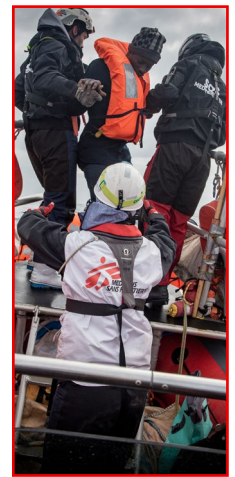
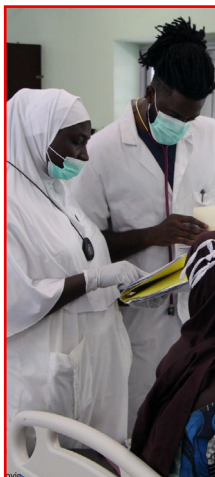


MEDECINS SANS FRONTIERES UK
ANNUAL REPORT AND ACCOUNTS
2020



MEDECINS SANS FRONTIERES (UK)

REPORT OF THE TRUSTEES

FOR THE YEAR ENDED 31 DECEMBER 2020

The Board of Trustees (who are also the Directors for the purposes of the Companies Act 2006) present their report along with the financial statements of the charity for the year ended 31 December 2020. This report constitutes the Strategic Report and the Directors' Report required under the Companies Act 2006.

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Médecins Sans Frontières (UK) Articles of Association and the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with Financial Reporting Standard 102 ("SORP 2015 – Second Edition").

Company limited by guarantee

Company number 02853011

Charity number 1026588



At an MSF mobile clinic in a popular restaurant, an MSF medic checks Maria Lúcia Silva, who is suspected of having COVID-19. Photo: Mariana Abdalla/MSF.

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Details of registration

Médecins Sans Frontières (UK) was set up in September 1993 as a registered charity (charity number 1026588) and a company limited by guarantee (company number 2853011). The registered and principal office is Chancery Exchange, 10 Furnival Street, London EC4A 1AB, UK.

Phone: +44 (0)20 7404 6600

Website: www.msf.org.uk

Full contact details, including email, are available at www.msf.org.uk/contact-us

Our names

The name of the charity is Médecins Sans Frontières UK. This is commonly abbreviated to MSF UK. We are a member of the Médecins Sans Frontières Movement, commonly referred to as MSF. Throughout this report, MSF UK is used when referring to the services and activities conducted and provided in the UK. MSF is used when referring to the whole movement and our medical humanitarian projects. We are also known as Doctors Without Borders.

A MESSAGE FROM JAVID ABDELMONEIM

To say this has been an extraordinary year is to be guilty of a gross understatement. I cannot think of another year in living memory that has so completely changed how we live and work, how we interact with those around us and how we help those in need. Throughout 2020, MSF staff continued to provide lifesaving medical care, while keeping our patients and colleagues safe from COVID-19.

2020 brought with it many firsts for MSF UK. As the reality of the pandemic dawned on London, we shifted our office workforce to a digital workspace. For our office community, the sudden move to remote working could have been a jarring experience. However, our staff responded with patience, innovation and enthusiasm, labouring tirelessly to ensure that the work of MSF UK could continue seamlessly and that our staff were kept safe and well-informed.

2020 saw us run our first medical project in the UK. During the first peak, we provided clinical and logistics support to University College London Hospital's work with vulnerable homeless people who had tested positive for COVID-19. An unused hotel was converted into a residence where they could be safely isolated and cared for medically. This was a successful first partnership with the NHS, targeting a very at-risk population, and was conducted without undue strain on our resources by using staff who would ordinarily have departed to work in projects abroad, but could not because of travel restrictions.

Despite the upheaval the year brought, MSF UK continued with the day-to-day business of providing specialist medical support to our teams, recruiting for our projects, and raising awareness of our work among both general and specialist audiences. Our innovative, award-winning campaigns capitalised on an increasing interest in medical issues among the public, leading to a record year of fundraising. In another first, MSF UK moved the annual 'MSF Scientific Days' conference to a fully online format with great success.

Away from the pandemic, 2020 was also a year defined by the Black Lives Matter movement. MSF UK has made a number of public commitments to continue to do its part to address institutional racism. We are determined to achieve our goals and have revisited the objectives of our 2020–2023 Strategic Direction 'Valuing People' pillar to ensure it is fit for purpose and meets the highest standards of equity, diversity, inclusion and anti-racism work. There's more work to be done, and I have complete faith that MSF UK will see this through to the end.

2020 is my last year as a trustee and Chair of the Board. I feel especially proud of the achievements of MSF UK in 2020, but also want to take a moment to reflect on the last few years. We have succeeded in overhauling our governance, planning and reporting processes, and established a new department within MSF UK, the Executive Office, to enable a more effective and better governed organisation. Alongside this, we have greatly improved safeguarding and the duty of care oversight of our staff and patients, to the point where we are leaders in the MSF Movement in this area. MSF UK advisors delivered invaluable support to projects around the world, helping them better understand and overcome the challenges they face. Our fundraising and engagement work has gone from strength to strength, finding new online audiences and opportunities, while maintaining donor relationships that are second to none.



Dr Javid Abdelmoneim
Chair of the Board of Trustees,
Médecins Sans Frontières (UK)

During my time with MSF UK, we have also made significant contributions to the effective leadership of the Movement. In 2020, members of the MSF UK Management Team participated in movement-wide platforms that govern executive decision-making, communications, fundraising, medical operations and more, while UK trustees currently chair three of the four standing committees of the Operational Centre Amsterdam Council, diligently providing governance oversight of and support to our closest operational partners.

I am glad that MSF UK is able to contribute so much towards the effective functioning of the MSF Movement, for the maximum benefit of people caught up in crises whom we seek to assist. None of this could be achieved without your support, for which we are very grateful.

It is my pleasure to present to you our 2020 Annual Report and end this foreword by expressing my heartfelt thanks to Board and Management Team members, office staff, project staff and supporters, both past and present. It has been the greatest privilege to work with and for you.



A member of the MSF search and rescue team greets people as they are brought aboard the Ocean Viking. Eighty-two people were rescued from a rubber boat in January 2020. Photo: MSF/Hannah Wallace Bowman.

DELIVERING EMERGENCY SUPPORT TO NIGERIAN COMMUNITIES IN CRISIS

My name is Emmanuel Omale. Until recently, I managed the MSF Nigeria emergency response unit.

In August 2020, I travelled to north-west Nigeria to lead the emergency response unit, which responds to crises, such as mass displacement, acute malnutrition, heavy casualties caused by violence and conflict, and outbreaks of diseases, across four north-western states, including Sokoto and Zamfara. Managing assessments and emergency projects was going to be a big challenge. At that time, we had to contend with worsening insecurity, the ongoing COVID-19 pandemic, forced displacements caused by climate change and violence, and disease outbreaks, all at the same time. Thankfully, with our support state-level health authorities were able to handle outbreaks of cholera and measles.

In spite of these challenges, we were able to respond to the needs of many vulnerable communities that had been displaced by floods and violence, or impacted by the spread of diseases. In Sokoto, for example, the emergency response unit helped the Ministry of Health carry out a measles vaccination campaign across 22 health facilities by supervising vaccinations, transporting vaccines, and ensuring rigorous infection prevention and control, case management and data collection measures were in place. The team also organised health promotion and education activities around measles and COVID-19 for communities in Sokoto and Zamfara. At a specialist hospital in Zamfara, we built new showers and latrines to aid with COVID-19 infection prevention and control.

I remember a moving encounter with a father of 11 children. When we gave him a non-food relief kit, he said, “We are very thankful for MSF. May Allah replenish your pockets. Do you know I am a big farmer in my village and produce over 200 bags of grain? Despite my wealth, I lost everything to the floods. Thank you for these items, I really feel like a human being again.” This statement struck me very hard. It is an example of how much the assistance we give means to vulnerable people.

In November 2020, I visited a village in Zamfara, which had been almost completely destroyed by floods. Houses, harvests, farms, grain silos and livestock had all been washed away. Despite being the worst affected village at the time, the people living there had received little support until MSF’s supplies arrived. We prioritised distribution of reconstruction materials, including galvanised roofing sheets, timber and nails, to help them rebuild their houses. The villagers were really committed to the distribution because they believed that the items would reach all the affected people. An 86-year-old woman in tears said, “Please, I want to meet the politician that donated these items. I want to pray for him.” I told her these items were provided by people from thousands of kilometres away and they donated not minding who the recipients would be or where they came from. In the same village, a 73-year-old man, who was waiting for assistance to replace the roof of his house, showed me where he lived before floods inundated the village. He said it would have taken him another year to put up a shelter using the little money he will earn from the next harvest. He said, “You know it’s the harmattan season [a cold, dry, dusty wind]; it is very harsh for an old man like me. This donation will protect me from the harsh effects of the harmattan.”



Emmanuel Omale

As an MSF staff member, I occasionally reminisce about these personal encounters and feel very lucky to be an instrument for the delivery of medical humanitarian assistance. This would not be possible without the generous support of donors. I would like to thank our donors and supporters for dedicating their resources to the delivery of vital aid to help vulnerable people.



Staff treat a child at the MSF paediatric hospital in Gwange, Borno state, Nigeria. MSF in Gwange offers medical care completely free of charge. Photo: Stefan Pejovic/MSF.

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ADMINISTRATIVE DETAILS

Directors and trustees

The directors of the Charitable Company ('the charity') are its trustees for the purpose of charity law. The trustees and officers serving during the year up to the date of this report were as follows:

Elected trustees

Javid Abdelmoneim – Chair of the Board of Trustees

Rachael Craven (elected June 2020)

Alyson Froud (term ended June 2020)

Colin Herrman (term ended June 2020)

Keith Longbone (term ended June 2020)

Nicola McLean – Vice-Chair of the Board of Trustees (from December 2020)

Christopher Peskett (elected June 2020)

Heidi Quinn (term ended June 2020)

Vita Sanderson

Emma Simpson

Sam Turner (elected June 2020)

Robert Verrecchia

Co-opted trustees

Dalwardin Babu

Laura Heavey (co-opted June 2020 until November 2020)

Derek Morgan – Treasurer (from November 2020)

Damien Régent – Treasurer, Vice-Chair of the Board of Trustees (until October 2020)

MSF UK Senior Management Team

Donald Campbell – Head of Communications

Caroline Doan – Head of Finance and Services

Elizabeth Harding – Humanitarian Representative

Vickie Hawkins – Executive Director

Jose Hulsenbek – Head of Human Resources (until January 2020)

Jarjan Fisher – Interim Head of Human Resources (from February until November 2020)

Roland Imi – Head of Information Technology

Kiran Jobanputra – Head of the Manson Unit

James Kliffen – Head of Fundraising

Kristen Veblen McArthur – Head of Executive Office and Company Secretary

Simone Vale – Head of Human Resources (from November 2020)

Principal advisors

Auditors: BDO LLP, 2 City Place, Beehive Ring Road, Gatwick, West Sussex RH6 0PA

Bankers: Bank of Scotland, 38 Threadneedle Street, London EC2P 2EH

Solicitors: Bates Wells, 10 Queen Street Place, London EC4R 1BE

2 MSF'S MEDICAL HUMANITARIAN WORK IN 2020

Médecins Sans Frontières UK (MSF UK) raises money and recruits staff to support the work of MSF's medical humanitarian projects around the world. MSF UK also raises public and political awareness of MSF's work within the UK, and provides strategic and technical support to MSF's projects.

In 2020, 88 per cent of MSF UK's total expenditure was in support of our medical humanitarian work. The work of MSF UK and the generosity of its supporters ensure that MSF can continue to provide medical care where it's needed most.

In 2020, MSF projects provided lifesaving care in 72 countries.

MSF's purpose

As a medical humanitarian organisation, the purpose of MSF is to relieve suffering, save lives and improve access to healthcare.

MSF delivers both basic and complex medical care to those who need it most, regardless of ethnicity, religion, gender or political affiliation. We assist victims of armed conflict and natural disasters, combat the spread of epidemics, treat infectious diseases, conduct vaccination campaigns, alleviate malnutrition, provide mother and child and mental healthcare, and support survivors of sexual and gender-based violence.

As a founding principle, MSF is committed to the act of *témoignage* ('giving testimony'). We speak out about what our project teams see in the course of their work to raise awareness of their experiences and those of our patients and their communities. We do this on behalf of those we work with and care for, to provoke social and political responses, and to challenge the situations that have left them in crisis.

How MSF responds in emergency situations and protracted crises

MSF projects are designed to meet both the immediate and long-term medical humanitarian needs of those who are most vulnerable. Every situation we work in is different, and our responses are tailored to the location and the particular needs being addressed in each project.

All MSF projects are directly managed by one of five operational centres, based in Amsterdam, Barcelona, Brussels, Geneva and Paris. MSF clearly defines the objectives it hopes to achieve when it begins a new project. Each one is assigned a budget and a set of success measures that reflect the nature of the particular project. These are reviewed and revised at regular intervals to ensure the project progresses towards its targets in the most efficient and effective way.

MSF acts swiftly to understand the needs of people caught up in emergencies and unfolding crises, including fast-spreading epidemics and natural disasters, to gauge how we can relieve their immediate suffering. We are often among the first international organisations to respond to emergency situations.

In protracted crises, MSF's responses may be broader in scope and designed around longer-term projects, adapting our services as required to reflect the needs of the people

and communities we are assisting. As well as providing basic and specialist medical services, MSF teams work with health authorities and communities to improve access to healthcare by supporting and strengthening local services and infrastructure.

MSF aims to close each project when its objectives have been met, so that our resources can be refocused to where the needs are greatest. Sometimes a project will close when the healthcare services we offer are no longer required, for example after an epidemic has been contained, or when they can be sustained by a local organisation or Ministry of Health. There is no rigid or specific formula for when or how this happens, and in each case MSF does its best to ensure continuity of care for our patients. Many MSF projects include training for locally hired staff, developing their skills and teaching them how to train others.

Whether in emergency situations or protracted crises, it is our locally-hired colleagues who provide the majority of care to the people MSF assists and who work tirelessly for their communities.

How MSF UK supports MSF's medical humanitarian projects

Each MSF office, including the UK, plays a part in providing staff, resources and budget to the MSF operational centres, so that they can maintain MSF's projects and to ensure we are working where we are needed most.

When a supporter donates to MSF UK, part or all of that donation is granted to an operational centre. How and where that money is granted is coordinated by the MSF UK Management Team, working together with MSF offices around the world, and approved by the Board of Trustees. When a donation is made for a specific purpose, such as to support a particular project or appeal, MSF UK classifies these funds as restricted and grants them, without deduction, to the MSF operational centre responsible for managing that project or responding to the relevant emergency.

MSF UK is also home to the Manson Unit, a multidisciplinary medical team which includes infectious disease specialists, epidemiologists and public health practitioners, social scientists and eHealth experts. The Manson Unit provides technical and implementation support to MSF projects in 21 countries.

During 2020, MSF UK made grants totalling £47.9 million (2019: £38.7 million) to operational centres. This includes £32.2 million to Operational Centre Amsterdam (OCA) (2019: £26.8 million) and £14.8 million to Operational Centre Brussels (OCB) (2019: £11.5 million).

In 2020, the projects or countries that received the largest grants from MSF UK were South Africa (£5.7 million), MSF's combined COVID-19 response (£5.2 million), Democratic Republic of Congo (£4.9 million), Zimbabwe (£3.8 million) and Mozambique (£3.4 million). In addition to these grants, MSF UK also spent £79,182 on our direct COVID-19 response in the UK (see page 12 for details).

