TELEMEDICINE

Annual Report 2025

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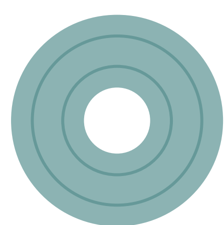
ACRONYMS

CCD	Clinical Case Discussions
CT Scan	Computed Tomography Scan
DRC	Democratic Republic of Congo
FASH	Focused Assessment with Sonography for HIV-Associated Tuberculosis
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
ICT	Information and Communication Technology
MedCo	Medical Coordinator
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
MSF	Médecins Sans Frontières
OC	Operational Centre
OCA	Operational Centre Amsterdam
OCB	Operational Centre Belgium
OCBA	Operational Centre Barcelona-Athens
OCG	Operational Centre Geneva
OCP	Operational Centre Paris
PMR	Project Medical Referent
POCUS	Point of Care Ultrasound
RIO	Regional Implementation Officer
SM	Secure Messaging
SMBG	Self-Monitoring Blood Glucose
SteerCo	Steering Committee
SRH	Sexual and Reproductive Health
TACTiC	Test, Avoid, Cure Tuberculosis in Children
TB	Tuberculosis
TM	Telemedicine
WaCA	West and Central Africa

YEAR IN NUMBERS

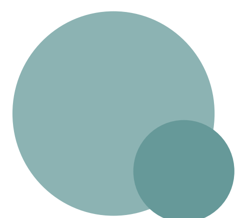
Baseline 2024

Telemedicine Services[1]

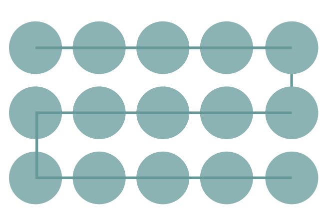


298
projects[2] with Telemedicine access[3]
298

58
countries
62



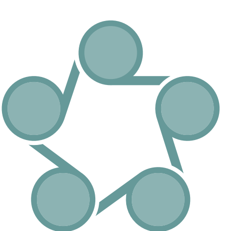
2,880
users
2,622



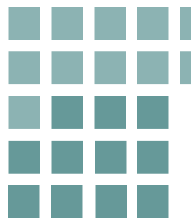
516
specialists within the TM network[4]
465

96
new implementations across the three TM services
114

New Initiatives



5
Teleconsultation pilot projects

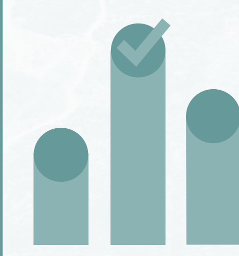


22
projects and 11 specialists using TM mobile app

Case Management

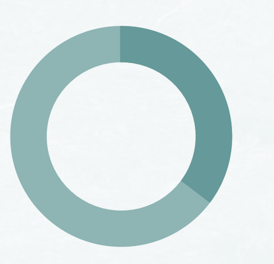
3,720
patients received improved diagnosis and treatment plans[5]
3,118

Clinical Case Discussions



70
clinical discussions sessions held
39

Secure Messaging



37%
of MSF projects communicate patient and medical information through a secure app[6]
51%

*The highlights of each OC's Telemedicine activity for 2025 are available in the Appendix.

[1] Certain numbers were changed, given recalculations since the launch of the impact report.

[2] Inclusive of coordination offices.

[3] Only includes projects still active at the end of the year. If a project had access at some point in 2025 but closed prior to the end of the year, it is not counted in the access number.

[4] Includes specialists marked available on the Telemedicine platform.

[5] With the consideration that one case equals one patient.

[6] The denominator, the number of MSF projects that could potentially use Secure Messaging, increased in 2025, hence the lower percentage.

YEAR IN REVIEW

In 2025, the Telemedicine (TM) Program continued to strengthen its role as a cornerstone of MSF's digital health strategy—enhancing access to quality healthcare and empowering project teams across the movement. This year marked a period of **growth, collaboration, and learning,** with key advances in leadership recognition, operational alignment and digital innovation.

In 2025, our objectives centred on two core ambitions:

1. **Deepening the understanding of the Telemedicine Program across MSF to expand equitable access to care.**
2. **Improving service adaptability by supporting field-driven initiatives and aligning with operational needs.**

These priorities guided our efforts to make telemedicine more accessible, relevant, and sustainable to the teams and patients we serve.

LEADERSHIP RECOGNITION AND STRATEGIC ALIGNMENT

The TM Program gained increased recognition from MSF leadership for its quality of care and operational value. Our advocacy and representation efforts began to yield tangible results, with Telemedicine being progressively embedded into strategic planning discussions for 2026–2030. Working closely with our Steering Committee (SteerCo) to ensure alignment with medical priorities—particularly through the Teleconsultation pilot—we strengthened the connection between program objectives and field needs and realities.

LISTENING TO AND LEARNING FROM THE FIELD

A central focus in 2025 was reinforcing field ownership. Through collaboration with regional implementation teams, we collected testimonials and stories that highlight how Telemedicine supports teams in delivering quality care, even in the most remote settings.

Field-driven initiatives, such as the Teleconsultation pilot and the mobile app for Case Management, supported by the SteerCo, became a key pillar of our strategy—ensuring that TM evolves in response to operational needs.

INNOVATION AND KNOWLEDGE SHARING

Telemedicine joined MSF Canada's new Global Initiatives Collective (GIC)—a platform designed to formally strengthen collaboration and learning across the movement to scale organic innovations. This collective is comprised of intersectional, movement focused initiatives: the Transformational Investment Capacity (TIC), the Humanitarian Action for Climate and the Environment (HACE), the Sharing Incident Memory and Mitigation project (SIMM) and International Human Resources.

Our participation in key digital-health events, including the OCP Digital Health Day, Geneva Digital Health Hub and internal webinars, allowed us to share our program learnings, foster new collaborations, integrate new ideas into our evolving program and identify best practices within and outside MSF.

TEAM EVOLUTION AND OPERATIONAL STABILITY

2025 was a year of transition and renewal for the TM team. We welcomed two new leads, our Clinical Operations and Growth leads, and other key members of the team. Thanks to the strong foundations laid by previous leaders and the dedication of the whole TM team, we maintained continuity in service and program development while building capacity for future expansion.

DATA, QUALITY AND TOOLS FOR THE FUTURE

We made significant progress in our data visualization and dashboards, improving how we measure and communicate impact with medical and operational departments and partners. Systematic audits and feedback loops reinforced our commitment to quality of care, while an updated case template improved responsiveness to field needs. The mobile application launch for Case Management marked a major milestone, simplifying workflows and empowering locally hired staff with better access to Telemedicine's services—especially where laptops and internet connection are not always available.

PROGRAM REACH AND OPERATIONAL ACHIEVEMENTS

Our regional implementers carried out project visits across six countries and 10 projects. They conducted 310 trainings for 1,248 MSF staff[7] throughout the year, supporting hundreds of project teams worldwide. TM services were introduced in new projects and responsibly concluded where MSF phased out activities. To better communicate our progress, a one-page impact report was disseminated through the movement in January 2026 showcasing the tangible results of TM's contribution to patient care and field operations in 2025.

As we look ahead, we remain guided by our mission:

To foster a digital environment for equitable care, empowering healthcare professionals through services that enhance access to quality care.

We invite you to explore this annual report as a reflection of our collective progress—built on collaboration, innovation and the shared commitment to deliver better healthcare for all by leveraging digital health tools.

[7] Trainings for new implementations and new users.

CLARA MAZON
Director, Telemedicine Program

TELEMEDICINE PROGRAM

Designed for MSF, the Telemedicine Program:

1. **Provides asynchronous and synchronous telehealth services[8] for MSF healthcare professionals**
2. **Connects a global network of clinical specialists through secure applications**
3. **Fosters a community of practice**

The Telemedicine Program offers three services:

CASE MANAGEMENT

A secure web-based and mobile platform that provides health-care professionals in MSF projects with access to expert clinical and medical advice on a case-by-case basis.

SECURE MESSAGING

An instant message application (Celo) that facilitates the exchange of patient information and files among healthcare professionals across MSF.

CLINICAL CASE DISCUSSIONS

A videoconferencing service that gives MSF project staff the opportunity to connect in real-time with a specialist matched to their project's needs.

[8] "Delivery of healthcare services, where patients and providers are separated by distance. Telehealth uses information and communication technology (ICT) for the exchange of information for the diagnosis and treatment of diseases and injuries, research and evaluation, and for the continuing education of health professionals."

Source: WHO https://iris.who.int/bitstream/handle/10665/356160/9789240050464-eng.pdf

LOOKING BACK ON A DECADE OF TELEMEDICINE

Reflections from a Clinical Case Coordinator

After 11 years, I am coming to the end of my journey as a Clinical Case Coordinator with the MSF Telemedicine Program.

I joined the program when it was still in its pilot phase, born out of the need of pioneering MSF doctors who found themselves facing complex cases with limited resources. The MSF Telemedicine Program began providing second opinions and access to specialized, multidisciplinary support on the frontlines.

The vision identified in those early days remains as relevant as ever and has kept me motivated all these years: ensuring that patients receive the best possible care in the most challenging MSF contexts. I am deeply grateful for the opportunity to have managed patient cases. Each case represents more than just a clinical question; it represents a patient, a team and an opportunity to learn. Every support request is a responsibility and an opportunity to improve care for future patients.

The program's design has also been unique. From the beginning, it has included all MSF operational centres and projects worldwide. This is a level of accessibility and scale that MSF should be proud of. The program has evolved from confirming the need for telemedicine in MSF contexts to ensuring its acceptability and usability. It has also been carefully integrated into MSF operations. Telemedicine is now well established, with a structured team and leadership. Past and present Clinical Case Coordinators have guaranteed its quality and coordination.

