



Brazil © Mariana Abdalla/MSF

RESPONDING TO COVID-19

Global Accountability Report 4

January to April 2021



December
2020

MSF's COVID-19 response: a timeline

08

As two COVID-19 vaccines near FDA approval for emergency use, MSF warns they can only be scaled globally if sold at cost and supplied by many more producers through industry sharing of data, know-how, and intellectual property (IP).

15

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

January
2021

17

MSF responds to a call by the health authorities in Blantyre, Malawi, launching COVID-19 activities to treat high numbers of severe patients in the area.

21

MSF alerts of the desperate situation in the remote Amazonas region of Brazil, where the local health system has completely collapsed due to high COVID-19 infection rates.

20

MSF warns of the persistent negative consequences of the COVID-19 pandemic on humanitarian assistance and vital health services in the overcrowded camps and makeshift shelters for refugees in Cox's Bazar, Bangladesh.



February
2021

1

In Kinshasa, in the Democratic Republic of the Congo, MSF starts receiving COVID-19 patients in a new intensive care unit in Lemba.

3

With an infectious new strain of COVID-19 spreading quickly through southern African countries, MSF urges wealthy country governments and pharma companies to prioritise vaccines for healthcare staff in Mozambique, Eswatini and Malawi.



15

MSF launches new COVID-19 response activities in Portugal, visiting squats and homeless shelters and improving infection prevention and control.

Photo: © Diego Baravelli - MSF

18

MSF urges wealthy countries to donate vaccines other than AstraZeneca to southern African countries to protect frontline workers as the vaccine shows low efficacy against the South African variant.

23

Ahead of a European Council meeting, MSF calls upon the European Union to take urgent action to promote greater global access to COVID-19 vaccines and other lifesaving health technologies.

March
2021

09

MSF International President Christos Christou appeals to governments to stop blocking and move toward formal negotiations for the waiver at WTO removing monopolies on COVID-19 medical tools.



22

The Gavi Board approves reserving 5% of COVAX Advance Market Commitment funding for doses to be deployed via the COVAX Humanitarian Buffer, designed to ensure access to COVID-19 vaccines for high-risk populations in humanitarian settings.

22

With medical staff struggling to provide adequate care to a soaring number of COVID-19 patients in the West Bank, Palestinian Territories, MSF calls upon authorities to immediately increase efforts to slow the spread of COVID-19 and its new variants.

11

One year has passed since WHO declared the outbreak of COVID-19 a pandemic.

Increasing patient numbers at Batangafo Hospital in the Central African Republic lead MSF to scale up its operations and support local committees to prevent the spread of COVID-19.



19

MSF starts supporting COVID-19 vaccination activities in Lebanon, following an agreement with the Ministry of Public Health, reaching the most vulnerable and at-risk populations.



23

Following a dramatic influx of critically ill patients in Aden and other parts of the country, an increasing number of COVID-19 patients are admitted to MSF treatment centres in Yemen.



Photos: ©Pierre-Yves Bernard/MSF - MSF - Tracy Makhlof/MSF

24

In the 51-bed COVID-19 centre in Baghdad, Iraq, MSF warns of the alarming health situation in the city following a heavy second wave of patients requiring intensive care.

25

MSF returns to treat COVID-19 patients in Papua New Guinea, where a worrying spike tripled the total number of new infections since the start of the year.

April
2021

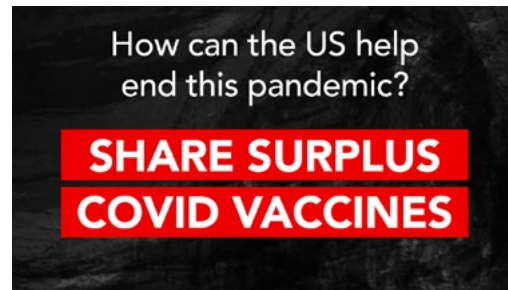
01

Responding to a new wave of COVID-19, overcrowded hospitals and high mortality rates in Peru, MSF starts supporting the health authorities in the north of Lima.



19

MSF calls for US government authorities to share surplus COVID-19 vaccine doses to protect people who have been left out of the global vaccine rollout.



15

MSF calls out the Brazilian government over its inadequate pandemic response, urging to immediately convene a centralised and coordinated response and scale up science-based policies.

