SIERRA LEONE \$900,000**

**International staff: 41 National staff: 458**

### **CARING FOR THOSE AFFECTED BY WAR**

In this country rebounding from years of war, MSF ran programs in Kambia and Tonkolili that offered maternal and child health care, emergency obstetrical and general surgery, training and supervision of local medical staff, epidemiological surveillance, and health education. Outside of Sierra Leone’s second largest city, Bo, an MSF facility admitted more than 400 people each month, primarily for malaria and respiratory infections. MSF supported eight health clinics near Liberian refugee camps in the Southern province. The clinics offered basic health care services, nutritional care, mental health support, and treatment for sexual violence. These clinics provided more than 20,000 consultations each month to both Sierra Leoneans and Liberian refugees.

## **SOUTH AFRICA \$212,530**

**International staff: 9 National staff: 70**

### **ASSISTING PEOPLE WITH HIV/AIDS AND RAPE VICTIMS**

Through 3 health center-based clinics in

Khayelitsha on the outskirts of Cape Town, and in 12 rural clinics and a hospital in Lusikisiki, one of the Eastern Cape province’s poorest regions, MSF provided antiretroviral treatment and treatment of opportunistic infections to more than 3,600 people living with HIV/AIDS. Also in Khayelitsha, MSF supported the Simelela Rape Survivors Center offering medical treatment and counseling, including post-exposure prophylaxis to prevent HIV transmission.

## **SOUTH KOREA \$400,000**

**International staff: 2 National staff: 6**

### **HELPING NORTH KOREAN REFUGEES**

Each year, hundreds of North Korean refugees flee oppression, hunger, and violence in their country, arriving in South Korea, where they often encounter stigmatization and rejection. MSF provides counseling for mild to severe psychological problems. MSF also systematically documents their hardships and speaks out at international forums about their plight.

## **Advancing Surgical Care INNOVATION**

To complement surgical care, MSF established a 48-bed comprehensive rehabilitation center in the capital’s Pacot neighborhood. Through the center, MSF provides both physical therapy and psychological counseling to patients.





**SUDAN**  
An MSF staff member feeds a severely malnourished child in the Darfur region.

© PEP BOMET

## **SRI LANKA \$1,743,755**

**International staff: 54 National staff: 244**

### **HELPING REBUILD LIVES AFTER THE TSUNAMI**

In late December 2004, MSF returned to Sri Lanka to provide emergency assistance to survivors of the tsunami that killed more than 30,000 people and displaced 500,000 more. In the Ampara district, where the government estimated that more than 180,000 people had become homeless, MSF teams set up three temporary hospitals, distributed basic necessities, built 1,200 temporary shelters, and established an epidemiological surveillance system to watch for disease outbreaks. In the district of Batticaloa, MSF provided medical consultations and water-and-sanitation assistance. In the Trincomalee and Kuchchaveli region, MSF staff rehabilitated a new hospital that had been damaged and distributed hundreds of tents and non-food items. In the far northeastern areas of Mullaitivu and Killinochi, MSF supported an area hospital and a clinic and brought in tons of relief goods. MSF provided drinking water to a population of 20,000 people for

four months, organized the cleaning of wells, and constructed 700 latrines.

## **SUDAN \$11,505,029**

**International staff: 348 National staff: 4,871**

### **ASSISTING VICTIMS OF CONFLICT, DISEASE, AND MALNUTRITION**

With hundreds of international staff and more than 2,500 national staff operating in 32 locations, MSF conducted more than one million medical consultations and treated more than 50,000 children suffering from malnutrition across the western region of Darfur, where more than two million people have been displaced by violence. In southern Sudan, MSF ran entire hospitals in the towns of Marial Lou and Akuem in Bahr el Ghazal state, and in Bentiu, a town in Western Upper Nile state. MSF treated tuberculosis in the towns of Mapel and Lankien in Upper Nile state. MSF screened more than 10,000 people for sleeping sickness around the towns of Kajo Keji, Ibba, Kotobi, and Tambura, and in Ezo district in Western Equatoria state. MSF treated several thousand acutely malnourished children in Warrap, Jonglei, and

northern Bahr el Ghazal states. MSF also carried out two food distributions serving 21,000 children under the age of five and their families in northern Bahr el Ghazal state.

## **TANZANIA \$260,700**

**International staff: 14 National staff: 74**

### **IMPROVING MALARIA AND HIV/AIDS CARE**

Responding to high malaria rates in the Muleba district in February 2005, MSF introduced highly-effective artemisinin-based combination therapy and rapid diagnostic testing. In the Makete district, MSF started more than 250 people living with HIV/AIDS on antiretroviral treatment.

## **THAILAND \$455,000**

**International staff: 24 National staff: 401**

### **ASSISTING MARGINALIZED GROUPS**

Near the border with Laos in Petchabun province, MSF provided medical and sanitation assistance to 7,000 Hmong refugees. In Tak province, near the border with Myanmar, MSF ran a tuberculosis program for undocumented migrants. MSF offered health care services in Phan Nga province to migrant workers that are integral to the redevelopment of tourist and

## **Adapting AIDS Treatment**

# **CHALLENGE**

The technology-intensive, hospital-based approach to HIV/AIDS treatment favored in Europe and the United States is not adapted to meet the challenges of expanding access to antiretroviral (ARV) treatment in resource-poor settings.



© HARALD HENDEN

**UGANDA**  
Many victims of the conflict in the north have been mutilated.



fishing industries after the tsunami. In June 2005, MSF was able to turn over to the national AIDS program a project that, by the end of 2004, was providing antiretroviral treatment to 965 people, of whom 10 percent were children, in the provinces of Surin and Mahasarakham. MSF continued treatment programs in the provinces of Kalasin, Nonthaburi, and Petchaburi.

