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RESPONDING TO COVID-19

Global Accountability Report 3

September to December 2020

MEDECINS SANS FRONTIERES

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1 Foreword by the International President of MSF

For more than a year, the COVID-19 pandemic has been causing tremendous harm and suffering around the world. For many of us, this first year certainly felt even longer, as the pandemic threatened our health, distanced us from family and loved ones, and limited our individual freedom. At MSF, the pandemic forced us to rapidly adopt and scale new ways of delivering care for our patients worldwide. Every day, our teams on the ground are working to balance our direct COVID-19 interventions with other life-saving healthcare in some of the most critical crises in the world.

The strategic core of MSF's global COVID-19 response remains unchanged. We do our utmost to reach those in need of medical assistance and those at risk of being forgotten or left behind in conflict and violence. For our staff and health workers on the frontline all over the world, we take all possible measures to protect them against the virus. On a daily basis, our teams also witness how the pandemic has weakened health systems and exacerbated health and humanitarian needs, whilst working tirelessly to maintain continuity of essential healthcare programmes wherever possible. Throughout 2020, MSF ran dedicated COVID-19 interventions in more than 300 existing and new programmes in 70 countries.

This global health crisis, however, also amplified longstanding patterns of inequity. The outstanding achievement of discovering several efficacious vaccines within a year of the appearance of the virus is overshadowed by their unequal global distribution. In the current context of extreme vaccine scarcity amid new waves of COVID-19 infections, we are concerned to see a handful of governments purchasing enormous quantities of vaccines and pharmaceutical companies protecting their intellectual property, rather than allocating vaccines globally in an equitable way and sharing new technologies to scale global production capacity. Once more, nationalism and privilege threaten to prevail over solidarity and global public health. As a result, vulnerable people in the poorest countries will likely be the last to access vaccines, while low-risk populations in wealthier nations are receiving them already.

Yet inequity in fighting the virus is not just about the new vaccines. As we release this third accountability report, MSF just publicly denounced the poor management and catastrophic impact of the pandemic in Brazil. Although we need to accept that much about this virus is yet to be fully understood, there is a lot we have already learnt in one year. In Brazil and in other countries where we work, this new knowledge is blatantly ignored for the benefit of political or economic gains, and at the price of unnecessary deaths, major despair, and exhaustion amongst frontline health workers. More than a year into the pandemic, this should serve as a stark reminder that it will take both an evidence-informed response and leadership that focuses on people and their well-being to end this global health crisis.

We are deeply grateful for the incredible generosity of our donors. In March 2020 we launched the COVID-19 Crisis Fund supporting our new COVID-19 interventions and mitigating the impact of the pandemic in our ongoing projects. One year later, we have received more than 127 million euros that have allowed us to contribute to response efforts around the world. We do not take this generosity for granted, and strive to use it towards delivering the highest quality care to people who need it the most. It is also our duty to report back on our work in this pandemic, what we achieved, but also where we faced challenges. This is the aim of this third publication in the global COVID-19 accountability reporting series.

As effective vaccines are painstakingly distributed around the globe, there is new hope to end this pandemic in the foreseeable future. To get there we must, however, address and remove some of the acute inequities in the access to care, treatments and vaccines. At MSF, we remain committed to bringing humanity and care to people who desperately need it, and we will continue to expose inequality and inequity in the access to care wherever our teams encounter it.

Dr Christos Christou

International President of Médecins Sans Frontières

2 An exceptional year in review: Responding to the pandemic in 2020

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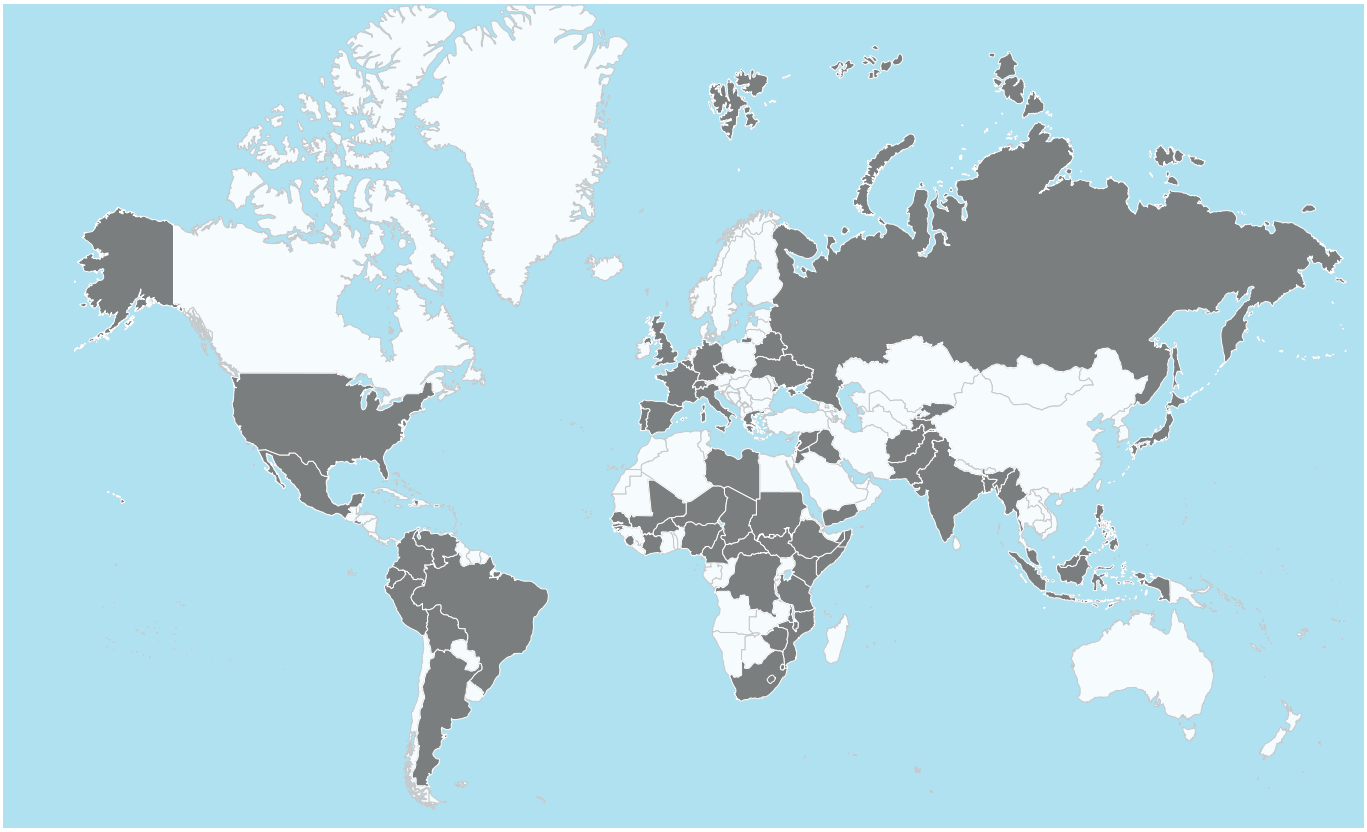
MSF's Global COVID-19 Response in 2020



Projects

302
MSF projects with COVID-19 activities

70
countries with MSF COVID-19 activities

40%
of MSF projects with a mental health component

Health facilities

778
health facilities receiving COVID-19 technical, training or material support

156
health facilities with medical support for COVID-19 patients

4,360
beds for COVID-19 patients prepared/ managed by MSF

Other facilities

983
supported retirement and nursing homes

221
supported reception and sheltering facilities for migrants, refugees and the homeless

Protective equipment and health promotion

3.21 million
COVID-19 protective equipment, masks and hygiene kits distributed

301,000
COVID-19 health promotion sessions in health structures

376,000
COVID-19 health promotion sessions in communities or other facilities

Care for suspect and confirmed cases

112,000
COVID-19 suspect outpatient consultations

15,400
COVID-19 suspect or confirmed inpatient admissions

6,000
COVID-19 patients treated with severe symptoms

93,000
COVID-19 tests conducted

An exceptional year in review: Responding to the pandemic in 2020

Over the course of 2020, COVID-19 thrust the world into a severe global health crisis. The rapid spread of the novel coronavirus SARS-CoV-2 put a tremendous strain on healthcare systems in low- and high-resource settings alike, as large numbers of patients with potentially life-threatening respiratory disease required specialised care. With no effective treatments available and stocks of personal protective equipment and essential medical supplies rapidly depleting, healthcare systems threatened to collapse under the weight of the pandemic.

Rapidly imposed lockdown measures and travel restrictions in the first half of the year proved partially effective in curbing the first wave of COVID-19 transmission, but shocked global economies and society as a whole. As confinement measures started to be lifted in the second half of the year, many countries saw recurring waves of infections and high hospitalisation rates. By the end of the year, more than 82 million COVID-19 infections had been recorded globally, and an estimated 1.82 million patients had died from COVID-19 related complications[1].

Working alongside health workers and with communities from low-resource settings and conflict zones to well-resourced healthcare systems in middle- and high-income countries, Médecins Sans Frontières (MSF) launched its first COVID-19 programmes as early as January 2020, and rapidly scaled up its global response beginning in March.

As part of its global response, MSF delivered medical care and other assistance to vulnerable populations at risk of being left behind, like here in an indigenous community in the Brazilian Amazonas State. © Diego Baravelli/MSF

MSF's global COVID-19 activities focused on delivering medical care and other assistance to vulnerable populations at risk of being left behind, including remote communities, people on the move, homeless people, and elderly people living in long-term care facilities. In health facilities and dedicated COVID-19 treatment centres across five continents, MSF teams worked alongside local healthcare workers to strengthen infection prevention and control measures, protect staff and treat patients. From early on in the pandemic, MSF also recognised the importance of maintaining other essential healthcare services amid lockdown and confinement measures. In its own projects and in hundreds of health facilities around the globe, MSF teams worked tirelessly to keep essential healthcare services open — from treatment for HIV and tuberculosis patients to measles vaccination campaigns, malaria prevention, and responses to other infectious disease outbreaks such as cholera or Ebola.

1. All historical COVID-19 country and regional case numbers in this report are taken from the MSF/Epicentre COVID-19 Epi dashboard using data published by the European Centre for Disease Prevention and Control and the Center for Systems Science and Engineering at Johns Hopkins University.

The COVID-19 pandemic presented extraordinary challenges to MSF's ability to deliver medical and humanitarian assistance. MSF teams faced major uncertainties and dilemmas, including protecting staff and medical personnel, treating COVID-19 patients, and keeping MSF projects and essential healthcare services running. At the same time, the pandemic exposed health systems' pre-existing weaknesses and exacerbated ongoing humanitarian crises, putting vulnerable populations at particular risk[2].

Supporting health facilities and protecting healthcare workers during the pandemic

From March to December 2020, MSF responded to the pandemic through its existing programmes and dedicated COVID-19 interventions in more than 300 projects in 70 countries[3]. Most MSF projects with COVID-19 activities were located in Africa (41%), followed by the Middle East and Northern Africa (19%), The Americas (15%), Asia and The Pacific (13%), and Europe and Central Asia (12%). Countries affected by conflict and humanitarian crises were amongst those with the highest number of MSF projects reporting dedicated COVID-19 activities, with the Democratic Republic of the Congo, Yemen, Syria, South Sudan, and Bangladesh leading the list. MSF teams, however, also supported multiple COVID-19 interventions in high- and middle-income countries that were hit hard by the pandemic, including Brazil, Lebanon, France, Myanmar, and India, among others.

Temperature screening at the entrance of the MSF-supported Bambari hospital in the Central African Republic. MSF supported more than 770 health facilities with COVID-19 technical, training, or material support in 2020. © Adrienne Surprenant/Collectif Item

Globally, MSF provided COVID-19 technical, training, and material support to more than 770 health facilities in 2020. In many countries, this included implementing infection prevention and control measures, improving water supply and sanitation, and installing handwashing stations. MSF teams also organised a large number of trainings for medical personnel and health workers on how to safely receive and treat patients, organise triage zones, and improve the patient flow in hospitals. Support activities also included counselling and mental health support to healthcare workers on site. In an additional 156 hospitals and treatment centres, MSF medical teams directly treated COVID-19 patients and set up or managed more than 4,300 dedicated beds.

Throughout the year, MSF's work in health facilities and COVID-19 treatment centres roughly followed the shifting epicentre of the pandemic. A proportionally higher number of hospitals were supported in Europe from March to May, in South America between May and July, and in the Middle East in the second half of the year. In 40% of its projects and more than half of all supported health facilities and treatment centres, MSF COVID-19 activities included a mental health component, offering psychosocial support for patients, health workers, or community members.

