2025

International Emergency Fund Report

MEDECINS SANS FRONTIERES

Introduction

For a family displaced by conflict, a child injured in a bombing, or a community cut off due to a natural hazard - the first few hours or days of an emergency can mean the difference between life and death.

Yet these are often the moments when humanitarian organisations face the greatest uncertainty about funding. Medical teams must move immediately, long before longer-term resources can be secured.

What is the International Emergency Fund?

Established in 2025, the International Emergency Fund (IE-Fund) is used to resource MSF's emergency projects worldwide. Emergencies include projects dedicated to natural and man-made disasters; those responding to emerging urgent needs until programmes are established and stabilised; projects which undergo significant changes or add new activities due to emerging urgent needs; and emergency exploration projects and the coordination of emergency response.

The fund enables our 65,700 staff to immediately respond to crises such as wars, outbreaks of disease, and disasters including earthquakes and floods.

Rapid and effective response to emergencies is at the core of our work. The main challenge is to save as many lives as possible in a short time. MSF stocks pre-prepared kits so that teams can offer rapid lifesaving assistance – from surgical kits, inflatable hospitals to cholera treatment kits. The IE-Fund means we can provide assistance quickly, when and where there is urgent need.

Why MSF relies on private funding

In 2025, 98 per cent of our €2.6 billion operating income came through private sources. This includes donations from more than 7.5 million individuals, private foundations, and companies.

MSF offers humanitarian assistance to people based on need and irrespective of race, religion, gender or political affiliation. We work to save lives, alleviate suffering and restore dignity. Our actions are guided by medical ethics, and the principles of neutrality and impartiality.

To quickly access and assist people in need, our operational policies must be scrupulously independent of governments, as well as of religious and economic powers. That's why we don't accept funds from governments or other parties who are directly involved in the conflicts to which MSF is responding.

We conduct our own assessments, manage our projects directly, and monitor the impact of our assistance.

Overview

At a time when humanitarian needs are rising and global aid budgets are shrinking, your support through the IE-Fund helped MSF respond rapidly to some of the world's most urgent emergencies. MSF teams provided medical care and assisted people in 72 countries around the world in 2025 and responded to emergencies in 49 countries. In the first year of launching the IE-Fund we generated 9.3m in funding. These funds were directed to five crises where people were enduring some of the world's most severe humanitarian emergencies. From conflict and displacement to disease outbreaks and collapsing access to healthcare, communities in Afghanistan, Democratic Republic of Congo, Ethiopia, Palestine and Sudan faced extraordinary challenges. Your support helped provide flexible resources that allowed MSF teams to act quickly and continue delivering care in places where it's needed most.

Wars remained a common context of our response. We continued to address the needs of people caught up in conflict, as war entered the fifth year in Ukraine,[1] and the fourth in Sudan and in Gaza, Palestine, during 2025. Armed conflict also affected communities in Lebanon and sharply escalated in South Sudan.

We responded to natural disasters, including an earthquake in Myanmar, and cyclones or hurricanes in Sri Lanka, Mexico, and Jamaica, where we responded for the first time ever.

MSF teams also responded to large-scale outbreaks of cholera, for the third year running, as we provided care to people in countries including Angola, Tanzania, and Mozambique.

1 Since the February 2022 escalation into full-scale war

In 2025, nearly 70 per cent of MSF projects related to contexts where people were caught up in armed conflict, natural hazards, or disease epidemics.

Emergency Figures 2025

1,439,300
outpatient consultations in Sudan

427,600
emergency room admissions in the West Bank

11,800
individual mental health consultations in Lebanon

Palestine

Total programme expenditure
€121.5 million

Emergency projects
€119.8 million

Despite Israel's blockade and deliberate obstruction of humanitarian access, MSF scaled up activities in Palestine to assist people in need of medical care, including those injured and displaced by the genocide in Gaza in 2025.

Gaza

In 2025, Israel continued its ruthless campaign in Gaza, not only through brutal and incessant violence, but also through months of blockade, denying people their most basic needs for survival, such as food and water, culminating in famine conditions in some areas in August. By 31 December, 71,266 people had been killed by Israeli forces since the start of the war, [2] while civilian infrastructure and the health system in the Gaza Strip had been systematically decimated.