## **UGANDA \$1,560,000** International staff: 70 National staff: 857 **CARING FOR DISPLACED PEOPLE AND TREATING HIV/AIDS**

MSF worked in northern Uganda to provide services for those displaced by the long civil war. Through hospitals and mobile clinics, MSF provided health care, ran nutritional programs, and offered psychosocial counseling to people living in towns and displaced-persons camps in Gulu, Kitgum, Lira, Soroti, and Pader provinces. MSF also ran night shelters for children who sought safe places to sleep each night to avoid being abducted by rebels and forced into combat or sexual slavery. In Arua, MSF provided medical care for nearly 3,000 people living

with HIV/AIDS, including more than 2,050 who received antiretroviral treatment.

## **ZIMBABWE \$641,050** International staff: 31 National staff: 119 **HELPING THOUSANDS EVICTED FROM THEIR HOMES**

MSF provided basic health care relief items in response to the Zimbabwean government's campaign Operation Restore Order, which demolished illegal settlements in urban areas, leaving approximately 700,000 homeless. Additionally, MSF cared for HIV/AIDS patients in eastern Manicaland province, donating medicines and incorporating displaced people into support groups. In Matabeleland North province, MSF had treated 1,000 adults and 250 children with antiretroviral medicines by August 2005.

## **ADVOCACY, COORDINATION, AND RESEARCH**

**MSF INTERNATIONAL OFFICE \$490,801**  
**SUPPORTING ADVOCACY AND NETWORK COORDINATION**  
As part of the MSF network, MSF-USA helped to support the MSF International

Office, which coordinates common projects on behalf of MSF's 19 sections worldwide. It also supported MSF's medical and humanitarian advocacy efforts with the United Nations and other international bodies.

## **MSF'S INTERNATIONAL CAMPAIGN FOR ACCESS TO ESSENTIAL MEDICINES \$275,000**

### **CONFRONTING BARRIERS TO TREATMENT**

MSF-USA supported this advocacy campaign, which draws on MSF's field experience to promote greater access to affordable and effective medicines and diagnostics.

## **DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDi) \$1,076,614**

### **DEVELOPING MEDICINES FOR FORGOTTEN DISEASES**

This partnership involving MSF, the World Health Organization, and key public research institutes was launched in 2003 to research and develop new medicines to treat diseases such as sleeping sickness, kala azar, and Chagas disease. DNDi is also working to register existing medicines with various nations' drug regulators so that they can be used against these neglected diseases.

## **EPICENTRE \$413,000**

### **CARRYING OUT OPERATIONAL RESEARCH**

Epicentre is a nonprofit research center founded by MSF in 1987. MSF has continued to support this center, which conducts epidemiological assessments and studies to assist MSF in understanding medical and nutritional needs, improving treatments, and developing high-quality health care initiatives in its field projects.

## **OTHER FUNDING DISTRIBUTIONS \$28,500** **BANGLADESH, CAMBODIA, INDIA, NICARAGUA, THE PHILIPPINES, SOMALIA**

## **TOTAL PROJECT SUPPORT THROUGH US PRIVATE FUNDING IN 2005: \$72,681,515**

## **Adapting AIDS Treatment INNOVATION**

By decentralizing care to rural areas, treating patients based mainly on clinical indications, and training non-medical personnel to dispense and to monitor adherence to free, fixed-dose combinations of ARV treatment, MSF has been able to put more than 57,000 people on ARVs and achieve clinical results comparable to those found in wealthy countries.

**NIGER**

An MSF aid worker feeds this severely malnourished child using a syringe filled with therapeutic milk.



© JEAN-PIERRE AMIGO/MSF

# FIELD STAFF

Doctors Without Borders/Médecins Sans Frontières (MSF) depends on the hard work and dedication of the thousands of people who run our field projects around the world. When a crisis unfolds, they make themselves and their skills available at a moment's notice, usually dedicating 6 to 12 months to each assignment. Their expenses are covered and they receive a modest monthly salary, which can vary depending on their levels of prior MSF experience and the extent of their project-management responsibilities. In 2005, the organization sent physicians, surgeons, nurses, psychologists, midwives, logisticians, and administrators on more than 3,800 field assignments. Individuals recruited by MSF-USA conducted 206 field assignments—a 36 percent increase from 2004. At each project location, international staff worked alongside national staff members to provide urgently needed medical assistance.

