MEDECINS SANS FRONTIERES

LA FONDATION

MSF Foundation

Annual report 2025

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CHAIR'S REPORT 2025

By Nicolas Mottis, President of the MSF Foundation

Dear friends,

This 2025 Chair's Report gives me the opportunity to reflect on several key developments at the MSF Foundation.

First and foremost, it does so because I was re-elected President of the Foundation in June and therefore began my third and final three-year term as a Board member this year (MSF's statutes limit Board members to three terms).

Once again, this has been a particularly eventful year.

It unfolded against a profoundly disrupted international and humanitarian backdrop, marked by major cuts in international aid—not only from the United States, but also from many European countries. These reductions indirectly affected MSF operations and, as a consequence, the Foundation's innovation projects. We were required to absorb unexpected costs in several projects and ultimately succeeded in limiting their impact. I will return to the financial situation later in this report.

More fundamentally, in 2025 we continued the significant renewal of the Foundation's project portfolio, with a marked shift toward paediatrics, an area where needs are immense. The strengthening of our team, including a genuine capacity to explore new avenues in close collaboration with MSF operations and the Medical Department, has borne fruit. Ideas that were still at the preliminary discussion stage in 2024 have now become fully fledged projects. Most of them will engage our teams for several years, and they are already expected to generate highly positive outcomes—not only for MSF patients, but also for those served by many other international organisations.

Clara Nordon, Director of the Foundation, provides several examples in her introduction below.

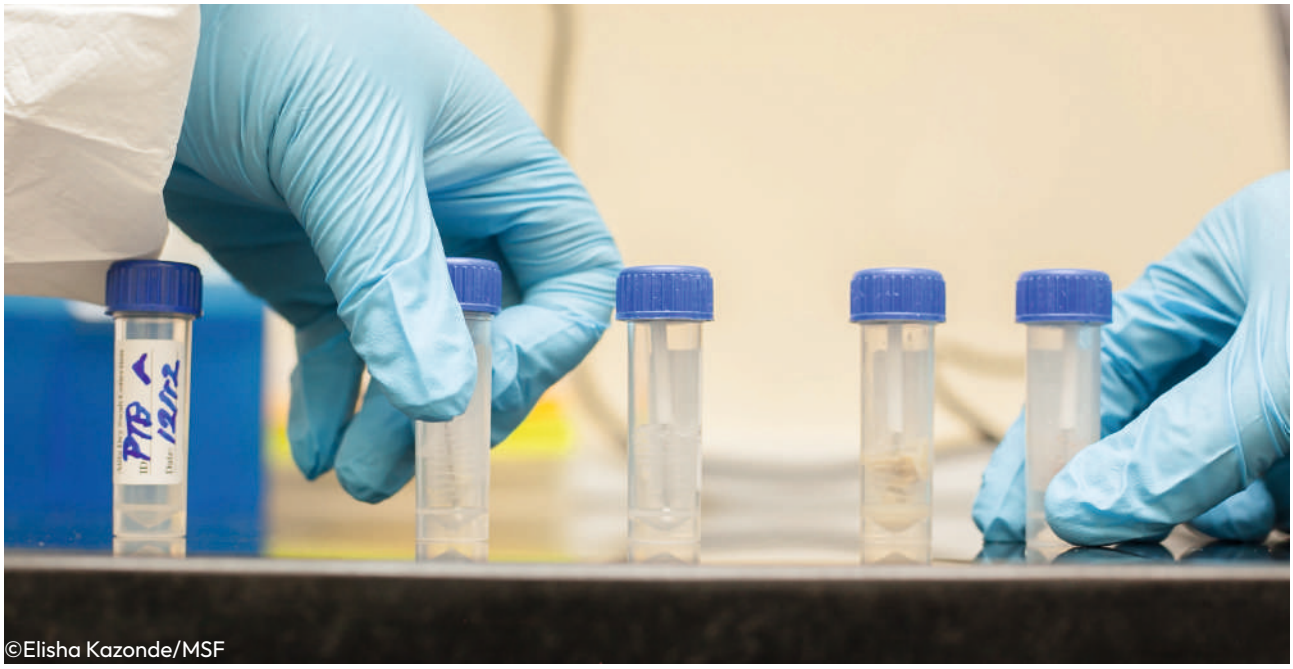
From a strategic perspective, the Foundation operates at the intersection of a wide range of stakeholders: MSF field teams, with whom we identify unmet needs; Epicentre, which supports us in conducting epidemiological studies; and numerous other NGOs, industrial partners and academic institutions with whom we collaborate.

This represents a rather unique innovation model in the humanitarian sector, enabling us to remain highly agile and make the best possible use of our resources. When elements of a solution already exist to address identified needs, we bring them together rather than reinventing the wheel. When they do not exist, we have the capacity to assemble a team and develop those solutions ourselves. Once a solution has been tested and proven effective, we make it available to a wide range of organisations in order to maximise its impact.
As this report illustrates, it is a model that has demonstrated its value.

Beyond innovations with a strong technological component, I would also like to emphasize the importance of the contributions made by CRASH, an internationally recognised centre for reflection on humanitarian issues.
CRASH constitutes the Foundation's second pillar, providing intellectual contributions of the highest calibre and playing a key role in shaping both the communication and the strategy of the MSF movement. Its work is freely available online, its conferences are open to the public, it has launched a highly insightful glossary of key humanitarian concepts, produces thought-provoking podcasts, and much more. I can therefore only strongly encourage you to explore its website.

a rather unique innovation model in the humanitarian sector, enabling us to remain highly agile

As for our financial situation, two words come to mind: challenging and robust. We approved a slightly deficit budget for 2025, yet we ended the year balanced, with a surplus of €88,000, thanks both to very strict expenditure control (approximately €4.7 million) and to a strong level of funds raised—a clear sign of your continued trust and support.



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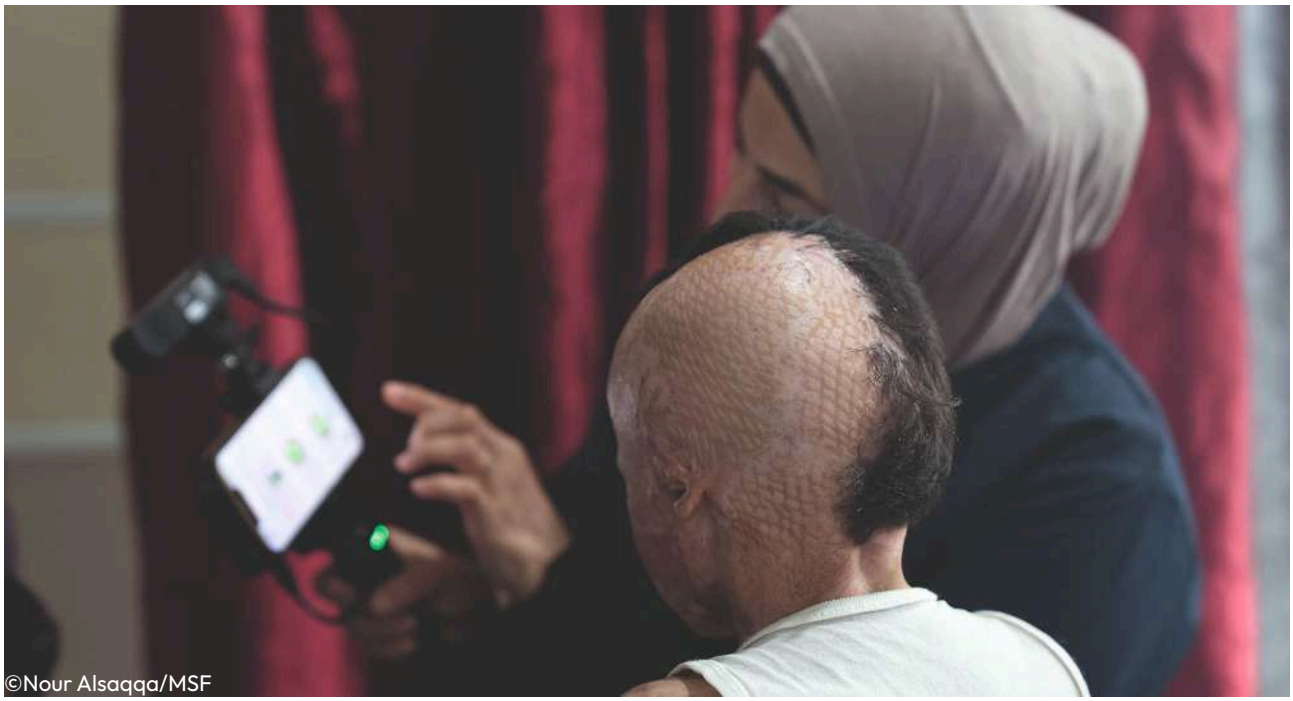
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Robust, because our balance sheet remains sound, and our efforts to manage both expenditures and revenues have enabled us to maintain the reserves that are essential for absorbing unexpected shocks in today's international environment.