2. For a detailed discussion of major challenges, see Chapter 5 of the Responding to COVID-19: Global Accountability Report 2, available at https://www.msf.org/msf-and-coronavirus-covid-19-june-august-2020.
3. This report is the third in the COVID-19 accountability reporting series and complements the detailed accounts of MSF COVID-19 operations between March and May in the first Global Accountability Report focusing on Europe (available at https://www.msf.org/msf-and-covid-19), and in the Global Accountability Report 2 covering global activities from June-August.

Patient care and COVID-19 case management

Close to 112,000 suspect COVID-19 outpatient consultations and over 90,000 tests were conducted in MSF-supported health facilities and treatment centres worldwide. More than 15,400 COVID-19 patients required hospitalisation and over 6,000 patients showed severe symptoms requiring intensive care such as respiratory support.

With more than 22,000 suspect COVID-19 outpatient consultations in 2020, MSF projects in the large refugee camps of Cox's Bazar in Bangladesh reported the highest number of consultations, followed by health facilities in Afghanistan (15,600 consultations), MSF clinics in the camps and reception centres on the Greek islands (13,400 consultations), and in eight projects in Venezuela (11,100 consultations).[4] The highest number of COVID-19 patients requiring hospitalisation were admitted in MSF projects in Yemen (1,950 admissions) and Venezuela (1,450 admissions), followed by Iraq (1,200 admissions) and Brazil (1,100 admissions).

© © Rowan Pybus/MSF

© Olmo Calvo/MSF

Reaching vulnerable populations at risk

As many nursing homes were facing high COVID-19 infection rates and rapidly deteriorating mental and physical health of residents and staff, MSF teams worked to improve infection prevention and control measures, while providing psychosocial counselling and mental healthcare in close to 1,000 long-term care facilities. The great majority of supported nursing homes in 2020 were in Europe, primarily in Belgium, Italy, France, Portugal and Spain during the first half of the year, as well as in the Czech Republic and France during later waves of infection towards the end of the year. Additional long-term care facilities were supported in the United States from May to September, as well as in Brazil and Ecuador.

MSF also extended its dedicated COVID-19 support to more than 220 facilities offering shelter, housing and self-isolation capacity to migrants, refugees, and homeless people in South America and across Europe, and worked in a number of prisons in Italy throughout the year.

Reaching out to communities and assessing individual health needs, disseminating up-to-date health information and addressing misinformation and fears was a cornerstone of most MSF interventions during the pandemic. From March to December, outreach teams held more than 677.000 health promotion and community awareness sessions on COVID-19, including door-to-door, phone, and social media campaigns. Around 55% of these sessions took place in MSF-supported health facilities and treatment centres, while the remaining 45% were conducted by outreach teams in communities, homes, or in other facilities.

Between March and December, MSF distributed more than 3.2 million masks, protective clothing and hygiene items to communities, migrants and other people on the move, as well as to health facilities.

4. A number of reporting challenges however limit the comparability of outpatient consultations and admissions to stationary care. In some projects in Bangladesh and Afghanistan, for example, shortages of COVID-19 testing material, people's fear of testing positive and facing confinement measures, as well as long waiting times led to an adapted screening and triage system accommodating higher number of patients.

Distribution of hygiene kits in northwest Syria. Globally, MSF teams in 2020 distributed more than 3.2 million masks, protective clothing and hygiene items. © MSF

Advocating for equitable access to COVID-19 diagnostics, treatments and vaccines

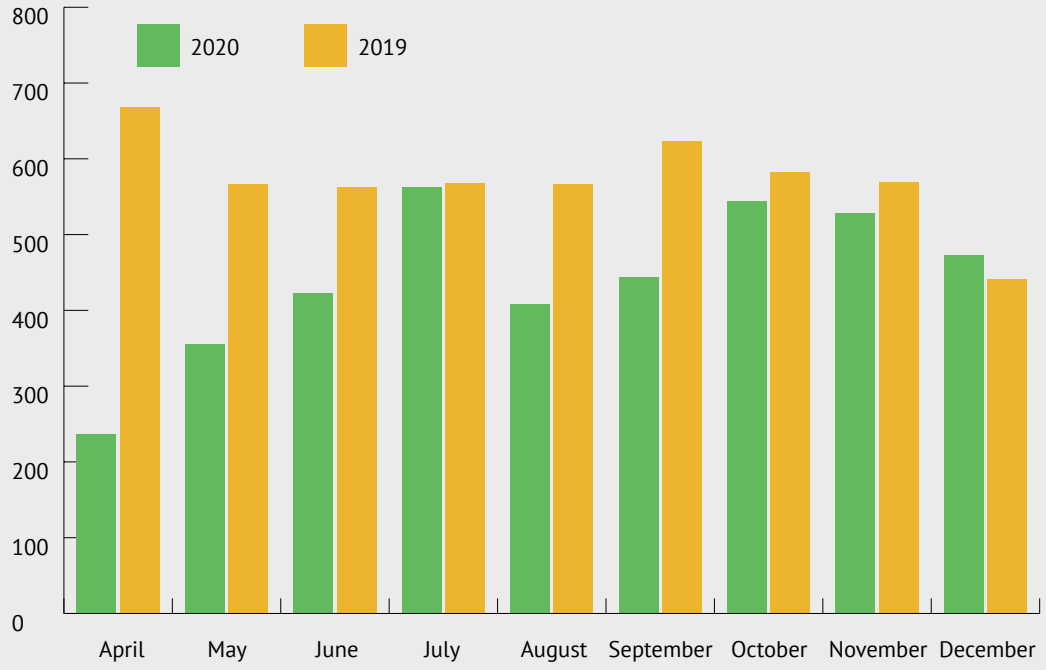
As a leader in global health advocacy for vulnerable communities and neglected populations, MSF led several global advocacy initiatives focused on ensuring enhanced production of protective and medical equipment required to fight the pandemic, and on equitable access to COVID-19 diagnostics, treatments or vaccines. From as early as March, MSF called for no patents or profiteering on drugs, tests, or vaccines used in the pandemic, and for governments to suspend and override patents and other intellectual property to ensure availability, reduce prices, and save more lives.

In April, the launch of the Access to COVID-19 Tools (ACT) Accelerator, a global collaboration bringing together major philanthropists and global health organisations including the World Health Organization (WHO) and Gavi, the Vaccine Alliance, took an important first step towards more equitable access to COVID-19 diagnostics, treatments and vaccines. Nonetheless, MSF remained concerned over the availability, pricing, and equitable distribution of point-of-care diagnostic tests.
With several promising COVID-19 therapeutics and vaccines becoming available at the end of the year, MSF launched several public calls and advocacy campaigns directed at pharmaceutical companies, national governments and international bodies including Gavi and the World Trade Organization[5]. MSF has also been involved in the creation of a Humanitarian Buffer via an interagency process steered by the World Health Organization (WHO). The Buffer reserves a proportion COVID-19 vaccines in COVID-19 Vaccine Global Access Facility (COVAX), for populations at risk of being left behind.

5. Chapter 6 of the second accountability report (Global Accountability Report 2) offers a more detailed overview of key advocacy campaigns focusing on equitable access to COVID-19 drugs, vaccines, diagnostics led by MSF's Access Campaign (https://www.msf.org/msf-and-coronavirus-covid-19-june-august-2020).

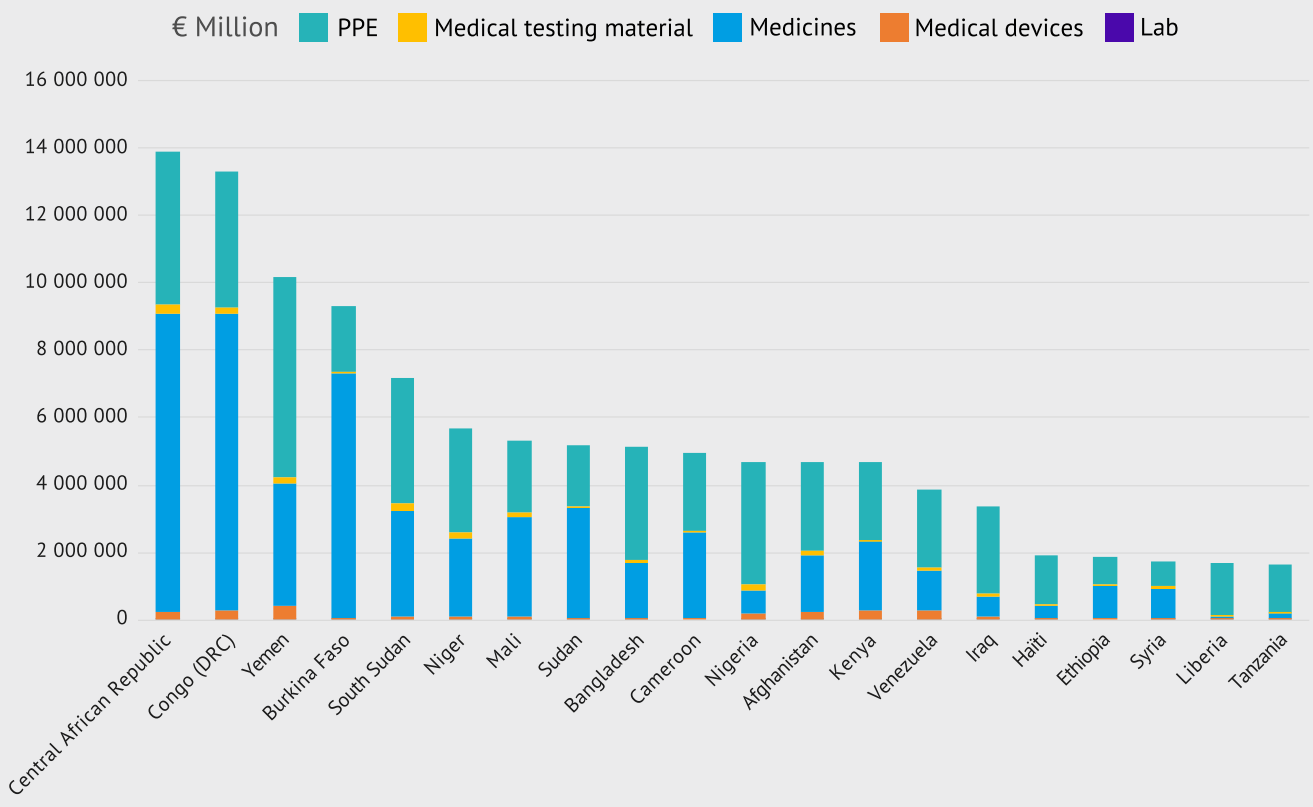
Staff travel and human resources

International assignment departures - April-December 2020



Supply and logistics

Items packed for MSF's COVID-19 response from February to December 2020, quantities for top 20 receiving countries



Staff travel and supply of equipment to MSF operations

Lockdown measures, travel restrictions, and a largely disrupted global transportation network posed major challenges to coordinating, staffing, and supplying MSF's global COVID-19 response in 2020. With most commercial flights suspended for long periods, MSF staff relied largely on humanitarian charter flights to reach projects around the world, especially in the first half of the year. During the same period, MSF's Air Cell organised several special charter flights to transport staff and humanitarian workers of partner organisations to COVID-19 interventions and other projects. This included a large charter to Central African Republic and eight smaller flights to Afghanistan, Haiti, Central America, and Lebanon. Where international travel was possible, medical and project staff departing for or returning from international missions faced extra layovers, long travel times, and lengthy testing and quarantine measures. Despite these challenges, close to 4,000 international staff travelled to MSF projects between April[6] and December, only about 25% less than during the same period in 2019. The lowest number of international departures was recorded in April, with departures slowly increasing until July. Humanitarian charter flights were substantially reduced beginning in August, while only a limited number of commercial routes had resumed operations. Once more, international travel for MSF staff was negatively affected, and departures did not reach the level of 2019 again until the end of the year.