**Jason Acimovic, CT**  
Logistician, Liberia

**Salahuddin Ahmed, NY**  
Anesthesiologist, Pakistan

**Ann Alexander, NM**  
Physician, Sudan

**Admir Alibasic, GA**  
Logistician, Sudan

**Marcela, Allheimen, Venezuela**  
Field Coordinator, Guatemala

**Jorge Alvarado, Costa Rica**  
Physician, Malawi

**Kath Andersen, NY**  
Human Resources Management Field Officer, Pakistan

**Patricia Angelos, MN**  
Nurse, Sudan

**Voiteck Asztabski, Poland**  
Field Coordinator, Pakistan

**Margaret Baker, NY**  
Nurse, Sudan

**Delphine Barringer, NY**  
Human Resources Management Field Officer, Sudan, Haiti

**Kerri Barthel, PA**  
Mental Health Specialist, Armenia

**Gerard Bashein, WA**  
Anesthesiologist, Liberia, Indonesia

**Frank Baudino, CA**  
Physician, Sudan

**Gildon Beall, CA**  
Physician, Kenya

**Robert Becherer, NY**  
Logistician/Water-Sanitation, Indonesia

**Yodit Bekele, NY**  
Epidemiologist, Ethiopia

**Geoff Bennett, CA**  
Administrator/Financial Controller, Nigeria

**Gilduin Blanchard, VT**  
Head of Mission, South Korea

**Bryan Blondeau, WA**  
Logistician, Pakistan

**Jane Boggini, CT**  
Nurse, Sudan, Pakistan

**Robert Breimayer, CO**  
Logistician/Construction, Liberia

**Mary Briggeman, MD**  
Nurse, Nigeria (two assignments)

**Paul Brockmann, CA**  
Administrator/Financial Controller, China

**Barbara Burke, AL**  
Physician, Angola, Palestinian Territories, Pakistan

**Julie Buser, MI**  
Nurse, Ethiopia

**Jeanne Cabeza, CA**  
Physician, Sudan

**Donna Canali, CA**  
Nurse, Uganda

**Jonathan Caplan, MA**  
Head of Mission, Liberia

**Ann Cappellari, CA**  
Physician, Sudan

**Janet Carroll, CO**  
Midwife, Sudan

**Robert Choi, CT**  
Physician, Sudan

**Laura Cobey, NY**  
Nurse, Niger (two assignments)

**Lauren Cohen, IL**  
Nurse, Uganda

**Rachel Cohen, NY**  
Field Coordinator, South Africa

**Diane Collari, MA**  
Nurse, Malawi

**Bryant Collins, VA**  
Logistician, Democratic Republic of Congo

**Thomas Coogan, CO**  
Administrator/Financial Controller, Thailand

**Catherine Cornu-Quinn, NY**  
Nurse, Sudan

**Jane Coyne, CA**  
Logistician, Sri Lanka, Nigeria

**Edward Cullen, MA**  
Logistician, Uganda

**Brett Davis, PA**  
Logistician, Ethiopia

**Henry Debusmann, IL**  
Logistician, Chad

**Terufat Deneke, VA**  
Logistician, Burundi

**Russell Dodge, MT**  
Physician, Uzbekistan

**Sherry DuBois, DC**  
Medical Coordinator, Cambodia

**Nancy Dunphy, VA**  
Nurse, Zimbabwe

**Julia Dyett, CA**  
Nurse, Zimbabwe

**Brian Eby, CA**  
Logistician, Armenia

**David Malcolm Ellis, IL**  
Logistician, Nigeria

**Joanne Erickson, CO**  
Administrator/Financial Controller, Uganda

**Jesus Lair Espinosa Ortiz, Mexico**  
Logistician, Guatemala

**Kim Federici-Florczak, TX**  
Nurse, Armenia

## INTERESTED IN JOINING MSF?

**MSF is always looking for motivated and skilled medical and non-medical professionals for our field projects around the world. For information on requirements, visit: [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org).**

**MSF-USA also needs volunteers and interns to work in our New York office. For more information, please visit our website or call 212-679-6800.**

**John Fiddler, NY**  
Nurse, Burundi

**Michael Fincher, GA**  
Medical Coordinator, Uzbekistan

**Maureen Foley, OR**  
Nurse, Nigeria, Guatemala

**Bertold Francke, VT**  
Mental Health Specialist, Armenia

**Bruce Frank, MO**  
Surgeon, Burundi, Palestinian Territories

**Mary Jo Frawley, CA**  
Nurse, Angola, Pakistan

**Michael Friedman, NY**  
Administrator/Financial Controller, Sudan

**Carlos Eduardo Giraldo, NY**  
Physician, Niger

**Katherine Gnauck, NM**  
Physician, Uganda

**Prabhu Gounder, CA**  
Physician, Malawi

**Kelly Grimshaw, CT**  
Medical Coordinator, Liberia

**Luisa Guerrero, NH**  
Physician, Guatemala

**Maria Guevara, AL**  
Physician, Liberia, Guatemala;  
Field Coordinator, Liberia

**Barry Gutwein, IN**  
Logistician, Sudan; Logistician/Water-Sanitation,  
Democratic Republic of Congo

**Jodi Handrich, CO**  
Nurse, Sudan

**Jane Hannon, ID**  
Nurse, Angola

**Peter Harrelson, CO**  
Physician, Sierra Leone

**Christine Hashimoto, CO**  
Physician, Uganda

**Michael Hauty, OR**  
Surgeon, Ivory Coast

**Frank Haydon, WY**  
Surgeon, Pakistan

# 36%

**Individuals recruited by MSF-USA conducted 206 field assignments in 2005—a 36 percent increase from 2004.**



**PAKISTAN**

MSF aid worker Mary Jo Frawley conducts a vaccination campaign in a remote mountain village following the massive October earthquake.