The Foundation's Board of Directors is committed to preserving this vital financial foundation, which is indispensable for supporting innovation projects that most often span several years.

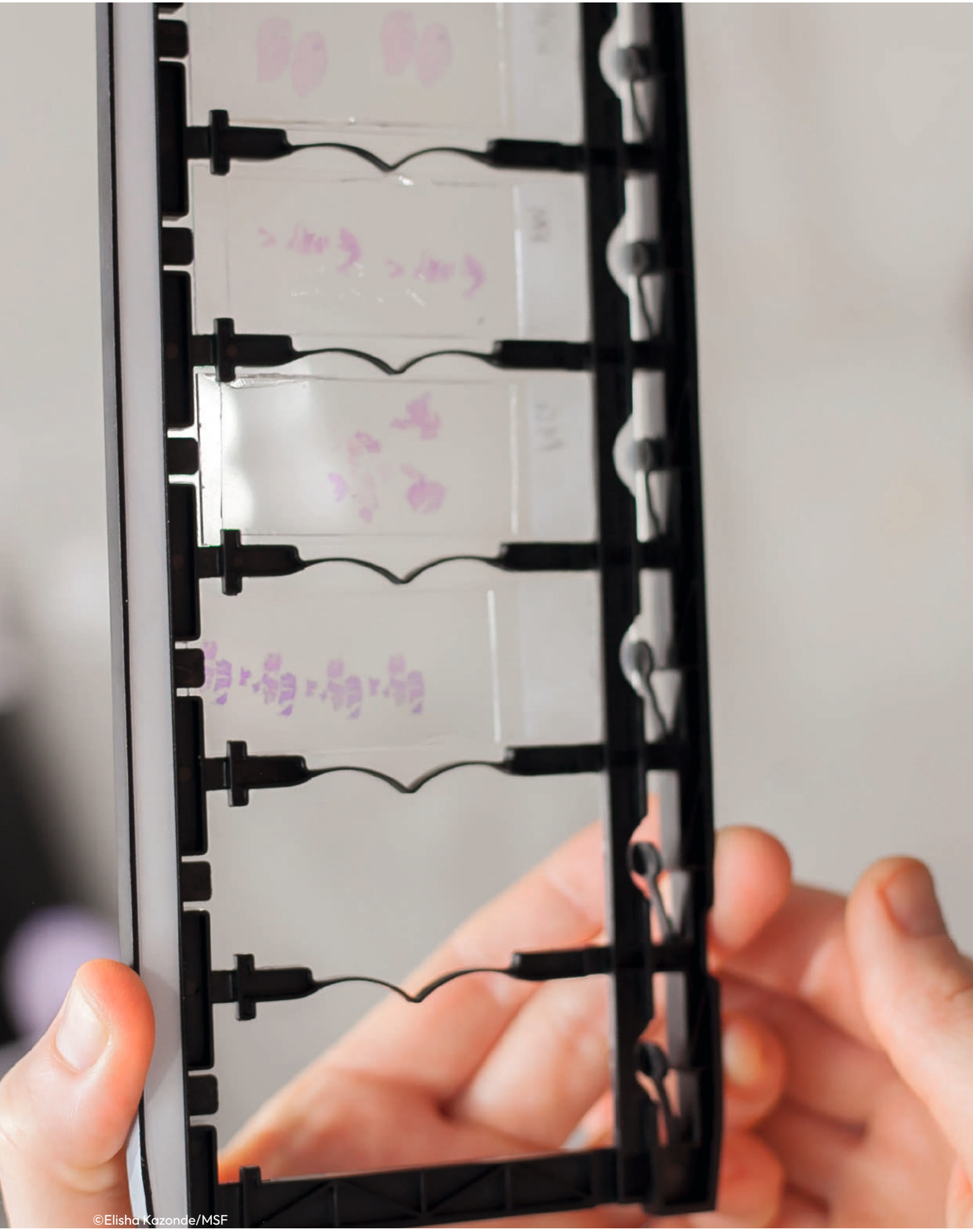
Finally, 2025 also provided an opportunity to further develop our governance model. At the December Board meeting, we approved an expansion of the electoral college for donors and patrons. Previously reserved for major donors, it now includes loyal supporters who have contributed at least €300 in each of the three years preceding the election of donor representatives to the Board.
Prepared by Elizabeth Pauchet, Vice-Chair of the Board, following an extensive consultation process, this broadening of the electoral base will also help improve the diversity of our governance.

In summary, as you will read in this 2025 Activity Report, the Foundation continues to adapt to its environment while profoundly renewing its project portfolio through innovations that will undoubtedly have a significant impact on patients served by MSF and many other organizations.

More than ever, your support is essential to safeguarding our independence and enabling us to develop projects that often require many years before they can be deployed.
On behalf of all our teams, I would therefore like to express my heartfelt gratitude for your continued support.

Yours sincerely,

Nicolas Mottis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ACTIVITY REPORT

Introduction by Clara Nordon Director of the MSF Foundation

Dear Readers,

As highlighted by our Chair in his report, 2025 began in a profoundly transformed global environment.

Although the MSF Foundation was shielded from these shocks thanks to its financial independence, we were not spared their indirect effects—starting with the abrupt termination, in May, of U.S. funding for the PAVE cervical cancer screening study. Our ability to respond in less than a week and secure the continuation of the project—representing five years of research across nine countries—provides a concrete illustration of what such independence makes possible.

This context also led us to refocus our project portfolio. Children have become its most defining priority. The needs identified by MSF field teams clearly and unequivocally support this strategic choice.

In 2025, three exploratory initiatives rapidly evolved into fully structured projects:

- The DKA Calculator, a smartphone-based tool designed to support the management of diabetic ketoacidosis, an acute complication of type 1 diabetes in children. Co-developed with paediatricians and endocrinologists to address the shortage of specialist expertise, it progressed in just a few months from a concept to a pilot project, which will be tested in South Sudan from 2026.

- The Optimilk F-60 project, which aims to improve the therapeutic milk that has been used for the past forty years in the treatment of severe acute malnutrition.

- Our involvement in the development of vaccine micro-patches, which forms part of a coherent strategy to combat measles—a disease responsible for nearly 100,000 deaths in 2024, the vast majority among children. This work complements the DiaTROPIX Rapid Diagnostic Test project, whose first field-based clinical evaluations are now underway.

> ***The two key levers that continue to shape our work are: developing solutions and training programmes to address the shortage of specialists where they are most needed, and influencing the development of health products***

These new projects build on the two key pillars that continue to shape our work: developing solutions and training programmes to address the shortage of specialists where they are most needed, and influencing the development of health products upstream so that field constraints are taken into account from the very beginning of the design process.

This same approach underlies the expansion of paediatric rehabilitation—which is growing rapidly, with the integration of care for malnutrition-related neuromotor impairments in three new countries—the PAVE study in Malawi, whose Phase 1 results confirm the added value of HPV testing combined with AI-assisted image interpretation, and the extension of the 3D Program to Syria.

Finally, as this report is being written, I cannot publish it without paying tribute to our colleague Lucile Saint-Louis, who passed away in February 2026 in Kano, Nigeria, after contracting Lassa fever while on assignment.
A clinical specialist in paediatric rehabilitation, Lucile contributed with exceptional expertise and dedication to making paediatric physiotherapy a cornerstone of the Foundation's work. Her loss has deeply affected our team. It is a painful reminder that we work in challenging environments, and that behind every project are women and men who take real risks.
We have dedicated a page to her memory at the end of this report. We will strive to carry forward the work she began.

Everything you will read in these pages—the projects launched, the studies brought to completion, the decisions taken swiftly when circumstances required it—would not have been possible without you.
Not as a matter of courtesy, but as a matter of fact: it is your trust that gives us the freedom to act, to experiment, and to remain steadfast even as the world changes.

Thank you.

Clara Nordon

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AI4CC (Artificial Intelligence for Cervical Cancer)

Improving Cervical Cancer Screening through the Combined Use of HPV Testing and Artificial Intelligence

Cervical cancer is both a humanitarian emergency and a global public health priority.