Technology and digital tools are becoming increasingly integrated into health programs and continue to evolve rapidly. Given MSF's culture of innovation, I am confident the program will continue to evolve within an ecosystem where AI, interoperability, electronic health records and advanced data management improve care, support learning and strengthen decision-making across operations.

I will remain a tireless advocate for this program and for MSF's work, helping to set a model for expanding access to care in humanitarian contexts.

SOPHIE DELAIGUE

- Clinical Case Coordinator, Telemedicine Program (2015–2025)

- Digital Health Specialist, Geneva Digital Health Hub

OUR SERVICES IN ACTION

NAVIGATING A COMPLEX NEUROLOGICAL CRISIS IN PATNA, BIHAR

By Drs. Ahmed Igbin and Nilza Angmo

In May 2025, a 27-year-old man living with HIV arrived at an MSF supported hospital in Patna, Bihar after months of unrelenting fever, vomiting and sudden vision decline. In the days before admission, his family observed increasing confusion, a worrying sign for someone already fighting multiple illnesses. What initially appeared to be a severe disease soon evolved into a complex diagnostic challenge requiring the collaboration of Telemedicine's radiologists, infectious disease specialists, and frontline clinicians working thousands of kilometres apart.

A Complicated Clinical Presentation

Diagnosed with HIV infection in 2021, the patient had strict adherence to treatment, and the virus levels were within accepted ranges. However, by March 2025, he was diagnosed with tuberculosis (TB) affecting both his lungs and lymph nodes. Despite starting anti-TB therapy, the patient's health declined, necessitating hospital admission that quickly unfolded into a complex medical challenge.

Upon admission, clinicians identified severe anemia, low platelets, electrolyte imbalances, liver strain, and elevated lactate levels suggesting possible sepsis—a life-threatening reaction to infection. The medical team was also treating him for suspected brucellosis, a bacterial infection, and was still assessing whether his positive Epstein-Barr virus test was contributing to his illness.

Within 24 hours of carefully correcting the patient's electrolyte imbalances, his neurological condition worsened—his pupils stopped reacting normally, his reflexes became abnormally brisk, and clinicians feared that his brain was being affected.

The medical team faced urgent and unsettling questions:

- **Was this severe infection affecting his brain?**
- **Had his blood sodium levels shifted too quickly, causing injury?**
- **Could tuberculosis have spread to his nervous system?**
- **Or was something else unfolding entirely?**

The local team needed answers—quickly.

Telemedicine Consultation

Faced with a rapidly deteriorating patient, diagnostic dilemma and limited on-site imaging expertise, the local team turned to the MSF Telemedicine platform.

Shared brain scans and other investigations were reviewed by neuroradiologists, and two infectious disease experts joined the online discussions and real-time video discussions. The case became a true multidisciplinary effort. Mark Dalesandro, a neuroradiologist advising on this case, later recalled:

"I re-reviewed the head MRI and thought it was likely within normal limits. The discussion was mostly about the chest, abdomen, and pelvis CT. In particular, we looked at the area of potential nodal necrosis and discussed options for tissue sampling for culture and sensitivity."

In other words, while the brain imaging did not clearly explain the neurological decline, attention shifted to other parts of the body, looking for clues of an underlying infection.

What made the difference was not just written reports, but real-time dialogue. Dr. Dalesandro emphasized the power of live discussion:

"A live discussion of the imaging findings with the team allows both sides to immediately address questions and clarify any misunderstandings that may arise in the initial communication (...) rather than waiting for a comment that could take 24–48 hours to be submitted. Having the infectious disease specialists there is extremely valuable for me to use as a sounding board (...)."

In addition to opinions sent back and forth over days, specialists could challenge, question and refine ideas together in the moment. Their combined knowledge exchange assisted clinicians in fine-tuning the differential diagnosis, modifying treatment and carefully correcting metabolic imbalances.

An Uncertain Ending, A Clear Lesson

Despite coordinated efforts from local clinicians and specialists, the patient's condition continued to deteriorate. Eventually, care shifted from aggressive treatment to comfort and end-of-life counselling.

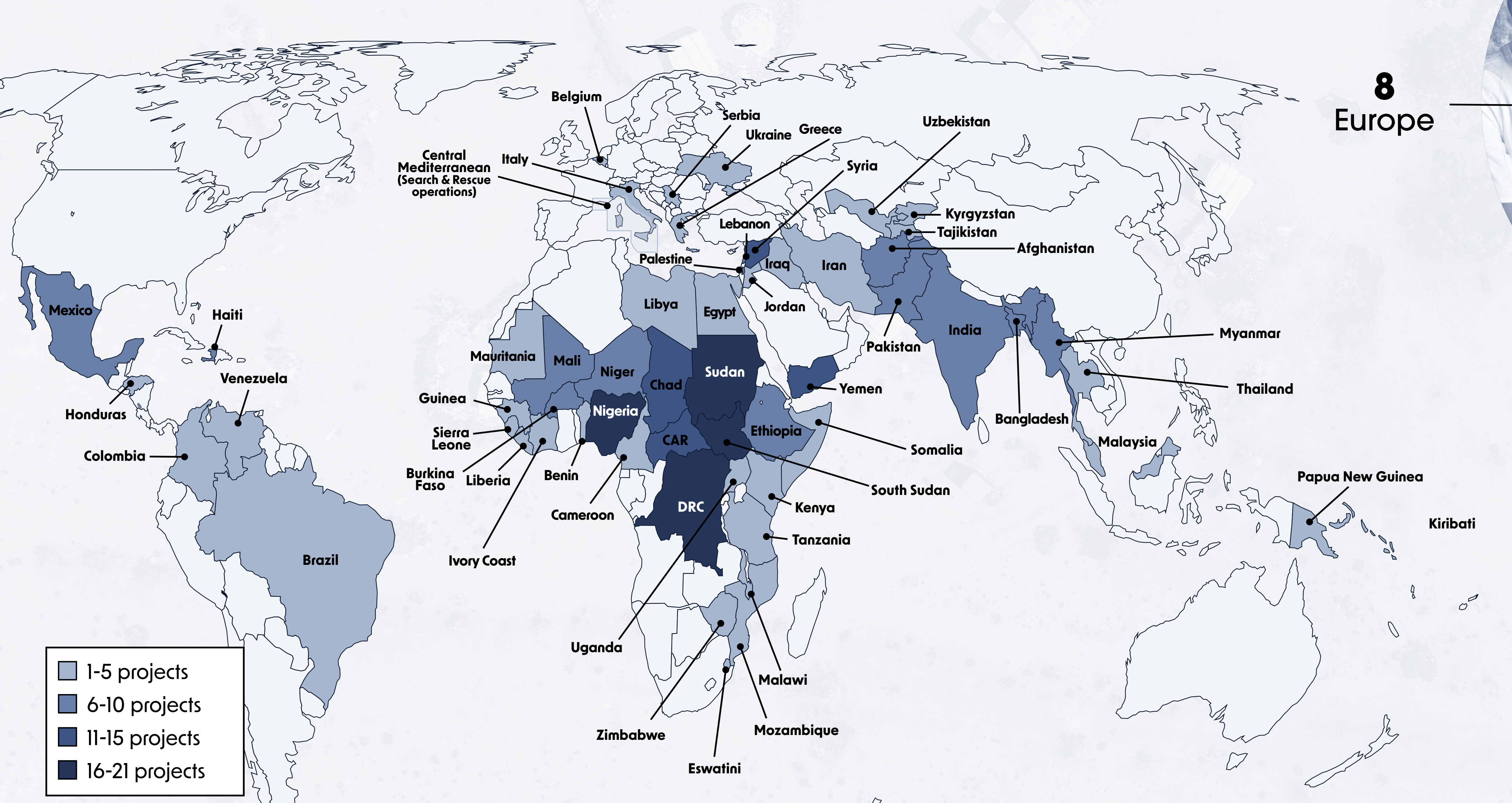
Although a final diagnosis remained uncertain, and the outcome was not what was hoped for, this case tells an important story.

It illustrates how a comprehensive multidisciplinary, multi-service telemedicine support can turn clinical uncertainty into coordinated, informed decision-making—even when the answers are not simple. By connecting frontline clinicians with global expertise, MSF's Telemedicine network provided crucial guidance in managing a complex neuroinfectious emergency, highlighting its essential role in resource-limited settings. The testimonial, from Patna's team member, Dr. Lindsay, speak for itself:

"the CCD sessions are an indispensable forum to discuss our most complex and puzzling patients with a panel of experts—often cases that could never be answered from the literature alone—while learning neuroradiology and deepening our infectious disease knowledge."

PROJECT ACCESS PER COUNTRY

In 2025, Telemedicine services were available in 58 of the more than 75[9] countries where MSF operated. The highest number of projects with access to TM services were in the Democratic Republic of Congo, Sudan and Nigeria—aligning with their status as major MSF operational missions, with the DRC representing the largest operational expenditure in 2024[10]. Regional access to TM services also reflects MSF's overall project distribution, indicating greater demand for TM in regions with a higher concentration of MSF activities.



23 Americas

37 Asia-Pacific

8 Europe

172 Africa

58 Middle East[11]

Between 2024 and 2025, Telemedicine services ceased in seven countries due to project closures or strategic reorientation (including in Angola, Bulgaria, Guatemala, France, Switzerland). Conversely, projects in three additional countries gained access during the year. While the number of countries with access to TM services fluctuated, the overall number of projects with access remained stable at the end of the year, with 76 projects losing access and 76 new projects gaining it.