**Jessica Hermosilla, NY**  
Logistician, Angola

**George A. Holloway, WY**  
Administrator/Financial Controller, Sudan  
(two assignments)

**Mary Ann Hopkins, NY**  
Surgeon, Democratic Republic of Congo

**Northan Hurtado, Venezuela**  
Physician, Guatemala

**Benjamin Ip, NV**  
Physician, Angola

**Randeep Jawa, NY**  
Surgeon, Liberia

**Deborah Elaine Jenkins, ID**  
Anesthesiologist, Haiti

**Mark Johnson, WA**  
Physician, Burma/Myanmar

**Don Johnston, CO**  
Logistician, Democratic Republic of Congo, Nigeria

**Robert (Casey) Johnston, GA**  
Logistician, Burundi

**Fady Joudah, TX**  
Physician, Sudan

**Amanda Kay, DE**  
Physician, Turkmenistan, Nigeria

**Michelle Kelly, CA**  
Medical Coordinator, Pakistan

**Sarah Kesler, MN**  
Physician, Sudan

**Carol Kirby, CT**  
Nurse, Liberia

**Thomas Krueger, TN**  
Surgeon, Liberia

**Janice Kujawa, CA**  
Mental Health Specialist, Palestinian Territories

**Suniti Kumar, TN**  
Physician, Niger

**Roshan Kumarasamy, CA**  
Logistician, Pakistan, Sri Lanka

**Kellie Lamoreau, NY**  
Nurse, Sudan

**David Lanier, NC**  
Physician, Pakistan

**Lula Laqua, SC**  
Laboratory Technician, Uganda

**Courtland Lewis, CT**  
Surgeon, Pakistan

**Ya-Ching Lin, AZ**  
Epidemiologist, Chad

**Gildardo Londono-Mejia, Colombia**  
Physician, Angola

**Sharon Low, PA**  
Administrator/Financial Controller, Sudan  
(two assignments)

**Anne Luke, CA**  
Nurse, Sudan

**Lauren MacKenzie, FL**  
Midwife, Democratic Republic of Congo

**Kathryn MacLaughlin, NY**  
Logistician/Water-Sanitation, Guinea

**Krista Maddox, CA**  
Administrator/Financial Controller, Sierra Leone

**Christina Mang, NY**  
Administrator/Financial Controller, Uganda

**Margaret McChesney, AZ**  
Nurse, Mozambique

**Eileen McDonald, AZ**  
Nurse, Nigeria

**Scott McKeon, OH**  
Physician, Sri Lanka, Sudan

**Alexandra Scotti McLaren, AZ**  
Administrator/Financial Controller, Niger, Chad

**Juliet Melzer, CA**  
Physician, Sudan, Georgia

**Darlene Messina, PA**  
Health Educator/Trainer, Malawi

**Michael Michalik, IL**  
Mental Health Specialist, Uganda, Pakistan

**Piotr Michalowski, WA**  
Anesthesiologist, Nigeria

**Michael Mills, KS**  
Logistician, Sudan

**Suerie Moon, CA**  
Access Campaign Coordinator, China

**Shannon Moore, WA**  
Physician, Kenya

**Max Morel, CO**  
Logistician, Liberia

**Esther Moring, AL**  
Nurse, Angola; Field Coordinator, Congo Republic

**Virginia Morrison, MA**  
Nurse, Angola

**Patrick Murphy, CA**  
Field Coordinator, Cameroon

**Gary Myers, OK**  
Surgeon, Chad, Sierra Leone

**Aditya Nadimpalli, IL**  
Physician, Liberia

**Patrick Nagle, NY**  
Field Coordinator, Zimbabwe

**Sally Najera, MA**  
Nurse, Angola

**Nora Nasir, CA**  
Nurse, Sudan

**Sussann Nasr, GA**  
Physician, Niger



## INDONESIA

Following the tsunami, MSF used two helicopters to conduct medical evacuations and bring emergency teams to isolated areas.

**Christina Negele, IL**  
Nurse, Sudan

**Barbara Newman, CA**  
Physician, Angola

**Michael Newman, OH**  
Surgeon, Liberia

**Terence O'Keefe, FL**  
Surgeon, Haiti

**Joy O'Malley, WI**  
Nurse, Nigeria

**Peter Orr, NY**  
Field Coordinator, Sudan, Pakistan, Nigeria

**Robyn Osrow, NY**  
Mental Health Specialist, Sudan, Sri Lanka

**Hansel Otero, MA**  
Physician, Angola

**Jennifer Pahl, AK**  
Field Coordinator, Nigeria

**Erin Papworth, OR**  
Logistician, Sudan

**Tara Patenaude, VA**  
Logistician/Administrator, Uzbekistan

**John Pickett, NJ**  
Mental Health Specialist, Indonesia

**Bradley Pittman, KS**  
Physician, Sudan

**Darin Portnoy, NY**  
Physician, Nigeria

**Kathryn Priday, MD**  
Nurse, Nigeria

**Sharifah, Qureshi, WI**  
Nurse, Sudan

**Victoria Shahrzad Radahd, CA**  
Laboratory Technician, Nigeria

**George Record, VT**  
Surgeon, Chad

**Amulya Reddy, NC**  
Physician, Nigeria, Zimbabwe, Niger, Chad

**Brigg Reilley, NY**  
Head of Mission, Ivory Coast

**Sylvie Renaudin, France**  
Administrator/Financial Controller, Democratic Republic of Congo

**Anita Repp, CT**  
Nurse, Congo Republic

**Camilo Gomez Restrepo, Colombia**  
Physician, Nigeria

**Christopher Reveley, UT**  
Anesthesiologist, Liberia

**Marina Richard, NY**  
Logistician, Democratic Republic of Congo

**Christina Roberts, FL**  
Nurse, Liberia

**Kevin Rodgers, VT**  
Physician, Sudan

**Maria Elena Rosales, Spain**  
Field Coordinator, Cameroon

**Adel Salama, MN**  
Physician, Liberia

**Natalia Sanchez, TX**  
Physician, Uganda

**Christopher Sauer, CA**  
Logistician/Administrator, Sudan

**Erik Schuchmann, TX**  
Logistician, Sudan

**Joseph Schuchter, KY**  
Epidemiologist, Malawi

**Amy Segal, CA**  
Logistician, Indonesia

**Louana Seibold, CA**  
Midwife, Sudan

**Ann Settgast, MN**  
Physician, Ethiopia

**Susan Shepherd, MT**  
Physician, Chad

**Laura Silverthorn, MD**  
Nurse, Sudan

**Rebecca Singer, CO**  
Nurse, Liberia

**Maria Somerset, CO**  
Physician, Georgia

**Lindsay Spainhour, NC**  
Nurse, Uganda

**John Spieker, TX**  
Anesthesiologist, Liberia

**Ann Spires, MA**  
Physician, Nigeria

**Molly Sweeney, NY**  
Human Resources Management Field Officer, Nigeria

**Robert Syptkowski, ME**  
Logistician, Indonesia

**Holly Taggart, PA**  
Nurse, Liberia

**Monica Tarazi, NY**  
Human Resources Management Field Officer, Sudan

**Eugene Vajna, FL**  
Nurse Anesthetist, Pakistan

**Erin Wall, CO**  
Nurse, Sudan

**Elizabeth Wentzel, NM**  
Nurse, Sudan

**Margaret Wideau, ID**  
Nurse, Ivory Coast

**Martin Wong, CO**  
Mental Health Specialist, China

**Sum (Alison) Wong, NY**  
Pharmacist, Uganda

**George Woods, AK**  
Anesthesiologist, Liberia

**Chloe Wurr, HI**  
Physician, Angola

**Jeffrey York, NJ**  
Logistician, Nigeria

**Clarence "Butch" Younker, WA**  
Logistician, Turkmenistan

**Isabel Zuniga, NY**  
Physician, Ivory Coast

**40 STATES**

**MSF-USA field staff came from 40 US states.**

**GUATEMALA**  
MSF provided clean drinking water, aid-kits, mental health support and epidemiological monitoring following Tropical Storm Stan.



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# DONORS

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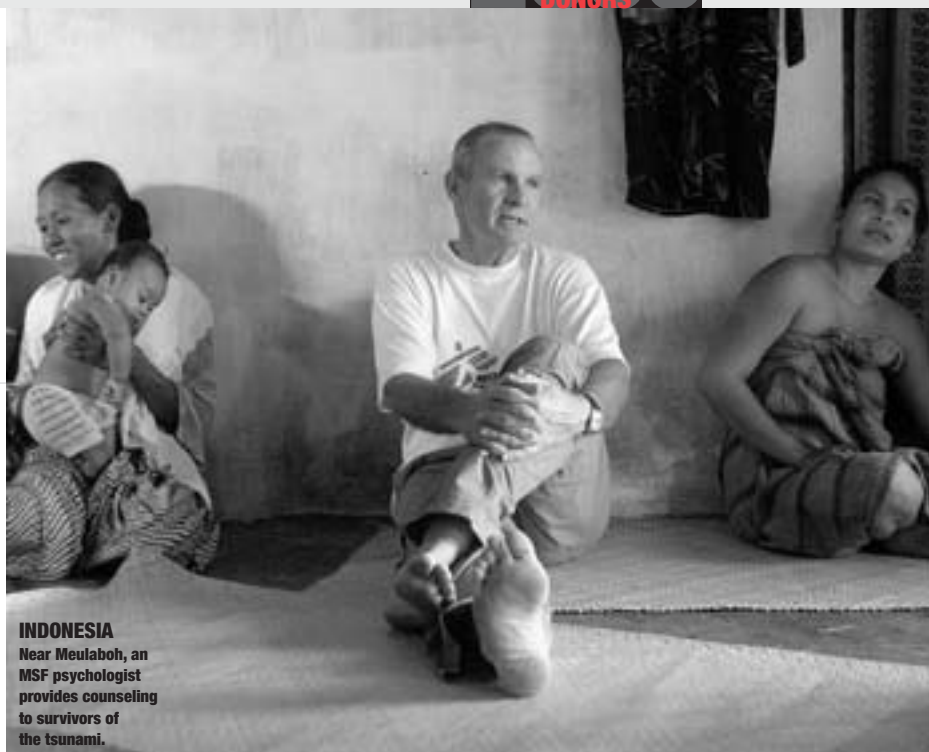
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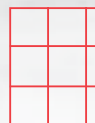
### Total \$122,348,000

**Individuals**  
**\$96,911,000**



**79%**

**Foundations**  
**\$15,084,000**



**12%**

**Corporations**  
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**Other**  
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**2%**

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<p><b>“We are appreciative of the efforts of the many volunteers who give so unselfishly of their time and energy, making a real difference for the people whose lives they touch.”—JAMES AND NORMA SMITH FOUNDATION, DALLAS, TEXAS, SUPPORTER SINCE 1999</b></p>	<p>Mr. Joseph N. Ragan Maria &amp; Fred Ragucci Ms. Patricia Raines Rainier Investment Management Craig &amp; Maja Ramsey Dr. &amp; Mrs. Yalamanchi K. Rao Mr. &amp; Mrs. David Rasche Ms. Karen Rathman Sydney D. &amp; Daniel Ratner Lesley A. &amp; Daniel Ratto RCS Charitable Foundation</p>	<p>Mr. &amp; Mrs. Gregory E. Sacco Mr. Robert J. Sachs &amp; Ms. Caroline A. Taggart Brad St. Clair St. John Student Parish St. Jude Medical Foundation Salahieh Trust John &amp; Ginger Sall The Estate of Ilse R. Salomon Ms. Shelia Saltiel Jose Sama &amp; Julie Johnson San Francisco Solano Church</p>



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In Zinder, an MSF aid worker measures the middle-upper-arm circumference of a child to determine the severity of malnutrition.

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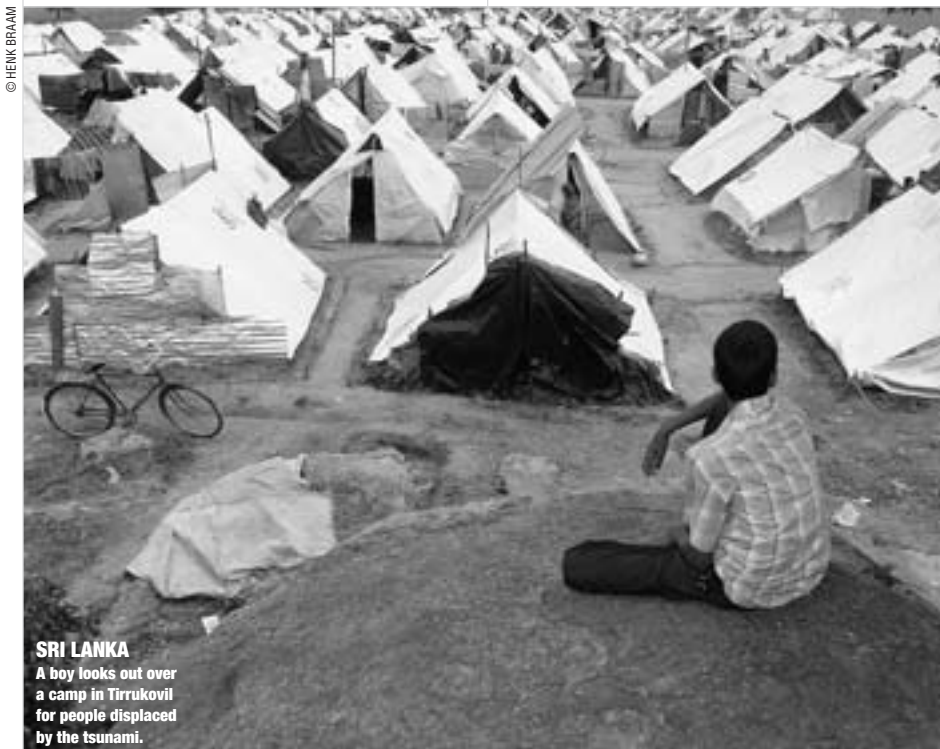
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**SRI LANKA**  
A boy looks out over  
a camp in Tirrukovil  
for people displaced  
by the tsunami.