More than 90% of deaths caused by this disease occur in low- and middle-income countries, despite the availability of effective prevention measures such as vaccination against the human papillomavirus (HPV), early screening, and treatment of precancerous lesions.

Yet in many of the settings where MSF operates, these tools remain inaccessible. To address this inequality in access to care, the MSF Foundation launched the AI4CC (Artificial Intelligence for Cervical Cancer) project in 2021. Its objective is to contribute to the development of care models adapted to local contexts, enabling sustainable screening programmes and a long-term reduction in cervical cancer mortality.

As part of this effort, the MSF Foundation, in collaboration with MSF and Epicentre, joined an international consortium in 2021 dedicated to improving cervical cancer screening. Funded until mid-2025 by the United States National Cancer Institute (NCI), this consortium coordinates an innovative study known as PAVE (Human Papillomavirus and Automated Visual Evaluation).

The study aims to validate a new screening approach based on two key innovations:

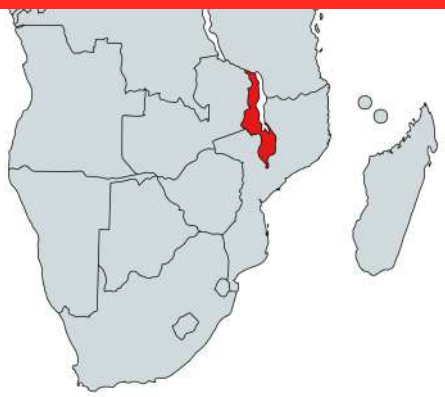
- The use of a more appropriate HPV test that is less expensive, faster, and able to classify HPV strains according to their level of risk.
- The automated analysis of cervical images using an artificial intelligence tool capable of detecting precancerous lesions.

Two phases of the study have already been completed.

The first phase, conducted among 50,000 women across nine countries, confirmed the relevance of this approach for identifying women requiring treatment for precancerous lesions.
The second phase validated both the feasibility and acceptability of using AI in field settings through its successful integration into a digital colposcopy device. The MSF Foundation coordinated the inclusion of 6,100 women in Malawi during Phase 1 and 1,300 women during Phase 2. An additional sub-study was also conducted on the HPV35 genotype in order to support advocacy efforts aimed at including this strain in future vaccines.

While the next phase of the PAVE study is currently under consideration, the MSF Foundation is now supporting the operationalization of these results so that they can be integrated into MSF's routine activities.

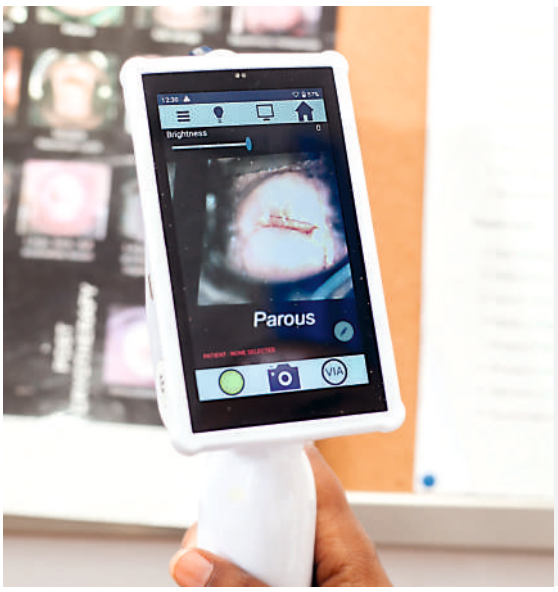
Malawi



Malawi has the highest cervical cancer mortality rate in the world.
Each year, approximately **4,000 women** develop cervical cancer, and nearly **3,000 die** from the disease.

For every woman who dies from cervical cancer in France, there are proportionally **23** women who die from the disease in Malawi.

KEY FACTS & FIGURES



- 2021 : Project launched
- 2025 : Completion of Phases 1 and 2 of the PAVE study and the HPV35 subtype sub-study

- 2025 Budget: €663K
- 2026 Budget: €591K

- 2 external consultants
- 4 Epicentre consultants

Visualization of a cervical image on a colposcope/ ©Elisha Kazonde/MSF

2025

In 2025, the MSF Foundation continued to strengthen its commitment to the AI4CC project. From mid-2025 onwards, it consolidated its role within the consortium by recruiting a dedicated member of the PAVE coordination team, Federica Inturrisi (HPV/CC Advisor).
Specific funding was also allocated to ensure the continuity of research activities following the end of financial support from the U.S. National Cancer Institute (NCI).
Scientific Progress

The analysis of the Phase 1 PAVE study data was completed. The results confirmed the feasibility of self-sampling, the effectiveness of HPV genotyping for risk stratification, and the added value of artificial intelligence in refining this approach.

Phase 2 of the study was also completed, with the enrolment of more than 1,300 women in Malawi. AI was successfully integrated into a digital colposcope and used by nurses during consultations. Preliminary analyses show strong reproducibility between results generated by the software and those obtained in field settings, as well as high acceptance of AI-supported screening among nursing staff.

In addition, a dedicated sub-study on the HPV35 genotype was conducted. The findings confirmed the high prevalence of this genotype in Africa and reinforced the importance of including it in future vaccines and screening tests.

Finally, collaborations among Epicentre, the MSF Paris Oncology Working Group, and the PAVE coordination team led to several scientific communications, including posters and oral presentations at major international conferences such as the International Papillomavirus Conference (IPVC) in Thailand and AORTIC in Tunisia. These contributions helped highlight MSF's role in advancing cervical cancer screening in humanitarian settings.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3D PROGRAM

Expanding Access to Prosthetic Devices and Compression Masks for Amputee and Burn Patients

In MSF intervention settings, where conflict and precarious living conditions result in high numbers of amputations and severe burns, prosthetic and orthotic services are often scarce—or entirely unavailable.

The 3D Program leverages digital technologies such as surface scanning, 3D printing and telerehabilitation to improve access to prosthetic and orthotic devices for patients who need them. Its objective is to provide patients with high-quality devices combined with individualized rehabilitation.

As an integral part of the continuum of medical care, these services are essential for reducing functional impairments and post-traumatic complications—including pain, loss of mobility, aesthetic sequelae and difficulties performing daily activities. They enable patients to regain their independence, restore limb functionality, reclaim their place within society and, in some cases, return to work.

The programme focuses on upper-limb amputees in Jordan, where prosthetic devices are produced entirely through 3D printing. We also support patients with facial and neck burns in Jordan, Gaza and Haiti, where transparent compression orthoses are manufactured using these technologies.

In 2025, the programme was further expanded through its implementation in Syria, at the Athmeh Burn Centre.

Since the launch of the project, 633 patients have received devices:
- 104 were fitted with upper-limb prostheses;
- 529 (including 137 in 2025) received transparent compression orthoses for the face or neck.

Manufacturing Process

Upper-Limb Prosthesis

- Scanning of the residual limb and the healthy limb
- Digital design of the prosthesis
- 3D printing in plastic (PLA or TPU)
- Patient fitting, testing and adjustments
- Rehabilitation follow-up

Compression Mask

- Digital scanning of the face or neck
- Digital design of the mask
- 3D printing of the mould
- Thermoforming of the PETG mask on the mould
- Fitting and rehabilitation follow-up

KEY FACTS & FIGURES

- 2017 : Project launched
- 2025 : Program implemented in Syria

2025 Budget: €152K
2026 Budget: €145.9K, plus €95.6K for an explo project

- 1.4 FTEs (France, Jordan and Haiti)
- 2 consultants: 1 external and 1 Epicentre consultant

Patient in the 3D Program in Haiti/ ©Marx Stanley Léveillé/MSF

2025

In 2025, the 3D Program continued its activities in Jordan, Haiti and Gaza, and was expanded to Syria.

Jordan – 3D Production and Regional Patient Follow-up

Jordan remains the only MSF setting where upper-limb prostheses are produced. The 3D Program is implemented within MSF's reconstructive surgery hospital in Amman, which treats injured patients from across the Middle East.
In 2025, approximately ten upper-limb prostheses and thirty facial orthoses were produced.
For patients fitted with facial orthoses, regional follow-up is provided in coordination with rehabilitation teams in their home countries to ensure continuity of care after their return.

