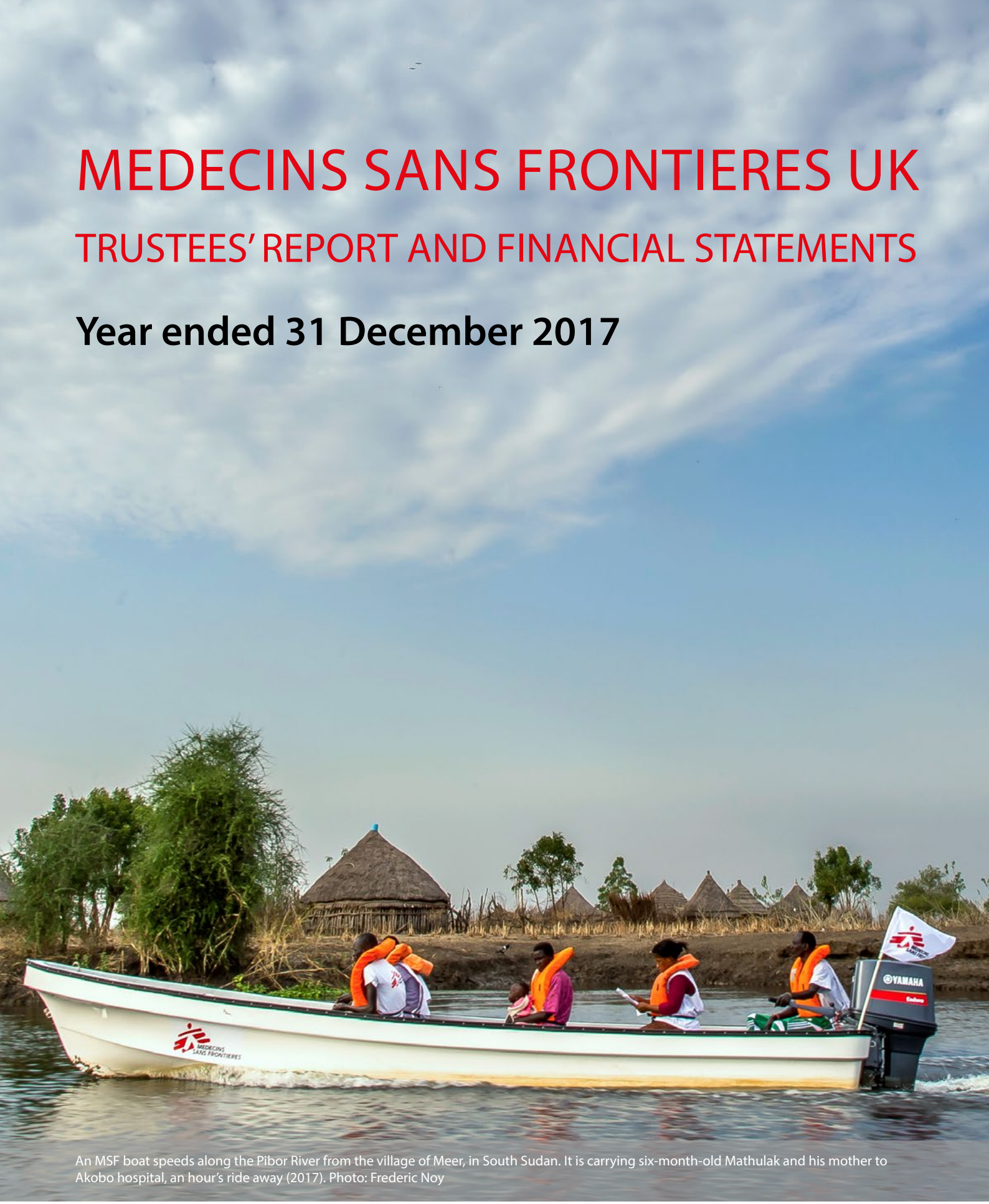
MEDECINS SANS FRONTIERES UK

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

Year ended 31 December 2017



An MSF boat speeds along the Pibor River from the village of Meer, in South Sudan. It is carrying six-month-old Mathulak and his mother to Akobo hospital, an hour's ride away (2017). Photo: Frederic Noy

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

MEDECINS SANS FRONTIERES (UK)

Company limited by guarantee

Company number 02853011
Charity number 1026588

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2017

The Board of Trustees (who are also the Directors for the purposes of the Companies Act 2006) present their report along with the financial statements of the charity for the year ended 31 December 2017. 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 MSF UK Articles of Association and the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with Financial Reporting Standard 102.

OUR YEAR IN REVIEW: ACTIVITIES AND ACHIEVEMENTS IN 2017

Executive summary

The defining humanitarian crises of the last few years show little sign of abating. In 2017 many millions of people were forced from their homes by conflict, poverty or disease, while countless more struggled to survive without proper access to consistent, high-quality healthcare. In 72 countries, spanning the globe, Médecins Sans Frontières/Doctors Without Borders (MSF) worked to treat, support and care for many of those affected, to the best of our abilities.

The MSF UK Board of Trustees welcomes you to its Annual Report and Financial Statements, a review of what we achieved with your help in 2017.

We continued to support MSF's medical humanitarian work through fundraising, recruitment, public engagement and expert medical support.

MSF UK ends 2017 in a strong position. Throughout the year, we continued to support MSF's medical humanitarian work through fundraising, recruitment, public engagement and expert medical support. In this report you'll be able to read about some of MSF's most impactful projects and our achievements in recruitment, communications, research, medical innovation and education. You can learn about how much we raised through our fundraising and where it was spent, and see how we are governed as a UK charity.

MSF's purpose is to provide humanitarian medical assistance to the most vulnerable and most in need, giving relief without regard for ethnicity, religion, gender or political affiliation. We save lives and ease the suffering of people caught up in crises, whether they are victims of conflicts, epidemics, malnutrition or natural disasters, or have been excluded from healthcare. We offer basic healthcare, perform surgery, combat diseases, rehabilitate and run hospitals and clinics, carry out vaccination campaigns, operate nutrition centres and provide mental health care.

A key role of MSF UK is to fundraise for the MSF movement. We channel the money we raise in the UK to MSF's Operational Centres, which manage our medical humanitarian work. MSF UK also provides medical support to our operations, recruits field staff, represents MSF in the UK through advocacy and communications, and provides medical expertise and educational programmes. We do all of this with, on average, 80 staff members in London.

In 2017 MSF UK's total income was £53.7 million. The vast majority of that income came from private donors, without whom none of our work would be possible. We raised £7 for every pound we put into our fundraising work.

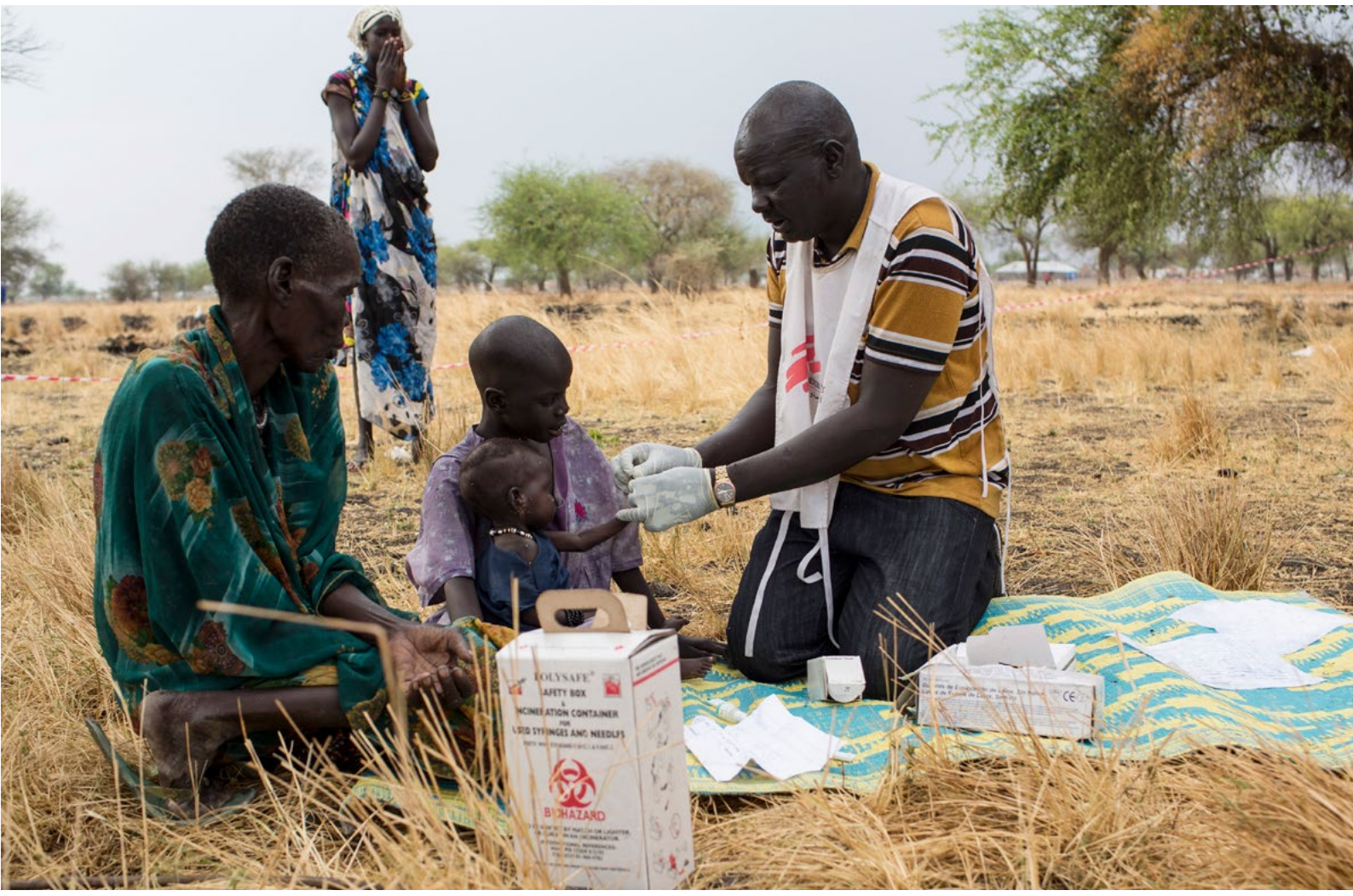
MSF takes great care to maximise the proportion of every donation that is spent on our frontline work. Eighty-seven percent of the money we spent in 2017 was given to the Operational Centres or spent in the UK directly supporting their work. By the end of the year we had provided the Operational Centres with £35.9 million. We also gave £1.2 million to MSF International – MSF's coordinating body – as a contribution to its running costs and other international projects.

In the UK, we helped almost 300 medical, logistic and administrative staff safely and smoothly prepare for and return from working in our medical humanitarian operations, including accessing professional psychosocial support if needed. At any point during the year, there were, on average, 128 staff recruited from the UK working in MSF operations.

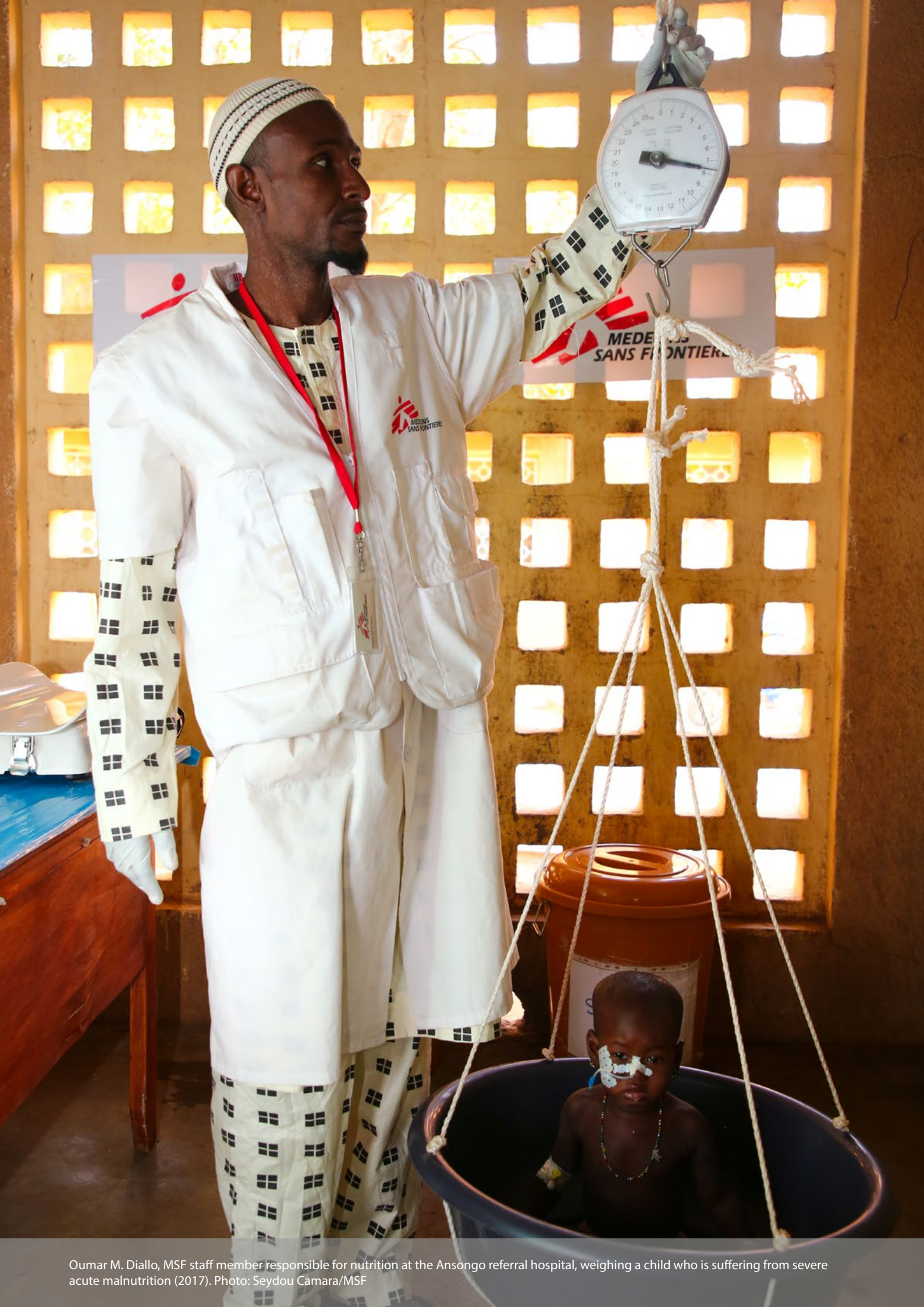
We kept our supporters, the general public and key decision-makers well-informed about medical crises, both the high-profile and hidden, ensuring the true experiences of those we work with and for were recounted. By showing the reality of MSF's work through our digital channels, face-to-face activities, events, media engagement and advocacy, MSF UK engaged audiences and delivered strong fundraising results. In 2017, we generated 3,359 pieces of news coverage, and published 212 articles on the MSF UK website, 318 blogposts on the MSF international blog site and 123 videos on the MSF UK YouTube channel.

MSF UK directly supported MSF's medical humanitarian work through the Manson Unit. This unit provides specialist support on infectious and non-communicable diseases, epidemiology and public health intelligence (including geographical information systems, mapping and e-health), and qualitative and operational research. Our Programmes Unit also supported the MSF movement on a broad range of medical and humanitarian issues, as well as representing MSF in the UK in its dealings with the British government and with health and humanitarian sectors.

Throughout the year, the Board of Trustees ensured that MSF UK operated in line with the core principles of the MSF movement – medical ethics, independence, impartiality, neutrality, accountability and *témoignage* (testimony). The Board also saw to it that MSF UK conducted its business effectively and efficiently, with due care, and in compliance with legal and regulatory requirements.



An MSF Community Health Promoter tests a child for malaria at an outdoor support clinic in Thaker, Leer County, South Sudan (2017). Photo: Siegfried Modola



Oumar M. Diallo, MSF staff member responsible for nutrition at the Ansongo referral hospital, weighing a child who is suffering from severe acute malnutrition (2017). Photo: Seydou Camara/MSF

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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	Javid Abdelmoneim	Chair of the Board of Trustees (Elected as Trustee in May 2015 and appointed as Chair on 13 May 2017)
	Paul McMaster	Chair until 13 May 2017
	Alyson Froud	
	Colin Herrman	Elected 13 May 2017
	Victoria Keilthy	
	Dennis Kerr	
	Keith Longbone	Elected 13 May 2017
	Heidi Quinn	Re-elected 13 May 2017
	Tejshri Shah	
	Emma Simpson	
	Peter Young	Retired 13 May 2017
Co-opted Trustees	Gabriel Fitzpatrick	
	Damien Régent	Treasurer, Vice-Chair

MSF UK Senior Management Team

Vickie Hawkins	Executive Director
Jose Hulsenbek	Head of Human Resources
Kiran Jobanputra	Head of the Manson Unit (appointed June 2017)
Philipp du Cros	Head of the Manson Unit (resigned February 2017)
Caroline Doan	Company Secretary, Head of Finance and Services
Roland Imi	Head of Information Technology
James Kliffen	Head of Fundraising
Donald Campbell	Head of Communications (appointed April 2017)
Polly Markandya	Head of Communications (resigned March 2017)
André Heller Pérache	Head of the Programmes Unit

Principal Advisors

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

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

Solicitors:
Bates, Wells 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 and principal office is Chancery Exchange, 10 Furnival Street, London EC4A 1AB, UK.

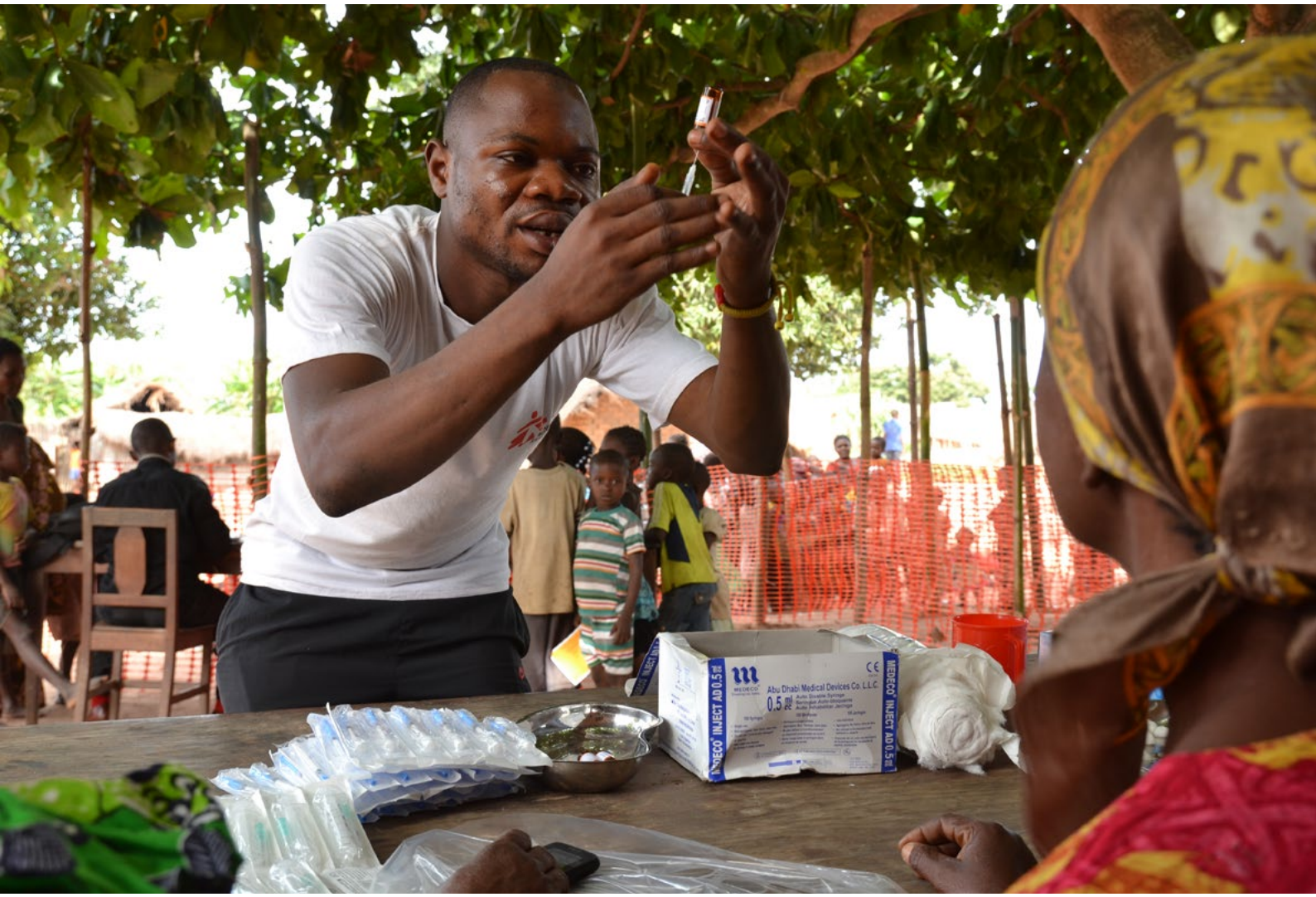
Phone: +44 (0)20 7404 6600

Website: www.msf.org.uk

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

Other names

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



An MSF staff member loads a syringe during a measles vaccination campaign in the Maniema region of DRC (2017). Photo: Candida Lobes/MSF

2 A MESSAGE FROM JAVID AND VICKIE

Another year has passed and the conflicts in Syria, Yemen and South Sudan grind on. Raqqa was taken from the Islamic State group, but the city was levelled in the process, leaving its 250,000 residents without homes, water or electricity, and in grave danger from landmines and improvised explosive devices.

In Yemen, the conflict between the Saudi-led coalition and anti-government Houthi forces left almost 15 million people without access to healthcare, leading to widescale outbreaks of cholera and diphtheria. The Saudi-led coalition's blockade further exacerbated shortages of food, water and medical supplies.

The conflict in South Sudan continued to exact a brutal toll on its people, while Uganda saw the arrival of its millionth South Sudanese refugee, opening its borders in a way that Europe proved itself incapable of doing for far fewer.

In Libya, refugees and migrants were unlawfully detained and brutally abused.

