MEDECINS SANS FRONTIERES (UK)

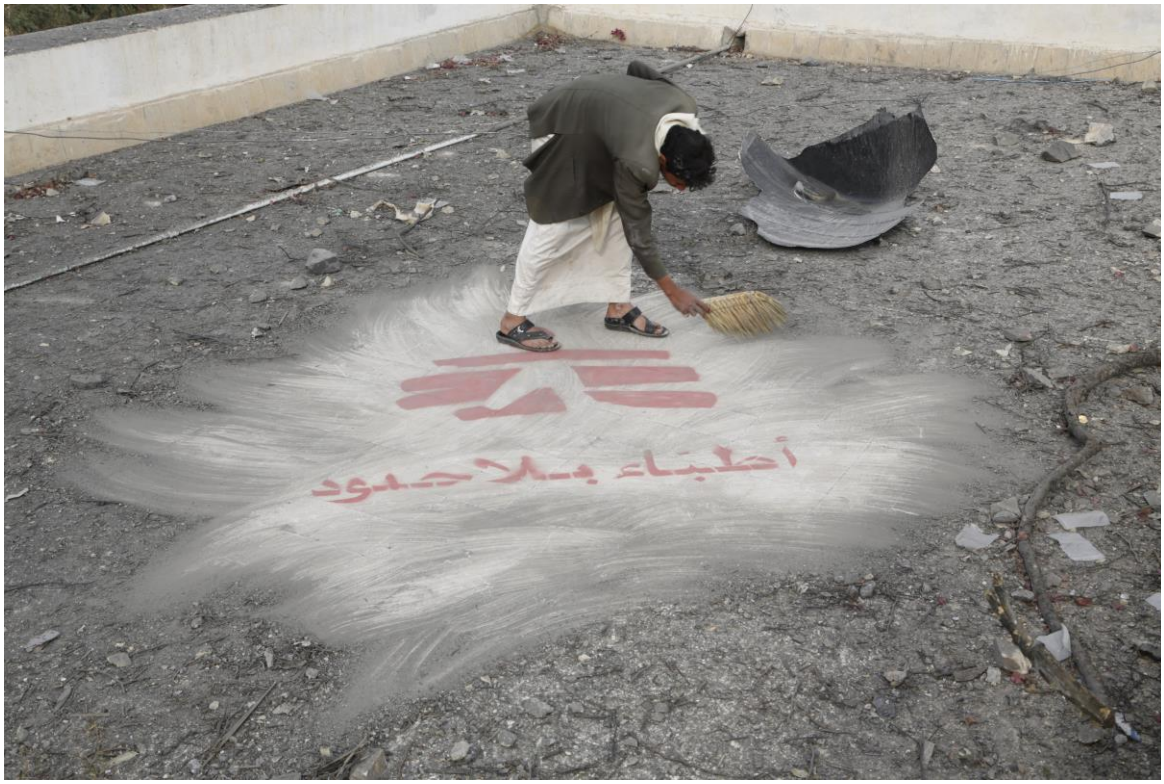
Company limited by guarantee

Company number 02853011

Charity number 1026588

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

Year ended 31 December 2015



29 October 2015 – A man clears debris from the roof of MSF's hospital in Haydan, Yemen, after an airstrike destroyed much of the facility. © Rawan Shaif

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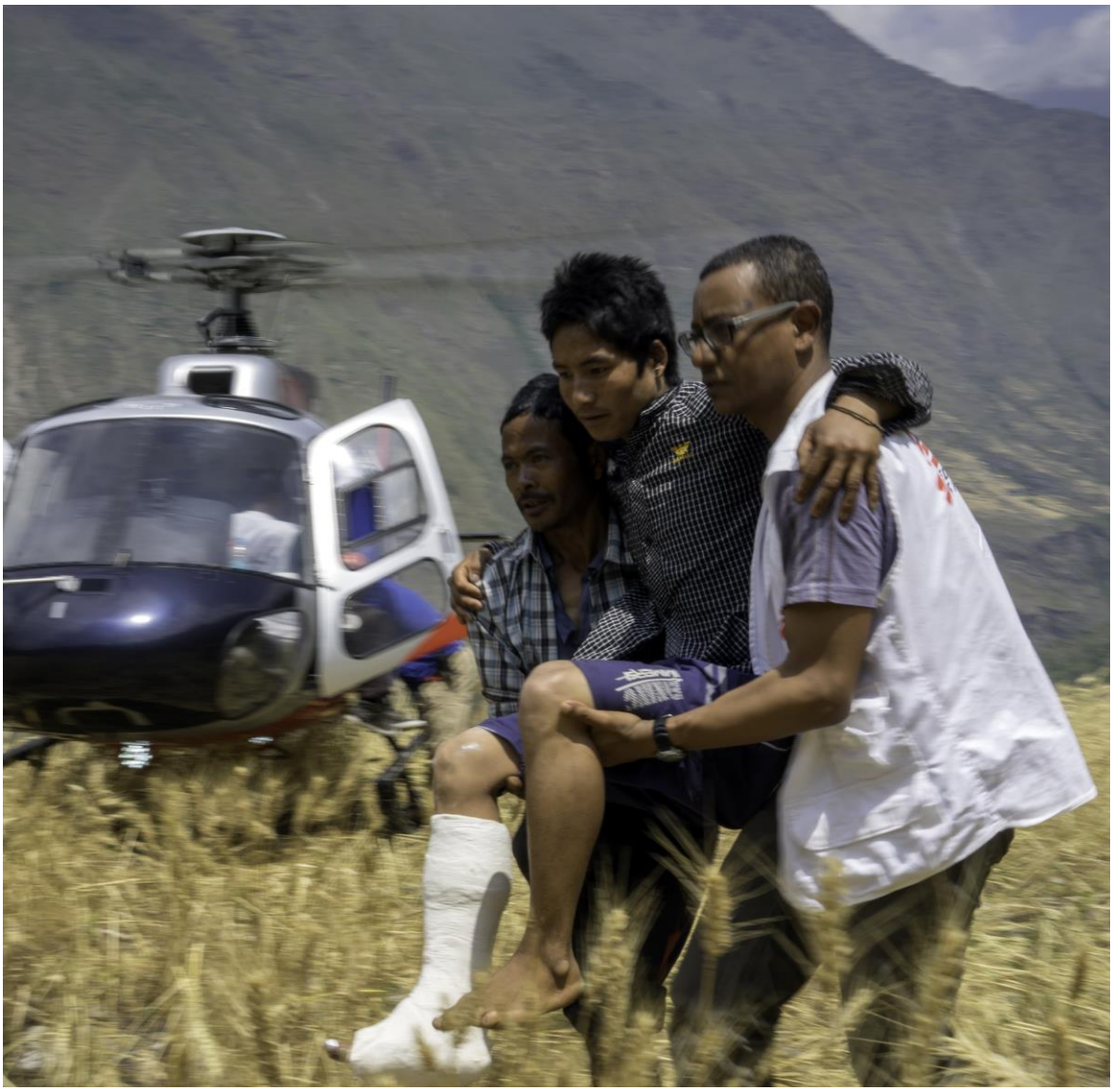
REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2015

The 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 2015. 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 Memorandum and Articles of Association, and the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with Financial Reporting Standard 102 which became effective on 1 January 2015. Prior year figures have been restated where necessary to conform to the new Standard.



21 May 2015 – Maila Gurung, 26, who was injured in one of the two Nepal earthquakes, is returned by helicopter to his home village in Gorkha district after being treated for a broken leg at MSF's hospital in Arughat Bazaar. © Brian Sokol

1. Reference and 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 and since the year end were as follows:

Elected Trustees	Paul McMaster	Chair of the Trustees
	Javid Abdelmoneim	Elected May 2015
	Gareth Barrett	
	Preea Gill	Resigned December 2015
	Willem Diderik Van Halsema	
	Victoria Keilthy	
	Dennis Kerr	
	Heidi Quinn	
	Tejshri Shah	Elected May 2015, resigned September 2015
	Tom Skrinar	
	Peter Young	
Co-opted Trustees	Colin Herrman	

Senior Management Team

Bart-Jan Bekker	Head of Human Resources
Philipp du Cros	Head of Manson Unit
Joe Ghandhi	Company Secretary and Head of Finance
Vickie Hawkins	Executive Director
James Kliffen	Head of Fundraising
Polly Markandya	Head of Communications
André Heller Pérache	Head of Programmes Unit

Principal advisors

Auditors:
KPMG LLP
15 Canada Square
London E14 5GL

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

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

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 office is Chancery Exchange, 10 Furnival St, London EC4A 1AB, UK; this is also the principal office. The office is open from 09.30 to 17.30, Monday to Friday.

Phone: +44 (0)207 404 6600
Website: www.msf.org.uk
Full contact details, including email, are on www.msf.org.uk/contact-us

Other names and styles

Médecins Sans Frontières is commonly abbreviated to the initials MSF. We are also known as 'Doctors Without Borders'.

2. Structure, governance and management

Constitution

Médecins Sans Frontières (UK) is a company limited by guarantee and governed by its Memorandum and Articles of Association.

The MSF Association

The members of MSF UK are the MSF Association. Operational staff, office staff and office volunteers may apply to join the MSF Association and thus become members of MSF UK after they have worked for a specified amount of time with MSF. At the time of this report the Association has 429 members.

Formally, each member of the Association guarantees £1 to MSF UK in the event of winding up. More importantly, the members of the Association commit to ensure that MSF UK maintains focus on effective delivery of medical care in accordance with MSF's core principles; they fulfil this commitment primarily through the election and holding to account of the Board of Trustees at the annual general meeting of the charity.

The Board of Trustees

Association members delegate governance responsibilities to a Board of Trustees. Most Trustees are elected by the Association at the charity's annual general meeting; a smaller number of additional Trustees may be co-opted by the Board.

The duties of the Board of Trustees are to ensure that MSF UK adheres to the core principles of the MSF movement and the purpose for which it was set up; fulfils its purpose effectively and efficiently ensuring due care and accountability and the responsible management of resources; and complies with all legal and regulatory requirements.

The majority of Trustees have a medical or paramedical background. However, we take steps to ensure that an appropriate range of skills and experience are represented on the Board.

Each trustee holds office for a period of three years after which they may stand for re-election or may be considered again for co-option. Newly appointed Trustees are invited to attend training on trustee responsibilities arranged by external providers. Issues of governance, Board effectiveness and Trustees' responsibilities are regularly discussed at Board meetings.

The Board meets six or seven times per year to ensure MSF UK is well run and achieving its objectives. The audit committee, a sub-committee of the Board, meets twice a year and discusses all issues relating to control and risk, including statutory and regulatory compliance.

The Board of Trustees appoints the Executive Director, currently Vickie Hawkins, who leads the senior management team. The management team is responsible for the implementation of strategy, and day-to-day management of the office and finances of the charity.

Remuneration of Trustees

With the exception of the chairman, the Trustees do not receive any remuneration or benefit for their work as Trustees.

The remuneration of our chairman, Paul McMaster, is authorised in the Articles of Association and approved by the Charity Commission. During 2015, he received remuneration as chairman of MSF UK of £7,937 (2014 - £8,656).

Paul McMaster also works as chairman of MSF's Operational Centre Amsterdam, which falls outside his MSF UK duties. For this role he received remuneration of £18,750 for 150 days (2014: £17,688 for 142 days). This payment is in accordance with Charity Commission guidelines.

Salary policy

The policy for remuneration of all staff, including senior managers, is decided by the Board of Trustees. The policy sets out a framework for staff remuneration which includes comparing salaries against mid-market pay levels in the UK charity sector, bearing in mind MSF UK's size and office location, in order to set a level that is modest yet broadly competitive. This is in keeping with MSF's focus on maximising the use of funds for frontline work.

In accordance with this policy, the Executive Director of MSF UK, Vickie Hawkins, receives a salary of £73,000 per annum. This is slightly more than three times the salary of our lowest paid office worker. Other members of the management team receive salaries between £50,000 and £70,000 (see note 10, page 38).

Related parties

MSF UK has a fully-owned subsidiary: MSF Enterprises Limited. During the year, MSF Enterprises Limited has been dormant.

The Trustees do not consider that any other person or organisation can be regarded as a related party.

The international MSF movement

Médecins Sans Frontières (UK) is one of 24 affiliated MSF entities around the world; each is linked with its own national Association consisting of people who have worked or volunteered for MSF. Each is a separate independent legal entity having charitable or non-profit status in their country of residence. These, together with a small number of connected entities, comprise the international MSF movement.

The members of the MSF movement are bound by a shared name and identity, and a shared commitment to the MSF Charter and Principles.

The annual International General Assembly (IGA) comprises of representatives of the 24 national Associations. Resolutions passed by the IGA inform the Trustees and the executive of MSF UK. The IGA elects the international MSF president, who is currently Joanne Liu.

MSF UK participates in the broader governance of the MSF movement in a number of ways. In particular, we are closely linked with Operational Centre Amsterdam (OCA), one of five operational centres which are responsible for the delivery of humanitarian aid projects. MSF UK has the right to send two representatives to the IGA. We also have representation on the OCA Council, the OCA Audit Committee, the International Board (IB), and the international Executive Committee (ExCom).

MSF International

Based in Geneva, MSF International is a Swiss non-profit entity which acts as a hub and provides coordination, information and support to the operational centres and the individual MSF entities. It hosts the International General Assembly (IGA), the International Board (IB), and the international Executive Committee (ExCom). It also implements some international projects, initiatives and campaigns; and it liaises with the United Nations and other global organisations.