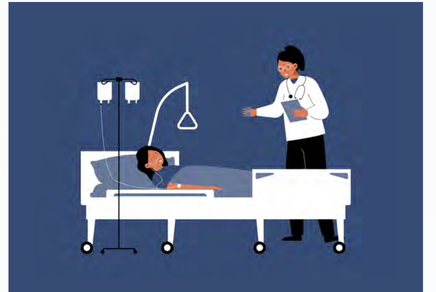
[9] Number of countries where MSF operates based on MSF 2024 International Activity Report.

[10] MSF International Activity Report 2024, page 8.

[11] TM includes Afghanistan in the Middle East region.

THE PEOPLE BEHIND TELEMEDICINE SERVICES IMPLEMENTATIONS

The Growth Team Achievements in 2025:



96
new implementations

1,248
new users added and trained

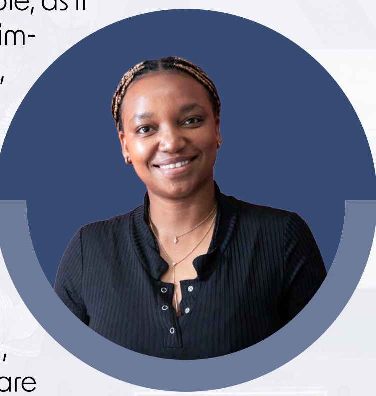
307
existing users attended refresher trainings

My name is Ivy Wandia, I am based in Nairobi, Kenya, and I am the Regional Implementation Officer (RIO) for Asia-Pacific and East Africa. I joined the Telemedicine team in 2022. As a RIO, my work sits at the intersection of implementation support, capacity building and regional coordination to ensure Telemedicine services are easily accessible, effectively adopted and consistently used to support quality patient care across MSF projects.

No two days are alike. My role focuses on increasing access to and usage of TM services by training and onboarding users across core services, as well as supporting the rollout of new tools. I maintain regular check-ins with field medical teams and TM users. These interactions take place both remotely and during project visits.

Being regionally based is a key aspect of my RIO role. It enables me to identify contextual gaps, barriers and opportunities that influence access to and usage of TM services. This regional insight allows me to advise on effective implementation approaches, relay field-level feedback to relevant stakeholders, and act as a bridge between TM users and the wider TM team.

In 2025, a key highlight was spearheading **the first intersectional Telemedicine workshop in South Sudan,** bringing together locally hired staff from **Aweil, Old Fangak, Abyei, Twic, Bentiu, and Malakal.** I believe this model is both scalable and sustainable, as it maximizes reach within the limited timeframes of field visits, enables efficient training across multiple projects simultaneously, and strengthens follow-up through a broader network of trained users. The intersectional format also fostered peer learning, allowing participants to share



use cases, provide feedback, and collectively identify gaps and opportunities for future scale-up across projects.

I genuinely love my work. Knowing that my role contributes to improving access to quality care for vulnerable populations is deeply meaningful to me. Supporting healthcare staff to access telemedicine so they can provide care to those who need it most, feels like my small but purposeful contribution to the wider humanitarian effort.

***For further information on TM services and access procedures, or to request a visit from a RIO, please contact the one responsible for your region.**

REGIONAL BREAKDOWN	REGIONAL IMPLEMENTATION OFFICER
Americas, Europe and South Africa	Roberto Celestino; roberto.celestino@toronto.msf.org
Central Africa	Daniel Mghongo; daniel.mghongo@toronto.msf.org
East Africa and Asia-Pacific	Ivy Wandia; ivy.wandia@toronto.msf.org
Middle East and North Africa	Muhannad Al Hasan; muhannad.alHasan@toronto.msf.org
West Africa	Charles Murhula; charles.murhula@toronto.msf.org

CASE MANAGEMENT

5,316
cases submitted

212
MSF projects

75%
of cases received a 1st response in 24 hours; 43% within the first 8 hours.[12]

43
countries out of the more than 75 countries where MSF operates.

96%
of MSF medical staff agreed that TM specialist exchanges strengthened their clinical knowledge.[13]

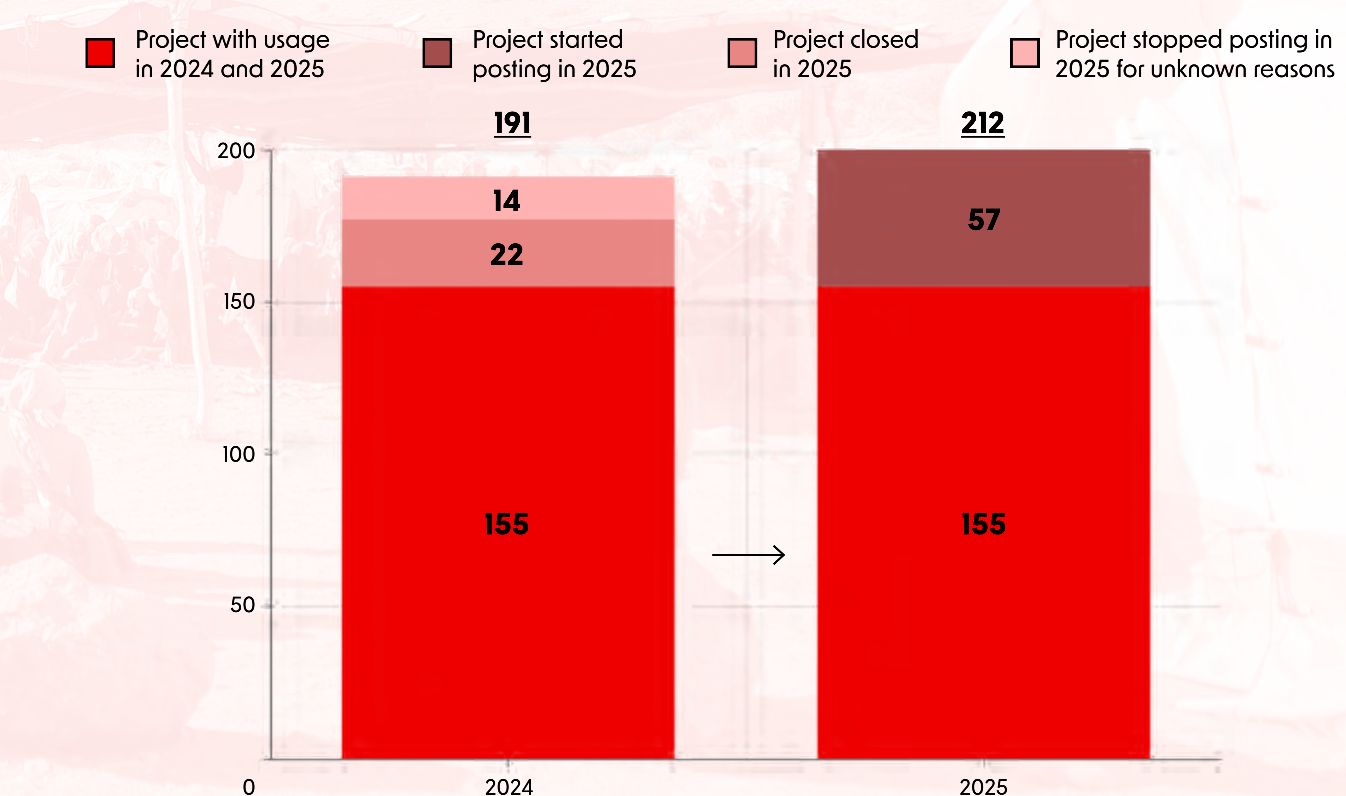
96%
of MSF medical staff reported that TM support was useful, context-appropriate, and improved case management.[14]

PROJECT USAGE

In 2025, a total of 212 MSF projects submitted 5,316 cases through the TM platform—an increase of 21 projects compared with the previous year. Among these, 155 were repeated users while 57 were new adopters. The modest net growth is partly explained by the closure of 22 projects in 2024 and the disengagement of 14 low-volume contributors, each of which had submitted fewer than 10 cases the year before. Case volumes rose more modestly than in previous years due to reduced activity among historically high-volume users. The Chui project, which submitted more than 600 cases in 2024, closed while other contributors—most notably Kenema X-ray—faced connectivity and access challenges that reduced their participation in the fourth quarter.

At the country level, Telemedicine operations ceased in six countries, largely linked to project closures in Guatemala, Russia, Kyrgyzstan and Liberia. Despite this turnover, the platform usage expanded into four countries that had not used the platform in 2024—Lebanon, Venezuela, Colombia and Zimbabwe—demonstrating continued geographic diversification despite operational changes. The top five contributors in 2025 were Kenema Hospital (Sierra Leone) (despite access challenges), Patna advanced HIV (India), Matsapha (Eswatini), Kandahar Secondary Healthcare TB (Afghanistan), and Punjab Tuberculosis (Gujranwala, Pakistan). Their activity shaped the ranking of the top five countries—Sierra Leone, Afghanistan, India, Pakistan, and Eswatini. Notably, India, Pakistan, and Eswatini entered the top tier due to strong increases from single high-volume projects, including Patna advanced HIV, Punjab Tuberculosis and TB Karachi, and Matsapha respectively.

PROJECTS POSTING CASES IN 2024 VS 2025



[12] Projects that use the Case Management service platform to store information safely, exchange information in operational research, or for CCD do not require immediate responses and have been excluded from this measurement.

[13] Based on MSF medical staff that completed the case closing survey on the Telemedicine platform.

[14] Ibid.

A MILESTONE IN ACCESS: THE TELEMEDICINE MOBILE APP LAUNCH

In October 2025, the long-awaited mobile application for Case Management was launched, enabling MSF medical staff to create, comment on, and close patient cases directly from their phones. The mobile app also allows specialists to accept or refuse cases and helps facilitate quick response.