Throughout the year, Palestinians were forcibly displaced and pushed into an ever-shrinking geographic area. MSF teams supporting emergency departments responded to multiple mass-casualty incidents, receiving hundreds of patients killed or injured by Israeli strikes in southern Gaza. The Israeli authorities dismantled the United Nations (UN) led response, replacing it with a militarised food distribution scheme. This led to violence and killings at food distribution sites. Our clinics were overwhelmed by patients with gunshot wounds, lacerations, and crush injuries as people were shot at or injured in the chaos as they tried to get food. Across the Strip, our teams treated a growing number of children with moderate and severe malnutrition.

At the end of August, the Israeli forces launched a large-scale offensive on Gaza City forcing people to flee; we had no option but to relocate teams and suspend all medical activities in the city at the end of September.

After a second ceasefire came into effect in October, Palestinians returned to the north, and MSF teams relaunched activities. We returned to public hospitals, resuming paediatric services, burns treatment, and physiotherapy, and helping to repair facilities that were filled with rubble. We opened multiple medical points to deliver general healthcare in areas where all the health facilities had been destroyed.

In response to the immense needs, we expanded our medical and water and sanitation activities throughout the year. MSF continued to be one of the largest providers of services such as comprehensive care for patients with burns and trauma injuries. By the end of the year, our teams were supporting

six hospitals and seven healthcare centres. We were also running two field hospitals, two clinics, and an inpatient feeding centre, as well as providing clean water to hundreds of thousands of Palestinians in Gaza.

West Bank

Across the West Bank, we continued to witness the consequences of policies and practices of ethnic cleansing, aimed at forcibly transferring Palestinians from their land and preventing any possibility of return.

In Hebron, Nablus, Qalqilya, and Tubas, our operations focused on offering medical and mental health support to people affected by settler attacks, demolitions, and displacement, through both mobile and fixed clinics.

2 United Nations Office for the Coordination of Humanitarian Affairs (OCHA): https://www.ochaopt.org/content/humanitarian-situation-update-351-gaza-strip

372,085,000
litres of chlorinated water distributed

61,400
individual mental health consultations

919,200
outpatient consultations

43,600
people treated for intentional physical violence

427,600
emergency room admissions

27,400
surgical interventions

Other emergencies

Afghanistan

Total programme expenditure

€66.6 million

Emergency projects

€2.2 million

In Afghanistan, MSF continued to deliver vital healthcare, with a particular focus on women and children. In August, a magnitude 6 earthquake struck eastern Afghanistan, killing over 2,000 people and injuring thousands more. MSF teams worked in displacement camps, providing general outpatient consultations, wound dressing, routine vaccinations, women's health consultations, assistance with births, and mental health support, as well as activities to prevent disease outbreaks, such as establishing water and sanitation services.

Democratic Republic of Congo

Total programme expenditure

€141.1 million

Emergency projects

€40.8 million

In the Democratic Republic of Congo (DRC), the impacts of the funding cuts, increased violence and restricted access, compounded existing crises, with increasingly blurred lines between acute emergencies and long-term systemic crises. In 2025, we responded to cholera outbreaks in North and South Kivu, including nutritional support that reached thousands of people in conflict-affected areas and internally displaced persons camps. In many of these camps, healthcare facilities were destroyed by violence and conflict and our teams worked with local communities to rapidly re-establish services and provide emergency support. As frontlines moved, communities which had previously been relatively secure were forced from their homes, leaving tens of thousands of people with almost no support or supplies.

Ethiopia

Total programme expenditure

€25.2 million

Emergency projects

€3.6 million

With a reduced presence of humanitarian aid agencies and services, and pressure on coordination systems, the situation in Ethiopia was precarious throughout the year. With the UN pipeline for nutrition supplies disrupted for several months, we saw an alarming increase in malnutrition across our projects. We responded to the impact of violent clashes in the Gambella region, supporting communities who were once again displaced with multi-emergency interventions, including cholera treatment, trauma care, and essential relief items.

Sudan

Total programme expenditure

€134.6 million

Emergency projects

€119.8 million

We worked across war-ravaged Sudan, delivering lifesaving assistance to people exposed to atrocities and critical shortages of water, food, and medical care.

MSF teams also responded to outbreaks of cholera and measles. We strengthened antenatal and inpatient care, referrals, and nutritional support, across multiple locations. We also treated children with malnutrition across the hospitals and clinics we support.

Financial Overview

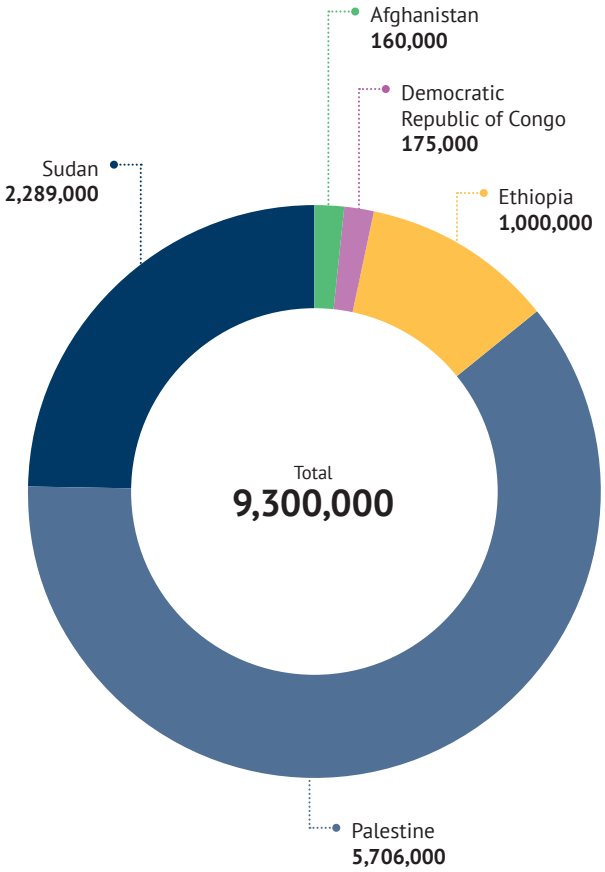
The figures in table 1 below show 2025 expenses in all MSF's Emergency Projects around the world.

In the first year of launching the IE-Fund, we generated €9.3 million in funding globally.
This was distributed across five major emergencies in Afghanistan, DRC, Ethiopia, Palestine and Sudan.

Table 1

Other emergencies by country	2025
Afghanistan	2,229,445
Angola	460,181
Bangladesh	42,331
Benin	20,623
Burkina Faso	693,773
Burundi	1,492,831
Cambodia	30,108
Cameroon	245,559
CAR	1,542,850
Chad	16,246,759
Colombia	650,223
Cuba	36,700
Democratic Republic of Congo	40,854,385
Egypt	435,005
Ethiopia	3,593,080
Greece	36,259
Guinea	57,040
Haiti	2,677,810
Honduras	76,690
India	12,263
Indonesia	318,992
Iraq	22,244
Jamaica	1,516,631
Kenya	1,086,292
Kyrgyzstan	30,103
Lebanon	18,650,742
Lithuania	17,816
Madagascar	1,029,602
Mali	363,033
Mexico	185,245
Mozambique	810,899
Myanmar	4,094,135
Niger	11,375,141
Nigeria	40,609,518
Panama	98,503
Pakistan	553,733
Palestine	119,852,229
Philippines	966,051
Sierra Leone	466,808
Somalia	125,276
South Africa	68,560
South Sudan	12,682,658
Sri Lanka	940,909
Sudan	119,816,256
Syria	18,921,408
Tanzania	636,394
Uganda	417,200
Ukraine	11,744,418
Yemen	3,044,980
Transversal activities	**371,505**
Total emergency expenditure 2025	**442,266,711**

International Emergency Fund (IE-Fund) 2025 Allocations



Thank you

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Because of your support in 2025, people affected by conflict or disaster received medical care when they needed it.

Humanitarian needs continue to grow. Around the world, more people are being displaced, more health systems are under pressure, and more families are struggling to access basic medical care.

At a time when suffering is increasing, your support matters more than ever.

Every day, MSF teams are ready to respond anywhere people and communities are in need. But we can only do so because people like you choose to stand in solidarity with us.

Together, we can ensure that more people receive the medical care they urgently need. Thank you for being part of this vital action.

Dr Javid Abdelmoneim
International President

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