MSF International monitors the key performance indicators of the 24 MSF entities worldwide. They are compared to strategic plans and to external benchmarks in order to highlight strengths and achievements, as well as weaknesses and inefficiencies.

An important part of the MSF International role is the compilation and publication of reports which give an overview of the MSF movement as a whole.

- The **International Activity Report** provides a comprehensive overview of MSF's projects worldwide, the most significant issues we face and the solutions we implement in order to deliver humanitarian aid.
- The **International Financial Report** gives a view of MSF's work internationally and provides transparency and accountability to our stakeholders. These combined accounts represent an aggregation of the financial statements of the MSF entities worldwide.

The International Activity Report and International Finance Report are published annually and may be viewed or downloaded from the MSF International website (www.msf.org). Printed copies are available from the MSF UK office.

3. Objectives and activities for the public benefit

Our legal foundation

The principal objective of MSF UK, stated in the Memorandum and 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 guidance on Public Benefit and are satisfied that the charity's activities, grants and plans accord with this guidance.

The issues we face

MSF brings humanitarian medical assistance to victims of armed conflict, epidemics, malnutrition, natural disasters and exclusion from healthcare. We strive to provide assistance to those who need it most, regardless of ethnic origin, religion, gender or political affiliation.

At its core, the purpose of humanitarian action is to save the lives and ease the suffering of people caught in acute crises, thereby restoring their ability to rebuild their lives and communities.

We offer basic healthcare, perform surgery, fight epidemics, rehabilitate and run hospitals and clinics, carry out vaccination campaigns, operate nutrition centres, and provide mental healthcare.

MSF UK's contribution

MSF UK is a member entity of MSF International, and we actively participate with MSF Holland, Germany, India and Ireland to form the Operational Centre Amsterdam (OCA), which is one of the operational centres in the movement responsible for the delivery of humanitarian aid projects.

MSF UK grants funds to the OCA and other MSF operational centres which enable them to plan and implement projects in areas of greatest need. Other grants are given to MSF International in Geneva (page 6), and to the MSF Access Campaign and the Drugs for Neglected Diseases Initiative (page 8).

MSF UK's human resource department recruits and employs over 200 medical and non-medical operational staff each year, including many specialists in their field, who work on contract to deliver aid and manage projects in locations across the world. They build links with medical bodies in the UK to encourage mobility between a medical career in the UK and medical humanitarian aid.

We give direct support to MSF's humanitarian operations via the Manson Unit, which provides specialist medical support on a range of infectious diseases, epidemiology and operational research. Our Programmes Unit also gives direct support by supporting qualitative research on a broad range of medical and humanitarian issues, as well as representing MSF in the UK with the British government and global health and humanitarian sectors. Staff of both the Manson and Programmes Units spend substantial periods of time working in our country programmes, providing technical advice and management support.

MSF UK's communications department works to raise awareness and provide up-to-date public information about MSF's work through the news media and the internet, reaching both national and international audiences. Staff in the communications department also regularly travel to our country programmes, working as field communications officers in emergencies or providing training and advice to field communications staff on the ground.

The Executive Director of MSF UK sits on the international Executive Committee (ExCom) of MSF, which is made up of the General Directors of the five operational centres plus two elected members from the wider movement. In addition, the Executive Director is a member of the management team of the OCA. The head of the Manson Unit has a seat on the OCA's operational platform – the key platform for operational decision-making in the OCA. Each member of MSF UK's management team also participates in MSF's functional platforms across the OCA and the international MSF movement.

More information on MSF UK's activities can be found on our website.

International humanitarian activities

At any time, MSF's operational centres run projects in 350 to 400 locations, in 70 countries worldwide. A more detailed overview of these activities is on page 16.

Rapid response to disasters

For disaster relief, MSF acts fast to gauge the needs, mobilising MSF staff already in the area or by sending in an emergency team. We are often one of the first international organisations to arrive on the scene of a disaster and our immediate objective is the relief of suffering in the short term. Often we begin treating people even as we develop a fuller plan.

Long-term projects

However, the majority of our programmes have longer term objectives. These projects are carefully researched and planned before they are initiated, in order to ensure that they will have a real impact on health within the constraints of staff and money which are available.

Each project has its own short and long-term targets, which depend on the location of the project and the health issue which is being addressed. Broadly speaking, the long-term goals of any project are to improve access to healthcare for the affected population, to improve health infrastructure and facilities, to establish robust systems and procedures, and to give relevant training and awareness of health issues to both medical staff and to other members of the local population.

Ultimately, MSF aims to complete each project and withdraw. It may be possible to close down a project when the services that we offer are no longer necessary, for example when an epidemic or a conflict has abated.

Another possibility is that we may be able to pass a project over to a local organisation which is able to take over and sustain the operation. There is no rigid and specific formula for when this might occur, nor is it always an easy decision. In each case, MSF does the best it can to ensure high quality continuity of care. And in many MSF projects, training of local employees is emphasised with the hope of helping develop broader skills across a given society that can be employed to deliver the necessary care after MSF has handed over its programmes.

Criteria and success measures

Each project is managed by one of the MSF operational centres. It will be assigned a budget and a set of success measures which best suit the nature of the particular project. These are reviewed and revised at regular intervals to ensure that the project progresses towards its targets in the most effective way possible.

Campaigns and research

MSF campaigns internationally to improve access to healthcare and reduce health exclusion, with the long-term aim of removing the circumstances which lead to health crises.

Too often, we cannot treat patients because the medicines are too expensive, or they are no longer produced. Sometimes, the only drugs we have are highly toxic or ineffective, and nobody is looking for a better cure.

As a medical humanitarian organisation, it is fundamentally unacceptable to MSF that access to essential medicines is increasingly difficult, particularly for the most common global infectious diseases.

MSF works on this in three specific ways:

- *MSF's Access Campaign's* key focus is to highlight the difficulties and to break down the barriers people face in getting hold of adequate and effective diagnostic tests, drugs and vaccines for diseases that affect vulnerable populations. Some examples of this are medication to control HIV/AIDS, which in some countries can be difficult to access; and the pneumonia vaccine, which is priced beyond the ability of many people in poor countries to purchase (MSF Access).

- *The Drugs for Neglected Diseases Initiative* (DNDI) is an international collaboration in which MSF is a major donor and partner. It aims to develop new drugs or new formulations for people suffering from diseases such as sleeping sickness, kala azar or Chagas disease. Acting in the public interest, DNDi bridges existing research and development gaps in essential drugs for these diseases by initiating and coordinating drug

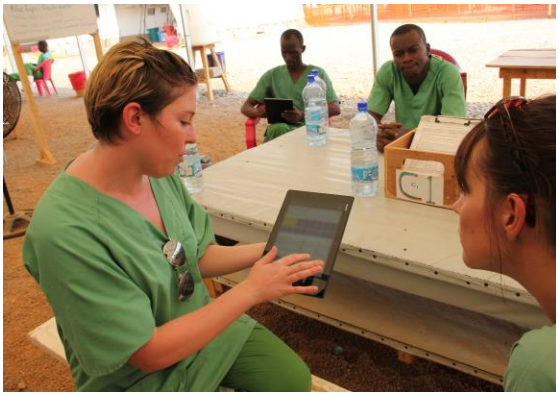
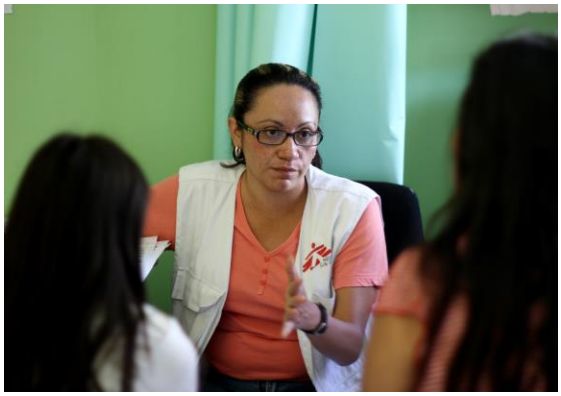
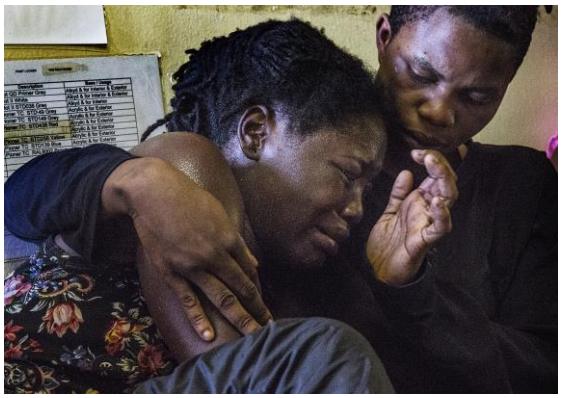
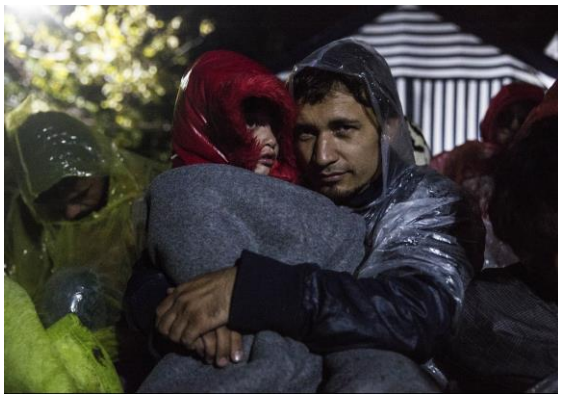
research and development projects in collaboration with the international research community, the public sector, the pharmaceutical industry and other relevant partners.

- *MSF field research* – Medical data and research from MSF field operations are regularly published in peer-reviewed literature and have led to changes in clinical practice. MSF research focuses on the challenges of delivering medical humanitarian assistance to populations affected by conflict, natural disasters and lack of access to healthcare. Research topics include treatment of multidrug-resistant tuberculosis (MDR-TB), HIV/AIDS, neglected tropical diseases and mental healthcare. MSF's scientific articles are archived on the website (Field Research) and are available free in full text.

Témoignage and advocacy

"Témoignage", meaning "testimony", is core to MSF's mission. Our practice of témoignage means that MSF acts as a witness and will speak out, either in private or in public, about the plight of populations in danger for whom we work. In doing so, MSF sets out to raise public awareness of human suffering, to protect life and health and to restore respect for human beings and their fundamental human rights.

"Silence has long been confused with neutrality, and has been presented as a necessary condition for humanitarian action. From its beginning, MSF was created in opposition to this assumption. We are not sure that words can always save lives, but we know that silence can certainly kill." – MSF's Dr James Orbinski, Nobel Prize acceptance speech, 1999.

Clockwise from top left: 28 March 2015 – Doctors use an electronic tablet to collect data in Magburaka Ebola treatment centre, Sierra Leone © Sophie McNamara/MSF; 6 March 2015 – MSF doctor Diana talks to an adolescent girl about the consequences of sexual assault on health in Tegucigalpa, Honduras © Delmer Membreno; 10 October 2015 – Some 3,000 refugees were stranded in the cold and wet when the Serbian border with Croatia was closed, © Anna Surinyach/MSF; 29 August 2015 – Overcome with the trauma of her rescue, a woman is brought aboard MSF's Dignity I vessel off the coast of Libya, © Anna Surinyach/MSF

4. Achievements and performance

Fundraising

The MSF UK fundraising team raises money to support our medical aid work around the world. These donations enable us to respond quickly to emergencies and keep MSF's work independent of political interests.

In 2015 MSF UK received income from regular donations of £14.2 million – an increase of 25% compared with the previous year's figure of £11.3 million.

Monthly giving by private supporters is critically important to MSF, because it provides a secure source of unrestricted funds. This is the financial lifeblood of MSF's humanitarian aid and frees MSF from political influence and the changing focus of media coverage.

The approach that MSF takes to our fundraising is non-intrusive and informative. This is driven by the research we carry out with supporters, which constantly reinforces the power of first-hand individual testimony from MSF field workers. MSF chooses not to send frequent appeals to our donors, and has never shared the details of our supporters with other organisations.

During the year we worked to improve the service we provided to supporters, and took part in independent "mystery shopping" of 15 charities in the UK. MSF was ranked first for overall experience, with 81% of our panel saying they would recommend others to give to MSF.

Operational staff

2015 was a significantly busy year; 251 staff were recruited and deployed to field operations, the highest ever sent from MSF UK. In addition to this, the human resources team managed several medevacs. We also responded to a number of critical incidents, in particular the bombing of the MSF hospital in Kunduz and the helicopter crash in Nepal.

Next to these day-to-day challenges, the team delivered key strategic projects. These ranged from the creation of a link with the Royal College of General Practitioners to supply first-mission GPs to field programmes, to the launch of a revised leadership programme, which should lead to the development and retention of some of our key talent. We also created an MSF Career Passport and a career development strategy, which addresses learning and development for operational staff.

We established a link with the Deanery for Health Education Yorkshire and The Humber, which will establish a new pipeline of medical staff for our field projects, as well as helping our ongoing efforts to support revalidation of our nurses and doctors. Last but not least, we supported and promoted the very successful Surgery in Austere Environments course.

Témoignage and advocacy

MSF UK's communications department provides up-to-date public information about MSF's field work through the news media, the internet and specialist publications, and works to raise awareness of humanitarian crises among the general public and key decision makers.