Exploring New Applications – Access to Lower-Limb Prostheses

Growing unmet needs for prosthetic services among amputees—particularly in Gaza—have led the Foundation to explore the role that MSF could play in this field.
An exploratory initiative is currently underway to improve access to prosthetic care for lower-limb amputees.

Haiti – Strengthening Local Capacity
In Haiti, the team has now become fully autonomous in the use of digital technologies. In 2025, 18 new burn patients received locally produced facial orthoses, confirming the sustainable integration of these tools into routine care practices.

Gaza – Resumption of Activities

In Gaza, activities resumed in January 2025. Despite a highly challenging operational environment, which led to another temporary suspension during the first quarter, 83 new patients were fitted with devices over the course of the year. This demonstrates the ability of both the teams and the programme to adapt to particularly complex contexts.

Syria – Launch of Activities

Since March 2025, the 3D Program has been implemented at the MSF Athmeh Hospital. During the year, 19 patients received facial orthoses, including 16 fitted using 3D technology since the programme's launch in March.
A follow-up visit by the regional 3D Program focal point is planned for 2026 to continue supporting the team in its progression towards greater autonomy.

DEVELOPING REHABILITATION CARE

Introducing New Specialized Rehabilitation Practices Across MSF Projects

According to the World Health Organization (WHO), more than 50% of patients in low- and middle-income countries who require rehabilitation do not have access to it.

In 2023, MSF and the MSF Foundation jointly recognized, based on feedback from field teams, that beyond trauma care—and, to a lesser extent, burn care—few rehabilitation specialties were available across MSF projects. This lack of access to rehabilitation services can have significant consequences for patients, not only physically and functionally, but also psychologically and socially.

To structure the development of rehabilitation activities, three priority areas were identified: paediatrics, women's health, and burn care. In the summer of 2023, a team of specialist physiotherapists was assembled to develop activities in these areas:

Paediatrics: Providing care for children with developmental delays, as well as impairments resulting from hospitalization, malnutrition, or other conditions such as meningitis and cerebral malaria.

Women's Health: Supporting women experiencing pain and functional impairments, particularly pelvic floor disorders, following difficult childbirth, specific medical conditions, or cancer treatment.

Burn Care: Strengthening expertise and developing solutions adapted to MSF operational settings for the rehabilitation of burn patients.

The Foundation's approach is based on deploying specialists to initiate and structure rehabilitation activities within MSF projects, training local teams, providing the necessary equipment, and ensuring ongoing remote support complemented by regular field visits.

Pediatrics : Yemen, Nigéria, Chad
Women's health : Malawi, Nigeria, Afghanistan, Yemen
Burn : Yemen, Syria, Haiti, South Sudan

KEY FACTS & FIGURES

- 2023 : Project launched
- 2025 : Support to Existing Projects and New Implementations

- 2025 Budget: €345K
- 2026 Budget: €431K

- 3,6 FTEs

Physiotherapist at the MSF Athmeh Burn Treatment Centre in Syria conducting a stretching session with a patient/ ©Abdulrahman Sadeq/MSF

2025

In 2025, the project expanded to new operational settings while further strengthening existing activities.

Paediatrics

Yemen – Haydan
The activity launched in 2023 to support children with malnutrition-related neuromotor developmental delays was consolidated through a dedicated clinical support visit.

Nigeria – Kano (MSF WACA)
The programme was launched in February, with the training of three physiotherapists in the management of malnutrition-related neuromotor developmental delays. Over the course of the year, 1,588 children were admitted and 5,237 rehabilitation sessions were delivered.

Nigeria – Katsina
Activities started in May, including the training of three physiotherapists, with a particular focus on children suffering from kwashiorkor associated with orthopaedic complications. Over an eight-month period, 577 children received care and 3,032 rehabilitation sessions were conducted.

Chad – N'Djamena (MSF WACA)
The programme was launched at the end of the year with the training of three rehabilitation practitioners. Activities focus on the management of neuromotor developmental delays and neurological sequelae resulting from conditions such as severe malaria, meningitis and paralysis. A total of 178 children received care, with 801 rehabilitation interventions provided.

Women's Health

Malawi – Oncology (Cervical Cancer)
The programme continued to strengthen and support the rehabilitation team providing care for patients experiencing functional impairments resulting from surgery and chemoradiotherapy, including vaginal stenosis, neuropathies, pelvic pain and incontinence.
In 2025, 383 new patients received support and 2,480 rehabilitation interventions were delivered.

Nigeria – Jahun (Intensive Care and Fistula Unit)
The project focused on consolidating and supporting the rehabilitation team at the Jahun maternity hospital.
In 2025, within both the Intensive Care Unit and the VVF (vesicovaginal fistula) Unit, 1,199 new patients received care and 3,989 rehabilitation interventions were carried out.

Afghanistan – Bamyan (Maternity Hospital)
Perineal rehabilitation was introduced in this remote region.
In July, 38 midwives (from MSF and the Ministry of Health) were trained in the screening of pelvic

DEVELOPING REHABILITATION CARE

Introducing New Specialized Rehabilitation Practices Across MSF Projects

floor disorders—including urinary incontinence, dyspareunia and pelvic organ prolapse—as well as in their prevention and initial therapeutic management.
Yemen – Haydan
A needs assessment conducted among 109 women revealed a high prevalence of pelvic floor disorders, including incontinence and chronic pain.
The assessment estimated that, on average, nine women per day could benefit from specialised rehabilitation follow-up.

Burn Care

For burn patients, rehabilitation plays a critical role in preventing contractures, improving the mobility of affected limbs, and preventing and managing scar-related complications.
Yemen
Two training sessions were conducted in October in partnership with Humanity & Inclusion (formerly Handicap International), bringing together 30 participants from MSF, Humanity & Inclusion, and the Ministry of Health.
Other Contexts (Syria, Haiti and South Sudan)
Technical and clinical support was provided to rehabilitation teams, along with remote mentoring and case consultations for complex patients.

Rehab Day – 15 October 2025

On 15 October 2025, the Foundation team organized a day dedicated to rehabilitation, bringing together colleagues from across MSF headquarters—including Operations and the Medical Department—as well as field teams.
The objective of the event was to explore the current role and future of rehabilitation within MSF.
Presentations were delivered by representatives of the MSF Foundation, MSF field projects, and external partners, including Humanity & Inclusion and the French Society of Physiotherapy.
These sessions featured case studies highlighting the implementation of rehabilitation activities in:

Paediatrics, through the malnutrition projects in Kano and Katsina, Nigeria;
Women's Health, through the maternity project in Jahun, Nigeria;
Prosthetic and orthotic services for lower-limb amputees, including applications of 3D technologies.

The day concluded with a roundtable discussion that examined the challenges encountered, successes achieved, and future measures needed to ensure the sustainable integration of rehabilitation services within MSF.
Between 20 and 30 participants attended each session in person at headquarters, including the Chair of the Foundation, the President of MSF France, the Medical Director, representatives from Operations, and members of CRASH.

Field teams also participated actively online, with up to 40 connections per session from Nigeria, Yemen, Malawi, the Central African Republic, Jordan, Syria and Gaza.
These discussions fostered an in-depth debate on the long-term sustainability of rehabilitation activities and their place within MSF.

Physiotherapy session at Jahun Hospital, Nigeria, with a physiotherapist from the vesicovaginal fistula (VVF) unit/ ©Elizabeth Braga/MSF

Two physiotherapists caring for a child suffering from malnutrition in the Katsina project, Nigeria / ©MSF

MEASLES RDT

Fighting Measles Outbreaks through the Development of Rapid Diagnostic Tests by DiaTROPIX

Many countries in sub-Saharan Africa continue to face recurring measles outbreaks associated with very high mortality rates, while the disease has been virtually eliminated in high-income countries.

One of the key challenges in responding to these outbreaks is the speed of detection, which makes it possible to launch an operational response before the disease spreads further.

In the early stages of infection, symptoms can resemble those of other diseases, making clinical diagnosis uncertain in the absence of appropriate diagnostic tools. Rapid Diagnostic Tests (RDTs) are therefore a critical asset: they can be used directly in the field without laboratory infrastructure, provide immediate results, and allow suspected cases to be quickly confirmed. This accelerates outbreak detection and the implementation of public health responses.

However, these tests are rarely developed for low-resource settings due to limited commercial incentives. To address this gap, the Institut Pasteur de Dakar launched DiaTROPIX, a non-profit platform dedicated to the development and production of rapid diagnostic tests. Co-founded by FIND, the Mérieux Foundation, and the French National Research Institute for Sustainable Development (IRD), the initiative is supported by, among others, the MSF Foundation and the Bill & Melinda Gates Foundation.

