

Children IN CRISIS



No future without care

July 15th was a big day for my five-year-old grandson: the start of the summer holidays... and the birth of his baby sister, delivered by cesarean section to avoid risks in what was expected to be a difficult and potentially dangerous birth. A procedure that is standard and safe here, but still out of reach in so many parts of the world. In Sudan, 6.5 million displaced children don't get school holidays, because they haven't had school at all this year. The same is true in Gaza, where tens of thousands of children have seen their schools destroyed by bombs. Needless to say, losing access to education for extended periods severely limits these children's futures.

In those same war zones, due to a lack of operating rooms, electricity, anesthetics and other medical supplies, access to cesarean sections and other urgent surgical procedures is extremely limited for local populations. Clearly, where a child

“With your help, we will continue to care, to innovate, to protect. Because every child deserves a future.”

is born largely determines their chances, not only for a future, but for survival itself. Children are the first victims in humanitarian crises, whether caused by conflict, displacement, natural disasters, famine, epidemics, or other emergencies, often man-made. By nature more vulnerable, children are the first

to die of malnutrition, diarrheal diseases, and infections. Beyond physical suffering, they endure severe psychological trauma, with long-term consequences for their mental health, due to deprivation, fear, ongoing stress, and the horrors they witness or experience. In Gaza, since October 2023, children have accounted for 50% of recorded casualties, most of them under the age of ten.

provide accessible, appropriate care, including mental health support. According to a study published in the scientific journal *The Lancet*, the U.S.'s freeze on funding for international aid and cooperation could lead to an additional 14 million deaths by 2030, including 4.5 million children. And unfortunately, the U.S. is not alone. Several European countries have also already made or announced cuts to their aid and cooperation budgets.

The timing could not be worse, as armed conflicts and natural disasters multiply, exacerbated by the effects of climate change: floods, droughts, famines, and vector-borne disease outbreaks. To these challenges, we must now add the politicisation of humanitarian aid in conflict zones: access to healthcare is restricted, and humanitarian organizations (including UN agencies) are being denied access to victims. Violations of international humanitarian law are blatant, and health facilities are frequently targeted and destroyed.

In the face of reduced state funding, the role of donors and partners is more vital than ever, enabling us to carry out our work for the most vulnerable, especially children, who are the first victims of crisis. Indeed, without the solidarity of our individual donors and corporate partners, we would not be able to operate on a meaningful scale, nor would we have a real impact. I would like to close by assuring you that every donation, every act of support, directly helps save lives. Your continued support also allows us to bear witness to the intolerable situations we encounter, and to give a voice to the victims.



Vic Arendt
Vice-president of MSF Luxembourg
Infectiologist and emergency doctor
– CHL Luxembourg

Philantropy IN ACTION N° 8
Content and edition : MSF Luxembourg
Art direction : Juliette Hoefler
Frequency : biannual
Circulation : 800 copies
printed on paper from sustainably managed forests

Front cover : Palestinian Territories, 17 february 2025. Displaced Palestinian family riding a tuktuk; coming back to settle in Beit Lahia city, north of Gaza strip. © Nour Alsaqqa/MSF



Anwar and his 6-year-old daughter

During the last incursion in the Palestinian Territories, Israeli soldiers broke into the Anwar's house. He described how they broke the windows and set fire to the second floor which was being built for his older son. His wife spent 6 months in prison, without charge or arrest warrant. He was taken away and care of his 6-year-old daughter alone. "Every night she was screaming for her mother. I could not sleep and tried to entertain her playing with her toys".



^ portrait pictures of Javid ABDELMONEIM, International President of MSF

A field doctor to lead MSF

A field doctor to lead MSF

An emergency physician with a long-standing commitment to MSF, Dr. Javid Abdelmoneim took over as the International President of the organization on 5 September 2025. Elected by the International General Assembly, the International President of MSF chairs the International Board and represents the organization externally. Dr Javid Abdelmoneim's background reflects a strong dedication to crisis settings background reflects a strong dedication to crisis settings.