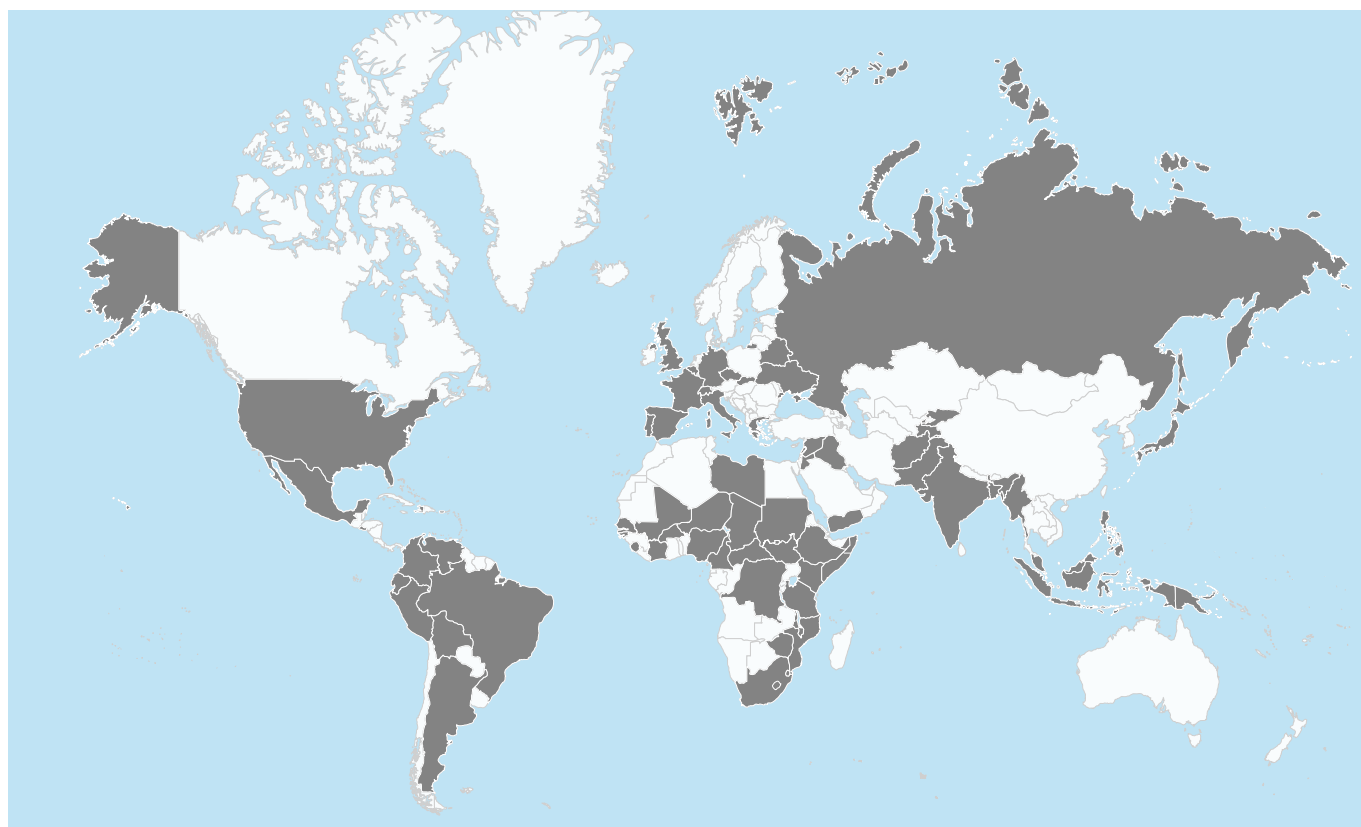


28

MSF restarts its COVID-19 emergency response amid a surging second wave in Mumbai, India, managing one of the dedicated COVID-19 health centres and supporting a 1,000-bed treatment centre.



Photos: © Mariana Abdalla/MSF - Clément Locquet/MSF - Premananda Hessenkamp - MSF



GLOBAL FIGURES AT A GLANCE

March 2020-April 2021

PROJECTS

333 MSF projects with COVID-19 activities

72 Countries with MSF COVID-19 activities

40% of MSF projects with a mental health component

HEALTH FACILITIES

839 Health facilities receiving COVID-19 technical, training or material support

179 Health facilities with medical support for COVID-19 patients

4,745 Beds for COVID-19 patients prepared/managed by MSF

OTHER FACILITIES

1,231 Supported retirement and nursing homes

244 Supported reception and sheltering facilities for migrants, refugees and the homeless

PROTECTIVE EQUIPMENT AND HEALTH PROMOTION

3.6 MILLION COVID-19 protective equipment, masks and hygiene kits distributed

388,000 COVID-19 Health promotion sessions in health structures

412,000 COVID-19 Health promotion sessions in communities or other facilities

CARE FOR SUSPECT AND CONFIRMED CASES

195,700 COVID-19 suspect outpatient consultations

22,900 COVID-19 suspect or confirmed inpatient admissions

12,100 COVID-19 patients treated with severe symptoms

127,000 COVID-19 tests conducted

New interventions and continued response efforts: MSF COVID-19 activities in early 2021

The end of the year 2020 marked a turning point in the global pandemic response, as first COVID-19 vaccines became available to priority groups, including elderly people, frontline health workers and high-risk patients. Nonetheless, the pandemic continued to put severe pressure on health systems and led to strict lockdown measures in both low- and high-resource settings around the world. In many countries, sustained new waves of high COVID-19 infection rates again caused large numbers of patients requiring specialized care, while vaccination efforts only advanced slowly due to vaccine scarcity and related supply and distribution challenges.¹

From late 2020 and into the new year, several new, more infectious variants of the SARS-CoV-2 virus raised concerns over accelerating transmission. In January and February 2021, multiple countries in the Middle East and Northern Africa, South-East Asia, and across the African continent showed increasing trends in case numbers, while alarming rates of new infections and related deaths also continued to be reported from South and Central American countries. March and April saw multiple COVID-19 hotspots resurging around the world, with particularly alarming infection rates in southern Asia.