Since the introduction of the Case Management service, limited access to computers has been one of the main barriers to wider use. In many projects, locally hired medical staff do not have routine access to a laptop, forcing teams to rely on shared Telemedicine accounts or to channel their requests through medical managers—creating unnecessary bottlenecks in what should be a simple exchange between medical practitioners and specialists.

With the mobile app, any MSF healthcare worker can now access the Telemedicine platform on an MSF or personal device. Its security design ensures that no patient data is stored on the phone, with all information kept on secure servers. Staff can request an account through their Project Medical Referent (PMR) and immediately connect with specialists from TM's global volunteer specialist network—all with one goal: strengthening the quality of care we provide to our patients.

Since its release in late October 2025, nearly 10% of projects using the Case Management service have adopted the app, with over 500 downloads to date. Throughout 2026, Telemedicine RIOs will continue championing the app's benefits to further strengthen its use in projects.

Sahel
Burkina Faso

OCBA
126 cases
9 cases created through the mobile app

In Gorom-Gorom, a region marked by insecurity, population displacement and limited access to specialized care, the Sahel project provides medical-surgical and pediatric emergency services; general and maternal health consultations; and malnutrition care and mental health support. Since its launch, the project has been the most frequent user of the mobile app for Case Management. Given its isolated context, the Telemedicine platform—both the mobile and computer versions—quickly became an essential tool for the project team to improve the quality of clinical decision-making.

Medical teams rely on it to obtain rapid specialist opinions for complex cases, mitigate the project's geographical isolation and strengthen patient safety. As clinicians became familiar with the platform, it naturally integrated into their daily practice and contributed to enhancing their skills.

The project staff especially appreciate the mobile app for its offline mode—indispensable in areas with unstable connectivity—allowing staff to prepare cases and send them once the network becomes available. Its intuitive interface facilitates adoption, although better synchronization under weak connectivity would be beneficial. Highly useful in mobile contexts, emergencies, on-call duties, or field movements—the mobile version effectively complements the computer version, which is better suited for detailed and complex case documentation. Together, they provide a real-time-saving advantage and improve the responsiveness of medical advice.

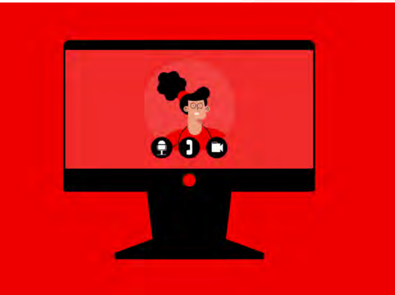
TELEMEDICINE NETWORK OF SPECIALISTS

516

specialists within the TM network[15] in

50+

countries around the world



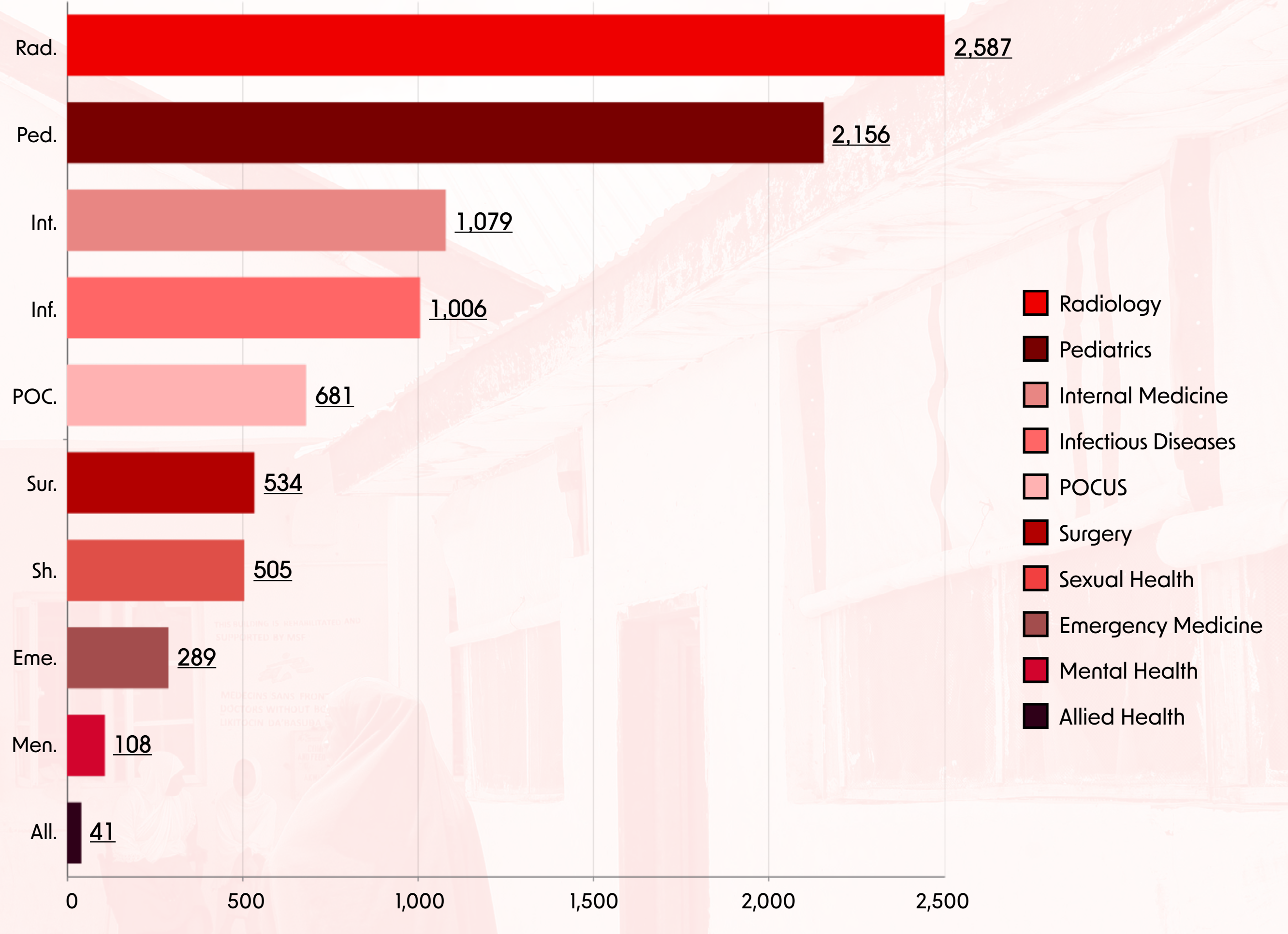
73

new specialists onboarded in 2025

> Participating in the MSF Telemedicine project enables me to serve populations facing extreme vulnerability through sustained personal engagement over time. It fosters close collaboration with colleagues on the frontline and allows me to contribute to the management of conditions with very low prevalence in my local context.
>
> **JUAN GROS-OTERO**
> **Volunteer Specialist in Ophthalmology**

[15] Includes specialists marked available on the Telemedicine platform.

CASES ACCEPTED PER SPECIALTY



The specialties in this chart represent the primary expertise listed on the profile of the specialists handling cases.

A case is counted once if accepted by multiple specialists of the same specialty; it will be counted multiple times if accepted by specialists of different specialties.

In 2025, radiology and pediatrics remained the two most requested specialties on the TM platform for the third consecutive year. Note that the total count exceeds the number of cases reported in 2025, given the multidisciplinary aspect of most cases.

Radiology continues to drive the highest demand due to its central role in MSF's medical activities. Many projects manage high patient volumes and rely on imaging for diagnosis and treatment, yet on-site radiology expertise is limited. Telemedicine thus provides rapid, cost-effective specialist interpretation, reducing external referrals and strengthening clinical decision-making in resource-constrained settings.

Project examples demonstrate the breadth of radiology needs—from trauma imaging in emergencies to routine chest and obstetric imaging in tuberculosis and maternal health programs. The TB Karachi and Matsapha projects highlight how teams benefit from timely input by MSF's volunteer radiologists, improving both decision-making and patient safety.

Matsapha
Eswatini

OCG
340 cases

In 2025, the Matsapha project significantly increased its Telemedicine use, submitting 340 cases compared with only two the year before. This surge was driven largely by the project's cervical cancer prevention activities: HPV screening results were routinely uploaded for quality control and specialist feedback, making telemedicine an essential part of daily clinical work. With a high patient volume—particularly in sexual and reproductive health—and no major barriers such as poor connectivity or language constraints, the platform naturally became woven into the team's routine.

Beyond this clinical activity, several operational factors contributed to the high and steady growth of telemedicine usage. A smooth transition between PMRs already familiar with Telemedicine, steady engagement from the Medco, and regular communication all helped sustain use of the platform. Refresher sessions provided by the RIO further strengthened staff confidence, and biannual trainings will continue to support new team members and gather feedback. Together, these elements illustrate how Telemedicine became an integral support system for clinical care in Matsapha throughout 2025.

TB Karachi
Pakistan

OCB
46 cases

Given the complexity of the pediatric and drug-resistant TB cases they manage, the TB Karachi project began using the Telemedicine platform in 2025 to secure regular specialist input, particularly radiology reviews. To date, the platform has been used mainly for radiology-focused discussions that support the management of these challenging cases. Guided by the TACTiC strategy and upcoming operational research, the team expects to expand its testing activities, which may further increase its use of Telemedicine in the coming years.

Douentza, Hospital
Mali

OCBA
155 cases

In 2025, Douentza, Hospital reached a turning point in its use of Telemedicine, submitting 155 cases—more than triple the previous year—reflecting not only rising clinical needs but a deliberate effort to prepare the mission for the launch of the Clinical Case Discussions service. This shift had been years in the making. Between 2023 and 2024, the team invested in the essential infrastructure for CCD: setting up a dedicated telemedicine room, strengthening IT systems, and securing a stable connection so clinicians could consult specialists directly from the hospital rather than travelling to the MSF office.