The MSF Foundation specifically supports the development of measles rapid diagnostic tests, ensuring that they are adapted to the realities of humanitarian settings.

Measles

Measles is a **highly contagious viral disease** that primarily affects young children. It causes fever and a skin rash and can lead to severe complications.

According to the World Health Organization (WHO), **95,000 people worldwide died from measles in 2024, the** vast majority of them children under five years of age.

In sub-Saharan Africa, vaccination coverage is approximately **75%**, well below the **95%** threshold required to interrupt transmission of the virus.

Coverage is even lower in some countries, including the Democratic Republic of the Congo (51%) and Nigeria (35%).

KEY FACTS & FIGURES

- 2018 : Project launched
- 2025 : First field-based clinical studies of the measles rapid diagnostic test (RDT)

- 2025 Budget: €208K
- 2026 Budget: €167K

- 0,25 FTE
- 1 consultant

Rapid Diagnostic Test / ©Martina Bacigalupo/MSF

2025

Following the completion of the measles RDT optimization phase in 2024, the project reached a major milestone in 2025. With the design phase finalized, the first performance evaluations were launched.

The results have been encouraging, demonstrating very satisfactory levels of reliability for a diagnostic tool designed to operate without laboratory infrastructure, with both sensitivity and specificity well above 90%.

Clinical studies are now underway in Senegal and are being prepared in the Democratic Republic of the Congo to confirm these results under real-world conditions.
A regulatory approval application will be submitted in Senegal, marking the first step in a pathway that is expected to follow regional rather than international regulatory routes.

The availability of the test is drawing closer.

EXPLORATIONS

The exploration phase is the starting point—the stage where ideas emerge and can subsequently be transformed into practical solutions to improve medical care in the field.

In 2025, the MSF Foundation conducted several exploratory initiatives in collaboration with MSF's Medical Department and operational teams, with the goal of developing new responses to challenges that remain insufficiently addressed in MSF projects.

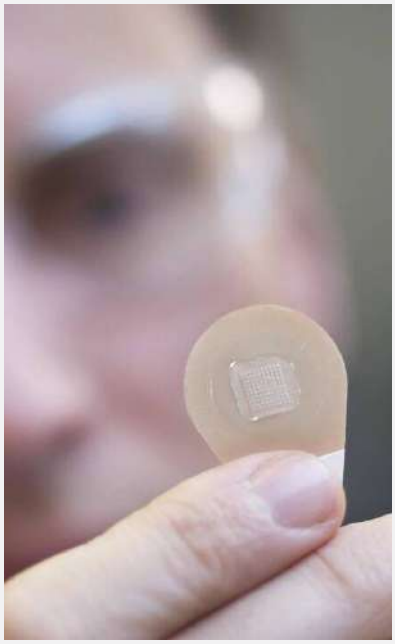
The year was also marked by the introduction of new internal mechanisms designed to facilitate the identification of needs from MSF teams and enable their structured assessment. This work is part of a broader effort to better identify, prioritize and support emerging ideas, while also strengthening the Foundation's visibility within MSF.

Where Do Project Ideas Come From?

Most exploratory initiatives originate from needs expressed by MSF teams.
These are often complex situations for which existing solutions are insufficient and where new approaches, adapted to field realities, are required. This is a demanding process that requires both time and resources.
We work closely with MSF teams to clearly define and understand the need. We conduct reviews of the scientific literature, monitor ongoing developments in the field, and identify potential partners from industry, academia, and research institutions.

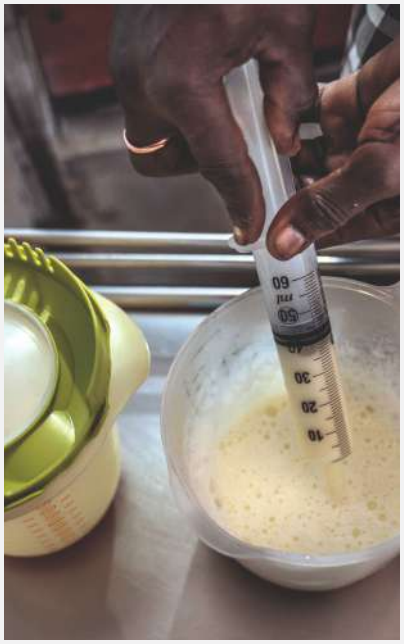
When this exploratory work identifies a promising solution to develop or adapt, the Foundation then supports the structuring of the project by: Defining the intervention model; Mobilizing relevant partners; Allocating a dedicated budget; Establishing governance mechanisms; Building a dedicated project team.

3 exploratory initiatives in 2025 ⟶ 3 projects in 2026



Micropatchs

DKA Calculator



Optimilk F-60

KEY FACTS & FIGURES

- 2025: Establishment of internal MSF mechanisms and governance structures to facilitate assessment and prioritization of field needs

- 2025 Budget: €78K
- 2026 Budget: €77K

- 0.5 FTEs, including 1 Vaccination Specialist
- 2 Specialized Consultants (Diabetes and Nutrition)

2025

Vaccine Micro-Patches – Expanding Access to Vaccination

The MSF Foundation is exploring the potential of vaccine micro-patches, an innovation currently being developed by several pharmaceutical companies. This technology, which enables vaccines to be administered without needles and without the need for a cold chain, could significantly facilitate vaccination campaigns.
With availability anticipated by 2030, the challenge is to prepare for their deployment in settings where vaccination needs are greatest.
In 2025, the Foundation focused on:

Engaging with manufacturers and institutions involved in the development of micro-patches to ensure that the technology is adapted to the realities of humanitarian settings.
Supporting Epicentre in its application to a WHO call for proposals for a pre-implementation study (approved in November 2025). The study will begin in the Democratic Republic of the Congo in 2026 and will assess the practical conditions required to implement a vaccination campaign using micro-patches.

DKA Calculator – Improving the Management of Type 1 Diabetes

The MSF Foundation explored solutions to improve the management of type 1 diabetes in contexts where the shortage of specialist clinicians, limited availability of equipment, and restricted access to laboratory testing complicate both the day-to-day management of the disease and the treatment of acute complications, particularly paediatric diabetic ketoacidosis (DKA).
In 2025, the Foundation's activities focused on:

Identifying an existing solution for the management of diabetic ketoacidosis (a clinical calculator) and establishing a partnership for its adaptation.
Adapting the tool to MSF operational constraints through a collaborative process involving paediatric and endocrinology specialists.
Preparing a pilot phase scheduled to begin in South Sudan in 2026.

Optimilk F-60 – Modernising the Therapeutic Milk Formula Used in the Treatment of Severe Acute Malnutrition

The Optimilk F-60 project was initiated by nutrition specialists within MSF and researchers from icddr,b, a global reference centre for clinical research on child malnutrition.
The project aims to redesign the F-75 therapeutic milk formula, which has been used for more than 40 years, in order to better meet the physiological needs of children suffering from severe acute malnutrition and to optimise the stabilisation phase of treatment.
In 2025–2026, the MSF Foundation is funding and supporting icddr,b in the implementation of a Phase I clinical trial, designed to evaluate the safety and tolerability of this new formula.

Fostering Debate and Critical Reflection on Humanitarian Practices, and Sustaining MSF's Operational Questions

Hosted by the MSF Foundation, the Centre for Reflection on Humanitarian Action and Knowledge (CRASH) is a unique entity within the NGO sector.
Its mission is to stimulate debate and critical reflection on field practices and public positioning in order to strengthen and improve MSF's work.
CRASH members combine field experience with academic expertise and conduct and lead studies related to MSF's activities. In this capacity, they advise the Association's Executive Committee and Presidency.
They also organize training programmes, including:

FOOT (Field-Oriented Operational Training) for MSF staff;
LEAP, a multidisciplinary Master's programme founded by CRASH in partnership with the University of Manchester and the Liverpool School of Tropical Medicine, aimed at humanitarian professionals.

CRASH also represents MSF at meetings, conferences and academic events organised by universities, intergovernmental organisations and NGOs.
Finally, since 2019, CRASH has co-published the Journal of Humanitarian Affairs, an open-access academic journal created in partnership with the University of Manchester and Save the Children, with the objective of advancing thinking on humanitarian policies and practices.