Over the first months of the new year, the global number of confirmed COVID-19 infections nearly doubled from 82 million at the end of 2020 to more than 150 million by the end of April 2021. More than 1.4 million patients died from COVID-19 related complications during the same period, adding to close to 3.3 million confirmed deaths since the beginning of the pandemic.²

In 2021, MSF maintained dedicated COVID-19 activities in some 165 projects in 52 countries, working alongside local health workers and supporting hospitals and treatment facilities to deliver medical care and improve infection prevention and control measures. MSF teams continued to provide protection and care for vulnerable populations in remote communities, people on the move, homeless people, and elderly people living in long-term care facilities. In all its projects around the world, MSF also worked to maintain other essential healthcare services amid lockdown and confinement measures.

While several COVID-19 projects could be closed or reintegrated into regular MSF operations at the end of 2020, the new year saw multiple new or reactivated COVID-19 operations in hard-hit countries on five continents. Compared to the previous four months, the number of MSF projects reporting dedicated COVID-19 activities from January to April only reduced by eight percent. Since the beginning of the pandemic in March 2020, MSF teams responded to the pandemic in more than 330 different projects in 72 countries.

On request from the health authorities in **Malawi**, MSF started to support the national COVID-19 response in January, offering more than 2,200 suspect COVID-19 medical consultations and supporting admission of nearly 200 confirmed patients to two treatment facilities. 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. Amid a major second wave of COVID-19 infections



1. For a more detailed account of scarcity, supply and distribution challenges of COVID-19 vaccines from an MSF perspective, see the outlook chapter of the third Global Accountability Report (<https://www.msf.org/msf-and-coronavirus-covid-19-september-december-2020>).
2. 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.



MSF medical staff visiting patients in the newly opened centre for temporary isolation and oxygenation in Huacho, Peru, where MSF launched a new emergency intervention in April. Jean-Baptiste Marion/MSF

in the wider **southern Africa region**, the Beta variant of the virus spread extremely fast and created a dangerous gap in health provision with high numbers of healthcare staff not able to come work. 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 vaccines to prevent the local healthcare systems from collapsing. MSF also scaled up its medical response, including severe patient care, community public health activities and decongesting facilities that were getting overwhelmed in **Lesotho, South Africa and Zimbabwe**.

In March, MSF reactivated part of its pandemic response in Aden and other parts of **Yemen**, following a dramatic influx of critically-ill COVID-19 patients requiring

hospitalisation. Close to 1,000 suspect or confirmed COVID-19 patients were admitted to MSF treatment facilities in Yemen in March and April, nearly half of which required respiratory support and other intensive care. In **Palestine**, MSF teams witnessed a sharp increase of COVID-19 patients in Hebron and the West Bank in March and started supporting two hospitals with COVID-19 treatment centres, as well as urging the 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 four months of 2021.

At the end of March, MSF started to work with the Ministry of Public Health in **Lebanon** in a COVID-19 vaccination campaign reaching elderly people and medical personnel in nursing homes. MSF teams also supported vaccination activities in Belgium, South Africa and the United States with community outreach, health promotion and technical advice.

In **Brazil**, MSF continued its interventions in several locations across the country amid an extremely severe health situation, supporting intensive care while struggling with oxygen supply shortages. In April, MSF publicly denounced the Brazilian authorities for failing to convene a coordinated response to the pandemic. In neighbouring Peru, COVID-19 cases similarly led to overcrowded hospitals, a lack of medical personnel, and shortages of oxygen from early in the year. With very low vaccination coverage obtained by late March, MSF launched a new emergency intervention in the Lima region. MSF teams also continued to see and admit high numbers of suspect and confirmed COVID-19 patients in several projects in Venezuela, despite the forced



A frontline health worker gets vaccinated against COVID-19 at an MSF-supported vaccination centre in a nursing home in Tripoli, Lebanon. Mohamad Cheblak/MSF

withdrawal from the Ana Francisca Pérez de León II hospital in Caracas at the end of November due to entry and work permit restrictions for international staff.

In late April, MSF restarted its emergency response amid a surging second wave of COVID-19 in the densely populated city of Mumbai in **India**, following alarming reports of more than 100,000 new daily infections in Maharashtra state. Major COVID-19 operations also continued in the large refugee camp in Cox's Bazar in Bangladesh and in Afghanistan, and MSF launched a new intervention in **Papua New Guinea** in late March.

In Europe and Central Asia, MSF scaled-up a COVID-19 intervention in **Slovakia** in January, strengthening infection prevention and control measures in more than 150 retirement facilities and in settlements. Similar support activities to long-term care facilities, shelters and reception centres for migrants and refugees continued in **Belgium, France, Italy, Portugal, and Switzerland**. In the Donetsk region of **Ukraine**, MSF's mobile clinic offered

screening activities and home-based consultations to more than 4,000 suspect COVID-19 patients between January and April.