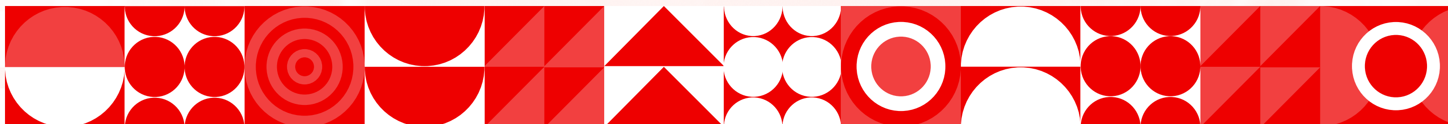
Once these foundations were in place, the team identified a gap between the high number of complex cases managed and the small number being posted—largely because access to the platform was mainly restricted to managers and case selection was overly cautious. Given the CCD requirement to post at least six cases to the TM platform in the past three months, the project—together with coordination and Charles, the RIO for the region—initiated a revitalization plan. Platform access was expanded to all clinicians and mental health staff; a local Telemedicine Focal Point was appointed; and targeted trainings and refresher sessions were introduced, along with a weekly target of one complex case posted to the platform per doctor.

By 2025, these measures paid off: Douentza met the criteria for CCD, with most cases coming from pediatrics—especially infectious diseases and emergencies—reflecting the hospital's mother-and-child focus. Telemedicine is considered by the medical team to be one of the factors contributing to improved quality of care through its direct impact on the management of complex cases and its indirect impact on the continuous development of local clinical skills. Although causality has yet to be established, the structured and intentional effort to embed telemedicine into routine clinical practice is part of a set of simultaneous interventions aimed at reducing infant mortality that have been implemented at the mission and project levels.

SPECIALISTS IN TELEMEDICINE NETWORK

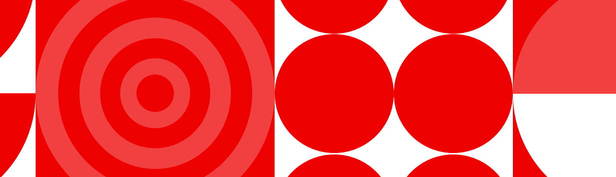
The Telemedicine Program relies on a network of dedicated volunteer and HQ-based specialists who provide timely clinical advice once a case is submitted and allocated by our Clinical Case Coordinators. To adequately support the wide range of cases encountered across MSF projects, the program must maintain a strong, diverse pool of expertise. Today, this network is made up of specialists from **10 primary specialties and 66 subspecialties,** without whom the service could not operate. It is worth noting that case classification on the platform is not always accurate: POCUS cases are occasionally categorized as radiology, while conventional ultrasound cases may be misclassified as POCUS. These issues are currently being addressed to improve overall data accuracy.

In 2025, **367 of the 516 available specialists** responded to at least one case. The gap reflects a small number of specialists who declined case allocations, as well as a larger group who were not allocated any cases during the year. Several factors may explain this, including changes in specialist availability, and the ongoing clean-up and re-engagement process initiated by the Telemedicine clinical team, which will continue into 2026.



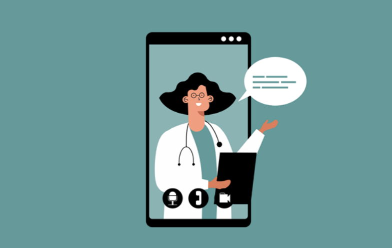
PRIMARY SPECIALTIES	PRIMARY SUBSPECIALTIES
ALLIED HEALTH	• Nursing • Dietetics • Clinical Pharmacy • Public Health • Laboratory • Dentist • Wound Care • Physiotherapy • Vaccination
EMERGENCY MEDICINE	• Intensive Care • Anesthesiology • Burns • Toxicology
INFECTIOUS DISEASES	• Tropical Diseases
INTERNAL MEDICINE	• Neurology • Cardiology • Dermatology • Palliative • Hematology • Hepatology • Nephrology • Immuno-allergology • Pulmonology • Endocrinology • Gastroenterology • Genetics • Rheumatology

PRIMARY SPECIALTIES	PRIMARY SUBSPECIALTIES
MENTAL HEALTH	• Psychiatry • Psychology
PEDIATRICS	• General • Neonatology • Neurology • Cardiology • Nephrology • Endocrinology • Hematology • Oncology • Dermatology • Immuno-allergology • Nutrition • Gastroenterology • Pulmonology • Hepatology Gastroenterology • Rheumatology
POINT OF CARE ULTRASOUND	• Gynecology and Obstetrics • Cardiology • General • Emergency • FASH
RADIOLOGY	• General • Neuroradiology
SEXUAL HEALTH	• Gynecology and Obstetrics • Midwifery • Oncology
SURGERY	• Ophthalmology • Orthopedics • General • Neurosurgery • Traumatology • Oncology • Thoracic Surgery • Otolaryngology • Urology • Vascular • Maxillofacial • Plastic Surgery



CLINICAL CASE DISCUSSIONS

6
projects across 3 OCs and 6 countries



70
CCD sessions held

PROJECT CCD	SESSIONS	SPECIALTY (ies)	OC
Ansongo, Centre de Santé de Référence—**Mali**	20	Pediatrics—Infectious Diseases	OCBA
Mathare dispensaires—**Kenya**	9	Mental Health	OCP
Populations vulnérables Kasese—**Uganda**	7	Mental Health	OCP
Palong Khali Project—**Bangladesh** *Restarted in late 2025	3	NCD (Non communicable diseases)— Endocrinology	OCP
Patna advanced HIV—**India**	28	Infectious Diseases (2) + Neurology	OCA
Diffa, Intervention—**Niger** *Restarted in fall 2025	3	Pediatrics—Infectious Diseases	OCBA

Diffa, Intervention - Niger

Pediatrics and infectious disease specialist

OCBA
60 cases
3 CCD sessions

Following the interruption of the service in 2024, given the lack of available French-speaking specialists, CCD sessions resumed in 2025, reconnecting the Diffa teams with much-needed remote clinical support. Working in a context marked by insecurity, population displacement, a fragile health system, simultaneous epidemics, and limited access to specialists, the team frequently encountered rare or complex pathologies. The discussions often focus on severe pediatric conditions, endocrine and infectious diseases, and uncertain diagnoses.

For the Diffa team, these sessions offer far more than medical input: they improve the quality and safety of clinical decisions, strengthen the skills of the local team through the sharing of expertise and provide moral support to caregivers facing medical challenges in geographical and professional isolation. "CCD sessions are a breath of fresh air for us, isolated healthcare workers in Diffa. Discussing a complex case with an expert in real time not only allows us to provide better care for our patients, but also to learn and gain confidence. In an environment where we often find ourselves alone in difficult medical situations, knowing that we can count on this remote support makes all the difference—both for our patients and for our team."

One case submitted by the team in 2025 illustrated this impact clearly. A child arrived with persistent fever, severe anemia and unusual neurological signs. During the CCD session, the infectious disease specialist guided the local team through the differential diagnosis and additional tests to prioritize, enabling the team to confirm a diagnosis of severe malaria associated with a secondary bacterial infection. With this support, the team was able to provide appropriate treatment and follow-ups, stabilizing the child—an example of how CCD sessions concretely impact on the quality of care.

"I am pleased with my experience supporting the Diffa, Niger, staff in infectious diseases and pediatrics through the Telemedicine Program. The healthcare providers involved are engaged and demonstrate strong clinical skills and dedication to their patients.

The discussions during the sessions were rich, enabling meaningful dialogue and sharing of insights. I appreciated the opportunity to speak with the pediatric referent, which helped me better understand the project's overall goals and aspirations for pediatric care.

It has been rewarding to review and discuss the various challenges faced by the children in Diffa. These exchanges have helped identify areas for structural improvement that can be addressed incrementally, ultimately enhancing the quality of care.

Overall, my collaboration with the project has been very positive. I value the opportunity to contribute to discussions on improving pediatric care and to work with committed clinicians."

—JACQUELINE GAUTIER, MD, INFECTIOUS DISEASE SPECIALIST

CLINICAL CASE DISCUSSIONS CRITERIA REVISION

During the initial rollout of the CCD service, strict eligibility criteria were set. Projects needed at least three months of Case Management experience and 6–12 submitted cases to justify weekly or biweekly meetings. As seen earlier through the Douentza project spotlight, these rules, though well intentioned, proved too restrictive: few projects met the thresholds, many submitted only the most complex and advanced cases, or were unaware of the available specialties in the network. Restrictions such as constraints of not discussing the same case twice, given the time allotted for these sessions and the need to review new cases hindered support for patients with chronic conditions who require longer and repeated follow-up.

In response, a more flexible, needs-based approach was proposed. Starting in 2026, projects will be able to request CCD support with just one case submitted in each (sub)specialty from the previous three months, and teams will be encouraged to revisit cases across multiple sessions when clinically relevant. To ensure stability and consistent use of service, when no suitable case is available teams may instead join brief targeted training sessions—"mini-curricula"—with specialists, as successfully piloted with the Patna team in Bihar for neuroradiology.

Despite these changes, challenges remain. Greater communication is needed to ensure teams understand the purpose and added value of CCD, specialist recruitment must be further streamlined, and mechanisms must be developed to involve additional experts quickly, mirroring the multidisciplinary collaboration found in hospital settings.

Our goal moving forward is clear: expand CCD to more projects and broaden the range of specialties available, ensuring timely, high-quality clinical support for MSF medical teams.