2025

Advisory Work
Advisory activities mobilised the team extensively throughout the year.
This support was provided to the General Directorate in the context of discussions on MSF's 2026–2031 strategic orientations, as well as to the Directors of Operations and Communication, the President, and operational cells upon request.
Regarding operations, the team remained highly responsive to current events and was particularly involved in supporting reflection on: MSF's operations in Gaza; The interpretation and misuse of International Humanitarian Law (IHL) in Gaza; Humanitarian aid funding cuts; Migration issues;
The exploratory mission in Eastern Europe; The Sahel region; The Democratic Republic of the Congo; Oncology activities; Rehabilitation and physiotherapy challenges within MSF, in collaboration with the Foundation team; The Magani project (a pharmaceutical marketplace); Climate and environmental issues; MSF archival practices.

This advisory work is primarily conducted through discussions but at times requires field visits. In 2025, such visits took place in the Democratic Republic of the Congo, Chad, and South Sudan.

Research
Several research projects in the medical field are currently underway, including:

Nicolas Dodier's project on the history of surgical practices; Laure Wolmark's work on the history of mental health debates and practices within MSF; Xavier Crombé's research on the history of medical neutrality; The Developing Humanitarian Medicine project led by the Humanitarian Conflict Response Institute (HCRI), for which CRASH is a partner.

The launch of the CRASH Glossary was very well received and attracted a large readership.
The first entries published include:

Humanitarian Corridors: Fragile Derogations Open to Manipulation;
Deconfliction: An Effective Protection Mechanism?;
Armed Escorts: Neither For nor Against;
The Political Use of Famine;
"Solidarity" According to MSF: Uses and Expressions of a Concept.

A collective reflection process was also initiated to examine the consequences for humanitarian action of the rise of xenophobic and authoritarian movements in both MSF's home societies and countries of intervention, as well as the growing challenge to the post-Cold War liberal international order.

So far, this initiative has taken the form of a literature review covering around ten themes and

KEY FACTS & FIGURES

- 2025 Budget: €884K
- 2026 Budget: €974K

- 7 FTEs

Conference held on 14 October: Gaza, Ukraine: How AI and Drones Are Transforming the Violence of War.

is expected to lead to a more substantial editorial publication in 2026.

Evaluation and Lessons Learned
CRASH was commissioned to lead the inter-operational centre evaluation of the emergency response to Sudanese refugees in Chad between April and December 2023.
The team also supported MSF's Emergency Unit in conducting a lessons-learned review on the implementation of the "right to withdraw" by national staff in Zamzam and Khartoum, Sudan, during the extreme insecurity conditions experienced in 2023.

Training
The two FOOT sessions provided valuable opportunities for experience-sharing among operational managers from both headquarters and field projects.
The team continued to foster discussions based on recent case studies, including: Hepatitis C in Bangladesh; Gaza; A critical review of the Tougan incident; as well as historical cases such as: Qabassin (2013); Rwanda (1994); Dangerous Compassion (documentary).

The team represented CRASH on the LEAP student selection committee, participated in the Content Advisory Team (CAT), and contributed to one of LEAP's core courses led by Bertrand Taithe: Critical Approaches to Management of Humanitarian Operations (CAMHO).
In addition, CRASH delivered lectures and seminars at several universities, including: Paris 1 Panthéon-Sorbonne University; University of Lille; Toulouse Faculty of Law; Nantes Faculty of Medicine; Sciences Po Paris.

CRASH also developed a 24-hour course for the Master's programme International and Cooperation Careers at University Paris Nanterre, directed by Karen Akoka and Mathilde Zederman.
This engagement with higher education significantly contributes to the dissemination of CRASH's work, as course syllabi incorporate its publications and sources.

Outreach and Dissemination
CRASH conferences are organised for both internal and external audiences.
Significant communication efforts are devoted to these events, which have consistently attracted strong attendance in recent years:
Approximately 80 to 90 participants in person;
Approximately 40 to 50 participants online.

Conference recordings are subsequently made available on the CRASH website, and some are also released as podcasts.

Conferences Held in 2025:
February: Port-au-Prince, Haiti: Living and Working in Chaos?
April: Russia's Influence Strategies in Africa
June: Human Shields: When Humanitarian Law Turns Against Victims of War
October: Gaza, Ukraine: How AI and Drones Are Transforming the Violence of War

In September 2024, CRASH launched its podcast series The Critical Zone.
The podcast has two objectives:
To share CRASH's analyses and reflections with a broader audience;
To highlight and disseminate stories, mission accounts and lessons learned from the field and headquarters.

A total of 30 episodes were produced, with an average of 500 downloads per episode.
Finally, CRASH began a complete graphic redesign of the CRASH Papers series, modernising its format while maintaining clear and accessible content.
During the year, extensive editing, translation, proofreading and layout work was carried out. The new edition of the CRASH Papers will be published in 2026.
A partnership was also initiated with Cairn, a leading platform for French-language—and increasingly English-language—academic publications, to improve access to CRASH Papers for students and researchers.
The collection has been available on Cairn since September 2025.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TREASURER'S REPORT

By Stéphanie Brochot, Treasurer of the MSF Foudation

In accordance with the new Article 6-11 of Decree No. 2007-807 of 11 May 2007, applicable since July 2024, the MSF Foundation (a public-interest foundation recognized by the French government) must now submit the following documents to the Prefect of the department in which its headquarters are located:

1. The minutes of each meeting of the Board of Directors or Supervisory Board, no later than one month after their approval;
2. The annual financial statements and the statutory auditor's report, within six months of the end of the financial year;
3. An activity report, within six months of the end of the financial year. This report must include:
a) An account of the Foundation's activities, covering both its internal operations and its relations with third parties;
b) A detailed description of the public-interest activities financed by the Foundation, together with the amounts allocated to them;
c) The names, [...] and nature of the legal entities benefiting from the Foundation's funding, as well as the amounts redistributed as part of its public-interest mission.

During the 2025 financial year, the MSF Foundation Board of Directors met four times to oversee the Foundation's activities from both an operational and financial perspective.
Through its statutory governance arrangements, the MSF Foundation remains closely linked to the MSF Association and continues to implement projects that contribute to research and the development of humanitarian practices.

The following pages present the MSF Foundation's activities in 2025, its partners, and the financial resources mobilized to advance its various projects.

ANALYSIS OF THE 2025 FINANCIAL RESULT

For the 2025 financial year, the MSF Foundation reported a surplus of €88 thousand, generated from €4.789 million in income and €4.701 million in expenditure, as detailed below.

Income by Source

En milliers d'euros	2025	2024
Dons manuels	2 795	2 795
Legs, donations et assurances-vie	196	321
Mécénat	467	380
Dons, legs et mécénat	**3 457**	**3 496**
Produits financiers sur placements issus de la générosité du public**	124	119
Autres ressources	1	0
Autres produits liés à la générosité du public	**125**	**119**
Contributions financières sans contrepartie	**1 191**	**1 759**
Refacturations	5	0
Produits divers	11	55
Autres produits non liés à la générosité du publ	**16**	**56**
Reprises provisions	**0**	**0**
Utilisations des fonds dédiés antérieurs	**0**	**59**
TOTAL produits par origine	**4 789**	**5 490**

**rémunération de la trésorerie constituée des ressources de générosité du public placées

Donations, corporate sponsorship and legacies received during 2025 amounted to €3.457 million, representing a slight decrease of €39 thousand compared with 2024.
Other income related to public generosity totalled €125 thousand and consisted exclusively of financial income.
As a result, total income derived from public generosity amounted to €3.582 million, of which €522 thousand was specifically earmarked by donors for designated projects.
Other income not related to public generosity amounted to €1.207 million, comprising:

- €1.191 million in funding received through the Antibiogo project via the MSF Association, including €418 thousand from MSF Canada and €773 thousand from the MSF Association (which itself received €64 thousand from MSF Norway and €709 thousand from MSF USA). Expenditure related to the Antibiogo project continues to be recorded in the Foundation's accounts, as the Foundation is the legal manufacturer and therefore legally responsible for the medical device. However, all project costs are fully funded by the MSF Association and MSF Canada. Consequently, none of the funds raised by the Foundation are used to finance Antibiogo-related expenses.

- €11 thousand in miscellaneous income.

Expenses by Function

En milliers d'euros	2025	2024
CHARGES PAR DESTINATION		
1 - MISSIONS SOCIALES	**3 841**	**4 589**
1.1 Réalisées en France	0	0
- Actions réalisées par la Fondation	*0*	*0*
- Versements à un organisme central ou à d'autres organismes agissant en France	*0*	*0*
1.2 Réalisées à l'étranger	3 841	4 589
- Actions réalisées par la Fondation	*3 124*	*4 449*
- Versements à un organisme central ou à d'autres organismes agissant à l'étranger	*716*	*140*
2 - FRAIS DE RECHERCHE DE FONDS	**460**	**456**
2.1 Frais d'appel à la générosité du public	*460*	*456*
2.2 Frais de recherche d'autres ressources	*0*	*0*
3 - FRAIS DE FONCTIONNEMENT	**390**	**380**
4 - DOTATIONS AUX PROVISIONS ET DEPRECIATIONS	**10**	**1**
5 - IMPOT SUR LES BENEFICES	**0**	**0**
6 - REPORTS EN FONDS DEDIES DE L'EXERCICE	**0**	**0**
TOTAL	**4 701**	**5 425**

Social Mission Expenses: €3.841 Million

Social mission expenses amounted to €3.841 million in 2025, representing a decrease of €897 thousand compared with 2024.
These expenses are broken down as follows:

A Projets d'innovation médicale	**1 948**	**3 342**
B Support des opérations	**186**	**245**
C Information et sensibilisation du public	**842**	**863**
D Versements à d'autres organismes	**716**	**140**
Missions sociales	**3 692**	**4 589**

Social mission expenses can be analysed as follows::

	En milliers d'euros	2025	2024
	Projet 3D	151	162
	Projet rééducation	304	314
	Projet Antibiogo	1 207	2 510
	Projet Test de Diagnostic Rapide	44	48
	Projet AI4CC (dont Fondation FIFHA)	99	185
	Optimilk	80	0
	COVID-projet GOMA	0	0
	COVID-alerte Niger	0	122
	Missions exploratoires	63	0
A	**Total des projets d'innovation médicale**	**1 948**	**3 342**
B	**Support des opérations**	**186**	**245**
C	**Information et sensibilisation du public**	**842**	**863**
	Missions sociales réalisées par MSF Fondatio	**2 976**	**4 449**

Note A :

Medical innovation projects accounted for €1.948 million in expenditure, representing a 42% decrease for the financial year ended 31 December 2025.

3D Program The 3D Program uses 3D technologies to improve access to prosthetic devices in MSF operational settings. This is a critical issue in enabling amputees to regain their physical integrity and independence.
Particularly well suited to field conditions, the programme has been used by MSF operational teams in Amman, Jordan, since 2017. In 2018, the project expanded to include the production of facial compression masks for severely burned patients. These are now integrated into the care of burn patients in MSF programmes in Amman, Haiti, and Gaza. In 2025, the 3D Programme was also integrated into MSF's burn care project in Athmeh, Syria.

Rehabilitation Task Force The year 2025 marked the first fully operational year of the Rehabilitation Task Force, with a team of specialists in paediatrics, women's health, and burn care responsible for establishing and supporting specialised rehabilitation activities across MSF projects.
The year was characterised by numerous support and training visits to existing projects, the launch of activities in new locations, and exploratory missions aimed at assessing emerging rehabilitation needs.

AI4CC (including FIFHA Foundation) The Foundation is leading a research project aimed at improving cervical cancer screening through the combined use of HPV testing and artificial intelligence (AI).
As part of this initiative, collaboration with the U.S. National Cancer Institute (NCI) continued through the implementation of the international PAVE study.

Optimilk F-60 The project was initiated by nutrition specialists within MSF and researchers at icddr,b in Bangladesh, a world-leading centre for clinical research on child malnutrition.
The project seeks to redesign the F-75 therapeutic milk formula, which has been used for more than 40 years, in order to better meet the physiological needs of children suffering from acute malnutrition and to optimise the stabilisation phase of hospital treatment. In 2025, the MSF Foundation supported both MSF and icddr,b in structuring the project ahead of the Phase I clinical trial, scheduled to begin in 2026.

Rapid Diagnostic Test The MSF Foundation funds and supports the development by DiaTROPIX (the Institut Pasteur de Dakar's diagnostic platform) of a new rapid diagnostic test (RDT) for measles.
Following completion of the measles RDT development phase in 2024, activities in 2025 focused on the production of validation and verification batches, together with the launch of performance evaluations and stability studies.

Exploratory Missions The Foundation explores new project opportunities in response to needs identified by MSF's Medical Department. These exploratory initiatives are intended to evolve into fully developed projects.


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Note B

The costs associated with organising field missions, as well as the production and dissemination of communication materials related to projects carried out by the MSF Foundation, form an integral part of the Foundation's social mission. These costs are therefore grouped under "Support to Social Missions" expenses.

Note C

Public information and awareness-raising expenses correspond to the costs of the Centre for Reflection on Humanitarian Action and Knowledge (CRASH), amounting to €842 thousand, primarily consisting of staff-related expenses.

Note D

Finally, grants to other organisations, which constitute financial support for innovative projects, are broken down as follows over the last two financial years.

tiers	En milliers d'euros	2025	2024
L'Institut Pasteur de Dakar, Sénégal	Projet Test de Diagnostic Rapide	123	140
Preventive Oncology International inc, USA	Projet AI4CC (dont Fondation FIFHA)	429	0
International Centre for Diarrhoeal Disease Research, Bangladesh	Optimilk	165	0
	D Versements à d'autres organismes	**716**	**140**

Fundraising Expenses: €609 Thousand

Fundraising expenses are divided into: Costs related to public fundraising campaigns; Costs associated with raising other private funds; Expenses related to securing grants and public funding (institutional funding).
Fundraising expenses amounted to €609 thousand in 2025, compared with €456 thousand in 2024.

Operating Expenses: €390 Thousand

Operating expenses include the Foundation's general management activities, including back-office functions such as accounting and human resources management, which are shared services provided and charged by the MSF Association.
The cost of these operating services amounted to €390 thousand in 2025, compared with €380 thousand in 2024. They represent a stable 8% of total annual expenditure.

Allocations to Restricted Funds: €0 Thousand

As of the close of the 2025 financial year, no restricted funds collected during the year remained unused and therefore no allocation to restricted funds was recorded.

STATEMENT OF FINANCIAL POSITION AS OF 31 DECEMBER 2025

ACTIF	2025	2024	PASSIF	2025	2024
ACTIF IMMOBILISE NET	207	92	Fonds propres	4 379	4 291
			Dotations initiale & statutaire	854	854
Créances	2 060	2 843	Réserves disponibles	3 438	3 374
			Résultat	88	64
Valeurs mobilières de placement	874	2 952	Fonds reportés	1 150	971
Disponibilités	6 144	3 175	Dettes	3 755	3 802
Charges constatées d'avance	0	3	Produits constatés d'avance	0	0
Ecarts de conversion et différences d'évaluation Actif	10	0	Provisions	10	0
Total	9 294	9 065	Total	9 294	9 065

Assets (Use of Funds)

Fixed assets amounted to €207 thousand net of depreciation.
They consist primarily of assets received through legacies and donations intended for disposal (€102 thousand), as well as the portion of the Finance–Procurement Information System (IS Finance-Achat) project allocated to the MSF Foundation (€76 thousand) and partially brought into service as of 31 December 2025.
The total cost of this project was paid by the MSF Association, which, through a management agreement, allocated the appropriate share to each relevant entity within the MSF France network (MSF Real Estate Company, MSF Foundation, Epicentre, MSF Logistique, and the MSF Association).
Current assets excluding cash and cash equivalents amounted to €2.060 million.
These assets primarily comprise:

Receivables from legacies and donations: €1.231 million;
Grants receivable from the MSF movement: €773 thousand from the MSF Association (see the section on Other Income Not Related to Public Generosity).

Liabilities (Sources of Funds)

Total equity of the MSF Foundation amounted to €4.379 million at the end of 2025.
This includes:

Initial and statutory endowments: €854 thousand;
Available reserves (after allocation of the 2025 surplus): €3.526 million (€3.438 million + €88 thousand).

Of these reserves, €2.725 million originated from public donations and are presented in a separate reserve line within the Foundation's equity.
The total amount of €3.526 million represents approximately nine months of operations.
The initial endowment, amounting to €807 thousand, is recorded among financial investments on the asset side of the balance sheet.

The statutory endowment, provided for under Article 13 of the Foundation's statutes, amounted to €47 thousand as of 31 December 2025.
Current liabilities totalled €3.755 million, consisting of:

Liabilities towards the MSF France network: €3.086 million;
Trade payables: €125 thousand;
Liabilities related to legacies and donations: €183 thousand;
Social security and tax liabilities: €280 thousand;
Bank debt: €81 thousand.