Medical team meeting in at Ngwelezana Tertiary Hospital in South Africa's KwaZulu-Natal Province in February, at the peak of the second wave of high COVID-19 infection rates. Chris Allan/MSF

Supporting health facilities and protecting healthcare workers during the pandemic

From January to April 2021, MSF provided COVID-19 technical, training, and material support in more than 270 health facilities, including implementing infection prevention and control measures, organising trainings for medical personnel, and improving the patient flow in hospitals. More than 30 percent of MSF's COVID-19 projects included counselling and mental health support to healthcare workers, patients, or family members. In an additional 80 hospitals and treatment centres, MSF medical teams directly treated COVID-19 patients and set up or managed more than 1,600 dedicated beds. Brazil, the Democratic Republic of the Congo, Mali,

Palestine, and Venezuela were the countries with the most health facilities receiving MSF technical, training, and material support. The most COVID-19 treatment centres and hospitals where MSF directly cared for COVID-19 patients were reported from humanitarian crisis and conflict settings in Central African Republic, Niger, South Sudan, Syria, and Yemen.

Since the beginning of the pandemic, MSF supported close to 900 health facilities as part of its global COVID-19 response, and treated COVID-19 patients in an additional 179 hospitals and treatment centres.



A training for newly hired staff on how to thoroughly wash hands using soap or sanitizer in Port Moresby, Papua New Guinea, where MSF prepared to manage a COVID-19 treatment centre in April 2021. Leanne Jorari/MSF

Patient care and COVID-19 case management



Close to 84,000 suspect COVID-19 outpatient consultations and over 34,000 tests were conducted in MSF-supported health facilities and treatment centres worldwide between January and April 2021. Some 7,400 COVID-19 patients required hospitalisation and over 6,100 patients showed severe symptoms requiring intensive care such as respiratory support.

With more than 22,000 suspect COVID-19 outpatient consultations, MSF projects in the large refugee camps of Cox's Bazar in Bangladesh continued to report the highest number of consultations, followed by health facilities in Afghanistan (11,200 consultations), Venezuela (11,100 consultations), Syria (7,000 consultations), and Iraq (6,700 consultations).³ Over the first months of 2021, the highest number of COVID-19 patients requiring hospitalisation were admitted in MSF projects in Palestine (1,300 admissions), Yemen (976 admissions), and Syria (939 admissions), followed by Venezuela (540 admissions), South Africa (483 admissions) and Brazil (460 admissions).

Since March 2020, MSF medical teams globally conducted more than 195,000 COVID-19 suspect or confirmed outpatient consultations and admitted nearly 23,000 patients to hospitals and treatment facilities.

Reaching vulnerable populations at risk

MSF teams also continued to work in more than 260 long-term care facilities and nursing homes, protecting residents and staff, improving infection prevention and control measures, and offering psychosocial counselling and mental healthcare. Virtually all nursing homes supported by MSF in 2021 were in Europe, including in Slovakia, Belgium, France, Italy, and Switzerland. MSF also extended its dedicated COVID-19 support to some 40 facilities offering shelter, housing and self-isolation capacity to migrants, refugees, and homeless people, particularly across Europe and in South America. Since the beginning of the pandemic, MSF responded to COVID-19 in more than 1,200 long-term care facilities and nursing homes, and in nearly 250 shelter, housing and self-isolation facilities for vulnerable populations around the world.

Reaching out to communities and assessing individual health needs, disseminating up-to-date health information and addressing misinformation and fears remained a key component in MSF's COVID-19 response in 2021. From January to April, outreach teams held close to 122,000 health promotion sessions on COVID-19, including door-to-door, phone, and social media campaigns. Around 70 percent of these sessions took place in MSF-supported health facilities and treatment centres, while the remaining 30 percent were conducted by outreach teams in communities, homes, or in other facilities. Over the first

four months of the year, MSF distributed some additional 400,000 protective equipment and hygiene items including masks and protective gowns to communities, migrants and other people on the move, as well as to health facilities.

From March 2020 to April 2021, MSF teams globally conducted close to 800,000 health promotion and community outreach sessions and distributed more than 3.6 million items of protective equipment and hygiene items.



3. However, the comparability of outpatient consultations and admissions to stationary care remains limited. 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 require an adapted screening and triage system accommodating higher number of patients.