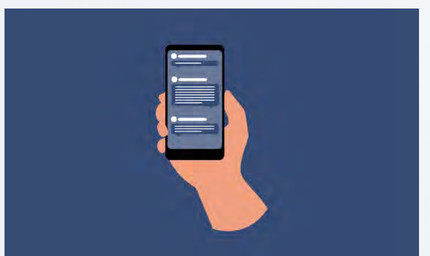
> "Since implementing Telemedicine through the Secure Messaging Service (Celo), our experience has been overwhelmingly positive. The platform has enabled us to discuss our patient data through all departments securely and with full respect for privacy standards.
>
> It has also created a confidential and professional space for effective case discussions between our team and colleagues in other departments in Amman Hospital. Today, we rely on this service as an essential part of our operations—it has significantly improved the way we handle and share medical data."

DA'ED ALMNEZIL, MENTAL HEALTH MANAGER
Reconstructive Surgery Hospital - Amman, Jordan

SECURE MESSAGING

In 2025, 1,429 MSF staff actively used the Celo Secure Messaging (SM) app to have secure medical conversations, out of 2,103 users with access. While this reflects a slight decrease from the 1,872 active users in 2024, the service continued to expand its reach: 38 new projects were onboarded—14 more than in 2024—and 605 additional users joined the platform.

The slight drop in active use is likely linked to the exceptional boost driven by the 2024 Celo Scale-Up initiative. In 2025, activity levels stabilized as the team focused on regularly removing inactive accounts to ensure that usage data reflected genuine engagement. Despite the stabilization in usage this year, Celo remains a key tool for secure, real-time communication, supporting efficient coordination and safeguarding patient confidentiality, with the long-term aim of expanding its use across all MSF medical operations.



1,429
users[16]

192
projects[17]

47
countries

38
newly implemented projects

[16] Based on number of email addresses that logged in in 2025.

[17] Includes HQ project from each OC.

CELO IS MORE THAN JUST SECURE MESSAGING AT MSF PENANG PROJECT

A young diabetic mother with a history of amputation and significant social vulnerabilities returned to the Penang Migrants Primary Healthcare Clinic in 2025 without any medical documentation after being out of contact with MSF for an extended period. Because her full history—including admissions, surgeries, and medications dating back several years—was stored in Celo, Penang staff could immediately reconstruct her care timeline and restart appropriate treatments. Without Celo, Penang staff would have been forced to begin afresh, delaying care for a patient in critical need.

This case illustrates the essential role of Secure Messaging for the Penang project. Celo has fundamentally reshaped how Penang project manages patient referrals for complex cases. Since adopting the application, they have transitioned from scattered paper trails and siloed communications to an integrated, secure, and real-time referral follow-up system with over 70,000 messages sent to date among 26 staff.

How They Use Celo

As a primary healthcare clinic, many of their patients require referral to secondary care, often at MOH hospitals. For each referral, the clinician starts a dedicated Celo conversation. Since they first started using the app, the team has created almost 4,000 dedicated cases. They capture the relevant patient information, diagnosis and follow-up notes. They also upload a copy of the referral letter, ensuring that a complete digital record remains accessible to MSF clinicians even when the physical document accompanies the patient. Once the patient reaches the hospital, Celo becomes the live coordination point for the follow-up of patient care.

MSF caseworkers visit the patient at the hospital and post updates in the chat as they happen: investigations, test results, admission and discharge notes, referral plans, and financial transactions if necessary. Medical supervisors review eligibility and approve next steps directly within the same thread.

Penang project also uses Celo to manage more sensitive cases, such as referrals for safe abortion care. By ensuring that each conversation is accessible only to the healthcare staff directly involved in the patient's care, the system safeguards privacy, strengthens patient trust and complies with healthcare data protection requirements.

From a Secure Messaging app to a Core Tool

Healthcare staff in the project report that the platform is intuitive, reliable and now an integral part of their daily workflow. For them, Celo is more than a messaging tool; it is at the centre of their patients' case management and strengthens their capacity to deliver quality patient care.

TELECONSULTATION PILOT

5 projects from 2 OCs piloting the service across 4 countries:

OCG REHABILITATION CARE FOR SURVIVORS OF ILL-TREATMENT	Almaty—Kazakhstan	1 CALL
OCG SRH SAN PEDRO SULA	Honduras	45 CALLS
OCP REVERSING THE CURB HIV-NDHIWA	Homa Bay—Kenya	4 CALLS
OCP MATHARE DISPENSAIRES	Kenya	1 CALL
OCP RECONSTRUCTIVE SURGERY HOSPITAL	Amman—Jordan	1 CALL

In 2024 and the early months of 2025, Telemedicine began receiving a wave of inquiries from various projects seeking guidance on platforms for direct provider-to-patient video consultations. These requests were driven largely by the growing need for remote care, particularly for mental health services.

Many of these projects were either in the planning stages or had already started conducting teleconsultations using tools like WhatsApp video calls—convenient solutions that fell short of healthcare privacy standards. The use of such platforms raised serious concerns: lack of compliance with established privacy regulations, absence of login monitoring, no audit capabilities, and no mechanisms to control access to protected health information (PHI).

Recognizing these risks and the urgency behind the requests, Telemedicine launched a dedicated pilot project in August 2025 with five projects across four countries. Its purpose was clear: to provide a secure, compliant platform that safeguards patient privacy and ensures the integrity of teleconsultations across our operations.

Although only two of the five projects participating in the initial phase of the pilot used the teleconsultation app multiple times in the first five months, MSF medical staff and patients still noted its clear benefits. At the Homa Bay project, clinicians noted that "teleconsultation allows timely self-monitoring blood glucose (SMBG) review and insulin dose adjustments, improving patient care." Patients echoed this added value, sharing that they "can manage their diabetes easily from home and get quick guidance on dose changes."

Even in the Almaty project—where usage was lower than expected due to operational changes that enabled the opening of a closer clinic—teams still recognized the relevance of the service. "Due to the geographical context of Kazakhstan as a vast country with the target population scattered across multiple regions, we anticipate that the need for teleconsultations and their potential positive impact will remain high. This topic was also discussed during the Community Advisory Board, where former patients and community members provide feedback on our services [...]. The key recommendation for MSF was to upscale teleconsultation services and strengthen their promotion among community members living in hard-to-reach locations."

In 2026, the second phase of the pilot aims to build on these early efforts by scaling Teleconsultation across 10–12 projects and broadening its scope. While the initial phase in 2025 focused on mental health and chronic conditions programs, several projects began exploring innovative applications for other areas of care, such as diabetes management and physiotherapy. It will be crucial to determine why Mathare and Amman projects did not use the service as much as expected, despite their initial need and interest. This next phase will also prioritize the development of comprehensive guidelines for Teleconsultation practices, including legal and regulatory considerations in collaboration with the OCs to ensure compliance and patient safety in remote care delivery.

SRH San Pedro Sula
Honduras

OCG
45 teleconsultations

In response to high levels of violence and vulnerability among certain populations in San Pedro Sula, MSF provides sexual and reproductive healthcare (SRH) to adolescents and sex workers through various points of care located strategically throughout the city, mobile health units that serve key communities, and vaccination campaigns. Due to the specific characteristics and needs of these populations, the project has adopted TM services to support medical care, using Case Management to submit and review complicated infectious disease and internal medicine cases. Celo is used for secure internal communication among medical, mental health, social work and data teams to coordinate patient care across different points of care. Teleconsultation is used by the project staff to conduct follow-up sessions with specific mental health patients who find it difficult to physically attend the clinics.

" The [Teleconsultation] platform is easy for patients to access, as they are simply provided with a link and need only an electronic device such as a cellphone, computer or tablet. The use of video consultations has made it possible to expand healthcare coverage, reaching different parts of the country, and even internationally. Personally, I believe that the implementation of the platform has significantly benefited patients who previously did not have access to psychological services, whether due to geographical barriers, financial difficulties, or limitations in travelling to care centres.

Finally, I would like to highlight as a very positive aspect that the platform allows for comprehensive care, facilitating the involvement of colleagues from other areas, when necessary, as well as the participation of guardians or family members in video consultations with adolescents."

—OCG SHR SAN PEDRO SULA PSYCHOLOGIST

CHALLENGES 2025

1. Strengthening Integration with Medical and Operational Teams

In 2025, the Telemedicine Program further strengthened its integration within MSF's operational and medical structures, ensuring that remote clinical support remained aligned with field realities. Collaboration with OCs and TM focal points improved, leading to more consistent guidance, stronger case-management pathways, and improved alignment with evolving mission priorities. A new streamlined allocation policy was introduced in January 2025 to support the transition toward the launch of automatic allocation for Case Management. However, initial tests were unsuccessful, and this priority has been therefore postponed to 2026.

2. Increasing Awareness and Use of Telemedicine Services

Raising awareness and adoption of Telemedicine services remained a primary challenge throughout the year. Targeted communication and focused user-support activities contributed to better utilization, more streamlined requests, and improved quality of care and medical leadership. However, the widespread sharing of medical information—including images and test results—through non-secure channels such as emails or WhatsApp, despite the availability of a secure messaging app, remains a persistent obstacle.

3. Enhancing Recruitment of Volunteer Specialists

The recruitment and onboarding of volunteer specialists is a critical priority for the program, particularly in high-demand fields such as radiology, pediatrics, ultrasound, and increasingly scarce specialties like nephrology. Increasing and diversifying the network with medical specialties and French-speaking specialists is essential as field teams rely on timely expert input to manage complex cases or validate clinical decisions in resource-limited settings.

4. Promoting Innovation and Scaling Teleconsultation

In 2025, two major milestones were achieved: the launch of the mobile app for Case Management and the rollout of the Teleconsultation pilot. The pilot demonstrated strong potential to transform patient access in contexts where distance, insecurity, or limited resources restrict regular access to health facilities. Early results showed improved efficiency for clinical teams, reduced patient costs and more equitable access to expertise. Although several contexts still face challenges with unstable internet connectivity or cellular data, expanding the pilot in 2026 across a wider range of projects will help to improve patient autonomy and engagement in their own care.