At the MSF supported COVID19 Treatment Center at Al Kuwait Hospital in Sanaa, Yemen, hundreds of patients were treated with bottled oxygen.
© Hareth Mohammed/MSF

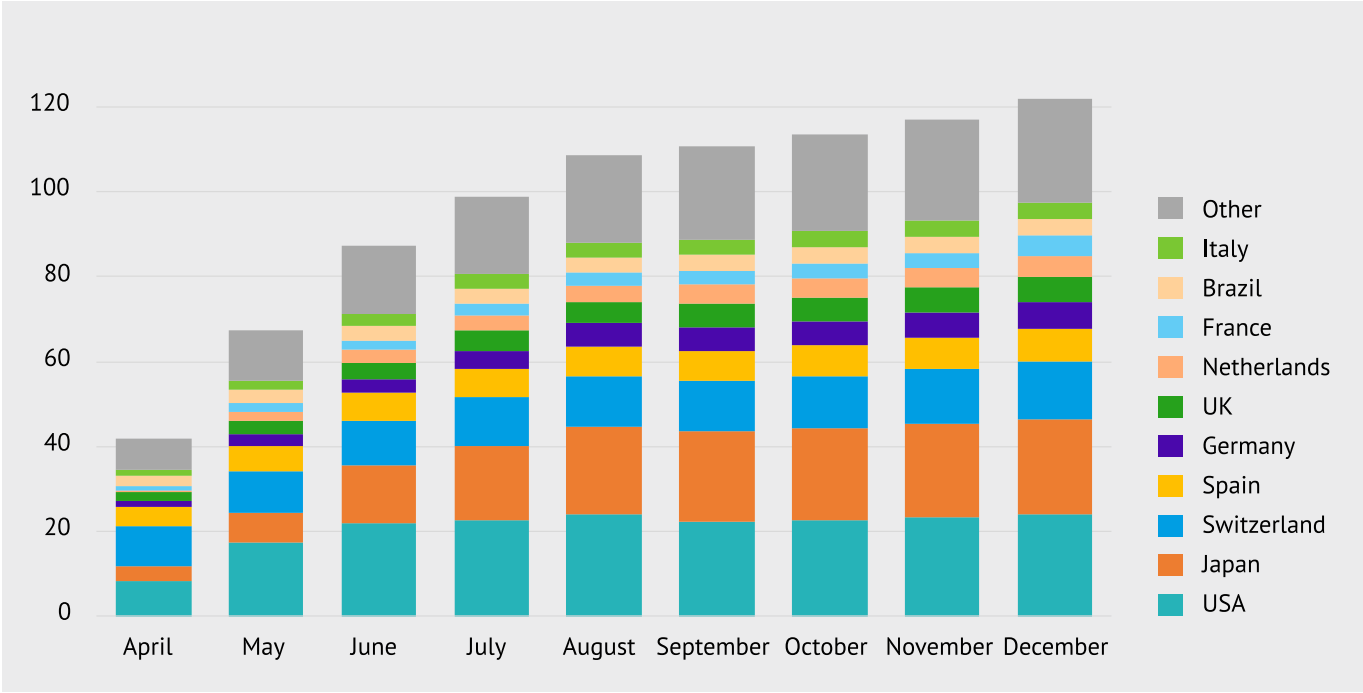
Global stockouts and shortages of essential protective and medical equipment, severely disrupted transportation networks, as well as temporary import and export restrictions on items needed for the COVID-19 response posed extraordinary supply and logistical challenges. From late February to the end of the year, MSF's supply centres packed close to 125 million items for the global COVID-19 response, including personal protective equipment, medical devices, medication, testing material, and specialised laboratory equipment. Personal protective equipment (61.3 million items, 50%) and medication used to treat COVID-19 patients (58.0 million items, 46%) made up the biggest proportions of items packed and dispatched. The great majority of COVID-19 response items were shipped to MSF projects in humanitarian crisis and conflict settings with limited local procurement opportunities, with Central African Republic, the Democratic Republic of the Congo, Yemen, Burkina Faso, and South Sudan among the countries receiving the most items.

Items earmarked for COVID-19 preparedness and direct response activities made up about 44 percent of packed supplies for MSF operations globally, with another 162 million dispatched for regular and emergency projects. In total, MSF supply centres packed nearly 288 million items for global MSF operations throughout the year.

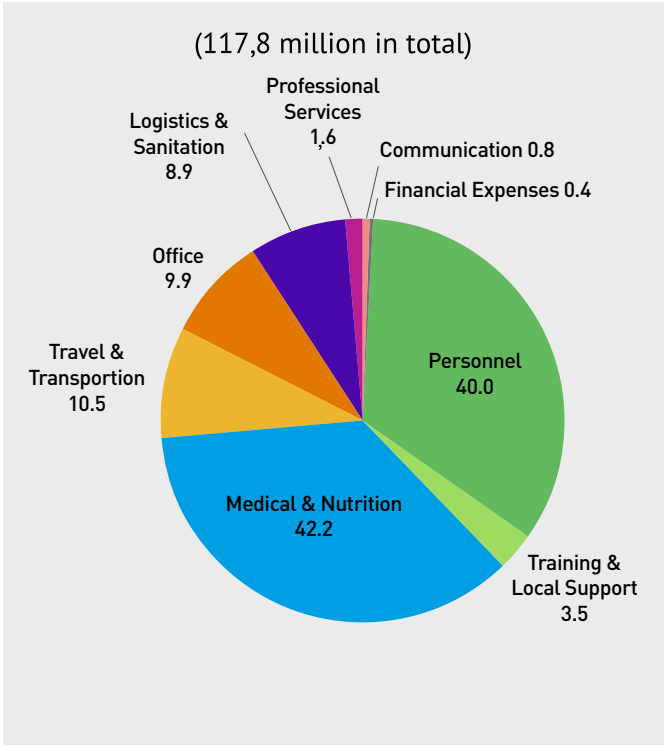
6. For April 2020, detailed departure figures for MSF's COVID-19 emergency response were partially missing. However, given the strict travel restrictions in Europe at the time, global departure numbers were unlikely to be substantially higher.

Finance

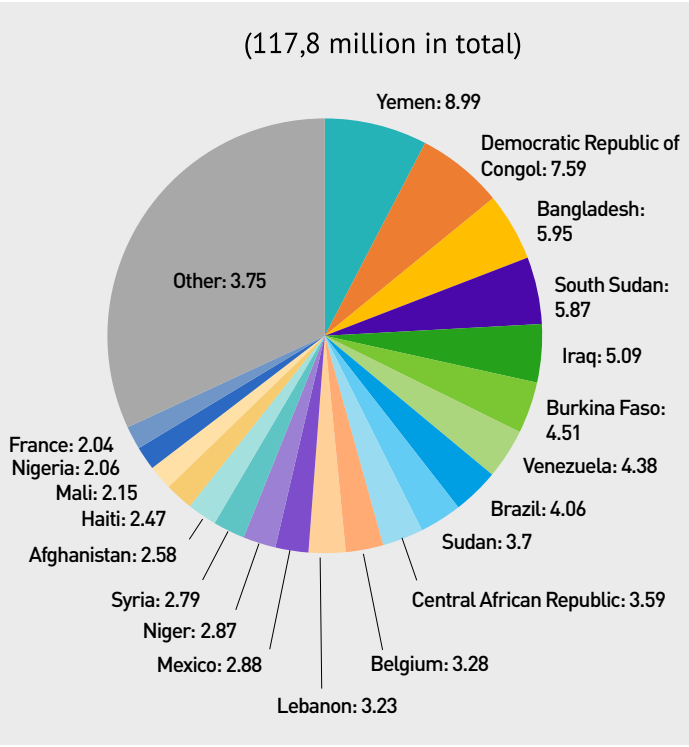
Evolution of contributions to MSF's COVID-19 crisis fund and country with highest donations



COVID-19 : 2020 Annual programme expenses by family in million euro



COVID-19 : 2020 Annual programme expenses by country of intervention in million euro



COVID-19 Crisis Fund and programme expenditure

In late March 2020, MSF inaugurated the COVID-19 Crisis Fund, aiming to raise 150 million euros to cover the substantial additional costs both of new COVID-19 interventions and of the impact of the pandemic on its ongoing projects. From April to December 2020, fundraising teams from 35 MSF offices raised more than 121 million euros for the Crisis Fund, with the largest share of contributions coming from private donors in the US, Japan, Switzerland, Spain, Germany and the United Kingdom. By mid-March 2021, contributions to the fund had reached 127 million euros – more than 80% of the fundraising target.

From the beginning of the pandemic to the end of 2020, programme expenses allocated to MSF's COVID-19 response amounted to 117.8 million euros. Medical activities (42 million euros, 36%) and personnel costs (40 million euros, 34%) in MSF projects together made up more than 70% of actual expenditures, followed by travel and accommodation (10.5 million, 9%), office costs (9.8 million, 8%), and logistics and sanitation (8.8 million, 8%). An additional 1.3 million euros were spent on programme support activities and international awareness and advocacy campaigns coordinated by MSF's International Office.

A major share of programme expenses covered by the Crisis Fund was incurred in MSF projects in humanitarian settings and conflict zones, where resources for COVID-19 treatment facilities and essential healthcare were particularly scarce. MSF's largest and most cost-intensive COVID-19 operations in 2020 were in Yemen (9 million euros), the Democratic Republic of the Congo (7.6 million euros), Bangladesh (6.0 million euros), South Sudan (5.9 million euros), and Iraq (5.1 million euros), together accounting for more than a quarter of expenses by the end of the year. A sizeable share of expenses was also incurred by MSF COVID-19 interventions in hard-hit middle-income countries such as Brazil (4.1 million euro) and Lebanon (3.2 million), as well as high-income countries like Belgium (3.3 million), France (2.0 million), Italy and Spain (1.7 million each).

A ward at the MSF Goyalmara Mother and Child hospital in Cox's Bazar, southeast Bangladesh. MSF's COVID-19 response prioritised the continuity of essential healthcare programmes, and the dedicated Crisis Fund was set up to cover both direct costs and consequences of the pandemic.
© Hasnat Sohan/MSF

Data limitations and reporting challenges

While MSF's COVID-19 accountability reporting series offers a comprehensive overview of its global COVID-19 operations, logistics and supply, as well as programme expenditures and funding, several data collection issues and reporting challenges posed limitations to conducting a more granular analysis and collating this annual overview. As MSF missions around the world raced to scale up global emergency preparedness and response activities, no harmonised data collection or reporting system was in place during the early phase of the pandemic. The first accountability report therefore only included selected quantitative programme indicators for operations in Europe, and global activities between March and May had to be reconstructed retrospectively with the help of MSF's five Operational Centres and Epicentre.

A set of global medical and operational indicators improved data collection and analysis beginning in June. The list of key indicators, however, included different data sources that needed to be combined for global analysis. In some cases, these data sources presented discrepancies on key indicators including numbers of patient consultations, admissions, and COVID-19 tests, and consequently needed to be verified and updated directly by project staff.

With national and international response capacities improving over the course of the year, MSF handed over or closed several dedicated COVID-19 projects in the second half of the year, and integrated response activities into its regular projects. This strategic shift rendered some of the key indicators on direct patient management at COVID-19 treatment facilities less relevant for reporting.

Finally, MSF's numerous activities and diverse interventions in 70 countries with different healthcare systems and political and social structures inevitably complicated the reporting of globally-standardised indicators. As patient flow and triage had to be reorganised due to high numbers of patients or shortages of protective equipment and COVID-19 tests in Bangladesh or Afghanistan, for example, the number of reported consultations increased substantially, but was no longer directly comparable to outpatient consultations in other health facilities. In other countries, confinement and distancing measures required MSF teams to prioritise door-to-door health messaging over group sessions, which posed a challenge to collating the number of health promotion sessions globally.

Since 20 November 2020, Médecins Sans Frontières has repeated its intervention for rough sleepers and people living in precarious conditions via a mobile clinic operating five days a week near food distribution points in Paris.
© Mohammad Ghannam/MSF

3 Global COVID-19 activities September - December 2020

© Abhinav Chatterjee/MSF

A timeline of MSF's continued COVID-19 response

August

18

MSF publishes a report highlighting the unacceptable neglect of the elderly in nursing homes in Spain, urging the Spanish government to improve its response.

19

Following a sharp increase in COVID-19 cases in Puerto Rico, MSF further expands its response on the island.

September

3

MSF calls for appropriate public health measures and evacuation of vulnerable migrants and refugees after a COVID-19 case is confirmed in the overcrowded Moria reception and identification centre in Lesbos, Greece.

8

Days after Greece tightens its lockdown on the people in the Moria reception and identification centre, the camp burns to the ground. MSF urges for the immediate evacuation of migrants and refugees to a safe place.

14

Following a sharp increase in COVID-19 patients in northwest Syria, MSF extends its support activities and distribution of supplies in several camps across the Idlib and northern Aleppo governorates.

17

MSF extends its COVID-19 medical and health promotion support in the Mato Grosso do Sul state in Brazil, where indigenous communities have proven particularly vulnerable.

Photos: © Olmo Calvo/MSF, Gabriella N. Báez/MSF, Enri CANAJ/Magnum, MSF

September

20

Responding to a spike in COVID-19 cases in Palestine, MSF is reinforcing infection prevention and control measures whilst providing technical support in two intensive care units and treatment centres.

23

MSF teams in Iraq report alarming numbers of daily new COVID-19 patients, and prepare to increase COVID-19 operations in Baghdad and open a 26-bed ward at Al-Kindy hospital.

October

2

MSF supports India's and South Africa's proposal to the World Trade Organization to waive COVID-19 intellectual property rights to ensure equitable access to diagnostics, treatments, and vaccines.