\*Field Partners make a monthly contribution to MSF. #In-kind contribution.

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**MAKE A PLANNED GIFT**

**By remembering MSF when you are making financial plans, you will help ensure our ability to respond to challenges we face now and in the future.**

**MSF'S LEGACY SOCIETY**

Each year, many of our loyal supporters join our Legacy Society by naming MSF in a will or trust, or as a beneficiary of a life-insurance policy, financial account, Individual Retirement Account (IRA), or other qualified retirement program. As a member of our Legacy Society, you will receive updates about our work around the world and will be listed in our annual report.

**CHARITABLE TRUST AND GIFT ANNUITIES**

Planned giving through charitable trusts and gift annuities offers an opportunity to leverage your commitment to MSF while also receiving substantial individual tax benefits. For information about MSF's planned giving programs, please call 212-679-6800.

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**SUDAN**  
A malnourished child is treated in an MSF clinic in Darfur.

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# FINANCIAL REPORT

In 2005, the US section of Doctors Without Borders/Médecins Sans Frontières (MSF) spent \$72.7 million on emergency and medical programs—an increase of nearly 48 percent over 2004—and an additional \$4.5 million for program support and public education. For the eleventh year in a row, MSF-USA allocated more than 85 percent of its expenditures to the organization's medical programs, program development, and public-education activities.

## STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

The following summary was extracted from MSF-USA's audited financial statements

### REVENUES

#### Public Support

Contributions and private grants

\$ 119,767,736 \$ 86,820,160

Contributions pledged

3,745,576 4,562,379

#### Total Public Support

123,513,312 91,382,539

#### Other Revenue

Interest income

1,725,420 236,917

Unrealized and realized gain (loss) on investments

(54,849) (1,262)

Other revenue

35,434 20,299

Grants from affiliates

763,311 370,149

#### Total Other Revenue

2,469,316 626,103

#### Total Revenues Excluding Gifts in Kind

125,982,628 92,008,642

### EXPENSES

#### Program Services

Emergency and medical programs

72,681,515 49,222,467

Program support and development

2,387,127 2,001,087

Public education

2,106,209 1,570,087

#### Total Program Services

77,174,851 52,793,641

#### Supporting Services

Management and general

1,218,284 1,002,265

Fundraising

11,653,904 8,014,894

#### Total Supporting Services

12,872,188 9,017,159

#### Total Expenses Excluding Gifts in Kind

90,047,039 61,810,800

NET ASSETS		2005	2004
Net assets at beginning of year		42,685,823	12,487,981
Increase/(decrease) in net assets		35,935,589	30,197,842
In-kind asset contribution		-	-
<b>Net Assets at End of Year</b>		<b>\$ 78,621,412</b>	<b>\$ 42,685,823</b>
<b>2005 Gifts In Kind (expensed in 2005)</b>			
In-kind program gifts represent the estimated fair market value of field staff's services, and in-kind management gifts include the estimated fair market value of donated legal services			
Program		\$ 14,268,448	\$ 9,476,471
Management		349,624	494,289
<b>Total Gifts in Kind</b>		<b>\$ 14,618,072</b>	<b>\$ 9,970,760</b>
<b>STATEMENT OF FINANCIAL POSITION 2005</b>			
<b>ASSETS</b>		2005	2004
Cash and equivalent		\$ 60,239,965	\$ 9,147,027
Receivables (Note 1)		18,210,529	32,341,154
Other assets		3,438,810	2,690,472
<b>Total Assets</b>		<b>\$ 81,889,304</b>	<b>\$ 44,178,653</b>
<b>LIABILITIES AND NET ASSETS</b>			
Grants payable		\$ 28,500	\$ 52,391
Other payables		2,411,852	1,114,471
Other liabilities		827,540	325,968
<b>Total Liabilities</b>		<b>3,267,892</b>	<b>1,492,830</b>
Unrestricted net assets		66,558,580	22,526,171
Temporarily restricted (Note 2)		12,062,832	20,159,652
<b>Total Net Assets</b>		<b>78,621,412</b>	<b>42,685,823</b>
<b>Total Liabilities and Net Assets</b>		<b>\$ 81,889,304</b>	<b>\$ 44,178,653</b>

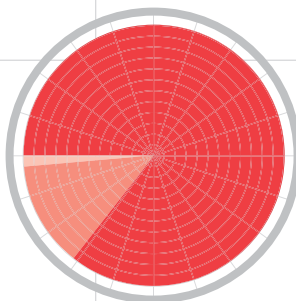
Note 1: Receivables for 2005 and 2004 include \$11,068,773 and \$27,555,859 respectively, in contributions received as of year-end but deposited in the following month of January. In 2004 this resulted from the unusually large amount of year-end giving for the tsunami disaster.

Note 2: Temporarily Restricted Net Assets for 2005 include the following: Balance of funds originally restricted specifically to the tsunami that were redirected by donors - \$4,640,000; Pledges Receivable - for use in future periods - \$6,324,005; Annuity Trusts - \$682,099.

For 2004 Temporarily Restricted Net Assets include the following: Emergency and medical relief restricted specifically to the tsunami - \$7,557,866; Emergency and medical relief restricted to the tsunami or other emergencies - \$8,025,629; Pledges Receivable for use in future periods - \$4,306,263; Annuity Trusts - \$211,327; Other - \$58,567.

