Neutrality

Democratic Republic of Congo, 2015
Impartiality

Syria, 2013
MSF projects throughout the world

Medical programs in over 70 countries

IN 2016:
- 35,248 field positions - 8% filled by international staff
- Nearly 9.8 million patient consultations (671,700 admitted patients)
- 92,600 major surgeries
- 250,300 births (includes C-sections)
- 30,600 migrants and refugees rescued and assisted at sea
- 2010: Malawi: Measles Vaccination
- 2010: Sri Lanka: Post-War Mental Health and Surgical Intervention
- 2011: Ethiopia: Rural primary Health Care
- 2012: South Sudan: Refugee Emergency
- 2012-2013: Malawi: HIV/AIDS Intervention
- 2014: Central African Republic: Emergency Conflict Response
- 2014: South Sudan: Cholera Emergency Intervention
- 2016: Ethiopia: Acute Watery Diarrhea Emergency Response
- 2016: Haiti: Hurricane Matthew Emergency Response
Torit, South Sudan, 2014

Why MSF?

Commitment to most neglected areas and populations

Constant “speaking out” and bearing witness

Independence – no reliance on government funding

Capacity to respond quickly

Strong network of colleagues
Yida Refugee Camp,
South Sudan
Challenges

• 16,000 to 60,000 in 3 months

• Emergency levels of under-5 mortality

• Lack of action/ability by other NGOs to fulfill mandates

• “Short term emergency” intervention continues today, 5+ years later

• Implications, effect on political, health system

Yida, South Sudan 2012
Bangui Airport Refugee Camp
Central African Republic
A Neglected “Silent” Crisis
Challenges

• Ongoing ignored crisis, lack of funding, presence of actors
• 2.3 million in need of assistance, 17+ MSF projects
• Insecurity, lack of access to health care, no health system
Moving Forward

• Understanding the narrative around displaced individuals, perceptions of humanitarian interventions – what needs to be changed? Based on the narratives we bring
• Focus on empowerment, ownership – challenging in unstable contexts, emergencies
• Interventions, responses designed, driven by who? Public health approaches
• Chronic, protracted emergencies
• Changes to access, humanitarian space
• Equity, access to opportunities
• Deeper understanding of needs, context – benefits of medical anthropology
FORCED FROM HOME

Join our aid workers as they guide you through a free interactive exhibition sharing their experiences in the field—and showing you the global refugee crisis through their eyes.

COMING TO THESE CITIES IN 2017

BOULDER, CO, SEPT 4 - 10
SALT LAKE CITY, UT, SEPT 18 - 24
SEATTLE, WA, OCT 2 - 8
PORTLAND, OR, OCT 16 - 22
OAKLAND, CA, OCT 30 - NOV 5
LOS ANGELES, CA, NOV 13 - 19

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Thank you!
Questions?
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