In Myanmar, violent acts against the Rohingya worsened, with reports of widespread violence and destruction forcing almost a million people into neighbouring Bangladesh and leading to almost 7,000 deaths.

MSF staff saw the impact of this violence and abuse first-hand.

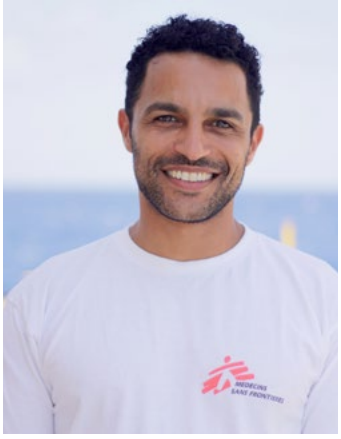
MSF provides medical services – from primary care to psychological counselling, surgery and vaccinations – to those most in need. As well as this, an essential part of our role is a simple expression of our common humanity, to stand side-by-side with the ordinary people caught up in these man-made disasters, proving to them that they are not forgotten, not ignored, and deserving of dignity, respect and kindness.

We reacted to these outrages with a strong public voice, grounded in medical data, the stories our patients told us and the experiences of our teams. We have not been silent, despite the challenges this can present to our projects and our work.

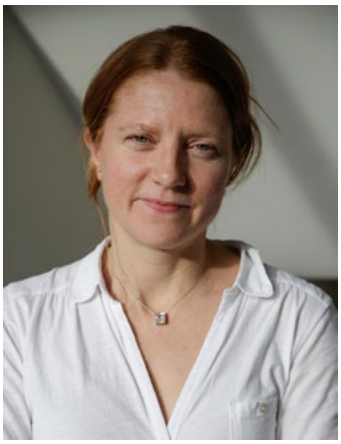
You will find in this report a glimpse of our work in some of these countries.

Aside from the new and well-known events, we must not forget the ongoing, more hidden crises to which MSF responded in 2017: religious tensions and conflict in Chad; the drug-resistant tuberculosis (TB) epidemics in central Asia and eastern Europe; ongoing political instability that lead to an unprecedented nationwide cholera epidemic in the Democratic Republic of Congo (DRC); and the plague outbreak in Madagascar, to name just a few.

Thanks to the generosity of our supporters, by the end of 2017, MSF UK and the wider movement finished a year of work it could be proud of. Many MSF UK staff were working in northern Syria during and after the battle for Raqqa. It was the work of epidemiologists in the MSF UK Manson Unit that provided the basis for MSF's public statements on behalf of the Rohingya. The same unit spearheaded ground-breaking global clinical trials for better drugs in the fight against drug-



Javid Abdelmoneim, Chair of the Board of Trustees, MSF UK



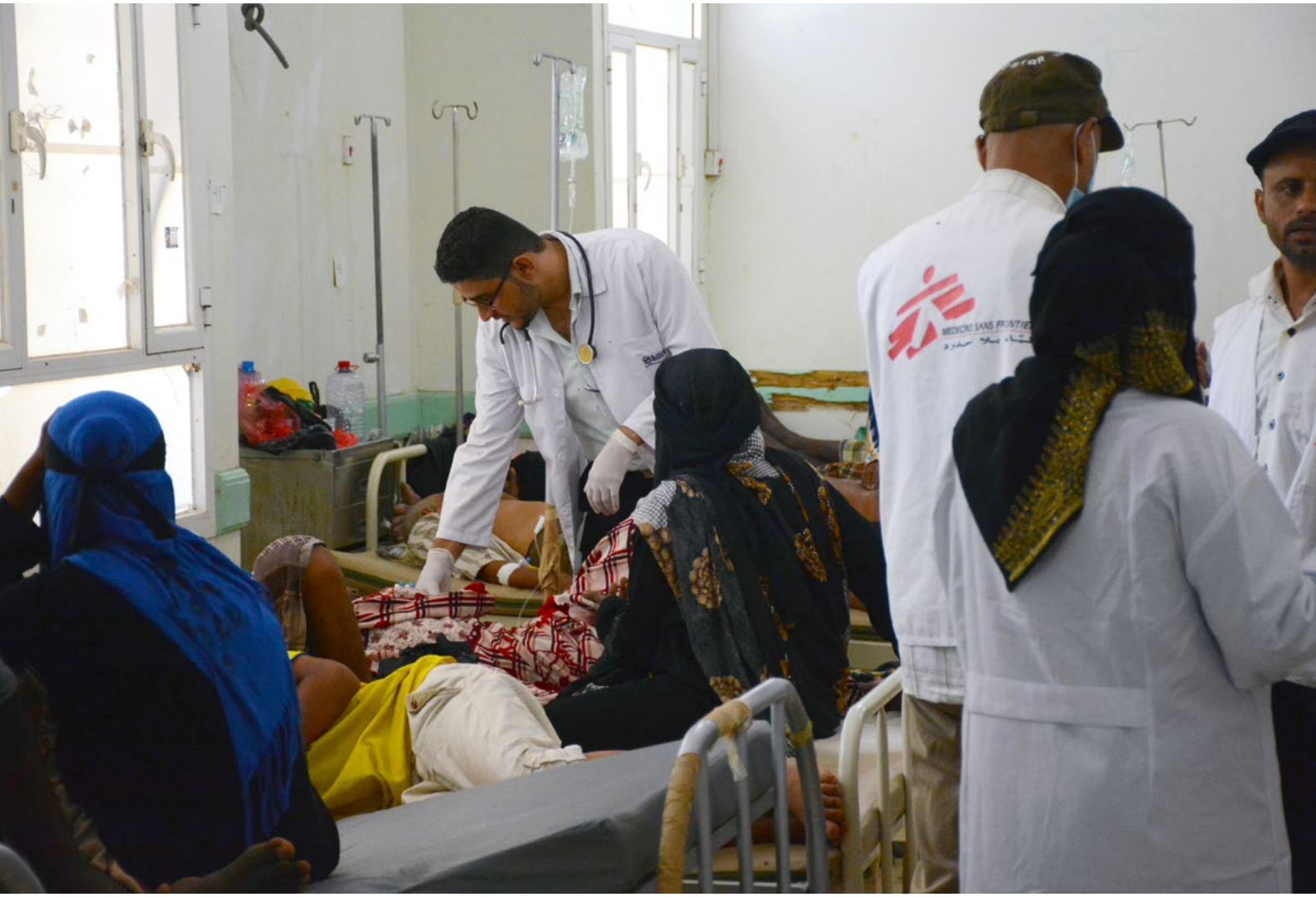
Vickie Hawkins, Executive Director, MSF UK

resistant TB and TB in patients co-infected with HIV or hepatitis. An MSF UK Trustee provided the medical coordination for our work in the detention centres surrounding Tripoli in Libya.

Staff in our UK office made many strong contributions to MSF's work. Our communications and representation teams raised awareness of crises among the general public and key decision-makers, ensuring MSF UK continued to bear witness for those we work with and serve, while pushing for change with governments and UN agencies. Our human resources team provided invaluable support to UK office and field staff. In 2017 alone, they helped an impressive 293 medical, logistic and administrative staff prepare for and return from field operations, a 21 percent increase on 2016. The fundraising team continued to deliver impressive results, bringing in £48.7 million, with a ratio of £7 raised for each pound invested in their work. Underpinning all of this were our finance, executive, services and administrative teams, who kept the MSF UK office running smoothly and made the whole endeavour possible.

In light of these brief examples and the information in this report, we are confident that MSF UK is successfully meeting its strategic objectives. This is thanks to every staff member in our UK office and our international operations, and, of course, to every donor and supporter who generously gave their time and money, enabling our work.

Our thanks to you all for bringing a little humanity to where it is needed most.



An MSF medical team working together with Ministry of Health staff in the Al-Sadaqa hospital cholera treatment centre in Aden, Yemen (2017). Photo: Malak Shaher/MSF

3 MY YEAR AS AN MSF MEDICAL TEAM LEADER

In mid-2017 I met the assistant director of the Yemeni-Swedish Paediatric Hospital in Taiz, Yemen. He had not been paid by the Ministry of Health and was not receiving any financial support from MSF. Yet there he was, each day, working harder than anyone and always ensuring that our visits to the hospital were as smooth as possible. I asked him once, "Why do you work so hard when you get nothing in return?" He said, "No, that is not the issue. For me, my people aren't getting paid, my staff are not getting paid. I don't need it. We can just manage like that. That is the way it is. We are all in the same situation." His hard work, his willingness to put the needs of patients and colleagues first, is everything that we in MSF should be striving for.

In 2017 I had the opportunity to work as a Medical Team Leader, first in Uganda and then at two different locations in Yemen, alongside inspirational MSF colleagues and partners.

I arrived in northern Uganda in February, joining a team that was responding to a mass exodus of people who had crossed over the border from South Sudan, fleeing the ongoing conflict there. Many thousands of people, with few or no possessions, spread out over huge distances. We were there to provide primary and maternity healthcare, and water, sanitation and hygiene services to about 45,000 people in Rhino camp. We also saw a lot of patients with malaria and malnutrition. One of my proudest moments of 2017 was seeing the results of our work there. In less than two weeks, we opened three clinics and one referral health centre. By the time I left, we were able to supply over one million litres of water every day.

In May I travelled to Al Hodeida, a port city in western Yemen, where MSF was preparing to respond to an expected outbreak of cholera. The cholera unit at the hospital was badly out of date, with no infection prevention or control systems in place. We focused our energies on bringing the unit up to scratch, training hospital staff how to manage patients with cholera, and lobbying other NGOs to put more emphasis on cholera care.

After that, I moved to Taiz, a city in southwestern Yemen. My role there was to support two hospitals that provide emergency care to people wounded by the fighting in and around the besieged city. They also provide primary care to vulnerable groups, especially pregnant women, children and those with long-term conditions like heart disease and diabetes.

I am really proud of the work MSF teams have done in Yemen in 2017. As the country has disintegrated further and further, we stepped up our work to provide emergency medical care to as many people as possible across the country.

In January I moved to Cox's Bazar, Bangladesh, as part of MSF's response to the Rohingya refugee crisis. Many thousands of people have crossed over from Myanmar into Bangladesh since last August, and the medical and health needs are enormous. As a Medical Team Leader in the Balukhali camp, my focus is supporting the medical team, to ensure we meet our objectives and to see that activities go

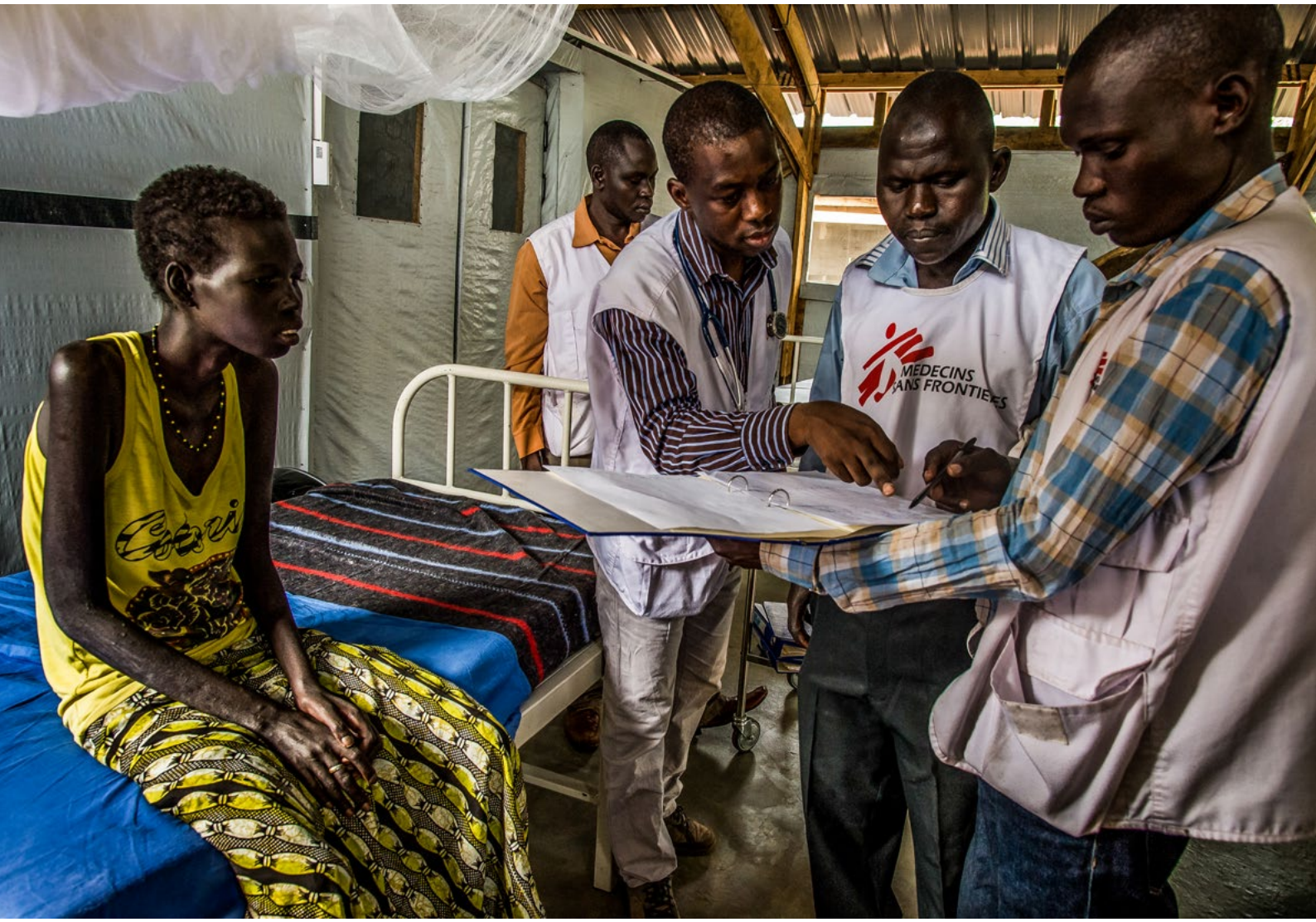
Ibrahim Barrie is a Medical Team Leader, currently working in Cox's Bazar, Bangladesh, as part of MSF's response to the mass influx of Rohingya refugees from neighbouring Myanmar. During 2017, he worked in MSF projects in Uganda and Yemen. Ibrahim is originally from Sierra Leone and has worked for MSF for over 10 years.

as planned. It is a very fragile situation and we need to be ready to receive emergencies at all times. Our teams there have already had to deal with measles, cholera, and now diphtheria.

My hope is that I will be able to make a difference because there are a lot of people who are very needy, and a lot of work to be done. It is a big challenge. When I saw the figures on the crisis, there are about 300,000 refugees or forcefully displaced people in Balukhali camp alone. It will be very different from Yemen, where we supported the Yemeni health services. Here, I have MSF doctors and nurses in place who will need direct support. I know it will be an interesting 2018.

I would like to thank MSF's supporters and donors for their generosity in 2017. None of our work would be possible without them. We would not be able to support the hospitals in Yemen or the refugee communities in Rhino camp and Cox's Bazar. For that, I am very grateful.

An MSF team at our health centre in northern Uganda speak with a young HIV-positive refugee who is suffering from malnutrition (2017). Photo: Frederic NOY/COSMOS



4 MSF'S MEDICAL HUMANITARIAN WORK IN 2017

MSF UK raises money, increases public awareness and recruits staff on behalf of the MSF movement. We provide staff and financial grants to MSF's Operational Centres, which are responsible for carrying out our medical humanitarian work. In 2017, the Operational Centres ran more than 350 projects in 72 countries. The work of MSF UK and the generosity of its supporters help ensure that MSF can continue its vital field work, providing healthcare where it's needed most.

MSF's purpose

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

MSF provides humanitarian medical assistance to those who need it most, regardless of ethnicity, religion, gender or political affiliation. We offer basic healthcare, perform surgery, treat victims of armed conflict and natural disasters, fight epidemics, rehabilitate and run hospitals and clinics, conduct vaccination campaigns, manage nutrition centres, carry out Search and Rescue operations and provide mental health care.

MSF provides humanitarian medical assistance to those who need it most, regardless of ethnicity, religion, gender or political affiliation.

How we supported MSF's medical humanitarian work

When a supporter gives money to MSF UK, all or part of that donation is granted to MSF's Operational Centres. How and where that money is granted is coordinated by the MSF UK management team, working together with other MSF offices around the world. When a supporter donates money for a specific purpose, such as to support a particular project or appeal, MSF UK classifies these funds as restricted and grants them, without deduction, to the part of MSF responsible for that specific programme.

During 2017, MSF UK made grants totalling £35.9 million (2016: £45.6 million) to enable the Operational Centres to deliver medical humanitarian programmes.

In 2017, some of the countries or projects that received the largest grants from MSF UK were Afghanistan, Bangladesh/Myanmar (Rohingya refugee crisis), DRC, Ethiopia, Nigeria, Italy – Migrant Sea Rescue, South Sudan and Yemen. In this section, we've highlighted some of MSF's activities in these countries during 2017.

For more information and the latest news on our work, and to read the stories of our staff and patients, please go to www.msf.org.uk.

MSF's response in emergency and long-term operations

MSF projects are built around meeting immediate and long-term health needs. Every situation is unique and our approach always depends on the locations of our projects and the health issues being addressed. Our activities are designed to ensure a real impact on health, within the constraints of available diagnostics, treatments, staff and money.

In unfolding crises, MSF acts fast to gauge what is needed to relieve suffering in the short-term, mobilising staff already in the area or sending in emergency teams. We are often among the first international organisations to respond in emergency situations.

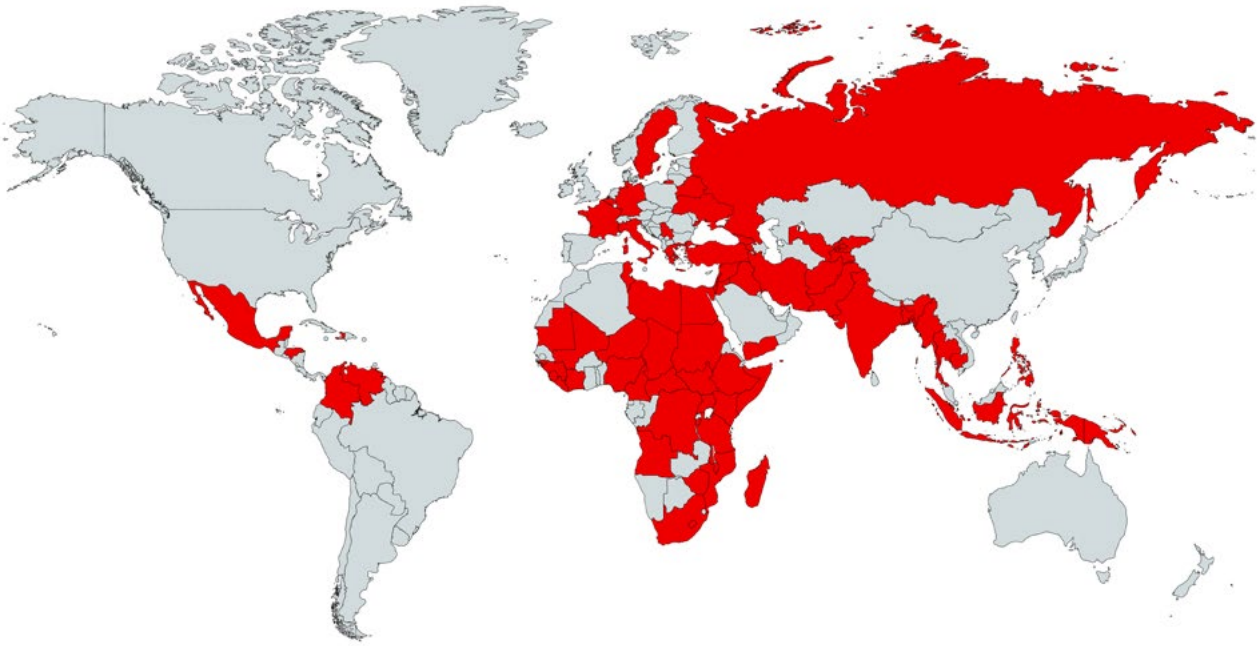
In protracted crises, where we face chronic needs, our response must be long-term. Our projects work to improve access to healthcare, health infrastructure and health facilities, to establish robust systems and procedures, and to provide relevant training and raise awareness of health issues with medical staff and members of affected communities.

Ultimately, MSF aims to complete each project and withdraw. It may be possible to close a project when the services we offer are no longer necessary, for example when an epidemic or a conflict has abated. We may also be able to pass a project over to a local organisation or a Ministry of Health that is able to take over and sustain it. There is no rigid or specific formula for when this might happen, nor is it always an easy decision. In each case, MSF does the best it can to ensure high-quality continuity of care. In many MSF projects, training local employees is emphasised in order to develop staff with broader skills who can deliver the necessary care after MSF has handed over.

Criteria and success measures

Each project is managed by one of the MSF Operational Centres. It is 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 the project progresses towards its targets in the most effective way.