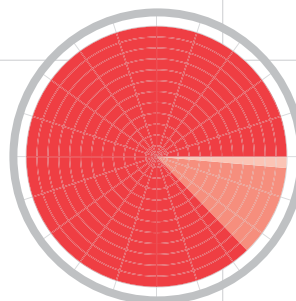
### 2005 EXPENSES excluding in-kind expenses

Total Program Services **85.71%**  
Management and General **1.35%**  
Fundraising **12.94%**



### 2005 EXPENSES including in-kind expenses

**87.37%** Total Program Services  
**1.50%** Management and General  
**11.13%** Fundraising



MSF-USA is recognized as tax-exempt under section 501 (c) (3) of the Internal Revenue Code. A copy of the most recent annual report filed by MSF-USA with the New York State Attorney General may be obtained, upon request, by contacting MSF-USA at 333 Seventh Avenue, 2nd Floor, New York, NY 10001-5004, or the Attorney General's Charities Bureau at 120 Broadway, New York, NY 10271.



**ECUADOR**  
MSF provides  
HIV/AIDS  
treatment in  
Guayaquil.

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# MSF WORLDWIDE

## FACTS & FIGURES

Doctors Without Borders/Médecins Sans Frontières (MSF) is composed of 19 national sections. These sections are in Australia, Austria, Belgium, Canada, Denmark, France, Germany, Greece, Holland, Hong Kong, Italy, Japan, Luxembourg, Norway, Spain, Sweden, Switzerland, the United Kingdom, and the United States, with an additional international coordination office in Geneva. As part of MSF's effort to guarantee its operational independence, the organization strives to maintain a high level of private income. In 2004, 77.5 percent of MSF's income came from more than 3.1 million individuals and other private sources.

### STATEMENT OF ACTIVITIES (Figures in these tables are rounded, which may cause slight discrepancies in sums.)

	2004		2003	
	Millions \$	%	Millions \$	In %
<b>INCOME</b>				
Private income	426.4	74.8%	326.3	75.5%
Institutions & governments (Note 1)	128	22.5%	87.8	20.3%
Other income (Note 2)	15.4	2.7%	18.0	4.2%
<b>Total Income</b>	<b>569.8</b>	<b>100.0%</b>	<b>432.1</b>	<b>100.0%</b>
<b>HOW WAS THE MONEY SPENT?</b>				
	Millions \$	%	Millions \$	%
<i>Emergency and medical programs</i>	399.9	76.3%	323.6	76.2%
<i>Public education</i>	18.0	3.4%	16.2	3.8%
<i>Other humanitarian activities</i>	9.8	1.9%	9.1	2.1%
<b>Total Social Mission</b>	<b>427.8</b>	<b>81.7%</b>	<b>348.9</b>	<b>82.2%</b>
Fundraising	61.2	11.7%	48.7	11.5%
Management, general & administration	34.8	6.6%	26.9	6.4%
<b>Total Expenditure</b>	<b>523.8</b>	<b>100.0%</b>	<b>424.5</b>	<b>100.0%</b>
Net exchange gains & losses (realized and unrealized)	(3.5)		(8.1)	
<b>Surplus/(deficit)</b>	<b>42.5</b>		<b>(0.5)</b>	



## STATEMENT OF FINANCIAL POSITION

	2004 Millions \$	2003 Millions \$
Non-current assets	39.4	35.8
Current assets	113.4	64.3
Cash & equivalents	251.0	185.3
<b>Total Assets</b>	<b>403.9</b>	<b>285.3</b>
<i>Permanently Restricted Funds</i>	3.5	6.5
<i>Unrestricted Funds</i>	294.3	225.9
<i>Other Retained Earnings</i>	-4.6	-2.7
<b>Total Retained Earnings and Equities</b>	<b>293.3</b>	<b>229.6</b>
Non-current liabilities	9.5	8.0
Current liabilities	53.9	44.1
Unspent temporarily restricted funds (Note 3)	47.3	3.5
<b>Total Liabilities and Retained Earnings</b>	<b>403.9</b>	<b>285.3</b>

Note 1: **Public institutional agencies** include, among others, the governments of Belgium, Denmark, Luxembourg, Norway, Sweden, Switzerland, and the United Kingdom, as well as the United Nations High Commissioner for Refugees, the European Community Humanitarian Office, and the European Union.

Note 2: **Other income** includes, for example, interest accrued on investments, and the sale of merchandise, equipment, and services.

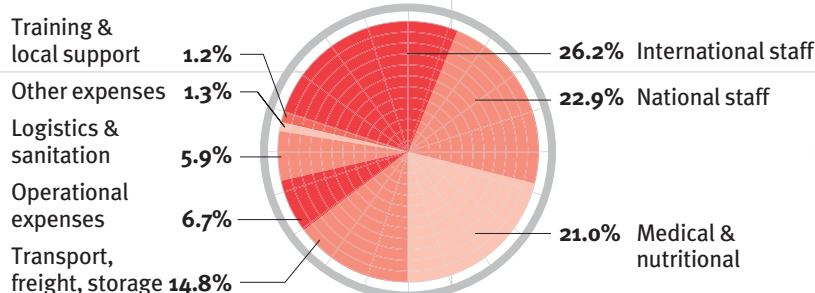
Note 3: **Unspent temporarily restricted funds** are unspent donor-designated funds, which will be spent by MSF in strict accordance with the donors' desire (e.g., specific countries or types of interventions) as needs arise.

Currency Exchange: The MSF international financial reports are presented in euros. The figures that appear in the MSF-USA annual report have been converted to dollars using the average exchange rate for their respective years. 2003 figures are converted at a rate of 1 euro=1.131708 US dollars. 2004 figures are converted at a rate of 1 euro=1.243853 US dollars.

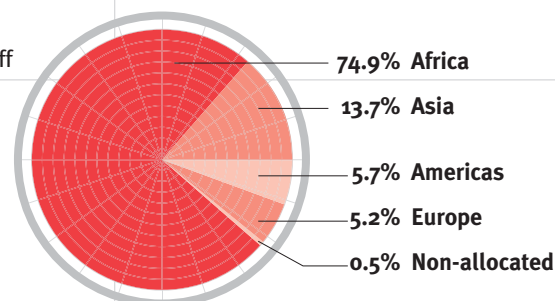
The figures presented here describe MSF's finances on a combined international level. These 2004 international figures have been certified by the accounting firm KPMG according to international auditing standards. A copy of the full 2004 financial report may be obtained from MSF-USA upon request. In addition, each section of MSF publishes annual, audited financial statements according to its national accounting policies, legislation, and auditing rules. Copies may be requested from MSF-USA.