In this section, we've highlighted some of MSF's activities in these countries during 2020. For more information and the latest news on our work, and to read the stories of our staff and patients, please go to www.msf.org.uk.

South Africa

MSF has been providing medical care in South Africa since 1986. For much of that time, a key focus has been supporting people living with HIV and reducing the spread of the virus. MSF continues to work with the South African government, local communities and campaign groups to improve access to lifesaving treatments for HIV and the diseases that often occur alongside it, such as tuberculosis (TB), and to guarantee that the cost of drugs is never a barrier to receiving them.

In 2020, MSF also focused on helping to treat patients with COVID-19 in five provinces. On 1st June, MSF opened the 60-bed Khayelitsha field hospital in the Cape Metro area of Western Cape province to relieve the pressure on the nearby district hospital. The field hospital remained open until early August when the number of patients in the area dropped to the point where it was no longer needed. In all, 214 patients were cared for at the MSF field hospital during those two months.

An essential part of the project in Khayelitsha was community engagement. “Before opening the field hospital, we reached out to community leaders and secured their support and help to identify potential challenges we hadn’t anticipated,” said Mpumi Zokufa, MSF health promotion manager in Khayelitsha. “We spent weeks educating people on COVID-19 in malls, taxi ranks and clinics, and provided cloth masks and handwashing kits...”

At the end of 2020, KwaZulu-Natal province had the highest rate of COVID-19 transmission in the country. MSF supported two hospitals there, one in the town of Eshowe and another in rural Mbongolwane. MSF also helped health authorities establish 35 community pick-up points for people with chronic conditions that required regular medication, such as antiretrovirals for HIV. This helped reduce unnecessary travel and visits to crowded facilities, thereby reducing their risk of contracting COVID-19.



Phenduka Mtshali, a patient with drug-resistant TB, talks with Jabulile, an MSF field worker, in Mbongolwane, South Africa, as part of her ongoing medical care. Photo: Tadeu Andre/MSF.

COVID-19 response

The COVID-19 pandemic held the world firmly in its grip during 2020. In many countries around the world, the initial emergency response turned into a sustained effort to contain recurring spikes of infections. Throughout 2020, MSF responded to the pandemic through its existing programmes and with more than 250 dedicated COVID-19 projects in over 60 countries, including, for the first time, in the UK. Between June and August 2020, MSF provided support to more than 600 health facilities around the world, held more than 48,000 COVID-19 related outpatient consultations, and, in total, set up or managed more than 3,300 dedicated COVID-19 beds. MSF teams also worked in 132 nursing homes and 125 facilities housing migrants, refugees and homeless people, most in the United States and Europe.

A cornerstone of MSF's response was engaging with communities to address misinformation and fears about COVID-19, while bringing medical care closer to vulnerable groups. In the first half of 2020, MSF outreach teams held more than 350,000 health promotion and community awareness sessions on COVID-19. MSF also distributed more than 2.2 million masks, protective clothing and hygiene items to health facilities, communities, and displaced and migrant groups between June and August.

From hard-hit areas to conflict and crisis settings, MSF sought to reach the people most at risk of being left behind by COVID-19 responses, delivering medical care and other assistance to remote communities, people on the move or without homes, and elderly people living in long-term care facilities. In treatment centres and health facilities across five continents, MSF reviewed and strengthened infection prevention and control measures to protect staff, patients and caregivers alike. At the same time, MSF teams worked hard to keep other essential health services open and increasingly integrated COVID-19 related activities into regular projects.

For the first time in its 25 year history, MSF UK provided domestic medical assistance through a partnership with the University College London Hospitals (UCLH) Find and Treat team. Fourteen MSF staff provided nursing and logistics support at the London COVID Care Centre, a repurposed hotel where members of the homeless community with suspected or confirmed COVID-19 could receive rapid testing, accommodation in which to self-isolate, and medical care. These activities were kept limited in scope and duration, and they did not disrupt MSF's support to existing projects, especially those with a greater need. The MSF staff involved in this project were otherwise unable to work overseas at that time due to health and travel restrictions.

MSF UK also provided advisory support to various NHS bodies. This included sharing a briefing on MSF's organisational experience of emergencies with the strategic leads of NHS hospitals and practice examples of mental health support with healthcare staff, and a review of protocols for research into COVID-19. A community of practice network was set up to connect former MSF nurses, doctors, anaesthetists, midwives and microbiologists currently working in the NHS, helping them to exchange knowledge and experience, and to support the UK's pandemic response.



MSF staff, working with the UCLH Find and Treat team, prepare the accommodation for members of London's homeless community with suspected or confirmed COVID-19. Photo: MSF.

Democratic Republic of Congo

Democratic Republic of Congo (DRC) has endured decades of crises, including far-reaching violence and widespread outbreaks of diseases. MSF's programme in DRC is one of its largest. In 2020, MSF provided vital humanitarian and medical assistance in 16 of the DRC's 26 provinces. Our services included general and specialist healthcare, nutritional support, vaccinations, paediatric and maternal care, medical and psychological support for victims of sexual violence and vulnerable people, as well as treatment and prevention activities for HIV, TB and cholera. In 2020, we also responded to the DRC's largest measles epidemics, outbreaks of cholera, Ebola and COVID-19, and endemic malaria.

On 25th June 2020, the Congolese government declared the country's tenth outbreak of Ebola. In nearly two years, the outbreak had spread across much of northeast DRC, infecting at least 3,470 people and claiming 2,287 lives. It was the second-worst Ebola outbreak ever recorded, after the West Africa outbreak of 2014-2016.

MSF supported the response by providing care in treatment and transit centres, offering non-Ebola care, collaborating in the vaccination programme and distributing health promotion information.

The eleventh outbreak was declared in June 2020 in Équateur province and lasted for six months. According to the Ministry of Health, 118 patients were infected, of which 55 died. The relatively low mortality rate and swift resolution of the outbreak have been partly credited to the lessons MSF and other organisations learned through previous outbreaks. Responders knew that a high degree of decentralisation and strong logistical resources would be required, due to the wide spread of cases, accessibility and acceptance issues, and a strong preference for community-based healthcare. The joint response deployed mobile teams to difficult-to-reach areas, used the latest medical tools, increased laboratory capacity and set up temporary isolation units at community level.



An MSF COVID-19 health promotion training session with a group of volunteer community healthcare workers in North Kivu province, DRC. Photo: Sabrina Rubli/MSF.

Zimbabwe

MSF has been operating in Zimbabwe since 2000. MSF projects in Zimbabwe provide treatment for HIV, TB, mental health issues and non-communicable diseases (NCDs), such as diabetes, in partnership with the Ministry of Health and Child Care. MSF also offers sexual and reproductive healthcare services for adolescents in the capital, Harare, and responds to disease outbreaks and natural disasters throughout the country.

NCDs are estimated to account for 31 per cent of deaths in Zimbabwe, with diabetes, hypertension and asthma as the main causes. Millions of Zimbabweans are disconnected from health networks, living far away from larger cities and unable to afford the cost of travel and treatment. Available healthcare workers are often overwhelmed and doctors, especially in rural areas, are scarce.

In 2020, MSF completed an NCD pilot project in Manicaland, a province in eastern Zimbabwe, which successfully rolled out an innovative nurse-led model of care for diabetes and hypertension in a rural, low-income setting. Through intensive mentoring, nurses at seven local healthcare facilities and one hospital developed sufficient knowledge and skills to diagnose, initiate treatment and monitor more than 3,000 patients with diabetes and hypertension.

One of the doctors involved in the project was Brian Nyagadza. “In Zimbabwe, doctors normally manage NCDs. MSF saw the challenge of that model – there are few doctors in these areas. So, we aimed to show that it is possible for nurses to diagnose and manage diabetes and hypertension. The 35 nurses... involved in our programme proved that this model is a success for Manicaland.”



A nurse checks on a patient as part of the nurse-led approach model for NCDs project in Mutare, Zimbabwe. Photo: Tsvangirayi Mukwazhi.

Mozambique

The humanitarian crisis in Mozambique's Cabo Delgado province continued throughout 2020. By the end of the year, escalating violence had displaced over half a million people. MSF was forced to suspend activities in Mocimboa da Praia and Macomia villages in Cabo Delgado, in March and May respectively, due to the upsurge in violence. MSF relocated its base to Pemba, the provincial capital, where many displaced people had gathered in camps, and began delivering general health services and medical care through mobile clinics. MSF teams built latrines, supplied water and supported cholera treatment centres. In December, it sent a team to Montepuez, Cabo Delgado's second-largest city, to improve access to general and specialist mental health services, and water supplies for vulnerable people.

MSF's programme in Mozambique's capital, Maputo, continued to provide specialised care for patients with advanced HIV, TB and other opportunistic infections. Around 2.2 million of Mozambicans live with HIV, of whom 36 per cent are co-infected with TB.

MSF's harm reduction programme for people who use drugs is the only one in the country, and implements all the interventions recommended by the World Health Organization. These include needle and syringe distribution, opioid substitution therapy and overdose treatment. In the Mafalala slum, MSF and a local organisation ran a drop-in centre for people who use drugs, offering testing for HIV, TB and hepatitis C and referrals for treatment.

In the port city of Beira, MSF worked to reduce HIV-related sickness and death by delivering sexual and reproductive healthcare, including HIV testing, counselling and family planning services to vulnerable groups through mobile clinics. It also provided advanced HIV care at three health facilities in the city.

To assist the national response to COVID-19, MSF gave logistical and technical support to the main COVID-19 referral hospitals in Maputo, and helped the health authorities to install four isolation centres, two in Pemba and two in Beira. In Beira, MSF also supported the follow-up of HIV patients with COVID-19.

More information on MSF UK's activities can be found at www.msf.org.uk.

An MSF staff member manages the water treatment process at a distribution site in Pemba, Mozambique. Photo: MSF.



3 MSF UK: 2020 PERFORMANCE

2020 was the first year of MSF UK's four-year Strategic Direction period. The Strategic Direction is a guide for how MSF UK will evolve to ensure our actions have the greatest impact. In the introduction to the Strategic Direction, we called upon ourselves to be creative in the face of future challenges; little did we realise then the scale of creativity that would be required from our organisation and our staff in 2020.

The uncertainties and risks created by the pandemic in 2020 necessitated much closer monitoring and reporting of MSF UK's activities and finances, at both UK executive and governance levels, and across the MSF Movement.

As the COVID-19 pandemic unfolded, MSF UK made a swift and effective transition to digital ways of working and a remote office, reprioritising activities to create greater space for the essential parts of our work and to ensure staff wellbeing. The sudden pivot to remote working required additional policies and procedures to mitigate the risks associated with cyber security, financial controls and data protection. Overall, we completed this significant shift without interruption to MSF UK's regular work.

Supporting our medical humanitarian projects

2020 Key metric	Result
In 2020, MSF UK intends to place 190 UK staff in overseas medical humanitarian projects.	In 2020, 127 UK staff members were deployed to MSF's overseas medical humanitarian projects. ¹

In 2020, MSF UK had intended to place 190 UK staff in overseas medical humanitarian projects. However, widespread, constantly changing restrictions on international travel initially prevented us from meeting this target, while the nature of the pandemic required increased health screenings and pre-departure checks. In spite of these challenges, 127 members of staff were deployed to MSF overseas projects, largely thanks to the tireless work of MSF UK staff. This equates to an average of 76 members of staff employed throughout the year. A partnership with UCLH allowed some staff members that were unable to work overseas to be temporarily redeployed in London to support the UK COVID-19 response.

Advisors from the Manson Unit provided epidemiological and clinical guidance to support MSF's response to COVID-19, as well as project-based contextual analysis to inform the development of interventions in each setting. The team also supported MSF's response to other infectious disease outbreaks, including cholera in Ethiopia and measles in DRC. They also provided health service delivery support in places affected by conflict, including Central African Republic and Yemen.

MSF UK's academic programmes, GHM and LEAP,² successfully transitioned to entirely virtual learning and MSF Scientific Days pivoted to a fully virtual platform, hosted in London and Delhi. These necessary adaptations accelerated our use of the virtual space in a positive way which will allow us to include an even wider group of staff in future programmes. One hundred and eighty MSF staff of more than 50 nationalities have so far enrolled in LEAP, with two-thirds coming from low-middle income countries.

1 For more information on this, see section 11, note 10.

2 Global Health and Humanitarian Medicine and Leadership Education Academic Partnership

Fundraising activities³

2020 Key metric	Result
In 2020, MSF UK plans to raise £56.7 million to fund the MSF movement's medical humanitarian projects.	In 2020, MSF UK raised £68.2 million in donations and legacies.

MSF UK's fundraising in 2020 is a remarkable achievement. Restrictions put in place to control the spread of COVID-19 led to significant changes in the ways in which activities were delivered, with face-to-face fundraising, in-person interactions with donors and events all significantly reduced and or cancelled altogether. However, through innovative online campaigning and strong donor relations MSF UK was still able to engage supporters and donors throughout the year.

MSF UK's fundraising approach is focused on using MSF staff and patient testimonials to bring our supporters close to the medical humanitarian work that their generosity makes possible. We take great care to maximise the proportion of every donation that is spent on our humanitarian work and occasionally make appeals for additional support. In 2020, we raised £8.11 for each pound we invested in generating funds. This compares to £8.24 in 2019.

We strive to provide the highest standard of service to the private individuals and organisations that fund MSF UK. We work with an independent panel of 'mystery shoppers' to evaluate the service we provide to supporters, while continually striving to make improvements in response to the feedback we receive. In 2020, we achieved joint first place for the overall experience we provided to our donors in the THINK Stewardship Tracker, when compared to 22 other charities.⁴

MSF UK adheres to leading standards in our fundraising activities and is a member of both the Fundraising Regulator and the Direct Marketing Association. All third-party organisations acting on behalf of MSF UK are closely supported and supervised to ensure they provide the highest possible level of service. We work hard to inspire and motivate the teams that represent us, including through regular briefings from our medical and logistical staff. We also encourage our partners to participate in the training that we provide to our project teams. This approach helps us meet our supporters' wishes and interests.

A complaints procedure in the fundraising department records and responds appropriately to any complaints. We also adhere to a vulnerable persons policy in relation to fundraising. In 2020, we received and responded to 78 complaints (2019: 39) in relation to our fundraising activities.

We talk with supporters across the UK to better understand their needs and motivations. These discussions have defined our approach to fundraising. Comments, suggestions and ideas – by letter, telephone and email – are highly valued and encouraged. The result is that we send appeals to our donors less frequently than is common practice, and have never allowed other charities access to our supporters' details. Our focus is on sharing the stories of the communities that we serve, and the testimonies of the MSF staff whose work is made possible thanks to our supporters.

³ Section 162a of the Charities Act 2011 requires charities to make a statement regarding fundraising activities. For more information on this, please see section 7, 'Fundraising income and costs of generating funds'.

⁴ More information in the stewardship tracker can be found here: <https://thinkcs.org/stewardship-tracker/>

2020–2023 Strategic Direction

While the prioritisation of activities has changed, our 2020–2023 Strategic Direction and its four pillars, Valuing People, Ways of Working, Igniting Change, and Climate Crisis and Global Health, remain relevant and applicable. In 2020, we monitored our progress against our Strategic Direction key results, adjusting plans and taking deliberate decisions to put some projects on hold, bring some forward and mitigate for delays.