Year-End Cash Position

As of 31 December 2025, cash and cash equivalents, including financial investments and donations receivable, amounted to €7.018 million.
After deducting the initial and statutory endowments (€854 thousand) and adding short-term receivables and payables (€1.695 million), available cash reserves amounted to €3.319 million.
This represents approximately 8.5 months of operating activity, compared with 7.4 months in 2024.


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CONCLUSION

In 2025, the Foundation continued its efforts to consolidate its activities while undertaking several major structural developments.

The year was marked by significant investment decisions, particularly in support of the AI4CC project and the research activities associated with the PAVE study. In a context of declining international funding, the Foundation successfully secured substantial funding during the year, ensuring the continuity of activities and the production of the first scientific results.

At the same time, the Foundation continued to expand its Rehabilitation Development Project across multiple field settings and pursued its exploratory work aimed at identifying new solutions to meet the needs expressed by MSF teams. Throughout the year, CRASH's activities contributed to analysing humanitarian practices and the challenges facing humanitarian action.

These achievements and developments were made possible thanks to the generosity of our donors, whose continued support has strengthened the Foundation's capacity to act. In 2025, the budget allocated to supporting MSF operations amounted to €3.692 million.

Overall, 82% of expenditure was dedicated to funding the Foundation's operational projects, 10% to fundraising activities, and 8% to operating costs, reflecting rigorous financial management and careful control of administrative expenses.

Cash reserves and financial investments remained relatively stable, representing 8.5 months of operating activity, thereby ensuring the funding of both current and future projects.
The annual financial statements of the MSF Foundation, covered by this report, have been audited and certified without qualification by our statutory auditors, Ernst & Young.

I invite you to consult them on the Foundation's website, where our financial statements are published each year.

I would like to extend my warmest thanks to our donors. Thank you immensely for your trust and your unwavering support.

Stéphanie Brochot


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HOSTED FOUNDATION

FIFHA : « FOUNDATION INNOVATORS FOR HUMANITARIAN ACTION »

Since the revision of its statutes in 2016, the MSF Foundation has been able to host endowed foundations under its umbrella.

The first hosted foundation is FIFHA (Foundation Innovators for Humanitarian Action), established in 2019 on the initiative of Louis Godron, a long-standing donor and member of the Board of Directors since February 2019.

FIFHA is governed by a Foundation Committee composed of:

Four representatives of the Founders' College:

- Anne-Sophie Godron
- Nicolas Godron
- Xavier Godron
- Louis Godron

Two representatives of the MSF Foundation:

- Nicolas Mottis, Chair of the MSF Foundation Board of Directors
- Clara Nordon, Director of the MSF Foundation

FIFHA's mission is to develop innovative projects that address needs identified in MSF field operations, foster exchanges between innovators and MSF, and facilitate the deployment of innovations in support of humanitarian action.

In particular, the Foundation focuses on the development of diagnostic support tools, especially those based on artificial intelligence, adapted to low- and middle-income settings.
Since 2021, FIFHA has provided financial support to the AI4CC (Artificial Intelligence for Cervical Cancer) project, which aims to improve cervical cancer screening through the combined use of HPV testing and artificial intelligence.

In 2025, this support continued through the implementation of the PAVE study, contributing to the generation of initial results and the continuation of research activities despite a context marked by declining international funding.

Further information on this initiative can be found in the section dedicated to the AI4CC project on page 12 of this report.

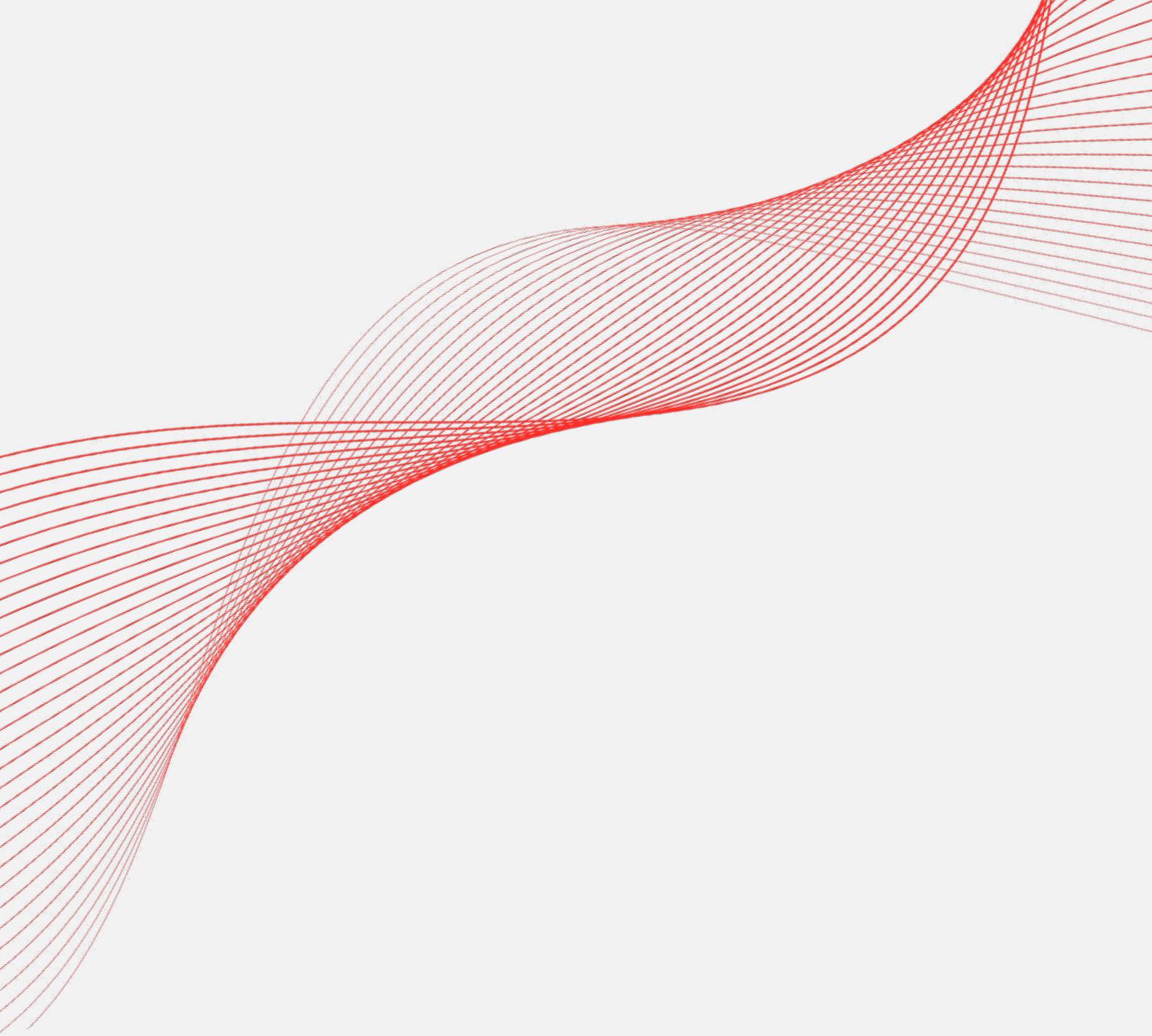
Lucile Saint-Louis

Lucile joined the MSF Foundation as a Paediatric Rehabilitation Specialist. A talented, compassionate, and highly professional clinician, she left a lasting impression on her colleagues through her kindness, spontaneity, and unwavering commitment to both teams and patients.

She successfully established paediatric rehabilitation activities in several MSF projects across Yemen, Chad, and Nigeria. Through her work, children suffering from severe malnutrition received more holistic and more humane care. She helped young children regain the ability to move, explore the world around them, and avoid long-term functional impairments. Beyond her direct work with patients, Lucile was deeply committed to training healthcare teams in paediatric rehabilitation practices. She also worked closely with mothers, encouraging them to take an active role in the care and recovery of their children.

Lucile tragically passed away during her final mission in Nigeria. We miss her deeply and will continue to do so. We will always remember a colleague and a friend whose rare warmth and genuine dedication touched everyone around her. She was admired by all who knew her, and she will continue to inspire us. Our thoughts are with her family, her loved ones, and all those whose lives she touched—colleagues, friends, and patients.
We also think of those who will never have the chance to meet her: all the mothers and children she might have supported in the future, and who would have benefited from her compassion, expertise, and remarkable spirit.

We will carry forward the legacy she leaves behind and continue her work in support of the world's most vulnerable children.



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