A solid medical and academic background

Dr Javid Abdelmoneim is a Sudanese-Iranian emergency physician, with extensive experience in both the United Kingdom's National Health Service and with MSF. Born in Cambridge, UK, he graduated with a degree in medicine from University College London, holds a diploma from the London School of Hygiene and Tropical Medicine, and is a Fellow of the Royal College of Physicians.





Extensive field experience with MSF

Having joined MSF in September 2009 as an emergency doctor in Basra, Iraq, Javid has worked in medical and programme coordination roles since then in Haiti, Ethiopia, South Sudan, Syria, Chad, Ukraine, the UK, in Mediterranean search and rescue, and in Sierra Leone during the West Africa Ebola epidemic. His most recent roles with MSF have been as medical team leader in Gaza, Palestine, and as medical team leader in Omdurman, Sudan, until February 2025.

Leadership and advocacy at the global Level

Javid served on the board of MSF UK from May 2015 and was appointed its president in 2017, a role he held until 2021. Outside of medical roles and his time with MSF, he is also an experienced television presenter, having been nominated for both Emmy and BAFTA awards for his work on science documentary and health entertainment series which have appeared on Netflix, BBC, HBO, Channel 4, and Al Jazeera English.

Dr Abdelmoneim was elected as International President for a three-year term by MSF's International General Assembly, held in Colombo, Sri Lanka, on 27 June 2025. He took up his role on 5 September 2025. In this role, Javid will be tasked with defending MSF's humanitarian voice and supporting the coherence of its actions in an increasingly unstable global context.

-  **15+ years** of engagement with MSF
-  **Missions in over 10 countries:** Iraq, Haiti, Ethiopia, Syria, South Sudan, Sierra Leone, Ukraine, Gaza, Palestine and Sudan
-  **President of MSF UK** from 2017 to 2021
-  **Major interventions:** Ebola outbreak, Haiti earthquake, Syrian conflict, Mediterranean rescue operations



^ Chad, 16 June 2025. Patients waiting in the triage area, seated in the shade. The clinic in Tine transit camp provides essential healthcare services, vaccinations, clean dressings for trauma wounds, malnutrition care, and care for pregnant women and victims and survivors of sexual violence

The freeze in U.S. Aid: what are the consequences?

The partial withdrawal of U.S. humanitarian aid is weakening vital services in already critical contexts, particularly affecting women, children, and migrants.

KEY FIGURES

The 83% cut to USAID's budget puts millions of vulnerable people at greater risk of preventable death. What USAID funding achieved (2001-2021) highlights the potentially catastrophic impact of such a reduction: *



91 million deaths averted in 133 low- and middle-income countries



15% overall mortality reduction across all ages



32% reduction in deaths among children under five



74% reduction in HIV/AIDS-related deaths



53% drop in malaria-related deaths



51% decrease in deaths from neglected tropical diseases

*Source: Study published in The Lancet

Vital services abruptly interrupted

The United States' decision to cut a significant portion of its humanitarian aid has had immediate effects on access to essential healthcare. In several countries, vaccination campaigns, the distribution of life-saving medicines (for HIV, tuberculosis, malaria), and nutrition programs have been suspended. Sexual and reproductive health services are especially affected. In the Sahel, this withdrawal is compromising preparations for the lean season, a critical period to prevent child malnutrition.

Vulnerable populations on the front line

In Ethiopia, the Kule refugee camp saw its psychosocial services for survivors of violence shut down overnight. In Sheraro, MSF had to double its mental health activities to care for patients left behind by a failing local partner. In Central America, the closure of shelters and support services along migration routes has led to a sharp increase in medical needs, especially for women and people living with HIV. "MSF continues to provide medical and psychological care, but cannot meet all the needs."

A humanitarian system under pressure

Another major concern: other key international donors, primarily European, including Germany, the UK, and France, have also announced cuts to their foreign aid budgets following the U.S. lead. Beyond direct funding, the entire chain of humanitarian actors is being weakened. MSF remains financially independent, but our local partners are not. The abrupt halting of certain programs prevents any responsible transition. We are adapting our interventions, but the scale of the cuts calls for a collective effort. We urge foundations, companies, and private donors to step up their support in this context of political withdrawal.

This sudden withdrawal could lead to more than 14 million additional deaths by 2030, over a third of them children.



Access to paediatric care in Afghanistan: an alarming situation

The saturation of hospitals and the lack of medical resources are severely threatening children's access to care across Afghanistan.

USAID: THE AFGHAN HEALTH SYSTEM ON THE BRINK

Since February 2025, the withdrawal of USAID aid has deeply disrupted Afghanistan's healthcare system, affecting both children and the broader population:



422 facilities closed or suspended



3 million people affected by these shutdowns



Herat:

+27% increase in paediatric consultations between 2024 and 2025
On some days, up to 2,000 patients (adults and children) wait to be seen

An average of 354 children examined daily in the emergency department, a 27% increase compared to the same period in 2024

Overwhelmed hospitals

Across the country, provincial and regional hospitals in Afghanistan are seeing a growing influx of sick children. This already critical situation has worsened further with the suspension of over one billion dollars in USAID funding. "Families are struggling to get the care they need. Many health facilities, at all levels, are facing shortages of staff, basic medicines, and diagnostic tools," says Julie Paquereau, MSF's medical coordinator.

MSF's response

In Herat, MSF manages emergency services, intensive care, the measles unit, and malnutrition treatment. In 2024, 101,455 pediatric consultations were conducted. Since early 2025, some days have seen more than 2,000 patients (adults and children) arriving and waiting to be seen.

In Helmand, at the MSF-supported Boost Hospital, the number of children under five treated has more than doubled since 2020.

Increasingly unequal access

The lack of access to care is pushing many infants suffering from serious illnesses toward already overwhelmed hospitals, increasing the risk of preventable deaths. "The closure or scaling down of services will reduce access to basic health care, especially for women and children, who will face longer waits or have to travel further distances to receive treatment," adds Dr. Paquereau.

KEY FIGURES



Herat: 101,455 paediatric consultations



Helmand: 273,976 emergency cases in 2024, including 122,335 children under the age of 5 admitted



Mazar-i-Sharif: 52,408 paediatric and neonatal consultations



Vaccinating to protect the most vulnerable

Vaccination, a cornerstone of public health, is central to MSF's work — especially in crisis settings where children are most at risk.

Routine vaccination: a path full of obstacles

MSF provides essential vaccines to children under five in areas where access to health-care is frequently disrupted. Routine immunization requires several visits during a child's first year of life, a major logistical challenge in unstable regions. Since 2001, the number of vaccines has more than doubled, but high costs, especially for the pneumococcal vaccine, have long limited access. Between 2016 and 2019, MSF carried out over 3.5 million routine vaccinations and campaigned to reduce vaccine prices, achieving a milestone with the arrival of a generic version in 2019.

Mass vaccination campaigns: preventing or containing outbreaks

In contexts of population displacement or deteriorating living conditions, MSF runs preventive campaigns to reduce the spread of preventable diseases. In epidemic situations, it responds rapidly with emergency vaccination drives. In 2016, nearly 250,000 children were vaccinated in the Central African Republic. In 2019, more than 810,000 children in the Democratic Republic of Congo were protected against measles. In 2024, MSF carried out 1.3 million vaccinations in response to a new outbreak.

A complex and vital supply chain

Getting vaccines to where they're needed is a logistical feat in itself. "We have to keep them cold, which means fridges, generators, fuel, fast transport, and a full maintenance system," explains Pierre Van Heddegem, former MSF emergency team coordinator. Every link in the cold chain is essential to ensuring vaccine effectiveness.

USAID: IMPACT ON VACCINATION EFFORTS

The withdrawal of U.S. support to Gavi* puts access to vaccines at risk for millions of children, threatening vital campaigns in countries highly vulnerable to epidemics.



75 million children could miss out on routine vaccinations over the next five years



An estimated 1.2 million preventable deaths could occur



More than 50% of the vaccines used by MSF are supplied by Gavi*

*Gavi is a global alliance that helps low-income countries vaccinate children against deadly diseases.