Valuing People

By 2023, MSF UK will be an organisation whose staff and all those who work with and for us – whether in the UK or in MSF’s projects – feel valued in their working lives and are treated with fairness and respect. MSF UK will foster a healthy work environment built on community, inclusivity, diversity and a proactive idea of acceptance, where professional development meets the needs of both MSF and its staff.

2020 objectives	2020 actions and results
<p>Provide more comprehensive support to staff during their time with MSF UK through improved contracting and induction processes, and ongoing learning and development (L&D).</p> <p>Invest in the development of management skills through fit-for-purpose, specific support for line managers.</p>	<p>Planned work on HR policies and practices was reprioritised to allow MSF UK to focus on the delivery of core HR responsibilities, which had been disrupted by COVID-19. This included: ensuring project staff were appropriately risk assessed in the new context and were able to safely reach their assignments; supporting office staff to work remotely; and a focus on staff wellbeing in the context of home working, and the personal and professional impacts of the pandemic.</p> <p>The successful implementation of a new HR system has greatly improved HR processes and reporting. Further benefits from this relating to contracting and new staff inductions will be realised in 2021.</p>
<p>Further improve safeguarding and duty of care in MSF UK by better integrating safeguarding training into regular business processes.</p> <p>Encourage and empower staff to speak up and challenge poor professional behaviour, and support managers responding where issues are raised.</p>	<p>More information on the progress made against these objectives can be found in the safeguarding section on page 24.</p> <p>Training to educate and empower staff on issues relating to safeguarding was delivered in person and online throughout 2020.</p>
<p>Contribute to making MSF UK a more inclusive, representative, engaged organisation by ensuring that our recruitment, reward and L&D policies and practices are fair and transparent, and our workplace is welcoming for all staff.</p>	<p>Work on this objective was reprioritised to make space for priorities in HR driven by the impact of COVID-19 and a focus on anti-racist activities in response to global events and staff needs.</p> <p>With the support of an external facilitator, staff were given the time and space to engage in reflection, dialogue and learning about race-based trauma and other racial concepts through a series of guided conversations. The outcome of this work is a pathway to making MSF UK a more equitable, inclusive, diverse, anti-racist organisation.</p> <p>Line managers were given mandatory anti-racism training, as an important step towards MSF UK’s equity, diversity and inclusion goals, and a key part of their professional development.</p> <p>MSF UK looked closely at its public voice, reviewing our use of language and how we choose to represent our work. In 2020, we significantly increased the representation of staff that were recruited directly through our medical projects (the majority of our overall workforce) in our public communications.</p>
<p>Further strengthen staff mobility by promoting capacity-building initiatives, such as the LEAP programme and the GHHM course.</p>	<p>In our financial forecasts MSF UK made a commitment to assuring the continuation and long-term financial viability of LEAP and GHHM.</p>

Ways of Working

By 2023, MSF UK will have begun a programme of changes to create new, more effective and efficient ways for its UK-based staff to work. To achieve this goal, we will evaluate our processes, systems, relationships and organisational design to identify where these are already functioning correctly and what the barriers are that prevent us from reaching our full potential.

2020 objectives	2020 actions and results
<p>Develop a stronger foundation for MSF UK's ways of working by introducing improved systems and processes, and strengthened controls, which are more efficient, allow for greater collaboration and create more time for value-added activities.</p>	<p>In response to the increased demand on our established systems to deliver our core work, MSF UK took a deliberate decision to extend the timeline for the delivery of a new and significantly improved finance management system. This work is now scheduled for completion in 2021. We did, however, deliver a new fundraising database which greatly improves MSF UK's ability to engage with and interrogate its fundraising data, saving time and increasing impact.</p> <p>A new MSF UK website was launched, following extensive industry-leading analysis and research. The new site is easier to use and showcases our work, news and stories in the best possible light.</p> <p>While MSF UK transitioned to the use of the Office 365 suite in 2019, the full functionality of Office 365 was realised in 2020. Our virtual office brought staff together and allowed them to collaborate within a distributed working environment, maintaining as much as possible our positive working culture.</p>
<p>Improve how we use our physical office space to create an environment that is fit for our current and future purposes, and which enables collaborative working.</p>	<p>Given the requirement for the majority of our staff to work from home in 2020, and likely much of 2021, we have put the majority of the work planned around this objective on hold. We have begun a project to consider what our future requirements will be for collaborative and flexible working and will then consider our physical office space.</p> <p>As some staff members' roles required them to be physically present in the MSF UK office during 2020, we put in place a number of infection prevention and control measures to safeguard their health.</p>



MSF midwife Sia Kallon listens to the heartbeat of Baidu Jinnah Sheriff's unborn baby in Kenema district, Sierra Leone. Photo: Peter Bräunig/MSF.

Igniting Change

By 2023, MSF UK will have a supporter strategy built on proven engagement activities, which will improve supporter retention and capitalise on the actions of our current supporters, while identifying opportunities to engage new groups. Our strategy will be appropriately resourced, integrated and reinforced by internal processes and systems. We will ensure that our efforts complement initiatives across the movement, adding value to MSF's wider operational objectives.

2020 objectives	2020 actions and results
<p>Improve collaboration between departments and offices to maximise the potential of different supporter groups.</p> <p>Galvanise this by increasing our capacity for supporter care to foster donor loyalty and lifetime value, and by launching a campaign that has a measurable impact on public opinion or government policy.</p>	<p>MSF UK carried out a campaign to push for improvements in UK government policy towards refugees and migrants within Europe, with a focus on unaccompanied children stranded in Europe. This campaign drew in staff from across departments who worked together in an agile project group. The campaign's messages were seen over 2.3 million times on Twitter and we recruited 500 'advocacy supporters' who we can mobilise around this issue in 2021. Alongside other organisations, the pressure brought to bear resulted in a minor government concession that committed to a consultation and review of the issue of routes to the UK for refugees and migrants within Europe, keeping the door open for this issue in the future.</p> <p>Prompted by the proliferation of dangerous misinformation and disinformation related to COVID-19, MSF UK established a new project to identify, monitor and tackle misinformation and disinformation as it relates to our work. The project is working with large technology platforms to strengthen channels and assure quick reactions in response to dangerous content.</p>

Climate Crisis and Global Health

Between 2020 and 2023, MSF UK will act as a convener on climate and health, developing knowledge, skills and innovative approaches on behalf of the MSF Movement. We will bring together data and stories from our projects to support advocacy efforts and provide technical and operational support to projects working in contexts where climate change is impacting vulnerable groups. MSF UK will also work to reduce its environmental footprint.

2020 objectives	2020 actions and results
<p>Begin a successful start-up phase for MSF UK's role in improving MSF's ability to recognise and respond to the humanitarian health consequences of climate breakdown, including the recruitment of a climate and environmental health adviser.</p>	<p>MSF UK put in place resources to incorporate climate and environmental health into our health policy work. This includes establishing the role of climate and environmental health advisor in September 2020. However, this work is unfolding slower than planned while priority is given to the urgent demand of responding to COVID-19.</p> <p>A green audit of our MSF UK office was completed in 2020, which established a partial baseline for our carbon footprint. Implementation of recommended changes related to our physical space have been put on hold, while office presence is drastically reduced as a result of COVID-19 restrictions.</p> <p>MSF UK provided input to a new Operational Centre Amsterdam (OCA) travel policy, which will incorporate green guidelines and covers MSF offices in Germany, India, Ireland, the Netherlands and the UK.</p>

Operational Centre Amsterdam: Strategic Orientation 2020–2023

As a partner within OCA, MSF UK contributes to defining and implementing OCA's strategic objectives. In 2020, OCA also began its new Strategic Orientation period, with a core focus on increasing medical relevance through a more person-centred approach to care delivery. Work to improve the quality of care will focus on patient safety, building technical skills within the medical workforce and increasing accountability to communities. This will require different, and often stronger, working relationships with other bodies within the health system, including ministries of health and civil society organisations.

OCA's ambitious Strategic Orientation was completed before the COVID-19 pandemic began. Within this context some aspects of it have been accelerated, such as the project staffing models. In light of this, during 2021 OCA will need to rethink its ambitions and priorities for the years to come.

Oversight of MSF UK's work⁵

As a company limited by guarantee, MSF UK is required to report on how the Trustees have discharged their duty to promote the best interests of MSF UK and have considered the matters set out in section 172(1)(a)-(f) of the Companies Act 2006:

- The likely long-term consequences of any decision
- The interests of employees
- Fostering relationships with key stakeholders
- The impact of operations on our communities and environment
- Maintenance of our reputation for the highest standards of conduct
- The need to act fairly as between members of the company.

Key decisions

In making key decisions concerning the strategy and activities of MSF UK over the course of the year, the Trustees have considered the wider interests of our stakeholders and the factors listed above.

2020 was the first year of the MSF UK four-year Strategic Direction. The goals outlined in the strategy are enablers for our wider work; they describe things that we want and need to change. In a year where the COVID-19 pandemic presented MSF UK with significant challenges to our core functional work, the Trustees have carefully considered MSF UK's progress, the continued relevance of the Strategic Direction and the impact on relevant stakeholders. Key considerations included:

- Day-to-day decisions below the financial threshold set out in the MSF UK scheme of delegation are delegated to the Executive Director. High-value key projects and new initiatives are considered and, if appropriate, approved by the Board with regard to:
 - The use of charitable funds
 - Assessment against charitable purpose
 - Compliance with the Charity Commission regime, and where appropriate, Fundraising Regulator and Information Commissioner's Office
- The long-term impact on the future direction and success of the organisation as a result of the Strategic Direction
- The ability to maintain core functional work while continuing to make progress on our strategic goals
- The potential impact of delays on the delivery of strategic priorities.

5 Statement of trustee duties with reference to Section 172 of the Companies Act 2006

In 2020, MSF UK Trustees approved limited small-scale medical activities in support of the UK domestic response to the COVID-19 pandemic. These included the establishment of the London Homeless COVID CARE Facility with UCLH and technical support for NHS bodies and researchers who reached out to MSF UK. Trustees carefully considered the impact of these on all relevant stakeholders. Key considerations included:

- That the primary principle for engagement was to provide support to vulnerable and marginalised groups
- To limit the scope of activities to working in partnership with existing organisations
- That activities would be of limited duration and budget
- That activities would cause little or no disruption to our support for existing projects.

Our stakeholders

MSF UK is able to achieve its charitable purpose thanks to the relationships we maintain with our stakeholders. Given the nature of charitable work, our stakeholder groups are well-established and remain constant. Our aspirations for these relationships are set out in the Igniting Change pillar of the Strategic Direction (as described earlier in this section).

The following table sets out our key stakeholder groups, the key considerations of each group and how we engage with them. Trustee discussions consider the potential impact of decisions on each stakeholder group, as well as their needs and concerns.

Stakeholder group	Key considerations	How we engage with them
Patients and communities	<ul style="list-style-type: none"> • Providing medical humanitarian support to those most in need • Ensuring that as much of our resources as possible are used for the benefit of this group 	<ul style="list-style-type: none"> • The grants we provide and the staff we second to our operational partners • The technical assistance we provide to our operational partners through the Manson Unit
MSF Movement partners	<ul style="list-style-type: none"> • Our shared values and goals bind the MSF Movement together and are a key part of MSF UK's identity 	<ul style="list-style-type: none"> • UK representation in the OCA management team • Membership of associative and executive platforms • Participation in movement-wide discourse facilitated through internal websites and grass-roots discussion fora
Donors and supporters	<ul style="list-style-type: none"> • Understanding the impact of donations through insights into our medical humanitarian work • Developing and maintaining relationships and their interest in the MSF Movement 	<ul style="list-style-type: none"> • The MSF UK website • Regular newsletters and direct communication • MSF UK events • Direct engagement with members of the fundraising department
Employees	<ul style="list-style-type: none"> • Training and development • Diversity, inclusion and equity • Wellbeing and support 	<ul style="list-style-type: none"> • A broad range of learning and development opportunities available to employees • Bi-annual employee engagement surveys, plus, in 2020, seven short surveys on COVID-19 and wellbeing • Feedback and implementation of positive change through the office working group, the green group, and the equity, diversity and inclusion working group • News, support and policies provided through an intranet portal • Weekly all-staff meetings
Regulators	<ul style="list-style-type: none"> • Maintaining governance procedures to ensure compliance with all applicable regulatory regimes 	<ul style="list-style-type: none"> • Timely submission of all necessary filings and returns • Self-reporting and engagement where appropriate • Prompt and comprehensive responses to requests for information as required



Dr Sharanya Ramakrishna takes a swab sample from a patient at the COVID-19 health centre in the Pandit Madan Mohan Malviya Shatabdi hospital in Mumbai, India. Photo: Abhinav Chatterjee/MSF.

Responsible behaviour and safeguarding

To protect the people MSF UK works with and for, it is vital that we have in place strong, effective responsible behaviour and safeguarding policies and procedures. It is only then that we can be sure that our staff and the people we assist are able to speak up and challenge poor professional practice and behaviour.

In 2020, MSF UK continued to invest in our safeguarding arrangements. We employed a dedicated safeguarding lead to aid specialist development of policies and procedures. Their work will ensure that these remain robust and reflect the settings in which we work, to help sustain safe environments for everyone who comes into contact with MSF.

This year also saw MSF UK review its safeguarding policy to strengthen the behavioural standards that govern our medical projects and their engagement with local communities. The principles at the heart of these commitments form part of our commitment to improve our culture and ensure that our staff and representatives understand and share our core values.

MSF UK ran regular responsible behaviour and safeguarding awareness-raising sessions throughout the year to help staff understand and speak up about these issues. These sessions were successfully moved online in response to COVID-19 restrictions, allowing us to continue to provide support and training to our teams. The training MSF UK offers its staff will be reviewed in 2021 to ensure that it is still delivering against our objectives.

The Board Safeguarding and Duty of Care Committee continued to monitor progress in this essential area of work to ensure that that MSF UK delivers against our commitments to safeguard our staff and the communities we assist. The Committee also reviewed safeguarding reports from across our medical projects to provide assurances that MSF is dealing with such issues in an appropriate manner and in line with our commitment to a survivor-centred approach, which prioritises the needs and wishes of the survivor over those of the organisation.

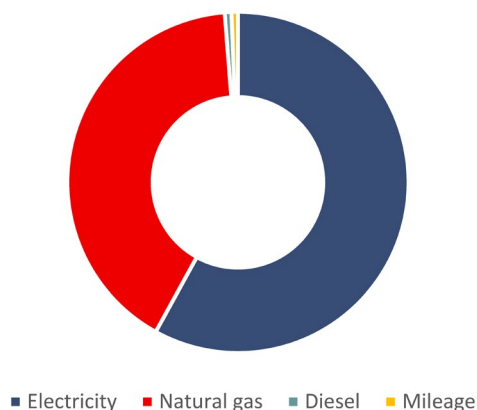
Despite the challenging circumstances of the last year, we have achieved a lot. However, we recognise that there is still more to be done to build on the excellent progress made, and we look forward to continuing efforts to strengthen safeguarding initiatives in the coming year.

Sustainability and carbon reporting

MSF UK reports energy and carbon emissions in compliance with the Companies (Director's Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018. This is the first year that MSF UK is required to report on carbon consumption. As such, this will form the baseline for future reporting.

Energy source	Units	Consumption	Carbon emissions (kgCO2e)	Intensity ratio FTE (kgCO2e / FTE)
Electricity	kWh	149,979	34,966	179
Natural gas	kWh	133,559	24,558	126
Business travel – diesel	Litres	151	385	2
Business travel – mileage	Miles	1,469	367	2
Total			60,276	309

Carbon emissions (kgCO2e) by energy source



Methodologies and estimates

MSF UK does not occupy the whole building at 10 Furnival Street.

Electricity is supplied to the whole building, but there are sub-meter readings to determine the electricity consumed in each separate office space. MSF UK is charged for the electricity consumed in the office space which it occupies, plus for a portion of the electricity consumed in the common parts of the building. The common electricity consumption is calculated on the basis of the total consumption in the building, less the total charged to all office spaces. The common electricity consumption is then split between each office space. MSF UK pays for a percentage of the common electricity consumption, in line with the percentage of the building floor space that we occupy. Our electricity consumption listed above is therefore a combination of the actual data for our office space from sub-meter readings plus an estimate for common areas.

Gas is supplied to the whole building and there are no sub-meters to enable identification of the consumption for each office space. Gas consumption is therefore split between each office space. MSF UK pays for a percentage of the gas consumption of the building, in line with the percentage of the floor space that we occupy. Our gas consumption listed above is therefore an estimate.

MSF UK’s gas and electricity usage for 2020 may be lower than for the average year due to the impact of the COVID-19 pandemic on our ways of working. Since March 2020, most office staff have been working from home and, at times, the MSF UK office has been closed. However, during this same time the air conditioning has been used more frequently to enhance ventilation in the building.

MSF UK conducts some business travel by land, for which we are responsible for purchasing the fuel or for which we reimburses our staff following claims for business mileage. This business travel relates to travel to and from events, such as locations where MSF UK staff are fundraising, events at which MSF UK staff are speaking, or travel to meet with key suppliers. During 2020, we also had staff travel related to our COVID-19 UK medical project. Staff travel is usually undertaken in personal or hired vehicles. MSF UK also owns two Toyota Land Cruisers, which were originally converted to act as ambulances in MSF’s projects in Sierra Leone and Malawi. The vehicles were decommissioned, due to wear and tear, and brought to the UK to be featured in a series of mini-exhibitions and installations about our work.

During 2020, staff drove one Land Cruiser 212 miles to allow it to feature in an exhibition at the Imperial War Museum North, purchasing 50 litres of diesel to do so. On two separate occasions, a borrowed Mercedes Sprinter van was used to make journeys to move items used in exhibitions and installations about our work, with 101 litres of diesel being purchased to do so. In addition to this, four staff members made business mileage claims for use of their personal vehicles, making eight separate round-trips reaching a total of 1,469 miles.

MSF UK's business travel by land may have been lower than for the average year, due to the impact of the COVID-19 pandemic on our ways of working. Since March 2020, face-to-face fundraising has been limited as a result of restrictions put in place to limit the spread of COVID-19, while our events adapted to restrictions on physical meetings through a shift to virtual interactions.

Energy and fuel consumption has been converted to carbon emissions (kgCO₂e) using the UK Government GHG Conversion Factors for Company Reporting 2020.

Measures taken to increase energy efficiency

In line with MSF UK's 2020–2023 Strategic Direction, in 2020 MSF UK embarked on a green audit of our UK office. The purpose of the audit was to identify areas where our carbon footprint could be reduced and to help us establish a baseline against which to regularly monitor and assess improvements. An environmental consultancy was chosen as the third-party provider for this audit. The in-person audit, which involved analysis of our energy use, waste management, travel, etc., was carried out in March 2020. Unfortunately, the information gathering for the green audit was affected by the COVID-19 crisis, as some meetings with staff and management could not be held as scheduled. However, MSF UK received a final report in June 2020. We are exploring the implementation of the recommendations from the green audit, some of which can only be undertaken together with the landlord. Due to the impact of COVID-19 on our ways of working and use of the office, these energy efficiency actions in the office have not yet been carried out.

MSF Campaigns and initiatives

MSF Access Campaign⁶

MSF campaigns around the world to improve access to medicines. Often, MSF cannot treat patients because the medicines they need are too expensive or are no longer produced. As a medical humanitarian organisation, we find it unacceptable that essential medicines are increasingly difficult to obtain, particularly for the most common global infectious diseases.

In 2020, the issues of fair access to medicines that the MSF Access Campaign has focussed on for two decades gained fresh relevance as the world looked for new tools to respond to the COVID-19 pandemic. The Campaign worked with MSF's medical operations to identify tools in development that could be made affordable and available to people in low and middle-income countries. The Campaign set out key demands that would ensure equitable access to new medicines, tests and vaccines in the face of hoarding by wealthy countries and other potential obstacles. The MSF Movement was mobilised behind a call to support the suspension of patents and other intellectual property rights on new medical tools during the pandemic to enable affordable scale-up of supplies to meet global demand. At the same time, governments were called on to be transparent and accountable about the deals they had struck with pharmaceutical companies and to demand ethical 'strings attached' to public funding. The Access Campaign will continue to work with civil society partners on issues relating to medical access and innovation to increase much-needed attention and pressure on the UK to ensure equitable access to COVID-19 technologies.

In other areas, the Access Campaign scored a success with its public campaign to get the pharmaceutical company Johnson & Johnson to lower the price of bedaquiline, a new, more effective TB medicine. MSF UK was integral to the campaign, which resulted in the company dropping the price. Many supporters joined the 'Chilli Challenge' launched by MSF UK in February 2020 to bring visibility to the campaign in the UK and beyond. A collaboration with MSF UK also led to advances in the Access Campaign's work on diabetes, aiming to improve access to insulin in MSF projects and beyond.

6 For more info about the Access Campaign: www.msfacecess.org

Drugs for Neglected Diseases initiative⁷

The Drugs for Neglected Diseases initiative (DNDi) is a not-for-profit drug research and development organisation. It was co-founded by MSF in 2003, alongside public research institutions in Brazil, France, India, Kenya and Malaysia, and the WHO, to better meet the treatment needs of patients suffering from neglected diseases.

In 2020, DNDi co-launched the COVID-19 Clinical Research Coalition: over 150 member institutions working together to fast-track COVID-19 research for tools adapted to the needs of low-resource settings. In November, DNDi joined Epicentre and other partners working in 13 African countries to launch the ANTICOV trial – the largest clinical study in Africa – to test multiple early-treatment options for COVID-19. These are urgently needed to prevent patients developing severe forms of the disease and so avoid spikes in hospitalisation that could overwhelm fragile health systems.

DNDi's core work to improve treatments for neglected patients continued in 2020, despite the difficulties posed by COVID-19. Earlier in the year, in DRC the first patients outside of clinical trials received fexinidazole, the first all-oral treatment for sleeping sickness. This was developed by DNDi and its partners, including MSF, and replaces cumbersome earlier treatments that required multiple intravenous infusions.

MSF and DNDi completed clinical research in India, testing an improved treatment for people co-infected with HIV and kala azar, which may provide new hope for patients whose lives are threatened by the multiple episodes of kala azar relapse that typically occur with current treatments. With MSF's support, DNDi also submitted ravidasvir for regulatory approval as a treatment for hepatitis C in late 2020. A new safe, effective and affordable drug, like ravidasvir, could encourage more countries to expand treatment for people living with the disease.

Voluntary help and support

MSF UK is grateful to the nine office volunteers who gave their time to help us during 2020. This year has been a year like no other and these volunteers, who continued to support us throughout, have been wonderful. They have taken on tasks while working from home to support the work of MSF UK. We are extremely grateful for their support across all our departments.



In front of the New York Stock Exchange, the Access Campaign calls on Johnson & Johnson to make new TB drug, bedaquiline available for all people with drug-resistant TB for no more than a dollar a day. Photo: Negin Allamehzadeh.

⁷ DNDi receives an annual grant from MSF UK. For information on the non-operational grant made by MSF UK to DNDi, please see page 32.

4 OUR PLANS FOR 2021

2021 will be a period of continuing uncertainty. The COVID-19 pandemic and the UK's final exit from the EU will have far-reaching consequences for MSF UK and all of UK society. They will place heavy demands on MSF teams, straining existing capacity in many ways, not all of which can be predicted or planned for. At the same time, these challenges represent an opportunity to drive forward some of the changes that were already underway across MSF UK and the wider MSF Movement. We will continue to be guided by our Strategic Direction, while carefully considering the implications of the changing context on our implementation plans.⁸

Our aspiration remains that we will:

- Be an organisation that values its staff and ensures all those who work with and for us – whether in the UK or in MSF's projects – feel this value in their working lives and are treated with fairness and respect
- Develop an extended supporter base, which reaches new supporters and improves retention and engagement with existing ones, through more timely and impactful messaging, collaborative communications and fundraising projects, and the development of a wider range of supporter channels
- Continuously improve through a programme of changes to create new, more effective and efficient ways of working
- Act as a convener on climate and global health within MSF; developing knowledge, skills and innovative approaches on behalf of the movement, while reducing our own environmental footprint.

Outside the UK, we will work with the MSF Movement to move our decision-making and governance structures closer to the places where we provide medical humanitarian assistance, and to address issues of workforce injustice and inequity. MSF UK will continue to support MSF's medical humanitarian work, while participating in initiatives that help to shape the future of MSF as a global, associative movement.

8 [https://msf.org.uk/sites/default/files/MSF Strategic Direction 2020 \(web final\).pdf](https://msf.org.uk/sites/default/files/MSF%20Strategic%20Direction%202020%20(web%20final).pdf)

Here we set out MSF UK’s plans in relation to the Strategic Direction for 2021.

Objective	MSF UK plans
<p>Valuing People</p> <ul style="list-style-type: none"> • Build a diverse, inclusive, healthy workplace • Embed safeguarding in our ways of working 	<p>In 2021, MSF UK will:</p> <ul style="list-style-type: none"> • broaden our focus to deliver a specific strategy and action plan to achieve our vision of embedding equity, diversity and inclusion in MSF UK • embed equity, safeguarding and duty of care in our HR policies and processes, in part guided by the results of an equity, diversity and inclusion audit • improve the diversity and representation of all staff in MSF UK’s recruitment and communications • continue to focus on the evolution and long-term viability of the LEAP and GHM programmes, as key investments to break down barriers to career progression for locally-hired staff.
<p>Igniting Change</p> <ul style="list-style-type: none"> • Meet our ambitious fundraising targets • Develop MSF UK’s advocacy and campaigning efforts 	<p>In 2021, MSF UK will:</p> <ul style="list-style-type: none"> • raise £61.2 million in private income • seek out new opportunities for supporter engagement, advocacy and activist mobilisation • further develop strategic coordination, which can better mobilise supporters to bring about change within specific medical humanitarian issues • undertake a project to positively influence public opinion and government policy around the waving of intellectual property rights relating to COVID-19 vaccines and therapeutics to ensure these can be accessed by all who need them.
<p>Ways of Working</p> <ul style="list-style-type: none"> • Ensure that our management cycle, systems and processes reflect the size of organisation and the changing context in the UK • Create an environment where staff can work collaboratively and flexibly, and be empowered to use their own initiative. 	<p>In 2021, MSF UK will:</p> <ul style="list-style-type: none"> • transition from the design to construction phase of MSF UK’s new finance system • improve systems and processes related to procurement, cyber security and HR • review the implementation of this strategic goal to capitalise on the lessons learned from our current context and better define what ‘good’ will look like at the end of the strategic period.
<p>Climate Crisis and Global Health</p> <ul style="list-style-type: none"> • Be a convener on climate and global health; developing knowledge, skills and innovative approaches on behalf of the movement • Bring together data and stories from our projects to support advocacy efforts • Provide technical and operational support to projects working in contexts where climate change is impacting vulnerable groups. 	<p>In 2021, MSF UK will:</p> <ul style="list-style-type: none"> • quantify our target for carbon reduction • design a plan to achieve our target for carbon reduction.



A motorbike rider pushes his bike, which is loaded with medical cargo, across a log bridge on the way to the Eandja Nsamba health post in Tshuapa province, DRC. Photo: MSF.

5 FOR THE PUBLIC BENEFIT

The principal objective of MSF UK

The principal objective of MSF UK, as stated in its Articles of Association, is as follows:

The Company's objects are to relieve and promote the relief of sickness and to provide medical aid to the injured, and to protect and preserve good health by the provision of medical supplies, personnel and procedures calculated to overcome disease, injury or malnutrition in any part of the world.

The Trustees confirm that they have referred to the Charity Commission's guidance on public benefit and are satisfied that the charity's activities, grants and plans accord with this guidance.

MSF UK's contribution to the MSF Movement

MSF UK is a primary partner of OCA,⁹ one of the five operational centres responsible for the delivery of MSF's medical humanitarian projects. OCA is a coordination body made up of five section offices, MSF UK, MSF Holland, MSF Sweden, MSF Canada and MSF Germany, and two branch offices, MSF Ireland and MSF India.¹⁰ The operations of OCA are hosted by MSF Holland, a separate legal entity with its own board of trustees. This means that the tangible elements of OCA's medical humanitarian work and activities sit within the MSF Holland legal entity, which receives all OCA funding and directly manages all OCA projects and programmes.

In 2020, MSF UK made grants to MSF Holland (in its role as host of OCA) and to MSF Belgium, which hosts Operational Centre Brussels (OCB). OCA and OCB used these funds to implement and continue medical humanitarian projects. The UK Board of Trustees receives regular reports on the projects that are funded by MSF UK through participation in the OCA Council and OCB Board, and through project visits and accounts from returning UK project staff.

MSF UK also made grants to MSF International, which is based within Operational Centre Geneva (see page 41), and to the Access Campaign (page 26) and DNDi (page 27).

Executive Director Vickie Hawkins is a member of the OCA Management Team (described in more detail on page 38). Kiran Jobanputra, Head of the Manson Unit, is the Deputy Medical Director for OCA and has a seat on OCA's Operational Platform, which is the key advisory platform to the OCA operational director. During 2020, other members of the MSF UK Management Team also participated in functional platforms across OCA and the MSF Movement, including Donald Campbell, Head of Communications, and James Kliffen, Head of Fundraising.

MSF UK is an institutional member of MSF International, which has a key coordination role within the MSF Movement.

9 The term 'primary partner' is used to describe an MSF section that sends the majority of its funds to a particular operational centre.

10 For an explanation of section and branch offices, see appendix 1.

Non-operational grants made during the year

In 2020, MSF UK granted £965,000 (2019: £910,561) to MSF International, as a contribution to their coordination work, and £383,051 (2019: £383,015) to the Access Campaign and DNDi. The calculations for the amounts granted to MSF International, the Access Campaign and DNDi were based on a pre-approved international allocation. These grants are a condition of MSF UK's membership of the MSF Movement and the Trustees are satisfied that they are in the best interest of the charity.

Benchmarks and performance measuring

MSF UK is pleased that during 2020 we were able to commit 88 per cent of our total expenditure to grants and charitable activities (2019: 88 per cent).

MSF UK and the MSF Movement always strive to make the best possible use of donated funds. We ensure that the maximum possible percentage of funds is used for the direct provision of medical care and, more broadly, for our social mission. In each country where MSF works, we ensure that our projects are focused on helping the most vulnerable and most in need. We continually review the impact of our work through both in-country monitoring systems and the advice and support of headquarters-based specialist advisors.

