

Médecins Sans Frontières Australia

ANNUAL ACTIVITY IMPACT REPORT 2022



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



MSF officially launched medical activities in the equatorial Pacific island nation of Kiribati in October 2022. Our team there supports the Ministry of Health and Medical Services to improve maternal and neonatal health outcomes.
© MSF/Manja Leban

OUR CHARTER

Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

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Front Cover:
An MSF doctor consults with a mother
and her four-month-old child in
Madarounfa, Niger in October 2022.
© Oliver Barth/MSF

MESSAGE FROM THE PRESIDENT



Katrina Penney

President
MSF Australia
© MSF



Jennifer Tierney

Executive Director
MSF Australia
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The year 2022 was a year of huge global and local shifts. While the world grappled with the escalation of war in Ukraine, we saw increasingly complex and protracted crises facing Afghans and the Rohingya people in Bangladesh.

Médecins Sans Frontières (MSF) Australia continued to support MSF's global work in the ways we know best. We contributed considerable funding to MSF projects in 32 countries, enabled by our compassionate supporters, and supported the departure of 129 skilled and enthusiastic Australian and New Zealand project staff to work globally. We also provided direct operational support through our Medical Unit and regional partnerships.

A total of 24 Australian and New Zealand project staff contributed to MSF's work caring for those affected by the devastating war in Ukraine in 2022. When the conflict dramatically escalated in February 2022, MSF teams rapidly increased our activities in the country. Our teams brought in relief supplies and medical equipment, and cared for war-wounded patients, including through providing mental health support.

MSF found ways to reach people despite the unpredictable situation and fast-moving frontlines, including through using specially designed medical trains to transport patients. Australian and New Zealand donors contributed to our work running mobile clinics in metro stations, where people took cover from indiscriminate bombing.

While the international spotlight, in many ways, remained on Ukraine, many other crises around the world did not receive the same attention.

In August 2022, Rohingya people living in refugee camps in Bangladesh's Cox's Bazar marked five years since more than 750,000 people of their community were forced out of Rakhine state, Myanmar, fleeing a violent, targeted campaign by the Myanmar military.

In Bangladesh, almost one million Rohingya refugees continued to live in limbo without durable solutions to their plight, in cramped and unsanitary

conditions and with crushing restrictions on their rights to move around the camps, as well as to be educated and to work. Those who sought safety by boat to Malaysia were forcibly returned to sea or were arrested, imprisoned or charged.

Australian and New Zealand donors helped fund our important work in the Cox's Bazar camps, enabling MSF teams to provide basic and specialist healthcare for Rohingya patients. This included responding to concerning outbreaks of scabies and dengue affecting the community.

In Australia, we ran an awareness and advocacy campaign in August, urging the Australian government to issue targeted humanitarian visa allocations for Rohingya people. We also collaborated with Sydney-based artists from the Australian Rohingya Women's Development Organisation who created a mural marking the five-year anniversary.

In Afghanistan, our supporters also funded MSF's care with a focus on women and children. In 2022, Afghan people faced extreme hardship, including high levels of malnutrition as food prices soared. The Islamic Emirate of Afghanistan (the Taliban) continued to strip freedoms for women in the year since retaking power in the country. In December, edicts were issued restricting girls' and women's access to education, and banning female non-government organisation workers, with an informal exemption for those working in healthcare. While for now, we can retain women on our teams, MSF is deeply worried about the longer term, as female medical students cannot complete their education to become the doctors, nurses and specialists the country's health system desperately needs.

The effects of the climate crisis are becoming increasingly visible globally, and it is disproportionately impacting the world's most vulnerable people, including many of the communities with whom MSF works. In 2022, extreme weather events such as floods in Pakistan and cyclones in Madagascar required emergency responses to assist people's access to healthcare.

In areas of the Sahel such as Chad and Nigeria, as well as in other places like

AND EXECUTIVE DIRECTOR



Shelters seen from a rooftop in the Cox's Bazar camps in Bangladesh, where in 2022 Rohingya people marked five years of living in temporary shelters without proper access to healthcare, education or work. © Saikat Mojumder/MSF

Yemen, factors such as droughts and bad harvests contributed to alarming levels of malnutrition among children, as did other factors such as collapsed health and economic systems, rising food prices and conflict. Worldwide, the volume of MSF's malnutrition activities increased by 50 per cent from 2021 to 2022, yet there is insufficient global humanitarian action to meet malnutrition needs. Instead, MSF is witnessing global funding cuts, resulting in the downscaling of responses to this pressing crisis.

In 2022, MSF started working in Kiribati. The maternal and infant mortality rates in this Pacific Island nation are among the highest in the world, but there are insufficient maternal and child healthcare staff to meet the needs. Our project aims to improve maternal healthcare, particularly the diagnosis and treatment of diabetes, which is prevalent in the country.

At the beginning of 2022, as the pandemic entered its third year, MSF teams were still responding to COVID-19 in many places. While our response to COVID-19 decreased as the year wore on, our teams worked to address the toll the pandemic has taken on people and healthcare systems, such as a lack of routine vaccinations, which

has led to outbreaks of vaccine-preventable diseases in many countries.

In 2022, our supporters continued to have a global outlook, and continued to care, in the midst of some incredibly complex crises. It is with your support that MSF continues to be able to reach and assist people facing crisis, regardless of who they are or where

they are. Thank you for your generous and impactful commitment to global communities, and for your trust in us.

As we look forward, we are focused on improving the way we work with communities, and on ensuring everything we do is driven by an understanding of how our activities will improve people's lives.



A Rohingya woman in early labour is comforted by her female relative, while an MSF midwife monitors the baby's heartbeat at the Goyalmara hospital in Cox's Bazar, Bangladesh. © Saikat Mojumder/MSF

MESSAGE FROM THE MEDICAL UNIT



Dr Claire Fotheringham

Head of Medical Unit
MSF Australia

© Victor Caringal

In 2022, the Medical Unit continued to provide support to MSF projects in the areas of women's health, paediatric and neonatal care, nursing and sexual violence care.

Patient-centred care continued to be a high priority for MSF, as did investment in our nurses: the largest cohort of health providers in MSF. We also released some key results on abortion-related complications faced by women.

Patients and communities at the centre

MSF is traditionally a medical organisation, which means we have had quite a medical conception of disease. Yet patient-centred care is much more holistic than that: it considers the patient as someone with their own desires and needs, and as a person who is part of a community, rather than as an isolated patient with a disease.

Moving towards a truly holistic understanding of the health needs of patients and communities, so that we can improve the way we work with them, relies on everyone across MSF.

In 2022, the Medical Unit ran an important training for the MSF Australia office, to engage staff to better understand patient-centred care, what it looks like when developed and practiced in MSF projects, and how office staff can better centre patients in the work they do—whether in fundraising for our operations, communicating about and advocating for the needs of patients, or recruiting project staff to work with MSF.

At the project level, we continued to see the value of patient-centred care. Children under 15 years of age make up more than 60 per cent of patients in MSF projects, and many arrive at our facilities critically unwell and in need of urgent lifesaving care. In paediatric programs in 2022, while hospital care remained a focus, there was increased attention on providing healthcare in the community to keep children healthier and prevent serious illness.

This is particularly important in chronic disease care. In Aweil in South Sudan, we supported the implementation of a chronic care program for children with diabetes, where patients can receive outpatient treatment and follow-up

supported by two diabetes nurses. We also started a pilot program for home glucose monitoring which will increase the agency and flexibility that children with diabetes and their parents have over their treatment.

In 2022 there were big increases in the number of people accessing sexual violence care in our projects in Binza, Bambu and Kibirizi, in the Democratic Republic of Congo, where our teams have developed community-based strategies to tackle sexual violence. These increases suggest initial success in overcoming some of the barriers that survivors in these areas of DRC face to accessing care. Community-based approaches to sexual violence ensure better development of models of care that are appropriate for the specific community, and that are centred on victim-survivors' needs.

Safe abortion care

Abortion-related complications are one of the five main causes of maternal mortality. However, research about abortion is very limited in fragile and conflict-affected settings. In our 2021 Annual Activity Impact Report, I shared with you the MSF research project into abortion-related morbidity (illness) and mortality (death), the AMoCo study. The study aims to describe the magnitude and severity of abortion-related complications for patients in two MSF-supported referral hospitals in such settings, in northern Nigeria and the Central African Republic.

In 2022 we released our results. The data gained from the study data suggests high severity of abortion-related complications in the two referral hospitals, with possible contributing factors being greater delays in accessing post-abortion care, decreased access to contraceptive and safe abortion care that result in unsafe abortions, and increased food insecurity likely leading to iron deficiency and chronic anaemia.

Our results highlighted the need for better access to safe abortion care, contraception and high quality post-abortion care to prevent and manage



An MSF nurse holds a newborn baby at MSF's women's hospital in Peshawar, Pakistan. © Nasir Ghafoor/MSF

complications of abortion in fragile and conflict-affected settings.

Investments in nursing

Nurses are often the first and only point of contact for patients seeking care and spend more time at the bedside than any other profession. Investing in them will see the greatest rewards for patients. In 2022, we carried out a survey among our nurses to collect their feedback and the challenges they face regarding their nursing practice, with the aim to improve the vision, understanding and support of nursing—which has the important flow-on impact of greater quality care for patients.

The Operational Centre Paris nursing team overcame decreased capacity in the first half of the year to become a diverse and specialised team of four, covering four areas of nursing care: paediatric and neonatal, adult, operating theatre and burns care. This reflects a strong investment in the development of evidence-based nursing procedures and resources, and also the direct support that our advisors provide to staff in MSF projects globally.

In 2023, our priorities will include progressing a multidisciplinary approach to pain management via workshops and development of visual tools, as well as continuing to build quality assurance systems in nursing care.

Goodbye for now

On a personal note, I would like to take this opportunity to express my gratitude as I finish up 12 years of work with MSF—including four years as head of the MSF Australia Medical Unit.

From my first day on assignment as a doctor with MSF, working in a 205-bed women's and children's hospital in Sierra Leone, to leading a formidable and truly global Medical Unit, I have had the honour to work with some incredible colleagues. I have seen the work they put in every day to centre patients and drive change to deliver quality care that matters.

It has been a privilege to connect and learn from many patients and other community members in the projects in which I've worked and visited, and to have gained a greater understanding of how MSF can meet them where they are.

Lastly, to our supporters—thank you for the many great conversations, and for your deep engagement and trust in the work we do. It's been incredibly motivating to know we have your support, and to see the care that can be achieved together.

Dr Claire Fotheringham
Head of Medical Unit
MSF Australia

2022: OUR SUPPORT IN NUMBERS

A snapshot of the activities across projects supported by the Medical Unit.



139,000 antenatal and
32,000 postnatal care consultations



42,700 births assisted



4,500
patients provided with safe abortion care



9,500 neonatal admissions



1.2 MILLION
paediatric outpatient consultations



6,600
victim-survivors of sexual violence treated

AUSTRALIAN & NEW ZEALAND PROJECT STAFF IN 2022

This is a comprehensive list of all professions from Australia and New Zealand who departed to work in MSF projects in 2022. Our staff filled 129 departures during the year, contributing to an international workforce of more than 44,000 staff (full-time equivalents).

AFGHANISTAN

Paediatrician
Field Coordinator
Nurse
Doctor
Doctor
Nurse
Nurse
Anaesthetist
HR Officer
Surgeon

ARMENIA

Logistician

BANGLADESH

Logistician
Head of Mission
Paediatrician
Nurse
Midwife

CENTRAL AFRICAN REPUBLIC

HR Officer
Field Coordinator

CHAD

HR Officer
Epidemiologist

EGYPT

Mental Health Coordinator

ETHIOPIA

Midwife

HAITI

Doctor
Theatre Nurse
Nurse
Psychologist
Doctor
Doctor
Anaesthetist
Doctor

KENYA

Psychiatrist
Logistician

KIRIBATI

Paediatrician
Midwife
Logistician
Logistics Team Leader
Midwife
Administration
Logistician
Doctor
Head of Mission
Doctor
Doctor

LEBANON

Logistician

LIBERIA

Pharmacist
Logistics Team Leader

MYANMAR

Assistant Head of Mission

NIGERIA

Epidemiologist
Assistant Head of Mission
Logistics Coordinator

PAKISTAN

Mental Health Coordinator
Nurse
Field Coordinator
Medical Coordinator

PALESTINE

Surgeon
Health Promotion
Doctor

PAPUA NEW GUINEA

Doctor
Nurse
Logistics General
Doctor

PHILIPPINES

Medical Coordinator

POLAND

Head of Mission
Nurse

SEARCH AND RESCUE OPERATIONS

Doctor

SIERRA LEONE

Logistics Team Leader

SOMALIA

Nurse

SOUTH SUDAN

Nurse
Nurse
Logistician
Doctor
Anaesthetist
Doctor
Anaesthetist
Communications Officer
Nurse
Paediatrician
Doctor
Midwife
Nurse

SUDAN

Logistician
Pharmacist

SYRIA

Field Coordinator
Medical Scientist

THAILAND

Mental Health Coordinator

UGANDA

Logistician
HR Officer
Doctor
Logistics Coordinator
Field Coordinator
Psychologist
Medical Coordinator

UKRAINE

Nurse
Field Coordinator
Nurse
Nurse
Doctor
Field Coordinator
Assistant Head of Mission
Nurse
Psychologist
Nurse
Medical Team Leader
Logistician
Finance Officer
Medical Coordinator
Mental Health Coordinator
Field Coordinator
Medical Coordinator
Medical Team Leader
Info/Legal Officer
Nurse
Nurse
Doctor
HR Officer
Nurse

VARIOUS (TRAINING)

Doctor

VARIOUS LOCATIONS

Admin-Finance Coordinator

YEMEN

Logistician
Midwife
Nurse
Nurse
Nurse
Info/Legal Officer
Field Coordinator
Midwife
Admin-Finance Coordinator
Admin-Finance Coordinator
Doctor
Doctor

This list of field workers comprises only those recruited by MSF Australia. We also wish to recognise other Australians and New Zealanders who have contributed to MSF programs worldwide but are not listed here because they joined the organisation directly overseas.



The MSF team boards a plane in Tarawa to travel to the outer islands of Kiribati, where we support the Ministry of Health and Medical Services to improve maternal and neonatal health outcomes, through skills development and training, implementation of guidelines, case management and infrastructure upgrades.
© Manja Leban/MSF

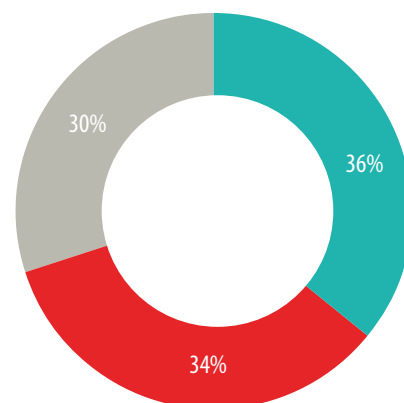
MSF AUSTRALIA AND MSF NEW ZEALAND HIGHLIGHTS 2022

Field Human Resources

Non-medical support staff	36%
Paramedical*	34%
Medical	30%

*‘Paramedical’ includes all health professionals who are not doctors.

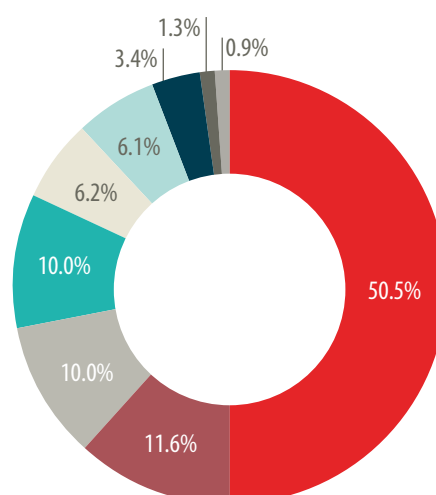
In 2022, MSF Australia supported 129 departures of professionals from Australia and New Zealand, to 33 countries.



Income

AUD

Field Partners	50.5%	54,681,590
Bequests	11.6%	12,510,829
Major Donor Income	10.0%	10,803,107
Online Donations	10.0%	10,844,632
General Appeals	6.2%	6,738,297
Income from other MSF sections	6.1%	6,631,721
Trusts and Foundations	3.4%	3,665,938
Other Fundraising Income	1.3%	1,441,306
Other Income	0.9%	980,181
Total	100%	108,297,599

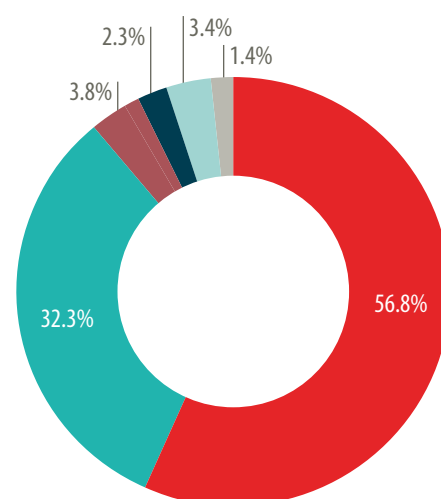


The 2022 income of MSF Australia and MSF New Zealand totalled \$108.3 million. Of this, \$100.7 million was generated from fundraising activities. This is a 4 per cent decrease from 2021 fundraising income and represents continued generous support from the Australian and New Zealand public.

Approximately 127,216 Australians and New Zealanders participated in the Field Partner program in 2022, contributing on a monthly basis to MSF Australia and MSF New Zealand, and another 48,669 Australians and New Zealanders provided occasional gifts.

Spending by region

● Africa	56.8%
● Asia	32.3%
● The Americas	3.8%
● Europe	2.3%
● Oceania	3.4%
● Other	1.4%
Total	100%



Spending on our social mission was 72.4 per cent of total expenditure, which is 2.8 per cent lower than in 2021. Consistent with previous years, this was split between projects run by Operational Centre Paris and Operational Centre Geneva.

Finance

AUD

	2022	2021
Donation Income	100.69	105.53
Other Income	7.61	7.30
Total Income	108.30	112.84
Social Mission Costs	81.90	78.17
Fundraising Costs	22.64	19.93
Management and General Administration Costs	8.55	5.79
Total Costs	113.09	103.90
Surplus	(4.79)	8.94
Equity	15.35	20.14
	(\$m)	(\$m)

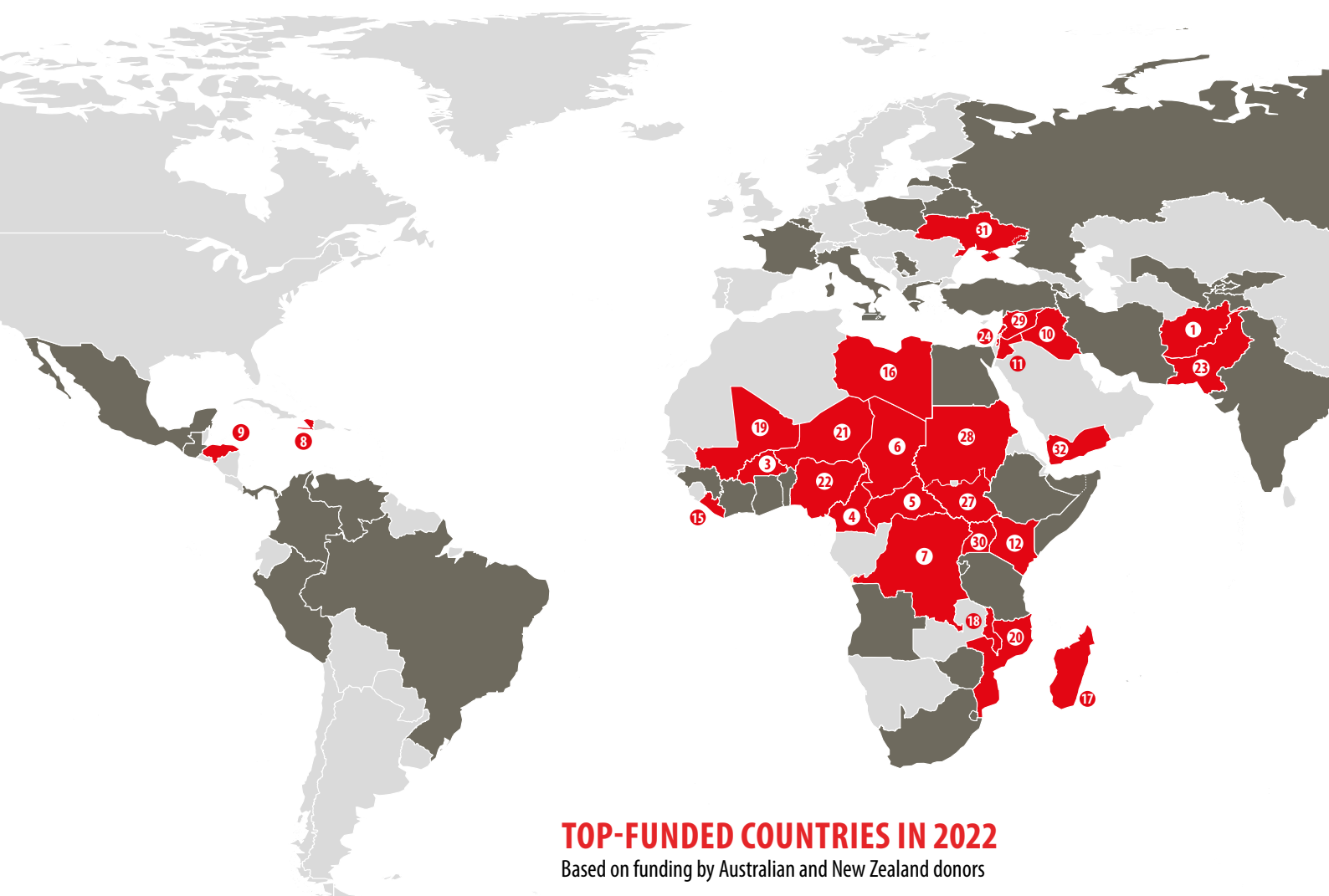
Our investment policy within Australia remains consistent with previous years. Short term deposits are used to maximise interest, minimise risk and ensure flexibility and accessibility of funds when required.

MSF Australia continues to rely on the generous support of both our project staff and office volunteers. The estimated total salaries forgone by project staff for 2022 was \$2.02 million (compared to \$2.1 million in 2021) and for office volunteers, \$42,390 (compared to \$56,700 in 2021). Additionally, the Board of Directors (except for the President who receives a partial salary) and Association members also freely gave their time to MSF. The estimated value of the time provided by the Board and the Members was approximately \$502,000 (compared to \$425,000 in 2021). In 2021, \$660,000 was spent on the Southeast and East Asia and Pacific (SEEAP) project (compared to \$613,000 in 2021).

PROJECTS FUNDED BY AUSTRALIAN AND NEW ZEALAND DONORS

In 2022, MSF ran medical humanitarian projects in more than 70 countries.

Australian and New Zealand donors supported work in 32 of those countries. MSF projects are run by six operational centres (Amsterdam, Barcelona/Athens, Brussels, Geneva, Paris and West and Central Africa). The Australian section is a partner of the Paris and Geneva operational centres, and Australian and New Zealand donors contribute funding to projects run by both Paris and Geneva. Australian and New Zealand staff work in projects run by all operational centres.



TOP-FUNDED COUNTRIES IN 2022

Based on funding by Australian and New Zealand donors

YEMEN \$5,608,845

NIGER \$5,000,000

SOUTH SUDAN \$4,235,925

SUDAN \$3,718,535

BURKINA FASO \$3,088,235

 Received AU and NZ funding
 Received funding from other MSF Offices

“Children under 15 years of age make up more than 60 per cent of patients in MSF projects... in 2022 there was increased attention on providing healthcare in the community to keep children healthier and prevent serious illness.”

– Dr Claire Fotheringham, head of the Medical Unit, MSF Australia



STAFF NUMBERS IN 2022

Top-supported countries based on the number of Australian and New Zealand staff departures

UKRAINE	24	KIRIBATI	11
SOUTH SUDAN	13	AFGHANISTAN	10
YEMEN	12		

FUNDING FROM AUSTRALIAN AND NEW ZEALAND DONORS

Country	MSF Paris	MSF Geneva
1. Afghanistan	807,303	
2. Bangladesh	2,038,540	
3. Burkina Faso	588,235	2,500,000
4. Cameroon		2,000,000
5. Central African Republic	1,764,706	
6. Chad	1,395,337	
7. Democratic Republic of Congo	1,764,706	
8. Haiti	1,764,706	
9. Honduras		800,000
10. Iraq		2,505,000
11. Jordan	2,352,941	
12. Kenya	1,176,471	500,000
13. Kiribati		586,207
14. Lebanon	1,866,126	
15. Liberia	1,764,706	
16. Libya	588,235	
17. Madagascar	1,176,471	
18. Malawi	2,547,688	
19. Mali	1,764,706	
20. Mozambique		1,500,000
21. Niger	2,000,000	3,000,000
22. Nigeria	2,352,941	684,662
23. Pakistan	1,781,017	
24. Palestine	2,352,941	
25. Papua New Guinea	1,764,706	
26. Philippines	941,176	
27. South Sudan	2,352,941	1,870,484
28. Sudan	1,764,706	1,944,829
29. Syria	1,764,706	
30. Uganda	1,764,706	
31. Ukraine	1,577,842	
32. Yemen	3,488,845	2,120,000
TOTAL	47,267,385	20,011,182
OTHER PROJECTS*		954,581
OVERALL TOTAL		68,233,148

All figures are in Australian dollars.

*Includes support for the MSF Academy for Healthcare, SEEAP Supply and Climate Smart (see page 37) through other operational centres and partner sections.

PROJECTS FUNDED BY AUSTRALIAN AND NEW ZEALAND DONORS

This section describes those projects supported by the generous donations made to MSF Australia and MSF New Zealand in 2022. Yemen, Niger, South Sudan, Sudan and Burkina Faso were the top-funded countries in 2022, and these pages are followed by all other projects funded by Australian and New Zealand donors.

For a complete record of MSF's global work in 2022, including projects funded through other MSF sections, please visit www.msf.org/resource-centre.

KEY

KEY ACTIVITIES

refers to the types of care provided by MSF teams in the country in 2022.

IMPACT

highlights a primary achievement of MSF teams in the country in 2022, thanks to our supporters.

PROJECT STAFF

refers to the number of full-time equivalent staff in projects run by Operational Centre Paris and Operational Centre Geneva in 2022.

TOTAL FUNDING

refers to the total cost of the projects described in the country description for 2022 (projects run by Operational Centre Paris and/or Operational Centre Geneva). All amounts are in Australian dollars.

AU FUNDING

refers to MSF Australia supporters' contribution to the country's projects in 2022. All amounts are in Australian dollars.

NZ FUNDING

refers to MSF New Zealand supporters' contribution to the country's projects in 2022. All amounts are in Australian dollars.

The maps and place names used in this report do not reflect any position by MSF on their legal status.

MSF staff walk towards Paukaw township to set up a clinic where they will provide medical and mental healthcare for displaced people in Ah Nau Ywe camp. Myanmar, March 2022. © Ben Small/MSF

BURKINA FASO

The security situation continued to deteriorate in Burkina Faso in 2022, as conflict between the government and non-state armed groups intensified.

The fighting caused waves of displacement and exacerbated the already dire medical needs. Many cities were besieged by armed groups, sometimes forcing MSF to suspend or cease activities altogether.

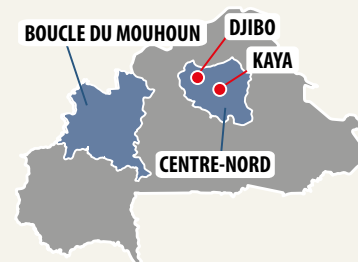
After armed groups took control of Djibo, where our teams were supporting basic healthcare, surgery and nutrition, as well as the provision of water, land access soon became virtually impossible. Food and medical supplies could only be delivered by military convoys or by air, causing severe shortages and a steep rise in prices. Health facilities in the country also faced staff shortages as many medical professionals fled the violence. Threats against our staff and patients, increased checkpoints and restrictions on our supply lines by armed groups forced us to close projects in Centre-Nord and Sahel regions during the year.

Nevertheless, our teams continued to deliver humanitarian and medical assistance to displaced people and host communities in the Centre-Nord towns of Barsalogo, Kaya and Djibo, and in Dédougou, Tougan and

Nouna in the Boucle du Mouhoun district, focusing on tackling major health issues, including malaria, outbreaks of measles and other infectious diseases, mental health and sexual violence, and supporting access to community-based basic and specialist healthcare.

A significant proportion of the consultations were carried out by community health workers, whom MSF has trained to treat the most common diseases and conditions, such as malaria, diarrhoea and acute respiratory infections. Our teams also trucked in water and constructed and renovated boreholes to address the severe water shortage, which has been compounded by the ongoing conflict.

In Kaya, MSF provided medical and humanitarian assistance with a mobile clinic and the distribution of non-food item kits to internally displaced people at the regional stadium, which became an open-air camp, where people slept out unsheltered and were exposed to respiratory and diarrheal diseases and malaria.



▲ Project locations funded by Australian donors

IMPACT:
Implementation of medical care activities for victims of sexual violence in Dédougou.

PROJECT STAFF:
324

FUNDING:
TOTAL | **AU**
\$14,949,189 | \$3,088,235

KEY ACTIVITIES

Basic healthcare, malaria care, mental health, nutrition, sexual violence care, surgery

Mariam, an internally displaced person in Kaya: "When it is raining, we have to sleep under plastic tarpaulin with my grandsons, because we do not have adequate shelters." © MSF/Mohamed El-Habib Cisse



NIGER

MSF ran a range of projects in Niger to address the significant health needs caused by conflict, displacement, food insecurity, epidemics and other factors.

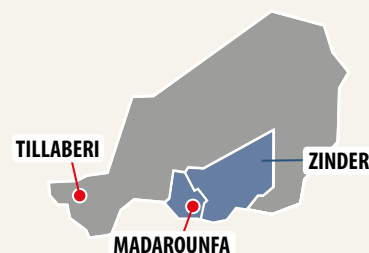
In 2022, our teams carried out mass vaccination campaigns, distributed drinking water and relief items, such as hygiene and cooking kits, constructed shelters and ran mobile clinics for displaced people in Tillabéri region.

In Zinder region, the combination of an early malaria peak and a poor agricultural season led to a significant increase in the number of paediatric patients. To boost inpatient capacity in Magaria, we constructed two observation rooms in Tinkim and Yékoua health centres.

As well as treating patients in our paediatric unit, we continued to develop preventive and community-based approaches to care to reduce the number of patients with complications from malnutrition, for example training community members to provide treatment for simple cases of common illnesses such as malaria, acute respiratory infections and diarrhoea. A total of 173,590 consultations were conducted by MSF-trained community members in 2022.

We also supported the health authorities' responses to outbreaks of disease in Zinder region, vaccinating 653,420 children against measles and 257,078 against meningitis. In Madarounfa hospital and in five health areas in Maradi region, we offered medical and nutrition care to children with malnutrition, malaria and other childhood diseases. As a result of our partnership with the health authorities and the World Food Programme, dedicated to treating children with moderate acute malnutrition, the number of hospital admissions for malnutrition was the lowest in four years.

In Madarounfa district, we provided care for children with sickle cell disease, which included vaccinations, antibiotics to prevent and treat infections, pain medications and blood transfusions. To better prevent and manage severe complications of the disease, we introduced treatment with hydroxyurea, a drug listed by the World Health Organization as essential for haemoglobin diseases in children but still difficult to access in Niger.



▲ Project locations funded by Australian donors



IMPACT:

16,688 children under the age of five admitted for care at Magaria paediatric unit.



PROJECT STAFF:

524



FUNDING:

TOTAL

\$25,595,950

AU

\$5,000,000

KEY ACTIVITIES

Chronic disease care, nutrition, malaria care, measles care, vaccinations

A mother holds her four-month-old child as a nurse attends to him in the Madarounfa hospital. © Oliver Barth/MSF



MALNUTRITION IN MADAROUNFA

Maraliyya Garba is a farmer from Totsa, a village north of Madarounfa where MSF supports the hospital with medical and nutrition care for children.

"I brought my youngest son here because he is severely malnourished," says Maraliyya Garba. Her son was admitted to the intensive care unit for treatment of malnutrition and associated medical complications, with the expectation he would be in hospital for 10 days.



© Oliver Barth/MSF

Malnutrition is a recurring crisis in Niger. The reasons for this are complex: the increasing drought in the Sahel is making agriculture difficult, and the spread of desert combined with population growth means that receding fertile land will need to support more and more people.

In addition, extreme weather events are occurring with increasing frequency and repeatedly destroying harvests. Speculation on the food market also means that food is becoming scarce or simply too expensive. The direction of international aid towards other crises also plays a role.

The violence in the region is also a cause of malnutrition: people are fleeing armed groups such as Boko Haram or the so-called Islamic State, or no longer dare to till their fields because of the major risk of being attacked or kidnapped. Maraliyya Garba and her husband say they are too fearful to work their fields for this reason, following the abduction of one of their daughters.

The morning team meeting at Madarounfa hospital, Niger. © MSF/Mohamed El-Habib Cisse



SOUTH SUDAN

More than two-thirds of people in South Sudan were in need of humanitarian assistance in 2022.

Communities continued to suffer the consequences of recurrent violence, poor access to healthcare, economic instability and a fourth consecutive year of disastrous flooding. Substantial cuts were also made to international aid during the year.

In Abyei, a disputed area between Sudan and South Sudan, MSF's 180-bed hospital in Agok town continued to offer surgery, neonatal and paediatric care, treatment for snakebites, care for people living with HIV and tuberculosis, diabetes treatment and care for malaria until February, when violent clashes broke out in the community and caused residents to flee their homes.

Our teams followed displaced people—mostly women and children—to Abyei town and Twic county, to provide medical assistance. One of MSF's South Sudanese nurses from Agok hospital was killed inside his home during these clashes.

In Aweil, MSF continued working in Aweil State Hospital (a Ministry of Health facility), supporting maternal and child healthcare and running an outpatient clinic for children with diabetes.

We also supported a 'test-and-treat' centre for malaria, attached to the hospital's outpatient department, with the aim to reduce the incidence of severe malaria during the peak season. This approach mostly relies on the use of rapid diagnostic tests. Our teams carried out outreach activities providing seasonal malaria chemoprevention and seasonal support for malaria care to three outpatient facilities.

After decades of conflict, severe shortages of both health infrastructure and qualified medical professionals in South Sudan continue to pose major challenges to the development of a good healthcare system in the world's youngest nation.

Founded in 2017, the MSF Academy for Healthcare is a training initiative designed to strengthen the professional development of locally hired MSF health workers and improve the quality and continuity of care provided in MSF projects. It is currently running in several countries across sub-Saharan Africa.

In June 2022, the first group of 35 nursing students in Old Fangak, Jonglei state, graduated after completing 18 months of nursing care training.



▲ Project locations funded by Australian donors



IMPACT:

'Test-and-treat' for malaria was introduced in three primary healthcare centres during the peak malaria season.



PROJECT STAFF:

629



FUNDING:

TOTAL

\$27,556,423

AU

\$4,223,425

KEY ACTIVITIES

Diabetes care, maternal healthcare, malaria response, neonatal care, paediatric care, snakebite treatment, staff professional development.

An MSF team sets up a distribution site for seasonal malaria chemoprevention in a village in Aweil. © Adrienne Surprenant



THE ACADEMY FOR HEALTHCARE: “I’VE SEEN THE IMPACT THE TRAINING HAS MADE.”

Wilson Thiongo is a nurse educator with the MSF Academy for Healthcare in South Sudan.



Being passionate about my career as a nurse, and wanting to utilise my nursing skills for the benefit of humanity, led me into humanitarian work.

In 2019, I was fortunate to get a job with the MSF Academy for Healthcare. I was in charge of implementing the Basic Clinical Nursing Care curriculum for nurses and midwives. Since then, I have worked with MSF in many locations in South Sudan, including Juba, Old Fangak, Bentiu and Malakal.

MSF works in remote areas with marginalised communities. With limited qualified health staff in these areas, MSF provides on-the-job training for people so that they can carry out medical interventions safely. The MSF Academy aims to professionalise and formalise this training. We engage tutors who are qualified and have experience in both mentorship and tutorship.

The MSF Academy is like a college within a project. We have classrooms, bedside teaching and a pool of staff working as tutors, whom I supervise and mentor. Since joining the MSF Academy, I’ve seen the impact the training has made on our healthcare staff and the patients we care for by improving the quality of care we provide.

Despite working within a hospital setting, we run the MSF Academy just like any other learning institution. On a normal day, I go to the classrooms to make sure that tutors are ready and go through the session plans to

ensure that classes have started. I also visit the hospitals to see how the medical tutors are integrating with the rest of the team, while supporting the clinical mentors in their day-to-day activities in the wards.

One of the things that I’m most happy with is seeing how the MSF Academy helps improve things in the facilities where we work, and at the same time empowering our learners. My most proud moment was in early June [2022] when the first cohort of students graduated in Old Fangak. That’s when I realised the magnitude and impact of the training we have been offering. It was even more fulfilling seeing the community celebrate and support the graduates.

As a nurse educator, I’m now more motivated to transfer and share my knowledge and skills with upcoming nurses so that they are able to give better care to their patients and help save lives.

The Academy for Healthcare graduation ceremony for nursing students in Old Fangak. © Florence Miettiaux



SUDAN

MSF continued to respond to multiple health issues during a turbulent year in Sudan, where violence and extreme weather caused mass displacement.

In 2022, humanitarian needs in the country were at their highest levels in a decade, amid conflict, erratic rainfalls, flooding, food insecurity, funding cuts and an ongoing political and economic crisis.

There was a surge in fighting between fragmented armed groups in Darfur, Kordofan and Blue Nile states, causing further displacement. According to United Nations estimates, more than 3 million people were displaced across the country, including around 400,000 people newly displaced in 2022. About 2.5 million of them were in Darfur.

In West Darfur, we continued to run a range of medical services in the city of El-Geneina, including basic and emergency healthcare, sexual and reproductive healthcare, health promotion and laboratory support.

In Khartoum and Omdurman, MSF offered general healthcare and emergency services

for refugees, displaced people and local communities, with a focus on maternal healthcare. Our teams conducted an increased number of antenatal consultations during the year compared to in 2021.

We ended our support to Mygoma orphanage in Khartoum in December and handed over to the Ministry of Social Development and the Ministry of Health. Our activities included running a 15-bed medical clinic to treat sick children, providing physiotherapy and mental health support, referring patients requiring specialised care to private hospitals and rehabilitating residential rooms and electricity.

In Kassala state, our teams assisted Ethiopian refugees and local communities by offering basic healthcare, sexual and reproductive healthcare, nutrition support for children and treatment for neglected tropical diseases.



▲ Project locations funded by Australian and New Zealand donors



IMPACT:

11,208 antenatal consultations provided in Khartoum and Omdurman.



PROJECT STAFF:

210



FUNDING:

TOTAL

\$30,296,135

AU

\$2,973,706



NZ

\$747,395

KEY ACTIVITIES

Basic healthcare, emergency care, maternal healthcare, nutrition, sexual and reproductive healthcare.

A midwife assistant takes the blood pressure of a patient at an MSF mobile clinic in Omdurman. © Majd Aljunaid/MSF



"We see that people here are interested to know more about different health topics through their interaction and questions during the sessions we hold. This makes us more determined to pass the right messages and contribute to containing diseases and helping the community," says Fatima Az Zahara Abdulrahman, MSF health promoter in the Omdurman project, Sudan.

© Majd Aljunaid



YEMEN

In Yemen, MSF worked to address some of the critical needs associated with an unfolding humanitarian crisis.

The start of 2022 saw a dramatic escalation in fighting and airstrikes. Although the conflict reduced in intensity after the United Nations-brokered truce in April, sporadic clashes continued to break out on frontlines, often resulting in casualties among civilians.

The deterioration of the economy has had a direct impact on people's living conditions, health and access to treatment. As food and fuel prices continued to rise in 2022, many families could not afford to eat or travel to health facilities.

The availability of healthcare in the country—in particular, high-quality, affordable basic healthcare at community level—continued to diminish and in some places was non-existent.

Hodeidah governorate

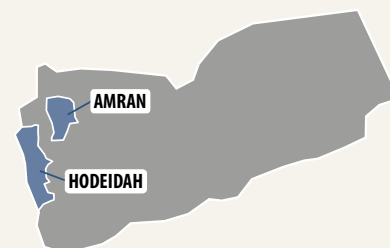
In the port city of Hodeidah, MSF worked in Al-Salakhana hospital until September. We managed the emergency ward, operating theatre and intensive care unit,

conducting a total of 13,219 emergency room consultations and 1,313 surgeries in 2022.

Throughout the year, our teams at the rural hospital of Ad-Dahi, north of Hodeidah, supported inpatient services, including paediatric and neonatal care, and the emergency room. Overall, we conducted 23,168 emergency room consultations and admitted 2,741 children for care.

When an outbreak of acute watery diarrhoea was reported in August in Ad-Dahi district, MSF launched an emergency response, supporting the hospital and local healthcare centres with ambulance referrals and surveillance activities.

In both Hodeidah and Ad-Dahi, we recorded slight increases in the numbers of children suffering from severe and moderate acute malnutrition. In response, we scaled up bed capacity in the inpatient therapeutic feeding centre and provided training for



▲ Project locations funded by Australian and New Zealand donors

IMPACT:

47,457 people reached with mental health and health promotion sessions in Ad-Dahi.



PROJECT STAFF:

65



FUNDING:

TOTAL

\$23,912,312

AU

\$5,061,176



NZ

\$547,688

KEY ACTIVITIES

Emergency, surgical and intensive care; paediatric and neonatal inpatient care, nutrition.

A community health worker talks with the mother of a patient in Ad-Dahi rural hospital. © MSF/Majd Aljunaid





An MSF health promoter holds a session with patients and caretakers about acute watery diarrhoea transmission and prevention methods at Ad-Dahi rural hospital. © MSF/Majd Aljunaid

healthcare staff on the management of acute malnutrition.

In Yemen, malnutrition is a persistent risk for children, pregnant women and people who are vulnerable due to other medical conditions. Prior to the escalation of the war in 2014, there were seasonal and annual peaks of malnutrition linked to the lean season between harvests; however, the issue has worsened and become more widespread due to the conflict, which has exacerbated food insecurity for people living in precarious conditions.

Amran governorate

In Khamir, Amran, MSF continued to support Al Salam hospital, which is a Ministry of Health-run hospital where we provide maternal and child healthcare.

In 2022, our teams at Al Salam hospital noticed an increase in the number of patients requiring treatment for malnutrition. There was also an increase in cases of measles. There has been a resurgence of preventable diseases such as measles, cholera and diphtheria in Yemen due to low vaccination coverage, the collapse of the healthcare system, and



because many people are living in poor conditions in displacement camps, where diseases can easily spread.

We also provided COVID-19 treatment in a semi-permanent structure next to the hospital, which we had set up in 2020, up until May 2022.

Dhuha Shamsuddin, MSF's medical activity manager at Ad-Dahi rural hospital. © MSF

AFGHANISTAN

KEY ACTIVITIES

MSF responded to some of the immense health needs caused by decades of conflict and political upheaval. In Herat regional hospital, we supported the paediatric department's triage, emergency room, intensive care unit, inpatient therapeutic feeding centre and hospitalisation ward. Among the thousands of patients admitted for emergency care, the main reasons for admission were infections of the central nervous system such as meningitis, septic shock, sepsis and pneumonia. In Kahdestan outpatient clinic, Herat province, we delivered basic healthcare for children with moderate acute malnutrition as well as pregnant and lactating women. Our teams also ran emergency responses to COVID-19 and measles outbreaks.

A one-month-old baby in MSF's inpatient therapeutic feeding centre at Herat regional hospital. © Sandra Calligaro



▲ Project locations funded by Australian and New Zealand donors

IMPACT:

Admissions to Herat regional hospital's inpatient therapeutic feeding centre increased by 42 per cent in 2022 compared to 2021, with almost half of patients admitted under six months of age.



PROJECT STAFF:

546



FUNDING:

TOTAL

\$7,848,751

AU

\$588,235

NZ

\$219,067

BANGLADESH

KEY ACTIVITIES

MSF provided basic and specialist healthcare to address some of the immense health needs of Rohingya refugees living in the Cox's Bazar camps and the needs of the Bangladeshi community, in a 46-bed hospital and two outpatient clinics and via outreach teams. Our care included inpatient treatment of intensive care patients, and of patients with scabies and dengue during outbreaks of those diseases. Our outpatient clinics focused on treatment for chronic diseases, sexual and reproductive healthcare and mental health. We also provided hepatitis C care and developed a national hepatitis C protocol in collaboration with the Ministry of Health, and ran a COVID-19 vaccination campaign. Our teams referred neonatal and maternity patients to other MSF and non-MSF facilities.



▲ Project locations funded by Australian and New Zealand donors

IMPACT:

MSF worked with 10 traditional birth attendants to help increase engagement with the community on sexual and reproductive healthcare.



PROJECT STAFF:

221



FUNDING:

TOTAL

\$4,096,881

AU

\$1,764,706

NZ

\$273,834

Noor Begum is one of the Rohingya volunteer staff supporting MSF's work on women's health as a traditional birth attendant in Cox's Bazar district. © Elizabeth Costa/MSF

CAMEROON

KEY ACTIVITIES

In Far North region, MSF responded to the increasing health needs by supporting health centres in Mora and Kolofata health districts with basic healthcare, staff training and medical supplies. We also worked with community health volunteers, who have been trained to treat simple cases of common diseases, with the aim to improve access to healthcare at the community level. In Fotokol, we ended our activities after the security situation deteriorated and some of our staff were abducted in January.



A community health worker consults with a mother and her sick child in Cameroon.
© MSF/Nisma Lebout



▲ Project locations funded by Australian donors

IMPACT:
31,986 consultations carried out by community health volunteers in Mora and Kolofata.

PROJECT STAFF:
180

FUNDING:
TOTAL \$11,789,185 | **AU** \$2,000,000

CENTRAL AFRICAN REPUBLIC

KEY ACTIVITIES

In 2022, violence continued to affect people's lives and restrict the delivery of humanitarian aid. Although conflict abated in major towns controlled by government and foreign allied forces in 2022, insecurity remained high in rural areas where armed opposition groups were active. In the capital Bangui, MSF continued to run our surgical trauma facility, known as SICA Hospital. We ran an emergency room and two operating theatres and offered comprehensive treatment, including post-operative care and physiotherapy, for people who had suffered road traffic accidents as well as violence-inflicted injuries.



A patient leaves MSF's SICA Hospital having completed her inpatient treatment, after being hit by a stray bullet during an attack.
© Adrienne Surprenat/Collectif



▲ Project locations funded by Australian donors

IMPACT:
MSF provided much-needed trauma care for people affected by violence.

PROJECT STAFF:
296

FUNDING:
TOTAL \$6,939,879 | **AU** \$1,764,706

CHAD

KEY ACTIVITIES

Maternal and child health remained a focus for MSF in Chad in 2022, as the country continued to experience repeated epidemics and nutrition emergencies. In Moïssala, in Mandoul region, our teams continued to work in partnership with the Ministry of Health to improve maternal and paediatric healthcare at Moïssala hospital. Our care included treatment of patients with malaria.



A mother positions a mosquito net, preparing her child's hospital bed for the night in an MSF hospital. © Fausto Podavini



▲ Project locations funded by Australian and New Zealand donors



IMPACT:

MSF teams provided malnutrition treatment in what was for some the driest and shortest rainy season in memory.



PROJECT STAFF:

96



FUNDING:

TOTAL

\$6,042,745

AU

\$300,000



NZ

\$1,095,337

DEMOCRATIC REPUBLIC OF CONGO

KEY ACTIVITIES

The humanitarian situation deteriorated further last year, mainly due to increased levels of armed violence, in particular the resurgence of the M23 armed group in North Kivu. The escalation in conflict and insecurity forced nearly 600,000 people to flee their homes, in a province where 1.9 million people had already been displaced. MSF maintained activities in Rutshuru territory, where most of the fighting was concentrated, working in the general referral hospital where we supported intensive care, surgery, therapeutic nutrition and sexual violence care. We also supported four health centres in Rutshuru, with a focus on paediatric nutrition.



MSF and Ministry of Health doctors discuss an X-ray of a patient at Rutshuru general referral hospital. © Pablo Garrigos/MSF



▲ Project locations funded by Australian donors



IMPACT:

12,491 patients admitted for emergency care in Rutshuru.



PROJECT STAFF:

93



FUNDING:

TOTAL

\$6,518,298

AU

\$1,764,706

HAITI

KEY ACTIVITIES

In 2022, unprecedented levels of gang violence and unrest in Port-au-Prince isolated the city for extended periods of time and resulted in escalating numbers of people who were killed or required treatment for trauma injuries. MSF continued to run activities at our trauma hospital in the Tabarre neighbourhood, providing emergency care for people with gunshot and stab wounds, severe burns and injuries related to road accidents. Our services included post-operative physiotherapy, dressings and mental healthcare.

An 18-year-old patient attends a physiotherapy appointment at MSF's Tabarre hospital, for follow-up care for a gunshot injury she sustained when a public bus was attacked by armed men. © Johnson Sabin



▲ Project locations funded by Australian donors

IMPACT:
MSF's Tabarre hospital was the only facility providing specialised care for severe burns in Haiti.

PROJECT STAFF:
244

FUNDING:
TOTAL \$17,396,772 | AU \$1,764,706

HONDURAS

KEY ACTIVITIES

In collaboration with the Honduran Ministry of Health, MSF provided emergency medical and psychosocial care for victim-survivors of violence, including sexual violence, in San Pedro Sula and Choloma. Our services included family planning, ante- and postnatal consultations and mental health support for marginalised communities in Choloma via mobile clinics. We provided medical and psychological healthcare in San Pedro Sula with a focus on improving access for sex workers and the LGBTQIA+ community, including family planning, cervical cancer screening, pre-exposure prophylaxis for HIV prevention and human papillomavirus vaccinations.

An MSF doctor speaks with a patient during a mobile clinic consultation at a community school in Choloma. © MSF



▲ Project locations funded by Australian donors

IMPACT:
Comprehensive care protocol for victim-survivors of sexual violence approved in Honduras, after 11 years of advocacy by MSF and other organisations.

PROJECT STAFF:
57

FUNDING:
TOTAL \$2,754,631 | AU \$800,000

IRAQ

KEY ACTIVITIES

An MSF team supported Sinuni General Hospital, running a seven-bed unit providing emergency, maternal and neonatal healthcare, and COVID-19 monitoring and stabilisation. Our team also assisted the Iraqi health authorities with the response to COVID-19; supporting with direct intensive care treatment, patient isolation (for mild and moderate cases) and health promotion campaigns to encourage vaccination.



MSF medical staff from Sinuni General Hospital prepare a patient for transfer. © MSF



▲ Project locations funded by Australian donors

IMPACT:

In 2022, we extended access to mental health support in the community by offering services in four healthcare centres in villages around Sinuni town.



PROJECT STAFF:

90



FUNDING:

TOTAL	AU
\$18,755,860	\$2,505,000

JORDAN

KEY ACTIVITIES

At the MSF hospital in the capital Amman, we continued to provide a comprehensive package of care for war-wounded patients from around the region (primarily Iraq, Syria, Yemen and Palestine), including reconstructive surgery and rehabilitation for people with orthopaedic injuries, burns, gunshot wounds and other conflict-related injuries, as well as physiotherapy and mental health support. We also developed regional networks to ensure continuity of care for patients in their home countries once discharged from the hospital, through follow-up consultations and continued physiotherapy.



Prototypes of hand and arm prostheses made as part of MSF's 3D-printing program serving patients with amputations in Amman. © MSF/SORIYA

AMMAN

▲ Project locations funded by Australian donors

IMPACT:

Pre-COVID-19 level of admissions reinstated, following a period in 2021 where part of hospital was transformed into COVID-19 wards to support the Ministry of Health's response.



PROJECT STAFF:

205



FUNDING:

TOTAL	AU
\$18,357,654	\$2,352,941

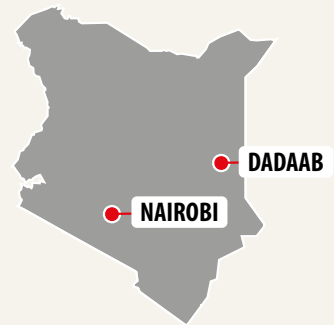
KENYA

KEY ACTIVITIES

We provided emergency and sexual and reproductive healthcare at the Lavender House referral centre and training hub in Eastlands, a suburb of Nairobi, and in four sexual violence clinics integrated in public facilities including the Dandora youth-friendly clinic, as well as an emergency call centre and ambulance services. As the longest drought in Kenya in four decades intensified, MSF delivered basic and specialist healthcare and water and sanitation services in and around Dagahaley camp in response to an increased number of Somali refugees arriving to Dadaab.

Borow Ali speaks to MSF health promotion supervisor Sheriff Abdi, during an interview inside a shelter in Dadaab.

© MSF/Lucy Makori



▲ Project locations funded by Australian donors

IMPACT:
Increased consultations in the Lavender House trauma room compared to 2021 (15,956 in 2022) and in the Dandora youth-friendly centre (4,654 in 2022).

PROJECT STAFF:
401

FUNDING:
TOTAL \$16,755,128 | **AU** \$1,676,471

KIRIBATI

KEY ACTIVITIES

MSF ran activities to improve access to healthcare in a country highly vulnerable to the effects of climate change. We worked to strengthen critical care capacity building, through provision of training to key healthcare workers and of critical care equipment. The project was then refined to focus on maternal and neonatal health, with support for local healthcare staff to improve management of non-communicable diseases such as diabetes during pregnancy, training and clinical support during labour and delivery, and training on neonatal resuscitation and newborn care skills. We also started support to upgrade infrastructure at Tabiteuea North Hospital, using a sustainable approach where possible.

MSF paediatrician Dr Jordan Amor-Robertson (left) leads training in the Helping Babies Breathe program for colleagues in Tarawa.

© Manja Leben/MSF



▲ Project locations funded by Australian and New Zealand donors

IMPACT:
Training for midwives, nurses and doctors in the universal Helping Babies Breathe program, to enhance neonatal resuscitation and newborn care skills.

PROJECT STAFF:
6

FUNDING:
TOTAL \$586,207 | **AU** \$400,000
NZ \$186,207

LEBANON

KEY ACTIVITIES

Since 2019, Lebanon's multi-layered crisis has pushed more than 80 per cent of its population into poverty. In Bar Elias, Bekaa Valley, where most of the population are refugees, our teams provided hospital care for children living with thalassemia (an inherited blood disorder that affects the production of haemoglobin) as well as community outreach activities in coordination with the Lebanese Red Cross, to encourage blood donations required for thalassemia patients' regular blood transfusions.



Refugee communities live in informal tented settlements in Bar Elias.

© Joffrey Monnier/MSF

BAR ELIAS

▲ Project locations funded by Australian and New Zealand donors



IMPACT:

Treatment of 89 children living with thalassemia.



PROJECT STAFF:

55



FUNDING:

TOTAL

\$3,335,268

AU

\$1,647,059



NZ

\$219,067

LIBERIA

KEY ACTIVITIES

MSF provided specialised paediatric care, including surgery and treatment for measles, at our Bardnesville Junction Hospital in Monrovia until closing the hospital in September. We then started support to Bardnesville primary healthcare centre, a public facility, by setting up a semi-permanent structure of 25 beds to provide inpatient paediatric care, as well as staff supervision and training.



A young patient with his mother (in red) and MSF staff who cared for him at Bardnesville Junction Hospital when he was critically ill with cerebral malaria. © Tim Pont/MSF

MONROVIA

▲ Project locations funded by Australian donors



IMPACT:

Total of 679 children treated for measles at Bardnesville Junction Hospital and eight primary healthcare centres supported with measles kits during the national outbreak from January.



PROJECT STAFF:

174



FUNDING:

TOTAL

\$4,954,290

AU

\$1,764,706

LIBYA

KEY ACTIVITIES

By the end of 2022, there were more than 650,000 migrants in Libya, with many people held in detention centres or in non-official centres scattered across the country. MSF continued to hear accounts from migrants who were subjected to multiple forms of ill treatment, such as physical abuse and sexual violence, as well as arbitrary arrests and detention in inhumane conditions, kidnapping, forced labour and other forms of exploitation. Our teams supported care for migrants as well as local people via support for a hospital in Misrata.



Migrants living in a squat in Misrata. © MSF



▲ Project locations funded by Australian donors

IMPACT:

As one of the few international non-governmental organisations working in Libya, our teams provided general healthcare and psychosocial support to migrants held in detention centres and living in makeshift housing in the northwest of the country.



PROJECT STAFF:

52



FUNDING:

TOTAL	AU
\$3,386,373	\$588,235

MADAGASCAR

KEY ACTIVITIES

In Ambovombe district, Androy region, MSF responded to the nutrition emergency, providing care at an inpatient therapeutic feeding centre and at mobile nutrition clinics, as well as carrying out food distributions. We ended these activities in June after observing improvements in the nutrition situation linked with increased assistance from other non-governmental organisations, and better rainfalls and harvests. We then shifted to focus on improving people's access to clean water, by drilling boreholes and supporting the community's capacity to maintain water systems.



Three women return to their village after collecting water from a distribution organised by MSF in the village of Fenoiva. © Lucille Guenier/MSF



▲ Project locations funded by Australian donors

IMPACT:

Work with locals to rehabilitate existing water pumps with locally sourced spare parts and training of technicians to repair pumps.



PROJECT STAFF:

84



FUNDING:

TOTAL	AU
\$2,961,984	\$1,176,471

MALAWI

KEY ACTIVITIES

The mortality rates for cervical cancer in Malawi are among the highest in the world. In Blantyre, in collaboration with Malawian health authorities, an MSF project offered comprehensive care for women with cervical cancer with the aim to improve access to prevention, screening, diagnosis and treatment. We provided treatment for patients at Queen Elizabeth Central Hospital in Blantyre, and operated screening units integrated in health centres in several districts of the Southern Region. As radiotherapy is not available in Malawi, MSF also referred some patients to Nairobi, Kenya, for treatment.



Women receiving treatment for cervical cancer at Queen Elizabeth Central Hospital learn about nutrition. © Diego Menjibar

MALI

KEY ACTIVITIES

The humanitarian situation deteriorated in Mali in 2022, as clashes between armed groups and military forces intensified, causing the displacement of communities. In Koutiala district, MSF continued to run a large paediatric and nutrition program focusing on children under five years of age. We provided preventive and curative care at hospital level as well as via support for community health facilities and 'malaria agents' who diagnose and treat malaria at the community level during peak malaria periods.



A lab technician observes bacteria under a microscope during the clinical evaluation phase of Antibioigo in the laboratory of the Koutiala project. © Ismael Diallo



BLANTYRE

▲ Project locations funded by Australian and New Zealand donors



IMPACT:

Social support provided to patients including transport vouchers, psychosocial support and therapeutic education.



PROJECT STAFF:

218



FUNDING:

TOTAL	AU
\$6,899,896	\$2,000,000
	NZ
	\$547,688



KOUTIALA

▲ Project locations funded by Australian donors



IMPACT:

Implementation of new mobile application Antibioigo, to help identify antibiotic resistance and enable doctors to prescribe the most adequate antibiotics accordingly in Koutiala.



PROJECT STAFF:

307



FUNDING:

TOTAL	AU
\$7,394,133	\$1,764,706

MOZAMBIQUE

KEY ACTIVITIES

In Nampula province, in collaboration with the Ministry of Health, MSF provided preventive and curative care to address vector-borne and neglected tropical diseases which are climate sensitive, such as schistosomiasis (bilharzia, carried by parasitic worms), filariasis (carried by mosquitoes) and scabies. We supported more than a dozen healthcare centres and trained healthcare staff to detect and treat diseases.



Nurse Jackson Pedro Muchama at the Nametil clinic in Nampula province.
© Tadeu Andre/MSF



▲ Project locations funded by Australian donors



IMPACT:

Objective to strengthen surveillance and preparedness for emergencies such as cholera outbreaks and disasters including droughts, floods and cyclones.



PROJECT STAFF:

49



FUNDING:

TOTAL

\$5,725,443

AU

\$1,500,000

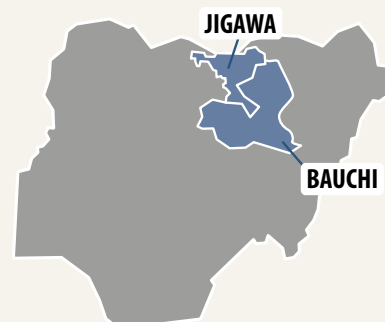
NIGERIA

KEY ACTIVITIES

At Jahun general hospital, Jigawa state, MSF ran the maternity and neonatal departments and a clinic dedicated to treating women affected by obstetric fistula, a condition caused by damage to the birth canal during prolonged or obstructed labour. We also supported basic obstetrics in four health centres in the state to reduce complications during pregnancy. In Bauchi state, we launched an emergency response to malnutrition, supporting outpatient therapeutic feeding centres in Ganjuwa and Toro, and supported the Ministry of Health with responses to outbreaks of measles, cholera and Lassa fever.



A staff member sprays medical staff's feet in an MSF-supported hospital in northern Nigeria, during a cholera outbreak.
© MSF/Hussein Amri



▲ Project locations funded by Australian and New Zealand donors



IMPACT:

2,000 children provided with nutritional support in Ganjuwa.



PROJECT STAFF:

393



FUNDING:

TOTAL

\$16,126,637

AU

\$2,352,941



NZ

\$684,662

PAKISTAN

KEY ACTIVITIES

In Peshawar, we provided comprehensive emergency obstetric and neonatal care to address the needs of neglected communities such as Afghan refugees and internally displaced people at MSF's women's hospital to its closure in September in response to an evolving health context in the province, including 24/7 emergency care for women suffering from complicated pregnancies and difficult deliveries. Our outreach teams also provided health education on mother and child health and the prevention of various diseases to rural communities in the surroundings of Peshawar district.

A patient recovers with her baby in the inpatient department of MSF's Peshawar women's hospital, after a caesarean section because of a breech delivery. © Zahra Shoukat



▲ Project locations funded by Australian and New Zealand donors



IMPACT:

More than 54,400 births assisted at Peshawar women's hospital during the 11-year life of the project.



PROJECT STAFF:

278



FUNDING:

TOTAL

\$4,682,448

AU

\$1,408,028



NZ

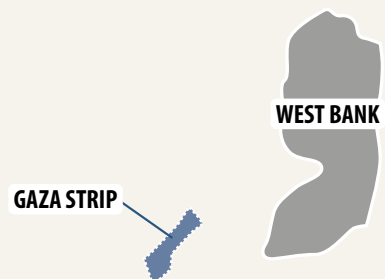
\$372,989

PALESTINE

KEY ACTIVITIES

In 2022, MSF continued to provide specialised medical services in the Gaza Strip, where the overstretched healthcare system has been severely affected by the 15-year Israeli blockade. We offered comprehensive care in hospitals and outpatient clinics for people with trauma injuries and burns, including surgery, physiotherapy, psychological support, occupational therapy and health education, as well as reconstructive surgery in northern Gaza, and support for laboratories to identify and treat antibiotic-resistant infections.

Amro Ayman Alhadad accessed support with MSF as part of his recovery after being shot in 2018 and having his leg amputated. © Giles Duley



▲ Project locations funded by Australian donors



IMPACT:

Expansion of activities to provide burns care, with support launched for two hospital burns units.



PROJECT STAFF:

202



FUNDING:

TOTAL

\$12,092,297

AU

\$2,352,941

PAPUA NEW GUINEA

KEY ACTIVITIES

In Port Moresby, in collaboration with the national tuberculosis program, MSF provided care for patients with tuberculosis including harder to cure drug-resistant forms of the disease at Gerehu hospital, and via home visits for patients who could not access clinics or who required support to adhere to treatment. We offered preventive tuberculosis treatment for close contacts of patients with tuberculosis. We ran community-based case-finding activities to improve early detection and health promotion to provide knowledge about the disease and its treatment, in areas of Port Moresby at higher risk of the disease, such as low-income and densely populated neighbourhoods with inadequate sanitation, and constructed a new clinic for drug-resistant tuberculosis care in Six Mile, in the city's northeast.



▲ Project locations funded by Australian donors

IMPACT:

All-oral medication regimens for patients with multidrug-resistant tuberculosis, which lead to overall better treatment adherence due to fewer side effects and removing the need for painful injections.



PROJECT STAFF:

78



FUNDING:

TOTAL

\$3,256,972

AU

\$1,764,706

An MSF outreach team discusses tuberculosis symptoms and prevention measures with a community in Port Moresby. © Leanne Jorari/MSF

PHILIPPINES

KEY ACTIVITIES

In coordination with the Manila Health Department, MSF ran activities to improve early diagnosis and treatment of tuberculosis. We provided tuberculosis screening in Tondo (a densely populated and impoverished area of Manila) with a new mobile X-ray truck, as well as health promotion and referral of patients identified to have tuberculosis to local health centres for treatment. We visited homes to screen patients' household close contacts, administer tuberculosis skin tests and offer preventative tuberculosis treatment for children.



A woman speaks to an MSF staff member, having come for tuberculosis screening with her grandsons at the MSF mobile X-ray truck in Tondo. © Ezra Acayan



▲ Project locations funded by Australian donors

IMPACT:

Total of 3,282 people, and 1,238 of their household contacts, screened for tuberculosis via active case finding activities.



PROJECT STAFF:

25



FUNDING:

TOTAL

\$1,189,389

AU

\$941,176

SYRIA

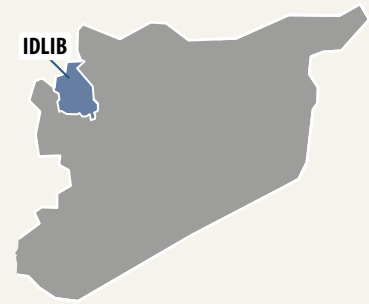
KEY ACTIVITIES

At the end of 2022, there were around 4.4 million people residing in northwest Syria, of whom roughly 2.8 million were internally displaced. Their already precarious living conditions continued to deteriorate due to the conflict and a worsening economic situation, and needs for humanitarian aid remained high with aid to the area having decreased. In Idlib governorate, MSF continued to run a specialised burns facility in Atmeh—the only one in the area. We also supported primary healthcare centres and ran mobile clinics to provide care, including sexual and reproductive healthcare, mental health support and prevention activities during the cholera outbreak.

A man living in a camp in Idlib governorate, having fled his hometown in 2016 due to heavy shelling. © Abdul Majeed Al Qareh/MSF



IDLIB



▲ Project locations funded by Australian donors



IMPACT:

Distribution of hygiene kits and water purification tablets to 8,158 displaced families to help prevent spread of cholera.



PROJECT STAFF:

409



FUNDING:

TOTAL

\$4,740,667

AU

\$1,764,706

UGANDA

KEY ACTIVITIES

In 2022, MSF collaborated with the regional hospital and Arua city municipality to improve COVID-19 case management (triage, home-based care and hospital care) and set-up preventive care measures in Arua. We provided sexual and reproductive healthcare and mental health support for the mainly South Sudanese refugees living in Omugo and Imvepi camps. We continued to improve quality of care in all activities in the Arua project in preparation for the handover of our HIV and tuberculosis program to the Ministry of Health in 2023.



ARUA



▲ Project locations funded by Australian donors



IMPACT:

An increased number of mental health and sexual violence patients accessed healthcare in the refugee settlements of Omugo and Imvepi.



PROJECT STAFF:

112



FUNDING:

TOTAL

\$2,658,698

AU

\$1,764,706

MSF teams delivering COVID-19 vaccines in Kasese district. © Théo Wanteu/MSF

UKRAINE

KEY ACTIVITIES

Full-scale war erupted in Ukraine in February 2022, after eight years of conflict in the east of the country. In 2022, thousands of civilians were killed or injured, and homes, key infrastructure and public services were destroyed or disrupted. MSF provided medical and mental healthcare for people sheltering in the underground stations of Kharkiv; and ran mobile clinics in areas of southern Ukraine to provide support in areas retaken by the Ukrainian forces. In coordination with the Ukrainian Interior Ministry and the Ministry of Health in Kyiv and Vinnytsia, we offered specialised physiotherapy, as well as psychological and psychiatric treatment, in two hospitals.

An MSF physiotherapist during a therapeutic session with a patient following leg surgery, Kyiv. © Hussein Amri/MSF



▲ Project locations funded by Australian and New Zealand donors

IMPACT:

Support for networks of local volunteers in southern Ukraine to re-establish access to basic healthcare.

PROJECT STAFF:

26

FUNDING:

TOTAL	AU
\$5,506,719	\$1,083,512
	NZ
	\$494,330

CLIMATE SMART

KEY ACTIVITIES

In 2022, MSF Australia actively supported the Climate Smart project, which aims to scale climate solutions across the MSF movement. Aligned with our commitment to reduce carbon emissions by 50 per cent by 2030, Climate Smart plays an important role in convening stakeholders, monitoring our progress, and assisting MSF Institutional Members in developing environmental roadmaps that align with our decarbonisation targets. Through workshops, webinars, and the development of specialised tools and expertise in areas such as energy, supply chain, and fleet management, Climate Smart is a significant initiative driving impactful change and accountability within our organisation so we can credibly reach our carbon target.



© MSF

\$	AU
	\$734,142



Children stand in front of the entrance to an MSF mobile clinic in North Kivu province, eastern Democratic Republic of Congo. MSF set up the clinic near where almost 15,000 conflict-displaced people arrived in July 2022. The front line was just a few miles from the village.
© Alexis Huguet

MÉDECINS SANS FRONTIÈRES AUSTRALIA LIMITED

ABN 74 068 758 654

CONSOLIDATED FINANCIAL REPORT
FOR THE FINANCIAL YEAR ENDED
31 DECEMBER 2022

CONSOLIDATED FINANCIAL REPORT FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

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MÉDECINS SANS FRONTIÈRES AUSTRALIA LIMITED

DIRECTORS' REPORT

The directors of Médecins Sans Frontières Australia submit herewith the annual Financial Report of the company for the financial year ended 31 December 2022. The names and particulars of the directors during or since the end of the financial year are:

Katrina Penney	President from 29 May 2021. Elected to Board 29 May 2021. Previously member of the Board 2013-2019. Trustee, MSF New Zealand Charitable Trust. Registered Nurse and Midwife. Board member, Alzheimer's Northland Society. Educator for eCALD – cultural and linguistic diversity (CALD). Resident of New Zealand. Owner/operator L&P Avo. Attended ten out of ten directors' meetings.
Dwin Tucker	Vice-President from 29 May 2021. President from 23 May 2020 to 29 May 2021. Treasurer from 29 April 2016 to 23 May 2020. Elected to the Board 16 May 2015. Re-elected 25 May 2018. Appointed to the Board 1995-1997. Director, Deafness Forum, Clearasound and TurnkeyIO. Fellow of the Australian Institute of Company Directors. Resident of Australia. Attended ten out of ten directors' meetings.
Beth Hilton Thorp	Treasurer from 23 May 2020 until 28 May 2022. Elected 18 May 2013, re-elected 29 April 2016, re-elected 12 May 2019. Lawyer and consultant. Resident of Australia. Attended three out of three directors' meetings.
Kerry Atkins	Treasurer from 28 May 2022. Elected to the Board 12 May 2019. Re-elected to the Board 28 May 2022. CPA qualified, Graduate of the Humanitarian Leadership Program at Deakin University. Director of Finance and Operations, and Company Director, The Nature Conservancy Limited. Resident of Australia. Attended nine out of ten directors' meetings.
Emma Campbell	Elected to the Board 28 May 2022. Former CEO of ACT Council of Social Services and former CEO of Federation of Ethnic Communities' Councils of Australia. PhD Australian National University from College of Asia and the Pacific. Resident of Australia. Attended six out of six directors' meetings.
Maria Cartwright	Elected to the Board 29 May 2021. Registered nurse and midwife. Retired. Resident of Australia. Attended nine out of ten directors' meetings.
Ghassan Abou Chaar	Appointed to the Board 21 September 2022. Vice-President of MSF France. Independent consultant in the development and humanitarian sector. Resident of France. Attended three out of four directors' meetings.
Bethany Lansom	Elected to the Board 22 May 2020. Registered nurse. Principal Policy Officer, Preparedness, State Preparedness & Response Branch, NSW Ministry of Health. Resident of Australia. Attended nine out of ten directors' meetings.

DIRECTORS' REPORT

Dr Sivapalan Namasivayam	Elected to the Board 28 May 2022. Medical Doctor (Anesthetist). Resident of New Zealand. Attended six out of six directors' meetings.
Dr Thomas Schaefer	Appointed to the Board 15 December 2021. Elected to the Board 28 May 2022. Medical doctor (Orthopaedic surgeon). Rural health care and outreach for Indigenous communities in remote regions of WA. Resident of Australia. Attended nine out of ten directors' meetings.
Dr Meguerditch Terzian	Appointed to the Board on 6 March 2017. Completed term as Director 28 May 2022. Medical doctor and President, Médecins Sans Frontières France. Resident of France. Attended three out of three directors' meetings.
Dr Mohammad-Ali Trad	Appointed to the Board 16 October 2020. Elected to the Board 29 May 2021. Infectious Diseases Physician in Launceston General Hospital and Honorary senior clinical lecturer at the University of Tasmania. Resident of Australia. Attended nine out of ten directors' meetings.

MÉDECINS SANS FRONTIÈRES AUSTRALIA LIMITED

DIRECTORS' REPORT (continued)

COMPANY SECRETARY (JOINT)

Ms Jennifer Tierney, Executive Director of Médecins Sans Frontières Australia Limited.

Ms Emma Sullivan Smith, Association Coordinator of Médecins Sans Frontières Australia Limited.

SHORT-AND LONG-TERM OBJECTIVES AND STRATEGY

The Group's short-and long-term objectives are to:

Continue to deliver our core medical humanitarian work:

- Attracting and developing high-quality project staff and efficiently matching them to the needs of the organisation internationally;
- Raising funds to build sustainable financial health of the organisation so that we can deliver care to patients;
- Speaking out and advocating for and with our patients, bearing witness to their needs and inspiring support in our social mission;
- Providing medical expertise in women's health, paediatric and neonatal health and sexual violence care, and providing direct support to our medical humanitarian projects.

The Group's strategy for achieving these objectives:

Transform our working practice to respond flexibly and effectively to our patients' needs. Our approach is focused around three themes:

- Putting patients first: championing patient-centred care in all the projects in which we work, focusing our communications around a patient-centred narrative, and supporting regional partnerships which are patient-centred, environmentally responsible, locally relevant and more efficient.
- Engaging our communities: shifting our communications approach to improve our engagement with our audiences, continuing to provide excellent donor care and employing new technologies and ways of working to ensure our organisation is prepared for the future.
- Valuing our people: offering an inclusive workplace environment and culture and developing our culture so that we work with greater agility and responsiveness to the needs of our patients.

DIRECTORS' REPORT (continued)

PRINCIPAL ACTIVITIES

The principal activities of the Group during the financial year to 31 December 2022 have been:

- Fundraising from the Australian and New Zealand general public in order to finance the medical humanitarian operations of Médecins Sans Frontières.
- Liaison with institutions and individuals in Australia and internationally, with a view to obtaining funding or other operational support for medical humanitarian projects, and for coordination with other organisations involved in overseas humanitarian relief.
- Provision of medical expertise in women's health, paediatric and neonatal health and sexual violence care through direct visits to Médecins Sans Frontières medical humanitarian projects overseas, technical support and oversight, preparation of medical staff, medical training, medico-operational research, medical communications and medical policy development.
- Operational participation in medical humanitarian projects, through financing operations; assignment of project staff; participation as faculty in various Australian and international training courses for project staff; and evaluation visits to the projects.
- Engaging with communities in the form of dissemination of public information on humanitarian and development issues; provision of materials and spokespeople to journalists in the print and electronic media; publication of newsletters; participation in seminars; and guest lectureships at secondary schools and universities.

PERFORMANCE MEASURES

The Group measures performance through the establishment and monitoring of benchmarks including:

- 100 per cent compliance with all regulatory requirements;
- Risks are identified, monitored and mitigation strategies put in place;
- Fundraising meets the needs of the organisation to fund operations;
- Proportion of financial resource spend across social mission and administrative costs within an appropriate range;
- Australian and New Zealand recruitment and placement executed to meet resource needs identified within the MSF organisation;
- Patient-centred operational impact for Sydney Medical Unit expertise in women's paediatric and neonatal health and sexual violence care continues; and
- Growth in engagement - communications, awareness raising, and advocacy to inspire support for our patients' needs.

DIRECTORS' REPORT (continued)

The performance against these key performance indicators is as follows:

- Revenue in 2022 decreased by 4.6 per cent compared to prior year.
- Financial resources allocated 72.4 per cent social mission costs to 27.6 per cent fundraising and administration cost in 2022.
- Total 33 new recruits and 130 field placements made during 2022 in accordance with identified needs.
- In 2022, 64 projects in 50 countries received technical oversight, field support and training in women's health, child health and sexual violence care.

REVIEW OF OPERATIONS

The net operating deficit for the financial year to 31 December 2022 was \$4,792,563 (2021: operating surplus of \$8,936,480). Deficits can result from timing differences across years between inflow of fundraising funds and an outflow of funds to operational centres.

CHANGES IN STATE OF AFFAIRS

During the financial year, there was no other significant change in the state of affairs of the Group, other than that referred to in the financial statements or notes thereto.

Médecins Sans Frontières Australia Limited continued the strategy of face-to-face fundraising whereby the organisation contracts a third party to approach members of the public, in public places, to recruit new project partners. The financial impact continues to be that a cost is created at the outset that is more than made up over subsequent years of income. Médecins Sans Frontières Australia Limited continues to diversify its sources of funding and to increase regular project partner donations.

Médecins Sans Frontières Australia Limited continues to pay field staff directly from Australia when they go to the field. Project staff are seconded to and managed by the operational centres running each project. The financial impact of this is not significant as the salary cost incurred by Médecins Sans Frontières Australia Limited is recharged to the relevant operational centres.

In total, during 2022, Médecins Sans Frontières Australia Limited committed \$47,267,385 (2021: \$45,606,303) of funds Operational Centre Paris, and \$20,011,182 (2021: \$19,545,558) to Operational Centre Geneva. Additionally, Médecins Sans Frontières Australia Limited committed \$734,142 to Climate SMART (2021: \$364,346).

In selecting the projects which Médecins Sans Frontières Australia Limited supports through its grant payments to Operational Centre Paris and Operational Centre Geneva, the Department of Foreign Affairs and Trade's List of developing countries' is consulted to ensure compliance requirements are fulfilled.

DIRECTORS' REPORT (continued)

DONATIONS IN KIND

Over the course of the year the Group has received donations in kind from a number of sources. These donations may be physical assets for use in the Group, items to be sent to the projects or services provided to Médecins Sans Frontières at reduced rates.

The value of donations in kind received during the year to 31 December 2022 is \$647,893 (2021: \$575,332). This amount has been brought to account in the financial statements.

VOLUNTARY ASSISTANCE AND PROJECT STAFF

In addition to donations in kind, the Group recruits a number of project staff for Médecins Sans Frontières operational centres. There are six Médecins Sans Frontières operational centres and they are located in Belgium, France, Holland, Switzerland, Spain and West and Central Africa. The Group estimates that the total salaries forgone by project staff working within their professional capacity in Australia for the year ended 31 December 2022 to be approximately \$1,734,264 (2021: \$1,752,805).

The Group estimates that the total salaries forgone by project staff working within their professional capacity in Australia who undertook assignments of less than three months to be approximately \$292,233 (2021: \$345,005).

Médecins Sans Frontières Australia Limited also has a number of volunteers who freely give their time in the Australia office to assist in office-based activities. The estimated value of this is approximately \$42,389 (2021: \$56,756).

The Board of Directors (except for the President of the Board, who receives a partial salary) and Association also freely give their time to Médecins Sans Frontières Australia Limited. The estimated value of the time provided by the Board of Directors is approximately \$501,750 (2021: \$424,640).

This time donated by office volunteers, and salaries which would have been paid to the project staff, are not brought to account in the financial statements since they cannot be reliably measured (estimates above are based on high level analysis only).

MONEY SPENT

The social mission of Médecins Sans Frontières Australia Limited is to provide assistance to people in distress, to victims of natural or man-made disasters and victims of armed conflict and to increase awareness of the plight of these people. The international Médecins Sans Frontières organisation as a whole, targets a social mission ratio whereby around 80% of expenditure is directly devoted to this social mission. In 2022 Médecins Sans Frontières Australia Limited spent \$81,901,421 on the social mission representing 72.4% of total expenditure (2021: \$78,170,856). A number of factors impact the ratio and will continue to be ongoing factors:

- Maintaining sufficient levels of cash reserves in subsequent years to preserve the safety of operational funding.
- Responding to the operational needs of the operational centres.
- Administrative and Fundraising requirements.

DIRECTORS' REPORT (continued)

SUBSEQUENT EVENTS

There has not been any matter or circumstance that has arisen since the end of the financial year that has significantly affected, or may significantly affect, the operations of the Group, the results of those operations, or the state of affairs of the Group in future financial years.

FUTURE DEVELOPMENTS

It is likely that in future financial years, the Group will continue to provide operational, financial, and human resource support to the project operations of Médecins Sans Frontières financed substantially by income from private fundraising. Where possible, subject to the availability of resources, the company intends to increase its level of support for the project operations of Médecins Sans Frontières.

DIVIDENDS

Under the terms of the Group's constitution, the Group is not authorised to pay dividends.

INDEMNIFICATION OF OFFICERS

During the financial year, the Group paid a premium in respect of a contract insuring the directors and officers of the company (as listed on page 3 of the Financial Report) against a liability incurred as such a director to the extent permitted by the Australian Charities and Not-for-profits Commission Act 2012. The contract of insurance prohibits disclosure of the nature of the liability and the amount of the premium.

The Company has not otherwise, during or since the financial year, except to the extent permitted by law, indemnified or agreed to indemnify an officer of the company or of any related body corporate against a liability incurred as an officer.

INDEMNIFICATION OF AUDITORS

To the extent permitted by law, the Group has agreed to indemnify its auditors, Crowe Audit Australia, as part of the terms of its audit engagement agreement against claims by third parties arising from the audit (for an unspecified amount). No payment has been made to indemnify Crowe Audit Australia during or since the financial year.

REMUNERATION OF DIRECTORS AND SENIOR MANAGEMENT

Information about the remuneration of directors and senior management is set out in Note 5 of the financial report on pages 32 to 33.

INDEPENDENCE DECLARATION

A copy of the Auditor's Independence Declaration that has been provided in accordance with subdivision 60-C section 60-40 of Australian Charities and Not-for-profits Commission Act 2012 is set out on page 11.

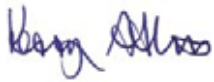
Signed in accordance with a resolution of the directors.

On behalf of the directors



Katrina Penney
Director

Sydney, 24 April 2023



Kerry Atkins
Director

Sydney, 24 April 2023

24 April 2023

The Board of Directors
Médecins Sans Frontières Australia Limited
4/1-9 Glebe Point Road
Glebe NSW 2037

Dear Directors

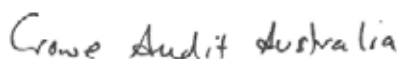
Médecins Sans Frontières Australia Limited

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, I am pleased to provide the following declaration of independence to the Directors of Médecins Sans Frontières Australia Limited.

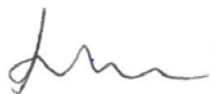
As lead audit partner for the audit of the financial report of Médecins Sans Frontières Australia Limited for the financial year ended 31 December 2022, I declare that to the best of my knowledge and belief, that there have been no contraventions of:

- (i) the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

Yours sincerely,



Crowe Audit Australia



Alison Swansborough

Associate Partner

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The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is external audit, conducted via the Crowe Australasia external audit division and Unison SMSF Audit. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

Findex (Aust) Pty Ltd, trading as Crowe Australasia is a member of Crowe Global, a Swiss Verein. Each member firm of Crowe Global is a separate and independent legal entity. Findex (Aust) Pty Ltd and its affiliates are not responsible or liable for any acts or omissions of Crowe Global or any other member of Crowe Global. Crowe Global does not render any professional services and does not have an ownership or partnership interest in Findex (Aust) Pty Ltd. Services are provided by Crowe Sydney, an affiliate of Findex (Aust) Pty Ltd. Liability limited by a scheme approved under Professional Standards Legislation.

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Independent Auditor's Report to the Members of Médecins Sans Frontières Australia Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Médecins Sans Frontières Australia (the Company) and its subsidiaries (the Group), which comprises the consolidated statement of financial position as at 31 December 2022, the consolidated statement of comprehensive income, the consolidated statement of changes in equity and the consolidated statement of cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Group has been prepared:

1. in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012 (the ACNC Act)*, including:
 - (a) giving a true and fair view of the Group's financial position as at 31 December 2022 and of its financial performance for the year then ended; and
 - (b) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*; and
2. in all material respects, in accordance with the requirements of the *Charitable Fundraising Act NSW 1991* and the *Charitable Fundraising Regulation 2015*, and the requirements of the *WA Charitable Collections Act (1946)* and the *WA Charitable Collections Regulations (1947)*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Group in accordance with the ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is external audit, conducted via the Crowe Australasia external audit division and Unison SMSF Audit. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

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Other Information

The Directors are responsible for the other information. The other information comprises the information included in the Group's annual report for the year ended 31 December 2022, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Other Matter

The financial report of the Company for the year ended 31 December 2021 was audited by another auditor who expressed an unmodified opinion on the financial report on 27 April 2022.

Responsibilities of the Directors for the Financial Report

The Directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures, the *ACNC Act*, the *Charitable Fundraising Act NSW 1991* and the *Charitable Fundraising Regulation 2015*, and the requirements of the *WA Charitable Collections Act (1946)* and the *WA Charitable Collections Regulations (1947)*, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Group'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 management either intend to liquidate the Group or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is 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 the Australian Auditing Standards 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 this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Group to express an opinion on the financial report. The auditor is responsible for the direction, supervision and performance of the group audit. The auditor remains solely responsible for the audit opinion.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during the audit.

Crowe Audit Australia

Crowe Audit Australia



Alison Swansborough
Associate Partner

24 April 2023
Sydney

DIRECTORS' DECLARATION

In accordance with a resolution of the directors of Médecins Sans Frontières Australia Limited, I state that in the opinion of the directors:

(a) the consolidated financial statements and notes of the Group are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

- giving a true and fair view of the Group's financial position as at 31 December 2022 and of its performance for the year ended on that date; and
- complying with Australian Accounting Standards – Simplified Disclosures and the Australian Charities and Not-for-profits Commission Regulation 2022; and

(b) there are reasonable grounds to believe that the Group will be able to pay its debts as and when they become due and payable.

Directors' Declaration under the NSW Charitable Fundraising Act 1991

In accordance with a resolution of the directors of Médecins Sans Frontières Australia Limited, I state that in the opinion of the directors:

(a) the Consolidated Statement of Comprehensive Income gives a true and fair view of all income and expenditure of the Group with respect to fundraising appeals;

(b) the Consolidated Statement of Financial Position gives a true and fair view of the state of affairs of the Group with respect to fundraising appeals;

(c) the provisions and regulations of the NSW Charitable Fundraising Act 1991 and the conditions attached to the authority to fundraise have been complied with by the Group; and

(d) the internal controls exercised by the Group are appropriate and effective in accounting for all income received and applied by the Group from any of its fundraising appeals.

On behalf of the Board



Katrina Penney
Director

Sydney, 24 April 2023



Kerry Atkins
Director

Sydney, 24 April 2023

Consolidated Statement of Comprehensive Income
for the financial year ended 31 December 2022

	Note	2022	2021
		\$	\$
Revenue	4(a)	108,297,599	112,835,173
<i>Social mission costs</i>			
Field Project costs		(74,564,528)	(71,579,768)
Other project costs		(4,088,439)	(3,620,712)
Community education expenses		(3,248,454)	(2,970,376)
<i>Total social mission costs</i>		(81,901,421)	(78,170,856)
<i>Fundraising and Administration costs</i>			
Fundraising costs		(22,643,877)	(19,934,384)
Administration expenses		(8,544,865)	(5,793,453)
<i>Total Fundraising and Administration costs</i>		(31,188,742)	(25,727,837)
(Deficit)/Surplus before tax	4(b)	(4,792,563)	8,936,480
Income tax expense		-	-
(Deficit)/Surplus for the year from continuing operations		(4,792,563)	8,936,480
<i>Other comprehensive profit</i>		7,149	36,526
Total comprehensive (Deficit)/Surplus for the year		(4,785,414)	8,973,006

Notes to the consolidated financial statements are included in pages 21 to 47

Consolidated Statement of Financial Position
As at 31 December 2022

	Note	2022 \$	2021 \$
Current Assets			
Cash and cash equivalents		17,325,121	25,342,104
Trade and other receivables	8	2,346,167	1,886,216
Other	9	644,918	614,807
Total Current Assets		<u>20,316,206</u>	<u>27,843,127</u>
Non-current Assets			
Property, plant and equipment	7	266,092	200,619
Right-of use asset	12	670,477	923,625
Other	9	215,337	215,337
Total Non-current Assets		<u>1,151,906</u>	<u>1,339,581</u>
Total Assets		<u>21,468,112</u>	<u>29,182,708</u>

Notes to the consolidated financial statements are included in pages 21 to 47

Consolidated Statement of Financial Position
As at 31 December 2022

	Note	2022 \$	2021 \$
Current Liabilities			
Trade and other payables	10	3,719,600	6,372,744
Provisions	11	1,301,296	1,173,227
Lease Liability	12	443,729	405,856
Total Current Liabilities		<u>5,464,625</u>	<u>7,951,827</u>
Non-Current Liabilities			
Provisions	11	461,290	482,033
Lease Liability	12	190,811	612,048
Total Non-Current Liabilities		<u>652,101</u>	<u>1,094,081</u>
Total Liabilities		<u>6,116,726</u>	<u>9,045,908</u>
Net Assets		<u>15,351,386</u>	<u>20,136,800</u>
Equity			
Reserves	14	(168,843)	(175,992)
Retained Surplus	13	15,520,229	20,312,792
Total Equity		<u>15,351,386</u>	<u>20,136,800</u>

Notes to the consolidated financial statements are included in pages 21 to 47

Consolidated Statement of Changes in Equity
for the financial year ended 31 December 2022

	Note	Foreign currency translation reserve	Retained surplus/ (deficit)	Total
		\$	\$	\$
Balance at 1st January 2021		(212,518)	11,376,312	11,163,794
Surplus for the year		-	8,936,480	8,936,480
Other comprehensive profit for the year		36,526	-	36,526
Total comprehensive loss for the year		36,526	8,936,480	8,973,006
Balance at 31 December 2021		(175,992)	20,312,792	20,136,800
Deficit for the year		-	(4,792,563)	(4,792,563)
Other comprehensive profit for the year		7,149	-	7,149
Total comprehensive deficit for the year		7,149	(4,792,563)	(4,785,414)
Balance at 31 December 2022	14	(168,843)	15,520,229	15,351,386

Notes to the consolidated financial statements are included in pages 21 to 47

Consolidated Statement of Cash Flow
for the financial year ended 31 December 2022

	2022	2021
	\$	\$
Cash flows from operating activities		
Receipts from donors and supporters	100,685,698	105,534,255
Receipts from services recharged	6,366,914	7,122,329
Interest received	167,396	28,405
Payment for field project costs	(71,726,473)	(64,834,083)
Payments to suppliers and employees	(42,913,502)	(37,264,668)
Net cash flow from/(used in) operating activities	<u>(7,419,968)</u>	<u>10,586,237</u>
Cash flow from investing activities		
Proceeds from (payment) for plant and equipment	(168,265)	(86,834)
Proceeds from disposal of plant and equipment	-	-
Net cash flow from investing activities	<u>(168,265)</u>	<u>(86,834)</u>
Cash flow from financing activities		
Interest paid	(45,387)	(54,740)
Payment of principal portion of lease liabilities	(383,364)	(387,522)
Net cash flow used in financing activities	<u>(428,751)</u>	<u>(442,262)</u>
Net (decrease)/increase in cash and cash equivalents	<u>(8,016,984)</u>	<u>10,057,341</u>
Cash and cash equivalents at the beginning of the financial year	<u>25,342,104</u>	<u>15,287,763</u>
Cash and cash equivalents at the end of the financial year	<u>17,325,121</u>	<u>25,342,104</u>

Notes to the consolidated financial statements are included in pages 21 to 47

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

1. GENERAL INFORMATION

Médecins Sans Frontières Australia Limited is a public company limited by guarantee, incorporated, and operating in Australia.

Principal registered office and principal place of business:

Level 4
1-9 Glebe Point Road
Glebe, NSW 2037

Tel: (02) 8570 2600

Further information on the nature of the operations and principal activities of the Group is provided in the Directors' Report.

The Financial statements were authorised for issue, in accordance with a resolution of directors, on 24 April 2023.

2. SIGNIFICANT ACCOUNTING POLICIES

Statement of Compliance

The Group is a registered charity and a reporting entity. Therefore the financial statements of the Group are tier 2 general purpose financial statements which have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures issued by the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Regulation 2022, as appropriate for not-for-profit oriented entities.

New or amended Accounting Standards and Interpretations adopted

The Group has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Group.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The following Accounting Standards and Interpretations are most relevant to the group:

Conceptual Framework for Financial Reporting (Conceptual Framework)

The group has adopted the revised Conceptual Framework from 1 January 2022. The Conceptual Framework contains new definition and recognition criteria as well as new guidance on measurement that affects several Accounting Standards, but it has not had a material impact on the group's financial statements.

AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

The group has adopted AASB 1060 from 1 January 2022. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements for key management personnel and related parties.

2.1. Basis of Preparation

The Financial Report is a general-purpose financial report, which has been prepared in accordance with the requirements of the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards – Simplified Disclosures and other authoritative pronouncements of the Australian Accounting Standards Board. The Financial Report has also been prepared on a historical cost basis. All amounts are presented in Australian dollars, unless otherwise noted.

In addition, the Group presents an additional statement of financial position at the beginning of the preceding period when there is a retrospective application of an accounting policy, a retrospective restatement, or a reclassification of items in financial statements.

2.2 Basis of Consolidation

The consolidated financial statements of the Group include a wholly owned subsidiary, Médecins Sans Frontières New Zealand Charitable Trust which commenced operations in April 2017. Control is achieved when the Group is exposed, or has rights, to variable returns from its involvement with the investee and has the ability to affect those returns through its power over the investee.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Specifically, the Group controls an investee if, and only if, the Group has:

1. Power over the investee (i.e. existing rights that give it the current ability to direct the relevant activities of the investee);
2. Exposure, or rights, to variable returns from its involvement with the investee;
3. The ability to use its power over the investee to affect its returns.

Generally, there is a presumption that a majority of voting rights results in control. To support this presumption and when the Group has less than a majority of the voting or similar rights of an investee, the Group considers all relevant facts and circumstances in assessing whether it has power over an investee, including:

1. The contractual arrangement(s) with the other vote holders of the investee;
2. Rights arising from other contractual arrangements;
3. The Group's voting rights and potential voting rights.

The Group re-assesses whether or not it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control. Consolidation of a subsidiary begins when the Group obtains control over the subsidiary and ceases when the Group loses control of the subsidiary. Assets, liabilities, income, and expenses of a subsidiary acquired or disposed of during the year are included in the consolidated financial statements from the date the Group gains control until the date the Group ceases to control the subsidiary.

Surplus or deficit and each component of Other Comprehensive Income ("OCI") are attributed to the Parent of the Group. When necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies into line with the Group's accounting policies. All intra-Group assets and liabilities, equity, income, expenses, and cash flows relating to transactions between members of the Group are eliminated in full on consolidation.

A change in the ownership interest of a subsidiary, without a loss of control, is accounted for as an equity transaction. If the Group loses control over a subsidiary, it derecognises the related assets (including goodwill), liabilities, non-controlling interest, and other components of equity, while any resultant gain or loss is recognised in surplus or deficit. Any investment retained is recognised at fair value.

2.3 Summary of Significant Accounting Policies

a) Cash and cash equivalents

Cash comprises cash on hand and demand deposits. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

b) Donations in kind and voluntary assistance

Over the course of the year the Group has received donations in kind from a number of sources. These donations may be items used in the office, or services provided at reduced rates. Donations in kind of plant and equipment are recorded at fair value. Items to be used in the office and services provided for no consideration are also brought to account in the financial statements at the fair value of the items or services received.

In addition to donations in kind, both office volunteers and project staff sent to the field donate their time to Médecins Sans Frontières Australia Limited. This time donated by office volunteers and salaries foregone by project staff are not brought to account in the financial statements since they cannot be reliably measured.

c) Revenue from contracts with donors

The Group is in the business of fundraising from the general public. Revenue from contracts with our donors is recognised when cash is received.

The Group does not receive government grants, either state or federal.

d) Employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and accumulating sick leave expected to be settled within 12 months of the reporting date are recognised in respect of employees' services up to the reporting date.

They are measured at the amounts expected to be paid when the liabilities are settled. Expenses for non-accumulating sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

The liability for long service leave is recognised and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currencies that match, as closely as possible, the estimated future cash outflows.

e) Fundraising expenses

Fundraising expenses include those costs, which are directly attributable to fundraising, such as function expenses, promotions, printing and mailing and employee expenses. These expenses are brought to account in the period in which they are incurred.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

f) Field project costs

Field project costs include expenses associated with remitting funds to our operational centres and the costs of deploying and paying project staff.

g) Trade and other receivables

Trade and other receivables, which comprise amounts due from Médecins Sans Frontières International entities, GST recoverable and others, are recognised and carried at original invoice amount. The carrying amount of the receivable is deemed to reflect fair value. These receivables are non-interest bearing.

An allowance for doubtful debts is made when there is objective evidence that the Group will not be able to collect the debts. Bad debts are written off when identified.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of liabilities as a receivable.

h) Goods and services tax

Revenues, expenses, and assets are recognised net of the amount of goods and services tax (GST), except:

- i. where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
- ii. for receivables and payables which are recognised inclusive of GST.

Cash flows are included in the cash flow statement on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

i) Income tax

Section 50-5 of the Income Tax Assessment Act provides that certain bodies will be exempt from income tax. The Group is exempt from income tax in accordance with the Act; accordingly, no provision for income tax has been recorded.

j) Leases

The Group assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Group as a lessee

The Group applies a single recognition and measurement approach for all leases, except for short-term leases as leases of low-value assets. The Group recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets.

i. Right-of-use assets

The Group recognises right-of-use assets at the commencement date of the lease (i.e. the date of the underlying asset is available for use). Right-of-use assets are measured at cost, less any accumulated depreciation and impairment of losses, and adjusted for any remeasurement of lease liabilities. The cost of right-of-use assets includes the amount of lease liabilities recognised, initial direct costs incurred, and lease payments made at or before the commencement date less any lease incentives received. Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets as follows:

- Office Building 3 to 15 years
- Other equipment 3 to 5 years

If ownership of the leased asset transfers to the Group at the end of the lease terms or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

The right-of-use assets are also subject to impairment.

ii. Lease Liabilities

At the commencement date of the lease, the Group recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments include fixed payments (including in-substance fixed payments) less any lease incentives receivable, variable lease payments that depend on an index or a rate, and amounts expected to be paid under residual value guarantees. The lease payments also include the exercise price of a purchase option reasonably certain to be exercised by the Group and payments of penalties for terminating the lease, if the lease term reflects the Group exercising the option to terminate. Variable lease payments that do not depend on an index or a rate are recognised as expenses (unless they are incurred to produce inventories) in the period in which the event or condition that triggers the payment occurs. In calculating the present value of lease payments, the Group uses its incremental borrowing rate at the lease commencement date because the interest rate implicit in the lease is not readily determinable.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term (e.g. changes to future payments resulting from a change in an index or rate used to determine such lease payments) or a change in the assessment of an option to purchase the underlying asset.

The Group's lease liabilities are included in the Non-current liabilities.

iii. Short-term leases and leases of low-value assets

The Group applies the short-term lease recognition exemption to its short-term leases of equipment (i.e. those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). It also applies the lease of low-value assets recognition exemption to lease of office equipment that considered to be low value. Lease payments on short-term leases and leases of low-value assets are recognised as expense on a straight-line basis over the lease term.

k) Payables

Trade payables and other accounts payable are recognised when the Group becomes obliged to make future payments resulting from the purchase of goods and services.

l) Plant and equipment

Plant and equipment and leasehold improvements are stated at cost, less accumulated depreciation, and impairment. Cost includes expenditure that is directly attributable to the acquisition of the item.

Depreciation is provided on plant and equipment and is calculated on a straight-line basis so as to write off the net cost of each asset over its expected useful life. Leasehold improvements are depreciated over the period of the lease or estimated useful life, whichever is the shorter, using the straight-line method. The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, with the effect of any changes recognised on a prospective basis.

Impairment

The carrying values of plant and equipment are reviewed for impairment at each reporting date, with recoverable amount being estimated when events or changes in circumstances indicate that the carrying value may be impaired.

Derecognition and disposal

An item of plant and equipment is derecognised upon disposal, when the item is no longer used in the operations of the Group or when it has no sale value. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in surplus or deficit in the year the asset is derecognised.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

m) Provisions

Provisions are recognised when the Group has a present obligation (legal or constructive) as a result of a past event. It is probable that the Group will be required to settle the obligation, and a reliable estimate can be made of the amount of provision.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

n) Revenue recognition

Revenue is measured at the fair value of consideration received or receivable. Revenue is recognised net of the amounts of goods and services tax (GST) payable to the Australia Taxation Office.

i) Revenue from fundraising

Donations

Donations collected, including cash and goods for resale, are recognised as revenue when the Group gains control, economic benefits are probable and the amount of the donation can be measured reliably.

Legacies & Bequests

Legacies & bequests are recognised when received.

ii) Investment income

Investment income mainly comprises interest income. Interest income is recognised as it accrues, using the effective interest method.

iii) Asset sales

The gain or loss on disposal of all non-current assets is determined as the difference between the carrying amount of the asset at the time of disposal and the net proceeds on disposal.

o) Foreign currencies

The Group's consolidated financial statements are presented in Australian dollars, which is also the Parent company's functional currency. For each entity, the Group determines the functional currency and items included in the financial statements of each entity are measured using that functional currency. The Group uses the direct method of consolidation and on disposal of a foreign operation, the gain or loss is reclassified to surplus, or deficit reflects the amount that arises from using this method.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

i) Transactions and balances

Transactions in foreign currencies are initially recorded by the Group's entities at their respective functional currency spot rates at the date the transaction first qualifies for recognition.

Monetary assets and liabilities denominated in foreign currencies are translated at the functional currency spot rates of exchange at the reporting date.

Differences arising on settlement or translation of monetary items are recognised in surplus or deficit with the exception of monetary items that are designated as part of the hedge of the Group's net investment in a foreign operation. These are recognised in Other Comprehensive Income (OCI) until the net investment is disposed of, at which time, the cumulative amount is reclassified to surplus or deficit. Tax charges and credits attributable to exchange differences on those monetary items are also recorded in OCI.

Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rates at the dates of the initial transactions. Non-monetary items measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value is determined.

The gain or loss arising on translation of non-monetary items measured at fair value is treated in line with the recognition of the gain or loss on the change in fair value of the item (i.e., translation differences on items whose fair value gain or loss is recognised in OCI or surplus or deficit are also recognised in OCI or surplus or deficit, respectively).

ii) Group companies

On consolidation, the assets and liabilities of foreign operations are translated into Australian dollars at the rate of exchange prevailing at the reporting date and their statements of surplus or deficit are translated at exchange rates prevailing at the dates of the transactions. The exchange differences arising on translation for consolidation are recognised in OCI. On disposal of a foreign operation, the component of OCI relating to that particular foreign operation is reclassified to surplus or deficit.

p) Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the Group's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

A liability is classified as current when: it is either expected to be settled in the Group's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

The application of Australian Accounting Standards requires making judgments, estimates and assumptions to be made about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

The following are the critical judgements that management has made that have the most significant effect on the amounts recognised in the financial statements:

- i. Provisions for employee benefits – management judgement is applied in determining the future increase in wages and salaries, future on cost rates and experience of employee departures and expected period of service. Refer to Note 11 for further details.

The above judgements are considered to have a significant effect on the accounts and the basis of estimation are included within Note 2.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

	2022	2021
	\$	\$
4. REVENUE		
(a) Revenue		
Revenue from operations consisted of the following:		
Fundraising revenue:		
Donations	100,685,698	105,534,255
Interest revenue:		
Bank deposits	167,396	28,405
Other revenue:		
Recharge for services to Médecins Sans Frontières		
International entities	6,631,721	6,612,928
Other Income	164,891	84,253
Non-monetary income (donation-in-kind)	647,893	575,332
Total Revenue	108,297,599	112,835,173

(b) (Deficit)/Surplus before income tax

(Deficit)/Surplus before tax consisted of the following items:

Net (loss)/gain from foreign exchange rate movement	(76,660)	1,901
Funds to Médecins Sans Frontières field projects		
International entities	73,497,832	71,558,412
Employee benefits, including superannuation benefits	16,652,477	13,760,664
Payments to superannuation funds	1,398,492	1,106,786

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

5. KEY MANAGEMENT PERSONNEL REMUNERATION

The directors and other members of key management personnel of Médecins Sans Frontières Australia Limited during the year were:

- Ms Katrina Penney (President, non-executive)
- Mr Dwin Tucker (Vice President, non-executive)
- Ms Kerry Atkins (Treasurer) from 28 May 2022
- Ms Maurine Elizabeth Hilton-Thorp (Treasurer), resigned 28 May 2022
- Ms Maria Cartwright (non-executive)
- Ms Bethany Lansom (non-executive)
- Dr Thomas Schaefer (non-executive)
- Dr Mohammad-Ali Trad (non-executive)
- Ms Emma Campbell (non-executive), from 28 May 2022
- Dr Sivapalan Namasivayam (non-executive), from May 2022
- Dr Meguerditch Terzian (non-executive), resigned 28 May 2022
- Mr Ghassan Abou Chaar (non-executive), from 21 September 2022
- Ms Jennifer Tierney (Executive Director and Company Secretary)
- Ms Melanie Triffitt (Director of Business Operations)
- Ms Agathi Kissouri (Head of Finance and Administration), resigned 21 January 2022
- Ms Maryjane Aviles (Director of Engagement)
- Dr Claire Fotheringham (Head of Medical Unit)
- Mr Robin Sands (Head of Field Human Resources)
- Ms Shereena-Lee van de Berkt (Head of Domestic Human Resources)
- Mr Warrick Saunders (Head of Fundraising), resigned 25 November 2022
- Ms Sophie McNamara (Head of Communications)
- Mr Anorld Abundo (Head of IT and Transformation)
- Mr Simon Eccleshall (Head of Programs)
- Mr Muhammad Wazirzada (Head of Digital Marketing), from 7 March 2022

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

Except for the President, the directors provide their services on a voluntary basis. During the course of their duties, business expenses incurred by the directors were reimbursed (Note 15). The aggregate compensation of the key management personnel of the Group is set out below:

	2022	2021
	\$	\$
Key Management Remunerations (excluding the Board President)	1,995,270	1,177,688
President of the Board Remuneration	84,197	85,081

6. REMUNERATION OF AUDITORS

The auditor of the Group is Crowe Audit Australia, an affiliate of Findex (Findex Aust Pty Ltd) 2021 Auditor: Ernst & Young

Amounts received or due and receivable for:

Audit of the financial report	65,000	77,737
Other Services	-	-

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

7. PLANT AND EQUIPMENT

	Office equipment at cost \$	Furniture and fittings at cost \$	Website and Software at cost \$	Total \$
Gross carrying amount				
Balance at 1 January 2021	715,430	1,157,724	539,354	2,412,508
Additions	37,282	38,652	10,700	86,634
Disposals	(6,975)	(2,380)	(79,795)	(89,150)
Balance at 1 January 2022	745,737	1,193,996	470,259	2,409,992
Additions	92,875	14,329	61,061	168,265
Disposals	-	-	-	-
Balance at 31 December 2022	838,612	1,208,325	531,320	2,578,257
Accumulated depreciation and impairment				
Balance at 1 January 2021	548,010	1,072,798	539,354	2,160,162
Depreciation expense	72,039	53,381	415	126,285
Disposals	-	-	(77,075)	(77,075)
Balance at 1 January 2022	620,049	1,126,629	462,694	2,209,372
Depreciation expense	92,103	8,307	2,383	102,793
Disposals	-	-	-	-
Balance at 31 December 2022	712,152	1,134,936	465,077	2,312,165
Net book value				
As at 31 December 2021	125,688	67,367	7,565	200,620
As at 31 December 2022	126,460	73,389	66,243	266,092

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

	2022	2021
	\$	\$
8. TRADE AND OTHER RECEIVABLES		
<i>Current</i>		
Amounts due from Médecins Sans Frontières		
International entities	1,844,208	1,415,989
Good and services tax (GST) recoverable	501,959	470,227
	<u>2,346,167</u>	<u>1,886,216</u>
9. OTHER ASSETS		
<i>Current</i>		
Prepayments	552,763	524,197
Inventories	4,139	4,139
Other	88,016	86,471
	<u>644,918</u>	<u>614,807</u>
<i>Non-Current Asset</i>		
Rental bond	215,337	215,337
10. TRADE AND OTHER PAYABLES		
<i>Current</i>		
Trade payables	1,354,627	1,754,998
Grants payables	1,716,380	4,041,159
Accruals	648,593	576,587
	<u>3,719,600</u>	<u>6,372,744</u>

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

	2022	2021
	\$	\$
11. PROVISIONS		
<i>Current</i>		
Employee benefits	1,301,296	1,173,227
<i>Non-current</i>		
Employee benefits	171,290	202,033
Make good provisions	290,000	280,000
	461,290	482,033
	Employee benefits	Make Good Provision
	\$	\$
Balance at 1 January 2022	1,375,260	280,000
Movement	97,326	10,000
Balance at 31 December 2022	1,472,586	290,000

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

12. LEASES

Set out below is the carrying amount of right-of-use asset recognised and the movements during the period.

	2022	2021
	\$	\$
Office Building	953,837	1,355,988
Depreciation expenses	(283,360)	(432,363)
Balance	<u>670,477</u>	<u>923,625</u>

Set out below is the carrying amount of lease liability and the movements during the period

Office Building	1,017,904	662,608
Reassessment of lease terms	-	742,818
Total Office Building	<u>1,017,904</u>	<u>1,405,426</u>
Accretion of interest	45,387	54,740
Payments	(428,751)	(442,262)
Balance	<u>634,540</u>	<u>1,017,904</u>
Current	443,729	405,856
Non-Current	190,811	612,048

The following are the amounts recognised in deficit or surplus

Depreciation expense of right-of-use assets	283,360	432,363
Interest expense on lease liabilities	45,387	54,740
Expense relating to lease of low-value assets (included in administration expenses)	561	19,756
Total amount recognised in deficit or surplus	<u>329,308</u>	<u>506,859</u>

The Group had total cash outflow for leases of \$429,312 in 2022 (2021: \$462,018). The Group had \$0 in non-cash addition to right-of-use assets and lease liabilities in 2022 (2021: \$742,818).

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

13. RETAINED EARNINGS

	2022	2021
	\$	\$
Balance at the beginning of the financial year	20,312,792	11,376,312
Net (deficit)/surplus	(4,792,563)	8,936,480
Balance at end of financial year	<u>15,520,229</u>	<u>20,312,792</u>

14. RESERVES

	Foreign Currency Translation	
	2022	2021
	\$	\$
Opening balance	(175,992)	(212,518)
Foreign exchange translation differences	7,149	36,526
Closing balance	<u>(168,843)</u>	<u>(175,992)</u>

Foreign currency translation reserve

This relates to currency translation gains and losses arising during the year.

15. MEMBERS GUARANTEE

Médecins Sans Frontières Australia Limited is a company limited by guarantee. If the company is wound up, the Constitution state that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 31 December 2022, the number of members was 302 (2021: 312).

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

16. RELATED PARTIES

Group Information

The consolidated financial statements of the Group include a wholly owned subsidiary, Médecins Sans Frontières New Zealand Charitable Trust that commenced operations in April 2017.

Médecins Sans Frontières Australia Limited provides services to and services from Medecins Sans Frontieres International entities.

Transactions with related parties

During the year, entity within the Group entered into the following transactions with related parties who are not members of the Group:

	Recharges to Partners		Grants to and Recharges from Partners	
	2022	2021	2022	2021
MSF International	344,688	304,573	2,474,079	1,681,358
MSF Spain	126,056	44,424	15,652	112,963
MSF Belgium	607,533	895,179	12,500	10,000
MSF Holland	899,966	1,482,512	6,895	34,541
MSF Switzerland	1,751,772	803,427	18,857,288	19,459,505
MSF France	1,920,765	2,296,741	43,995,988	45,285,061
MSF HongKong	301,012	257,131	611,184	242,768
MSF Japan	301,012	263,709	47,818	50,185
MSF United Kingdom	221,129	190,353	21,053	12,872
MSF Canada	79,993	-	316,629	214,039
MSF Brazil	77,793	-	-	-
MSF Austria	-	82,328	-	-
MSF Eastern Africa	-	-	19,851	99,283
MSF Germany	-	-	98,054	
MSF USA		4,288	26,347	28,817
MSF Logistique	-	-	-	4,691
	<u>6,631,719</u>	<u>6,624,665</u>	<u>66,503,338</u>	<u>67,236,083</u>

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

At the end of the year, the following balances were outstanding between entities within the Group and related parties who are not members of the Group:

	Amounts owed by related parties		Amounts owed to related parties	
	2022	2021	2022	2021
MSF International	287,252	261,057	466,342	158,663
MSF Spain	26,034	(8,857)	(220)	3,240
MSF Belgium	32,263	130,175	12,500	-
MSF Holland	191,364	179,808	7,074	2,041
MSF Switzerland	655,137	154,659	461,935	282,346
MSF France	415,475	402,843	659,994	72,672
MSF HongKong	72,306	77,756	53,335	44,021
MSF Japan	51,183	77,756	8,308	16,103
MSF United Kingdom	20,726	116,056	-	12,872
MSF Canada	14,676	-	294,567	102,397
MSF Brazil	77,793	-	-	-
MSF Austria	-	24,737	-	-
MSF USA	-	-	359	7,447
MSF Germany	-	-	31,766	-
	<u>1,844,209</u>	<u>1,415,990</u>	<u>1,995,960</u>	<u>701,802</u>

The Board of Médecins Sans Frontières Australia Limited approved the reimbursement of the following business expenses incurred by the directors of the company in the course of their duties as a director during the year:

	Amount (\$)
Kerry Atkins	128
Maria Cartwright	589
Emma Campbell	137
Sivapalan Namasivayam	325
Dwin Tucker	534
Katrina Penney	3,012

17. SUBSEQUENT EVENTS

There has not been any matter or circumstance that has arisen since the end of the financial year that has significantly affected, or may significantly affect, the operations of the Group, the results of those operations, or the state of affairs of the Group in future financial years.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

**18. INFORMATION RELATING TO MEDECINS SANS FRONTIERES AUSTRALIA LIMITED
(THE PARENT)**

	2022	2021
	\$	\$
Current Assets	18,371,185	23,191,176
Total Assets	37,757,496	37,847,417
Current Liabilities	4,969,870	3,546,949
Total Liabilities	6,065,700	5,046,887
Retained Surplus	31,691,797	32,800,530
(Deficit)/surplus of the parent entity	(5,911,410)	9,621,556
Total comprehensive (loss)/income of the parent entity	(5,911,410)	9,621,556

The Parent had no material contingent liabilities as at 31 December 2022

The Parent had no commitments as at 31 December 2022

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

**19. DETAILED INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2022
(THE PARENT)**

	2022	2021
	\$	\$
Revenue:		
Donation and gifts		
Monetary	81,423,757	84,021,380
Non-monetary (in-kind)	567,123	575,332
Legacies and bequests	12,130,006	16,372,672
Investments income	151,626	17,949
Other income	6,796,279	6,696,713
Total Revenue	<u>101,068,791</u>	<u>107,684,046</u>
Expenses:		
International aid and development program expenditure		
Funds to international programs	68,598,319	67,724,848
Program support costs	5,901,898	3,642,067
Community education	1,759,743	2,701,162
Fundraising costs (Public)	17,648,206	15,076,802
Accountability and administration	7,633,638	6,085,156
Non-monetary expenditure (in-kind)	<u>567,123</u>	<u>575,332</u>
Total international aid and development program expenditure	<u>102,108,926</u>	<u>95,805,367</u>
Impairment in investment of MSF New Zealand	<u>4,917,746</u>	<u>2,257,123</u>
(Shortfall)/excess of revenue over expenditure	<u>(5,957,881)</u>	<u>9,621,556</u>

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

20. DETAILED CONSOLIDATED BALANCE SHEET FOR THE YEAR ENDED 31 DECEMBER 2022

	2022	2021
	\$	\$
Assets		
Current Assets		
Cash and cash equivalents	17,325,121	25,342,104
Trade and other receivables	2,346,167	1,886,216
Inventories	4,139	4,139
Other financial assets	552,763	524,197
Other receivables	88,016	86,471
Total Current Assets	<u>20,316,206</u>	<u>27,843,127</u>
Non Current Assets		
Other financial assets	215,337	215,337
Property, plant and equipment	266,092	200,619
Right of use asset	670,477	923,625
Total Non Current Assets	<u>1,151,907</u>	<u>1,339,581</u>
Total Assets	<u>21,468,112</u>	<u>29,182,708</u>

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

20. DETAILED CONSOLIDATED BALANCE SHEET FOR THE YEAR ENDED 31 DECEMBER 2022

	2022	2021
	\$	\$
Liabilities		
Current Liabilities		
Trade and other payables	1,354,627	1,754,998
Grants Payable	1,716,380	4,041,159
Accruals	648,593	576,587
Provisions	1,301,296	1,173,227
Lease liabilities	443,729	405,856
Total Current Liabilities	<u>5,464,625</u>	<u>7,951,827</u>
Non Current Liabilities		
Lease liabilities	190,811	612,048
Provisions	461,290	482,033
Total Non Current Liabilities	<u>652,101</u>	<u>1,094,081</u>
Total Liabilities	<u>6,116,726</u>	<u>9,045,908</u>
Net Assets	<u>15,351,386</u>	<u>20,136,800</u>
Equity		
Reserves	(168,843)	(175,992)
Retained Surplus	<u>15,520,229</u>	<u>20,312,792</u>
Total Equity	<u>15,351,386</u>	<u>20,136,800</u>

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

21. DETAILS OF FUNDRAISING APPEALS

	2022	2021
	\$	\$
Details of aggregate gross income and total expenses on fundraising appeals (i)		
Newspaper, magazine advertisements and inserts	873,601	122,233
Acquisition	192,716	141,363
Bequest	12,514,489	16,371,442
Newsletters/appeals	11,777,203	17,816,180
Other general campaign	1,021,224	1,075,279
Events	849,750	738,353
Field partners	42,485,325	44,898,017
Online	16,744,997	12,903,375
Unsolicited Income	3,259,414	1,596,067
Telemarketing	3,835,045	4,731,742
New Zealand	7,131,933	5,140,204
	<u>100,685,697</u>	<u>105,534,255</u>
Less: Total direct costs of fundraising appeals		
Newspaper, magazine advertisements and inserts	119,745	119,885
Acquisitions	28,590	1,664,799
Bequest	280,786	179,890
Newsletters/appeals	1,931,482	1,685,685
Other general campaigns	636,160	1,181,999
Events	67,698	10,921
Field Partners	7,988,679	7,567,922
Online	1,962,071	1,476,822
Telemarketing	3,268,748	1,658,336
	<u>16,283,959</u>	<u>15,546,259</u>
Net surplus obtained from fundraising appeals	<u>84,401,738</u>	<u>89,987,996</u>

(i) The Charitable Fundraising Act 1991 defines income from fundraising appeals as excluding bequest and unsolicited donations. The total income shown above includes both bequests and unsolicited donations, shown as separate items. Income excluding these amounts was \$84,911,794 (2021: \$87,566,746). Net surplus excluding these amounts was \$68,627,835 (2021: \$72,020,487).

Income is reported against the original donation source, in order to reflect the full income generated by appeals.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

22. FUNDS RECEIVED FROM THE GENERAL PUBLIC APPLIED IN CHARITABLE PURPOSES

	2022	2021
	\$	\$
Net surplus from fundraising appeals (i)	84,401,738	89,987,996
This was applied to the charitable purposes in the following manner:		
Funds to overseas projects	(74,564,528)	(71,579,768)
Administration expenses (i)	(8,468,206)	(5,795,354)
Balance/(deficit) applied to operational support at Médecins Sans Frontières Australia	<u>1,369,004</u>	<u>12,612,874</u>
Funds to overseas projects were expended by the following parties on behalf of Médecins Sans Frontières Australia Limited:		
Operational Centre Paris	47,267,384	45,606,303
Operational Centre Geneva	20,011,182	19,545,558
Médecins Sans Frontières International	1,168,545	720,289
Climate SMART - TIC	734,142	364,346
Other (SEEAP Supply)	198,939	-
Médecins Sans Frontières Academy	12,500	-
Operational Centre Amsterdam	9,000	32,500
	<u>69,401,692</u>	<u>62,268,996</u>
Project staff costs	4,548,678	5,310,772
Emergency response costs	<u>614,158</u>	<u>-</u>
Total funds to overseas projects	<u>74,564,528</u>	<u>71,579,768</u>

(i) Administration expenses and funds to overseas projects are different from the Statement of Comprehensive Income due to the fact that the above exclude non-monetary expenses as they are not funds received from the general public.

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

23. COMPARISON OF CERTAIN MONETARY FIGURES & PERCENTAGES

		2022	2021	2022	2022
		\$	\$	%	%
Total cost of fundraising	⊕	22,643,877	19,934,384	22%	19%
Gross income from fundraising		100,685,697	105,534,255		
Net surplus from fundraising	⊕	78,041,820	85,599,871	78%	81%
Gross income from fundraising		100,685,697	105,534,255		
Total cost of services	⊕	81,901,421	78,170,855	91%	93%
Total expenditure (excluding costs of fundraising)		90,446,286	83,964,309		
Total cost of services	⊕	81,901,421	78,170,855	96%	84%
Total income received (net of fundraising costs)		85,653,722	92,900,789		

Gross comparisons including fundraising covered by the Charitable Fundraising Act

Cost of fundraising appeals	⊕	22,643,877	19,934,384	27%	23%
Gross income from fundraising appeals		84,911,794	87,566,746		
Net surplus from fundraising appeals	⊕	60,423,222	72,574,263	71%	83%
Gross income from fundraising appeals		84,911,794	87,566,746		

24. LIST OF TYPES OF FUNDRAISING APPEALS CONDUCTED DURING THE FINANCIAL PERIOD

- Newspaper and Magazine Advertisements and Inserts
- Direct and Unaddressed Mail Donor Acquisition
- Field Partner (Regular Giving) Acquisition and Retention
- Trusts and Foundations
- Bequest Program
- Major Donor Program
- Telefundraising Program
- Workplace Giving
- Online
- Social Media (Facebook and Google Ads)



During 2022, MSF operated mobile clinics in underground metro stations in the city of Kharkiv, Ukraine. Many people who could not flee the war found shelter in these stations.
© Mohammad Ghannam/MSF



Студентська
Studentska

Героїв Праці
Heroiv Pratsi

Академіка Барабашова
Akademika Barabashova

Київська
Kyivska

Пушкінська
Pushkinska

Університет
University

Історичний музей
Istorychnyi Muzei

вул. Солидарності
Solidarnosti St.

вул. Пушкіна
Pushkina St.

вул. Володимира Зубенка
Vladymir Zubenka St.

вул. Ладного
Ladno St.



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