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



An MSF-supported COVID-19 vaccination site for vulnerable and hard-to-reach communities in Puerto Rico in March. In several countries, MSF repeatedly called for vaccines to be distributed equitably to protect frontline health workers and people at increased health risks. Gabriella N. Báez/MSF

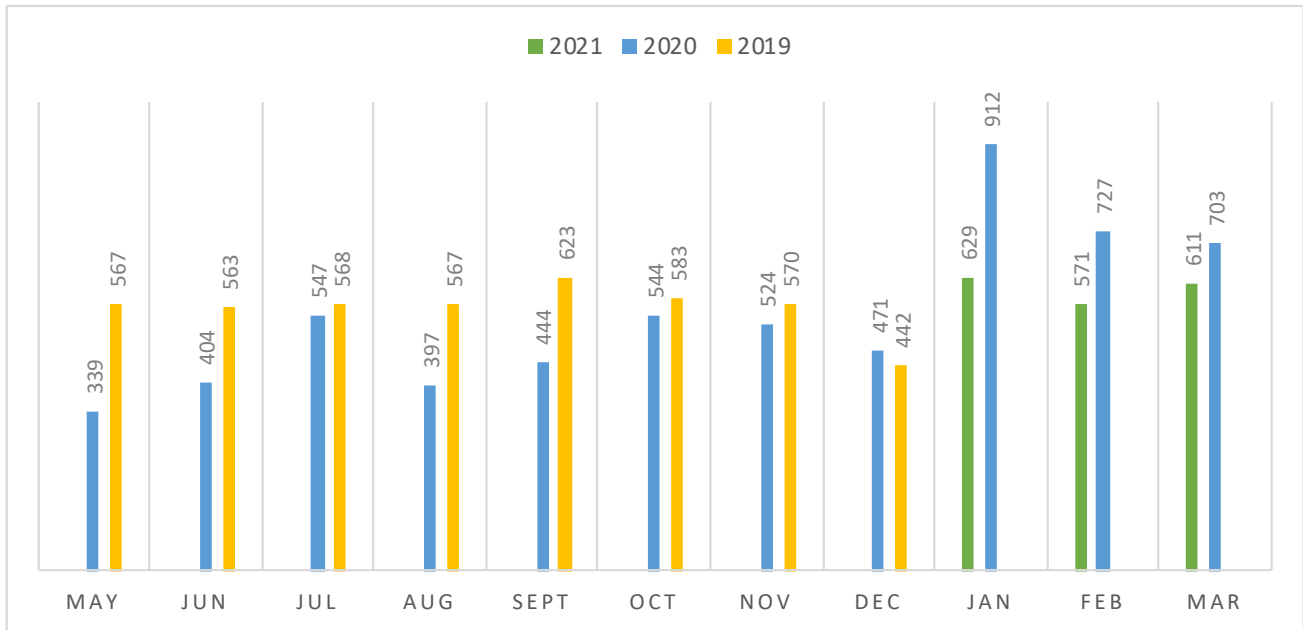
In 2021, MSF continued to pursue several global advocacy initiatives on equitable access to COVID-19 diagnostics, treatments and vaccines launched in 2020, calling upon pharmaceutical companies, national governments and international bodies to refrain from profiteering, share vaccine doses, suspend patents and other intellectual property, and ensure availability of life-saving treatments and vaccines for all.

From January to April, MSF repeatedly urged governments to support South Africa's and India's proposal to the World Trade Organization (WTO) to waive intellectual-property monopolies on COVID-19 medical tools during the pandemic. In early March, MSF International President Christos Christou appealed to governments to stop blocking and move toward formal negotiations for the waiver at WTO.

