

Médecins Sans Frontières Australia

ANNUAL ACTIVITY IMPACT REPORT

2020



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



Women and children attend a weekly outpatient clinic provided by Médecins Sans Frontières, in partnership with local health officials and with a focus on non-communicable disease care, in Marawi, the Philippines (January 2020). © Veejay Villafranca/MSF

OUR CHARTER

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

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

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

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

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

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Front cover: Dorothy I. Esonwune, Project Coordinator in Old Fangak, South Sudan, waits in front of a flooded school in Wangchot village while the team prepares to transfer a patient to Médecins Sans Frontières' hospital in Old Fangak town. © Tetiana Gaviuk/MSF

MESSAGE FROM THE PRESIDENT



Dwin Tucker

President

Médecins Sans Frontières Australia

May 2020 - May 2021

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Jennifer Tierney

Executive Director

Médecins Sans Frontières Australia

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For people around the world, 2020 was a year of huge adversity.

The COVID-19 pandemic exacerbated suffering for many people in the countries where Médecins Sans Frontières works. In Australia and New Zealand, although we were better off than many other places, the year was also highly demanding: requiring us all to adapt rapidly to change and develop resilience in doing so.

Despite the challenges, Médecins Sans Frontières Australia was able to continue its strong support of our medical humanitarian projects with funding, staff, advocacy and medical expertise.

The hidden impacts of the pandemic

Although COVID-19 made the biggest headlines in 2020, in many of the countries where we work people continued to die from malaria, measles, malnutrition and other diseases, often due to a lack of resources or exclusion from healthcare. Communities—including healthcare workers and patients, like those in Dasht-e-Barchi, Afghanistan—were still affected by brutal violence and conflict, and people on the move were increasingly deprived of their right to healthcare and safety.

Despite the pressing challenges of COVID-19, Médecins Sans Frontières continued to carry out our day-to-day work. We largely managed to maintain our HIV and tuberculosis programs, with adapted protocols and alternative approaches to provide people with continuity of treatment and protect those patients and staff from COVID-19. You can read more about our work responding to this in countries such as Eswatini and Kenya in this report.

Our teams also witnessed the impacts of simultaneous crises in countries like Lebanon, where a huge explosion in August caused by chemicals stored in a warehouse at the port in Beirut, killed at least 200 people, injured thousands and destroyed many homes and businesses. Australian donors contributed to Médecins Sans Frontières' work in some of the neighbourhoods most affected by the blast, where we visited elderly or disabled people who were unable to leave their homes to provide nursing care and urgent medication for non-communicable diseases. On top of this man-made disaster, people in Lebanon also faced waves of COVID-19 and an economic crisis further aggravated by the pandemic. The medical and mental health needs



A Médecins Sans Frontières doctor assists Fatima, an elderly woman living in Beirut, at her home after the explosion that killed 200 people and injured thousands in August 2020. © Mohamad Cheblak/MSF

AND EXECUTIVE DIRECTOR

in the country remain huge, including for Syrian refugees of which there are a million in Lebanon.

In some places the pandemic forced Médecins Sans Frontières to suspend activities. Mass vaccination campaigns, as well as routine vaccinations, were frequently interrupted or cancelled due to COVID-19. We are greatly concerned about the indirect impacts of COVID-19 for patients and their communities, also highlighted by Dr Claire Fotheringham's message on page 6.

COVID-19: medical support and speaking out

We launched several new projects in response to COVID-19 in 2020. In Yemen, your donations assisted our team's work in one of the only two COVID-19 treatment centres in Aden, Yemen's second largest city, which were both run by Médecins Sans Frontières. Staff managed significant influxes of patients in critical condition, often under the stress of insufficient ventilators for patients and personal protective equipment for staff.

From our vantage point, it is obvious that the COVID-19 pandemic has exacerbated inequities that already existed for people in need of healthcare. In 2020, people in low- and middle-income countries were left behind in the scramble for protective and medical equipment to fight the pandemic as wealthier nations secured the bulk of the world's resources. And vaccine distribution remains wholly inequitable to this day.

With several decades of experience treating neglected diseases and working with people who are excluded from healthcare, Médecins Sans Frontières continued our commitment to speak out on behalf of patients and communities. From Australia, we supported the international movement to advocate for access to essential COVID-19 medical tools for all people, and for an end to patents and profiteering on drugs, tests and vaccines developed for COVID-19.

Shifting our ways of working

The pandemic created enormous challenges for Médecins Sans Frontières to keep our projects running, as closures of borders and airports restricted the movement of staff and supplies. Despite barriers to travel, our Sydney Field Human Resources department supported 108 departures of Australian and New Zealand medical and logistical professionals to 30 countries during the year. Staff continued to demonstrate incredible commitment to care for patients during an unstable and testing time.

The increased health needs globally, as well as reduced international support to projects, meant that locally-hired staff in particular shouldered an additional burden in 2020. They continued to make up over 90 per cent of Médecins Sans Frontières' workforce. The pandemic further highlighted the need to increase access to training and professional growth for all staff, regardless of where they are hired, to facilitate equitable career opportunities for staff.

Through the Southeast and East Asia and Pacific (SEEAP) development project, Médecins Sans Frontières Australia worked in partnership with colleagues in Hong Kong and Japan to assess opportunities for recruitment in the region (with a focus on recruitment of professionals from Malaysia, Indonesia and the Philippines). We also supported SEEAP project initiatives to create regional supply networks, with the aim to move away from a Euro-centric model.

There has been increased focus on mental health for many of us during COVID-19. Duty of care for staff—many of whom both live and work in areas affected by extreme crises—has always been paramount for our organisation. In 2020, Médecins Sans Frontières Australia made a necessary investment in culturally-specific psychosocial support for staff in the SEEAP region. In collaboration with the SEEAP project, we launched a psychosocial unit in December which aims to assist both locally- and internationally-hired staff.

Moving forward

There remains much more to be done in 2021, as we mark 50 years of providing medical humanitarian aid. The Médecins Sans Frontières Environmental Pact was endorsed by the international movement in 2020, outlining our recognition of the medical and humanitarian consequences of climate change and environmental degradation, and our contribution towards it. The pact represents our commitment to become an organisation using community-focused, climate-smart humanitarian responses that prioritise planetary health: an urgent focus also reflected in Médecins Sans Frontières Australia's Strategic Plan for 2021-23.

Our Strategic Plan also outlines our commitment to taking action on diversity, equity and inclusion, which is necessary and ongoing work to combat racism and discrimination for patients, staff and communities we work with.

We continued to be astounded by our donors' generosity in 2020, despite the adversity of the year. While it is difficult to account for the true full impact of your support, the highlights covered in this report are testament to the difference you continue to make, often in the most challenging time of a person's life. We are immensely grateful for your continued support and trust as we strengthen our care for people in need.

Dwin Tucker
President

Jennifer Tierney
Executive Director

Médecins Sans Frontières Australia



Dr Claire Fotheringham
Head of Medical Unit
Médecins Sans Frontières Australia
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MESSAGE FROM THE MEDICAL UNIT

The year 2020 was difficult for Médecins Sans Frontières patients and staff, including the Medical Unit.

The global pandemic had major impacts on each of the projects we support, and the Médecins Sans Frontières Dasht-e-Barchi maternity and newborn care program, which we had worked with closely for many years, was attacked and subsequently closed.

The Unit's medical advisors worked to help our programs maintain essential care for women, children and newborns and victims of sexual violence, and to support staff to cope with the incredible demands of COVID-19. Although there were declines in our activities at times during the year, these services continued in Médecins Sans Frontières projects and in most cases recovered to pre-pandemic levels. However, people's needs increased as globally, health providers prioritised emergency responses to COVID-19 over other services.

Adapting to the pandemic

Médecins Sans Frontières' main focus during COVID-19 in 2020 was to keep essential medical services running, as well as protect patients and staff, and support COVID-19 care where needed.

Across women's health, child and newborn health and sexual violence care, our greatest concern was the indirect impact of the pandemic on healthcare delivery. We experienced substantial decreases in activities at the beginning of the pandemic, especially from March until June 2020. This was primarily related to lockdowns, people's fear of going to hospitals and difficulty getting transportation to seek care, but also the need to reorganise care to decrease the risk of COVID-19 transmission, with measures like increased bed spacing in hospitals.

For example, there was a drop in the number of women Médecins Sans Frontières saw for safe abortion care, and while numbers increased again after initial lockdown periods, we fear many women resorted to unsafe abortions elsewhere. We have been able to re-start a study looking at abortion-related morbidity and mortality that was paused due to the pandemic, which may give us some indicators of the impacts of COVID-19 on women's healthcare in Médecins Sans Frontières projects.

Staff: skills and support

The COVID-19 pandemic greatly challenged how we worked. For most of 2020, field visits and trainings were no longer possible, but many of the adaptations developed in their place have been so successful that we plan to keep them.

Online trainings were expanded, offering more opportunities for locally hired staff to upskill and improve quality of care. They also enabled us to run longer-term courses where staff could collaboratively work through actual challenges in real time, rather than theoretical scenarios. Planning for the projects became more collaborative thanks to staff being able to dial into sessions that are usually held in headquarters. Online formats, balanced with valuable face-to-face work, are becoming increasingly important—beyond COVID-19 too—with the need to decrease our carbon footprint and prevent environmental damage from our activities.

The continuity of care we achieved in 2020 is testament to the fortitude of the staff, who had to cope with increased demands linked to adapting care and protecting patients, and often the stigma attached to being a health worker during COVID-19.



Neonatal nurse Najla'a Mujeeb attends to a baby on high flow oxygen therapy in Khamir, Yemen. © Hareth Mohammed/MSF

Patient-centred and quality care

Patient-centred care is particularly important in chronic disease treatment, where best outcomes are achieved if patients, as well as their parents or carers where applicable, are brought in as partners in their management. Médecins Sans Frontières often excels at caring for patients experiencing acute crisis, but we need to do more around quality care and prevention before patients reach crisis point—especially for children with chronic disease.

An exciting achievement in 2020 was the implementation of a simple package of care for children with sickle cell disease in Madarounfa, Niger. Sickle cell disease is a chronic blood disorder that results in abnormally shaped red cells, which can block the blood vessels and cause secondary problems such as severe anaemia, severe infections or strokes. The package of care includes diagnosis, patient education, monitoring and follow up, prevention of sickle cell crisis and other complications (malaria prophylaxis/prevention, vaccination, antibiotics) and treatment of complications. Without any expensive drugs, 90 per cent of children will live through to adulthood under this model of care; without it, it is estimated that 50 to 90 per cent of children will die at an early age.

In Khamir, Yemen, we were able to implement humidified high-flow nasal cannula oxygen in the newborn and paediatric intensive care unit. Subsequently, we've seen a notable decrease in neonatal mortality in this hospital, with a reduction from 24.2 per cent in 2019 to 16.2 per cent in 2020, likely contributed to both by this implementation and also the strong focus on improving quality of care in the unit over many years.

Looking ahead

As many of our projects planned for 2020 were disrupted or delayed due to COVID-19, we will focus on picking these back up in 2021 and beyond. Patient-centred care and quality care remain priorities for us, forming the main pillars of the strategic plans for Médecins Sans Frontières Australia and Operational Centre Paris, both delivered at the end of 2020.

Transversal, more holistic care is another developing focus for us. This will mean, for example, integrating HIV services into our maternity so that women receiving antenatal care from Médecins Sans Frontières who are also living with HIV can access HIV treatment in that program too, rather than getting a referral elsewhere. It is integral to our aims to treat patients more holistically.

Dr Claire Fotheringham
Head of Medical Unit
Médecins Sans Frontières Australia

REMEMBERING DASHT-E-BARCHI

Tragically, on 12 May 2020 there was a brutal attack on the Médecins Sans Frontières maternity and newborn care department in Dasht-e-Barchi hospital in Kabul, Afghanistan. Gunmen killed 24 people, including 16 mothers, two children and a Médecins Sans Frontières midwife, Maryam. The project was subsequently closed due to the inability to guarantee security.

Dasht-e-Barchi hospital provided high quality care to women, with staff that were dedicated to constantly improving care. In total, since the start of the project in 2014, 79,839 women gave birth in the hospital and 7,453 babies were admitted to the neonatal unit. The project remains very close to the hearts of the women's health and paediatric advisors with many of us having visited and worked in the project, and we mourn the loss, for Afghan women and babies, and for the dedicated staff, who remain in our thoughts.

AUSTRALIAN AND NEW ZEALAND FIELD STAFF IN 2020

This is a comprehensive list of all professionals from Australia and New Zealand who were working in Médecins Sans Frontières projects in 2020. Our staff filled 108 departures during the year, contributing to an international workforce of more than 41,000 staff (full time equivalents).

AFGHANISTAN

Jessica Charlston
Nursing Team Supervisor

Prue Coakley
Project Coordinator

John Cooper
Logistics Team Leader

Justin Dalby
Doctor

Tanyth De Gooyer
Epidemiology Activity Manager

Malaika El Amrani
Nursing Activity Manager

Jeffrey Fischer
Construction Manager

Jane Hancock
Nursing Activity Manager

Shelley Harris-Studdart
Midwife Activity Manager

Neville Kelly
Logistics Manager

Natacha Maher
Nursing Activity Manager

Brian Moller
Head of Mission

Kimberley Morris
Nursing Team Supervisor

Carol Nagy
Project Coordinator

Rachel Tullet
Project Medical Referent

BANGLADESH

Isaac Chesters
Project Finance/HR Manager

Matthew Gosney
Project Finance/HR Manager

Reinhard Hohl
Construction Manager

Sumitra Mahendran
Deputy HR Coordinator

Emer McCarthy
Nursing Activity Manager

Vino Ramasamy
HR Coordinator

Rebecca Ross
Nursing Activity Manager

Angela van Beek
Midwife Activity Manager

CAMEROON

Judith Forbes
Anaesthetist

Matthew Gosney
Project Finance/HR Manager

John Swinnen
Surgeon

CENTRAL AFRICAN REPUBLIC

Patrick Brown
Hospital Facilities Manager

Alec Kelly
Hospital Facilities Manager

Rachel Robertson
Doctor

DEMOCRATIC REPUBLIC OF CONGO

Rodolphe Brauner
Project Coordinator

Jeni Flavell
Nursing Team Supervisor

Kaheba Clement Honda
Nursing Activity Manager

Alec Kelly
Hospital Facilities Manager

Brian Moller
Head of Mission

James Ricciardone
Doctor

Lisa Searle
Project Coordinator

Stella Smith
Project Coordinator

Fintan Thompson
Epidemiology Activity Manager

EGYPT

Alexandra Rodwell
Mental Health Activity Manager

ETHIOPIA

Tanya Constantino
Laboratory Manager

Trudy Rosenwald
Mental Health Activity Manager

Vivegan Jayaretnam
Project Coordinator

Linda Pearson
Project Coordinator

INDIA

Stobdan Kalon
Medical Coordinator

IRAQ

Jacob Coleman
Nursing Activity Manager

Ciara Corrigan
Nurse Specialist Supervisor

Kaitlin Daw
Medical Activity Manager

Catharina Grobler
ER Doctor

Freya Hogarth
Head Nurse

Anna-Sofia Lehner
Mental Health Activity Manager

Jessica Meagher
Doctor

Shanna Morris
Doctor

Khairil Musa
Doctor

Helle Poulsen-Dobbjns
Project Coordinator

Narelle Raiss
Nursing Activity Manager

Louise Timbs
Head Nurse

Rachel Tullet
ER Doctor

JORDAN

Janthimala Price
Project Coordinator

KENYA

Lucy Butler
Finance and HR Coordinator

Frederick Cutts
Regional Technical Referent

Sean Heinz-Partington
Obstetrician-Gynaecologist

Kerryn Whittaker
Logistics Manager

LEBANON

Susan Bucknell
Project Coordinator

Justine Cain
Medical Activity Manager

Ciara Corrigan
Nursing Activity Manager

Andrew Dimitri
Hospital Director

Tamalee Roberts
Laboratory Manager

Rachel Tullet
Medical Activity Manager

Anita Williams
Specialised Activity Manager

LIBERIA

Llewella Jane Butland
Paediatrician

Ivan Cerafion
Supply Chain Manager

Josephine Goodyer
Paediatrician

Mia Kelly-Johnson
Logistics Manager

Tim Pont
Paediatrician

LIBYA

Chloe Basford
Nursing Activity Manager

Kitrina Norrish
Laboratory Manager

Sally Thomas
Project Coordinator

MALAWI

Natasha Allan
Nursing Activity Manager

Anna-Sofia Lehner
Mental Health Activity Manager

James Neeson
Project Supply Chain Manager

Dustin Sim
Project Pharmacy Manager

MEDITERRANEAN SEA RESCUE

Catherine Flanigan
Nursing Activity Manager

MYANMAR

Sophie Alpen
Medical Activity Manager

Jennifer Duncombe
Project Coordinator

NIGERIA

Tanya Coombes
Project HR Manager

Malaika El Amrani
Nursing Team Supervisor

Malcolm Hugo
Mental Health Activity Manager

Stephanie Johnston
Intersectional Pharmacist

Allen Murphy
Project Coordinator

David Nash
Deputy Head of Mission

Steven Purbrick
Deputy Head of Mission

Alexandra Rodwell
Mental Health Activity Manager

Jeanne Vidal
Water Sanitation Team Leader

PAKISTAN

Lisa Altmann
Nurse Specialist Supervisor

Lucy Butler
Project Finance/HR Manager

Kathrine Charlton
Midwife Activity Manager

Jenny Yang
Obstetrician-Gynaecologist

PALESTINE

Brigid Brown
Anaesthetist

Chloe Basford
Nursing Team Supervisor

Susie Broughton
Medical Activity Manager

Julian Conrad-Czaja
Technical Project Coordinator

Amal Ibrahim
Psychologist

Kerrie-Lee Robertson
Finance Coordinator

Thomas Schaefer
Orthopaedic Surgeon

Ben Shearman
Logistics Team Leader

Simone Silberberg
Mental Health Coordinator

Natalie Thurtle
Medical Coordinator

Britta Walker
Mental Health Coordinator

PAPUA NEW GUINEA

Rebecca King
Logistics Manager

PHILIPPINES

William Johnson
Regional Technical Referent

RUSSIAN FEDERATION

Evelyn Wilcox
Project Coordinator

SIERRA LEONE

Aiesha Ali
Pharmacy Manager

David Danby
Electricity Manager

Rachel Sun
Pharmacy Manager

Jeanne Vidal
Water Sanitation Team Leader

SOUTH AFRICA

Ellen Kamara
Project Coordinator

SOUTH SUDAN

Maia Blenkinsop
Infection Prevention and Control Manager

Cushla Coffey
Epidemiology Activity Manager

Tanyth De Gooyer
Epidemiology Activity Manager

Tien Thuy Dinh
Project Medical Referent

Madeleine Finney-Brown
Paediatrician

Anthea Fisher
Hospital Facilities Manager

Jairam Kamala Ramakrishnan
Psychiatrist

Rodney Miller
Project Coordinator

Heather Moody
Hospital Facilities Manager

Thomas Niccol
Doctor

Vino Ramasamy
HR Coordinator

Miho Saito
Midwife Activity Manager

Stephanie Sarta
Deputy Coordinator In Charge of Logistics

Caterina Schneider-King
Finance Coordinator

Ben Shearman
Logistics Team Leader

Amanda Skene
Midwife Activity Manager

Emily Young
Nursing Team Supervisor

SUDAN

Debra Hall
Midwife Activity Manager

Alec Kelly
Construction Manager

Kiera Sargeant
Medical Coordinator

Amanda Skene
Midwife Activity Manager

Georgina Woolveridge
Medical Activity Manager

SYRIA

Chamath Ariyasinghe
Medical Activity Manager

Jennifer Duncombe
Epidemiologist

Kiera Sargeant
Medical Coordinator

Sam Templeman
Medical Coordinator

Sally Thomas
Deputy Head of Mission

TANZANIA

Peter Clausen
Head of Mission

UGANDA

Kate Edmonds
Medical Activity Manager

Virginia Lee
Mental Health Activity Manager

UZBEKISTAN

Tasnim Hasan
Doctor

Anne Hoey
Doctor

VENEZUELA

Sumitra Mahendran
Project Finance/HR Manager

YEMEN

Susan Bucknell
Project Coordinator

Shirley Charles
Nursing Activity Manager

Stephen Clarke
Finance and HR Coordinator

Louisa Cormack
Head of Mission

Christopher Guy
Anaesthetist

Anna Haskovec
Logistics Manager

Jairam Kamala Ramakrishnan
Psychiatrist

Rachel Lister
Specialised Doctor

Alison Moebus
Nursing Activity Manager

Catherine Moody
Project Coordinator

Khairil Musa
Anaesthetist

Jacqueline Parry
Deputy Head of Mission

Jacqueline Marie Venning
Midwife Activity Manager

Heidi Woods Lehnen
Project Medical Referent

VARIOUS/OTHER

Andrew Dimitri
Medical Coordinator

Megan Graham
Finance Coordinator

Devash Naidoo
Psychologist

Kiera Sargeant
Medical Coordinator

Sam Templeman
Medical Coordinator

Tien Thuy Din
Pharmacy Manager

Kyla Ulmer
Project Coordinator

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.

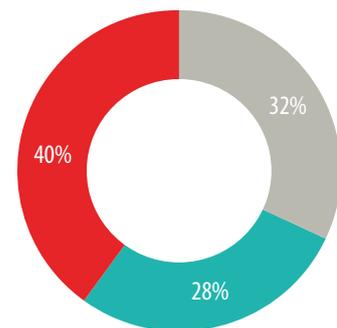
MEDECINS SANS FRONTIERES AUSTRALIA AND MEDECINS SANS FRONTIERES NEW ZEALAND HIGHLIGHTS 2020

Field Human Resources

● Paramedical	40%
● Medical	32%
● Non-medical support staff	28%

*'Paramedical' includes all health professionals who are not doctors.

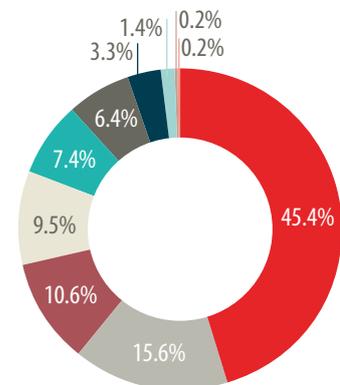
In 2020, Médecins Sans Frontières Australia supported 108 departures of professionals from Australia and New Zealand, to 30 countries.



Income

AUD

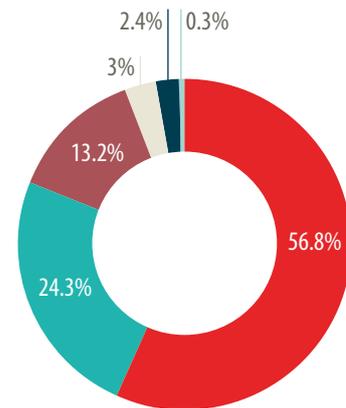
● Field Partners	45.4%	47,295,855
● Bequests	15.6%	16,236,139
● General Appeals	10.6%	11,092,116
● Major Donor Income	9.5%	9,921,794
● Online Donations	7.4%	7,666,784
● Income from other MSF sections	6.4%	6,703,689
● Trusts and Foundations	3.3%	3,423,849
● Other Fundraising Income	1.4%	1,430,693
● Investment and Other Income	0.2%	198,260
● Gifts in Kind	0.2%	248,917
	100%	104,218,096



The 2020 income of Médecins Sans Frontières Australia and Médecins Sans Frontières New Zealand totalled \$104.2 million. Of this, \$97.1 million was generated from fundraising activities, of which \$3.5 million was from COVID-19 appeals. This is a 13% increase from the 2019 fundraising income and represents continued generous support from the Australian and New Zealand public. Approximately 109,865 Australians and New Zealanders participated in the field partner program in 2020, contributing on a monthly basis to Médecins Sans Frontières Australia and Médecins Sans Frontières New Zealand, and another 42,262 provided occasional gifts.

Spending on our Social Mission

● Africa	56.8%
● Middle East	24.3%
● Asia	13.2%
● Oceania	3%
● Americas	2.4%
● Europe	0.3%
Total	100%



Spending on our social mission was 75.6% of total expenditure, which is the same level of spending as 2019. Consistent with previous years, this was split between Operational Centre Paris and Operational Centre Geneva.

Finance

AUD

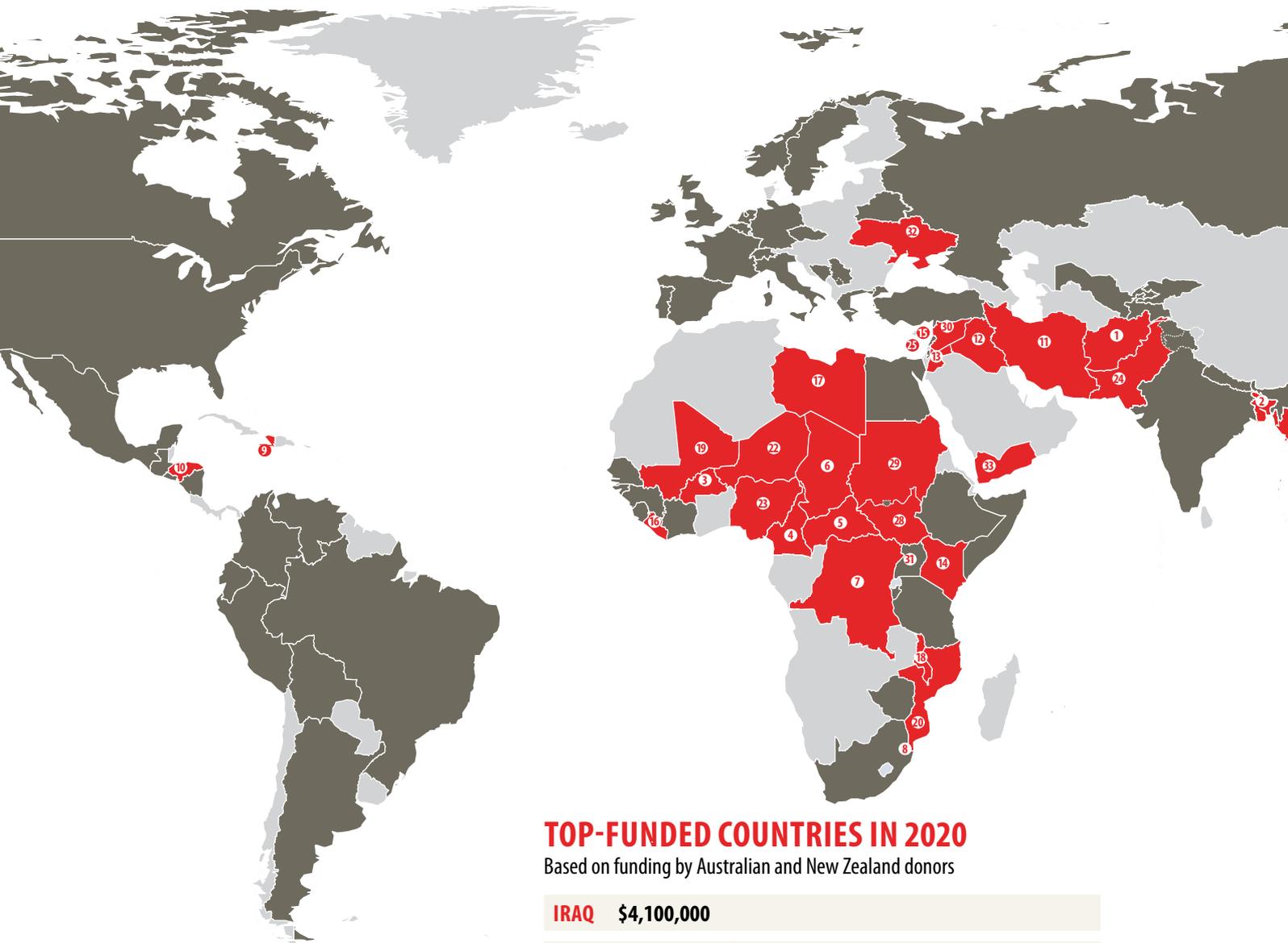
	2020	2019
Donation Income	97.07	85.57
Other Income	7.15	7.14
Total Income	104.22	92.71
Social Mission Costs	77.69	77.15
Fundraising and Administration Costs	24.99	22.96
Total Costs	127.68	100.11
Surplus/(Deficit)	1.53	-7.4
Cash Reserves	11.16	9.66
	(\$m)	(\$m)

Our investment policy within Australia remained consistent with previous years. Short term deposits were used to maximise interest, minimise risk and ensure flexibility and accessibility of funds when required. Médecins Sans Frontières continued to rely on the support of volunteers both in the field and in the office. The estimated total salaries forgone by field staff in 2020 was \$2.7 million (compared to \$4.2 million in 2019) and for office volunteers, \$18,000 (compared to \$139,000 in 2019). Additionally, the Board of Directors (except for the President who receives a partial salary) and Association members freely gave their time to Médecins Sans Frontières. The estimated value of the time provided by the Board and the members in 2020 was approximately \$418,000 (compared to \$420,000 in 2019). In 2020, \$440,000 was spent on the Southeast and East Asia and Pacific (SEEAP) project (compared to \$310,000 in 2019).

PROJECTS FUNDED BY AUSTRALIAN AND NEW ZEALAND DONORS

In 2020, Médecins Sans Frontières ran medical humanitarian projects in 88 countries. Australian and New Zealand donors supported work in 33 of those countries.

Médecins Sans Frontières projects are run by five operational centres (Amsterdam, Barcelona, Brussels, Geneva and Paris). The Australian section is an official partner of the Paris operational centre, and Australian and New Zealand donors contribute funding to projects run by both the Paris and Geneva operational centres. Australians and New Zealanders also fill field roles run by all operational centres.



■ Received AU and NZ funding
■ Received funding from other MSF Offices

TOP-FUNDED COUNTRIES IN 2020

Based on funding by Australian and New Zealand donors

IRAQ \$4,100,000

SOUTH SUDAN \$4,000,000

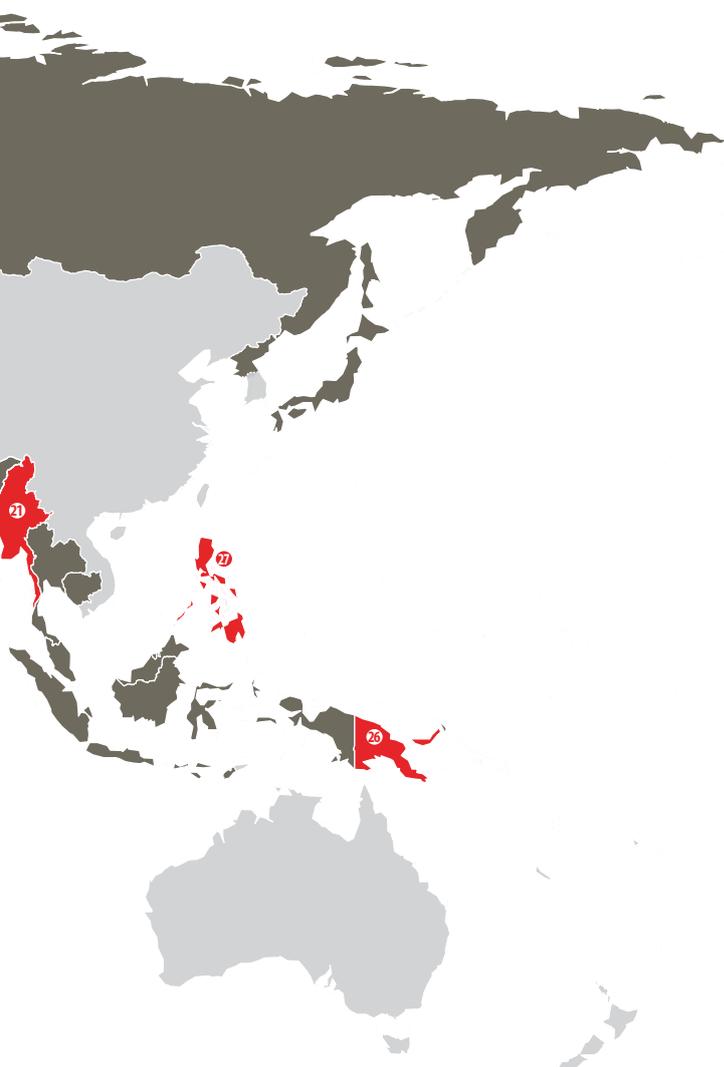
DEMOCRATIC REPUBLIC OF CONGO \$3,983,244

YEMEN \$3,910,583

CAMEROON \$3,500,000

“We are immensely grateful for your continued support and trust as we strengthen our care for people in need.”

– Dwin Tucker, President, and Jennifer Tierney, Executive Director



STAFF NUMBERS IN 2020

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

AFGHANISTAN	12	PALESTINE	8
YEMEN	9	SOUTH SUDAN	8
IRAQ	8		

FUNDING FROM AUSTRALIAN AND NEW ZEALAND DONORS

	Country	MSF Paris	MSF Geneva
1.	Afghanistan	1,489,617	
2.	Bangladesh	1,496,471	
3.	Burkina Faso	2,000,003	
4.	Cameroon		3,500,000
5.	Central African Republic	2,985,441	
6.	Chad	1,000,000	
7.	Democratic Republic of Congo	1,983,244	2,000,000
8.	Eswatini		500,000
9.	Haiti	997,939	
10.	Honduras		500,000
11.	Iran	1,500,000	
12.	Iraq	2,500,000	1,600,000
13.	Jordan	2,377,059	
14.	Kenya	1,500,000	1,607,572
15.	Lebanon	1,996,471	
16.	Liberia	1,000,000	
17.	Libya	2,000,000	
18.	Malawi	765,599	
19.	Mali	1,500,000	
20.	Mozambique		1,000,000
21.	Myanmar		200,000
22.	Niger	1,704,401	1,579,319
23.	Nigeria	2,499,994	
24.	Pakistan	1,000,000	
25.	Palestine	3,000,000	
26.	Papua New Guinea	1,764,706	
27.	Philippines	1,000,000	
28.	South Sudan	2,000,000	2,000,000
29.	Sudan		1,500,000
30.	Syria	1,168,000	
31.	Uganda	500,000	
32.	Ukraine		200,000
33.	Yemen	1,910,583	2,000,000
	TOTAL	43,639,525	18,186,891
	OVERALL TOTAL:		61,826,416

*All figures are in Australian dollars

PROJECTS FUNDED BY AUSTRALIAN AND NEW ZEALAND DONORS

This section describes those projects supported by the generous donations made to Médecins Sans Frontières Australia and Médecins Sans Frontières New Zealand in 2020. Iraq, South Sudan, the Democratic Republic of Congo, Yemen and Cameroon were the top-funded countries in 2020, and are followed by all other projects funded by Australian and New Zealand donors. This section also includes highlights from Médecins Sans Frontières' international COVID-19 response.

For a complete record of Médecins Sans Frontières' work in 2020, including projects funded through other Médecins Sans Frontières sections, please visit www.msf.org/resource-centre.

KEY

KEY ACTIVITIES

refers to the types of care provided by Médecins Sans Frontières teams in the country in 2020.

IMPACT

highlights a primary achievement of Médecins Sans Frontières teams in the country in 2020, thanks to our supporters.

FIELD STAFF

refers to the number of full time field staff in projects run by Operational Centre Paris and Operational Centre Geneva in 2020.

TOTAL FUNDING

refers to the total cost of the projects described in the country description for 2020 (projects run by Operational Centre Paris and/or Operational Centre Geneva). All amounts are in Australian dollars.

AU FUNDING

refers to Médecins Sans Frontières Australia supporters' contribution to the country's projects in 2020. All amounts are in Australian dollars.

NZ FUNDING

refers to Médecins Sans Frontières New Zealand supporters' contribution to the country's projects in 2020. All amounts are in Australian dollars.



A logistician unloads vaccines and medical kits from a cargo plane in northern Democratic Republic of Congo, before they are driven to the Médecins Sans Frontières team responding to the measles outbreak. © Pacom Bagula/MSF

IRAQ

In 2020, the arrival of COVID-19 in Iraq presented new challenges to a country still reeling from the effects of years of conflict and instability.

Médecins Sans Frontières responded to multiple health emergencies across Iraq, providing care to people displaced by the war against the Islamic State group, people injured in violent incidents and patients with COVID-19. We filled gaps in essential healthcare to support the national health system, which is still in the early stages of reconstruction.

Essential healthcare

Médecins Sans Frontières continued to run general and specialist health services in Iraq, at our ongoing projects for displaced people, returnees and vulnerable communities.

As a result of the pandemic and the closure of private clinics, our maternity and paediatric teams at Nablus hospital, west Mosul, saw a sharp increase in demand for care and admissions.

In Ninewa, Médecins Sans Frontières provided emergency and intensive care, burns treatment, physiotherapy and mental healthcare at our hospital in Qayyarah, until October, when we handed over all our activities to local government hospitals. As part of the handover, we trained staff and donated medical supplies and other equipment. Until October, at the Qayyarah displacement camp, teams also offered general healthcare, maternity services and treatment and follow-up care for non-communicable diseases, until we handed over our activities to another organisation.

Due to the COVID-19 outbreak we were forced to temporarily suspend our activities at the Baghdad medical rehabilitation centre, where people injured in violent incidents or accidents receive comprehensive care, including mental health support. However, we were able to maintain care through online physiotherapy and mental health consultations, and restarted activities later in the year.

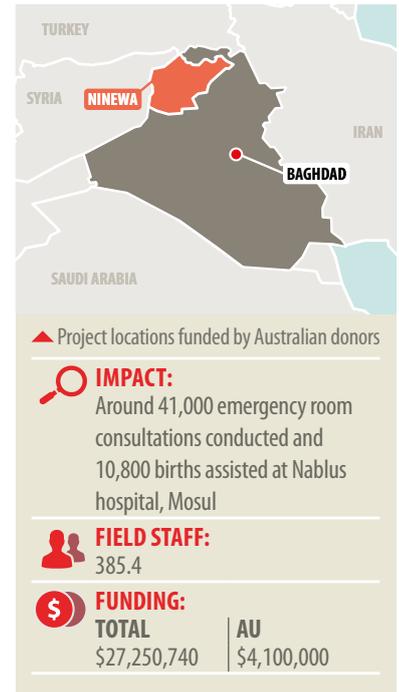
COVID-19 response

Iraq's health system struggled to cope with the increased needs and challenges generated by the pandemic in 2020. Many health facilities damaged in recent years were yet to be rebuilt or rehabilitated and returned to full capacity, and there was a continued shortage of specialised healthcare staff and drugs.

In the capital Baghdad, the city hit hardest by the virus, Médecins Sans Frontières supported Ibn Al-Khatib hospital, a facility run by the Ministry of Health. When it was identified as one of the three main hospitals for COVID-19 care in the early stages of the pandemic, we sent a team to train medical staff on patient triage and infection prevention and control.

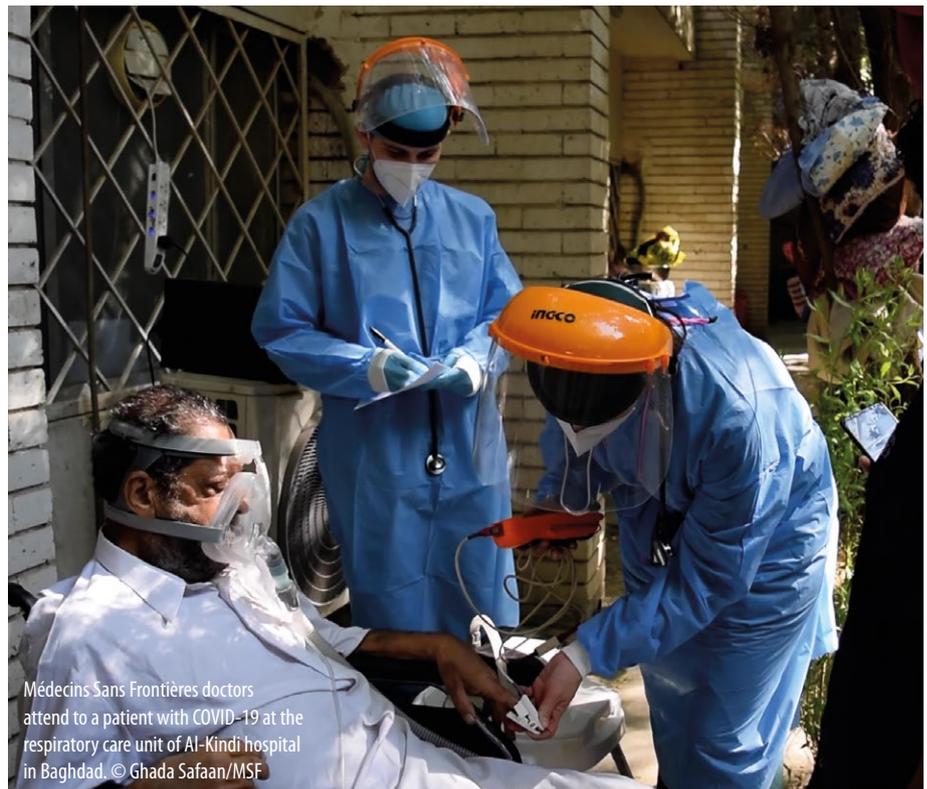
We also supported the capital's Al-Kindi hospital by treating patients with severe illness from COVID-19. At the beginning of the outbreak, our staff worked in the hospital's respiratory care unit (which included beds for patients in intensive care). Later in the year, we opened our own 24-bed ward, and then gradually moved to a 36-bed ward in a purpose-built wing.

In Mosul, Ninewa governorate, we opened a 15-bed intensive care unit at Al-Salam hospital in mid-November to offer advanced care for patients with critical and severe illness from the virus. At other facilities in Ninewa, as well as in Erbil and Dohuk governorates, we provided training sessions for staff with a focus on infection control.



KEY ACTIVITIES

COVID-19 response, emergency care, maternal and newborn healthcare, mental healthcare, paediatric care.



Médecins Sans Frontières doctors attend to a patient with COVID-19 at the respiratory care unit of Al-Kindi hospital in Baghdad. © Ghada Safaan/MSF

SOUTH SUDAN

South Sudan was hit by multiple emergencies in 2020, including escalating violence, COVID-19, severe flooding and high levels of food insecurity.

A total of 7.5 million people—around two-thirds of the population—were in need of humanitarian assistance. Médecins Sans Frontières responded to urgent medical and humanitarian needs in the country, while ensuring essential healthcare services continued in our projects.

Old Fangak

For the second consecutive year, severe flooding affected more than one million people across a wide swathe of South Sudan, submerging their homes and health facilities, and leaving them without adequate food, water or shelter. In Old Fangak, Médecins Sans Frontières provided emergency healthcare at our hospital for people with conditions such as malaria, respiratory tract infections and acute watery diarrhoea. Our team also distributed hygiene kits to around 650 homes.

We maintained 24/7 emergency and maternity services, therapeutic feeding and HIV care at the hospital, as well as vaccinations and emergency transport by boat for patients requiring urgent referral for care. Our two mobile clinics providing healthcare for remote villages in the area were suspended in April 2020 due to a lack of staff. In response to the COVID-19 pandemic, we strengthened infection prevention and control measures in the

Old Fangak hospital, which included a reduction in the number of beds.

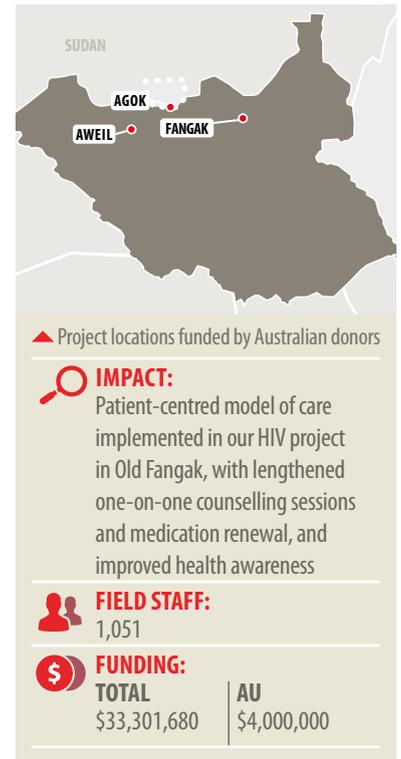
Aweil mother and child healthcare

We offered maternal, neonatal and paediatric healthcare throughout the year at Aweil state hospital, which provides care for almost 1.3 million people in Northern Bahr El Ghazal state. In October, we supported the health ministry's response to a seasonal peak in malaria, with rapid diagnostic tests, medication and supervision at the hospital and in general healthcare centres.

Abyei Special Administrative Area

In Abyei, a disputed area between Sudan and South Sudan, our 180-bed hospital in Agok town continued to provide surgery and neonatal and paediatric care, and treat people for snakebites and diseases such as HIV, tuberculosis, malaria and diabetes.

In response to COVID-19, our team in Agok hospital provided care for patients with the virus, as well as COVID-19 testing in the laboratory. Médecins Sans Frontières teams also trained healthcare workers, donated supplies, conducted health promotion activities and set up handwashing points in several public locations. We supported the Ministry of Health hospital in Abyei with technical assistance and training.



KEY ACTIVITIES

COVID-19 response, emergency flood response, HIV care, malaria care, maternal, neonatal and paediatric care.



Nyaruach at the Médecins Sans Frontières hospital in Old Fangak, Jonglei state, where she receives treatment for diabetes. © Tetiana Gaviuk/MSF

A PATIENT'S STORY FROM SOUTH SUDAN

Anyar, five years old, arrived at Médecins Sans Frontières' Agok hospital in Abyei Special Administrative Area in October 2020.

He had been bitten by a snake while playing outside his house in the evening. His father immediately started the 12-hour journey to bring Anyar to the hospital, leaving his wife and their baby behind at home. Anyar and his father slept on the road along the way, as there was no shelter. When they arrived at the hospital, Anyar's left foot and leg were swollen, posing a risk to his life.

When patients are delayed getting to a hospital, treatment of snakebite

can be very difficult: the delays may cause serious damage, including 'compartment syndrome', where swelling caused by the venom increases pressure within a muscle compartment to the point that blood cannot supply the muscles and nerves with oxygen and nutrients. Even with antivenom, muscles and nerves fail and may eventually die without surgery.

In Anyar's case, the Médecins Sans Frontières team performed an operation to save his leg. After the surgery, physiotherapy was an essential step in Anyar's recovery. When he first started the sessions, he would cry, but as the physiotherapists created a

fun environment, he started to enjoy them. In early December (in the session pictured), Anyar walked without any support for the first time since the snakebite.

Snakebite is a hidden health crisis. Every year, an estimated 2.7 million people are bitten by venomous snakes, resulting in death for more than 100,000 people and lifelong disfigurement and disability for 400,000 more.



Physiotherapists Ngong Ngong Amet (left) and Birgit Schönharting with Anyar. © Damaris Giuliana/MSF

DEMOCRATIC REPUBLIC OF CONGO

COVID-19 brought an additional burden to the Democratic Republic of Congo (DRC), a country with immense medical needs caused by years of overlapping crises and a weak, underfunded health system.

In addition to COVID-19, in 2020 DRC faced three other large epidemics: measles, Ebola and cholera. Despite repeated surges in violent conflict and restrictions imposed due to the pandemic, Médecins Sans Frontières ran emergency responses to each of these outbreaks and maintained regular essential care for people.

Outbreaks of measles and Ebola

While global attention was focused on the COVID-19 pandemic in 2020, DRC was still facing the world's largest active outbreak of measles, which started in mid-2018. During 2020, Médecins Sans Frontières treated patients for measles and ran vaccination campaigns in North Kivu province. Country-wide, the Ministry of Health reported 70,652 confirmed cases and 1,023 deaths from January until August 2020, when the outbreak was declared over.

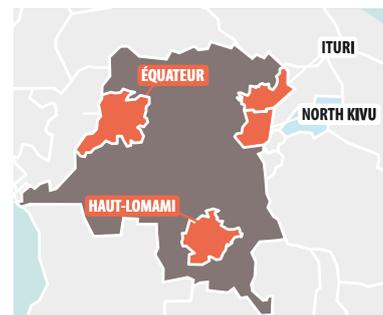
In eastern DRC, the tenth, and the biggest, Ebola outbreak in the country's history was declared over on 25 June 2020. By then, it had infected 3,470 people and claimed 2,287 lives. Médecins Sans Frontières supported the response in Beni, North Kivu, with detection, isolation and management of patients thought to have Ebola, patient care at a treatment

centre, and provision of non-Ebola care. We also supported vaccination in Goma, North Kivu.

When the 11th outbreak was declared in Équateur province on 1 June, there was a renewed focus on the need for decentralisation of care and strong logistical resources, due to the widespread distribution of cases, accessibility and acceptance issues, and a strong preference for community-based healthcare. Our teams responded in Lotumbe and Ingende, setting up Ebola treatment centres to care for patients as well as isolation units close to communities, and providing support for primary healthcare centres with detection of cases, health promotion and medical equipment donations.

COVID-19

In Goma, North Kivu province, we supported the Ministry of Health to convert an Ebola treatment centre to a dedicated, 20-bed facility for treating patients with COVID-19. In Rutshuru and Bambu-Kibirizi, teams reinforced isolation and triage, and supported infection prevention and control and patient care.



▲ Project locations funded by Australian donors



IMPACT:

Around 46,000 children vaccinated against measles in Kibirizi, North Kivu, in an area of active conflict



FIELD STAFF:

644.9



FUNDING:

TOTAL	AU
\$35,078,230	\$3,983,244

KEY ACTIVITIES

HIV care, maternal healthcare, outbreak response to cholera, COVID-19, Ebola and measles, paediatric care, sexual violence care.



Young men attend a mental health and alcohol awareness session, run by Médecins Sans Frontières psychologists for people in the Nizi displacement camp, Ituri. © Lucille Guenier/MSF

Sexual violence

During 2020, Médecins Sans Frontières provided comprehensive care to victims of sexual violence in Rutshuru, Goma, Bambu-Kibirizi and Binza, in North Kivu province. This care included psychological support, treatment for physical injuries, emergency contraception, antibiotics to prevent sexually transmitted infections, vaccinations for tetanus and hepatitis B, and post-exposure prophylaxis to prevent HIV (effective if given within 72 hours of the assault).

The level of sexual violence remains extremely high in DRC, both in provinces affected by active conflict and those considered more stable. Although the number of people seeking sexual violence care in the facilities we supported was high, our teams believe the scale of the problem was significantly under-reported. In the areas where Médecins Sans Frontières worked, we observed obstacles to care for patients, such as armed conflicts, lack of infrastructure, lack of medicines, stigma, shame and fear of reprisal.

HIV care

In Goma, we provided treatment for people living with HIV. Our teams adjusted the project to protect patients from COVID-19 while maintaining care. Patients were given three-months' worth of medication to reduce the frequency of their visits to a health facility, and a mobile phone application was developed to support community-based follow-up care for patients.

Healthcare for people displaced by conflict

In the Djugu and Mahagi territories of Ituri province, which has been affected by conflict for many years, Médecins Sans Frontières has maintained general and specialist healthcare in long-term projects while responding to emergencies such as epidemics and mass displacement of people. In 2020, teams provided outpatient consultations at health centres, mobile clinics and community care sites, a large proportion of them for malaria, and hospital care. We provided mental health support, and distributed mosquito nets and relief items in the makeshift

displacement camps. However, we had to reduce activities in some areas throughout the year due to the escalation of violence and its impact on the teams.

We considered ways to adapt our way of working in these areas, in order to maintain our health services without exposing patients and staff to high risks.

More than two and a half years of consecutive Ebola outbreaks in DRC ended in November 2020.



A nurse prepares to visit a patient in the Ebola treatment centre, set up by Médecins Sans Frontières in Lotumbe, Équateur. © Caroline Thirion/MSF

YEMEN

Although the COVID-19 pandemic hit Yemen hard in 2020, it was just one of many crises unfolding in the country, still at war after five years.

The conflict in Yemen showed no sign of abating, despite the rampant spread of COVID-19 in the country. More people than ever before were left without healthcare, as many of the last parts of the already crippled healthcare system stopped functioning during the outbreak.

Restrictions by the local authorities on the work of aid organisations complicated our work, and healthcare facilities and workers continued to be attacked. Many civilians were killed or injured in shelling, air raids or shootings. Despite these challenges, Médecins Sans Frontières continued to provide essential care for people in several governorates.

COVID-19

The potential for COVID-19 to devastate Yemen was evident from the beginning of the pandemic: a country fragmented by fighting, with a collapsed health system and a population too poor to simply stop working and stay at home. There was also a widespread reluctance to believe that the virus was real, or a threat to Yemen.

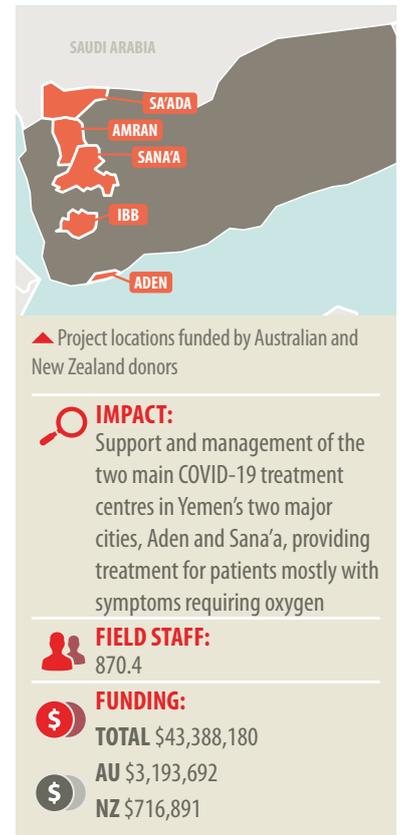
Médecins Sans Frontières supported treatment centres within Al-Amal hospital in Aden and Al-Kuwait hospital in Sana'a, the main treatment centres in the two biggest cities, working with the local health authorities to respond to the needs. In May, we took over the management of the Al-Amal treatment centre. Meanwhile, our staff put prevention measures in place in all

our regular projects so that they could continue to offer essential healthcare.

The first case of COVID-19 was officially confirmed in Yemen on 10 April, although rumours of cases had been circulating before then. Testing remained extremely limited throughout the country and the health authorities in areas controlled by Ansar Allah did not publicly release COVID-19 test results. At the end of April many people were already sick and, by May, the situation was catastrophic, particularly in Aden, with a surge in deaths. Fear of the virus was widespread, and people were hesitant to come to hospital. By the time many patients arrived to seek care from our teams, it was too late.

We also saw that many other hospitals and health facilities had shut their doors as their staff feared the virus and lacked personal protective equipment. Yemenis who already had very few options for accessing healthcare were therefore deprived of their last remaining chances to get lifesaving treatment.

The number of COVID-19 cases appeared to reduce sharply during summer, and by September, we had handed over all our major activities to the local health authorities. However, we continued training and other activities in preparation for a potential second wave.



KEY ACTIVITIES

COVID-19 response, maternal and newborn healthcare, nutrition, paediatric care, surgery.

A health promotion team runs an outreach activity in Dhi As Sufal district, Ibb governorate, to educate people about COVID-19 as part of our activities attached to the district's general rural hospital.
© Majd Aljunaid/MSF



Responding to other crises

Despite the heavy toll that COVID-19 took on Yemen, the number of reported air strikes and active frontlines increased. Our teams offered surgical care for wounded people in Aden and in Haydan, in the far north of Sa'ada governorate, where we built a new operating theatre.

We also continued to provide essential care, including for women, children and newborns, through running and providing support for hospitals across Ibb, Amran and Sa'ada governorates.

Our hospitals in Haydan (Sa'ada) and Khamir (Amran) also saw higher than usual seasonal peaks of children presenting with malnutrition. While it is difficult to know for certain what caused the spikes, living costs in Yemen have risen, particularly for food and fuel. Some healthcare facilities previously supported by international aid organisations have reduced their services as the funding for the relief effort in Yemen has dried up. As a result, sick children have not received treatment and have gone on to develop malnutrition.

Nevertheless, in the areas where we work, we have not yet seen evidence of imminent famine: a situation where large swathes of a population, adults as well as children, are affected and die from a combination of a lack of food and diseases brought on by malnutrition.



Outside the Médecins Sans Frontières-supported COVID-19 treatment centre in Al-Kuwait hospital, Sana'a. © Hareth Mohammed/MSF

Restrictions and attacks on our activities

Both Ansar Allah and the Saudi-led coalition continued to impose movement restrictions on humanitarians inside Yemen, hampering activities such as needs assessments and mobile clinics.

Administrative difficulties around obtaining visas for specialist staff and importing supplies also complicated the provision of aid.

STAFF STORY FROM YEMEN



NAME: Alison Moebus
HOME: VIC, Australia
ROLE: Paediatric and neonatal nurse

In 2020, Alison joined the team in Al-Salam hospital in Khamir, northern Yemen, to train fellow nurses, assess their competency, and help implement humidified high flow oxygen.

“Respiratory illnesses are one of the major causes of death and illness in children less than five years old worldwide and Khamir is no exception. Babies would present to the hospital in severe respiratory distress caused by bronchiolitis, pneumonia, whooping cough or as a result of prematurity.

Humidified high flow nasal cannula oxygen therapy, or ‘high flow’, provides slightly more respiratory support than the traditional low flow oxygen therapy you receive through a mask or nasal cannulas. Although high flow is commonly used in the care of sick children in many neonatal and paediatric departments around the world, it is less utilised in low-resource settings, and had not been used before by Médecins Sans Frontières in Yemen.

There was a lot of excitement among the nurses and nursing assistants about the

implementation of high flow and the implications for our patients. The nurses in Khamir are very skilled but the option of respiratory therapy beyond standard oxygen therapy had never been available before. The nurses attended training workshops where we covered topics such as respiratory anatomy and physiology, respiratory assessment and how high flow worked.

After the nurses and nursing assistants had been trained (the doctors were trained by a paediatrician) we started high flow with our first patient: a two-week-old baby girl with pneumonia. Over the next 10 days she slowly improved, not only with the high flow oxygen therapy and antibiotics, but with the care from the nursing and medical staff in partnership with her family.”

CAMEROON

For people in Cameroon, 2020 was marked by repeated outbreaks of armed violence, followed by new waves of displacement.

In Cameroon's Far North region, communities continued to suffer the consequences of daily armed clashes, while facing high levels of food insecurity due to the unpredictable climate. Médecins Sans Frontières worked to address some of the gaps in healthcare in this region, including for Nigerian refugees and internally displaced people.

Mora and Kolofata

Our teams launched general healthcare activities in Kolofata in 2020, and our existing project in Mora town was extended to include emergency surgery. Previously, many patients requiring trauma and obstetric surgery were referred from Mora to our project at Maroua regional hospital. The Mora team also continued to treat malaria, diarrhoea and severe acute malnutrition, providing around 69,000 consultations during the year. Médecins Sans Frontières community health workers, who were

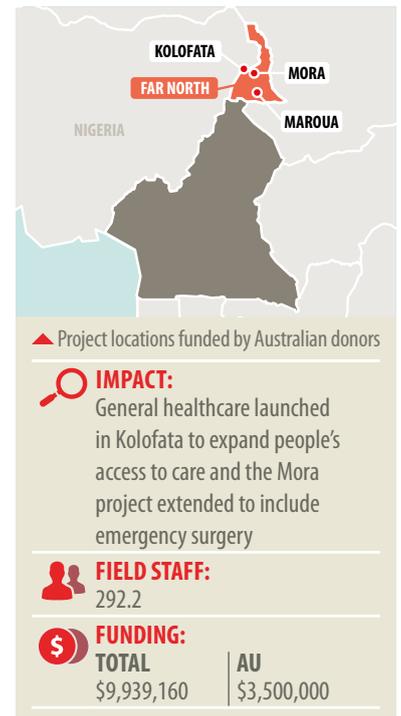
trained to treat simple cases of common diseases such as malaria, diarrhoea and severe acute malnutrition without complications, conducted more than 32,000 consultations in localities around the town.

Closure of activities in Maroua

In 2020, we concluded our support to Maroua regional hospital, which had a focus on surgical and psychological care, including for people wounded in violence. Our activities at the hospital in 2020 included training specialist staff and refurbishing the intensive care unit and other parts of the facility.

KEY ACTIVITIES

Emergency surgery, general healthcare, malaria care, malnutrition care.



Children participate in a psychostimulation activity organised by Médecins Sans Frontières for young patients at Maroua regional hospital. © Patrick Meinhardt/MSF



A patient accompanied by his son and wife, after recovering from an amputation he received at Maroua regional hospital following complications with his blood circulation and gangrene.
© Scott Hamilton/MSF



COVID-19: RESPONDING TO THE PANDEMIC

Over the course of 2020, COVID-19 thrust the world into a severe global health crisis.

The rapid spread of the virus put a tremendous strain on healthcare systems, as many patients with potentially life-threatening respiratory disease required specialised care, and health providers struggled to access personal protective equipment and essential medical supplies. At the same time, most countries saw exacerbated health and humanitarian needs.

Médecins Sans Frontières launched our first COVID-19 response programs as early as January 2020, and rapidly scaled up our response from March. Worldwide, we worked alongside health workers and communities in low-resource settings and conflict zones, as well as in high-income countries such as Italy, France and the United States.

Priorities of the response

Our COVID-19 response in 2020 focused on these key areas:

- **Care for patients with COVID-19:** providing consultations and testing for people thought to have the virus, hospital care including intensive care such as respiratory support for patients with severe illness, and mental healthcare.
- **Protecting people at-risk:** such as remote or indigenous communities, people on the move or living in precarious conditions like refugee camps, homeless people and the elderly.
- **Keeping essential medical services running:** from treatment for HIV and tuberculosis, to prevention of malaria and measles, and responses to other infectious disease outbreaks such as cholera and Ebola.
- **Protecting healthcare workers and health facilities:** including through technical training, infection prevention and control measures such as installation of handwashing stations, and improved water supply and sanitation. Activities also included counselling and mental health support to healthcare workers.

Advocating for equitable access to COVID-19 diagnostics, treatments and vaccines

As a leader in global health advocacy for vulnerable and neglected communities, Médecins Sans Frontières led several advocacy initiatives focused on ensuring improved production of protective and medical equipment required to tackle the pandemic, and on equitable access to COVID-19 diagnostics, treatments and vaccines.

From as early as March, Médecins Sans Frontières called for no patents or profiteering on drugs, tests or vaccines used in the pandemic, and for governments to suspend and override patents and other intellectual property to ensure availability, reduce prices and save more lives.

With several promising COVID-19 therapeutics and vaccines becoming available at the end of the year, we launched public calls and advocacy campaigns directed at pharmaceutical companies, governments and international bodies including the World Trade Organization.

THANK YOU FOR SUPPORTING OUR COVID-19 EMERGENCY RESPONSE

In 2020, Australian and New Zealand donors contributed \$3.5 million to Médecins Sans Frontières' international COVID-19 Crisis Fund.

The fund was launched in March 2020 to support our new COVID-19 activities and mitigate the impact of the pandemic on our regular services.

We are incredibly grateful for our donors' generosity, which has enabled us to allocate essential resources towards the projects and communities most in need.

Our donors also contributed to the purchase of one million masks, which were sent from Australia to our projects overseas to protect healthcare workers from COVID-19.



Nurse Mayra Leandro (right) tests a patient's blood sugar level in Lagoinha village, accompanied by a health worker colleague from the Special Indigenous Health District of Mato Grosso do Sul, Brazil. © Diego Baravelli/MSF



Dr Sharanya Ramakrishna provides COVID-19 testing for a patient at the COVID-19 health centre at Pandit Madan Mohan Malviya Shatabdi hospital, Mumbai, India. © Abhinav Chatterjee/MSF

Médecins Sans Frontières' global COVID-19 response in 2020

Projects

- 302 projects with COVID-19 activities, in 70 countries
- 40% of projects had a mental health component



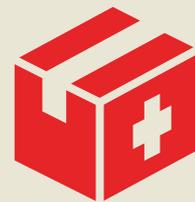
Health facilities

- 778 health facilities provided with COVID-19 technical, training or material support
- 156 health facilities provided with medical support for COVID-19 patients



Protective equipment and health promotion

- 61.3 million pieces of personal protective equipment packed by our supply centres
- 301,000 health promotion sessions conducted in health structures
- 376,000 health promotion sessions conducted in communities or other facilities



Care for patients

- 112,000 outpatient consultations provided
- 93,000 COVID-19 tests conducted
- 6,000 patients with severe COVID-19 illness treated



Counsellor educator Nader Owidat conducts a COVID-19 health promotion activity for children in Hebron, in Palestine's West Bank. © MSF

AFGHANISTAN

KEY ACTIVITIES

In Kabul, comprehensive and emergency obstetric and neonatal care, including ante- and postnatal care and family planning, at the 100-bed Dasht-e-Barchi hospital; medication and medical equipment donations to the Ministry of Health following Médecins Sans Frontières' withdrawal from Dasht-e-Barchi in mid-June after the attack; in Herat, intensive therapeutic feeding in the associated paediatric hospital, health services for displaced people in Kadhestan and Shadayee settlements, treatment for patients with COVID-19 at our Gazer Ga treatment centre and COVID-19 triage in Herat regional hospital.



▲ Project locations funded by Australian donors

IMPACT:
Oxygen therapy provided at our 32-bed COVID-19 treatment centre in Herat, for severely affected patients

FIELD STAFF:
429

FUNDING:

TOTAL	AU
\$14,173,500	\$1,489,617

Hosnia with Iliana, her first child, who was born without complications at the Dasht-e-Barchi hospital in Kabul (December 2019). © Sandra Calligaro/MSF

BANGLADESH

KEY ACTIVITIES

In the Cox's Bazar district, essential healthcare for Rohingya refugees and local communities at three facilities, including emergency care, paediatric care, therapeutic feeding, sexual and reproductive healthcare, mental healthcare and treatment for non-communicable diseases, while COVID-19 led to the reduction of routine vaccinations and community disease surveillance; response to COVID-19 including patient care, isolation of patients thought to have the virus, infection prevention and control and distribution of masks and other personal protective equipment.



▲ Project locations funded by Australian donors

IMPACT:
Around 18,670 mental health consultations provided in Cox's Bazar

FIELD STAFF:
222

FUNDING:

TOTAL	AU
\$7,990,950	\$1,496,471

A child looks over one of the camps for Rohingya refugees in Cox's Bazar (2019). © Mohammad Ghannam/MSF

BURKINA FASO

KEY ACTIVITIES

Assistance for displaced people and local communities affected by violence in Nord and Centre-Nord regions, including paediatric care, nutrition and internal medicine in the Titao hospital, support for primary healthcare centres, medical care and basic relief item distribution via mobile clinics, and water and sanitation; measles vaccination in response to an outbreak in the villages of Boromo and Dédougou, in Boucle du Mouhoun region; COVID-19 response in Bobo-Dioulasso city, Hauts-Bassins region, including treatment of patients with COVID-19 at a dedicated treatment centre, contact tracing and awareness raising.



▲ Project locations funded by Australian donors

IMPACT:
110,000 children vaccinated against measles in Boucle du Mouhoun region

FIELD STAFF:
140

FUNDING:
TOTAL | AU
\$11,132,550 | \$2,000,003

People collect water at a distribution site set up by Médecins Sans Frontières in Titao (February 2020). © Noëlie Sawadogo/MSF

CENTRAL AFRICAN REPUBLIC

KEY ACTIVITIES

Care for people living with HIV, including testing, treatment at health facilities and via mobile clinics, and community antiretroviral groups to assist patients to adhere to treatment; care for tuberculosis and non-communicable diseases, including diabetes; maternal, paediatric and neonatal healthcare; malnutrition screening and prevention, and therapeutic feeding; comprehensive care for victims of trauma, including surgery and rehabilitation; primary healthcare focused on people in displacement sites; consultations for victims of sexual violence; mass vaccination campaigns in response to the nationwide measles epidemic; infection prevention and control measures in response to COVID-19.



▲ Project locations funded by Australian donors

IMPACT:
Development of outpatient follow-up care clinics for patients with chronic disease, with the aim to improve continuity of care and long-term disease management

FIELD STAFF:
1,114

FUNDING:
TOTAL | AU
\$31,315,350 | \$2,985,441

Drucille eats a meal of porridge outside the Paoua hospital, where she is receiving treatment for diabetes. © Seigneur Yves Wilikoesse/MSF

CHAD

KEY ACTIVITIES

Maternal, paediatric and neonatal care at Moissala hospital and support to 25 community health centres in the district, with work to improve access to medical services for women and children across all levels of care; seasonal malaria chemoprevention in Moissala via a large-scale campaign to reduce the effects of malaria and complications on children; measles vaccination in Kyabé district; in the capital N'Djamena, treatment for severely malnourished children and donations of ready-to-use therapeutic foods to other health providers during stock-outs; medical and logistical support for the COVID-19 response.



▲ Project locations funded by Australian donors

IMPACT:
Around 69,000 patients treated for malaria in community health centres supported by Médecins Sans Frontières

FIELD STAFF:
230

FUNDING:
TOTAL | **AU**
\$14,010,150 | \$1,000,000

Médecins Sans Frontières runs a measles vaccination campaign in Samingalé village, Kyabé (February 2020). © Félix Guillou/MSF

ESWATINI

KEY ACTIVITIES

In Nhlanguano, Shiselweni region, community-based care for patients with drug-resistant tuberculosis (DR-TB) via home visits to provide medication, video-observed therapy for taking medication at home, food, psychological support and masks and sanitiser; support to the national DR-TB ward including nursing care, medicine donations and COVID-19 prevention and testing; at mobile clinics and a health post, testing, screening and medication refills for patients with tuberculosis, HIV and non-communicable diseases, and COVID-19 prevention advice; family planning, provision of pre-exposure prophylaxis (to prevent HIV infection), HIV self-testing and treatment for HIV and sexually transmitted infections; COVID-19 testing and home-based care and referrals for people with COVID-19.



▲ Project locations funded by Australian donors

IMPACT:
Study completed on early diagnosis and treatment of HIV, in the window of time between a patient being infected and receiving an accurate test result, to guide future work on HIV epidemic control

FIELD STAFF:
254

FUNDING:
TOTAL | **AU**
\$4,416,720 | \$500,000

A nurse trains a patient with multidrug-resistant tuberculosis to use video-observed therapy to take medication at home, rather than travel to a health facility for direct nurse-observed therapy. © Jakob Hein/MSF

HAITI

KEY ACTIVITIES

At Tabarre trauma hospital, emergency care, surgery, physiotherapy and psychosocial care for patients with life-threatening trauma injuries, such as open bone fractures or bullet wounds to the chest or abdomen; at Drouillard specialist burns hospital (the only of its kind in Haiti), treatment of patients with complex burn injuries, including many sustained from domestic accidents caused by precarious living conditions; repurposing of the Drouillard hospital to treat patients with COVID-19 from May until August, with patients requiring hospital care for burns transferred to Tabarre hospital; COVID-19 health promotion.

People in Haiti face multiple barriers to healthcare amid an ongoing political and economic crisis.



▲ Project locations funded by Australian donors

IMPACT:
4,058 surgical interventions performed at Tabarre trauma hospital

FIELD STAFF:
651

FUNDING:
TOTAL \$19,726,050 | AU \$997,939

Wilfrid completes a physiotherapy session at the Tabarre trauma hospital in Port-Au-Prince, two months after having his arm amputated.

© Guillaume Binet/MYOP

HONDURAS

KEY ACTIVITIES

Within a mother and child clinic in Choloma, sexual and reproductive healthcare including family planning, ante- and postnatal consultations and safe delivery care, as well as psychological support for victims of violence.

Before Médecins Sans Frontières opened the project in Choloma in 2017, there were few healthcare facilities catering for the needs of women in the area.



▲ Project locations funded by Australian donors

IMPACT:
Continuity of care provided for patients at our mother and child clinic in Choloma, the only one in the area, during the COVID-19 state of emergency and lockdown

FIELD STAFF:
73.2

FUNDING:
TOTAL \$2,653,420 | AU \$500,000

Women line up in the waiting room of the mother and child clinic in Choloma (2019).

© Christina Simons/MSF

IRAN

KEY ACTIVITIES

Via a health facility and mobile clinic in South Tehran, comprehensive care for groups of people who are at high-risk of infectious diseases and often excluded from healthcare, such as people who use drugs, Afghan refugees and homeless people: services included medical consultations, testing for communicable diseases (HIV, tuberculosis, hepatitis B), testing and treatment for hepatitis C, treatment for sexually transmitted infections such as syphilis, specialist referrals, ante- and postnatal care, family planning and mental health support; in Mashhad, similar services with a focus on refugees, host communities, residents of a women's shelter and people who use drugs via mobile clinics and a fixed clinic in Golshahr district; preparations to set up a 50-bed COVID-19 treatment unit in Isfahan (approval revoked).



▲ Project locations funded by Australian donors

IMPACT:
Healthcare services in Mashhad extended to 11 camps for people who are in remission from using drugs

FIELD STAFF:
91

FUNDING:
TOTAL | **AU**
\$4,030,950 | \$1,500,000

A patient attends a consultation at the Médecins Sans Frontières clinic in South Tehran (2019). © MSF

JORDAN

KEY ACTIVITIES

At our reconstructive surgery hospital in Amman, comprehensive care for patients injured in conflicts across the Middle East, from surgery through to longer term psychosocial support, limited to essential surgery for existing patients for some months due to border closures during the pandemic; COVID-19 response from November to December centred around a 40-bed dedicated COVID-19 ward in the hospital, opened to respond to the Ministry of Health's request for assistance during a spike in cases.



▲ Project locations funded by Australian donors

IMPACT:
Improved quality of care for patients at our reconstructive surgery hospital through pain management, nutrition monitoring, strengthened mental health assessments, specific protocols for child patients, and a focus on occupational therapy

FIELD STAFF:
269

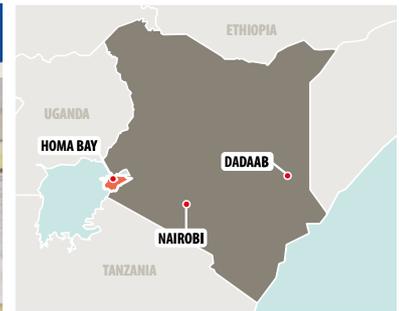
FUNDING:
TOTAL | **AU**
\$18,963,450 | \$2,377,059

Lujain underwent her first surgery at the Amman hospital in July 2020, to treat the burns to her neck and allow her more mobility.
© Hussein Amri/MSF

KENYA

KEY ACTIVITIES

In Nairobi, combined medical and psychosocial care for victims of sexual and gender-based violence, a trauma room and ambulance service for emergencies and the introduction of family planning across all services; in Homa Bay, treatment for patients living with HIV, with a focus on people with advanced HIV, children and adolescents, and on reducing mortality through better identification, management and follow-up of patients with critical conditions; in Dagahaley camp, comprehensive services for refugees and the local community including sexual and reproductive healthcare, emergency obstetric care, assistance for victims of sexual and gender-based violence, psychological counselling, home-based insulin treatment, palliative care and specialist referrals; COVID-19 isolation and training of staff in infection prevention and control, screening and swab collection.



▲ Project locations funded by Australian and New Zealand donors

IMPACT:
Supported the Ministry of Health to provide three-month drug refills to patients living with HIV, during COVID-19 lockdown

FIELD STAFF:
686.7

FUNDING
TOTAL \$22,443,850
AU \$2,470,836
NZ \$636,736

May Atieno, Lab Manager for Médecins Sans Frontières' HIV programs in Homa Bay. © Paul Odongo/MSF

LEBANON

KEY ACTIVITIES

At Elias Haraoui Governmental Hospital, paediatric emergency, intensive and specialised care including treatment for children with thalassemia, a hereditary blood disorder; in response to COVID-19, adaptation and expansion of our activities in the Elias Haraoui emergency room to ensure effective triage of patients; emergency response in neighbourhoods most affected by the blast in Beirut, focused on home-based care for people with non-communicable diseases (especially the elderly and people with disabilities) including medical consultations, nursing care, essential medications and follow-up care.



▲ Project locations funded by Australian donors

IMPACT:
99 children received treatment for thalassemia

FIELD STAFF:
87

FUNDING
TOTAL \$8,159,250 | **AU** \$1,996,471

Abbas, aged five, attends the Médecins Sans Frontières facility in Zahle for a blood transfusion every two weeks for thalassemia. © Mohammad Ghannam/MSF

LIBERIA

KEY ACTIVITIES

At the Children's Hospital in Bardnesville Junction in Monrovia, specialist paediatric care, including surgery (until suspension in March due to COVID-19 travel restrictions for staff) and emergency and inpatient services for children such as treatment for malaria and acute malnutrition (maintained during COVID-19); paediatric training for nurses, doctors and a nurse anaesthetist, before medical internships suspended due to the pandemic; COVID-19 response, including reinforcement of infection control, soap distribution to households and hygiene awareness activities; in Monteserrado county, diagnosis, treatment and referrals for people with mental health conditions and epilepsy, including phone consultations and monthly outdoor medication refill appointments to adapt to COVID-19.



▲ Project locations funded by Australian donors



IMPACT:

2,370 people received care for mental health disorders or epilepsy



FIELD STAFF:

331



FUNDING:

TOTAL	AU
\$10,210,200	\$1,000,000

Médecins Sans Frontières staff and volunteers conduct a COVID-19 hygiene awareness campaign and distribute soap to households in Logan Town, near Monrovia. © Rudd van der Linden/MSF

LIBYA

KEY ACTIVITIES

Medical and mental healthcare for people held in detention centres in Misrata, Khoms, Zliten and Zintan, and work in these centres to improve access to water and basic services, reinforcing COVID-19 infection prevention measures and referring people to protection agencies; medical and psychological care at the Khoms disembarkation point, for people forcibly returned by the Libyan coastguard after trying to flee Libya by sea; in Bani Walid, general healthcare and medical referrals for people who had escaped from captivity in clandestine prisons or warehouses, and for victims of torture and trafficking; tuberculosis care in two facilities, in Tripoli and Misrata.



▲ Project locations funded by Australian donors



IMPACT:

Psychological support and distribution of basic items after a fire in Dhar El-Jebel detention centre, as well as advocacy calling for an end to arbitrary detention of migrants, asylum seekers and refugees



FIELD STAFF:

81



FUNDING:

TOTAL	AU
\$6,367,350	\$2,000,000

People in Dhar El-Jebel detention centre, Zintan, where one man lost his life during a fire in February. © MSF

MALAWI

KEY ACTIVITIES

In Blantyre, comprehensive cervical cancer care in collaboration with Queen Elizabeth Central Hospital, covering all stages of primary and secondary prevention and tertiary care including health promotion, vaccination, screening and diagnosis, surgery, chemotherapy and palliative care for patients with advanced-stage cancer; in Chiradzulu, HIV care (HIV being the leading cause of death in Malawi) focusing on children, adolescents and patients whose first- and second-line antiretroviral therapies are failing.

Interpreter Tifera helps organise schoolgirls to get their vaccination against human papillomavirus, the virus responsible for cervical cancer, at their school in Chiradzulu district (January 2020). © Nadia Marini/MSF



▲ Project locations funded by Australian donors

IMPACT:
Cervical cancer project activities resumed in August 2020, after five-month suspension of screening, some surgery and palliative care follow-up activities due to COVID-19

FIELD STAFF:
325

FUNDING:
TOTAL \$8,644,350 | AU \$765,599

MALI

KEY ACTIVITIES

Cancer care and paediatric care in Bamako, with the expansion of oncology services to facilitate early screening and diagnosis of cervical and breast cancers, and provision of treatment including surgery and chemotherapy; COVID-19 prevention and treatment of patients with severe forms of the virus in Bamako; preventive and curative nutrition and paediatric services at community and hospital level in Koutiala district; in Ténenkou district, sexual and reproductive healthcare and neonatal and paediatric care at a referral health centre, and mobile clinic activities to assist displaced people and local communities.



▲ Project locations funded by Australian donors

IMPACT:
Around 49,000 women screened for cervical and breast cancers

FIELD STAFF:
602

FUNDING:
TOTAL \$18,018,000 | AU \$1,500,000

Logistics Manager Lassi visits a workshop in Bamako, commissioned by Médecins Sans Frontières to manufacture reusable masks for COVID-19 prevention. © Lamine Keita/MSF

MOZAMBIQUE

KEY ACTIVITIES

In Maputo, specialised care for patients with advanced HIV and tuberculosis, as well as detection and rapid treatment of opportunistic infections such as hepatitis C; harm reduction services for people who use drugs, including needle and syringe distribution, opioid substitution therapy and overdose treatment; testing and treatment referrals for HIV, tuberculosis and hepatitis C at a drop-in centre for people who use drugs; logistical and technical support to the main COVID-19 referral hospitals in Maputo.

Patients sit in the waiting room of the Centro de Referência do Alto-Maé in Maputo, where Médecins Sans Frontières continued to provide care for people with advanced HIV and associated conditions such as tuberculosis.
© Amanda Furtado Bergman/MSF



▲ Project locations funded by Australian and New Zealand donors

IMPACT:

Our Maputo drug harm reduction program, the only one in Mozambique, offered all World Health Organization-recommended interventions

FIELD STAFF:

260

FUNDING

💰 **TOTAL** \$3,970,120
AU \$800,000
NZ \$200,000

MYANMAR

KEY ACTIVITIES

In Dawei, Tanintharyi region, treatment for patients with HIV, including those with co-infections of tuberculosis and hepatitis C, with a focus on key groups such as migrant workers, fishermen and sex workers.

In Myanmar, access to medical treatment remains limited, particularly for marginalised communities. In 2020, it became even more restricted due to the COVID-19 pandemic.



▲ Project locations funded by Australian donors

IMPACT:

Adapted HIV health services to ensure continuity of care for patients in remote locations, unable to reach our clinic due to COVID-19 movement restrictions

FIELD STAFF:

56.1

FUNDING:

💰 **TOTAL** \$2,022,020 | AU \$200,000

A woman being treated for tuberculosis in Dawei has her mask adjusted by a health worker.
© Scott Hamilton/MSF

NIGER

KEY ACTIVITIES

Paediatric care at a hospital in Magaria, including treatment for an increased number of patients with malaria compared to 2019; in Magaria and Madarounfa, inpatient care for acutely malnourished children and community-based activities focused on preventing illness and complications of malnutrition in children; in the capital, Niamey, mobile clinics providing water, relief item distribution and psychological support for people displaced by floods; COVID-19 response in Maradi and Madarounfa, including patient care, training for staff and community volunteers, equipment donations and health promotion.

A woman returns home with malaria medication for her son, after a consultation with a Médecins Sans Frontières-supported community liaison officer in Magaria.
© Mack Alix Mushitsi/MSF



▲ Project locations funded by Australian donors

IMPACT:
Preventive and community-based approaches to reduce complications of malnutrition, including early treatment for malaria and acute respiratory infections

FIELD STAFF:
819.7

FUNDING:
TOTAL | AU
\$21,743,700 | \$3,283,720

NIGERIA

KEY ACTIVITIES

Comprehensive emergency obstetric and neonatal care, and vesico-vaginal surgery for women with obstetric fistula, in Jahun general hospital, Jigawa state; logistical, technical and medical support to four centres providing basic emergency obstetric and neonatal care around Jahun; comprehensive sexual violence care at two clinics in Port Harcourt, Rivers state, including prophylaxis for HIV and other sexually transmitted infections, vaccinations for tetanus and hepatitis B, emergency contraception and psychological and social support; in Maiduguri, treatment for severely sick children, including those with malaria and measles, at a 65-bed paediatric hospital incorporating an intensive care unit, and outreach activities.

An outreach team provides primary healthcare for people in a displacement camp in Maiduguri.
© Adbulkareem Yakuba/MSF



▲ Project locations funded by Australian and New Zealand donors

IMPACT:
Outreach activities launched in Maiduguri, to extend care to two villages and two camps for displaced people

FIELD STAFF:
646

FUNDING:
TOTAL | AU | NZ
\$19,369,350 | \$1,529,412 | \$970,582

PAKISTAN

KEY ACTIVITIES

Maternal and neonatal healthcare at Peshawar Women's Hospital, including comprehensive 24-hour emergency obstetric services, with the addition of an isolation area, infection prevention and control measures and structural changes to the hospital to resume care after a six-week suspension during COVID-19; advocacy and awareness-raising on the safe use of labour-inducing drugs such as oxytocin; also in Peshawar, treatment for cutaneous leishmaniasis, a skin infection endemic to Pakistan that is caused by a parasite transmitted by the phlebotomine sandfly's bite.



Nurse Naseebullah Khan holds a newborn in the neonatal unit of the Peshawar Women's Hospital. © Nasir Ghafoor/MSF



▲ Project locations funded by Australian donors

IMPACT: Essential care continued at Peshawar Women's Hospital despite COVID-19-related challenges, including staffing issues and a shortage of drugs and personal protective equipment

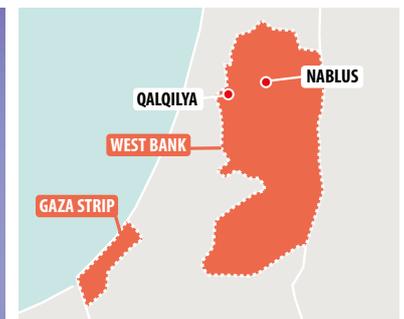
FIELD STAFF: 288

FUNDING:
TOTAL \$6,058,800 | AU \$1,000,000

PALESTINE

KEY ACTIVITIES

In Gaza, treatment for patients with bone infection as a complication of violent trauma, post-operative care in four outpatient clinics for patients with trauma injuries or burns, including physiotherapy and mental health counselling to help patients through long and painful treatment processes, and staff training and oxygen concentrator donations to support the COVID-19 response; in the West Bank, psychological support for people affected by the occupation and violence in Nablus and Qalqilya, with remote counselling by phone when in-person support sessions were not possible during COVID-19 and the extension of services to people with COVID-19 and their families; distribution of hygiene kits and personal protective equipment and COVID-19.



▲ Project locations funded by Australian donors

IMPACT: Additional project opened in Nasser Hospital, Gaza, to treat patients with bone infections as a complication of violent trauma

FIELD STAFF: 248

FUNDING:
TOTAL \$17,826,600 | AU \$3,000,000

Specialist physiotherapist Mabadie Al-Farra provides care for a patient during a session in Nasser Hospital, Gaza. © Lyad Alastal/MSF

PAPUA NEW GUINEA

KEY ACTIVITIES

Prevention, screening, diagnosis, treatment initiation and follow-up for patients with tuberculosis (including drug-sensitive and drug-resistant forms) in collaboration with the national tuberculosis program, at Gerehu hospital in the capital Port Moresby, and in the rural district of Kerema in Gulf province; construction of a tuberculosis laboratory at Tokarara clinic, Port Moresby, to support the provincial health authority to expand diagnosis in the capital's North West catchment area; COVID-19 activities including infection prevention and control training, technical assistance to support construction of a dedicated COVID-19 treatment facility in Port Moresby and implementation of rapid testing in the facility.

A patient is helped by treatment supporter Stoney Karahure to receive his first batch of medication after being diagnosed with tuberculosis. © Simon Ming/MSF



▲ Project locations funded by Australian and New Zealand donors

IMPACT: Strengthened follow-up care for patients with tuberculosis in Kerema rural district, resulting in more patients completing treatment

FIELD STAFF: 151

FUNDING:	TOTAL	AU
	\$6,217,200	\$1,500,000
		NZ
		\$264,706

PHILIPPINES

KEY ACTIVITIES

In the impoverished districts of San Andres and Tondo, Manila, sexual and reproductive healthcare including cervical cancer prevention and treatment in partnership with local organisation Likhaan (to whom we handed over activities in December); general and mental healthcare and non-communicable disease care in Marawi; COVID-19 response, including contact tracing, infection prevention activities, training for staff, and support for COVID-19 activities at San Lazaro Hospital, Manila; emergency response in Albay and Catanduanes following the Goni/Rolly and Ulysees typhoons, including evacuation centre and community distributions of jerry cans, water tablets and masks and sanitiser, and COVID-19 infection prevention and control training for staff at the centres.



▲ Project locations funded by Australian donors

IMPACT: Support for Manila's San Lazaro Hospital's COVID-19 ward, laboratory and pharmacy with staff, personal protective equipment, biomedical equipment and drug supplies

FIELD STAFF: 70

FUNDING:	TOTAL	AU
	\$4,101,900	\$1,000,000

Staff conduct a mobile information drive, sharing leaflets and recorded audio messages about COVID-19 in the local Maranao language, in Marawi. © Chika Suefujii/MSF

SUDAN

KEY ACTIVITIES

In East Darfur's Kario camp, which hosts around 30,000 South Sudanese refugees, general healthcare including maternity services and nutritional support for children; treatment for simple cases of malaria and referral of patients with malaria and complications; health promotion activities; infection prevention and control to protect people against COVID-19.

Sudan hosts huge numbers of refugees, mostly South Sudanese stranded in the country for years after fleeing the civil war



▲ Project locations funded by Australian donors

IMPACT:
Set-up of a malaria treatment unit in response to a higher than usual malaria peak in Kario camp

FIELD STAFF:
137.4

FUNDING:

TOTAL	AU
\$4,704,700	\$1,500,000

The maternity ward of the Kario clinic, East Darfur, where Médecins Sans Frontières provided around 6,800 antenatal consultations in 2020. © Florence Dozol/MSF

SYRIA

KEY ACTIVITIES

In Idlib governorate, specialised care in our dedicated burns unit in Atmeh and support for non-communicable disease care at two primary healthcare centres; mobile clinic services with a focus on COVID-19 prevention in camps for people displaced by the conflict, including distribution of hygiene kits, water, tents, blankets, mattresses and heating material, construction of latrines and COVID-19 awareness-raising; in Afrin governorate, donations and technical support for mobile clinics and a health centre, and support for a COVID-19 treatment centre.



▲ Project locations funded by Australian donors

IMPACT:
Provision of lifesaving medication and follow-up for almost 100 patients who had received kidney transplants, in Idlib

FIELD STAFF:
138

FUNDING:

TOTAL	AU
\$6,986,100	\$1,168,000

A woman collects essential items including blankets and warm clothes from Médecins Sans Frontières in northwest Syria. © Abdul Majeed Al Qareh/MSF

UGANDA

KEY ACTIVITIES

In Kasese, sexual and reproductive healthcare for adolescents, including ante- and postnatal care, awareness raising to encourage young people to come for consultations and health education, and recreational activities until these were suspended due to COVID-19; HIV care for fishing communities around George and Edward lakes; in Arua, HIV care with a focus on children, adolescents and patients with advanced HIV disease or a high viral load, with care resumed for most Congolese cross-border patients who we lost contact with between March and July during COVID-19 lockdowns; medical and psychological care for victims of sexual violence, including outreach activities, in Arua's Omugo and Imvepi refugee settlements.



▲ Project locations funded by Australian donors

IMPACT:
Sexual and reproductive health services for adolescents moved into the new adolescent care section of the municipal primary health facility, to facilitate patient access and decrease stigma

FIELD STAFF:
201

FUNDING:
TOTAL \$5,954,850 | AU \$500,000

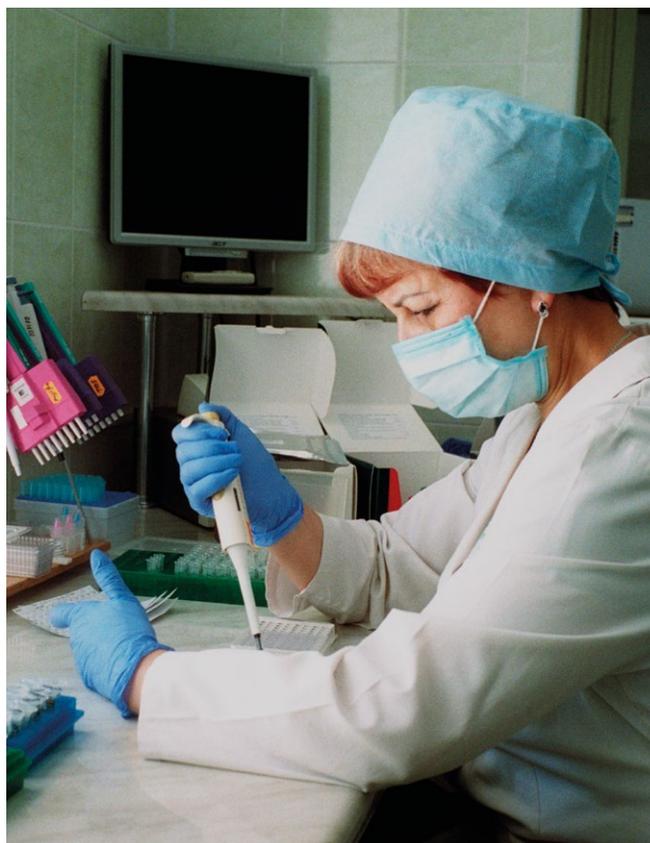
A young pregnant woman attends a consultation in Kasese (2019). © Peter Pantushkin/

UKRAINE

KEY ACTIVITIES

Treatment for hepatitis C patients living with HIV, using a new direct-acting antiviral regimen (project handed over to the Mykolaiv Regional Centre of Palliative Care and Integrated Services in May 2020).

Direct-acting antivirals have revolutionised hepatitis C care, making treatment faster and more effective while significantly reducing side effects.



▲ Project locations funded by Australian donors

IMPACT:
Medicines for hepatitis C patients delivered by post, and phone support offered, to provide continuity of care during COVID-19 restrictions

FIELD STAFF:
6.1

FUNDING:
TOTAL \$380,380 | AU \$200,000

Inside the laboratory of the Mykolaiv Regional Centre of Palliative Care and Integrated Services, where samples were tested for hepatitis C (2018). © Aleksandr Glyadyelov/MSF

Médecins Sans Frontières Australia Limited

ABN 74 068 758 654

Consolidated Financial Report for the Financial Year
Ended 31 December 2020

Médecins Sans Frontières Australia Limited

Consolidated Financial Report for the Financial Year ended 31 December 2020

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Médecins Sans Frontières Australia Limited

Directors' Report

The Directors of Médecins Sans Frontières Australia submit herewith the annual Financial Report of the company for the financial year ended 31 December 2020. The names and particulars of the directors during or since the end of the financial year are:

- Mr Dwin Tucker** President from 23 May 2020. Treasurer from 29 April 2016 to 23 May 2020. Elected to the Board 16 May 2015. Re-elected 25 May 2018. Director Deafness Forum, ClearSound and TurnkeyIO. Resident of Australia. Attended fourteen out of fourteen Directors' meetings.
- Ms Patricia Schwerdtle** Vice President from 23 May 2020. Appointed to the Board on 21 June 2017, elected 25 May 2018. Registered Nurse and Academic, Heidelberg Institute of Global Health, Heidelberg University, Germany. Nursing and Midwifery, Monash University, Melbourne. Resident of Germany. Attended fourteen out of fourteen Directors' meetings.
- Ms Beth Hilton-Thorp** Treasurer from 23 May 2020. Elected 18 May 2013, re-elected 29 April 2016, re-elected 12 May 2019. Lawyer and consultant. Resident of Australia. Attended fourteen out of fourteen Directors' meetings.
- Ms Kerry Atkins** Elected to the Board 12 May 2019. CPA qualified, Graduate of the Humanitarian Leadership Program at Deakin University. Consultant, World Bank Group. Resident of Australia. Attended fourteen out of fourteen Directors' meetings.
- Ms Alice Cameron** Elected to the Board 22 May 2020. Consultant. Resident of New Zealand. Attended six out of seven Directors' meetings.
- Dr Jacqueline Hewitt** Appointed to the Board 31 August 2016. Elected to the Board 6 May 2017. Re-elected to the Board 22 May 2020. Medical Doctor – Paediatric Endocrinologist. Resident of Australia. Attended eleven out of fourteen Directors' meetings.
- Ms Bethany Lansom** Elected to the Board 22 May 2020. Clinical Nurse Consultant in Disaster and Emergency Management. Resident of Australia. Attended six out of seven Directors' meetings.
- Dr Vin Massaro** Appointed to the Board 16 October 2020. Professorial Fellow of the University of Melbourne and Independent member of the Board of the Royal Australian and New Zealand College of Radiologists. Resident of Australia. Attended two out of two Directors' meetings.
- Ms Carolyn Nagy** Appointed to the Board 16 October 2020. Clinical Nurse in emergency and intensive care. Resident of Australia. Attended two out of two Directors' meetings.
- Dr Meguerditch Terzian** Appointed to the Board on 6 March 2017. Medical Doctor and President, Médecins Sans Frontières France. Resident of France. Attended thirteen out of fourteen Directors' meetings.
- Dr Mohammad-Ali Trad** Appointed to the Board 16 October 2020. Infectious Diseases Physician in Launceston General Hospital and Honorary senior clinical lecturer at the University of Tasmania. Resident of Australia. Attended two out of two Directors' meetings.

Médecins Sans Frontières Australia Limited

Directors' Report (continued)

- Dr Stewart Condon** Elected to the Board 28 May 2011. Re-elected 26 April 2014, re-elected 6 May 2017. President from 22 May 2014 to 23 May 2020. Registrar – Medical Services, Royal Prince Alfred Hospital. Resident of Australia. Attended five out of five Directors' meetings.
- Mr Anthony Flynn** Elected to the Board 26 April 2014. Re-elected 6 May 2017. Vice-President from 6 May 2017 to 23 May 2020. Registered Nurse. General Manager, Programs and Information Services, Asthma Foundation Queensland and New South Wales. Resident of Australia. Attended four out of five Directors' meetings.
- Mr Emmanuel Lavieuville** Elected to the Board 25 May 2018. Resigned 5 October 2020. International Policy Division, Department of Home Affairs. Resident of Australia. Attended ten out of eleven Directors' meetings.
- Dr Chatu Yapa** Elected to the Board 25 May 2018. Resigned 5 October 2020. Public Health Medicine Registrar, National Centre for Epidemiology & Population Health, Australian National University. Resident of Australia. Attended nine out of eleven Directors' meetings.

COMPANY SECRETARY (JOINT)

Ms Jennifer Tierney, Executive Director of Médecins Sans Frontières Australia Limited ('MSF').

Ms Emma Sullivan Smith, Association Coordinator of Médecins Sans Frontières Australia Limited ('MSF').

SHORT-AND LONG-TERM OBJECTIVES AND STRATEGY

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

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

The Group's strategy for achieving these objectives includes:

- 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;
- Encourage the Australian and New Zealand public to financially engage with MSF Australia Limited with enthusiasm, conviction and commitment.
- Provide medico-operational input into MSF field operations with an emphasis on women's health, child health and sexual violence care and enhance MSF Australia Limited's role as a relevant MSF office with medical expertise in the MSF movement; and
- Communicate the organisation's medical humanitarian action to all identified audiences, advocate on behalf of people in crisis and contribute to improving the quality of medical and operational communication aims of the MSF movement;

Médecins Sans Frontières Australia Limited

Directors' Report (continued)

PRINCIPAL ACTIVITIES

The principal activities of the Group during the financial year to 31 December 2020 have been:

- Fundraising from the general public in order to finance the field operations of MSF.
- Liaison with institutions and individuals in Australia and internationally, with a view to obtaining funding or other operational support for field projects, and for coordination with other organisations involved in overseas humanitarian relief.
- Provision of medical expertise in women's health, child health and sexual violence care 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 spokespeople to journalists in the print and electronic media; publication of newsletters; participation in seminars; and guest lectureships at secondary schools and universities.

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 2020.

PERFORMANCE MEASURES

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

- Fundraising meets the needs of the movement to fund operations;
- Proportion of financial resource spend between social mission and administrative costs within an appropriate range;
- Australian and New Zealand recruitment and placement executed to meet resource needs identified within the MSF movement;
- Operational impact for Sydney Medical Unit expertise in women's health, child health and sexual violence care continues; and
- Field communications, awareness raising, and advocacy furthered through intervention of the Sydney communications department.

The performance against these key performance indicators is as follows:

- Private revenue in 2020 has increased by 13.4%;
- Financial resources allocated 76% social mission costs to 24% administration in 2020;
- 28 new recruits and 108 field placements made during 2020 in accordance with identified needs;
- In 2020, 46 projects in 39 countries received technical oversight, field support and training in women's health, child health, and sexual violence care; and

Médecins Sans Frontières Australia Limited

Directors' Report (continued)

- In 2020, the MSF Australia and NZ Communications team innovated to adapt to the COVID-19 crisis. We moved all our events to online webinars, both for general audiences and those in support of Fundraising and Field HR objectives. We also strongly invested in COVID-19 communications to provide visibility on this crisis and MSF's work, as well on the Access Campaign's messaging on vaccine availability. We moved to a campaign-based approach to content through our digital channels, in coordination with media and publications. This streamlined approach helped us meet our objectives to reach new audiences, engage more with existing audiences and develop lead generation activities in coordination with fundraising. The first campaign for the year was the International Women's Day package on cervical cancer; a disease which is topical within Australia and has insufficient detection, prevention and care in the countries where MSF runs activities. We also developed communications materials on mental health, the treatment of refugees held under Australia's policies, and the deadly attack on Dasht-e-Barchi maternity hospital in Kabul, Afghanistan.

REVIEW OF OPERATIONS

The net operating surplus for the financial year to 31 December 2020 was \$1,531,943 (2019: operating deficit of \$7,383,281). Deficits can result from a timing difference across years, between inflow of fundraising funds and an outflow of funds to operational centres. The turnaround in 2020 was due to a better-than-expected inflow of fundraising funds and a decrease in the outflow of funds to operational centres, partly offset by increased expenses due to an adjustment to the entry level payments for field workers, backdated to 2014 to align with minimum wage requirements.

CHANGES IN STATE OF AFFAIRS

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

Médecins Sans Frontières Australia Limited continued the strategy of face-to-face fundraising whereby the organisation contracts a third party to approach members of the public, in public places, to recruit new 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 Limited continues to diversify its sources of funding and to increase regular field partner donations.

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

In total, during 2020, Médecins Sans Frontières Australia Limited committed \$43,598,653 (2019: \$44,502,301) of funds to the field to Médecins Sans Frontières France, and \$18,170,852 (2019: \$19,072,415) to Médecins Sans Frontières Switzerland.

In selecting the projects which Médecins Sans Frontières Australia Limited 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.

Médecins Sans Frontières Australia Limited

Directors' Report (continued)

DONATIONS IN KIND

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

The value of donations in kind received during the year to 31 December 2020 is \$248,917 (2019: \$341,143). This amount has been brought to account in the financial statements.

VOLUNTARY ASSISTANCE AND FIELD STAFF

In addition to donations in kind the Group 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 Group estimates that the total salaries forgone by field staff working within their professional capacity in Australia for the year ended 31 December 2020 to be approximately \$2,332,814 (2019: \$4,200,790).

The Group estimates that the total salaries forgone by field staff working within their professional capacity in Australia who undertook missions of less than three months to be approximately \$365,871 (2019: \$840,429).

Médecins Sans Frontières Australia Limited 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 \$17,966 (2019: \$139,361).

The Board of Directors (except for the President of the Board, who receives a partial salary) and Association also freely give their time to Médecins Sans Frontières Australia Limited. The estimated value of the time provided by the Board of Directors is approximately \$417,600 (2019: \$460,000).

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).

MONEY SPENT

The mission of Médecins Sans Frontières Australia Limited is to provide assistance to people in distress, to victims of natural or man-made disasters and victims of armed conflict and to increase awareness of the plight of these people. The international Médecins Sans Frontières movement as a whole, targets a social mission ratio whereby around 80% of expenditure is directly devoted to this social mission. In 2020 Médecins Sans Frontières Australia Limited spent \$77,693,278 to the social mission therefore representing 76% of total expenditure (2019: \$77,154,243). A number of factors impact the ratio and will continue to be ongoing factors:

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

Médecins Sans Frontières Australia Limited

Directors' Report (continued)

SUBSEQUENT EVENTS

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

FUTURE DEVELOPMENTS

It is likely that in future financial years, the Group will continue to provide operational, financial and human resource support to the 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 Limited is looking to further consolidate its presence into New Zealand and in partnership with regional Médecins Sans Frontières sections, expand its presence into new countries in South East Asia.

DIVIDENDS

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

INDEMNIFICATION OF OFFICERS

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

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

INDEMNIFICATION OF AUDITORS

To the extent permitted by law, the Group 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 29.

Médecins Sans Frontières Australia Limited

INDEPENDENCE DECLARATION

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

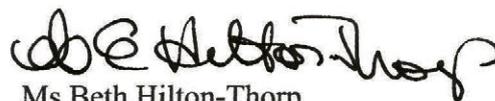
Signed in accordance with a resolution of the directors.

On behalf of the directors



Mr Dwin Tucker
Director

Sydney, 29 April 2021



Ms Beth Hilton-Thorp
Director

Sydney, 29 April 2021



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working world**

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

In relation to our audit of the financial report of Médecins Sans Frontières Australia Limited for the financial year ended 31 December 2020, and in accordance with the requirements of Subdivision 60-C of the *Australian Charities and Not-for profits Commission Act 2012*, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of any applicable code of professional conduct.

Ernst & Young

Anton Ivanyi
Partner
29 April 2021



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

Report on the Financial Report

Opinion

We have audited the financial report of Médecins Sans Frontières Australia Limited (the Company) and its subsidiaries (collectively the Group), which comprises the consolidated statement of financial position as at 31 December 2020, the consolidated statement of comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

- a) giving a true and fair view of the consolidated financial position of the Group as at 31 December 2020 and of its consolidated financial 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*.

Basis for Opinion

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

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

Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information is the directors' report accompanying the financial report.

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

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

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



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Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-Profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Group to express an opinion on the financial report. We are responsible for the direction, supervision and performance of the Group audit. We remain solely responsible for our audit opinion.



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

Report on the requirements of the *NSW Charitable Fundraising Act 1991* and the *NSW Charitable Fundraising Regulations 2015* 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 2015* and the *WA Charitable Collections Act (1946)* and the *WA Charitable Collections Regulations (1947)*.

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 Act(s) 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 the Company has been properly drawn up and associated records have been properly kept during the financial year ended 31 December 2019, 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 10(6) and 11 of the *NSW Charitable Fundraising Regulations 2015*;
 - 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 2020 has been properly accounted for and applied, in all material respects, in accordance with the above mentioned Act(s) and Regulations.

Ernst & Young

Anton Ivanyi
Partner
Sydney
29 April 2021

Médecins Sans Frontières Australia Limited

Directors' Declaration

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

- (a) the consolidated financial statements and notes of the Group are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
 - (i) giving a true and fair view of the Group's financial position as at 31 December 2020 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 Group will be able to pay its debts as and when they become due and payable.

Directors' Declaration under the NSW Charitable Fundraising Act 1991

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

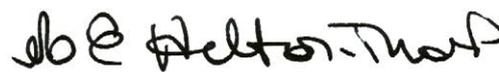
- (a) the Consolidated Statement of Comprehensive Income gives a true and fair view of all income and expenditure of the Group with respect to fundraising appeals;
- (b) the Consolidated Statement of Financial Position gives a true and fair view of the state of affairs of the Group with respect to fundraising appeals;
- (c) the provisions and regulations of the NSW Charitable Fundraising Act 1991 and the conditions attached to the authority to fundraise have been complied with by the Group; and
- (d) the internal controls exercised by the Group are appropriate and effective in accounting for all income received and applied by the Group from any of its fundraising appeals.

On behalf of the Board



Mr Dwin Tucker
Director

Sydney, 29 April 2021



Ms Beth Hilton-Thorp
Director

Sydney, 29 April 2021

Médecins Sans Frontières Australia

Consolidated Statement of Comprehensive Income for the Financial Year Ended 31 December 2020

	Note	2020	2019
		\$	\$
Revenue	4(a)	104,218,096	92,711,432
<i>Social mission costs</i>			
Field costs		(70,613,179)	(69,493,055)
Other project costs		(3,770,947)	(4,492,803)
Community education expenses		(3,309,151)	(3,168,385)
<i>Total social mission costs</i>		(77,693,277)	(77,154,243)
<i>Fundraising and Administration costs</i>			
Fundraising costs		(19,518,791)	(17,632,698)
Administration expenses		(5,474,084)	(5,307,772)
<i>Total fundraising and administration costs</i>		(24,992,875)	(22,940,470)
Surplus/(Deficit) before tax	4(b)	1,531,943	(7,383,281)
Income tax expense		-	-
Surplus/(Deficit) for the year from continuing operations		1,531,943	(7,383,281)
<i>Other comprehensive loss</i>		(27,990)	(16,480)
Total comprehensive surplus (deficit) for the year		1,503,953	(7,399,761)

Notes to the financial statements are included on pages 19 to 42

Médecins Sans Frontières Australia
Consolidated Statement of Financial Position
as at 31 December 2020

	Note	2020 \$	2019 \$
Current assets			
Cash and cash equivalents		15,284,763	11,263,060
Trade and other receivables	8	2,273,442	765,116
Other	9	408,888	305,068
Total current assets		17,967,093	12,333,244
Non-current assets			
Property, plant and equipment	7	252,343	266,018
Right-of use asset	12	613,169	1,021,949
Other	9	215,337	215,337
Total non-current assets		1,080,849	1,503,304
Total assets		19,047,942	13,836,549
Current liabilities			
Trade and other payables	10	5,724,102	1,916,898
Provisions	11	1,043,610	754,123
Lease Liability	12	458,707	398,801
Total current liabilities		7,226,419	3,069,822
Non-current liabilities			
Provisions	11	453,827	444,276
Lease Liability	12	203,901	662,609
Total non-current liabilities		657,728	1,106,886
Total liabilities		7,884,148	4,176,707
Net assets		11,163,794	9,659,841
Equity			
Reserves	14	(212,518)	(184,528)
Retained Surplus	13	11,376,312	9,844,369
Total equity		11,163,794	9,659,841

Notes to the financial statements are included on pages 19 to 42

Médecins Sans Frontières Australia

Consolidated Statement of Changes in Equity for the Financial Year Ended 31 December 2020

	Note	Foreign currency translation reserve \$	Retained Surplus \$	Total \$
Balance at 1 January 2019		(168,048)	17,227,650	17,059,602
Deficit for the year		-	(7,383,281)	(7,383,281)
Other comprehensive loss for the year		(16,480)	-	(16,480)
Total comprehensive loss for the year		(16,480)	(7,383,281)	(7,399,761)
Balance at 31 December 2019		(184,528)	9,844,369	9,659,841
Surplus for the year		-	1,531,943	1,531,943
Other comprehensive loss for the year		(27,990)	-	(27,990)
Total comprehensive surplus for the year		(27,990)	1,531,943	1,503,953
Balance at 31 December 2020	14	(212,518)	11,376,312	11,163,794

Notes to the financial statements are included on pages 19 to 42

Médecins Sans Frontières Australia

Consolidated Statement of Cash Flows for the Financial Year Ended 31 December 2020

	2020	2019
	\$	\$
Cash flows from operating activities		
Receipts from donors and supporters	97,067,230	85,929,133
Receipts for services recharged	5,736,765	6,926,127
Interest received	30,622	313,203
Payments for field costs	(59,871,004)	(64,345,192)
Payments to suppliers and employees	(38,761,751)	(35,230,382)
Net cash flow from/(used in) operating activities	4,201,861	(6,407,111)
Cash flows from investing activities		
Proceeds from/payment for plant and equipment	(180,159)	(117,432)
Proceeds from the disposal of plant and equipment	-	25,961
Net cash flow from/(used in) investing activities	(180,159)	(91,471)
Net increase/(decrease) in cash and cash equivalents	4,021,703	(6,498,582)
Cash and cash equivalents at the beginning of the financial year	11,263,060	17,761,641
Cash and cash equivalents at the end of the financial year	15,284,763	11,263,060

Notes to the financial statements are included on pages 19 to 42

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

1. GENERAL INFORMATION

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

Principal registered office and principal place of business:

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

Tel: (02) 8570 2600

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

The Financial statements were authorised for issue, in accordance with a resolution of directors, on 29 April 2021.

2. SIGNIFICANT ACCOUNTING POLICIES

Statement of Compliance

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

2.1. Basis of Preparation

The Financial Report is a general purpose financial report, which has been prepared in accordance with the requirements of the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards – 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.

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

Compliance with International Financial Reporting Standards (IFRS)

The Financial Report also complies with International Financial Reporting Standards (IFRS) as issued by the International Accounting Standards Board.

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2.2. Basis of Consolidation

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

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

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

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

- (i) The contractual arrangement(s) with the other vote holders of the investee
- (ii) Rights arising from other contractual arrangements
- (iii) The Group's voting rights and potential voting rights.

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

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

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

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2.3. Summary of Significant Accounting Policies

a) Cash and cash equivalents

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

b) Donations in kind and voluntary assistance

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

In addition to donations in kind, both office volunteers and field staff sent to the field donate their time to Médecins Sans Frontières Australia Limited. 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) Revenue from contracts with donors

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

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

d) Employee benefits

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

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

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

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

e) Fundraising expenses

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

f) Field costs

Field costs include expenses associated with remitting funds to our Operational Centres and the costs of deploying and paying our field staff.

g) Trade and other receivables

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

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

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

h) Goods and services tax

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

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

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

i) Income tax

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

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

j) Leases

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

Group as a lessee

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

i. Right-of-use assets

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

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

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

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

ii. Lease Liabilities

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

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

the lease commencement date because the interest rate implicit in the lease is not readily determinable. After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term (e.g. changes to future payments resulting from a change in an index or rate used to determine such lease payments) or a change in the assessment of an option to purchase the underlying asset.

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

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

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

k) Payables

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

l) Plant and equipment

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

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

Impairment

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

Derecognition and disposal

An item of plant and equipment is derecognised upon disposal, when the item is no longer used in the operations of the Group or when it has no sale value. Any gain or loss arising on derecognition of the

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in surplus or deficit in the year the asset is derecognised.

m) Provisions

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

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

n) Revenue recognition

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

i) Revenue from fundraising

Donations

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

Legacies & Bequests

Legacies & bequests are recognised when received.

ii) Investment income

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

iii) Asset sales

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

o) Foreign currencies

The Group's consolidated financial statements are presented in Australian dollars, which is also the parent company's functional currency. For each entity, the Group determines the functional currency and items included in the financial statements of each entity are measured using that functional currency. The Group uses the direct method of consolidation and on disposal of a foreign operation,

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

the gain or loss that is reclassified to surplus or deficit reflects the amount that arises from using this method.

i) Transactions and balances

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

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

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

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

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

ii) Group companies

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

2.4. Changes in accounting policies and disclosures

New and amended standards and interpretations

Several amendments and interpretations apply for the first time in 2020, but do not have an impact on the consolidated financial statements of the Group. The Group has not early adopted any standards, interpretations or amendments that have been issued but are not yet effective.

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

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

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

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

- i. Provisions for employee benefits – management judgement is applied in determining the future increase in wages and salaries, future cost rates and experience of employee departures and expected period of service. Refer to Note 11 for further details.
- ii. Make good provisions - Provisions for future costs to return certain leased premises to their original condition are based on the Group'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.

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

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

4. REVENUE

	2020	2019
	\$	\$
(a) Revenue		
Revenue from operations consisted of the following items:		
Fundraising revenue:		
Donations	97,067,230	85,568,062
Interest revenue:		
Bank deposits	30,622	313,203
Other revenue:		
Recharge for services to Médecins Sans Frontières International entities	6,703,689	6,435,032
Other income	167,638	53,991
Non-monetary income (donations-in-kind)	248,917	341,143
Total Revenue	104,218,096	92,711,431

(b) Surplus/(Deficit) before income tax

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

Net gain from sale of plant and equipment	-	8,439
Net gain/(loss) from foreign exchange rate movement	40,571	6,473
Funds to the field to Médecins Sans Frontières		
International entities	70,613,179	69,493,055
Depreciation of non-current assets	572,368	635,332
Employee benefits, including superannuation benefits	15,297,862	12,904,222
Payments to superannuation funds	1,159,599	1,027,166

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

5. KEY MANAGEMENT PERSONNEL REMUNERATION

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

- Dr Stewart Condon (President non-executive), Resigned 23 May 2020
- Mr Dwin Tucker (President, non-executive), from 23 May 2020
- Ms Beth Hilton-Thorp (Treasurer, non-executive) from 23 May 2020
- Ms Alice Cameron (non-executive), Elected 22 May 2020
- Mr Anthony Flynn (non-executive) Resigned 23 May 2020
- Dr Chatu Yapa (non-executive), Resigned 5 October 2020
- Mr Emmanuel Lavieuville (non-executive), Resigned 5 October 2020
- Dr Meguerditch Tarazian (non-executive)
- Dr Jacqueline Hewitt (non-executive)
- Ms Patricia Schwerdtle (non-executive)
- Ms Kerry Atkins (non-executive)
- Ms Bethany Lansom (non-executive), Elected 22 May 2020
- Dr Vin Massaro (non-executive), Appointed 16 October 2020
- Ms Carol Nagy (non-executive), Appointed 16 October 2020
- Dr Mohammad-Ali Trad (non-executive), Appointed 16 October 2020
- Ms Jennifer Tierney (Executive Director and Company Secretary)
- Mr Warrick Saunders (Head of Fundraising)
- Dr Claire Fotheringham (Head of Medical Unit)
- Mr Robin Sands (Head of Field Human Resources)
- Ms Melanie Triffitt (Head of Finance & Administration) Parental leave from 28 September 2020
- Ms Agathi Kissouri (Head of Finance & Administration), from 17 September 2020
- Ms Shereena-Lee Van De Berkt (Head of Domestic Human Resources)
- Mr Jean-Christophe Nougaret (Head of Communications)

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

	2020	2019
	\$	\$
Key Management Remunerations (excluding the Board President)	1,164,968	1,378,618
President of the Board Remuneration	74,273	68,808

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

6 REMUNERATION OF AUDITORS

The auditor of the Group is Ernst & Young Australia .

	2020	2019
	\$	\$
Amounts received or due and receivable by Ernst & Young Australia for:		
Audit of the financial report	81,725	77,499
Other Services	17,175	3,833
	<u>98,900</u>	<u>81,332</u>

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

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 2019	517,683	1,127,836	537,930	2,183,449
Additions	86,121	29,889	1,422	117,432
Disposals	(25,961)	-	-	(25,961)
Balance at 1 January 2020	577,843	1,157,725	539,352	2,274,920
Additions	143,749	-	-	143,749
Disposals	(6,162)	-	-	(6,162)
Balance at 31 December 2020	715,430	1,157,725	539,352	2,412,506
Accumulated depreciation and impairment				
Balance at 1 January 2019	408,414	945,270	452,103	1,805,787
Depreciation expense	89,276	66,042	72,650	227,968
Disposals	(24,853)	-	-	(24,853)
Balance at 1 January 2020	472,837	1,011,312	524,753	2,008,903
Depreciation expense	81,335	61,486	14,601	157,422
Disposals	(6,162)	-	-	(6,162)
Balance at 31 December 2020	548,010	1,072,798	539,354	2,160,164
Net book value				
As at 31 December 2019	105,006	146,413	14,599	266,018
As at 31 December 2020	167,419	84,927	-2	252,343

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

8. TRADE AND OTHER RECEIVABLES	2020	2019
	\$	\$
<i>Current</i>		
Amounts due from Médecins Sans Frontières		
International entities	1,944,447	533,786
Goods and services tax (GST) recoverable	328,995	231,331
	<u>2,273,442</u>	<u>765,116</u>
9. OTHER ASSETS	2020	2019
	\$	\$
<i>Current</i>		
Prepayments	420,536	289,531
Inventories	4,139	4,139
Other	(15,787)	11,398
	<u>408,888</u>	<u>305,068</u>
	2020	2019
	\$	\$
<i>Non-Current Asset</i>		
Rental bond	<u>215,337</u>	<u>215,337</u>
10. TRADE AND OTHER PAYABLES	2020	2019
	\$	\$
<i>Current</i>		
Trade payables	1,874,828	1,219,438
Grants payable	2,606,248	-
Accruals	1,243,027	697,460
	<u>5,724,103</u>	<u>1,916,898</u>

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

	2020	2019
	\$	\$
11. PROVISIONS		
<i>Current</i>		
Employee benefits	1,043,610	754,123
<i>Non-Current</i>		
Employee benefits	173,827	164,276
Make good provision	280,000	280,000
	453,827	444,276
	Employee	Make Good
	benefits	Provision
	\$	\$
Balance at 1 January 2020	918,399	280,000
Movement	299,038	-
Balance at 31 December 2020	1,217,437	280,000

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

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

12. LEASES

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

	2020	2019
	\$	\$
Office Building	1,021,949	1,430,729
Depreciation expenses	<u>408,780</u>	<u>408,780</u>
Balance	<u><u>613,169</u></u>	<u><u>1,021,949</u></u>

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

Office Building	1,061,410	1,430,729
Accretion of interest	46,388	66,487
Payments	<u>(445,189)</u>	<u>(435,806)</u>
Balance	<u><u>662,608</u></u>	<u><u>1,061,410</u></u>
Current	458,707	398,801
Non-Current	203,901	662,609

The following are the amounts recognised in surplus or deficit:

Depreciation expense of right-of-use assets	408,780	408,780
Interest expense on lease liabilities	46,388	66,487
Expense relating to leases of low-value assets (included in administration expenses)	<u>31,056</u>	<u>33,116</u>
Total amount recognised in surplus or deficit	<u><u>486,224</u></u>	<u><u>508,383</u></u>

The Group had total cash outflow for leases of \$476,244 in 2020 (2019: \$468,922). The Group had nil non-cash additions to right-of-use assets and lease liabilities in 2020.

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

13. RETAINED SURPLUS	2020	2019
	\$	\$
Balance at the beginning of the financial year	9,844,369	17,227,650
Net surplus/deficit	1,531,943	(7,383,281)
Balance at end of financial year	11,376,312	9,844,369

14. RESERVES	Foreign Currency Translation Reserve	
	2020	2019
	\$	\$
Opening balance	(184,528)	(168,048)
Foreign exchange translation differences	(27,990)	(16,480)
Closing balance	(212,518)	(184,528)

Foreign currency translation reserve

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

15. MEMBERS GUARANTEE

The company is a company limited by guarantee. If the company is wound up, the Constitution state that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 31 December 2020, the number of members was 302 (2019: 310).

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

16. RELATED PARTY DISCLOSURES

Group Information

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

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

The board of Medecins Sans Frontieres Australia Limited approved the reimbursement of the following business expenses incurred by the directors of the company in the course of their duties as a Director during the year.

	<u>\$</u>
Anthony Flynn	457
Beth Hilton-Thorp	3,673
Chaturangi Yapa	577
Emmanuel Lavieuville	343
Stewart Condon	1,443
Jacqueline Hewitt	386
Dwin Tucker	2,072

17. SUBSEQUENT EVENTS

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

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

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

	2020	2019
	\$	\$
Current assets	16,696,665	11,272,805
Total assets	28,837,051	19,354,699
Current liabilities	6,804,428	2,475,504
Total liabilities	7,920,864	3,981,191
Retained surplus	20,916,187	15,373,509
Surplus/(Deficit) of the Parent entity	1,065,935	(8,449,878)
Total comprehensive income/(loss) of the Parent entity	1,065,935	(8,449,878)

The Parent had no material contingent liabilities as at 31 December 2020

The Company had no commitments as at 31 December 2020

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

19. DETAILED INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2020 (THE PARENT)

The following disclosure in notes 19 to 24 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.

	2020	2019
	\$	\$
Revenue:		
Donations and gifts		
Monetary	77,259,729	75,282,193
Non-monetary (in-kind)	248,917	326,834
Legacies and bequests	16,034,993	7,905,027
Investment income	30,622	294,916
Other income	6,871,309	6,815,691
Total revenue	100,445,570	90,624,661
Expenses:		
International Aid and Development Programs Expenditure		
International programs		
Funds to international programs	68,072,506	67,903,366
Program support costs	3,573,204	4,128,318
Community education	3,056,022	2,971,551
<i>Fundraising costs</i>		
Public	15,097,128	14,930,733
Accountability and administration	4,852,839	5,033,220
Non-monetary expenditure (in kind)	248,917	326,834
Total International Aid and Development Programs Expenditure	94,900,616	95,294,022
Impairment in investment of MSF New Zealand	4,479,019	3,780,517
Excess/(shortfall) of revenue over expenses	1,065,935	(8,449,878)

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

20. DETAILED CONSOLIDATED BALANCE SHEET FOR THE YEAR ENDED 31 DECEMBER 2020

	2020	2019
	\$	\$
Assets		
Current assets		
Cash and cash equivalents	15,284,763	11,263,060
Trade and other receivables	2,273,441	765,116
Inventories	4,139	4,139
Other financial assets	420,536	289,531
Other receivables	(15,787)	11,398
Total Current Assets	17,967,093	12,333,244
Non Current Assets		
Other financial assets	215,337	215,337
Property, plant and equipment	252,343	266,018
Right of Use Asset	613,169	1,021,949
Total Non Current Assets	1,080,849	1,503,304
Total Assets	19,047,942	13,836,549
Liabilities		
Current liabilities		
Trade and other payables	1,874,828	1,219,438
Grants Payable	2,606,248	-
Accruals	1,243,027	697,460
Provisions	1,043,610	754,123
Total Current Liabilities	6,767,713	2,671,021
Non current liabilities		
Lease Liabilities	662,609	1,061,411
Provisions	453,827	444,276
Total Non Current Liabilities	1,116,436	1,505,687
Total Liabilities	7,884,149	4,176,708
Net Assets	11,163,794	9,659,840
Equity		
Reserves	(212,518)	(184,528)
Retained Surplus	11,376,312	9,844,369
Total Equity	11,163,794	9,659,841

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

21. DETAILS OF FUNDRAISING APPEALS	2020	2019
	\$	\$
Details of aggregate gross income and total expenses of fundraising appeals (i):		
Newspaper, magazine advertisements & inserts	223,357	124,895
Acquisition	633,858	1,735,664
Bequest	16,036,653	7,905,027
Newsletters/appeals	16,089,715	13,372,966
Other general campaign	1,201,643	1,111,376
Events	197,534	368,542
Field partners	44,915,011	46,631,548
Online	8,045,445	6,604,692
New Zealand	3,759,912	2,380,842
Unsolicited income	1,058,003	768,265
Telemarketing	4,906,098	4,564,245
	<u>97,067,229</u>	<u>85,568,062</u>
Less: total direct costs of fund raising appeals		
Newspaper, magazine advertisement & inserts	129,859	120,398
Acquisitions	1,697,063	624,998
Bequest	79,574	74,653
Newsletters/appeals	2,047,390	1,666,092
Other general campaigns	1,519,372	790,357
Events	7,868	43,803
Field Partners	8,520,412	8,747,274
Online	992,102	718,713
Telemarketing	1,569,033	2,001,816
	<u>16,562,673</u>	<u>14,788,104</u>
Net surplus obtained from fundraising appeals	<u><u>80,504,556</u></u>	<u><u>70,779,958</u></u>

- (i) The Charitable Fundraising Act 1991 defines income from fundraising appeals as excluding bequest and unsolicited donations. The total income shown above includes both bequests and unsolicited donations, shown as separate items. Income excluding these amounts was \$79,972,573 (2019: \$76,894,770). Net surplus excluding these amounts was \$63,409,900 (2019: \$62,106,666).

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

Médecins Sans Frontières Australia Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

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

	2020	2019
	\$	\$
Net surplus obtained from fundraising appeals (i)	80,504,556	70,779,958
This was applied to the charitable purposes in the following manner:		
Funds to overseas projects	(70,817,844)	(69,805,294)
Administration expenses (i)	(5,723,000)	(5,648,915)
Balance/(deficit) applied to operational support at Médecins Sans Frontières Australia	3,963,712	(4,674,251)
Funds to overseas projects were expended by the following parties on behalf of Médecins Sans Frontières Australia Limited:		
Médecins Sans Frontières International	736,835	759,208
Médecins Sans Frontières Academy	10,000	-
Médecins Sans Frontières Switzerland	18,170,852	19,072,415
Médecins Sans Frontières France	43,598,653	44,502,301
Total funds expended	62,516,340	64,333,924
Field staff costs	8,103,760	5,147,863
Emergency response costs	197,744	323,508
Total funds to overseas projects	70,817,844	69,805,295

- (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 Limited

Notes to the Consolidated Financial Statements for the Financial Year ended 31 December 2020

23. COMPARISONS OF CERTAIN MONETARY FIGURES & PERCENTAGES

Gross comparisons including fundraising not covered by the Charitable Fundraising Act

	2020	2019	2020	2019
	\$	\$	%	%
Total cost of fundraising/ Gross income from fundraising	19,518,791	17,632,698	20%	21%
	97,067,230	85,568,062		
Net surplus from fundraising/ Gross income from fundraising	77,548,439	67,935,364	80%	79%
	97,067,230	85,568,062		
Total cost of services/ Total expenditure (excluding costs of fundraising)	77,693,278	77,154,243	93%	94%
	83,167,362	82,462,015		
Total cost of services/ Total income received (net of fundraising costs)	77,693,278	77,154,243	92%	103%
	84,699,305	75,078,734		

Gross comparisons including fundraising covered by the Charitable Fundraising Act

Cost of fundraising appeals/ Gross income from fundraising appeals	19,518,791	17,632,698	24%	23%
	79,972,574	76,894,770		
Net surplus from fundraising appeals/ Gross income from fundraising appeals	69,279,637	61,205,777	87%	80%
	79,972,574	76,894,770		

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

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







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