## HOW WAS THE MONEY SPENT?

### Program expenses by category



### Program expenses by continent



## MSF Operational Expenditures for the Tsunami

MSF is extremely grateful to its donors for their generosity following the December 26, 2004, tsunami. In the first week of January 2005, MSF announced it would stop accepting funds specifically intended for MSF's Indian Ocean tsunami relief programs. MSF learned soon after our teams were on the ground that—given the large international response and mostly long-term reconstruction needs caused by the disaster—our expertise and resources would have

far greater impact on other neglected crises, once the tsunami-related emergency-medical needs were met. MSF decided to contact donors to ask their permission to use their funds for other urgent emergencies and forgotten crises. The response was overwhelmingly positive. Of those contacted, only 1.1 percent asked for their money to be refunded.

In total, MSF sections around the world received \$137.3 million in response to the

Indian Ocean tsunami. By the end of 2005, MSF had spent \$112.3 million, or 82 percent, of these donations. Of this amount, \$30.8 million was used to support operations in tsunami-affected regions, \$81.5 million was allocated to meet urgent needs in other emergencies and forgotten crises, and \$1.6 million was reimbursed to donors.

**A full report on MSF programs in tsunami-affected regions is available at:**  
[www.doctorswithoutborders.org](http://www.doctorswithoutborders.org)

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**IN MEMORIAM**

During 2005, Doctors Without Borders/Médecins Sans Frontières (MSF) lost four valued colleagues—three who died while carrying out their duties in the field and one who worked in Canada. This report is dedicated to their memory.

Dr. Aurora Teixeira, MSF's head of mission in Angola, died from a sudden stroke on April 10, 2005. She was 66 years old. She had completed eight field assignments with MSF between 1987 and 2005. Aurora first started working with MSF as an anesthesiologist and later became a respected medical coordinator and head of mission. In addition to Angola, she worked in China, Georgia, the Palestinian Territories, Sri Lanka, and Thailand. Aurora was a tremendous presence in the field, universally respected, and loved by her colleagues.

On December 10, 2005, two of our colleagues, Hawah Kamara, 49, and Thomas Lamy, 30, were among the passengers killed in a plane crash in Nigeria. They were en route to Port Harcourt in southern Nigeria, where MSF runs a surgical trauma center.

A native of Liberia, Hawah dedicated her life to humanitarian work. After spending

more than three months living as a refugee in Sierra Leone with her then five-year-old daughter, Hawah returned to Liberia's war-torn capital, Monrovia, in 1990 and joined MSF as an administrator there. Hawah later immigrated to the US and began working for MSF-USA in 1999 as a recruiter of US-based aid workers for MSF programs around the world. She was chosen to represent MSF-USA in Oslo, Norway, when the organization received the 1999 Nobel Peace Prize. With her boundless wit, warmth, and wisdom, Hawah contributed enormously to MSF and will be greatly missed.

Thomas was born and lived in France. He joined MSF three years ago as a logistician and had worked in Liberia, Ivory Coast, and Sudan. In August 2005, Thomas went to Nigeria to assist in MSF's response to a nutritional emergency in the northern state of Katsina. Later, he moved to the capital, Abuja, to be the logistical coordinator for MSF's projects throughout Nigeria. His commitment and determination to assist populations in danger embodied the spirit of MSF in its purest sense.

Two days after the death of Hawah and Thomas, MSF-USA was forced to confront another devastating loss. Patrice Pagé, a former program officer with MSF-USA, died in Toronto on December 12, 2005, three months after his appointment as general director of MSF-Canada. Patrice first joined MSF in 1999 as a field coordinator in southern Sudan. He would later work for MSF in Sierra Leone, Kosovo, Eritrea, the Democratic Republic of Congo, Guinea, and Liberia. He joined the program department of MSF-USA in 2001. In 2004, he left MSF to head up UNICEF's emergency operations on the Chad/Sudan border. Dynamic and tireless, Patrice fiercely advocated on behalf of people caught in crisis at the highest levels of the US government and the United Nations.

The loss of Aurora, Hawah, Thomas, and Patrice has left all of MSF deeply saddened.



NIGER © MICHAEL KAMBER



**NIGER**  
A severely  
malnourished  
child is treated  
by MSF staff.

© OLIVER GALLARDI

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## WHAT IS THE IMPACT OF YOUR SUPPORT?

**Your donations ensure that, when disaster strikes, our medical teams will arrive quickly and with the emergency supplies they need to provide care immediately. Our pre-packaged medical kits equip the teams with everything they need to start battling health emergencies without delay. Your gift provides:**

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#### **Temporary Shelter Module**

A 20-bed tent to be used as a hospital, clinic, nutritional center, or cholera-treatment unit.

#### **Disaster Kit**

Enough drugs and medical supplies to meet the immediate health care needs of 1,000 disaster victims.

### ■ \$25,000

#### **Emergency Health Kit**

Oral rehydration salts, malaria tests, disposable needles, gauze compresses, and other materials required to meet the health needs of 10,000 displaced people for three months.

#### **Surgical Kit**

Medicines, disposable equipment, and other materials necessary for a surgical team to carry out 300 operations in a pre-existing hospital.

### ■ \$10,000

#### **Immunization and Cold Chain Kit**

All of the supplies necessary to immunize 10,000 people, including ice packs, coolers, generators, and freezers needed to preserve the viability of vaccines and other medicines.

#### **Cholera Kit**

Everything needed to treat up to 625 cholera patients in a refugee camp setting. Includes 10,000 doxycycline tablets and 6,500 sachets of oral rehydration salts.

### ■ \$100,000

#### **HIV/AIDS Medicines**

A one-year supply of first-line antiretroviral medicines for treating approximately 400 people living with HIV/AIDS.

#### **Meningitis Vaccine Kit**

Meningitis vaccines for more than 25,000 people.

# 2006

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