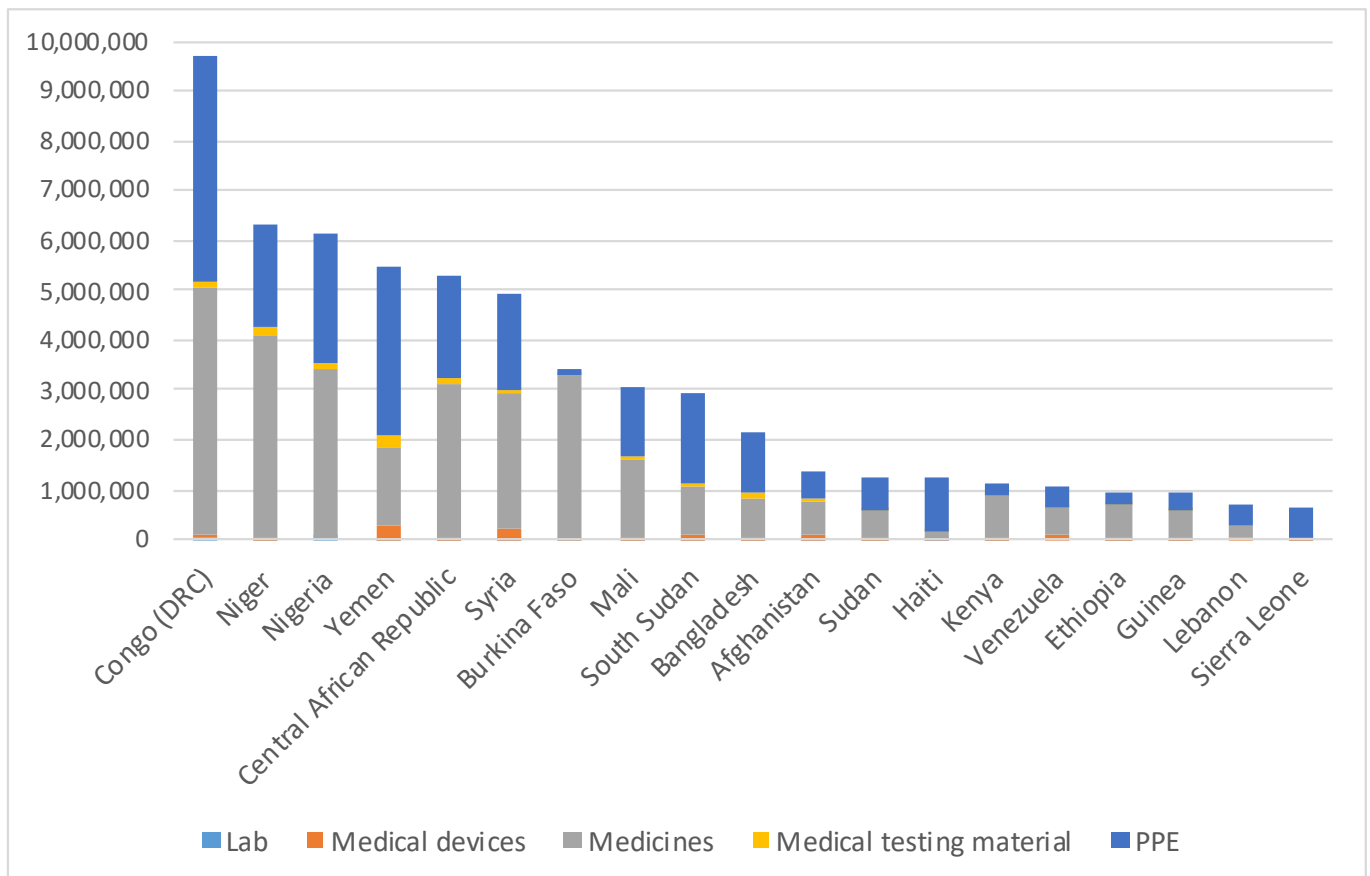
MSF also closely monitored global COVID-19 vaccine scarcity issues and developments within the COVID-19 Vaccine Global Access Facility (COVAX), and in February called for vaccines to be distributed equitably and protecting frontline health workers and people at highest risk in hard-hit countries such as in the southern Africa region. As an observer in the Inter-Agency Standing Committee (IASC), an inter-agency forum of both non-governmental and UN-humanitarian partners, MSF actively contributed to developing the COVAX Humanitarian Buffer, a last-resort mechanism to allocate COVID-19 vaccines to populations in humanitarian settings unable to access them otherwise. In late March, the board of Gavi, the Vaccine Alliance, formally approved reserving five percent of COVAX Advance Market Commitment funding for doses to be deployed via the Humanitarian Buffer.

Staff travel and supply of equipment to MSF operations

International assignment departures, May 2020 - March 2021



Items packed for MSF's COVID-19 response from January to April 2021, quantities for top 20 receiving countries





Oxygenation equipment at Ji-Paraná's Municipal Hospital, in Rondônia State, Brazil. Supplying medical and protective equipment to hard-hit countries and crisis-settings remained challenging in 2021. Diego Baravelli/MSF

While a globally disrupted transportation network had posed major challenges to coordinating travel and staffing MSF's COVID-19 response in 2020, the availability of commercial flights continued to improve over the first months of 2021. Organising international departures to and returns from international MSF missions nonetheless remained exceptionally complex, with diverse and fast-changing regulations on testing, quarantine, and proof of vaccination documentation in place in destination and transit countries. Over the first quarter of 2021, more than 1,800 international staff travelled to MSF projects, only about 20 percent less than during the same period in 2019. Compared to the last months of 2020, international departure numbers continued their upward trend.

Additional 2020 staff data analysis estimates the engagement of MSF personnel in dedicated COVID-19 interventions over the course of 2020 to amount to some 1,350 full-time equivalents of locally recruited and internationally mobile staff. In addition to staff working in these dedicated COVID-19 interventions, many more MSF teams provided medical and other assistance to COVID-19 patients in MSF's other interventions.