6

MSF publishes a survey indicating high COVID-19 infection rates among people living in precarious situations such as emergency shelters in the Île-de-France region, and calls for the provision of appropriate accommodation for vulnerable people.

8

MSF warns of the growing mental health crisis the Dadaab refugee complex in Kenya, where uncertainties about COVID-19 have added to a fatal mix of pent-up despair, anxiety and fear for the hundreds of thousands of Somali migrants and refugees.

Photos: © MSF, Hassan Kamal Al-Deen/MSF, Mohammad Ghannam/MSF, MSF

October

16

MSF closes the last of its COVID-19 projects in the United States, where teams had worked in Texas, New York and Michigan, and other states.

21

MSF teams complete a three-month intervention in Peru supporting the Ministry of Health´s COVID-19 response in the Amazon region.

27

MSF starts receiving patients in a COVID-19 treatment centre inside the Zaatari refugee camp in Jordan, a facility built earlier in the year and kept on standby.

November

2

MSF starts responding to COVID-19 in several nursing homes across the Czech Republic, launching the organisation's first-ever activity in the country.

5

MSF launches a dedicated COVID-19 educational application for smartphones encouraging safe infection prevention behaviour in family encounters and within communities.

10

MSF in France calls for medical staff to join its intervention and help with managing the second COVID-19 wave in nursing homes.

11

In a press release, MSF urges governments to demand pharma companies to be transparent on vaccine licensing deals and publicly share trial data.

19

Ahead of a meeting of the World Trade Organization, MSF calls upon countries to support India and South Africa's proposal to waive intellectual property rights and suspend monopolies on COVID-19 tools during the pandemic.

Photos: © Nicholas Papachrysostomou/MSF, MSF/Mohammed Sanabani, Nikola Tenevová

November

20

In the cantons of Geneva and Jura, Switzerland, MSF reactivates some of its COVID-19 support to long-term care facilities and retirement homes.

24

Entry restrictions for humanitarian staff force MSF to withdraw from the Ana Francisca Pérez de León II hospital, in northeast Caracas, Venezuela, where it had been supporting the COVID-19 response since March.

December

8

As two COVID-19 vaccines near approval for emergency use by the U.S. Food and Drug Administration, MSF warns they can only be scaled globally if sold at cost and procured with the industry sharing intellectual property, data, and know-how.

15

MSF again urges countries to back a proposal that would waive IP rights on COVID-19 drugs and vaccines ahead of a meeting of the World Trade Organization.

Photos: © Carlos Becerra/MSF

Introduction

While most countries around the world had been reporting stable or decreasing COVID-19 infections over the months of July and August, September and October marked the beginning of a series of second waves and a globally increasing trend in COVID-19 cases. From mid-October, the bi-weekly global case count jumped from around 3 to over 5 million cases, with close to 50 countries in Africa, Asia, the Americas and Europe reporting increasing infections and number of deaths. In late November into December, bi-weekly case numbers crossed 7 million infections and more than 126,000 reported deaths. Around the same time, two new variants of the virus, initially reported in the United Kingdom in November and in South Africa in December, raised concerns over being more infectious and accelerating transmission. By the end of the year, more than 82 million COVID-19 infections had been confirmed globally, and more than 1.8 million people reportedly died.

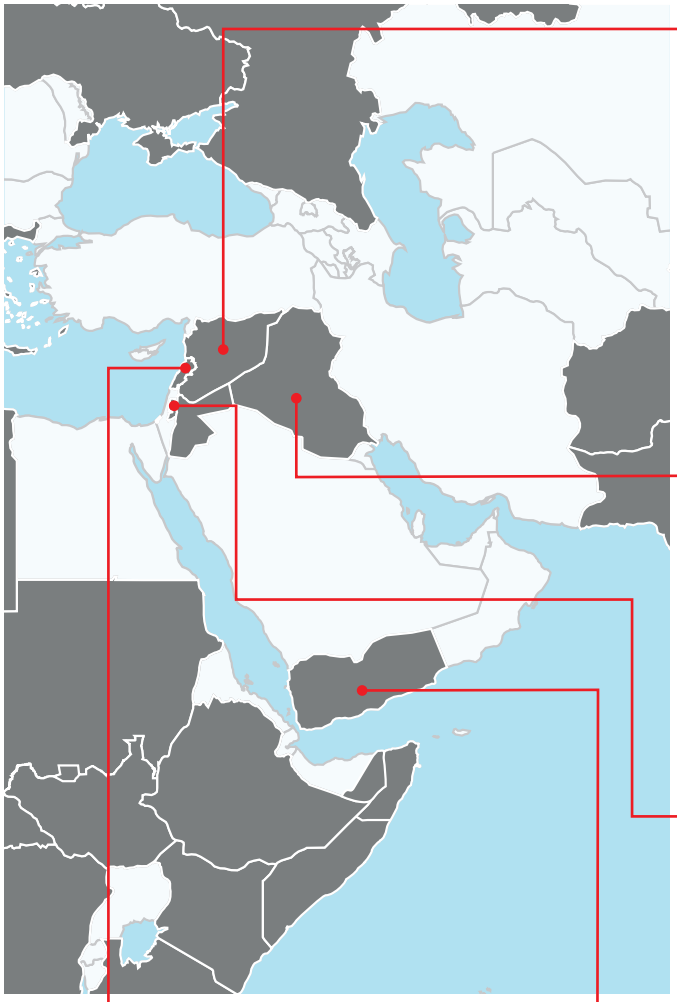
MSF continued its global COVID-19 response in hospitals and treatment centres, working alongside local health staff and delivering medical care and other assistance to people without access to care in crisis and conflict settings. With a number of COVID-19 projects closed or reintegrated into regular projects by the end of August, MSF ran fewer dedicated COVID-19 operations from September to December as compared with the previous three months. In light of the globally increasing case numbers, however, a number of projects had to be reactivated and some new interventions were launched in October and November. Over the last four months of the year, MSF ran dedicated COVID-19 activities in 180 projects in 56 countries.

MSF's isolation and treatment centre in northwest Syria opened in late 2020. Several new COVID-19 projects were launched or reactivated at the end of the year due to increasing case numbers. © Omar Haj Kadour/MSF

In close to 300 health facilities, MSF provided material, technical or training assistance to improve infection prevention and control measures and water and sanitation facilities, and support health workers. More than 294,000 health promotion sessions on COVID-19 were held in MSF projects, and over 450,000 protective equipment items were distributed. In an additional 93 hospitals and treatment centres, MSF medical teams directly treated COVID-19 patients, admitting more than 5,000 confirmed or suspected COVID-19 patients requiring hospitalisation. MSF also continued to work in 152 nursing homes and other long-term care facilities in Europe and the Americas, and supported more than 30 shelters and reception facilities for migrants and refugees.

Middle East & Northern Africa

Key figures September-December 2020



Syria

30 health facilities receiving COVID-19 technical, training or material support

6 health facilities with medical support for COVID-19 patients

3,470 outpatient consultations

949 inpatient admissions

5618 health promotion sessions

66,632 items of protective equipment distributed

Iraq

4 health facilities receiving COVID-19 technical, training or material support

5 health facilities with medical support for COVID-19 patients

258 inpatient consultations

23,726 health promotion sessions

Palestine

4 health facilities receiving COVID-19 technical, training or material support

2 health facilities with medical support for COVID-19 patients

463 inpatient admissions

1,213 health promotion sessions

25,172 items of protective equipment distributed

Lebanon

4 health facilities receiving COVID-19 technical, training or material support

1 health facilities with medical support for COVID-19 patients

208 inpatient admissions

3,233 health promotion sessions

Yemen

1 health facility receiving COVID-19 technical, training or material support

2 health facilities with medical support for COVID-19 patients

2,446 outpatient consultations

8,279 items of protective equipment distributed

40
MSF projects with COVID-19 activities

47
health facilities with COVID-19 technical, training or material support

18
health facilities with medical support for COVID-19 patients

34,806
COVID-19 related health promotion sessions

106,900
COVID-19 protective equipment and masks distributed

Middle East & Northern Africa

The COVID-19 pandemic continued to put a major strain on weakened health systems and vulnerable populations across the Middle East and Northern Africa, a region that was already heavily affected by major humanitarian crises, prolonged conflicts and political instability, leaving millions of people displaced and without access to medical care.

In **Iraq**, the COVID-19 pandemic continued to fuel a major health emergency with high patient numbers taxing healthcare facilities as over 4,000 daily cases were recorded throughout September and early October. More than a third of these cases were reported in the capital of Baghdad, where MSF teams provided training for staff on ventilation use and COVID-19 treatment techniques in the respiratory care unit at Al Kindi hospital. MSF also started to operate an additional 26-bed COVID-19 ward in October, responding to the large number of severe and critical patients requiring hospitalisation. In November, MSF, jointly with the local Directorate of Health, opened a COVID-19 intensive care unit in Al-Salam Hospital in East Mosul. MSF medical teams admitted and cared for more than 250 COVID-19 patients in its projects in Iraq, a majority of whom required intensive care. At its post-operative care centre in Mosul, MSF was able to scale-down COVID-19 operations and restart surgical activities, as case numbers remained relatively low through the end of the year.

Al-Kindy hospital in Baghdad received a large number of severe and critical COVID-19 patients. © MSF

MSF also supported local health facilities in Erbil and Dohuk through technical, logistics, and training support. In Laylan camp in Kirkuk governorate, MSF mobilised a 20-bed caravan isolation and treatment facility, and implemented triage measures for suspected COVID-19 patients. Across its projects in Iraq, MSF conducted close to 24,000 health promotion sessions on COVID-19 over the last four months of the year.

In northeast **Syria**, MSF continued to collaborate with the COVID-19 humanitarian taskforce chaired by the local health authorities. MSF teams provided medical care to suspect and confirmed COVID-19 patients at the only dedicated COVID-19 hospital on the outskirts of Hassakeh city, and improved infection prevention and control measures in several primary and secondary healthcare facilities in Raqqa city. In Al Hol camp, MSF staff regularly followed up 1,900 patients with diabetes, hypertension, asthma or heart conditions who had been identified as particularly vulnerable early in the year.

In northwest Syria, MSF provided care for patients with moderate and severe COVID-19 symptoms in Idlib National Hospital's 30-bed COVID-19 treatment centre. In early December, MSF opened an additional treatment facility with a capacity of 32 beds in Idlib region. MSF also worked in a 34-bed COVID-19 treatment centre in the town of Afrin, near the Turkish border, in partnership with a local organisation. In several camps across the region, MSF teams continued to conduct health awareness on COVID-19 and distributed hygiene kits to families.

In **Yemen**, admissions to most MSF-supported COVID-19 treatment centres decreased from August after treating more than 1,000 patients earlier in the pandemic when hospitals were lacking basic protective and medical supplies. In September, MSF closed or handed over its interventions at Al Kuwait and Sheikh Zayyed hospitals in Sana'a, and in the Al Sahul COVID-19 centre in Ibb. In Haydan in Saada Governate, MSF downsized the capacity of its COVID-19 treatment unit to two beds.

In Aden, MSF continued to support the 22 May hospital with donations of personal protective equipment and training for medical staff. In Khamer in Amran Governorate, MSF's COVID-19 treatment centre still received some patients with respiratory infections and suspected COVID-19 infections until December. In the governorates of Lahj and Abyjan, MSF teams delivered additional trainings to medical teams on triage, isolation and referrals of COVID-19 patients. In Abs Hospital and Al-Ghomouri Hospital in Hajja governorate, MSF staff worked alongside local health teams to screen and refer COVID-19 patients from Al-Ghomouri Hospital to the Al-Rahadi isolation centre in Hajja city.

© Mohammed Sanabani/MSF

As first COVID-19 cases were confirmed in the Zaatari refugee camp in **Jordan** in early September, MSF opened a dedicated 30-bed COVID-19 treatment centre which had been set-up and kept on standby earlier in the year. While providing medical care to close to 50 symptomatic COVID-19 patients in the facility until December, the MSF team also conducted daily screenings for asymptomatic COVID-19 patients in another area of the camp and conducted health promotion activities.

In **Lebanon**, MSF delivered health promotion campaigns, implemented infection prevention and control activities, and supported COVID-19 patient management in five hospitals. In the Bekaa Valley, MSF supported the Elias Hraoui Governmental Hospital in Zahle with the triage and screening of patients. In mid-September, MSF's hospital in Bar Elias was transformed into a dedicated COVID-19 facility with 20 beds, and the intensive care unit was fully occupied throughout November. In Siblin in southern Lebanon, MSF continued its work at a converted training centre welcoming vulnerable people unable to isolate at home due to overcrowded living conditions. Over 3,200 health promotion sessions on COVID-19 were conducted in the country from September to December, and a group of trainers also provided health promotion and training guidance to partner organisations, healthcare services, and non-medical frontline workers.