Medical humanitarian projects are complex and no single set of performance measures will suit every situation. For example, a sudden emergency will demand a rapid and relatively costly response by our medical and logistics teams, while a long-term project can be more carefully planned and resourced to maximise the effectiveness of its budget and staff. Preventative measures, such as improving water supplies and sanitation systems or implementing a vaccination campaign, are often prioritised, as these can help avoid less effective, more costly responses once an disease outbreak is underway.

MSF International compiles and analyses data from across the MSF Movement. Audited data for 2020 were not yet available at the time of writing this report. However, the 2019 International Financial Report shows that, out of a total global expenditure of €1.7 billion, 81 per cent was spent on our social mission, 14 per cent on fundraising and 5 per cent on management and administration.¹¹



MSF nurse Theofilos changes the bandage of six-year-old Behnaz from Afghanistan. She was burned by boiling water while living in Moria camp on the Greek island of Lesbos. Photo: Anna Pantelia/MSF.

¹¹ More information on this can be found here: www.msf.org/reports-and-finances

6 PRINCIPAL RISKS AND UNCERTAINTIES

MSF UK maintains a risk register, which is a live document showing the key risks facing the charity at any given time. All staff are responsible for identifying new or changing risks in their area, and each risk is owned by a member of the Management Team who has oversight of the mitigation of that risk. All risks are formally reviewed twice a year by the Management Team, the Audit and Risk Committee, the Safeguarding and Duty of Care Committee, and the Board of Trustees. Risks are rated according to their probable occurrence and their potential impact on the charity. Each year, the Board of Trustees defines the charity's risk appetite. The top priority risks for MSF UK, from a mitigation perspective, are identified and approved, with increased focus given to them. Policies and strategies are adopted to manage, mitigate and avoid identified risks.

Risk management in 2020

In our 2019 Annual Report, we acknowledged the impact of the COVID-19 pandemic on organisations and countries around the world. The COVID-19 pandemic continues to pose risks and create uncertainties for MSF UK. During 2020, in line with our risk management policy, the Management Team and the Board of Trustees worked to ensure that continuous assessment was undertaken of the impact of the global pandemic on the risks facing the charity.

In addition, during 2020, MSF UK continued to monitor the possible impact of the UK's exit from the European Union on the risks facing the charity.

At the start of 2020, MSF UK prioritised six risks. However, in April, following a review of prioritisation, three risks were de-prioritised for the year and an additional four were prioritised. Throughout the year, the Management Team provided detailed reporting on these risks to the Audit and Risk Committee, the Safeguarding and Duty of Care Committee, and the Board of Trustees.

Risk	Management actions in 2020
<p>Failure to comply with safeguarding and serious incident reporting obligations</p> <p><i>This was a priority risk throughout 2020</i></p>	<ul style="list-style-type: none"> • A dedicated safeguarding lead was appointed in 2020. • MSF UK began a new phase of safeguarding work focusing on safeguarding the patients and communities we work with.
<p>A cyber security incident occurs</p> <p><i>This was a priority risk throughout 2020</i></p>	<ul style="list-style-type: none"> • MSF UK introduced multifactor authentication for a more secure signing-in process to MSF UK systems. • A major technical upgrade to the firewall was completed, which will allow greater control over unwanted internet traffic and emails. • Information security frameworks and policies were developed and will be approved in 2021.
<p>Breach of duty as a responsible employer to UK staff</p> <p><i>This was a priority risk throughout 2020</i></p>	<ul style="list-style-type: none"> • The COVID-19 pandemic meant increased concerns for the safety, security and wellbeing of staff, both in the UK and around the world. MSF UK undertook rigorous health and safety assessments and consulted with staff to ensure a safe working environment for all London office staff, the majority of whom have been working remotely since March 2020. • A significant effort was made to promote office staff wellbeing during periods of remote working, including allowance for paid special leave, suspension of core working hours and increased availability of psychosocial support. • MSF UK worked with the operational centres to ensure the safety and wellbeing of UK-contracted project staff, including medical screenings for COVID-vulnerable groups, medical evacuations, care for project staff who returned unwell, and ongoing support for mental health and wellbeing.
<p>Over-dependency on external fundraising suppliers</p> <p><i>This risk was deprioritised in April 2020</i></p>	<ul style="list-style-type: none"> • Key aspects of our income-generating activities are managed internally within MSF UK. This is to ensure that our fundraising communications are credible, accurate and in accordance with our supporters' wishes. • We monitor the full range of suppliers for fundraising activities through membership of the Direct Marketers in Fundraising Group, the Charity Fulfilment Forum, the Direct Marketing Association and other specialist networks • MSF UK's fundraising suppliers are supported and supervised to ensure the highest quality of care is provided to our supporters. We employ specialists to independently evaluate the detailed delivery of services to our donors, including benchmarking against a range of UK charities. We act on the knowledge gained to make continual improvements. • MSF UK maintains direct control over the processing of our supporters' donations and personal data. This enables a rapid switch to a replacement supplier in the event of poor performance.
<p>Failure to comply with data protection legislation, including the impact of the UK's exit from the European Union</p> <p><i>This risk was deprioritised in April 2020</i></p>	<ul style="list-style-type: none"> • Significant work was done to improve data protection and privacy, including implementing updated policies and procedures, compulsory staff training, updates to record keeping and continued engagement with the MSF Movement. • The increased risk of data breaches while staff were remote working as a result of COVID-19 restrictions was effectively mitigated through robust cyber security and high levels of staff awareness. • MSF UK continued to monitor and prepare for the possible impacts of the UK's exit from the European Union on data protection legislation.
<p>Inability to recruit and retain staff, including the impact of the UK's exit from the European Union</p> <p><i>This risk was deprioritised in April 2020</i></p>	<ul style="list-style-type: none"> • MSF UK's ability to provide UK-contracted staff for operational centres to deploy to MSF's overseas projects was impacted by the far-reaching travel restrictions around the world imposed as a result of the COVID-19 pandemic. In response, MSF UK reduce the number of staff it expected to deploy to projects and focused on filling a smaller number of urgently-needed job profiles that were well served by the UK labour market. • MSF UK monitored the possible impact of the UK's exit from the European Union and provided support to office and UK-contracted project staff whose rights may be impacted.

<p>Poor fundraising returns due to changes in the UK economy, including the impact of the COVID-19 pandemic and the UK's exit from the European Union</p> <p><i>This risk was prioritised in April 2020</i></p>	<ul style="list-style-type: none"> • The economic situation in the UK, in light of the COVID-19 pandemic and the UK's exit from the European Union, is complex and unpredictable. However, MSF UK's approach has been proven to protect income during periods of financial instability. We prioritise to long-term relationships with the private individuals and organisations that entirely fund MSF in the UK. This is achieved by focussing on our supporters' needs, wishes and interests. MSF UK receives private funding from a diverse range of sources, which further increases our financial security. • In 2020, we adapted our fundraising activities to the social and economic changes that took place as a result of the COVID-19 pandemic. In April, we launched a COVID-19 appeal that integrated a wide range of communications, with digital and social media channels taking a central role. The outcome was a major rise in giving to MSF UK by both current and new supporters, which was repeated with a new appeal in November and December. • We hosted online meetings with supporters, where we provided briefings direct from MSF staff working in our medical projects. Our supporters have adapted to the cancellation of traditional fundraising events by taking individual initiatives that have been promoted online. • We have fully maintained the services we provide to supporters through a combination of adjustments to our working practices. MSF UK was awarded first place in a 2020 'mystery shopping' evaluation of 23 UK charities, which tested the experiences of donors. The period of the report covered the disruption created by the pandemic, and the placing achieved by MSF UK matched that in previous surveys.
<p>MSF UK's fundraising model becomes ineffective</p> <p><i>This risk was prioritised in April 2020</i></p>	<ul style="list-style-type: none"> • The disruption caused by the COVID-19 pandemic during 2020 accelerated the planned evolution of MSF UK's wider fundraising strategy. Major giving, events and tribute fundraising adapted to the lack of physical meetings and gatherings through a shift to virtual interactions. • Face-to-face fundraising was limited as a result of restrictions put in place to limit the spread of COVID-19. • A migration to a new CRM database provided MSF UK with improved capacity for insights into our supporters.
<p>Financial constraints within the MSF Movement prevent MSF UK from making necessary investments in core functions</p> <p><i>This risk was prioritised in April 2020</i></p>	<ul style="list-style-type: none"> • MSF UK is party to an international resource sharing agreement with the other entities that make up the MSF Movement. This sets out how we, as a movement, share our collective financial resources, including our accountability to each other. • Responding to the uncertainty of the COVID-19 pandemic, MSF UK increased its engagement and analysis to update financial projections more regularly, both for MSF UK and the MSF Movement.
<p>Inability to achieve core functions and implement annual plan</p> <p><i>This risk was prioritised in April 2020</i></p>	<ul style="list-style-type: none"> • In 2020, MSF UK used a new planning, reporting, evaluation and monitoring (PREM) system for the first time to record and monitor progress against objectives. • The PREM system allowed MSF UK to adapt to and monitor shifting priorities during the COVID-19 pandemic.



MSF nurse Mohamed Abdel-Raqeeb checks on 20-year-old Hameed, who was admitted to Naser general hospital, in Ibb, Yemen, with high blood pressure and diabetes. Photo: MSF.

7 STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution

MSF UK is a charitable company limited by the guarantee of its members and governed by its Articles of Association. MSF UK is part of an international movement of independent legal entities, commonly referred to as MSF, which are bound by their shared name and identity, and a shared commitment to the MSF Charter and its principles.

The MSF Association

The MSF UK Association describes the company law members of MSF UK. It draws its membership from current and former project staff, and former office staff and office volunteers who can apply to become members of the Association after they have worked for six months with any part of the MSF Movement. At the end of 2020, the Association had 578 members.

Members of the Association commit to ensuring that MSF UK maintains its focus on the effective delivery of medical care, in accordance with MSF's core principles and the values of medical ethics, independence, impartiality, neutrality, accountability and *témoignage*. They fulfil this commitment primarily through the election of, and by holding to account, the Board of Trustees at the Annual General Meeting of the charity.

The Board of Trustees

Association members delegate governance responsibilities to the Board of Trustees. The Board of Trustees ensures that MSF UK adheres to MSF's core principles and values, and conducts its business in an effective and efficient manner, with due care and accountability, responsible management of resources, and in compliance with all legal and regulatory requirements.

The majority of trustees have a medical background, but trustees with different backgrounds are also frequently elected. While most trustees are elected at the Annual General Meeting, a small number may be co-opted by the Board from within or from outside the Association to ensure it maintains an appropriate mix of skills and experience. For example, in December 2018, the Board co-opted a trustee with specific safeguarding skills.

The Chair of the Board, Javid Abdelmoneim, has a medical background, in line with MSF's governance principles. He is assisted by a Vice-Chair to the Board. In 2020, the Board met seven times.

Each trustee holds office for three years, after which they may stand for re-election or be considered again for co-option, for a total mandate not exceeding six years. Newly appointed trustees are offered training on trustee responsibilities, which is delivered by an external provider.

The Board regularly assesses its ability to work as a team. It conducts periodic skills reviews and actively considers its composition before and after the election of new trustees. During the year, the Board regularly considers the make-up of its committees and the split of responsibilities between members.

Trustees participate in committees alongside relevant MSF UK staff members, in order to advise the Board on specific matters. The Audit and Risk Committee is chaired by the Treasurer. It is tasked with guiding the Board on issues relating to control, risk and compliance, and is focused on business and finance processes. The Audit and Risk Committee met five times in 2020. At the end of 2020 it was formed of four trustees. The Chair of the Board regularly attends as an observer, but is not a voting member of the committee.

The Safeguarding and Duty of Care Committee oversees the governance of our medical humanitarian project work, with a focus on safeguarding. At the end of 2020 it was formed of four trustees. It met four times in 2020.

The Remuneration Committee makes recommendations to the Board on the annual remuneration package for the Executive Director and the Chair, fair application of the reward policy and principles for MSF UK staff, and any adjustments to the MSF UK staff pay structure. Two trustees are part of the Remuneration Committee, which met once in 2020.

Many trustees also act as 'Board links' to designated departments, including fundraising, HR and the Manson Unit. As links, trustees work closely with these teams, allowing them to effectively keep the Board updated on key areas of MSF UK's work.

MSF UK and its relationship with the international movement

MSF UK is one of 25 institutional MSF Associations that make up the global MSF Movement. Each MSF Association is set up under the laws of the country in which it is based and is governed by its membership.

The Associations operate as legal entities that hold charitable or non-profit status in their country of residence. These, together with a small number of connected entities, such as regional associations, comprise the international MSF Movement. The Movement chooses not to distinguish between the work of the separate entities in public representations in order to strengthen our collective voice and influence. MSF International, based in Geneva, acts as a coordination body between MSF offices.

Representatives from national and regional associations gather annually at the International General Assembly (IGA) to oversee the coordinated action and development of the MSF Movement. The IGA delegates its governance to a board of trustees, the International Board. The International Board is led by the MSF International President, currently Dr Christos Christou.

With the exception of a limited COVID-19 response in 2020, MSF UK does not normally manage medical humanitarian projects directly. These are run by MSF's operational centres. However, we participate in the broader governance of the MSF Movement in a number of ways, in particular through our close relationship with OCA.

Vickie Hawkins sits on the OCA Management Team, a body made up of senior executives from each of OCA's primary partners. It provides a forum for alignment on matters of strategic importance and to coordinate the work of OCA partners, while maintaining operational and functional reporting lines directly into MSF Holland.

MSF Ireland is an independent legal entity registered in the Republic of Ireland and governed by its own board of trustees. However, within the MSF Movement's international coordination, MSF UK and MSF Ireland are grouped together as linked section and branch offices. As a result, MSF UK has a close relationship with MSF Ireland, and the two offices share a joint strategic plan for the period 2020 to 2023. MSF UK trustee Sam Turner was co-opted to the MSF Ireland Board of Trustees from June to December 2020. MSF Ireland trustee Laura Heavey was co-opted to the UK Board from June to October 2020.

In 2020, two MSF UK Trustees, Javid Abdelmoneim and Nicola McLean, sat on the OCA Council, which has an advisory relationship to the Board of MSF Holland. In 2020, MSF UK Treasurer Damien Régent sat on the OCA Audit Committee, which supports the work of the OCA Council, from January to October. Following Damien's departure from the Board, Derek Morgan took over as treasurer and sat on the OCA Audit Committee in

November and December. Damien also sat on the International Board's Finance and Audit Standing Committee from January to October.

Robert Verrecchia sat on the OCA Medical Committee throughout the year and became its Chair in April 2020. Javid Abdelmoneim and Dalwardin Babu sat on the OCA Duty of Care and Responsible Behaviour Committee, and Nicola McLean sat on the OCA Association Standing Committee throughout the year. Javid Abdelmoneim and Amanda Weisbaum (elected by MSF UK Association members) represent MSF UK at the IGA. Keith Longbone sat as an observer on the OCB Board of Trustees from January to June 2020. He was succeeded by Vita Sanderson, who sat on the OCB Board from June to December.

Remuneration of trustees

MSF UK trustees spend significant time preparing for and attending board meetings, participating in committees and conducting project visits. Several trustees volunteer their time on international coordination committees and sister entities within the MSF Movement, for example as members of OCA committees. A key role of our Chair is to represent MSF UK at meetings of the international movement, above and beyond the work they are expected to do for MSF UK specifically.

