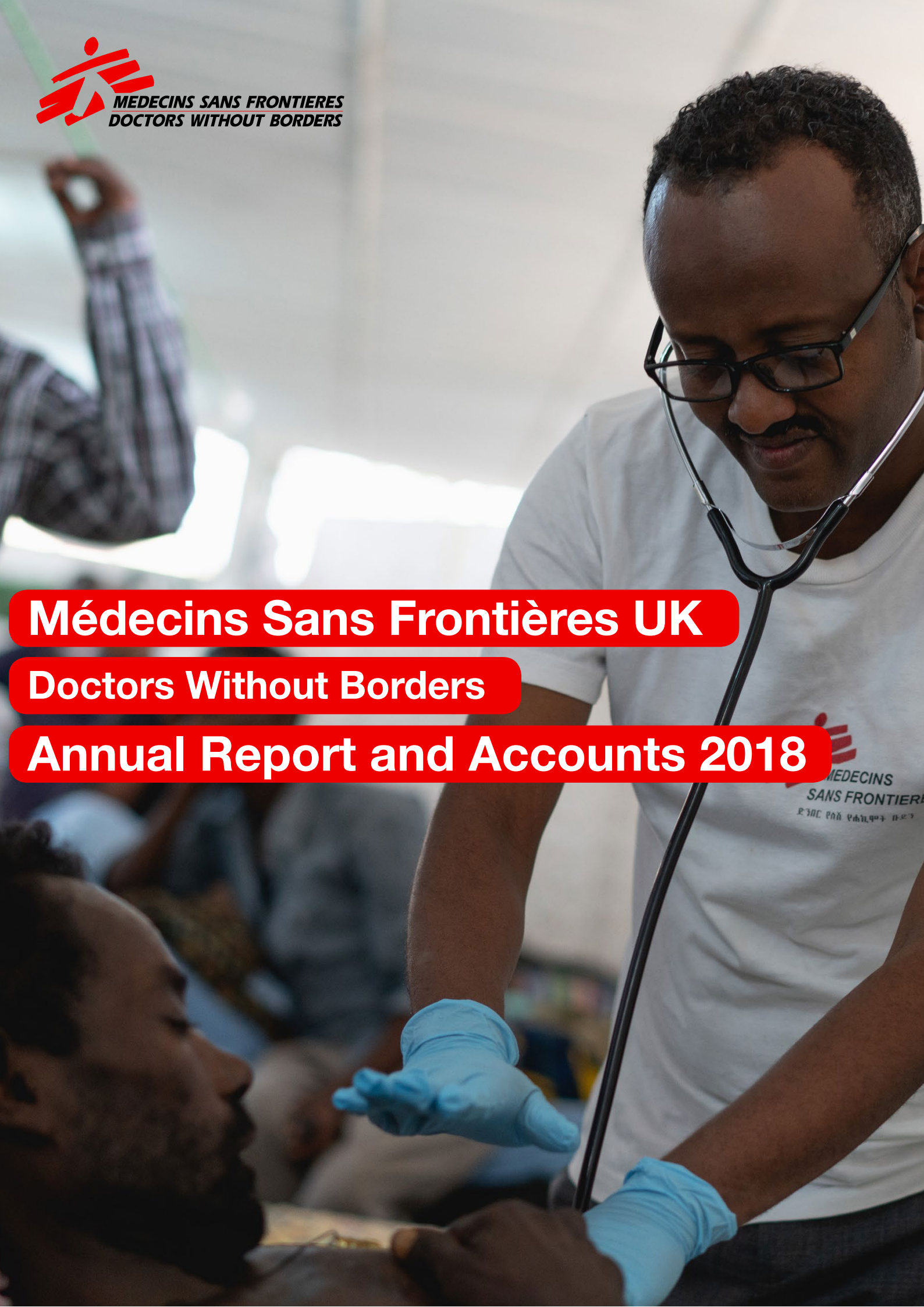
MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières UK

Doctors Without Borders

Annual Report and Accounts 2018



MEDECINS SANS FRONTIERES (UK)

Company limited by guarantee

Company number 02853011

Charity number 1026588

REPORT OF THE TRUSTEES

FOR THE YEAR ENDED 31 DECEMBER 2018

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 2018. This report constitutes the Strategic Report and the Directors' Report required under the Companies Act 2006.

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

Cover photo: MSF clinical officer Dagnew Mersha listens to the heart of a snakebite patient in Abdurafi, Ethiopia. Photo: Gabriele François Casini/MSF.

MSF nurse Olena Markova helps Lidiia Andriienko how to take a hearing test at the Zhytomyr Regional TB Dispensary in Zhytomyr Oblast, northern Ukraine. Certain drugs used in TB treatment can cause severe side-effects, including hearing loss. Photo: Oksana Parafeniuk.

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1 A MESSAGE FROM JAVID AND VICKIE

Welcome to the 2018 MSF UK annual trustees' report and accounts. In 2018, MSF weathered storms at home, on the high seas and further abroad. On many fronts it was a challenging year, but we emerged from it stronger, clearer in our purpose and more resolute than ever in our medical mission.

The war in Syria continued to cause misery and devastation. In Yemen, brutal conflict, compounded by a partial blockade, pushed the healthcare system to the brink of collapse. The exodus of almost a million Rohingya into Bangladesh, in 2017 and 2018, created the largest refugee camp in the world. The protracted crisis in the Democratic Republic of Congo saw renewed hostilities, a further deterioration in the humanitarian situation and two outbreaks of the Ebola virus. The second outbreak is ongoing as we write this and is now the second largest the world has ever seen.

Along the southern borders of Europe and the US, and in the detention centres of Libya, Nauru and Lesvos, MSF continued to support people on the move, while confronting the human impact of containment and deterrence policies. Too many times over the last year, MSF witnessed the horrific dehumanising effect that these places have on those held there indefinitely.

In the Mediterranean, a concerted campaign of harassment and political obstruction forced MSF to suspend its search and rescue activities, which over the last three years have saved over 30,000 lives. Today, the Mediterranean crossing is at its most dangerous, with one Italian think-tank estimating that one in five people die while attempting to cross.[1]

In these crises, and many others – the high-profile and the largely forgotten – MSF teams continue to care for affected people and their communities.

2018 was also a year with some significant medical milestones.

In November, MSF and the Nigerian Ministry of Health convened a conference focusing on noma, a brutal disease that infects the face and mouth leaving victims with severe facial disfigurements. MSF supports the world's only dedicated noma facility, the Sokoto Children's Hospital in northwest Nigeria, which provides surgery and rehabilitation for noma patients and outreach and education for communities in the region. The condition was finally recognised as a neglected disease and the Ministry made a commitment to give noma the attention it needs.

MSF's ground-breaking tuberculosis (TB) clinical trial, TB PRACTECAL, continued to gather momentum. In 2018, a third test site was established in Belarus and, as of December, 136 patients were enrolled for treatment. The team is working on a safer, faster and more effective treatment for multi-drug-resistant TB to replace the current gruelling two-year treatment programme.

During 2018, we significantly increased our ability to treat patients infected with hepatitis C, thanks to the introduction of a new "pangenotypic" drug combination, which works for all types of the virus, and a steep drop in the price of these medicines. The pangenotypic drug combination requires fewer tests and can be more simply

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

Vickie Hawkins, Executive Director, MSF UK

1 The Italian Institute for Political Studies, https://www.ispionline.it/en/publication/sea-arrivals-italy-cost-deterrence-policies-21367

administered, allowing a wider group to use them. In Myanmar, a simplified system involving the new drug combinations meant we could expand our projects into Shan and Kachin states. In Tashkent, Uzbekistan we were able to expand our hepatitis C coverage to include all patients co-infected with HIV, regardless of their severity.

These are just a few examples of MSF's medical achievements in 2018, which cover a wide spectrum of activities. We will continue to explore new ways to improve the care we provide and ensure we are providing it to the people who need it most.

In the UK, the charity landscape was dominated by issues of discrimination, sexual harassment and abuse of power. We welcome the scrutiny this has led to as an opportunity to raise our standards. Improvements to our safeguarding practices took priority in 2018, and continue to be of the highest priority in 2019, as we work to ensure that MSF UK continues to provide a happy and safe environment for all who come into contact with it. The MSF movement is working hard to improve the policies and processes that set out the behaviour we expect of our staff and the reporting mechanisms that exist in case those expectations are not met. We encourage you to read about this in more detail later in the annual report.

To our supporters, on behalf of the entire MSF movement, thank you. Your support means we can be there for those who need us most. You enable what we do and ignite change for individuals and their communities around the world.

An MSF staff member directs people during the distribution of non-food item kits for households who lost everything in a fire at Katanyika settlement, in south-east DRC. The kits include a mosquito net, a jerry can, a bucket, two towels and three bars of soap. Photo: Louise Annaud/MSF.

2 A MESSAGE FROM THE FIELD

“No one leaves home until home is a sweaty voice in your ear saying, leave, run away from me now. I don’t know what I’ve become but I know that anywhere is safer than here.”

From ‘Home’ by Warsan Shire (Kenyan-born Somali poet, writer and educator)

I was thinking, before I quoted this verse of Warsan Shire’s poem, that it would be heart-breaking to start with these words. However, after reading them again, I find they are the nearest to the reality that we as MSF see every day.

My name is Alhan Elshaikh, I am a medical doctor for MSF. I have been working with MSF in Tripoli, the capital of Libya, for almost three years, as part of a team providing primary healthcare inside migrant detention centres.

Dr Alhan Elshaikh

As a doctor, it’s common to hear horrific stories from people who have faced many types of suffering and to see the consequences of this.

A lot of the physical injuries we see are quite straightforward to treat, but helping people with their psychological needs can be much more difficult. You have to be prepared to listen to the most shocking stories you might ever hear. Our proximity and the level of access we have to the people detained in these centres is an essential part of our work. It means we can spend more time with them and help them through this traumatic time in their lives.

During my work at one detention centre I met a young woman from the Ivory Coast called Madeleine.[2] She had lost both parents years earlier and had been raised by her grandmother. She was diagnosed with a congenital heart condition when she was eight and since then she has been in desperate need of surgical intervention. They lived in real poverty and each day her situation worsened. In the end, they decided to sell whatever they owned and try their luck in Europe. They hoped to improve their lives and find the advanced medical care she needed.

They heard about the route through Libya and the journey to Europe, following others who had made it to Europe. Neither understood what they would have to endure along the way. During their journey, Madeleine was raped multiple times before even reaching Tripoli. After they finally struck out on a boat to Italy, they were quickly caught by the Libyan coastguard and Madeleine was taken to a detention centre. Her grandmother was lost at sea and the young girl was left on her own in the centre.

This is how we found her; alone and in serious need of medical attention. She was frightened and depressed, and, at first, would not talk to us. Her only way of communication was crying and asking, ‘Where is my mum?’ (her grandmother). We referred her to our clinic, where she was treated and supported by MSF doctors and counsellors. She was given medication for her heart condition, prophylaxis against various conditions, a broad range of vaccinations, and individual counselling sessions to help her come to terms with all that she had seen and experienced. After a few months she was discharged and given shelter by another NGO.

2 Name changed to protect patient’s identity

An MSF project assistant talks with a group of women and children held at a detention centre in Khoms, east of Tripoli. In all, 50 women and children were in this unit, with the male detainees kept in another building. Photo: Christophe Biteau/MSF.

Our work in Tripoli began with limited primary health services, but it has expanded in recent years. It now includes mental healthcare, treatment for tuberculosis, ante- and post-natal care, nutritional support, and counselling for sexual and gender-based violence. This is a challenging, ever-shifting place to work. Each day we must negotiate our access to the detention centres. There are no clear rules governing them and they change from person to person.

Another story I would like to tell you is of a young man called Emanuel,[3] 17 years old, from Sierra Leone. He lost his elder brother, his only remaining family member, while trying to make the journey from Libya to Italy. He was in a state of shock when the Libyan coastguard brought him back to a detention centre in Tripoli after intercepting his boat as it attempted to cross the Mediterranean to Europe.

When we first met him, as a new arrival to the centre, it was not difficult to recognise the symptoms of post-traumatic stress disorder and, because he was a smart young man, he was well aware that he needed support. He didn't have any physical injuries, but he wanted to share his story with our mental health team, which is exactly what he needed. Over the course of a number of sessions, he became more animated and more engaged with other detainees. He was a talented writer and shared with us his short stories. It was inspiring to hear him talk about the future novels he wanted to write.

In spite of the constraints and restrictions in such a complicated situation, since 2016 we have learnt by experience that however small our interventions, they are valuable and appreciated. I would like to thank MSF's supporters and donors for their generosity in 2018. None of our work would be possible without them. In addition to providing healthcare, MSF is also providing hope.