In **Palestine**, MSF donated oxygen concentrators and a mobile X-ray machine to local healthcare providers, and offered training on oxygen management, patient support and intensive care, while continuously implementing infection prevention and control measures in two additional healthcare facilities in the region. In Hebron in the West Bank, MSF maintained its phone hotline offering psychological support for COVID-19 patients, their families, and medical personnel. MSF teams also provided hands-on training on personal protective equipment, infectious waste, cleaning processes, and oxygen therapy in two local hospitals admitting COVID-19 patients, distributed hygiene kits to households, and carried out health promotion and mental health activities in the community.

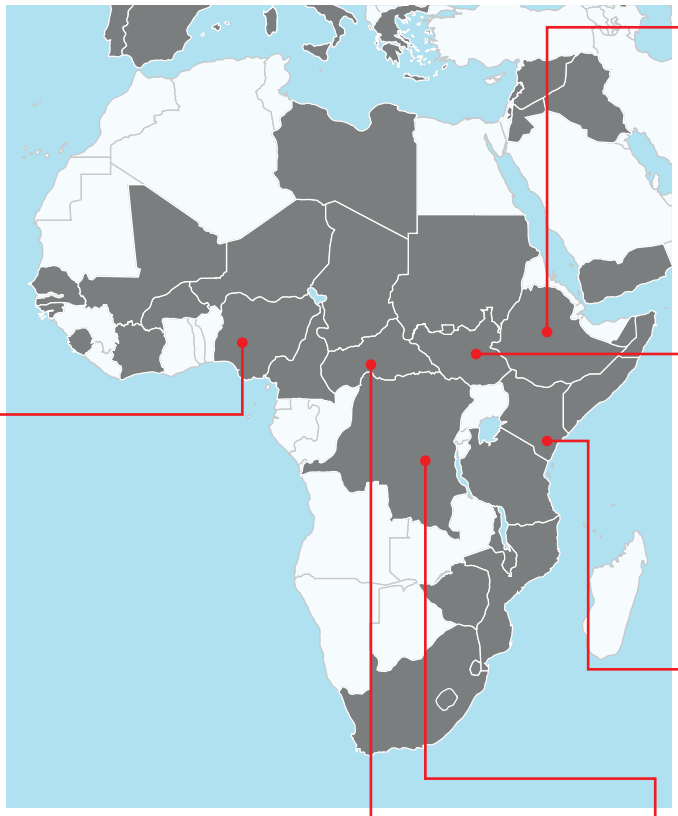
© MSF

In MSF's mental healthcare project in Cairo, **Egypt**, the team held 170 health promotion sessions on COVID-19.

In **Libya**, MSF teams worked to improve infection prevention measures in detention centres where access was possible, supported one COVID-19 testing site in Tripoli, and offered tailored trainings to medical and healthcare staff.

Africa

Key figures September-December 2020



Central African Republic

9 health facilities receiving COVID-19 technical, training or material support

4 health facilities with medical support for COVID-19 patients

281 outpatient consultations

14,309 health promotion sessions

Nigeria

15 health facilities receiving COVID-19 technical, training or material support

4 health facilities with medical support for COVID-19 patient

2,339 outpatient consultations

22,653 health promotion sessions

Ethiopia

21 health facilities receiving COVID-19 technical, training or material support

4 health facilities with medical support for COVID-19 patients

3,072 health promotion sessions

16,481 items of protective equipment distributed

South Sudan

7 health facilities with medical support for COVID-19 patient

1,421 outpatient consultations

320 inpatient admissions

3,184 health promotion sessions

Kenya

4 health facilities receiving COVID-19 technical, training or material support

3 health facilities with medical support for COVID-19 patients

152 inpatient admissions

67 severe patients treated

22,468 health promotion sessions

Democratic Republic of Congo

21 health facilities receiving COVID-19 technical, training or material support

558 outpatient consultations

9,593 health promotion sessions

71
MSF projects with COVID-19 activities

136
health facilities with COVID-19 technical, training or material support

45
health facilities with medical support for COVID-19 patients

101,700
COVID-19 related health promotion sessions

72,000
COVID-19 protective equipment and masks distributed

Africa

COVID-19 infections and related deaths in Africa remained relatively low throughout 2020 in comparison to global figures. At the end of the year, just over 2.7 million confirmed cases and 65,500 deaths linked to COVID-19 had been reported, nearly half of which were in hard-hit South Africa. The 501.V2 variant of the coronavirus discovered in late October accelerated transmission and aggravated the health situation in several Southern African countries towards the end of the year.

The pandemic also threatened to have a severe impact on other major health emergencies on the continent. Due to an earlier and heavier rainy season, malaria infection rates in Sub-Saharan Africa were expected to be higher than in previous years, while the supply of anti-malaria drugs, prevention activities such as mosquito net distributions or indoor spraying had been slowed down by COVID-19 confinement measures.

MSF also responded to several other infectious disease outbreaks, including an Ebola outbreak in the Équateur province of the Democratic Republic of the Congo in July, and recurring measles epidemics in several countries in West and Central Africa.

In the **Democratic Republic of the Congo**, MSF continued COVID-19 infection prevention and control, training, and material support to more than 20 health facilities, and worked at six hospitals and treatment centres treating COVID-19 patients. Over 9,500 thematic health promotion sessions were held by MSF outreach teams, and 3,000 items of protective equipment items were distributed. At the end of September, MSF was able to end its emergency support to the COVID-19 treatment facility at Saint-Joseph Hospital in the capital Kinshasa. COVID-19 activities continued in four other health facilities in the Limete health zone of Kinshasa, and in the provinces of North and South Kivu, and Ituri.

MSF staff at the 15-bed Covid-19 treatment centre in Bunia, Ituri, in the Democratic Republic of the Congo. © MSF

In the **Central African Republic**, MSF teams organised more than 14,000 COVID-19 health promotion sessions in communities and health facilities and launched shielding activities for people living with HIV in four outpatient treatment centres of Bangui in September. In **Sudan**, MSF further improved the screening and triage system and isolation areas at four public hospitals in Khartoum, and assisted the Ministry of Health with the management of isolation facilities in the states of East Darfur and South Kordofan. Following a decrease of COVID-19 patients, management of the temporary COVID-19 treatment centre set up by MSF in Omdurman teaching hospital in Khartoum at the end of August was handed over to the Ministry of Health by the end of October.

While the number of COVID-19 patients requiring treatment remained relatively low in **South Sudan**, all of MSF's 11 ongoing projects in the country continued to isolate and treat patients with suspected or confirmed infection. From September to December, more than 1,400 suspect outpatient consultations and around 300 hospital admissions were recorded in MSF supported hospitals and health centres across the country, and outreach teams conducted some 3,100 health promotion sessions on COVID-19. Several of the country's 23 testing sites for COVID-19 were located in MSF facilities such as in Bentiu and Malakal, and MSF reinforced staff capacities at the primary testing facility in the country at the National Public Health Laboratory.

In **Ethiopia**, MSF COVID-19 activities remained operational at the two isolation centres in the Kule and Tierkidi camps for South Sudanese refugees, the COVID-19 triage and temporary isolation centre at Gambella Hospital, and in several hospitals and health centres in Abdurafi and the Somali Region to the East. In Addis Ababa, an MSF team provided mental healthcare to returning migrants in three COVID-19 quarantine centres, and trained medical and non-medical staff on migrants' mental health needs. In early November 2020, outbreaks of violence and fighting across the Tigray region forced hundreds of thousands of refugees and displaced people to leave their homes, and MSF deployed several teams in Ethiopia and in neighbouring Sudan to support people in urgent need of medical assistance, food, and shelter.

In **Somalia** and **Somaliland**, MSF continued its support to health facilities in Baidoa, Mudug, and South Jubaland, distributing close to 28,000 items of protective equipment and conducting 4,500 health promotion sessions addressing fear and stigma surrounding COVID-19.

© Scott Hamilton/MSF

In **Nigeria**, MSF continued its technical and training support to 15 health facilities and worked in four additional COVID-19 treatment centres in the states of Benue, Borno, Ebonyi, Kano and Zamfara. MSF medical staff conducted more than 2,300 suspect COVID-19 outpatient consultations from September to December, and health promotion teams organised over 22,500 thematic sessions in health facilities and communities.

In November and December, MSF additionally responded to a Yellow Fever outbreak in Enugu state, conducting more than 2,000 outpatient consultations and identifying close to 100 suspected yellow fever cases in 14 health facilities. MSF's dedicated COVID-19 activities in **Cameroon** gradually ended over the course of August and September, as infection numbers and hospital admissions decreased steadily. Some infection prevention and control measures and COVID-19 health promotion activities continued in regular MSF projects in Yaoundé and the commercial capital of Douala, as well as in the Anglophone and Far North regions of the country with limited access to medical care.

In **Mali**, MSF outreach teams held an additional 8,000 health promotion sessions on COVID-19 infection prevention and hygiene measures in 16 health facilities from September to December. COVID-19 activities at MSF projects in N'djamena and in Moissala in southern **Chad** ended in July, with a series of health promotion activities continuing until September. After handing over its treatment centre in Niamey in August and ending the COVID-19 infection prevention and control support in Zinder in September, MSF's COVID-19 activities in **Niger** concentrated on epidemiological surveillance and health messaging in over 7,000 dedicated sessions, including in Niamey, Zinder, Diffa, Tillabéry and Agadez. In Diffa, some 70 COVID-19 suspect patient consultations were held until the end of the year.

© Peter Bräunig/MSF

In ten supported health structures in **Burkina Faso**, MSF teams maintained the triage system and isolation units, while continuously training staff in prevention and case management. In **Sierra Leone**, MSF kept participating in the case management and surveillance pillars at the national and district level Emergency Operations Centres in Kenema, Tonkolili and Bombali Districts. An MSF epidemiologist continued to work with the Ministry of Health and Sanitation on surveillance and testing strategies, and some 2,300 health promotion sessions on COVID-19 were organised by MSF teams in Freetown and the Tonkolili district over the last four months of the year.

Kenya faced a sharp increase of new COVID-19 cases from early November. In Mombasa, MSF trained health workers on infection prevention and control and patient

management, while supporting health promotion and community engagement where needed. In the city of Homa Bay, where teams had been working at the local referral hospital conducting COVID-19 screening and suspect case management from earlier in the year, MSF set up a COVID-19 high dependency unit to manage moderate to severe cases of COVID-19, admitting more than 100 patients from September to December. At the Dagahaley refugee camp in the East of the country, MSF teams ran more than 22,000 health promotion sessions and distributed 17,500 protective equipment and hygiene items. In early October, MSF warned of the growing mental health crisis in the camps, where uncertainties about COVID-19 added despair and anxiety for the hundreds of thousands of Somali migrants and refugees.

In the large Nduta refugee camp in **Tanzania**, MSF remained the only healthcare provider. The team ran simulation exercises to ensure rapid response capacity in case of new COVID-19 infections, and maintained triage structures in the four health posts and the main hospital. In **Mozambique**, MSF continued its COVID-19 technical and training support to the Ministry of Health in hospitals and health facilities in Maputo and Pemba. In Beira, MSF teams held over 1,450 suspect COVID-19 consultations at two isolation centres in September.

In the Neno, Dedza and Nsanje districts of **Malawi,** MSF worked to disseminate COVID-19 information and implement measures to prevent COVID-19 transmission among female sex workers, and worked alongside staff at Nsanje District Hospital and the Zalewa Health Centre to screen patients for COVID-19 symptoms.

In September, MSF was able to redeploy its full package of gynaecological and oncological care in Blantyre, and relaunch its HIV programme in Chiradzulu, as COVID-19 cases had been decreasing in previous months. MSF's major COVID-19 interventions in **South Africa** had ended by August, yet in November, a major resurgence of COVID-19 cases in the Eastern and Western Cape provinces led to the health system in Nelson Mandela Bay Metro area reaching the brink of collapse. MSF sent 20 doctors and nurses to reinforce staff at the Livingstone Hospital and a large field hospital in a nearby automobile plant.

Staff reading thank you letters from the first COVID-19 patients to be discharged from the MSF-supported Livingstone Hospital in South Africa in November. © MSF

Europe & Central Asia

Key figures September-December 2020

France

1 health facility receiving COVID-19 technical, training or material support

55 retirement homes supported

Czech Republic

83 retirement homes supported

2,382 health promotion sessions

Italy

12 supported prisons or reception and sheltering facilities for migrants, refugees and the homeless

181 health promotion sessions

4,616 items of protective equipment distributed

Ukraine

3 health facilities receiving COVID-19 technical, training or material support

2 health facilities with medical support for COVID-19 patients

1,548 outpatient consultations

310 health promotion sessions

Kyrgyzstan

4 health facility with medical support for COVID-19 patients

1 health facilities with medical support for COVID-19 patients

2,048 outpatient consultations

501 health promotion sessions

11
MSF projects with COVID-19 activities

21
health facilities with COVID-19 technical, training or material support

4
health facilities with medical support for COVID-19 patients

3,700
COVID-19 related health promotion sessions

15,250
COVID-19 protective equipment and masks distributed

Europe & Central Asia

While MSF's major COVID-19 interventions in hospitals, nursing homes and vulnerable communities in Italy, Spain, Belgium, France, and Switzerland had ended in late May, a second wave across Europe in the last quarter of the year led to the reactivation and launch of several MSF interventions. Existing COVID-19 operations also continued in several Eastern European and Central Asian countries.

In November, MSF assembled teams of doctors, nurses and psychologists to support nursing homes and strengthen the provision of medical care in **France**, in addition to its mental health support programme for nursing homes' staff, which had been operational since July. In the last three months of the year, the team supported 55 nursing homes and long-term care facilities in different regions, particularly in the South of the country. In early October, MSF published the results of a study carried out with vulnerable people in and around Paris in June and July in 14 locations, showing very high prevalence of COVID-19 likely linked to crowded living conditions among this population. MSF's mobile clinic service continued to provide general medical care, as well as COVID-19 screening, testing and information for people living on the streets and in precarious settings in Paris, conducting some 100 suspect COVID-19 consultations in September and November.

An MSF doctor during a consultation in MSF's mobile clinic in Paris in December. © Mohammad Ghannam/MSF

Similarly in **Belgium**, MSF teams reopened several COVID-19 activities from October. In nursing homes across the country's three regions, mobile teams worked alongside staff to carry out medical and clinical care activities and mental health counselling for residents. In the capital of Brussels, an additional outreach team delivered medical assistance to homeless and vulnerable people with confirmed or suspected COVID-19 infections. MSF also rented a hotel offering accommodation to isolate and follow-up suspect or confirmed COVID-19 patients.

In **Italy**, MSF teams reinforced contact tracing and isolation capacities in ten buildings housing homeless people and one informal settlement in the capital of Rome, where they created and trained hygiene and health surveillance committees to monitor for suspected COVID-19 cases, alert the authorities, and act quickly to temporarily isolate suspect cases. In Sicily, COVID-19 infections exponentially increased in the city of Palermo in November, and MSF extended its support to several centres hosting migrants. In December, MSF additionally provided infection prevention and control support to a prison facility in Northern Italy. More than 4,600 items of protective equipment were distributed by teams across MSF's projects in Italy over the last four months of the year.

© Vincenzo Livieri/MSF

In November, MSF in partnership with the Ministry of Labour and Social Affairs also launched a small intervention in nursing homes in the **Czech Republic**. In this first-ever MSF project in the country, two small mobile teams undertook infection prevention and control assessments, offered trainings on protective measures, and ran close to 2,400 health promotion sessions in 83 nursing homes in the regions of Plzensky, South Moravian, Zlinsky and Central Bohemia. Trainings were either delivered on-site, or through a Czech version of a website developed in Spain during MSF's similar intervention from March to May.

© Nikola Tenevová/MSF

Amid a second wave of the pandemic hitting **Switzerland**, MSF also resumed some activities in collaboration with the Geneva University Hospital, strengthening access to testing and medical support for marginalised populations and supporting two nursing homes in the cantons of Geneva and Jura, as well as over the border in the neighbouring department of Haute-Savoie in France.

MSF medical teams on the island of Lesbos, **Greece** conducted some 200 suspect COVID-19 outpatient consultations for migrants and refugees near the Moria camp in early September. A fire tearing through the camp during the night of 8 September led to the complete evacuation and closure of the camp, and forced nearly 12,000 men, women and children to evacuate. In Athens, MSF collaborated with the 3rd Clinic of Internal Medicine of Athens University, offering psychological support to frontline health workers, and COVID-19 patients and their relatives.

In the Donetsk region of **Ukraine**, MSF's mobile clinic continued its screening and home-based care activities and conducted more than 1,500 suspect COVID-19 consultations from October to December. In Krasnohorivka hospital, MSF helped set up an isolation ward for patients with moderate symptoms by installing 22 oxygen points and offering technical support to reinforce triage and patient screening. In Russia, MSF teams continued testing support and distribution of hygiene and protective equipment items and health promotion materials for multidrug-resistant tuberculosis patients in the northern city of Arkhangelsk.

© Marta Znak/MSF

In **Kyrgyzstan**, MSF supported the regional health authorities in Batken and Chuy provinces, providing home-based care for moderate and mild COVID-19 patients to prevent hospitals from being overwhelmed. From September to December, mobile teams conducted more than 2,000 COVID-19 outpatient consultations, and additionally reinforced preparedness measures at four health centres in the Kadamjay district. From its tuberculosis project in **Tajikistan**, MSF continued to support the Republican Centre tuberculosis dispensary in the capital of Dushanbe and four additional primary healthcare centres by setting up safe outdoor waiting areas.

The Americas

Key figures September-December 2020

Colombia

4 health facilities with medical support for COVID-19 patients

1 health facility with medical support for COVID-19 patients

35 beds for COVID-19 patients prepared/managed by MSF

Peru

16 health facilities receiving COVID-19 technical, training or material support

90 health promotion sessions

Venezuela

25 health facilities receiving COVID-19 technical, training or material support

4 health facilities with medical support for COVID-19 patients

6,679 outpatient consultations

635 inpatient admissions

103,584 items of protective equipment distributed

5,398 health promotion sessions

Mexico

14 health facilities receiving COVID-19 COVID-19 technical, training or material support

14 supported reception and sheltering facilities for migrants, refugees and the homeless

67 health promotion sessions

Ecuador

7 health facilities receiving COVID-19 technical, training or material support

491 outpatient consultations

Brazil

6 health facilities receiving COVID-19 technical, training or material support

3 health facilities with medical support for COVID-19 patients

189 inpatient admissions

33 COVID-19 patients treated with severe symptoms

23
MSF projects with COVID-19 activities

92
health facilities with COVID-19 technical, training or material support

12
health facilities with medical support for COVID-19 patients

10,455
COVID-19 related health promotion sessions

114,700
COVID-19 protective equipment and masks distributed

The Americas

The Americas was the region reporting the most COVID-19 infections and associated deaths over the last four months of the year. More than one-third of confirmed cases globally and nearly half of confirmed deaths originated in North or South America, with particularly high case numbers in the United States and Brazil. MSF extended several of its COVID-19 interventions, supporting health workers and delivering medical assistance to remote or vulnerable communities in 23 projects in 11 countries in the Americas.

In **Venezuela**, MSF continued to deliver medical supplies, reinforce personnel needs, and strengthen triage, diagnosis, treatment, infection control and hospital system services in the states of Amazonas, Anzoátegui, Bolívar, Sucre, Táchira and Caracas. From September to December, MSF teams admitted 635 patients with COVID-19 in four supported treatment centres, of which some 530 presented with severe symptoms. In an additional 25 health facilities across the country, MSF distributed more than 103,000 items of protective equipment, and held close to 5,400 COVID-19 health promotion sessions over the last four months of the year. At the end of November, MSF was forced to withdraw from the Ana Francisca Pérez de León II hospital in Caracas, where it had been managing the COVID-19 intensive care unit since April. Entry and work permit restrictions for international staff had made it impossible to continue the activity, and MSF urged authorities to facilitate the entry of essential staff into Venezuela to ensure quality of care in the COVID-19 response.

People wait at the entrance to the emergency room at Vargas hospital in Caracas, Venezuela. © Carlos Becerra/MSF

In the Norte de Santander and Nariño departments in **Colombia**, MSF continued to work in the outpatient triage ward for patients with respiratory symptoms at the public hospitals of Tibú and Tumaco, followed up on patients with chronic diseases, and maintained sexual and reproductive health activities for Venezuelan refugees and Colombian communities without access to healthcare. In **Ecuador**, MSF medical staff conducted another 490 suspect COVID-19 outpatient consultations at a Temporary Attention Centre in Quito and supported the mobile health brigades in the urban and rural areas of the capital, before ending the intervention in early October.

MSF's COVID-19 intervention in **Peru** ended in late September, after treating patients in the hospitals of Tarapoto, Huánuco and Tingo María, and supporting an additional 13 remote health structures with training and donations in the Datem del Marañón province. In **Bolivia**, an MSF team assessed health needs in the rural Amazonia-basin area of Beni in the northeast of the country in September, and delivered medical trainings and donated personal protective equipment in six COVID-19 centres.

In **Brazil,** MSF medical teams cared for 190 patients requiring admission in supported hospitals in Amazonas, São Paulo, and Mato Grosso do Sul. In late September, MSF stopped working in the intensive care unit at the Tide Setubal hospital in São Paulo, and jointly with the Ministry of Health started to support palliative care activities. In an additional six health facilities in the State of Mato Grosso, MSF teams improved infection prevention and control measures. Overall, MSF teams conducted close to 1,000 health promotion sessions on COVID-19 in Brazil.

© Diego Baravelli/MSF

An MSF medical team maintained its operational support to an adapted centre for severe COVID-19 patients in the capital city of Tegucigalpa in **Honduras** until mid-October, including mental health, social work and health promotion activities. Some 139 suspect and confirmed COVID-19 patients had been admitted at the facility since June. In **El Salvador**, MSF expanded the ambulance service for the transfer of suspect COVID-19 patients and continued to offer care in the communities of San Salvador and Soyapango, holding more than 200 health promotion sessions on COVID-19 with health committees and community leaders.

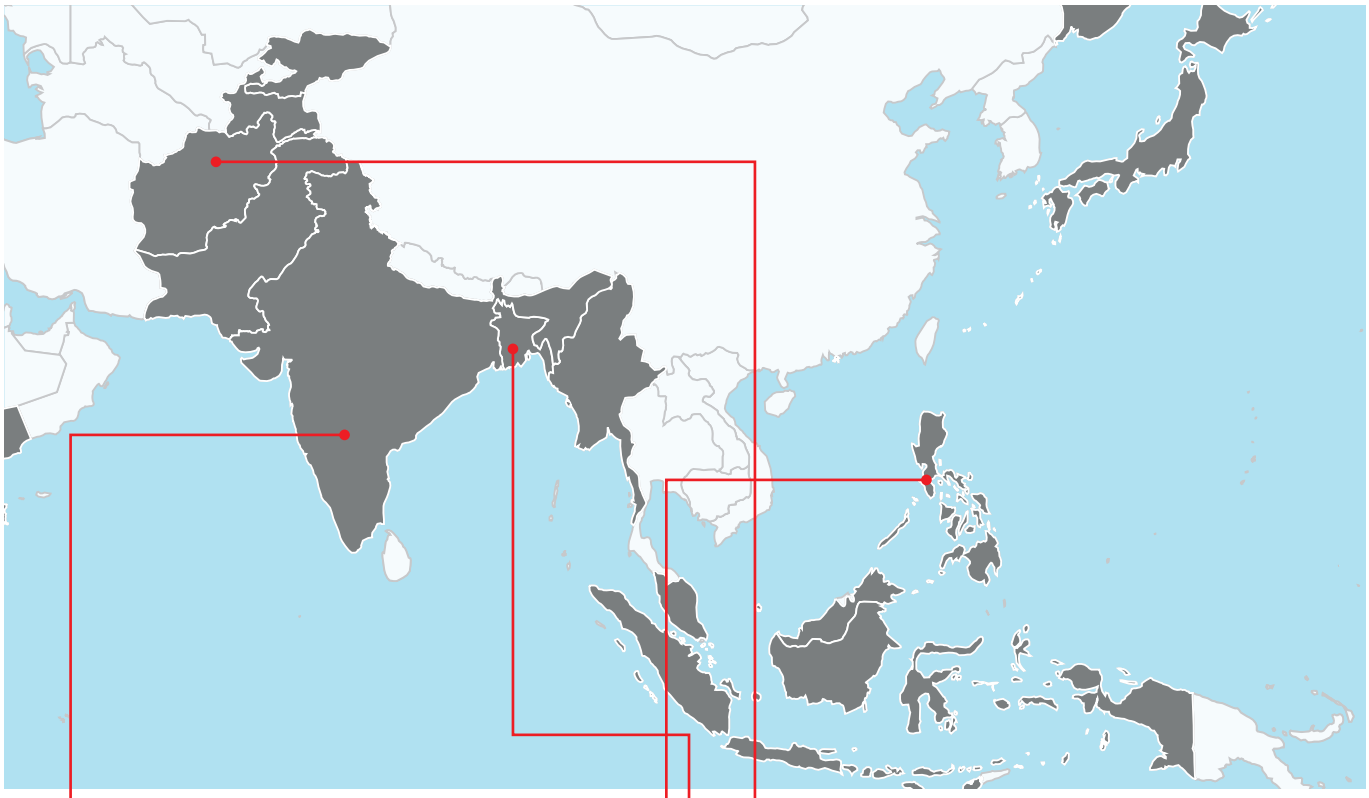
MSF's support to the two COVID-19 treatment centres in the cities of Reynosa and Matamoros on the northern border of **Mexico** ended at the beginning of October, after caring for 139 mild and severe COVID-19 patients at the two facilities. Along the border, MSF teams continued to assess and improve infection prevention and hygiene conditions and provide psychosocial support in some 14 migrant shelters. In several of MSF's regular projects along the southern border, in Mexico City, in the port city of Coatzacoalcos, and in Guerrero, teams were able to restart medical activities for migrants and vulnerable groups with mobile clinics and supporting health facilities. In November, MSF formed a multidisciplinary COVID-19 intervention team with health promoters, psychologists, logisticians, and water and sanitation and infection prevention and control specialists able to provide technical support and training on decision-making on COVID-19 prevention and control in migrant shelters along the Mexican migration route. An additional mobile team continued its visits to 32 hospitals and health centres in nine states providing technical support and training on COVID-19 prevention.

© Christopher Lee/MSF

In **Haiti**, MSF's dedicated COVID-19 activities ended in August. In its two health structures in Port-à-Piment and Port-au-Prince, MSF teams continued to offer consultations and testing for some 80 COVID-19 patients until the end of the year, and held 3,600 thematic health promotion sessions at its hospitals and in communities nearby. In the states of Michigan and Texas in the United States, MSF worked in ten long-term care facilities providing dedicated hands-on support, technical advice, and trainings, before closing the project at the end of October. Since June, MSF had worked in 80 long-term care facilities across the two states.

Asia & Pacific

Key figures September-December 2020



India

5 health facilities receiving COVID-19 technical, training or material support

2 health facilities with medical support for COVID-19 patients

650 outpatient consultations

91,000 Items of protective equipment distributed

Philippines

2 health facilities receiving COVID-19 technical, training or material support

1 health facilities with medical support for COVID-19 patients

470 inpatient admissions

8,760 items of protective equipment distributed

Afghanistan

5 health facilities receiving COVID-19 technical, training or material support

3 health facilities with medical support for COVID-19 patients

8,030 outpatient consultations

2,886 health promotion sessions

12,876 items of protective equipment distributed

Bangladesh

6 health facilities with medical support for COVID-19 patients

19,628 outpatient consultations

133,700 health promotion and door to door sessions

28
MSF projects with COVID-19 activities

19
health facilities with COVID-19 technical, training or material support

14
health facilities with medical support for COVID-19 patients

143,700
COVID-19 related health promotion sessions

141,400
COVID-19 protective equipment and masks distributed

Asia & Pacific

The pandemic continued to pressure health systems in Southern Asia and in the Pacific region, with high infection rates and an increasing number of deaths reported from India, Indonesia, Bangladesh, and Myanmar towards the end of the year. MSF's COVID-19 interventions focused on vulnerable populations in settings with limited or no access to medical care, and on protecting staff in treatment centres and health structures across eight countries in the region.

In the world's largest refugee camp in Cox's Bazar in **Bangladesh**, MSF continued to provide consultations for suspect COVID-19 patients and maintain other essential healthcare services in seven clinics.

In all its facilities, MSF installed designated isolation and treatment capacities, and improved infection prevention and control measures and sanitary conditions. Close to 20,000 patients with suspect COVID-19 symptoms including respiratory tract infections were screened and consulted by MSF teams from September to December, and more than 500 patients were hospitalised. As patients in the camps of Cox's Bazar feared being forcefully confined away from their families in case of a COVID-19 diagnosis, many refused testing, making estimates of confirmed COVID-19 infections practically impossible. MSF teams additionally carried out several large health promotion campaigns visiting more than 130,000 households across the camps through the end of the year.

An MSF Mental Health Supervisor is checking on patients who are visiting the Kutupalong healthcare facility in Cox's Bazar, Bangladesh. © Farah Tanjee/MSF

Despite rapidly increasing COVID-19 case numbers in **India**, MSF's COVID-19 treatment centre in Patna in the State of Bihar stopped admitting patients from October, as health authorities started to discharge asymptomatic and mild cases to home isolation rather than a treatment facility. The team therefore shifted to providing health promotion, mental health, and psychological first aid activities to frontline healthcare workers in government hospitals across the state. In Mumbai, MSF worked alongside national health actors in a 1,100-bed COVID-19 treatment centre, admitting more than 2,300 patients with moderate symptoms. The team also continued active screening of patients with multidrug-resistant tuberculosis at several project sites in the city. Across its projects in India, MSF distributed more than 90,000 personal protective items as part of its COVID-19 response.

In **Myanmar**, MSF assisted local health actors with medical services, testing, and setting-up quarantine facilities in the states of Rakhine, Kachin and Shan, and held more than 3,200 health promotion sessions and distributed some 25,000 items of protective equipment. At the end of October, MSF closed its activity at the COVID-19 ward and onsite test laboratory of San Lazaro Hospital in Manila City in the **Philippines**, following a decrease in cases in the city. Throughout the end of the year, the team offered support to health workers conducting contact tracing and COVID-19 prevention activities at the community level, and built triage tents at three health facilities. In Indonesia, MSF outreach teams continued workshops, training of health promoters and health education sessions on COVID-19 for community health workers and assisted communities in the Banten and Jakarta provinces until late October.

A health promoter checking on a COVID-19 patient in MSF's COVID-19 Treatment Centre in Gazer Ga, Herat, Afghansitan. ©Waseem Muhammadi/MSF

Following an increase in patients presenting with severe COVID-19 symptoms in Herat, **Afghanistan**, the MSF Gazer Gah COVID-19 centre was reactivated in November after it had been put on standby in September. MSF medical teams also supported the COVID-19 triage unit at the nearby Herat Regional Hospital, the main referral hospital in the Western Region of Afghanistan, screening some 10,000 patients weekly. At both facilities in Herat, MSF supported more than 8,000 suspect COVID-19 outpatient consultations from September to December, and admitted 430 patients to the treatment centre. In Lashkar Gah, MSF was able to reduce designated bed capacity for COVID-19 patients at a supported hospital, while COVID-19 refresher trainings were organised for medical staff at three healthcare facilities in the province of Kandahar in October following a sharp increase in infections. In Helmand, MSF teams cared for COVID-19 patients undergoing additional treatment for tuberculosis and surgical treatments, and on the paediatric and maternity wards, while referring additional suspect COVID-19 patients to another hospital.

Responding to an increase in COVID-19 cases in the Balochistan province of **Pakistan**, MSF extended its activity at a 32-bed isolation ward for COVID-19 patients in the Killa Abdullah New DHQ Hospital in Chaman, where the team worked on improving infection prevention and control and waste management, and provided protective equipment. In Karachi, MSF launched new digital health promotion activities on COVID-19 within the Machar Colony Community. MSF's COVID-19 isolation ward at the District Headquarters Hospital in Timergara offered 460 outpatient consultations in September before the structure and its screening set-up at the entrance of the hospital were closed in mid-October after running for six months.

4 Persisting operational challenges: Human Resources, Supply, and Finance (September – December)

© Yesika Ocampo/MSF

Introduction

Despite a global decrease in dedicated COVID-19 projects in the last quarter of the year, managing MSF's emergency response and regular projects remained challenging. As many countries around the world faced recurring waves of COVID-19 infections and new variants of the virus, border closures and travel restrictions again complicated international staff departures and affected global transportation networks. A number of new interventions were launched beginning in September, and some isolation and treatment centres put on standby earlier in the year had to be reopened. With a clear need for extra resources to fund its COVID-19 response extending into 2021, fundraising teams continued to receive contributions to MSF's dedicated Crisis Fund.

Staff travel and human resources

While MSF staff had to rely heavily on humanitarian charter flights to reach projects over the first half of the year, more travel routes and commercial flights gradually became available from late August. This led to a steady normalisation of international staff departure numbers towards the end of the year. Close to 2,000 staff were able to travel on MSF international missions between September and December. For the first time since the beginning of the pandemic, in December 2020, monthly departures exceeded those of the previous year.

Coordinating international travel for the COVID-19 response and MSF's regular operations nonetheless remained extremely challenging, and travel teams continued to work with extra staff supporting bookings on problematic routes. On all international routes, quarantine measures and testing requirements at different airports posed major hurdles, causing delays, long travel times, and substantial extra cost for quarantine accommodation in some destinations. The pandemic also led to an increase in ticket prices for destinations such as Australia and New Zealand, as airlines limited the number of available seats per flights to minimise infection risk.

For a number of destinations such as Madagascar and Myanmar, charter flights organised by the United Nation's Humanitarian Air Service (UNHAS) remained the only available means of travel. Concerns over new COVID-19 virus variants and recurring waves of infections also led some countries to impose new border closures, particularly complicating travel to Chad and Zimbabwe towards the end of the year and into 2021.

An MSF team crosses Lake Tefé by boat for a health promotion activity in the Brazilian Amazonas state. © Diego Baravelli/MSF

At the end of the year, MSF's joint international human resource platform extended the dedicated COVID-19 HR Principles, which had been issued in April to guide staffing policies, operational continuity, and duty of care during the pandemic, including MSF's commitment to protect staff and offer support.

In a second survey conducted with MSF operational centres, partner sections, and branch offices in Africa, Asia, the Americas and Europe in November, more than half of participating offices reported having 70% or more staff working from home full-time. In virtually all offices, staff reportedly expected working remotely from home to remain a more permanent arrangement beyond the pandemic. Most MSF offices therefore started to develop or update respective work from home policies.

Looking back at the first nine months of the pandemic, MSF human resource directors from 29 offices discussed major challenges and lessons learned at their joint annual meeting in December. In all participating offices, MSF human resource teams have started to further adapt work from home schedules, improve the availability and security of information technology for teleworking, and reorganise staff briefings and recruitment processes using virtual meetings where needed.

MSF's international governance and human resource forums also recognised that the pandemic has accelerated and exposed pre-existing staffing challenges, in particular the traditional distinction of international, national, and headquarter staff with respective individual contracting and reward policies. An ongoing rewards review exercise was prioritised at the end of the year, and is expected to continue this year and in 2022.

Supply and logistics

From September through the end of the year, new suppliers screened and contracted by MSF's joint procurement taskforce earlier in the year continued to steadily deliver protective and medical equipment required for the COVID-19 response. This allowed MSF's logistics and supply centres in Amsterdam, Bordeaux and Brussels to fill both outstanding and new orders from the field, despite the market remaining tight for some items, such as surgical and respirator masks.

MSF supply centres packed more than 53.3 million items for the COVID-19 response over the last four months of the year, marking a notable increase from the previous reporting period (close to 30 million items were packed from June to August). The items earmarked for COVID-19 preparedness and direct response activities made up about 48 percent of packed supplies for MSF operations globally, and an additional 58.2 million other items were packed for MSF's regular operations.

MSF projects in the Central African Republic remained a major recipient of personal protective equipment such as facemasks supplied from MSF supply centres. © Adrienne Surprenant/MSF

MSF operations in humanitarian crisis and conflict settings remained the biggest recipients of packed COVID-19 items from September to December, with Central African Republic, the Democratic Republic of the Congo, and South Sudan among the top three recipients of personal protective equipment and medicine for COVID-19 patients. Major shipments were also packed for MSF's emergency pandemic response in Yemen, and projects in Burkina Faso, Mali, and Niger.

As several manufacturers started to announce promising trial results for their COVID-19 vaccine candidates in the last quarter of the year, MSF procurement teams noticed an increasing global demand for vaccination supplies, including syringes, needles, disposal boxes and cold chain equipment. To secure sufficient stocks and supply of these materials for MSF's regular and emergency vaccination activities, such as mass measles vaccination campaigns, the procurement taskforce reacted by prepositioning some of these items, entered agreements with selected manufacturers to keep additional items allocated for MSF, and validated new suppliers to have access to increased production capacity when needed.

Finance

MSF's COVID-19 Crisis Fund that had been created in April with the aim to raise 150 million euros for dedicated COVID-19 interventions and the impact of the pandemic on ongoing projects continued to receive donations throughout 2020. Donations to the fund slowed considerably compared to the second and third quarters. Nonetheless, MSF fundraising teams raised an additional 13.2 million euros for the fund from September to December. Just under 122 million euros had been contributed by the end of the year, with donations from private donors in the United States, Japan, Switzerland, Spain, Germany, and the United Kingdom accounting for the largest share of contributions.