KEY FIGURES



3.5 million routine vaccinations carried out between 2016 and 2019



810,000+ children vaccinated against measles in the DRC in 2019



250,000 children vaccinated in the Central African Republic in 2016



1.3 million vaccinations conducted in 2024 in response to a measles outbreak



The number of routine vaccines has more than doubled since 2001

^ Gaza, May 2025 A 5 month-old child treated for severe acute malnutrition. Her mother brought her to MSF-supported Nasser hospital in Khan Younis to treat her as she was suffering from gastroenteritis but ended up finding out she was severely malnourished. They are displaced and living in a tent in Nuseirat camp.

Child malnutrition: a preventable global emergency

Nearly half of all deaths among children under the age of five are linked to malnutrition, despite the existence of simple, effective therapeutic food that could save lives.

A condition with devastating effects

According to the WHO*, malnutrition results from inadequate dietary intake. It primarily affects women and young children in crisis-affected countries. Conflict, poverty, and limited access to clean water and sanitation are major contributing factors. Children may suffer from acute or chronic malnutrition, or from micronutrient deficiencies, all of which have severe consequences for growth and immune function. Combined with other diseases, malnutrition is responsible for 45% of deaths among children under five.

MSF's response

MSF intervenes both preventively, through mobile clinics and the distribution of nutritional supplements, and curatively, treating malnourished children either as outpatients or in hospital depending on their condition. In 2024, MSF teams treated over 580,000 malnourished children as outpatients, and hospitalized more than 209,000 severe cases. Ready-to-use therapeutic food (RUTF) and mid-upper arm circumference (MUAC) measurement tools help ensure fast detection and treatment. "Eradicating child malnutrition? A nutritional supplement costs between two and three euros per kilo, a price out of reach for most families and health institutions," explains Jean-Hervé Bradol (physician specialized in tropical and emergency medicine and medical epidemiology, former President of MSF France from 2000 to 2008).

Alarming situations

In Gaza (July 11, 2025), over 700 pregnant women and nearly 500 children are suffering from moderate or severe malnutrition, with cases surging since early May. In Somalia, reductions in humanitarian programs have led to the closure of nutritional centers, increasing admissions for severe malnutrition and forcing families to travel over 200 kilometers to reach care.

WHO: World Health Organization

USAID: THE IMPACT ON MALNUTRITION

The suspension of a significant portion of U.S. humanitarian aid has halted thousands of vital programs, directly threatening access to care for millions of malnourished children. This crisis is further worsened by reduced European funding.