PERSPECTIVES 2026

In 2026, it will be essential to ensure that Telemedicine is fully aligned with Medico-Operational strategies and digital health initiatives developed across the MSF movement, as well as with individual partnership projects. This integration is crucial to ensure that Telemedicine solutions genuinely strengthen patient care and support the continued development of clinical skills within our global medical workforce. Efforts are still needed to improve understanding of TM services, their added value, data security and clinical learning opportunities, so they can be more systematically integrated into operations.

We must simultaneously continue to develop and monitor key indicators that feed into a structured quality governance framework supported by clear accountability, regular performance reviews and continuous improvement mechanisms—to drive the ongoing enhancement of Telemedicine services.

Key Quality Priorities for Telemedicine Services:

- **Clinical Quality:** Ensure clinical outcomes, effective case resolution and specialist advice are aligned with MSF medical guidelines and tailored to the medico-operational contexts.
- **Patient and User Experience:** Improve satisfaction, usability, communication and overall engagement to build trust and accessibility.
- **Operational Performance:** Monitor specialist acceptance rates and adequacy of clinical responses and regularly review the specialties and subspecialties portfolio.
- **Technical Reliability:** Guarantee platform stability, uptime, call quality and rapid incident response for effective remote interactions.
- **Provider Performance:** Track clinician workload, satisfaction and training needs while monitoring specialist responses and applying corrective measures as needed.

Expanding Access to Clinical Case Discussions and other tools

Wider access to CCD will encourage more effective interactions and targeted knowledge exchange between clinicians and specialists. The projects' request to explore integrating emergency Case Management will be made by the end of the year.

Promoting Secure Messaging Practices

Standardizing Secure Messaging should not rest solely with the Telemedicine Program. It must involve both Operational and Medical departments, as protecting patient data is a core requirement of the Health/Patient's Data Policies.

Supporting Clinicians in Increasingly Complex Contexts

As field environments grow more complex—with rising isolation, workload and clinical demands—Telemedicine will remain a critical bridge connecting clinicians to global expertise and fostering essential peer-to-peer knowledge exchange.

CLOSING WORDS

After more than a decade of close engagement with the Telemedicine Program, including five years as a member of its Steering Committee, 2025 stands out to me as a defining year. It marks the moment when Telemedicine in MSF moved decisively from growth to maturity, from experimentation to sustained leadership.

This evolution is visible not only in improved patient outcomes and the steady expansion of users and specialists, but also in the program's deep and lasting integration within our operational ecosystem. In an organization shaped by constant movement and high project turnover, such continuity reflects trust, relevance and shared ownership.

Two major initiatives launched in 2025 embody this shift. The mobile application has removed long-standing barriers to access, enabling medical staff to manage cases directly from their phones and empowering locally hired colleagues to engage more fully in clinical decision-making. At the same time, the Teleconsultation pilot has opened new pathways for secure provider-to-patient care, responding to growing access constraints and the urgent need for high-quality remote support.

Together, these innovations signal more than technical progress. They reflect a program that listens carefully to the field, learns continuously and translates experience into practical solutions. The expansion of CCD further reinforces this approach, strengthening both patient care and professional development.

Looking ahead, the path is clear: to consolidate these advances while remaining agile in increasingly complex environments. This will require sustained investment in principled case management, learning and partnership, particularly with Ministries of Health. With the exceptional team leading this program today, I am confident that we are well equipped to respond to these challenges and to ensure that digital innovation remains firmly grounded in our humanitarian and medical values.

CRISTIAN CASADEMONT
Medical Director, MSF OCBA (2019–2025)
Member of the Telemedicine Steering Committee (2021-2025)

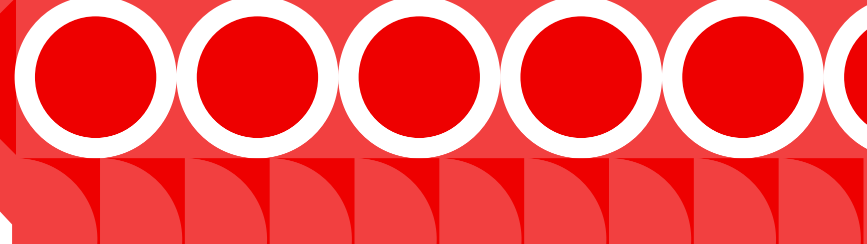
The Telemedicine team's achievements in 2025 demonstrate how sustained investment in strong foundations can drive meaningful innovation. This year's accomplishments stemmed from the deliberate groundwork laid in recent years: redefining the program's mission, engaging more intentionally with stakeholders, building a robust data framework and increasing program awareness across MSF.

With clear goals, trusted relationships and stronger grounds for advocacy in place, 2025 became a year of experimentation and forward momentum. The team challenged legacy processes and collaborated closely with OC leaders to rethink how support could be delivered more efficiently; new automation tools were tested to streamline operations; technical platform developments helped address barriers to access; a new service was piloted to meet a broader range of needs across MSF. These achievements reflect a program that is learning, adapting and growing into its potential.

This exploratory phase offered valuable lessons in resilience, iteration and navigating projects that evolve in unexpected ways. With this experience, the program is well positioned to pursue innovation with greater intention and confidence in 2026 and beyond, prioritizing alignment and knowledge-sharing with other teams across MSF leading digital health initiatives. In the coming years, I anticipate deeper integration of the program into MSF operations and the shaping of a digital health ecosystem that strengthens patient-centred care delivery across diverse contexts, while remaining grounded in data-driven decision-making, user-oriented design and quality-focused processes to ensure that innovation stays purposeful, scalable and firmly aligned with impact.

I am deeply grateful to have collaborated with such a thoughtful and purpose-driven team, whose commitment continues to translate vision into action.

MAANA JAVADI
Improvement and Innovation Lead (2022–2025)



APPENDIX 1

OCA

CASE MANAGEMENT

PROJECTS WITH ACCESS TO CM SINCE 2021	PROJECTS POSTED AT LEAST 1 CASE WITHIN THE YEAR	% USAGE VS ACCESS OF PROJECTS	NUMBER OF CASES POSTED IN 2025
47 (51 in 2024)	35 (35 in 2024)	71% (67% in 2024)	1,359 (1,307 in 2024)

TOP 3 PROJECTS (per number of posted cases)

- **Patna advanced HIV, India:** 401 cases
- **Kandahar Secondary Healthcare TB, Afghanistan:** 295 cases
- **Kule South Sudan Refugees, Ethiopia:** 170 cases

TOP 3 SPECIALTY (per number of accepted cases)

- Radiology
- Pediatrics
- Infectious Diseases

PROJECTS USING THE MOBILE APP	CASES CREATED THROUGH THE MOBILE APP
7	17

SECURE MESSAGING

NUMBER OF USERS	PROJECTS WITH USERS THAT LOGGED IN IN 2025	PROJECTS WITH ACCESS TO SM
196 (517 in 2024)	32	36 (41 in 2024)

TOP 3 PROJECTS (per average number of messages sent by active users)

- **Penang Migrants Primary Healthcare, Malaysia:** 2,555
- **Patna advanced HIV, India:** 475
- **Chaman Secondary Healthcare, Pakistan:** 87

CLINICAL CASES DISCUSSIONS

PROJECTS

- **Patna advanced HIV, India:** 28 sessions (9 sessions in 2024)

OCB

CASE MANAGEMENT

PROJECTS WITH ACCESS TO CM SINCE 2021	PROJECTS POSTED AT LEAST 1 CASE WITHIN THE YEAR	% USAGE VS ACCESS OF PROJECTS	NUMBER OF CASES POSTED IN 2025
63 (50 in 2024)	44 (33 in 2024)	66% (65% in 2024)	844 (970 in 2024)

TOP 3 PROJECTS (per number of posted cases)

- **Kenema Hospital (X-Ray), Sierra Leone:** 458 cases
- **TB Karachi, Pakistan:** 46 cases
- **Kenema Hospital, Sierra Leone:** 42 cases

TOP 3 SPECIALTY (per number of accepted cases)

- Radiology
- Pediatrics
- Internal Medicine

PROJECTS USING THE MOBILE APP	CASES CREATED THROUGH THE MOBILE APP
1	1

SECURE MESSAGING

NUMBER OF USERS	PROJECTS WITH USERS THAT LOGGED IN IN 2025	PROJECTS WITH ACCESS TO SM
241 (280 in 2024)	27	31 (30 in 2024)

TOP 3 PROJECTS (per average number of messages sent by active users)

- **Survivors of intentional violence, Palermo, Italy:** 437
- **Kunduz Trauma Center, Afghanistan:** 247
- **Carrefour Trauma Centre, Haiti:** 97

FIELD VISITS CONDUCTED BY RIOS

PROJECTS

- Mbare and Gwanda—Zimbabwe
- Lebanon Coordination, Beirut, Tripoli and South Lebanon/Bekaa—Lebanon

OCBA

CASE MANAGEMENT

PROJECTS WITH ACCESS TO CM SINCE 2021	PROJECTS POSTED AT LEAST 1 CASE WITHIN THE YEAR	% USAGE VS ACCESS OF PROJECTS	NUMBER OF CASES POSTED IN 2025
47 (49 in 2024)	40 (37 in 2024)	78% (73% in 2024)	1,269 (1,028 in 2024)

TOP 3 PROJECTS (per number of posted cases)
- **Douentza, Hospital, Mali:** 155 cases
- **Sahel, Burkina Faso:** 126 cases
- **Malakal, South Sudan:** 109 cases

TOP 3 SPECIALTY (per number of accepted cases)
- Pediatrics
- Infectious Diseases
- Internal Medicine

PROJECTS USING THE MOBILE APP	CASES CREATED THROUGH THE MOBILE APP
5	14

SECURE MESSAGING

NUMBER OF USERS	PROJECTS WITH USERS THAT LOGGED IN IN 2025	PROJECTS WITH ACCESS TO SM
313 (323 in 2024)	43	41 (39 in 2024)

TOP 3 PROJECTS (per average number of messages sent by active users)
- **Mexico, migrant intervention:** 699
- **Mexico Capital, Mexico:** 687
- **CAI, SOIT, Mexico:** 610

CLINICAL CASES DISCUSSIONS

PROJECTS
- **Ansongo, CSRef, Mali:** 20 sessions (9 in 2024)
- **Diffa, Intervention, Niger:** 3 sessions (0 in 2024)

FIELDS VISITS CONDUCTED BY RIOS

PROJECTS
- Bobo-Dioulasso and Sahel—Burkina Faso

OCG

CASE MANAGEMENT

PROJECTS WITH ACCESS TO CM SINCE 2021	PROJECTS POSTED AT LEAST 1 CASE WITHIN THE YEAR	% USAGE VS ACCESS OF PROJECTS	NUMBER OF CASES POSTED IN 2025
39 (40 in 2024)	32 (29 in 2024)	78% (66% in 2024)	735 (1,064 in 2024)

TOP 3 PROJECTS (per number of posted cases)
- **Matsapha, Eswatini:** 340 cases
- **Dadaab/Dagahaley, Kenya:** 56 cases
- **Angumu, DRC:** 39 cases

TOP 3 SPECIALTY (per number of accepted cases)
- Sexual Health
- Pediatrics
- Internal Medicine

PROJECTS USING THE MOBILE APP	CASES CREATED THROUGH THE MOBILE APP
3	2

SECURE MESSAGING

NUMBER OF USERS	PROJECTS WITH USERS THAT LOGGED IN IN 2025	PROJECTS WITH ACCESS TO SM
249 (226 in 2024)	26	24 (22 in 2024)

TOP 3 PROJECTS (per average number of messages sent by active users)
- **SRH San Pedro Sula, Honduras:** 84
- **Rehabilitation care for survivors of ill-treatment, Kazakhstan:** 53
- **Coordination N'Djamena, Chad:** 50

TELECONSULTATION PILOT

PROJECTS
- **Rehabilitation care for survivors of ill-treatment, Kazakhstan:** 1 call
- **SRH San Pedro Sula, Honduras:** 45 calls

FIELDS VISITS CONDUCTED BY RIOS

PROJECTS
- Dadaab/Dagahaley—Kenya
- Kaya and Koungoussi—Burkina Faso
- SRH San Pedro Sula—Honduras

CASE MANAGEMENT

PROJECTS WITH ACCESS TO CM SINCE 2021	PROJECTS POSTED AT LEAST 1 CASE WITHIN THE YEAR	% USAGE VS ACCESS OF PROJECTS	NUMBER OF CASES POSTED IN 2025
64 (59 in 2024)	55 (51 in 2024)	83% (85% in 2024)	1,068 (825 in 2024)

TOP 3 PROJECTS (per number of posted cases)	
	• **Punjab Tuberculosis, Pakistan:** 272 cases • **Reversing the curb HIV-Ndhiwa, Kenya:** 181 cases • **Palong Khali, Bangladesh:** 59 cases

TOP 3 SPECIALTY (per number of accepted cases)	
	• Radiology • Pediatrics • Internal Medicine

PROJECTS USING THE MOBILE APP	CASES CREATED THROUGH THE MOBILE APP
6	7

SECURE MESSAGING

NUMBER OF USERS	PROJECTS WITH USERS THAT LOGGED IN IN 2025	PROJECTS WITH ACCESS TO SM
410 (434 in 2024)	41	43 (35 in 2024)

TOP 3 PROJECTS (per average number of messages sent by active users)	
	• **Aleppo, Syria:** 419 • **Trauma Unit, Syria:** 196 • **Reconstructive Surgery Hospital, Jordan:** 168

CLINICAL CASES DISCUSSIONS

PROJECTS	
	• **Mathare dispensaires, Kenya:** 9 sessions (6 in 2024) • **Populations vulnérables Kasese, Uganda:** 7 sessions (8 in 2024) • **Palong Khali, Bangladesh:** 3 sessions (7 in 2024)

FIELDS VISITS CONDUCTED BY RIOS

PROJECTS	
	• Dédougou—Burkina Faso • Aweil—South Sudan

TELECONSULTATION PILOT

PROJECTS	
	• **Reversing the curb HIV-Ndhiwa, Kenya:** 4 calls • **Mathare dispensaires, Kenya:** 2 calls • **Reconstructive Surgery Hospital, Jordan:** 1 call

WaCA

CASE MANAGEMENT

PROJECTS WITH ACCESS TO CM SINCE 2021	PROJECTS POSTED AT LEAST 1 CASE WITHIN THE YEAR	% USAGE VS ACCESS OF PROJECTS	NUMBER OF CASES POSTED IN 2025
9 (7 in 2024)	6 (6 in 2024)	60% (86% in 2024)	41 (42 in 2024)

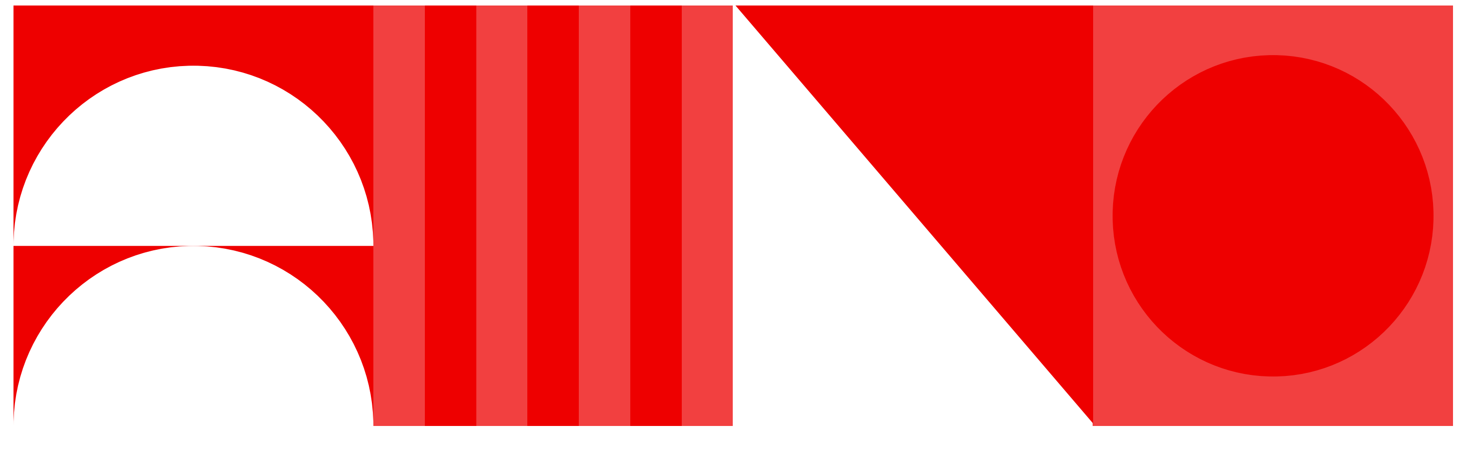
TOP 3 PROJECTS (per number of posted cases)	
	• **Kano, Nigeria:** 34 cases • **N'Djamena, Chad:** 2 cases • **Guidan Roumdji, Niger:** 2 cases

TOP 3 SPECIALTY (per number of accepted cases)	
	• Pediatrics • Infectious Diseases • Radiology

SECURE MESSAGING

NUMBER OF USERS	PROJECTS WITH USERS THAT LOGGED IN IN 2025	PROJECTS WITH ACCESS TO SM
54 (66 in 2024)	10	12 (10 in 2024)

TOP 3 PROJECTS (per average number of messages sent by active users)	
	• **Agboville, Ivory Coast:** 34 • **N'Djamena, Chad:** 24 • **Nouadhibou, Mauritania:** 18



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FOR MORE INFORMATION, PLEASE CONTACT US:

TELEMEDICINE@TORONTO.MSF.ORG
WEBSITE: TELEMEDHUB.ORG

CONTENT: TM TEAM, CCC, TM OC FOCAL POINTS, TM STEERING COMMITTEE
LAYOUT: YSABEL MORIN
EDITING: CAROLINE VELDHUIS

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PHOTOGRAPHERS: ALEXANDRE MARCOU, ANTE BUSSMANN, ARLETTE BASHIZI, ASIL SARI, AURÉLIE LÉCRIVAIN, CHARLES MURHULA, CINDY GONZALEZ, DANIEL BUUMA, DEANNA MACDONALD, DEEPAK BHATIA, EVGENIA CHOROU, ISAAC BUAY, IVY WANDIA, JÉRÔME TUBIANA, JOANNE LILLIE, JOSPIN MWISHA, JULIE DAVID DE LOSSY, JULIE MELICHAR, LAMINE KEITA, LÉA GILLABERT, LOGAN TURNER, LORI WALTENBURY, MARÍLIA GURGEL, MICHEL LUNANGA, MOHAMED ALI, MSF, NATALIA CHEKOTUN, NATALIA ROMERO PEÑUELA, NJIIRI KARAGO, NNOLI AMARACHI, NOOR AHMAD SALEEM, PAULA CASADO AGUIRREGABIRIA, PIERRE PAUL, PRATISTHA KOIRALA, SAÏDA DOUMBIA, SANIA ELIZABETH, THOMAS CYTRYNOWICZ, ZAHRA SHOUKAT