In 2020, the COVID-19 crisis fund allocated 117.8 million euros in annual expenses[7]. Medical activities in MSF projects (42.2 million) and personnel costs (40.0 million) together accounted for around 70% of expenses for the COVID-19 response, followed by travel and accommodation (10.5 million), office costs (9.9 million), and logistics and sanitation (8.9 million).

Oxygen supply in a hospital in Aden, Yemen, where MSF ran its largest and most cost-intensive COVID-19 emergency interventions.
© Hareth Mohammed/MSF

MSF's largest and most cost-intensive operations were located in humanitarian settings and conflict zones, where resources for COVID-19 treatment facilities, emergency medical services, and essential healthcare remained scarce. Yemen, the Democratic Republic of the Congo, Bangladesh, South Sudan and Iraq were home to MSF's largest and most cost-intensive COVID-19 interventions. A sizeable share of expenses were also incurred by COVID-19 activities in hard-hit middle-income countries such as Brazil, Lebanon, or Mexico, and in high-income countries like Belgium, France, Italy or Spain[8].

Several COVID-19 interventions and dedicated activities continue in 2021, and additional expenses are projected to be attributed to the Crisis Fund from projects around the world over the course of the year.

7. Audited financial information was not yet available at the time of this report's publication. Cost figures are therefore still subject to corrections.
8. See the infographics in Chapter 2 for further expenditure and country details.

5 Outlook: COVID-19 vaccine scarcity and operational challenges

© Mariana Abdalla/MSF

In December 2020, the newly available COVID-19 vaccines promised to mark a turning point in the global pandemic response, with first priority groups, including elderly people, frontline health workers and high-risk patients, beginning to receive their vaccines over the last days of the year.

While these vaccines were developed and authorised for emergency use in record time and production capacities scaled globally, it was clear from the outset that limited manufacturing capacities and financial, legal and logistical challenges would cause an acute scarcity of vaccines and complicate their global rollout.

As a frontline international medical organisation, MSF continued its advocacy for equitable access to diagnostics, treatment, and vaccines, while monitoring the fast-shifting vaccination landscape and strategizing to potentially support vaccination activities where feasible.

In parallel, recurring waves of infections and emerging new variants of the COVID-19 virus continue to change the epidemiological map of the pandemic, complicating global response efforts and keeping pressure on health systems around the world in 2021.

Continuing MSF's COVID-19 response and providing vaccination support

While most of MSF's specific COVID-19 activities were planned to close or to be handed over to local partners by the end of the year, several response activities continue into 2021. In Brazil, the health situation remains extremely severe, and MSF continues its interventions in several locations in the Amazonas State, supporting intensive care and managing close to 100 dedicated hospital beds, while struggling with oxygen supply shortages. As case numbers and pressure on the health system increased across the entire country, in April, MSF denounced the Brazilian authorities for failing to convene a centralised and coordinated response to COVID-19. In neighbouring Peru, COVID-19 cases similarly increased in early 2021, leading to overcrowded hospitals, a lack of medical personnel, and shortages of oxygen supplies. With very low vaccination coverage obtained by April, MSF launched an emergency intervention in the Lima region, aiming to take pressure off the local healthcare system and improve early detection of COVID-19 patients in the community.

An MSF team of doctors, nurses, logisticians and data analysts supported COVID-19 referral facilities in the southern city of Blantyre, Malawi in February 2021. © MSF

In Malawi, MSF responded to a request from the health authorities and to support them in tackling the high number of severe COVID-19 patients in January, following a dramatic increase of infections, likely related to the more transmissible South African variant of the virus. As the demand for oxygen for COVID-19 patients far exceeded the national production capacity, cylinders and concentrators had to be imported and remained in

short supply. As MSF teams witnessed first-hand the severe impact of a second wave of COVID-19 infections in the wider South Africa region, early evidence indicated that some vaccines are less effective against the South African variant of the virus. In February, MSF urged countries and pharmaceutical companies worldwide to ensure that health workers in the Southern Africa region are prioritised in the global allocation of vaccine to prevent the local healthcare systems from collapsing. While vaccine doses took a long time to arrive, the situation was fortunately improved by a sudden ebbing of the second wave and a reduction in the number of cases.

In March, MSF again witnessed a dramatic influx of critically-ill COVID-19 patients requiring hospitalisation in Aden and other parts of Yemen, and started to scale its response again, while calling on international donors to step up their humanitarian support to the country.

In Palestine, teams witnessed a sharp increase of COVID-19 patients in the intensive care unit of Dura hospital in Hebron in March, and MSF urged authorities to step up efforts to curb the spread of the disease, including through vaccination. Major COVID-19 operations also continued in Iraq and Syria over the first months of 2021.

At the end of March, MSF started to support the Ministry of Public Health in Lebanon with its COVID-19 vaccination campaign, reaching elderly people and medical personnel in nursing homes. In other countries such as Belgium, South Africa and the Unites States, MSF teams supported vaccination activities with community outreach, health promotion or technical support activities.

MSF medical mobile teams vaccinating elderly people and frontline healthcare workers in a nursing home in Tripoli, Lebanon. © Mohamad Cheblak/MSF

Global advocacy for equitable access to COVID-19 diagnostics, treatments, and vaccines

The launch of the Access to COVID-19 Tools (ACT) Accelerator, a global collaboration with major philanthropists and global health organisations, in April 2020, and its COVID-19 Vaccine Global Access (COVAX) Facility announced in June, were welcomed by MSF as an important step towards ensuring equitable access to COVID-19 diagnostics, treatments and vaccines. MSF has aimed to contribute its field-based, technical experience to ACT's therapeutic, diagnostic and vaccine efforts.

MSF remained concerned, however, that the ACT Accelerator and the COVAX Facility would not successfully address severe global distribution and access inequalities.

In July, MSF bilaterally and publicly urged Gavi, the Vaccine Alliance, and governments participating in the COVAX Facility to ensure that any future COVID-19 vaccines would be sold at cost and accessible to all, and that pharmaceutical corporations would share research, development and production costs transparently. As the US Food and Drug Administration (FDA) started discussing emergency use authorisation of the first two COVID-19 vaccine candidates in early December, MSF again warned that sharing intellectual property, wide cooperation between producers, and pricing at cost would prove crucial in fighting the pandemic.

In March, MSF deployed a banner in front of the World Trade Organization (WTO) in Geneva calling on governments to stop blocking the waiver proposal on intellectual property (IP) during the pandemic. © Pierre-Yves Bernard/MSF

In early October, the governments of India and South Africa asked the World Trade Organization (WTO) to allow all countries to choose to neither grant nor enforce patents and other intellectual property related to COVID-19 drugs, vaccines, diagnostics, and other technologies for the duration of the pandemic.

Welcoming this sustainable step toward more equitable access, MSF urged governments to support the initiative ahead of WTO talks in early November and mid-December. Despite around 100 countries supporting the waiver by early 2021, a small group of countries continues to oppose the proposal.

Uneven global distribution amid vaccine scarcity

For many low- and middle-income countries, the COVAX Facility is the only reliable option to ensure access to COVID-19 vaccines, acting as a global solidarity mechanism to support joint pricing negotiations, pooled procurement and equitable distribution upon availability. For lower-income countries, COVAX supports subsidised procurement via its Advance Market Commitment (AMC) funding mechanism.

While participating in the COVAX Facility and supporting its funding mechanism, many wealthier nations also negotiated bilateral and regional purchase agreements with vaccine manufacturers. This inevitably led to a small number of countries purchasing most of the available vaccines, allowing them to accelerate their national vaccination campaigns from early 2021. More than 30 countries have purchased or committed to buy vaccines through bilateral agreements, which would allow some to vaccinate more than 300% of their respective populations[9].

By late December, COVAX had enlisted approximately 170 participating and eligible countries, and communicated it had negotiated access to nearly two billion doses of promising vaccine candidates. 1.3 billion of these doses were foreseen to be allocated to the 92 low- and middle-income countries eligible for subsidised procurement of vaccines, and planned for shipment over the course of 2021. Yet in reality, much slower progress has been made as COVAX continues to struggle with supply shortages, and many countries have received limited vaccines or none at all during the first months of 2021. At the end of January, MSF called out COVAX's advance purchase agreement with manufacturers Pfizer and BioNTech, which reserved only 2% of the 40 million doses expected to be produced for the COVAX facility at the time.

As most of its projects assist people affected or displaced by conflict and crises, MSF remained particularly concerned that these vulnerable populations could be excluded from national vaccination plans. MSF has therefore been closely involved in the creation of a Humanitarian Buffer via an interagency process steered by the World Health Organization (WHO). The Buffer reserves a proportion of COVAX COVID-19 vaccines to be used for populations at risk of being left behind.

Vaccine production bottlenecks and the challenge of global technology transfers

To meet the enormous demand for effective COVID-19 vaccines, manufacturers have been rapidly scaling up production capacity. The supply chains for vaccine components are inherently global, yet global production is highly vulnerable to export restrictions and supply chain interruptions.

At the same time, many countries strive to protect their own supplies. Adding to the supply tensions, vaccine manufacturers have over-committed their capacity in multiple advanced purchase agreements with governments, regional partnerships, and the COVAX Facility.

Limited manufacturing capacities and financial, legal and logistical challenges have caused an acute scarcity of COVID-19 vaccines and complicated their global rollout. © Mohamad Cheblak/MSF

9. As per COVID-19 Vaccine Market Dashboard data, https://www.unicef.org/supply/covid-19-vaccine-market-dashboard.

As some countries faced recurring surges in COVID-19 cases and new virus variants, they have introduced restrictions on vaccine exports, which risks cutting vaccine supplies elsewhere. In India, for example, the Serum Institute of India is delaying supplies of vaccines going to the COVAX Facility due to the country managing a substantial new wave of the virus. This has led to COVAX facing a shortfall of 211 million vaccine doses in the short term and consequently at risk of reaching an estimated 60% fewer people than its target by July 2021. Manufacturers licensing vaccines openly to more producers could have helped mitigate this supply issue to the COVAX Facility.

At the end of March, MSF urged the European Union to adopt a more global approach to address vaccine scarcity by supporting global sharing of COVID-19 vaccine technology and know-how with all potential manufacturers, including in low- and middle-income countries, and to increase global vaccine supply.

Operational and ethical challenges: Provisional emergency use, liability issues, and short shelf life

As global vaccination efforts are organised through national health systems and the COVAX Facility, MSF and other non-governmental organisations have no direct access to vaccines and limited possibility to leverage field-based analysis of health and logistical needs to facilitate vaccination efforts. MSF has therefore considered either supporting vaccination campaigns organised by local health actors on request, or accepting donations of doses when available, to support efforts of reaching neglected, hard-to reach populations in humanitarian crisis settings.

The unprecedented speed of developing and approving the new COVID-19 vaccines for emergency use also raises legal and ethical issues. Some of the COVID-19 vaccines currently in use have received WHO emergency use approval, which is only provisional and dependent on further evidence on vaccine safety and effectiveness. Other vaccines have not received WHO emergency use approval yet, but are nonetheless used for large-scale vaccination campaigns. While there is a major public health imperative for wide vaccination coverage and an acute need to address vaccination hesitancy, both the complex approval status and the latest findings on vaccine safety and efficacy need to be continuously explained to patients and staff, enabling them to make their own risk-benefit analysis.

In March, MSF brought the extremely short shelf life of most COVID-19 vaccines to the attention of its medical staff around the world.
© Mohamad Cheblak/MSF

Because COVID-19 vaccines are distributed and administered under provisional emergency use approval, manufacturers are additionally unable to insure themselves against the vaccines' potential side effects or long-term health consequences. To distribute their products, they therefore require to be indemnified by another actor, rolling back their customary duty of care. While national health providers are generally offering this indemnification during the pandemic, it remains largely unclear how this liability could be settled if non-governmental or private health actors such as MSF started to administer or stock these vaccines.

In March, MSF also brought the extremely short shelf life of most COVID-19 vaccines to the attention of its medical staff around the world. Even when stored under ideal conditions, the majority of vaccines currently expire after six or seven months. This poses substantial additional challenges for COVID-19 vaccination campaigns and limits the possible donations from the stockpiles of one country to another. MSF staff has been called upon to be extra vigilant on this point, and manufacturers must be urged to keep testing stability over time and extend shelf life as soon as possible.

In light of the multiple, complex challenges in the global allocation, production, and distribution of COVID-19 vaccines, MSF will continue to push national governments to ensure vulnerable populations and high-risk groups, such as health workers, are vaccinated with safe and effective vaccines as fast as possible. Moreover, MSF will continue to promote that equitable access for COVID-19 diagnostics, treatments and vaccines is granted for all.

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