Dr Alhan Elshaikh

3 Name changed to protect patient's identity

3 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

Alyson Froud

Colin Herrman

Victoria Keilthy (retired in May 2018)

Dennis Kerr

Keith Longbone

Nicola McLean (elected in May 2018)

Paul McMaster (retired in May 2018)

Heidi Quinn

Tejshri Shah

Emma Simpson

Co-opted trustees

Dal Babu (joined in December 2018)

Gabriel Fitzpatrick
(retired in June 2018)

Damien Régent – Treasurer,
Vice-Chair of the Board of Trustees

MSF UK Senior Management Team

Donald Campbell – Head of Communications

Caroline Doan – Head of Finance and Services

Vickie Hawkins – Executive Director

André Heller Pérache – Head of the Programmes Unit (resigned February 2018)

Jose Hulsenbek – Head of Human Resources

Roland Imi – Head of Information Technology

Kiran Jobanputra – Head of the Manson Unit

James Kliffen – Head of Fundraising

Simon Tyler – Head of the Programmes Unit (resigned August 2018)

Kristen Veblen McArthur – Company Secretary, Head of Executive Office (appointed April 2018)

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 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.

Sympho, a community health promoter in Mbuji-Mayi, DRC, organises activities with children about teach cholera prevention, such as the importance of washing hands and drinking clean water. Photo: Giorgia Girometti/MSF.

4 MSF'S MEDICAL HUMANITARIAN WORK IN 2018

MSF UK raises money, increases public awareness, provides strategic and technical expertise to support MSF's field work, 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 2018, the Operational Centres ran more than 450 projects in 70 countries.

During 2018, 88 percent of MSF UK's total expenditure was in support of our medical humanitarian work. The work of MSF UK and the generosity of its supporters help ensure that MSF can continue its vital fieldwork, providing healthcare where it's needed most.

MSF's purpose

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

MSF provides medical assistance to those who need it most, regardless of ethnicity, religion, gender or political affiliation. We offer basic healthcare, perform surgeries, treat victims of armed conflict and natural disasters, fight epidemics, refurbish and manage healthcare facilities, conduct vaccination campaigns, manage nutrition centres, provide maternal and child healthcare, perform deliveries, treat survivors of sexual and gender-based violence, and provide mental healthcare.

MSF is committed to the act of *témoignage* (testimony), meaning we speak out about what we see and hear while providing medical care. We do this to honour those we work with and care for, so that their stories are heard and awareness of their plight is raised.

MSF's response in emergency situations and long-term protracted crises

MSF projects are built around meeting immediate and long-term humanitarian health needs. Every situation is unique, and our responses are tailored to the locations of our projects and the particular needs being addressed. Our activities are designed to have a genuine impact on the health of those who need it most.

MSF acts swiftly to understand the needs of people who have been caught up in unfolding crises, including fast-spreading epidemics and natural disasters. We gauge what is needed to relieve their immediate suffering, while mobilising staff already in the area or sending in emergency teams. We are often among the first international organisations to respond to emergency situations.

In protracted crises, our response must be similarly long-term. MSF staff work with local authorities and communities to improve access to healthcare. We pay close attention to our patients and their families to better understand their needs. We then adapt the services we provide to reflect this. For example, we have set up new mobile services for elderly diabetics who cannot reach their nearest clinic.

Whether in emergency situations or long-term protracted crises, we are sustained by the thousands of locally-hired staff who work tirelessly to care for their communities.

Each MSF project is managed and delivered by an Operational Centre. It is assigned a budget and a set of success measures that reflect the nature of the particular project. These are reviewed and revised at regular intervals to ensure the project progresses towards its targets in the most effective way.

Ultimately, MSF aims to complete each project, so that our resources can be refocused to where they are needed most. Sometimes a project will close when the health services we offer are not needed anymore, for example after an epidemic has been contained. Before we leave a project, we work hard to ensure there are robust systems and procedures in place and that the services we were providing can be picked up and sustained by a local organisation or a Ministry of Health. There is no rigid or specific formula for when this might happen, nor is it always an easy decision. In each case, MSF does its best to ensure continuity of care. Many MSF projects involve training local staff; not only developing their skills, but also teaching them how to train others.

How we support MSF's medical humanitarian work

MSF provides lifesaving care in over 70 countries around the world. Each MSF office, including the UK, plays a part in providing the resources and budget to maintain projects in many of these countries and ensure we are working where we are needed most.

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

During 2018, MSF UK made grants totalling £36.4 million (2017: £35.9 million) to Operational Centres; £25.5 million to Operational Centre Amsterdam and £10.9 million to Operational Centre Brussels.

In 2018, the countries that received the largest grants from MSF UK were Afghanistan (£2.2 million), Bangladesh (including the Rohingya crisis, £3.1 million), Democratic Republic of the Congo (DRC) (£4.7 million), Guinea (£2.8 million) and South Sudan (£3 million). In this section, we've highlighted some of MSF's activities in these countries during 2018.

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 motodrivers on the road to Miandja. They are part of a mobile clinic operating in North Kivu province, DRC. Photo: Julien Dewarichet/MSF.

Afghanistan

As the conflict in Afghanistan continued to intensify in 2018, MSF maintained its focus on providing emergency, paediatric and maternal healthcare across six provinces. The number of people seeking healthcare in MSF's medical facilities continued to grow steadily throughout 2018, as they contended with poverty, insecurity, a severely limited healthcare system and internal displacement worsened by drought.

Kabul has experienced massive population growth over the last decade and the city's public health services have struggled to meet demand. MSF has supported the Ahmad Shah Baba district hospital, alongside the Ministry of Public Health, in eastern Kabul since 2009. MSF teams ran outpatient and inpatient services, and supported staff providing neonatal and paediatric care, surgery, treatment for malnutrition, antenatal and postnatal care, family planning, health promotion and vaccinations. At the end of December, MSF handed outpatient activities over to the Ministry of Public Health, an important step in ensuring a sustainable future for these services. During our time there, MSF staff held over one million outpatient consultations and over 460,000 emergency room consultations. The remaining maternity activities will be handed over in mid-2019.

Since 2012, MSF has run a dedicated maternity hospital in Khost, in eastern Afghanistan, providing a safe, welcoming environment for women to give birth. The number of deliveries continues to grow each year, to the point where MSF now assists in an estimated 40 percent of all deliveries in Khost province. MSF midwives and doctors at the Khost hospital have helped bring more than 100,000 babies into the world, with more than 60 delivered every day. It is not only MSF's busiest maternity ward, but also one of the busiest maternity wards in the world.

An excerpt from a graphic novel telling the story of the MSF maternity hospital in Khost. Art: Aurelie Neyret/The Ink Link/MSF.

Construction started on a new MSF trauma facility in Kunduz this year. Following an airstrike which destroyed MSF's Kunduz trauma centre in 2015, we have worked with all parties to the conflict to gain formal commitments from them that MSF staff, patients and hospitals will not be attacked and that MSF can treat every person who needs medical care. At the moment, MSF runs an outpatient clinic in Kunduz, which opened in 2017, and a small stabilisation clinic in Chardhara district outside Kunduz city.

MSF continued to support the Boost provincial hospital in Lashkar Gah, the capital of southern Helmand province, one of only three referral hospitals in southern Afghanistan. The province is riven by conflict, with insecurity taking a heavy toll on civilians, particularly those living in districts outside Lashkar Gah. In 2018, MSF saw a significant increase in patient numbers, stretching the hospital to capacity.

In 2016, MSF started supporting the Ministry of Public Health in the diagnosis and treatment of patients with drug-resistant tuberculosis (DR-TB) in Kandahar province using an innovative course regimen that reduces treatment from at least 20 months to only nine. The shorter treatment involves fewer side-effects and improves quality of life for patients. At the end of September 2018, the foundation stone for a new 25-bed TB centre was laid and the building should open in the second half of 2019.

Bangladesh

MSF continued to provide medical care for approximately one million stateless Rohingya refugees and Bangladeshi host communities living in Cox's Bazar. MSF also worked hard to address the gaps in care for factory workers and women living in the Kamrangirchar urban slum in Dhaka.

Following a renewed wave of targeted attacks by the Myanmar military, 700,000 Rohingya fled into Bangladesh between late August and December 2017, joining many others who had fled previous waves of violence. The Kutupalong-Balukhali mega-camp, fast became the largest refugee camp in the world.

MSF's existing project in Cox's Bazar was rapidly scaled-up, with MSF teams in the southernmost areas of Cox's Bazar treating hundreds of Rohingya fleeing across the border, though their numbers steadily decreased over the course of the year. By the end of 2018, MSF had one of the largest responses to the crisis of any organisation.

Most Rohingya refugees now live in precarious shelters in heavily congested settlements that are prone to mudslides and flooding. Hygiene and sanitation in the settlements are dire, and there is a shortage of clean drinking water. These poor living conditions are behind the main diseases we treated, including upper and lower respiratory tract infections and skin diseases.

MSF expanded its medical services during 2018 to include four hospitals, five primary health centres, five health posts and an outbreak response centre, which together provide inpatient, outpatient, emergency, paediatric, intensive care and laboratory services. MSF teams provided primary and secondary healthcare, sexual and reproductive healthcare, and care for non-communicable diseases, such as diabetes and hypertension. Our mental health and psychiatric services were increased and, by the end of the year, were available at most MSF facilities.

Health promotion and outreach teams traversed the refugee settlements to deliver health and hygiene education. These teams also carried out surveillance to monitor health indicators and respond to potential outbreaks. MSF teams responded to outbreaks of diphtheria and measles, and worked with the Bangladeshi Ministry of Health to carry out cholera, diphtheria and measles vaccinations. Although some diphtheria cases persisted into December, MSF's vaccination campaigns ensured the outbreak was contained.

As the acute emergency phase of the response ended, MSF turned to addressing gaps in secondary healthcare and boosting the capacity of the hospital in Cox's Bazar. MSF began working with the Sadar Hospital Authorities and the Directorate General of Health Services to improve infection control, hygiene protocols and waste management in Sadar

District Hospital to reduce hospital-acquired infections. MSF is also supporting the development of a waste zone that will be the first of its kind in a public hospital in Bangladesh, ensuring medical waste is properly separated and disposed of.

MSF also began a major water and sanitation infrastructure programme in the Kutupalong-Balukhali mega-camp to ensure a protected supply of clean water. MSF set up two large water distribution systems that can reach hundreds of thousands of people. We also drilled boreholes and tube wells, refurbished old latrines and built new sustainable ones, and distributed domestic water filters.

In Kamrangirchar, a slum area in the capital Dhaka, MSF continued to provide reproductive healthcare to girls and women, including antenatal consultations, assistance with deliveries and family planning sessions. The team also provided individual mental health consultations and medical and psychological support to survivors of sexual violence and intimate-partner violence. MSF's occupational health programme provided consultations and tetanus vaccinations to workers in Kamrangirchar's many small-scale factories.

Rozia and her two-month-old son Zubair at the MSF hospital in Goyalmara, near the Jatmoli makeshift refugee settlement in Cox's Bazar, Bangladesh. Photo: Pablo Tosco/Angular.

Democratic Republic of the Congo (DRC)

Since August 2016, the Kasai region has experienced widespread violence which, at its height, displaced approximately 1.4 million people. The severe humanitarian needs of these people remain largely unmet. In 2018, MSF provided free medical care and supported the rehabilitation of the local health system, providing nutrition, maternal and paediatric services, and surgical activities for violent trauma. We also established referral systems for patients requiring emergency treatment. In the Kananga project, the team treated over 200 survivors of sexual violence each month. In the south of Central Kasai, MSF responded in the Kamonia health zone to the medical needs of Congolese forced to flee into DRC from neighbouring Angola.

In Bili, in the Nord-Ubangi province, MSF continued to support the referral hospital and 50 health centres and health posts. These provided healthcare services to host communities and refugees fleeing into northern DRC to escape conflict in the Central African Republic. In December, MSF sent an emergency response team to help the thousands of people who had fled a surge in violence in the region around Yumbi, in Mai-Ndombe province, in the west of the country.

Widespread instability continued in North and South Kivu provinces, where armed groups have been involved in active fighting for over 25 years. MSF reinforced its flexible approach to adapt to increased needs for trauma care and displacement, while focusing on ensuring continuity of care.

In North Kivu, MSF projects supported hospitals and a wide range of outreach activities in Walikale, Masisi and Mweso health zones. Hospital activities focused on emergency services, surgery, intensive care, maternal and paediatric health, and malnutrition services. Our teams also conducted outreach activities, such as vaccinations, in hard to reach areas and supported a network of health centres throughout the region.

In South Kivu's Fizi zone, MSF continued to develop its mobile approach to help us better respond to the needs of people on the move. In several villages, our teams supported health facilities for displaced groups, returnees and host communities. During these interventions, MSF teams treated cases of malaria, malnutrition, acute respiratory infections and diarrhoeal diseases, and provided psychological assistance to survivors of sexual violence. In Baraka hospital and Baraka and Sebele health centres, MSF provided primary and secondary healthcare, focusing on vulnerable groups, including children under 15, women of reproductive age, people living with HIV/AIDS and/or TB, and survivors of sexual violence.