With the exception of the Chair, who receives a monthly payment in compensation for part of their time, our trustees are volunteers and do not receive remuneration for their governance work. The remuneration of the Chair is authorised in our Articles of Association and the principles for that remuneration were approved by the Charity Commission. In May 2017, the MSF UK Association approved a new set of Articles of Association, which included changes to the rules governing compensation of the Chair.

By paying the Chair for part of their time, the Board believes it can attract suitable candidates with a medical background (a requirement in the MSF Movement) and the willingness and time to take on the role. In 2020, Javid Abdelmoneim received on average £1,834 a month for 116 days of work between 1 January and 31 December. This corresponds to a total annual payment of £22,008. The Board believes that this remuneration remains modest in light of the time the Chair commits to the organisation and the complexity of their duties, and is in line with the Movement's values.

Trustees working in MSF projects

MSF UK Trustees are permitted by the Charity Commission and the MSF UK Articles of Association to work for three months a year on standard project assignment contracts. The work trustees conduct in such assignments is unrelated to their governance role. MSF UK greatly values the practical experience and insights our trustees gain through working in MSF projects, in a medical role or otherwise.

Keith Longbone was contracted by MSF UK to work as Deputy Head of Mission in South Sudan from 21 October 2019 until 20 January 2020, for which he was paid £7,313 in total and £2,075 from 1 until 20 January 2020. This work was not directly related to Keith's UK trustee responsibilities and was disclosed to the Board. The Board can confirm that his recruitment and contract/remuneration were done on an arms' length basis.

The Management Team

The Board of Trustees appoints the MSF UK Executive Director, currently Vickie Hawkins, who leads the Management Team. The Management Team is responsible for the implementation of strategy and the day-to-day management of the office and finances of MSF UK.

Remuneration policy

The policy for remuneration of UK-based staff, including senior managers, is delegated to the Remuneration Committee. At the first meeting of the Remuneration Committee in 2020, the remuneration for members of the Management Team and the annual salary adjustment for all MSF UK staff was discussed, in advance of a Board of Trustees decision. At the second meeting, a recommendation was made to the Board for the remuneration of their Chair. The remuneration policy contains a function grid and a fixed salary scale for office staff, which is modest yet competitive. This is in keeping with a focus on maximising the use of funds for MSF's medical humanitarian projects.

In accordance with this policy, in 2020 Vickie Hawkins received an annual salary of £86,232 at the year-end (2019: £84,957). This is 3.9 times the salary of our lowest-paid office worker. Four members of the Management Team received salaries between £60,000 and £70,000, and two received salaries between £70,000 and £80,000. Vickie Hawkins was the only member of staff earning over £80,000 (see section 11, note 10). Our Executive Director is the highest paid employee at MSF UK. They have significant committee responsibilities at the international level and represent MSF UK on several management committees.

Related parties

Javid Abdelmoneim has sat on the OCA Council since May 2017. The OCA Council has an advisory relationship to the Board of MSF Holland, as all tangible elements of OCA's projects and activities sit within the MSF Holland legal entity.

MSF UK granted £32.2 million to MSF Holland as part of our commitment to the OCA partnership, £14.8 million to MSF Belgium, our secondary operational partner (OCB), and £1.3 million to MSF International (including to the Access Campaign and DNDi). All grants to operational centres, including MSF Holland and MSF Belgium, were approved by the MSF UK Board of Trustees. The grant to MSF International is based on a pre-approved international allocation and is approved by the Trustees. The Trustees are satisfied that these grants are in the best interests of the charity.

See sections above on remuneration of trustees and trustees working in MSF projects, and note 18 of the financial statements. The Trustees do not consider that any other person or organisation can be regarded as a related party.

Engagement with and interests of our employees¹²

The Trustees are satisfied that the employees of MSF UK have been fully engaged with and their interests accounted for in the decisions that have been made. MSF UK is grounded in a culture of consultation, which encourages employee involvement and lively, open discourse. The majority of board meetings are held in open session. All staff are invited and there are opportunities for them to raise questions.

Trustees scrutinise MSF UK's annual staff surveys and challenge the Management Team to produce action plans that respond appropriately to staff concerns that are identified. In 2020, this included seven surveys specifically focused on gauging staff wellbeing amid the changing circumstances caused by COVID-19. MSF UK, with the full support of the Trustees, encourages space for grassroots employee initiatives to thrive, including working groups addressing our London office space, climate-related initiatives, and equity, diversity and inclusion.

¹² Statement summarising how trustees have engaged with employees and taken account of their interests with reference to Schedule 7, Part 4 of the Companies Act 2006

MSF International

MSF International is a Swiss non-profit entity, which acts as a hub and provides coordination, information and support to MSF's operational centres and individual MSF entities. It hosts the IGA, the International Board, the Executive Committee and the International Office.

The International Office¹³ is headed by the Secretary General, who manages a team of international coordinators. Together they facilitate coordination and information sharing across the MSF Movement to identify medical humanitarian issues that must be tackled together; support MSF's response to major emergencies; and help develop public positioning around humanitarian crises and common policies on the best use of resources for medical humanitarian action.

An important part of MSF International's role is the compilation and publication of reports, which provide an overview of the MSF Movement. The International Activity Report is a public accountability document detailing MSF's movement-wide activities, including a comprehensive overview of MSF's projects around the world and the most significant issues we face when delivering medical humanitarian aid. It gives an overview of MSF's work, and provides transparency and accountability to our stakeholders. Alongside this, the International Financial Report provides an overview of the cost of our medical humanitarian work and how we earned the money that funded this.

The International Activity Report and International Finance Report are published on the MSF International website (www.msf.org). Printed copies are available on request through the MSF UK office.



Nurse Limangana Abali with a mother and baby who have been admitted to the children's ward at Mora general hospital in Mora, Cameroon. Photo: Patrick Meinhardt.

13 <https://www.msf.org/international-office>



FINANCIAL REVIEW

Preparation of accounts on a going concern basis

The Trustees consider that the level of ongoing support from committed donors, combined with the unrestricted reserves, secure MSF UK for the foreseeable future and, on this basis, consider that the charity is a going concern. The Board have reflected on the charity's operational and financial risk in light of the ongoing COVID-19 pandemic and have concluded that there are no material uncertainties relating to MSF UK's ability to continue as a going concern.

Significant events in 2020

Overview

In 2020, MSF UK's income totalled £72.7 million, a £8.1 million (12 per cent) increase on our 2019 income of £64.6 million. As in 2019, 94 per cent of this income came from donations and legacies, with the rest coming mostly from charitable activities.

In terms of expenditure, MSF UK spent £69.4 million in 2020 (2019: £59.4 million). Of this, £49.2 million or 71 per cent (2019: £40.0 million or 67 per cent) was given as grants to other MSF sections, with £47.9 million (2019: £38.7 million) going directly to MSF projects overseas. Excluding grants, MSF UK's other charitable activities came to £11.8 million (2019: £12.1 million) and its fundraising activities cost £8.4 million (2019: £7.3 million). As part of our charitable activities in 2020, MSF UK spent £79,182 on a direct response to COVID-19 in the UK (see page 12 for more details).

Fundraising income and costs of generating funds

MSF UK raised £68.2 million in donations and legacies in 2020 (compared to £60.6 million in 2019). This was a £7.6 million (or 13 per cent) increase in income from the previous year. Our successful fundraising results in 2020 were largely driven by MSF's response to COVID-19. The major indication of our success in this has been the £6.2 million (or 77 per cent) increase in our income from fundraising appeals. See page 17 for more details.

As in previous years, our most significant source of income in 2020 was committed giving at £20.9 million, an increase of £1.1 million or six per cent over 2019. Regular giving by direct debit and standing order is the bedrock of MSF's financial independence. It provides a consistent flow of unrestricted funds that we can allocate where the medical needs are most acute, including in countries receiving little or no media attention at the time. We are very grateful to our loyal, long-term, committed donors for this level of support, which recognises the leading role MSF plays in relieving suffering and in raising public awareness of crises.

Legacies remain the second largest source of income. In 2020, this remained largely in line with 2019 results. We are aware of potential future legacy income of £9.8 million (2019: £9.7 million), which does not currently meet the conditions for income recognition under our accounting policies.

In 2020, 85 per cent of our fundraising income was unrestricted (2019: 91 per cent). Unrestricted income is especially valuable to MSF as it provides the flexibility to deliver aid where the medical need is greatest. Of the £10.2 million restricted income raised in 2020, £5.3 million was restricted to COVID-19 projects.

In 2020, our fundraising costs increased by 15 per cent to £8.4 million (2019: £7.3 million) due to both planned increased investment and significant changes to the ways in which fundraising activities had to be delivered. However, our return on investment remained largely constant, from 8.2:1 in 2019 to 8.1:1 in 2020. This means that for every £1 spent on fundraising, we raised £8.11.

Charitable activities: Grant-making

In 2020, MSF UK granted £49.2 million to other MSF sections, with £47.9 million (2019: £38.7 million) going directly to MSF overseas projects. We were especially pleased to be able to grant £9.2 million more to our projects in 2020 than in 2019.

Our largest grants in 2020 went to South Africa (£5.7 million), MSF's combined COVID-19 response (£5.2 million), Democratic Republic of Congo (£4.9 million), Zimbabwe (£3.8 million) and Mozambique (£3.4 million). More details of these grants can be found in note 6 of the accounts. See section 2 for more details of MSF activities in these countries.

In addition to grants for our overseas projects, we also gave grants to MSF International for coordination and movement-wide projects.

Other charitable activities

Spending on non-grant making charitable activities decreased by three per cent to £11.8 million (2019: £12.1 million), mostly due to a decrease in cost for our operational staff and projects. However, we also implemented our first medical project in the UK through our direct COVID-19 response (£79,000).

We invoice the direct cost of overseas project staff and certain projects to other MSF sections with no uplift. We also receive grants from other MSF sections for organisational transformational initiatives, including the LEAP programme and Misinformation project (see pages 16 and 20 respectively). This is accounted for in our financial statements as income from charitable activities, making up £4.2 million in 2020 (2019: £4.0 million).

Reserves

General and free reserves

The policy approved by the Trustees is to maintain general reserves at an equivalent of three months of that year's budgeted UK expenditure (i.e. excluding grants). The Trustees believe that this level of reserves is adequate given that 68 per cent of the charity's expenditure is in the form of grants to MSF Holland and MSF Belgium, and grant amounts are only confirmed at the end of the year once we have clarity over our financial results.

In 2020, the MSF UK office last reforecast was £17.1 million (2019: £16.3 million). General reserves as at 31 December 2020 stood at £4.5 million (2019: £4.0 million). This is equivalent to 3.2 months' budgeted expenditure, largely in line with our policy.

Our free reserves are calculated using our general reserves less fixed assets and currently stand at £3.8 million or 2.7 months' office expenditure (2019: £3.5 million or 2.6 months). At the end of the year the Trustees also designated a capital fund relating to investments in IT to mitigate any risk to our free reserves (see section below).

Designated reserves

The MSF UK Board of Trustees have designated funds for the following purposes:

- Accrued legacy income to be applied to operational programmes upon receipt. This is an existing fund carried forward each year.
- Capital fund being the actual and budgeted capital costs for the implementation of our new CRM and finance systems respectively. Depreciation for the new CRM system has been charged to this fund since it went live in mid-2020. Depreciation for the new finance system will also be charged to this fund from the go-live date in 2021.

- A global workforce development fund of £161,753 to support the financial sustainability of MSF UK projects that promote in-country capacity building and equal career development opportunities for all staff across the MSF Movement. See page 16 for more details.

Restricted reserve

This reserve represents donations where the donor has specified the project or emergency to which MSF UK should apply the funds. In 2020, we gave out in grants almost all the restricted income received during the year.



The MSF/SOS Méditerranée team helps survivors into the rigid-hulled inflatable rescue boat before taking them back to the Ocean Viking. Photo: Anthony Jean/SOS Méditerranée.

9 STATEMENT OF TRUSTEES' RESPONSIBILITIES IN RESPECT OF THE TRUSTEES' ANNUAL REPORT AND THE FINANCIAL STATEMENTS

Company law requires the Trustees to prepare financial statements for each financial year in accordance with UK Generally Accepted Accounting Practice (UK Accounting Standards and applicable law). Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charity for that period.

In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the charity will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose, with reasonable accuracy, at any time the financial position of the charity, and that enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Financial statements are published on the charity's website in accordance with legislation in the UK governing the preparation and dissemination of financial statements, which may vary from legislation in other jurisdictions. The maintenance and integrity of the charity's website is the responsibility of the Trustees. The Trustees' responsibility also extends to the ongoing integrity of the financial statements contained therein.

Disclosure of information to auditors

The Trustees who held office at the date of approval of this report confirm that, so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware. Each trustee has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Auditors

BDO LLP was appointed as the charity's auditors for the year ended 31 December 2020. BDO have expressed their willingness to continue in office. A resolution to re-appoint them will be proposed at the Annual General Meeting.

The Trustees' Annual Report, including the Strategic Report and the Directors' Report, was approved by the Trustees on 11th May 2021 and signed on their behalf by



Javid Abdelmoneim
Chair of the Board of Trustees

10 INDEPENDENT AUDITOR'S REPORT

Opinion on the financial statements

We have audited the financial statements of MSF UK (“the Charitable Company”) for the year ended 31 December 2020 which comprise the statement of financial activities, the balance sheet, the cash flow statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the Charitable Company's affairs as at 31 December 2020 and of its incoming resources and application of resources for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Charitable Company in accordance with the ethical requirements relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions related to going concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Charitable Company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Report of the Trustees, other than the financial statements

and our auditor's report thereon. The Trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other Companies Act 2006 reporting

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Report, which includes the Directors' Report and the Strategic report prepared for the purposes of Company Law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic report and the Directors' Report, which are included in the Trustees' report, have been prepared in accordance with applicable legal requirements.

In the light of the knowledge and understanding of the Charitable Company and its environment obtained in the course of the audit, we have not identified material misstatement in the Strategic report or the Trustee's report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Charitable Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Charitable Company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under the Companies Act 2006 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to

issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the Charity and the industry in which it operates, we identified that the principal laws and regulations that directly affect the financial statements to be relevant charities acts in the UK and Ireland. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items. We also considered the risks of non-compliance with other requirements imposed by the Charity Commission, and we considered the extent to which non-compliance might have a material effect on the group financial statements.

In addition the Charity is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: employment law, data protection and health and safety legislation. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence if any.

Audit procedures performed by the engagement team included:

- Discussions with management, including consideration of known or suspected instances of non-compliance with laws and regulations and fraud
- Reading minutes of meeting of those charged with governance, reviewing correspondence with HMRC and the various charity regulators
- Reviewing items included in the fraud and theft database
- Review of sample of gift aid claims and ensuring these have been made in accordance with the regulations
- Challenging assumptions made by management in their significant accounting estimates in particular in relation to the legacy accrual
- In addressing the risk of fraud through management override of controls; testing the appropriateness of journal entries and other adjustments, in particular any journals posted by senior management or with unusual accounts combinations
- We made enquiries regarding any matters identified as a Serious Incident as reportable to the Charity regulators. We also performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Use of our report

This report is made solely to the Charitable Company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Charitable Company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charitable Company and the Charitable Company's members as a body, for our audit work, for this report, or for the opinions we have formed.

BDO LLP

Fiona Condron (Senior Statutory Auditor)

For and on behalf of BDO LLP, statutory auditor

Gatwick, UK

11th May 2021

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).