During 2015, we campaigned strongly to raise awareness around a number of issues, particularly conflicts in Yemen and Syria, and the plight of refugees fleeing conflict across the Mediterranean and through Europe.

Our use of innovative digital techniques, such as an audio diary recorded by MSF staff in Yemen, were effective in engaging with the British public. Photo diaries, staff and patient blogs were also effective.

MSF UK issued more than 70 press releases during 2015, on a wide variety of topics. MSF is a highly respected institution, with unparalleled reach to perceive and testify on humanitarian issues in many parts of the world. Our press releases are carefully researched, authoritative, and carry weight with the world press. In addition, MSF released seven detailed reports during the year with significant analysis of the refugee crisis and of international response to epidemics (MSF Reports).

Positive engagement with student groups in many British universities helps with MSF campaigns, as well as providing a pool of highly qualified individuals who will continue to support MSF, and possibly work for us, in years to come.

Support for operational programmes

Manson Unit

The Manson Unit provides direct medical support to MSF field programmes, particularly in the domains of epidemiology, geographic information systems (GIS) and public health.

Over the course of 2015, the Manson Unit played a key role in the Ebola response, providing clinical and epidemiological support to MSF's Ebola task force.

The unit is also responsible for organising the annual MSF UK Scientific Day, which expanded in 2015 to cover two days, with the addition of an "innovation day" to showcase and share lessons from new models of care and uses of technology in humanitarian work.

Missing Maps (Missing Maps) is a collaboration between MSF and several other organisations, which aims to map the most vulnerable places in the developing world in order to enable better response to crises. During the year, around 6,000 volunteers contributed time to this project. Already, these detailed maps have supported MSF's operations in a number of field locations.

The TB PRACTECAL clinical trial (TB Practecal) progressed significantly in 2015, receiving ethical approval in December. This is a cutting-edge clinical research project to find short, tolerable and effective treatments for people with drug-resistant tuberculosis. It will be the first Phase III trial to combine two new drugs, with the aim of significantly improving treatment options for people with the disease.

Programmes Unit

In 2015, this unit continued to deliver high-level advocacy and representation towards the UK public and UK government in particular. We were also involved in operationalising study findings, for example in Iraq, where the concept of vulnerability is being integrated into rapid assessments.

We provided témoignage and analysis of the humanitarian situation in Yemen, northern Nigeria, South Sudan, Central African Republic, Burundi and on Europe's borders. This involved us in roundtables and parliamentary events organised in collaboration with UK-based institutions such as the Overseas Development Institute, Chatham House and the UK Refugee Council.

Publications in 2015 include a study on the perception of control measures during the Ebola crisis in Sierra Leone, and a study of tuberculosis treatment adherence in Uzbekistan. Following the publication of MSF's landmark report "Where is Everyone?" in 2014, we are continuing our analysis of the humanitarian aid system and consolidating MSF's positioning in the run-up to the World Humanitarian Summit in 2016.

Bilateral advocacy work was also facilitated on behalf of MSF's Access Campaign, particularly to raise political commitment for tuberculosis, as well as the 3P project that proposes a new way to develop TB drugs.

Grants made during the year

When a donor gives funds for a specific purpose such as to support a specific project or appeal, MSF UK classifies these funds as restricted and grants them, without deduction, to the relevant MSF operational centre which is responsible for that specific programme.

The Board and the management team coordinate with other MSF sections to identify areas where unrestricted funds can be applied in humanitarian operations with maximum effectiveness. Grants are then made to the MSF operational centres which are responsible for carrying out these operations. During 2015, MSF UK made grants totalling £35.1 million (2014 – £28.1 million) to enable the operational centres to deliver humanitarian programmes.

Benchmarks and performance measuring

MSF, both in the UK and internationally, always strives to make the best possible use of the funds which are donated to us. We ensure that our programmes are focused on those populations which are most vulnerable and in need, and we continually review our impact on the health situation of our target population, both

through monitoring systems in place in-country and through the advice, support and intermittent presence of headquarters-based specialist advisers.

International aid operations are complex, and no single set of performance measures can suit every situation. For example, a sudden emergency will demand a rapid and relatively costly response by our medical and logistics teams, whereas a long-term programme can be carefully planned and resourced to maximise the effectiveness of its budget and staff. Preventative measures such as improving the water and sanitation situation or implementing a vaccination campaign are prioritised, which can also help avoid a less effective and costlier intervention once an outbreak is underway.

MSF UK is pleased that during 2015 we were able to commit 88% of our total expenditure to grants and charitable activities (2014 – 90%). This social mission ratio compares favourably with other British charities working in the same field.

MSF International, the coordinating hub in Geneva, compiles and analyses data from all MSF sections which they publish on the website (www.msf.org). Data for 2015 is not yet available at the writing of this report; however, the 2014 International Financial Report shows that out of total global expenditure of €1,066 million, 80% was spent on humanitarian programmes, with 14% on fundraising and 6% on management and administration. Once again, this compares favourably with other organisations of similar size and scope.

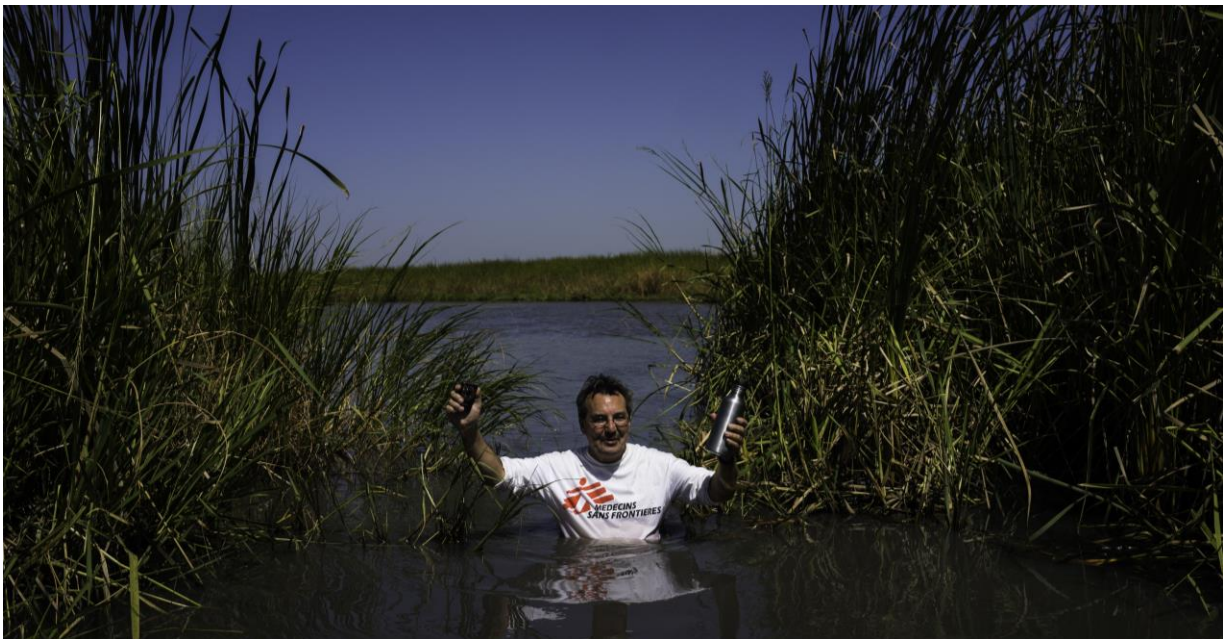
Operational staff

The Trustees are grateful to our operational staff who choose to carry out lifesaving work in MSF projects across the world, often under difficult conditions. We could not continue our work without them. In 2015, we sent 251 contracted staff out to MSF projects worldwide.

Voluntary help and support

We are also grateful to the many volunteers who give their time to help out in the UK office. During 2015, office volunteers provided a total of approximately 1,528 days (2014 – 1,508 days) of time. We are extremely appreciative of their crucial support across all our departments.

Finally, the network of university student societies, the Friends of MSF, is noteworthy. At the end of 2015 there were 35 such societies at universities around the UK, primarily made up of medical students. As well as providing a pool of future medical staff for the organisation, the Friends societies also are very active in raising money for MSF's field work and helping to raise awareness among UK students of the challenges MSF faces in the field.



16 December 2015 – An MSF team member makes his way through swamps towards Kok Island to distribute medical supplies and food to people hiding from violence in Unity state, South Sudan.
© Dominic Nahr

5. 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.

Significant events in 2015

Sources of funds

Our most significant source of income in 2015 was committed giving. Regular giving by direct debit and standing order is the bedrock of MSF's financial independence. Regular gifts do not rely on media attention and they deliver a predictable flow of funds, which can be used according to need. In 2015, donations by direct debit and standing order increased by nearly £3m to £14.2m (2014 – £11.3m). We are very grateful to our loyal long-term committed donors for this level of support, which recognises the leading role that MSF plays both in relieving suffering and in raising public awareness of crises.

Aside from legacies, all other categories of donations also increased from 2014, which showcases both the success of our fundraising team, and the generosity of our supporters. Unrestricted income is especially valuable to MSF UK as it gives us the flexibility to use the money in areas where we consider the greatest need to be in order to fulfil our charitable purpose. Taking out legacy income, we have increased our total unrestricted income by £7.2m (or 29%) from £25.2m in 2014 to £32.4m in 2015.

Legacy income is inherently less predictable, and the decrease from £13.2m in 2014 to £6.2m in 2015 was due to the recognition of a single large legacy gift of £6.6m in 2014. This £6.6m is included in these accounts as a prior year adjustment due to new SORP reporting changes. The reduction in our restricted funding is due mostly to the high profile of the Ebola emergency appeal in 2014.

Our fundraising team works tirelessly to engage with all donors and potential donors to make them aware of the difference their donations makes to the people for whom we work.

Grant-making

In 2015 we increased our total expenditure by £9.8m from £38.6m to £48.4m. The vast majority of our increased expenditure is due to an increase in our grant-giving, adding up to a total of £35.1m for operational and other programmatic activities across the MSF movement (2014 - £28.1 million). Our largest grants went to those countries affected by the Syrian crisis (£5m) and Afghanistan (£4.8m), with £3.2 million given to fight the Ebola epidemic in West Africa which continued into 2015.

More details of these grants can be found in note 6 of the accounts.

Spending on direct charitable activities also increased by 22% to £7.7m (£6.3m in 2014). This is due to an increase in medical and programme support which reflects the increased work done by the Manson Unit and Programmes Unit.

Office costs

Early in 2015, MSF UK moved its principal office to more suitable premises in Furnival Street. Capital expenditure of £574k of structural alterations was incurred during this move (2014 – nil).

Reserves

General reserves

The policy approved by the Trustees is to maintain general reserves at an equivalent of 4.5 months of that year's budgeted UK expenditure.

In 2015, the UK expenditure budget was £10.4m (2014 – £7.6m), and general reserves as at 31 December 2015 stood at £7.1m (2014 – £6.8m restated). This is equivalent to 8.2 months' expenditure, which is a significant reduction from the general reserves level at the end of 2014 (10.6 months restated). The high level of reserves in 2014 was due to the generosity of the UK public in supporting MSF's work on Ebola. The current excess of the general reserves over our targeted reserves is due to a combination of higher than expected donations

coming in and the Trustees' commitment to spend donor funds in line with strategic priorities for MSF UK and the wider MSF movement.

The Trustees are committed to restore general reserves to the target level as soon as is practicable, bearing in mind the need to spend donor funds in a responsible manner.

Designated reserves

MSF UK accrues for income which is expected but not yet received from legacies. At the year end, the Trustees have designated these funds for future commitment to projects in the field when received.

Restricted reserve

This reserve represents donations where the donor has specified the project or emergency to which MSF should apply the funds. The Trustees expect to expend all funds in this reserve during the course of the coming year.

Principal risks and uncertainties

The charity maintains a detailed risk register which is regularly reviewed, revised and updated by the management team. Risks are rated according to their probability of occurrence and their potential impact on the charity. Policies and strategies are adopted to manage, mitigate and avoid these identified risks.

The management team report to the Trustees on the top five risks on a quarterly basis, ensuring to update them on urgent issues as soon as they arise.

As of the date of this report, these are the five principal risks identified and our actions in response to them: -

- Safety and security of our staff being compromised. This risk arises because MSF staff frequently work in environments where there is a significant possibility that they could be exposed to violence, sickness or injury. MSF has extensive protocols for operational security and safety, thorough staff training both pre-departure and on mission, and contingency plans in operation to enable rapid response should an incident arise. These protocols and procedures are regularly reviewed and revised. And MSF as a movement actively advocates and campaigns for greater respect for medical staff and facilities in conflict zones.

- MSF's fundraising model may no longer be viable as a result of regulatory changes and potential negative publicity affecting the charity sector as a whole. We work hard to ensure that our fundraising efforts are a model of best practice by maintaining close contact with our donors and by monitoring feedback. We will continue to carefully monitor developments in the charity sector, modelling and researching ways in which we could make further improvements.

- Lack of business continuity as a result of major incident, disaster or disruption. This could affect our ability to function effectively as an organisation, decrease staff morale and affect our response to critical incidents affecting operational staff. We have well-established backup and continuity plans in place and will continue to review and improve them.

- Failure to achieve agreed standards of confidentiality in relation to information governance. Any loss or breach of confidential personal data would have far-reaching consequences on both MSF finances and reputation. This risk is being controlled by a number of measures to protect data security, coupled with a programme of actions intended to heighten staff awareness of the issues and risks. We also intend during 2016 to commission an external review of information governance.

- Interruption in our systems for processing donations. MSF UK depends on regular, committed donations by individuals, so any disruption of this flow of funds would damage the charity's finances as well as our reputation. We regularly review the infrastructure and procedures underlying our systems, including robust and secure IT infrastructure and contingency planning. We plan to do a formal review of these systems in 2016.

6. Future plans

MSF UK

We move into 2016 with a clear vision to continue with our work providing medical and humanitarian aid to populations that are vulnerable and in need. In 2016, we will also strengthen our relationship with our donors, enhance our IT governance and infrastructure, and continue our active participation in the activities and management of the Operational Centre Amsterdam (OCA) as well as the international MSF movement.

During 2016, one particular focus of MSF UK's témoignage and advocacy will be the campaign "A Fair Shot" to press the pharmaceutical companies GlaxoSmithKline and Pfizer to drop the price of the pneumonia vaccine to US$5 per child.

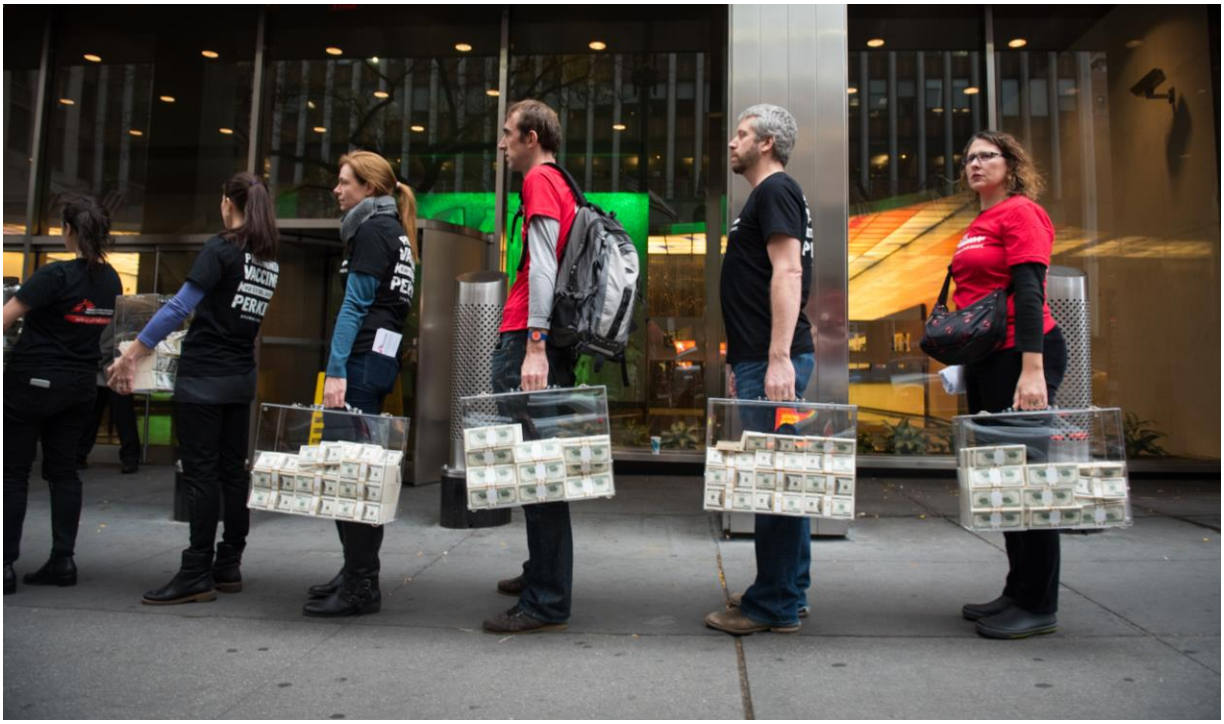
Our research effort to develop a short, effective and tolerable treatment protocol for drug-resistant tuberculosis will move into its fourth year. This trial, titled TB PRACTECAL, is being conducted at a number of MSF projects and coordinated at MSF UK's office in London.

Strategic direction of Operational Centre Amsterdam

In our capacity as a partner in MSF's Operation Centre Amsterdam, we will also work to advance OCA's strategic objectives.

The OCA strategy falls into two broad groupings. The first is to enhance our ability to reach populations in need. In order to achieve this, we will work to ensure that key stakeholders such as governments and relevant factions recognise, understand and support our work. Alongside this, we aim to enhance our medical capabilities and improve our ability to respond rapidly and effectively to emergencies.

OCA's second strategic grouping lies in strengthening our resources and infrastructure. We will improve our human resources to ensure continuity and enhance leadership skills, and we will improve the infrastructure around our service delivery to medical operations. It is also important to ensure that we have the financial strength needed to support operations, and to ensure good internal communication and coordination.



12 November 2015 – MSF volunteers attempt to deliver more than US$17 million of fake cash – the equivalent of one day of profits from the pneumonia vaccine for Pfizer globally – to Pfizer's CEO Ian Read in New York. © Edwin Torres

7. Overview of international operations

MSF UK grants funds to other MSF sections which carry out operations in the field. This section provides a brief overview of some of the work of MSF operations worldwide during 2015. In this section, "MSF" as a term is used to imply the MSF movement as a whole.

Armed conflict

In numerous countries, MSF is providing medical care to people caught in war zones. Some have injuries from gunfire, knives, machetes, bombings, beatings or sexual violence. Others are cut off from medical care and unable to get the treatment they need. This includes pregnant women who are unable to reach hospital to give birth, and people with chronic conditions such as kidney disease and high blood pressure who cannot get the medicines they rely on.

More than half of MSF's projects are either located in or near conflict zones, or in areas of great instability. Notably in 2015 we provided humanitarian aid in Syria, Yemen and Afghanistan, although we are also deeply committed to working in many lesser known or longer running conflict areas, including Central African Republic, South Sudan and Democratic Republic of Congo.

MSF never takes sides in conflict zones, but provides medical care based on needs alone, while working hard to reach the people most in need of help. If warring parties perceive aid organisations as being on one side of a conflict, we become less likely to gain access to those in need and more likely to be attacked. Our project coordinators spend as much time meeting and talking to opposing armed groups as they do on managing the project itself. One of the ways in which we are able to demonstrate our independence to different parties is to ensure that the majority of our funding comes from private individuals – we rarely accept grants from governments, and never for our work in conflict zones.

However, despite our efforts to remain neutral, and despite the protection granted to medical facilities by the Geneva Conventions, MSF's hospitals still come under attack.

In October 2015, MSF's trauma centre in Kunduz province, Afghanistan came under sustained attack from the US military. The hospital had been extremely busy due to several days of intensive fighting in Kunduz town, with staff working 24 hours a day consulting over 171 patients, including 46 children in the week of the attack. Fifty patients arrived in critical condition. At the time of the attack, both operating theatres were at work. Forty two patients and staff were killed in the attack, fourteen of which were our own colleagues. Staff were forced to turn office tables into rudimentary operating tables, on which they operated on their own colleagues to try to save them.

Hundreds of thousands of people in the region were cut off from reaching the specialist trauma care that they needed, at a time of active fighting and civilian casualties. The US Government have admitted full responsibility for the attack, but their shifting narrative led MSF to call for an independent investigation and the mobilisation of the International Humanitarian Fact-Finding Commission (the IHFFC), a body inaugurated as part of the Geneva Conventions which can be mobilised by humanitarian organisations or others when they are violated.

MSF teams around the world held candle lit vigils to reinforce our call for the activation of the IHFFC, a mechanism which has not been mobilised once in its 20 year history. Unfortunately the attack on MSF's facility in Kunduz represented no exception to this, and six months later MSF is still waiting for an independent and transparent account of the circumstances of the attack. A full list of our MSF colleagues who lost their lives in this horrific attack can be found here (In Memoriam), and at the time of writing our activities in Kunduz remain suspended.

The conflict in Yemen has been indiscriminate and has been taking an enormous toll on civilian life and infrastructure. Only three weeks after Kunduz, an MSF supported facility in Hayden, Saada Province was subjected to an airstrike, fortunately hitting an empty part of the hospital with no casualties. However, within three months a further two MSF facilities in Yemen came under attack. A temporary clinic in the besieged enclave of Taiz was hit, an attack in which eight people were wounded and one person killed. In early 2016, Razeh hospital in Saada province was also struck, killing at least six people and wounding at least seven. Given the severity of this attack and the numbers of lives lost, MSF again called for the mobilisation of the IHFFC, representing the only independent mechanism through which to seek an investigation. For the second time, the IHFFC failed to be activated.

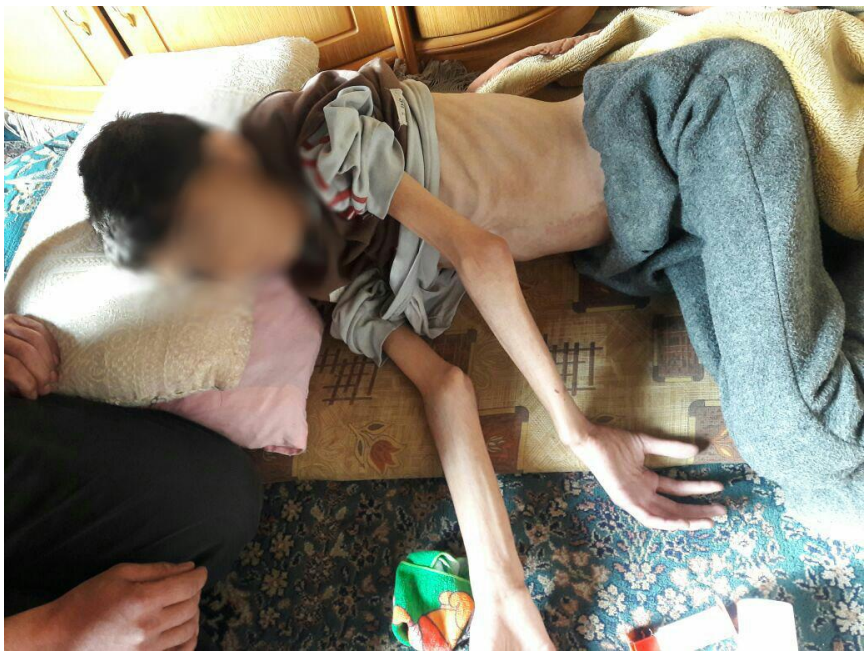
In 2016, MSF will continue to advocate for increased protection of medical facilities, patients and staff during times of conflict; as well as for greater accountability of those responsible through investigation, visibility and transparency.

The crisis in Syria

As the war in Syria enters its fifth year, humanitarian assistance is failing to reach the millions of people trapped by the conflict. The situation is continually changing; what follows is a snapshot at the end of 2015:

Aleppo was once an economic powerhouse and the industrial capital of Syria. But relentless attacks and airstrikes have overwhelmed hospitals with casualties. Of the estimated 2,500 doctors who worked in Aleppo before the conflict, fewer than 100 remain. The rest have escaped abroad, become displaced within Syria, or have been kidnapped or killed. This has left a catastrophic gap in people with medical experience and expertise.

With massive unmet needs inside Syria, agencies including MSF should be running some of the biggest aid operations in history, but the scale of the violence and the fast moving nature of the conflict mean that



2 April 2016 – 17-year-old Mohammed, photographed at his home in Madaya, Syria, is severely malnourished as a result of the government-imposed siege. He died of malnutrition two days later. © MSF

opportunities to work inside Syria are limited. Following the abduction (and eventual release) of MSF staff in 2014, the extremely difficult decision was taken to close projects and stop support activities in areas controlled by the so-called Islamic State group. MSF has also been unable to get permission to work in areas controlled by the government of Syria.

As a result, MSF is currently only able to directly run six medical facilities in the country. However, we have also established support networks for more than 100 medical facilities inside government and non-government controlled areas. These networks provide essential supplies which enable Syrian medical staff to carry on working, often in extremely hazardous conditions, bringing a minimum level of healthcare to people trapped by the conflict. However this support, while valuable, is possible in relatively few locations and falls far short of meeting the massive medical needs inside Syria.

An astonishing 7.6 million Syrians have been internally displaced, with a further 4.1 million having fled to Lebanon, Jordan, Turkey, Egypt and Iraq. In these countries, the refugee influx is putting considerable strain on public services. The main health concerns are access to primary and secondary healthcare, safe deliveries and chronic disease medications. MSF has scaled up its activities in these neighbouring countries and has opened additional projects, but the needs remain enormous.

In Lebanon, MSF currently provides primary healthcare in Tripoli, Beirut, Sidon and in four clinics in the Bekaa Valley. From January to June 2015, MSF provided 126,000 consultations to Syrian refugees as well as vulnerable Lebanese.

By January 2015, according to the UNHCR, more than 620,000 Syrian refugees were registered in Jordan, with many more outside the official system. The majority of refugees are living outside camps, where they share space, resources and services with their Jordanian hosts. MSF runs a maternity hospital in northern Jordan to help meet the needs of a large number of Syrian refugees as well as vulnerable Jordanians. MSF also has two clinics treating non-communicable diseases: the first, run in partnership with the Jordanian Ministry of Health, opened in December 2014 and the second, run with the Arabian Medical Relief Society, opened in April 2015. MSF also provides emergency surgery and post-operative care to victims of the Syrian war at Ramtha hospital and Zaatari refugee camp, as well as running a specialist surgical hospital in Amman for patients from across the region.

By early 2015, Turkey was already hosting more than 1.8 million Syrian refugees, and the number has increased significantly since then. MSF's activities to support refuges in in Turkey have been limited by the difficulty in obtaining legal registration. However we have been able to support Turkish civil society organisations in delivering assistance to those in need. As an example, MSF offers financial and technical support to the humanitarian agency Support to Life and the International Blue Crescent Relief and Development Foundation in Sanliurfa, where there is a mental health project for refugees, and activities are underway to improve water supply, hygiene and sanitation conditions. MSF succeeded in obtaining legal registration to work in Turkey in late 2015, enabling us to take a more direct role in the future.

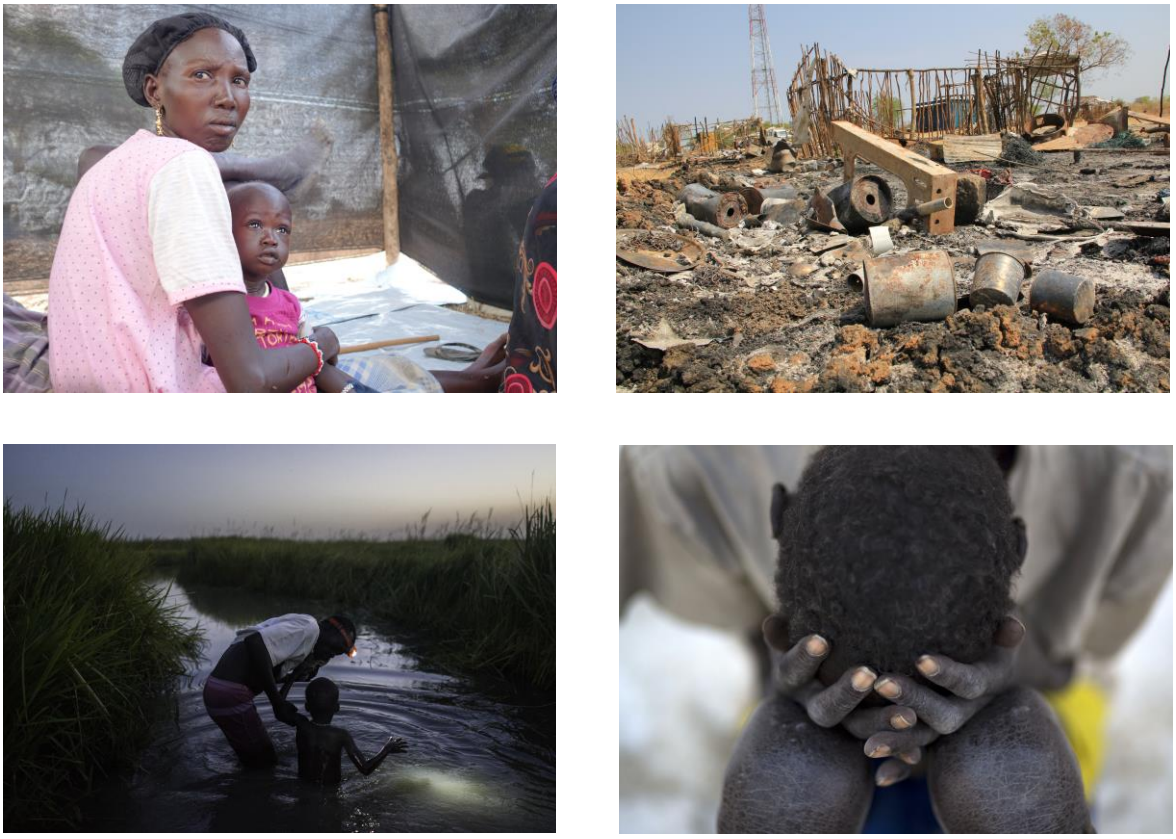
South Sudan
More than a year of fighting across most of South Sudan has left the country on the brink of catastrophe. As the crisis continues to escalate, an estimated 1.5 million people have fled their homes inside South Sudan and across its borders. MSF teams are responding on an unprecedented scale to the emergency, providing lifesaving medical and humanitarian assistance. Despite frequent peace talks and attempts to stabilise the situation, Africa's newest country remains caught in crisis.

The civilian population has been the repeated victims of atrocious acts of targeted violence, such as killings, rape, abductions, and lootings. The spiralling conflict has severely affected MSF and specifically our national colleagues. During 2015 in Unity State, where the violence directed at the civilian population was particularly acute, five MSF staff were killed and thirteen of our colleagues remain unaccounted for.

Despite this, MSF is one of the largest medical and humanitarian aid providers in South Sudan, with more than 3,500 staff across the country, as well as projects in Ethiopia and Uganda serving refugees from South Sudan.

At present, MSF operates projects in six of the ten states of South Sudan, including in Unity, Upper Nile and Jonglei states, where the conflict has taken a particularly heavy toll.

Teams are responding to various health needs, providing surgery, obstetrical care, treatment for malaria, kala azar and malnutrition, as well as vaccinations against preventable diseases. From January to March 2015, MSF teams performed 167,207 outpatient consultations, of which 62,269 were for children under the age of five.



(L-R) 3 March 2016 – Mary takes shelter in an MSF clinic in a camp for displaced people in Pibor following days of fighting in Unity state, South Sudan. © Jacob Kuehn/MSF; 3 March 2016 – During heavy fighting in Pibor in February 2016, many homes throughout town were burnt, looted and destroyed. © Jacob Kuehn/MSF; 13 January 2015 – A kala azar sufferer rests at MSF's hospital in Lankien, South Sudan, © Karel Prinsloo; 17 December 2015 – An MSF staff member helps a young boy cross the swamps around Kok island after receiving food aid for the first time in months, Unity state, South Sudan, © Dominic Nahr.

Central African Republic

Central African Republic (CAR) is slipping deeper into crisis. Almost half of the population of 4.6 million people are in need of emergency aid and the health situation is catastrophic. There is a severe shortage of skilled local health staff and of vaccines in the country. Access to care is limited and expensive, and drug supplies are frequently interrupted. Conflict and displacement prevent people from obtaining the medical services they desperately need. The UNHCR estimated in June 2015 that some some 370,000 people were internally displaced in the country and a further 470,000 had crossed the border into Chad and Cameroon.

MSF has been working in CAR since 1997. Since December 2013, in response to the crisis, we have doubled our medical assistance in CAR and are running additional projects for Central African refugees in neighbouring countries. MSF is the main healthcare provider in CAR, with many long-standing programmes offering comprehensive services, as well as emergency projects that are set up as needed. Banditry and security incidents are common, and MSF has been directly affected by armed attacks, harassment and robberies.

Malaria remains a major killer, in some areas accounting for 90 percent of patients in MSF's projects, and taking the greatest toll on children under five.

Refugees, migrants and asylum seekers

More than 60 million people are currently displaced from their homes worldwide, according to the UN, the largest number since World War Two. Many are fleeing persecution, poverty and war in their home countries, and are forced underground into human trafficking networks.

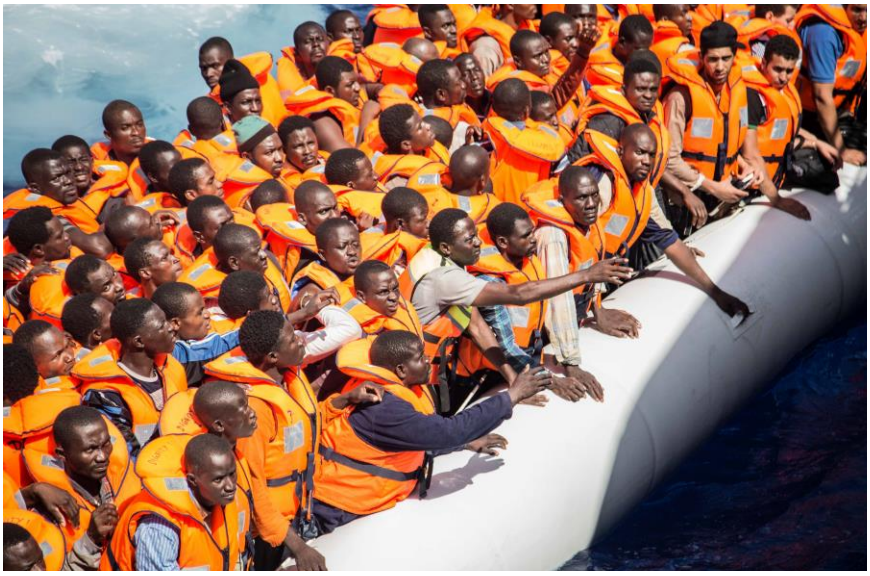
The journeys they undertake are often very dangerous. Thousands of people have died this year alone, whether by drowning in the Mediterranean Sea or after suffering violent assault along the migrant routes of North Africa, Central America, the Middle East and Southeast Asia. Many require urgent medical care for illness or injury but have no access to health services; even those who survive their journeys are often afraid to seek out care for fear of being deported or worse.

MSF works on the migration routes along which many people travel, providing essential humanitarian aid and medical care. As well as supporting vulnerable people at various points along their journey, MSF campaigns for better state-run health facilities, and for increased awareness, both of the health issues which migrants face, and of the circumstances which have led these people to flee their homes.

Mediterranean
In May 2015, MSF launched a search, rescue and medical aid project in the Mediterranean Sea for the thousands of people risking their lives in an attempt to reach safe haven.

During 2015, MSF teams on Board three ships assisted more than 23,000 people in distress, taking part in 120 separate rescue operations. Data from one search and rescue vessel show that 43% of those rescued were in need of medical care, 8% were suffering from a serious health condition and 1.4% were pregnant women.

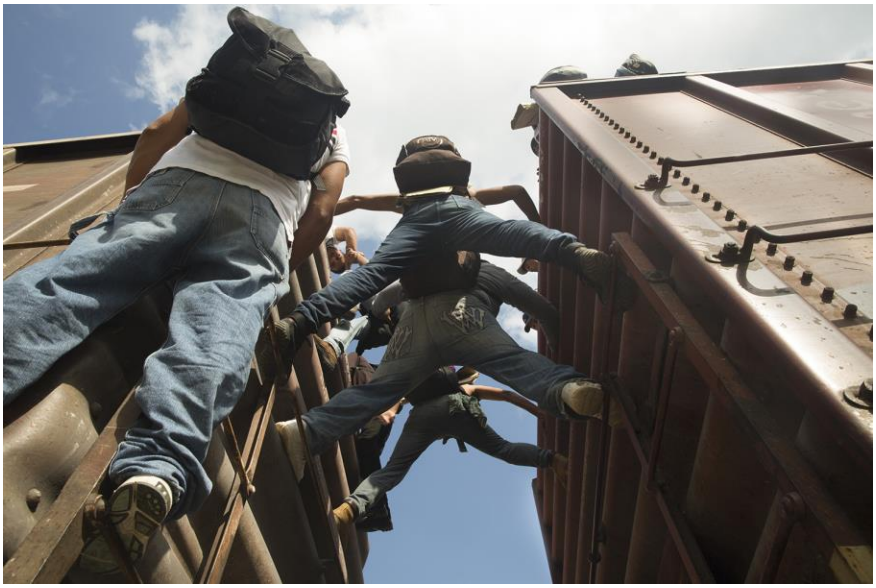
The majority of people rescued by MSF told us that they had not wanted to leave their homes, but did so because they had no other choice – they were fleeing for their lives. From the increasingly brutal war in Syria, to the difficulty of life under an oppressive dictatorship in Eritrea, everyone we met had a very strong reason for fleeing their country.



18 September 2015 – People heading across the Mediterranean sea to Europe in a rubber dinghy are rescued by an MSF search and rescue ship off the coast of Libya. © Marta Soszynska/MSF

Mexico
The majority of people rescued by MSF told us that they had not wanted to leave their homes, but did so because they had no other choice – they were fleeing for their lives. From the increasingly brutal war in Syria, to the difficulty of life under an oppressive dictatorship in Eritrea, everyone we met had a very strong reason for fleeing their country.

Some 300,000 Central Americans enter Mexico every year, many of them hoping to enter the US. Journeying by boat, on foot, and on a notorious train known as 'the Beast', they cover thousands of miles, but along the way, many find the very same thing they are fleeing: violence. Migrants are preyed upon by criminal organisations and plagued by theft, extortion, mugging and rape, often leaving them injured or psychologically traumatised. But because of their legal status, they cannot access basic healthcare to help them recover while on the move. MSF has established a series of clinics that offer medical and mental healthcare at key points along the route.



15 June 2014 – Men travelling from Central America jump a train in Mexico headed for the US border. Almost 60 per cent of the migrants treated by MSF in Mexico have suffered episodes of violence along their route.

Southern Africa
In South Africa, Zimbabwe and Mozambique, MSF is working with local agencies to improve facilities at key points along the migrant routes, as well as pioneering the use of a 'health passport' to enable migrants and mobile workers with HIV or TB to receive continuity of care along their journey. MSF has also set up a new 'corridor project' in the high-transit cities of Tete and Beira, in Mozambique, targeting hard-to-reach mobile populations such as sex workers, truck drivers and seasonal workers.

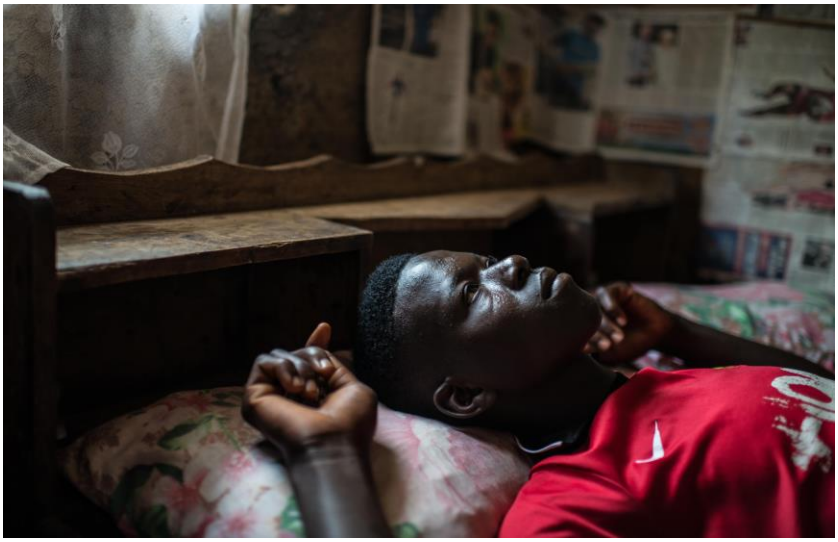
Disasters and Emergencies

The Ebola epidemic in West Africa
MSF's Ebola response started in March 2014. At its peak, MSF employed nearly 4,000 staff to combat the epidemic across Guinea, Liberia and Sierra Leone. We spent a total of nearly €100 million on this response.

During 2015, we were able to modify our response as the epidemic slowly came under control. MSF's Ebola treatment centres, which were essential in the initial response, were handed over to other agencies, such as the Red Cross, or reduced in size and eventually closed down.

Working with regional governments, we have developed and trained RITE (rapid isolation and treatment of Ebola) teams which are able to analyse needs and respond quickly. We have also been involved in research studies, including trials into an Ebola vaccine.

In March 2015, MSF released a critical analysis of the Ebola epidemic over the previous year, revealing the shortcomings of the global response to the crisis. The report, Pushed to the Limit and Beyond, was based on interviews with dozens of MSF staff involved in the Ebola response. It describes MSF's early warnings about cases of Ebola spreading in Guinea, the initial denial by governments of the affected countries, and the unprecedented steps that MSF was forced to take in the face of global inaction as the outbreak engulfed neighbouring states.



3 November 2015 –Ebola survivor Sorie Kamara, 25, used to farm rice and cassava before he caught Ebola but the disease has left him too weak to work. © Tommy Trenchard

There are an estimated 15,000 Ebola survivors in West Africa, many of whom continue to face ongoing physical and mental health problems. Post-Ebola syndrome includes joint pain, chronic fatigue, hearing problems and eye problems – potentially leading to blindness without prompt access to specialised care. In addition, survivors are at risk of stigmatisation in their communities.

MSF continues to provide healthcare to Ebola survivors and to local populations; two Ebola clinics in Sierra Leone and one in Liberia offer medical and psychological services, and a clinic has also been opened in Guinea.

Nepal earthquakes
Two earthquakes hit Nepal on 25 April and 12 May 2015, killing an estimated 8,500 people and injuring 20,000. When the first earthquake struck Nepal, with an epicentre 80 km west of the capital Kathmandu, MSF immediately launched an emergency response. Within 48 hours of the first earthquake, MSF teams had flown into Kathmandu and conducted assessments by helicopter; others reached the epicentre by road from northern India.

MSF's response to the emergency was focused on remote and isolated areas where roads had been cut off by the earthquakes. In Arughat, where the main health facility was destroyed, we set up an inflatable hospital. In other villages we ran a system of helicopter clinics to provide medical care and refer emergency cases to hospital. In many places, houses and health facilities were totally destroyed. MSF distributed tents, food and hygiene kits to affected communities.

By the time the second earthquake struck on 12 May, MSF had 120 operational staff in the country and we were able to respond immediately to the new emergency.

On 2 June, three of our colleagues who were part of the emergency response lost their lives in a helicopter crash. Sandeep Mahat, Jessica Wilford, and Sher Bahadur Karki were flying back to Kathmandu after providing medical and humanitarian assistance in remote villages in Sindhupalchowk district when the accident occurred. We miss them all tremendously.

Between April and July 2015, MSF conducted more than 2,500 health consultations and provided psychological support to more than 7,000 people, mostly via helicopter. MSF also treated 240 emergency patients and provided more than 1,200 physiotherapy sessions in Kathmandu orthopaedic hospital.

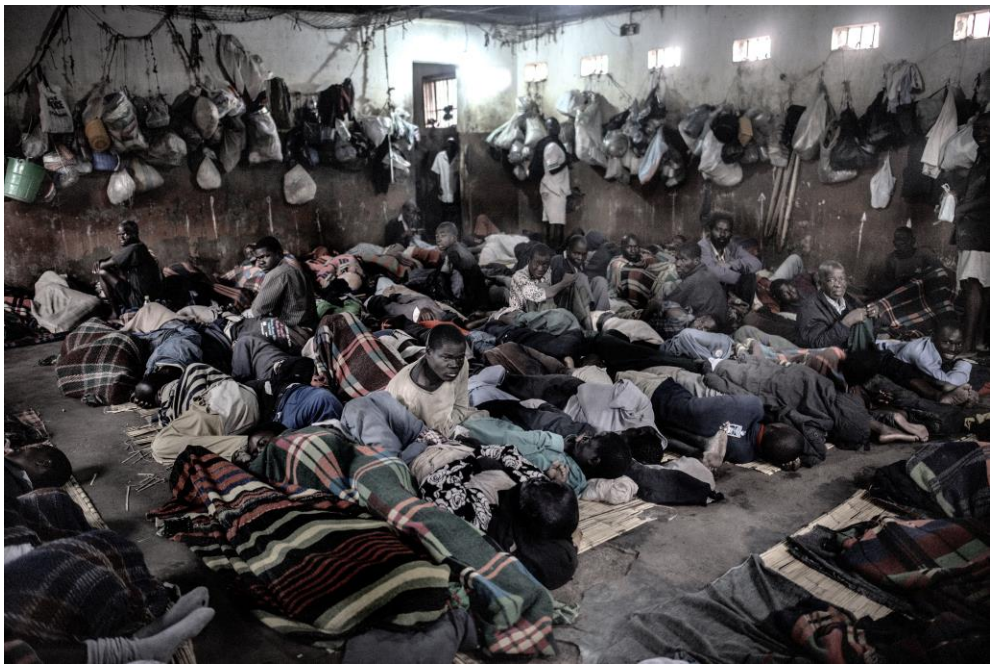
MSF reduced its emergency activities in July 2015, but kept working through two projects in Sangha and Charikot, providing surgical rehabilitation and psychological support. Both of these projects were handed over to local Nepali organisations by the end of the year.

Exclusion from healthcare

Not every disaster strikes suddenly; some unfold over decades, as instability undermines the health system, disease devastates a population, or a group of people are excluded from medical care. A large part of MSF's work focuses on providing care in such hidden emergencies.

In many parts of the world, certain groups of people are marginalised and prevented from accessing healthcare because of who they are. This may include refugees, internally displaced people, migrants, ethnic minorities, the unemployed, prisoners, people with HIV/AIDS or tuberculosis, drug users, sex workers and street children. In some cases they may fear stigma and be reluctant to seek help, but in other cases the healthcare system may deliberately neglect or exclude them. In these instances, MSF tries to bridge the gap in services. At the same time, we call on governments to make sure that all the people for whom they bear responsibility can get the treatment they need.

Prisons
In some countries, prisoners have little or no access to healthcare. Short of food and water, and confined in unhygienic cells, conditions such as malnutrition, dehydration, and skin and respiratory infections are common. When cells are overcrowded, they can become breeding grounds for infectious diseases such as tuberculosis.



26 May 2015 – Prisoners wake up in a cell in Chichiri prison in Blantyre, Malawi, after 14 hours spent in cramped and unhealthy conditions. © Luca Sola

Since 2010, MSF has been working in three prisons in the Cambodian capital, Phnom Penh, where 25 percent of the country's prisoners are held. Our teams provide care and treatment for HIV and TB, and have introduced measures to improve infection control, such as a quarantine area in one of the prisons. In order to avoid patients developing drug-resistant forms of TB by stopping their course of treatment midway, our staff provide follow-up treatment after prisoners have been transferred or released. We make sure they have access to the drugs they need, as well as to medical services.

MSF teams are also working in prisons in Malawi, Myanmar, Ukraine and Zimbabwe.

Post-emergency access to healthcare
Often, after the immediate emergency caused by an epidemic or natural disaster subsides, a longer term crisis unfolds as the area struggles to recover. The government may be overwhelmed by the scale of the problems, or new health problems may be sparked, such as cholera outbreaks when clean water supplies are disrupted.

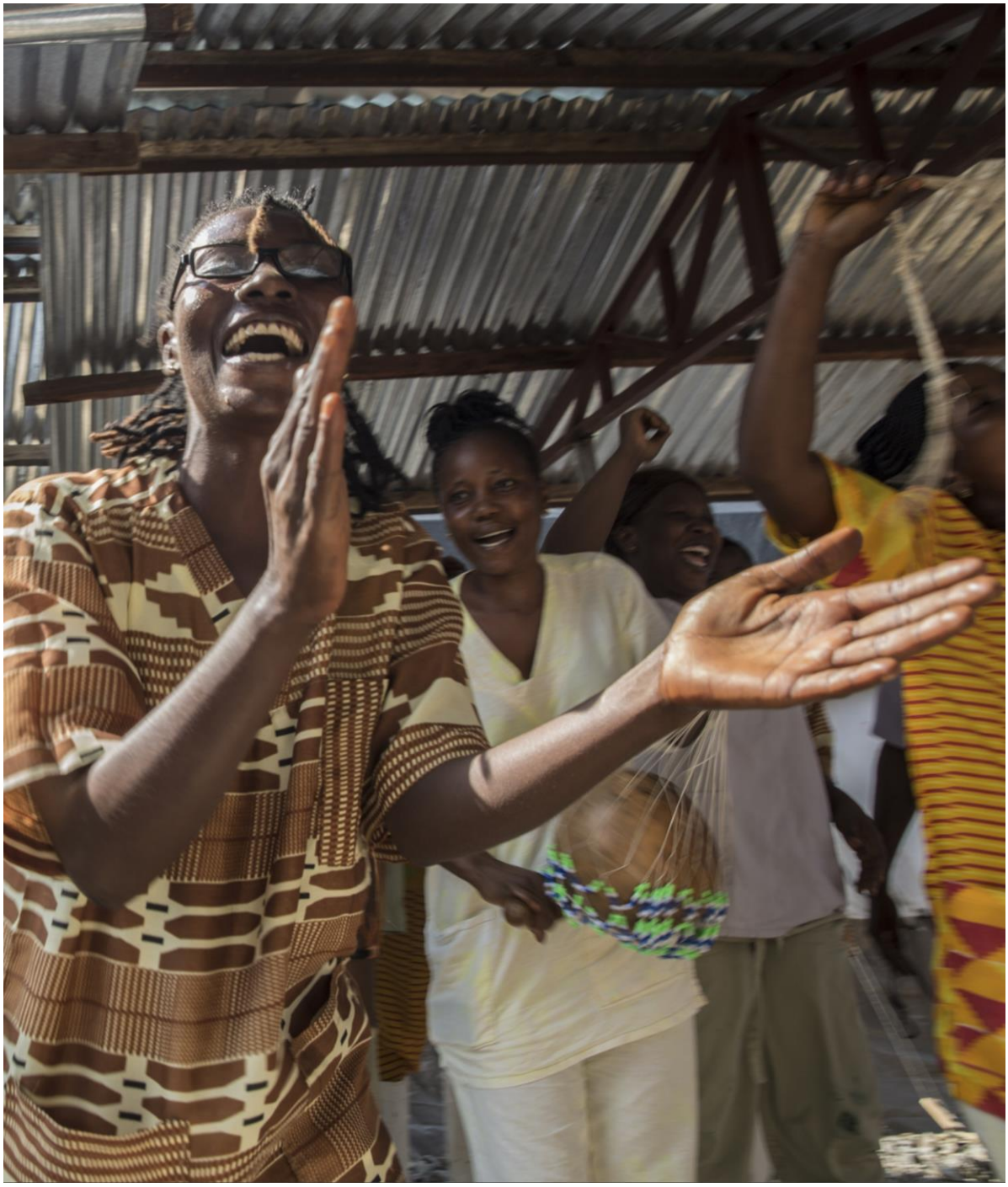
In cases such as these, where healthcare infrastructure is not functioning, MSF may build or renovate clinics, set up ambulance services and vaccination programmes, and treat chronic conditions. In some countries, our initial response was to an emergency, but we have stayed on for decades. If we were to withdraw too soon, the healthcare vacuum could create a renewed emergency, forcing us to return. We work with other aid organisations and governments, when appropriate, to improve healthcare and end the threat of emergency.

Sexual violence in Honduras
Honduras is one of the most violent places in the world. Many migrants in Honduras find themselves with no choice but to make a living as commercial sex workers or drug dealers, and the lack of healthcare available to them, combined with the rapidly growing commercial sex trade, has led to a huge increase in sexually transmitted infections.

There is no national protocol for the treatment of victims of sexual violence in Honduras, and in practice this means that most victims do not receive medical care. Since 2011, MSF has been providing medical and psychological care and social support to victims of violence, including sexual violence, at two health centres and in the main hospital in the capital, Tegucigalpa. At each location, all services are provided in one place, are confidential and are free of charge.

Fistula
Medical conditions, such as obstetric fistulas, can lead to people being excluded from society.
A fistula is a hole between the vagina and either the rectum or bladder, through which urine or stool leak continuously. They are almost always caused by obstructed labour without timely medical intervention. Worldwide, an estimated two million women have fistulas, most of them in Africa. This problem is largely hidden because it often affects young women who live in poor, remote areas with very limited or no access to maternal healthcare. Because of the physical symptoms, women with fistulas will often be abandoned by their husbands and ostracised by their communities. As a result, many live on the margins of society.

Our healthcare teams work with pregnant women to prevent the occurrence of obstetric fistulas, while at the same time treating those with the condition and providing psychological support to former fistula sufferers to help them rebuild their lives. MSF provides fistula treatment in three permanent centres in Burundi, Chad and Nigeria, and runs regular 'fistula camps', where specialised surgeons visit a location for a limited period to treat as many women as possible.



9 December 2014 – Bentu Sandy, an Ebola survivor who went on to work with MSF in Bo as a mental health counsellor, celebrates the release of Agustine, a pharmacist who caught Ebola in the course of his work helping to fight the disease. © Anna Surinyach/MSF

STATEMENT OF TRUSTEES' RESPONSIBILITIES

Statement of Trustees' responsibilities in respect of the Trustees' Annual Report and the Financial Statements

The trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year. Under that law they have are required to prepare the financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*.

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 charitable company and of the excess of expenditure over income 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 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; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue its activities.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charitable company and to prevent and detect fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Disclosure of Information to Auditor

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; and 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.

Reappointment of Auditors

In accordance with Section 485 of the Companies Act 2006, a resolution for the re-appointment of KPMG LLP as auditors is to be proposed at the forthcoming Annual General Meeting.

The Trustees Report, including the Strategic Report and the Directors' Report was approved by the Trustees on 15th April 2016 and signed on their behalf by

Paul McMaster

Chair of the Trustees

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of Medecins Sans Frontieres (UK)

We have audited the financial statements of Medecins Sans Frontieres (UK) for the year ended 31 December 2015 set out on pages 29 to 41. The financial reporting framework that has been applied in their preparation is applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*.

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 its members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' Responsibilities set out on page 26, 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.

Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Opinion on financial statements

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 2015 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with UK Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006.

Opinion on other matters prescribed by the Companies Act 2006

In our opinion the information in the Trustees' Annual Report, which constitutes the Strategic Report and the Directors' Report, for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

- the charitable company has not kept adequate accounting records 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 trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Ian Pennington (Senior Statutory Auditor)
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
15 Canary Wharf
London
E14 5GL

20th April 2016

STATEMENT OF FINANCIAL ACTIVITIES

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

for the year ended 31 December		*2015*			*2014 (restated)*		
		Unrest-ricted	Restricted	Total	Unrest-ricted	Restricted	Total
	Note		£'000			£'000	
Income							
Donations and legacies	3	38,642	4,073	42,715	38,400	9,270	47,670
Charitable activities	4	3,243	35	3,278	3,013	-	3,013
Investing activities – Interest income		10	-	10	12	-	12
Total		41,895	4,108	46,003	41,425	9,270	50,695
Expenditure							
Fundraising cost	5	5,602	-	5,602	4,139	-	4,139
Grants made: -							
Operational programmes	6	27,655	6,717	34,372	20,697	6,932	27,629
Other Grants	6	719	-	719	467	-	467
Charitable Activities	7	7,637	35	7,672	6,341	-	6,341
Total		41,613	6,752	48,365	31,644	6,932	38,576
Net income (expenditure) for the year	8, 9, 10	282	(2,644)	(2,362)	9,781	2,338	12,119
Fund balances brought forward at 1 January	14, 15	14,563	2,971	17,534	4,782	633	5,415
Fund balances carried forward at 31 December	15	14,845	327	15,172	14,563	2,971	17,534

The notes on pages 32 to 41 form part of these financial statements.

BALANCE SHEET

at 31 December	Note	*2015* £'000		*2014 (restated)* £'000	
Fixed assets					
Tangible assets	11		767		77
Current assets					
Debtors	12	12,251		10,388	
Cash		13,215		13,983	
			25,466		24,371
Current Liabilities					
Creditors: Amounts falling due within one year	13		(11,061)		(6,914)
Net current assets			14,405		17,457
Net assets			**15,172**		**17,534**
Funds	14, 15				
Unrestricted:					
General		7,109		6,810	
Designated		7,736		7,753	
Total unrestricted funds			14,845		14,563
Restricted			327		2,971
Net funds			**15,172**		**17,534**

The notes on pages 32 to 41 form part of these financial statements.

Company registration number: 02853011

These financial statements were approved by the Trustees on the 15th April 2016 and were signed on their behalf by:

Tom Skrinar
Treasurer

Paul McMaster
Chair

CASH FLOW STATEMENT

for the year ended 31 December	Note	*2015*		*2014 (restated)*	
		£'000		£'000	
Cash flow from operating activities			74		7,045
Cash flow from investing activities					
Interest received		10		12	
Purchase of fixed assets		(852)		(64)	
			(842)		(52)
Increase (decrease) in cash in the year			(768)		6,993
Cash balance at 1 January			13,983		6,990
Cash balance at 31 December			**13,215**		**13,983**

The notes on pages 32 to 41 form part of these financial statements.

Reconciliation of net income to operating cash flow

	2015	**2014 (restated)**
	£'000	£'000
Net income (expenditure) from the Statement of Financial Activity	(2,362)	12,119
Bank interest	(10)	(12)
Depreciation charge	156	33
Writedown of fixed assets	6	-
Decrease / (increase) in debtors	(1,863)	(5,605)
Increase / (decrease) in creditors	4,147	510
Cash flow from operating activities (above)	74	7,045

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 2015 the charity has 429 (2014: 427) 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

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

Reconciliation with previous Generally Accepted Accounting Practice

This is the first year in which accounts have been prepared in accordance with the new accounting standard. In preparing the accounts, the Trustees have considered whether the accounting policies required by FRS 102 and the Charities SORP require the restatement of any items from the previous year.

Legacies – given the change in the SORP regarding income recognition, MSF UK's policy on legacies has changed. As a result, a single substantial legacy of £6.6 million has been accrued in 2014.

Holiday Pay – in a change from previous guidance, FRS102 explicitly requires an accrual for employee benefits such as holiday pay. This has resulted in an increase in 2014 staff costs of £132,000.

Reconciliation of Funds and balances

	Unrestricted	Restricted
	£'000	£'000
As previously stated for 31 December 2014	8,095	2,971
Increased recognition of legacy income	6,600	-
Additional accrual for holiday pay	(132)	-
Balance restated for 31 December 2014	**14,563**	**2,971**

Income

All income is accounted for on a receivable basis.

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 - 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.

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

Donated gifts and services - These are counted as both income and expenditure at the value the charity would have paid for them on an arms-length basis.

Expenditure **-**
All expenditure is accounted for on an accruals basis. Grants payable are recognised as expenditure when payment is due to the partner organisation.

Taxation

Médecins Sans Frontières (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 which 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 accrues for income which it expects to receive from legacies. This income is not received or expendable until after the year end so the Trustees have designated these funds for future commitment to projects in the field when received.

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:	4 years
Computer hardware and software:	3 years
Structural alterations:	over the period of the lease

Trade and other debtors / creditors - Trade and other debtors are recognised 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 profit and loss account represents the contributions payable in respect of the accounting period.

Investments

The Charity's sole investment is £1 (100% 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

	2015			*2014 (restated)*		
	Unrest-ricted	Restricted	Total	Unrest-ricted	Restricted	Total
		£'000			£'000	
Income from appeals	9,313	1,342	10,655	7,320	2,543	9,863
Legacies	6,248	3	6,251	13,176	2	13,178
Donations from companies & corporations	2,239	174	2,413	1,580	992	2,572
Grants received from charities and trusts	3,481	1,639	5,120	2,774	4,871	7,645
Committed and regular donations by individuals	14,039	161	14,200	11,051	298	11,349
Sponsorship, events, collections and uncommitted individual donations	3,322	754	4,076	2,499	564	3,063
Total	38,642	4,073	42,715	38,400	9,270	47,670

MSF is aware of potential future legacy income estimated at £5m (2014 £8.2m). 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, who work under contract in our projects and operations across the world. The cost of recruiting and employing these operational staff is reimbursed by the MSF operational centre which is managing the project.

MSF UK implements projects for which we are reimbursed by other MSF entities. Significant items are a clinical trial programme, and development of a health information system.

	2015	*2014*
	£'000	£'000
Staff supplied to operational activities	2,576	2,671
Projects	702	342
Total	3,278	3,013

5. Fundraising

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

	2015	*2014*
	£'000	£'000
Fundraising costs	5,340	3,897
Allocation of general support costs	262	242
Total	5,602	4,139

6. Grants

Operational Programmes

MSF's operational centres are responsible for programmes in more than 300 locations. MSF UK's grants to these humanitarian programmes have been grouped by country in the table below.

	2015			***2014***		
Analysis by activity	Unrest-ricted	Restricted	Total	Unrest-ricted	Restricted	Total
		£'000			£'000	
Appeals and emergencies						
Migration in Europe	516	253	769	-	-	-
Ebola epidemic - West Africa	68	3,105	3,173	-	3,200	3,200
Syria crisis	3,368	1,601	4,969	752	652	1,404
Philippines – Typhoon Haiyan	-	-	-	-	409	409
Subtotal	3,952	4,959	8,911	752	4,261	5,013
Other humanitarian programmes						
Afghanistan	4,780	20	4,800	3,183	13	3,196
Burundi	219	-	219	-	-	-
Central African Republic	228	22	250	10	90	100
Chad	500	-	500	199	1	200
Democratic Republic of Congo	1,287	13	1,300	3,460	4	3,464
Ethiopia	2,600	-	2,600	1,650	226	1,876
Haiti	2,330	82	2,412	905	162	1,067
India	796	4	800	648	1	649
Iraq	419	1	420	-	-	-
Kenya	1,460	-	1,460	1,249	1	1,250
Malawi	999	11	1,010	-	-	-
Myanmar	1,041	9	1,050	452	48	500
Nigeria	752	160	912	1,200	-	1,200
Pakistan	2,189	1	2,190	949	1	950
Palestine (occupied territories)	-	-	-	-	175	175
South Sudan	2,093	162	2,255	5,946	1,589	7,535
Uzbekistan	530	-	530	-	-	-
Yemen	1,286	1,008	2,294	-	-	-
Zimbabwe	100	173	273	13	187	200
Other countries	94	92	186	81	173	254
Subtotal	23,703	1,758	25,461	19,945	2,671	22,616
Total Grants for Operational Programmes	27,655	6,717	34,372	20,697	6,932	27,629

Note 6 continued…

	2015	***2014***
	Total	Total
Recipient of Grant	£'000	£'000
MSF Holland	23,271	15,050
MSF Belgium	11,101	11,659
MSF Spain	-	454
MSF France	-	466
Total Grants for Operational Programmes	34,372	27,629

Other Grants

	2015	***2014***
	£'000	£'000
MSF International		
Strategic Activities	422	273
Access Campaign	156	89
Drugs for Neglected Diseases Initiative	141	105
Total Grants to MSF International	719	467

7. Charitable activities of MSF UK

MSF UK expenditure includes our own charitable activities, which contribute to the humanitarian programmes of the MSF operational centres as well as 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

	2015	***2014***
	£'000	£'000
Operations and Projects		
Operational staff	2,577	2,671
Operational staff support	835	760
Project costs	667	342
Allocation of general support costs	147	182
	4,226	3,955
Medical & Programme Support		
Salaries, expenses and office costs	2,000	1,227
Allocation of general support costs	242	215
	2,242	1,442
Témoignage & Advocacy		
Salaries, expenses and office costs	1,035	790
Allocation of general support costs	169	154
	1,204	944
Total Charitable Activities	7,672	6,341

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. These include administration, finance, information technology, and human resources.

Governance costs are the remuneration of Trustees (see below), permissible expenses, meeting and secretarial costs.

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

	2015	***2014***
	£'000	£'000
Support Costs		
General support costs	717	684
Governance costs	103	109
Total support costs	820	793
Allocation of support costs to activities		
Fundraising	262	242
Operational staff support	147	182
Medical & Programme Support	242	215
Témoignage & Advocacy	169	154
Total allocation	820	793

Trustees' remuneration and expenses

Governance costs include remuneration of £7,937 paid to the Chairman for 63 days of paid work (2014: £8,656 for 69 days). This remuneration is sanctioned by the charity's Memorandum and Articles of Association. No other trustee received any remuneration during the period.

During the year, £32,000 was reimbursed for directly incurred expenses to 12 trustees (2014: £48,000 to 11 trustees). Trustees' expenses comprise principally the cost of international travel to attend meetings and to visit MSF projects worldwide.

9. Net movement in funds

	2015	***2014***
	£'000	£'000
Net movement in funds for the year is stated after charging:		
Auditor's remuneration for statutory audit	25	24
Auditor's remuneration for other services	4	4
Exchange losses / (gains)	40	78
Loss / (gain) on disposal of fixed assets	6	-

10. Staff numbers and costs

The total number of UK contracted employees throughout the year was:

	2015	***2014***
Operational staff	342	278
Recruitment and support of operational staff	19	17
Fundraising	23	20
Medical & Programme Support	26	21
Témoignage & Advocacy	16	13
Support and governance	13	13
Total staff numbers	439	362

The average number of UK contracted employees throughout the year, calculated on a full-time equivalent basis, was:

	2015	***2014***
Operational staff	103	79
Recruitment and support of operational staff	11	12
Fundraising	19	16
Medical & Programme Support	17	14
Témoignage & Advocacy	12	10
Support and governance	10	7
Total staff numbers	172	138

The costs of employing staff during the year were:

	£'000	£'000
Wages & salaries	4,693	3,980
Social security costs	432	365
Pension costs	445	362
Total staff costs	5,570	4,707

The number of employees who received total employee benefits (excluding employer pension costs) greater than £60,000 are: -

	2015	***2014***
Between £60,000 and £70,000	2	3
Between £70,000 and £80,000	1	0

Employer contributions to defined contribution pension schemes on behalf of staff paid over £60,000 amount to £28,311 (2014 - £12,897).

11. Tangible fixed assets

	Furniture and Equipment	*Computer Hardware and Software*	*Structural Alterations*	***Total***
				£'000
Cost				
At beginning of period	135	316	114	565
Additions	99	179	574	852
Disposals	(63)	(142)	(114)	(319)
At end of period	171	353	574	1,098
Depreciation				
At beginning of period	76	301	111	488
Charge for the period	32	38	86	156
Disposals	(57)	(143)	(113)	(313)
At end of period	51	196	84	331
Net book value				
At beginning of period	59	15	3	77
At end of period	120	157	490	767

All assets are used for charitable purposes.

12. Debtors

	2015	***2014***
	£'000	£'000
MSF entities	1,107	887
Legacies receivable	7,736	7,752
Other debtors	3,117	1,677
Prepayments and deferred charges	291	72
	12,251	10,388

13. Creditors: amounts falling due within one year

	2015	***2014***
	£'000	£'000
MSF entities	8,871	5,867
Tax and social security	194	183
Deferred income	101	101
Accruals	524	264
Other creditors	1,371	499
	11,061	6,914

14. Movements in funds

Unrestricted funds

Unrestricted funds are available to be spent at the discretion of the Trustees.

At the end of the year, there were material amounts of legacy income which had been accrued but not yet received; the Trustees have designated this part of the unrestricted fund to be applied to operational programmes when they are received.

Restricted Funds

These funds were given by our donors for specific programmes or projects.

	1 January 2015 (restated)	Income	Expend-iture	Transfers	31 December 2015
			£'000		
Unrestricted funds					
General Fund	6,810	40,760	(40,461)	-	7,109
Designated fund	7,753	1135	(1152)	-	7,736
Subtotal	14,563	41,895	(41,613)	-	14,845
Restricted funds					
Migration in Europe	-	297	(253)	-	44
Ebola epidemic - West Africa	2,693	412	(3,105)	-	-
Syria crisis	-	1,601	(1,601)	-	-
Philippines – Typhoon Haiyan	241	2	-	-	243
Other	37	1,796	(1,793)	-	40
Subtotal	2,971	4,108	(6,752)	-	327
Total Funds	17,534	46,003	(48,365)	-	15,172

15. Analysis of net assets between funds

	2015			***2014***		
	Fixed Assets	Current Assets	Total	Fixed Assets	Current Assets	Total
		£'000			£'000	
Unrestricted funds	767	14,078	14,845	77	14,486	14,563
Restricted funds	-	327	327	-	2,971	2,971
Total Assets	767	14,405	15,172	77	17,457	17,534

16. Lease Payments

The Charity has entered into a rental agreement for its offices, which is classified as an operating lease. Future minimum payments on this lease are as follows;

	2015	***2014***
	£'000	£'000
No later than one year	297	91
Later than one year and not later than five years	1,282	-
Total	1,579	91

During the year, operating lease payments totalled £414,000 (2014 – £218,000).

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 payable in the year was £445,000 (2014: £362,000), all of which was payable at 31 December 2015. The cost is accounted in the year it arises and there were no outstanding or prepaid amounts at 31 December 2015.

18. Related Parties

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

APPENDIX

Structure of Médecins sans Frontières

Médecins sans Frontières (MSF) is 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 1971 in France in the wake of war and famine in Biafra. We have expanded to become a worldwide movement of current and former field staff, grouped into 24 national and regional associations.

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

MSF Section: This is the internal term used to denote each of the legal entities which make up MSF. There are 24 sections worldwide; MSF UK is one.

UK Association: Former and current staff, including volunteers, who are shareholder members of the company of MSF UK, guaranteeing MSF UK's purpose and direction. Internationally, each MSF Section has a similar governance structure involving an Association of staff & volunteers who have worked for MSF.

Operational Centre: MSF projects are delivered internationally by five operational centres located in Amsterdam, Paris, Brussels, Barcelona, and Geneva. These directly control field projects, prepare budgets, and allocate resources. Each MSF entity is affiliated to a specific Operational Centre; in the case of MSF UK, the affiliation is to Operational Centre Amsterdam.

MSF International: Swiss non-profit entity which provides coordination, information and support to the whole of MSF. It also hosts our higher governing structures – the IGA, the IB, and the ExCom (see below).

International General Assembly (IGA): Constituted of democratically elected members of MSF Associations – 2 representatives per MSF Section. It meets annually in June to debate and decide issues of policy and strategy. The IGA is the highest authority in MSF; it IGA elects the International President and Board, and is charged with safeguarding MSF's medical humanitarian social mission.

International Board (IB): Democratically elected Board with delegated powers from the IGA. It meets about 8 times per year to govern MSF International and oversee the ExCom.

Executive Committee (ExCom): Platform comprising the Executive Directors of each MSF Section. The ExCom is charged with providing international executive leadership to MSF, and to coordinate the implementation of an international work plan, ensuring reactivity, efficiency, relevance and consistency in MSF's social mission and support activities.

Principal Offices

MSF International
78 rue de Lausanne
1211 Genève
Switzerland

MSF Belgium
seat of ***Operational Centre Brussels***
46, Rue de l'Arbre Bénit
1050 Bruxelles
Belgium

MSF France
seat of ***Operational Centre Paris***
8 rue Saint Sabin
75011 Paris
France

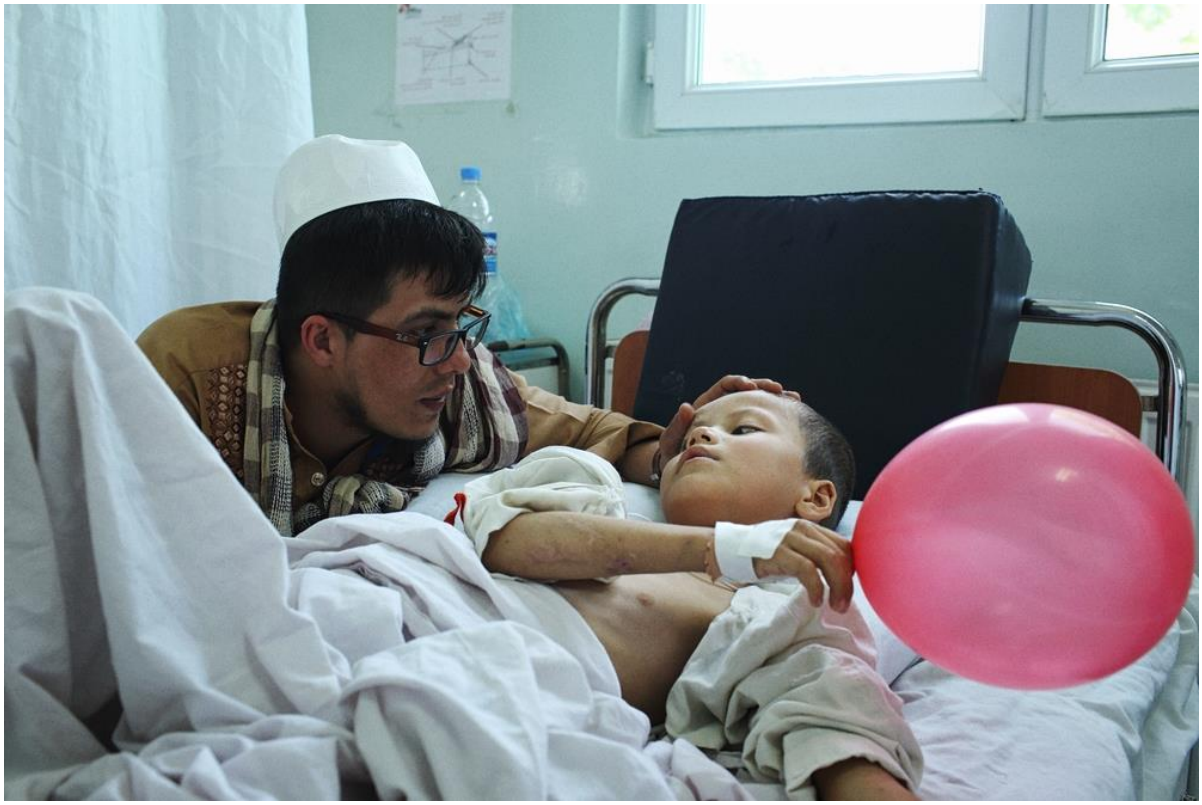
MSF Holland
seat of ***Operational Centre Amsterdam***
Plantage Middenlaan 14
1018 DD Amsterdam
The Netherlands

MSF Spain
seat of ***Operational Centre Barcelona-Athens***
Nou de la Rambla 26
08001 Barcelona
Spain

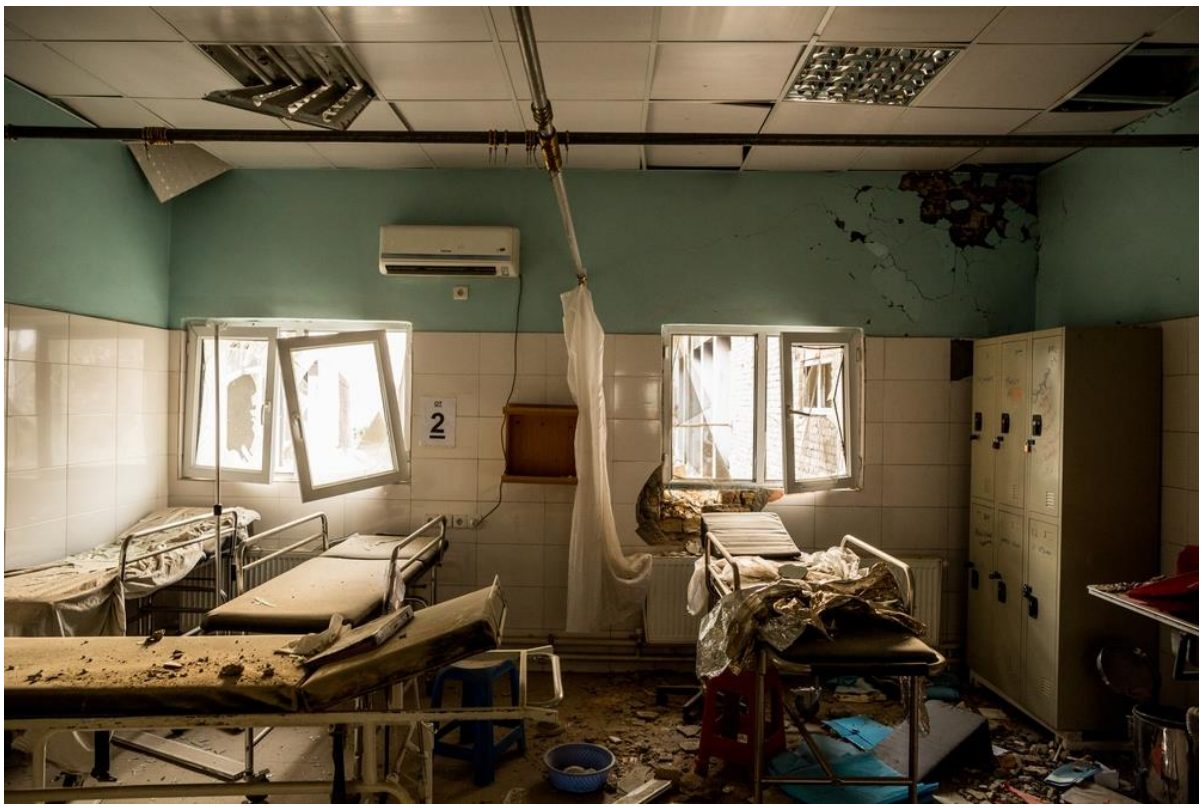
MSF Switzerland
seat of ***Operational Centre Geneva***
78 rue de Lausanne
1211 Genève
Switzerland

Other MSF locations

MSF entities in other countries generally act to recruit operational staff, raise funds and advocate on behalf of populations in danger. A complete and up to date list of these entities can be found on our website at International MSF offices.



18 May 2015 – A young patient, whose leg was severely damaged when struck by shrapnel from a mortar, is visited by his father at the MSF Trauma Centre in Kunduz, Afghanistan. © Andrew Quilty



10 October 2015 – Burnt-out corridors, collapsed roofs, twisted metal and ash, is all that remains of many building at the MSF Trauma Centre in Kunduz, Afghanistan, following the 03 Oct US airstrike on the facility. © Andrew Quilty