MSF also provided care in the Numbi Hauts Plateaux and in Ziralo, where we strengthened the Numbi hospital centre and increased the capacity of the Kusisa reference health centre (CDSR). Built in 2018, the CDSR includes a new maternity ward, a paediatric ward and an emergency department with a functional operating room.

There were frequent measles and cholera outbreaks across DRC. Responding to these outbreaks was a core part of MSF's work. MSF has emergency teams and sentinel observation sites conducting surveillance, diagnostics, alert investigations and rapid response activities across many parts of the country. In the former Katanga region, coverage focused on high-risk areas in Tanganyika and Haut Katanga provinces, where the surveillance system was deployed at 10 new health zones in 2018. Our teams responded to nine measles outbreaks in this region and in Kasai province, and to a measles epidemic originating in Maniema that spread through the provinces of Ituri, Haut-Uélé and Tshopo. After a large epidemic was identified in Tshopo in May, MSF worked with the Ministry of Health to contain its spread through mass vaccinations and patient care.

Alongside the Ministry of Health, MSF responded to large cholera outbreaks across the Fizi zone, and in the cities of Kinshasa and Lubumbashi, as well as in Kasansa, Mbuji-Mayi, Yumbi and Lomami provinces. In Baraka and Sebele, around 85 percent of cases were treated at the MSF-supported cholera treatment centre. In Maniema, MSF continued to support the Ministry of Health with the management, active case finding and treatment of African Human Trypanosomiasis (known as 'sleeping sickness').

HIV/AIDS remains a deadly threat in the country, with alarming numbers of patients only seeking treatment in advanced stages of the disease. These patients require immediate hospital care and, for many, it is often too late for treatment to save their lives. MSF runs a major HIV/AIDS programme in the DRC capital Kinshasa. The programme is centred around the Kabinda hospital, where MSF provided hospital care for more than 2,000 patients, and on support for HIV/AIDS activities at over 30 health centres in the region.

Ebola in DRC[4]

There were two outbreaks of Ebola in DRC in 2018, in Equateur and North Kivu provinces. As 2018 drew to a close, the second outbreak was ongoing and had become the worst ever seen in the country.

The first Ebola outbreak was declared on 8 May in Equateur province, in north-west DRC. MSF supported the Congolese Ministry of Health in Bikoro, Itipo, Mbandaka and Iboko, caring for 38 confirmed patients, 24 of whom survived and returned to their homes. Sadly, 14 died. More than 120 other patients showing symptoms consistent with Ebola were isolated and tested, but found not to have the virus.

Teams from MSF, the World Health Organization (WHO) and the Congolese Ministry of Health vaccinated 3,199 people, using an investigational vaccine that was approved by the WHO under the framework for expanded access and compassionate use, but not licensed and therefore only used under a specific WHO protocol. Our teams alone vaccinated 1,673 people in Bikoro and Itipo considered to be most at risk of contracting the virus, including those who had come into contact with confirmed Ebola patients and frontline workers, such as health workers, burial workers, traditional healers and motorbike taxi drivers.

On 24 July, the Ministry of Health declared the end of the outbreak. The following week, on 1 August, a second outbreak was declared, this time in the north-eastern province of North Kivu.[5]

We participated in the response immediately, investigating the first alert and setting up an Ebola treatment centre (ETC) in Mangina, the town where the outbreak was declared. We then opened a second treatment centre in Butembo, a city of one million people which became a hotspot later in the year. We progressively increased the level of care provided and from the early stages of the outbreak were able to offer the first ever potential therapeutic treatments, under an emergency WHO protocol.

A health worker assists an Ebola patient at the MSF Ebola treatment centre in Butembo, DRC, three months into the outbreak. Photo: John Wessels.

4 The activities described in this section were carried out by staff from all five MSF operational centres.

5 Laboratory tests found that both were caused by the Zaire species of the virus, but two different strains of it, meaning the outbreaks were unrelated.

MSF vaccinated frontline workers and helped local health centres prevent and control infections by setting up triage zones and decontaminating facilities where a positive case had been reported. An MSF rapid response team was also deployed to investigate reports of new cases.

By the end of 2018, over 600 confirmed and suspected cases had been reported and 350 people had died from Ebola. The outbreak is not yet under control and the struggle continues in the face of numerous challenges. With new cases appearing in scattered clusters, the epicentre has moved multiple times. The high mobility of people in the region and the fact that some new cases are not linked to any previously known chains of transmission make it even harder to trace contacts and control the evolution of the outbreak. This challenge is compounded by the ongoing conflicts in North Kivu. High insecurity has prevented us from properly accessing certain areas and flare-ups of violence have interrupted activities, potentially causing precious advantages to be lost.

Guinea

Guinea's health system was severely impacted by the 2014–2016 Ebola epidemic and it has yet to fully recover from the damage this caused. In 2018, MSF continued to support the Guinean Ministry of Health to improve access to medical services, build capacity within the national health system, provide treatment and education on infectious diseases, such as measles and HIV, and prepare infrastructure and communities for the seasonal malaria peak.

Malaria is a leading cause of medical consultations and deaths in Guinea, especially during the annual peak in malaria between June and September. The MSF Kouroussa project in north-east Guinea is a sustainable response to this, strengthening the prefecture's fragile health system to cope with the malaria peak. In the first half of the year, the project helped the main prefectural hospital and five sub-prefectures prepare for the malaria peak.

Since the project began in mid-2017, MSF has provided material and capacity support to the hospital and health centres. This included 72 local and international staff to work alongside their Guinean colleagues, and electricity 24-hours a day at the hospital for the first time. MSF introduced new case management techniques to help the hospital respond to urgent cases. The mortality rate among children in the hospital has halved. MSF trained and supported community healthcare providers to conduct community awareness, diagnose and treat simple forms of diseases and conditions, such as malaria, diarrhoea and malnutrition, and to identify cases that need to be referred to health centres or the prefectural hospital.

In 2018, we pursued a strategy to prevent children from developing complicated diseases by offering early care at the community level. Thanks to 120 specially trained community volunteers, 9,281 children under five were diagnosed with malaria using rapid tests, and almost 95 percent were treated directly in the community. The volunteers also measured children's arms for signs of malnutrition and to identify those who need to be referred to the closest of the nine health centres supported by MSF.

Following an increase in the number of measles cases among children in Kouroussa prefecture towards the end of 2018, MSF launched a one-month large-scale vaccination campaign in collaboration with the Guinean health authorities. By 23 December, more than 74,000 children between six months and seven years old had been vaccinated, with a total vaccination coverage of 96 percent.

In the capital, Conakry, MSF runs testing, treatment and follow-up services for stable HIV patients through eight health centres, and provides specialised care for patients with AIDS at a 31-bed unit in Donka hospital. Patients at Donka hospital often arrive severely ill, with one or more opportunistic infections. To help them, staff must maintain the delicate balance of rapidly treating infections and rebuilding the patients' immune systems.

Despite having a relatively low number of people that are HIV-positive, only one in four HIV-positive Guineans receives antiretroviral therapy (ART). People living with HIV in Guinea face stigma, additional medical costs and frequent stock-outs of key drugs. In 2016, we successfully began a programme where stable patients can receive drug refills and viral load tests every six months rather than monthly, which continued throughout 2018.

South Sudan

MSF has worked in the regions that in 2011 became South Sudan – the world's newest country – for over 35 years. In many places MSF remains the main healthcare provider, managing healthcare facilities and treating outbreaks of infectious diseases. Since a civil war began in 2013, MSF teams have cared for communities affected by the fighting, whether in hospitals in displaced persons' camps or in mobile clinics moving alongside those fleeing the violence.

MSF has operated in Pibor since 2005 and continues to work in three facilities, the Pibor primary healthcare centre (PPHC) and the Lekongole and Gumuruk primary healthcare units. At the Pibor PHCC, MSF provides medical activities in the inpatient and outpatient departments, supports paediatrics activities, screens patients for malnutrition, and provides maternity, emergency and minor surgical services, including caesarean sections.

MSF has been working in Maban since 2011. Following a violent attack on our office and compound at the end of July, we suspended most of our activities in the area for a short period, though a small team continued to provide urgent medical care in the Doro refugee camp. We restarted the rest of our activities in early-August and returned to full capacity in mid-September, providing healthcare to host and refugee communities in the Doro refugee camp and the Bunj state hospital (in collaboration with local health authorities). Across these sites, MSF provided primary healthcare, inpatient care, outpatient consultations, safely delivered newborns, and treated thousands of patients for malaria.

Since July 2016, MSF has ensured that local and IDP communities in Yei town and the surrounding areas of Central Equatoria province have had access to high-quality medical care through primary health centres and support to the paediatrics unit of the Yei state hospital.

Throughout April and May, thousands of people in Leer and Mayendit counties, in northern South Sudan, were caught between the frontlines of fighting. Fearing for their safety, many fled their villages to hide in swamps and forested areas. This meant they could not reach basic health services and limited MSF's ability to provide medical assistance. During the fighting, two of our health facilities were also attacked and looted. In spite of this, MSF teams still managed to provide basic medical care to the communities they could reach, including emergency care to survivors of sexual violence.

In Leer and Mayendit, 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. In Leer, we scaled-up our activities in response to the increased needs of the displaced communities. We plan to return to the area with a permanent presence in 2019.

In Lankien, MSF provides primary, secondary and emergency healthcare services, treatment for HIV, TB and Kala Azar, and obstetric, nutritional, paediatric and sexual and reproductive health services. We operate an 80-bed hospital in the town and community outreach activities in several locations around Lankien and Pieri. MSF also responded to a malaria outbreak in the area. In 2018, over 14,000 patients were treated at community-based malaria points.

In the Bentiu Protection of Civilians (PoC) site,[6] MSF's 160-bed hospital continued to provide the only advanced secondary healthcare available to a population severely affected by the long-term consequences of the civil war. Alongside this, MSF also supported the local host community in Bentiu town. In 2018, we treated 398 survivors of sexual and gender-based violence in the Bentiu PoC site and Bentiu town clinic. Additionally, in the same locations, six malaria points were temporarily established in response to the malaria peak season.

In remote locations around Mundri, MSF provided basic healthcare through seven community-based health posts and supported local health centres, focusing on the management of key conditions, such as malaria, acute watery diarrhoea and pneumonia. In July 2018, MSF started supporting the primary healthcare centre in Mundri town.

6 The Bentui PoC site is similar to an IDP or refugee camp. However, it differs from these in that it is located within a UN Mission in South Sudan (UNMISS) base camp. It is protected by UN-MISS, with services jointly provided by the UN and NGOs.

Tor Mayol Darship shows an MSF medic in Agok, South Sudan, where he was bitten by a crocodile and two snakes all on the same leg. This was before the MSF hospital in Agok opened. His foot is still swollen, decades later. Photo: Fanny Hostettler.

Ali, 18, works with an MSF physiotherapist during a rehabilitation session at the MSF hospital in Mocha, Yemen. He was injured in a landmine explosion while working in the fields in Mawza, east of Mocha. Photo: Guillaume Binet/MYOP.

5 MSF UK'S ACHIEVEMENTS AND PERFORMANCE

Fundraising activities[7]

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 take great care to maximise the proportion of every donation that is spent on our humanitarian work and occasionally make appeals for additional support. In 2018, we raised £7.50 for each pound we invested in generating funds.

We strive to provide the highest standard of service to the private individuals and donor organisations that fund MSF UK. We work with an independent panel of 'mystery shoppers' to evaluate the service we provide to supporters, while continually striving to make improvements in response to the feedback we receive. In relation to their experience of supporting MSF, 89 percent of our independent panel agreed with the statement, "it made me feel good about the charity". This was the highest result achieved among the 25 charities that participated in the 2018 benchmarking survey. MSF was also ranked first for agreement with the statements, "I understood where my money would be spent", "I would be likely to continue as a supporter" and "I would recommend this charity to others".

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 they provide the highest possible level of service. We work hard to inspire and motivate the teams that represent us, including through regular briefings from our frontline medical and logistical staff. We also encourage 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 within the fundraising team, and any complaints are recorded and responded to appropriately. In 2018, we received and responded to 14 complaints in relation to our fundraising activities. 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 and 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 our supporters' details.

Operational staff

MSF projects are staffed by local personnel alongside colleagues recruited internationally. MSF UK recruits and employs UK residents for MSF field projects; these staff members are then seconded to Operational Centres which manage MSF activities in the field. In

7 Section 162a of the Charities Act 2011 requires charities to make a statement regarding fundraising activities. For more information on this, please see section 9, 'Fundraising income and costs of generating funds'.

2018, MSF UK sent 214 people to work in projects around the world.[8] Among them, 57 were doctors and the remaining staff were surgeons, nurses, medical specialists, logisticians, administrators and project coordinators. This is a decrease on the number of people we sent to our projects in 2017, when we responded to the huge medical needs of the Rohingya who began fleeing to Bangladesh in August 2017.