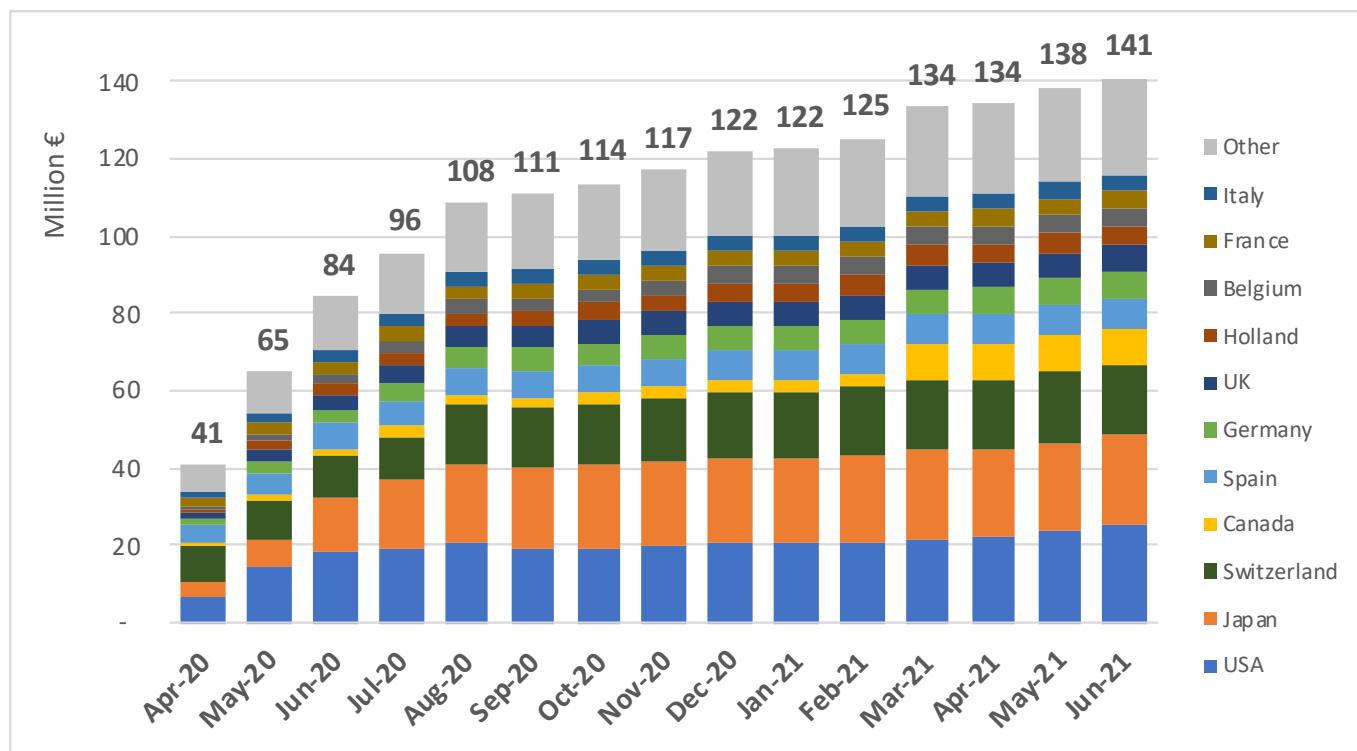
For long periods of the year 2020, shortages of essential protective and medical equipment, severely disrupted transportation networks, as well as temporary import and export restrictions on items needed for

the COVID-19 response had posed major challenges for MSF's procurement, supply and logistical teams. With more reliable supplies of personal protective equipment, medical devices, medication, testing material and specialised laboratory equipment available, MSF's supply centres in Amsterdam, Bordeaux and Brussels packed close to 64 million items for the global COVID-19 response from January to April 2021. Medication used to treat COVID-19 patients (32.2 million items, 50%) and personal protective equipment (28.9 million items, 45%) made up the biggest proportions of items packed and dispatched.

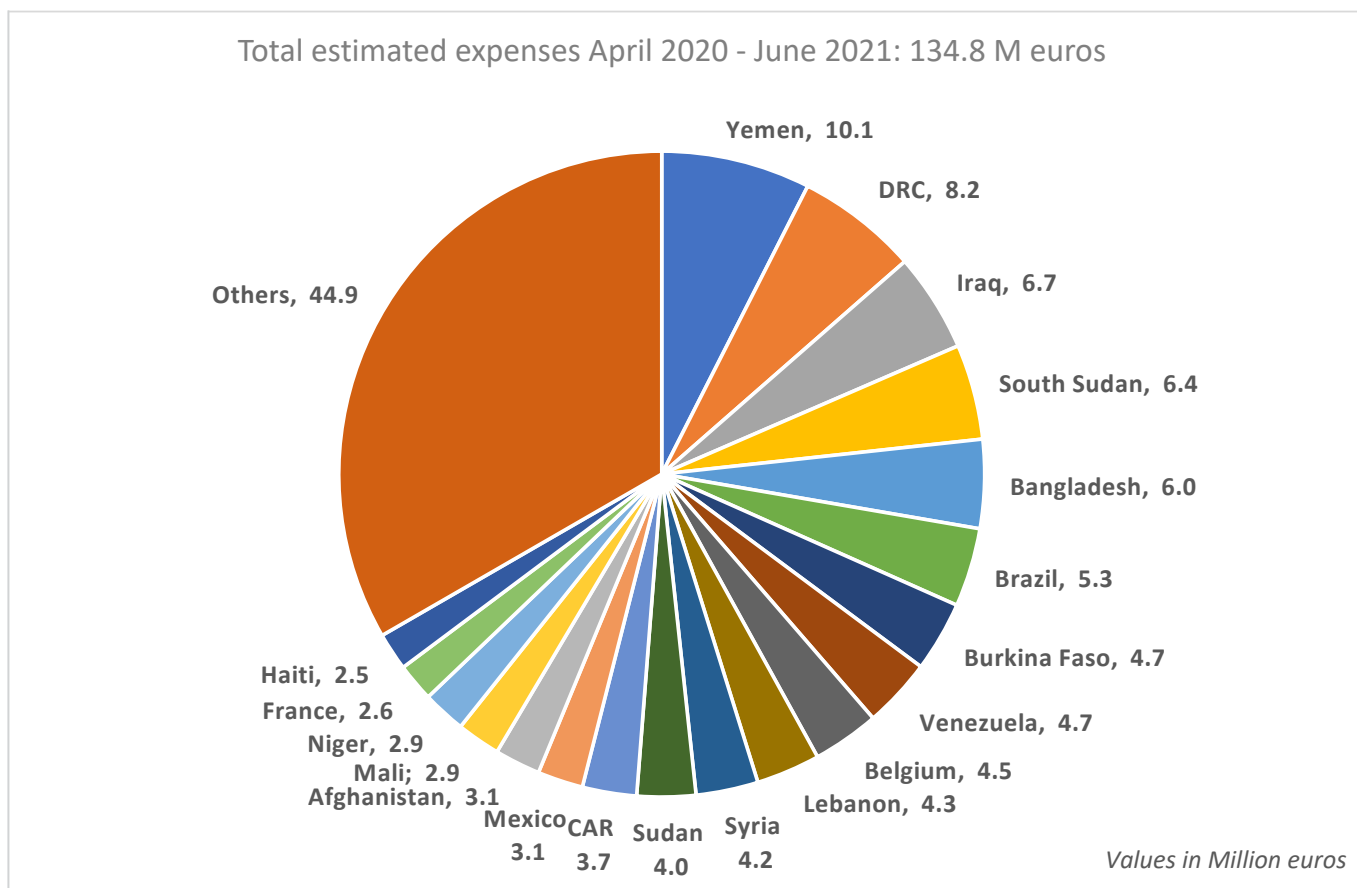
As during the previous year of the pandemic, a majority of COVID-19 response items were shipped to MSF projects in lower-resource and conflict settings with limited local procurement opportunities, with Burkina Faso, Central African Republic, the Democratic Republic of the Congo, Niger, Nigeria, Syria, and Yemen among the countries receiving the most items. Items earmarked for COVID-19 preparedness and direct response activities made up about 48 percent of packed supplies for MSF operations globally, with nearly 70 million other items dispatched for regular and emergency projects.