The MSF surgical team at the Al Awda hospital, in northern Gaza, operate on a patient who was wounded during the 'Great March of Return' protests. Photo: Darrian Traynor.



MSF community health educator Ganpat shares COVID-19 health and safety messages to people living in the Govandi area of Mumbai using a rickshaw specially fitted-out with a megaphone. Photo: Abhinav Chatterjee/MSF.

11 STATEMENT OF FINANCIAL ACTIVITIES

Incorporating an Income and Expenditure account as required by the Companies Act 2006.

The notes on pages 53 to 66 form part of these financial statements.

	Note	2020 (£'000)			2019 (£'000)		
		Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Income							
Donations and legacies	3	58,075	10,154	68,229	55,311	5,250	60,561
MSF UK charitable activities	4	3,925	233	4,158	3,992	-	3,992
Other income							
Interest income		16	-	16	35	-	35
Other		216	56	272	57	-	57
TOTAL		62,232	10,443	72,675	59,395	5,250	64,645
Expenditure							
Fundraising costs	5	8,408	-	8,408	7,348	-	7,348
Charitable activities (grants):							
Operational grants	6	38,133	9,728	47,861	33,531	5,155	38,686
Other grants	6	1,348	-	1,348	1,294	-	1,294
MSF UK charitable activities							
COVID-19 UK response	7	-	79	79	-	-	-
Operational staff and projects	7	5,120	-	5,120	5,564	-	5,564
Medical and programme support	7	4,433	263	4,696	4,773	59	4,832
Communications	7	1,875	-	1,875	1,693	-	1,693
TOTAL		59,317	10,070	69,387	54,203	5,214	59,417
Net income for the year		2,915	373	3,288	5,192	36	5,228
Fund balances brought forward at 1 January		11,737	48	11,785	6,545	12	6,557
Balance transferred		-	-	-	-	-	-
Fund balances carried forward at 31 December		14,652	421	15,073	11,737	48	11,785

Balance sheet

As at 31 December

The notes on pages 53 to 66 form part of these financial statements.

		<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
	Note		
Fixed assets			
Tangible assets	11	<u>726</u>	<u>533</u>
Current assets			
Debtors	12	12,963	10,504
Cash		<u>21,149</u>	<u>12,586</u>
		34,112	23,090
Current liabilities			
Creditors: Amounts falling due within one year	13	<u>(19,765)</u>	<u>(11,838)</u>
Net current assets		<u>14,347</u>	<u>11,252</u>
NET ASSETS		<u>15,073</u>	<u>11,785</u>
FUNDS			
Unrestricted			
General	14	4,547	4,020
Designated	14	<u>10,105</u>	<u>7,717</u>
Total unrestricted	14, 15	14,652	11,737
Restricted	14, 15	<u>421</u>	<u>48</u>
		<u>15,073</u>	<u>11,785</u>

These financial statements were approved by the Trustees on the 11th May 2021 and were signed on their behalf by:



Derek Morgan
Treasurer



Javid Abdelmoneim
Chair

Cash flow statement

As at 31 December

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
Cash inflow from operating activities	8,876	2,840
Cash flow from investing activities		
Interest received	16	35
Purchase of fixed assets	(329)	(241)
	<u>(313)</u>	<u>(206)</u>
Increase in cash in the year	<u>8,563</u>	<u>2,634</u>
Cash balance at 1 January	<u>12,586</u>	<u>9,952</u>
Cash balance at 31 December	<u><u>21,149</u></u>	<u><u>12,586</u></u>

The notes on pages 53 to 66 form part of these financial statements.

Reconciliation of net expenditure to operating cash flow

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
Net income	3,288	5,228
Bank interest	(16)	(35)
Depreciation charge	136	174
Decrease in debtors	(2,459)	(3,063)
Increase in creditors	<u>7,927</u>	<u>536</u>
	<u><u>8,876</u></u>	<u><u>2,840</u></u>

NOTES TO THE FINANCIAL STATEMENTS

1. Legal status

Médecins Sans Frontières (UK) is a registered charity and a company limited by guarantee. On winding up, each person who is a member at that date is liable to contribute a sum not exceeding £1 towards the assets of the charity. As at 31 December 2020 the charity had 578 (2019: 518) members.

2. Accounting policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the financial statements.

Basis of preparation and significant accounting estimates

The financial statements have been prepared under the historical cost convention in accordance with the Charities Statement of Recommended Practice (SORP 2015 – 2nd Edition) and in accordance with the Financial Reporting Standard 102 (FRS 102) and the Companies Act 2006.

In preparing the financial statements, it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. The following judgements and estimates are considered by the Trustees to have the most significant effect on amounts recognised in the financial statements:

a) The method for allocating overhead costs to expenditure categories is based on a full-time equivalent headcount. For our purposes, we have included costs under overheads that are deemed necessary for each department to run, including IT and facilities. Our definition is in line with that of the MSF Movement.

b) Legacy income is recognised when MSF UK has confirmation of entitlement, can reliably estimate the amount due and considers receipt to be probable. Where MSF UK has been notified of a legacy which does not meet these criteria, it is treated as a contingent asset and disclosed if material.

In practice, MSF UK will recognise a receipt as probable when there has been grant of probate; the executors have established that there are sufficient assets in the estate to pay the legacy, after settling any liabilities; and any conditions attached to the legacy are either within the control of the charity or have been met.

The Trustees consider that the level of ongoing support from committed donors, combined with the unrestricted reserves, secure MSF UK for the foreseeable future and, on this basis, consider that the charity is a going concern. The Board have reflected on the charity's operational and financial risk in light of the ongoing COVID-19 pandemic and have concluded that there are no material uncertainties relating to MSF UK's ability to continue as a going concern.

Income

Income is accounted for when it meets the three recognition criteria as per the SORP: entitlement, probability and measurement.

Donations – Donated income is recognised when MSF UK is entitled to it, receipt is probable and the amount can be measured. Income from donations includes Gift Aid where appropriate.

Legacies – See estimate/judgement used in the above section.

Charitable income – Income due from MSF entities for the recruitment and remuneration of staff working in MSF projects and for project expenditure is accounted for on a receivable basis.

Donated gifts and services – Donated gifts and services are measured and included in the accounts on the basis of the value of the gift to the charity.

Expenditure

All expenditure is accounted for on an accruals basis. Grants payable are recognised when a legal or constructive obligation commits the charity to expenditure. This is therefore recognised when the obligation exists, is probable and can be measured reliably. For allocation of overhead costs, see estimate/judgement used in the above section.

Taxation

MSF UK is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is exempt from taxation in respect of income or capital gains received.

Fund accounting

Unrestricted funds consist of donations and other income that are available for use without any restrictions. These are available for general use to further the objectives of the charity at the Trustees' discretion.

Designated funds – MSF UK had the following designated funds in 2020:

- Accrued legacy income designated to operational programmes upon receipt.

- Capital fund being the actual and budgeted capital costs for the implementation of our new CRM and finance systems respectively. Depreciation for the new CRM system has been charged to this fund since it went live in mid-2020. Depreciation for the new finance system will also be charged to this fund from its go-live date in 2021.
- A global workforce development fund to support the financial sustainability of MSF UK projects that promote in-country capacity building and equal career development opportunities for all staff across the MSF Movement.

Restricted funds are subject to specific restrictions imposed by donors or by the purpose of the appeal under which they were raised.

Assets and liabilities

Tangible fixed assets

Assets costing over £1,000 are capitalised at historical cost as fixed assets and depreciated on a straight line over their useful economic lives as follows:

Furniture and office equipment:	five years
Computer hardware:	five years
Computer software:	four years
Structural alterations:	over the period of the lease

Assets under construction represent capitalised costs for system changes where the benefits would only start to be realised in future years. This will only be depreciated when the assets are put into use.

Financial instruments

Financial instruments are financial assets, which comprise cash and debtors, and financial liabilities, which comprise creditors, measured at transaction price less attributable transaction costs.

Foreign currencies

Transactions in foreign currencies are recorded using the rate of exchange ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are translated using the rate of exchange ruling at the balance sheet date, and the gains or losses on translation are included in the statement of financial activities. MSF UK has no hedging or derivative contracts.

Operating leases

Operating lease rentals are charged to the profit and loss account on a straight-line basis over the period of the lease.

Pensions

The charity contributes to employees' defined contribution personal pension schemes. The amount charged to the statement of financial activities represents the contributions payable in respect of the accounting period.

Investments

The charity's sole investment is £1 (100 per cent of the share capital) in MSF Enterprises Limited, a company incorporated in England and Wales. The charity has not prepared consolidated accounts, as the subsidiary has no assets and is dormant.

3. Donations and legacies

	2020 (£'000)			2019 (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Committed and regular donations by individuals	20,805	140	20,945	19,705	128	19,833
Income from appeals	10,256	3,932	14,188	6,480	1,535	8,015
Legacies	19,113	557	19,670	20,100	1	20,101
Grants received from charities and trusts	3,194	3,602	6,796	4,481	3,265	7,746
Sponsorship, events, collections, uncommitted individual donations	2,955	511	3,466	2,382	126	2,508
Donations from companies and corporations	1,752	1,412	3,164	2,163	195	2,358
TOTAL	58,075	10,154	68,229	55,311	5,250	60,561

The increase in income from appeals in 2020 is largely due to the success of our COVID-19 appeals in raising both restricted and unrestricted income. See page 17 for more details on MSF UK's fundraising in 2020.

We are aware of potential future legacy income estimated at £9.1 million (2019: £9.7 million). However, MSF UK does not deem these items to fulfil all the conditions necessary for income recognition.

4. Income from charitable activities

MSF UK recruits professional staff, both medical and non-medical, whom we second to MSF operational centres. These operational centres manage medical humanitarian projects around the world and reimburse MSF UK the costs associated with the recruitment and employment of project staff. MSF UK does not manage projects in other countries.

MSF UK also implements projects and employs staff for which we receive primary purpose income either from other MSF partner sections or from the public. In 2020, we received restricted grants from MSF International and MSF France for 'transformative projects' that were undertaken on behalf of the Movement. See pages 16 and 20 for more details on the LEAP programme and Misinformation project.

	2020 (£'000)			2019 (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Staff supplied to operational activities	2,950	-	2,950	2,949	-	2,949
Operational projects	975	-	975	1,043	-	1,043
Grants for transformational projects	-	233	233	-	-	-
TOTAL	3,925	233	4,158	3,992	-	3,992

5. Fundraising

Fundraising costs include staff costs, office costs and other costs incurred in attracting donations, legacies and similar income; the cost of promotional activities for income generation; and the costs associated with raising the profile of the charity. They also include a proportion of general support costs.

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
Fundraising costs	8,009	6,984
Allocation of general support costs	399	364
TOTAL	<u>8,408</u>	<u>7,348</u>

The increase in fundraising costs in 2020 was partly the result of an already planned increase in investment for the year, and partly due to significant changes to the ways in which fundraising activities had to be delivered within COVID-19 government restrictions. See page 17 for more details.

6. Charitable activities (grants)

Operational grants

MSF operational centres are responsible for medical humanitarian projects in 72 countries. MSF UK's grants to these projects have been grouped by country in the table below. These are not managed by MSF UK. See section 2 for more details on the main projects that MSF UK supports.

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
Grant recipient		
MSF Holland	32,156	26,785
MSF Belgium	14,817	11,479
MSF France	887	422
TOTAL	<u>47,860</u>	<u>38,686</u>

	<u>2020 (£'000)</u>			<u>2019 (£'000)</u>		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Main programmes						
COVID-19 response	-	5,241	5,241	-	-	-
Democratic Republic of Congo	4,760	97	4,857	2,977	832	3,809
Mozambique	3,124	229	3,353	1,278	465	1,743
South Africa	5,650	-	5,650	3,407	-	3,407
Zimbabwe	3,767	21	3,788	-	2	2
Sub-total	<u>17,301</u>	<u>5,588</u>	<u>22,889</u>	<u>7,662</u>	<u>1,299</u>	<u>8,961</u>

6. Charitable activities (grants) (continued...)

Operational grants

	2020 (£'000)			2019 (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Other programmes						
Afghanistan	1,743	7	1,750	2,785	-	2,785
Bangladesh	1,388	217	1,605	1,505	395	1,900
Burkina Faso	-	383	383	-	-	-
Central African Republic	600	-	600	500	-	500
Chad	400	-	400	100	-	100
Ethiopia	472	228	700	300	-	300
Greece	-	155	155	-	-	-
Guinea	-	-	-	4,852	-	4,852
Haiti	700	-	700	200	-	200
India	1,384	1	1,385	1,100	-	1,100
Iraq	839	-	839	1,499	1	1,500
Jordan	998	2	1,000	798	2	800
Lebanon	-	506	506	-	87	87
Libya	494	281	775	2,003	635	2,638
Myanmar	1,158	142	1,300	1,473	127	1,600
Nigeria	1,549	1	1,550	1,296	176	1,472
Pakistan	1,050	-	1,050	1,000	-	1,000
Search and Rescue	675	125	800	-	-	-
Sierra Leone	500	-	500	600	-	600
Somalia	1,005	1	1,006	998	2	1,000
South Sudan	2,319	379	2,698	1,779	412	2,191
Syria (appeal and crisis)	509	786	1,295	1,986	614	2,600
Uzbekistan	630	-	630	900	-	900
Venezuela	1,447	298	1,745	80	20	100
Yemen	972	628	1,600	115	1,385	1,500
Sub-total	20,832	4,140	24,972	25,869	3,856	29,725
TOTAL GRANTS	38,133	9,728	47,861	33,531	5,155	38,686

Other grants

	2020 (£'000)	2019 (£'000)
MSF International		
Strategic activities	965	911
Access Campaign	207	224
Drugs for Neglected Diseases initiative	176	159
TOTAL	1,348	1,294

7. MSF UK charitable activities

MSF UK's expenditure includes our own charitable activities, which contribute to the medical humanitarian projects of the MSF operational centres and the strategic objectives of the MSF Movement. These comprise staff costs, office costs and other costs incurred, as well as a proportion of general support costs.

	2020 (£'000)			2019 (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Programmes						
COVID-19 UK response	-	79	79	-	-	-
	-	79	79	-	-	-
Operational staff and projects						
Operational staff	2,950	-	2,950	2,949	-	2,949
Operational staff support	1,108	-	1,108	1,471	-	1,471
Operational projects	847	-	847	888	-	888
Allocation of general support costs	215	-	215	256	-	256
	5,120	-	5,120	5,564	-	5,564
Medical and programme support						
Salaries, expenses and office costs	3,445	30	3,475	3,594	59	3,653
Transformational projects	516	233	749	753	-	753
Allocation of general support costs	472	-	472	426	-	426
	4,433	263	4,696	4,773	59	4,832
Communications						
Salaries, expenses and office costs	1,583	-	1,583	1,454	-	1,454
Allocation of general support costs	292	-	292	239	-	239
	1,875	-	1,875	1,693	-	1,693
TOTAL MSF UK CHARITABLE ACTIVITIES	11,428	342	11,770	12,030	59	12,089

The COVID-19 UK response is a new activity for MSF UK (see page 12 for more details). Due to the increase in restricted funding for those projects, we have also decided to separate transformational projects from our general medical and programme support costs for greater transparency. See note 4 on grant income for transformational projects.

Operational staff support costs have decreased partly as a result of a reduction in the number of staff seconded to work in MSF projects between 2019 and 2020. We have also moved certain costs from operational staff support to general support costs as a better reflection of those activities.