MSF operations around the world



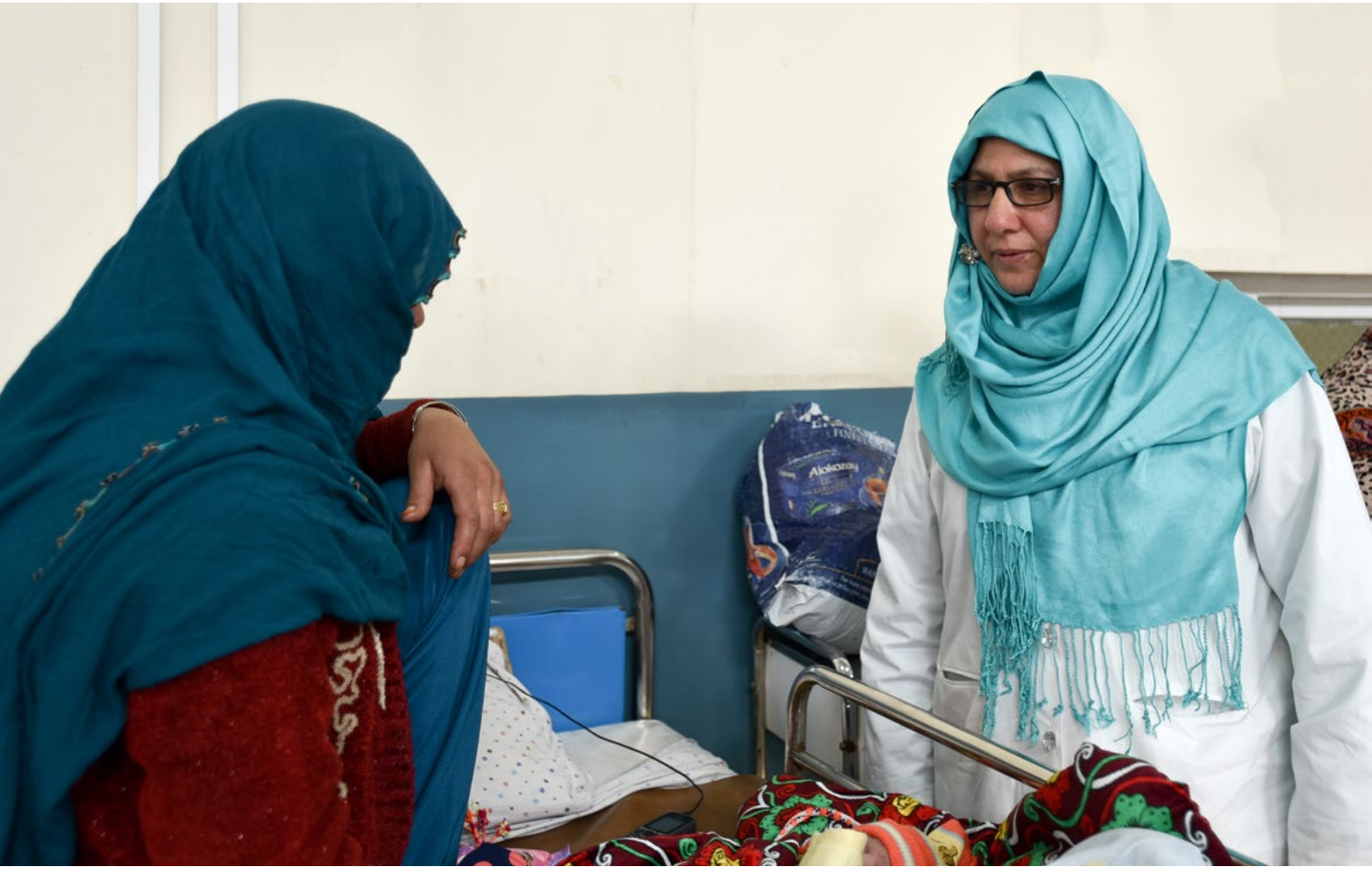
Countries in red indicate MSF operations.

Afghanistan

As the conflict in Afghanistan continued to intensify during 2017, MSF focused its efforts on improving the availability of emergency, paediatric and maternal healthcare. Afghanistan has one of the highest maternal mortality rates in the world. A quarter of all the births assisted by MSF worldwide were in Afghanistan, and our teams helped deliver more than 70,000 babies in 2017.

MSF supports public health services in the capital, Kabul, helping them to meet the growing medical needs of a burgeoning population. The Ahmad Shah Baba district hospital in eastern Kabul serves more than 1.2 million people, and this number keeps growing. Since 2009, MSF has supported outpatient and inpatient services, with a focus on maternal health and emergency services. MSF also supports Ministry of Public Health staff providing neonatal and paediatric care, treatment for adult malnutrition, antenatal and postnatal care, family planning, health promotion and vaccinations. We also support the hospital's laboratory and X-ray services, and tuberculosis (TB) treatment programme.

In 2017, the hospital conducted almost 95,000 outpatient consultations and admitted more than 2,200 patients. There were over 20,000 deliveries, almost 60 a day, an increase on the previous year. The number of emergency room consultations also increased slightly compared to 2016. The programme started by MSF in 2016 to treat chronic non-communicable diseases continued in 2017, with the number of patients rising to over 700.



Dr Najia Waziry, an Afghan obstetrician-gynaecologist working with MSF, talks with a new mother at the MSF Ahmad Shah Baba hospital in Kabul (2017). Photo: Najiba Noori

At the Dasht-e-Barchi hospital, in one of the poorest neighbourhoods of Kabul, MSF works with the Ministry of Public Health to provide round-the-clock maternal care. This is the only facility for emergency and complicated deliveries in a district with a population of over a million people. MSF runs the labour and delivery rooms, an operating theatre for caesarean sections and other complicated deliveries, a recovery room, a 30-bed maternity unit and a 20-bed neonatal unit. There were more than 15,500 deliveries in 2017, one-third of them complicated cases.

At the MSF-run dedicated maternity hospital in Khost, in eastern Afghanistan, we assisted with almost 23,000 deliveries, nearly 3,000 of which were complicated. We also support five health centres in outlying districts of Khost province. The support includes strengthening the referral system for complicated deliveries to the MSF maternity hospital, providing some basic supplies, staff training, financial aid to increase their capacity, and new maternity buildings for two of the centres.

Since 2009, MSF has supported the Boost provincial hospital in Lashkar Gah, the capital of southern Helmand province, one of only three referral hospitals in southern Afghanistan. The hospital has 353 beds and most days they are all occupied. In 2017, we assisted with 11,000 deliveries and performed more than 90,000 emergency room consultations. Almost 3,500 children were treated for malnutrition, a 40 percent increase on 2016.

After a thorough process of negotiation with the main groups in the Afghan conflict, MSF gradually started to provide medical activities in the city of Kunduz for the first time since an airstrike in October 2015 destroyed our previous Kunduz Trauma Centre, killing 42 people. An outpatient clinic – the first step towards a new trauma hospital – opened in July 2017 for stable patients with minor injuries and chronic or non-communicable diseases, like diabetes. By December, the clinic was seeing almost 200 patients a month with the number of follow-up patients at almost 1,000.

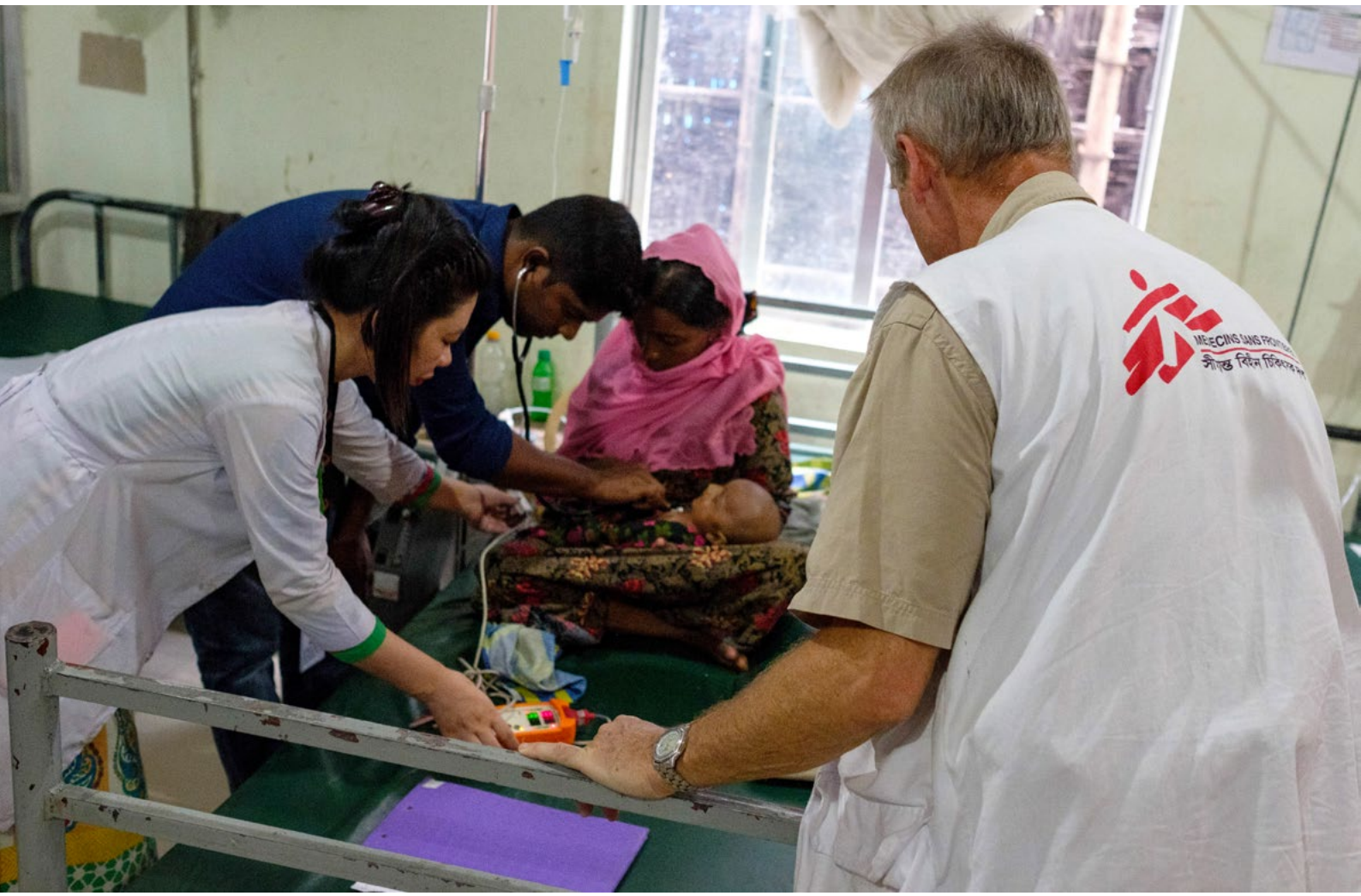
Bangladesh/Myanmar (Rohingya refugee crisis)

On 25 August 2017, the Myanmar military launched a series of operations in Rakhine state against people from the Rohingya ethnic minority group in response to an attack on a number of police stations. Soon, more than 688,000 Rohingya had fled the violent reprisals, moving from Rakhine to the Cox's Bazar district in neighbouring Bangladesh. Most now live in highly congested makeshift settlements. Added to the number of Rohingya who had fled in previous years, there were almost 900,000 Rohingya refugees in Bangladesh by the end of the year.

Surveys conducted by MSF in refugee settlements in Cox's Bazar estimate that at least 9,000 Rohingya died in Rakhine between 25 August and 24 September 2017. At least 6,700 were killed, including at least 730 children below the age of five.

MSF has run a health facility in Kutupalong in Cox's Bazar since 2009, but in the second half of 2017 we vastly increased our presence there. By the end of the year, we were managing 15 health posts, three primary health centres and five inpatient facilities, with more than 2,300 national and international staff. We had treated over 200,000 patients at MSF outpatient facilities and almost 5,000 patients at inpatient facilities.

"The situation is chaotic," said Karline Kleijer, MSF emergency desk manager, in September. "People are living in mud or fields, without food or clean drinking water. People are drinking water collected from paddy fields, puddles or hand-dug shallow wells, which are often contaminated. In and around the new settlements, people are struggling to get enough to eat … and newly arrived refugees are completely reliant on humanitarian aid."



MSF staff attend to a patient at MSF's medical facility in Kutupalong (2017). Photo: Antonio Faccilongo

Most people come to the MSF clinics with problems directly related to the poor living conditions in the overcrowded settlements, including upper and lower respiratory tract infections, diarrhoeal diseases and infant malnutrition. While still in Myanmar, the Rohingya were, for many years, deprived of proper access to healthcare, including vaccinations. Now in the congested ad hoc settlements, with a lack of clean water or proper latrines, the spread of illnesses is very hard to avoid. By the end of November, we had seen almost 3,000 patients with measles. By 21 December, we had treated more than 3,000 patients with suspected diphtheria, many of whom were between the ages of five and 14.

MSF is working with the Bangladesh Ministry of Health and Family Welfare to greatly increase vaccination coverage among the Rohingya. The Ministry of Health completed a measles and rubella vaccination campaign in December, which MSF supported with community mobilisation, site identification, logistics and vaccine transportation. It targeted more than 330,000 children aged between six months and 15 years. Over 156,000 people in the Kutupalong settlement and 41,000 in the Balukhali settlement were vaccinated.

We are also focusing our water and sanitation response in the most difficult to reach areas. MSF has built over 1,200 latrines, 157 water wells and a gravity water supply system. By the end of December, MSF aimed to have installed 400 boreholes and 1,000 latrines in the Balukhali and Kutupalong settlements.

The crisis shows little sign of abating and a significant increase in humanitarian aid will be needed. The upcoming rainy season will greatly increase the potential for waterborne diseases, such as acute watery diarrhoea (AWD).

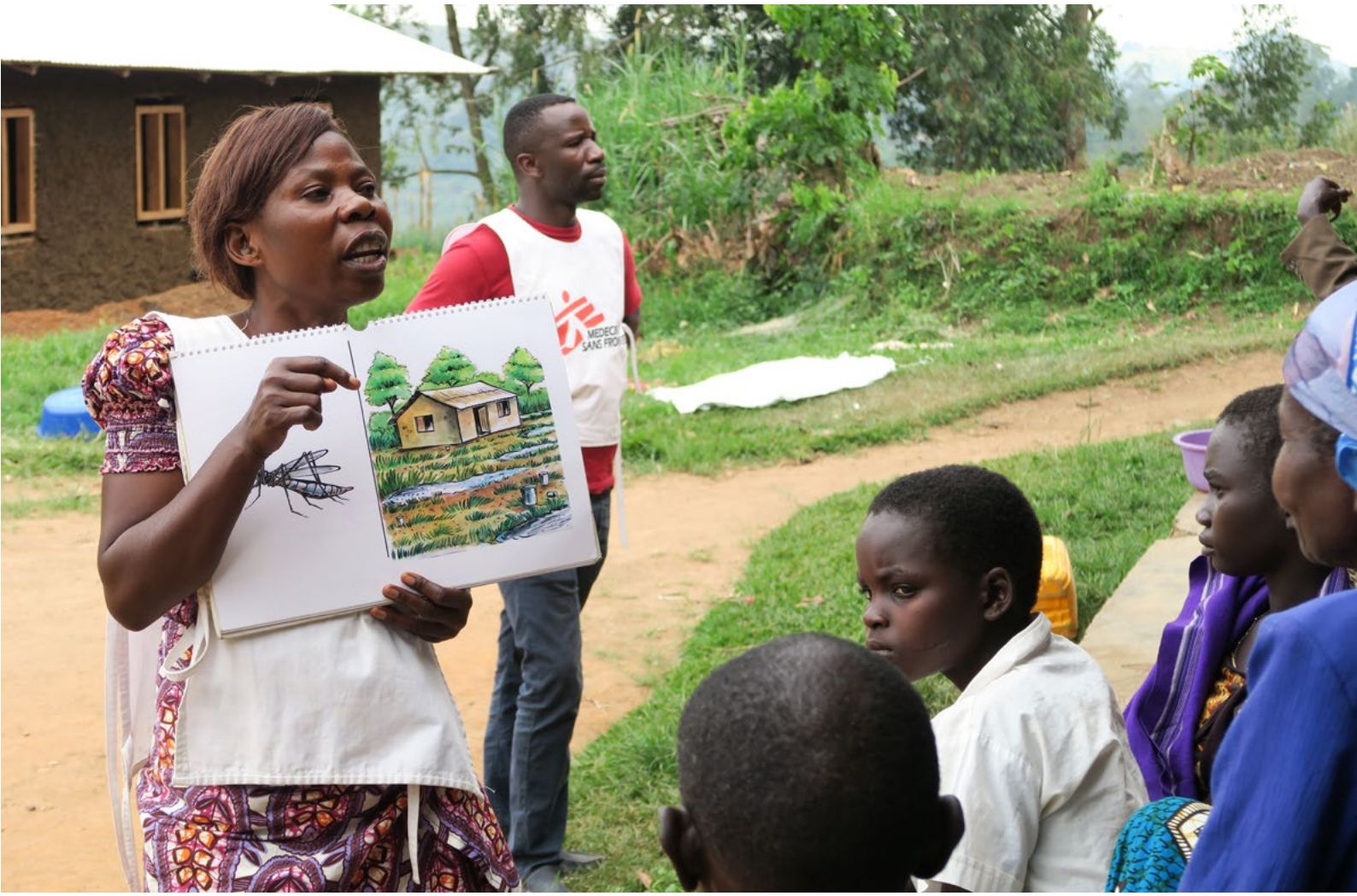
Democratic Republic of Congo (DRC)

In DRC, MSF responds to some of the world's most complex and long-running humanitarian crises. DRC is one of MSF's most significant programmes in terms of the number of people we help and our investments in personnel and resources. In 2017, MSF held almost two million consultations in DRC and almost 140,000 patients were hospitalised in MSF facilities.

Poor infrastructure and inadequate health services continue to limit access to medical care in large parts of the country. Millions of people were forced from their homes by new and longstanding crises. Basic services, including health, are largely unavailable to Congolese people. One Congolese child in 10 dies before the age of five.

MSF projects in DRC cover a range of operations, including conflict response, community outreach, sleeping sickness, sexual violence, malnutrition, malaria. We also respond to epidemic outbreaks of cholera, measles, yellow fever, typhoid, pneumonic plague and haemorrhagic fevers, such as Ebola.

MSF has five emergency response units in DRC dedicated to monitoring health alerts and responding quickly to situations of violence, displacement and epidemics. This allows MSF to respond simultaneously in different places across a country the size of western Europe. In 2017 we launched a number of emergency interventions in response to multiple measles outbreaks and a cholera epidemic that become the most significant outbreak for 20 years. MSF treated half of all those affected across the country.



At the Olongba health centre, in Gety, north-east DRC, MSF health promoter Anasthasie explains to families how to prevent malaria and the importance of getting regularly tested and treated (2017). Photo: Caroline Frechard/MSF

In DRC, malaria causes four times more deaths each year than the conflict in the east, meningitis, cholera, measles and respiratory diseases combined. Children are the most severely affected. Most of our projects have a component of malaria care due to the high prevalence of the disease throughout the country.

In Kasai province, a fresh wave of violence killed more than 5,000 people and displaced 1.3 million. MSF treated those injured in the violence in a restored trauma wing of Kananga City hospital. We also responded to an acute malnutrition crisis caused by the conflict in the rural areas around the cities of Kananga and Tshikapa. In Tshikapa, MSF supported a hospital, three health centres and the prison, and gradually expanded to the outskirts of the city, where half of the existing health centres we visited had been looted, burnt or destroyed.

MSF mobile medical teams worked across Kasai. Travelling to remote villages, the small teams worked quickly to treat people in need of medical care, establish therapeutic feeding programmes for malnourished children, and resupply local health centres with medicines and equipment.

The conflict in Tanganyika province, in eastern DRC, has intensified in recent years, leading to the displacement of over half a million people. In 2017, MSF stepped up its response, providing emergency assistance in Nyunzu and in makeshift camps in Kalemie and the surrounding areas. Activities included measles vaccinations, mobile clinics offering primary healthcare, reproductive health services, mental health consultations, support to health centres and paediatric inpatient care. Teams also distributed water and built latrines and showers in some camps.

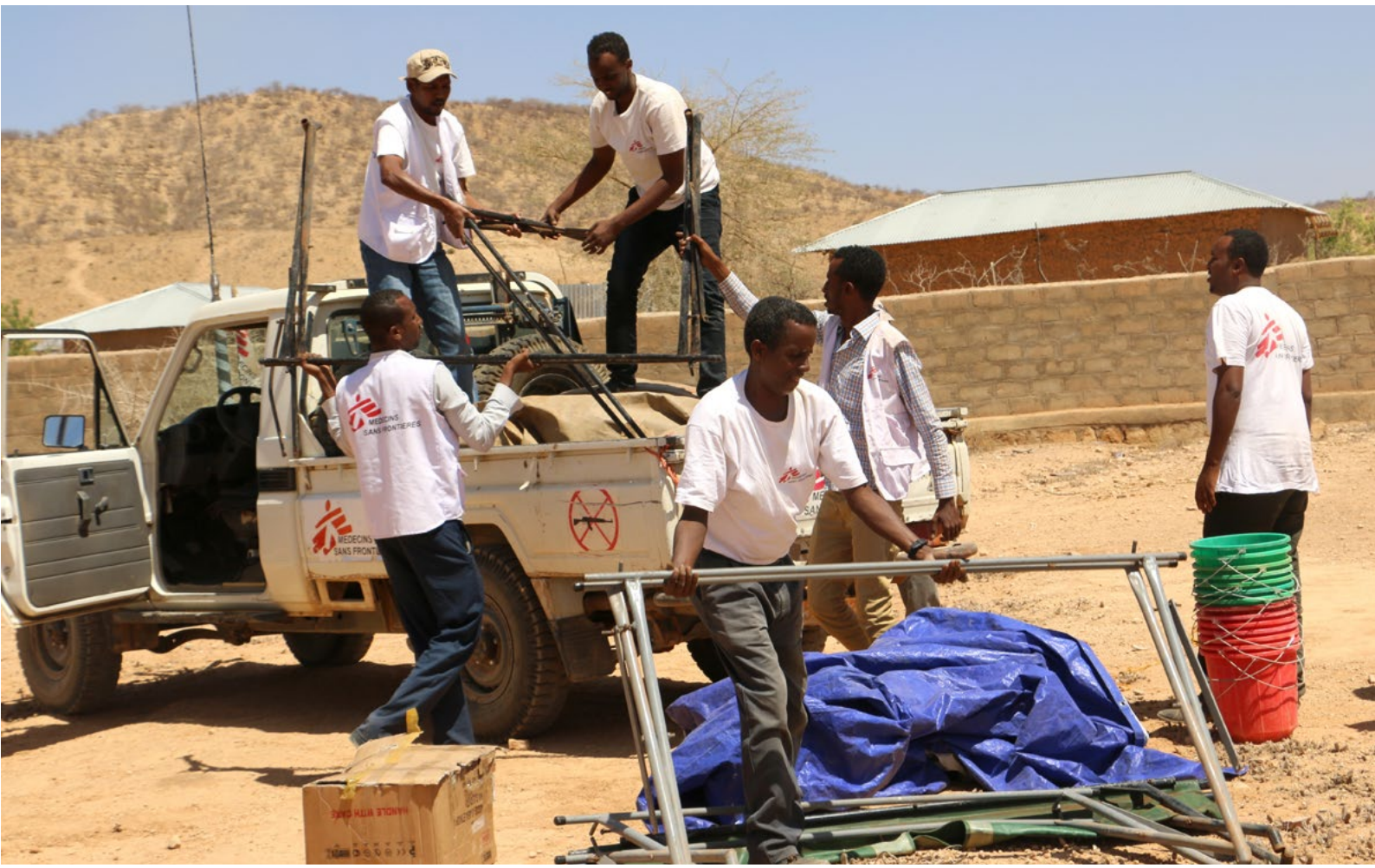
The security and humanitarian situation in North and South Kivu provinces continued to worsen in 2017, with active fighting involving many armed groups, and over 1.5 million people displaced. MSF provided 380,000 consultations in North and South Kivu.