Finance

Evolution of contributions to MSF's COVID-19 Crisis Fund and countries with highest donations, April 2020-June 2021 (million euros)



COVID-19: estimated programme expenses by country of intervention April 2020-June 2021 (million euros)



COVID-19 Crisis Fund income and programme expenditure



MSF vaccination centre in Bar Elias, Lebanon. Major MSF COVID-19 activities including vaccination campaigns continued on five continents in 2021. Tracy Makhoul/MSF

Inaugurated in March 2020 as part of MSF's global response to the pandemic, the COVID-19 Crisis Fund is aiming to raise 150 million euros to cover the substantial additional costs of dedicated COVID-19 interventions and of mitigating the impact of the pandemic on other MSF projects. In the first half of 2021, fundraising teams from 35 MSF offices around the world raised just over 19 million euros for the Crisis Fund, increasing the fund's total income from 121 million at the end of 2020 to over 140 million euros by June 2021.⁴ Private donors in the US, Japan, Switzerland, Canada, Spain, Germany and the United Kingdom contributed the largest share of funding for MSF's COVID-19 response.

Over the first six months of 2021, some 17 million euros were attributed to MSF's continuing COVID-19 response

activities and new interventions. By June 2021, total programme expenses allocated to MSF's COVID-19 Crisis Fund since April 2020 amounted to an estimated 134.8 million euros. Lower-resource settings and conflict zones continued to represent the largest share of programme expenses covered by the Crisis Fund. MSF's largest and most cost-intensive COVID-19 operations were in Yemen (10.1 million euros), the Democratic Republic of the Congo (8.2 million euros), Iraq (6.7 million euros), South Sudan (6.4 million euros) and Bangladesh (6.0 million euros), together accounting for more than a quarter of expenses. A sizeable share of expenses was also incurred by MSF COVID-19 interventions in hard-hit high- and middle-income countries such as Belgium (4.5 million euros), Lebanon (4.3 million euros), or Brazil (5.3 million euros).

4. Financial information for 2021 was not yet audited at the time of this report's publication. Actual cost figures are based on estimated income and expenditure and are still subject to corrections.



The MSF Global COVID-19 Accountability Report is commissioned and published by MSF's International Office

Report lead & coordination: Samuel Sieber / **Editorial Committee:** Cameron Becker, Federica Alberti, Jean-Marc Jacobs, Olga Prat, Samuel Sieber / **Data & thematic focal points:** Anaïs Broban, Anna Musielak, Arnaud Levéry, Catherine Van Overloop, Elena Nicco, Isabelle Mouniaman, Juan Antonio Fuentes, Karen Van den Brande, Karla Bil, Lionel Bouche, Liza Cragg, Maider Pagola Ugarte, Stephanie Giandonato, Tanya Ratanatumawat, Vini Fardhdiani / **Project support:** Andrea Bussotti, Gijs Van Gassen, Tamara Saeb, Valérie Babize / **Maps, Layout & Design:** Carrie Hawks, Sarah Imani