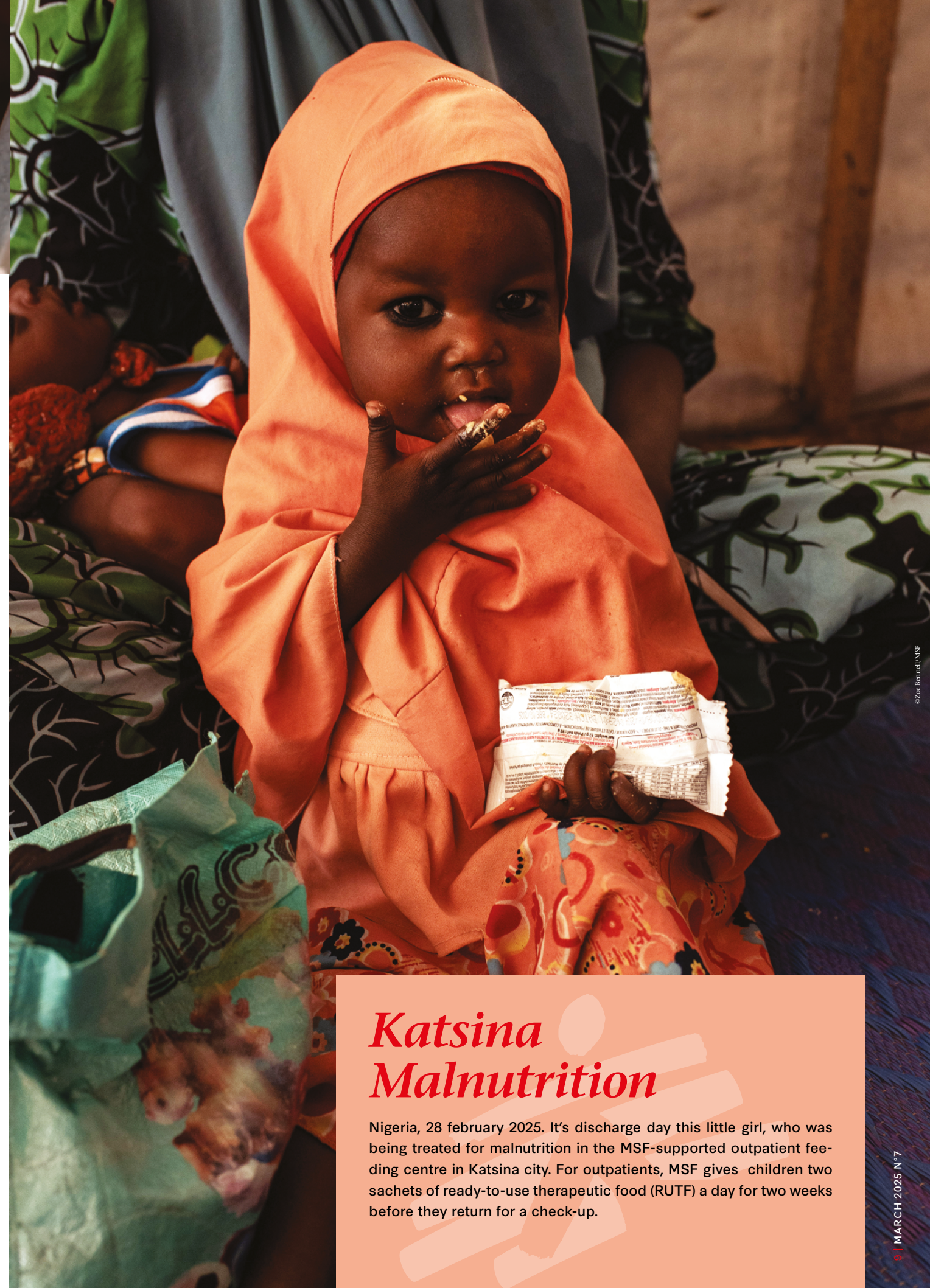
1 million children risk losing access to malnutrition treatment



This represents 2.3 million children left untreated if European cuts are taken into account



163,000 additional child deaths per year due to the suspension of malnutrition treatment programs



Katsina Malnutrition

Nigeria, 28 february 2025. It's discharge day this little girl, who was being treated for malnutrition in the MSF-supported outpatient feeding centre in Katsina city. For outpatients, MSF gives children two sachets of ready-to-use therapeutic food (RUTF) a day for two weeks before they return for a check-up.



45% of deaths of children under five worldwide are linked to malnutrition



2024: 584,700 children treated as outpatients, 209,000 hospitalizations by MSF (MSF operates in 75 countries)



Gaza: 983** cases (adults and children) of malnutrition recorded in July 2025 (compared to 293 in May)

**Source: MSF data only




| ZOOM ON A MSF PROJECT |

^ France, January 2024. MSF has been offering shelter to unaccompanied minors who have not been able to find a place in the accommodation provided by the French government.

Unaccompanied minors: a reception system in crisis in Marseille (France)

In Marseille, MSF supports hundreds of exiled teenagers each year who are left without protection, despite their extreme vulnerability and unmet basic needs.

KEY FIGURES

-  **Up to 1,500 unaccompanied minors** arrive in Marseille each year
-  **60% are not recognized as minors upon arrival**
-  **300 adolescents** supported annually by MSF
-  **40 young people** welcomed daily at the GR1 center, up to 80 during holidays
-  **3 MSF programs:** accommodation, day center, street outreach

A journey marked by violence

Each year, up to 1,500 teenagers arrive alone in Marseille, hoping to be recognized as minors and granted protection. However, only 40% of young migrants are officially acknowledged as minors after the initial administrative assessment. The others must file an appeal, a lengthy process during which they have no access to healthcare or legal aid. These adolescents, already scarred by violence in their home countries and along migration routes, face exclusionary policies that further harm their mental health.

MSF's response

Since 2020, MSF has supported unaccompanied minors through three initiatives: accommodation with multidisciplinary support, a day centre for young unaccompanied minors, called "Le GR1", and street outreach activities that include health mediation and social support. On average, 40 young people are welcomed daily, with numbers rising to 80 during school holidays. The center offers a safe space, an alternative to the street, where minors can eat, shower, see a doctor, and access legal assistance. The unaccompanied minors cared for are highly vulnerable adolescents, whose mental health is often severely affected by accumulated trauma.

A response to the retreat of public services

MSF currently supports up to 300 adolescents each year through its street outreach, day center, and temporary accommodation. As public funding declines, demand continues to grow. MSF and its partners are calling for the long-term support of the GR1 model, which proves that humane, dignified care is not only possible but essential.



| ZOOM ON THE NEW MSF OPERATIONAL CENTER |

^ Children carry mosquito nets from the distribution point during an MSF supported measles vaccination campaign in Moite, Marsabit County in Kenya. The remote area is a malaria endemic zone and MSF emergency teams have been providing malnutrition screening and treatment, routine childhood vaccinations.

New MSF operational center in Kenya: Ubuntu, a strategic response to strengthen operational capacity

In response to rapidly increasing needs and plateauing funding, MSF is launching Ubuntu to enhance its ability to operate in the most vulnerable areas.

KEY FIGURES

-  **Operational center** based in Kenya
-  **4 founding sections:** Southern Africa, Spain, East Africa, United Kingdom
-  **5 strategic pillars:** community engagement, local anchoring, sustainability, interdependence, accountability
-  **Priorities:** emergencies, WASH, vaccination, person-centered care
-  **Target populations:** displaced people, women, children, marginalized communities

Boosting operational capacity in times of crisis

MSF Ubuntu, based in Kenya, aims to fill the gaps in so-called "humanitarian deserts", regions where humanitarian assistance is nearly absent and needs are acute. This operational center will respond to emergencies and protracted crises, and will conduct preventive interventions. It is primarily focused on displaced populations, women, children, and marginalized communities. The initiative is designed to be agile and centered on person-focused care, with particular emphasis on water, sanitation, and hygiene (WASH) and vaccination.

A collaborative, locally rooted approach

Ubuntu means "I am because we are", a principle of solidarity and inclusion. Built over two years, this project brings together four founding sections and is structured around five core pillars: community engagement, local anchoring, sustainability, interdependence, and accountability. The new structure prioritizes continuous dialogue with communities to maximize impact and ensure strong, inclusive governance.

Structured and measured development

MSF Ubuntu will expand gradually, with an operational cell expected to be in place by the end of the next strategic planning period* (2026–2031). The center is part of MSF's broader transformation strategy, reinforcing diversity, equity, and capacity transfer beyond Europe. This solid partnership is grounded in over 50 years of humanitarian experience within the MSF movement.

*A strategic planning period is a multi-year cycle in which MSF defines its priorities, objectives, and actions to effectively organize its humanitarian response

WHEN AN EMERGENCY ARISES,
WE ARE OFTEN THE LAST
TO CALL FOR DONATIONS,
BECAUSE WE ARE THE FIRST
ON THE SCENE TO HELP THE VICTIMS.



Do you want to know more about
our missions?
Support a particular project?
Let's talk about it!



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Noële Bouchet

+352 621 380 513

noele.bouchet@luxembourg.msf.org
Manager of Major Donors & Partnerships
Médecins Sans Frontières Luxembourg



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Eléonore Macé de Gastines

+352 332 515 304

eleonore.mace.de.gastines@luxembourg.msf.org
Philanthropy Project Officer
Médecins Sans Frontières Luxembourg



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Eléonore Vernier

+352 621 456 087

eleonore.vernier@luxembourg.msf.org
Philanthropy Officer
Médecins Sans Frontières Luxembourg

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