In 2017, MSF managed four projects in North Kivu, each supporting a specific hospital, as well as health centres and community treatment sites. In South Kivu, a new wave of violence starting in July saw an already dire humanitarian situation worsen. MSF responded by caring for those wounded in the conflict, while continuing with regular medical activities, such as paediatric care, HIV/TB treatment, sexual and reproductive health, and care for victims of sexual violence.

Women's health remains a large component of most of our DRC projects. We provided sexual and reproductive healthcare, which can include post-abortion care for patients who arrive at our facilities after having undergone unsafe abortions. We also offered medical and psychological care for victims of sexual and gender-based violence.

We continued to provide comprehensive medical and psychosocial care for people living with HIV and AIDS in Kinshasa, Goma, Baraka and Kimbi. We partnered with the national HIV programme and with partners and patient groups to address the barriers that HIV patients face in receiving testing and treatment. In MSF-supported health centres in Kinshasa and Goma, 49,000 HIV-related consultations were completed.

In September, MSF began supporting hospitals in the northern towns of Gbadolite and Mobayi-Mbongo, and running mobile clinics in the area along the Ubangi river to assist around 67,400 refugees from the Central African Republic that had arrived since May. There are also tens of thousands of South Sudanese refugees currently settled in northern DRC. In Ituri province, MSF ran mobile clinics offering basic healthcare, mental healthcare, sexual and reproductive health consultations, and referral of severe case to hospital for refugee and host communities.



An MSF team off-loads tent materials and other vital goods for a new AWD treatment centre in Shekosh Woreda, 100km from Kebridehar town, Somali State, Ethiopia (2017). Photo: MSF/Awad Abdulsebur

Ethiopia

MSF in Ethiopia provides general health services, while supporting the growing South Sudanese, Eritrean and Somali refugee communities, and responding to emergencies, such as AWD and malnutrition.

In the Somali region, the Dolo Ado health centre provides basic healthcare to local communities and refugees living in five camps who fled the violence and food insecurity in Somalia. The health centre also treats many Somalis who cross the border in search of medical care. In 2017, we also started offering X-ray services and basic surgical care.

MSF teams also work in the refugee reception centre where they assess the health of new arrivals. Two health posts in Buramino and Hilaweyn camps provide care to the more longstanding Somali refugee community.

The MSF project in Wardher, in the Doolo zone, supported the Danod and Yucub health centres and the maternity and paediatrics departments at the local hospital. The project also ran 10 mobile clinics.

During our emergency response to a combined malnutrition and AWD crisis in mid-2017, over 50 oral rehydration points and 30 outpatient therapeutic feeding centres were opened in the Doolo and Jarar zones. By the time the emergency subsided, many children had been treated in our inpatient therapeutic feeding centres, and therapeutic food had been distributed to children enrolled in our outpatient programme. To combat the spread of AWD, MSF teams provided drugs, set up treatment centres across the region. In all, 8,600 patients were treated for AWD and 12,180 for malnutrition.

In the Gambella region, we partnered with the Regional Health Bureau at Gambella hospital to fully support the emergency room, operating theatre, surgical inpatient ward and maternity ward with staff and resources. This is the only advanced medical care facility for more than 800,000 people, half of whom are South Sudanese refugees. In the first year of operations, MSF cared for patients in the emergency room, provided surgical interventions and assisted in deliveries.

MSF also worked with the Ethiopian authorities in the Kule and Tierkidi refugee camps, which shelter over 120,000 South Sudanese refugees. We ran a health centre and six health posts, offering almost all medical services except surgery.

In the Tigray region, MSF provided mental and psychiatric healthcare for Eritrean refugees in the Shimelba and Hitsats refugee camps. In Shimelba, we ran a psychiatric inpatient care centre alongside a psychiatric outpatient department, while in Hitsats, an inpatient department admitted 1,583 patients in 2017. By the end of the year, over 3,653 patients had been treated for mental health issues. As part of the emergency response, over 628 patients were treated for malaria in mobile sites across Tigray.

In the Amhara region, MSF is studying the Kala Azar disease alongside the Institute for Tropical Medicine Antwerp, the University of Gondar and the Ethiopian Public Health Institute. The project is working to provide better treatment methods for complicated Kala Azar patients and to develop a more effective snakebite anti-venom. In 2017, 322 patients received treatment for snakebites, and 299 for Kala Azar.

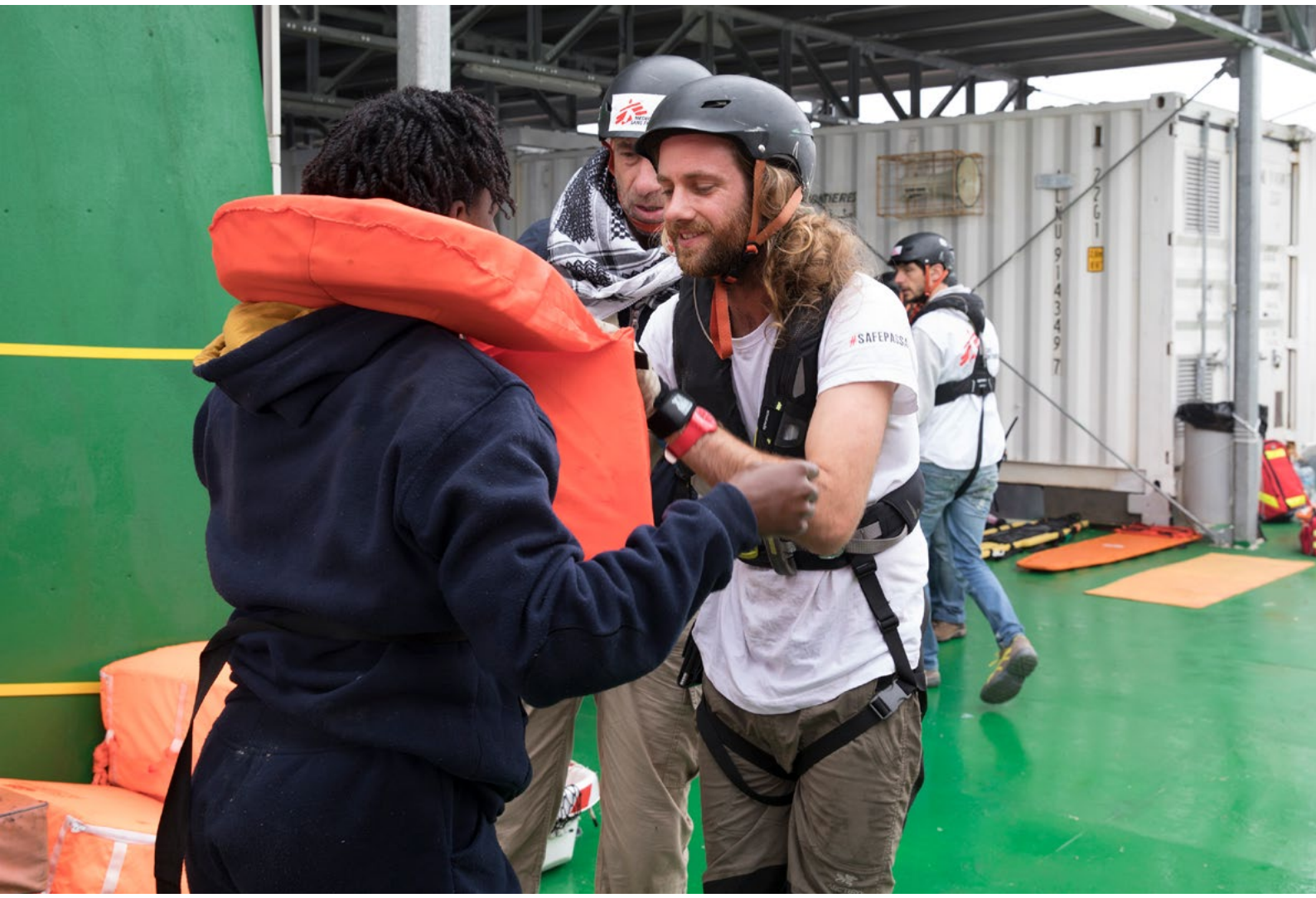
Italy – Migrant Sea Rescue

MSF's response to the flow of migrants, refugees and asylum-seekers from sub-Saharan Africa and the Middle East into Europe across the central Mediterranean continued to be one of our most high-profile activities. In 2017, our teams aboard the *Prudence* and the *Aquarius* (operated in cooperation with SOS Méditerranée) conducted 179 rescues, saving over 23,000 people from drowning. Each boat was crewed by a medical team (consisting of doctors, nurses and midwives), a logistics team and a team of cultural mediators.

Our teams aboard the *Prudence* and the *Aquarius*... conducted 179 rescues, saving over 23,000 people from drowning.

The people we rescued told us they were fleeing violence, war, persecution and poverty in their home countries. The vast majority who make this perilous journey have been trafficked through Libya by gangs and militias. After weeks and months spent trapped in overcrowded detention centres, where many are assaulted, exploited and degraded, they are forced into flimsy boats that are doomed to sink before they ever reach dry land. Nearly all the people we treated on the *Aquarius* and the *Prudence* were detained against their will in Libya. During their captivity they were exposed to alarming levels of violence and exploitation. They were held for ransom, used as forced labour, sexually assaulted and forced into prostitution. Violence-related injuries – broken bones, infected wounds and old scars from beatings and abuse – are commonplace. It is common to see women pregnant as a result of rape.

Our cultural mediators are a vital bridge between the crews and those they rescue; communicating instructions, calming nerves and identifying urgent needs. After a rescue, our medical staff perform an initial triage to identify people in need of immediate care, who are treated in the on-board emergency room. Non-emergency cases are seen in the outpatient consultation room or during deck consultations. Many of those we rescue have respiratory tract infections, skin diseases and fuel burns caused by prolonged exposure to a toxic mixture of fuel and salt water. Women, especially pregnant women, receive dedicated care from our on-board midwife.



An MSF staff member speaks to a recently rescued woman on the deck of the Prudence (2017). Photo: Albert Masias/MSF

In September, we suspended our operations with the *Prudence*, in response to a drop in the number of boats reaching international waters from Libya. Unfortunately, this does not mean the crisis is over – it is simply being suppressed in Libya as part of a broader European strategy to seal off the Libyan coast and 'contain' refugees, asylum-seekers and migrants. MSF has advocated, both in private and public, for an end to this unjust policy, which must be replaced with a legitimate, fair and humane system.

The *Aquarius* is still operational and, between September and December 2017, it rescued 3,645 people and brought them to ports of safety in Italy.

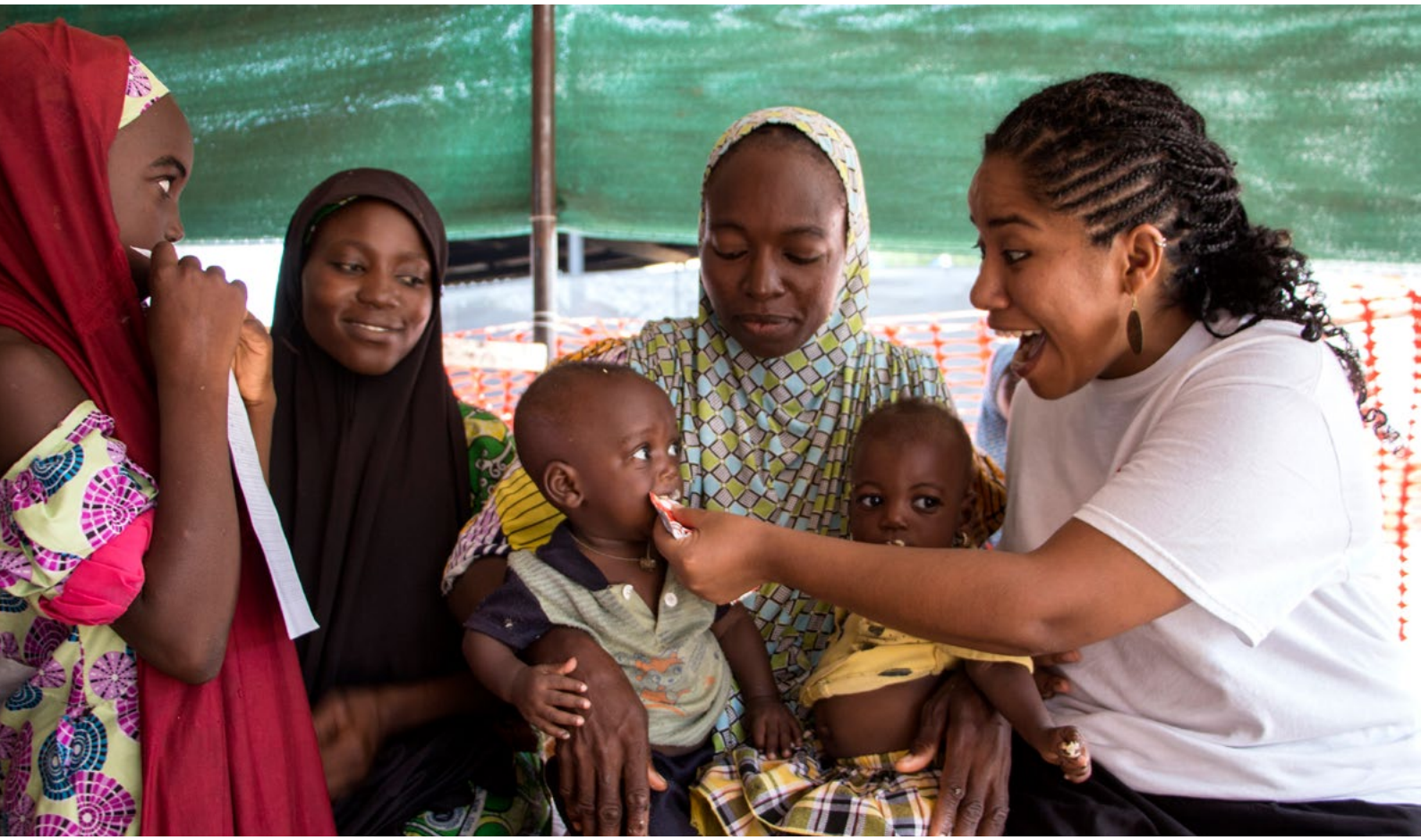
Nigeria

Responding to the humanitarian consequences of the ongoing conflict between the armed groups known as Boko Haram and the Nigerian military in north-east Nigeria remained a priority for MSF in 2017. Eight years of conflict have caused large-scale displacement of people across Borno and Yobe states, and have led to severe malnutrition and outbreaks of diseases, including measles and meningitis.

MSF scaled-up its activities across Borno and Yobe in 2017. In eight locations in Borno and three others in Yobe, MSF ran nutrition programmes for children, vaccinations campaigns, general consultations. We supported emergency rooms, maternity and paediatric wards, and other inpatient services. We also managed mental health activities, supported victims of sexual violence, and monitored food, water and shelter needs.

Although security within Maiduguri, the capital of Borno, improved slightly during 2017, conflict, mass displacement and disease outbreaks continued outside the city. Between August and November, MSF responded to cholera outbreaks in Maiduguri, Monguno and Mafa. We operated three cholera treatment centres and a cholera treatment unit, treating over 3,200 patients.

The situation in Maiduguri stabilised as a result of a massive deployment of aid, but access to nutrition and the availability of humanitarian assistance continued to be precarious in isolated enclaves, such as Pulka, Banki, Bama, Dikwa and Rann. MSF provides medical aid in these locations, either through permanent health facilities or frequent visits by dedicated emergency teams.



Dr Ortiz helps twins Hassan and Hussaina take an appetite test at MSF's Fori nutrition centre in Maiduguri, Nigeria (2017). MSF/ Musa Yahaya

On 17 January, at least 120 people were wounded and 52 killed following bombing by the Nigerian Army of an internally displaced person's camp in Rann, where MSF was operating. Three employees of a Cameroonian firm hired by MSF to provide water and sanitation services in the camp lost their lives during the attack.

While the conflict in the north-east deepened, MSF also responded to numerous other medical and humanitarian emergencies across the country.

2017 saw the largest meningitis C outbreak in Nigeria for 10 years. MSF deployed emergency resources to support the Ministry of Health in the worst-affected areas. In Sokoto, Zamfara, Yobe and Katsina states, we provided medical supplies, training and support in case identification and management. In Sokoto, MSF ran a 200-bed facility. MSF teams assisted in the vaccination of around 275,000 people in Sokoto and Yobe.

While the conflict in the north-east deepened, MSF also responded to numerous other medical and humanitarian emergencies across the country.

MSF's Nigeria Emergency Response Unit (NERU) was deployed for a malaria intervention in Zamfara state, where they also treated children suffering from malnutrition and other injuries.

MSF continued to expand programmes supporting women and children. An estimated 40,000 women in Nigeria die from complications during pregnancy and childbirth every year and one child in five dies before the age of five. We run the maternity and neonatal departments at Jahun General Hospital in Jigawa state, offering a combination of emergency obstetrics and newborn care, with over 1,000 maternity admissions each month.

In Sokoto, MSF supports the Noma children's hospital, running a reconstructive surgery project for patients with noma and other conditions. International specialists are brought in to carry out surgeries on patients with noma disease four times a year. We provide pre- and post-operation care and mental health care.

In Rivers state, MSF teams, in partnership with the Ministry of Health, opened a second clinic in Port Harcourt to develop their programme providing comprehensive care for victims of rape and sexual abuse. Community-based awareness approaches were also reinforced, alongside outreach activities already taking place in schools, police stations and through the media.

As part of its obstetrics programme in Jahun, MSF treated 325 women suffering from vesico-vaginal fistula, a stigmatising medical complication caused by obstructed labour and delayed access to proper obstetric care.

In Anambra state, MSF started a new project in Onitsha tackling malaria through water and sanitation and vector-control activities, as well as providing support to existing health centres.

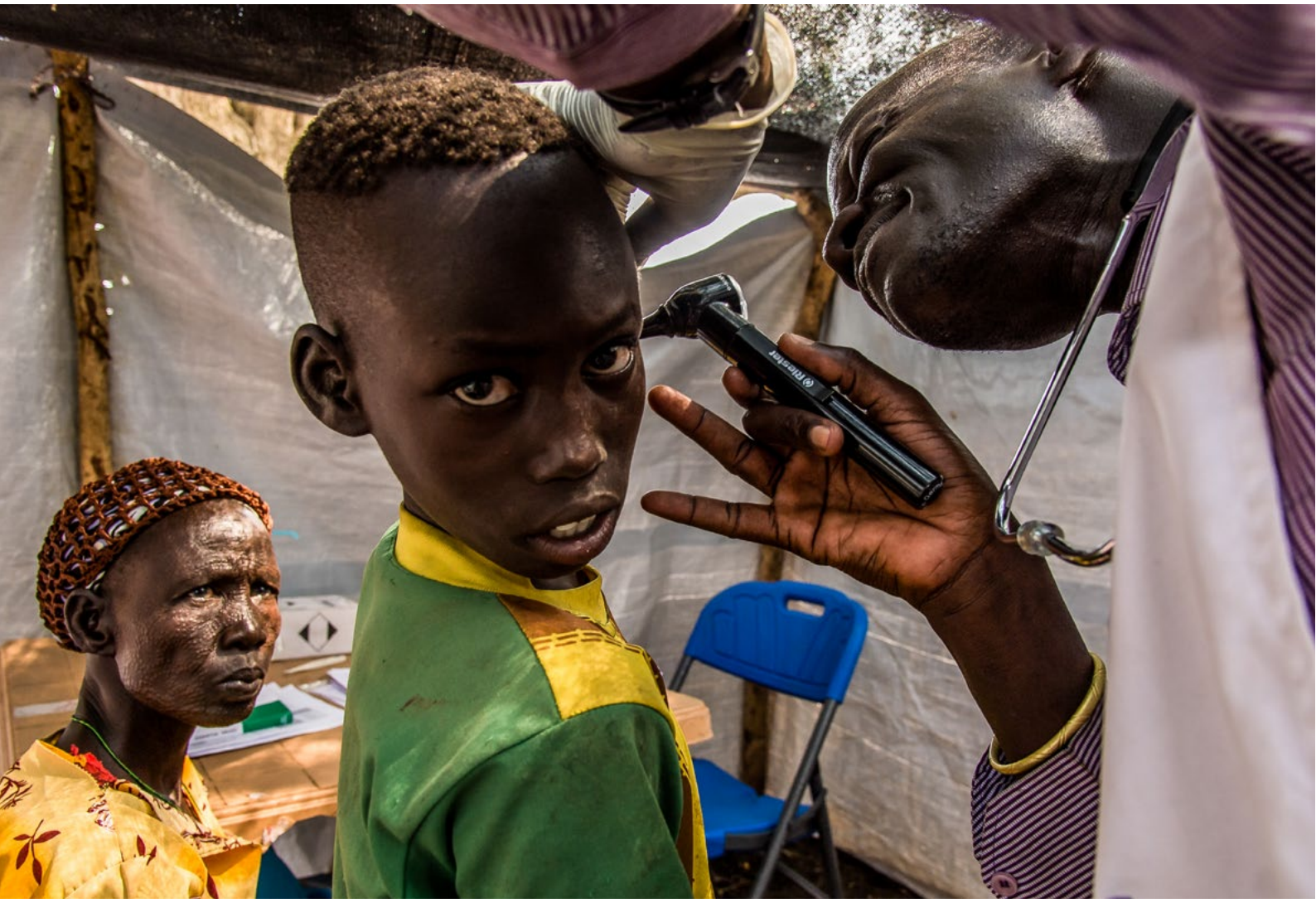
South Sudan

In terms of workforce, South Sudan represents MSF's largest country of operations.

Throughout 2017, MSF continued to respond to the urgent medical needs of South Sudanese people affected by the continuing violence. We maintained our essential healthcare programmes across South Sudan, despite increasing insecurity and violence, and the challenges we faced to reach those most in need.

MSF runs 16 projects in South Sudan and employs approximately 300 international and 3,300 South Sudanese staff. In terms of workforce, South Sudan represents MSF's largest country of operations. During 2017, we held nearly one million outpatient consultations and cared for 42,596 inpatients, including 17,135 under-fives, in our hospitals and clinics.

Tens of thousands of people in South Sudan have died since the current conflict began in December 2013 and roughly one person in three has been forced from their home. The availability of food, water and healthcare remains limited, and malnutrition is a major concern. Two million people have fled to neighbouring countries, while another two million remain displaced inside South Sudan.



In the village of Kier, in Akobo, eastern South Sudan, clinical officer Tut Koang examines a young patient brought in by his grandmother during the weekly mobile clinic (2017). Photo: Frederic Noy

Based in the country's largest Protection of Civilians site, Bentiu is MSF's largest project in South Sudan in terms of staff size. The 160-bed hospital provides the only secondary healthcare and surgical services for the Protection of Civilians site and the nearby town of Bentiu.

In Lankien, MSF provides preventative and curative primary healthcare services, secondary and emergency services, and sexual and reproductive health services. The project operates an 80-bed hospital in the town and community outreach activities in nearby areas. In 2017, MSF continued to treat a high number of patients for Kala Azar in Lankien. This peaked in November, when we treated close to 400 new patients in a month.

In Leer and Mayendit counties, MSF uses a model of care in the community in which national staff (mostly community health workers and women's health promoters) run basic mobile healthcare clinics that move with people as the conflict forces them to flee from place to place.

The Mundri project provides primary healthcare, with a focus on maternal and child health through preventative and curative care, and community-based care for survivors of sexual violence. The project uses mobile and community clinics in areas outside the town, in government and rebel-controlled areas that are cut off from regular healthcare and other essential services. The medical and humanitarian needs of these communities continue to increase due to the ongoing conflict.

In Doro refugee camp, in Maban county, MSF runs a 60-bed primary healthcare clinic (PHCC), serving around 58,000 people, primarily from Sudan. MSF also operates the outpatient department of Bunj hospital, which serves the host community.

In Pibor, MSF currently runs a 37-bed PHCC with primary healthcare units (PHCUs) in the nearby villages. Repeated armed robberies, ambushes and looting of MSF facilities and teams have jeopardised the availability of lifesaving medical care to this community. The humanitarian needs are great, and MSF is one of the only health organisations serving this area.

Malaria is one of the leading causes of sickness and death in South Sudan, especially among children. Between July and September, we treated 91,000 patients for malaria.

The Yei project consists of an integrated primary healthcare programme in the town of Yei and a mobile clinic to widen the availability of healthcare. Our team are lobbying for access to the surrounding countryside, where the greatest needs are, but this remains a challenge.

Ongoing displacement has plagued the Greater Upper Nile region since the 2013 crisis began. MSF's Aburoc project operates a hospital and mobile clinics providing primary and secondary care for an informal settlement of 12,000 to 15,000 displaced people. We run maternity and paediatric wards, inpatient and outpatient departments, an isolation ward and a 24-hour emergency room, all of which can be swiftly moved.

Our project in Malakal, in the Greater Upper Nile region, consists of two hospitals, coupled with a decentralised model of care in nearby Akoka and Baliet counties. The hospitals provide primary and secondary healthcare, without surgery. Outreach teams provide basic healthcare in isolated areas.

The Yambio project is the only MSF project in South Sudan focused on operational research and the specific treatment of HIV. The two-year study aims to determine the feasibility of a community-based model of HIV testing and treatment in an insecure context. The project is in the process of being handed over to a local NGO partner, Catholic Medical Mission Board.

Beginning in late September, MSF, with the Ministry of Health, launched a three-week oral cholera vaccination campaign in the capital, Juba, targeting 200,000 people. Focusing on historic hotspots for transmission, they sought to stem the spread of the disease and prevent future outbreaks. 195,965 people were vaccinated against cholera, achieving 98 percent of the campaign's target.

In Agok, in the Abyei Special Administrative Area (a disputed territory between Sudan and South Sudan), MSF maintains the region's only secondary healthcare facility. With over 400 national staff and 28 international staff, Agok is one of MSF's largest projects in the region.

The Akobo project, launched in October 2017, is MSF newest project in South Sudan. It aims to gain a better understanding of the health situation in the area, increase access to primary healthcare and ensure emergency preparedness for mass displacement and mass casualties in Akobo and Ulang counties.

In Mayom county, MSF operates out of the Ministry of Health PHCC. We started with supplying medicines and materials, and staff recruitment and training. This developed into MSF providing primary healthcare, including HIV and TB treatments, preventative activities and referrals to secondary healthcare. The project also has capacity to organise the initial response to emergencies.

Malaria is one of the leading causes of sickness and death in South Sudan, especially among children. Between July and September, we treated 91,000 patients for malaria. In Aweil, where MSF manages the paediatric and maternity wards at the state hospital, we prepared for the annual peak in malaria patients by adding 20 paediatric beds, resupplying the pharmacy and organising medical training to prepare staff for the expected influx of severely affected children.

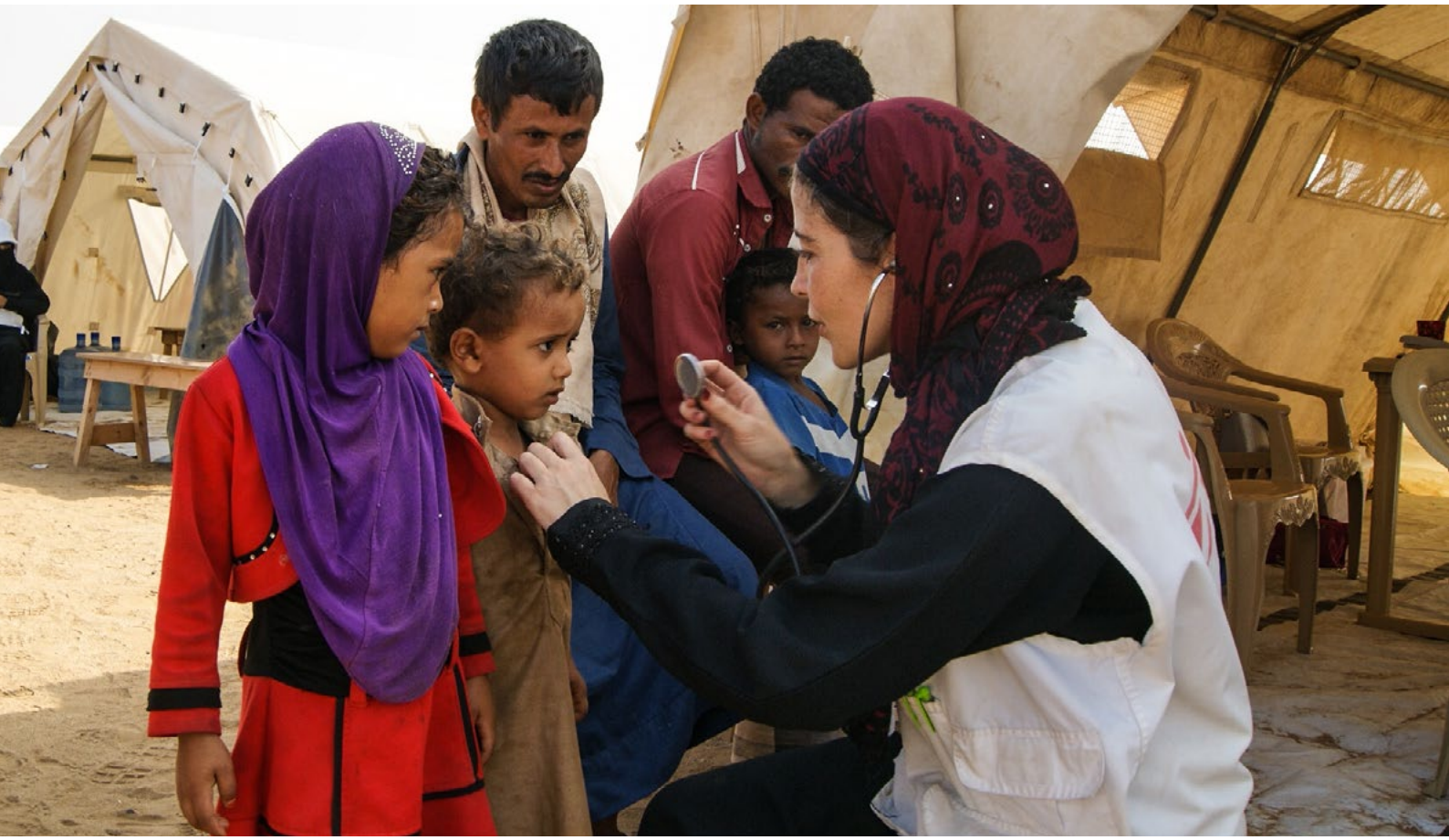
At the beginning of 2017, displaced people from Malakal, Canal and New Fangak arrived in Old Fangak after fleeing violence in the north. In response, MSF transformed the existing health centre into a 41-bed hospital, which now includes an emergency room, mass casualty capacity and emergency surgery.

In Yida, MSF operates a 33-bed hospital providing secondary care for Sudanese refugees and the host community.

Yemen

Since March 2015, violence has escalated and spread across Yemen, devastating parts of the country. The complex web of overlapping conflicts, coupled with the collapse of Yemen's economy and the decimation of its social services and healthcare system, have had a huge impact. Millions of Yemenis have been forced from their homes and millions more are without access to healthcare. Severe food and water shortages, combined with high unemployment, a partial blockade of Yemen's airports and ports, restrictions and barriers on trade routes, and major cholera and diphtheria outbreaks, have created a massive humanitarian emergency. Since the fighting escalated in early-2015, MSF has treated more than 72,000 people for war wounds and violent injuries.

Many clinics and hospitals have been destroyed and those that still function are in urgent need of medical supplies, personnel, fuel and water. The number of severely malnourished children continued to rise throughout 2017. Many patients only reach medical facilities when their health conditions are critical because travel is expensive and they cannot afford multiple trips. Women often deliver babies at home, particularly in remote areas, and only seek support when there are complications.



Nurse María José Blanco is responsible for MSF's outreach activities in Abs, Yemen. Our mobile clinics provide outpatient services for internally displaced people and host communities (2017). Photo: Gonzalo Martinez/MSF

At the end of 2017, MSF operated 13 hospitals and health centres in Yemen and provided support to more than 20 hospitals or health centres across 11 Yemeni governorates. With nearly 2,000 MSF staff, alongside more than 1,000 Ministry of Health staff who receive monthly financial compensation from MSF, Yemen is among MSF's largest operations in terms of personnel.

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Outbreaks of preventable diseases throughout the year stretched MSF's resources to the limit. In April, a cholera outbreak forced a major scaling up of MSF's operations. From 27 April to the end of 2017, MSF teams treated 107,966 patients at 37 cholera treatment centres, units and oral rehydration points. The outbreak was the largest in the country's history, affecting hundreds of thousands of people.

Just as the number of cholera cases declined, the battered health system faced a new threat as diphtheria was reported in 13 governates. By 4 December, there were 318 reports of patients suspected to be suffering from diphtheria, and 28 deaths had been reported. Half of these patients were children between the ages of five and 14, and nearly 95 percent of deaths were of children under 15.

An increase in violent clashes at the end of November put further pressure on MSF's ability to provide emergency medical care. Heavy street fighting and renewed airstrikes paralysed the capital, Sana'a, with people trapped in their homes for several days, leaving the injured without safe access to medical assistance. In Sana'a, we continued to support the emergency room in Al Kuwait hospital and the Al Sabeen mother and child hospital, while also providing emergency supplies to Al Jumhouri and Al Thawra hospitals.

On 4 December, an airstrike hit the MSF-supported Al Gamhouri hospital in the city of Hajjah. The emergency room, operating theatre and intensive care unit were damaged and 12 emergency room patients were evacuated. Despite the damage, Al Gamhouri hospital treated 22 casualties from airstrikes in Hajjah shortly after. Four MSF hospitals have previously been hit in the conflict, killing 26 MSF staff and patients.

MSF continues to run medical activities in war-torn Taiz, Yemen's third largest city, where most hospitals have closed due to the conflict. In the Al Houban neighbourhood, we run a mother and child hospital and a trauma centre. In the city centre, we support Al Jomhouri hospital for maternity services, the Yemeni-Swedish hospital for paediatrics, Al Thawra hospital for medical and emergency surgical care, and Al Rawdah hospital for emergency war wounded patients. We also provide medicine to the emergency room and emergency operating theatre in Khalifa Hospital.

5 MSF UK'S ACHIEVEMENTS AND PERFORMANCE

Fundraising

Section 162a of the Charities Act 2011 requires charities to make a statement regarding fundraising activities.

MSF UK's approach to fundraising is focused on bringing our supporters close to the medical aid that their generosity makes possible, through the testimonies of MSF staff and patients. We rarely make appeals for additional support, and we take great care to maximise the proportion of every donation spent on our humanitarian work. In 2017, we raised £7 for each pound we invested in generating funds.

We strive to provide the highest standard of care to the private individuals and donor organisations that fund MSF in the UK. We work with an independent panel of 'mystery shoppers' to evaluate the service we provide to supporters, while continually striving to make improvements in response to the feedback we receive. This approach saw 85 percent of our independent panel agree that they would recommend supporting MSF to others. This was the highest result achieved among the 26 charities that participated in a 2017 benchmarking survey, and an increase from the 81 percent we got in 2016.

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MSF UK adheres to leading standards in our fundraising activities and is a member of the Fundraising Regulator. All third-party organisations acting on MSF UK's behalf are closely supported and supervised to ensure that we provide the highest possible level of service. We work hard to inspire and motivate the teams that represent us. This includes regular briefings from our frontline medical and logistical staff, and encouraging them to participate in the training that we provide to our field teams. Closely involving partners in MSF's medical mission helps them to inspire new supporters and to secure the long-term loyalty of our donors.

A complaints procedure is in place, and any complaints are recorded and responded to appropriately. In 2017 we received and responded to eight complaints in relation to our fundraising activity. We also adhere to a vulnerable persons' policy in relation to fundraising.

We periodically meet with supporters across the UK to better understand their wishes and interests. Comments, suggestions and ideas from our supporters – by letter, telephone and email – are highly valued and encouraged. Our supporters have defined our approach to fundraising – we carefully tailor our communications to reflect their feedback. Persistent appeals for donations are strictly avoided and MSF UK has never allowed other charities access to supporters' details.

Operational staff

MSF projects are staffed by local personnel alongside colleagues recruited internationally. In 2017, MSF UK sent 293 people to projects around the world. Among them, 88 were doctors and the remaining staff were surgeons, nurses, medical specialists, logisticians, administrators and project coordinators. This is a significant increase on the 242 people we sent to our projects in 2016, in part due to the huge medical needs of the Rohingya who began fleeing to Bangladesh in August.

At any given time, there were, on average, 128 staff recruited in the UK working in MSF projects, of whom 30 were in positions of management, such as project or medical coordinator.

In 2017, MSF UK sent 293 people to projects around the world... At any given time, there were, on average, 128 staff recruited in the UK working in MSF projects.

To better prepare staff for working in complex medical settings, we implemented a new learning and development programme in 2017. In May, we also introduced a new induction format for office and field staff. The new induction day was expanded from one to two days, with the second day providing additional time to prepare new field staff for their first assignment with MSF.

We regularly organise courses to allow staff to further develop their leadership skills for their next assignment. The MSF UK leadership course supports field staff who are not in coordination positions, but who would like to expand their management and leadership skills.

For staff returning from the field, we started our new Welcome Back days in 2017. During the Welcome Back days, we give field staff the opportunity to share their experiences, and offer them training to build on their management skills and to feel better prepared for their next assignment.

We have put extra effort into promoting the availability of psychosocial care to staff returning to the UK and to ensuring that staff can access it when needed. We assist our medical field staff with small grants to ensure they can keep their medical training up to date, and support them with the revalidation of their medical licences so they can keep practising in the UK when they return.

The Trustees are grateful to our field staff, who choose to do vital work often under very difficult conditions. We could not continue our work without them.

Communications and *témoignage*

'*Témoignage*', meaning 'testimony', is a core part of MSF's work. In practice it means that MSF will bear witness and speak out about what we have seen in our medical humanitarian work and learned from the people we serve, in private and in public. In doing so, MSF raises public awareness of human suffering, to protect life and health, and preserve dignity.

During 2017, MSF UK communications worked hard to raise awareness among the general public and with key decision-makers on a number of issues, in particular the humanitarian emergencies created by the conflicts in DRC, Nigeria, Syria and Yemen; the plight of refugees and migrants trapped in Libya, crossing the Mediterranean, and moving through Europe; and the Rohingya refugee crisis on the Myanmar–Bangladesh border.

A key focus was the ongoing humanitarian crisis in Yemen. As the conflict worsened and MSF scaled-up its responses to cholera and diphtheria epidemics, we kept Yemen at the forefront of our communications, through press engagement, website articles and audiovisual content promoted through our social media channels. The press team worked hard to get journalists access to the crises, while our Yemen content received more than 17,000 views across our digital channels.

The communications department continued to make MSF's response to migration a core part of communications. At the start of the year we told the world about the 7,500 migrants and refugees trapped between Greece and the Balkans, facing a harsh European winter without any of the resources needed to survive it. The story received widespread press coverage in the UK and across Europe. We continued to report from MSF's Search and Rescue operations in the Mediterranean, while also drawing attention to the inhuman conditions in the Libyan migrant detention centres.

We arranged for press trips aboard the Search and Rescue boats and published our most successful video ever, *10 Facts You Need to Know About Europe's 'Migrant Crisis'*, which over a million people have watched on Facebook. One of the year's top blog posts was Dr Conor Kenny's tense, evocative description of one night aboard the MSF boat, *Aquarius*. Members of the communications team also provided temporary, on-the-ground support and advice to colleagues in crisis zones around the world, from the Mediterranean to Bangladesh.

With our support, *Unreported World*, Channel 4's acclaimed foreign affairs series, visited MSF's Mowasah reconstructive surgical hospital in Amman, Jordan; the only dedicated reconstructive facility in the Middle East to provide free surgical care.

2017 was a year of change for the department's digital team, following a consultation process on how to better advise, educate and improve agility. The team succeeded in evolving to positive effect and delivered some genuine innovations. Highlights included our first social media fundraising campaign with a positive return on investment of 3:1, working with the human resources team to improve online recruitment processes, and the launch of Apple Pay as a donation route.

This year, MSF staff delivered over 330 talks about their field experiences. They spoke at schools, universities, places of worship, companies, community groups and fundraising events across the UK. Our panel discussions at the University of Bristol and Barts Medical School were attended respectively by over 200 and 300 donors, Friends of MSF student supporters and MSF Association members.

Positive engagement with university student groups continued to grow. We now have 45 active Friends of MSF groups, primarily made up of medical students, who help with MSF campaigns and awareness-raising.

In 2017, our schools team revised and updated the free teaching resources we provide for A-Level Geography, Biology and French. We also produced our first Spanish language lesson plans. These materials are a great way for MSF UK to increase our visibility in schools and create the next generation of supporters.

More details about MSF UK's 2017 *témoignage* and advocacy activities can be found in the Programmes Unit section on p. 32.

Support for operational programmes

MSF UK directly supports MSF's medical humanitarian work through the Manson Unit, which provides specialist support on infectious and non-communicable diseases, epidemiology and public health intelligence (including geographical information systems, mapping and e-health), qualitative research and anthropology.

Over the course of 2017, the key achievements of the Manson Unit included improving the evidence base on drug-resistant TB with the use of new drugs, improvements in paediatric TB care, and roll-out of the shorter multidrug-resistant TB (MDR-TB) regimen. The deployment of electronic surveillance dashboards enabled more timely and effective outbreak responses, while use of electronic survey platforms enabled high-quality mortality surveys to support programmatic

decisions and robust *témoignage*.[1] The new Health Information System for MSF Operational Centre Amsterdam (OCA)[2] was piloted in Somalia and Nigeria, and will be rolled out across OCA's operations in 2018. Missing Maps, the open, collaborative initiative founded by MSF, with the British Red Cross, the American Red Cross and the Humanitarian OpenStreetMap Team, continued to provide essential mapping to better prepare our and others' humanitarian responses.[3]

MSF's annual Scientific Days, a two-day research and innovation conference in the UK with regional research days in South Asia and Southern Africa, were attended in person by 600 people, alongside an online audience of over 8,000 people in 96 countries.

The MSF Global Health and Humanitarian Medicine course is a part-time, blended-learning course that provides affordable, global access to high-quality education in tropical medicine. Its aim is to increase the number of skilled national and international field staff working for MSF.[4] The course saw its 2016–2017 students gain an 85 percent pass rate in the exam to achieve the Diploma in Tropical Medicine and Hygiene. The 2017–2018 course has expanded to work with MSF India to run the course there, with the Royal College of Physicians approving our collaboration with the Christian Medical College Vellore in Tamil Nadu state and Kasturba Medical College, Manipal in Karnataka state.

In 2017, TB PRACTECAL, MSF's multi-centric randomised clinical trial seeking short, tolerable and effective treatments for people with drug-resistant TB, opened three of its four proposed sites – Uzbekistan in January, South Africa in November and Belarus in December. The final site will open in Uzbekistan in 2018. The trial will compare three novel regimens for drug-resistant TB against the current gold standard treatment.[5] A press officer from the communications department was seconded to the TB PRACTECAL project as a communications officer. They ensured that the ground-breaking project was prominently featured in specialist publications and in mainstream media outlets.

Programmes Unit

In 2017, the Programmes Unit delivered high-level advocacy and representation aimed at the UK public and the UK government.

In the latter part of 2017 the social science team was transferred to the Manson Unit. Prior to that, as part of the Programmes Unit, it supported MSF operations with seven studies and three assessments ranging from reproductive and occupational health to HIV and TB trials, water and sanitation engineering and Missing Maps. The social science team completed work on the 'Methodshop' seminar series June, supporting five operational research teams in OCA.

Anthropology is well on the way to being integrated into operations in OCA, with the three more assessments being worked on at the end of 2017.

The Unit supported MSF operations through training for local researchers in Ethiopia, in collaboration with Sussex University. MSF UK, through the Programmes Unit, has been integral to the development of a network of global health operators within MSF.

1 For example, https://www.msf.org.uk/article/rohingya-crisis-msf-surveys-estimate-least-6700-rohingya-killed-during-attacks-myanmar
2 One of the five Operational Centres in the MSF movement responsible for the delivery of MSF's humanitarian operations.
3 Missing Maps: http://www.missingmaps.org/
4 MSF Global Health and Humanitarian Medicine Course: www.msf.org.uk/global-health-and-humanitarian-medicine-ghhm-course
5 TB PRACTECAL: www.msf.org.uk/tb-practecal

We continued to provide *témoignage* and advocacy around the humanitarian situations in Libya, Yemen, northern Nigeria, South Sudan, Myanmar and Bangladesh, Syria and Europe. We advocated for the improved protection of medical facilities in times of conflict. These activities involved a series of round tables and parliamentary events organised in collaboration with UK-based institutions, such as the Overseas Development Institute, Chatham House and the UK Refugee Council. Members of the Programmes Unit authored publications in both the *Lancet* (on humanitarian medicine) and the *British Medical Journal* (on civil society efforts to prevent attacks on hospitals), and drafted multiple internal briefs to stakeholders within MSF, and launched a series of online articles on questions of medical humanitarian ethics.

The Programmes Unit led MSF's new Leadership Education Academic Partnership (LEAP) programme from concept phase to construction of the programme in 2017. This work will continue in 2018, ready for a 2019 launch. LEAP is a flexible higher-education programme run in partnership with the Liverpool School of Tropical Medicine and Manchester University's Humanitarian Conflict Response Institute. It is an exciting opportunity to invest in current and future leaders and to equip them with the skills they will need for the challenges ahead.

Bilateral advocacy work was also facilitated on behalf of MSF's Access Campaign, particularly related to improving the availability of lifesaving vaccines, TB, and research and development (R&D) in the developing world.

Voluntary help and support

We are grateful to the many volunteers who gave their time to help in the UK office in 2017. During 2017, office volunteers (excluding Trustees) provided 765 days of work (2016: 965 days). We are extremely appreciative of their crucial support across all our departments.

This year, our volunteers have started working with two schools to host Missing Maps events. This has been very successful and we plan to build on it in 2018.

MSF UK Take Action for Refugees group

The MSF UK Take Action for Refugees group works to improve the situation of migrants and refugees in the UK.[6] Made up of MSF UK Association members, they do this by educating and informing the Association about the difficult situation migrants face and by mobilising them around campaigns, marches and actions led by other organisations. The group began in 2016 and gathered momentum in 2017. It plans to expand its reach and influence further in 2018.

6 The MSF UK Take Action for Refugees group was founded by the MSF UK Association, rather than by MSF UK.

6 FUTURE PLANS

MSF UK

The beginning of 2018 marks the midway point in MSF UK's 2015–2019 strategic plan. As demonstrated in this report, in 2017 we made good progress on our key objectives against the backdrop of a period of intense growth and change. Following this, 2018 will largely be a year of consolidation, responding to the changes and consequences brought about by our expanded ambitions and size.

MSF UK's key objectives are:

1. We will increase support to our operations via MSF UK departments/ personnel, building upon MSF UK's capacity and expanding upon its expertise.
2. We will develop MSF's reputation towards the British general public and specific UK-based institutions, and reach a global audience through UK-based international media.
3. We will invest in our people and infrastructure to improve our effectiveness at both field level and in the UK partner section.
4. We will increase UK private income to £60 million by 2019, with a high return on investment and strong financial security.
5. We will contribute to a collaborative and innovative MSF movement with a particular focus on the OCA partnership.

MSF UK will continue to raise awareness of our work with the general public and in government and policy circles, and will further bolster MSF's reputation in the UK and with global audiences. We will achieve this through both communication activities and bilateral dialogue.

In recent years, MSF has become more collaborative than ever before. Large-scale infrastructure projects, such as shared IT services, are in process. While there are huge gains to be made from this functional and philosophical integration, it also increases complexity, as associative and legal separation remains across our movement. Managing this complexity means a focus on improving some of the systems at MSF UK, as well as delivering on some of the big change projects that the MSF movement has committed to. The challenge behind this must not be underestimated; successful change requires management long after the actual moment of transition.

We will maintain investment in our people and infrastructure, which are vital to effectively consolidate the growth of the past few years. Our people are at the heart of what we do, both in the field and in our London office. If we are to achieve our goals, we must invest in our staff and the systems, tools and environment that enable them to deliver high-quality, timely work.

In 2018, MSF UK will continue to provide our medical operations with extensive strategic, technical and implementation support, mostly through the Manson Unit. We will focus on epidemiology, public health intelligence and qualitative research; research and innovation; infectious and non-communicable diseases; and the development of the Health Information System. MSF's major change agenda on MDR-TB will continue through support to MSF's operations on improved models of care and regimens, as well as implementation of the TB PRACTECAL clinical trial research project. This will be the fifth year of TB PRACTECAL, which is being coordinated by the Manson Unit in MSF UK.

We have an ambitious target for income growth over the period of our strategic plan. Yet in the current economic and political climate, income growth is not inevitable. Better integration of fundraising and communications will be key to maintaining the success of the past few years, as will be our commitment to continual innovation. We commit to maintaining the high level of integrity in our fundraising practices for which MSF has become a market leader, with a focus on supporter care and compliance, ensuring that the tools we use to support our activities are fit for purpose.

With these ambitions MSF UK remains true to its core task – making a significant contribution to the social mission of the OCA and the wider MSF movement through the support, capacity and expertise available in the UK for the benefit of people affected by humanitarian crises.

Strategic direction of Operational Centre Amsterdam

As a partner section within OCA, MSF UK works to advance OCA's strategic objectives.

The OCA strategy is divided into two broad objectives. The first is to enhance OCA's ability to reach people in need. To support this, we engage with key stakeholders, such as governments and other political actors, to ensure they recognise, understand and support our work. Alongside this, we support OCA's medical capabilities and its ability to respond rapidly and effectively to unfolding emergencies and long-term crises.

OCA's second strategic objective is a focus on strengthening its resources and infrastructure, improving its human resources to ensure continuity and enhance leadership skills, and improving the infrastructure around service delivery to medical operations. MSF UK works hard to ensure the financial strength needed to support operations, along with good internal communication and coordination.

In 2018, OCA will continue to deliver a diverse range of effective health programming in 24 countries and 75 projects, as well as the emergency projects that are launched in the course of the year. OCA's organisational priorities for 2018 are centred around laying solid foundations on which to build agility and flexibility, while at the same time providing the required support for its medical humanitarian work. It will work with partner section offices to produce more strategically-coordinated advocacy and communications in high-profile crises. It will continue to respond to situations of forced displacement and migration, and will build on previous work around reforming the aid system in emergency responses. OCA will also step up its advocacy and communications around HIV/AIDs and hepatitis C.

7 OBJECTIVES AND ACTIVITIES FOR THE PUBLIC BENEFIT

MSF UK's contribution to the MSF movement

MSF UK is an institutional member of MSF International. We actively participate as a primary partner of OCA.

MSF UK grants funds to MSF Holland (which hosts the operations of OCA) and other MSF Operational Centres to enable them to plan and implement projects in areas of greatest need. Other grants are given to MSF International, which is based in Geneva (p. 36), and to the MSF Access Campaign and the Drugs for Neglected Diseases Initiative (p. 36). In 2017, we also gave funding to MSF Ireland to invest in fundraising following the MSF movement's decision to no longer accept EU country funding.

MSF campaigns internationally to improve the availability of healthcare and reduce health exclusion.

Vickie Hawkins, MSF UK's Executive Director, sits as an elected member on the MSF Core Executive Committee, the highest executive decision-making body for the MSF movement. This is made up of the General Directors of the five Operational Centres plus two elected members from the wider movement. Vickie is also a member of the OCA management team.

The Head of the Manson Unit has a seat on OCA's operational platform – the key platform for its operational decision-making. Other members of MSF UK's management team also participate in functional platforms across OCA and the MSF movement, with our Head of Human Resources playing a significant role on the OCA Human Resources platform.

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

Campaigns and research

MSF campaigns internationally to improve the availability of 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 they need are too expensive or are no longer produced. Sometimes, the only drugs we have are highly toxic or ineffective because of a lack of R&D to find better alternatives. As a medical humanitarian organisation, we find it unacceptable that essential medicines are increasingly difficult to obtain, particularly for the most common global infectious diseases.

We work on this in three specific ways:

- *MSF Access Campaign's* key focus is to highlight the difficulties and to break down the barriers to getting adequate and effective diagnostic tests, drugs and vaccines for diseases that affect vulnerable people. Examples of this are medication to control TB, which in some countries can be difficult to obtain, and the pneumonia vaccine, which is too expensive for many people in poor countries to purchase.[7]
- *MSF field research* – Medical data and research from MSF field operations are regularly published in peer-reviewed literature and have led to changes in medical practice. MSF research focuses on the challenges of delivering medical humanitarian assistance to people affected by conflict, natural disasters and who struggle to access healthcare. Research topics include treatment of MDR-TB, HIV/AIDS, malaria, non-communicable diseases and outbreaks. All MSF's medical research is carried out under close ethical oversight by internal and external experts. MSF's scientific articles are archived on the MSF Field Research website and are available in full free-of-charge.[8]
- *MSF in partnership* – MSF works in partnership with a number of organisations on research and development. A key partner is the Drugs for Neglected Diseases initiative (DNDi), a collaborative, patients' needs-driven, non-profit drug R&D initiative, co-founded by MSF in 2003 with public research institutions from France, Kenya, Brazil, India and Malaysia. DNDi's focus is to develop new treatments for neglected diseases, such as sleeping sickness, leishmaniasis or Chagas disease, and for neglected patients in other disease areas, for example hepatitis C or children living with HIV. DNDi also contributes to strengthening research capacities in endemic countries. In 2016, in collaboration with the World Health Organization, DNDi launched the Global Antibiotic Research and Development Partnership, a not-for-profit R&D organisation that aims to develop and deliver new or improved antibiotic treatments while endeavouring to ensure their sustainable availability.

Non-operational grants made during the year

In addition to the grants described in the previous section, the Board paid a grant of £818,488 (2016: £684,000) to MSF Ireland in 2017 as a further investment in MSF Ireland's fundraising strategy. This followed the MSF movement's decision in June 2016 to no longer accept funding from EU member states and institutions. MSF UK expects MSF Ireland to grow its own fundraising over time, and to make increasing contributions to support OCA and other Operational Centres as its fundraising activities develop. The Board also gave £821,346 (2016: £562,000) to MSF International as a contribution to their running costs, as well as £384,582 (2016: £359,000) to the Access Campaign and DND*i*. The calculations for these amounts to MSF International, the Access Campaign and DND*i* were based on a pre-approved international allocation.

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. We aim to maximise the percentage of our funds used for the direct provision of medical care and, more broadly, for our social mission. We ensure that our programmes are focused on those who are

7 MSF Access Campaign: www.msfaccess.org
8 MSF field research: http://fieldresearch.msf.org/msf/

most vulnerable and most in need, and we continually review our impact on the health situation of our target population, both through in-country monitoring systems and the advice, support and intermittent presence of headquarters-based specialist advisors.

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 more 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 less effective, more costly responses once an outbreak is underway.

During 2017, we were able to commit 87 percent of our total expenditure to grants and charitable activities.

MSF UK is pleased that during 2017 we were able to commit 87 percent of our total expenditure to grants and charitable activities (2016: 91 percent). This social mission ratio compares favourably with other British charities working in the same field.

MSF International compiles and analyses data from all MSF sections, which are then published on its website (www.msf.org). Data for 2017 were not yet available at the writing of this report. However, the 2016 International Financial Report shows that, out of total global expenditure of €1,459 million, 83 percent was spent on our social mission, with 12 percent on fundraising and 5 percent on management and administration.

Principal risks and uncertainties

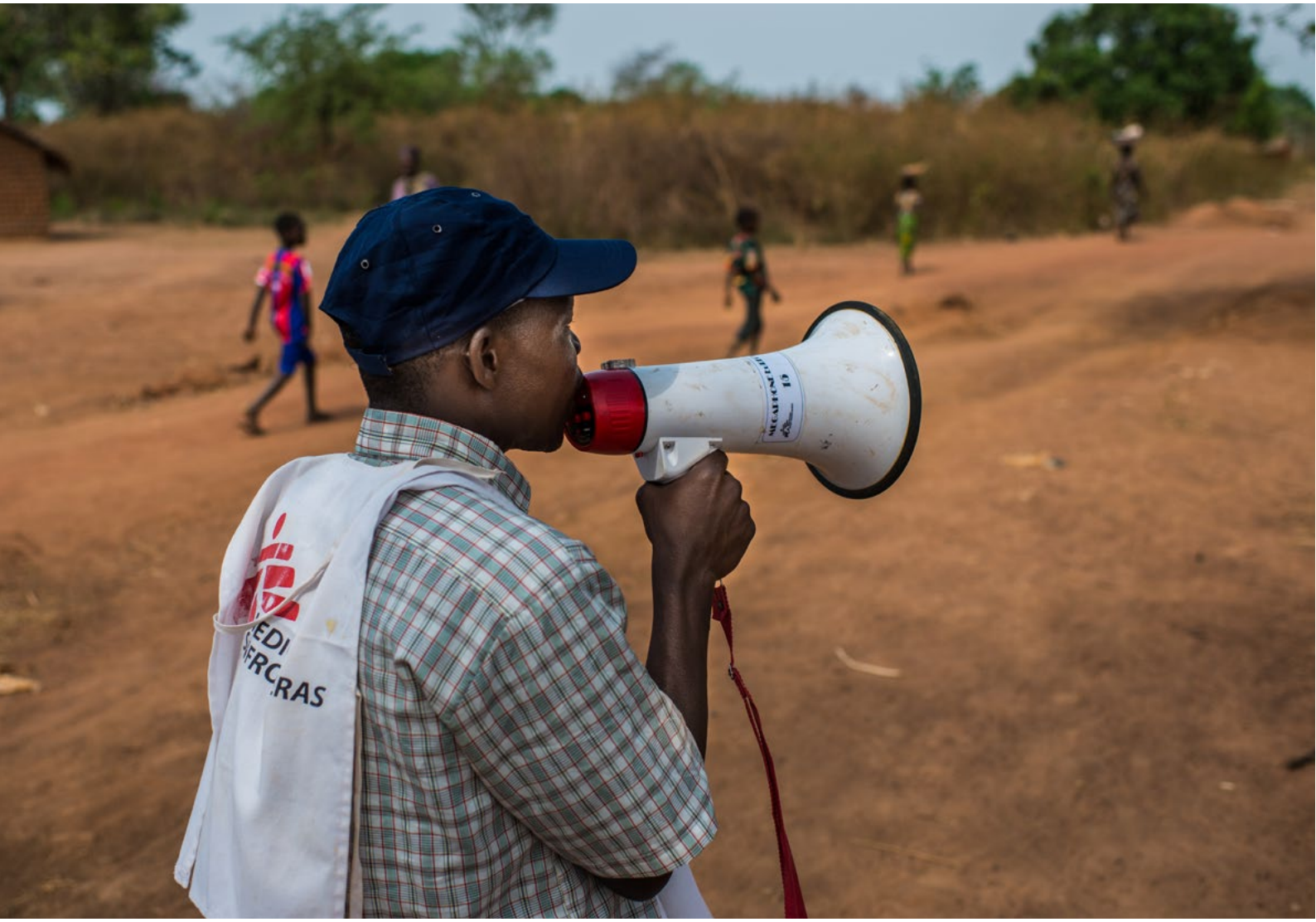
MSF maintains a detailed risk register that is regularly reviewed, revised and updated by the management team. Risks are rated according to the probability of their occurrence and their potential impact on the charity. Policies and strategies are adopted to manage, mitigate and avoid these identified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

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

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

- The 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 assignment, 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.

- Failure to achieve necessary standards of confidentiality in relation to information governance and data protection. Any loss or breach of confidential personal data would have far-reaching consequences for MSF's reputation and its finances. This risk is currently being controlled by a number of measures to protect data security, including our policy on data protection. Following a detailed review in 2016 we began putting in place further actions in 2017 to ensure that we will meet the requirements of the General Data Protection Regulations that come into force in 2018.
- 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.
- Interruption of business continuity as a result of a 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 involving operational staff. We have well-established backup and continuity plans in place, and will continue to review and improve them.



An MSF staff member raises awareness during a vaccination campaign in Maloum, Central African Republic (2017). Photo: Colin Delfosse/Ouf of Focus

8 STRUCTURE, GOVERNANCE AND MANAGEMENT

Our legal foundation

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

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

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

Constitution

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

MSF UK and its relationship with the international movement

Médecins Sans Frontières (UK) is one of 24 institutional MSF members (or 'Associations'). Each MSF Association is registered under the laws of the country in which it is based and is linked to (and governed by) its members, consisting of people who have worked or volunteered for MSF.

Each MSF Association is an independent legal entity with charitable or non-profit status in its country of residence. These, together with a small number of connected entities, comprise the international MSF movement. The entities that make up the MSF movement are bound by a shared name and identity, and a shared commitment to the MSF Charter and principles. The movement chooses not to distinguish between the work of the separate entities in its public representations, which strengthens our collective voice and influence.

Representatives from each of the National and Regional Associations (institutional MSF members) gather together annually at the International General Assembly (IGA) to oversee the coordinated action and development of the MSF movement. The IGA delegates its governance to a Board of Trustees, the International Board. The International Board is led by the MSF International President, Dr Joanne Liu.

MSF UK does not directly manage operations in the field, but participates in the broader governance of the MSF movement in a number of ways. We are a primary partner to OCA, one of five MSF Operational Centres responsible for the delivery of humanitarian aid projects. OCA is a 'virtual entity' made up of MSF UK, MSF Holland and MSF Germany acting as primary partners. The operations of OCA are hosted by MSF Holland, a separate legal entity with its own board.

Two of MSF UK's Trustees, currently Javid Abdelmoneim and Tejshri Shah, sit on the OCA Council, which has an advisory relationship to the Board of MSF Holland, and Vickie Hawkins, our Executive Director, sits on the OCA Management Team. Tejshri Shah was selected as Chair of the OCA Council in September 2016. Our Trustee Dennis Kerr is an observer on the Council. Our Treasurer, Damien Régent, sits on the OCA Audit Committee that supports the work of the OCA Council. Along with representation on the OCA Council and the OCA Audit Committee, MSF UK also sends two representatives to the IGA. As part of her role as Chair of the OCA Council, Tejshri Shah sits on the International Board.

MSF UK has a close relationship with MSF Ireland. Vickie Hawkins sits on the Board of MSF Ireland, Gabriel Fitzpatrick (Chair of MSF Ireland) sits on the Board of MSF UK, and Colin Herrman, MSF UK Trustee, was co-opted to the Irish Board in late 2017. While MSF UK and MSF Ireland are viewed as one section within the MSF movement, MSF Ireland is an independent legal entity registered in the Republic of Ireland and governed by its own Board of Trustees.

The MSF Association

The members of MSF UK are the MSF UK Association. Operational staff, office staff and office volunteers may apply to become members of the MSF UK Association after they have worked for six months with any section of MSF. At the end of 2017, the Association had 466 members.

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

The Board of Trustees

Association members delegate governance responsibilities to a Board of Trustees. The majority of Trustees have a medical background. A small number may be co-opted by the Board from within or from outside the Association to ensure an appropriate mix of skills.

The Board of Trustees ensures that MSF UK adheres to MSF's core principles and values, and conducts its business in an effective and efficient manner with due care, accountability, responsible management of resources and in compliance with all legal and regulatory requirements.[9]

Each Trustee holds office for 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 delivered by external providers.

The Board regularly reviews its ability to work as a team. For instance, the Board conducts a periodical skills review and actively considers its composition before and after the election of new Trustees by the Association.

9 For more information on the MSF Charter and founding principles, see http://www.msf.org/en/msf-charter-and-principles

Our Chair, Javid Abdelmoneim, has a medical background in line with MSF's governance principles. He is assisted by a Treasurer and Chair of the Audit Committee who, starting in December 2017, also acts as Vice-Chair to support the Chair in their functions. In 2017, as in previous years, the Board met eight times.

Our Trustees participate in committee work and most act as 'board links' to designated executive teams. Trustees develop specific relationships with these teams (such as fundraising, human resources or the Manson Unit), allowing them to advise the Board.

One committee advising the UK Board is the Audit Committee, a sub-committee tasked with advising the Board on issues relating to control, risk, and compliance, which met three times in 2017. The Audit Committee is made up of five Trustees. The Chair of the Board regularly attends as an observer, but is not a voting member of the Audit Committee. Earlier in the year, the Board decided to increase the size of the Audit Committee from three to five to reinforce its role.

The Remuneration Committee makes recommendations to the Board on the annual remuneration package for the Executive Director, fair application of the reward policy and principles for MSF UK staff, and any adjustments to the MSF UK staff pay structure. Three Trustees are part of the Remuneration Committee, which meets twice a year.

The Charity Governance Code

In September 2017, the Board agreed to aim to comply with the *Charity Governance Code*.[10] While already largely compliant, the Board is considering areas where further work is required in 2018. The Board views the Code as a welcome addition alongside the MSF internal governance rules, MSF UK's Articles of Association, company law rules and other policies and procedures already in place. MSF has robust governance structures to hold management to account, which the Code reinforces.

As part of its adoption of the Code, the Board started a full review of MSF UK's policies and procedures. The new role of Executive Manager was created to support the management team and to assist the Board with its governance and compliance function.

Remuneration of Trustees

Trustees spend a considerable amount of time preparing for and attending Board meetings, participating in committees and conducting field visits. Several of our Trustees also have responsibilities in sister entities within the MSF movement, for example as members of Operational Centre committees. A key role of our Chair is to represent MSF UK at meetings of the international movement, above and beyond the work he does for MSF UK specifically.

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

By paying the Chair for part of their time, the Board believes it can attract suitable candidates with a medical background (a requirement in the MSF movement) and the willingness and time to take on the role. Starting in May 2017, when he took

10 https://www.charitygovernancecode.org/en

over as Chair, Javid Abdelmoneim received £1,218 a month, for 53 days of work between mid-May and 31 December. That monthly payment corresponds to a total annual payment of £14,616 for on average 1.5–2 days' work every week. The Board believes that the remuneration remains modest in light of the time the Chair commits to the organisation, and is in line with the movement's values.

Until May 2017, when he relinquished the Chair role, our previous Chair, Paul McMaster, received £3,000 for work done between 1 January and 13 May. The pay was calculated on different rules set before the approval of the new Articles of Association at our May 2017 Annual General Meeting.

Trustees working in the field

MSF UK Trustees are permitted by the Charity Commission and MSF UK's Articles of Association to work for three months a year on standard field assignment contracts. MSF UK greatly values the practical experience and insights our Trustees gain through working in MSF field projects.

In 2017, Alyson Froud and Javid Abdelmoneim worked for MSF as a medical coordinator and doctor respectively. Alyson was contracted directly by MSF France for three months from November 2016 to February 2017. Javid was contracted by MSF UK and paid £1,896 (including £168 NI and £190 pension) for a little over one month from December 2017 to January 2018. The medical work they conducted was not directly related to their UK Trustee responsibilities and was disclosed to the Board. The Board can confirm that their recruitment and contract/remuneration were done on an arms' length basis.

The Executive

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

Remuneration policy

The policy for remuneration of all staff, including senior managers, is delegated to a Remuneration Committee. At the first meeting of the Remuneration Committee, the remuneration for Vickie Hawkins and the annual salary adjustment for all MSF UK staff was discussed before a Board decision. At the second, a recommendation to the Board of Trustees for the remuneration of their Chair was made. The remuneration policy sets out a framework for staff salaries, which are modest yet competitive within the humanitarian sector. This is in keeping with a focus on maximising the use of funds for frontline work.

In accordance with this policy, Vickie Hawkins received at the year-end an annual salary of £79,716 (£76,650 in 2016). This is 3.3 times the salary of our lowest-paid office worker. Two members of the management team receive salaries between £60,000 and £70,000 with the others on salaries between £50,000 and £60,000 (see note 10, p. 63). Our Executive Director is the highest paid employee at MSF UK. She has significant responsibilities at the international level and sits on several management committees, where she represents MSF UK.

Related parties

MSF UK has a fully owned subsidiary, which is not registered as a charity: MSF Enterprises Limited. During the year, MSF Enterprises Limited was dormant and held no assets.

Both Vickie Hawkins and Gabriel Fitzpatrick (MSF UK Trustee) were members of the Board of MSF Ireland for the entirety of 2017 and Colin Herrman (MSF UK Trustee) was co-opted to the MSF Ireland Board on 23 November 2017. MSF UK gave grant funding of £818,488 to MSF Ireland in 2017 which was approved by Board of MSF UK in February 2017. Gabriel Fitzpatrick was recused from voting on the grant.

Tejshri Shah (from September 2016) and Javid Abdelmoneim (from May 2017) sit on the OCA Council. Tejshri Shah was selected as Chair of MSF OCA in September 2016. Peter Young also sat on the OCA Council until May 2017. The OCA Council has an advisory relationship with the Board of MSF Holland as MSF Holland hosts OCA operations.

In fulfilling her role as Chair of the OCA Council, Tejshri Shah sits on the International Board, which governs MSF International. (*See sections below on the international MSF movement and MSF International for more details.*) She is compensated for her work by MSF Holland. These responsibilities do not relate to her duties as a Trustee of MSF UK. MSF UK has granted £25,129,475 to MSF Holland as part of our commitment to the OCA partnership, £10,769,775 to MSF Belgium, our secondary operational partner, and £1,205,929 to MSF International (including to the Access Campaign and the Drugs for Neglected Diseases initiative). All grants to partner sections, including MSF Holland, are approved by the MSF UK Board; and the grant to MSF International is based on a pre-approved international allocation.

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

Diversity and inclusion

MSF UK is committed to ensuring diversity and inclusion among its workforce. We have policies in place to foster an environment of equal opportunity, reinforced by research into staff experience with MSF UK and OCA on issues of diversity and inclusion. The research conducted during 2017 has resulted in recommendations to the management team, including a greater focus in training on issues of diversity and inclusion (for example, unconscious bias training), which are in the process of being implemented.

Responsible behaviour and safeguarding

To protect the people we work with and for, we believe it is vital that all organisations working in the humanitarian sector have strong, effective responsible behaviour and safeguarding policies. MSF has codes of conduct, procedures and behavioural review committees in place, including whistle-blowing mechanisms, through which all staff can report inappropriate behaviour or abuse.

Where we receive reports of abuse by MSF staff, we have processes in place for investigating and dealing with these – with a range of sanctions available, from warnings to suspension or dismissal. We will support the victim of any inappropriate behaviour or abuse as needed, which can include providing psychological and medical care, and finding legal support. In some cases, we may alert local police, in agreement with the victim.

We continue to refine our efforts to increase awareness across MSF of these processes, to make sure that all staff, as well as the people we support, know how to access them, and to ensure that victims and whistle-blowers who register complaints feel protected at all times. This is included in training, field visit preparation, briefings and internal staff regulations.

In 2017, there were 40 confirmed cases of abuse or harassment reported across the MSF movement, of which 24 concerned sexual harassment or abuse. Sexual harassment and abuse can include a large variety of scenarios from verbal

disrespect to physical aggression. Two of these 24 cases were situations of sexual abuse or harassment by MSF staff against patients or members of a community we were supporting. As a result of the 24 cases, 19 people were dismissed from MSF, while the remaining five cases resulted in other sanctions. MSF UK, which does not oversee field operations, had no reported cases of abuse or harassment in 2017.

Alongside this, we have identified a significant problem with the under-reporting of abuse, which means the real number of cases across the MSF movement is likely higher than this. As such, these figures represent a partial picture, capturing only complaints received from our medical programmes and documented at Operational Centre level. They do not cover complaints made in MSF partner section offices, each of which will have their own procedures, or cases dealt with directly by our project teams in the field. Collating safeguarding data from across the MSF movement is an ongoing process.

The reasons for the under-reporting may relate to a fear of not being believed, social or professional stigma, or cultural conventions. This is made all the more acute by the crisis situations we work in, where there is often a lack of protection mechanisms for victims and a high level of generalised violence; where impunity is common and populations may be highly dependent on external assistance for their survival.

To reduce under-reporting, we need to work to improve our processes and increase awareness of – and confidence in – them, among both our staff and the people we help.

MSF's leadership have long recognised the need to fight abuse. In May and again in October 2017, the international leadership bodies of MSF reaffirmed their unequivocal determination to fight abuse and ensure that there is no tolerance for such behaviour anywhere in the organisation – including the reinforcement of grievance channels at all levels. In June 2017, the IGA passed a motion requesting the Full Executive Committee to implement all possible means to address issues of abuse and safeguarding. Following this, in October 2017, the Full Executive Committee committed to act against any form of abuse and to reinforce grievance channels at all levels of the organisation.

Within OCA, all employees have signed a Code of Conduct, affirming our moral commitment to follow the ethical rules as stipulated in our Responsible Behaviour Framework. Through this, we commit to operate with integrity and respect, and to signal and report possible conflicting behaviour.

In 2018, existing procedures will be updated and, where possible, clarified across the movement and in our UK office. The procedures will provide a clear process, while ensuring confidentiality and safety for complainants and staff subject to a complaint. OCA will set up a Responsible Behaviour Committee to advise on individual cases and to make recommendations, in order to continually improve the application of the Responsible Behaviour Framework.

MSF International

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

MSF International monitors the performance of MSF entities around the world, measuring final achievements against initial plans and internal and external benchmarks, in order to highlight strengths and weaknesses, as well as identifying challenges. 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** is a public accountability document detailing MSF's activities movement-wide. It includes a comprehensive overview of MSF's projects around the world, 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 on the MSF International website (www.msf.org). Printed copies are available on request from the MSF UK office.

An MSF outpatient department in Mainnerghona camp, Cox's Bazar, Bangladesh (2017). Photo: Stéphane Coletti/MSF

9 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 2017

Overview

MSF UK's income totalled £53.7 million in 2017. This was slightly below our 2016 income of £54.1 million. Ninety-one percent (2016: 93 percent) of this income came from donations and legacies, with the rest coming mostly from charitable activities.

In terms of expenditure, MSF UK spent £55.6 million in 2017 (2016: £61.5 million). Of this, £37.9 million (68 percent) were grants to other MSF sections, of which £35.9 million (2016: £45.6 million) went directly to MSF Operational Centres to be used in our medical projects overseas. MSF UK's direct charitable activities came to £10.6 million (2016: £8.6 million) with fundraising costs at £7.0 million (2016: £5.7 million).

Fundraising income and costs of generating funds

MSF UK raised £48.7 million in donations and legacies in 2017. This compares to £50.2 million in 2016, when our annual income target was exceeded by over £5 million, an exceptional result due to unprecedented high-profile media coverage of the crises in which MSF works. Our 2017 fundraising income was close to what was achieved in the previous year, which is a testament to the extraordinary commitment and generosity of our supporters.

As with 2016, our most significant source of income in 2017 was committed giving, which increased by £2.2 million (or 14 percent) to £18.0 million (2016: £15.9 million). Regular giving by direct debit and standing order is the bedrock of MSF's financial independence, as it does not rely on media attention and delivers a consistent flow of funds. We continue to be very grateful to our loyal, long-term, committed donors for their support, which recognises the leading role that MSF plays in relieving suffering and in raising public awareness of crises. Eighty-nine percent of our income was given unrestricted (2016: 87 percent), which is especially valuable to MSF as it provides the flexibility to deliver aid where the medical need is greatest.

In 2016, the MSF movement requested that MSF UK make further investments in fundraising in 2017 in order to increase income in future years and further contribute to the movement's planned growth in operations. In response, the Trustees created a designated reserve at the end of 2016 (see section on reserves below) and approved the £1.3 million increase in fundraising costs from 2016. This increased investment has had the effect of reducing our return on investment from a ratio of 8.7 in 2016 to 6.9 in 2017, but will ensure continued growth in future years in line with the long-term needs of MSF field operations.

Grant-making

In 2017, MSF UK sent £37.9 million to other MSF partner sections, with £35.9 million (2016: £45.6 million) going directly to MSF projects overseas. We were able to give £9.7 million more in 2016 because we had £5.9 million transferred from designated reserves during the year (due to the cash receipt of a large legacy) and had made an effort to reduce our brought forward reserves from 2015 (we had been £3.2 million over our targeted reserves).

Our largest grants in 2017 went to DRC (£5.3 million), Haiti (£3.4 million), Afghanistan (£3.3 million), Yemen (£2.7 million), Ethiopia (£2.3 million), South Sudan (£2.2 million), Italy – Migrant Sea Rescue (£1.8 million), Myanmar/Rohingya crisis (£1.7 million) and Nigeria (£1.7 million). More details of these grants can be found in note 6 to the Financial Statements (p. 60). See section 4 for more details of MSF activities in the countries where we have given the largest grants.

MSF UK Charitable activities

Spending on charitable activities increased by £1.9 million to £10.6 million (2016: £8.6 million). £1.1 million of this increase was due to overseas staff and operational projects. In 2017, we had 404 contracted staff working in MSF projects overseas – an increase of 27 percent from 2016. We also increased work done directly by MSF UK, such as the TB PRACTECAL clinical trial (see p. 31) and the shared Health Information System (see p. 31). There were also smaller increases in our medical and programme support, as well as in communications.

We invoice the direct cost of overseas staff and certain operational projects to other MSF sections with no uplift. This is accounted for in our financial statements as income from charitable activities, making up £4.9 million in 2017 (2016: £3.7 million). This increase in income is due to the increase in activities of certain operational projects mentioned above.

Reserves

General reserves

The policy approved by the Trustees is to maintain general reserves at a level equivalent to three months of that year's budgeted UK expenditure – this was reduced from the previous policy of 4.5 months in 2016. The Trustees believe that, to the extent that most of the charity's expenditure is in the form of grants to other parts of the MSF movement, this level of reserves is adequate.

In 2017, the MSF UK office budget was £13.4 million (2016: £11.3 million). General reserves as of 31 December 2017 stood at £4.8 million (2016: £5.0 million). This is equivalent to 4.3 months' expenditure, which is £1.5 million (or 3 percent of income) over our target level of reserves. The Trustees will continue to review our projected general reserves in 2018 to ensure we hit our targeted level, bearing in mind the need to spend donor funds in a responsible manner.

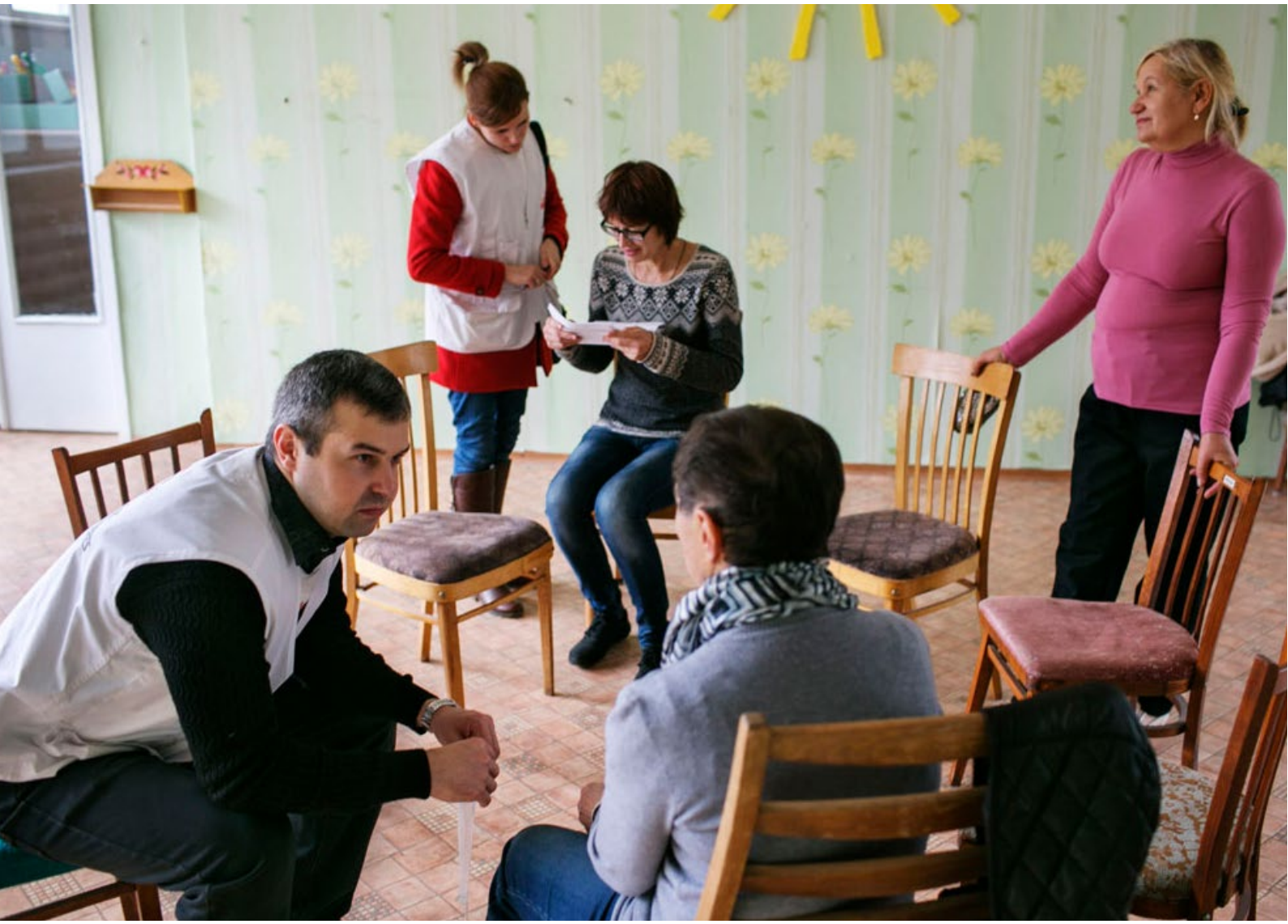
Designated reserves

MSF UK accrues for income which is expected, but not yet received, from legacies. At the end of 2017, the Trustees designated these funds for future commitment to MSF projects in the field when received.

In 2016, the MSF movement asked MSF UK to increase our investment in 2017 fundraising to ensure continued MSF operations and growth in future years in line with our strategic goals. As a result, the Trustees designated £1 million of general funds in 2017, which were then used as directed during the year.

Restricted reserve

This reserve represents donations where the donor has specified the project or emergency to which MSF should apply the funds. In 2017, we gave out in grants almost all the restricted income received during the year.



An MSF psychologist holds a psychological support group session with civilians in Avdiivka, where heavy fighting in 2014-2015 forced many civilians to leave the city, Ukraine (2017). Photo: Amnon Gutman/MSF

10 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 are required to prepare the financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice), including 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
- 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

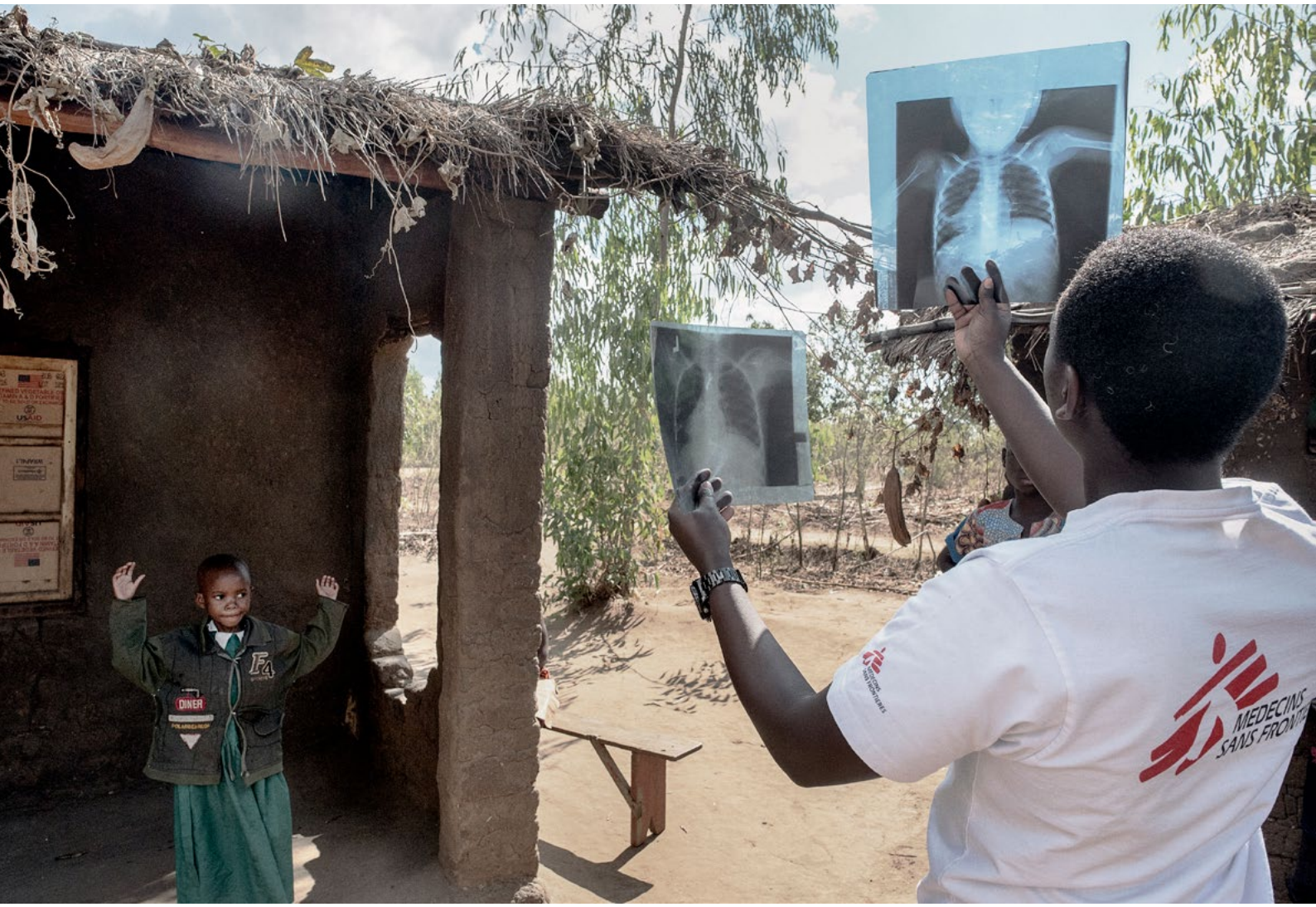
The Trustees who held office at the date of approval of this report confirm that, so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware; and each Trustee has taken all the steps that they ought to have taken to make themselves aware of any relevant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

Auditors

BDO LLP was appointed as the charity's new auditors for the year ended 31 December 2017. BDO have expressed their willingness to continue in office. A resolution to re-appoint them will be proposed at the annual general meeting.

The Trustees Report, including the Strategic Report and the Directors' Report, was approved by the Trustees on 3 May 2018 and signed on their behalf by

Javid Abdelmoneim
Chair of the Board of Trustees



Gloria, aged 11, an HIV and TB positive patient, stands outside her family home in Chiradzulu as an MSF doctor from Rwanda checks her X-ray looking for signs of TB. Photo: Luca Sola

11 INDEPENDENT AUDITOR'S REPORT

Opinion

We have audited the financial statements of Médecins Sans Frontières UK ('the Charitable Company') for the year ended 31 December 2017 which comprise the statement of financial activities, the balance sheet, the cash flow statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the Charitable Company's affairs as at 31 December 2017 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions related to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Charitable Company's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The other information comprises: Trustees' Report. The Trustees are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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

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

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

BDO LLP

Fiona Condron (Senior Statutory Auditor)
For and on behalf of BDO LLP, statutory auditor
Gatwick, UK

3 May 2018

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

12 FINANCIAL STATEMENTS

Statement of Financial Activities Incorporating an Income and Expenditure account as required by the Companies Act 2006.

		2017 (£'000)			**2016** (£'000)		
	Note	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Income							
Donations and legacies	3	42,683	5,979	48,662	43,022	7,136	50,158
MSF UK Charitable activities	4	4,713	167	4,880	3,737	-	3,737
Other income							
Interest income		10	-	10	20	-	20
Income/(Costs)		263	(72)	191	76	127	203
TOTAL		47,669	6,074	53,743	46,855	7,263	54,118
Expenditure							
Fundraising costs	5	7,051	-	7,051	5,744	-	5,744
Charitable activities (grants)							
Operational grants	6	29,964	5,935	35,899	38,027	7,539	45,566
Other grants	6	2,024	-	2,024	1,605	-	1,605
MSF UK Charitable activities	7						
Operational staff and projects		5,912	167	6,079	4,946	-	4,946
Medical and programme support		3,051	21	3,072	2,433	44	2,477
Communications		1,427	-	1,427	1,209	-	1,209
TOTAL		49,429	6,123	55,552	53,964	7,583	61,547
Net expenditure for the year		(1,760)	(49)	(1,809)	(7,109)	(320)	(7,429)
Fund balances brought forward at 1 January		7,736	7	7,743	14,845	327	15,172
Balance transferred		(50)	50	-	-	-	-
Fund balances carried forward at 31 December		5,926	8	5,934	7,736	7	7,743

The notes on pages 57 to 66 form part of these financial statements.

Balance Sheet

As at 31 December

	Note	2017 (£'000)		2016 (£'000)	
Fixed Assets					
Tangible assets	11		653		795
Current Assets					
Debtors	12	5,868		6,343	
Cash		17,823		20,535	
			23,691		26,878
Current Liabilities					
Creditors: Amounts falling due within one year	13		(18,410)		(19,930)
Net Current Assets			5,281		6,948
NET ASSETS			**5,934**		**7,743**
FUNDS					
Unrestricted					
General	14, 15	4,777		5,004	
Designated	14	1,149		2,732	
Total Unrestricted			5,926		7,736
Restricted	14		8		7
			5,934		**7,743**

The notes on pages 57 to 66 form part of these financial statements.

Company registration number: 02853011

These financial statements were approved by the Trustees on 3 May 2018 and were signed on their behalf by:

Damien Régent
Treasurer

Javid Abdelmoneim
Chair of the Board of Trustees

Cash Flow Statement

As at 31 December

	2017 (£'000)		2016 (£'000)	
Cash flow from operating activities		(2,583)		7,539
Cash flow from investing activities				
Interest received	10		20	
Purchase of Fixed Assets	(139)		(239)	
		(129)		(219)
(Decrease)/increase in cash in the year		(2,712)		7,320
Cash balance at 1 January		20,535		13,215
Cash balance at 31 December		17,823		20,535

The notes on pages 57 to 66 form part of these financial statements.

Reconciliation of net expenditure to operating cash flow

	2017 (£'000)	2016 (£'000)
Net income/(expenditure)	(1,809)	(7,429)
Bank interest	(10)	(20)
Depreciation charge	281	211
Decrease in debtors	475	5,908
(Decrease)/increase in creditors	(1,520)	8,869
	(2,583)	7,539

13 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 of 31 December 2017 the charity has 466 members (2016: 441).

2. Accounting policies

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

Basis of preparation and accounting estimates/areas of judgement

The financial statements have been prepared under the historical cost convention in accordance with the Charities Statement of Recommended Practice (SORP 2015) and in accordance with the Financial Reporting Standard 102 (FRS 102), and the Companies Act 2006. There are no material uncertainties about the charity's ability to continue as a going concern.

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

a) The method for allocating overhead costs to expenditure categories is done based on Full Time Equivalent headcount.

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

Income

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

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

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

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

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

Expenditure

All expenditure is accounted for on an accruals basis. Grants payable are recognised when a legal or constructive obligation commits the charity to expenditure. This is therefore recognised when the obligation exists, it is probable and can be measured reliably.

For allocation of overhead costs, see estimate/judgement used in the above section.

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: 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 used two designated funds during 2017:

- 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 this part of unrestricted funds to be applied to operational programmes once they are received.
- In 2016, the Trustees had designated £1 million of general funds to be used for additional investment into 2017 fundraising activities. This was transferred back to general funds in 2017 and used for the specified purpose.

Restricted funds: 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:	3 years
Computer software:	4 years
Structural alterations:	over the period of the lease

Note that the previous asset class "Computer hardware & software" has now been split into two asset classes being "Computer hardware" and "Computer software" with useful economic lives as detailed above.

Financial instruments

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

Foreign currencies

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

Operating leases

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

Pensions

The charity contributes to employees' defined contribution personal pension schemes. The amount charged to the 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

	2017 (£'000)			**2016** (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Committed and regular donations by individuals	17,949	133	18,082	15,754	149	15,903
Income from appeals	8,041	1,831	9,872	9,342	832	10,174
Legacies	7,372	197	7,569	8,096	138	8,234
Grants received from charities and trusts	3,441	3,053	6,494	3,467	2,456	5,923
Sponsorship, events, collections, uncommitted individual donations	3,483	320	3,803	3,807	434	4,241
Donations from companies and corporations	2,397	445	2,842	2,556	3,127	5,683
TOTAL	42,683	5,979	48,662	43,022	7,136	50,158

MSF is aware of potential future legacy income estimated at £12.6m (2016: £8m). However, MSF UK does not deem these items to fulfil all the conditions necessary for income recognition.

4. Income from charitable activities

MSF UK recruits professional staff, both medical and non-medical, whom we second to MSF Operational Centres. These Operational Centres manage project and operations across the world, and reimburse MSF UK the costs associated with the recruitment and employment of operational staff. MSF UK does not, however, manage field operations in other countries.

MSF UK also implements projects for which we are reimbursed by other MSF entities. This includes our clinical trial programme and our development of a common Health Information System.

	2017 (£'000)			**2016** (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Staff supplied to operational activities	3,189	-	3,189	2,820	-	2,820
Operational projects	1,524	167	1,691	917	-	917
TOTAL	4,713	167	4,880	3,737	-	3,737

5. Fundraising

Fundraising costs include staff and office costs, 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.

	2017 (£'000)	**2016** (£'000)
Fundraising costs	6,778	5,531
Allocation of general support costs	273	213
TOTAL	7,051	5,744

6. Charitable activities (grants)

Operational grants

MSF's Operational Centres are responsible for programmes in more than 70 countries. MSF UK's grants to these humanitarian programmes have been grouped by country in the table below. Those projects are not managed by MSF UK. See section 4 for more details on the main programmes that we support.

	2017 (£'000)			**2016** (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Main programmes						
Afghanistan	3,225	86	3,311	2,165	252	2,417
Democratic Republic of Congo	4,376	905	5,281	7,307	2	7,309
Ethiopia	2,078	222	2,300	1,650	-	1,650
Myanmar	1,700	-	1,700	1,000	-	1,000
Nigeria	1,304	363	1,667	1,502	733	2,235
Search and Rescue	1,518	236	1,754	293	296	589
South Sudan	1,714	465	2,179	2,402	1,630	4,032
Yemen	1,533	1,167	2,700	2,917	1,054	3,971
Subtotal	17,448	3,444	20,892	19,236	3,967	23,203
Other programmes						
Bangladesh	99	651	750	-	-	-
Burundi	-	-	-	19	171	190
Central African Republic	1,110	1	1,111	-	-	-
Chad	500	-	500	765	-	765
Ebola epidemic	5	56	61	4	1	5
Haiti	2,838	599	3,437	1,827	174	2,001
HIV projects	227	133	360	407	149	556
India	796	4	800	850	-	850
Iraq	1,195	5	1,200	1,249	1	1,250
Jordan	1,044	156	1,200	2,289	60	2,349
Kenya	-	-	-	501	-	501
Lebanon	571	143	714	954	443	1,397
Libya	294	6	300	380	20	400
Malawi	2	4	6	778	-	778
Pakistan	1,000	-	1,000	3,367	-	3,367
Philippines	-	-	-	-	244	244
Sierra Leone	1,000	-	1,000	943	1	944
South Africa	-	-	-	669	25	694
Syria Crisis	274	726	1,000	1,223	2,263	3,486
Turkey	300	-	300	700	-	700
Ukraine	889	-	889	323	10	333
Uzbekistan	296	4	300	500	-	500
Zimbabwe	76	3	79	943	1	944
Other countries	-	-	-	100	9	109
Subtotal	12,516	2,491	15,007	18,791	3,572	22,363
TOTAL GRANTS	29,964	5,935	35,899	38,027	7,539	45,566

Note 6 continued

	2017 (£'000)	2016 (£'000)
Grant recipient		
MSF Holland	25,129	31,312
MSF Belgium	10,770	13,488
MSF France	-	762
MSF Spain	-	4
TOTAL	35,899	45,566

Other grants

	2017 (£'000)	2016 (£'000)
MSF International		
Strategic activities	821	562
Access Campaign	221	224
Drugs for Neglected Diseases Initative	164	135
MSF Ireland		
Fundraising support	818	684
TOTAL	2,024	1,605

7. MSF UK charitable activities

MSF UK's expenditure includes our own charitable activities, which contribute to the humanitarian programmes of the MSF Operational Centres and the strategic objectives of the MSF movement. These comprise staff and office costs, other costs incurred, and a proportion of general support costs.

	2017 (£'000)	2016 (£'000)
Operational staff and projects		
Operational staff	3,190	2,820
Operational staff support	1,128	1,049
Operational projects	1,583	917
Allocation of general support costs	178	160
	6,079	4,946
Medical and Programme support		
Salaries, expenses and office costs	2,817	2,234
Allocation of general support costs	255	243
	3,072	2,477
Communications		
Salaries, expenses and office costs	1,255	1,075
Allocation of general support costs	172	134
	1,427	1,209
TOTAL MSF UK CHARITABLE ACTIVITIES	10,578	8,632

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, and meeting and secretarial costs.

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

	2017 (£'000)	**2016** (£'000)
Support costs		
General support costs	795	651
Governance costs	83	99
	878	750
Allocation to Fundraising and MSF UK charitable activities		
Fundraising support	273	213
Operational staff support	178	160
Medical and Programme support	255	243
Communications support	172	134
	878	750

Trustees' remuneration, expenses and donations

Governance costs include the remuneration of Paul McMaster (from 1 January to 12 May 2017) and Javid Abdelmoneim (from 13 May to 31 December 2017) as Chairs of the Board of Trustees. £3,000 (plus £228 NI) was paid to Paul McMaster for 12 days of paid work. £9,257 (plus £714 NI and £244 pension) was paid to Javid Abdelmoneim for 53 days of paid work. (In 2016, £7,500 was paid to Paul McMaster for 60 days.)

Remuneration of the Chair is sanctioned by the charity's Articles of Association. In May 2017, our members approved updated Articles of Association with new rules to guide the remuneration of the Chair. Javid Abdelmoneim's remuneration was determined by the Board, in the absence of the Chair, based on a recommendation of the Remuneration Committee. He received a fixed monthly retainer in compensation for the time spent fulfilling his Chair duties above that of other trustees. No other Trustee received compensation for their role as a Trustee of MSF UK.

In 2017 Javid Abdelmoneim was also paid £227 (plus £20 NI and £23 pension) as a field medical doctor, from 27 December 2017 to 31 January 2018 (2016: £1,235 plus £124 pension, £17 NI). The medical work he conducted was not directly related to his trustee responsibilities and was disclosed to the Board. MSF UK Trustees are permitted by the Charity Commission and MSF UK's Articles of Association to provide care for a maximum of three months a year on standard field assignment contracts. The Board confirmed that his recruitment and contract/remuneration were done on an arms' length basis.

MSF UK's Annual General Meeting was hosted by ARUP, where Peter Young holds a directorship. Hire of the venue was provided pro-bono with £7,961 (2016: £7,649) reimbursed by MSF UK for staff and catering costs.

During the year, £24,614 was reimbursed for directly incurred expenses on MSF UK business for 12 Trustees (2016: £28,086 to 14 Trustees). Trustees' expenses principally comprise the cost of international travel to attend governance meetings in the UK and in international MSF entities, and to visit MSF projects worldwide.

9. Net movement in funds

	2017 (£'000)	2016 (£'000)
Net movement in funds for the year is stated after charging:		
Auditor's remuneration for statutory audit	20	22
Auditor's remuneration for other services	2	6
Exchange gains	162	175

10. Staff numbers and costs

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

	2017	2016
Operational staff working overseas in MSF projects	404	319
Recruitment and support of operational staff	29	27
Fundraising	28	27
Medical and Programme support	21	21
Communications	26	24
Support and governance	20	15
TOTAL	528	433

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

	2017	2016
Operational staff working overseas in MSF projects	128	103
Recruitment and support of operational staff	14	15
Fundraising	22	19
Medical and Programme support	15	17
Communications	18	17
Support and governance	11	10
TOTAL	208	181

The costs of employing staff during the year were:

	2017 (£'000)	2016 (£'000)
Wages and salaries	5,946	5,204
Social security costs	748	491
Pension costs	574	503
TOTAL	7,268	6,198

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

	2017	2016
Between £60,000 and £70,000	2	0
Between £70,000 and £80,000	1	1

Employer contributions to defined contribution pension schemes on behalf of staff paid over £60,000 amount to £26,666 (2016: £13,322).

Key management personnel of MSF UK are judged to be members of the management team. The total employee benefits, excluding pension scheme contributions, of the management team were £516,662 (2016: £478,312). There were 10 members of the management team in both 2016 and 2017, but 8.2 Full Time Equivalents in 2017 against 7.4 in 2016.

11. Tangible fixed assets

	Furniture and Equipment (£'000)	Computer Hardware (£'000)	Computer Software (£'000)	Structural Alterations (£'000)	TOTAL (£'000)
Cost					
At beginning of period	176	587	-	574	1,337
Transfers	-	(257)	257	-	-
Additions	13	59	67	-	139
TOTAL	189	389	324	574	1,476
Depreciation					
At beginning of period	93	268	-	181	542
Transfer/Adj to depn	-	(38)	38	-	-
Charge for the period	40	55	71	115	281
TOTAL	133	285	109	296	823
Net book value					
At beginning of period	83	319	-	393	795
At end of period	56	104	215	278	653

From the beginning of 2017, the previous asset class "Computer hardware & software" was split into two asset classes, "Computer hardware" and "Computer software", with different useful economic lives.

12. Debtors

	2017 (£'000)	**2016** (£'000)
MSF Entities	2,785	1,667
Legacies receivable	1,149	1,732
Other debtors	1,626	2,656
Prepayments and deferred charges	308	288
TOTAL	5,868	6,343

13. Creditors: amounts falling due within one year

	2017 (£'000)	**2016** (£'000)
MSF Entities	16,020	17,587
Tax and social security	327	219
Deferred income	-	736
Accruals	865	509
Other creditors	1,158	879
VAT Creditor	40	-
TOTAL	18,410	19,930

£15.4m of the £16m creditor balance to MSF entities relate to grants due to MSF partner sections (see note 6). The remaining balance relates to intra-sectional transactions.

14. Movements in funds

	1 January 2017 (£'000)	Income (£'000)	Expenditure (£'000)	Transfers (£'000)	**31 December 2017** (£'000)
Unrestricted funds					
General fund	5,004	46,911	(49,429)	2,291	4,777
Designated fund - legacies	1,732	758	-	(1,341)	1,149
Designated fund - fundraising	1,000	-	-	(1,000)	-
Subtotal	7,736	47,669	(49,429)	(50)	5,926
Restricted funds					
Afghanistan	-	86	(86)	-	-
Bangladesh	-	651	(651)	-	-
DRC	-	905	(905)	-	-
Ethiopia	-	222	(222)	-	-
Haiti	-	549	(599)	50	-
HIV projects	-	133	(133)	-	-
Jordan	-	156	(156)	-	-
Lebanon	-	143	(143)	-	-
Migration in Europe	-	236	(236)	-	-
Nigeria	-	363	(363)	-	-
South Sudan	-	465	(465)	-	-
Syria Crisis	-	726	(726)	-	-
Yemen	-	1,167	(1,167)	-	-
UK projects	-	187	(187)	-	-
Other	7	85	(84)	-	8
Subtotal	7	6,074	(6,123)	50	8
TOTAL FUNDS	7,743	53,743	(55,552)	-	5,934

15. Analysis of net assets between funds

	2017 (£'000)			**2016** (£'000)		
	Fixed Assets	Current Assets	TOTAL	Fixed Assets	Current Assets	TOTAL
Unrestricted funds	653	5,273	5,926	795	6,941	7,736
Restricted funds	-	8	8	-	7	7
TOTAL	653	5,281	5,934	795	6,948	7,743

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;

	2017 (£'000)	**2016** (£'000)
No later than one year	427	427
Later than one year and not later than five years	463	854
TOTAL	890	1,281

During the year, operating lease payments totalled £356,038 (2016: £476,442).

17. Pension arrangements

The charity operates a defined contribution group personal pension scheme. The assets of the scheme are held in a separate independently administered fund. The charge in respect of the contributions in the year was £573,549 (2016: £502,565). The cost is accounted in the year it arises with £54,469 outstanding as at end 2017 (2016: £69,000).

18. Related Party transactions

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

Both Vickie Hawkins (MSF UK Executive Director) and Gabriel Fitzpatrick (MSF UK Trustee) sit on the Board of MSF Ireland. Given that MSF UK gave grant funding of £818,488 to MSF Ireland in 2017 (2016: £684,000), they are considered related parties. This was declared at the February 2017 Board meeting, and Gabriel Fitzpatrick was recused from voting on the grant.

See note 8 on Trustees.

APPENDICES

Appendix 1: Structure of MSF

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 France in 1971 in the wake of war and famine in Biafra, Nigeria. We have expanded to become a worldwide movement of current and former field staff, grouped into 24 national and regional associations.

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

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

MSF Branch office: Branch offices also run indirect operational support activities, but have no executive autonomy in the MSF movement. MSF Ireland is a Branch office of MSF UK.

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 and volunteers who have worked for MSF.

Operational Centre: MSF projects are delivered by five Operational Centres located in Amsterdam, Barcelona, Brussels, Geneva and Paris. These directly control field projects, prepare budgets and allocate resources. MSF entities are mostly affiliated to a specific Operational Centre; MSF UK is affiliated to Operational Centre Amsterdam.

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

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

International Board: A majority democratically elected Board with delegated powers from the IGA (a minority of members (five) are Chairs of the Operational Centres' governance bodies). It meets on average eight times a year to govern MSF International and oversee the Executive Committee.

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

Appendix 2: Principal offices

MSF International

78 rue de Lausanne
1211 Geneva
Switzerland

MSF Belgium

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

MSF France

seat of **Operational Centre Paris**
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 Geneva
Switzerland

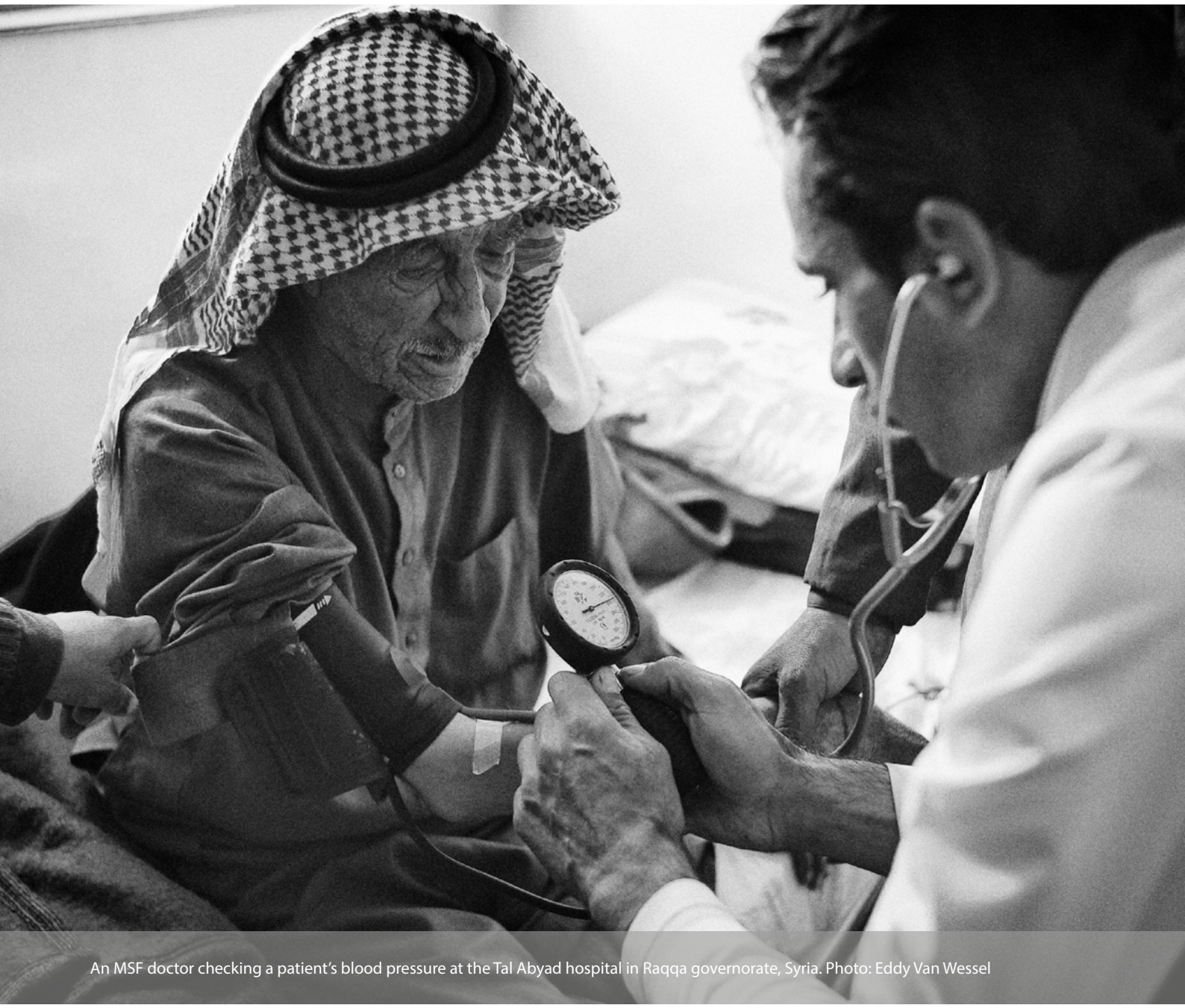
Other MSF locations

MSF entities in other countries recruit operational staff, raise funds and advocate on behalf of people in danger. A complete and up-to-date list of these entities can be found on our website.[11]

11 http://www.msf.org.uk/international-msf-offices

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

Find us on:



An MSF doctor checking a patient's blood pressure at the Tal Abyad hospital in Raqqa governorate, Syria. Photo: Eddy Van Wessel

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS