

Médecins Sans Frontières Australia

ANNUAL REPORT 2015



**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**



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 principals:

Médecins Sans Frontières offers assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict, without discrimination and irrespective of race, religion, creed or political affiliation.

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

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

As volunteers, members are aware of the risks and the dangers of the mission they undertake, and have no right to compensation for themselves or their beneficiaries other than that which Médecins Sans Frontières is able to afford them.

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Front cover: Fatoumata has been diagnosed with severe malaria and the complication of severe anaemia. She was transferred to Koutiala Hospital for lifesaving treatment. © Yann Libessart / Médecins sans Frontières Left: Standing in what was once the mental health room, looking out at the graffiti one of the international staff members painted on the wall of the office before they were evacuated. © Dan Sermand/MSF

MESSAGE FROM THE PRESIDENT



Stewart Condon

President,
Médecins Sans Frontières Australia
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In 2015, Médecins Sans Frontières Australia sent 204 dedicated fieldworkers to assist populations in distress, survivors of natural and man-made disasters and to victims of armed conflict. Through their vital work, Médecins Sans Frontières Australia has witnessed the challenges that come with unprecedented migration and displacement, global epidemics and the continued horror of war – all contexts which featured heavily in the countries we worked in during 2015.

Following on from the enormous contribution made during and after the Ebola Crisis in 2014, Médecins Sans Frontières released a report highlighting our insights into the emergency response strategy. These findings exposed a global research and development infrastructure shortfall that does not adequately accommodate lifesaving treatment, particularly for low income countries. In addition to recommendations on how to improve future preventative efforts, Médecins Sans Frontières continued to focus on enhancing rapid response capabilities through surveillance, early detection and medical response. New Ebola cases in Liberia reported in July and November highlighted the need for Médecins Sans Frontières to continue supporting the Ministry of Health with training sessions in rapid isolation and treatment of Ebola teams, in four districts of the country, and health centres in Monrovia.

Deliberate and indiscriminate violence

A Médecins Sans Frontières hospital in Kunduz, Afghanistan, was targeted by US airstrikes in October killing 14 staff, 24 patients and four patient care takers, and depriving over one million people in north-eastern Afghanistan of high quality healthcare. This was not the first time that our facilities have been attacked in a conflict zone and it has certainly not been the last. There have since been a number of attacks on hospitals and medical facilities in Yemen, South Sudan and Médecins Sans Frontières supported facilities in Syria. This is an alarming trend which shows a complete disregard for our humanitarian action; we cannot accept this as the new status quo. As a medical humanitarian organisation, we must continue to speak out about this intolerable behaviour, and add a political

cost to warring parties – including many who are UN Security Council Members – who continue to flout international humanitarian law. Because, as we know; even war has rules.

People movement and humanitarian needs

The conflict caused by failed states in Libya, Yemen, Afghanistan, Syria, South Sudan, Niger, Burundi and Nigeria, have seen a rise in protracted emergencies, resulting in large numbers of people on the move and significant numbers of people facing a heightened risk of death and disease. These situations have also resulted in huge medical humanitarian needs. While a large responsibility has fallen on surrounding states, Médecins Sans Frontières continues to provide free treatment for patients with chronic disease in Lebanon, run reconstructive surgery projects in Jordan, vaccination programs in Tanzania, comprehensive sexual and family violence treatment in Nigeria and deploy medical teams to South Sudan and the four affected countries in the Lake Chad region.

During 2015, 3,771 people died while attempting to cross the Mediterranean Sea in search of safety in Europe. Médecins Sans Frontières responded to the crisis by conducting multiple search and rescue operations at sea and providing medical assistance to those who landed at entry points along the migration route. We continue to advocate on behalf of refugees around the globe by speaking out about their plight and their medical needs, whether this be in Africa as a result of civil conflict, Europe as a result of migration or closer to home in offshore immigration detention centres. Shining a light on these important humanitarian issues – and commenting on these international “on-water” matters



Médecins Sans Frontières responds to the Nepal earthquake. © Brian Sokol/Panos

– remains a key part of our strategic direction.

Board operations

Over the last year, there are quite a few achievements at a board level. In all of our work we aim to make MSF Australia a more effective organisation. We take this to the other levels in which we operate, with the aim that patients get better care, more often and that our field workers are supported in better ways. Our board is aware that we operate in a higher risk “industry”, and has a very good understanding of our obligations as responsible employers, and our duty of care for those who continue to travel to the field. Our partnerships with Operational Centres Paris and Geneva provide for better follow-up, collaboration and governance.

Additionally, the formation of the NZ trust represents an important step for our section. This will allow for tax deductible

donations to occur in NZ, and will give us a presence there that we have not had to this point. Congratulations to all who have been able to make this happen!

To our supporters

I would like to thank Executive Director Paul McPhun, The Board, volunteers and the large team in the Sydney office for their unwavering support, commitment and passion for Australia. They are tireless; travelling around the world when needed, and staying awake for late night teleconferences when warranted. From the Service Centre staff who talks to our donors every day, to fundraising and the departments that are more directly linked to field operations, our teams work tirelessly to ensure that MSF Australia continues to achieve its goals. Thank you for your work over the last year.

You may know someone who has been on mission in the last year- a friend, relative or colleague. Thank you for supporting

them in what they do, and supporting their belief in medical humanitarian action.

Lastly, a special thank-you to all our very generous donors – both large and small – without whom, our important work would not exist. It is a result of your continued support that vulnerable people in need of emergency medical assistance around the globe can have access essential medical care.

Thank you!

Dr Stewart Condon
President, MSF Australia

2015: OUR YEAR IN REVIEW



Paul McPhun

Executive Director,
Médecins Sans Frontières Australia
© Meredith Schofield

The outbreak of Ebola in West Africa was still very much at the heart of Médecins Sans Frontières humanitarian action in 2015. However, the year was marked by two equally challenging emergencies: a refugee crisis in the Mediterranean Sea, and escalating conflicts in Syria, Yemen, Afghanistan and South Sudan.

The Ebola crisis was far from over in 2015 and Médecins Sans Frontières continued supporting the eradication of the epidemic in West Africa. Along with treatment, control and prevention activities, Médecins Sans Frontières supported the Ministries of Health in Guinea, Sierra Leone and Liberia in re-building their regular hospital services in the aftermath of the disease. Médecins Sans Frontières also led an initiative to coordinate safe and responsible management of virus samples, share data, and enable improved diagnosis of infectious diseases.

The rapid escalation of people crossing the Mediterranean from North Africa to Europe quickly became disastrous as hundreds of lives were lost at sea. Providing emergency medical assistance in reception centres in Greece and Italy was simply not enough, and Médecins Sans Frontières launched three maritime search and rescue operations to provide immediate emergency medical care to those rescued at sea and transfer them to safety. Médecins Sans Frontières rescued thousands of people at sea in the Mediterranean Sea in 2015, and assisted thousands more on their arrival in Europe.

Médecins Sans Frontières Australia mobilised many field staff, notably to address the internal conflict in South Sudan as ethnic violence tore apart communities. Syria and Yemen were also a major focus. Both countries were highly insecure, with the targeting of medical personnel, hospitals and patients becoming shockingly commonplace. Despite this, Médecins Sans Frontières ran a number of front line emergency hospitals in Yemen and continued to run six hospitals and support a network of medical facilities across Syria. On 3

October we learned of the fateful attack by US forces against the Médecins Sans Frontières trauma centre in Kunduz, Afghanistan. This was an attack against the very principles of medical humanitarian action. Forty-two people lost their lives, including 14 staff and 24 patients. The outpouring of condolences and concern was astounding, and a massive source of strength to us all. By the end of 2015, 100 medical facilities run or supported by Médecins Sans Frontières had been attacked with a loss of 88 staff.

Giving Voice to our patients

Our communications in Australia achieved high visibility and engagement as a result of strong public positioning on key humanitarian issues. The communications department placed personnel overseas to support field operations in countries like Kenya, Sierra Leone and India, and launched a new feature website (childhealthmali.msf.org) to highlight one of Médecins Sans Frontières's largest paediatric projects. Community engagement continued to be an important touch-point with ever-increasing requests for speakers and Médecins Sans Frontières participation in conferences. The series of symposiums and roundtable meetings regarding the challenges to International Humanitarian Law (with special guest Françoise Bouchet-Saulnier from Médecins Sans Frontières' Legal Department) was very well received by the academic and aid sectors. A new content strategy was implemented resulting in 78 pieces of original content and was complemented by 115 external media interviews. An important digital strategy was finalised leading to a plan to redevelop our website in 2016.

A medical communications strategy was consolidated and we produced a movement wide communications package about adolescent health for International Women's Day.

Support for access to essential medicines was a particular focus for our Advocacy Team. The 'Right Shot' campaign was launched with the goal of reducing the exorbitant price of PCV vaccine, a lifesaving vaccination for millions of children worldwide. Médecins Sans Frontières Australia staff helped construct and manage this global campaign and promote it with the Australian Government. Our support for Médecins Sans Frontières missions in PNG continued with the drafting of a report on sexual violence, and highlighting Médecins Sans Frontières' perspectives on DFAT's role in TB response.

Direct support to operations

The Sydney Medical Unit continued its essential field support. This year's emphasis was on strengthening newborn care and improving the systematic care of severely ill children. A particular focus of the Medical Unit was victims of sexual violence. More than 3700 survivors were treated in four programs alone with a high proportion of victims under the age of 14 years.

The continued investment in human resources resulted in the formation of a domestic HR department, and a Head of Domestic HR. This role identified strategic priorities including an online performance review system, increasing organisational and individual learning and development, and improving internal communication. Similar investments were made in support of the career development of our field staff. In

2015 Médecins Sans Frontières Australia placed 204 field staff overseas in 41 countries.

Efficiency and accountability

Our Finance and Administration team kept overhead costs consistent despite significant growth. A new finance and payroll system is due to go live in mid-2016 and an external review of the information technology support was performed, confirming strong performance while highlighting areas to improve. The Service Centre continued to provide excellent service to our growing supporter base across a number of mediums.

Public support

Our ability to act quickly and reach those in greatest need is thanks to the generous financial support of people like you and the trust you give us by providing untied funding.

We continued to grow our fundraising programs in 2015 with the Australian public donating \$84.5 million, mostly through monthly donations by our Field Partners and also from our extremely generous major donors. The financial response to natural disasters and other crises reminds me of the values and empathy shared by so many of the supporters I have met.

With your ongoing support we will continue to respond to epidemics and natural disasters, and provide medical aid to the world's most vulnerable populations. I sincerely thank you for your ongoing and generous support, and your solidarity and strength as we navigate our future challenges.



Paul McPhun
Executive Director
Médecins Sans Frontières Australia



An MSF staff member walks through the grounds of the Kunduz trauma centre, hours after it was badly damaged from sustained bombing on October 3. © MSF

AUSTRALIAN AND NEW ZEALAND FIELD STAFF IN 2015

Field workers from Australia and New Zealand filled 190 field roles in 2015, contributing their professional skills to an international Médecins Sans Frontières workforce of around 35,000 people.

AFGHANISTAN

Lisa Altmann
nurse

Terri Bidwell
surgeon

Colette Connors
nurse-theatre

Claire Fotheringham
obs/gynae

Alison Moebus
nurse

Nikola Morton
medical doctor

Matthew Nicholson
pharmacist

Kathleen Thomas
medical doctor

Diana Wellby
obs/gynae

ARMENIA

Kerrie-Lee Robertson
admin-finance coordinator

BANGLADESH

Sandra Downing
epidemiologist

Stobdan Kalon
medical coordinator

BELARUS

Karen Chung
medical doctor

CAMBODIA

Rachel Creek
log coordinator

CAMEROON

Rachel Marsden
field coordinator

Don McCallum
log-general

CENTRAL AFRICAN REPUBLIC

Annekathrin Muller
nurse

Johanna White
midwife

CONGO, DEMOCRATIC REPUBLIC

Jeza Goeldi
log team leader

Alan Hughes
obs/gynae

Suzel Wiegert
nurse

EGYPT

Stella Smith
med team leader

ETHIOPIA

Philippa Cox
midwife

Veronique De Clerck
medical coordinator

Kay Hodgetts
medical doctor

GREECE

Danielle Ballantyne
med team leader

Ruth Dabell
nurse

HAITI

Mohana Amirtharajah
surgeon

Eugen Salahoru
medical doctor

Lisa Searle
medical doctor

INDIA

Cindy Gibb
nurse

Luis Villa Villanueva
head of mission

IRAQ

Sita Cacioppe
med team leader

Kathleen Pemberton
midwife

Sally Thomas
field coordinator

ITALY

Kristen McClelland
nurse

JORDAN

Johanna van Grinsven
mental health coordinator

KENYA

Christopher Holden
medical doctor

Victoria Mowat
nurse

Zen Patel
admin-finance coordinator

LEBANON

Rebecca Bennett
psychologist

Emma Campbell
admin-finance coordinator

Bethan McDonald
med team leader

Amy Neilson
medical doctor

Kate Tyson
obs/gynae

LIBERIA

Laura Collins
nurse

Louisa Cormack
log-general

Emilie Fourrey
nurse

Janine Issa
midwife

Christopher Lee
log-construction

Virginia Lee
psychologist

Emma Parker
nurse

MALAWI

Kimberley Hikaka
field admin

Nicolette Jackson
head of mission assistant

Johanna Wapling
medical scientist

Jocelyn Woodman

MALTA

John Cooper
log-general

MYANMAR

David McGuinness
nurse

Alexandra Stewart
medical doctor

NEPAL

Euan Beamont
log-general

Gandhi Pant
nurse

Melissa Schulz
medical scientist

Anne Taylor
head of mission

NIGERIA

Clare Brennan
psychologist

Stephanie Davies
admin-finance coordinator

Shanti Hegde
obs/gynae

Siry Ibrahim
field coordinator

Janet Loughran
anaesthetist

Sivapalan Namasivayam
anaesthetist

Kiera Sargeant
nurse

Helmut Schoengen
anaesthetist

Loren Shirley
pharmacist

Grace Yoo
pharmacist

PAKISTAN

Prue Coakley
field coordinator

Rosemary Hay
medical doctor

Tamaris Hoffman
surgeon

Claire Jackson
midwife

William Johnson
log-electrician

Amy Le Compte
midwife

Peter Mathew
surgeon

Tim Pont
medical doctor

Michelle Spelman
med team leader

Adrian Thompson
field coordinator

Mathew Zacharias
anaesthetist

* Some people who completed field assignments in West Africa would prefer to stay anonymous so we have listed their field roles but not their names.

PALESTINIAN TERRITORY

Rochelle DeLacey
nurse

Gregory Keane
psychologist

Devash Naidoo
psychologist

PAPUA NEW GUINEA

Jananie Balendran
medical doctor

Jeff Fischer
log-construction

Judith Forbes
anaesthetist

Warren Grief
log-general

Elsbeth Kendall-Carpenter
nurse

Jessica Ramsay
medical scientist

Kelly Wilcox
field coordinator

SIERRA LEONE

Terry Coffey
log-general

Hugo De Vries
log-general

Steven Denshire
log-construction

Jennifer Duncombe
epidemiologist

Sue Harrop
admin-fincoordinator

Celeste Higgins
field admin

Malcolm Hugo
mental health coordinator

Marilyn Keane
midwife

Victor Lasa
log-general

Sue Mitchell
psychologist

Robert Onus
log-general

Caitlin Ryan
communications officer

Lucienne Scott
other

Colin Watson
nurse

SOUTH AFRICA

Ellen Kamara
field coordinator

SUDAN

Frederick Cutts
log-electrician

SUDAN SOUTH

Jordan Amor-Robertson
medical doctor

Andrea Atkinson
medical doctor

Eric Boon
log-general

Katy Brown
nurse

Nicole Campbell
nurse

Shaun Cornelius
log-general

Cath Deacon
medical doctor

Skye Giannino
nurse

Sonia Girle
midwife

Lauren Gourley
nurse

Jacqueline Gowers
nurse

Shella Hall
medical coordinator

Jessica Holden
medical doctor

Melissa Hozjan
med team leader

Raque Kunz
log-general

Jaye Maxwell
midwife

Mark Meredith
log-general

Jessica Paterson
admin-fincoordinator

Jessa Pontevedra
nurse

Keiole Rima
pharmacist

Miho Saito
midwife

Jill Smith
medical doctor

Evan Tanner
log-general

Kyla Ulmer
nurse

Jeanne Vidal
watsan

Helen Wolsey
nurse

SYRIA

Michael Hering
log coordinator

Penny O'Connor
med team leader

Ruth Osadebay
midwife

Michael Seawright
field coordinator

TAJIKISTAN

Madeleine Habib
log-general

Frances MacDonald
nurse

TANZANIA

Rebecca Grivas
medical doctor

Dymphna Halls-Smith
nurse

Luke Maes
nurse

Natalie Schulz
admin-fincoordinator

UGANDA

Chinelo Adogu
pharmacist

Brian Moller
head of mission

Angela Park
nurse

UKRAINE

Aiesha Ali
pharmacist

Anna Dicker
nurse

Andrew Dimitri
med team leader

Carol Nagy
field coordinator

David Nash
head of mission

Linda Pearson
nurse

UZBEKISTAN

Amrita Ronnachit
medical doctor

Susanne Schmitt
medical doctor

VANUATU

Helle Poulsen-Dobyns
medical coordinator

Arnold Santiago
log coordinator

YEMEN

Kevin Baker
anaesthetist

Margie Barclay
midwife

Colin Chilvers
anaesthetist

Kylie Gaudin
log-general

Rachna Shankar
anaesthetist

Jeff Stewart
field coordinator

John Swinnen
surgeon

Lisa Trigger-Hay
medical doctor

Raewyn Turner
nurse

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

MESSAGE FROM THE MEDICAL UNIT



Dr Myrto Schaefer
Head of Medical Unit,
Médecins Sans Frontières Australia
© MSF

It has been a productive year for the Médecins Sans Frontières Australia Medical Unit, as we continue to strive for best practice in delivering high quality care to our patients in the field, particularly through our paediatrics and women's health projects.

It has been a productive year for the Médecins Sans Frontières Australia Medical Unit, as we continue to strive for best practice in delivering high quality care to our patients in the field, particularly through our paediatrics and women's health projects.

As part of Operational Centre Paris (OCP), the Sydney-based Medical Unit supported 39 projects in paediatrics, neonatal and nutrition, obstetrics, sexual and family violence, and women's health, in 15 countries around the globe. The Unit's team of advisors also travelled extensively to provide field support to projects in Liberia, Mali, Yemen, Nigeria, Nepal, Jordan, Cote d'Ivoire, Kenya and Afghanistan.

Compared to 2014, women's health care was provided in fewer countries and projects in 2015, however, the total number of overall deliveries for birthing women increased by 34 per cent to 51,098. Antenatal care and postnatal care consultations have remained stable and large-scale maternity hospitals such as Dasht-e-Barchi in Afghanistan and Katiola in Ivory Coast continued to provide comprehensive emergency obstetric and newborn care for mother and babies.

Women's health activity was represented in all emergency projects: the Nepal earthquake, war-torn Libya, Liberia after the peak of Ebola, and in Nigeria providing care to populations displaced due to Boko Haram. Consultations were also conducted in France and Greece for the large numbers of asylum seekers currently seen in Europe.

New projects were opened towards the end of 2015, presenting new and challenging contexts to provide sexual and reproductive health services: in Kaseese, Uganda, with a focus on adolescent health; Gaziantep, Turkey, for Syrian refugees, where we have had to adapt our protocol for this context; and the slums in Manila, Philippines,

here we are developing cervical screening strategies and the provision of the human papillomavirus vaccinations.

Based on global statistics we know that rates of sexual violence are high in many of the conflict zones and contexts with highly vulnerable populations where we work. Thus it is important that victims receive adequate and timely medical and psychological care. The Medical Unit has played a pivotal role in driving a more comprehensive response to sexual violence in projects run by OCP.

Of the four projects that represent our largest component of sexual violence care – in Mathare slum in Nairobi, Kenya, Port Harcourt in southern Nigeria, Rutshuru in Democratic Republic of Congo (DRC) and Bangui in Central African Republic (CAR) – numbers have remained consistent in Mathare and Rutshuru, while in Bangui caseloads have doubled and in Port Harcourt numbers continue to grow steadily since the new project started in June 2015.

In 2015, Médecins Sans Frontières OCP conducted its first ever sexual violence training workshop in Kampala, Uganda. Intersectional sexual violence training toolkits were developed in 2015 and piloted in Uganda, with the hope they will later be utilised by all Operational Centres for future training in this area.

Also in 2015, Médecins Sans Frontières treated 59,000 children and almost 12,000 newborns as inpatients in hospitals,

with 80% of cases coming from CAR, DRC, Mali and South Sudan. Given their vulnerability, children under five years of age continue to be a priority in the majority of our projects. In DRC we responded to a large measles outbreak in Katanga between April and November with vaccinations as well as clinical care. Newborn mortality contributes to close to half of all under-five mortality worldwide. The number of



Médecins Sans Frontières nurse Kate Gannon leads a team who evacuate an expectant mother with pregnancy complications in Malawi. © Luca Sola

newborns treated in our programs is rising markedly and the Medical Unit Sydney is working on finding context-adapted solutions to cope with the high number of sick babies in contexts with often limited skilled staff to fulfil care of the youngest of our patients.

Vaccination is one – if not the most – cost-effective health intervention in terms of saving lives. Last year, Médecins Sans Frontières OCP delivered a total of 1,486,332 doses of vaccines to complete routine childhood vaccination schedules and to provide immunity against some of the most deadly diseases in childhood such as pneumonia, meningitis and measles.

The unexpected closure of one of our projects in Ethiopia put an abrupt end to

paediatric care in this population as did ongoing conflict in Bria, Carnot and Paoua in Central African Republic. While every effort is made to respond to the paediatric and neonatal needs, security concerns sometimes limit our ability to remain present in the field. In these scenarios we continue to support inpatient and outpatient services remotely.

An important part of our ability to act effectively is the standardised tools and guidelines we have for implementing high quality care within the contexts we work. In 2015, comprehensive Paediatric Guidelines were finalised together with our colleagues in Operational Centre Geneva, in French and English, ensuring that clinicians can rely on evidence-based guidance when

treating diseases that they might not be familiar with. Guidelines such as these equally help establishing consistency on treatment across projects.

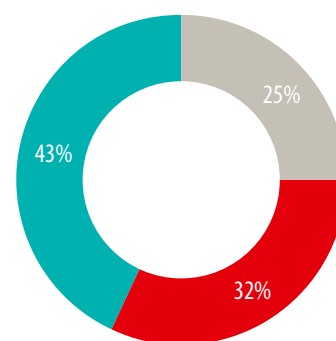
In 2015, the Medical Unit in collaboration with colleagues in Epicentre and the larger Medical Department in Paris continued to contribute to existing and new operational research projects relevant to our area of expertise. This work is done with the sole purpose of continual improvement of care for our patients.

Dr Myrto Schaefer
Head of Medical Unit
Médecins Sans Frontières Australia

MÉDECINS SANS FRONTIÈRES AUSTRALIA 2015 HIGHLIGHTS

Field Human Resources

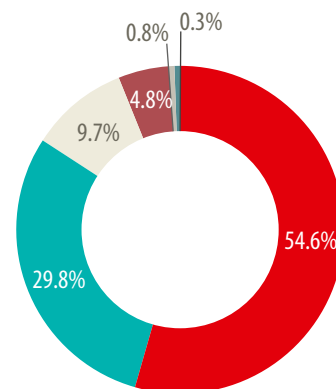
● Medical	25%
● Non medical support staff	32%
● Paramedical	43%



In 2015 Australian and New Zealanders filled 204 field positions in 38 different countries.

Income

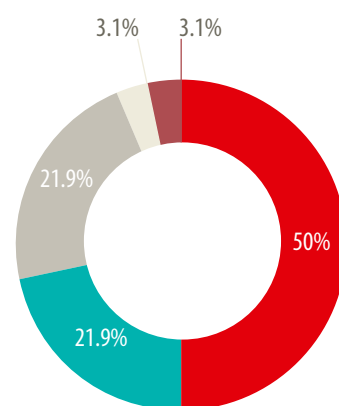
● Field Partners	54.6%	48,519,569
● Other Donations	29.8%	26,423,342
● Bequests	9.7%	8,620,545
● Income from other Médecins Sans Frontières sections	4.8%	4,296,828
● Other Income	0.8%	671,699
● Gifts in Kind	0.3%	271,116
	100%	88,803,098



The 2015 income of Médecins Sans Frontières Australia totalled AUD\$88.8 Million. Of this AUD\$84.5 was income generated from fundraising activities. This is an increase on the 2014 level of fundraising income and represents continuing levels of increased support from the Australian public. More than 100,000 Australians participate in the field partner programme, contributing on a monthly basis to Médecins Sans Frontières Australia, and another 40,000 provide occasional gifts.

Spending on Social Mission

● Africa	50 %
● Asia	21.9%
● Middle East	21.9%
● Americas	3.1%
● Oceania	3.1%



Spending on Social Mission was 80% of total expenditure, which is line with prior years. Consistent with previous years this is split between Operational Centre Paris and operational Centre Geneva.

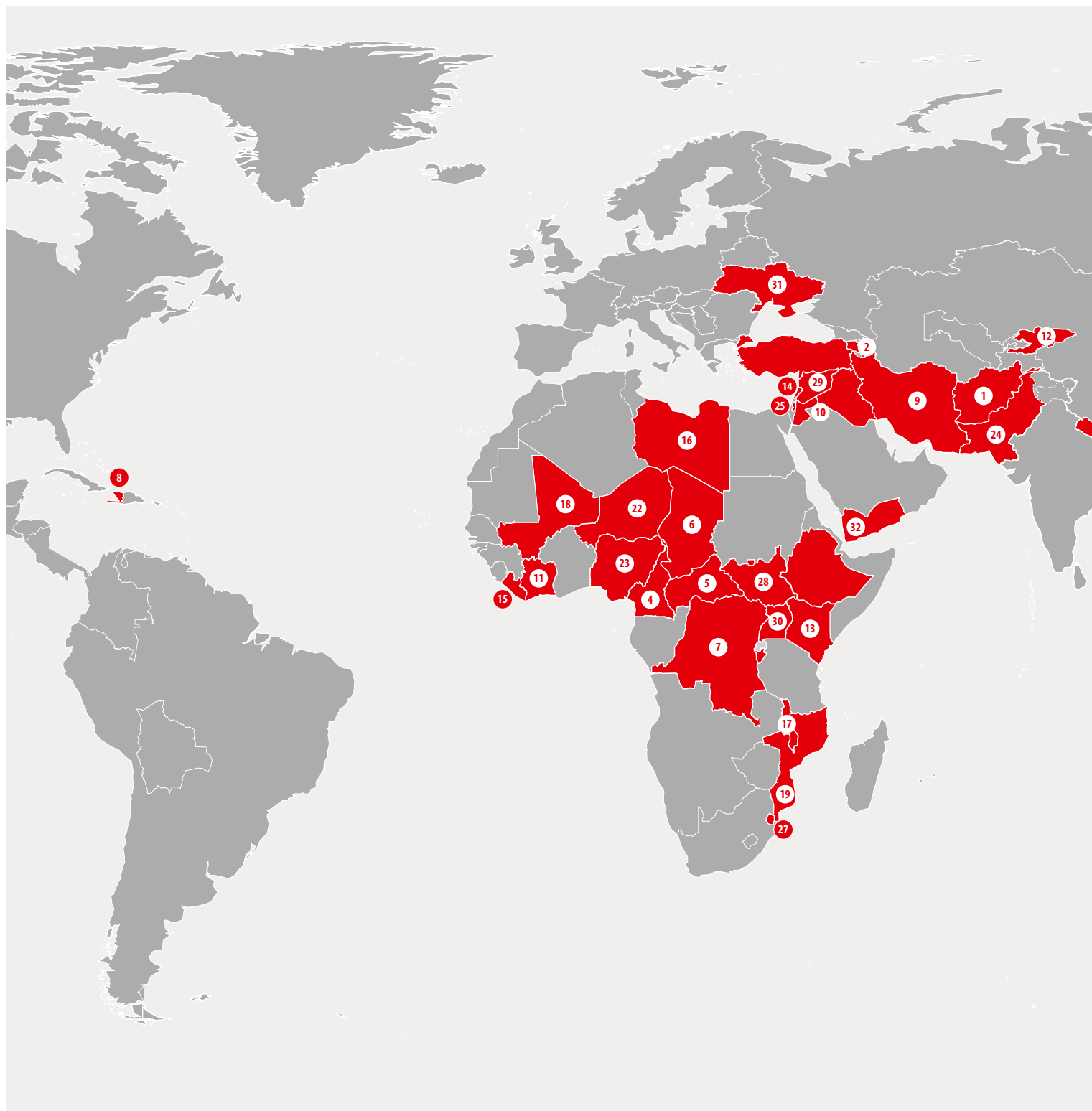
Finance

	2015	2014
Donation Income	84.5	72.3
Total Income	88.8	76.4
Social Mission Costs	61.4	60.4
Total Costs	76.0	74.2
Surplus/(Deficit)	12.0	2.2
Reserves	25.0	13.0
	(\$m)	(\$m)

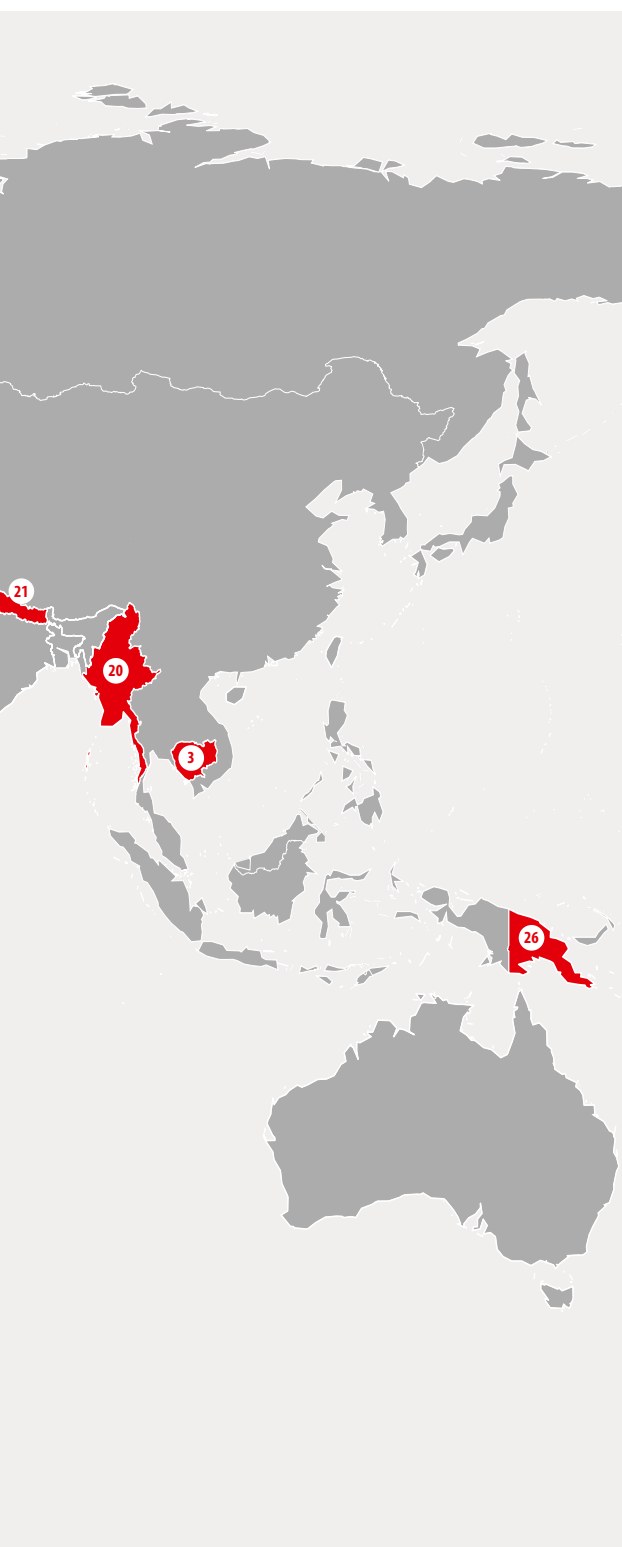
Our investment policy within Australia remains consistent with previous years. Short term deposits are used to maximise interest, minimise risk and ensure flexibility and accessibility of funds when required.

Medecins sans Frontieres continues to rely on the support of volunteers both in the field and in the office. The estimated total salaries forgone by field staff for 2015 is \$3,368,000 (2014 \$2,801,000) and for office volunteers is \$156,000 (2014 \$110,000)

MÉDECINS SANS FRONTIÈRES PROJECTS FUNDED BY AUSTRALIAN DONORS



Médecins Sans Frontières field projects are run by five operational centres (Amsterdam, Barcelona, Brussels, Geneva and Paris). The Australian section is an official partner of the French operational centre, and Australian donors contribute to funding projects run by both the French and the Swiss operational centres. Médecins Sans Frontières Australia also provides human resources and medical support to all operational centres' projects.



Country	MSF France	MSF Switzerland
1. Afghanistan	1,105,000	
2. Armenia	255,000	
3. Cambodia	170,000	
4. Cameroon		1,000,000
5. Central African Republic	1,615,000	1,350,000
6. Chad	680,000	850,000
7. Democratic Republic of Congo	1,912,500	1,000,000
8. Haiti	1,657,500	1,100,000
9. Iran	637,500	
10. Iraq-Jordan	4,420,000	844,300
11. Cote d'Ivoire	881,450	
12. Kyrgyzstan		530,000
13. Kenya	637,500	2,000,000
14. Lebanon		1,800,000
15. Liberia	5,100	
16. Libya	425,000	
17. Malawi	680,000	
18. Mali	1,190,000	
19. Mozambique		1,500,000
20. Myanmar		300,000
21. Nepal	993,016.75	
22. Niger	850,000	1,000,000
23. Nigeria	2,295,000	
24. Pakistan	2,040,000	
25. Palestine	850,000	
26. Papua New Guinea	1,020,000	
27. Swaziland		1,000,000
28. South Sudan	3,400,000	1,000,000
29. Syria	1,847,096.75	
30. Uganda	425,000	
31. Ukraine		500,000
32. Yemen	1,212,648.25	
TOTAL	31,204,311.75	15,774,300

OVERALL TOTAL: 46,978,611.75

*All figures are in Australian dollars

PROJECTS FUNDED BY AUSTRALIAN DONORS

This section describes those projects supported by the generous donations made to Médecins Sans Frontières Australia in 2015. It also includes stories from field workers recruited by Médecins Sans Frontières Australia.

For a complete record of Médecins Sans Frontières' work in 2015, including projects funded through other Médecins Sans Frontières sections, please refer to the 2015 International Activity Report: www.msf.org/international-activity-reports.

Notes:

- * "Funding" refer to Médecins Sans Frontières Australia's contribution to the country's projects in 2015. All amounts are in Australian dollars.
- * "Field staff" refers to the total number of international and national staff in the country in 2015.



Medecins Sans Frontiers in the Aegean Sea providing assistance to boats in distress. Alessandro Penso/MSF/Greenpeace

AFGHANISTAN



KEY ACTIVITIES:

Maternal and child healthcare



FUNDING:

\$1,105,000



FIELD STAFF:

2,303

● Project locations funded by Australian donors

AFGHANISTAN

On 3 October 2015, the Médecins Sans Frontières Trauma Centre in Kunduz, Afghanistan, was destroyed in an aerial attack, during which 42 people were killed, including 24 patients, four patient caretakers and 14 staff.

At the time of this report going to print, Médecins Sans Frontières had not yet made a decision regarding restarting medical activities in Kunduz and was in the process of analysing and understanding the circumstances of the attack. Médecins Sans Frontières is seeking an explicit agreement from all parties to the conflict, including the Afghan authorities and the US military, that there will be no military interference or use of force against Médecins Sans Frontières medical facilities, personnel,

patients or ambulances. Equally, that staff can safely provide medical care based solely on medical needs, without discrimination, and regardless of patients' religious, political or military affiliations.

Kabul

Médecins Sans Frontières continued to run a maternity department in Dasht-e-Barchi hospital dedicated to complicated deliveries, and emergency neonatal and obstetric services. The population of Dasht-e-Barchi is estimated to have

grown tenfold over the past decade, and the limited public healthcare services in the area are failing to keep pace with the demographic boom. Today, Dasht-e-Barchi hospital and three small satellite health centres are the only options for public healthcare in the district.

Opened in November 2014, the maternity department is open around the clock, and offers free medical care. During its first year, 10,727 deliveries were assisted, 558 caesarean sections were performed and 1,303 babies were admitted to the neonatal unit with complications such as hypoglycaemia. By the end of the year, up to 300 women were being admitted to the maternity ward each week and 40 babies were being delivered per day.



A field worker story from Afghanistan

NAME:

Alison Moebus

FROM:

Melbourne, Victoria

FIELD ROLE:

Neonatal Nurse, Kabul, Afghanistan, Feb 2015 – Aug 2015

I recently spent six months working as neonatal nurse in Dasht-e-Barchi hospital, Kabul, Afghanistan. Médecins Sans Frontières has run the hospital's maternity ward and neonatal unit since November 2014.

Dasht-e-Barchi is a relatively safe part of Kabul. But even so, everyone knew someone who had died, or had been injured as a result of the war and ongoing unrest.

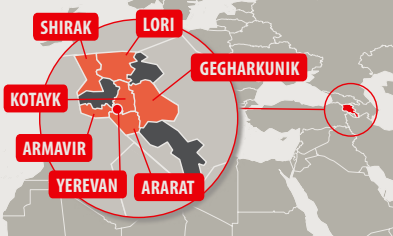
Afghanistan has the highest rate of maternal and infant mortality of any country outside Africa, which is one of the reasons Médecins Sans Frontières decided to open the project. When I arrived in February the maternity ward was delivering around 600 babies a month, and by the time I left that had increased to around 800–900 deliveries a month. The neonatal unit had also expanded, from 15 to 20 beds, as more people found out about our services.

Asphyxia was one of the most common complications that we saw in the neonatal unit, but we also looked after lots of babies with infections, breathing difficulties and blood



Alison Moebus (right) holds one of the newborns. © MSF.

sugar problems, as well as low birth weight babies. There was one mother whose baby weighed just 1520g, and was really sick post-delivery. I was with the mother on the first day that her baby girl was well enough to be held. It was amazing to see how much she had improved and was such a special moment to share.



ARMENIA

KEY ACTIVITIES:
Drug Resistant Tuberculosis

FUNDING:
\$255,000

FIELD STAFF:
80

● Project locations funded by Australian donors

ARMENIA

Armenia has one of the highest rates of multidrug-resistant tuberculosis (MDR-TB) in the world.

To respond to the TB epidemic in Armenia and the high number of people suffering from the drug-resistant form of the disease, Médecins Sans Frontières started supporting the Armenian National Tuberculosis Control Centre (NTCC) in 2005. An initial project was set up in Yerevan to treat patients with drug-resistant tuberculosis (DR-TB), and today Médecins Sans Frontières works in seven marzes (regions) of the country, as well as in prisons. By the end of December, 226 DR-TB patients were under treatment in Médecins Sans Frontières-supported

facilities. In November, Médecins Sans Frontières also supported the NTCC to re-establish thoracic surgery at the Central Hospital for TB patients.

Because of their length, toxicity, complexity and poor effectiveness, the treatments currently available for patients with DR-TB are largely unsatisfactory. Outcomes are also poor for people suffering from MDR-TB and particularly for those suffering from extensively drug-resistant TB (XDR-TB).

Since 2013, Médecins Sans Frontières has been helping the Armenian health ministry to introduce two new TB drugs, bedaquiline and delamanid, and between April 2013 and December 2015, 81 MDR-TB and XDR-TB patients were started on these.

As NTCC increases its capacity, Médecins Sans Frontières is shifting its focus away from support for 'conventional' MDR-TB treatments and towards the management of MDR-TB and XDR-TB patients receiving new TB drugs. This is part of the UNITAID-funded end TB partnership – aimed at the reducing the global burden of TB and eliminating it for future generations.



CAMBODIA

KEY ACTIVITIES:
Drug Resistant Tuberculosis

FUNDING:
\$170,000

FIELD STAFF:
109

● Project locations funded by Australian donors

CAMBODIA

In 2015, a project providing prevention, screening with advanced diagnostics and treatment for artemisinin-resistant strains of malaria was launched in Preah Vihear province.

Resistance to artemisinin, currently the most effective antimalarial drug, has been identified in certain parts of Cambodia, and this means that the disease is becoming more difficult to treat and eliminate in these areas. If the resistant parasites spread beyond the Mekong region and reached other parts of Asia or Africa, they would pose a huge public health threat, as was the case when parasites became resistant to earlier antimalarial drugs. Médecins

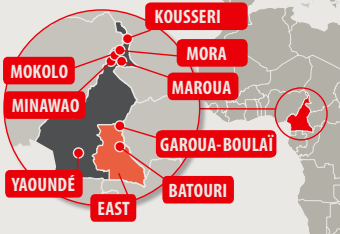
Sans Frontières has opened a project in Preah Vihear province, where there is proven resistance to artemisinin. This is an underdeveloped and remote border region, where population movement and a lack of healthcare make malaria hard to control. The new project targets the most at-risk people, and focuses on researching how resistant malaria is transmitted and evaluating which strategies could contribute to the elimination of the disease locally. Throughout the year,

Médecins Sans Frontières worked with the Ministry of Health and the communities to increase awareness and case detection.

Treating tuberculosis (TB) in Kampong Cham

Médecins Sans Frontières started to hand over the last of its comprehensive TB care programmes in Kampong Cham province this year, including activities in Cheung Prey, to the Cambodian health authorities and other organisations. The team transferred the resources required for the screening, detection, treatment and follow-up of TB patients. The project closed at the end of 2015, with final patient follow-up planned for June 2016.

CAMEROON



KEY ACTIVITIES:

Emergency Healthcare



FUNDING:

\$1,000,000



FIELD STAFF:

639

● Project locations funded by Australian donors

CAMEROON

Médecins Sans Frontières opened an emergency programme in the far north of Cameroon this year in response to an influx of people fleeing violence in Nigeria.

Conflict and Boko Haram insurgency in northeast Nigeria caused hundreds of thousands of people to seek refuge in Cameroon, Chad and Niger in 2015. During the course of the year, violence spread from Nigeria into the three neighbouring countries, leading to the displacement of tens of thousands more. By December, there were some 70,000 refugees and around 90,000 internally displaced people in Cameroon.

In response, Médecins Sans Frontières started to provide medical assistance to

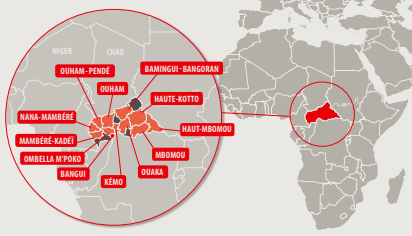
people in several locations in the north of the country. From February, a team offered medical care, maternal services and nutritional support in the UNHCR-administered Minawao refugee camp. Médecins Sans Frontières also carried out water and sanitation activities, constructing latrines and showers, and supplying clean water. Some 58,000 people, both refugees and members of the local community, were vaccinated against cholera and tetanus in a preventive immunisation campaign in August. In

the towns of Mokolo and Mora, near the border with Nigeria, Médecins Sans Frontières provided specialised nutritional and paediatric care to the displaced and the local population, carrying out a total of 12,921 consultations. Nearly 5,000 children were admitted for care. In June, Médecins Sans Frontières started supporting the surgical ward at the local hospital in Kousseri, on the Chadian border, performing emergency interventions and caesarean sections.

In July, two suicide attacks in the city of Maroua caused a large number of casualties, and MSF helped the local health authorities to treat the wounded.



A woman is vaccinated against tetanus in the Minawao refugee camp in North Cameroon. © Christelle Esomba/MSF

**KEY ACTIVITIES:**

Sexual and family violence, Vaccines, HIV treatment and management, emergency care

**FUNDING:**

\$2,965,000

**FIELD STAFF:**

2,629

● Project locations funded by Australian donors

CENTRAL AFRICAN REPUBLIC

The political crisis that sparked the violent conflict in 2013 has still not been resolved and has exacerbated a pre-existing humanitarian and health emergency. Médecins Sans Frontières and other NGOs provide the majority of the health services, but their work is repeatedly obstructed by armed groups and organised crime.

Armed groups have remained active and an estimated 447,000 people are internally displaced, with tens of thousands living in overcrowded, improvised shelters such as schools and churches without adequate food, water, sanitation or healthcare. More than 70 per cent of health facilities have been damaged or destroyed and there is a shortage of trained healthcare workers. Many people are afraid to travel to the few health centres that remain, or cannot afford to pay for treatment. This year, mobile clinics, support activities and vaccination campaigns had to cease operating several times in the areas of Kabo, Bambari and Boguila, as Médecins Sans Frontières and other NGO facilities were robbed, attacked and looted. In this atmosphere of insecurity, it was difficult to maintain the supply of medical materials.

Bangui

In the capital Bangui, violence is rife. In 2015 Médecins Sans Frontières carried out 4,100 surgical interventions and provided medical and psychological care to 675 victims of sexual violence at the city's general hospital. Médecins Sans Frontières also conducted 37,000 consultations in the predominantly Muslim PK5 enclave, treating children under 15 at Mamadou Mbaïki health centre and people of all ages at the Grand Mosque.

During the year, Médecins Sans Frontières carried out up to 400 consultations a day at M'poko hospital in the airport displacement camp, and 15,400 emergency cases were treated and/or referred to facilities in Bangui. At Castor health centre, Médecins Sans Frontières continued to treat victims of violence and provide free maternal and emergency healthcare around the clock. The team assisted over 7,400 births, admitted 10,500 people to hospital and offered comprehensive care to 275 victims of sexual violence.

On 26 September, buildings were looted and destroyed and more than 44,000 people were displaced as a result of violent protests. Médecins Sans Frontières treated almost 200 casualties in two days, many with gunshot wounds. Mobile clinics were also launched after the consequent displacement, and 9,800 consultations undertaken between October and December.

An estimated 447,000 people are internally displaced, with tens of thousands living in overcrowded, improvised shelters...

Bria

In Bria (Haute-Kotto), Médecins Sans Frontières provided healthcare to children under 15, including HIV treatment, and vaccinated 16,600 children against measles in March. In Zémio (Haut-Mbomou), teams offered basic and specialist care in the hospital, with a focus on HIV care, and supported four peripheral health posts and eight malaria treatment points.

Comprehensive care projects

Médecins Sans Frontières continued to provide comprehensive inpatient and outpatient care to residents and displaced people at its longstanding projects in Kabo (Ouham), Boguila (Ouham-Pendé) Paoua (Ouham-Pendé), Carnot (Mambéré-Kadéï) and Ndélé (Bamingui-Bangoran). This included basic health consultations, emergency, maternity and children's services, and diagnosis and treatment for HIV and TB. Numerous health centres and/or satellite health posts were also supported through these projects. The maternity and surgery departments of Paoua hospital were handed over to the Ministry of Health in April.

CHAD



KEY ACTIVITIES:

Malaria, vaccines, surgery, emergency, training



FUNDING:

\$1,530,000



FIELD STAFF:

754

● Project locations funded by Australian donors

CHAD

Conflict in neighbouring Nigeria spilled over into Chad in 2015, increasing the need for medical and humanitarian assistance.

By May, nearly 18,000 Nigerian refugees had arrived in Chad; meanwhile, Islamic State's West Africa Province (ISWAP), formerly known as Boko Haram, started to launch attacks inside the country and clashed with government military forces, causing further waves of displacement. Thousands of people congregated in makeshift sites throughout the Lake Chad region, without adequate shelter, food or water. Médecins Sans Frontières began to provide assistance in March and scaled up its activities over the year in response to the urgent medical and humanitarian needs of these vulnerable people.

Moissala

Four rounds of seasonal malaria chemoprevention (SMC) were administered, in the Moissala, Mandoul region, reaching around 100,000 children

each time. A malaria unit also admitted more than 990 children. Oral polio vaccinations were administered to 28,800 children under the age of two, and 14,000 received pentavalent vaccines to protect them against the five most common and dangerous diseases. More than 48,000 children were vaccinated against measles.

In Médecins Sans Frontières' surgical program in Abéché, Ouaddaï region, the team performed 928 surgical interventions this year, mostly on people injured in road accidents or as a result of domestic violence.

Chad Emergency Response Unit (CERU)

Médecins Sans Frontières' CERU responded to an outbreak of measles in April by vaccinating 80,000 children in Goz Beida, Dar Sila region. The team

also put medical supplies in place and trained Ministry of Health staff on mass casualty management in two hospitals in N'Djamena and one in Abéché, helping them to improve their response in the case of an influx of severely wounded people.

In February, a project providing healthcare to refugees from Central African Republic in Bitoye, Gore Sido region closed, as other healthcare providers were present. A basic and specialist healthcare program was closed in Tissi, Dar Sila in May for the same reason, and a long-term paediatric and nutrition programme in Massakory, Hadjer Lamis region, was handed over to the Ministry of Health in November.

Hadza with her baby in Dar es Salam camp, Baga Sola.
© Sylvain Cherkaoui/Cosmos

A PATIENT'S STORY:

Hadza El-Hagizegri is a refugee living in Dar es Salam camp, Baga Sola. She fled her village near Baga, Nigeria, after an ISWAP attack in January when she was five months pregnant.

"I took a boat with my family. It took four days to cross the lake and reach Chad. I delivered my seventh child two days ago under the tent in the refugee camp with the help of other refugee women. Now I am scared for the future because we have not had food for five days. For the moment I can deal with this situation with the help of other refugees. But if more food is not distributed in the camp we will go back to Nigeria, even though ISWAP is still a threat."



Côte d'Ivoire



KEY ACTIVITIES:

Maternal and child healthcare



FUNDING:

\$881,450



FIELD STAFF:

134

● Project locations funded by Australian donors

CÔTE D'IVOIRE

Due to the increase in maternal mortality rates, Médecins Sans Frontières works with the Ministry of Health in Côte d'Ivoire to improve maternal and child health.

Katiola

In Hambol region, around 50 per cent of women give birth at home, and a study undertaken by Epicentre in March 2015 found significant levels of maternal mortality.

Médecins Sans Frontières, in partnership with the Ministry of Health, runs a program in the Centre Hospitalier Régional (CHR) in Katiola, the main town in Hambol region. Médecins Sans Frontières provides resources and technical support, enabling the CHR to operate a high-quality emergency obstetric and neonatal care unit for complicated cases. Médecins Sans Frontières manages the 20-bed maternity department, three intensive-care beds, two operating theatres and 10 neonatal beds.

In 2015, the facility served as a referral hospital for 98,000 women of child-bearing age, 14,800 pregnant women and 14,000 newborns. Staff managed 755 obstetric emergencies, high-risk pregnancies and complicated births, dealt with 600 gynaecological emergencies



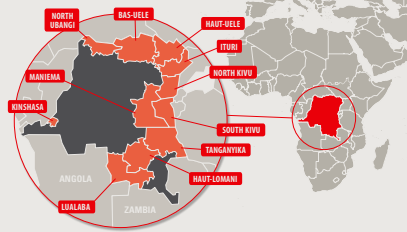
Midwife Cécile Chesneau, shows her colleague how to perform a blood test on a newborn. © Jean-Christophe Nougaret/MSF

In 2015, the facility served as a referral hospital for 98,000 women of child-bearing age, 14,800 pregnant women and 14,000 newborns.

and assisted 2,600 births, 374 of which required caesarean sections.

Since May, Médecins Sans Frontières has been supporting and improving (through the renovation of buildings, medical equipment and staff training) the basic emergency obstetric and neonatal care units in outlying areas, to ensure that good-quality medical care is more easily accessible for mothers and children. In

addition, Médecins Sans Frontières has been working to improve the management of straightforward deliveries and referrals to Katiola. In the second half of the year, staff in two outlying health centres treated 106 women during obstetric emergencies, high-risk pregnancies or complicated births, as well as 28 gynaecological emergencies. They assisted over 400 births, and referred around 50 patients to the maternity unit at Katiola.

DRC**KEY ACTIVITIES:**

HIV/AIDS, malnutrition, maternal care, vaccinations, water and sanitation

**FUNDING:**

\$2,912,500

**FIELD STAFF:**

2,867

● Project locations funded by Australian donors

DEMOCRATIC REPUBLIC OF CONGO

In 2015 the Katanga region of Democratic Republic of Congo (DRC) was hit by a measles epidemic affecting tens of thousands of people. Such health emergencies occur with alarming regularity in DRC, a result of poor infrastructure and inadequate health services.

At the beginning of the year, Médecins Sans Frontières mobile clinics responded to malnutrition and malaria among internally displaced people in camps in Nyunzu and Kabalo in Katanga, and vaccinated children under the age of five living in the camps and the surrounding areas against measles. Médecins Sans Frontières also continued its efforts to bring cholera under control in Kalemie and in Kituku, Undugu and Kitaki health zones, monitoring and treating diarrhoeal diseases, providing oral vaccinations, improving the water supply infrastructure and distributing filters. In addition, more than 30,100 people were treated for malaria during May and June in Kikondja, and measles vaccinations were provided between July and November in Kikondja, Bukama and Kiambi.

North Kivu

In Mweso health zone, at the border between Walikale, Masisi and Rutshuru, where almost 105,000 internally displaced people live, Médecins Sans Frontières continued its comprehensive medical programmes at the respective hospitals, and assisted at local health centres. Teams distributed emergency and relief items to newly displaced people in Mweso and carried out more than 185,000 outpatient consultations – about a quarter of which were for malaria. More than 13,200 individual mental health sessions were completed, more than 4,000 children received treatment for malnutrition and 6,500 births were assisted. At the Walikale project, close to half of the 133,000 outpatient consultations were related to malaria. Women with high-

risk pregnancies were followed up and accommodated at a women's centre in Masisi hospital. Mobile clinics visited displacement camps and remote villages in the area. Teams treated 343 victims of sexual violence, provided 168,801 outpatient consultations and ran general health education and information activities for more than 18,000 people.

The Médecins Sans Frontières-supported general hospital in Rutshuru remains the only referral hospital in the area and teams there provided more than 33,300 emergency consultations—many for malaria— and admitted more than 3,700 patients for surgery in 2015.

Goma

Médecins Sans Frontières continued to offer screening and treatment for HIV, including for patients co-infected with tuberculosis, at its HIV project based in Goma, which supports five other health facilities. Médecins Sans Frontières also treated 1,000 people in Goma for cholera.

A PATIENT'S STORY:

Régine mother of five, Manono Health Zone, Katanga

"The day the doctors came to my village to vaccinate children against measles, I buried one of my children who had died of measles. Another of my boys also suffered from the disease and he could no longer breathe, so we took him to the Manono hospital. The doctors put him on a machine to help him breathe and he received medication. I told the doctors I had three other children all alone at home who were also suffering from measles. I had no choice but to leave them alone because their father was not there ... so we left on motorbikes for my village, to bring them to the hospital for treatment."

HAITI



KEY ACTIVITIES:

Burns consultations, mental health, physiotherapy, sexual and family violence, cholera



FUNDING:

\$2,757,500



FIELD STAFF:

1,835

● Project locations funded by Australian donors

HAITI

While a segment of the population can purchase healthcare at private clinics or out of country, healthcare is out of reach for a large proportion of Haiti's population.

Medical facilities are understaffed and lack the funding to cover operating costs and purchase sufficient medical supplies. Without longer-term investment from the Haitian government and international donors, the most vulnerable people will remain unable to access the services they need. Médecins Sans Frontières continues to fill critical healthcare gaps – most of which pre-date the 2010 earthquake.

Port-au-Prince

Médecins Sans Frontières runs a burns unit in Drouillard hospital, which has become the de facto national referral site for burns patients, nearly half of them (47%) under five years old. In 2015, over 17,550 consultations were provided, including over 3,550 surgical interventions, 12,100 physiotherapy sessions and 1,600 mental health consultations. Médecins Sans Frontières plans to train more medical personnel and institute a referral system to improve access to, and quality of, care for burns patients.

Sexual and reproductive care

In May, Médecins Sans Frontières opened the Pran Men'm clinic, a facility offering the emergency medical assistance required during the 72 hours following an assault, along with longer-term medical care and psychological support. More than a third of the 258 patients treated at the clinic were younger than 18 years old.

Located in the Delmas 33 neighbourhood of Port-au-Prince, Médecins Sans Frontières' 148-bed Centre de Référence des Urgences en Obstétrique (CRUO) provides care to pregnant women experiencing serious and life-threatening complications. Services include postnatal care, family planning and prevention of mother-to-child transmission of HIV, as well as neonatal care and mental health support. In 2015, the team carried out more than 18,300 consultations, assisted over 6,000 births and admitted 2,500 babies to the neonatal ward. The 10-bed 'Cholernity' ward, which provides specialised treatment for pregnant

women with cholera, admitted 144 patients.

Ongoing cholera crisis

The cholera outbreak that began after the 2010 earthquake remains a public health threat. In 2015, more than 2,300 patients were admitted to the 55-bed Diquini cholera treatment centre (CTC) in Delmas, which Médecins Sans Frontières runs in partnership with the health ministry, and some 750 patients were treated at the Delmas Figaro CTC. In May the CTC in Martissant CTC was closed but a team continues to be involved in surveillance and response activities.

Chatuley hospital closes

Médecins Sans Frontières had been reducing its activities at Chatuley hospital in Léogâne since 2013 and finally closed the facility in August. The container hospital was set up in 2010 as an expansion of an initial earthquake response, with two surgical blocks providing medical care to victims of road traffic accidents and women with complicated pregnancies. In 2015, the team assisted 747 births, admitted 300 babies to the neonatal ward and treated 60 children in the paediatric ward.

IRAN



KEY ACTIVITIES:

Gynaecological and obstetric care, mental health, sexually transmitted disease



FUNDING:

\$637,500



FIELD STAFF:

30

● Project locations funded by Australian donors

IRAN

Despite improvements in health services and in the treatment of addictions and stigmatised diseases such as HIV, many people in Iran still have difficulty accessing the care they need.

Médecins Sans Frontières has been running a health centre in Darvazeh Ghar, one of the poorest areas of Tehran, since 2012. The centre has a community-based approach and integrates basic healthcare with health promotion activities, which have been adapted to people’s needs in this area of southern Tehran.

The project aims to reduce the incidence of diseases among vulnerable women and children under 15, by providing access to healthcare for former drug addicts (including children) and their families, pregnant women, sex workers, child labourers and other marginalised people. Outreach activities include patient follow-up and health education sessions in the community.

Médecins Sans Frontières provides medical and psychological care, as well as social support, in collaboration with other organisations. In 2015, 6,583 outpatient, 1,899 gynaecological and obstetric and 1,742 mental health consultations were carried out. Special attention is paid to the groups most at risk of sexually transmitted infections and infectious diseases such as HIV, hepatitis C and tuberculosis. Rapid diagnostic tests are available and patients can be referred to specialised Ministry of Health centres for treatment. This year, 764 voluntary counselling and testing sessions for HIV were conducted.



A MSF nurse assists a patient at the primary health care centre in Harandi, Tehran, Iran. © Mahsa Ahrabi-Fard



A field worker story from Haiti

NAME:

Lisa Searle

FROM:

Hobart, Tasmania

FIELD ROLE:

Field role: Medical Supervisor, March 2015 – July 2015

After the earthquake hit Haiti in 2010 we saw an increase in sexual violence. I helped to set up Médecins Sans Frontières’ sexual violence project in Port-au-Prince in March 2015. The clinic provides comprehensive medical and psychological care for survivors of sexual violence, with a doctor and psychologist available 24-hours a day. We see a lot of patients at weekends and at night, when other clinics are closed.

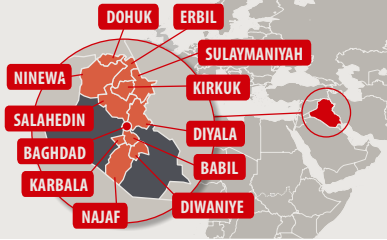
One of the most important things we’re doing is raising awareness about sexual violence and the services we offer. With an incredible team of community health workers, we do a lot of work with community groups and churches, and host information sessions at police stations around the city. We also visit schools and work



Medical Supervisor Lisa Searle with colleagues in Port-au-Prince, Haiti. © Lisa Searle

with children on issues like gender equality, and provide training to teachers so they are more empowered to identify students at risk.

IRAQ



KEY ACTIVITIES:

Emergency first aid, supplies, vaccines, physiotherapy



FUNDING:

\$844,300



FIELD STAFF:

547

● Project locations funded by Australian donors

*Note: This is combined funding for Iraq and Jordan

IRAQ

The conflict in Iraq continues to cause massive displacement and hardship, yet funding shortfalls resulted in a reduced international response, which was largely concentrated in the more secure areas of Iraqi Kurdistan.

Over 3.2 million Iraqis are now displaced within the country, putting an immense strain on host communities. In 2015, Médecins Sans Frontières expanded its activities to provide basic healthcare and relief to displaced families, returnees, impoverished host communities and Syrian refugees in locations across 11 governorates: Dohuk, Erbil, Sulaymaniyah, Ninewa, Kirkuk, Salaheddin, Diyala, Baghdad, Najaf, Karbala and Babil. Throughout these governorates, Médecins Sans Frontières deployed mobile clinics to deliver medical care to those unable to reach health facilities due to movement restrictions and security risks.

Mental health activities

Médecins Sans Frontières efforts were also directed at increasing psychological first aid for the growing number of people who have been traumatised by the recurrent violence and their precarious living conditions. In Erbil governorate, a team of Médecins Sans Frontières psychologists and psychiatrists provided support to Syrian refugees in Kawargosk, Gawilan and Darashakran camps.

Mosal and Erbil

During most of 2015 medical teams provided 21,775 consultations to displaced people sheltering in unfinished buildings in Dohuk governorate. Médecins Sans Frontières teams also ran mobile clinics in several other locations between Mosul and Erbil, and an emergency field surgical unit was established in the district, to provide care for people directly affected by armed conflict.

Activities in Baghdad started in March in Abu-Ghraib district, with one mobile clinic serving the local community and the displaced people living in Abu-Ghraib and Al-Salam camps. In response to the massive needs, a second team started working in September to bring medical care to several other locations in this impoverished district.

Cholera epidemic

In September, Médecins Sans Frontières responded to a cholera outbreak that spread across central Iraq and affected Dohuk, Kirkuk, Erbil, Baghdad, Diyala, Najaf, Diwaniya and Babil governorates.

Water and sanitation assessments were carried out in all locations affected and Médecins Sans Frontières teams supported the Ministry of Health with training, health promotion, and hygiene and infection control activities in all the hospitals dealing with the outbreak.

Jordan

Since August 2006, a network of Iraqi doctors has been referring victims of violence from all over Iraq to Médecins Sans Frontières' reconstructive surgery hospital in Amman, Jordan. The team specialises in complex surgery requiring multiple stages of treatment, in particular maxillofacial (dealing with the head, neck, face, jaw and sinuses), orthopaedic and reconstructive surgery for burns patients. Physiotherapy and psychosocial support was also provided to patients.

Baghdad

In early 2015, 12 Iraqi physiotherapists attended a 10-week physiotherapy training course. Médecins Sans Frontières has also supported the Baghdad-based Poisoning Control Centre for many years by providing antidotes that are difficult for the Ministry of Health to obtain.

In 2015, the team carried out more than 18,300 consultations, assisted over 6,000 births and admitted 2,500 babies to the neonatal ward.

JORDAN



KEY ACTIVITIES:

Maternal and child healthcare, neonatal, reconstructive surgery, antibiotic resistance



FUNDING:

\$4,420,000



FIELD STAFF:

529

● Project locations funded by Australian donors

*Note: This is combined funding for Iraq and Jordan

JORDAN

Restrictions on working and reductions in international aid have made it even harder for Syrian refugees living in Jordan to access healthcare.

One of the few stable countries in the region, Jordan has registered more than 600,000 Syrian refugees (UNHCR) since the beginning of the Syrian conflict, and its infrastructure is understandably under pressure. Since November 2014, Syrians have had to pay to access healthcare in public hospitals but their resources have diminished, as they are not allowed to work legally in the country. International funding has also decreased.

Maternity care

A maternity and neonatal project run by Médecins Sans Frontières moved to a specialist hospital in January and emergency caesarean sections were performed there from February. By year's end, the team had admitted more than 3,900 pregnant women and assisted 3,400 deliveries. They also conducted mental health sessions with 274 patients,

three quarters of whom had witnessed a violent death and a third of whom had lost a close relative and/or had their house destroyed. The neonatology intensive care unit (NICU) increased to eight beds, four incubators and four cots in 2015. A total of 498 babies were admitted to the NICU during the year.

Irbid

Médecins Sans Frontières continues to treat war-wounded Syrians at Ar Ramtha government hospital, Irbid governorate, at the Syrian border. Working with the Ministry of Health, provides emergency surgery and general inpatient care, as well as physiotherapy sessions and psychosocial support. In 2015, the team in the emergency room attended to 863 wounded patients, 315 of whom were admitted for surgery. They also undertook more than 1,600 individual counselling sessions.

Amman

The reconstructive surgery project in Amman offers orthopaedic, plastic and maxillofacial surgery, along with physiotherapy and mental health support, primarily to war-wounded patients from neighbouring countries who would not otherwise be able to access specialised care. In February, the project moved to a new hospital where surgeons performed more than 880 surgical interventions. A network of doctors in the region refers patients and this year 58 per cent were from Syria, 30 per cent from Iraq and seven per cent from Palestine. Médecins Sans Frontières opened a fully equipped microbiology laboratory in the hospital to improve the quality of care for patients with infections resulting from their injuries. Antibiotic-resistant infections are a common and important medical challenge in the region. The opening of the laboratory will improve the quality of medical interventions for patients with conflict injuries that have infectious complications.



A field worker story from Jordan

NAME:

Mohana Amirtharajah

FROM:

Sydney, New South Wales

FIELD ROLE:

Surgeon in Al Ramtha, Jordan, June 2015 to September 2015

My work in Jordan involved treating patients wounded in the Syrian conflict. I was the only orthopaedic surgeon on the project, and I worked closely with both the Jordanian and international general surgeons.

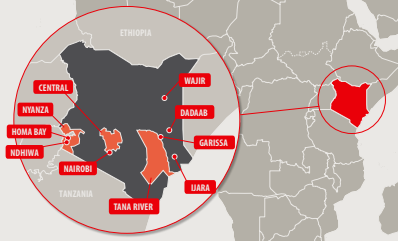
I performed debridements (removal of dead tissue from a wound), amputations, wound care and external fixation of fractures or wounds. I also travelled weekly to the Zaatari refugee camp to provide follow-up care to patients we had discharged.

Orthopaedic surgery is a very technology-driven field, but on a project such as this, many interventions such as arthroscopy (examination of the inside of a joint) are simply outside the scope of care.



Dr Amirtharajah in Jordan. © Mohana Amirtharajah

KENYA



KEY ACTIVITIES:

Consultations, surgery, antenatal, HIV and TB care, sexual and family violence, cholera



FUNDING:

\$2,637,500



FIELD STAFF:

1,175

● Project locations funded by Australian donors

KENYA

Médecins Sans Frontières continues to respond to the medical needs of some of Kenya's most vulnerable people: inhabitants of slum settlements and refugee camps, patients with HIV/AIDS and tuberculosis (TB) and victims of sexual and gender-based violence.

Dadaab is the world's largest long-term refugee settlement, and home to some 345,000 refugees, mostly Somalis. Due to insecurity, Médecins Sans Frontières has not been able to have a permanent international presence in Dadaab since 2011. However, staff continued to work in the 100-bed hospital in Dagahaley camp and at four health posts, providing outpatient and mental health consultations, surgery, and antenatal, HIV and TB care. In 2015, teams carried out 182,351 outpatient consultations and admitted 11,560 patients to the hospital.

Ndhwa

In mid-2014 in Ndhwa, Médecins Sans Frontières began a four-year program aimed at reducing the number of new HIV infections, treating people living with HIV and reducing mortality rates. In 2015, the program continued to provide support to local health authorities by improving access to HIV testing, offering voluntary medical male circumcision, preventing mother-to-child transmission and counselling services.

Homa Bay

In December, Médecins Sans Frontières completed the handover to the Kenyan Ministry of Health of its long-running

HIV and TB project in Homa Bay hospital. By the end of 2015, more than 7,300 people were receiving antiretroviral (ARV) treatment in the project, 265 of them having been enrolled in 2015.

Nairobi

In the Eastlands slums in Nairobi, Médecins Sans Frontières continued its programme at Lavender House clinic. Victims of sexual and gender-based violence have access to a 24-hour hotline and ambulance pick-ups as well medical treatment, psychological first aid, and referral for legal and social support. In 2015, more than half of the 2,429 people treated at the clinic were aged under 18, and a quarter of those were younger than 12. Médecins Sans Frontières is working with the health ministry to make comprehensive treatment for sexual and gender-based violence available in public health facilities.

Médecins Sans Frontières also runs the trauma room in Lavender House, managing outpatient medical emergencies and stabilising patients before transporting them to other facilities if necessary. Three ambulances are available and the call centre responded to over 4,200 calls in 2015. Médecins

Sans Frontières supports the emergency department of Mama Lucy Kibaki hospital with additional staff, equipment, training and supervision. In 2015, the emergency department handled 25,481 patient visits. This is the only hospital for Eastlands' 2.5 million residents.

The team at Green House clinic in Eastlands continues to diagnose and care for patients with drug-resistant TB. In 2015, 30 people with the multidrug-resistant form of the disease received treatment and three patients with extensively drug-resistant TB were put on the new drug bedaquiline.

Cholera outbreak

Médecins Sans Frontières supported the Ministry of Health's response to a massive cholera outbreak in 2015, supporting 47 facilities in 17 counties and providing care to more than 8,300 patients.

Dadaab is the world's largest long-term refugee settlement, and home to some 345,000 refugees, mostly Somalis.



A cholera epidemic that has been spreading in Kenya for over a year hit Dadaab refugee camp complex in November 2015. © MSF



A field worker story from Kenya

NAME:

Paul Yarnall

FROM:

Hobart, Tasmania

FIELD ROLE:

Jul 2014 – Jan 2015,
Logistics Manager

I had always dreamed about doing humanitarian work but I thought it wouldn't be an option because I didn't have an academic background. But I looked through the required skills to be a Médecins Sans Frontières logistician and thought, 'This is me. I am flexible, I have the interpersonal skills, I have a lot of travel experience and I am kind of a jack of all trades'.

I was there at the start of the Ndhiwa project in Kenya, so a lot of my work involved identifying the needs. We converted an old mortuary into an urgently-needed pharmacy. From my theatrical work, I had a lot of experience with drawing and computer animated design so I took measurements and drew up the designs.

A massive part of my role was training local staff. The team I had in Kenya was incredibly competent. I was still across everything but the more I could delegate to the



Paul discusses supply needs with a colleague in Ndhiwa, Kenya. © Paul Yarnall

local staff so they could develop their skills, the better off we all were. Because one day Médecins Sans Frontières will leave, and it will be the local staff who will be there to maintain the work.

KYRGYZSTAN



KEY ACTIVITIES:

HIV/AIDS, malnutrition, maternal care, vaccinations, water and sanitation



FUNDING:

\$530,000



FIELD STAFF:

84

● Project locations funded by Australian donors

KYRGYZSTAN

Kyrgyzstan has a high rate of drug-resistant tuberculosis (DR-TB) yet accessing care is difficult, particularly in rural areas.

Initial hospitalisation of TB patients is standard practice in the country, but since starting work in Kara-Suu district in Osh province Médecins Sans Frontières has focused on providing outpatient care to limit the amount of time a patient spends in hospital. This reduces their risk of contracting an infection whilst in hospital, and improves their adherence to the long and arduous treatment regimen. Médecins Sans Frontières is providing comprehensive DR-TB services in Kara-Suu district, and these include early detection, enrolment onto the treatment programme, monthly medical consultations for patients, and social and psychological support. Teams work in three TB clinics in Kara-Suu district, providing drugs and laboratory items and mentoring Ministry of Health staff.

Teams also carry out around 20 home visits per month for patients who are unable to reach the TB clinics, providing them with their treatment as well as psychological support.

Within the framework of the 'endTB' project, Médecins Sans Frontières is planning to introduce two new DR-TB drugs, bedaquiline and delamanid, in Kyrgyzstan in 2016. Treatment regimens will be shorter and patients will not have to endure injections. In 2015, there were 127 DR-TB patients enrolled in Médecins Sans Frontières treatment programme.



Patient Mamasaly Mamatbakiev with his chest x-ray in Kyrgyzstan. © Helmut Wachter

A PATIENT'S STORY:

Gulmira Halmamatova, 27

"In 2011, I started to feel sick and was losing weight. I was diagnosed with TB via X-ray and had to spend six months in hospital to complete my treatment. But a few years later, I started to feel sick again. In March 2015, I was told I had TB again but this time it was 'pre-XDR'. When my husband found out he left me. I was trying my best to make my husband's family happy and was ignoring my health issues. Eventually, I was transferred to Kara-Suu TB hospital, where Médecins Sans Frontières started my treatment. Now I am on outpatient treatment, meaning I can stay with my family and have their support and care. Every day I feel myself getting better and healthier."

KEY ACTIVITIES:
Supplies, vaccinations, reproductive health, acute and chronic diseases, routine vaccinations and counselling

FUNDING:
\$1,800,000

FIELD STAFF:
343

● Project locations funded by Australian donors

LEBANON

Since the beginning of the Syrian crisis in 2011, it is estimated that more than 1.5 million Syrian refugees and Palestinian refugees from Syria have arrived in Lebanon and the small country is struggling to cope with acute humanitarian and medical needs.

Five years into the conflict, most of the refugees are still largely reliant on humanitarian assistance for their daily survival. No official refugee camps have been established, so families are forced to live in informal settlements such as garages, farms, old schools or unfinished buildings.

Overcrowding and inadequate food, water and shelter have had a negative impact on people's health, but they are unable to access the medical services they need. Médecins Sans Frontières is providing free healthcare to refugees, including those whose regular treatment for chronic diseases such as diabetes, hypertension and asthma has been interrupted because of the war, and expectant mothers, who have often had no access to specialised care or medical surveillance during their pregnancies.

Northern Lebanon

A Médecins Sans Frontières team is working in the Abu Samra neighbourhood of Tripoli in northern Lebanon, to provide Syrian refugees with reproductive health services, treatment for acute and chronic diseases, routine vaccinations and counselling.

Other Médecins Sans Frontières teams work in the districts of Jabal Mohsen and Bab el Tabbaneh in Tripoli, where fighting between local communities has

intensified. Médecins Sans Frontières offers treatment for acute illnesses, reproductive health services and counselling to the local population. In Jabal Mohsen clinic, Médecins Sans Frontières also supports surgery to stabilise patients before they are transferred to hospital.

Southern Lebanon

Médecins Sans Frontières handed over its long-running mental health programme for the Palestinian population in the Sidon area to the United Nations Relief and Works Agency for Palestine Refugees in the Near East. The team shifted its focus to healthcare for Palestinians from Lebanon, newly arrived Palestinian refugees from Syria and Syrians, particularly children under the age of 15. Throughout 2015, Médecins Sans

Frontières supported three health centres, providing treatment for acute and chronic diseases, mental healthcare and reproductive and maternal health services, and also a referral system for patients in need of specialist care.

It is estimated that more than 1.5 million Syrian refugees and Palestinian refugees from Syria have arrived in Lebanon.

A PATIENT'S STORY:

Mahmoud Meteb Al Ahmad, 55 years old, is a Syrian from Aleppo. He is receiving treatment for diabetes and hypertension at the Médecins Sans Frontières clinic in El Abdeh, northern Lebanon.

"I have been living in a tent with my wife and five daughters for three years. This year the winter was very harsh, high winds almost uprooted our tents and heavy rains led to soil erosion. . . we burnt clothes, plastic, anything to stay warm. We lived off humanitarian aid because even the construction and agricultural work that we used to do during the other seasons became impossible."

VACCINATE YOUR CHILD



LIBERIA



KEY ACTIVITIES:

Ebola survivors, mental health consultations, vaccinations, malnutrition



FUNDING:

\$5,100



FIELD STAFF:

535

● Project locations funded by Australian donors

LIBERIA

Liberia was declared Ebola free in May 2015, but new cases reported in July and November highlight the need for continued support.

Many hospitals that closed during the Ebola crisis have not yet reopened. It is also estimated that eight per cent of health workers in the country died from the virus, while others never returned to work.

Médecins Sans Frontières is supporting the Ministry of Health to improve access to healthcare, and as part of the Ministry of Health's national plan, has organised training sessions for Rapid Isolation and Treatment of Ebola teams in four districts of the country, and in certain health centres in Monrovia.

Médecins Sans Frontières handed over an Ebola transit unit in Monrovia to the International Rescue Committee in March, and the Ebola treatment centre (ETC) to the Ministry of Health in May.

It is estimated that there are around 1,000 Ebola survivors in Monrovia and Montserrado County, who suffer from joint pain and eye problems and also have to contend with being ostracised by their community. Médecins Sans Frontières opened a survivors' clinic in Monrovia in January, which currently provides outpatient and mental health consultations, and referrals to more than 500 people. In addition, the team treats patients who do not have certificates from ETC's and so are not formally identified as survivors. These people have even more difficulty accessing medical care.

Monrovia

Médecins Sans Frontières opened the 91-bed Bardnesville Junction paediatric hospital in April to try and address some of the subsequent gaps in specialised care for young children. The facility comprises a 10-bed intensive care unit, an emergency room, a neonatal unit, a therapeutic feeding centre and an inpatient ward.

A measles outbreak was declared in Monrovia at the beginning of 2015, and in March Médecins Sans Frontières organised a two-day vaccination campaign in Peace Island district which reached 542 children. Due to the continued risk of Ebola, Médecins Sans Frontières chose small sites for the campaign and followed strict infection control and prevention measures. This protocol was replicated in May when the Ministry of Health ran a countrywide vaccination campaign, which was supported by Médecins Sans Frontières.



Access to medical care for non-Ebola patients is still a major issue due to the collapse public health system. © Yann Libessart/MSF

Thousands of children were immunised during the first post-Ebola integrated polio and measles and de-worming vaccination exercise in Liberia in May. © Adolphus Mawolo/MSF

MALAWI



KEY ACTIVITIES:

HIV and TB treatment and management, cholera epidemics, supplies



FUNDING:

\$680,000



FIELD STAFF:

390

● Project locations funded by Australian donors

MALAWI

Malawi experienced the most severe floods in living memory in 2015 that left 176 people killed and more than 200,000 displaced. Médecins Sans Frontières responded with a five-month emergency operation in the south of the country.

Médecins Sans Frontières mobile clinics provided 40,000 outpatient consultations, distributed relief items such as water treatment kits and mosquito nets to over 13,000 households. The distribution of three million litres of drinking water helped contain a cholera epidemic that had flared up in neighbouring Mozambique and spread to Malawi: 279 cases were recorded in Médecins Sans Frontières – supported facilities in Nsanje and Chikwawa.

HIV care

Despite significant progress in prevention in recent years, an estimated one million people are still living with HIV in Malawi and only half of them receive treatment.

The health authorities have launched an ambitious plan to accelerate the fight against the disease, by increasing the resources allocated to it and focusing on assisting the most vulnerable and hard-to-reach people such as sex workers.

The four-year handover process that started in Chiradzulu in August 2014 continued, and is due for completion by mid-2018. In this district, Médecins Sans Frontières- supported more than 33,000 HIV patients, of which 18,800 are enrolled in the so-called 'six month appointment' schedule, whereby stable patients attend a consultation only twice a year. This benefits patients and also reduces staff workload by allowing them to focus on

more complex cases. Médecins Sans Frontières has implemented viral load point of care in seven health centres, is facilitating rapid access to viral load measures to confirm suspected treatment failures and is advocating keeping decentralised points of care in areas with high prevalence like Chiradzulu district.

Médecins Sans Frontières also continued a three-year project in two of the three central prisons in the country – Maula in the capital Lilongwe, and Chichiri in Blantyre. The aim of the project is to adapt models of care to reduce HIV and tuberculosis (TB) transmission in these severely overcrowded environments, by increasing diagnostics and access to treatment.



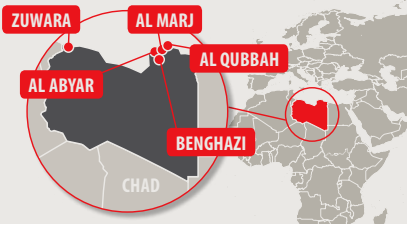
© Rowan Pybus

A PATIENT'S STORY:

Berita Tcheleni from Makhanga village, South Malawi

"I was eight months pregnant when the floods hit, and we had to spend four days on top of a tree until the water receded. Then, on 22 January, I felt that the baby coming. We went to Makhanga clinic, but it was closed because it had been completely destroyed by the floods. There was no one there to help; our village had become an island completely cut off from the rest of the country. I was told to wait, that a helicopter was coming, that it could take me to another clinic. Fortunately, when the helicopter arrived, it brought with it someone from Médecins Sans Frontières to help us and my baby girl was born."

LIBYA



KEY ACTIVITIES:

Supplies and emergency care management



FUNDING:

\$425,000



FIELD STAFF:

40

● Project locations funded by Australian donors

LIBYA

Since the end of the Muammar Gaddafi regime in 2011, Libya has been divided by armed conflict and the violence has escalated in recent years.

In 2015, the Islamic State group took control of the coastal city of Sirte and established a presence in several other cities such as Derna, while fighting continued between political factions in several areas. As a result, it became extremely difficult to maintain medical and drug supplies, foreign health workers fled and many hospitals and clinics were unable to function properly. However, Médecins Sans Frontières donated drugs and vaccines to hospitals in the cities of Al-Beyda and Al-Marj, and also

improved hygiene conditions at Al-Qubba hospital in the east.

Médecins Sans Frontières donated equipment such as chlorine, masks and protective gloves to the local crisis committee at Al-Marj to help cope with the washed up bodies of those who had drowned while attempting to cross the Mediterranean.

As armed conflict continued in Benghazi, Médecins Sans Frontières increased the capacity of Al-Abyar field hospital,

located 60 kilometres from the city, so that it could stabilise the wounded. The team provided training in emergency care management in Al-Abyar and Al-Marj hospitals and donated drugs to the only three functional hospitals in Benghazi. Between July and November, the organisation also distributed food to 2,400 displaced families in partnership with a Libyan NGO.

In November, Médecins Sans Frontières started supporting Zuwara hospital in western Libya with drugs, medical supplies, training and staff.



A field worker story from the emergency desk

NAME:

Kate White

FROM:

Brisbane, Queensland

FIELD ROLE:

Medical Coordinator,
Emergency Desk, dates

I was working with Médecins Sans Frontières in Papua New Guinea when I heard a role on the Emergency Desk was opening up. To my total surprise, I got the job and had to pack up and move to Amsterdam!

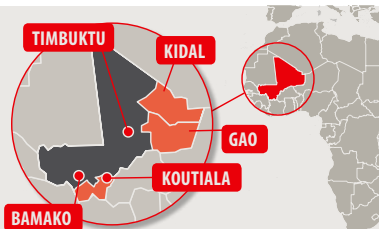
The Emergency Desk is a team of about a dozen medical staff, logisticians and administrators, and its objective is to make sure that Médecins Sans Frontières is serving the populations most in need around the world in the right way.

Every week, the head of the desk sits down and looks at what's come up around the world – a refugee crisis, an outbreak of violence or disease, a natural disaster etc – and decides whether the organisation needs to do something new or different to respond to that. Then, someone from our team will be sent in for a few months, often to help set up a project, or work with existing projects to adapt their approach.

The very first thing that I was asked to do was to go to Syria! It had been too dangerous for us to work there for a while and we wanted to figure out if it would be viable to set up any sort of project. After that, I went to projects working with an influx of refugees in Ethiopia, violence in Central African Republic, and spent a lot of time dealing with Ebola in Sierra Leone and Guinea. For me, the higher the stakes, the better.



Australian MSF Medical Coordinator Kate White from the Emergency Desk in Amsterdam. © Ikram N'gadi/MSF

**KEY ACTIVITIES:**

Surgical emergencies, basic care, maternal and child healthcare, malnutrition screening

**FUNDING:**

\$1,190,000

**FIELD STAFF:**

631

● Project locations funded by Australian donors

MALI

Despite the peace agreement reached between the government and the main armed groups in northern Mali in June, the security situation remained volatile for the rest of the year. Clashes between armed groups impeded humanitarian access, and the lack of medical supplies and qualified personnel meant that people were left with little or no basic healthcare.

Timbuktu

In Timbuktu, Médecins Sans Frontières supported the 86-bed regional hospital, focusing on medical and surgical emergencies. There was an average of 390 inpatient admissions and 80 assisted deliveries every month. Teams also provided consultations for patients with chronic diseases, such as diabetes

and hypertension, at the referral health facility.

More than 40 per cent of people living in the Timbuktu region are further than 15 kilometres from the nearest health centre. To ease access to healthcare, Médecins Sans Frontières mobile teams support staff in three peripheral health centres that offer basic care, vaccinations, maternal care and malnutrition

screening. These clinics had to be suspended for several months due to insecurity.

Southern Mali

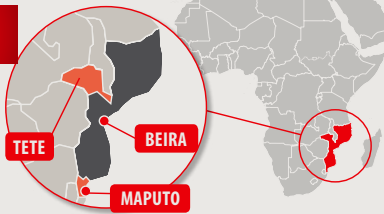
Malaria is the main cause of child mortality in Mali's south. In 2015, Médecins Sans Frontières continued to focus on child health and severe acute malnutrition in Koutiala, Sikasso region. Médecins Sans Frontières supports the paediatric unit within the Koutiala referral health facility and five health centres in Koutiala district and increased the number of beds to 300 in the paediatric unit during the seasonal malaria peak.

Médecins Sans Frontières has been running a seasonal malaria chemoprevention programme in this area for four years and in 2015 delivered antimalarial treatments to 190,067 children. A preventive paediatric care project, including vaccinations and bed net distribution, continued in the Konséguéla health area, with vaccinations extended to all five health centres that Médecins Sans Frontières supports.



A child is treated for malnutrition in Koutiala. © Yann Libessart / Médecins sans Frontières

MOZAMBIQUE



KEY ACTIVITIES:

HIV treatment and management, cholera epidemics, drug resistant TB



FUNDING:

\$1,500,000



FIELD STAFF:

382

● Project locations funded by Australian donors

MOZAMBIQUE

In Mozambique, Médecins Sans Frontières continues to work with the Ministry of Health to develop innovative strategies to combat HIV/AIDS and tuberculosis (TB), and to respond to emergencies such as cholera epidemics.

Despite adopting an ambitious acceleration plan to tackle HIV/AIDS in 2013, Mozambique is still struggling to deal with the epidemic; 11.5 per cent of adults living in the country have HIV, and worryingly, the number continues to grow, in part because of structural problems such as shortages of health staff and a recurrent lack of essential medicines. Médecins Sans Frontières is providing a wide range of services, from technical and specialised medical care for patients with advanced stages of AIDS,

to strategies enabling stable, healthy HIV patients to access their medicines more easily.

In the capital Maputo, Médecins Sans Frontières focuses on HIV/AIDS patients who need specialised care, including those who have failed antiretroviral treatment or are suffering from co-infections such as multidrug-resistant tuberculosis (MDR-TB), viral hepatitis or cancers like Kaposi's sarcoma or human papillomavirus. Comprehensive care is

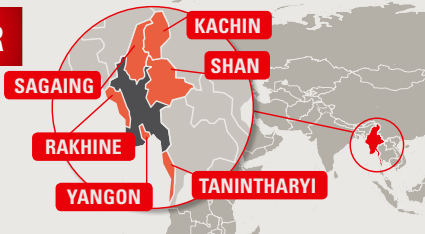
also provided to MDR-TB patients and HIV-infected women and children. In 2015, Médecins Sans Frontières provided viral load monitoring to 28,394 patients.

Médecins Sans Frontières scaled up its activities in the 'corridor project' that was started in 2014 along the commercial route linking the busy Beira harbour to the mining area of Tete province. This year, it provided testing for HIV and sexually transmitted infections to 967 long-distance truck drivers and 548 sex workers, a particularly vulnerable group with an HIV prevalence of 55 per cent.



A lab technician performs a viral load test to determine HIV status. © Marco Longari/AFP

MYANMAR



KEY ACTIVITIES:

HIV treatment and management



FUNDING:

\$300,000



FIELD STAFF:

1,076

● Project locations funded by Australian donors

MYANMAR

Médecins Sans Frontières is supporting Myanmar's National AIDS Program to ensure HIV/AIDS treatment is more accessible to people living regionally.

Caring for people living with HIV

In 2015, Médecins Sans Frontières provided care for more than 35,000 people living with HIV in its projects in Yangon and Tanintharyi regions, as well as in Shan and Kachin states – Médecins Sans Frontières' most substantial activity in Myanmar. The government has made great progress in the provision of HIV treatment but unfortunately only half of the estimated 210,000 people who need it receive antiretroviral (ARV) therapy. Treatment remains highly centralised, and Médecins Sans Frontières is supporting the National AIDS Program's (NAP) initiatives to make care available to people nearer to where they live. In Dawei, Médecins Sans Frontières began transferring stable patients to decentralised NAP sites. In all of its HIV projects this year, Médecins Sans Frontières continued putting the focus on vulnerable groups, including injecting drug users, men having sex with men, sex workers and patients with co-infections such as tuberculosis, drug-resistant tuberculosis or cytomegalovirus.



A patient receives MDR-TB treatment at MSF's Insein Clinic, Yangon, Myanmar. © Yasmin Rabiyan/MSF

A PATIENT'S STORY:

Ma Moe Moe Khaing, in Kachin state

"When we found out that my husband was HIV positive and started treatment with Médecins Sans Frontières, I got tested as well. I was two months pregnant at the time and I was also positive. My husband was very sick, he could not even walk straight and I was really scared and even thought about ending the pregnancy. But we decided to leave it up to faith and accept whatever baby we were given. We took our ARVs regularly following the doctor's instructions. After I had given birth, I was still afraid that I might have passed on the virus, but when after 12 months all HIV tests were negative we were unbelievably happy. Our little girl is healthy and is now attending kindergarten."

NEPAL



KEY ACTIVITIES:

Emergency, sanitation, maternal and child healthcare, spinal rehabilitation



FUNDING:

\$993,016.75



FIELD STAFF:

58

● Project locations funded by Australian donors

NEPAL

Two earthquakes hit Nepal on 25 April and 12 May 2015, killing an estimated 8,500 people and injuring another 20,000.

After the 7.8 magnitude first earthquake struck Gorkha district, 80 kilometres west of Kathmandu, Médecins Sans Frontières teams quickly arrived in the country and focused on reaching the people living in remote mountainous areas.

Arughat

In Arughat, Gorkha district, Médecins Sans Frontières set up a 20-bed inflatable hospital with an operating theatre, and emergency, maternity and resuscitation rooms. This replaced the local healthcare centre that had been destroyed by the earthquake until the Ministry of Health was able to open a semi-permanent structure at the end of June.

Kathmandu

Between April and July, Médecins Sans Frontières conducted more than 2,500 health consultations and provided psychological support to more than 7,000 people, mostly via helicopter. Staff also treated 240 patients with emergency needs and carried out more than 1,200 physiotherapy sessions in the Kathmandu orthopaedic hospital. Médecins Sans Frontières distributed food, as well as

shelter, cooking and hygiene items, to almost 15,000 households. Teams also set up a water supply network for 7,000 displaced people in Cheechipathi camp in Kathmandu, and sanitation systems in a number of other camps around the city.

Following the immediate emergency phase, Médecins Sans Frontières reduced its activities in July 2015, but continued working through two projects in Sangha and Charikot. In Sangha, Médecins Sans Frontières worked in the Spinal Injury Rehabilitation Centre a 50-bed facility situated east of Kathmandu. After the earthquake, a large number of patients needed surgery, particularly for injuries to their lower limbs. They were fitted with external fixation (a procedure to stabilise

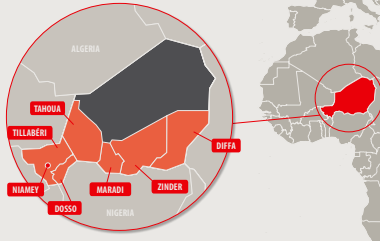
and join the ends of broken bones with a splint or cast), or put in traction. Médecins Sans Frontières provided extra capacity in general rehabilitation for post-operative patients with physiotherapy, dressings, medical follow-up and mental healthcare, and also constructed a new ward for general rehabilitation with capacity for 50 patients. All activities had been handed over to the Spinal Injury Rehabilitation Center by the end of the year.

On 2 June, three of our colleagues and their pilot lost their lives in a helicopter crash. Sandeep Mahat, Jessica Wilford and Sher Bahadur Karki (Raj), and their pilot Subek Shrestha, were flying back to Kathmandu after delivering assistance to villages in Sindhupalchowk district when the accident occurred. It is with great sadness that we bid them farewell.

Médecins Sans Frontières conducted more than 2,500 health consultations and provided psychological support to more than 7,000 people.



A patient returns home after being treated in an MSF hospital in Arughat Bazaar for a broken leg. © Brian Sokol/Panos Pictures

NIGER

KEY ACTIVITIES:
Malnutrition, malaria



FUNDING:
\$1,850,000



FIELD STAFF:
1,800

● Project locations funded by Australian donors

NIGER

Every year in Niger nearly one million children suffer from malnutrition. Médecins Sans Frontières is working with regional health centres to provide them with comprehensive treatment.

Maradi region

Médecins Sans Frontières runs comprehensive medical and nutrition projects in Madarounfa and Guidan Roundji departments, providing support for children with severe malnutrition. There are 11 outpatient centres, and an inpatient feeding centre in the respective district hospitals, where Médecins Sans Frontières also manages the medical care of children in the paediatric and neonatal wards. Teams run community-based activities to combat malaria, including the distribution of bed nets, seasonal malaria chemoprevention (SMC) – the repeated administration of antimalarials as a prophylactic – and outpatient treatment for uncomplicated cases. In Madarounfa, Médecins Sans Frontières supported four additional health centres during the height of the malaria season, carrying out almost 10,000 consultations, and set up a temporary inpatient unit to treat children with severe complicated malaria. In Guidan Roundji, Médecins Sans Frontières supports a laboratory and blood bank at the hospital. Four of the five health centres that Médecins Sans Frontières was supporting in Guidan Roundji were handed over to the Ministry of Health at the end of March.

Access to safe water is limited in the region, and Médecins Sans Frontières has been working to regenerate water wells in partnership with the Regional Directorate of Maradi Hydraulics. In 2015, 15 boreholes were rehabilitated.



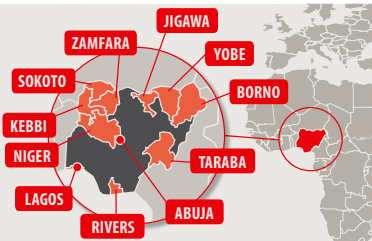
A patient affected by meningitis is cared by an MSF doctor Clement Van Galen. © Sylvain Cherkaoui/Cosmos

A PATIENT'S STORY:

Fouzeza Noura, 30 years old, has come with her son to Dan Issa, Maradi region, where Médecins Sans Frontières supports an outpatient feeding centre

"I came from my village in Nigeria with my two-year-old son. He has a fever and is not eating. We made a deal with a driver to drive us the two hours to get here. Several women in my village advised me to come to the Médecins Sans Frontières health centre because in Nigeria medical care costs a lot and is poor quality. The Médecins Sans Frontières nurses told me that my son Bassirou had malaria and was malnourished. I received medication and nutritional paste. We were told to come back in a week to be sure my child had recovered."

NIGERIA



KEY ACTIVITIES:

Maternal and child healthcare, HIV and sexually transmitted disease, vaccines



FUNDING:

\$2,295,000



FIELD STAFF:

655

● Project locations funded by Australian donors

NIGERIA

Insecurity and suicide attacks by insurgents led to further displacement, increasing the need for medical and humanitarian aid in Nigeria in 2015.

Over two million Nigerians have been displaced across the northeast of the country, largely as a result of brutal violence linked to the Islamic State of West Africa Province (ISWAP), also known as Boko Haram. Rural communities have been devastated. The population of Maiduguri, capital of Borno state, has more than doubled with the influx of internally displaced people, which has overwhelmed basic services in the city. Despite a significant military presence, insecurity remains high, with Maiduguri targeted in repeated suicide bomb attacks, and people are afraid to return home.

Médecins Sans Frontières has been providing healthcare to people displaced by violence, as well the host community in and around Maiduguri, since mid-2014. In 2015, around 10,000 outpatient consultations were carried out across four sites (two in the camps, two in the community) each month. Nearly a quarter of the patients presented with respiratory tract infections. In May, the team started offering maternal healthcare, and by the end of the year had seen more than 16,200 women for at least one antenatal consultation, and assisted 1,330 deliveries. More than 5,900 children attended the nutrition programme, and from June, an inpatient paediatric unit admitted around 100 children each month. Médecins Sans Frontières started providing emergency services at Maiduguri's Umaru Sheu hospital in October, and emergency surgery by the end of the year.

Port Harcourt

A new programme for victims of sexual and gender-based violence started in June in Port Harcourt, and following an awareness campaign delivered in

schools, health clinics and the media in September, monthly attendance at the clinic doubled from around 35 to 70 patients. The comprehensive package of care includes prophylaxis for HIV and sexually transmitted infections, vaccinations for tetanus and hepatitis B, wound care, emergency contraception and counselling.

Jahun

The well-established Jahun emergency obstetrics programme at the government hospital in Jigawa state admitted an

average of 900 patients per month, of whom around 100 needed intensive care. Staff cared for 116 babies in the neonatal unit each month. During the year, surgeons carried out approximately 2,400 interventions, including 300 for obstetric fistula. About 60 per cent of patients were aged between 15 and 19.

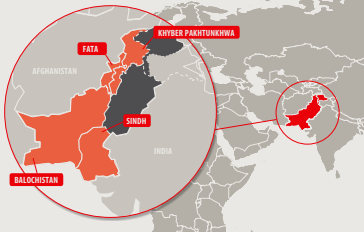
Maiduguri

An Abuja-based emergency team ensured health facilities were prepared for possible post-election violence by training medical staff on mass casualty response and assessing facilities. The team also responded to an outbreak of cholera in Maiduguri, where more than 1,700 patients were treated.



Australian Doctor Helmut Schoengen resuscitates a baby at the MSF Neonatal Care Unit in Jahun, Nigeria. © MSF

PAKISTAN



KEY ACTIVITIES:

Child health, vaccinations, maternal and child healthcare



FUNDING:

\$2,040,000



FIELD STAFF:

1,636

● Project locations funded by Australian donors

PAKISTAN

Access to good-quality healthcare, including treatment for communicable diseases and lifesaving obstetric and neonatal services, remains a significant challenge for many people in Pakistan.

People living in isolated communities in the mountains between Pakistan and Afghanistan, in areas affected by conflict, Afghan refugees, and residents of urban slums, are some of the vulnerable groups in desperate need of medical assistance. Healthcare for women and children is a particular concern: women regularly die from preventable complications during pregnancy, neonatal care is inaccessible for many, and one in ten children die before their fifth birthday. Médecins Sans Frontières continues to support provincial and district health authorities in responding to some of the most urgent needs.

Federally Administered Tribal Areas

At Sadda Tehsil headquarters hospital in Kurram Agency, Médecins Sans Frontières provided inpatient care for children under 12 and carried out an average of 600 consultations per week. In 2015, there were 300 children admitted for measles and post-measles complications. Médecins Sans Frontières also provided treatment for cutaneous leishmaniasis, and managed the hospital's obstetric and general emergency referrals. At the smaller Alizai hospital, around 100 paediatric consultations were carried out each week for children under the age of 12.

Peshawar

Médecins Sans Frontières offers comprehensive emergency obstetric services at Peshawar women's hospital for patients with a history of complicated pregnancies and/or difficult deliveries. These women come from Federally Administered Tribal Areas, Peshawar and the surrounding districts, and the hospital also admits female refugees and displaced people living in Peshawar district. There are 33 obstetric beds and

18 beds in the neonatal unit. More than 5,200 patients were admitted and 4,700 babies delivered in 2015. The team also provided training on high-risk obstetrics and maternity care to staff working in the basic healthcare facilities within the hospital's referral network.

Hangu

The team at the Hangu emergency surgical project carried out over 15,000 emergency room consultations, performed 800 surgical interventions and assisted 3,202 births. A decrease in the number of trauma cases from violence saw Médecins Sans Frontières hand over activities to health authorities in September.



New Zealand Midwife Amy Le Compte, with a newborn in Pakistan. © MSF



PALESTINE

KEY ACTIVITIES:
Mental healthcare, burns and trauma, physiotherapy and occupational therapy

FUNDING:
\$850,000

FIELD STAFF:
132

● Project locations funded by Australian donors

PALESTINE

Médecins Sans Frontières provides medical and psychological assistance to people affected by the ongoing conflict in Palestine.

The continued expansion of Israeli settlements on the West Bank increased tensions and violence in 2015. In October, two settlers were shot dead in what was believed to be revenge for an arson attack which had killed a Palestinian family in July. Residents of Gaza are still suffering the consequences of 2014's 50-day war, and are still waiting for their houses to be rebuilt due to restrictions on the importation of construction materials. According to the United Nations, 170 Palestinians and 26 Israelis were killed, and more than 15,300 Palestinians and 350 Israelis injured, in 2015.

Jerusalem and the West Bank

Médecins Sans Frontières' mental health programmes in Hebron, Nablus and Qalqilya governorates, and East Jerusalem, provided psychological and social support to victims of political violence. In 2015, Médecins Sans Frontières carried out 5,522 individual and group consultations, more than 50 per cent of which were in Hebron (2,959). From October, spiralling violence, particularly in the 'H2' area of the old city, led to a significant increase in activities. In an atmosphere of tension and fear, more than 5,300 people attended the psycho-education sessions run by Médecins Sans Frontières' to help them develop coping mechanisms. Training was also provided to medical staff, teachers and counsellors.

In October, Médecins Sans Frontières started a partnership in East Jerusalem with a local NGO, the Treatment and Rehabilitation Center for Victims of Torture, in an effort to improve access to people in need of care.

Gaza Strip

Médecins Sans Frontières' burn and trauma centres in Gaza City and Khan Younis treated more than 2,500 patients, mostly children. Staff conducted more than 35,000 physiotherapy and 1,000 occupational therapy sessions. In September, Médecins Sans Frontières requested authorisation to open a third specialised clinic in the north of Gaza. From late 2014 to April 2015, a burns awareness campaign reached more than 35,500 children in schools and nurseries, and a new campaign was launched in November.

In conjunction with the health ministry, Médecins Sans Frontières' ran surgical programmes in Al Shifa and Nasser hospitals and staff performed a total of 390 surgical interventions. The majority of patients were suffering from burns. Complex cases that cannot be handled in Gaza are referred to Médecins Sans Frontières' reconstructive surgery hospital in Jordan. However, the administrative component of referrals caused delays and only six out of 67 patients were successfully referred in 2015.

MSF resumed mental health activities in Gaza during the 2014 war, but it was ordered by the Ministry of Health to suspend activities in April and by the end of the year had not been able to restart.



Surgeon Dr John Swinnen from Sydney, Australia at work in Gaza. © Paul Maakad/MSF

PNG



KEY ACTIVITIES:

Drug Resistant TB, Family and sexual violence, mental health



FUNDING:

\$1,020,000



FIELD STAFF:

226

● Project locations funded by Australian donors

PAPUA NEW GUINEA

Médecins Sans Frontières started supporting Gerehu hospital in Port Moresby in March 2015, to increase its capacity for screening, diagnosing, treating and following up patients with tuberculosis (TB).

Port Moresby is in National Capital District, where approximately 25 per cent of the people in the country suffering from TB live. In Gerehu, there are around 1,500 TB patients annually and the number of cases of drug-resistant TB (DR-TB) is increasing. The next step for the project is to set up a dedicated TB unit at Gerehu hospital.

Kerema

The TB programme that opened in Gulf province in May 2014 was expanded in 2015 and the Médecins Sans Frontières team supported not only Kerema General Hospital but also outreach activities in two health centres. In total, there were more than 2,800 outpatient consultations and 2,347 people with suspected TB were screened. However, the lack of an effective follow-up system resulted in a high number of patients not completing their treatment – this loss of follow-up is of concern as it increases the incidence of DR-TB. In 2015, 15 DR-TB cases were detected and treated. In collaboration with the provincial authorities, Médecins Sans Frontières is developing a decentralised model of care so that people do not need to come to a medical facility so frequently.

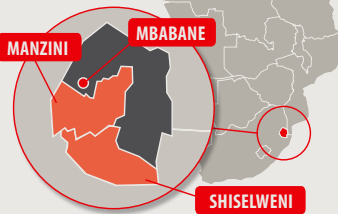
Port Moresby and Tari

The Port Moresby Regional Treatment and Training project was handed over to the National Department of Health in 2015. Médecins Sans Frontières also started the gradual handover of Tari Hospital, which has been supporting victims of sexual and family violence with free, integrated medical and psychological care, since 2007.



A patient receives treatment at the Hospital in Tari, Papua New Guinea. © Jodi Bieber

SWAZILAND



KEY ACTIVITIES:

TB and HIV



FUNDING:

\$1,000,000



FIELD STAFF:

439

● Project locations funded by Australian donors

SWAZILAND

During 2015, Médecins Sans Frontières continued to improve access to diagnostics and treatment for HIV and tuberculosis (TB) patients through decentralised and integrated care and innovative approaches.

Swaziland is struggling to cope with the dual epidemic of TB and HIV. It has the world's highest incidence of TB, and the number of people with drug-resistant forms of the disease (DR-TB) is increasing. Furthermore, around 80 per cent are co-infected with HIV. Since 2007, Médecins Sans Frontières has been collaborating with the Ministry of Health to tackle this crisis.

Responding to the growing number of extensively drug-resistant TB (XDR-TB)

cases in the country, Médecins Sans Frontières advocated the introduction of new drugs (bedaquiline and delamanid) in 2014. In 2015, staff started treating XDR-TB patients with these in combination with repurposed drugs – a major change for these patients. By the end of the year, 22 XDR-TB patients were on this treatment programme in Médecins Sans Frontières projects in Manzini and Shiselweni.

Shiselweni

MSF teams in Shiselweni continued to support the integration of HIV and TB care in 22 community-based health clinics. As part of this support, Médecins Sans Frontières has been operating 20 point-of-care mini-labs since 2012. In 2015, these labs carried out 47,842 biochemistry tests, 19,340 CD4 tests and 30,726 viral load tests – measuring the amount of HIV in a blood sample and the strongest predictor of HIV progression. To improve adherence to treatment, Médecins Sans Frontières has trained people living with HIV as 'expert clients' or lay counsellors to work with patients.



A field worker story from South Sudan

NAME:

Eric Boon

FROM:

Gascoyne region,
Western Australia

FIELD ROLE:

Logistician, South
Sudan, dates

When my wife drove me to the airport to fly to South Sudan on my first mission as a logistician with Médecins Sans Frontières she said "I think your whole life has been building up to this moment." And you know, she was right.

My main profession has been managing a cattle station in the Gascoyne region in Western Australia. With a large herd of cattle to raise and the nearest town 80 kilometres away, you learn to be resourceful. I've done all sorts of other things: I was a mustering pilot, I managed a boat yard, I worked for a company that sold water pumps, I was a local councillor, and I owned a trucking business. On Christmas Eve, at the tender age of 64, I decided it was time to pack that mixed bag of skills and head into the field with Médecins Sans Frontières.

As you would imagine, the role of a logistician varies immensely and draws on all your troubleshooting skills. On any given day you would find me managing patient transport and our fleet of vehicles, monitoring our energy

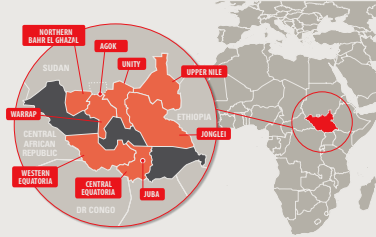


Australian Logistician Eric Boon with colleagues, South Sudan. © Eric Boon

systems, building showers and latrines, discussing the security of our compound, constructing a helipad, fixing a faulty oxygen concentrator (when I'd never set eyes on one before), renovating accommodation for our national staff... the list goes on.

I once made a lady amputee her first pair of crutches out of some wood I found. That was a memorable day.

S.SUDAN



KEY ACTIVITIES:

Supplies, surgery, vaccinations



FUNDING:

\$4,400,000



FIELD STAFF:

3,322

● Project locations funded by Australian donors

SOUTH SUDAN

Médecins Sans Frontières responded to immense medical needs amid a major upsurge in conflict and violence against civilians, as well as an exceptionally severe malaria season.

More than two years of sustained conflict and violence against civilians has taken a huge toll on the people of South Sudan. Over one million people have been displaced and hundreds of thousands have been unable to access medical or humanitarian assistance for months at a time, particularly in Jonglei, Unity and Upper Nile states. Compounding this humanitarian crisis, there have been frequent drug shortages, even in areas not affected by conflict, and the country has also experienced one of its worst malaria seasons in years. Médecins Sans Frontières treated approximately 295,000 patients for malaria during the year – nearly ten times as many as in 2014.

Unity State There was an escalation in conflict and violence in Unity state between April and November, forcing hundreds of thousands of people to flee their homes. Many hid in the bush and swamps and Médecins Sans Frontières received reports of executions, mass rapes, abductions and the razing of entire villages. Five South Sudanese Médecins Sans Frontières staff were killed amid the extreme levels of violence, and 13 remain unaccounted for.

The population of the UN protection of civilians site (PoC) in Bentiu in northern Unity state increased from 45,000 to more than 100,000 by the end of 2015, as people

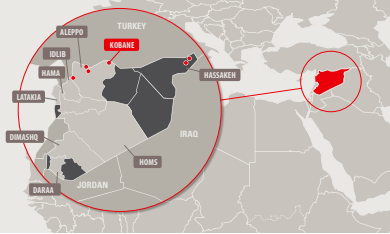
sought shelter. Médecins Sans Frontières runs the only hospital in Bentiu PoC and the team rapidly expanded capacity to meet the enormous medical needs of this vulnerable population. Médecins Sans Frontières operated mobile clinics and therapeutic feeding programmes in southern Unity state and Bentiu town whenever access was possible. Many patients suffering from severe violence-related injuries were referred to the Médecins Sans Frontières hospital in Lankien for surgical care. Thousands also fled into northern Jonglei state, where Médecins Sans Frontières opened a project in Old Fangak providing assistance in a medical centre, mobile clinics for the region and referrals by boat ambulance. Another clinic opened in Mayom, a remote location in northern Unity state, providing basic healthcare and secondary referrals to its hospital in Agok. Teams also responded to outbreaks of diseases including measles, malaria and meningitis in Yida refugee camp, currently home to 70,000 Sudanese refugees.

Emergencies

For the second year running, there was an exceptionally severe malaria season across South Sudan, particularly in the northwest. The impact of the outbreak was exacerbated by severe shortages and no stock of essential medicines in non-Médecins Sans Frontières health facilities throughout the country. Teams saw dramatic spikes in the disease in its projects in Agok, Aweil, Bentiu, Doro, Gogrial, Mayom and Yida and responded by rapidly increasing treatment and bed capacity, conducting large malaria outreach programmes and scaling up support to other medical facilities in the surrounding areas. South Sudan was also hit by a second outbreak of cholera in two years. In response, Médecins Sans Frontières provided treatment, technical capacity and logistical support to the cholera treatment unit in Bor hospital in Jonglei state. Another team in the capital, Juba, opened a cholera treatment centre and vaccinated over 160,000 people against the disease.

Médecins Sans Frontières treated approximately of 295,000 patients for malaria during the year – nearly ten times as many as in 2014.

SYRIA



KEY ACTIVITIES:

Emergency healthcare, supplies, Maternal and child healthcare



FUNDING:

\$1,847,096.75



FIELD STAFF:

494

● Project locations funded by Australian donors

SYRIA

As a result of the Syrian conflict millions of people are in desperate need of lifesaving humanitarian aid. Some 4.3 million people have fled the country and an estimated 6.6 million have been internally displaced as government troops, opposition forces and insurgent groups battle for power and control of territory.

The Syrian government continues to deny repeated requests by Médecins Sans Frontières to access government-controlled areas. In a country where we should be running some of our largest medical programmes, the opportunities to reach people and to respond in a timely manner to the enormous needs remains extremely limited.

In 2015, Médecins Sans Frontières continued to operate six medical facilities in different locations across northern Syria. It also increased its support programme to around 70 healthcare facilities run by Syrian doctors, with a particular focus on besieged areas. Médecins Sans Frontières provides technical advice, medical supplies, salaries and fuel, and helps rebuild damaged buildings. No Médecins Sans Frontières staff are present in these supported facilities.

During 2015, 23 Médecins Sans Frontières-supported Syrian health staff were killed and 58 wounded. Furthermore, 63 Médecins Sans Frontières – supported hospitals and clinics were bombed or shelled on 94 separate occasions in 2015; 12 of these facilities were completely destroyed.

Aleppo governorate

The situation deteriorated significantly in Aleppo city in 2015, with targeted attacks on civilian infrastructure such as markets, water supplies and health facilities throughout the year. The intensification of the conflict in Hama and Idlib forced thousands of families to flee to Aleppo governorate.

Médecins Sans Frontières received reports of attacks on nine health facilities around Aleppo in May, including six hospitals. One was the Médecins Sans Frontières-supported al Sakhour hospital in Aleppo city, which was forced to suspend its activities after being bombed at least twice on consecutive days. In June, Médecins Sans Frontières had to close its field hospital in Maskan due to ongoing insecurity. The hospital had performed 5,834 outpatient and 2,495 emergency consultations, and assisted 51 deliveries. Médecins Sans Frontières was able to hand over the hospital's activities to a Syrian medical network. In August, Médecins Sans Frontières treated patients with symptoms of exposure to chemical agents in Azaz district.

In early December, convoys carrying essential aid were targeted. This

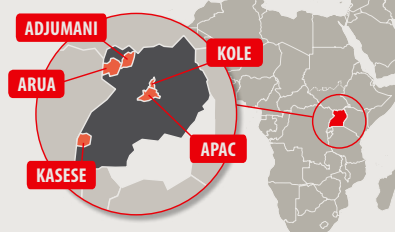
temporarily reduced hospital services and delayed the delivery of emergency supplies, including winter kits containing items such as warm clothes, blankets, torches and soap that Médecins Sans Frontières, in conjunction with Aleppo city council, was delivering to displaced families – more than 7,800 kits were distributed by year's end.

The situation deteriorated significantly in Aleppo city in 2015, with targeted attacks on civilians, infrastructure and health facilities.

Idlib governorate

Médecins Sans Frontières continued to run the Atmeh burns unit in Idlib, where more than 6,800 medical consultations and 5,500 surgical interventions were conducted, and 3,100 patients were enrolled for mental health services. More than 7,000 children were vaccinated against measles and more than 3,500 newborns against hepatitis B.

UGANDA



KEY ACTIVITIES:

HIV and sexually transmitted disease



FUNDING:

\$425,000



FIELD STAFF:

309

● Project locations funded by Australian donors

UGANDA

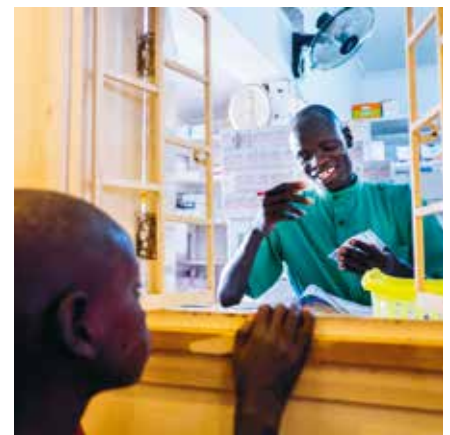
At the end of 2015, Médecins Sans Frontières opened a new project in Kaseese district, southwest Uganda.

The project focused on access to healthcare for adolescents and the fishing communities on lakes George and Edward. Both groups are particularly exposed to HIV and other sexually transmitted diseases. Activities are run in complete integration with the public health system.

Arua District

Since 2013, Médecins Sans Frontières has supported the HIV laboratory in Arua district, and has introduced devices to measure CD4 and viral load count as part

of a UNITAID-funded project. In 2015, Médecins Sans Frontières started offering early infant diagnosis, to test babies born to HIV-positive mothers so that they can start antiretroviral treatment as quickly as possible if necessary. Médecins Sans Frontières is also supporting genotyping tests, which identify resistance to second-line antiretrovirals.



Amos aged 13 gets his medicine at HIV dept, Arua Regional hospital, Uganda. © Isabel Cortier



A field worker story from Yemen

NAME:

Raewyn Turner

FROM:

Mt Maunganui,
New Zealand

FIELD ROLE:

Aug 2015 – Oct 2015

Having worked in Darfur, Afghanistan and Gaza, I had always felt safe under our Médecins Sans Frontières flag. Then Kunduz happened.

And then, later on, I was watching the news and saw that our hospital in Saa'da, Yemen had also been destroyed by airstrikes. I went cold. I had just returned from Saa'da where I had worked as an operating theatre nurse in a different hospital.

I thought about how important the destroyed hospital had been – they had stabilised a lot of wounded and brought them to us for surgery. I thought about the more than 200,000 people who would no longer have access to lifesaving medical care.



Theatre nurse Raewyn Turner (right) from New Zealand works with national medical staff. © Ton Koene

UKRAINE



KEY ACTIVITIES:

Supplies, Chronic disease, maternal and child healthcare



FUNDING:

\$500,000



FIELD STAFF:

254

● Project locations funded by Australian donors

UKRAINE

In January and February, fighting between the Ukrainian army and the self-proclaimed Donetsk and Luhansk People's Republics escalated to a level not seen since August 2014, and had a devastating effect on civilians caught in the conflict zone.

Médecins Sans Frontières teams urgently expanded their support to hospitals on both sides of the frontline. However, heavy fighting trapped civilians in frontline towns and made it difficult to reach the hardest hit areas. Medical facilities were regularly shelled, forcing staff to flee and depriving thousands of people of healthcare. A ceasefire came into effect following the fall of the strategic city of Debaltseve on 18 February, three days after the signature of the Minsk II agreement.

In 2015, Médecins Sans Frontières donated medicines and medical equipment to more than 350 health facilities on both sides of the frontline, enabling the treatment of more than 9,900

patients with conflict-related injuries and more than 61,000 with chronic diseases; additionally, 5,100 women had assisted deliveries. Teams also carried out around 159,900 basic healthcare consultations and 12,000 mental health consultations in cooperation with the Ministry of Health.

Supplying essential medicines

Médecins Sans Frontières became one of the major suppliers of medicines for chronic diseases to hospitals, health centres and homes for elderly and disabled people in the east of the country. Teams provided insulin to more than 5,000 diabetic patients in 16 hospitals in Gorlovka, Donetsk, Yenakevo, Starobesheve, Telmanovo and Novoazovsk, and, also in Gorlovka

and Donetsk, hemodialysis supplies for patients with advanced kidney failure.

In addition, teams ran mobile clinics in 80 towns and villages around Donetsk, Luhansk, Artemovsk, Mariupol and Debaltseve and through Luhansk region, offering basic healthcare and mental health support to residents and displaced people.

Luhansk and Donetsk People's Republics

Although Médecins Sans Frontières succeeded in working on both sides of the frontline for most of the year, in September Médecins Sans Frontières' permission to work was refused in the self-proclaimed Luhansk People's Republic, and at the end of October, its accreditation in the self-proclaimed Donetsk People's Republic was also withdrawn. The projects were closed—including the MDR-TB programme in Donetsk's penitentiary system—leaving thousands of people vulnerable and without access to essential medical care.

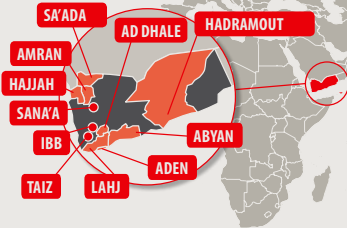
A PATIENT'S STORY:

Nina Dedukh, 64-year old patient receiving counselling from an MSF psychologist in Popasnaya

"When the war started, I was in Pervomaik. My apartment and my daughter's apartment were destroyed. We sought refuge here, in Popasnaya. Now we live 10 people in a one-room apartment. We hear shelling at night: it's terrifying.

There is nothing crueler than when people close to you die. During this war my aunt, uncle and sister died. But when my daughter died it was horrible. She died in Pervomaik in February. She was standing just behind the house when the shelling hit. Doctors were fighting for her life for one hour, but were unable to save her."

YEMEN



KEY ACTIVITIES:

Emergency healthcare, supplies, maternity, surgery, mental health, physiotherapy



FUNDING:

\$1,212,648.25



FIELD STAFF:

551

● Project locations funded by Australian donors

YEMEN

Armed conflict escalated into a full-scale war in Yemen in 2015, exacerbating already massive medical and humanitarian needs and severely restricting access to healthcare. By year's end, the United Nations estimated that 2,800 people had been killed and some 2.5 million were internally displaced.

Saada

Saada governorate was one of the worst-affected areas. From March, there were daily airstrikes targeting many civilian areas, including healthcare facilities, and access to medical care was almost impossible in some districts. In April, Médecins Sans Frontières started supporting Haydan hospital's emergency room and maternity services, but had to suspend activities following an airstrike in October. In May, a team started working in Al Jomhuri hospital in Saada city, providing emergency, inpatient and intensive care, and maternity and mental health services for a population of about 700,000 people. More than 6,110 patients were attended to in the emergency room, and more than 2,900 surgeries were performed. In November, another team began to support the Shiara hospital in

Razeh district. More than 100 births were assisted every week and more than 1,000 patients attended to in the emergency room in 2015. Staff also assisted in Majz and Nushur hospitals towards the end of the year.

Aden

There was intense fighting in Aden between March and July. In Sheikh Othman district of Aden city, Médecins Sans Frontières continued to run the emergency trauma centre, comprising an emergency room, two operating theatres, an intensive care unit and an inpatient ward. Mental health and physiotherapy consultations were also provided. Bed capacity was increased from 45 to 74 to accommodate the surge in needs, including several mass casualty incidents involving over 100 wounded each time.

Many of the patients were children wounded by landmines and unexploded ordnance. Overall, teams carried out 7,778 emergency consultations and 4,300 violence-related surgical interventions.

Amran

Médecins Sans Frontières continued its project at Al-Salam hospital, providing emergency, maternity, inpatient and outpatient services and assisting in the laboratory and blood bank. As access to medical care in other healthcare facilities decreased, Médecins Sans Frontières scaled up its activities in Amran hospital, carrying out 3,000 surgical interventions and 28,200 emergency consultations. More than 5,500 patients were admitted to hospital and more than 2,900 babies were delivered. Médecins Sans Frontières supported the health centre in Huth, completing 9,300 emergency consultations, and provided drug donations and training to three facilities in the north of the governorate. As displacement increased, Médecins Sans Frontières launched mobile clinics and helped with water and sanitation activities in Khamir and Huth.

STAFF STORY:

Staff story – MSF nurse supervisor Husni Mansoor works in Aden

"Our biggest fear is that the fighting will surround the hospital. Many times, when the clashes intensify, we go down to the basement. But this creates a different problem. Before we save ourselves, we move the patients who are in beds near the windows to a safe place. This has happened many times. We hear the sound of gunshots and shelling or airstrikes and we move all the patients to safe areas before finding a safe place for ourselves. Windows at the hospital have been broken more than once and bullets have entered, but no one has been hurt inside the hospital."

Médecins Sans Frontières Australia

ABN 74 068 758 654

Financial Report for the Financial Year

Ended 31 December 2015

Médecins Sans Frontières Australia

Financial report for the financial year ended 31 December 2015

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Médecins Sans Frontières Australia

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 2015.

The names and particulars of the directors during or since the end of the financial year are:

Dr Stewart Condon	Elected 28 May 2011, re-elected 26 April 2014. President Médecins Sans Frontières Australia from 22 June 14. Resident of Australia. Senior Coordinating Doctor- Assistance, International SOS/ Locum Career Medical Officer – Emergency Department NSW Health. Attended twelve out of twelve Directors' meetings
Mr Hichem Demortier	Treasurer Médecins Sans Frontières Australia from 20 May 2012. Elected 28 May 2011; re-elected 26 April 2014. Resident of Australia. Director Strategy and Corporate Services, National Critical Care and Trauma Response Centre Attended eleven out of twelve Directors' meetings.
Ms Veronique Avril	Resident of France. Special Advisor (City of Paris). Attended two out of five Directors' meetings. Attended all Médecins Sans Frontières France Directors' meetings as the Board Representative of Médecins Sans Frontières Australia*
Mr Constantinos Asproloupos	Re-elected 28 May 2011 and 18 May 2013. Resident of Australia. Vice President Médecins Sans Frontières Australia from 16 July 2014. Senior Program Manager, Deakin University. Attended nine out of nine Directors' meetings*
Ms Beth Hilton Thorp	Elected 18 May 2014. Lawyer and consultant. Resident of Australia. Attended eleven out of twelve Directors' meetings.
Ms Katrina Penney	Elected 18 May 2014. Vice President from 31 August 2015. Registered Nurse and Midwife. Manager, Refugee Health Screening Service, Auckland. Resident of New Zealand. Attended eleven out of twelve Directors' meetings.
Ms Susanne Weress	Appointed to the Board 28 March 2012. Elected 28 May 2012. Resident of Australia. Consultant clinical pharmacist/educator to Western NSW for NPS MedicineWise. Attended four out of five Directors' meetings*
Mr Anthony Flynn	Elected to the Board 26 April 2014. Registered Nurse. Resident of Australia. Attended eleven out of twelve Directors' meetings
Dr Marianne Gale	Appointed to the Board 20 August 2014. Medical Doctor. Resident of Australia. Public Health Officer, New South Wales Ministry of Health. Attended four out of five Directors' meetings*
Mr Mickael Le Paih	Appointed to the Board 11 February 2015. Member of the Board of Medecins Sans Frontières France. Resident of Egypt. Director General ECHO Humanitarian and Civil Protection Office. Attended eight out of eleven Directors' meetings*
Dr Tonia Marquardt	Elected to the Board 16 May 2015. Medical Doctor. Resident of Australia. Attended seven out of seven Directors' meetings*
Dr Matthew Reid	Elected to the Board 16 May 2015. Medical Doctor. Public Health Medicine Specialist, Canterbury District Health Board. Resident of New Zealand. Attended seven out of seven Directors' meetings*
Mr Dwin Tucker	Elected to the Board 16 May 2015. General Manager, International Rubik. Resident of Australia. Attended six out of seven Directors' meetings*
Dr Philip Humphris	Appointed to a casual vacancy 31 August 2015. Medical Doctor. Resident of Australia. Attended four out of four Directors' meetings*

Médecins Sans Frontières Australia

Directors' Report (continued)

*The above named Directors held office during and since the end of the financial year except for:

Ms Veronique Avril – retired 15 May 2015

Mr Constantinos Asproloupos – resigned 31 August 2015

Dr Marianne Gale – retired 15 May 2015

Ms Susanne Weress – retired 15 May 2015

Mr Mickael Le Paih – appointed 11 February 2015

Dr Tonia Marquardt – elected 16 May 2015

Dr Matthew Reid – elected 16 May 2015

Mr Dwin Tucker – elected 16 May 2015

Dr Philip Humphris – appointed to a casual vacancy 31 August 2015

COMPANY SECRETARY

Mr P. McPhun, Executive Director of Médecins Sans Frontières Australia since 6 December 2010 and Company Secretary of Médecins Sans Frontières Australia (“MSF”) Australia from 11 December 2010 until 10 March 2013, and from 26 April 2014. Worked for MSF in various roles since 1997. Holds an MSc in Humanitarian and Development Practices from Oxford Brookes University.

Ms Melanie Triffitt, Head of Finance and Administration of MSF Australia since 15 August 2011 and Company Secretary of MSF since 10 March 2013.

SHORT-AND LONG-TERM OBJECTIVES AND STRATEGY

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

- Build medico-operational relevance;
- Build reputation and identity of MSF; and
- Generate resources for activation of international humanitarian assistance.

The company's strategy for achieving these objectives includes:

- Provide medico-operational input into MSF field operations with an emphasis on mother and child health and enhance MSF Australia's role as a relevant MSF office with medical expertise in the MSF movement;
- Market the organisations medical humanitarian action to all identified audiences, advocate on behalf of populations in crisis and contribute to improving the quality of medical and operational communication aims of the MSF movement;
- Recruit, prepare and provide professional skilled and motivated career staff prepared for the field and matched to meet needs within the MSF movement from Australia and New Zealand; and
- Encourage the Australian public to financially engage with MSF Australia with enthusiasm, conviction and commitment.

Médecins Sans Frontières Australia

Directors' Report (continued)

PRINCIPAL ACTIVITIES

The principal activities of the company during the financial year to 31 December 2015 have been:

- Provision of medical expertise in mother and child health through direct visits to MSF medical humanitarian projects overseas, technical support and oversight, preparation of medical field staff, medical training, medico-operational research, medical communications and medical policy development.
- Operational participation in the field projects of the international movement of MSF, through financing field operations assignment of field staff humanitarian relief workers; participation as faculty in various Australian and international training courses for such field staff; and evaluation missions to field projects.
- Community education in the form of dissemination of public information on humanitarian and development issues; provision of materials and source people to journalists in the print and electronic media; publication of newsletters; participation in seminars; and guest lectureships at secondary schools and universities.
- Liaison with institutions and individuals in Australia and internationally, with a view to obtaining funding or other operational support for field projects, and for co-ordination with other organisations involved in overseas humanitarian relief.
- Fundraising from the general public in order to finance the field operations of MSF.

The nature of each of these activities has not changed significantly during the year. They are described in the Annual Review that will be available to the public from July 2016.

PERFORMANCE MEASURES

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

- Operational demand for Sydney medical unit expertise in mother and child health continues;
- Field communications, awareness raising, lobby and advocacy furthered through intervention of the Sydney communications department;
- Australian and New Zealand recruitment and placement executed to meet resource needs identified within the MSF movement;
- Proportion of financial resource spend between social mission and administrative costs within a range of 79-81% social mission and 19-21% administration costs; and
- 6 to 8% year on year growth in fundraising achieved over a multi-year timeframe.

The performance against these key performance indicators is as follows:

- 15 countries with 39 projects required and received technical oversight, field support and some degree of training in mother and child health;
- Media engagement conducted in response to all 2015 emergencies, 2015 awareness campaign conducted, advocacy furthered in response to MSF Access Campaign objectives, MSF International Office objectives, Syria, Afghanistan, Yemen, Papua New Guinea, Liberia, Sierra Leone, and Guinea;
- 74 new recruitments and 203 field placements made during 2015 in accordance with identified needs;

Médecins Sans Frontières Australia

Directors' Report (continued)

- Financial resources allocated 80% social mission costs to 20% administration in 2015; and
- 15% private revenue growth achieved in 2015 (higher than expected revenue generated by the fundraising program, and from the public response to the 2015 Nepal emergency).

REVIEW OF OPERATIONS

The net operating surplus for the financial year to 31 December 2015 was \$12,066,563 (2014: \$2,240,692 surplus).

CHANGES IN STATE OF AFFAIRS

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

Médecins Sans Frontières Australia 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 field 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 continues to diversify its sources of funding, and to increase the proportion of funding that comes from regular field partner donations.

From January 2007, Médecins Sans Frontières Australia started contracting and paying field staff directly from Australia when they go to the field. Field staff are seconded to and managed by the Operational Centres running the project. The financial impact of this is not significant as the salary cost incurred by Médecins Sans Frontières Australia is recharged to the relevant Operational Centres.

During 2015, Médecins Sans Frontières Australia committed \$36,741,800 (2014: \$37,466,100) of funds to the field to Médecins Sans Frontières France, and \$15,774,300 (2014: \$14,706,900) to Médecins Sans Frontières Switzerland.

In selecting the projects which Médecins sans Frontières Australia supports through its grant payments to Operational Centre Paris and Operational Centre Geneva, the DFAT list of developing countries is consulted to ensure compliance requirements are fulfilled.

DONATIONS IN KIND

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

The value of donations in kind received during the year to 31 December 2015 is \$271,116 (2014: \$71,890). This amount has been brought to account in the financial statements.

Médecins Sans Frontières Australia

Directors' Report (continued)

VOLUNTARY ASSISTANCE AND FIELD STAFF

In addition to donations in kind the company recruits a number of staff in the field for Médecins Sans Frontières Operational Centres. There are five Médecins Sans Frontières Operational Centres and they are located in Belgium, France, Holland, Spain and Switzerland. Many of the field staff are professional staff. The company estimates the total salaries forgone for the year ended 31 December 2015 by volunteer field staff to Médecins Sans Frontières Operational Centres to be approximately \$3,368,000 (2014: \$2,801,000).

The company estimates that the total salaries forgone by field staff to Médecins Sans Frontières Operational Centres who undertook missions of less than three months to be approximately \$750,000 (2014: \$864,000).

Médecins Sans Frontières Australia also have 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 \$156,000 (2014: \$110,000). This time donated by office volunteers, and salaries which would have been paid to the volunteers sent to the field, are not brought to account in the financial statements since they cannot be reliably measured (estimates above are based on high level analysis only).

The Board of Directors and Association also freely give their time to Médecins Sans Frontières Australia, the value of this has not been determined.

MONEY SPENT

The mission of Médecins Sans Frontières Australia is to provide humanitarian assistance to populations in danger and to increase awareness of the plight of these populations. The international Médecins Sans Frontières movement as a whole targets an '80/20 rule' whereby at least 80% of expenditure is directly devoted to this social mission. In 2015 Médecins Sans Frontières Australia spent \$61,425,716 to the social mission therefore representing 80% of total expenditure (2014: \$60,423,751 or 80%). A number of factors impact the ratio and will continue to be ongoing factors:

- Nil government funding in 2015 (2014: \$Nil), which is expected to continue in 2016.
- 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.

SUBSEQUENT EVENTS

The property listed as Land and building held for sale was bequeathed to Medecins Sans Frontieres Australia during 2015. An agreement to sell was entered into in 2015 and this was completed on February 19, 2016 for \$425,000. Other than this, 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 company, the results of those operations, or the state of affairs of the company in future financial years.

Médecins Sans Frontières Australia

Directors' Report (continued)

FUTURE DEVELOPMENTS

It is likely that in future financial years the company will continue to provide operational, financial and human resource support to the field 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 field operations of Médecins Sans Frontières.

Médecins Sans Frontières Australia is looking to expand its presence in New Zealand over the coming years.

DIVIDENDS

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

INDEMNIFICATION OF OFFICERS

During the financial year, the company 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-Profit 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 such an officer.

INDEMNIFICATION OF AUDITORS

To the extent permitted by law, the Company has agreed to indemnify its auditors, Ernst & Young 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 Ernst & Young 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 page 77.

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 10.

Signed in accordance with a resolution of the directors.

On behalf of the Directors



Dr Stewart Condon
Director

Sydney, 31/3 / 2016



Mr Hichem Demortier
Director

Sydney, 31/3 / 2016



Ernst & Young
680 George Street
Sydney NSW 2000 Australia
GPO Box 2646 Sydney NSW 2001

Tel: +61 2 9248 5555
Fax: +61 2 9248 5959
ey.com/au

Auditor's Independence Declaration to the Directors of Médecins Sans Frontières Australia

As lead auditor for the audit of Médecins Sans Frontières Australia for the financial year ended 31 December 2015, I declare to the best of my knowledge and belief, there have been:

- a) no contraventions of the auditor independence requirements of Subdivision 60-C of the *Australian Charities and Not-for profits Commission Act 2012* in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.

Ernst & Young

Loretta Di Mento
Partner
Sydney
Date: 31 March 2016



Ernst & Young
680 George Street
Sydney NSW 2000 Australia
GPO Box 2646 Sydney NSW 2001

Tel: +61 2 9248 5555
Fax: +61 2 9248 5959
ey.com/au

Independent auditor's report to the members of Médecins Sans Frontières Australia

Report on the financial report

We have audited the accompanying financial report of Médecins Sans Frontières Australia, which comprises the statement of financial position as at 31 December 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' responsibility 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 - Reduced Disclosure Requirements and the Australian Charities and the *Australian Charities and Not-for-Profits Commission Act 2012* and for such internal controls as the directors determine are necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error. In Note 2, the directors also state, in accordance with Accounting Standard AASB 101 *Presentation of Financial Statements*, that the financial statements comply with *Australian Accounting Standards*.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation of the financial report that gives a true and fair view 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 entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit we have complied with the independence requirements of the *Australian Charities and Not-for-Profits Commission Act 2012*. We have given to the directors of the company a written Auditor's Independence Declaration, a copy of which is included in the financial report.

Opinion

In our opinion the financial report of Médecins Sans Frontières Australia is in accordance with the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- a. giving a true and fair view of the company's financial position as at 31 December 2015 and of its performance for the year ended on that date; and
- b. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-Profits Commission Regulation 2013.

Report on the requirements of the NSW Charitable Fundraising Act 1991 and the NSW Charitable Fundraising Regulations 2008 and the requirements of the WA Charitable Collections Act (1946) and the WA Charitable Collections Regulations (1947)

We have audited the financial report as required by Section 24(2) of the *NSW Charitable Fundraising Act 1991* and the *WA Charitable Collections Act (1946)*. Our procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the *NSW Charitable Fundraising Act 1991* and the *NSW Charitable Fundraising Regulations 2008* and the *WA Charitable Collections Act (1946)* and the *WA Charitable Collections Regulations (1947)* (collectively referred as "*Charitable Fundraising Acts*").

Because of the inherent limitations of any assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An audit is not designed to detect all instances of non-compliance with the requirements described in the above-mentioned Acts and Regulations as an audit is not performed continuously throughout the period and the audit procedures performed in respect of compliance with these requirements are undertaken on a test basis.

The audit opinion expressed in this report has been formed on the above basis.

Opinion

In our opinion:

- a) the financial report of Company has been properly drawn up and associated records have been properly kept during the financial year ended 31 December 2015, in all material respects, in accordance with:
 - i sections 20(1), 22(1-2), 24(1-3) of the *NSW Charitable Fundraising Act 1991*;
 - ii sections 9(6) and 10 of the *NSW Charitable Fundraising Regulations 2008*;
 - iii the *WA Charitable Collections Act (1946)*; and
 - iv the *WA Charitable Collections Regulations (1947)*.



- b) the money received as a result of fundraising appeals conducted by the company during the financial year ended 31 December 2015 has been properly accounted for and applied, in all material respects, in accordance with the above mentioned Acts and Regulations.

Ernst & Young

Ernst & Young

L Di Mento

Loretta Di Mento
Partner
Sydney
Date: 31 March 2016

Médecins Sans Frontières Australia

Directors' Declaration

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


- (a) the financial statements and notes of the Company are in accordance with the Australian Charities and Not-for-Profits Commission Act 2012, including:
 - (i) giving a true and fair view of the Company's financial position as at 31 December 2015 and of its performance for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-Profits Commission Regulation 2013;and
- (b) there are reasonable grounds to believe that the Company 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, I state that in the opinion of the directors:

- (a) the Statement of Comprehensive Income gives a true and fair view of all income and expenditure of the Company with respect to fundraising appeals;
- (b) the Statement of Financial Position gives a true and fair view of the state of affairs of the Company 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 Company; and
- (d) the internal controls exercised by the Company are appropriate and effective in accounting for all income received and applied by the Company from any of its fundraising appeals.

On behalf of the Board


Dr Stewart Condon
Director

Sydney, 31/3 / 2016


Mr Hichem Demortier
Director

Sydney, 31/3 / 2016

Médecins Sans Frontières Australia

Statement of Comprehensive Income for the financial year ended 31 December 2015

	Note	2015 \$	2014 \$
Revenue	4(a)	88,083,098	76,412,254
<i>Social mission costs</i>			
Field costs		(57,375,508)	(56,516,233)
Other project costs		(2,414,658)	(2,228,367)
Community education expenses		(1,635,550)	(1,679,151)
<i>Total social mission costs</i>		<u>(61,425,716)</u>	<u>(60,423,751)</u>
<i>Administration costs</i>			
Fundraising costs		(11,311,636)	(10,806,130)
Administration expenses		(3,279,183)	(2,941,681)
<i>Total fundraising and administration costs</i>		<u>(14,590,819)</u>	<u>(13,747,811)</u>
Surplus before tax	4(b)	12,066,563	2,240,692
Income tax expense		-	-
Surplus for the year from continuing operations		<u>12,066,563</u>	<u>2,240,692</u>
<i>Other comprehensive income</i>		-	-
Total comprehensive surplus for the year		<u><u>12,066,563</u></u>	<u><u>2,240,692</u></u>

Notes to the financial statements are included on pages 69 to 87.

Médecins Sans Frontières Australia

Statement of Financial Position as at 31 December 2015

	Note	2015 \$	2014 \$
Current assets			
Cash and cash equivalents		24,984,946	16,895,907
Trade and other receivables	8	860,809	843,177
Land and building held for sale	17	425,000	-
Other	9	103,892	97,584
Total current assets		26,374,647	17,836,668
Non-current assets			
Plant and equipment	7	584,237	562,905
Other		215,337	208,519
Total non-current assets		799,574	771,424
Total assets		27,174,221	18,608,092
Current liabilities			
Trade and other payables	10	1,283,987	4,846,616
Provisions	11	397,291	350,000
Total current liabilities		1,681,278	5,196,616
Non-current liabilities			
Provisions	12	449,109	434,205
Total non-current liabilities		449,109	434,205
Total liabilities		2,130,387	5,630,821
Net assets		25,043,834	12,977,271
Equity			
Retained Surplus	14	25,043,834	12,977,271
Total equity		25,043,834	12,977,271

Notes to the financial statements are included on pages 69 to 87.

Médecins Sans Frontières Australia

Statement of Changes in Equity for the financial year ended 31 December 2015

	Note	Retained Surplus \$
	<hr/>	<hr/>
Balance at 1 January 2014		10,736,579
Surplus for the year		2,240,692
Other comprehensive income for the year		-
		<hr/> 2,240,692 <hr/>
Balance at 31 December 2014		12,977,271
Surplus for the year		12,066,563
Other comprehensive income for the year		-
		<hr/> 12,066,563 <hr/>
Balance at 31 December 2015	14	<hr/> <u>25,043,834</u> <hr/>

Notes to the financial statements are included on pages 69 to 87.

Médecins Sans Frontières Australia

Statement of Cash Flows for the financial year ended 31 December 2015

	Note	2015	2014
		\$	\$
Cash flows from operating activities			
Receipts from donors/supporters		83,244,672	71,851,389
Receipts for services recharged		4,260,322	3,696,984
Payments to field		(56,265,186)	(49,669,249)
Payments to suppliers and employees		(23,473,808)	(20,709,666)
Interest received		560,787	556,818
		<hr/>	<hr/>
Net cash flows from operating activities		8,326,787	5,726,276
		<hr/>	<hr/>
Cash flows from investing activities			
Payments for plant and equipment		(238,925)	(27,129)
Proceeds from the disposal of plant and equipment		1,177	-
Net cash flows used in investing activities		(237,748)	(27,129)
		<hr/>	<hr/>
Net increase in cash and cash equivalents		8,8089,039	5,699,147
		<hr/>	<hr/>
Cash and cash equivalents at the beginning of the financial year		16,895,907	11,196,760
		<hr/>	<hr/>
Cash and cash equivalents at the end of the financial year		24,984,946	16,895,907
		<hr/> <hr/>	<hr/> <hr/>

Notes to the financial statements are included on pages 69 to 87.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

1. GENERAL INFORMATION

Médecins Sans Frontières Australia 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

2. SIGNIFICANT ACCOUNTING POLICIES

Statement of Compliance

The Company has adopted AASB 1053 Application of Tiers of Australian Accounting Standards and AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements for the financial year beginning on 1 January 2015.

The Company is a registered charity and a reporting entity. Therefore the financial statements or the Company are tier 2 general purpose financial statements which have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements (AASB – RDRs) (including Australian Interpretations) adopted by the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-Profit Commission Regulation 2013.

The adoption of AASB1053 and AASB 2010-2 allowed Médecins Sans Frontières Australia to remove a number of disclosures. There were no other impacts on the current or prior year financial statements.

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 – Reduced Disclosure Requirements 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.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Standards and Interpretations affecting amounts reported in the current period

Standards and Interpretations adopted with no effect on financial statements

In the current year the company has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are relevant to its operations and effective for the current annual reporting period. The adoption of these new and revised Standards and Interpretations has had no significant financial effect on these financial statements.

Significant accounting policies

The following significant accounting policies have been adopted in the preparation and presentation of the financial report.

(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.

(b) Donations in kind and voluntary assistance

Over the course of the year the company has received donations in kind from a number of sources. These donations may be items to be sent to the field or 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 sent to the field 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 field staff sent to the field donate their time to Médecins Sans Frontières Australia. This time donated by office volunteers and salaries foregone by volunteers sent to the field are not brought to account in the financial statements since they cannot be reliably measured.

(c) 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.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(c) Employee benefits (continued)

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.

Defined contribution plans

Contributions to defined contribution superannuation plans are expensed when incurred.

(d) 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.

(e) 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 company will not be able to collect the debts. Bad debts are written off when identified.

(f) 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.

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(f) Goods and services tax (continued)

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.

(g) Income tax

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

(h) Leased assets

Leases are classified as finance leases when the terms of the lease transfer substantially all the risks and rewards incidental to ownership of the leased asset to the lessee. All other leases are classified as operating leases.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

Lease incentives

Lease incentives are received to enter into operating leases, such incentives are recognised as a liability. The aggregate benefits of incentives are recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

(i) Payables

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

(j) 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.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(j) Plant and equipment (continued)

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.

The recoverable amount of property, plant and equipment is the higher of fair value less costs of disposal and value in use.

An impairment loss exists when the carrying value of an asset exceeds its estimated recoverable amount. The asset is then written down to its recoverable amount.

For plant and equipment, impairment losses are recognised in the statement of comprehensive income.

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 company 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 profit or loss in the year the asset is derecognised.

(k) Provisions

Provisions are recognised when the company has a present obligation (legal or constructive) as a result of a past event, it is probable that the company 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.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(1) 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 company 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.

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.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY (CONTINUED)

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 entitlements – 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 13 for further details.
- ii. Make good provisions - Provisions for future costs to return certain leased premises to their original condition are based on the company's past experience with similar premises and estimates of likely restoration costs. These estimates may vary from the actual costs incurred as a result of conditions existing at the date the premises are vacated.
- iii. Estimation of the useful lives of assets - The estimation of the useful lives of assets has been based on historical experience. In addition, the condition of the assets is assessed where necessary and considered against the remaining useful life. Adjustments to useful lives are also made when considered necessary.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

4. REVENUE

	2015 \$	2014 \$
(a) Revenue		
Revenue from operations consisted of the following items:		
Fundraising revenue:		
Donations	82,843,455	72,256,487
Interest revenue:		
Bank deposits	560,787	547,634
Other revenue:		
Recharge for services to Médecins Sans Frontières International entities	4,296,828	3,473,329
Other income	110,912	62,914
Non-monetary income (donations-in-kind)	271,116	71,890
Total Revenue	<u>88,083,098</u>	<u>76,412,254</u>

(b) Surplus before tax

Surplus before tax consisted of the following items:

Net gain from sale of plant and equipment	1,017	4
Net gain/(loss) from foreign exchange rate movement	52,473	(4,134)
Funds to the field to Médecins Sans Frontières:		
International entities	52,516,100	52,173,000
Depreciation of non-current assets	217,433	199,559
Employee benefits	7,713,192	6,682,212
Payments to superannuation funds	677,317	571,651
Operating lease rental expenses:		
Minimum lease payments	<u>407,668</u>	<u>403,718</u>

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

5. KEY MANAGEMENT PERSONNEL REMUNERATION

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

- Dr Stewart Condon (President non-executive)
- Mr Hichem Demortier (Treasurer, non-executive)
- Ms Beth Hilton Thorp (non- executive)
- Ms Katrina Penney (non- executive)
- Mr Anthony Flynn (non-executive)
- Ms Veronique Avril (non-executive)
- Mr Constantinos Asproloupos (non-executive)
- Ms Susanne Weress (non-executive)
- Dr Marianne Gale (non-executive)
- Mr Mickael Le Paih (non-executive)
- Dr Tonia Marquardt (non-executive)
- Dr Matthew Reid (non-executive)
- Mr Dwin Tucker (non-executive)
- Dr Philip Humphris (non-executive)
- Mr Paul McPhun (Executive Director and Company Secretary)
- Mr John Burns (Head of Fundraising) resigned 28 August 2015
- Mr Warrick Saunders (Head of Fundraising) appointed 14 September 2015
- Dr Myrto Schaefer (Head of Project Unit)
- Mr James Nichols (Head of Communications)
- Mr Robin Sands (Head of Field Human Resources)
- Ms Melanie Triffitt (Head of Finance & Administration and Company Secretary)

The directors provide their services on a voluntary basis. During the course of their duties, business expenses incurred by the directors were reimbursed (note 16). The aggregate compensation of the key executive management personnel of the company is set out below:

	2015	2014
	\$	\$
Short term employee benefits	984,696	919,318

6. REMUNERATION OF AUDITORS

Audit of the financial report	50,470	46,810
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Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

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 2014	350,824	956,421	164,671	1,471,916
Additions	17,486	9,643	-	27,129
Disposals	(23,296)	-	-	(23,296)
Balance at 1 January 2015	345,014	966,064	164,671	1,475,749
Additions	83,767	68,140	87,018	238,925
Disposals	(52,692)	-	-	(52,692)
Balance at 31 December 2015	376,089	1,034,204	251,689	1,661,982
Accumulated depreciation and impairment				
Balance at 1 January 2014	(291,515)	(281,218)	(163,844)	(736,577)
Depreciation expense	(40,677)	(158,882)	-	(199,559)
Disposals	23,292	-	-	23,292
Balance at 1 January 2015	(308,900)	(440,100)	(163,844)	(912,844)
Depreciation expense	(44,042)	(164,771)	(8,620)	(217,433)
Disposals	52,532	-	-	52,532
Balance at 31 December 2015	(300,410)	(604,871)	(172,464)	(1,077,745)
Net book value				
As at 31 December 2014	36,114	525,964	827	562,905
As at 31 December 2015	75,679	429,333	79,225	584,237

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

8. TRADE AND OTHER RECEIVABLES	2015	2014
	\$	\$
Amounts due from Médecins Sans Frontières		
International entities	488,214	415,647
Goods and services tax (GST) recoverable	166,169	151,836
Other	206,426	275,694
	<u>860,809</u>	<u>843,177</u>
	2015	2014
	\$	\$
9. OTHER		
Prepayments	99,753	93,554
Inventories	4,139	4,030
	<u>103,892</u>	<u>97,584</u>
10. TRADE AND OTHER PAYABLES	2015	2014
	\$	\$
Trade payables	222,891	828,758
Amounts due to Médecins Sans Frontières international entities	0	3,150,000
Accruals	1,061,096	867,858
	<u>1,283,987</u>	<u>4,846,616</u>
Trade and other payables were higher in year ending 31 st December 2014, as part of the grant payment for 2014 was not paid as at 31 December 2014, so was held as a payable. This was not the case as at 31 December 2015.		
	2015	2014
	\$	\$
11. CURRENT PROVISIONS		
Employee benefits (note 13)	397,291	350,000

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

	2015 \$	2014 \$
12. NON-CURRENT PROVISIONS		
Employee benefits (note 13)	169,109	154,205
Make good provision (note 13)	280,000	280,000
	<u>449,109</u>	<u>434,205</u>

	Employee benefits \$	Make Good Provision \$
13. PROVISIONS		
Balance at 1 January 2015	504,205	280,000
Additional provisions recognised	134,997	-
Provisions utilised/released	(72,802)	-
	<u>566,400</u>	<u>280,000</u>

The provision for make good represents the present value of the expenditure required to settle the make good obligation at the reporting date.

	2015 \$	2014 \$
14. RETAINED SURPLUS		
Balance at the beginning of the financial year	12,977,270	10,736,578
Net surplus	12,066,563	2,240,692
	<u>25,043,833</u>	<u>12,977,270</u>

15. MEMBERS GUARANTEE

The company is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 31 December 2015, the number of members was 274 (2014: 268).

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

16. RELATED PARTY DISCLOSURES

Médecins Sans Frontières Australia provides services to and receives services from Médecins Sans Frontières international entities.

The Board of Médecins Sans Frontières Australia 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. This information is also available on the Médecins Sans Frontières Australia website.

	\$		\$
Mr Anthony Flynn	535	Ms Katrina Penney	428
Ms Beth Hilton-Thorp	3,143	Mr Matthew Reid	3,078
Mr Dino Asproloupos	557	Mr Stewart Condon	2,716
Mr Dwin Tucker	289	Ms Susanne Weress	3,950
Mr Hichem Demortier	3,699	Ms Tonia Marquardt	357

17. SUBSEQUENT EVENTS

The property listed as Land and building held for sale was bequested to Medecins Sans Frontieres Australia during 2015. An agreement to sell was entered into in 2015 and this was completed on February 19, 2016 for \$425,000. There has not been any other matter or circumstance, which has arisen since the end of the financial year that has significantly affected, or may significantly affect, the operation of the company, the results of those operations, or the state of affairs of the company in future financial years.

18. COMMITMENTS

Operating leases

Leasing arrangements

The company has entered into commercial leases of office facilities and office equipment. The lease of office facilities is with a 5 year term and provided the company with a right of renewal. This operating lease contract contains rent increases per year equivalent to the minimum of 2.5% and CPI. The lease terms of office equipment range from 4 to 5 years. These lease contracts do not have an option to renew the lease or the option to purchase the

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

	2015	2014
	\$	\$
<u>Non-cancellable operating lease payments</u>		
Not longer than 1 year	417,445	411,177
Longer than 1 year and not longer than 5 years	177,811	605,331
Longer than 5 years	-	-
	<u>595,256</u>	<u>1,016,508</u>

In respect of non-cancellable operating leases, the following liability has been recognised:

Non-current liability:	2015	2014
	\$	\$
Make good provision (note 13)	280,000	280,000

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

19. DETAILED INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2015

The following disclosure has been made to satisfy the requirements of the Charitable Fundraising Act 1991. Non-monetary income and expenses are disclosed separately, unlike the Income Statement where they are included in the relevant income or cost line.

	2015	2014
	\$	\$
Revenue:		
Donations and gifts		
Monetary	74,222,910	66,935,633
Non-monetary (in-kind)	271,116	71,890
Legacies and bequests	8,620,545	5,320,854
Investment income	560,787	547,634
Other income	4,407,740	3,536,243
Total revenue	88,803,098	76,412,254
Expenses:		
International Aid and Development Programs		
Expenditure		
International programs		
Funds to international programs	57,379,917	56,517,033
Program support costs	2,407,854	2,227,567
Community education	1,635,551	1,679,151
Fundraising costs		
Public	11,102,983	10,756,519
Accountability and administration	3,219,114	2,919,402
Non-monetary expenditure (in kind)	271,116	71,890
Total International Aid and Development Programs Expenditure	76,016,535	74,171,562
Excess of revenue over expenses	12,066,563	2,240,692

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

20. DETAILED BALANCE SHEET FOR THE YEAR ENDED 31 DECEMBER 2015

	2015	2014
	\$	\$
Assets		
Current assets		
Cash and cash equivalents	24,984,946	16,895,907
Trade and other receivables	860,809	843,177
Inventories	4,139	4,030
Other financial assets	99,752	93,554
Land and building held for sale	425,000	-
Total Current Assets	<u>26,374,646</u>	<u>17,836,668</u>
Non-Current Assets		
Other financial assets	215,337	208,519
Property, plant and equipment	584,237	562,905
Total Non-Current Assets	<u>799,574</u>	<u>771,424</u>
Total Assets	<u>27,174,220</u>	<u>18,608,092</u>
Liabilities		
Current liabilities		
Trade and other payables	1,004,077	4,695,500
Accruals	279,910	151,116
Provisions	397,291	350,000
Total current liabilities	<u>1,681,278</u>	<u>5,196,616</u>
Non-current liabilities		
Provisions	449,109	434,205
Total Non-Current Liabilities	<u>449,109</u>	<u>434,205</u>
Total Liabilities	<u>2,130,387</u>	<u>5,630,821</u>
Net Assets	<u>25,043,833</u>	<u>12,977,271</u>
Equity		
Retained Surplus	25,043,833	12,977,271
Total Equity	<u>25,043,833</u>	<u>12,977,271</u>

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

21. DETAILS OF FUNDRAISING APPEALS

	2015	2014
	\$	\$
Details of aggregate gross income and total expenses of fundraising appeals (i):		
Newspaper, magazine advertisements & inserts	1,126,995	1,144,876
Acquisition	2,822,945	2,685,188
Bequest	8,620,544	5,320,654
Newsletters/appeals	15,326,672	12,120,414
Other general campaign	3,965,219	3,540,208
Events	1,026,887	965,956
Field partners	32,341,706	24,904,013
On line	12,662,246	11,401,740
Miscellaneous income	389,605	279,058
Unsolicited income	3,301,518	6,851,876
Telemarketing	1,259,118	3,042,504
	<u>82,843,455</u>	<u>72,256,487</u>
Less: total direct costs of fund raising appeals		
Newspaper, magazine advertisement & inserts	71,371	68,364
Acquisitions	532,210	639,207
Bequest	23,123	65,956
Newsletters/appeals	1,407,488	1,229,671
Other general campaigns	611,692	442,940
Events	20,943	21,508
Field Partners	4,670,747	4,798,622
On line	100,574	51,962
Telemarketing	2,061,824	1,929,106
	<u>9,499,972</u>	<u>9,247,336</u>
Net surplus obtained from fundraising appeals	<u>73,343,483</u>	<u>63,009,151</u>

(i) The Charitable Fundraising Act 1991 defines income from fundraising appeals as excluding bequests and unsolicited donations. The total income shown above includes both bequests and unsolicited donations, shown as separate items. Income excluding these amounts was \$70,921,393 in 2015 (2014: \$60,083,957). Net surplus excluding these amounts was \$61,421,421 in 2015 (2014: \$50,836,621).

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

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

	2015	2014
	\$	\$
Net surplus obtained from fundraising appeals	73,343,483	63,009,151
This was applied to the charitable purposes in the following manner:		
Funds to overseas projects (i)	(57,379,917)	(56,517,033)
Administration expenses (i)	(3,219,115)	(3,237,679)
Balance applied to operational support at Médecins Sans Frontières Australia	12,744,449	3,254,439
Funds to overseas projects were expended by the following parties on behalf of Médecins Sans Frontières Australia:		
Médecins Sans Frontières International	599,086	646,249
Médecins Sans Frontières Switzerland	15,774,300	14,706,900
Médecins Sans Frontières France	36,741,800	37,466,100
Total funds expended	53,115,186	52,819,249
Field staff costs	4,260,321	3,696,984
Emergency response	4,410	800
Total funds to overseas projects	57,379,917	56,517,033

(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.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2015

23. COMPARISONS OF CERTAIN MONETARY FIGURES & PERCENTAGES

Gross comparisons including fundraising income and costs not covered by the Charitable Fundraising Act 1991

	2015 \$	2014 \$	2015 %	2014 %
Total cost of fundraising/ Gross income from fundraising	11,311,636 82,843,455	10,806,130 72,256,487	14	15
Net surplus from fundraising/ Gross income from fundraising	71,531,819 82,843,455	61,450,357 72,256,487	86	85
Total cost of services/ Total expenditure (excluding costs of fundraising)	61,425,716 64,704,899	60,423,751 63,365,432	95	95
Total cost of services/ Total income received (net of fundraising costs)	61,425,716 76,771,462	60,423,751 65,606,125	80	92

Comparisons of fundraising income and costs as classified by the Charitable Fundraising Act

Cost of fundraising appeals/ Gross income from fundraising appeals	11,311,636 70,291,393	10,806,130 60,083,957	16	18
Net surplus from fundraising appeals/ Gross income from fundraising appeals	57,742,578 70,291,393	48,903,742 60,083,957	81	81

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
 Tele fundraising Program
 Workplace Giving
 Online



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières Australia

ABN 74 068 758 654

PO Box 847, Broadway NSW 2007, Australia

Phone: +61 2 8570 2600

1300 136 061

Fax: +61 2 8570 2699

Email: office@sydney.msf.org

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www.msf.org.au