8. Support and governance costs

Support costs are those functions that assist the work of the charity but do not directly relate to charitable activities. This includes the finance function and executive management. Governance costs cover the remuneration and training of trustees (see below), permissible expenses, and meeting and secretarial costs.

Note that governance costs have decreased substantially from 2019. This is due to £249,000 of legal fees that were incurred in 2019 to address the complexity of our regulatory and reporting obligations as they relate to our relationships with our partners within the MSF Movement. Our general support costs in 2020 have, however, increased due to certain costs moving from operational staff support (see note 7).

Support costs have been allocated between the key activities undertaken, on the basis of full-time equivalent headcount.

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
Support costs		
General support costs	1,271	942
Governance costs	107	343
	<u>1,378</u>	<u>1,285</u>
Allocation to fundraising and MSF UK charitable activities		
Fundraising support	399	364
Operational staff support	215	256
Medical and Programme support	472	426
Communications support	292	239
	<u>1,378</u>	<u>1,285</u>

Trustees' remuneration, expenses and donations

Governance costs include the remuneration of Javid Abdelmoneim as Chair (from 1 January to 31 December 2020). Javid Abdelmoneim was paid £22,008 for 116 days of work (2019: £23,725 for 163 days). The Chair's remuneration is sanctioned by the charity's Articles of Association and was determined by the Board, in the absence of the Chair, based on the recommendation of the Remuneration Committee. Javid Abdelmoneim received a fixed monthly retainer in compensation for the time spent fulfilling his Chair duties above that of other trustees. No other trustee received compensation for their role as trustee. The decrease in the number of days worked was due to additional compliance and oversight duties that were required in 2019.

Keith Longbone was paid £1,756 (plus £143 NI and £175 pension) for one project assignment in 2020, from 1 to 20 January 2020. The work he conducted was not directly related to his trustee responsibilities and was disclosed to the Board. MSF UK Trustees are permitted by the Charity Commission and MSF UK's Articles of Association to work for a maximum of three months a year on standard project assignment contracts. The Board confirmed that his recruitment and contract/remuneration were done on an arms' length basis.

During the year, the equivalent of 11 trustees were reimbursed £12,035 for directly incurred expenses on MSF UK business (2019: £24,233 to 12 trustees). Trustees' expenses comprise principally training costs and the cost of travel to attend governance meetings in the UK and overseas to other MSF entities. The large reduction in expenses is due to the lack of travel after the onset of COVID-19 restrictions.

9. Net movement in funds for the year is stated after charging

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
Auditor's remuneration for statutory audit	37	24
Auditor's remuneration for other services	3	2
Exchange gains/(losses)	165	(43)
Operating lease payments	450	412

10. Staff numbers and costs

The total number of employees throughout the year was:

	<u>2020</u>	<u>2019</u>
Operational staff working overseas in MSF projects	222	294
Recruitment and support of operational staff	24	25
Fundraising	35	32
Medical and programme support	46	38
Communications	29	19
Support and governance	23	25
TOTAL	<u>379</u>	<u>433</u>

The average number of employees throughout the year was:

	<u>2020</u>	<u>2019</u>
Operational staff working overseas in MSF projects	76	97
Recruitment and support of operational staff	18	18
Fundraising	29	25
Medical and programme support	33	30
Communications	22	17
Support and governance	17	16
TOTAL	<u>195</u>	<u>203</u>

The costs of employing staff during the year were:

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
Wages and salaries	7,109	7,008
Social security costs	677	766
Pension costs	613	780
TOTAL	<u>8,399</u>	<u>8,554</u>

The decrease in average employee numbers is due to a large reduction in the number of project staff as a result of the impact of COVID-19 (see page 16). The average employee numbers for non-project staff have increased, largely due to a decision in 2020 to include interns in both our average numbers and our staff costs.

The number of employees with total compensation (excluding employer pension costs) greater than £60,000 are:

	2020	2019
Between £60,000 and £70,000	4	6
Between £70,000 and £80,000	2	-
Between £80,000 and £90,000	1	1

10. Staff numbers and costs (continued...)

Employer contributions to defined contribution pension schemes on behalf of staff paid over £60,000 amount to £48,229 (2019: £47,478).

Vickie Hawkins, MSF UK Executive Director, is the highest paid employee of MSF UK with total compensation (excluding pension costs) of £86,232. There are seven employees with total compensation over £60,000; six are members of MSF UK's Management Team, who are judged to be key management personnel. See page 39 for MSF UK's remuneration policy.

The total employee benefits, excluding pension scheme contributions, of the Management Team were £596,808 (2019: £645,146). This decrease is due to a reduction in the number of employees who form part of the Management Team. There were 10 members of the Management Team in 2020 compared with 11 in 2019; or 9.1 full time equivalents in 2020 against 11 in 2019. Note that the Management Team in 2020 included a number of interim roles.

11. Tangible fixed assets

	Furniture and equipment (£'000)	Computer hardware (£'000)	Computer software (£'000)	Structural alterations (£'000)	Assets under construction (£'000)	TOTAL (£'000)
Cost						
At beginning of year	190	525	327	579	159	1,780
Reclassification transfers	-	-	425	-	(425)	-
Additions	-	55	-	-	311	366
Disposals	-	(34)	(3)	-	-	(37)
TOTAL	190	546	749	579	45	2,109
Depreciation						
At beginning of year	176	350	283	438	-	1,247
Charge for the year	10	54	77	28	-	169
Disposals	-	(32)	(1)	-	-	(33)
TOTAL	186	372	359	466	-	1,383
Net book value						
At beginning of year	14	175	44	141	159	533
At end of year	4	174	390	113	45	726

The transfer of £425,000 from 'Assets under construction' to 'Computer software' represents the going live of our new CRM database during 2020.

12. Debtors

	2020 (£'000)	2019 (£'000)
MSF entities	1,351	1,361
Legacies receivable	8,926	6,847
Other debtors	2,398	1,969
Prepayments	288	327
TOTAL	12,963	10,504

'MSF entities' relate to the entities that make up the worldwide MSF Movement (see appendix 1 for more details).

13. Creditors: amounts falling due within one year

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
MSF entities	16,279	8,015
Tax and social security	224	202
Deferred income	1,753	1,537
Accruals	1,165	1,612
Other creditors	344	472
TOTAL	<u>19,765</u>	<u>11,838</u>

‘MSF entities’ relate to the entities that make up the MSF Movement (see appendix 1 for more details). £16.2 million (2019: £7.8 million) of the £16.3 million creditor balance to MSF entities relate to grants due to MSF sections (see note 6). The remaining balance relates to intra-sectional transactions. Note that the increase in grants payable to MSF entities is due in part to higher than expected income towards the end of the year. In addition, MSF UK decided to keep a greater portion of our grants as payable in 2021 due to the increased uncertainty caused by COVID-19.

£1.8 million of income in 2020 was deferred due to the terms and conditions of the grants. See below for the movement of deferred income over 2020.

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
At beginning of year	1,537	1,246
Released	(1,537)	(1,246)
Deferred income	1,753	1,537
At end of year	<u>1,753</u>	<u>1,537</u>

14. Movements in funds

	1 January 2020 (£'000)	Income (£'000)	Expenditure (£'000)	Transfers (£'000)	31 December 2020 (£'000)
Unrestricted funds					
General fund	4,020	54,064	(59,292)	5,755	4,547
Designated fund - legacies	6,847	8,168	-	(6,089)	8,926
Designated fund - global workforce development	-	-	-	162	162
Designated fund - capital projects	870	-	(25)	172	1,017
Sub-total	11,737	62,232	(59,317)	-	14,652
Restricted funds					
Bangladesh	-	217	(217)	-	-
Burkina Faso	-	383	(383)	-	-
COVID-19 response	-	5,320	(5,320)	-	-
Ethiopia	-	228	(228)	-	-
European migration projects - SAR	-	125	(125)	-	-
Greece	-	155	(155)	-	-
Transformational projects	-	233	(233)	-	-
Lebanon	-	506	(506)	-	-
Libya	1	280	(281)	-	-
Mozambique	-	229	(229)	-	-
Somalia	1	405	(1)	-	405
South Sudan	-	379	(379)	-	-
Syria	-	786	(786)	-	-
Venezuela	-	298	(298)	-	-
Yemen	-	628	(628)	-	-
Other	46	271	(301)	-	16
Sub-total	48	10,443	(10,070)	-	421
TOTAL FUNDS	11,785	72,675	(69,387)	-	15,073

See note 2 on accounting policies for details of the 'Designated funds' for 2020. The carried forward restricted fund for Somalia will be granted in 2021.

14. Movements in funds (continued...)

	1 January 2019 (£'000)	Income (£'000)	Expenditure (£'000)	Transfers (£'000)	31 December 2019 (£'000)
Unrestricted funds					
General fund	4,603	52,158	(53,813)	1,072	4,020
Designated fund - legacies	1,942	6,847	-	(1,942)	6,847
Designated fund - Yemen appeal	-	300	(300)	-	-
Designated fund - GHHM	-	90	(90)	-	-
Designated fund - capital projects	-	-	-	870	870
Sub-total	6,545	59,395	(54,203)	-	11,737
Restricted funds					
Bangladesh	-	395	(395)	-	-
Democratic Republic of Congo	-	832	(832)	-	-
Iraq	-	1	(1)	-	-
Jordan	-	2	(2)	-	-
Lebanon	-	87	(87)	-	-
Libya	-	636	(635)	-	1
Mozambique	-	465	(465)	-	-
Myanmar	-	127	(127)	-	-
Nigeria	-	176	(176)	-	-
Somalia	1	2	(2)	-	1
South Sudan	-	412	(412)	-	-
Syria crisis	-	614	(614)	-	-
Venezuela	-	20	(20)	-	-
Yemen	-	1,385	(1,385)	-	-
Zimbabwe	-	2	(2)	-	-
Other	11	94	(59)	-	46
Sub-total	12	5,250	(5,214)	-	48
TOTAL FUNDS	6,557	64,645	(59,417)	-	11,785

15. Analysis of net assets between funds

	2020 (£'000)			2019 (£'000)		
	Fixed assets	Current assets	TOTAL	Fixed assets	Current assets	TOTAL
Unrestricted funds	726	13,926	14,652	533	11,204	11,737
Restricted funds	-	421	421	-	48	48
TOTAL	726	14,347	15,073	533	11,252	11,785

16. Lease payments

The charity has entered into a rental agreement for its offices, which is currently due to expire in 2025 and which is classified as an operating lease. The total future minimum payments on this lease are as follows:

	<u>2020 (£'000)</u>	<u>2019 (£'000)</u>
No later than one year	452	427
Later than one year and not later than five years	1,395	1,709
Later than five years	-	35
TOTAL	<u>1,847</u>	<u>2,171</u>

17. Pension arrangements

The charity operates a defined contribution group personal pension scheme. The assets of the scheme are held in a separate independently administered fund. The charge in respect of the contributions in the year was £705,076 (2019: £779,700). The cost is accounted in the year it arises with £17,799 outstanding as at 31 December 2020 (2019: £12,484).

18. Related Party transactions

MSF Enterprises is a fully owned subsidiary of MSF UK. During the year, MSF Enterprises has been dormant.

See note 8 on trustees for further details. We do not consider there to be any further related party transactions that require disclosure.

The surgical team at MSF's trauma centre in Mocha, Yemen, prepare a patient for surgery. Photo: Hareth Mohammed/MSF.



12 APPENDICES

Appendix 1: Structure of MSF

Médecins Sans Frontières (MSF): An international, independent medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF was founded in France in 1971, in the wake of war and famine in Biafra, Nigeria. We have expanded to become a worldwide movement of current and former field staff, grouped into 25 national and regional Associations.

MSF UK: This is a company and a charity. MSF UK is a corporation and a legal entity, distinct from its members, with a legal name, rights, responsibilities, assets and liabilities.

MSF sections: Sections are the operating entities that make up the MSF movement. There are 21 affiliated sections worldwide; MSF UK is one. Sections run operational projects and provide operational project support and/or indirect operational support activities (such as fundraising and communications). They are institutional members of MSF International and meet other requirements as defined by the International Board.

MSF branch offices: Branch offices also run indirect operational support activities, but have no executive autonomy in the MSF Movement. They are represented by sections in MSF's international coordination bodies.

MSF UK Association: The company law members of MSF UK. These are former and current staff, including volunteers, who are members of the company MSF UK, guaranteeing MSF UK's purpose and direction. Internationally, each MSF section has a similar governance structure involving an association of staff and volunteers who have worked for MSF.

MSF operational centres: MSF field projects are delivered by five operational centres located in Amsterdam, Barcelona, Brussels, Geneva and Paris. The operational centres are not separate legal entities, but are collaborations between various MSF entities. The tangible elements of each operational centre sit within the particular MSF entity in the country where it is located. For example, Operational Centre Amsterdam sits within MSF Holland. The operational centres directly manage medical humanitarian projects, prepare budgets and allocate resources. MSF entities are usually affiliated to a specific operational centre; MSF UK is affiliated to Operational Centre Amsterdam.

MSF International: A Swiss non-profit entity which provides coordination, information and support to the whole of MSF. It also hosts the higher governing structures: the International General Assembly, the International Board, the Executive Committee and the International Office.

MSF International General Assembly: This assembly is constituted of democratically elected members of MSF Associations (two representatives per MSF Association). It meets annually in June to debate and decide issues of policy and strategy. The International General Assembly is the highest authority in MSF; it elects the International President and most of the International Board, and is charged with safeguarding MSF's medical humanitarian social mission.

MSF International Board: A majority democratically elected board with delegated powers from the International General Assembly. A minority of members are chairs of the operational centres' governance bodies. It meets on average eight times a year to govern MSF International and oversee the Executive Committee.

MSF Executive Committee: A platform comprising the Executive Director of each MSF section. The Executive Committee is charged with providing international executive leadership to MSF; coordinating the implementation of an international work plan; ensuring reactivity, efficiency, relevance and consistency in MSF's social mission and other support activities. There is a smaller Core Executive Committee made up of the General Directors of the five operational centres plus two elected members from the wider movement.

Appendix 2: Principal offices

MSF International

78 rue de Lausanne
1211 Geneva, Switzerland

MSF Belgium

Seat of Operational Centre Brussels
46 rue de l'Arbre Bénit
1050 Brussels, Belgium

MSF France

Seat of Operational Centre Paris
14-34 avenue Jean Jaurès
75019 Paris, France

MSF Holland

Seat of Operational Centre Amsterdam
Plantage Middenlaan 14
1018 DD Amsterdam, The Netherlands

MSF Spain

Seat of Operational Centre Barcelona-Athens
Nou de la Rambla 26
08001 Barcelona, Spain

MSF Switzerland

Seat of Operational Centre Geneva
78 rue de Lausanne
1211 Geneva, Switzerland

Other MSF locations

MSF entities in other countries recruit project staff, raise funds and advocate on behalf of people in crises. A complete and up-to-date list of these entities can be found on our website: www.msf.org.uk.



Dr Birame performs a lung puncture on a patient with a lung infection at the Nizi general referral hospital in Ituri, DRC. Thanks to their treatment, after 48 hours, the patient's breathing had improved and he no longer had a fever. Photo: Solen Mourlon/MSF.



An MSF mobile team meets with a mother and her two children, one of whom has a head injury, at a site for displaced people in Kongoussi, Burkina Faso. Photo: MSF.

For more information on MSF UK,
please visit: www.msf.org.uk

Find us on:

