

MSF ACADEMY FOR HEALTHCARE



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2025 ACTIVITY REPORT



MSF ACADEMY FOR HEALTHCARE

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Cover picture :
Nurses, nurse aides,
community health
officers and midwives
holding their completion
certificates during the
final graduation ceremony
of the MSF Academy for
Healthcare in Kenema,
Sierra Leone.

EXECUTIVE SUMMARY

In 2025, the MSF Academy for Healthcare continued to strengthen the professional development of frontline healthcare workers across MSF projects, through work-based learning programmes adapted to MSF's needs. Teams of clinical mentors and tutors continued to provide individual support to all participants in the learning programmes, to ensure learning is effectively transferred into practice, with the ultimate objective of improving patient care. During the year, **251 new learners joined MSF Academy programmes and 557 participants graduated.**

In-person learning programmes were implemented by MSF Academy teams on site in nine countries: Burkina Faso, the Democratic Republic of the Congo, the Central African Republic, Mali, Nigeria, Sierra Leone, South Sudan, Tanzania and Yemen. Distance learning programmes included participants from over 47 countries.

Several important milestones were reached in 2025. For the first time, students in the **Postgraduate Diploma in Medical Humanitarian Leadership graduated**, marking a key step in strengthening medical leadership capacity within MSF projects. The **Operating Theatre (OT) Nursing Care** programme was implemented in French for the first time in the Central African Republic, allowing nursing staff working in the operating theatre to participate in specialised training adapted to their roles and professional activities.

In **Sierra Leone**, the **MSF Academy concluded its activities** after seven years of implementation and organised its final graduation. During this period, five in-person learning programmes have been implemented for healthcare workers at Kenema Hospital, while access has been offered for several healthcare workers to two scholarship programmes, and to distance-learning diploma courses. In total, 350 national healthcare staff at Kenema Hospital have successfully completed an MSF Academy learning programme.

The MSF Academy also launched activities in a new country in 2025: the **Democratic Republic of the Congo, with the Outpatient Care (OPD) learning programme.** Despite difficulties linked to insecurity and contextual challenges, training began in July and continued throughout the year for primary healthcare consultation providers in North Kivu.

Three new learning programmes were further developed throughout the year and are expected to be launched in 2026: the Neonatal Nursing Care (NNC) learning programme, the Ward Supervisors training programme and the Master of Child Health. These programmes aim to address more priority needs identified in MSF projects supporting the development of specialised clinical competencies.

More in-person programmes continue to benefit from **national recognition** by Ministries of Health. In 2025, the Basic Clinical Nursing Care (BCNC) learning programme was recognised by the Ministry of Health in Sana'a, Yemen whereby the certificates were jointly signed and delivered to graduates during the ceremony in December.

Assessments conducted to evaluate the progress and results showed **sustained improvements in participants' knowledge and skills**, including in follow-up evaluations conducted one year after the completion of the training. Despite challenges linked to complex operational environments, where insecurity, limited resources and shifting priorities affected programme delivery, MSF Academy teams still managed to adapt programme implementation in coordination with project teams, to ensure continuation of learning activities.

WORDS FROM THE DIRECTOR

Healthcare workers in MSF supported healthcare facilities face complex challenges in providing healthcare in resource limited and unstable environments whereby opportunities for education and continuous professional development are limited. Their commitment and competencies are essential to delivering quality medical care to the communities assisted by MSF. Supporting these workers to strengthen their competencies and confidence is at the heart of the mission of the MSF Academy for Healthcare.

In 2025, the MSF Academy continued to expand and consolidate its learning initiatives across multiple countries and clinical domains. Through our programmes, healthcare professionals have strengthened their competencies in hospital nursing, maternity care, outpatient consultations, medical humanitarian leadership, management of infectious diseases and control of antimicrobial resistance. These programmes are designed not only to strengthen knowledge and skills but also to transform clinical practice through mentoring support for practice, reflection and direct application in the workplace.

This year also marked important milestones. We celebrated the first graduates of the Postgraduate Diploma in Medical Humanitarian Leadership and implemented the Operating Theatre Nursing Care programme in French for the first time. In Yemen, the official recognition of the Basic Clinical Nursing Care certificate by the Ministry of Health represents another success story in of our ambition of recognition of the value of these learning programmes for national health systems.

Behind these achievements are the dedicated MSF Academy teams and MSF operational and L&D colleagues and technical experts who work together to build meaningful learning opportunities for healthcare workers. Their commitment ensures that training remains adapted to the realities of MSF and directly contributes to improving patient care.

But past year also reminded us of the complexity of the environments in which we operate. Security incidents, staff turnover, logistical challenges and shifting operational priorities required continuous adaptation. Despite these difficulties, teams across projects demonstrated remarkable resilience and creativity to maintain learning activities and support participants.

In parallel, 2025 was an important year for reflection and planning. In line with the Movement-wide exercise of defining the Strategic Plan for Accountability and Resources Cycle (SPARC) for 2026-2031, we developed the MSF Academy Strategic Plan 2026 - 2031. This strategy reaffirms our firm commitment to invest in the MSF healthcare workforce by developing and offering relevant medical learning programmes of high-quality, context adapted and aligned with the medical operational needs.

I would like to thank all learners, mentors, teams, and partners who contribute to this collective effort. Their motivation and dedication are the driving force behind the MSF Academy's work.

Together, we continue to invest in the skills, knowledge and professional growth of the healthcare workers who deliver people centre care which is the core of the MSF medical humanitarian social mission.

Roger Teck, Director of the MSF Academy for Healthcare



STRATEGIC POSITIONING AND VISION

In 2025, the MSF Academy for Healthcare developed its **new Strategic Plan for 2026–2031**. Building on the achievements and lessons learned since its creation, the strategy sets out a clear vision for strengthening learning and professional development for healthcare workers across MSF projects. As a collective investment within MSF's medical humanitarian mission, the MSF Academy aims to provide high-quality, accessible and context-adapted learning programmes for frontline healthcare workers that ultimately contribute to improved quality of care for patients.

At the core of the MSF Academy's approach is the recognition that effective learning goes beyond the transmission of knowledge. Training must translate into improved clinical practice and sustained professional competencies. The MSF Academy therefore promotes competency-based and medical practice-oriented learning that is closely connected to the realities of healthcare delivery in MSF settings. Mentoring, workplace application, and continuous reflection are central elements of this model, helping healthcare workers to apply new knowledge and skills directly in their daily practice.

The new strategy is built around **three key orientations**:

- First, the MSF Academy will **strengthen its integration with MSF Operations** to ensure that its learning initiatives respond directly to the quality of care needs of projects by working in close collaboration with MSF Operations, medical departments and intersectional platforms.
- Second, the MSF Academy will prioritise **quality over growth**. Rather than expanding the number of programmes, the focus will be on consolidating and strengthening existing programmes while continuing to innovate in accessibility, pedagogical, digital and blended learning approaches.
- Third, the MSF Academy will contribute to **fostering a culture of continuous learning within MSF**. Improving quality of care requires not only training opportunities but also an environment in which learning, reflection and professional development are valued and supported across teams and the various levels of the organisation.

The MSF Academy will continue to **develop, consolidate, and adapt high quality learning initiatives** for healthcare professionals, ensuring that these programmes are **effectively implemented** and supported through mentoring in the field. We will further pursue **accreditation and formal recognition** of our in person learning programmes through strengthened collaborations with academic institutions and professional bodies.

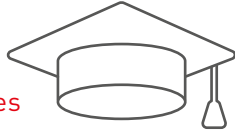
In parallel, the MSF Academy will work to enhance collaboration across MSF's learning and development teams, while also strengthening partnerships with external actors to **foster a broader learning ecosystem** that encourages innovation, mutualisation, and knowledge sharing both within MSF and beyond. Finally, we will continue efforts to **diversify and secure financial resources** to ensure the sustainability of our mandate.

Looking ahead, the 2026–2031 strategy provides a clear roadmap for consolidating the MSF Academy's role within MSF. By strengthening the skills and professional development of healthcare workers, the MSF Academy contributes to improving the quality of care delivered in MSF projects and to building a stronger, more resilient healthcare workforce.

HIGHLIGHTS OF THE YEAR

In 2025

557 graduates
251 new learners



First implementation
Operating Theatre Nursing Care
learning programme in French



1 new

country
in-person
programmes:
Democratic
Republic
of the Congo



First graduation
in the Postgraduate Diploma
in Medical Humanitarian Leadership



Recognition

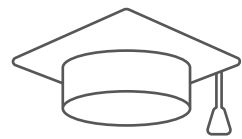
of the BCNC certificates
in Yemen



Milestones achieved throughout the year:

+2,970
have **EVER PARTICIPATED**

1,604
GRADUATES



10 countries with
IN-PERSON PROGRAMMES
55 countries with
DISTANCE LEARNING
graduated participants



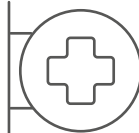
In-person programmes
recognised by Ministries of Health
of **7** countries

7

31 health
centres



19
hospitals



8 programmes or scholarships
accredited by higher
education institutions

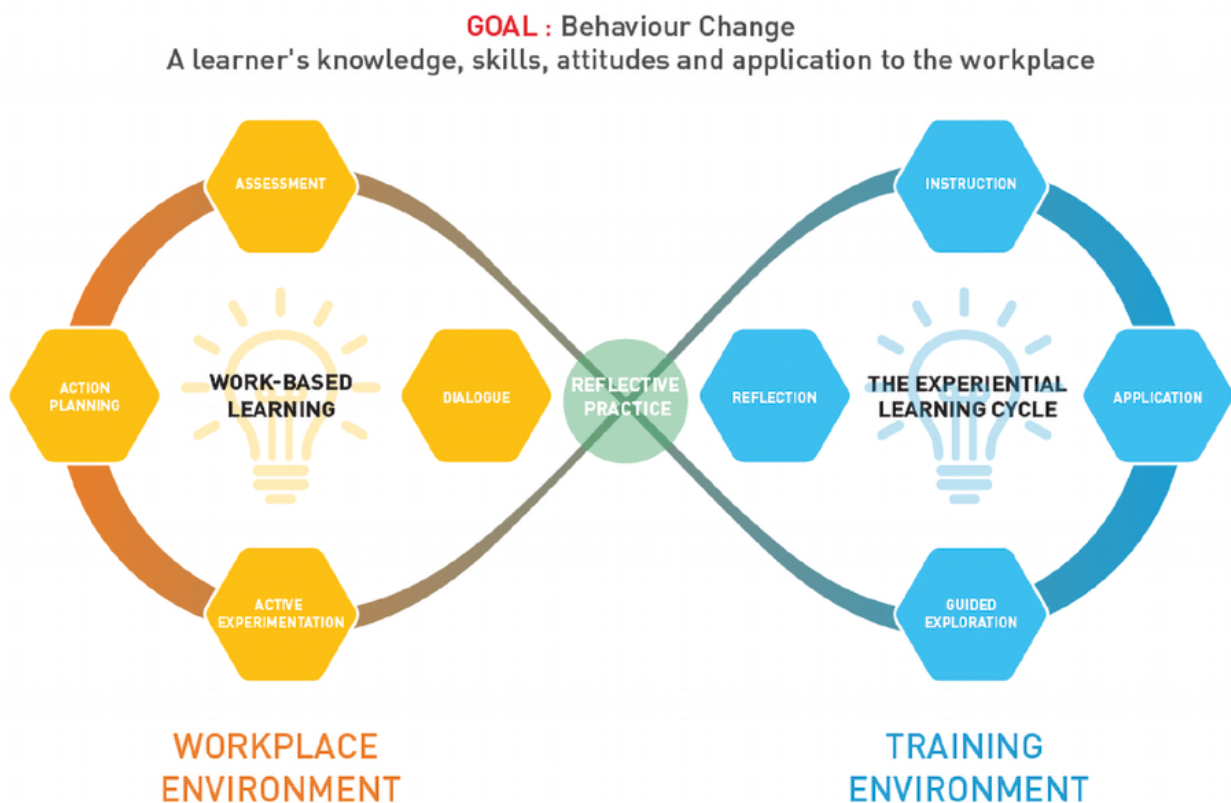


PEDAGOGICAL APPROACH

The MSF Academy uses the *Infinity Loop* to show how learning develops across two connected spaces: the workplace and the training environment.

It usually starts in the workplace, where performance gaps are identified. These gaps guide the choice of learning activities, which may include bedside teaching and mentoring, classroom sessions, skills-lab practice, microlearning on the ward, or eLearning. Even when learning shifts into the training space, it remains grounded in experiential learning: case-based activities, simulations, and guided exploration rather than passive instruction.

Building a culture where reflection and intentional learning are routine takes time, consistency, and organisational support. As these habits strengthen, their impact on behaviour and performance becomes more visible. To support this behaviour change, we follow a low-dose, high-frequency approach (for example, a weekly training session and mentoring moment) sustained over meaningful periods of time.



The Infinity Loop emphasises this continuous cycle. Training alone does not lead to learning transfer; new skills only take hold when learners have opportunities to apply them in real situations. During training and mentoring moments, learners reflect on how to use new knowledge and skills in their daily practice. These reflections often raise new questions or challenges, feeding back into the next learning cycle. Embedding regular reflection, feedback, and mentoring into everyday work is essential for making the loop effective.

Our competency-based curricula can be used flexibly to design learning experiences adapted to operational needs, learner profiles, and specific contexts. We are increasingly using Entrustable Professional Activities (EPAs) with levels of supervision to help learners and mentors reflect on progress, autonomy and the support needed.

LEARNING INITIATIVES

IN-PERSON learning programmes (Face to Face, On Site)

HOSPITAL (IN-PATIENT) CARE

1 to 2 years
In English, French and Arabic

Programmes:

- **Basic Clinical Nursing Care**
- **Operating Theatre Nursing Care**
- **Neonatal Nursing Care (NEW)**
- **Maternity Clinical Care**
- **Community Health Officers**
(developed for Sierra Leone, in English only)

- **WARD SUPERVISORS TRAINING (NEW)**

1 year
In English
For hospital ward supervisors

OUTPATIENT CARE

6 months
In English and French
For healthcare staff conducting outpatient care consultations

DISTANCE-BASED learning programmes¹

POSTGRADUATE DIPLOMA IN MEDICAL HUMANITARIAN LEADERSHIP

2 years
In English
For junior/future medical coordinators

POSTGRADUATE DIPLOMA IN INFECTIOUS DISEASES

2 years
In English
For medical doctors

ANTIMICROBIAL RESISTANCE LEARNING INITIATIVE

10 months
In English and French

Two courses:

- Infection Prevention & Control Supervision & Management
- Antimicrobial Stewardship

MASTER OF CHILD HEALTH (NEW)

2 years
In French
For medical doctors

¹ Blended Approaches Across Programmes:

Both in-person and distance-based learning programmes may incorporate a blended learning approach, combining physical and digital components. For example:

- Although primarily distance-based, the **PgDip** and **Master** programmes include annual face-to-face learning periods to reinforce practice and peer learning.
- The **AMR Learning** Programme is also evolving to include a yearly face-to-face workshop delivered in different locations. This provides learners with an opportunity to consolidate and practice skills, apply concepts in realistic scenarios, and strengthen interdisciplinary collaboration.

HOSPITAL NURSING & MATERNITY CARE

Basic Clinical Nursing Care



In 2025

337 graduates

264 active end of the year

PROGRAMME CONTENT:

Modular approach:

Module A: Complete assessment of a patient

Module B: Infection Prevention and Control

Module C: Nursing care to support human functions

Module D: Supporting the patient through diagnostic process

Module E: Supporting the patient through treatment

Systematic approach:

Infection Prevention & Control

A Airway

B Breathing

C Circulation

D Disability

E Exposure

F Fluid status

G Gastro

H History

Main 2025 highlights

In 2025, key clinical content was updated to ensure the Basic Clinical Nursing Care (BCNC) learning programme remains aligned with current MSF standards and project realities. These updates will be further consolidated through a comprehensive content review planned for 2026, following major guideline revisions.

Important improvements were also made to pedagogical and implementation tools. Case-based learning materials were proofread, and clinical procedure videos were produced and translated, strengthening learner support and improving training consistency. These videos were made openly accessible via the MSF Academy YouTube channel, enabling healthcare staff globally to benefit from these resources.

In addition, a Simulation Training of Trainers was conducted to strengthen facilitation capacity among the team and promote the use of simulation-based learning approaches.

CHALLENGES AND ADAPTATIONS:

During implementation, inconsistent understanding and use of some implementation tools and methodologies were identified across projects. In response, a review of these tools was initiated to clarify guidance and highlight good implementation practices, with the aim of strengthening their understanding and proper use.

PRIORITIES FOR 2026:

- Conduct a content review to align the curriculum with revised MSF medical guidelines.
- Reinforce capacity building and clinical practice for clinical mentors.
- Further develop the blended learning approach to strengthen the different methodologies for the implementation of the BCNC programme.

Operating Theatre Nursing Care



In 2025

18 learners

Main highlights 2025

In 2025, the MSF Academy produced new learning videos covering core Operating Theatre (OT) nursing care procedures. These videos were made openly available to support learning and skills development for OT healthcare staff both within MSF and globally.

The team supported the launch of the OT Nursing Care learning programme in the Central African Republic at SICA hospital in Bangui, marking the first implementation of the programme in French.

One of the key pedagogical innovations developed by the MSF Academy in 2025 was the creation of an educational board game. In humanitarian surgical settings, operating theatres are high-pressure environments where safe and effective care depends not only on technical expertise but also on strong communication, teamwork, and prioritisation skills, which are often difficult to address through traditional training methods. To bridge this gap, the MSF Academy developed a simulation-based board game designed to recreate OT dynamics in a safe, engaging, and portable learning format.

The co-design process involved MSF clinicians, educators, and simulation specialists, ensuring the game authentically reflects the realities of MSF projects surgery, including triage, resource constraints, post-operative care, and team debriefing. The result is a bilingual (English and French) simulation tool that can be implemented across diverse MSF operational settings.

PROGRAMME CONTENT:

- Module 1: Preparing the OT for surgery
- Module 2: Preparing the patient for surgery
- Module 3: Performing OT nursing care
- Module 4: Performing post operative nursing care

PRIORITIES FOR 2026:

Translating the OT Nursing Care curriculum into Arabic to expand accessibility and support implementation in Arabic-speaking contexts.



Neonatal nursing care

PROGRAMME CONTENT:

- Module 1: Prepare & admit
- Module 2: Stabilize & respond
- Module 3: Navigate critical decisions
- Module 4: Provide ongoing care – core
- Module 5: Provide ongoing care – advanced
- Module 6: Prevent & detect complication
- Module 7: Transition & handover

Competency domains:

1. Neonatal nursing clinical practices
2. Professional & ethics
3. Communication & teamwork
4. Infant-Family-Centred developmental care

EPAs (Entrustable Professional Activities):

- 1 Provide neonatal routine care
- 2 Identify and assist with management of newborns with risk factors
- 3 Identify, stabilize and assist with management of sick newborns
- 4 Apply developmental care principles for the newborn
- 5 Deliver palliative/comfort and end-of-life care
- 6 Provide safe neonatal resuscitation

Main highlights 2025

In 2025, the Neonatal Nursing Care (NNC) learning programme continued its development, including curriculum content and pedagogical activities, with the objective of first implementation in 2026. Although the programme was initially planned for first implementation in 2025, other emerging priorities and the need to review certain aspects of the curriculum led to its delay.

An in-depth review of the curriculum structure, competency framework, and Entrustable Professional Activities was conducted and internally validated to ensure alignment with the operational needs of MSF. A key pedagogical development was the restructuring of the curriculum from a physiology-based approach to one organised around clinical neonatal care pathways. This shift significantly strengthened the programme's alignment with real-life clinical workflows and the practical needs of MSF neonatal care.

PRIORITIES FOR 2026:

- Prepare the tools required for implementation of the learning programme.
- Finalise the French translation of the curriculum and pedagogical activities.
- Support the first implementation of the programme in two projects across two countries: one English-speaking and one French-speaking.

Maternity Clinical Care



In 2025

65 graduates

25 active end of the year

Main highlights 2025

The Midwifery Clinical Care training programme was **renamed Maternity Clinical Care to expand participation** beyond midwives. The programme now enables the MSF Academy to include community health officers, medical doctors (generalist or specialists) and maternity nurses, strengthening its multidisciplinary approach and ensuring that all healthcare staff working in maternity wards are aligned on clinical practices and updated protocols, and can apply this shared knowledge in practice. The overall objective is to make the learning programme more interdisciplinary and reflective of the realities of maternity care services in MSF projects, and to improve the performance of the ward as a whole, rather than focusing on a single profession.

Throughout 2025, the MSF Academy continued to strengthen the development of clinical mentors. This included organising clinical case review workshops and supporting clinical practice for mentors to make sure they continue applying practical skills alongside their mentoring responsibilities.

Part of the curriculum content was reviewed, especially theoretical documents related to the first stage of labour, incorporating the latest WHO recommendations from the updated Labour Care Guide. The MSF Academy will support the implementation of this new protocol in the projects where the Maternity Clinical Care learning programme is implemented, in line with decisions made by MSF's Intersectional Sexual and Reproductive (SRH) Working Group.

PROGRAMME CONTENT:

- Module A: General competencies
- Module B: Supporting the woman in sexual health and contraception
- Module C: Supporting the woman during pregnancy
- Module D: Supporting the woman during labour and delivery
- Module E: Post natal care

Throughout the year, the MSF Academy provided support to the implementation of the learning programme in different projects and worked on planning post-training strategies to support the retention of competencies and skills over time. Clinical case review activities served as an opportunity to support MSF operations in aligning with the latest recommendations from the WHO regarding Maternal and Perinatal Death Surveillance and Response. Feasibility assessments to evaluate opportunities for programme expansion were conducted in 11 projects across six countries.

Priorities for 2026:

- Support implementation of the programme in new projects in current countries, and in two projects in a new country, Niger.
- Introduce facilitation certificates.
- Review and update programme content to ensure it remains aligned with the latest clinical protocols and operational needs.
- Pilot a new blended learning approach. In 2026, the instructional design and development of Modules D, E and B of the eMaternity Clinical Care programme will be finalised to support their online delivery and subsequent integration into the blended learning framework.
- Prepare the external evaluation of the learning programme.

Implementation in countries

BURKINA FASO



In 2025

1 project, 1 programme

71 learners
Maternity Clinical Care

➤ 65 graduates

72% Ministry of Health staff

28% MSF staff

88% female

12% male

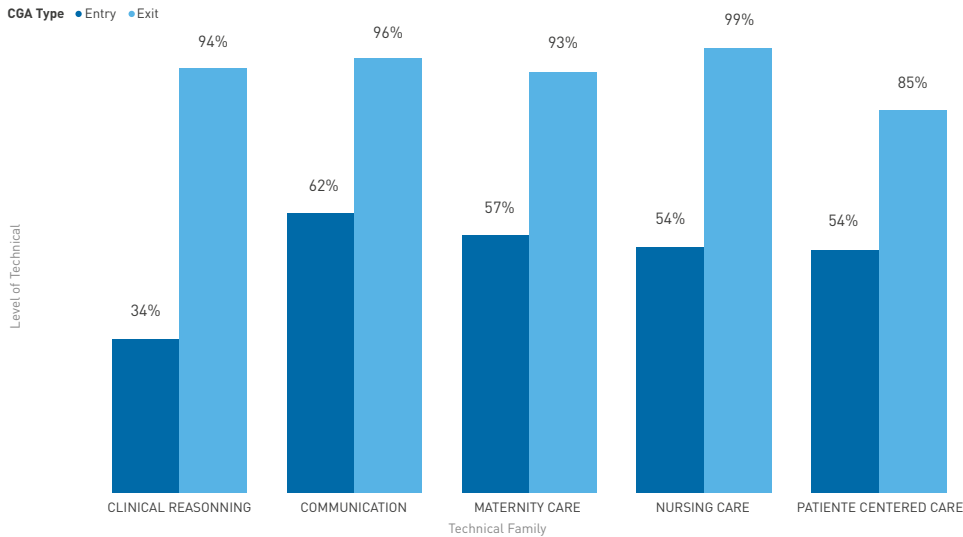
| Programme | Project | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 2026 |
|------------------|----------------------|------------|-----|-----|-----|-----|--------------------|------|-----|--------------------|--------------------|---------------|-----|------|
| BCNC | OCBA BOBO-DIOULASSO | | | | | | | | | | ✓ ✗ Feasibility | | | |
| MATERNITY | OCBA BOBO-DIOULASSO | Completion | | | | | | | | | Graduation | Post-training | | |
| MATERNITY | OCBA FADA-MATIAKOALI | | | | | | ✓ ✗ Feasibility | | | | | | | |
| MATERNITY | OCBA GOROM GOROM | | | | | | ✓ ✗ Feasibility | | | | | | | |
| NEONATAL NURSING | OCG KAYA | | | | | | | | | ✓ ✗ Feasibility | | | | |



Clinical mentoring at the patient's bedside in the maternity ward in Bobo-Dioulasso

SUCCESSSES

The Maternity Clinical Care learning programme was successfully implemented in Bobo-Dioulasso. **Over 17 months, 65 participants graduated, including 12 midwives detached from other MSF projects** in the Sahel region: Burkina Faso, Mali and Niger.



Final assessments demonstrated substantial improvement across all competency areas analysed. The most notable progress was in **clinical reasoning, including prioritisation, emergency management, action planning, and decision-making**, where average scores increased from 34% at baseline to 94% at completion. Addressing clinical reasoning had been identified as a key need during the initial assessment, so the targeted efforts in this area throughout the programme contributed to this positive outcome.

The programme also reduced initial disparities in skill levels among participants, resulting in a more consistent overall competency level and a shared understanding of clinical standards. The active participation of co-facilitators, including project gynaecologists, strengthened shared ownership of objectives and learning process. Post-programme follow-up activities, including clinical case reviews and refresher sessions led by facilitators, were implemented to sustain the results achieved. The learning programme is planned to be replicated in the projects where detached participants work.

Learning how to manage triage in the maternity ward was very important. Prioritising patients helps save many lives and reduces complications for both mothers and babies. The training has strengthened my skills and taught me things I wasn't doing before, or wasn't doing the right way. When I apply this knowledge back home, I believe it will make a real difference for mothers and babies.

Traoré Woygaya, detached midwife from Mali



MAIN CHALLENGES

- Despite ongoing efforts and negotiations, securing certification recognition by the Ministry of Health was not completed in time for the graduation.
- Feasibility assessments were conducted for the Maternity programme in two other projects in Burkina Faso, but MSF operational priorities shifted, and implementation preparations did not proceed for 2026.

LESSONS LEARNT

- Collaboration with other MSF learning initiatives (Field Simulation, Zero Separation, Point of Care Ultrasound) was highly beneficial.
- Strong coordination and communication with project and country teams is essential for a successful implementation.
- Interdisciplinary involvement across maternity ward staff is critical to ensure alignment with the programme content and clinical practices.

PRIORITIES FOR 2026

- Continue negotiations to secure official recognition of the BCNC and the NNC programmes certificates by national authorities.
- Implement the BCNC programme in Bobo-Dioulasso, with the participation of detached staff from other MSF projects and countries, and the NNC learning programme in Kaya.

CENTRAL AFRICAN REPUBLIC

In 2025

4 projects, 2 programmes

265 learners
BCNC, OT nursing

➤ **94 graduates**
CHUC - BCNC

100% Ministry of Health staff

82% female

18% male



| Programme | Project | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 2026 |
|------------|--------------|---------------|-----|-------------|-----|-----|--------------------------|--------------------------|-------------|------|--------------------------|-----|-------------|------|
| BCNC | BAMBARI C1 | | | | | | | Post-training assessment | | | | | | |
| BCNC | BAMBARI C2 | Mid-Programme | | | | | | | | | | | | |
| MATERNITY | BANGASSOU | | | | | | | | Feasibility | | | | | |
| BCNC | BANGASSOU C1 | | | | | | Post-training assessment | | | | | | | |
| BCNC | BANGASSOU C2 | Mid-Programme | | | | | | | | | | | | |
| BCNC | BOSSANGO | | | | | | Feasibility | | | | Post-training assessment | | | |
| BCNC | CARNOT | | | | | | | | | | | | Feasibility | |
| MATERNITY | CHUC | | | Feasibility | | | | | | | | | | |
| BCNC | CHUC-INT MED | Completion | | | | | | | | | | | | |
| BCNC | CHUC-NEONAT | Completion | | | | | | | | | | | | |
| OT NURSING | SICA | | | | | | | | | | Start | | | |



Graduation at the CHUC hospital in Bangui, with the presence of representatives from the Ministry of Health

CENTRAL AFRICAN REPUBLIC

Bambari

In 2025, the MSF Academy conducted a **post-training follow-up assessment** in Bambari to evaluate knowledge and skills retention among graduates of the BCNC learning programme and to assess the sustainability of improvements over time. Six out of the 15 participants were still in the project and took part in the assessments.

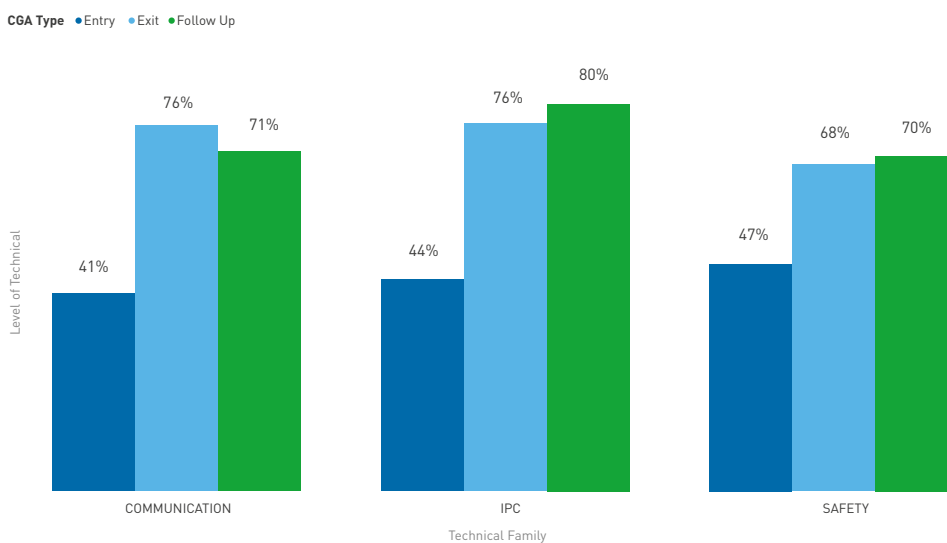
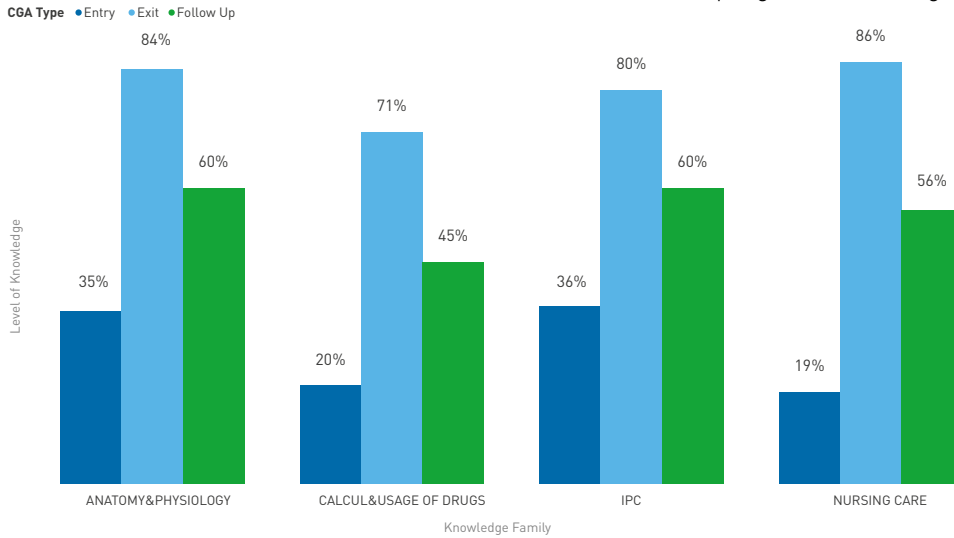
At the one-year follow-up assessment, Infection Prevention and Control (IPC) and patient safety skills showed slight improvements, while communication skills declined slightly. The on-going improvements observed in IPC and patient safety may be explained by the influence of cohort 2, which continued participating in the learning programme during that period, suggesting a positive spillover effect supporting the retention of technical skills.

Overall, the assessment suggests that improvements in learning outcomes and competencies have been maintained over time, while highlighting the importance of continued post-training support.

In Bambari, cohort 2 continued the BCNC throughout 2025. This cohort included all nursing staff in the project, as opposed to the first cohort which was

made up of few staff members from each ward. Due to a change in the project's human resources (HR) strategy that reduced first-aid staff, the cohort decreased from 67 to 40 learners.

Before the start of the programme, baseline assessments identified important learning needs in relation to nursing knowledge. By the end of the programme, substantial improvements were observed across all areas assessed, with a particularly strong increase in the nursing care knowledge family, demonstrating the effectiveness of the programme. The one-year post-training follow-up shows a partial decline in knowledge retention, highlighting the importance of continued post-training support to sustain results over time. Nevertheless, knowledge levels remained higher than baseline one year after completion.

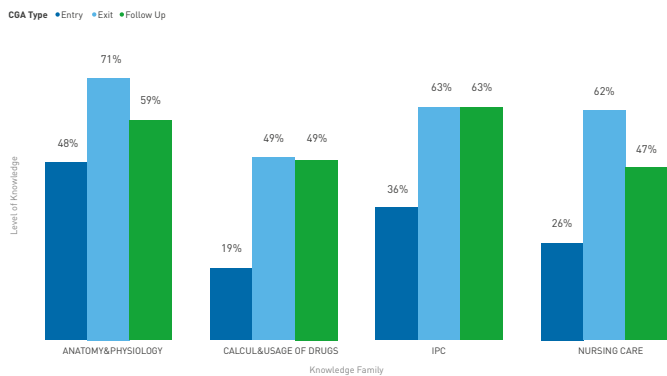


Technical skills assessments followed a similar pattern. By the end of the training, performance had improved across all assessed technical areas, indicating an overall strengthening of participants' practical competencies.

The **post-training follow-up assessment** was conducted in October, two years after the programme's exit phase. This delay was due to human resource constraints and the launch of new programmes, which required prioritisation of activities.

The follow-up assessments included 14 out of the 18 learners who had completed the BCNC programme.

Findings confirmed that the programme led to substantial improvements in knowledge in the short term. However, in the medium term, a partial decline is observed,



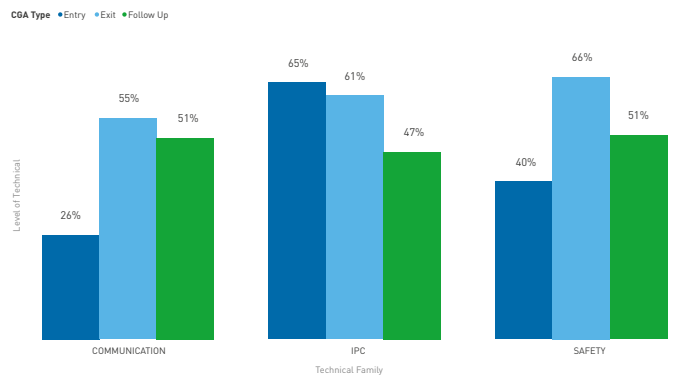
particularly in anatomy and physiology, as well as in nursing care. Performance in these areas is closely linked to practical application, team routines and the presence of an enabling environment, including adequate personal protective equipment (PPE), visible protocols and supportive leadership.

In terms of technical skills, the results highlighted a decline in safety and infection prevention and control (IPC), while communication scores remained low.

- **IPC:** During the follow-up assessment, staff were not wearing a complete and correct nursing uniform. Compared to the exit assessment, a decline was also noted in the management of medical waste and in the reuse of medical materials.
- **Patient safety:** A decrease was observed compared to the exit assessment in several areas, including patient identification practices, adherence to good pharmacy practices and risk prevention measures for patients.

LESSONS LEARNT

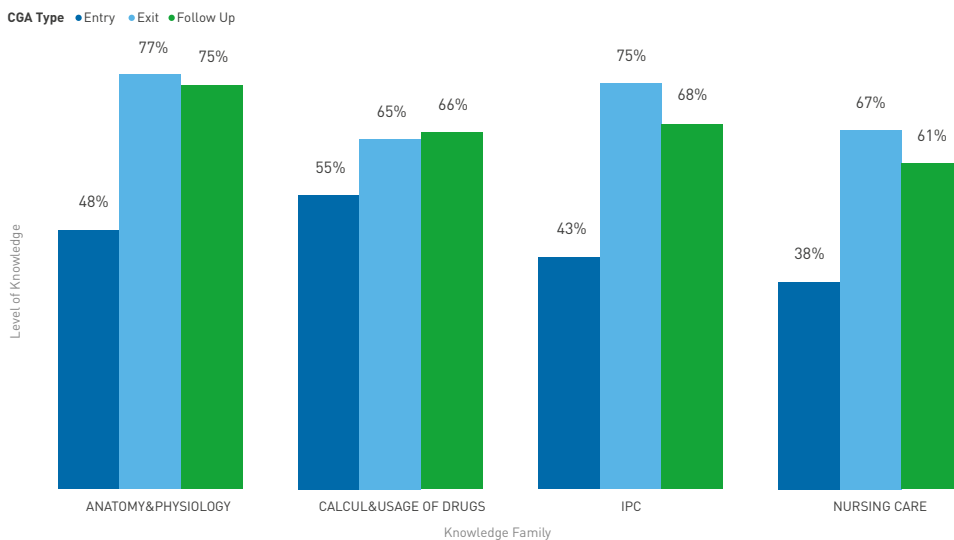
While improvements in competencies from baseline to follow-up (in this case, two years after the exit CGAs) are evident, programme implementation that does not include all staff within a given ward limits the ability to accurately assess overall impact. As a result, it is now established as a non-negotiable prerequisite **that all staff within a specific ward must be trained together** to ensure consistency, reinforce team-based practices and improve programme assessment and effectiveness.



MSF Academy training rooms in Bossangoa, 2023

SUCCESSSES

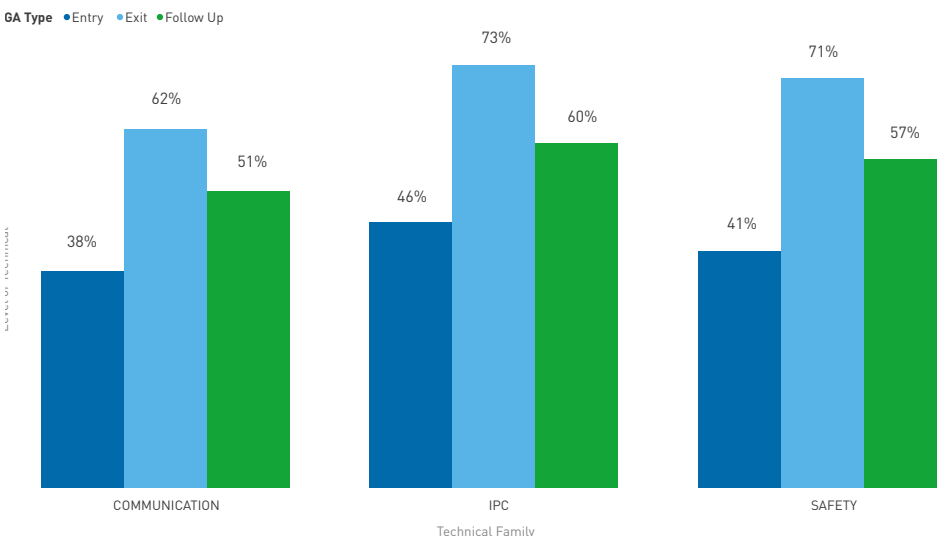
The **second group of learners continued the BCNC programme in 2025**, using the 'systematic' approach. This methodology was particularly well received by learners, many of whom come from secouriste or auxiliary healthcare backgrounds. This approach, more practical and based on simulations, allowed them to assimilate concepts more effectively through case-based scenarios.



The technical skills where larger decreases were observed include asepsis and hand hygiene, continuous patient observation, reprocessing of medical equipment, and comfort and dignity practices. These trends may be influenced by contextual factors, including variability in opportunities for regular practice, differences in equipment availability, and staff rotations, which can affect the reinforcement of acquired skills over time. The starker decrease may also be linked to the fact that the

first cohort was made up of few learners from the various departments, thereby negatively impacting the emulation aspect that comes from having all staff from the same ward being trained together. Skills that showed the strongest retention included the use of PPE, patient identification, waste management, and product selection and use, likely reflecting their frequent application in routine clinical practice.

The **first group of learners**, who finalised the BCNC in 2023, went through the **post-training follow-up assessment**, two years after programme completion. When the learning programme finished, substantial improvements were observed across all assessed areas, demonstrating significant competency gains. At the follow-up assessment, overall competency levels were largely maintained, with minor declines observed in some domains. These results confirm that the programme significantly strengthened participants' knowledge and supports sustained learning outcomes over time.



LESSONS LEARNT

- Not training all staff negatively impacts the ability to maintain technical competencies. This lesson learnt was the reason behind launching a second roll-out of the BCNC programme for all staff.
- Skills reinforced through daily bedside practice show the strongest sustainability.
- Sustained competencies are closely linked to enabling conditions, including equipment availability and regular refresher opportunities.
- Staff turnover contributes to overall decline in retention of results.
- Sustaining competencies could be strengthened through regular, structured reinforcement mechanisms, including short weekly refreshers, on-the-job mentoring, regular simulation exercises, accessible job aids, enabling conditions (e.g. PPE, organised workstations, IPC focal points), continuous monitoring (such as quizzes, performance indicators or targeted boosters), and quality assessments.

SUCCESSSES

In 2025, learners from the Neonatology and Internal Medicine wards of CHUC (Community University Hospital) completed the BCNC programme. Forty-two participants from the Neonatology ward and 52 from the Internal Medicine ward graduated.

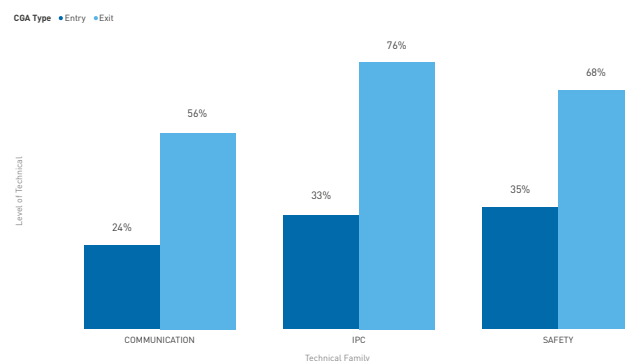
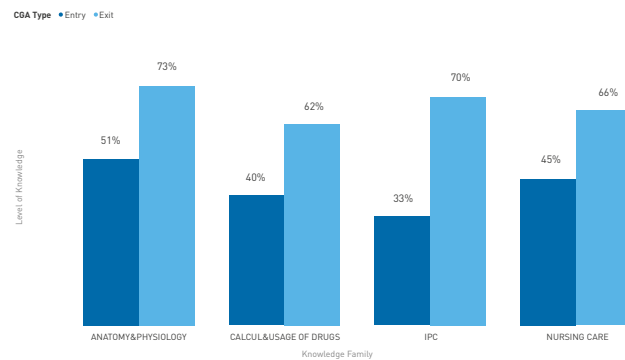
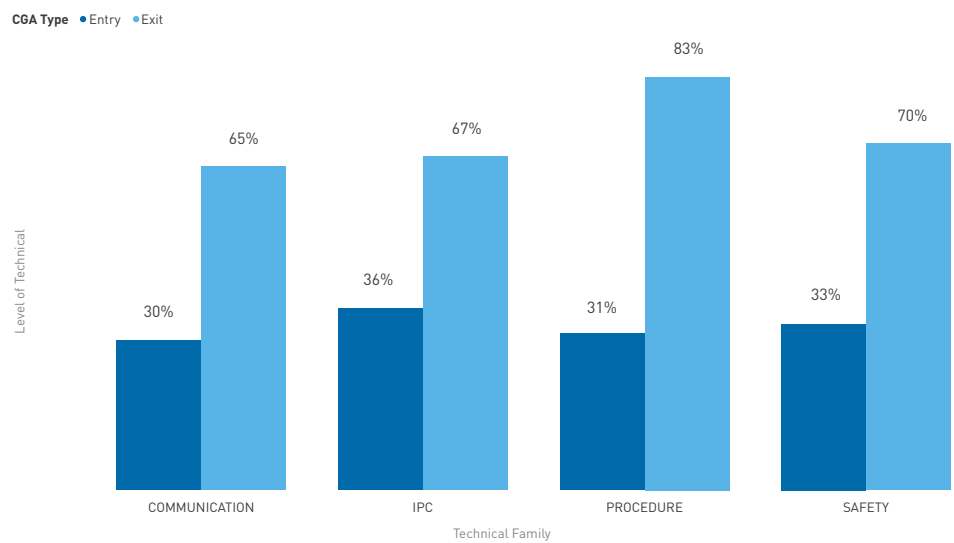
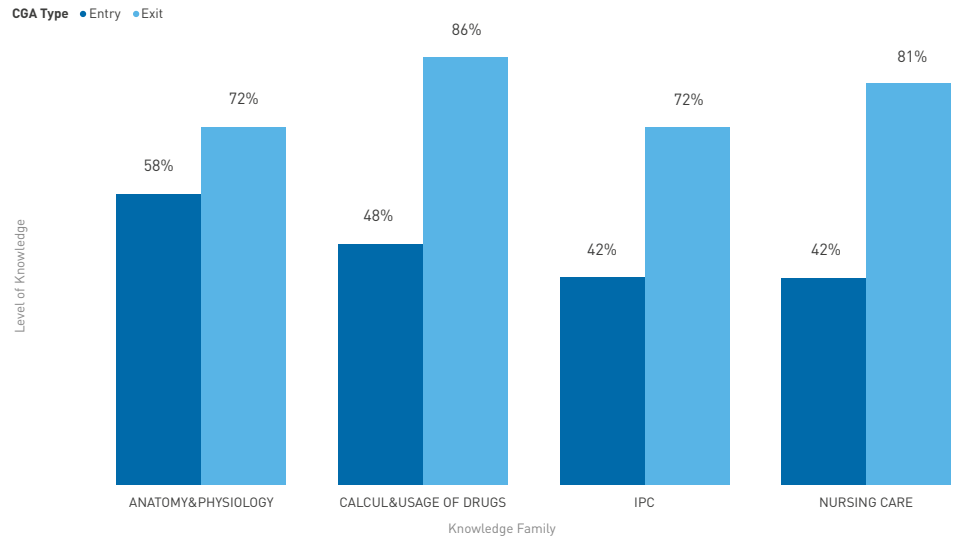
The **Neonatology ward** was established by MSF, which contributed to the consistent availability of the necessary equipment and consumables. This enabling environment allowed staff to regularly apply newly acquired skills in clinical practice, supporting the integration and retention of knowledge.

The knowledge domains demonstrating the most significant progress were nursing care, as well as drug calculation and administration. Among technical competencies, the most notable improvement was observed in nursing procedures.

Outbreaks of Klebsiella infections created an opportunity to reinforce learning related to IPC. The urgency of the situation facilitated the contextualisation of learning, particularly in asepsis, waste management, and equipment reprocessing, strengthening participants' engagement and ownership of these practices.

Support provided by supervisors, combined with systematic dosage cross-checks conducted by doctors, further reinforced knowledge acquisition.

End-of-programme assessments for participants in the **Internal Medicine ward** showed particularly strong improvements in hygiene and IPC practices, a priority area for quality of care and prevention of healthcare-associated infections. These results may also reflect increased participant engagement in this domain, which had been identified as a key learning priority before the implementation of the programme.



CENTRAL AFRICAN REPUBLIC

Bangui SICA

In November, the MSF Academy launched the **Operating Theatre Nursing Care learning programme at MSF's SICA hospital** in Bangui. The SICA project aims to provide free, high-quality, person-centred emergency surgical care in orthopaedics and visceral surgery.

Eighteen learners are currently enrolled, with some working directly in the OT and others in the recovery room. This implementation marks the first time that the OT Nursing Care learning programme is implemented in a French-speaking context.

Initial assessments indicated that **theoretical skills** for patient preparation and intra-operative care are stronger than those related to post-operative preparation and follow-up. Consequently, training efforts will focus on areas of cross-cutting gaps: strengthening OT preparation for both groups, improving post-operative care skills for OT staff, and consolidating intra-operative techniques for recovery room staff.

Technical assessments highlighted that the areas needing the most support are patient transfers and, in particular, surgical counts, revealing some gaps in safety practices and coordination throughout the surgical flow.

Observations in the Operating Theatre identified existing good practices, but also key areas for improvement. These include overall safety and IPC, patient transfer, proper use of the surgical safety checklist, correct handling of the C-arm, and preparation for emergency situations. These priorities will guide the learning programme to sustainably strengthen the quality and safety of care.

CENTRAL AFRICAN REPUBLIC IN 2025

SUCCESSSES

Graduations and strong results from end-of-programme assessments demonstrated the relevance and effectiveness of the BCNC learning programme.

CHALLENGES

- Feasibility assessments were conducted to expand the BCNC and Maternity Clinical Care learning programmes to additional projects in CAR, but operational priorities prevented implementation.
- Limited availability of certain medical items complicated the practical application of some skills taught.
- Human resource gaps in the country team affected the regular delivery of activities, but MSF Academy mentors were temporarily assigned to cover these gaps.

PRIORITIES FOR 2026

- Conduct post-training follow-up assessments for projects completed in 2025.
- Complete the OT Nursing Care learning programme at SICA.
- Launch the Maternity Clinical Care learning programme for the first time in CAR.

MALI



In 2025

2 projects, 2 programmes

165 learners
BCNC & Maternity

➤ 56 graduates

BCNC

96% MSF staff

4% Ministry of Health staff

71% female

29% male

| Programme | Project | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 2026 |
|-----------|------------------------|-----|-----|--------------------------|-----|----------------|-------------|------|----------------|------|-----|-----|-----|------|
| MATERNITY | ANSONGO | | | | | Feasibility | | | | | | | | |
| MATERNITY | DOUENTZA | | | | | | Feasibility | | | | | | | |
| BCNC | KOUTIALA | | | Post-training assessment | | | | | | | | | | |
| BCNC | NIAFOUNKE (TOMBOUCTOU) | | | | | | | | Feasibility | | | | | |
| MATERNITY | NIAFOUNKE (TOMBOUCTOU) | | | | | | | | Feasibility | | | | | |
| BCNC | NIONO-COHORT1 | | | Completion | | | | | | | | | | |
| BCNC | NIONO-SURGERY | | | | | Mid-Assessment | | | | | | | | |
| BCNC | TENENKOU | | | | | | | | Mid-Assessment | | | | | |
| MATERNITY | TENENKOU | | | | | | | | Mid-Assessment | | | | | |



In the skills lab at the hospital in Niono, a learner is practising the insertion of a nasogastric tube in the presence of a mentor and a learning companion. Learning companions are supported by MSF Academy mentors in their clinical mentoring activities throughout the learning programme.

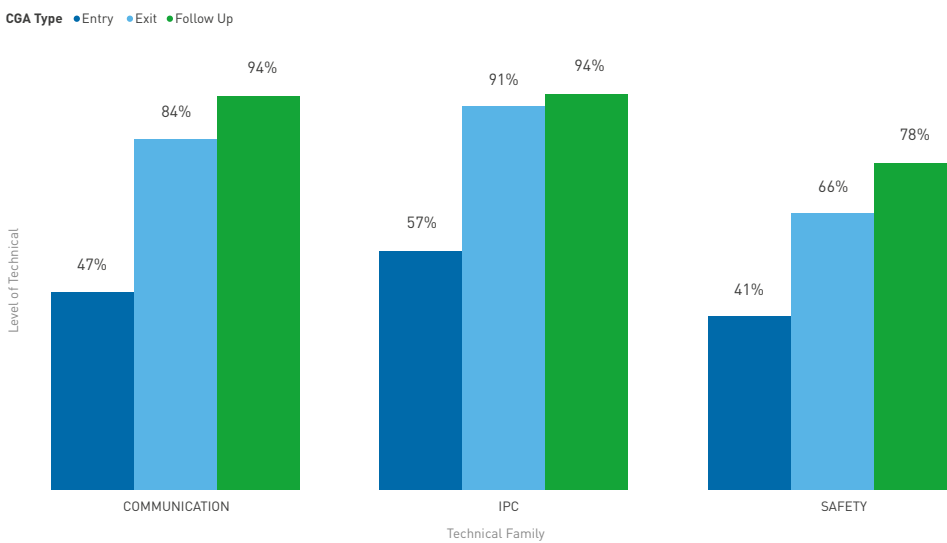
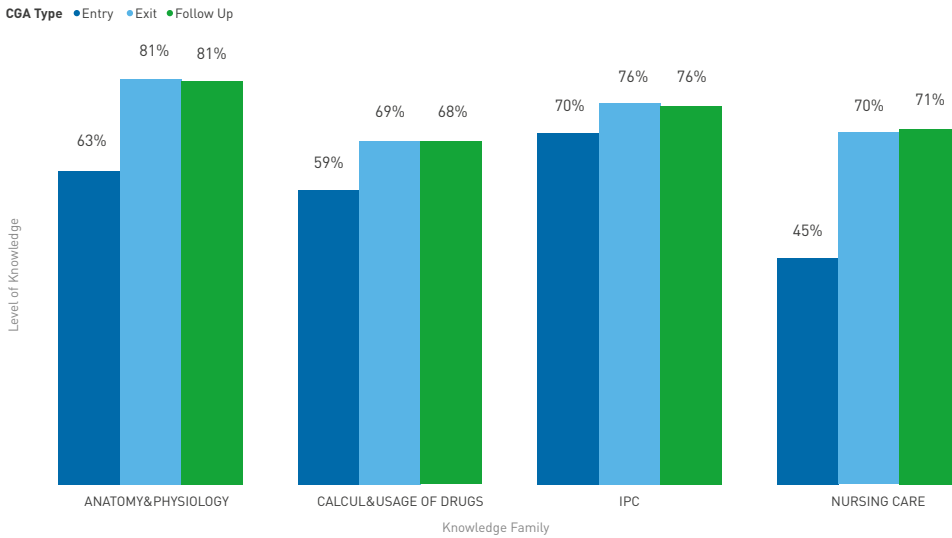
Koutiala: one-year post-training follow-up assessments

In 2025, one year after the end of the **BCNC learning programme** in Koutiala, the MSF Academy conducted the one-year post-training follow-up assessments. Seventy-eight of the 88 graduates participated (the other 10 had left due to a project reorganisation).

Results showed that skills and competencies were maintained or even further improved across all areas assessed, demonstrating the positive impact of activities put in place to sustain learning at project level. These included ongoing clinical mentoring, twice-weekly simulation sessions, regular learning flashes during morning staff meetings, implementation of a quality of care committee, and informal training of new staff, all of which helped retain the theoretical knowledge and practical skills improvement gained.



Learning companions guiding learners during a pedagogical game on Signs of infection in Koutiala, 2023



Through the training I received at the MSF Academy, I gained a great deal of confidence. Whenever I was providing care differently from what we had learned, I would remind myself of the lessons from the Academy and adjust my practice. *Hawa Sidibé, nurse in Koutiala*

SUCCESES

The first group of participants of the BCNC in Niono, who started the programme in 2023, **graduated in March 2025 with 56 successful completions.**

Assessments showed very positive results, with notable improvements in learners' competencies, particularly in dose calculation and medication use, and in IPC.

The MSF Academy dose calculation notebooks, provided at the start of the programme to support understanding, contributed significantly to this improvement, and clinical mentors worked closely with participants throughout to further strengthen their competencies in this area.

Post-training activities started after the ceremony, with the aim to maintain the good results achieved. At the end of 2025, the project recruited one facilitator to maintain the learning activities in 2026, with the support of the MSF Academy.

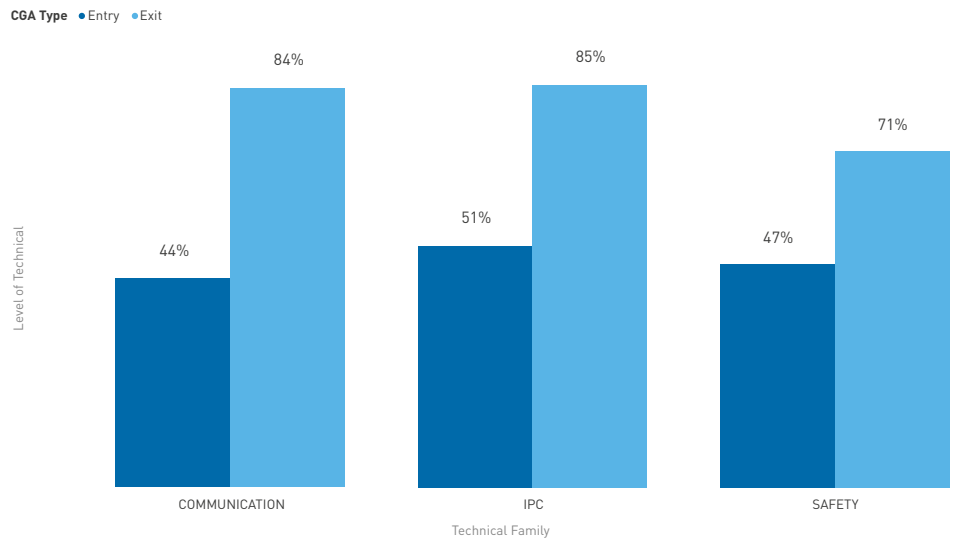
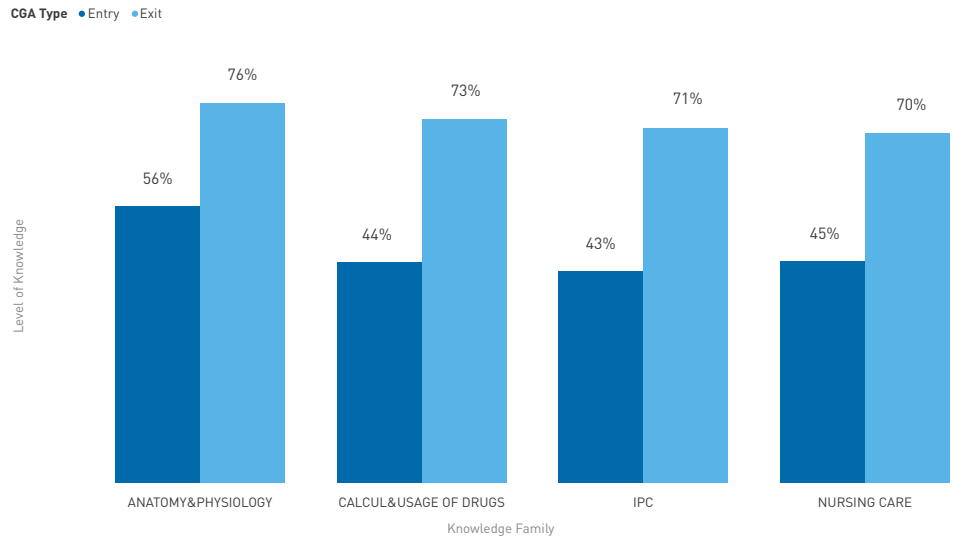
The **second group of participants, composed of 42 nursing staff from the surgery ward**, started in 2024 and was active throughout 2025. They will complete the programme in 2026.

CHALLENGES AND ADAPTATIONS

There was a temporary delay observed in the progression of learners at the end of 2024, which was then gradually caught up in 2025 until the certification of the first group, thanks to the efforts of the MSF Academy team in the project.

LESSONS LEARNT

The joint development of a Theory of Change matrix with the project team proved to be a valuable exercise. It rapidly translated into practical improvements, including the implementation of quality of care assessment tools and closer monitoring of progress in day-to-day quality of care improvement activities.



Graduation in Niono, in March 2025

SUCCESSSES

In Tenenkou, the MSF Academy is implementing the BCNC and the Maternity Clinical Care learning programmes since August 2024. Managing both programmes concurrently has been successful. An MSF Academy clinical mentor from the Central African Republic was detached to Tenenkou to learn and support with the Maternity Clinical Care learning programme implementation and exchange experiences and good practices.

CHALLENGES AND ADAPTATIONS

- Progression was slower than anticipated because gap fillers were not included as soon as expected. To address this, discussions were held on gap filler management and a catch-up strategy was implemented.
- Mentoring sessions for the Maternity Clinical Care learning programme are often difficult to schedule due to the emergency nature of the maternity ward. To adapt to this, mentors provide spontaneous mentoring whenever possible.
- Throughout the implementation of the learning programmes, knowledge gaps appeared between on-training nursing and maternity staff and other ward staff regarding updated care protocols. To address this, learning flashes were introduced during morning staff meetings to update all personnel on protocols, and competencies useful for doctors were identified for potential integration into the programme.

MALI IN 2025

SUCCESSSES

Official recognition of the MSF Academy's programmes by the Directorate General of Public Health and the National Office of Reproductive Health.

In August, "Acadays" were organised for MSF Academy teams in the country to exchange experiences, discuss challenges, and share practical guidance.

CHALLENGES AND ADAPTATIONS

- Movement restrictions around projects due to insecurity impacted activities.
- Internet instability: adaptation included exploring offline learning options for the use of e-learning content.

CHALLENGES

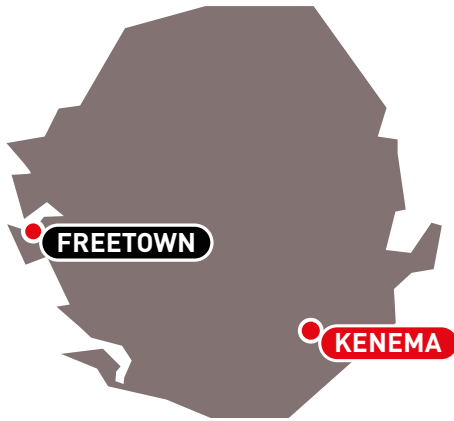
- Involving political-administrative authorities and district health leaders from the beginning of the programmes implementation helps to foster a collaborative environment.
- Strengthening collaboration and communication with the MSF project teams from the start increases the training's impact.
- Quality of care committees are effective in ensuring learning is applied and sustained.

PRIORITIES FOR 2026

Following 2025 feasibility assessments:

- The BCNC learning programme will be implemented in Niafounke.
- The Maternity Clinical Care learning programme will be rolled out in Ansongo and Douentza.

SIERRA LEONE



In 2025

1 project, 2 programmes

85 learners BCNC

24 learners CHO

➤ **78 graduates BCNC**

100% MSF staff

64% female

36% male

➤ **24 graduates CHO**

100% MSF staff

12% female

88% male

| Programme | Project | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 2026 |
|------------|--------------------------|-----|-----|------------|--------------------------|------------|------|------|-----|------|-----|-----|-----|------|
| BCNC | OCB KENEMA | | | Completion | | Graduation | | | | | | | | |
| OT NURSING | OCB KENEMA | | | | Post-training assessment | | | | | | | | | |
| CHO | OCB KENEMA | | | | Completion | Graduation | | | | | | | | |
| BCNC | OCB KENEMA-NURSE AIDE | | | | | Completion | | | | | | | | |

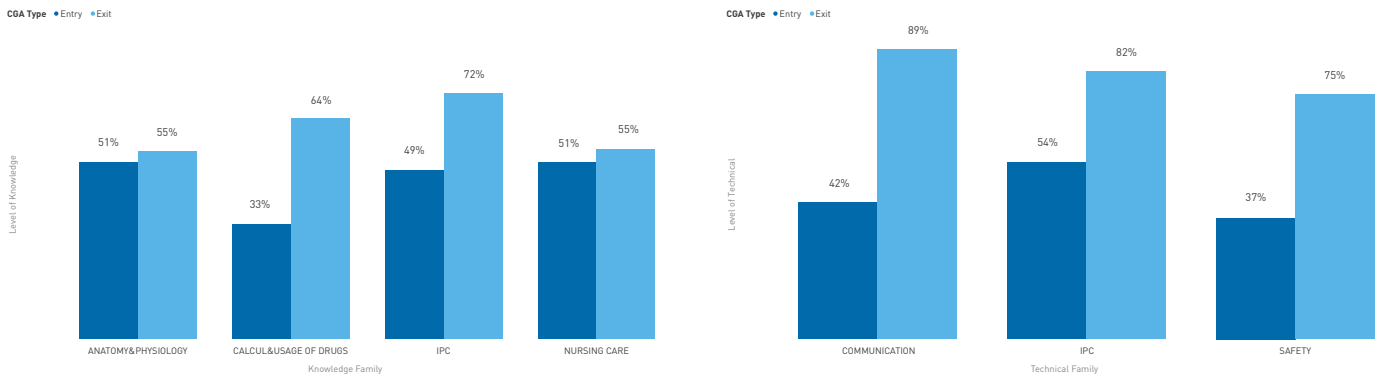


Nurses, nurse aides, community health officers and midwives holding their completion certificates during the final graduation ceremony of the MSF Academy for Healthcare in Kenema, Sierra Leone.

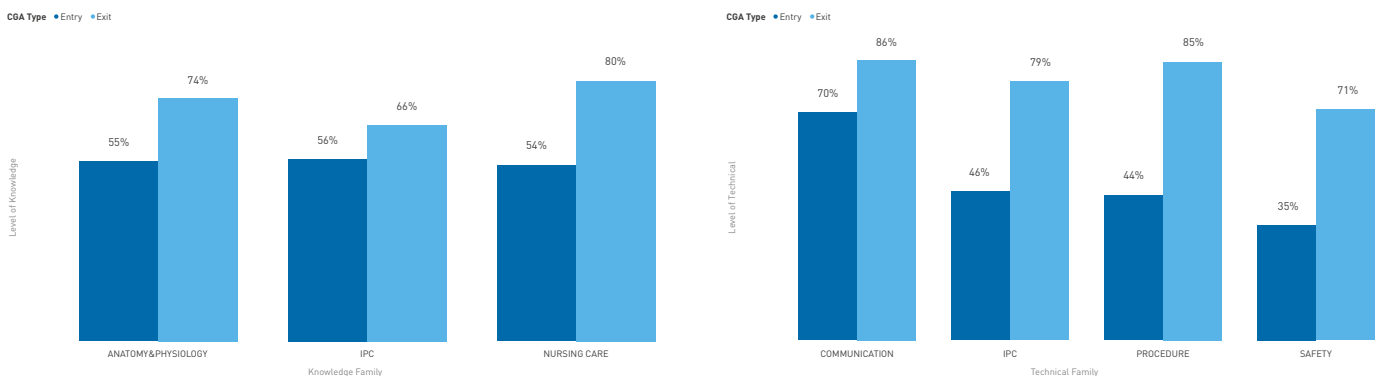
SIERRA LEONE

Kenema: Nursing programmes

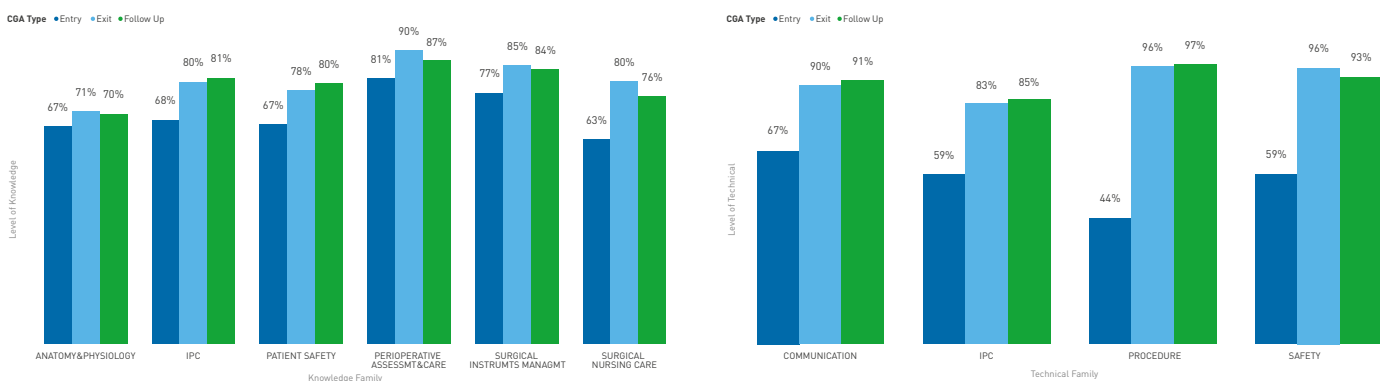
The **fourth cohort of the BCNC programme** in Kenema completed final assessments in March, with 25 paediatric nurses graduating. Assessment results demonstrated overall improvement across all competency categories, including both theoretical knowledge and technical skills, with particularly notable progress in communication-related clinical skills.



The **BCNC programme for nurse aides** was also finalised in 2025. While most nurse aides had previously been enrolled in BCNC theoretical training, they had not received clinical mentoring. To address this gap, the MSF Academy developed an adapted programme tailored to their specific roles and daily responsibilities. The revised curriculum ensured relevance to their scope of practice and operational tasks. A total of 52 nurse aides graduated from the adapted programme, with final assessments showing overall improvement across theoretical knowledge and technical skills.



The MSF Academy conducted the one-year **post-training follow-up assessments for the OT Nursing Care learning programme**, which had finalised in 2024. Results demonstrated sustained competency levels, with learners maintaining skills and knowledge above baseline levels one year after programme completion. Refresher trainings and the continued presence of the former clinical mentor, who afterwards assumed a supervisory role in the OT, likely contributed to maintaining these results. Participants' confidence and efficiency performing assessed skills were particularly remarkable during this assessment.

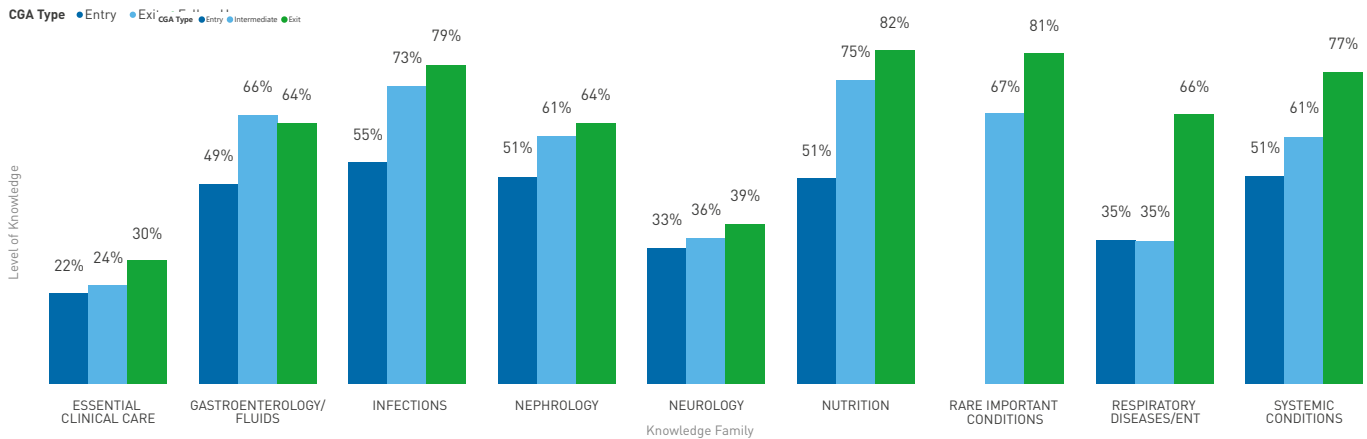


In 2025, 24 Community Health Officers (CHOs) successfully completed the MSF Academy CHO learning programme, designed specifically for mid-level healthcare workers providing paediatric clinical care in hospital settings. Final assessments demonstrated improvement across all evaluated competency areas.

Learner surveys showed very high satisfaction with the relevance of the training. Most participants (76%) rated the CHO learning sessions 10/10 for relevance, with an additional 20% rating them 9/10. This positive feedback indicates strong alignment between the curriculum and learners' day-to-day clinical responsibilities, as well as its responsiveness to their educational needs.

Case-based discussion sessions were also highly valued. Sixty-four per cent of learners rated these sessions 10/10, followed by 16% rating them 9/10 and 20% rating them 8/10. Learners reported increased engagement during these sessions due to the opportunity to discuss real patient cases, which strengthened motivation and enhanced clinical relevance.

All participants responded positively when asked whether the learning programme was relevant to their professional role and to the healthcare context in Sierra Leone. Learners highlighted improvements in clinical knowledge, practical skills and clinical decision-making. Several participants also reported that the training contributed to improving the quality of paediatric care and supporting efforts to reduce mortality. This demonstrates the programme's value not only for individual professional development but **also for strengthening healthcare quality in the national health system.**



SIERRA LEONE IN 2025

SUCCESSSES

- Final MSF Academy graduation in Sierra Leone, marking a total of 350 national healthcare staff graduated across five learning programmes.
- Closure of MSF Academy activities in the project. Training and educational materials were donated to the project, as well as to local nursing and maternity schools and a university, supporting continued learning and capacity development.

LESSONS LEARNT

- Adapting curriculum content, learning activities and assessments to the specific context, project-identified needs and learner profiles proved highly beneficial for participants and for the project.
- The presence of experienced clinical mentors within the project allowed for ad hoc support when needed, including conducting clinical chart audits to strengthen quality of care and organising refresher training sessions on identified clinical gaps.

SOUTH SUDAN



In 2025

3 projects, 3 programmes

166 learners

BCNC & Maternity

30 students scholarship

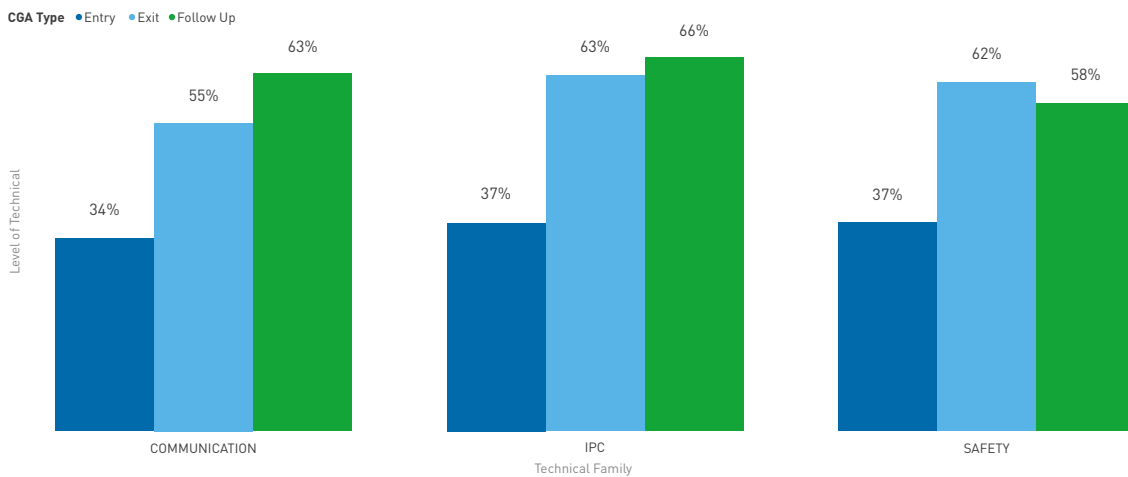
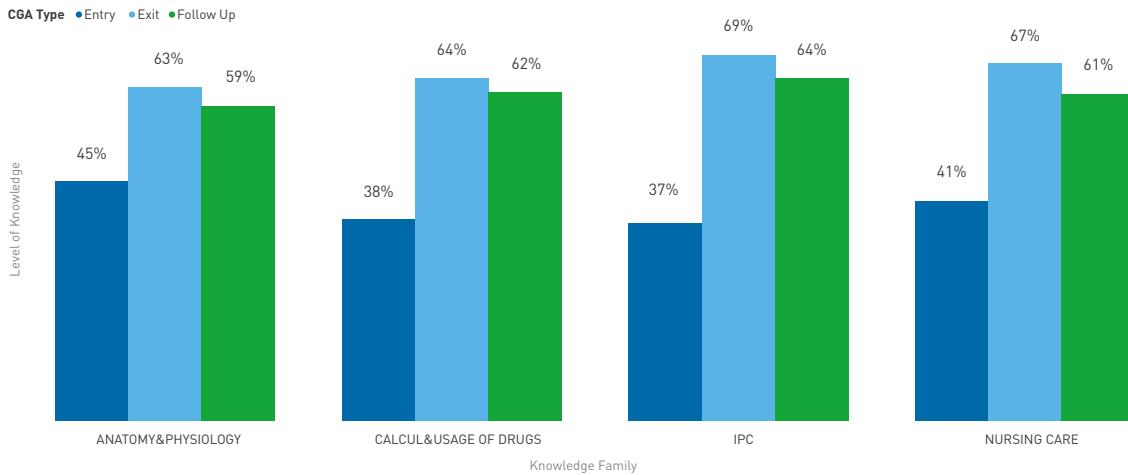
| Programme | Project | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 2026 |
|-------------|----------------------|----------------------|-----|-----------------|--------------------------|----------------------|----------------------|------|-----|--------------------|-----|-----|-----|------|
| NEONATAL | BENTIU | | | | | | | | | ✓ ✗ Feasibility | | | | |
| OT NURSING | BENTIU | | | | | | | | | ✓ ✗ Feasibility | | | | |
| MATERNITY | BENTIU | | | | | | | | | ✓ ✗ Feasibility | | | | |
| BCNC | BOMA | | | | Post-training assessment | | | | | | | | | |
| SCHOLARSHIP | JCONAM - 2022 COHORT | 3 rd year | | | | | | | | | | | | |
| SCHOLARSHIP | JCONAM - 2024 COHORT | 2 nd year | | | | | | | | | | | | |
| SCHOLARSHIP | JCONAM - 2025 COHORT | 1 st year | | | | | | | | | | | | |
| BCNC | KAJO KEJI | Mid-Assessment | | | | | | | | | | | | |
| MATERNITY | KAJO KEJI | | | | | | | | | ✓ ✗ Feasibility | | | | |
| OPD | LANKIEN-PIERI | | | | | | | | | ✓ ✗ Feasibility | | | | |
| MATERNITY | OLD FANGAK | | | | | ⏸ Insecurity | ✗ Project closure | | | | | | | |
| BCNC | ULANG | | | ⏸ Insecurity | ⏹ Stop | ✗ Project closure | | | | | | | | |

SOUTH SUDAN

Boma: one-year post-training follow-up assessments

In Boma, the one-year post-training follow-up assessments were conducted, with 23 graduates participating. Overall, the results from the knowledge and technical skills assessments were very positive, demonstrating strong retention of competencies and, in several areas, continued growth between the end of the programme implementation and the one-year follow-up.

stated that the mentors “motivated me to engage deeply in the learning,” while 70% noted that they “created safe spaces for open communication,” highlighting the important role of mentoring in supporting learning and building confidence.



A small regression was observed in the knowledge families and in one of the technical families; however, the regression remained limited. Notably, competency levels at follow-up remained significantly higher than at baseline across all domains, demonstrating sustained strengthening of nursing competencies.

The **learner survey** provided valuable insight into how participants perceive the impact and results of the training, with key findings such as:

- Most learners reported using the skills acquired during the BCNC programme every day in their work, indicating strong transfer of learning into practice.
- Learners also reported very positive experiences with the clinical mentoring team. Ninety-six per cent

- Most learners expressed confidence in performing critical nursing skills 12 months after the end of the programme, although some variation may exist between nurses and nurse aides.
- The regular presence of nursing leadership in the MSF-supported ward contributes to fostering a culture of learning and patient-centred care.
- Staff from both MSF-supported and non-MSF-supported wards continue to use the learning space to practise skills, review previous lessons, and seek guidance from the Project Clinical Mentor, hired as part of the post-training strategy to sustain the results and keep supporting staff. The Clinical Mentor is well integrated within the MSF project team and is widely respected by learners, contributing to sustained engagement and ongoing skills development.

SOUTH SUDAN

Scholarship Programme at Juba College of Nursing & Midwifery (JCONAM)

The 2025 enrolment process for a **new group of students** was completed successfully, with 12 new scholars joining the programme, bringing the total number of supported students to 30.

The MSF Academy continued to **strengthen the quality of education** at JCONAM through institutional support, including improvements to teaching methods, clinical learning, and skills lab utilisation. The Quality Assurance Committee reviewed 2024 achievements and defined priorities for 2025, contributing to stronger academic performance throughout the year, improved student engagement during clinical placements, and increased use of the skills lab. In parallel, a needs assessment was conducted to identify capacity-building priorities for nursing and midwifery tutors under the new Continued Professional Development (CPD) programme. Specific training and support activities were organised as a result, including sessions for midwifery tutors focusing on the management of high-risk pregnancies and pedagogical skills.



Scholarship students at the skills lab set up by MSF in the school, during a practice session led by the MSF Academy mentor

The MSF Academy continued to support and organise simulation-based learning sessions in the skills lab, providing students with opportunities to practise and consolidate clinical competencies in a structured and safe learning environment.

Students from all cohorts completed **clinical placements** either in Juba or, where feasible, in their home locations. Feedback from MSF Nursing Activity Managers supervising scholars during placements within MSF projects highlighted strong professionalism, teamwork, ethical conduct, and adaptability in clinical settings. To further strengthen placement quality, the MSF Academy supported interns' preceptors through the provision of a dedicated toolkit and workshop. In addition, the Scholarship Programme Manager and Clinical Mentor conducted field visits to selected project

sites to supervise and mentor students and to reinforce collaboration with project teams.

Due to security constraints, planned clinical placements at Juba Military Hospital and in Ulang and Old Fangak could not take place. Affected students were able to complete their placements in alternative health facilities in Juba.

The first cohort of scholarship students, enrolled in 2022, **successfully completed their final examinations** and research activities. Their graduation is expected in 2026. These students have been presented to their respective sponsoring MSF sections for potential reintegration into the MSF workforce.

The remaining students will continue their academic studies and clinical placements, with priority given to placements in their home locations whenever feasible.



For me, getting these studies would not have been possible without MSF support. Some of us come from humble families that cannot afford school fees, there are many young people in South Sudan that need this opportunity. Since starting in 2022, it has given us a reason to accomplish something, because when we finish our studies, we will be able to help our community and give back what we have learnt. During our clinical placements in MSF projects, we were able to use all necessary equipment and the medical teams supported and taught us, and now I feel confident to do nursing procedures. This scholarship allowed us to gain skills and knowledge so we can help our communities stay healthy.

Yanny Ruoch, nursing student at JCONAM

SUCCESSSES

In Kajo Keji, the implementation of the BCNC continued in 2025 for 90 participants, including nursing and maternity staff.

To support continuity of learning and address attendance gaps, offline access to e-learning materials was provided to allow learners to catch up on missed sessions and review course content.

In addition, preparatory work was done for the implementation of the Maternity Clinical Care learning programme in the hospital. A feasibility assessment was conducted to ensure the necessary conditions are in place for effective implementation in 2026.

Participants in the Basic Clinical Nursing Care learning programme in Kajo Keji, South Sudan, during a learning session with their mentors.

CHALLENGES AND ADAPTATIONS

- Changes in the hospital's HR setting affected learner participation, as some enrolled staff left and new staff joined. The MSF Academy adapted by enrolling the newly recruited staff to ensure continued improvement in the quality of care provided to patients.
- Insecurity at the beginning of the year temporarily disrupted programme activities. However, implementation resumed once conditions allowed.



SOUTH SUDAN IN 2025

SUCCESSSES

- The Ministry of Health formally recognised MSF Academy certificates for the OT Nursing Care, NNC, and Maternity Clinical Care programmes.
- Continued post-training support was provided in Malakal, helping reinforce competencies and sustain the impact of earlier training programme, through mentoring and ad hoc learning sessions.

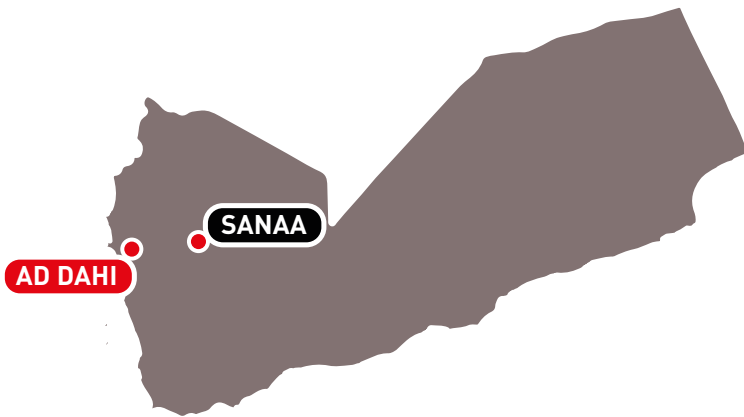
CHALLENGES AND ADAPTATIONS

- Multiple security incidents in 2025 affected MSF Academy activities across several project locations. Some Academy team members were evacuated from project sites and from Juba and continued their work remotely. Despite these disruptions, teams adapted their working methods to ensure continuity of learning activities, including remote support and the redeployment of mentors between projects to fill critical gaps.
- In Ulang and Old Fangak, where the BCNC and Maternity Clinical Care programmes were being implemented, insecurity led to the eventual suspension of activities. Participants received certificates of participation for the modules they had successfully completed.

PLANS FOR 2026

- Implementation of the Maternity Clinical Care learning programme is planned in Kajo Keji, building on feasibility assessments conducted in 2025.
- Following feasibility assessments in Bentiu for OT Nursing Care and NNC, implementation of both programmes is expected to begin in 2026.
- Potential implementation of the OPD programme in Lankien will be explored, subject to the security situation.

YEMEN



In 2025

1 project, 1 programme

69 learners
BCNC

➤ 68 graduates

71% MSF staff

29% Ministry of Health staff

78% male

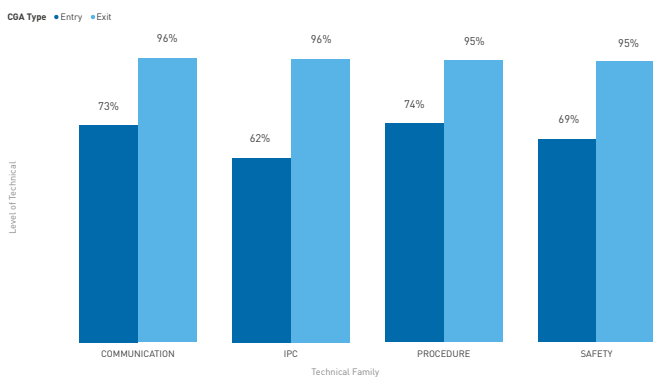
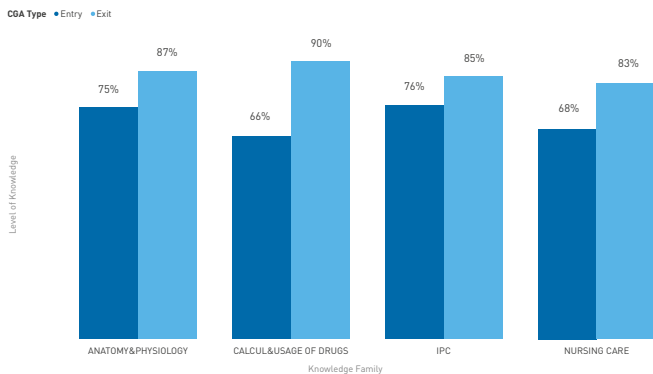
22% female

| Programme | Project | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 2026 |
|------------|-------------|------------|-----|--------------------|-----|-----|------|------|-----|--------------------|-----|-----|-----|------|
| NEONATAL | OCBA ABS | | | | | | | | | ✓ ✗ Feasibility | | | | |
| BCNC | OCBA ABS | | | | | | | | | ✓ ✗ Feasibility | | | | |
| BCNC | OCG AD DAHI | Completion | | | | | | | | | | | | |
| OT NURSING | OCG KILO | | | | | | | | | ✓ ✗ Feasibility | | | | |
| BCNC | OCG KILO | | | | | | | | | ✓ ✗ Feasibility | | | | |
| MATERNITY | OCB MOCHA | | | | | | | | | ✓ ✗ Feasibility | | | | |
| BCNC | OCB MOCHA | | | ✓ ✗ Feasibility | | | | | | | | | | |



Learners practising IV line insertion on a manikin arm in Ad Dahi, Yemen, May 2025

The implementation of the BCNC programme in Ad Dahi led to strong results across competencies, skills and clinical practice, even if baseline assessments showed that staff already had a good level of knowledge.



There was a significant improvement in theoretical knowledge and practical application of drug calculations. Throughout the training, MSF Academy mentors systematically reviewed the calculation notebook with learners to ensure understanding, discussing it during

skills lab sessions, reinforcing learning and building confidence in medication administration and safe medication practices.

The training significantly improved technical competencies in all areas, with IPC showing the greatest improvement. The project’s medical and nursing coordinators noticed that the revision of CPR during the training “saved lives in the ER”, and that the MSF Academy learners are now able to do the calculation of drug doses accurately and with confidence.

CHALLENGES AND ADAPTATIONS

- Security constraints can impact the activities’ normal roll-out, but the MSF Academy anticipated these risks and adapted planning accordingly, and therefore the training chronogram was not affected. Mentoring sessions remained flexible to allow adaptation to the security situation while ensuring learners could continue participating.
- Unstable internet connectivity affected the ability to record learner progression data. Teams mitigated this by using offline solutions when connectivity was unavailable.

LESSONS LEARNT

- Learning sessions that could benefit other healthcare staff not enrolled in the training should be identified.
- More learning time might be needed to ensure sufficient flexibility and allow consolidation of learning.
- Ad hoc mentoring can be planned to address the needs identified by the project during medical audits.

YEMEN IN 2025

SUCCESSSES

- Official recognition of the MSF Academy’s BCNC certificate by the Ministry of Health in Sana’a, with expressed interest in expanding recognition to additional MSF Academy learning programmes.
- Successful adaptation of content, tools and methodologies by the MSF Academy to the specific context and needs, which proved the possibility and added value of flexibility.

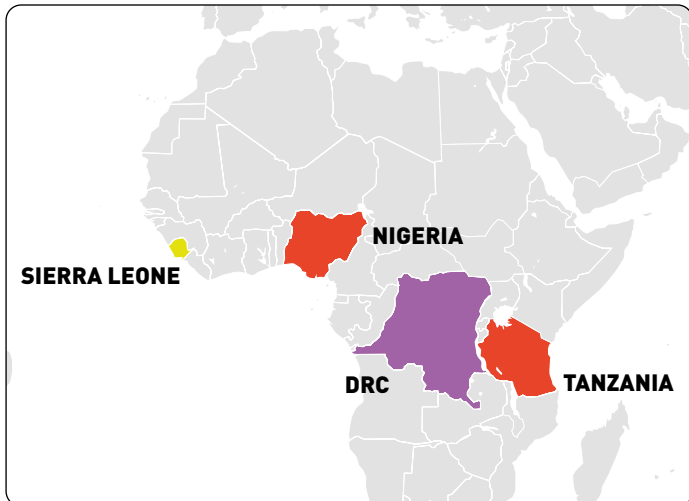
CHALLENGES

- Security constraints and contextual instability continue to affect future implementation, as MSF operations adapt priorities in response to the evolving context.

PLANS FOR 2026

- Exploring potential future implementations, based on prior feasibility assessments and new ones to be explored.

OUTPATIENT CARE



PROGRAMME CONTENT:

- Module 1: Introduction to general aspects
- Module 2: Triage, ABCDE, pain
- Module 3: Seriously ill patient with fever
- Module 4: Diarrhea, vomiting and dehydration
- Module 5: Cough and difficulty breathing
- Module 6: Small, weak and pale
- Module 7: Malaria
- Module 8: Genitourinary problems
- Module 9: Skin problems
- Module 10: Linkage to HIV care

Main highlights 2025

The OPD e-learning course, used for catch-up sessions and for the blended learning approach, was completed with the release of the online Linkage to HIV Care module, now fully accessible in French and English.

Preparations to implement the learning programme in Pieri, South Sudan, took place in 2025, but they were later placed on hold due to security constraints.

Additionally, an assessment visit to Bangassou, Central African Republic, confirmed the relevance of implementing a contextualized approach of the learning programme, based on the Integrated Management of Childhood Illness (IMCI) approach, with content development planned for early 2026 in collaboration with an illiteracy-specialised consultant.

Collaboration with the Institute of Tropical Medicine of Antwerp led to the finalisation and submission of a joint scientific article, currently under revision.

Priorities for 2026:

- Expand the curriculum portfolio with new modules on Non-Communicable Diseases (NCDs).
- Further consolidate the blended learning approach and strengthen the associated implementation materials, with the objective to use this approach in areas or health centres that are less accessible.
- In response to a request from MSF in Nigeria, discussions with MSF's Nutrition Working Group explored the development of a contextualized Community Management of Acute Malnutrition (CMAM) programme to be implemented in Kano. It will be developed in 2026.

Implementation in countries

DEMOCRATIC REPUBLIC OF THE CONGO



In 2025

2 health centres, 1 programme

11 learners

| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 2026 |
|----------|-----|-----|-----|-----|-----|--------------|-----------|-----------------|------|-----|---------|---------|------|
| KIBIRIZI | | | | | | Preparations | Entry CGA | Intensive phase | | | Mid CGA | | |
| BAMBO | | | | | | Preparations | Entry CGA | Intensive phase | | | | Mid CGA | |

CGA : Competency Gap Assessment ■ Intensive phase ■ Continuation phase ■ End of programme



Learners practising child length measurement using a medical manikin and measuring table.

SUCCESES

At the start of the year, preparations were temporarily paused due to increased insecurity in the region. Despite several security incidents, activities were eventually able to begin in Kibirizi and Bambo projects. The MSF Academy team on site was able to adapt to the context and maintain a dynamic that allowed for the learning programme to progress, despite the difficult environment.

Eleven outpatient care providers at two health centres are strengthening their capacity to manage common diseases in ambulatory consultations. The mid-term assessments already showed a notable progression of learners. The training is contributing to a gradual reduction in the inappropriate referral of simple cases to district hospitals, demonstrating a positive impact on the quality of care.

Learners found the training content relevant, well-structured, and useful, with assignments effectively supporting learning and reinforcing key concepts. Facilitators were highly appreciated for their punctuality, collaborative approach, and non-hierarchical style, creating a positive and inclusive learning environment. Communication around session changes was also considered satisfactory.

CHALLENGES AND ADAPTATIONS

- The security context in the training areas posed significant challenges, with insecurity, population displacement, and increased pressure on the health centres leading to temporary suspension of activities.
- Logistical constraints, including limited space and short stays at MSF bases, affected the availability of clinical mentors and required the reorganisation of training sessions, complicating the delivery of the programme.

LESSONS LEARNT

- Engaging the key stakeholders from the start allows for joint monitoring of learner progress and the training's impact, rather than waiting until the end of the cycle.
- Clear, structured communication improves project managers' understanding of activities, fosters buy-in and strengthens validation of decisions related to the training programme.
- Mentors who are not based on project sites face limitations in performing their tasks effectively, especially in restrictive security contexts that limit travel.
- Without hands-on guidance from health trainers or mentors after online training, the application of tools varied depending on each participant's experience and understanding. Therefore, practical support is required.
- Learner feedback highlighted that extending session durations, scheduling sessions in the morning, including breaks between modules, and providing additional practical tools and resources can improve engagement, concentration, and consolidation of learning.

PRIORITIES FOR 2026

- First graduation in the country for the 11 participants will take place in March 2026.
- Second in-person cohort planned to start in March 2026.
- Start of blended learning implementation for distant health centres at the two projects.
- HR restructuring that will allow locally based clinical mentors and healthcare trainers at the two sites.

NIGERIA



In 2025

3 health centres, 1 programme

31 learners

➤ 29 graduates

24% MSF staff

76% Ministry of Health staff

62% female

38% male

| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 2026 |
|-------------|-----------------|-----|-----|-----|-----|---------|--------------------|--------------------|------|----------|------------|----------|------------|
| KUMBOTSO | Intensive phase | | | | | Mid CGA | Continuation phase | | | Exit CGA | Graduation | | |
| RIJYIR LEMO | Entry CGA | | | | | Mid CGA | | Continuation phase | | | | Exit CGA | Graduation |
| UNGUWA UKU | Entry CGA | | | | | Mid CGA | | Continuation phase | | | | Exit CGA | Graduation |

CGA : Competency Gap Assessment ■ Intensive phase ■ Continuation phase ■ End of programme



Learners in Kano during a learning session with their mentors

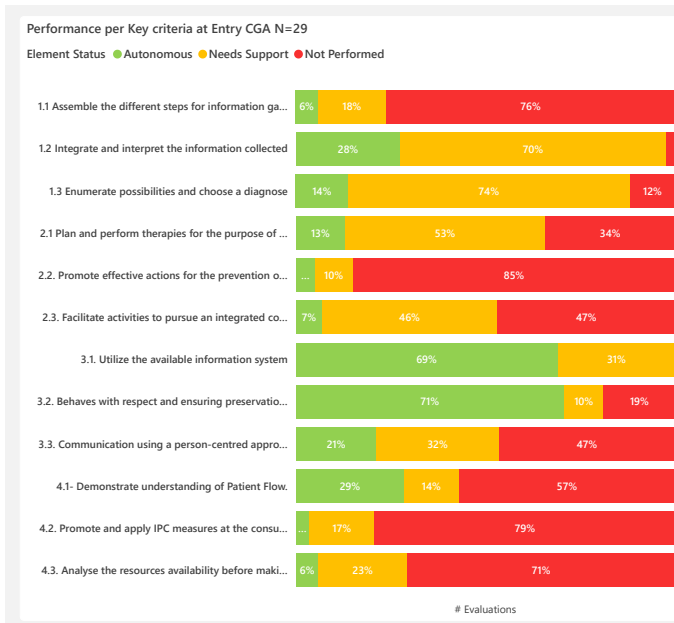
SUCCESSSES

The **blended learning approach** was successfully piloted in Nigeria, combining self-paced online content with individualised mentoring from CHEW (Community Health Extension Worker) peers, which supported knowledge reinforcement and practical skills development. This flexible methodology also improved accessibility for senior staff, enabling managers to participate with minimal disruption to their duties.

The programme continued in Kumbotso health centre and expanded to additional centres in Unguwa Uku and Rijiyar Lemo. Twenty-nine participants successfully completed the programme and graduated in December. Competency gap assessments showed strong improvements across all areas, especially in Patient Assessment and IPC.

CHALLENGES AND ADAPTATIONS

- External factors such as peak malaria and malnutrition seasons, fasting periods, and contextual instability affected planning and increased participants' workload.
- Unstable internet connectivity created challenges but was mitigated through the blended learning approach.
- The asynchronous module format initially delayed mentoring and grading, requiring adjustments to the training chronogram and mentor support.
- Limited IT skills and language barriers required additional mentor support, complemented by peer-to-peer assistance to facilitate navigation and comprehension.

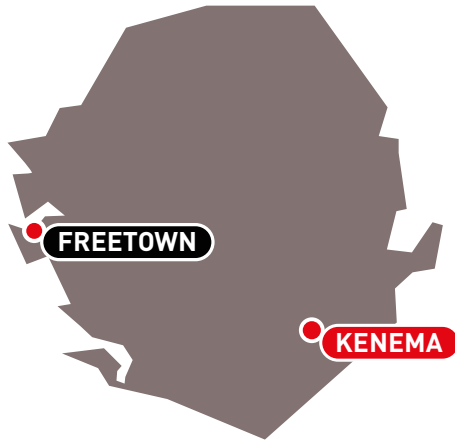


The MSF Academy mentors presented the programme's achievements at the National CHEW Conference in Niger State, generating significant interest from stakeholders, including the National CHEW Board.

PRIORITIES FOR 2026

Implement the contextualised CMAM training.

SIERRA LEONE



In 2025

2 health centres, 1 programme

13 learners

OPD

➤ 13 graduates

15% MSF staff

85% Ministry of Health staff

69% female

31% male



CGA : Competency Gap Assessment ■ Intensive phase ■ Continuation phase ■ End of programme



Learners at their health centre during learning sessions in Sierra Leone.

SUCCESSSES

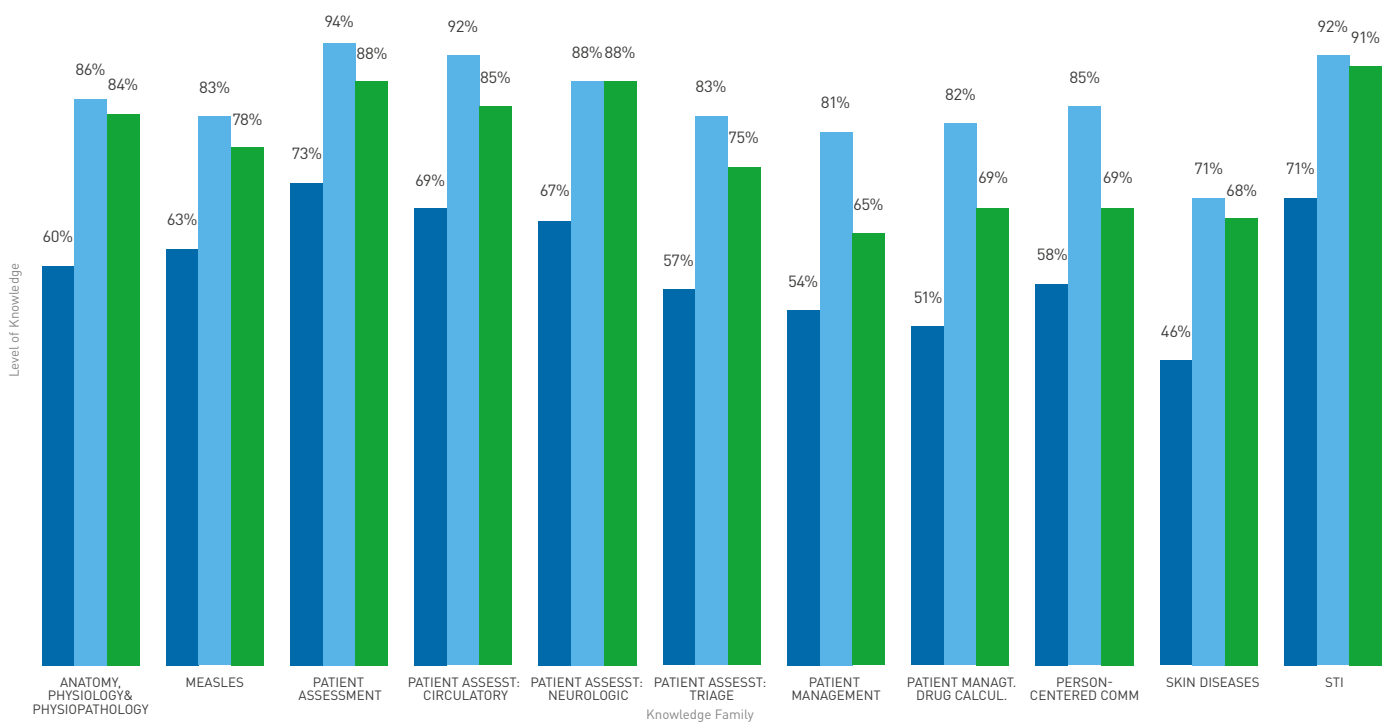
Despite delays caused by the remoteness of the sites, programme implementation in Weima and Gbebeweima Community Health Centres was successfully completed, resulting in six and seven graduates respectively.

Both groups demonstrated remarkable improvements across competencies, particularly in understanding the patient flow within and beyond the facility, as well as in IPC.

CHALLENGES AND ADAPTATIONS

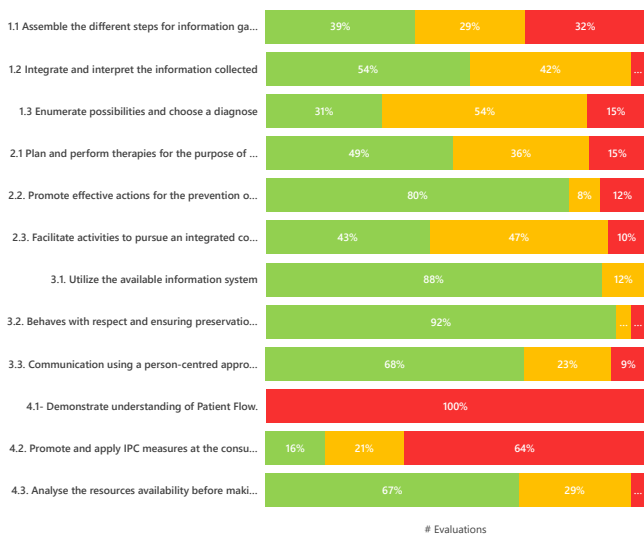
- To mitigate the impact of limited opportunities for visits and long travel distances, the team introduced several adaptations, such as structured assignments and case-based discussions, which ensured continuity in learning and mentoring.
- In Kenema, the MSF Academy concluded its activities successfully. Although the OPD programme was initially planned to continue under the management of MSF on site, a revised project strategy ultimately led to the discontinuation of these activities.

CGA Type ● Entry ● Exit ● Follow Up



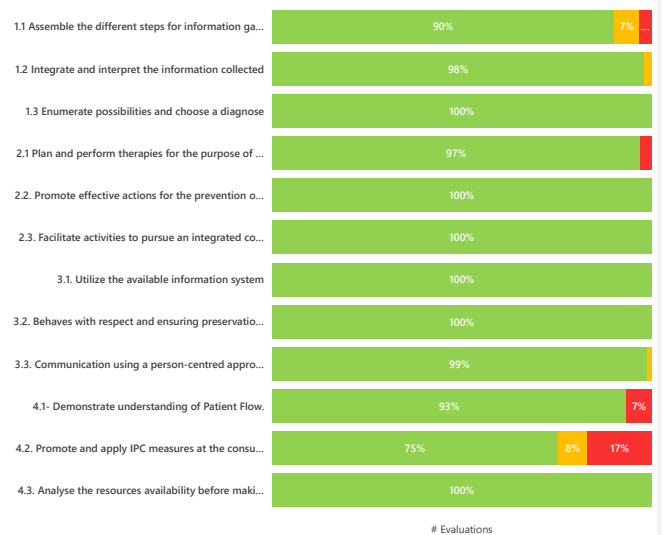
Performance per Key criteria at Entry CGA N=13

Element Status ● Autonomous ● Needs Support ● Not Performed

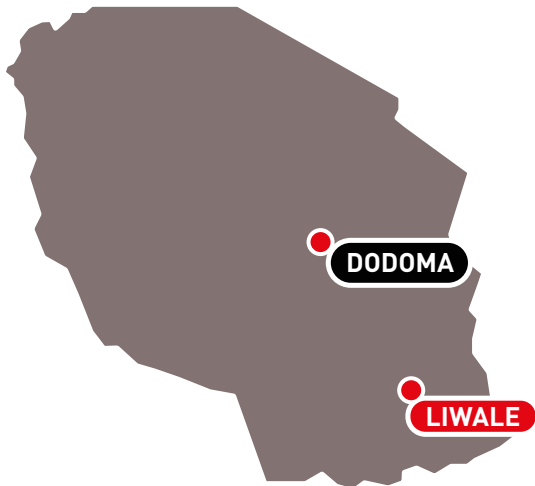


Performance per Key criteria at Exit CGA N=13

Element Status ● Autonomous ● Needs Support ● Not Performed



TANZANIA



In 2025

4 health centres

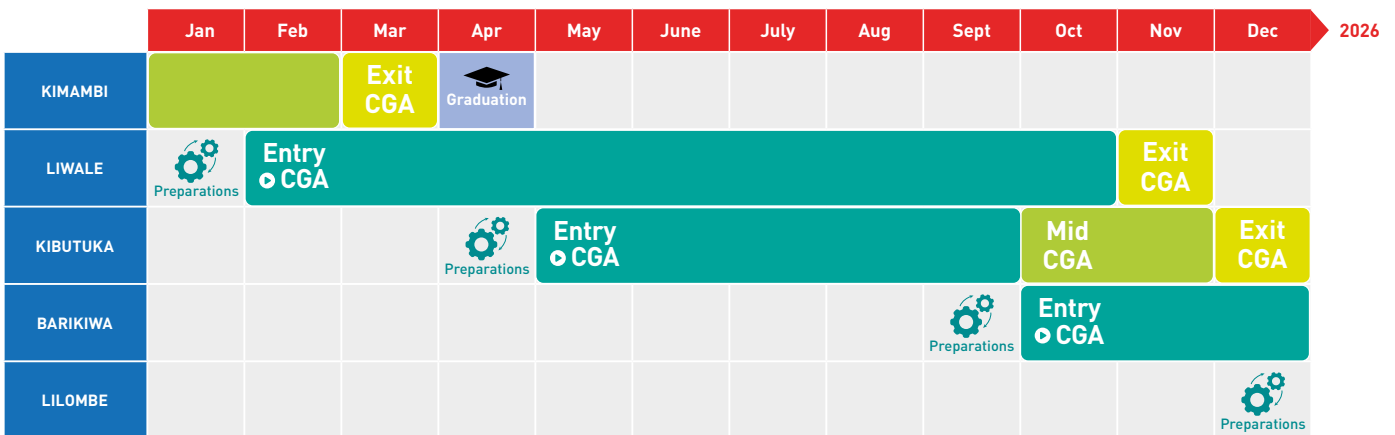
➤ **6 graduates**

89% Ministry of Health staff

11% MSF staff

33% female

67% male



CGA : Competency Gap Assessment ■ Intensive phase ■ Continuation phase ■ End of programme



Learners in Liwale during an interactive learning activity on pharmacology and adverse drug reactions.

The OPD learning programme continued implementation at Kimambi Dispensary and expanded to Liwale A Health Centre, Kibutuka Health Centre and Barikiwa Health Centre in 2025. At Kimambi Dispensary, all six enrolled learners successfully graduated in July. At Liwale A Health Centre, half of the participants completed the intensive training phase. However, due to operational constraints and learner dropouts, the continuation phase could not be pursued.

The graduation and final assessments at Kimambi represent a significant achievement, particularly given the demanding operational context: in-person learning sessions and mentoring required daily travel of 68 km round trip, three to four times per week.

Assessment results demonstrated progression across all 12 competencies. Significant improvements were observed in competencies related to structured information gathering, including history taking and physical examination, as well as clinical reasoning and diagnostic decision-making.

Results at Kibutuka Health Centre were equally positive, with clear improvements in clinical reasoning and IPC practices.

Learner feedback highlighted the accessibility and practical relevance of the programme. Participants reported that receiving training in a language they fully understood facilitated learning, and that mentoring sessions helped them effectively connect theoretical knowledge with clinical practice.



CHALLENGES AND ADAPTATIONS

- Political and contextual instability limited movement and affected planning.
- Long distances between MSF bases and supported health centres required adaptations, including optimising travel and grouping sessions to maximise in-person learning time.

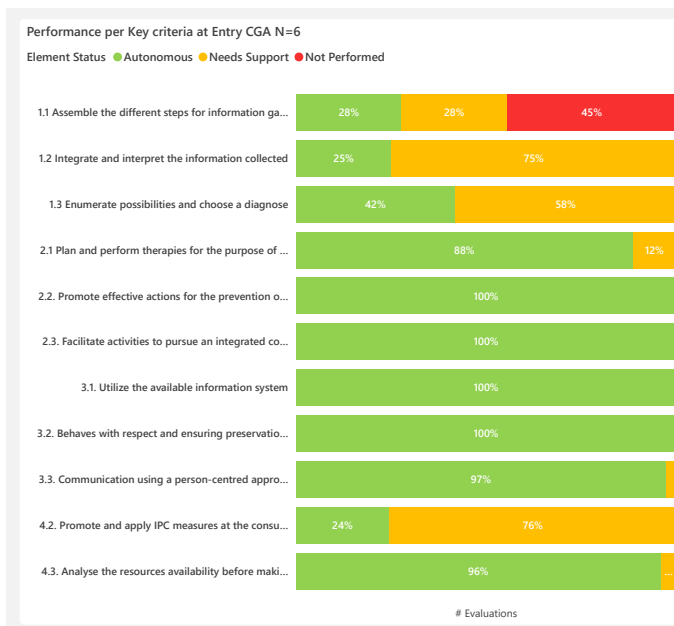
LESSONS LEARNT

- More flexible training schedules may help better balance staff workload and learning participation.
- Creating dedicated opportunities for discussion of clinical topics emerging during mentoring sessions can enhance learning, even when these topics fall outside the formal training curriculum.

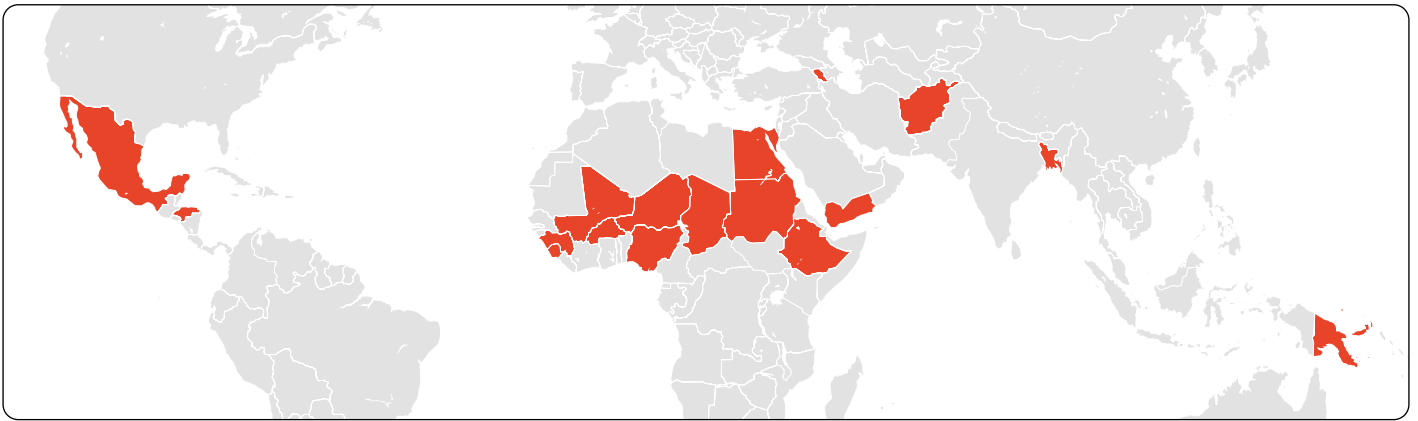
PRIORITIES FOR 2026

- Design and implement post-training strategies to support sustained competency development.
- Develop context-sensitive modules integrating OPD care with reproductive health and other priority services.
- Introduce blended learning approaches.

The benefit of this programme has been seen in the reduction of referrals from the health centre to the district hospital. We are now able to better manage, directly in the health centre, cases like diarrhea, using the Z-score for malnutrition, and we're even able to manage severe cases of malnutrition.
Roman Maganya, nurse and midwife in Kimambi, Tanzania



POSTGRADUATE DIPLOMA IN MEDICAL HUMANITARIAN LEADERSHIP



In 2025

40 graduates

33% female

67% male

4% locally hired staff

96% international staff

63% Africa

22% Asia

13% Latin America & Caribbean

2% Europe

2 graduates Fellowship programme

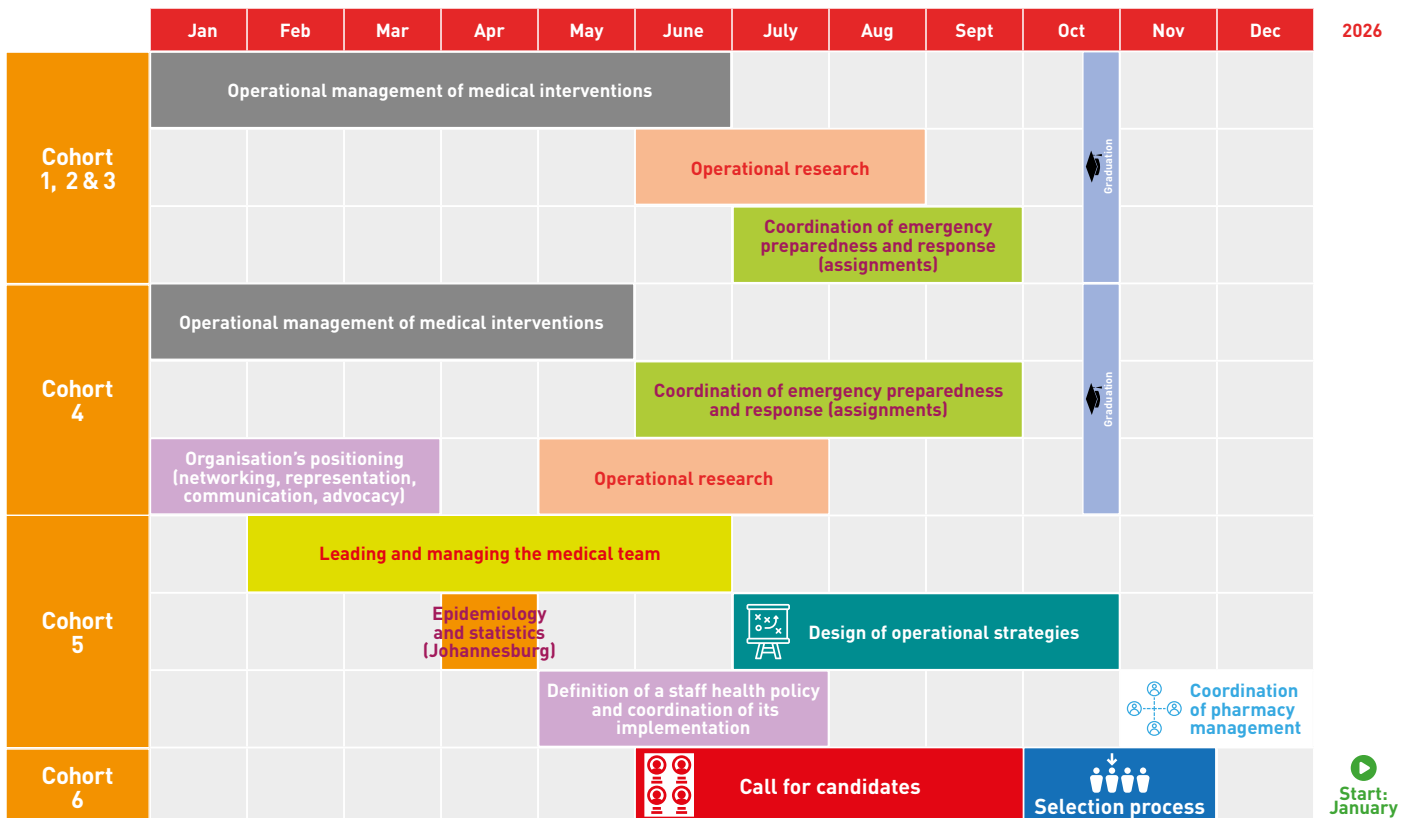
15 active learners end of 2025

PROGRAMME CONTENT:

- Epidemiology and statistics
- Design of operational strategies
- Operational management of medical interventions
- Leading and managing the medical team
- Coordination of emergency preparedness and response
- Coordination of pharmacy management
- Organisation's positioning (networking, representation, communication, advocacy)
- Facilitation of operational research
- Definition of a staff health policy and coordination of its implementation

PARTNERSHIPS:

- The University of the Witwatersrand, Johannesburg, South Africa
- Epicentre (MSF)



Main 2025 highlights

In 2025, the programme continued to expand and consolidate its partnership with the University of the Witwatersrand (Wits University) in Johannesburg. Forty students, from different cohorts, **completed the full postgraduate programme by the end of 2025.**

Learners from the 2021, 2022, and 2023 cohorts followed adapted study timelines based on the modules they had already completed through the previous Fellowship programme, and successfully completed the Postgraduate Diploma by the end of the year. Additionally, two students from the first cohorts who chose to continue through the Fellowship completed the programme.

Learners from the 2024 cohort began their second year of studies and participated in in-person sessions in Brussels delivered by MSF subject-matter experts. A new cohort began the programme at the start of 2025 and attended onboarding sessions organised by Wits University. They also attended, for the first time, a two-week in-person session on Epidemiology and Statistics hosted at Wits University.

The selection process for the 2026 cohort was also completed by August, followed by the application and registration processes with the university.

SUCCESSSES

- First graduation of the programme, with 45 participants graduating from the first four cohorts.
- Memorandum of Understanding signed with the University, formalising the partnership.
- First year of a two-week in-person session on Epidemiology and Statistics hosted at Wits University, in Johannesburg.
- Learners highlighted the tutoring as supporting the application of learning and maintaining motivation. They also considered the programme's content as very relevant for the medical coordinator role.

As I grew into new roles within the organisation and took on more responsibility, I wanted to do my job as well as possible. The programme was very practical: you learn and apply at the same time. Professional skills matter, but above all, our work has a direct impact on the people we care for. I wanted the right tools to provide the quality of care people deserve and to respond properly to those who need us.

María Laura Chacón Roldán, Deputy Medical Coordinator, Mexico

CHALLENGES AND ADAPTATIONS

- Learners identified the need for improved user-friendliness of the university's learning platform.
- The workload linked to the programme requires clearer allocation of protected learning time.
- Administrative complexity in the university's enrolment processes created delays.



Students and tutors during the in-person sessions at Wits University, February 2025

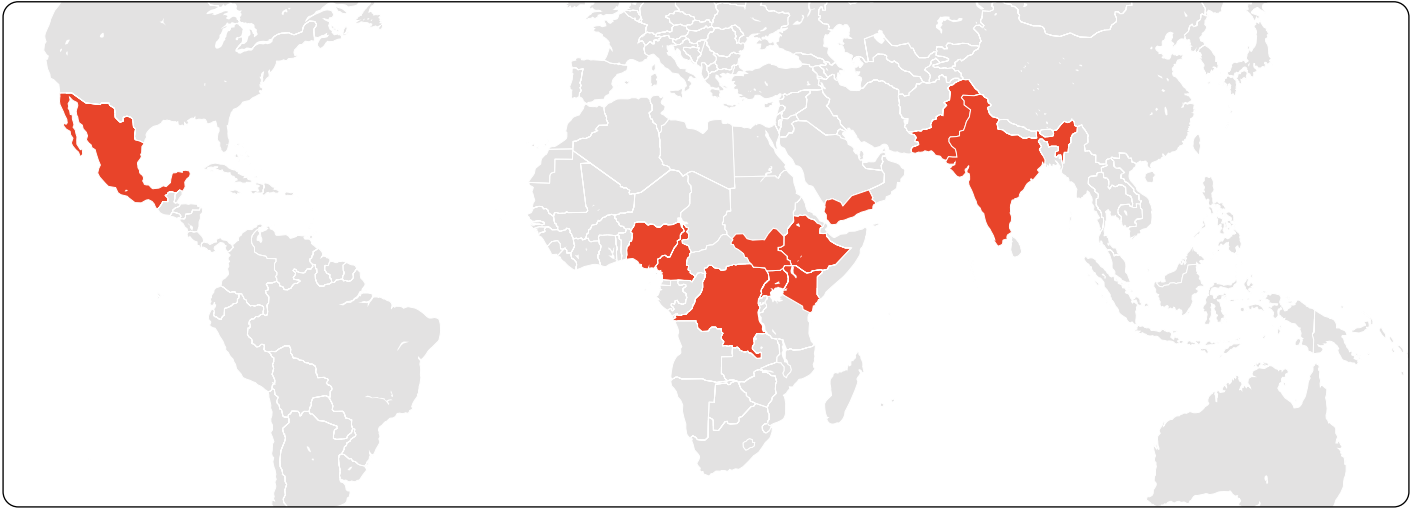
LESSONS LEARNT

- Regular and structured communication with the university is essential for smooth implementation.
- Continuous course updates and improvements to user experience and timelines remain necessary, in collaboration with the pedagogical team of the MSF Academy.

PRIORITIES FOR 2026

- Strengthen and refine the pedagogical methodology.
- Update course content in coordination with MSF stakeholders.

POSTGRADUATE DIPLOMA IN INFECTIOUS DISEASES



In 2025

10 graduates

20% female

80% male

70% locally hired staff

30% international staff

12 active learners end of 2025

PROGRAMME CONTENT:

Module 1: Adult infectious diseases

Module 2: Paediatric infectious diseases

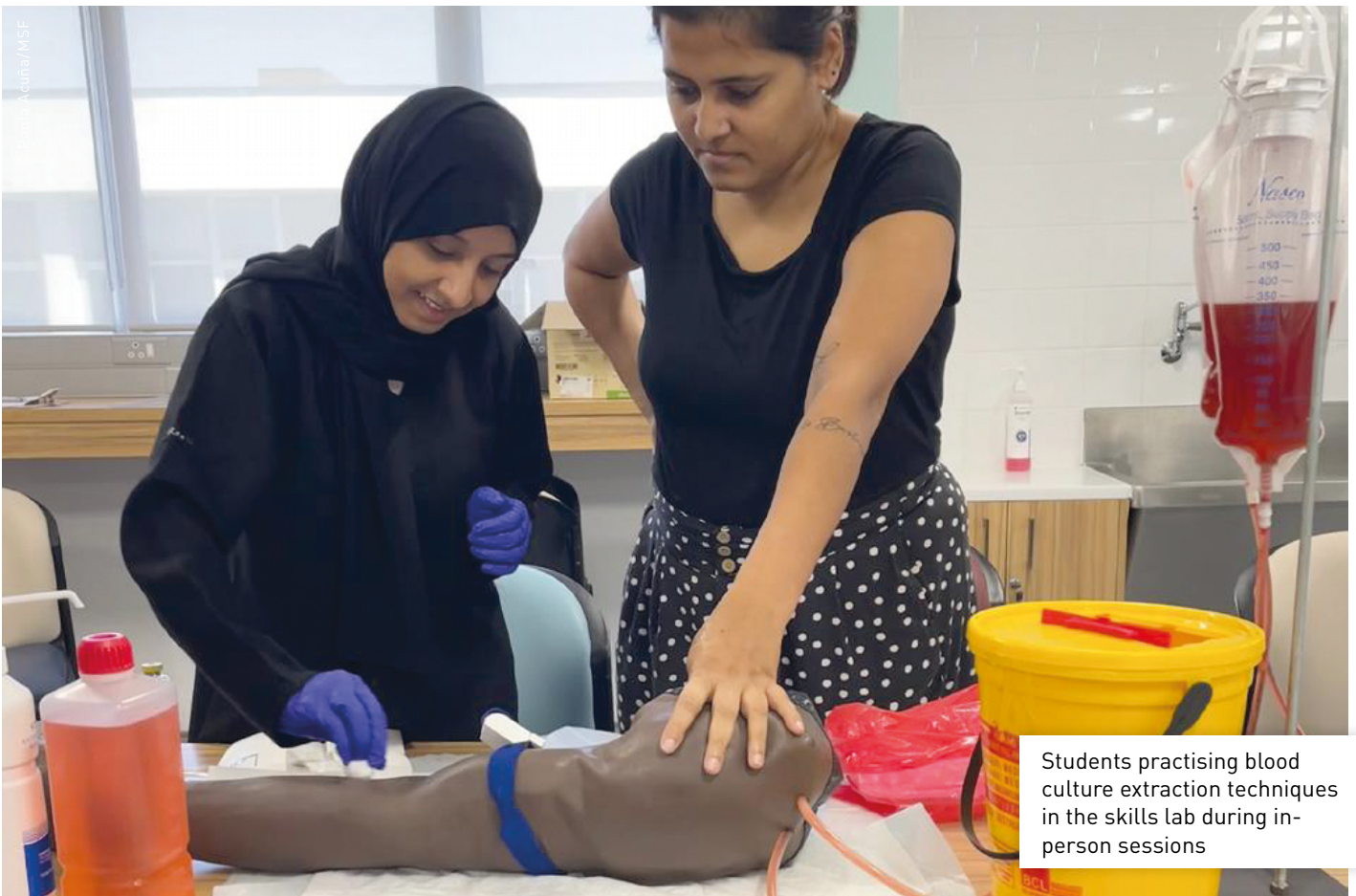
Module 3: Diagnosis and clinical management of TB and HIV-related conditions

Module 4: Surgical infections

Module 5: Community health for infectious diseases

PARTNERSHIPS:

Stellenbosch University, South Africa



Students practising blood culture extraction techniques in the skills lab during in-person sessions

Main 2025 highlights

SUCCESSSES

At the beginning of 2025, 12 MSF doctors and two external doctors enrolled in the first year of the Postgraduate Diploma in Infectious Diseases (PGDip ID) while 12 MSF doctors and nine external students progressed into the second year of the programme.

2025 was the first year of the **delivery of all 5 modules** through a different module schedule for each cohort:

- Year 1: Adult infectious diseases – pediatric infectious diseases
- Year 2: HIV/TB – Surgical Infections – Community health for infectious diseases

This enabled delivery for smaller groups of students at the same level of course progression.

MEAL framework and tools have been developed to start implementation in 2026 for monitoring student perception, performance, and impact on competencies with transfer into practice and retention.

The annual in-person session weeks were held at the Tygerberg Campus of Stellenbosch University end of January and early February, consecutively for the students of each cohort offering interactive sessions on clinical reasoning, skills labs (laboratory and ultrasound) combined with laboratory visits and ward rounds at the Tygerberg University Hospital.

Following the 2024 review of the Adult Infections module, several key updates were implemented in 2025 with a dedicated sub-module on Antimicrobial Resistance (AMR) replacing the previous "Special Populations" component. In addition, a preparatory "mock" clinical case study was introduced to better prepare students for assessed case work. At the same time, the total number of clinical case study assignments was reduced in order to ease overall student workload while maintaining academic rigour.

Tutor-led clinical case discussions were strengthened across modules, contributing to deeper clinical reasoning.

The application process for the 2026 intake was launched during the year, resulting in the selection of 12 participants.

CHALLENGES AND ADAPTATIONS

- Context-related insecurity and visa restrictions prevented some students from attending in-person sessions.
- Temporary gaps in the tutoring team required internal adjustments to ensure continuity of academic support.
- Asymmetry in students' exposure to infectious diseases during the course led to differences in clinical learning opportunities and practical application of knowledge.
- The amount of protected learning time allocated at project level was not consistent across all students, affecting study conditions and workload balance.

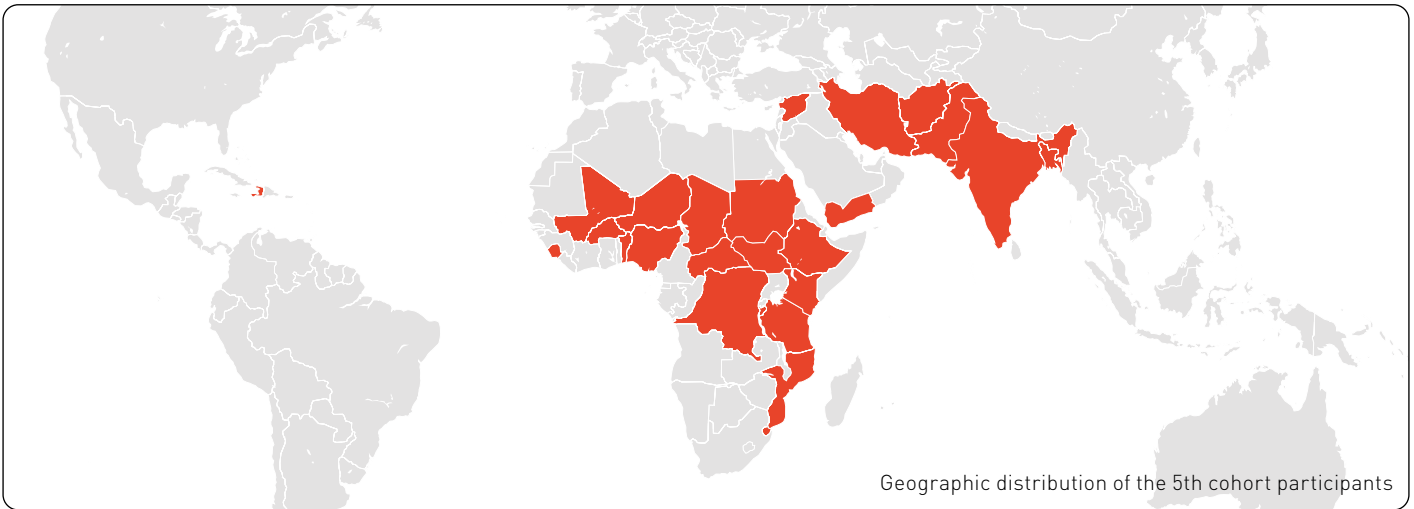
LESSONS LEARNT

- Consistent tutor support across all modules proved highly valuable and should be maintained as a core feature of the programme.
- The student selection process should be launched earlier, with closer follow-up and earlier validation of candidates to ensure sufficient preparation time before the course begins and ahead of in-person sessions.

PRIORITIES FOR 2026

- Finalise the update of the Paediatric Infections module.
- Implementation of the MEAL set-up
- Organise an external evaluation of the programme to assess its relevance and impact and to guide the MSF Academy for the continuation of this partnership with the Stellenbosch University.

ANTIMICROBIAL RESISTANCE LEARNING INITIATIVE



In 2025

70 graduates

23% female

77% male

100% locally hired staff

97% MSF

3% MoH

78 active learners end of 2025

PROGRAMME CONTENT:

Infection Prevention and Control (IPC) Supervision & Management:

- Module 1: Exploring the current antimicrobial resistance (AMR) & IPC situation in the healthcare facility
- Module 2: Implementing & monitoring IPC in clinical practice: Standard and Transmission-based precautions
- Module 3: Implementing and managing an IPC programme
- Module 4: Optimizing built environment and IPC materials use
- Module 5: Contributing to HAI surveillance, prevention and outbreak management

Antimicrobial Stewardship (AMS):

- Module 1: Exploring the current antimicrobial resistance (AMR) & AMS situation in the healthcare facility
- Module 2: Clinical management of infectious syndromes, identifying micro-organisms and their resistance patterns
- Module 3: Using antimicrobials appropriately
- Module 4: Implementing an Antimicrobial Stewardship Programme
- Module 5: Contributing to HAI surveillance & outbreak management

PARTNERSHIPS:

- British Society of Antimicrobial Chemotherapy (BSAC)
- Royal College of Pathologists



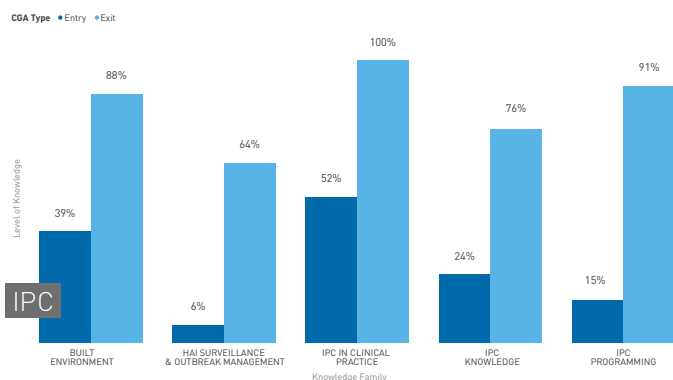
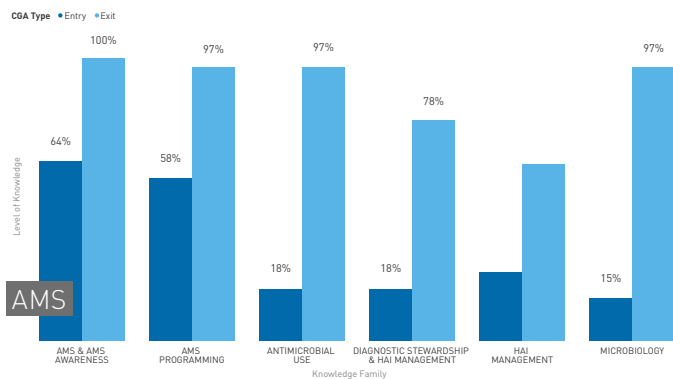
Sterilisation audit with participants of the AMR Learning programme during the in-person workshop in Nigeria, November 2025

| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 2026 |
|----------|------------------|------------|-----|------------|----------|----------|----------------|----------------|----------|----------|-----|-----|------|
| Cohort 4 | Final assessment | Graduation | | | | | | | | | | | |
| Cohort 5 | | | | ONBOARDING | Module 1 | Module 2 | Module 3 (IPC) | Module 3 (AMS) | Module 4 | Module 5 | | | |

Main 2025 highlights

In February 2025, **70 learners graduated** from the AMR Learning initiative (32 from the AMS course and 38 from the IPC course), reflecting an overall success rate of 86.5%.

In terms of knowledge gains, participants in the AMS course showed the greatest improvement in antimicrobial use and microbiology, likely due to the additional case studies and antibiogram exercises. In the IPC course, knowledge of IPC programming increased by 77% (See the graph below for detailed knowledge-assessment results). By the end of both courses, learners also reported higher confidence in performing key AMS and IPC activities, such as conducting audits, providing technical guidance, and contributing effectively to functional committees. Work-based assignments were particularly valuable, helping participants strengthen their confidence in applying IPC- and AMS-related skills within their professional settings.



Cohort 5 began in April, with 79 new learners enrolled and two re-enrolled participants (41 in AMS and 40 in IPC). Before the end of 2025, three IPC learners withdrew from the programme, due to language barriers and changes in positions.

In 2025, the AMR team also conducted **three intersectional workshops in MSF projects** in India, Yemen and Nigeria. A total of 47 staff members participated. Despite significant access challenges in Yemen, the team successfully delivered the workshop thanks to the support of MSF country teams. AMR advisors in MSF co-facilitated the workshops in India and Yemen, marking the first collaborative facilitation with the AMR advisory group. Their feedback was very positive and highlighted the strong practical relevance of the workshops.

CHALLENGES AND ADAPTATIONS

- Unstable internet connectivity in some locations, often linked to conflict contexts and limited infrastructure, affected learners' ability to consistently participate in online sessions. To mitigate this, the programme introduced more flexible deadlines for assignments and participation.
- Language barriers for some participants made it difficult to fully engage with the course. To address this, an English language assessment will be introduced for future cohorts to ensure learners can follow the course.
- Participant selection and profile alignment required strengthening. A priority scoring system has been introduced, and applicants are now asked to submit a CV and motivation statement to better match participant profiles with course expectations.

PLANS FOR 2026

- Organise two intersectional field workshops, one in an English-speaking country and one in a French-speaking country, for active learners and graduates working across different projects within the same country.
- Conduct a one-year follow-up survey for Cohort 4 graduates, to assess retention of knowledge and skills.
- Finalise and disseminate the external evaluation report.

Even while there was an active conflict in Syria during my participation in the training, and despite the very high workload and difficulties to focus and learn, I wanted to continue. I wanted to complete the programme and obtain the certificate, but more than that, I believe that in medicine you never stop learning. As doctors, improving our practices means caring better for patients. This specialised knowledge is urgently needed in Syria, where we face many challenges related to antibiotic use. My mentors were very flexible with the situation, I contacted them whenever I needed support.

Mohammad Haj Yacoub, Antimicrobial Stewardship focal point, Syria



NEW INITIATIVES

Ward Supervisor Training

Entrustable Professional Activities:

1. Establish and oversee the ethical and operational framework of a clinical unit/service for effective professional decision-making
2. Coordinate and oversee human resources for effective workforce performance and staff development
3. Oversee and coordinate clinical workflows to ensure compliance with quality of care
4. Use data and information systems to improve daily ward management and overall quality of care
5. Manage clinical resources for efficient and safe healthcare delivery

Main 2025 highlights

The Ward Supervisor Learning Programme advanced significantly in 2025, marked by five major achievements:

1. Continued development of course content : The curriculum was further refined and fully aligned with five Entrustable Professional Activities (EPAs) and the associated competency framework. The pedagogical structure was consolidated around five core modules, with four transversal competencies integrated across all sessions. Supporting tools—such as competency gap analysis instruments, observation grids, and a validated four level scoring system—reached an advanced drafting stage. Work also progressed on strengthening visual and pedagogical coherence across learning materials through close collaboration with instructional and graphic design specialists. This resulted in clearer, more consistent, and more user friendly resources. Selected draft sessions were shared with technical platforms for peer review to ensure operational relevance and contextual adequacy.

2. Recruitment of the Ward Supervisor Training Coordinator A dedicated Training Coordinator was successfully recruited in 2025, reinforcing programme leadership, operational follow up, and cross team collaboration during the development and preparatory phases. This role also contributed to defining the implementation strategy and identifying the first potential pilot location.

3. Coordination and alignment with partners:

Throughout the year, the needs assessment results and the proposed training offer were presented across numerous MSF medical platforms (including Nursing, SRH, and Hospital Management), learning & development groups (including the Mentoring & Coaching Hub), operations platforms, and the MSF Academy Board.

PROGRAMME CONTENT:

- Module A: Core foundations
- Module B: HR development & management
- Module C: Clinical supervision & management
- Module D: Data & information management
- Module E: Resource management

This extensive dissemination strengthened institutional alignment, encouraged cross departmental collaboration, and supported integration of the programme within MSF's broader learning and mentoring landscape.

4. Implementation: Significant progress was made in preparing for the pilot phase. A feasibility assessment conducted in Jahun, Nigeria, in late 2025 provided critical insights into operational requirements and the need for contextual adaptations. Following operational discussions, implementation at this initially proposed site was postponed, and alternative locations are currently under review.

PRIORITIES FOR 2026

- Finalise development of the training content and its pedagogical methodology using a blended approach, including the team organisational preparedness package and its MEAL components.
- Identify a suitable location for the first pilot implementation.
- Strengthen collaboration with key MSF platforms, including Hospital Management units and Medical L&D.

Master of Child Health

Two-year long
In French

PARTNERSHIPS:

Université d'Abomey-Calavi in Cotonou, Benin
MSF Intersectional Paediatric Platform

Main 2025 highlights

In 2025, the MSF Academy advanced the co-development, structuring, and institutionalisation of the two-year Master of Child Health in partnership with academic and clinical stakeholders at the University of Abomey-Calavi in Cotonou, Benin. Fully integrated into the **MSF Paediatric Learning Strategy**, the programme strengthens intersectional collaboration, promotes sustainability through an academic partnership, and ensures alignment with the paediatric practice at MSF projects.

Key achievements included the completion of a Learning Needs Analysis, conducted through stakeholder interviews and surveys, to ensure the programme responds to learners' and projects' needs. A Technical Working Group was established, bringing together academic, clinical, pedagogical, and institutional actors within MSF and the university, as well as representatives from national and regional higher education authorities, to guide programme development. In addition, three in-person academic workshops were organised in Benin, to define the programme structure, competencies, course units, and detailed unit descriptions.

The Master's programme was structured as a two-year degree, with course units organised across four semesters. The curriculum integrates fundamental and specialised modules, clinical placements, research methods, and a quality improvement project. Significant progress was also achieved in curriculum and content development, with a strong emphasis on case-based learning, virtual teaching modalities, and alignment with existing MSF paediatric initiatives. Institutional engagement was reinforced through formal discussions with ministries and faculty leadership, laying the foundation for a future memorandum of understanding. Operational readiness was also initiated through the definition of tutor roles, engagement with HR, and preparation for recruitment.

PRIORITIES FOR 2026

- Finalising unit descriptions and syllabi through a pre-validation workshop planned for March.
- Submitting the academic offer for final institutional validation.
- Formalising partnerships through the signature of a memorandum of understanding.
- Recruiting and onboarding tutors.
- Continuing curriculum and content development in preparation for programme launch.
- Conducting targeted stakeholder engagement to present the programme and identify potential candidates.
- Launching the call for applications in close collaboration with MSF operations and Learning & Development departments for MSF staff, and with local partners for external candidates.
- Initiating the first cohort of students in September 2026, beginning with in-person learning sessions in Benin followed by remote delivery.

PEDAGOGICAL TRAININGS

Face-to-face trainings: TOM & TOF

In 2025, the MSF Academy for Healthcare continued delivering the Training on Clinical Mentoring (TOM) and the Training on Clinical Facilitation (TOF). The Training on Clinical Facilitation (TOF) aims to develop the facilitation skills of staff who train groups of learners on clinical concepts and skills. The Training on Clinical Mentoring (TOM) focuses on strengthening mentoring skills to support individual learning through bedside mentoring.

Strengthening mentoring and facilitation competencies remains one of the main pedagogical priorities of the MSF Academy for Healthcare. All Academy learning programmes combine group learning activities with individual tutoring or bedside mentoring, making these skills essential for effective learning support in MSF projects.

To support clinical mentors, healthcare trainers, tutors and learning companions involved in our programmes, the MSF Academy developed TOM and TOF as core pedagogical trainings to build these competencies.

Self-paced trainings

In 2025, the MSF Academy launched self-paced versions of the trainings on Clinical Mentoring and Clinical Facilitation in English and French. These formats provide greater flexibility for participants to access the content and develop their mentoring and facilitation skills at their own pace, and are available to MSF staff through MSF's e-learning platform Tembo.

Ad hoc trainings: eTOM in Gaza

Responding to an identified operational need, the MSF Academy facilitated an adapted eTOM training for nursing team supervisors involved in MSF projects in Gaza. Participants came from Nasser Hospital and the Modular Field Hospital. To adjust the training to operational constraints and facilitate participation, the sessions were shortened to 45 minutes and delivered in Arabic. Two cohorts were organised, each consisting of approximately eight participants.



Online trainings: eTOM & eTOF

The TOM and TOF are also delivered online in a synchronous format, allowing participants to join remotely while maintaining interaction and peer exchange. In 2025, the MSF Academy delivered five online trainings on Clinical Mentoring (eTOM) and two online trainings on Clinical Facilitation (eTOF), offered in English and French. A total of 66 participants successfully completed the eTOM course and 26 completed the eTOF course.

MONITORING, EVALUATION, ACCOUNTABILITY & LEARNING

Needs and feasibility assessments

Before implementing an in-person learning programme, the MSF Academy conducts a needs and feasibility assessment to understand the operational and healthcare context (country and project setting, national health system challenges, health system functioning, available services, human resources, training needs, and socio-economic and security environment).

A field visit is also carried out to the project to review service delivery and gather feedback from healthcare staff. This includes assessing wards and bed capacity, clinical practices, quality of care gaps, root causes of identified issues, and needs expressed by health staff. Based on these findings, the MSF Academy determines whether a training programme is needed and feasible, and defines the operational implications for implementation.

Improvement in learners' competencies

For in-person programmes, the MSF Academy uses a Competency Gap Assessment (CGA) to measure how participants perform against defined competency frameworks for safe, effective, and person-centred care. The CGA includes a knowledge and a technical component, assessing theoretical understanding as well as the ability to apply knowledge in practice. CGAs are typically conducted at entry, at the end of the programme, and one year after completion. Results are compared across these stages, using the entry assessment as a baseline. The MSF Academy's objective is that follow-up scores remain higher than entry levels, indicating continued competency improvement.

For online and blended programmes, competency progression is tracked through learners' assignments and examination results. Self-assessments are also used to capture learners' perceived confidence and competency development.

Contribution to quality of care improvement

The MSF Academy's objective is for its programmes to contribute to improvements in quality of care (QoC) in health facilities. Given the multifactorial nature of QoC, training is framed as a contribution rather than a direct causal factor. Findings are triangulated through key informant interviews and document reviews.

For in-person programmes, the MSF Academy relies on indicators already collected by MSF projects to assess whether the transfer of practice is effective in the work environment. For nursing and maternity care initiatives, additional QoC assessments are conducted at programme entry, at completion, and at one-year follow-up.

For online and blended programmes, work-based assignments are used to assess learners' ability to implement concrete actions that contribute to quality of care improvement.

Programme adjustments based on context and learners' feedback

For all programmes, the MSF Academy conducts anonymous learner satisfaction surveys mid-programme and at the end of the training. Feedback is used to adapt implementation and pedagogical approaches in real time where possible. At the end of each programme, a lessons learnt or capitalisation report is produced to inform and improve future implementations.

GENERAL LESSONS LEARNT

The implementation of MSF Academy learning programmes in 2025 generated important lessons regarding how learning initiatives can most effectively support healthcare workers in humanitarian settings.

■ **Integration within projects is essential for successful implementation of learning programmes.** Across programmes and countries, close collaboration with project teams proved to be a key factor in successful implementation. Early engagement with coordinators, management and clinical staff helped ensure that learning objectives and activities aligned with operational realities and that activities could be integrated into busy clinical care environments. Where coordination was strong, medical learning programmes benefited from greater ownership by project teams and stronger support for learners.

■ **Mentoring and workplace practice remain central to competency development.** Experience across programmes reinforced that learning is most effective when knowledge strengthening is combined with guided practice in the workplace. Clinical mentors play a critical role in transferring learning into daily work, supporting reflection, and reinforcing the sustainability of good practices over time.

■ **Interdisciplinary participation strengthens results.** Several programmes highlighted the value of involving multiple professional profiles within the learning activities. For example, the expansion of the Maternity Clinical Care programme to include other workers in maternity wards, beside midwives, improved alignment within teams and facilitated implementation of good practices. Training entire teams rather than single cadres can therefore contribute to stronger collaboration and more consistent application of protocols.

■ **Contextual adaptation is necessary to address operational challenges.** Security incidents, staff turnover, shifting operational priorities and logistical limitations frequently required adjustments to implementation plans. Flexibility in programme delivery, such as adapting schedules, reinforcing support in specific areas, or modifying some activities, allowed learning to continue despite these challenges. These experiences highlighted the importance of adaptability and creativity within structured learning programmes.

■ **Capacity building of mentors is crucial for sustainability of results.** Programmes increasingly emphasised the need to keep strengthening the pedagogical and clinical capacity of mentors. Training of trainers, simulation workshops, and support from pedagogical managers can help reinforce mentoring skills and ensure that learners are well accompanied in their learning process.

■ **Partnerships and recognition support learners' motivation.** Academic partnerships and agreements with Ministries of Health enabling accreditation and recognition remain an important component of the MSF Academy's vision. Recognition of certificates is key to strengthen the credibility and long-term value of training programmes for participants and national health systems.

■ Finally, the experiences of 2025 reinforced the importance of fostering a **culture of continuous learning within MSF**. When reflection, constructive feedback, and an enabling environment with necessary resources are present in daily clinical practice, learning programmes can have a broader and more lasting impact on the quality of care provided to patients.

PRIORITIES FOR 2026

In 2026, the MSF Academy for Healthcare will balance expanding programmes to new contexts and within existing contexts with completing ongoing learning programmes, will launch the already committed and under development new learning initiatives, continue strengthening learning approaches, and investing in monitoring and evaluation.

Programme expansion

- The MSF Academy will expand its activities to a **new country, Niger**, with the implementation of the Maternity Clinical Care learning programme in two MSF projects.
- The number of involved MSF projects and the range of in-person learning programmes is planned to increase in several countries with ongoing in-person learning programmes, resulting in growth and diversification of the MSF Academy portfolio in these countries: Burkina Faso, Mali, Central African Republic and South Sudan.

New learning programmes

- The **Neonatal Nursing Care programme** will be implemented for the first time, initially in two projects across two countries, to strengthen specialised nursing care for newborns.
- The **Ward Supervisor Training Programme**, aimed at strengthening leadership, supervision and team management in hospital wards, will be piloted in an MSF project.
- The **Master of Child Health** will be launched, in partnership with the University of Abomey-Calavi. Applications will open in the first half of the year, with the academic activities to start end of September 2026.

Response to outstanding or new requests for new programmes

- Outstanding requests will be followed up with internal consultation before deciding on the appropriate exploration, needs and feasibility assessment and, when justified, preparation of implementation.
- Requests for integration of new learning initiatives into the MSF Academy will be assessed carefully according to the MSF Academy' mandate and then decided upon at the level of the Platform of Medical Directors.

Medical learning approaches

- **Blended learning** methodologies will continue to be developed, especially for the Outpatient Care learning initiative, combining in-person workplace mentoring and online learning supported by offline e-learning solutions.
- **Clinical mentoring** competencies will continue to be strengthened, ensuring that learning is applied in daily work and leads to sustained changes in behaviours and practice.
- **Offline access to e-learning** will further expand, ensuring training remains accessible in low-connectivity environments.

Monitoring and evaluation

- **Monitoring, Evaluation, Accountability and Learning (MEAL) tools** will be further developed and implemented for each Academy learning initiative to strengthen quality of monitoring and evaluation data.
- **External evaluations** of learning programmes will continue to be conducted.

Cross-cutting priorities

- The implementation of the **MSF Academy's new Strategic Plan** will start this year guiding programme development and implementation for these coming years.
- The MSF Academy will continue to **strengthen collaboration with partners and stakeholders**, within MSF and outside.
- The MSF Academy will **increase the dissemination of its work and know-how**, including through participation in conferences and publications.

RISKS & MITIGATIONS STRATEGIES

RISKS

Insecurity and contextual instability may restrict movement and access to project sites, potentially lead to temporary evacuations, project suspension, or loss of materials.

Disease outbreaks may increase learners' workload and reduce their ability to participate in training.

Lack of materials or opportunities to apply learning in practice may limit the consolidation of new skills.

Limited digital access in some areas may affect participation in online learning components and may limit teams' access to necessary working tools.

Language barriers and limited digital skills may affect learners' possibilities to properly use course content.

Staff turnover and HR changes in participating teams may disrupt training continuity.

Limited **engagement from Ministries of Health** may affect alignment and sustainability.

Operational priority shifts in MSF may affect plans and reduce opportunities for training implementation.

Constraints in ensuring **adequate learning environment and time** for learners of distance learning programmes.

HR gaps within MSF Academy teams, particularly difficulty recruiting profiles combining clinical and pedagogical expertise, may delay implementation.

Funding instability may affect the continuity or scale of programmes.

MITIGATION STRATEGIES

Deploy regional staff who can continue activities when access is restricted.

Plan additional training sessions to compensate for disruptions.

Provide remote support to teams if evacuations occur.

Anticipate that disruptions may occur and plan additional training time to allow flexibility in course completion.

Coordinate closely with project teams to ensure that required materials are available and participants' responsibilities at work align with expectations for the role

Provide offline solutions where possible.

Organise targeted literacy and IT trainings when possible. Establish language prerequisites when necessary, and conduct assessments pre-training to ensure these are met.

Maintain regular communication and coordination with project management teams and ensure flexibility to integrate new participants where feasible.

Strengthen collaboration and regular communication with MOH to maintain engagement.

Maintain flexibility in programme scheduling and coordinate with MSF country coordination teams to balance medical learning needs with operational constraints.

Integrate requirements in course announcements and agreements with line managers.

Anticipate recruitment needs early and expand outreach to identify suitable candidates with combined expertise.

Diversify funding sources and maintain close collaboration with MSF fundraising teams to secure sustainable support.



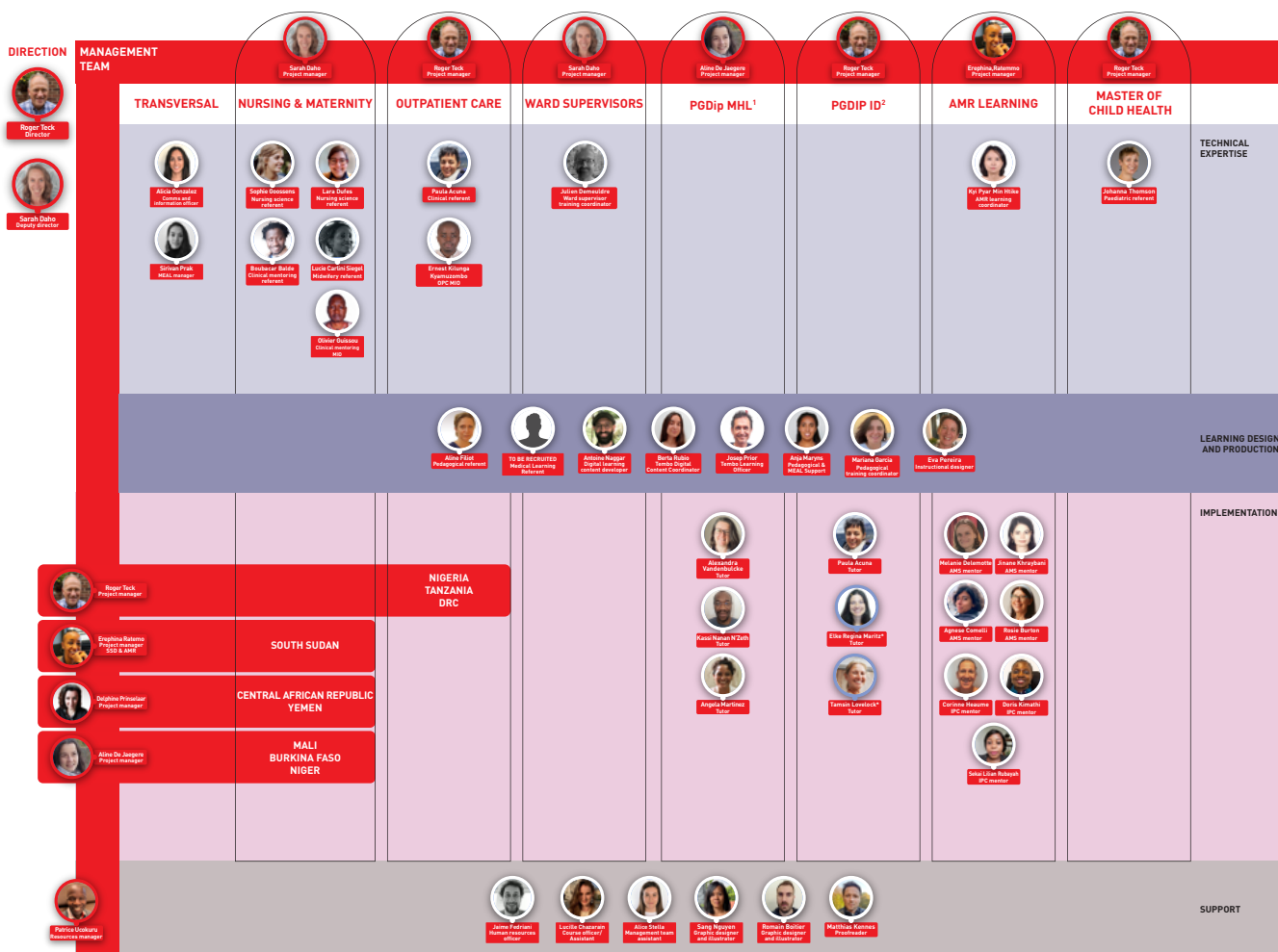
Entrance of Kajo Keji hospital, South Sudan, November 2025

ANNEXES

GOVERNANCE AND EXECUTIVE TEAMS

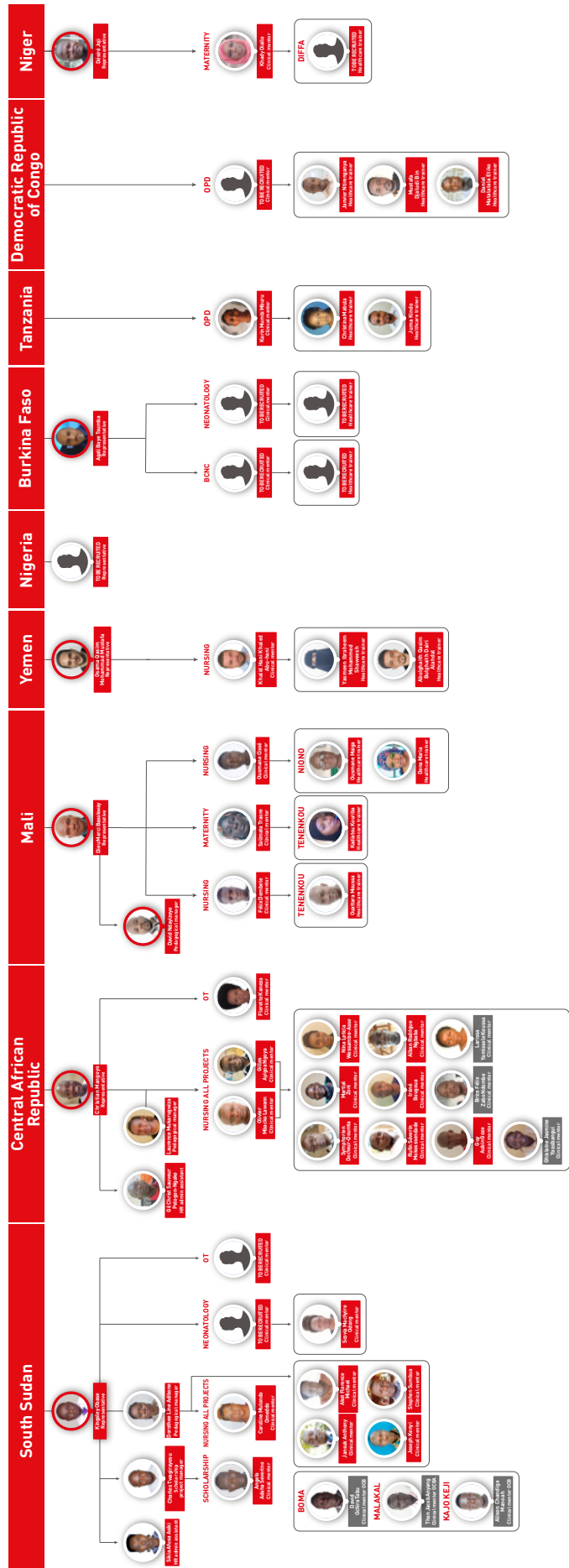
The MSF Academy for Healthcare, as an initiative for the entire MSF movement, is governed by a Programme Board made up of members from all MSF Operational Centres. The MSF Academy Programme Board is composed of members of all MSF OCs' directors committees, of a representative from the MSF Medical Directors' platform, and a representative from the MSF Financial Directors' platform. The Board makes the major decisions on strategies and orientations, while the Medical Directors make recommendations on medical priorities to focus on.

The Executive team of the MSF Academy includes a management team and technical experts in nursing, midwifery, clinical medicine, pedagogy, clinical mentoring, e-learning development, and other support areas. The online mentoring teams provide individual support to participants in distance learning programmes.



¹PGDip MHL stands for Postgraduate Diploma in Medical Humanitarian Leadership
²PGDip ID stands for Postgraduate Diploma in Infectious Diseases
³Stellenbosch University staff

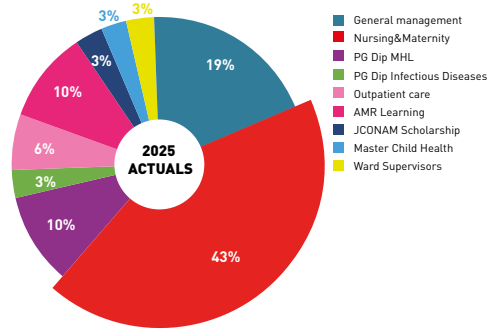
MSF Academy country teams consist of internationally and locally hired clinical mentors, pedagogical managers, and country representatives.



FINANCIAL OVERVIEW

Expenses and budget

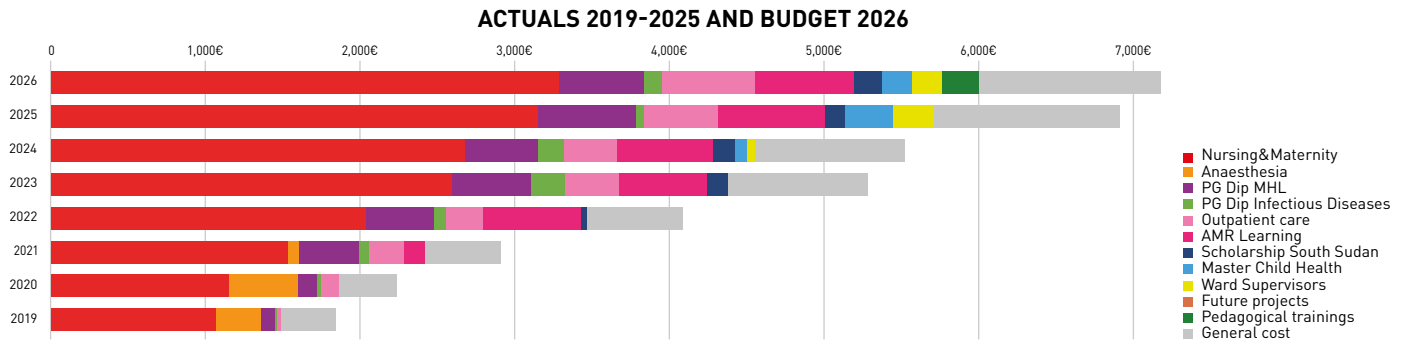
Since 2024, the MSF Academy has been part of the MSF collective investment mechanism, the International Projects' Portfolio Committee (IPPC). This funding mechanism supports projects that have reached maturity and are recognised as long-term initiatives benefiting the wider MSF movement. The MSF Academy will continue under this mechanism in the coming years.



In 2025, the MSF Academy spent €6,405,955 on the implementation of its learning programmes and on general management costs. This represents an annual increase of 4.4% compared to 2024 (following increases of +30% in 2021, +40% in 2022, +29% in 2023 and +4% in 2024).

For the second consecutive year, the MSF Academy maintained a strong budget execution rate of 97% in 2025, consistent with 2024 (compared to 93% in 2023, 83% in 2022 and 87% in 2021). The Academy aims to sustain this level of performance in the coming years.

The Nursing & Maternity learning initiative remains the largest in terms of financial costs, accounting for 43% of total expenses.

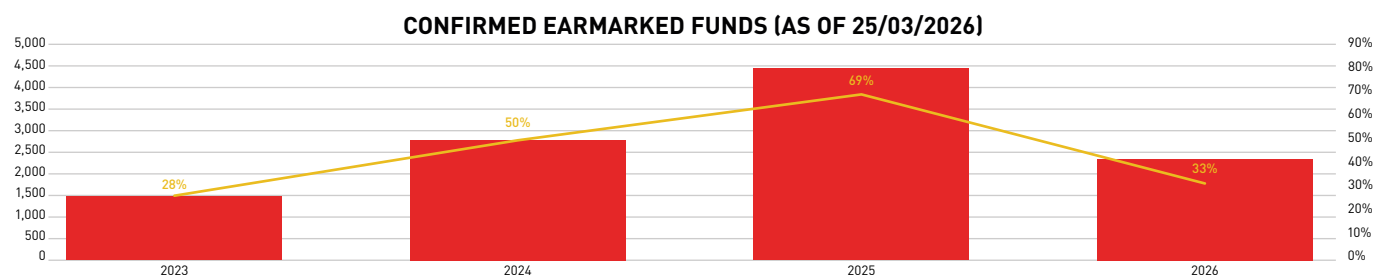


For 2026, a total budget of €7,176,389 has been approved by the MSF Academy's Programme Board and by MSF's full Executive Committee. This will support the continuation of existing learning programmes, the launch of new initiatives and the expansion of training to additional projects and countries.

Fundraising

In close collaboration and with the support of fundraising teams across MSF, the MSF Academy has received financial contributions from various donors, including private individuals, foundations and companies. In 2025, 69% of total annual expenses were covered by private earmarked incomes compared to 50% in 2024, 28% in 2023 and 17% in 2022), while the remaining 31% was funded through the MSF internal collective investment mechanism.

The continued generosity of our donors has enabled the effective implementation of the MSF Academy's learning activities in 2025. The MSF Academy is deeply grateful for this support and looks forward to continued collaboration in the years ahead, and would like to thank all donors for their generosity, continuous support and trust.



PUBLICATIONS AND CONFERENCE CONTRIBUTIONS

MSF Paediatric Days, Amman, Jordan.

Participation of MSF Academy Nursing Referent, Midwifery Referent and Pedagogical Officer.

- Contribution in the mother-newborn dyad oral presentation by a recorded testimony from a Clinical Mentor showcasing field experience on “Strengthening Early Identification and Documentation of at-risk Mothers and Newborns” with a focus on screening for MUAC and anaemia.
- Oral presentation on “Addressing paediatric healthcare gaps through targeted competency-based training”.
- Poster on “Empowering neonatal nurses: bridging gaps with targeted training”.
- Pedagogical workshop.
- Information booth, with skills station.

Surgical and Anaesthesia Days, Paris, France.

Participation of MSF Academy Nursing Referent and Pedagogical Officer.

- Oral presentation.
- OT boardgame presentation.

Société Francophone de Simulation en Santé (SoFraSimS) (Francophone Society of Health Simulation) Congress, Toulouse, France.

Participation of Midwifery Sciences Referent in collaboration with MSF Field Simulation initiative.

- Workshop on “How to maintain efficiency of learning via simulation in difficult contexts, taking into account the contextual constraints (including sociocultural) from patients and participants.”

National CHEW (Community Health Extension Worker) Conference Nigeria.

Participation of two mentors of the OPD programme.

- Presentation of the OPD learning initiative.

BSAC Spring conference: online attendance by mentors

International Conference on Prevention & Infection Control (ICPIC) 2025 in Geneva, Switzerland: in person attendance by one mentor

Infection control Africa Network (ICAN) conference in Cape Town, South Africa: in person attendance of 2 mentors and project manager

Lebanese society of infectious diseases and clinical microbiology: in person attendance of 1 mentor

Pediatric days: contribution of testing MDRO outbreak e-simulation QR code and flyer of AMR course information at the booth.

ACRONYMS

| | | | |
|--------|---|-----------|--|
| AMR | Antimicrobial Resistance | MOH | Ministry of Health |
| AMS | Antimicrobial Stewardship | MSF | Médecins Sans Frontières |
| BCNC | Basic Clinical Nursing Care | NNC | Neonatal Nursing Care |
| BSAC | British Society of Antimicrobial Chemotherapy | OCA | Operational Centre of Amsterdam |
| CGA | Competency Gap Assessment | OCB | Operational Centre of Brussels |
| CHEW | Community Health Extension Worker | OCBA | Operational Centre of Barcelona-Athens |
| CHO | Community Health Officer | OCG | Operational Centre of Geneva |
| CHUC | Community University Hospital | OCP | Operational Centre of Paris |
| CMAM | Community Management of Acute Malnutrition | OPD | Outpatient Department / Outpatient Care learning programme |
| CPD | Continuous Professional Development | OT | Operating Theatre |
| CPR | Cardiopulmonary Resuscitation | PGDip ID | Postgraduate Diploma in Infectious Diseases |
| EPA | Entrustable Professional Activity | PGDip MHL | Postgraduate Diploma in Medical Humanitarian Leadership |
| ER | Emergency Room | PPE | Personal Protective Equipment |
| eTOF | Online Training on clinical Facilitation | QoC | Quality of care |
| eTOM | Online Training on clinical Mentoring | SPARC | Strategic Plan for Accountability and Resources Cycle |
| HIV | Human Immunodeficiency Virus | SRHSV | Sexual and reproductive health and sexual violence |
| HR | Human Resources | TOF | Training on clinical Facilitation |
| IMCI | Integrated Management of Childhood Illness | TOM | Training on clinical Mentoring |
| IPC | Infection Prevention & Control | WHO | World Health Organization |
| IT | Information Technology | | |
| JCONAM | Juba College of Nursing and Midwifery | | |



Participants in the Basic Clinical Nursing Care training programme in Kajo Keji, South Sudan, during a learning session facilitated by the MSF Academy at their hospital

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MSF ACADEMY FOR HEALTHCARE