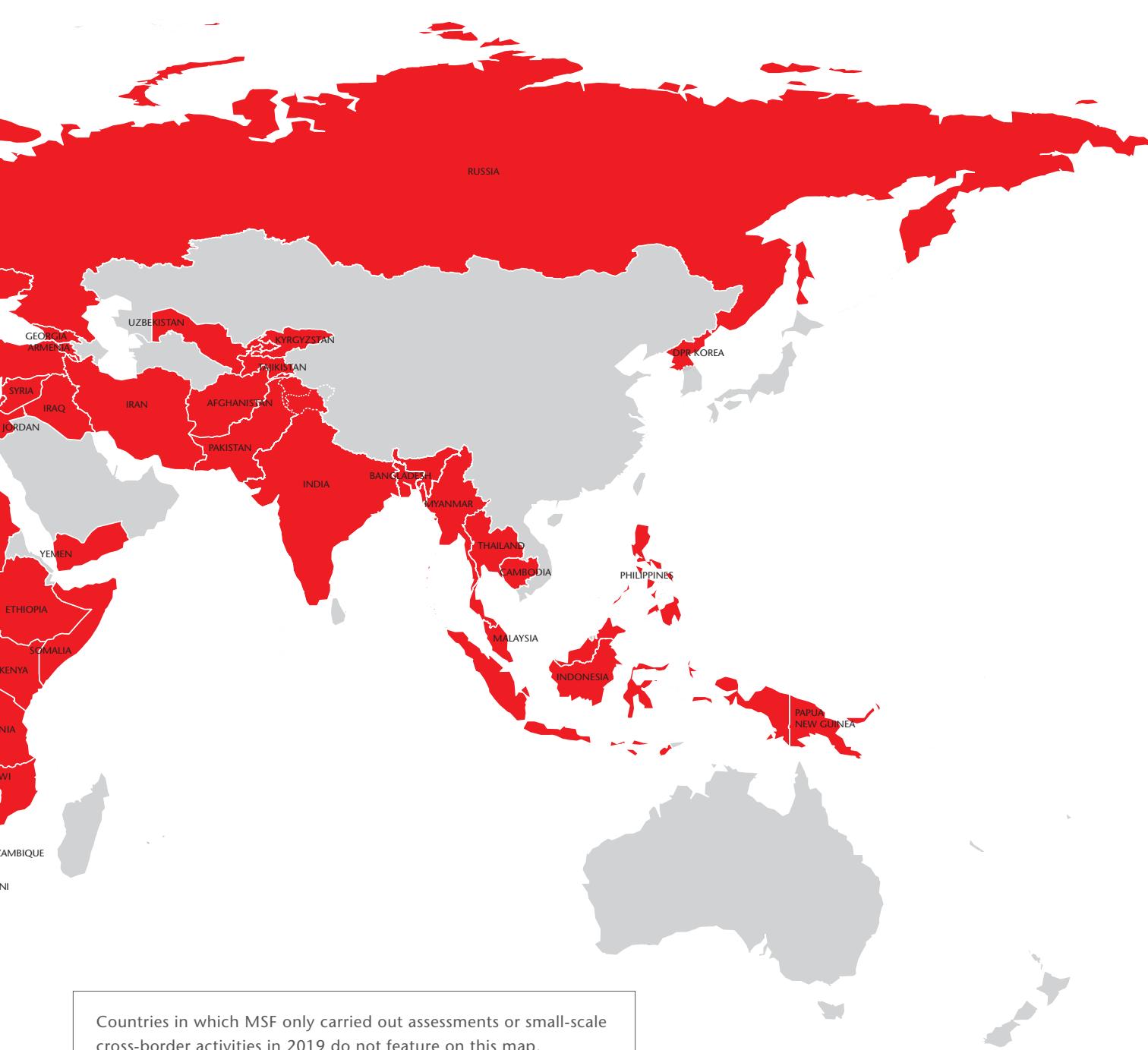




INTERNATIONAL ACTIVITY REPORT 2019

www.msf.org





Countries in which MSF only carried out assessments or small-scale cross-border activities in 2019 do not feature on this map.

FOREWORD

In 2019, tens of thousands of MSF staff undertook lifesaving work that impacted millions of people in more than 70 countries around the world. We begin this report by thanking them for their commitment and dedication. This is also an opportunity to raise two issues of growing concern to MSF.

Over the past two decades, governments have implemented increasingly restrictive legislation to fight radical armed groups. In certain situations, these restrictive measures conflict with the provisions of international humanitarian law and have direct consequences on MSF's ability to provide medical and humanitarian assistance to those in need. Our work is sometimes perceived as material support and collusion with criminal groups, rather than impartial and neutral medical humanitarian assistance to the wounded, the sick and other very vulnerable people. In some places, this is compounding an already very difficult situation where humanitarian aid is significantly curtailed as a result of the abduction and killing of humanitarian workers by armed groups.

In Nigeria and Syria, for example, we have for years been confronted with reduced access to people in dire need, living in highly insecure regions where states have criminalised some humanitarian and medical activities and personnel. Our staff have been arrested in Syria, military investigations into our activities have taken place in Nigeria and non-state armed groups have attacked and kidnapped humanitarian workers. International sanction regimes and restrictive state measures also affect the financial transactions of aid organisations by, for example, placing restrictions on where funds can be transferred. We have experienced this first-hand, notably when we endeavoured to transfer money to pay our staff in Somalia.

Monitoring and assessing how these restrictive measures threaten the security of our staff and impede our work is a priority for us, as is mitigating the way in which humanitarian action and principles are impacted. Security and humanitarian frameworks should be able to coexist so that people affected by conflict and violence are not denied the assistance they are entitled to.

Climate change, a human-induced reality, is also of great concern to us, as it may well alter the dynamics of conflict and the incidence of disease, impacting communities already at risk. Following a motion passed by our International General Assembly in 2019, we are evaluating how we can address environmental issues most effectively. On the basis of scientific reports outlining what can be expected in the future, it is vital that we prepare to assist the people who will be affected. At the same time, we need to assess our own carbon footprint and take steps to incorporate environmentally responsible working methods, products and equipment into our projects. Adapting the way we operate could greatly impact the communities we serve, which is why we must define and adopt a strategy as a matter of urgency.

The following pages present an overview of MSF's work in 2019. We extend our deepest gratitude to our donors, whose trust and generosity allow our organisation to continue to provide vital humanitarian and medical assistance wherever we can.



Dr Christos Christou

INTERNATIONAL PRESIDENT

A stylized, handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.



Christopher Lockyear

SECRETARY GENERAL

A handwritten signature in black ink, written in a cursive style with the first letters of the first and last names being prominent.

OVERVIEW OF ACTIVITIES

Largest country programmes

By expenditure

1. Democratic Republic of Congo	€133.1 million
2. South Sudan	€85.4 million
3. Yemen	€74.9 million
4. Central African Republic	€58.2 million
5. Nigeria	€47.2 million
6. Iraq	€46.4 million
7. Syria	€41.4 million
8. Afghanistan	€35.4 million
9. Lebanon	€30.9 million
10. Bangladesh	€29.4 million

The total budget for our programmes in these 10 countries was €582.3 million, **53 per cent of MSF's operational expenses in 2019.**

By number of field staff¹

1. South Sudan	3,615
2. Democratic Republic of Congo	3,173
3. Central African Republic	2,775
4. Yemen	2,538
5. Nigeria	2,448
6. Afghanistan	2,388
7. Bangladesh	1,871
8. Niger	1,829
9. Pakistan	1,510
10. Iraq	1,379

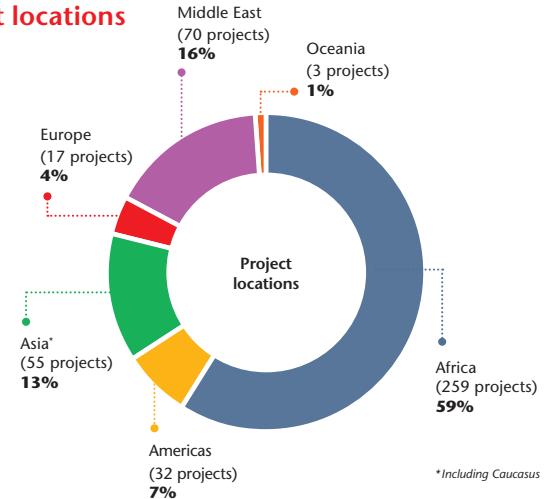
By number of outpatient consultations²

1. Democratic Republic of Congo	1,687,910
2. South Sudan	1,120,925
3. Central African Republic	967,031
4. Bangladesh	556,336
5. Syria	515,068
6. Niger	436,141
7. Sudan	434,765
8. Ethiopia	355,148
9. Mali	350,088
10. Tanzania	319,072

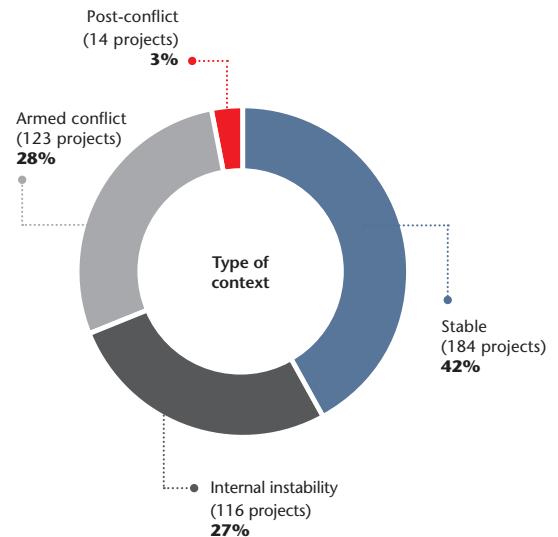
¹ **Staff numbers** represent full-time equivalent positions (locally hired and international) averaged out across the year.

² **Outpatient consultations** exclude specialist consultations.

Project locations



Context of intervention



2019 ACTIVITY HIGHLIGHTS



10,384,000
outpatient consultations



329,900
births assisted, including
caesarean sections



47,000
people treated
for cholera



840,000
patients admitted



112,100
surgical interventions
involving the incision,
excision, manipulation
or suturing of tissue,
requiring anaesthesia



1,320,100
vaccinations against
measles in response
to an outbreak



2,638,200
malaria cases treated



28,800
people treated for
sexual violence



4,970
people treated
for meningitis



76,400
severely malnourished
children admitted to
inpatient feeding
programmes



16,800
people started on
first-line tuberculosis
treatment



1,048,800
emergency room
admissions



59,400
people on first-line HIV
antiretroviral treatment
under direct MSF care



2,000
people started on
drug-resistant
tuberculosis treatment



10,000
people started on
hepatitis C treatment



11,100
people on second-line HIV
antiretroviral treatment
under direct MSF care
(first-line treatment failure)



400,200
individual mental
health consultations



346,900
families received
distributions of
relief items

FACTS AND FIGURES

YEAR-END FINANCIAL POSITION

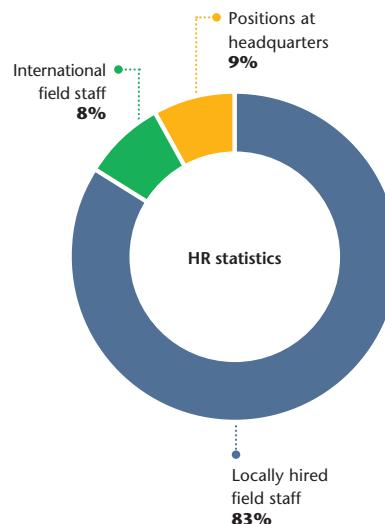
	2019		2018	
	<i>in millions of €</i>	<i>percentage</i>	<i>in millions of €</i>	<i>percentage</i>
Cash and cash equivalents	678.2	54%	726.1	57%
Other current assets	254.5	20%	266.1	21%
Non-current assets	327.3	26%	289.6	22%
TOTAL ASSETS	1,260.0	100%	1,281.8	100%
Restricted funds²	35.5	3%	41.9	3%
Unrestricted funds ³	882.0	70%	927.6	72%
Other funds ⁴	47.0	4%	35.2	3%
Organisational capital	929.1	74%	962.8	75%
Current liabilities	230.7	18%	202.6	16%
Non-current liabilities	64.7	5%	74.5	6%
Total liabilities	295.4	23%	277.1	22%
TOTAL LIABILITIES AND FUNDS	1,260.0	100%	1,281.8	100%

The result for 2019, after adjusting for exchange gains/losses, shows a deficit of €47 million (deficit of €72 million for 2018). MSF's funds have been built up over the years by surpluses of income over expenses. At the end of 2019, the remaining available reserves (excluding permanently restricted funds and capital for foundations) represented 6.9 months of the preceding year's activity.

The purpose of maintaining funds is to meet the following needs: working capital needs over the course of the year, as fundraising traditionally has seasonal peaks while expenditure is relatively constant; swift operational response to humanitarian needs that will be funded by forthcoming public fundraising campaigns and/or by public institutional funding; future major humanitarian emergencies for which sufficient funding cannot be obtained; the sustainability of long-term programmes (e.g. antiretroviral treatment programmes); and a sudden drop in private and/or public institutional funding that cannot be matched in the short term by a reduction in expenditure.

HR STATISTICS

	2019		2018	
	<i>no. staff</i>	<i>percentage</i>	<i>no. staff</i>	<i>percentage</i>
Staff positions⁵				
Locally hired field staff	37,670	83%	39,519	84%
International field staff	3,627	8%	3,824	8%
Field positions⁶	41,297	91%	43,344	92%
Positions at headquarters	4,072	9%	3,974	8%
TOTAL STAFF	45,369	100%	47,318	100%
International departures				
Medical pool	1,868	25%	1,743	22%
Nurses and other paramedical pool	1,924	26%	2,439	31%
Non-medical pool	3,721	49%	3,684	47%
TOTAL DEPARTURES	7,513	100%	7,866	100%



The complete International Financial Report is available at www.msf.org

² **Restricted funds** may be permanently or temporarily restricted: permanently restricted funds include capital funds, where the assets are required by the donors to be invested or retained for long-term use, rather than expended in the short term, and minimum compulsory level of funds to be maintained in some countries; temporarily restricted funds are unspent donor funds designated to a specific purpose (e.g. a specific country or project), restricted in time, or required to be invested and retained rather than expended, without any contractual obligation to reimburse.

³ **Unrestricted funds** are unspent, non-designated donor funds expendable at the discretion of MSF's trustees in furtherance of our social mission.

⁴ **Other funds** are foundations' capital and translation adjustments arising from the translation of entities' financial statements into euros.

⁵ **Staff numbers** represent the number of full-time equivalent positions averaged out across the year.

⁶ **Field positions** include programme and programme support staff.

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation.

MSF is a non-profit organisation. It was founded in Paris, France in 1971. Today, MSF is a worldwide movement of 25 associations. Thousands of health professionals, logistical and administrative staff manage projects in more than 70 countries worldwide. MSF International is based in Geneva, Switzerland.

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COVER PHOTO

Subhan calms his daughter Afia as she receives an injection for cutaneous leishmaniasis at MSF's treatment centre in Naseerullah Khan Babar Memorial hospital, Peshawar, Pakistan, June 2019.

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