At any given time, there were, on average, 102 staff recruited in the UK working in MSF projects, of whom 33 were in positions of management, such as project or medical coordinator.

To better prepare staff for working in complex medical settings, we developed a new learning and development programme in 2017. This was fully implemented in 2018, and consists of a Welcome Days induction, a buddy programme for staff going on their first assignment, and a Welcome Back Day to allow returnees to share their experiences.

We also 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. MSF UK field staff also have access to extensive learning and development opportunities through MSF's Operational Centres.

We continued to promote the availability of psychosocial care to staff returning to the UK and ensured that staff could access this 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 practicing in the UK when they return.

In 2018, MSF's Leadership Education Academic Partnership (LEAP) programme transitioned from the set-up phase to the roll-out phase, and is 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 complexities of managing today's medical humanitarian programmes. LEAP is open to all categories

Samar Ismail, project manager at the MSF reconstructive surgery hospital in Amman, evaluates a prototype of a prosthetic partial hand. The goal is to give the patient, Basil, a more global grip and the aesthetic anatomy of a hand, after he lost three of his fingers. Photo: Hussein Amri/ MSF.

8 Please note: numbers for 2018 will be only MSF UK, while previous year's data included UK and Ireland.

of staff and, since there is a strong focus on diversity and inclusion, the programme is an enabler to promote diversity in our senior leadership. Around 45 MSF staff from four Operational Centres, of 35 nationalities and multiple disciplines, will start their online studies in February 2019, with the face-to-face teaching starting in March.

The trustees are grateful to all our field staff, who choose to do vital work often under very difficult conditions.

Communications

Bearing witness is a core part of MSF's work. We speak out to raise awareness of medical crises, to amplify the voices of those we work with and care for, and to advocate on their behalf.

Throughout 2018, MSF UK communications achieved a high level of coverage and engagement for our work in humanitarian crises. This included the conflicts in the DRC, Nigeria, South Sudan, Syria and Yemen; the plight of refugees and migrants in the Mediterranean; and the enormous humanitarian needs of the Rohingya refugees in Bangladesh.

MSF UK kept a focus on the conflict in Yemen through strong relationships with media contacts, moving staff and patient testimonies, and thought-provoking digital initiatives. An animation discussing the impact of conflict on public health in Yemen was featured on the Daily Telegraph website and was Ted Ed's 'Best of the Web' video in the week it launched. The animation was MSF UK's most watched video released in 2018 on our YouTube channel, with over 3,000 views. A Facebook post about the bombing of our cholera treatment centre in Abs gained 12,100 reactions.

As new outbreaks of the Ebola virus spread through DRC, MSF UK worked hard to raise awareness of this and explain how our teams were responding. We helped Sky and ITV visit an Ebola treatment centre to give their viewers a fuller insight into our work there. Articles relating to the Ebola outbreaks in DRC on the MSF UK website have been read more than 12,000 times. An Instagram image of two Ebola workers embracing before entering the treatment area received 10,726 likes, the fourth most liked post on our channel in 2018.

We worked to make sure the Rohingya refugees in Bangladesh – a high-profile story in late 2017 and early 2018 – did not become a forgotten crisis. Staff and patient testimonies, published in articles and videos across our digital platforms, kept the human faces of the crisis at the forefront. A major effort in August on the one-year anniversary of the crisis led to stories in Al Jazeera, MSN, the *Metro* newspaper, the BBC, the *Guardian*, the *BMJ* and the *Independent*. A podcast in December about the Rohingya refugee crisis was listened to 4,900 times in the first month after its release, while a Rohingya Shorthand story page received over 13,000 unique page views in just over a month.

The plight of refugees and migrants in Europe, the Mediterranean and North Africa was an important focus for MSF throughout 2018. In June, an Instagram IGTV video about the island of Lesvos to mark World Refugee Day was our most watched IGTV video of 2018, with 60,031 views. In July and August, we helped organise visits to our clinic outside Moria camp for the *Mail on Sunday* and the BBC. The BBC's story went out across TV, radio and online, and was also picked up by other outlets.

As the diplomatic stand-off over the *Aquarius* Search and Rescue vessel began in the summer, MSF organised interviews with the project coordinator on board for the BBC Today programme, the *Guardian* and the *Times*. Vickie Hawkins appeared on BBC's *Newsnight* programme to eloquently defend our search and rescue work, and on the *Today* programme later in the year to highlight the appalling conditions in the Libyan detention system. When we were forced to end our search and rescue operations in December, we ensured our supporters and the general public understood the reasons for this and its consequences.

This was a strong year for MSF's public engagement work. We organised more than 250 public speaking engagements at schools, universities, community groups and conferences nationwide. Our field staff are the face of MSF and their talks remain one of the most compelling ways to spread the message of what we do and why we do it. Their testimony is a powerful tool and is always very warmly received by those in attendance.

MSF also organised four panel events across the UK for invited audiences of donors, Friends of MSF and the university community, in total reaching more than 500 supporters. Our donors and supporters appreciate the opportunity to connect with their local Friends of MSF groups and hear from our field staff. The number of these university groups reached 50 for the first time this year and they continue to go from strength to strength. Our Friends of MSF groups continue to be an invaluable way of raising awareness of the work of MSF in the university community and involving a wider audience in our advocacy work, as well as fundraising and growing the next generation of MSF field staff.

In 2018, MSF broadened its engagement with the schools community, growing our offering for teachers to include resources for French, Spanish, Biology, Geography, Humanities and English classes. These resources generate a loyal base of teachers and introduce MSF into the classroom.

2018 was MSF UK's 25th anniversary, and a special annual general meeting was organised to mark this. Over 140 MSF staff and Association members discussed the current challenges facing MSF UK and heard about MSF UK's past, present and future.

More details about MSF UK's 2018 representation and advocacy activities can be found on page 26.

Direct support to our medical humanitarian programmes

MSF UK directly supports MSF's medical humanitarian programmes 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, anthropology and medical innovation.

In 2018, a new research management system for Operational Centre Amsterdam (OCA) was implemented, employing a committee system to monitor research proposals, and provide a forum for research issues and a set of guidelines and processes to increase the quality of research.

There were 12 innovation projects led or supported through the Sapling Nursery and through OCA collaborations. The Innovation Portal project to build a more effective and enabling environment for the development and uptake of innovation was developed by the Manson Unit and successfully field tested in Ethiopia and Somalia. Phase 1 of the project focused on field-led grassroots innovations.

In 2018, the Manson Unit conducted studies to support maternal health interventions, nutrition programmes and HIV/TB care. One such project, a mixed-methods study on sexual and gender-based violence in India and Haiti, has been used to support the redesign of health activities in these settings to improve access and outcomes for women and their families. The METHODSHOP, a blended learning programme for mixed-methods operational research, was held from July to December 2018.

The Manson Unit continued to update its assessment tools to support the growing work in urban settings, a key feature of MSF UK's next strategic plan. It also began developing a public health intelligence framework for OCA (to be finalised in 2019), alongside various tools and approaches to measure and track migrant health, environmental health and the health consequences of climate change.

The new Health Information System was deployed in six countries, and the first Electronic Medical Record implementation was carried out in Jordan. The Health Information System team was restructured at the end of 2018 to prepare for a full roll-out starting in January 2019.

MSF community outreach teams prepare to distribute mosquito traps to refugee households in the Kule, Nguenyyiel and Tierkidi refugee camps in Ethiopia. Mosquitoes caught with the traps will be analysed to understand which specific species they belong to. Photo: Gabriele François Casini/MSF.

Following extensive advocacy work by the Tajikistan mission, with support from the Manson Unit HIV/TB advisors, the short course multi-drug-resistant TB (MDR-TB) regimen is now standard care in Tajikistan. The Eastern Europe and Central Asia regional TB symposium continues to function as an important space for scientific exchange in the region, driving the implementation of new TB policies to reduce the number of TB patients in the region and extend care to vulnerable groups, such as children and prisoners.

The TB PRACTECAL clinical trial surpassed an important milestone, with 136 patients enrolled in the programme by the end of the year. TB PRACTECAL is a multi-site clinical trial seeking shorter, more tolerable and more effective treatments for people with drug-resistant TB.

Manson Unit specialists supported the scale-up of hepatitis C treatment in Uzbekistan, Myanmar and India, and the establishment of community groups to improve access to antiretroviral treatment for HIV in a highly unstable region of the Central African Republic (CAR). Guidelines for Integrated Community Case Management (of malaria and other conditions) were developed and will be implemented in 2019. The first e-learning course for non-communicable diseases (NCDs) was developed and delivered at the MSF NCD training, which took place in Amman in December 2018.

The third cohort of students began the MSF Global Health and Humanitarian Medicine course, a part-time blended-learning course that prepares physicians for the Diploma in Tropical Medicine and Hygiene exam offered by the UK Royal College of Physicians (RCP). Since the programme began, 200 doctors have completed the course and the RCP has established an exam site in India to extend the reach of the programme.

The NCD Academic Clinical Fellowships, with London School of Hygiene and Tropical Medicine (LSHTM), which contributed substantially to our knowledge around providing NCD care in humanitarian settings, came to an end this year. New collaborations were started with the Australia National University to support an ambitious maternal health programme in Sierra Leone, and with LSHTM to support work on monitoring and evaluation of humanitarian interventions.

The Missing Maps project moved into a new phase in 2018, with the Manson Unit passing the coordination of the Missing Maps community to MSF Czech Republic and refocusing its activities on operational mapping in the field. Missing Maps is a collaborative project supported by MSF that aims to map the most vulnerable places in the developing world, so that international and local NGOs can use these to better respond to crises affecting the areas.[9]

The 2018 MSF Scientific Days conferences were held in UK, India and Eswatini, and together reached over 10,000 people.[10]

Advocacy and representation aimed at the UK public and the UK government

We continued to provide *témoignage* (bearing witness), representing field operations in talks with UK government, and advocacy around the humanitarian situations where MSF works, including Libya, Yemen, DRC, South Sudan, Myanmar, Bangladesh and with Search and Rescue in the Mediterranean. Activities include bilateral meetings with the UK Government and Parliament as well as a number of round table and wider events. Key messages include improving and sustaining safe access to health care for the population and for our operations in our projects.

Bilateral advocacy work was also facilitated on behalf of MSF's Access Campaign, particularly related to improving the availability of life-saving vaccines, TB, and research and development (R&D). MSF UK, through the Programmes Unit, has been integral to the development of a network of global health operators within MSF.

Campaigns

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.

MSF Access Campaign

The MSF Access Campaign continued to push for effective drugs, tests and vaccines to be made more available and better suited to the needs of people where MSF works and beyond. In 2018 the campaign worked hard to capitalise on increased attention around TB, although global leaders still failed to make people with TB a priority at the first ever UN TB summit.

The campaign welcomed the new World Health Organization (WHO) recommendations for improved treatment for people with drug-resistant TB, prioritising the use of several oral drugs and minimising the use of painful injectables with severe side-effects. The Access Campaign continued to fight for lower prices for these more effective oral TB treatments and to challenge US pharmaceutical corporation Gilead's unwarranted hepatitis C drug monopoly in several countries.

In September, the Access Campaign helped to pave the way for a major victory in Brazil where a federal court suspended a patent granted to Gilead. This opened up the possibility for companies in Brazil to produce more affordable versions of sofosbuvir, a safer, more tolerable and more effective drug than older hepatitis C treatments. The campaign also welcomed the news that governments were finally getting serious about tackling the suffering caused by venomous snakebites, by mandating the WHO to implement an ambitious 'roadmap' to strike back against this neglected disease.

9 https://www.missingmaps.org/about/
10 https://www.msf.org.uk/msf-scientific-days

Drugs for Neglected Diseases initiative

The Drugs for Neglected Diseases initiative (DND*i*) is a not-for-profit drug R&D organisation co-founded by MSF in 2003, alongside public research institutions from Brazil, France, Kenya, India and Malaysia, to meet the treatment needs of neglected patients.

In February, DND*i* published interim results of a study in Kenya and Uganda, which confirmed the efficacy of an improved formulation of lopinavir and ritonavir, two of the four drugs recommended in combination for young children living with HIV. Of the young children living with HIV involved in the study, 82 percent were found to have an undetectably low viral load after 12 weeks. The combination is designed to replace bitter-tasting, high-alcohol syrup formulations for children who are too young to swallow pills. DND*i* is also working with an Indian generic company to develop a first-line '4-in-1' fixed-dose combination of all four drugs to simplify treatment for children living with HIV.

In April, at the International Liver Conference, DND*i* presented the results of a new trial combining the drugs ravidasvir and sofosbuvir to treat hepatitis C. The trial had a 97 percent cure rate, which is comparable with the best treatments in terms of safety and effectiveness, and is considerably more affordable. Importantly, the high cure rates extended to hard-to-treat patients, including those with liver cirrhosis and people living with HIV. DND*i* is working to increase access to care and treatment for hepatitis C patients in key low- and middle-income countries through the STORM-C project, financed by MSF's Transformational Investment Capacity initiative.

MSF Access Campaign activists call for affordable medicines in front of the European Patent Office, where a hearing on opposition to Gilead Science's patent on the hepatitis C drug sofosbuvir was taking place. Photo: Peter Bauza.

In November, a major achievement for DND*i* and its many partners, including MSF, was the positive opinion from the European Medicines Agency on fexinidazole, the first all-oral treatment for sleeping sickness. Fexinidazole is the first new chemical entity to be developed by DND*i*. This approval was the result of clinical trials in DRC and CAR led by DND*i* and the national disease control programmes, and an application submitted by industrial partner Sanofi. The decision paves the way for the distribution of fexinidazole in endemic countries in 2019 and the availability of an important new tool to support the elimination of sleeping sickness.

Voluntary help and support

We are grateful to the many volunteers who gave their time to help the MSF UK office in 2018. During 2018, 34 office volunteers (excluding trustees) supported the work of the UK office. We are extremely appreciative of their support across all our departments.

MSF UK Association Take Action for Refugees group

The MSF UK Association Take Action for Refugees group works to improve access to healthcare for migrants and refugees in the UK. Take Action is an informal group of MSF UK Association members, independent of MSF UK and not overseen by the trustees. It does not receive funding from MSF UK. Members raise awareness within the UK Association about the challenges refugees and migrants face and inform members about public campaigns, marches and actions led by other organisations. The group began in 2016 and gathered momentum in 2017 and 2018. It plans to expand its reach and influence further in 2019.

MSF conducting a multi-antigen vaccination campaign for migrant children aged under 16 on the Greek island of Lesvos island, in collaboration with the Greek Ministry of Health, the Hellenic Centre for Disease Control and Prevention and Médecins du Monde. Photo: Anna Pantelia/MSF.

6 FOR THE PUBLIC BENEFIT

MSF UK's principal objective

The principal objective of MSF UK, as 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.

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 Operational Centre Amsterdam (OCA).[11]

In 2018, MSF UK made grants to MSF Holland (which hosts the operations of OCA) and MSF Belgium (which hosts the operations of Operational Centre Brussels, 'OCB'). OCA and OCB were then able to use these funds to implement and continue medical projects in areas where need is greatest. The Board of Trustees receive regular reports and updates on the projects that are funded by MSF UK, including through participation in the OCA Council and OCB Board, field visits and accounts from returning UK staff members. Other grants were given to MSF International, which is based in Geneva (see page 42), and to the MSF Access Campaign and DND*i* (see page 26).

Until 13 November 2018, Vickie Hawkins, MSF UK executive director, sat as an elected member on the MSF core executive committee, the highest executive leadership and coordinating body for the MSF movement. It is made up of the general directors of the five Operational Centres, plus two elected members from the wider movement (of which Vickie Hawkins was one). Vickie is also a member of the OCA management team (described in more detail in section 8 of this report).

Kiran Jobanputra, head of the Manson Unit, has a seat on OCA's operational platform, which sits within MSF Holland and is the key advisory platform to the OCA operational director. Other members of MSF UK's management team also participate in functional platforms across OCA and the MSF movement, including Jose Hulsenbek, head of Human Resources, Roland Ilmi, head of IT, and James Kliffen, head of Fundraising.

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

Non-operational grants made during the year

In addition to the grants described in the previous section, in 2018 MSF UK paid a grant of £624,053 (2017: £818,488) to MSF Ireland as a further investment in MSF Ireland's fundraising strategy. 2018 was the last year of a three-year strategy to enable MSF Ireland

11 The term 'primary partner' is used to describe an MSF section that sends the majority of its funds to a particular Operational Centre.

to grow its fundraising streams, and to ultimately service the same charitable purposes as those of MSF UK. This strategy was approved by the UK Board of Trustees. The trustees are satisfied that MSF Ireland has made good progress towards achieving their objective for 2015-2018 of replacing funding from Irish Aid. This was lost as a result of the MSF movement's decision in June 2016 to no longer accept funding from EU member states and institutions, with income from private fundraising.

MSF UK granted £776,534 (2017: £821,346) to MSF International as a contribution to their running costs, and £334,698 (2017: £384,582) to the Access Campaign and DND*i*. The calculations for the amounts granted to MSF International, the Access Campaign and DND*i* were based on a pre-approved international allocation. These grants are a condition of MSF UK's membership of the MSF movement and the trustees are satisfied that they are in the best interest of the charity.

Benchmarks and performance measuring

MSF, both in the UK and internationally, always strives to make the best possible use of the funds that are donated to it. 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 most vulnerable and most in need. We continually review our impact on the health situation of the 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 water and sanitation or implementing a vaccination campaign, are prioritised, which can also help avoid less effective, more costly responses once an outbreak is underway.

MSF UK is pleased that during 2018 we were able to commit 88 percent of our total expenditure to grants and charitable activities (2017: 87 percent).

MSF International compiles and analyses data from all MSF sections, which are then published on its website (www.msf.org). Data for 2018 were not yet available at the writing of this report. However, the 2017 International Financial Report shows that, out of total global expenditure of €1,614 million, 83 percent was spent on our social mission, with 12 percent on fundraising and five percent on management and administration.

Principal risks and uncertainties

MSF maintains a detailed risk register that is updated annually by the UK management team, and then reviewed and approved by the Board of Trustees. 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, while updating them on urgent issues as soon as they arise.

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

- A breach in our duties as a responsible employer towards UK field and office staff, trustees, volunteers or short-term contractors, including their security, health and safety.

  MSF UK has policies and procedures in place to ensure our duty of care is met and to protect our staff as far as is possible. For UK-contracted field staff, a robust pre-departure process of essential information and security briefings is in place. Field and office staff already have comprehensive employee handbooks and a critical incident response team (CIRT) is in place to respond to major incidents. MSF UK also works

closely with the Operational Centres to which it seconds UK staff to ensure sufficient protocols and procedures are implemented in field projects. Serious injury and/or harm to UK staff members is reported as a matter of urgency to MSF UK.

- A shifting, and at times uncertain, regulatory and legislative environment increases complexity in ensuring compliance (including safeguarding and incident reporting) and managing effects and impacts business as usual.

  MSF UK mitigates for this risk through ongoing monitoring by its solicitors, Bates Wells Braithwaite, who check our compliance against relevant UK laws and regulations, and through ensuring that our Board of Trustees has all the relevant advice and support required to understand their legal obligations. In February 2018, in the aftermath of media reports about staff misconduct in Oxfam Haiti, MSF UK released a public statement on behalf of the MSF movement stating MSF's global numbers for reports of abuse and harassment, and subsequently made a report to the Charity Commission. In response, the Charity Commission opened a regulatory case into MSF UK, interrogating its policies and practices and those of the wider MSF movement in relation to safeguarding. For the past year, MSF UK has been working hard to put in place improved oversight mechanisms in relation to the resources it directs towards the Operational Centres and to ensure that the safeguarding obligations of the UK Board of Trustees can be fulfilled.

- A failure to achieve or maintain compliance with agreed standards of confidentiality in relation to information governance and data protection, including guarding against malicious attacks, resulting in mismanagement of donor records, patient records, employee records and other confidential information. This could lead to legal action and adverse publicity, both of which have financial and reputational implications.

  Bates Wells Braithwaite, together with specialist data protection consultants, assist MSF UK in monitoring changing information governance and data protection regulations against MSF procedures to ensure we continue to be fully compliant. A suite of data protection policies and procedures compliant with General Data Protection Regulation (GDPR) has been developed. In 2018, the head of the executive office was appointed as senior information risk owner and has been GDPR trained and certified. UK staff received data protection training and the fundraising department receive regular donor-focused vulnerable persons training from Bates Wells Braithwaite.

- Falling prey to malicious attacks that attempt to gain access to computer networks and systems can potentially result in theft of funds, donor information and employee information, installation of malware and denial of service. This has the potential to lead to legal action and adverse publicity, both of which have financial and reputational implications.

  In 2018, MSF UK conducted a cyber security audit, which was carried out by an external company, and which covered 78 checks across 10 key areas. Following this, recommendations were made and a plan drawn up, which will be enacted in 2019 to mitigate identified risks.

- Exposure to and over-dependency on external fundraising service providers and suppliers in a volatile fundraising environment, potentially resulting in external suppliers being unable to meet key objectives or being forced to close, can lead to a loss of critical donation functions and donor financial information.

  Procurement and contracts management policies, guidance and tools are in place. Back-up plans and systems have been agreed to provide seamless alternate routes for direct debit and credit card processing and online donations. These are tested regularly to ensure they are robust. The current fundraising customer resource management (CRM) database, CARE, is now lodged in a secure hosting environment. Following a tendering process, a new CRM database has been selected, and the planning and implementation for this will begin in 2019.

MSF Nurse Masuma Akter measures the blood pressure of a Rohingya patient at the Kutupalong clinic in Cox's Bazar, Bangladesh. Photo: Patrick Rohr.

7 FUTURE PLANS

MSF UK

2019 will be the final year of both the MSF UK and OCA strategic plans (2016-2019). In the UK, the year will be spent drawing to a close the strategic goals of the last four years, while developing our 2020-2023 plan. For the first time, this will be done in conjunction with many other parts of the wider MSF movement, a real achievement which will greatly benefit our coordination. Aligned with this process will be the development of the fourth Resource Sharing Agreement, the international financing agreement that is negotiated and agreed upon by the trustees of all MSF sections. The Resource Sharing Agreement allows for a more efficient financial flow across the movement, ensuring that operational budgets can be planned according to our projected global income over a four-year period.

As can be seen in this report, we have made strong progress against our strategic objectives in a challenging environment of intense regulatory pressure, greater politicisation of aid and renewed media scrutiny. We expect this context to continue in 2019 and have planned our work to reflect this.

A key task for 2019 will be the development of our 2020-2023 strategic plan. This will set out an ambitious vision of a more responsive, agile, inclusive MSF UK that is ready to meet the internal and external challenges of the next four years. This strategic plan is set to be the most participatory, bottom-up plan we have ever produced. We began with an open consultation, drawing insights from across the UK office, which now form the foundation of the strategic plan. Following this, we have embedded numerous consultation points in the development of the plan, so that staff at all levels can have a voice in its contents.

Under strategic goal 1, "increase support to field operations through MSF UK departments and personnel, building upon MSF UK's capacity and expanding upon its expertise," in 2019, MSF UK will continue to provide extensive strategic, technical and implementation support to OCA field operations, predominantly through the Manson Unit.[12] OCA's major change agenda on MDR-TB will continue to be pursued through support to the field with improved models of care and regimens, as well as further implementation of the TB PRACTECAL clinical trials in Belarus, Uzbekistan and South Africa. The new Health Information System will be deployed in 14 OCA projects, improving the quality of our medical data and enabling better care for patients and evidenced-based decision-making. The Manson Unit will also play a strong role in the development of OCA's new strategic plan, championing climate breakdown as an emerging theme for the OCA's medical humanitarian programming in the years to come.

In 2019, we will continue to raise awareness of the crises in which MSF works, and "develop MSF's reputation towards the British general public and specific UK-based institutions, and reach a global audience through UK-based international media," as outlined in strategic goal 2. We do this to increase public awareness of MSF and understanding of medical humanitarian responses, and to inform policy change. We will achieve this through a renewed commitment to innovative communications, supporter engagement and bilateral dialogue. A restructuring of the Programmes Unit in 2018 will allow for a stronger focus on global health issues in our advocacy and communications in 2019, prioritising TB, antimicrobial resistance, refugees and migration, and the ongoing conflict in Yemen.

12 For more information on the Manson Unit, see section 5.

Under strategic goal 3, we will continue to "invest in our people and infrastructure to improve our effectiveness at both the field level and in the UK." Our investment in an executive manager position in 2017 proved to be a very good decision given the regulatory pressures MSF UK faced in 2018, but the workload involved meant other ambitions took a backseat. For 2019, we aim to catch up to these ambitions. A business process review, mapping all processes in the UK that involve budget allocation, is planned for the first quarter; improvements to planning, reporting and management information have been incorporated into the 2020-2023 strategic planning process; and various projects are in motion in relation to further developing our diversity and inclusion processes. As MSF UK strives to meet regulatory best practice standards, we will continue to update and improve our internal policies and procedures. A review of all MSF UK policies is scheduled to take place in 2019. Additionally, key agreements and documentation will be updated to ensure effective information sharing between MSF UK and the Operational Centres.

Strategic goal 4 commits MSF UK to "increase UK private income to £60 million by 2019, with a high Return on Investment and strong financial security." We have steadily increased our annual income over the period of the strategic plan to meet this. However, last year we flagged that the impressive growth of the past few years was not inevitable and that has proved to be the case. In 2018, we saw a slowing of growth, which is likely due to a combination of factors including less media coverage of humanitarian crises, a lower public profile for MSF, and the uncertainty and depression of the economy caused by the UK's impending exit from the EU. We expect these external influences and internal pressures to continue in 2019. Reflecting this, our growth targets have been lowered from the ambitious targets set for 2018.

Finally, under strategic goal 5, "contribute to a collaborative and innovative MSF movement with a particular focus on the OCA partnership," we will further develop our role as an active member of the OCA partnership and the wider MSF movement. We will continue to explore the most efficient ways for functions to be distributed across the network of Operational Centres and sections in order to create and leverage synergies, and become as efficient as possible. We will also explore how the regulatory environment in the UK can be harnessed to strengthen governance across OCA and the wider movement.

Strategic direction of Operational Centre Amsterdam

As a partner section within OCA, MSF UK works to advance OCA's strategic objectives. 2019 is the last year of OCA's current strategic plan and much of their focus will be on developing a vision for an ambitious 2020-2023 strategic plan that ensures the partnership remains fit for purpose and fully committed to its social mission, values and principles. OCA will draw on the knowledge and experiences of those in the partnership to make clear choices about its future direction.

OCA's organisational priorities for the coming year are centred around strengthening their foundation to ensure agility and flexibility for the future, while continuing to fully support field operations. There will be a focus on finalising priority projects, including the transition to a new enterprise resource planning system for our key processes, deployment of the Health Information System, and improvement of connectivity between field missions and projects through an optimised field IT infrastructure. The priorities for 2019 also include development of coherent departmental strategies and change management plans in preparation for 2020 and beyond.

In 2019, OCA will manage 23 missions and 67 projects, as well as any emergency projects that are established over the course of the year. The coming year will see new projects open in DRC, Ethiopia, Sierra Leone and Somalia. OCA will also begin two new vertical projects in 2019, MDR-TB care in Sierra Leone, and sexual and gender-based violence and adolescent sexual and reproductive health programming in Haiti.

OCA will work to create greater opportunities for its workforce to meet their full potential. The ambition is to create a work environment where staff feel valued, respected, ambitious and empowered to add value and have a positive impact on our social mission. Working more closely with our partner sections, as well as with local actors and civil society, will allow us to achieve our vision and better address the needs of people who are suffering.

An MSF physiotherapist with a patient at the Maadi integrated healthcare centre in Cairo, Egypt. Photo: Sima Diab.

8 STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution

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

MSF UK and its relationship with the international movement

MSF UK is one of 24 institutional MSF Associations that make up the global MSF movement. Each MSF Association is set up under the laws of the country in which it is based and is linked to (and governed by) its membership, which is made up of people who work or have worked or volunteered for MSF.

The Associations operate with legal entities, which hold charitable or non-profit status in their country of residence. These, together with a small number of connected entities, comprise the international MSF movement. The entities that make up the MSF movement are bound by a shared name and identity, and a shared commitment to the MSF Charter and its 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.

MSF International, based in Geneva, acts as the coordination body between the sections. Representatives from each national and regional Association (known as institutional MSF members) gather annually at the International General Assembly (IGA) to oversee the coordinated action and development of the MSF movement. The IGA delegates its governance to a board of trustees, the International Board. The International Board is led by the MSF International President, Dr Joanne Liu.

MSF UK does not directly manage operations in the field; these operations are run by MSF Operational Centres. However, MSF UK participates in the broader governance of the MSF movement in a number of ways. In particular, we work closely with OCA, one of the five Operational Centres responsible for the delivery of humanitarian aid projects. OCA is a coordination body made up of five partner offices, MSF UK, MSF Holland, MSF Sweden, MSF Canada and MSF Germany, and two branch offices,[13] MSF Ireland and MSF India. The operations of OCA are hosted by MSF Holland, a separate legal entity with its own Board. This means that the tangible elements of OCA's operations and activities sit within the MSF Holland legal entity. It receives all OCA funding and directly manages all OCA field projects and operations.

MSF Ireland is an independent legal entity registered in the Republic of Ireland and governed by its own Board of Trustees. However, within the MSF movement's international coordination, MSF UK and MSF Ireland are viewed as one partner and branch office group. As a result, MSF UK has a close relationship with MSF Ireland, and the two offices will have a joint strategic plan for the period 2020-2023. Vickie Hawkins, MSF

13 For an explanation of 'branch offices', see Appendix 1.

UK Executive Director, and Gabriel Fitzpatrick (MSF UK trustee) were members of the Board of MSF Ireland until May 2018. Colin Herrman, MSF UK trustee, was co-opted to the Irish Board in late 2017 and at the end of 2018 was caretaker President of MSF Ireland.

In 2018, two MSF UK trustees, Javid Abdelmoneim and Tejshri Shah, sat on the OCA Council, which has an advisory relationship to the Board of MSF Holland. Vickie Hawkins sat on the OCA Management Team. The OCA Management Team is a body made of up of the senior executives from each of the OCA primary partners. It provides a forum for sharing ideas, discussing matters of strategic importance and helping coordinate the OCA partner sections, while maintaining operational and functional reporting lines directly into MSF Holland. MSF UK trustee Tejshri Shah was selected as Chair of the OCA Council in September 2016. As part of her role as Chair, Tejshri Shah also sat on the International Board. UK trustee Dennis Kerr is an observer on the OCA Council. MSF UK Treasurer Damien Régent sat on the OCA Audit Committee, which supports the work of the OCA Council. Nicola McLean sits on the OCA Medical Committee. Alongside his role as Chair of the UK Board, Javid Abdelmoneim has been on the OCA Duty of Care & Responsible Behaviour Committee since January 2019.

Along with representation on the OCA Council and the OCA Audit Committee, MSF UK also sent two representatives to the IGA.

The MSF Association

The MSF UK Association is a term used to describe the company law members of MSF UK. It draws its membership from operational staff, and former office staff and office volunteers, who can apply to become members of the MSF UK Association after they have worked for six months with any part of the MSF movement. At the end of 2018, the Association had 509 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*. They fulfil this commitment primarily through the election of, and by holding to account, the Board of Trustees at the annual general assembly of the charity.

Parfait Dosséli is a nurse supervisor in the nutrition department at Bossangoa hospital in CAR. He is giving intravenous treatment to a child suffering from a form of malnutrition called marasmus. Photo: Elisa Fourt/MSF

The Board of Trustees

Association members delegate governance responsibilities to the Board of Trustees. The Board of Trustees ensures that MSF UK adheres to MSF's core principles and values, and that it 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.

Most trustees are elected by the Association at an annual general assembly. The majority of trustees have a medical background, but trustees with different backgrounds are also frequently elected. A small number of trustees may be co-opted by the Board from within or from outside of the Association to ensure an appropriate mix of skills at board level. For example, our Treasurer was co-opted from outside the Association, and in December 2018 the Board co-opted a trustee with specific safeguarding skills.

The Chair of the Board Javid Abdelmoneim has a medical background, in line with MSF's governance principles. He is assisted by a Treasurer, who chairs the Audit Committee and acts as Vice-Chair to the full Board, supporting the Chair in his functions. In 2018, the Board met 10 times (eight times in 2017).

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

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

Trustees participate in a range of committee work. One committee that advises the Board is the Audit Committee, which is tasked with guiding the Board on issues relating to control, risk and compliance, and is focused on business and finance processes. The Audit Committee met three times in 2018 and is made up of up to five trustees. The Chair of the Board regularly attends as an observer, but is not a voting member of the Audit Committee. In early 2019, the Board also created a specific Safeguarding and Duty of Care Committee to oversee the governance of our medical humanitarian field work, with a focus on safeguarding.

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

Many trustees also act as 'board links' to designated departments and teams. As links, trustees develop specific relationships with these teams (such as Fundraising, Human Resources or the Manson Unit), allowing them to effectively keep the Board up-to-date on specific areas of MSF UK's work.

The Charity Governance Code

In September 2017, the Board agreed to endorse the *Charity Governance Code.* During 2018, the Board continued to consider areas for improvement. The Board views the Code as a welcome addition to the MSF UK internal governance rules, MSF UK's Articles of Association, company law rules, and other policies and procedures already in place. MSF UK has robust governance structures to hold its 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. A number of those policies were updated in late 2018 and a wider review will continue in 2019.

Remuneration of trustees

MSF UK trustees spend a lot of time preparing for and attending board meetings, participating in committees and conducting field visits. Several trustees volunteer their time on international coordination committees and sister entities within the MSF movement, for example as members of OCA committees. A key role of our Chair is to represent MSF UK at meetings of the international movement, above and beyond the work 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 governance 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. In May 2017, the MSF UK Association approved a new set of Articles of Association, which included changes to the rules governing compensation of the Chair.

By paying the Chair for part of their time, the Board believes it can attract suitable candidates with a medical background (a requirement in the MSF movement) and the willingness and time to take on the role. In 2018, Javid Abdelmoneim received £1,218 a month for 126 days of work between 1 January and 31 December. This corresponds to a total annual payment of £14,616 for on average 2.4 days' work per 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.

Trustees working in the field

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

In 2018, Javid Abdelmoneim was contracted by MSF UK to work as a medical doctor in Syria for one month up to the end of January. For this he was paid £2,253 (including £226 for 2017 and £190 pension). A second trustee, Keith Longbone was contracted to work in Tajikistan from 11 October 2018 until 4 January 2019. For this he was paid £7,627 (including £759 holiday pay and £763 pension). This field work was not directly related to either Javid or Keith's 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. Alyson Froud was contracted directly by MSF France to work in the field from November 2018 until February 2019. Colin Herrman was contracted directly by MSF Holland to work in the field from May 2018 to June 2018.

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 MSF UK.

Remuneration policy

The policy for remuneration of UK-based staff, including senior managers, is delegated to a Remuneration Committee. At the first meeting of the Remuneration Committee, the remuneration for Vickie Hawkins and Kiran Jobanputra (due to his role as OCA Deputy Medical Director), 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 contains a function grid and fixed salary scale for office staff, 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 an annual salary of £80,513 at the year-end (£79,716 in 2017). This is 3.2 times the salary of our lowest-paid office worker. Three members of the management team received salaries between £60,000 and £70,000, with Vickie Hawkins being the only member of staff earning over £80,000 (see note 10, page 60). 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

Tejshri Shah (from September 2016) and Javid Abdelmoneim (from May 2017) sit on the OCA Council. Tejshri Shah was selected as Chair of the OCA Council in September 2016. The OCA Council has an advisory relationship to the Board of MSF Holland, as all tangible elements of the OCA's operations and activities sit within the MSF Holland legal entity.

In fulfilling her role as Chair of the OCA Council, Tejshri Shah is compensated for her work by MSF Holland. As part of her role, she sits on the International Board, which governs MSF International.[14]

MSF UK granted £25.5 million to MSF Holland, as part of our commitment to the OCA partnership, £10.9 million to MSF Belgium, our secondary operational partner, and £1.1 million to MSF International (including to the Access Campaign and DND*i*). All grants to partner sections, including MSF Holland and MSF Belgium, are approved by the MSF UK Board of Trustees. The grant to MSF International is based on a pre-approved international allocation. The trustees are satisfied that these grants are in the best interest of the charity.

Gabriel Fitzpatrick and Colin Herrman sat on the MSF Ireland Board in 2018. Gabriel Fitzpatrick served as its Chair until his resignation from both the UK and Irish Boards in June 2018. Colin Herrman has served as the Chair of the MSF Ireland Board since June 2018. Gabriel Fitzpatrick was not present at the meeting where MSF UK's grant to MSF Ireland was discussed and Colin Herrman recused himself from the UK Board's decision to award the grant.

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

Diversity and inclusion

Throughout 2018, MSF UK continued to adapt and invest in its ways of working to foster and support a diverse and inclusive workforce and environment.

As part of the Diversity and Inclusion workstream, driven by the OCA management team of which Vickie Hawkins is a member, MSF UK held a Diversity and Inclusion workshop at the start of the year. The purpose of this workshop was to brief staff on the strategic direction and progress of the topic within the OCA partnership, and to broaden staff understanding of diversity and what it means in MSF UK, within OCA and within the movement. Feedback from staff was collected and incorporated into a plan for the MSF UK office and into the overall Diversity and Inclusion Framework for OCA.

In 2018, MSF UK's programme of learning and development opportunities centred around concepts of diversity and inclusion. We introduced an MSF diversity and inclusion training course designed specifically for current and new MSF UK office staff. This training triggered a number of diversity and inclusion initiatives in MSF UK, which centred on promoting and organising awareness initiatives around cultures and lifestyles, protected characteristics and mental health issues. Some initiatives included cultural celebrations, an LGBTQ²IA+ Pride week, and raising awareness around physical and mental health.

14 See the section on MSF International (page 42) for more information.

MSF UK also held unconscious bias training for the management team and recruiting managers, and plan to roll this out to the wider office in 2019.

Recognising that issues of inclusion impact both the physical and mental space, in 2018 MSF UK ran *Managing and Promoting Positive Mental Health and Wellbeing in the Workplace* training for managers and *Understanding and Promoting Positive Mental Health and Wellbeing in the Workplace* training for all staff. We invested in Mental Health week, promoting good attitudes, sharing information and raising awareness about the 'Ask Twice' campaign,[15] in which people are urged "to 'Ask Twice' if they suspect a friend, family member or colleague might be struggling with their mental health". Bringing this back to our social mission, the office also proactively shared content internally on mental health stories from our programmes around the world.

Within the OCA partnership, a Leadership and Management development framework was created. From there, a five-day Leadership and People Management course was rolled out to all staff working in the OCA partnership. Through the five values of respect, integrity, humanity, accountability and empowerment, the course helps managers develop the necessary skills to lead and manage their teams, fostering collaboration and diversity.

Responsible behaviour and safeguarding

To protect the people MSF works 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 confidential reporting mechanisms through which 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 victims of any inappropriate behaviour or abuse as needed, which can include providing psychological and medical care, and finding legal support. Reporting cases of suspected criminal behaviour where they involve abuse must be dependent on the affected individual's wishes and be done with their agreement.

We continued to refine our efforts to increase awareness across MSF UK 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 affected individuals 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 February 2018, MSF UK released, on behalf of the MSF movement, a statement detailing global numbers for the reporting of abuse and harassment, and we will maintain this commitment to transparency in the years to come.

At the end of 2018, the MSF UK Board of Trustees approved a new safeguarding policy suite, introducing new policies, such as an external reporting policy, and updating existing policies, such as on whistle-blowing, grievances and complaints. We are taking steps to embed these updated policies and procedures within the organisation and to spread awareness through workshops and training sessions. In February 2019, a new MSF UK Safeguarding and Duty of Care Committee was established to help the Board foster a safe, open, honest and supportive culture within MSF UK.

MSF UK is committed to ensuring that our suppliers and any of their employees, agents or sub-contractors operate within the Modern Slavery Act 2015 and that they notify MSF as soon they become aware of any breach or potential breach. For 2019, we further commit to ensuring that this becomes a standard requirement in all MSF UK contracts and supply chains.

15 https://www.time-to-change.org.uk/asktwice

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.

The International Office (https://www.msf.org/international-office) is headed by the International Secretary General, who manages the team of International Coordinators.

Together they facilitate coordination and information sharing across the MSF movement, to identify medical humanitarian issues that must be tackled together; to coordinate MSF's response in a major emergency; to help develop public positioning around a humanitarian crisis; and to develop common policies on the best use of resources for medical and humanitarian action.

An important part of MSF International's 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 an overview 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.

The crew of the Aquarius rescue 25 people in the Central Mediterranean near the Libyan coast. The rescued people were found adrift on a small wooden boat with no engine. They had been at sea for nearly 35 hours. Photo: Guglielmo Mangiapane/ SOS Mediterranee.

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 2018

Overview

MSF UK's income totalled £57.2 million in 2018, a six percent increase on our 2017 income of £53.7 million. Ninety-two percent (2017: 91 percent) of this income came from donations and legacies, with the rest coming mostly from charitable activities.

In terms of 2018 expenditure, MSF UK spent a total of £56.6 million (2017: £55.6 million). Of this amount, £38.1 million or 67 percent (2017: £37.9 million or 68 percent) were grants to other MSF sections, with £36.4 million (2017: £35.9 million) going directly to MSF projects overseas. Excluding grants, MSF UK's other charitable activities came to £11.5 million (2017: £10.6 million) with no change from 2017 in fundraising costs at £7 million.

Fundraising income and costs of generating funds

MSF UK raised £52.7 million in donations and legacies in 2018, which compares to £48.7 million in 2017. This was a £4.1 million (or eight percent) increase in income from the previous year, at a time when international aid organisations have come under considerable media scrutiny, and is a testament to the extraordinary commitment and generosity of our supporters.

As in previous years, our most significant source of income in 2018 continued to be committed giving, which has increased by £917k (or five percent) to £19 million (2017: £18.1 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 unrestricted funds that we can allocate where the medical needs are most acute. We are very grateful to our loyal, long-term, committed donors for this level of support, which recognises the leading role that MSF plays in relieving suffering and in raising public awareness of crises.

A key reason for the increase in income from 2017 was the large increase of £7.1 million in legacy income, which reached £14.7 million in 2018. Legacy income has become our second highest source of income after committed giving, and our legacy pipeline stands at £14.4 million, the highest it has ever been.

In 2018, we increased our return on investment from 6.9 in 2017 to 7.5. This means that for every £1 spent on fundraising, we raised £7.50. Ninety-one percent of our income was unrestricted (2017: 89 percent), which is especially valuable to MSF as it provides the flexibility to deliver aid where the medical need is greatest.

Charitable activities: Grant-making

In 2018, MSF UK sent £38.1 million to other MSF sections, with £36.4 million (2017: £35.9 million) going directly to MSF projects overseas. We were especially pleased to be able to grant nearly £500,000 more than in 2017 to our overseas operations.

Our largest grants in 2018 went to the Democratic Republic of the Congo (£4.7 million), Bangladesh (including the Rohingya crisis) (£3.1 million), South Sudan (£3 million), Guinea (£2.8 million) and Afghanistan (£2.2 million). More details of these grants can be found in note 6 of the accounts. See section 4 for more details of MSF activities in these countries.

In 2018, MSF UK also gave the final tranche of a three-year grant to MSF Ireland. The aim of the grant was to support MSF Ireland's new fundraising strategy following the decision by the MSF movement in 2016 to no longer accept funding from EU member states. From the review of MSF Ireland's fundraising results across the period, MSF UK are satisfied that MSF Ireland have been delivering on the results as per their fundraising strategy. We also gave grants to MSF International for coordination and movement-wide projects.

Two MSF midwives look after a newborn baby in the maternity ward at the Douentza Referral Health Centre in Mali. Photo: Seydou Camara/MSF.

Other charitable activities

Spending on non-grant making charitable activities increased by nearly £900k to £11.5 million (2017: £10.6 million).

Most of this increase was due to increased work done directly by MSF UK on both operational projects and medical programme support. These are projects such as the TB PRACTECAL clinical trial (see page 25) and the shared Health Information System (see page 25). The rest of the increase was due to overseas staff – both in their direct costs and our decision to invest further in our safeguarding processes and related oversight mechanisms

In terms of other costs, our fundraising and support costs have largely remained static between 2017 and 2018. Our communication costs have decreased slightly from 2017.

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 £4.5 million in 2018 (2017: £4.9 million). The reduction is due to MSF UK deciding to take on the full responsibility for certain projects which had previously been led by other MSF sections.

Reserves

General and free reserves

The policy approved by the trustees is to maintain general reserves at an equivalent of three months of that year's budgeted UK expenditure (i.e. excluding grants). The trustees believe that, to the extent that most of the charity's expenditure is in the form of grants to other parts of the MSF movement, that level of reserves is adequate.

In 2018, the MSF UK office budget was £15 million (2017: £13.4 million). General reserves as of 31 December 2018 stood at £4.6 million (2017: £4.8 million). This is equivalent to 3.7 months' expenditure. The trustees will continue to review our projected general reserves in 2019 to ensure we hit our targeted level, bearing in mind the need to spend donor funds in a responsible manner.

Our free reserves are calculated using our general reserves less fixed assets and currently stand at £4.1m or 3.3 months' office expenditure. There has been no change in our free reserves from the prior year.

Designated reserves

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

Restricted reserve

This reserve represents donations where the donor has specified the project or emergency to which MSF should apply the funds. In 2018, we gave out in grants almost all the restricted income received during the year.

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

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

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

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

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

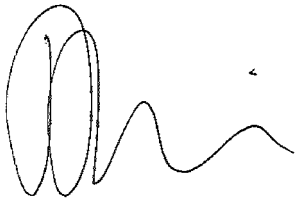
Disclosure of information to auditors

The trustees who held office at the date of approval of this report confirm that, so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware; 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 2018. BDO have expressed their willingness to continue in office. A resolution to re-appoint them will be proposed at the annual general meeting.

The Trustees Annual Report, including the Strategic Report and the Directors' Report, was approved by the Trustees on 8 April 2019 and signed on their behalf by



Javid Abdelmoneim

Chair of the Board of Trustees

An MSF staff member talks about health issues to a group of people in Banko Baya town, Guji, in Ethiopia's Oromia region. Photo: Igor Barbero/MSF

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 2018 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 2018 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 FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions related to going concern

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 twelve 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 Trustee's report.

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

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Use of our report

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

BDO LLP

Fiona Condron (Senior Statutory Auditor)

For and on behalf of BDO LLP, statutory auditor

Gatwick, UK

9 April 2019

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.

The notes on pages 54 to 63 form part of these financial statements.

		2018 (£'000)			**2017** (£'000)		
	Note	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Income							
Donations and legacies	3	47,663	5,067	52,730	42,683	5,979	48,662
MSF UK Charitable activities	4	4,318	137	4,455	4,713	167	4,880
Other income							
Interest income		19	-	19	10	-	10
Income/(Costs)		21	-	21	263	(72)	191
TOTAL		52,021	5,204	57,225	47,669	6,074	53,743
Expenditure							
Fundraising costs	5	6,993	-	6,993	7,051	-	7,051
Charitable activities (grants):							
Operational grants	6	31,235	5,163	36,398	29,964	5,935	35,899
Other grants	6	1,735	-	1,735	2,024	-	2,024
MSF UK Charitable activities							
Operational staff and projects	7	5,717	137	5,854	5,912	167	6,079
Medical and programme support	7	4,272	-	4,272	3,051	21	3,072
Communications	7	1,350	-	1,350	1,427	-	1,427
TOTAL		51,302	5,300	56,602	49,429	6,123	55,552
Net expenditure for the year		719	(96)	623	(1,760)	(49)	(1,809)
Fund balances brought forward at 1 January		5,926	8	5,934	7,736	7	7,743
Balance transferred		(100)	100	-	(50)	50	-
Fund balances carried forward at 31 December		6,545	12	6,557	5,926	8	5,934

Balance Sheet

As at 31 December

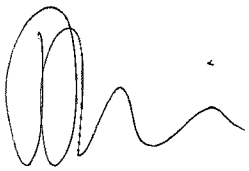
The notes on pages 54 to 63 form part of these financial statements.

	Note	**2018** (£'000)		**2017** (£'000)	
Fixed Assets					
Tangible assets	11		466		653
Current Assets					
Debtors	12	7,441		5,868	
Cash		9,952		17,823	
			17,393		23,691
Current Liabilities					
Creditors: Amounts falling due within one year	13		(11,302)		(18,410)
Net Current Assets			6,091		5,281
NET ASSETS			**6,557**		**5,934**
FUNDS					
Unrestricted					
General	14	4,603		4,777	
Designated	14	1,942		1,149	
Total Unrestricted	14, 15		6,545		5,926
Restricted	14, 15		12		8
			6,557		**5,934**

Company registration number: 02853011

These financial statements were approved by the trustees on the 8 April 2019 and were signed on their behalf by:

Damien Régent
Treasurer



Javid Abdelmoneim
Chair

Cash Flow Statement

As at 31 December

	2018 (£'000)		**2017** (£'000)	
Cash flow from operating activities		(7,827)		(2,583)
Cash flow from investing activities				
Interest received	19		10	
Purchase of Fixed Assets	(63)		(139)	
		(44)		(129)
(Decrease)/increase in cash in the year		(7,871)		(2,712)
Cash balance at 1 January		17,823		20,535
Cash balance at 31 December		9,952		17,823

The notes on pages 54 to 63 form part of these financial statements.

Reconcilliation of net expenditure to operating cash flow

	2018 (£'000)	**2017** (£'000)
Net income/(expenditure)	623	(1,809)
Bank interest	(19)	(10)
Depreciation charge	250	281
Decrease in debtors	(1,573)	475
(Decrease)/increase in creditors	(7,108)	(1,520)
	(7,827)	(2,583)

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 at 31 December 2018 the charity has 509 (2017: 466) members.

2. Accounting policies

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

Basis of preparation and 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:

- The method for allocating overhead costs to expenditure categories is done based on Full Time Equivalent headcount.
- 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 that 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 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 has used one designated fund during the course of 2018.

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.

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:	5 years
Computer hardware:	5 years
Computer software:	4 years
Structural alterations:	Over the period of the lease

Note there was a change in the deprecation accounting policy for furniture and office equipment from four to five years and for computer hardware from three to five years.

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

	2018 (£'000)			2017 (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Committed and regular donations by individuals	18,859	140	18,999	17,949	134	18,082
Income from appeals	7,392	1,356	8,748	8,041	1,831	9,872
Legacies	14,564	150	14,714	7,372	197	7,569
Grants received from charities and trusts	2,363	3,134	5,497	3,441	3,053	6,494
Sponsorship, events, collections, uncommitted individual donations	2,553	163	2,716	3,483	320	3,803
Donations from companies & corporations	1,932	124	2,056	2,397	445	2,842
TOTAL	47,663	5,067	52,730	42,683	5,979	48,662

MSF is aware of potential future legacy income estimated at £14.4m (2017: £12.6m). 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 various MSF Operational Centres. These Operational Centres manage projects and operations across the world, and reimburse MSF UK the costs associated with the recruitment and employment of operational staff. MSF UK does not manage field operations in other countries.

MSF UK also implements projects for which we receive primary purpose income either from other MSF sections or from the public.

	2018 (£'000)			2017 (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Staff supplied to operational activities	3,309	-	3,309	3,189	-	3,189
Operational projects	1,009	137	1,146	1,524	167	1,691
TOTAL	4,318	137	4,455	4,713	167	4,880

5. Fundraising

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

	2018 (£'000)	2017 (£'000)
Fundraising costs	6,752	6,778
Allocation of general support costs	241	273
TOTAL	6,993	7,051

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. These programmes are not managed by MSF UK. See section 4 for more details on the main programmes that we support.

	2018 (£'000)			**2017** (£'000)		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
Main programmes						
Afghanistan	2,180	20	2,200	3,225	86	3,311
Bangladesh	2,031	1,051	3,082	99	651	750
Democratic Republic of the Congo	3,798	945	4,743	4,376	905	5,281
Guinea and HIV Projects	2,646	139	2,785	227	133	360
South Sudan	2,783	226	3,009	1,714	465	2,179
Subtotal	13,438	2,381	15,819	9,641	2,240	11,881
Other programmes						
Central African Republic	-	-	-	1,110	1	1,111
Chad	250	-	250	500	-	500
Ebola epidemic	-	-	-	5	56	61
Ethiopia	1,000	-	1,000	2,078	222	2,300
Haiti	1,358	90	1,448	2,838	599	3,437
HIV projects	248	2	250	-	-	-
India	1,095	5	1,100	796	4	800
Indonesia	35	6	41	-	-	-
Iraq	883	17	900	1,195	5	1,200
Jordan	1,097	3	1,100	1,044	156	1,200
Lebanon	10	88	98	571	143	714
Libya	777	23	800	294	6	300
Malawi	-	-	-	2	4	6
Mozambique	1,500	-	1,500	-	-	-
Myanmar	2,100	-	2,100	1,700	-	1,700
Nigeria	1,337	169	1,506	1,304	363	1,667
Pakistan	1,500	-	1,500	1,000	-	1,000
Search and Rescue	274	26	300	1,518	236	1,754
Sierra Leone	456	-	456	1,000	-	1,000
Somalia	-	100	100	-	-	-
Syria (Appeal and Crisis)	676	1,074	1,750	274	726	1,000
Turkey	300	-	300	300	-	300
Ukraine	1,245	-	1,245	889	-	889
Uzbekistan	100	-	100	296	4	300
Yemen	397	1,003	1,400	1,533	1,167	2,700
Zimbabwe	1,159	176	1,335	76	3	79
Subtotal	17,797	2,782	20,579	20,323	3,695	24,018
TOTAL GRANTS	31,235	5,163	36,398	29,965	5,935	35,899

Note 6 continued…

	2018 (£'000)	2017 (£'000)
Grant recipient		
MSF Holland	25,479	25,129
MSF Belgium	10,919	10,770
TOTAL	36,398	35,899

Other Grants

	2018 (£'000)	2017 (£'000)
MSF International		
Strategic activities	777	821
Access Campaign	192	221
Drugs for Neglected Diseases Initative	142	164
MSF Ireland		
Fundraising support	624	818
TOTAL	1,735	2,024

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, as well as the strategic objectives of the MSF movement. These comprise staff costs, office costs and other costs incurred, as well as a proportion of general support costs.

	2018 (£'000)	2017 (£'000)
Operational staff and projects		
Operational staff	3,309	3,189
Operational staff support	1,346	1,128
Operational projects	1,016	1,583
Allocation of general support costs	183	178
	5,854	6,079
Medical and Programme support		
Salaries, expenses and office costs	3,949	2,817
Allocation of general support costs	323	255
	4,272	3,072
Communications		
Salaries, expenses and office costs	1,204	1,255
Allocation of general support costs	146	172
	1,350	1,427
TOTAL MSF UK CHARITABLE ACTIVITIES	11,476	10,578

Note that the increase in Medical and Programme support is due to MSF UK taking on the responsibility and the costs in 2018 for two projects (TB Clinical Trials and the Sapling Nursery) that were previously Operational Projects led by MSF Holland.

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.

	2018 (£'000)	2017 (£'000)
Support costs		
General support costs	801	795
Governance costs	92	83
	893	878
Allocation to Fundraising and MSF UK charitable activities		
Fundraising support	241	273
Operational staff support	183	178
Medical and Programme support	323	255
Communications support	146	172
	893	878

Trustees' remuneration, expenses and donations

Governance costs include the remuneration of Javid Abdemoneim (from 1 January to 31 December 2018) as Chair. £14,616 (plus £864 NI) was paid to Javid Abdelmoneim for 126 days of paid work (2017: £3,000 paid to Paul McMaster for 12 days and £9,257 was paid to Javid Abdelmoneim for 53 days for paid work).

This Chair remuneration 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 his/her role as trustee of MSF UK.

Javid Abdelmoneim was also paid £1,668 (plus £148 NI, £167 pension) in 2018 (2017: £227 plus £23 pension, £20 NI) as a field medical doctor – his mission was from 27 December 2017 to 31 January 2018. Keith Longbone was also paid £6,326 (plus £582 NI, £633 pension) as a field project specialist – his mission was from 11 October 2018 to 4 January 2019. The work they conducted was not directly related to their 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.

During the year, £22,407 was reimbursed for directly incurred expenses on MSF UK business for 11.5 trustees (2017: £24,614 to 14 trustees). Trustees' expenses comprise principally 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

	2018 (£'000)	2017 (£'000)
Net movement in funds for the year is stated after charging:		
Auditor's remuneration for statutory audit	23	20
Auditor's remuneration for other services	2	2
Exchange (losses)/gains	(5)	162

10. Staff numbers and costs

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

	2018	2017
Operational staff working overseas in MSF projects	325	404
Recruitment and support of operational staff	30	29
Fundraising	31	28
Medical & Programme support	32	21
Communications	29	26
Support and governance	25	20
TOTAL	472	528

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

	2018	2017
Operational staff working overseas in MSF projects	112	128
Recruitment and support of operational staff	18	14
Fundraising	24	22
Medical & Programme support	28	15
Communications	19	18
Support and governance	13	11
TOTAL	214	208

The costs of employing staff during the year were:

	2018 (£'000)	2017 (£'000)
Wages and salaries	6,809	5,946
Social security costs	857	748
Pension costs	689	574
TOTAL	8,355	7,268

Note that the increase in both staff numbers and costs is mostly due to MSF UK taking on costs in 2018 for two projects (TB PRACTECAL Clinical Trials and the Sapling Nursery) that were previously operational projects led from MSF Holland. This explains the increase in Medical and Programme support contracted staff, and the consequent impact on employment costs.

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

	2018	2017
Between £60,000 and £70,000	3	2
Between £70,000 and £80,000	0	1
Between £80,000 and £90,000	1	0

Employer contributions to defined contribution pension schemes on behalf of staff paid over £60,000 amount to £26,000 (2017: £26,666).

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 £478,297 (2017: £516,662). There were eight members of the Management Team in 2018 compared with 10 in 2017, but 7.8 Full Time Equivalents in 2018 against 8.2 in 2017.

11. Tangible fixed assets

	Furniture and Equipment (£'000)	Computer Hardware (£'000)	Computer Software (£'000)	Structural Alterations (£'000)	TOTAL (£'000)
Cost					
At beginning of period	189	389	324	574	1,476
Additions	-	63	-	-	63
TOTAL	189	452	324	574	1,539
Depreciation					
At beginning of period	133	285	109	296	823
Charge for the period	22	25	89	114	250
TOTAL	155	310	198	410	1,073
Net book value					
At beginning of period	56	104	215	278	653
At end of period	34	142	126	164	466

12. Debtors

	2018 (£'000)	**2017** (£'000)
MSF Entities	1,784	2,785
Legacies receivable	1,942	1,149
Other debtors	3,408	1,626
Prepayments	307	308
TOTAL	7,441	5,868

"MSF Entities" relate to the entities that make up the worldwide MSF movement (see Appendix 1 for more details).

13. Creditors: amounts falling due within one year

	2018 (£'000)	**2017** (£'000)
MSF Entities	7,900	16,020
Tax and social security	288	327
Deferred income	1,246	-
Accruals	1,523	865
Other creditors	345	1,158
VAT Creditor	-	40
TOTAL	11,302	18,410

"MSF Entities" relate to the entities that make up the worldwide MSF movement (see Appendix 1 for more details). £7.6m of the £7.9m creditor balance to MSF Entities relate to grants due to MSF sections (see note 6). The remaining balance relates to intra-sectional transactions.

Note that we had £1,246k of income in 2018 that was deferred due to the terms and conditions of the grants.

14. Movements in funds

	1 January 2018 (£'000)	Income (£'000)	Expenditure (£'000)	Transfers (£'000)	31 December 2018 (£'000)
Unrestricted funds					
General fund	4,777	50,104	(51,302)	1,024	4,603
Designated fund - legacies	1,149	1,917	-	(1,124)	1,942
Subtotal	5,926	52,021	(51,302)	(100)	6,545
Restricted funds					
Afghanistan	-	20	(20)	-	-
Bangladesh	-	1,051	(1,051)	-	-
Democratic Rep. of the Congo	-	945	(945)	-	-
Guinea & HIV Projects	-	139	(139)	-	-
Haiti	-	90	(90)	-	-
HIV projects	-	2	(2)	-	-
Iraq	-	17	(17)	-	-
Jordan	-	3	(3)	-	-
Lebanon	-	88	(88)	-	-
Libya	-	23	(23)	-	-
Migration in Europe	-	26	(26)	-	-
Nigeria	-	169	(169)	-	-
Somalia	-	1	(100)	100	1
South Sudan	-	226	(226)	-	-
Syria Crisis	-	1,074	(1,074)	-	-
Yemen	-	1,003	(1,003)	-	-
Zimbabwe	-	176	(176)	-	-
UK projects	-	137	(137)	-	-
Other	8	13	(10)	-	11
Subtotal	8	5,203	(5,299)	100	12
TOTAL FUNDS	5,934	57,224	(56,601)	-	6,557

15. Analysis of net assets between funds

	2018 (£'000)			**2017** (£'000)		
	Fixed Assets	Current Assets	TOTAL	Fixed Assets	Current Assets	TOTAL
Unrestricted funds	466	6,079	6,545	653	5,273	5,926
Restricted funds	-	12	12	-	8	8
TOTAL	466	6,091	6,557	653	5,281	5,934

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:

	2018 (£'000)	2017 (£'000)
No later than one year	427	427
Later than one year and not later than five years	1,709	463
Later than five years	463	-
TOTAL	2,599	890

During the year, operating lease payments totalled £476,442 (2017: £356,038). During the course of 2018, it was decided not to trigger the five-year break clause of our lease. This means that we are due to continue with our operating lease until early 2025.

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 £688,637 (2017: £573,549). The cost is accounted in the year it arises with £97,300 outstanding as at end 2018 (2017: £54,469).

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) sat on the Board of MSF Ireland until their resignations in May 2018 and June 2018 respectively. Gabriel Fitzpatrick also resigned from the UK Board at the same time. Colin Herrman (MSF UK Trustee) was co-opted to the Irish Board in 2017 and served as its Chair from June 2018. MSF UK gave grant funding of £624,053 to MSF Ireland in 2018 (2017: £818k). The decision for funding was made at the March 2018 UK Board meeting. At the time, Vickie Hawkins, Gabriel Fitzpatrick and Colin Herrman would have been related parties. Gabriel Fitzpatrick was not present at the meeting and Colin Herrman was recused from voting on the decision.

See note 8 on trustees for further details.

14 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. They are represented by other sections in MSF's international coordination bodies.

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

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

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

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

International Board: A majority democratically elected board with delegated powers from the International General Assembly. 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; coordinating the implementation of an international work plan; ensuring reactivity, efficiency, relevance and consistency in MSF's social mission; and other support activities. There is a smaller Core Executive Committee made up of the General Directors of the five Operational Centres plus two elected members from the wider movement.

Appendix 2: Principal offices

MSF International

78 rue de Lausanne
1211 Geneva
Switzerland

MSF Holland

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

MSF Belgium

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

MSF Spain

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

MSF France

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

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, www.msf.org.uk.

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

Find us on:

Children wait to be tested at a mobile malaria clinic in Bossangoa, CAR. Hundreds of people come here every week to check whether they are infected with malaria. Photo: Elisa Fourt/MSF.

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS