

Médecins Sans Frontières Australia

# ANNUAL ACTIVITY IMPACT REPORT 2019



**MEDECINS SANS FRONTIERES**  
**DOCTORS WITHOUT BORDERS**



A Médecins Sans Frontières health promoter runs an awareness session with female patients in Maroua regional hospital, in Cameroon's Far North. © Pierre-Yves Bernard/MSF

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# OUR CHARTER

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**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 demands 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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# MESSAGE FROM THE PRESIDENT



## Dr Stewart Condon

President  
Médecins Sans Frontières Australia  
July 2014 - May 2020  
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## Jennifer Tierney

Executive Director  
Médecins Sans Frontières Australia  
Médecins Sans Frontières New Zealand  
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### Right now, the world is facing some of the biggest challenges of our time.

The COVID-19 pandemic continues to have a catastrophic impact on communities, exacerbating the inequalities in access to healthcare that many face; and recent heightened reflections on race have brought inequity and disproportionate suffering into sharper focus. Just two months ago, Médecins Sans Frontières was stunned as 16 of our patients, 2 children and our midwife were killed in a barbaric attack on our maternity hospital in Kabul, Afghanistan.

As we look back on 2019, it's clear that outbreaks, attacks on humanitarian staff, patients and medical facilities and unequal access to health care are not new. With your support, Médecins Sans Frontières teams have been working amongst these challenges and beside people in need for almost 50 years, and 2019 was no exception.

### Outbreaks, attacks on medical aid and access to care

Alongside COVID-19, we know that other infectious diseases continue to kill millions of people every year. From Ebola

to malaria, these outbreaks – like the new coronavirus – put vulnerable people at higher risk. They are often people living with poverty, conflict or displacement, in cramped and unhygienic conditions, and in areas where quality healthcare is hard to access and vaccination coverage is low.

In 2019 in Yemen, people faced a fifth year of war and enormous barriers to healthcare including frequent attacks on health facilities, staff and patients. Médecins Sans Frontières was able to continue lifesaving surgical care despite attacks on two of our hospitals. Outbreaks of infectious diseases continued to spread easily in a country with poor sanitation, little clean water and a shortage of vaccines. Our teams scaled up our activities in response to cholera and measles outbreaks, quickly opening new facilities to treat patients.

In Niger, our teams supported local health workers across the whole year to carry out nutritional screening of children under the age of five and provide them with general healthcare. This was essential to prepare for the malnutrition and malaria peaks, which occur annually between July and October in parallel with the hunger gap and rainy season. During the peak months, your donations enabled Médecins Sans



A nurse provides care for a child suffering from measles at a health post in a camp for internally displaced people in Bunia, Democratic Republic of Congo. © Pablo Garrigos/MSF

# AND EXECUTIVE DIRECTOR

Frontières to provide emergency medical care for an influx of child patients, many of whom arrived at our health facilities in a critical condition.

In the Democratic Republic of Congo (DRC), people continued to endure the second largest Ebola epidemic on record, as well as the largest measles outbreak in the world. By the end of 2019, approximately 3,300 people had been confirmed to have the Ebola virus and 2,200 had died from it, while more than 6,000 people, mostly children, had died from measles.

In a context of increased violence against Ebola responders in DRC, including attacks on our health facilities, Médecins Sans Frontières worked to provide people with Ebola with medical care and new vaccines, support access to general healthcare, and crucially, adapt our activities to better involve communities in the response, as well as address their full medical and humanitarian needs outside of Ebola. This included fighting measles: running mass vaccination campaigns, supporting local surveillance activities and providing treatment for sick people.

## Our invaluable field workers

We couldn't achieve any of this work without our field staff. In 2019, our Field Human Resources department supported Australian and New Zealand professionals to provide lifesaving medical and technical assistance in 43 countries, filling 176 field positions in total. We sought to better support their professional development and personal growth, both on assignment and beyond, consulting our field staff to inform how we can assist their transition into life and work back home after each field assignment. Many of our field workers return to Médecins Sans Frontières projects year after year, and this support aims to strengthen the medical humanitarian aid they can provide, as well as contribute to their domestic careers.

Médecins Sans Frontières also continues to rely heavily on local field staff in the countries where we work. In 2019, 37,670 locally-hired staff worked in our projects around the world. The commitment and passion of all our field workers is

invaluable and inspires us all to do better for our patients.

## Our work continues tomorrow

The needs of our patients and the contexts in which we work are constantly shifting, and we must be able to adapt. As an organisation that works with vulnerable communities, we are witnessing firsthand how environmental factors can worsen humanitarian crises. The climate emergency is a key element of Médecins Sans Frontières Australia's strategic vision for the coming years and a focus for innovation within the organisation.

In 2020 we will have to adapt endlessly to effectively respond to COVID-19, and we look forward to sharing with you our response and our learning from that experience.

More than ever, we are grateful for the steadfast generosity and trust of our supporters. We hope this report provides a snapshot of what we have been able to achieve in 2019, together on behalf of our patients. It is difficult to measure the full impact of your support, and you can be assured people like you make a massive difference in so many lives. In 2020 and beyond, we will continue to provide medical care to the most threatened, the most vulnerable and the most in need of our care.

### Dr Stewart Condon

President

Médecins Sans Frontières Australia

### Jennifer Tierney

Executive Director

Médecins Sans Frontières Australia

Médecins Sans Frontières New Zealand

## FAREWELL FROM DR STEWART CONDON

In May 2020, I came to the end of six years as President of Médecins Sans Frontières Australia. It's been an immense privilege to lead the Board and Association of MSF Australia, and I appreciate your support now more than ever. It is only through having the support and trust of donors like you that we can remain an independent medical humanitarian organisation, and work towards achieving our social mission for our patients.

In my time, we've been able to encourage Médecins Sans Frontières to open a tuberculosis project in Papua New Guinea, a country with one of the highest rates of tuberculosis in the world. We were the only independent organisation working on Nauru within the damaging offshore processing policy for people seeking asylum in Australia. Our 2018 report *Indefinite Despair*, which detailed our medical data showing extreme mental health suffering among our patients on Nauru, remains just as relevant now for those still held offshore and onshore.



Dr Stewart Condon with a tuberculosis patient in Papua New Guinea, 2017. © Elliott Fox/MSF

Throughout this time, we've been able to push ourselves to ensure good governance at all levels. I'm proud of our achievements and our part in the wider Médecins Sans Frontières movement. I wish the best to Dwin Tucker, incoming President, and the Board for their ongoing work. Medical humanitarian aid is still needed in so many countries around the world, and so our work continues.



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

**In 2019, the Médecins Sans Frontières Australia Medical Unit remained committed to supporting meaningful healthcare for our patients.**

Across women's health, paediatric and newborn care and sexual violence care, we worked with our medical teams to examine obstacles to care and provide quality services that truly respect patients. A few highlights are covered below.

## Quality healthcare for women

Médecins Sans Frontières often refers to patients being at the core of our work, and in 2019 we increasingly reflected this in the care we provided for women in our projects. We sought to strengthen the patient-centred nature of our services with a focus on respectful maternity care and patient autonomy, further supporting women to make decisions about their own healthcare. We worked towards initiatives like surveying women about how care was provided to them in our facilities, and providing women with the option of self-injectable contraceptives.

## Safe abortion care

Unsafe abortion remains one of the top five direct causes of maternal mortality worldwide. Safe abortion care – which includes termination of pregnancy, post-abortion care and contraception – prevents maternal deaths and suffering and has been part of Médecins Sans Frontières' policy since 2004, however, it took the establishment of a taskforce in 2016 to see real improvements in women's access to this care in our projects. We've seen dramatic increases in access since then, but internal and external barriers to this care still exist. As part of International Women's Day in 2019, Médecins Sans Frontières Australia's Medical Unit and Communications department collaborated to communicate openly within and outside of Médecins Sans Frontières about these obstacles and the lifesaving necessity of this care.

In 2019, the Medical Unit supported projects to implement and improve access to safe abortion care and saw increasing numbers of women accessing it. We were instrumental in helping new projects provide safe abortion care shortly after their doors first opened. We ran 'evaluating values and attitudes' (EVA) workshops with our staff, including here in Sydney, to examine beliefs around this care. We also initiated a study to document medical complications from unsafe abortion in the places we work.

## Sexual violence care

While our standalone sexual violence projects continued to provide assistance for the majority of patients requiring sexual violence care in 2019, we achieved improved integration of this care into general healthcare activities. In the Democratic Republic of Congo, we responded to increasingly evident needs by expanding sexual violence care into multiple projects. We also supported better mental healthcare for survivors in all projects. However, stigma and barriers to care mean sexual violence remains a hidden problem. We've just completed research on access to sexual violence care in the highly successful Mathare project in Kenya, to better inform how we provide this service there and in other regions.

## Recognising nursing care

The quality of our healthcare rests on the shoulders of our nurses and midwives. They are often the first point of care in communities, a constant presence across many stages of patients' treatment, and play an invaluable role in delivering personalised care and continuity of care. They are also the largest group of professionals employed by Médecins Sans Frontières. This is reflected in our own Medical Unit, where half of our team are nurses and midwives.



A newborn receiving treatment in Médecins Sans Frontières' Dasht-e-Barchi maternity hospital, Kabul, Afghanistan. © Kate Stegeman/MSF

The Medical Unit supported quality nursing care in 2019 with the introduction of two new tools for newborn and paediatric health: the Neonatal Nursing Care Handbook, piloted in at Peshawar Women's Hospital, Pakistan – where we supported 6,635 deliveries and admitted 745 newborns for care in 2019 – and the Injectable Medication Administration Handbook, piloted in South Sudan. We look forward to seeing the direct impact these tools will have for patients.

### **Palliative care for children and newborns**

As Médecins Sans Frontières becomes more involved in health services for cancer patients, there is increasing awareness of palliative care, or 'comfort care'. Yet there have always been high needs for comfort care in our work, especially for severely sick children and newborns. Our paediatric team has been working to ensure that all patients' comfort is important and valued.

Comfort care remains a difficult subject to talk about and can be a challenge to provide due to complex cultural and religious attitudes around end of life. It also requires healthcare workers to make difficult decisions. At Médecins Sans Frontières' annual Scientific Days conference in 2019 we presented the

collaborative work of our teams in Dasht-e-Barchi maternity hospital, Afghanistan, to facilitate comfort care for newborns. The team's approach rested on improving the understanding of staff and allowing parents, families and staff time to adapt to and accept the provision of comfort care. In 2020, we plan to develop a palliative care framework, trainings and EVA workshops to help field teams identify needs for palliative care and initiate the conversations necessary to achieve it.

### **2020 and beyond**

In 2019 we farewelled Dr Myrto Schaefer as Head of the Medical Unit. Myrto established the Medical Unit in 2005, and in her time with Médecins Sans Frontières made an incredible contribution to the health of the communities we seek to assist. Since taking on the role after returning from parental leave in 2020, I have been honoured to work alongside Margaret Bell, Laura Latina, Melissa Hozjan and Nikola Morton (in Sydney), Anja Gao, Inma Carreras and Justina Aguerre (in Paris, Dakar and Barcelona respectively), and we welcome Roopan Gill (Toronto) to continue the Medical Unit's support for sustainable improvements in patient care.

In 2020, we are facing exceptional challenges as COVID-19 affects communities and has devastating impacts on other essential health services. But in the International Year of the Nurse and Midwife, we remain committed to standing alongside patients and improving the quality of the care we provide them.

Finally, on a personal note, I would like to acknowledge the incredible team in Dasht-e-Barchi hospital who welcomed me on a visit in 2019 and with whom the Medical Unit has worked closely for many years to provide care for women and newborns in Kabul, Afghanistan. We have the greatest admiration for their commitment to providing the highest quality care; they have been a true joy to work with. Our hearts are broken from the events of 12 May 2020. We mourn the women, the unborn babies and our midwife Maryam who were killed in the attack, the devastating impact on colleagues who were injured or experienced the event, and what the withdrawal of our services will mean for women and babies in Dasht-e-Barchi.

**Dr Claire Fotheringham**  
Head of Medical Unit  
Médecins Sans Frontières Australia

# AUSTRALIAN AND NEW ZEALAND FIELD STAFF IN 2019

Field workers from Australia and New Zealand filled 176 field roles in 2019, contributing to an international workforce of more than 45,000 people.

## AFGHANISTAN

**Jeanne Vidal**  
*Mission Technical Referent*

**Vivegan Jayaretnam**  
*Base Responsible*

**Allen Murphy**  
*Project Coordinator*

**Jeffrey Fischer**  
*Construction Manager*

**Prue Coakley**  
*Head of Mission*

**Diana Wellby**  
*Obstetrician Gynaecologist*

**Nicholas Watt**  
*Logistics Manager*

**Carol Nagy**  
*Project Coordinator,  
Medical Coordinator*

**Freya Hogarth**  
*Nursing Team Supervisor*

**Jenny Yang**  
*Obstetrician Gynaecologist*

**Ben Shearman**  
*Logistics Manager*

**Jessica Vanderwal**  
*Nursing Activity Manager*

**Kimberly Morris**  
*Nursing Team Supervisor*

**John Cooper**  
*Logistics Team Leader*

**Nicholas Evans**  
*Mission Specialised Activity  
Manager*

## BANGLADESH

**Kerrie-Lee Robertson**  
*Human Resources Coordinator*

**Megan Graham**  
*Finance Coordinator*

**Susie Broughton**  
*Medical Activity Manager*

**Toby Gwynne**  
*Nursing Activity Manager*

**Rodolphe Brauner**  
*Logistics Manager*

**Megan Graham**  
*Finance and Human  
Resources Coordinator*

**Geraldine Dyer**  
*Mental Health Activity Manager*

**Shelley Harris-Studdart**  
*Midwife Activity Manager*

**Sumitra Mahendran**  
*Deputy Human Resources  
Coordinator*

## BURUNDI

**Michael Ward**  
*Anaesthetist*

## CAMBODIA

**Daniel O'Keefe**  
*Data Analyst Activity Manager*

**Jennifer Craig**  
*Project Coordinator*

**Andrew Dimitri**  
*Project Medical Referent*

## CAMEROON

**Tim McCulloch**  
*Anaesthetist*

**Matthew Gosney**  
*Project Finance/Human  
Resources Manager*

**Judith Forbes**  
*Anaesthetist*

## CENTRAL AFRICAN REPUBLIC

**Stephanie Sarta**  
*Logistics Team Leader*

**Shella Hall**  
*Deputy Project Coordinator*

**Patrick Brown**  
*Water Sanitation Manager*

**Lisa Searle**  
*Project Medical Referent*

## DEMOCRATIC REPUBLIC OF CONGO

**Patrick Brown**  
*Water Sanitation Manager*

**Paras Valeh**  
*Epidemiology Activity Manager*

**Saschveen Singh**  
*Medical Doctor*

**Alec Kelly**  
*Logistics Manager*

**Caterina Schneider-King**  
*Deputy Human Resources  
Coordinator*

**Heidi Woods Lehnen**  
*Nursing Activity Manager*

**James Ricciardone**  
*Specialised Medical Doctor*

**Brian Moller**  
*Head of Mission*

**Alec Kelly**  
*Logistics Manager*

**Fintan Thompson**  
*Epidemiology Activity Manager*

## DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

**Tara Douglas**  
*Medical Activity Manager*

**Robin Mendoza**  
*Laboratory Manager*

**Luke Morris**  
*Electricity Manager*

**Melissa Schulz**  
*Laboratory Manager*

**Eileen Goersdorf**  
*Nursing Activity Manager*

## EGYPT

**Alexandra Rodwell**  
*Mental Health Supervisor*

## ETHIOPIA

**Rodney Miller**  
*Project Coordinator*

**Matthew Gosney**  
*Project Finance/Human  
Resources Manager*

**Jairam Kamala Ramakrishnan**  
*Mental Health Activity Manager*

**Trudy Rosenwald**  
*Mental Health Activity Manager*

**Vivegan Jayaretnam**  
*Project Coordinator*

**Tanya Constantino**  
*Laboratory Manager*

## GEORGIA

**Vino Ramasamy**  
*Finance and Human Resources  
Coordinator*

## HAITI

**Thomas Schaefer**  
*Orthopaedic Surgeon*

## HONG KONG

**Malcolm Hugo**  
*Mental Health Activity Manager*

## INDIA

**Stobdan Kalon**  
*Deputy Head of Mission*

**Simon Janes**  
*Medical Coordinator*

## INDONESIA

**Evelyn Wilcox**  
*Project Coordinator*

## IRAN

**Faye Gorman**  
*Mental Health Activity Manager*

## IRAQ

**Katherine Franklin**  
*Paediatrician*

**Anna Jenkins**  
*Mental Health Activity Manager*

**Amelia Shanahan**  
*Midwife Supervisor*

**Kelly Banz**  
*Medical Activity Manager*

**Susan Bucknell**  
*Logistics Team Leader*

**Elisha Swift**  
*Midwife Activity Manager*

**Anna Haskovec**  
*Hospital Facilities Manager*

**Debra Hall**  
*Midwife Supervisor*

**Britta Walker**  
*Mental Health Activity Manager*

**Virginia Lee**  
*Mental Health Activity Manager*

**Kate Goulding**  
*Emergency Room Doctor*

**Alison Moebus**  
*Nursing Activity Manager*

**Ben Collard**  
*Deputy Head of Mission*

**Kirsten Bond**  
*Emergency Room Doctor*

**Kaitlin Daw**  
*Medical Activity Manager*

**Christine Manley**  
*Obstetrician Gynaecologist*

**Rose Wilson**  
*Nursing Activity Manager*

**Anna-Sofia Birgit Lehner**  
*Mental Health Activity Manager*

**Freya Hogarth**  
*Head Nurse*

**Shanna Morris**  
*Medical Doctor*

**Rachel Tullet**  
*Emergency Room Doctor*

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**JORDAN**

**Janthimala Price**  
*Project Coordinator*

**Devash Naidoo**  
*Psychologist*

**Shanti Raman**  
*Paediatrician*

**Karen Zwi**  
*Paediatrician*

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**KENYA**

**Rose Burns**  
*Project Qualitative  
Epidemiology Referent*

**Reinhard Hohl**  
*Construction Manager*

**Frederick Cutts**  
*Regional Technical Referent*

**Hazel Singh**  
*Personnel Development  
Manager*

**Lucy Butler**  
*Project Finance/Human  
Resources Manager*

**Rachel Lister**  
*Medical Activity Manager*

**Kerryn Whittaker**  
*Logistics Manager*

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**LEBANON**

**Rachel Robertson**  
*Medical Doctor*

**Andrew Dimitri**  
*Hospital Director*

**Tamalee Roberts**  
*Laboratory Manager*

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**LIBERIA**

**Michael Ward Jones**  
*Anaesthetist*

**Andrew Dimitri**  
*Project Medical Referent*

**Alison Moebus**  
*Nursing Activity Manager*

**Llewella Jane Butland**  
*Paediatrician*

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**LIBYA**

**Jai Defranciscis**  
*Nursing Activity Manager*

**Trudy Rosenwald**  
*Mental Health Activity Manager*

**Siry Ibrahim**  
*Project Coordinator*

**Lisa Trigger-Hay**  
*Project Medical Referent*

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**MALAWI**

**Simone Silberberg**  
*Mental Health Activity Manager*

**Lucinda Caffin**  
*Project Finance/Human  
Resources Manager*

**Nicholas Menner**  
*Electricity Manager*

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**MALAYSIA**

**Corrinne Kong**  
*Finance and Human Resources  
Coordinator*

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**MEDITERRANEAN SEA  
RESCUE**

**Shaun Cornelius**  
*Logistics Manager*

**Catherine Flanigan**  
*Nursing Activity Manager*

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**MOZAMBIQUE**

**Tambri Housen**  
*Epidemiology Activity Manager*

**John Cooper**  
*Logistics Team Leader*

**Anthea Fisher**  
*Logistics Manager*

**Kaheba Clement  
Honda**  
*Nursing Activity Manager*

**Robert Onus**  
*Head of Mission*

**Rachel Sun**  
*Project Pharmacy Manager*

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**MYANMAR**

**Hannah Rice**  
*Mission Specialised Activity  
Manager*

**Jennifer Duncombe**  
*Project Coordinator*

**Nastaran Rafiei**  
*Medical Activity Manager*

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**NIGERIA**

**Jessica Paterson**  
*Human Resources Coordinator*

**Cindy Gibb**  
*Project Medical Referent*

**David Whitehead**  
*Electricity Manager*

**Luke Morris**  
*Electricity Manager*

**Kerryn Whittaker**  
*Project Supply Chain Manager*

**Corinne Baker**  
*Project Coordinator*

**Shanti Hegde**  
*Obstetrician Gynaecologist*

**Malaika El Amrani**  
*Nursing Team Supervisor*

**Alexandra Rodwell**  
*Mental Health Activity Manager*

**Steven Purbrick**  
*Deputy Head of Mission*

**James Neeson**  
*Project Supply Chain Manager*

**Jeanne Vidal**  
*Deputy Coordinator In Charge  
of Logistics*

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**PAKISTAN**

**Sarah Dina**  
*Mental Health Activity Manager*

**Jenny Yang**  
*Obstetrician Gynaecologist*

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**PALESTINE**

**Brigid Brown**  
*Anaesthetist*

**Yvette Aiello**  
*Psychologist*

**Mauricia Anne Taylor**  
*Head of Mission*

**Helle Poulsen-  
Dobbys**  
*Project Coordinator*

**Aiesha Ali**  
*Pharmacy Coordinator*

**Jennifer Craig**  
*Project Coordinator*

**Kerrie-Lee Robertson**  
*Finance Coordinator*

**Adelene Hilbig**  
*Medical Activity Manager*

**Tien Thuy Dinh**  
*Project Pharmacy Manager*

**John Swinnen**  
*Surgeon*

**Herwig Drobetz**  
*Surgeon*

**Edith Torricke**  
*Nursing Activity Manager*

**Lisa Noonan**  
*Specialised Medical Doctor*

**Helle Poulsen-  
Dobbys**  
*Project Coordinator*

**Mauricia Anne Taylor**  
*Head of Mission*

**Terri Bidwell**  
*Orthopaedic Surgeon*

**Chloe Basford**  
*Nursing Team Supervisor*

**Judith Forbes**  
*Anaesthetist*

**Thomas Schaefer**  
*Orthopaedic Surgeon*

**Simone Silberberg**  
*Deputy Medical Coordinator*

**Damien Archbold**  
*Anaesthetist*

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**PHILIPPINES**

**Penny O'Connor**  
*Medical Coordinator*

**William Johnson**  
*Regional Technical Referent*

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**RUSSIAN FEDERATION**

**Evelyn Wilcox**  
*Project Coordinator*

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**SAMOA**

**Rodolphe Brauner**  
*Logistics Team Leader*

**Jordan Amor-Robertson**  
*Medical Activity Manager*

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**SIERRA LEONE**

**David Danby**  
*Electricity Manager*

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**SOUTH AFRICA**

**Ellen Kamara**  
*Project Coordinator*

**Janine Issa**  
*Midwife Activity Manager*

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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.

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# AUSTRALIAN AND NEW ZEALAND FIELD STAFF IN 2019

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## **SOUTH SUDAN**

**Stephanie Davies**  
*Human Resources Coordinator*

**Terry Coffey**  
*Project Supply Chain Manager*

**Neville Kelly**  
*Fleet Manager*

**Connie Chong**  
*Medical Activity Manager*

**Evan Tanner**  
*Technical Logistics Manager*

**Stefanie Pender**  
*Medical Doctor*

**Catherine Flanigan**  
*Nursing Activity Manager*

**Janet Coleman**  
*Midwife Activity Manager*

**Mitchell Kirk**  
*Administration*

**Angela Van Beek**  
*Midwife Activity Manager*

**Tanyth De Gooyer**  
*Epidemiology Activity Manager*

**Nicholas Coulter**  
*Nursing Team Supervisor*

**Stephanie Sarta**  
*Deputy Coordinator In Charge of Logistics*

**Anu Langdana**  
*Medical Activity Manager*

**Peter Saunders**  
*Medical Doctor*

**Rowan Pollock**  
*Project Pharmacy Manager*

**Matthew Gosney**  
*Project Human Resources Manager*

**Cushla Coffey**  
*Epidemiology Activity Manager*

**Renée Collisson**  
*Nurse Specialist Supervisor*

**Amanda Skene**  
*Midwife Activity Manager*

**Thomas Niccol**  
*Medical Doctor*

**Aiesha Ali**  
*Pharmacy Coordinator*

**Jairam Kamala Ramakrishnan**  
*Psychiatrist*

**Vino Ramasamy**  
*Human Resources Coordinator*

**Caterina Schneider-King**  
*Finance Coordinator*

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## **SUDAN**

**Debra Hall**  
*Midwife Activity Manager*

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## **SWITZERLAND**

**Ben Collard**  
*Head of Mission, Deputy Head of Mission*

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## **SYRIA**

**Caterina Schneider-King**  
*Finance and Human Resources Coordinator*

**Brian Moller**  
*Head of Mission*

**Tanya Coombes**  
*Project Finance/Human Resources Manager*

**Arunn Jegatheeswaran**  
*Project Coordinator*

**Mathew Zacharias**  
*Anaesthetist*

**Michael Hering**  
*Logistics Coordinator*

**Eric Boon**  
*Technical Logistics Manager*

**Aurelia Stapleton**  
*Medical Activity Manager*

**Catherine Flanigan**  
*Nursing Activity Manager*

**Georgina Woolveridge**  
*Medical Activity Manager*

**Sally Thomas**  
*Deputy Head of Mission*

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## **TAJIKISTAN**

**Amanda Patterson**  
*Flight Coordinator*

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## **TANZANIA**

**Peter Wigg**  
*Psychiatrist*

**Peter Clausen**  
*Head of Mission*

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## **UGANDA**

**Janthimala Price**  
*Project Coordinator*

**Heather Moody**  
*Logistics Manager*

**Emma Parker**  
*Project Coordinator*

**Kate Edmonds**  
*Medical Activity Manager*

**Gemma Arthurson**  
*Logistics Manager*

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## **UKRAINE**

**Amy Neilson**  
*Emergency Room Doctor*

**Jennifer Duncombe**  
*Project Coordinator*

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## **UZBEKISTAN**

**Yi Dan Lin**  
*Medical Doctor*

**Anna-Sofia Birgit Lehner**  
*Mental Health Activity Manager*

**Tasnim Hasan**  
*Medical Doctor*

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## **YEMEN**

**Annie Whybourne**  
*Medical Activity Manager*

**Janine Evans**  
*Nursing Activity Manager*

**Daniel Baschiera**  
*Logistics Manager*

**Eric Boon**  
*Logistics Manager*

**Eileen Goersdorf**  
*Head Nurse*

**Katja Boyd-Osmond**  
*Operating Theatre Nurse*

**Mohamad-Ali Trad**  
*Project Coordinator*

**Ivan Thompson**  
*Surgeon*

**Jonathan Stacey**  
*Anaesthetist*

**Jane Hancock**  
*Nursing Activity Manager*

**Georgina Woolveridge**  
*Emergency Room Doctor*

**Kyla Ulmer**  
*Project Coordinator*

**Mathew Zacharias**  
*Anaesthetist*

**Matthew Gosney**  
*Project Finance/Human Resources Manager*

**Angela Keating**  
*Project Finance/Human Resources Manager*

**Noni Winkler**  
*Project Medical Referent*

**Susan Bucknell**  
*Logistics Deputy Coordinator*

**Christopher Guy**  
*Anaesthetist*

**Janine Evans**  
*Medical Doctor*

**Jacqueline Parry**  
*Deputy Head of Mission*

**Helmut Schoengen**  
*Anaesthetist*

**Malcolm Hugo**  
*Mental Health Activity Manager*

**Anna Haskovec**  
*Logistics Manager*

**Shirley Charles**  
*Nursing Activity Manager*

**Alison Moebus**  
*Nursing Activity Manager*

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## **ZIMBABWE**

**Nicolette Jackson**  
*Operational Research Coordinator*

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## **VARIOUS/OTHER**

**Devash Naidoo**  
*Psychologist*

**Rose Stephens**  
*Nursing Activity Manager*

**Robert Onus**  
*Head of Mission*

**Louisa Cormack**  
*Project Coordinator*

**Kiera Sargeant**  
*Medical Coordinator*

**Sam Templeman**  
*Deputy Medical Coordinator*

**Melissa Werry**  
*Field Legal Support*

**Claire Manera**  
*Head of Mission*

**Sam Templeman**  
*Medical Coordinator*

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## **IN MEMORIAM**

In June 2020 we were deeply saddened by the passing of Renée Collisson, a neonatal nurse who had her first field placement with Médecins Sans Frontières in 2019, in Aweil, South Sudan. We remember her as a person with great humanity, sensitivity and generosity.



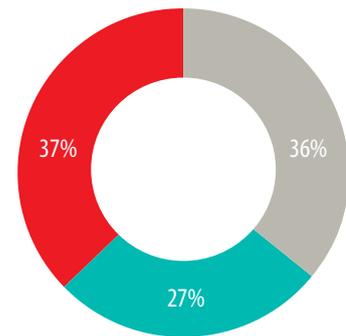
Australian emergency doctor Kate Goulding and colleagues assist a patient in an ambulance outside a hospital in Sinjar district, northwestern Iraq.  
© Gregory Kenzo Saito/MSF

# MEDECINS SANS FRONTIERES AUSTRALIA AND MEDECINS SANS FRONTIERES NEW ZEALAND HIGHLIGHTS 2019

## Field Human Resources

● Paramedical	37%
● Medical	36%
● Non-medical support staff	27%

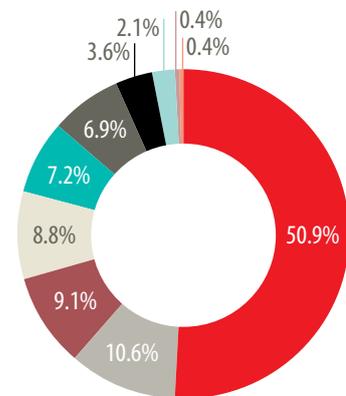
\*'Paramedical' includes all health professionals who are not doctors.  
In 2019, Australians and New Zealanders filled 176 field positions in 43 countries.



## Income

AUD

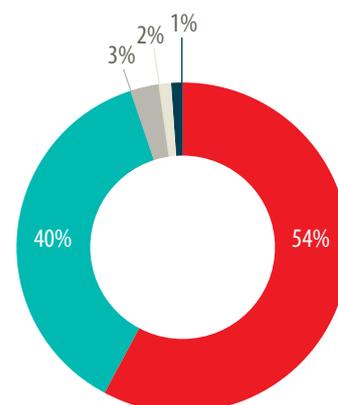
● Field Partners	50.9%	47,159,581
● General Appeals	10.6%	9,820,492
● Bequests	9.1%	8,446,128
● Major Donor Income	8.8%	8,138,084
● Online Donations	7.2%	6,717,417
● Income from other MSF sections	6.9%	6,435,032
● Trusts and Foundations	3.6%	3,311,376
● Other Fundraising Income	2.1%	1,977,517
● Investment & Other Income	0.4%	367,194
● Gifts in Kind	0.4%	341,143
	100%	92,713,964



The 2019 income of Médecins Sans Frontières Australia and Médecins Sans Frontières New Zealand totalled \$92.7 million. Of this, AU\$85.6 million was generated from fundraising activities. This is consistent with the 2018 level of fundraising income and represents continuing support from the Australian and New Zealand public. Approximately 108,718 Australians and New Zealanders participated in the field partner program in 2019, contributing on a monthly basis to Médecins Sans Frontières Australia and Médecins Sans Frontières New Zealand, and another 27,177 provided occasional gifts.

## Spending on our Social Mission

● Africa	54%
● Asia and the Middle East	40%
● Oceania	3%
● Americas	2%
● Europe	1%
Total	100%



Spending on our social mission was 76% of total expenditure, 3% below 2018 spending. Consistent with previous years, this was split between Operational Centre Paris and Operational Centre Geneva.

## Finance

AUD

	2019	2018
Donation Income	85.57	86.64
Other Income	7.14	6.98
Total Income	92.71	93.62
Social Mission Costs	77.15	77.98
Fundraising and Administration Costs	22.96	20.71
Total Costs	100.11	98.69
Surplus/(Deficit)	-7.4	-5.07
Cash Reserves	9.66	17.06
	<i>(\$m)</i>	<i>(\$m)</i>

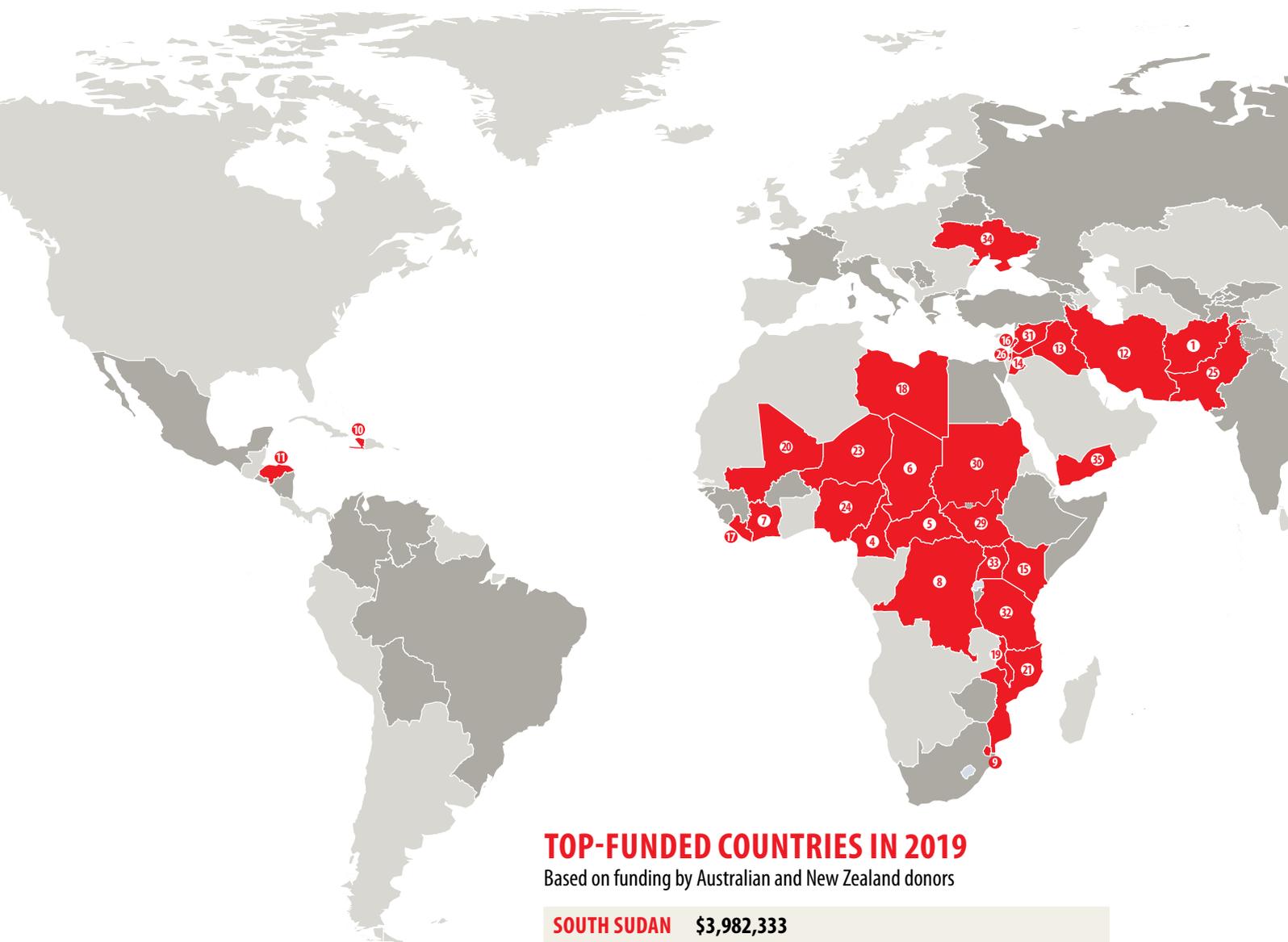
Our investment policy within Australia remained consistent with previous years. Short term deposits were used to maximise interest, minimise risk and ensure flexibility and accessibility of funds when required.

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 2019 was \$4,200,790 (compared with \$5,204,070 in 2018 and explained by a drop in field departures in 2019) and by office volunteers, \$139,361 (compared with \$138,673 in 2018). Additionally, the Board of Directors (except for the President who receives a partial salary) and Association members also freely give their time to Médecins Sans Frontières. The estimated value of the time provided by the Board and the Members in 2019 was approximately \$420,000 (compared with \$320,000 in 2018).

# PROJECTS FUNDED BY AUSTRALIAN AND NEW ZEALAND DONORS

In 2019, Médecins Sans Frontières ran medical humanitarian projects in 71 countries. Australian and New Zealand donors supported work in 35 of these countries.

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



## TOP-FUNDED COUNTRIES IN 2019

Based on funding by Australian and New Zealand donors

**SOUTH SUDAN** \$3,982,333

**YEMEN** \$3,970,996

**DEMOCRATIC REPUBLIC OF CONGO** \$3,700,000

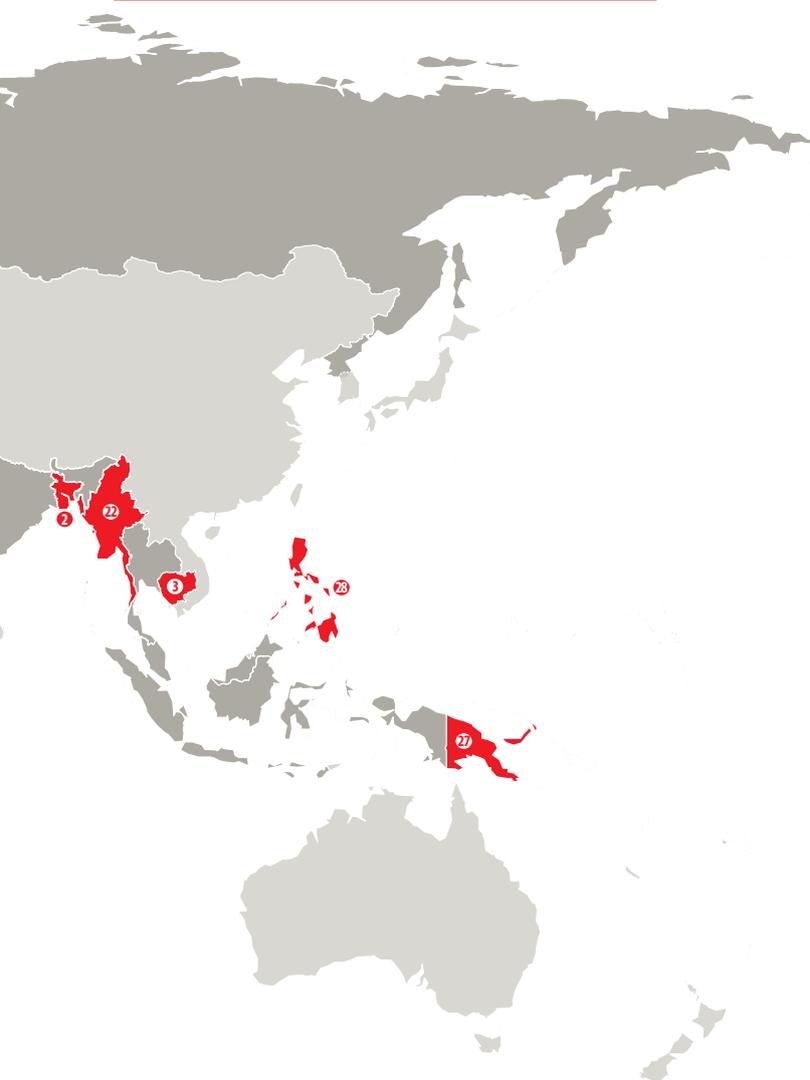
**KENYA** \$3,575,743

**JORDAN** \$3,500,000

■ Received MSFANZ Funding  
■ Received funding from other MSF Offices

*“We hope this report provides a snapshot of what we have been able to achieve in 2019, together on behalf of our patients.”*

– Dr Stewart Condon, President, and Jennifer Tierney, Executive Director



## STAFF NUMBERS IN 2019

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

<b>YEMEN</b>	<b>19</b>	<b>IRAQ</b>	<b>14</b>
<b>PALESTINE</b>	<b>18</b>	<b>AFGHANSITAN</b>	<b>12</b>
<b>SOUTH SUDAN</b>	<b>17</b>		

## FUNDING FROM AUSTRALIAN AND NEW ZEALAND DONORS

	Country	MSF Paris	MSF Geneva
1.	Afghanistan	1,500,000	
2.	Bangladesh	1,500,000	
3.	Cambodia	500,000	
4.	Cameroon		3,000,000
5.	Central African Republic	2,500,000	
6.	Chad	1,000,000	
7.	Côte D'Ivoire	1,000,000	
8.	Democratic Republic of Congo	2,000,000	1,700,000
9.	Eswatini		500,000
10.	Haiti	1,000,000	
11.	Honduras		500,000
12.	Iran	2,500,000	
13.	Iraq	1,500,000	1,500,000
14.	Jordan	3,500,000	
15.	Kenya	1,500,000	2,075,743
16.	Lebanon	2,500,000	
17.	Liberia	1,000,000	
18.	Libya	1,000,000	
19.	Malawi	1,998,484	
20.	Mali	1,000,000	
21.	Mozambique		214,339
22.	Myanmar		800,000
23.	Niger	1,000,000	1,800,000
24.	Nigeria	2,998,485	
25.	Pakistan	1,500,000	
26.	Palestine	2,500,000	
27.	Papua New Guinea	1,984,045	
28.	Philippines	500,000	
29.	South Sudan	2,000,000	1,982,333
30.	Sudan		500,000
31.	Syria	550,290	2,000,000
32.	Tanzania		1,000,000
33.	Uganda	1,000,000	
34.	Ukraine		500,000
35.	Yemen	2,970,996	1,000,000
	<b>TOTAL</b>	<b>44,502,301</b>	<b>19,072,415</b>
	<b>OVERALL TOTAL:</b>		<b>63,574,716</b>

\*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 2019. Kenya, the Democratic Republic of Congo, Jordan, South Sudan and Yemen were the top-funded countries in 2019, and are followed by all other projects funded by Australian and New Zealand donors. This section also includes stories from patients treated in these projects and field workers recruited by Médecins Sans Frontières Australia.

For a complete record of Médecins Sans Frontières' work in 2019, including projects funded through other Médecins Sans Frontières sections, please go to [www.msf.org/resource-centre](http://www.msf.org/resource-centre).

## KEY

### KEY ACTIVITIES

refers to the types of care provided by Médecins Sans Frontières teams in the country in 2019.

### IMPACT

highlights a primary achievement of Médecins Sans Frontières teams in the country in 2019, 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 2019.

### TOTAL FUNDING

refers to the total cost of the projects described in the country description for 2019 (projects run by Operational Centre Paris and/or Operational Centre Geneva). All amounts are in Australian dollars.

### MSFA FUNDING

refers to Médecins Sans Frontières Australia supporters' contribution to the country's projects in 2019. All amounts are in Australian dollars.

### MSFNZ FUNDING

refers to Médecins Sans Frontières New Zealand supporters' contribution to the country's projects in 2019. All amounts are in Australian dollars.



A Médecins Sans Frontières logistics team distributes soap and a water-purifying solution to the Macurungo community in Buzi, Mozambique, to protect against cholera and other waterborne diseases in the aftermath of Cyclone Idai. © Pablo Garrigos/MSF

# KENYA

## In Kenya, Médecins Sans Frontières provides care to refugees and victims of violence and responds to public health challenges such as advanced HIV.

In the Eastlands area of Nairobi and in the three-decade-old Dadaab refugee camp, for example, many people still struggle to obtain effective diagnosis and care for life-threatening diseases.

### Care for victims of violence

In 2019 Médecins Sans Frontières continued to run a trauma room in Mathare, Nairobi, to treat victims of urban violence in the city's Eastlands area. The clinic is supported through a 24-hour, toll-free call centre and an ambulance program that offers emergency care to patients and refers them for further treatment when necessary.

We also continued to run a clinic in Eastlands providing comprehensive care for people who have experienced sexual and gender-based violence in Eastlands, in addition to supporting Ministry of Health facilities. Services included psychological first aid and counselling, medical consultations, treatment to prevent the transmission of HIV and other sexually transmitted infections, pregnancy tests, swabs for legal purposes, and referrals for social and legal support.

### Advanced HIV care

In Homa Bay, Médecins Sans Frontières continued to work on improving HIV care and reducing transmission and mortality rates. We completed a study to assess the results of new approaches implemented in our HIV activities in Ndhiwa subcounty between 2014 and 2018. The program focused on increased testing and improved quality and continuity of care for patients, with

treatment as a prevention strategy to reduce new infections (based on evidence that an HIV-positive person whose viral load is suppressed by effective treatment is unable to transmit the virus to others). The findings are due to be published in 2020.

### Medical care for refugees

We continued to support a 100-bed hospital and two health posts in Dagahaley camp in Dadaab. Our health services benefit not only refugees, many of whom have been in the camp for close to 30 years, but also local communities. In 2019, our comprehensive healthcare services in Dagahaley included sexual and reproductive healthcare, emergency obstetric surgery, medical and psychological assistance to survivors of sexual and gender-based violence and mental health care. We also offered home-based insulin treatment, specialist referrals and palliative care. Throughout the year, teams conducted more than 210,000 outpatient consultations, admitted around 10,000 patients for care and assisted over 2,900 births.

### Comprehensive obstetric care in Likoni

In Likoni subcounty, Mombasa, Médecins Sans Frontières supported the Department of Health to provide comprehensive emergency obstetric and neonatal care in the fully renovated Mrima health centre. Our teams there assist an average of 7,000 births every year, perform lifesaving obstetric surgery, support ante- and postnatal care and provide screening for cervical cancer, HIV and other sexually transmitted diseases.



▲ Project locations funded by Australian and New Zealand donors

**IMPACT:**  
Study completed in Homa Bay HIV program to assess the success of preventative treatment in reducing new infections

**FIELD STAFF:**  
654.6

**FUNDING:**  

<b>TOTAL</b>	<b>MSFA</b>
\$28,547,410	\$3,000,000
<b>MSFNZ</b>	
\$575,743	

### KEY ACTIVITIES

Cancer care, emergency care, HIV/AIDS care, maternal and newborn healthcare, sexual and reproductive healthcare, sexual violence care

Abdia (left), a traditional birth attendant and refugee who works with Médecins Sans Frontières in Dagahaley camp to encourage pregnant women to seek ante- and postnatal or delivery care at the hospital.  
© Paul Odongo/MSF



# DEMOCRATIC REPUBLIC OF CONGO

In the Democratic Republic of Congo (DRC), Médecins Sans Frontières worked to tackle the country's largest outbreaks of measles and Ebola to date, while continuing to address its many other health needs.

## Aid for communities affected by Ebola

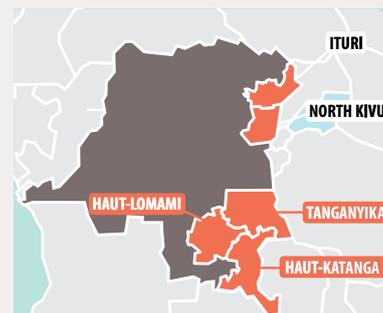
The Ebola outbreak declared on 1 August 2018 in DRC continued throughout 2019, although the number of new cases decreased significantly towards the end of the year. In July 2019, the World Health Organization declared the Ebola epidemic a public health emergency of international concern. By 31 December, there had been approximately 3,300 confirmed cases and 2,200 deaths, making it the second-largest outbreak ever recorded, after the one in West Africa in 2014–2016.

During the year, Médecins Sans Frontières continued to provide assistance to people in North Kivu and Ituri provinces, including medical care for confirmed and suspected Ebola cases and vaccinations for healthcare workers and other people in contact with those diagnosed with the disease. In addition, we worked to reinforce access to general healthcare in the region, develop community engagement and integrate Ebola care into

local healthcare facilities. The aim was to adapt our activities to address the full medical and humanitarian needs of the population, which go well beyond Ebola.

There was increased violence against Ebola responders in 2019: over 300 attacks were recorded throughout the year, resulting in the presence of more security and military forces around Ebola treatment facilities. Our ongoing challenge was to gain the trust of the population and achieve local community participation in the response effort.

In February, the Médecins Sans Frontières-supported Ebola treatment centres in Butembo and Katwa came under violent attack, forcing our teams to leave the area. Over the following months, we scaled up our support to hospitals and health centres at a time when incidents of contamination in facilities and the reassignment of local health staff to Ebola activities was reducing overall healthcare capacity.



▲ Project locations funded by Australian donors



### IMPACT:

Increased support for hospitals and health centres in Ebola-affected areas of North Kivu and Ituri provinces to address people's full medical and humanitarian needs



### FIELD STAFF:

669.7



### FUNDING:

TOTAL	MSFA
\$45,176,580	\$3,700,00

## KEY ACTIVITIES

Cholera response, Ebola response, HIV/AIDS care, malaria care, measles response, primary healthcare, secondary healthcare



An Ebola vaccination team prepares vaccines at the Médecins Sans Frontières-supported Kanzulinzuli health centre in Beni.

© Samuel Sieber/MSF

In 2019, new medical tools were used to tackle the virus; preliminary analyses indicated that the rVSV-ZEBOV vaccine, in use since the start of the outbreak, is effective in preventing infection, while two of the four developmental treatments subject to randomised controlled trials gave positive indications and remained the only two treatments in use. A clinical study of a second potential Ebola vaccine was launched in September.

### The world's largest measles epidemic

The measles outbreak – the largest ever recorded – has ravaged DRC since mid-2018 and was declared a national epidemic by the Congolese government in June 2019. According to the World Health Organization, in 2019 more than 310,000 people contracted measles and over 6,000 died from the disease in DRC. Médecins Sans Frontières' response included support for local surveillance activities, mass vaccination campaigns and treatment for people with complicated measles in North Kivu and the ex-Katanga provinces.

Measles is a vaccine-preventable disease, but in DRC factors contributing to low vaccination coverage include the lack of vaccines, vaccinators and access to healthcare facilities, as well as logistical difficulties such as transport. The outbreak occurred at the same time as the Ebola epidemic, which complicated the response.

### Assisting displaced people

Longstanding intercommunal violence in Ituri flared up again in Djugu and Mahagi territories, displacing over a million people. At the end of the year, around 200,000 people were sheltered in some 80 makeshift sites, where the living conditions were extremely poor. Our teams provided medical care, and distributed water, mosquito nets and relief items at around 30 sites.

In areas that were hard to reach, Médecins Sans Frontières set up community care sites where staff trained local people to treat basic medical conditions and manage their own health. A total of 46,873 outpatient consultations were

carried out in health centres, mobile clinics and community care sites, a large proportion of them for malaria.

### Responding to other epidemics

In Lubumbashi, we supported the national response to a large cholera outbreak, opening a temporary cholera treatment centre to provide medical care for patients – most of them displaced people living in precarious conditions in camps.

In Goma, we supported healthcare facilities to expand access to HIV treatment and screening, strengthen follow-up and ensure a steady supply of antiretroviral treatment.

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*Teams worked to reinforce access to general healthcare in the region, develop community engagement and integrate Ebola care into local healthcare facilities.*

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A consultation in one of the health centres in Beni, where Médecins Sans Frontières provided medical staff, treatment support and medical donations to facilitate people's access to non-Ebola care and help facilities to cope with infectious diseases.

© Pablo Garrigos/MSF

# JORDAN

In Jordan, Médecins Sans Frontières offered reconstructive surgery to war-wounded patients from across the Middle East and healthcare to Syrian refugees and Jordanian host communities.

Despite the cessation of hostilities in southern Syria and the reopening of the border with Jordan at Jaber in 2018, only a small proportion of Syrian refugees have returned to their homes. There are still more than 650,000 Syrian registered refugees in Jordan, most of whom rely on humanitarian assistance to meet their basic needs. In early 2019, the Jordanian government reinstated subsidised healthcare for Syrian refugees, which had been suspended in 2018.

## Reconstructive surgery in Amman

Médecins Sans Frontières' reconstructive surgery hospital in Amman provides comprehensive care to patients injured in wars across the Middle East. We treat around 200 patients a month from places such as Yemen and Gaza, who have had to make long and difficult journeys to

reach the hospital. Our services include orthopaedic, plastic and maxillofacial surgery, physiotherapy, mental health support and fitting prosthetics.

Since 2016, we have been using 3D printing to create upper-limb prosthetic devices. These prostheses help patients regain their autonomy and do many of the day-to-day activities that their injuries had prevented them from doing.

## Maternal and child health

In 2019, we handed over our neonatal care project in Irbid, which we opened in 2013 during an acute phase of the Syrian refugee emergency, to the International Medical Corps. Between 2013 and 2019, our staff assisted 17,272 births, including 1,365 caesarean sections, and admitted 2,779 sick newborns for treatment.



▲ Project locations funded by Australian donors



### IMPACT:

200 patients treated per month at the Amman reconstructive surgery hospital



### FIELD STAFF:

236.5



### FUNDING:

TOTAL	MSFA
\$21,739,200	\$3,500,000

## KEY ACTIVITIES

Maternal and newborn healthcare, surgery



Ahmed, a young man from Syria who lost his arm in an attack, tries on a new prosthesis made for him by the Médecins Sans Frontières Amman team. © Elisa Oddone/MSF

Samar Ismail, supervisor of Médecins Sans Frontières' 3D project in Amman, Jordan, modifies an upper-limb prosthetic for a patient (September 2018).  
© Elisa Oddone/MSF



# SOUTH SUDAN

**Less than half the population of South Sudan has access to adequate medical services, despite a period of peace and a promise of unity after years of civil war.**

Most medical services in South Sudan are delivered by non-governmental organisations, and for many communities, treatment is often difficult to reach or simply non-existent.

## Mother and child healthcare

In Aweil, we managed a regional hospital that provides maternal, newborn and paediatric healthcare. The hospital also continued to serve as a training ground for nurses and midwives of a local school, while three physicians received essential surgical skills training there.

In Old Fangak, Médecins Sans Frontières provided 24/7 maternity care at our hospital, and mobile clinics to deliver healthcare to remote villages. We also provided emergency transport by boat along the river for patients requiring urgent hospital care.

## Outbreaks of malaria and measles

In 2019, malaria remained a major health concern in South Sudan. We provided treatment for patients with uncomplicated and complicated malaria and ran prevention and awareness-raising activities, focusing on distribution of mosquito nets and the implementation of new outreach methods: for example, in Old Fangak in March, we supported trained community health workers to deliver malaria rapid tests and treatment to remote areas. In our Aweil regional hospital, we admitted 4,356 children under 14 years of age due to malaria during the year, and in communities

*We provided emergency transport by boat along the river for patients requiring urgent hospital care.*



▲ Project locations funded by Australian donors



### IMPACT:

10,878 patients admitted for care in Agok hospital, the only secondary healthcare facility in the Abyei region



### FIELD STAFF:

1,217.5



### FUNDING:

TOTAL	MSFA
\$29,108,690	\$3,982,333

## KEY ACTIVITIES

Maternal and newborn healthcare, paediatric care, snakebite care, surgery, outbreak response



A mother with her baby in a Médecins Sans Frontières hospital in South Sudan.  
© Laurence Hoenig/MSF

in Agok we treated more than 48,940 malaria patients with the help of volunteer malaria health workers.

South Sudan also reported measles outbreaks across the country, including in areas not affected by conflict during the war, indicating low vaccination coverage and a weakened health system. In response, we ran a vaccination campaign for children in Aweil in May, and in Agok we treated patients and provided logistical support for a vaccination campaign launched by local health authorities.

### **Refugees and internally displaced people**

There are an estimated 1.5 million internally displaced people in South Sudan, as well as nearly 300,000 refugees from neighbouring Sudan. In 2019, Médecins Sans Frontières offered medical

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*We completed the reconstruction of our hospital in Agok in February 2019. It is the only secondary healthcare facility in the region.*

---

assistance to refugees from South Kordofan, Sudan, in an outpatient clinic in Yida camp. In the Nuba Mountains of South Kordofan, our teams supported three primary healthcare centres to provide over 241,000 consultations during the year.

### **Abyei Special Administrative Area**

In Abyei, a disputed area between Sudan and South Sudan, we completed the reconstruction of our hospital in Agok in February 2019. It is the only secondary healthcare facility in the region and provides emergency surgery as well as treatment for HIV, tuberculosis, non-communicable diseases and neglected tropical diseases such as snakebite envenomation. The facility is equipped with an X-ray machine, pharmacy and solar panels: a renewable and alternative source of power in case of fuel interruptions.

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*“In a low-resource setting like Aweil, we don’t have incubators or CPAP (continuous positive airway pressure) machines. But we do have low-flow oxygen, antibiotics and kangaroo mother care, a technique of newborn care where babies are held skin-to-skin with the parent: all lifesaving tools.” - Dr Connie Chong, Australian paediatrician who worked in Aweil hospital in 2019*

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A paediatrician examines a newborn in the neonatal unit of Agok hospital. © Laurence Hoenig/MSF

# YEMEN

**In Yemen's fifth year of conflict, violent clashes on frontlines and frequent attacks on health facilities prevented civilians from accessing critical healthcare.**

Although the number of airstrikes decreased in the last quarter of 2019, ground fighting continued across several governorates throughout the year, as frontlines shifted, causing waves of displacement and many thousands of casualties.

The destruction of health facilities and shortages of skilled medical staff, medicines and medical supplies have contributed to the breakdown of the health system. Insecurity and access constraints prevented us – and other organisations – from collecting reliable data on nutritional and humanitarian needs across the country.

## **Violence against civilians, medical staff and facilities**

From the beginning of 2019, our staff witnessed numerous attacks on patients, medical facilities and civilians. In April, we resumed our activities in Aden surgical hospital after a month of

suspension following the kidnapping and killing of a patient. The situation in the city remained unstable throughout 2019 as different groups fought for power. The Médecins Sans Frontières hospital received mass casualties on several occasions: in the month of August, we performed around 800 violence-related surgical operations.

In 2019, we continued to run a hospital in Mocha, southwestern Yemen, to provide lifesaving emergency surgery for direct and indirect victims of the conflict. On 6 November, the surgical hospital was severely damaged when surrounding buildings, including a military warehouse, were hit during an aerial attack.

*From the beginning of 2019, our staff witnessed numerous attacks on patients, medical facilities and civilians.*



▲ Project locations funded by Australian and New Zealand donors

**IMPACT:**  
Around 800 surgical operations performed for patients affected by violence during August in Aden

**FIELD STAFF:**  
1,009.2

**FUNDING:**  
**TOTAL** | **MSFA**  
\$46,496,940 | \$3,956,657  
**MSFNZ**  
\$14,339

## **KEY ACTIVITIES**

Emergency care, maternal and newborn healthcare, paediatric care, nutrition, outbreak response, surgery



A Médecins Sans Frontières nurse examines a child at Khamer cholera treatment centre in Amran governorate, Yemen, during the cholera outbreak in April 2019. © Agnes Varraine-Leca/MSF

Fortunately, there were no casualties and we were later able to reopen the hospital.

### Assisting displaced people

Ibb, one of the most populated governorates in Yemen, is thought to host hundreds of thousands of displaced people who have fled the frontlines in neighbouring Hodeidah, Ad Dhale and Taiz. Médecins Sans Frontières ran the emergency room, operating theatre, intensive care unit and inpatient department at the hospital in Dhi As-Sufal district, close to Taiz, which serves a population of several hundred thousand. Teams performed an average of 370 surgical operations per month, reaching a total of 4,464 during the year, and trained to ensure preparedness in case of mass casualty events. We also donated medical equipment and supplies to the maternity and outpatient departments, laboratory and X-ray unit.

### Lifesaving care for mothers and children

Médecins Sans Frontières provided maternal and child healthcare in most of the governorates we support in Yemen.

The high demand for this care continued to increase in 2019.

Many mothers, children and newborns died in or on arrival at Médecins Sans Frontières-run and supported hospitals in Yemen, and many babies brought to us for care had low birthweight or were born prematurely, at home or in small private clinics. The most common causes of death among newborns were prematurity, birth asphyxia and sepsis. The high numbers of deaths are linked to many factors, most of which are a direct result of the war. They include the lack of functioning health facilities, insecurity and active fighting preventing people from seeking care, and an inability to pay for treatment at other facilities.

In 2019, in Amran governorate, Médecins Sans Frontières continued to support maternal and child healthcare via a hospital, health centre and outreach activities. Teams provided emergency care, safe delivery care and nutritional support for pregnant and lactating women, and an outpatient therapeutic feeding program for children was initiated

in August. In Sa'ada, teams treated children for malnutrition in our inpatient feeding program and provided inpatient paediatric and neonatal care, alongside safe delivery care, ante- and postnatal care and family planning.

### Outbreaks of disease

Outbreaks of infectious disease are common in Yemen, due to poor sanitation, a lack of clean water, a shortage of vaccines and gaps in regular vaccination programs. Cholera is endemic to the country and continues to flare up in many communities. In 2019, we responded to a cholera outbreak, opening treatment centres in Khamer, Amran, and Al-Kuwait Hospital, Sana'a. An increase in the number of measles cases in the country was reported between late December 2018 and February 2019; teams treated measles patients in Haydan and Khamer. In mid-February, the local authorities in the northern governorates launched a measles vaccination campaign, which helped reduce the number of new cases.

At the entrance to a cholera treatment centre in Yemen, shoes are sprayed with chlorine to prevent transmission of the disease, April 2019.

© Agnes Varraine-Leca/MSF



# AFGHANISTAN

## KEY ACTIVITIES

Support to the maternity and neonatal departments and operating theatre in Dasht-e-Barchi hospital, Kabul, to provide comprehensive emergency obstetric and neonatal care, including ante- and postnatal care and family planning, and psychosocial counselling and health promotion. Support to the neighbouring basic maternal and newborn care unit with staff, training and essential medicines. In Herat, primary healthcare for people internally displaced by conflict and drought, and support to Herat regional hospital for emergency care and paediatric nutrition.



A nurse (left) tries to stimulate a newborn to help her take milk in the maternity unit of Dasht-e-Barchi hospital, Kabul.  
© Sandra Calligaro/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
More than 16,000 births assisted in Kabul

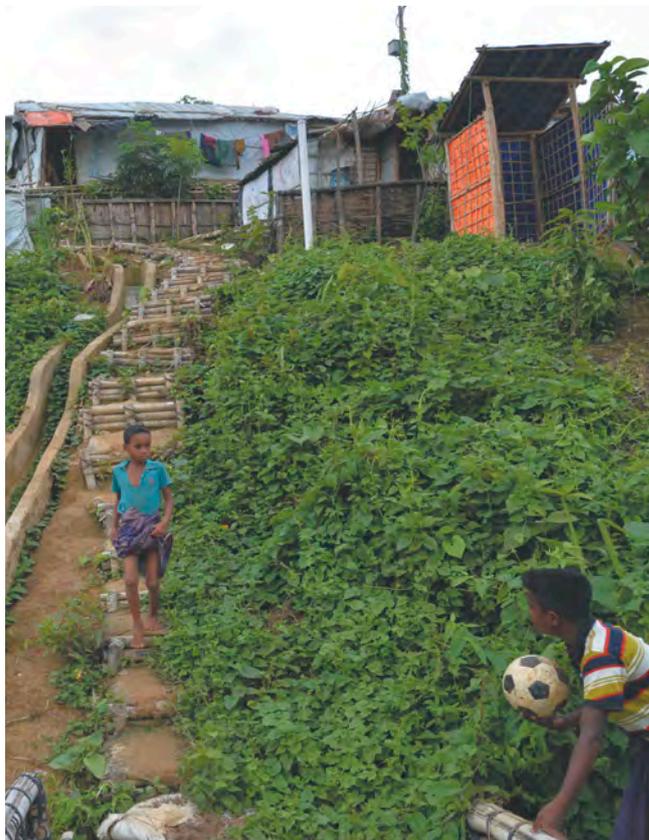
**FIELD STAFF:**  
418.4

**FUNDING:**  
**TOTAL** \$9,888,000 | **MSFA** \$1,500,000

# BANGLADESH

## KEY ACTIVITIES

Primary and secondary healthcare for people in the Rohingya refugee camps of Cox's Bazar, including emergency care, paediatric care, therapeutic feeding, sexual and reproductive health services, treatment of non-communicable diseases such as diabetes and hypertension (high blood pressure) and specialised psychiatric care; referral of patients requiring neonatal, obstetric and surgical care to other health facilities; neonatal and postnatal support for women who have given birth at home; disease outbreak surveillance and response.



Young boys play in one of the camps for Rohingya refugees in Cox's Bazar.  
© Mohammad Ghannam/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
Specialised psychiatric care for Rohingya refugees and local Bangladeshis experiencing conditions such as psychosis, anxiety and epilepsy

**FIELD STAFF:**  
226.9

**FUNDING:**  
**TOTAL** \$5,355,200 | **MSFA** \$1,500,000



## A field worker's story from Bangladesh

**NAME:**

Shelley Harris-Studdart

**FROM:**

Whangarei, New Zealand

**FIELD ROLE:**

Midwifery Activities  
Manager, Cox's Bazar,  
May-August 2019



"In our sexual and reproductive health clinic [located in the Rohingya refugee camps] we provided antenatal and postpartum care, family planning, gynaecology care and treatment for menstrual regulation (the Bangladeshi medical term for the care of unplanned pregnancies). The clinic also housed a 24/7 medical response service for anyone who had experienced sexual violence – we mostly saw women.

"When a woman sought care at the hospital, the team treated her immediate wounds and she would then sit with a trained midwife in a safe, private space to tell her story. Further medications such as post-exposure prophylaxis and emergency contraception were given as appropriate. We worked closely with our mental health team and other implementing partners who addressed legal, protection and shelter factors. I worked to strengthen this service, to ensure it could meet the needs of the community in capacity and quality. This included running theory and practical workshops and providing practice-based support for staff, as



A community volunteer informs Rohingya women about sexual violence and refers them to Médecins Sans Frontières facilities for treatment when necessary (2018). © Simon Ming/MSF

well as maintaining efficient and reliable referral pathways for our clients.

"My colleagues and I worked alongside a volunteer team of Rohingya traditional birth attendants, who were our eyes, ears, hands and voice among the population. They are well respected in the community and assisted our service to understand the people it sought to help."

# CAMBODIA

### KEY ACTIVITIES

In Phnom Penh, simplified diagnosis and treatment for hepatitis C patients in Preah Kossamak Hospital, and hepatitis C treatment with a focus on identifying barriers to care in the Municipal Referral Hospital; in rural Battambang province, hepatitis C care support to health facilities, including active case finding to diagnose people with the disease; contribution to a national strategic plan and hepatitis C/hepatitis B clinical guidelines.



Nurses take people's blood samples to test for hepatitis C during an active case-finding campaign in a village in Battambang province. © Simon Ming/MSF



▲ Project locations funded by Australian donors



**IMPACT:**

More than 12,000 hepatitis C patients treated in a three-year collaboration with Preah Kossamak Hospital



**FIELD STAFF:**

61.7



**FUNDING:**

<b>TOTAL</b>	<b>MSFA</b>
\$4,147,200	\$500,000

# CAMEROON

## KEY ACTIVITIES

Care for communities affected by conflict, extreme poverty and an unpredictable climate, including intensive therapeutic feeding, emergency surgery in the event of mass casualties, mental healthcare and health promotion in Mora and Maroua hospitals; support for primary healthcare in centres close to the Nigerian border, including training of community health workers to treat children with simple cases of diseases such as malaria, diarrhoea and malnutrition, and identify and refer complicated ones.



A Médecins Sans Frontières anaesthetist attends to a newborn being treated for gastroschisis (a birth defect of the abdominal wall) in the surgical unit of Maroua regional hospital. © Pierre-Yves Bernard/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
3,904 surgical operations

**FIELD STAFF:**  
417.8

**FUNDING:**  
**TOTAL** \$9,937,200 | **MSFA** \$3,000,000

*In Far North, teams provided medical care for communities affected daily by violence.*

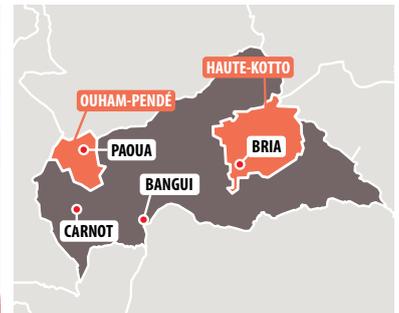
# CENTRAL AFRICAN REPUBLIC

## KEY ACTIVITIES

Medical and psychological care for survivors of sexual violence; comprehensive treatment for trauma patients, including surgery, post-operative care and physiotherapy; care for patients with HIV/AIDS, a leading cause of death among adults in the country, and tuberculosis; maternity, paediatric and neonatal care; general healthcare including in remote areas and internal displacement sites; support for routine vaccination and mass vaccination campaigns.



A patient walks with assistance during a physiotherapy session, as part of his treatment for a trauma injury. © Elise Mertens/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
Expanded set-up of community-based HIV patient support groups, to help people adhere to treatment and mitigate daily challenges of living with HIV

**FIELD STAFF:**  
1023.6

**FUNDING:**  
**TOTAL** \$27,033,600 | **MSFA** \$2,500,000

# CHAD

## KEY ACTIVITIES

Emergency response to measles, meningitis and malnutrition, including patient care and vaccinations; treatment for children with malaria, including inpatient care for those with severe malaria at Moissala hospital; support for operating theatres and maternity, paediatric and neonatology wards in Moissala hospital and for obstetric care in two health facilities; expanded health services for women and children, from community health centre level up to inpatient care level.



Halima holds her baby, who was treated for measles and malaria at the Médecins Sans Frontières-supported hospital in N'Djamena. © Juan Haro/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
83,613 patients treated for malaria in Moissala health centres

**FIELD STAFF:**  
219.1

**FUNDING:**

<b>TOTAL</b>	<b>MSFA</b>
\$11,219,200	\$1,000,000

# CÔTE D'IVOIRE

## KEY ACTIVITIES

In rural Hambol, support for Katiola referral hospital maternity unit, neonatology ward and operating theatre, Dabakala and Niakara hospitals and six health centres; hepatitis B vaccination for newborns in collaboration with the Ministry of Health; support for local health authorities to take over activities in the region.

*At Katiola referral hospital, we strengthened the referral system for obstetric and neonatal emergencies.*



A baby born in a Médecins Sans Frontières-supported health centre in Katiola district (2017). © Jean-Christophe Nougaret/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
Systematic vaccination introduced for newborns immediately after birth in all Médecins Sans Frontières-supported facilities, to reduce perinatal transmission of hepatitis B

**FIELD STAFF:**  
158.1

**FUNDING:**

<b>TOTAL</b>	<b>MSFA</b>
\$5,968,000	\$1,000,000

# ESWATINI

## KEY ACTIVITIES

HIV and tuberculosis prevention, diagnosis and treatment for vulnerable people, with a focus on improving HIV services at a general healthcare and community level, advocating for better treatment options for advanced HIV and improving drug-resistant tuberculosis diagnosis and care. Cervical cancer screening program and HIV viral load and tuberculosis testing laboratory handed over to the Ministry of Health.



Inside the tuberculosis testing laboratory in Nhlanguano health centre, Shiselweni region. © Fanny Hostettler/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
Pilot of timely diagnosis of Acute HIV Infection (AHI; the initial stage of HIV unable to be detected by routine testing)

**FIELD STAFF:**  
139.6

**FUNDING:**  

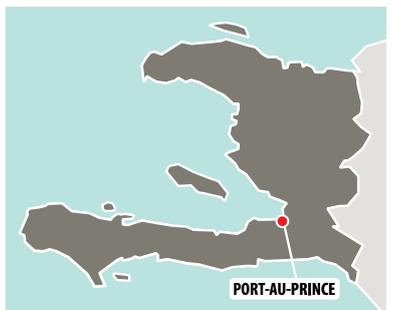
<b>TOTAL</b>	<b>MSFA</b>
\$5,397,840	\$500,000

# HAITI

## KEY ACTIVITIES

In Drouillard hospital, serving the impoverished area of Cité Soleil, specialist care for patients with severe burns including surgery, physiotherapy, mental healthcare and an ambulance service; surgery for victims of trauma in Tabarre hospital (opened November 2019 to respond to escalating violence).

*In Port-au-Prince, teams responded to an increased demand for medical care during mass demonstrations.*



▲ Project locations funded by Australian donors

**IMPACT:**  
4,683 surgical operations for burns patients

**FIELD STAFF:**  
314.3

**FUNDING:**  

<b>TOTAL</b>	<b>MSFA</b>
\$7,950,400	\$1,000,000

In Tabarre hospital, Australian field worker Dr Thomas Schaefer operates on a patient who was injured in a road accident. © Leonora Baumann/MSF

# HONDURAS

## KEY ACTIVITIES

Mother and child clinic services, with a focus on sexual and reproductive healthcare, including ante- and postnatal care, safe delivery care and family planning; mental healthcare for victims of violence, including sexual violence; health promotion on the clinics' services and on adolescent sexual and reproductive health; advocacy for access to comprehensive medical care for survivors of sexual violence.



A patient receives a consultation at the mother and child clinic in Choloma. © Christina Simons/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
16,838 outpatient consultations

**FIELD STAFF:**  
66.5

**FUNDING:**  
TOTAL \$2,637,180 | MSFA \$500,000

*We advocated for access to comprehensive medical care for survivors of sexual violence in Honduras, where emergency contraception is still banned.*

# IRAN

## KEY ACTIVITIES

In South Tehran, comprehensive care for vulnerable groups of people, including medical consultations, testing for HIV, tuberculosis and hepatitis B and C, treatment of hepatitis C and sexually transmitted infections, sexual and reproductive health services including ante- and postnatal care and family planning, and mental health support; in Mashhad, primary healthcare services for refugee and host communities via a fixed clinic and mobile clinics; emergency flood response in Lorestan and Golestan including medical consultations, hygiene kit distributions and medical donations.



A staff member assesses a patient during an outreach activity in South Tehran. © MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
26,144 consultations provided in South Tehran

**FIELD STAFF:**  
86.2

**FUNDING:**  
TOTAL \$6,379,200 | MSFA \$2,500,000

## A patient's story from Iran

Project Coordinator in Iran Estelle Thomas tells the story of 40-year-old Mohammad, a patient visiting the Médecins Sans Frontières clinic in South Tehran for the first time.

“When he was just 15, Mohammed left his family to find work in Tehran. Failing to find a job and with no relatives in the city to help him, he soon fell into using drugs. He suffers from frequent hallucinations as a result of the drugs has been sleeping in the city’s parks, which is where he met Médecins Sans Frontières’ mobile team.

“After a consultation with Dr Aida and counselling from health educator Mariam, Mohammad has been tested for infectious diseases including HIV, hepatitis B and C, syphilis and tuberculosis. Patients who test positive for hepatitis C can receive treatment and support at the clinic, while those who test positive for HIV or tuberculosis are referred to national treatment programs.

“Mohammad’s test result for hepatitis C test has recorded as positive, so he has met again with Dr Aida and Mariam, who have explained that the disease can be cured with proper treatment and that he will be supported by Médecins Sans Frontières’ doctors, nurses, psychologists, social workers and community workers to take his hepatitis C treatment correctly and to help with the hallucinations. He has been introduced to Neda, a community worker, who will keep in close contact with him to remind him about his appointments at the clinic and support him through the course of treatment.”



A patient receives a consultation in the South Tehran clinic. © MSF

# IRAQ

## KEY ACTIVITIES

Rehabilitative care at Baghdad Rehabilitation Centre, including pain management, physiotherapy and mental health support, for people injured in violent incidents or accidents, or during mass protests; in Qayyarah, services for internally displaced people and host communities including emergency care, maternal, newborn and paediatric services, therapeutic feeding, surgery, rehabilitative care and treatment for burns.



A Médecins Sans Frontières doctor checks on a child who is receiving care in the burns unit of the hospital in Qayyarah after being caught in a stove fire at his family home.

© Candida Lobes/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
More than 13,400 physiotherapy sessions provided in Baghdad

**FIELD STAFF:**  
398.2

<b>FUNDING:</b>	
TOTAL	MSFA
\$17,224,690	\$3,000,000

# LEBANON

## KEY ACTIVITIES

Paediatric care at Elias Hraoui Governmental Hospital, including emergency consultations, paediatric intensive care and treatment for thalassemia (a hereditary blood disease), serving Syrian refugees and the Lebanese host community of the Bekaa Valley.

*In Zahle, Bekaa Valley, we continued to provide specialised paediatric care for host and refugee communities.*



In the Médecins Sans Frontières paediatric ward of Elias Hraoui Governmental Hospital, Zahle (2018). © Florian Serieux/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
82 children treated for thalassemia

**FIELD STAFF:**  
77.8

**FUNDING:**  
TOTAL \$6,793,600 | MSFA \$2,500,000

# LIBERIA

## KEY ACTIVITIES

In the capital, Monrovia, paediatric care including emergency and intensive care, surgery, therapeutic feeding, and a microbiology laboratory to diagnose infectious disease, tailor treatment for patients and monitor antibiotic resistance; community-based program for people with mental health disorders and epilepsy throughout Montserrado county, working with the Ministry of Health to supervise and support clinicians to treat mental health disorders and epilepsy in general healthcare facilities, with active follow-up for patients and their families; support for psychosocial workers and volunteers to provide health education.

A Médecins Sans Frontières staff member visits Amuchin (right), who began experiencing seizures 10 years ago and was able to return to school and graduate after receiving treatment in the mental health and epilepsy program.  
© Mohammad Ghannam/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
Supported health education for patients with epilepsy and mental health conditions to overcome social stigma

**FIELD STAFF:**  
334.3

**FUNDING:**  
TOTAL \$9,529,600 | MSFA \$1,000,000

# LIBYA

## KEY ACTIVITIES

Healthcare services for people held in detention centres in Misrata, Khoms, Zliten and the Nafusa Mountains, including treatment of scabies, lice and fleas, management of malnutrition and infectious diseases such as tuberculosis, as well as mental healthcare; in Bani Walid, medical assistance for people who had escaped captivity and experienced torture; primary healthcare at the port areas of Khoms for people forcibly returned to Libya and survivors of shipwrecks.

A man is transferred on a stretcher outside Dahr-el-Jebel detention centre, where Médecins Sans Frontières launched a response to provide care for detained people during a tuberculosis outbreak.

© Aurelie Baumel/MSF



▲ Project locations funded by Australian donors



### IMPACT:

Around 500 people assisted during a tuberculosis outbreak in Dar el-Jebel detention centre, with diagnosis and treatment, emergency referrals, food distribution and water and sanitation support



### FIELD STAFF:

58.7



### FUNDING:

<b>TOTAL</b>	<b>MSFA</b>
\$6,451,200	\$1,000,000

# MALAWI

## KEY ACTIVITIES

A comprehensive cervical cancer program in Blantyre, covering all stages of primary and secondary prevention and tertiary care, including vaccination, screening and diagnosis, treatment of various stages of cancer and palliative care; in Chiradzulu, 'teen club' services for adolescents with HIV including consultations, counselling, group support sessions, health education and sexual and reproductive healthcare, and services for patients with advanced HIV (AIDS), including counselling, laboratory tests and hospital referrals.

A woman leaves a Médecins Sans Frontières-supported health centre in Chiradzulu after being screened for cervical cancer (August 2017). © Luca Sola/MSF



▲ Project locations funded by Australian and New Zealand donors



### IMPACT:

Increased cervical cancer screening and the opening of a specialised operating theatre for cancer patients requiring surgery



### FIELD STAFF:

230.2



### FUNDING:

<b>TOTAL</b>	<b>MSFA</b>	<b>MSFNZ</b>
\$9,721,600	\$1,500,000	\$498,484

# MALI

## KEY ACTIVITIES

In Koutiala, hospital-based nutrition and paediatric care and support to health centres with preventive and curative activities, particularly during seasonal malaria and malnutrition peaks; in Bamako, support for patients with cervical and breast cancer to access diagnosis and treatment, and hospital and home-based palliative care and support services for patients in advanced stages of cancer; for communities in Mopti region affected by violence, maternal and newborn care support to Ténenkou hospital, provision of general healthcare to villages via mobile clinics and prevention and treatment of malaria by community malaria workers.

A Médecins Sans Frontières doctor examines a patient with oral cancer at his home in Bamako, with family members present. © Mohammad Ghannam/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
More than 1,500 supportive care consultations for patients with cancer

**FIELD STAFF:**  
517.39

**FUNDING:**  
TOTAL \$13,136,000 | MSFA \$1,000,000

# MOZAMBIQUE

## KEY ACTIVITIES

In Maputo, testing and treatment of HIV, tuberculosis and hepatitis C, advanced HIV care and comprehensive harm reduction services for people who use drugs (the only program to offer this in the country). In Sofala province, emergency response to Cyclone Idai and cholera outbreak response, including cholera vaccination and patient care, consultations for other diseases such as malaria and malnutrition, rehabilitation of health centres, relief item distributions and water provision.

Médecins Sans Frontières distributes soap and a water-purifying solution in Buzi, Sofala province, to help protect the community against waterborne disease following Cyclone Idai. © Pablo Garrigos/MSF



▲ Project locations funded by Australian and New Zealand donors

**IMPACT:**  
Comprehensive harm reduction services for people who use drugs, including needle and syringe distribution.

**FIELD STAFF:**  
154.3

**FUNDING:**  
TOTAL \$9,706,410  
MSFA \$200,000  
MSFNZ \$14,339

# MYANMAR

## KEY ACTIVITIES

Comprehensive HIV care and treatment, including for patients with complex HIV-related diseases and co-infections such as hepatitis C, and prevention for people at risk; health promotion support to local groups for prevention of outbreaks of diseases, such as dengue.

*Médecins Sans Frontières offered HIV care, treatment and prevention in Dawei, a port city in Tanintharyi where many fishermen and migrants live.*

Ko Min Latt, Médecins Sans Frontières health promoter, runs a health education session for patients with HIV (December 2018).  
© Scott Hamilton/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
2,321 HIV patients provided with antiretroviral therapy

**FIELD STAFF:**  
64.6

**FUNDING:**

<b>TOTAL</b>	<b>MSFA</b>
\$1,938,930	\$800,000

# NIGER

## KEY ACTIVITIES

Paediatric care in Madarounfa and Magaria, including decentralised, preventative healthcare and early treatment in communities for malaria, acute respiratory infections, diarrhoea and severe acute malnutrition, and hospital care for cases of complicated malaria and malnutrition; closure of Mainé Soroa primary and secondary healthcare activities following an attack on the Médecins Sans Frontières office in April.



A woman collects ready-to-use therapeutic food for her malnourished child at a health centre in Magaria district. © Ainhoa Larrea/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
Extended year-round support to facilitate timely healthcare for children under five, including testing and treatment for simple malaria, nutritional screening and treatment of simple diarrhoea

**FIELD STAFF:**  
924.7

**FUNDING:**

<b>TOTAL</b>	<b>MSFA</b>
\$22,528,560	\$2,800,000



## A patient's story from Niger

When three-year-old Mohammed arrived at the Magaria district hospital in Niger's Zinder region, his face was so swollen he could barely open his eyes. He was suffering from kwashiorkor, a form of severe acute malnutrition characterised by swelling in the face and limbs. Without treatment, complications are frequent and potentially life-threatening: the condition has high mortality rates.

Mohammed received carefully staged care to treat his first medical complications and then his severe malnutrition. Once he was healthy enough to be discharged, his treatment continued at home. Médecins Sans Frontières provided his mother with sachets of ready-to-use food to give him and requested she bring him to the closest nutritional centre every week for check-ups until he was fully recovered.

Mohammed was one of many children treated for malnutrition by Médecins Sans Frontières teams in 2019, in partnership with the Ministry of Public Health, during the annual malnutrition and malaria peaks triggered by the rainy season and hunger gap (the annual period after which stored food from the previous harvest has run out but the next is not ready).



Women and children outside a section of the Magaria district hospital. © Laurence Hoenig/MSF

# NIGERIA

### KEY ACTIVITIES

At Jahun General Hospital, Jigawa state, comprehensive emergency obstetrics and newborn healthcare and vesico-vaginal surgery for women with obstetric fistula; support for emergency obstetric and neonatal care in four health centres in Jahun; in Port Harcourt, Rivers state, medical care and mental healthcare for survivors of sexual violence; in Borno state, medical care for displaced and violence-affected people, including a three month-long malaria outbreak response in Bama and paediatric care such as therapeutic feeding and treatment for malaria and measles in Maiduguri.

A Médecins Sans Frontières medical team performs a blood transfusion for a young patient with malaria in Borno state.  
© Scott Hamilton/MSF



▲ Project locations funded by Australian and New Zealand donors

**IMPACT:** Increase in deliveries and ante- and postnatal consultations in health facilities in Jahun, showing improved access to health services driven by increased support to these facilities and community health promotion

**FIELD STAFF:** 690

<b>FUNDING:</b>	
<b>TOTAL</b>	<b>MSFA</b>
\$20,393,600	\$2,500,000
<b>MSFNZ</b>	
\$498,485	

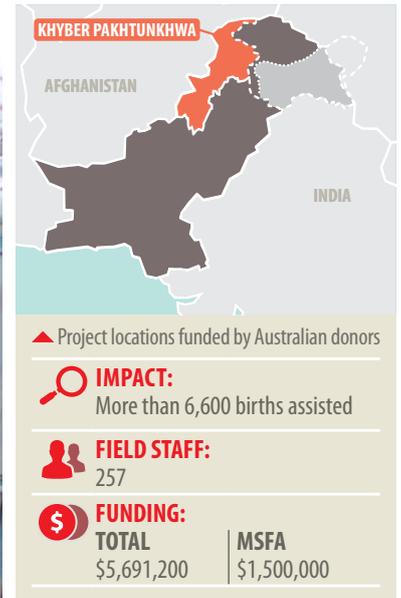
# PAKISTAN

## KEY ACTIVITIES

Reproductive, neonatal and paediatric care at Peshawar Women's Hospital, including comprehensive 24-hour emergency obstetric services; diagnosis and treatment of cutaneous leishmaniasis (a neglected tropical disease spread by sand flies), health education, mental healthcare and medical supply donations to the department of health during a visceral leishmaniasis outbreak.

*Improving healthcare for mothers, children and newborns remained a priority for Médecins Sans Frontières in Pakistan.*

Sitting alongside her father, a young woman receives an injection for cutaneous leishmaniasis at the treatment centre in Naseerullah Khan Babar Memorial Hospital, Peshawar. © Nasir Ghafoor/MSF

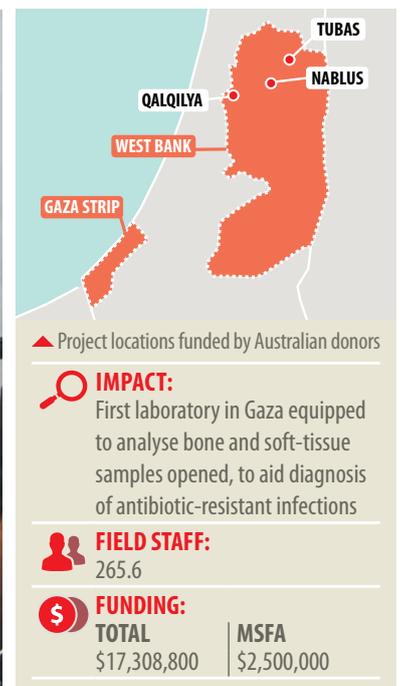


# PALESTINE

## KEY ACTIVITIES

In Gaza, comprehensive care for people injured by the Israeli army in protests, including surgery, postoperative care, treatment of bone infections, physiotherapy and mental health counselling, plus laboratory testing of antibiotic-resistant infections; burns care; mental healthcare in the West Bank for people affected by ongoing occupation and intensifying violence, including psychotherapeutic and psychiatric assistance, group therapy, group mental health awareness sessions and psychosocial support activities.

A man receives treatment in a Médecins Sans Frontières clinic in Gaza in April 2019, after being shot by the Israeli army during protests in May 2018. © Mohammed Abed/MSF





## A field worker's story from Palestine

**NAME:**

Dr Lisa Noonan

**FROM:**

Kirribilli, NSW

**FIELD ROLE:**

Antibiotic Steward, Gaza,  
May–November 2019

*“Our antibiotic stewardship team coordinated the microbiology and complex antimicrobial therapy needed for these patients.”*

“In Gaza, many people with gunshot wounds develop serious bone infections associated with significant soft tissue damage. Some have a multidrug-resistant infection, meaning they cannot be treated with common antibiotics. Our antibiotic stewardship team coordinated the microbiology and complex antimicrobial therapy needed for these patients.

“While at the beginning of 2019, Médecins Sans Frontières had to send bone samples outside of Gaza, we worked with the Ministry of Health to increase the capacity of a laboratory within Gaza that was able to analyse samples from 20 patients each month. If the person was found to have osteomyelitis (bone infection), our team provided antibiotic treatment. In the case of multidrug-resistant bacteria, there were often no oral antibiotic options available – so patients needed to be treated with intravenous drugs, meaning a stay of at least six weeks in hospital, which Médecins Sans Frontières supported.”



A Médecins Sans Frontières nurse assists a patient being treated for a bone infection in an isolation room in Al-Awda hospital, Gaza.  
© Virginie Nguyen Hoang/MSF

# PAPUA NEW GUINEA

**KEY ACTIVITIES**

Tuberculosis screening, diagnosis, treatment initiation and follow-up, in collaboration with the national tuberculosis program, via a new dedicated tuberculosis clinic in Gerehu hospital, Port Moresby, a hospital and health facilities in Gulf province and mobile clinics to reach people in remote areas; introduction of the new World Health Organization-recommended, all-oral treatment of bedaquiline for multi-drug resistant tuberculosis patients.



A man attends his first of a series of patient education and counselling sessions after being diagnosed with tuberculosis. © Simon Ming/MSF



▲ Project locations funded by Australian and New Zealand donors

**IMPACT:**  
Improved quality of tuberculosis care, with integration of HIV testing, counselling and closer monitoring of patients under treatment

**FIELD STAFF:**  
175.2

**FUNDING:**  
**TOTAL**  
\$7,022,400  
**MSFA**  
\$1,618,497  
**MSFNZ**  
\$365,548

# PHILIPPINES

## KEY ACTIVITIES

In the impoverished areas of San Andres and Tondo, Manila, comprehensive sexual and reproductive healthcare including family planning, ante- and postnatal care, management of sexually transmitted infections, sexual violence care and cervical cancer prevention and treatment (in collaboration with local organisation Likhaan); in post-conflict Marawi, support to health facilities providing primary healthcare, mental healthcare and treatment of non-communicable diseases.



Social worker Lyca Lucena speaks with a survivor of sexual violence in a health clinic in Manila. © Melanie Wenger/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
4,352 women screened for cervical cancer and 289 treated with cryotherapy to freeze abnormalities or pre-cancer on the cervix

**FIELD STAFF:**  
56.8

**FUNDING:**  
**TOTAL** \$3,174,400 | **MSFA** \$500,000

# SUDAN

## KEY ACTIVITIES

Diagnosis and treatment of visceral leishmaniasis (also known as kala azar, a neglected tropical disease spread by sand flies) and of other neglected tropical diseases; health education and supervision and training of local health workers.

*Visceral leishmaniasis, or kala azar, has a 95 per cent mortality rate if left untreated.*



A patient receives treatment for visceral leishmaniasis in Tabarak Allah hospital, Al-Gedaref (2018). © Halla Osman/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
5,000 visceral leishmaniasis patients treated since 2009

**FIELD STAFF:**  
49.4

**FUNDING:**  
**TOTAL** \$2,362,290 | **MSFA** \$500,000

# SYRIA

## KEY ACTIVITIES

For people displaced by war in Idlib province, specialist burns care including surgery, skin grafts, dressings, physiotherapy and psychological support, primary healthcare clinic services and increased mobile clinic activities to provide general healthcare, maternal healthcare and treatment for non-communicable diseases in displacement settlements; in Hassakeh governorate, general healthcare for a vulnerable community, mobile clinic services in displacement camps; remote support for displaced people and people affected by floods in Hassakeh, and donations to Hassakeh National Hospital during a mass-casualty response.

People gather at a Médecins Sans Frontières mobile clinic in Deir Hassan displacement camp, Idlib. © MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
Donations of medicine, medical equipment and relief items to Hassakeh, despite staff evacuation due to insecurity

**FIELD STAFF:**  
218.2

FUNDING:	
TOTAL	MSFA
\$9,172,530	\$2,550,290

*In Syria, civilian areas and infrastructure, including medical facilities, came under direct fire again in 2019. Thousands of people were killed or wounded, and many more driven from their homes. Médecins Sans Frontières continued to operate in Syria but our activities were limited by insecurity and access constraints.*



A woman and her baby attend Al Karama health centre, Idlib, where Médecins Sans Frontières provided donations of medicine to support care for people displaced by bombing and shelling. © MSF

# TANZANIA

## KEY ACTIVITIES

In Nduta refugee camp – which hosts the largest number of Burundian refugees in Tanzania and where we are the main healthcare provider – primary and secondary healthcare such as mother and child healthcare (including 'E-care', a tablet-based system used in triage consultations for children under five), mental healthcare, nutrition and sexual violence care; comprehensive prevention and vector control activities to curb the spread of malaria; renovation of the district hospital operating theatre and sterilisation room; diarrhoea outbreak response.

A young boy is carried to an ambulance to be transported to the district hospital for further care, after receiving treatment for a serious skin infection in Nduta refugee camp.  
© Pierre-Yves Bernard/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
75,006 consultations for children under five

**FIELD STAFF:**  
240.4

**FUNDING:**  
TOTAL \$9,184,560 | MSFA \$1,000,000

# UGANDA

## KEY ACTIVITIES

In Arua, HIV care for children, adolescents and other patients with advanced HIV or a high viral load; in Kasese, HIV services for local fishing communities, including testing and treatment; in Kasese adolescent clinic, sexual and reproductive healthcare including contraception, treatment of sexually transmitted diseases, ante- and postnatal care, treatment for survivors of sexual and gender-based violence and safe abortion care; in Arua's Omugo refugee settlement, comprehensive care for survivors of sexual and gender-based violence and safe abortion care; Ebola preparedness support.



▲ Project locations funded by Australian donors

**IMPACT:**  
Provided testing, simplified follow-up and medication refills for people living with HIV in Kasese fishing communities, to enable them to continue working while completing treatment

**FIELD STAFF:**  
241

**FUNDING:**  
TOTAL \$6,956,800 | MSFA \$1,000,000

Newly-arrived refugees in a settlement in Arua, 2017. © Atsushi Shibuya/MSF

# UKRAINE

## KEY ACTIVITIES

Support to the Ministry of Health to diagnose and treat people with hepatitis C using a new model of care, which includes highly effective direct-acting antiviral drugs, daclatasvir and sofosbuvir; counselling and health promotion to improve patients' adherence to treatment and combat stigma and discrimination against people with hepatitis C. A total 3,044 individual psychosocial support and health education sessions were provided.



Inside a laboratory in Mykolaiv, where hepatitis C testing is performed (July 2018). © Aleksandr Glyadyelov/MSF



▲ Project locations funded by Australian donors

**IMPACT:**  
New model of hepatitis C care achieved a 97.4 per cent cure rate for patients

**FIELD STAFF:**  
23.1

**FUNDING:**  

<b>TOTAL</b>	<b>MSFA</b>
\$1,133,370	\$500,000

## A patient's story from Nauru

Farhad\* was held on Nauru for five years and treated by the Médecins Sans Frontières mental health team in 2018. This is his testimony from 2019.

"I tried to come to Australia to find a new life, but unfortunately, they sent me to Nauru by force. They didn't respect me as a human... they tormented me a lot over five years on Nauru because I have no future in my life.

"My wife became pregnant on Nauru and during her pregnancy she was really depressed. My wife continued to deteriorate while she was on Nauru and was becoming more and more unwell. She didn't want to keep the baby. She told me, 'I don't want to give a child life in this country. I don't want my child to stay trapped with me on Nauru.'

"I started visiting the MSF clinic and tried to get my wife to come with me. She found this service helpful. But unfortunately, after a few months, my daughter became very ill with a serious infection. Eventually our family was transferred to Australia for treatment... but every week immigration authorities call me and tell me that when my daughter's treatment finishes, I will go back to Nauru again."

*In 2019, your support contributed to Médecins Sans Frontières advocacy for asylum seekers and refugees held in offshore detention in Nauru and Papua New Guinea. \*Name has been changed.*



The mental health team attend to a patient on Nauru, 2018. © MSF

# **Médecins Sans Frontières Australia Limited**

ABN 74 068 758 654

Consolidated Financial Report for the Financial Year  
Ended 31 December 2019

# Médecins Sans Frontières Australia Limited

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## Consolidated financial report for the financial year ended 31 December 2019

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# Médecins Sans Frontières Australia Limited

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## 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 2019. The names and particulars of the directors during or since the end of the financial year are:

- Dr Stewart Condon** Elected 28 May 2011, re-elected 26 April 2014, re-elected 6 May 2017. President Médecins Sans Frontières Australia from 22 June 14. Locum Career Medical Officer - Emergency Department NSW Health. Resident of Australia. Attended nine out of nine Directors' meetings.
- Ms Katrina Penney\*** Vice President from 31 August 2015. Elected 18 May 2013, re-elected 29 April 2016. Registered Nurse and Midwife. Resident of New Zealand. Attended two out of three Directors' meetings.
- Mr Anthony Flynn** Elected to the Board 26 April 2014, re-elected 6 May 2017. Vice-President from 6 May 2017. Registered Nurse. General Manager, Programs and Information Services, Asthma Foundation Queensland and New South Wales. Resident of Australia. Attended eight out of nine Directors' meetings.
- Mr Dwin Tucker** Treasurer Médecins Sans Frontières Australia from 29 April 2016. Elected to the Board 16 May 2015, re-elected 25 May 2018. Director Clearasound and TurnkeyIO. Resident of Australia. Attended nine out of nine Directors' meetings.
- Ms Beth Hilton-Thorp** Elected 18 May 2013, re-elected 29 April 2016, re-elected 12 May 2019. Lawyer and consultant. Resident of Australia. Attended eight out of nine Directors' meetings.
- Mr Emmanuel Lavieuville** Elected to the Board 25 May 2018. Operations manager at Aspen Medical, Senior Program Office, Care Australia. Resident of Australia. Attended nine out of nine meetings
- Dr Jacqueline Hewitt** Appointed to Board 31 August 2016, elected 6 May 2017. Medical Doctor - Paediatric Endocrinologist.. Resident of Australia. Attended eight out of nine Directors' meetings.
- Ms Patricia Schwerdtle** Appointed to the Board on 21 June 2017, elected 25 May 2018. Registered Nurse and Academic, Heidelberg Institute of Global Health, Heidelberg University, Germany.. Resident of Australia. Attended eight out of nine meetings.
- Dr Méguerditch Terzian** Appointed to the Board on 6 March 2017. Medical Doctor. Resident of France. Attended seven out of nine meetings.
- Ms Chatu Yapa** Elected to the Board 25 May 2018. Public Health Medicine registrar, National Centre for Epidemiology & Population Health, Australian National University. Resident of Australia. Attended eight out of nine Directors' meetings.
- Ms Kerry Atkins\*\*** Elected to the Board 12 May 2019. CPA qualified, Consultant, World Bank Group. Resident of Australia. Attended six meetings out of six meetings.

# Médecins Sans Frontières Australia Limited

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## Directors' Report (continued)

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All Directors have held office for the duration of the financial year except for:

- \* Katrina Penney whose term as Board Director ended on 12 May 2019.
- \*\* Kerry Atkins whose term as Board Director commenced on 12 May 2019.

### COMPANY SECRETARY (JOINT)

Ms Jennifer Tierney, Executive Director of Médecins Sans Frontières Australia Limited ('MSF') since 2 December 2019 and Company Secretary of MSF from 16 December 2019.

Ms Emma Sullivan Smith, Association Coordinator of Médecins Sans Frontières Australia Limited ('MSF') since January 2017 and Company Secretary of MSF from 3<sup>rd</sup> April 2019.

### 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 mother and child health and enhance MSF Australia Limited's role as a relevant MSF office with medical expertise in the MSF movement; and
- Market the organisation's medical humanitarian action to all identified audiences, advocate on behalf of populations in crisis and contribute to improving the quality of medical and operational communication aims of the MSF movement;

### PRINCIPAL ACTIVITIES

The principal activities of the Group during the financial year to 31 December 2019 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 co-ordination with other organisations involved in overseas humanitarian relief.
- Provision of medical expertise in mother and child health through direct visits to MSF medical humanitarian projects overseas, technical support and oversight, preparation of medical field staff, medical training, medico-operational research, medical communications and medical policy development.
- Operational participation in the field projects of the international movement of MSF, through financing field operations assignment of field staff humanitarian relief workers; participation

# Médecins Sans Frontières Australia Limited

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## Directors' Report (continued)

as faculty in various Australian and international training courses for such field staff; and evaluation missions to field projects.

- Community education in the form of dissemination of public information on humanitarian and development issues; provision of materials and source people to journalists in the print and electronic media; publication of newsletters; participation in seminars; and guest lectureships at secondary schools and universities.

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 mother and child health continues; and
- Field communications, awareness raising, lobbying and advocacy furthered through intervention of the Sydney communications department.

The performance against these key performance indicators is as follows:

- Private revenue in 2019 is at a similar level with 2018;
- Financial resources allocated 76% social mission costs to 24% administration in 2019;
- 45 new recruits and 175 field placements made during 2019 in accordance with identified needs;
- In 2019, 50 projects in 23 countries received technical oversight, field support and training in women's health and children's health, and care to victims of sexual violence; and
- In 2019, MSF Australia Communications supported our patients' access to healthcare by producing a cross-cutting dossier of Safe Abortion Care to destigmatise women who need access to this care and our medical staff who provide it. We continued to inform our audiences about the situation of refugees and asylum seekers in offshore processing centres and advocate on their behalf, communicating on our tele-mental health support for these populations and supporting the 'Save Medevac' campaign. Communications coordinated the 25 years of MSF Australia commemoration and the visit of MSF International President Dr Joanne Liu. We engaged our online audiences and Australian and New Zealand media about major crises including the conflict in Syria and Yemen and the measles and Ebola outbreaks in Democratic Republic of Congo.

# Médecins Sans Frontières Australia Limited

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## Directors' Report (continued)

### REVIEW OF OPERATIONS

The net operating deficit for the financial year to 31 December 2019 was \$7,383,281 (2018: operating deficit of \$4,893,699). Deficits can result from a timing difference across years, between inflow of fundraising funds and an outflow of funds to operational centres. The increase of the deficit in 2019 is also due to an increased investment in building the MSF New Zealand Fundraising base.

### 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 the proportion of funding that comes from regular field partner donations.

Due to the Australian bushfires that occurred in the last quarter of 2019, our Christmas appeal was affected as many of our donors have a profile to respond to emergencies such as natural disasters.

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 2019, Médecins Sans Frontières Australia Limited committed \$44,502,301 (2018: \$45,774,251) of funds to the field to Médecins Sans Frontières France, and \$19,072,415 (2018: \$19,617,536) 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.

In December 2019, due to MSFA's Policy on Executive Director's Tenure of Office, Paul McPhun stepped down as Executive Director. The Board acknowledge the significant contribution he made in substantially building MSFA and the resultant positive outcomes for our beneficiaries during his time and thanked him for his service. During the same month the Board welcomed Jennifer Tierney as the new Executive Director after an extensive search process.

### 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.

# Médecins Sans Frontières Australia Limited

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## Directors' Report (continued)

The value of donations in kind received during the year to 31 December 2019 is \$341,143 (2018: \$291,991). 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 2019 to be approximately \$4,200,790 (2018: \$5,204,070).

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 \$840,429 (2018: \$1,249,983).

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 \$139,361 (2018: \$138,673).

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 \$460,000 (2018: \$320,000).

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 humanitarian assistance to populations in danger and to increase awareness of the plight of these populations. The international Médecins Sans Frontières movement as a whole, targets a social mission ratio whereby around 80% of expenditure is directly devoted to this social mission. In 2019 Médecins Sans Frontières Australia Limited spent \$77,154,243 to the social mission therefore representing 76% of total expenditure (2018: \$77,980,00). 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

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## Directors' Report (continued)

### SUBSEQUENT EVENTS

Subsequent to end of the financial year, the COVID-19 outbreak was declared a pandemic by the World Health Organization in March 2020.

We have not seen a significant impact on our business to date. The outbreak and the response of Governments in dealing with the pandemic is interfering with general activity levels within the community, the economy and the operations of our business. The scale and duration of these developments remain uncertain as at the date of this report however they will have an impact on our earnings, cash flow and financial condition.

It is not possible to estimate the impact of the outbreak's near-term and longer effects or Governments' varying efforts to combat the outbreak and support businesses. This being the case, we do not consider it practicable to provide a quantitative or qualitative estimate of the potential impact of this outbreak on the Group at this time.

The financial statements have been prepared based upon conditions existing at 31 December 2019 and are evidence of conditions that existed at the end of the reporting period. As the COVID-19 pandemic occurred at 31 December 2019, its impact is considered an event that is indicative of conditions that arose after the reporting period and accordingly, no adjustments have been made to financial statements as at 31 December 2019 for the impacts of COVID-19.

### 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.

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# **Médecins Sans Frontières Australia Limited**

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## **Directors' Report (continued)**

### **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 31.

## 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



Dr Stewart Condon  
Director

Sydney, 27<sup>th</sup> April 2020



Mr Dwin Tucker  
Director

Sydney, 27<sup>th</sup> April 2020



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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 2019, 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 Ivaiyi  
Partner  
Sydney  
27 April 2020



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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 2019, 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 2019 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.

#### **Emphasis of Matter: Subsequent Events - Impact of the Coronavirus (COVID-19) Outbreak**

We draw attention to Note 17 of the financial report which notes the World Health Organisation's declaration of the outbreak of COVID-19 as a global pandemic subsequent to 31 December 2019 and how this has been considered by the Directors in the preparation of the financial report. As set out in Note 17, no adjustments have been made to financial statements as at 31 December 2019 for the impacts of COVID-19. Our opinion is not modified in respect of this matter.

#### **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.

## Building a better working world

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.

### 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.

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working world**

- 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.

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 2019 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  
27 April 2020

# Médecins Sans Frontières Australia Limited

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## 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 2019 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:

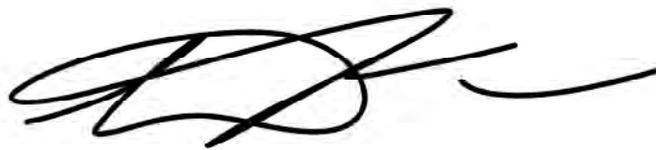
- (a) the Consolidated Statement of Comprehensive Income gives a true and fair view of all income and expenditure of the Group with respect to fundraising appeals;
- (b) the Consolidated Statement of Financial Position gives a true and fair view of the state of affairs of the Group with respect to fundraising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



Dr Stewart Condon  
Director

Sydney, 27<sup>th</sup> April 2020



Mr Dwin Tucker  
Director

Sydney, 27<sup>th</sup> April 2020

# Médecins Sans Frontières Australia

## Consolidated Statement of Comprehensive Income for the financial year ended 31 December 2019

	Note	2019	2018
		\$	\$
Revenue	4(a)	92,711,432	93,623,508
<i>Social mission costs</i>			
Field costs		(69,493,055)	(71,921,852)
Other project costs		(4,492,803)	(3,581,752)
Community education expenses		(3,168,385)	(2,476,401)
<i>Total social mission costs</i>		(77,154,243)	(77,980,005)
<i>Fundraising and Administration costs</i>			
Fundraising costs		(17,632,698)	(15,673,145)
Administration expenses		(5,307,772)	(4,864,058)
<i>Total fundraising and administration costs</i>		(22,940,470)	(20,537,202)
<b>Surplus/(Deficit) before tax</b>	4(b)	(7,383,281)	(4,893,699)
Income tax expense		-	-
<b>(Deficit)/Surplus for the year from continuing operations</b>		(7,383,281)	(4,893,699)
<i>Other comprehensive income/(loss)</i>		(16,480)	(175,946)
<b>Total comprehensive surplus (deficit) for the year</b>		<b>(7,399,761)</b>	<b>(5,069,645)</b>

Notes to the financial statements are included on pages 20 to 43

**Médecins Sans Frontières Australia**  
**Consolidated Statement of Financial Position**  
**As at 31 December 2019**

	Note	2019 \$	2018 \$
<b>Current assets</b>			
Cash and cash equivalents		11,263,060	17,761,641
Trade and other receivables	8	765,116	1,171,731
Other	9	305,068	271,964
<b>Total current assets</b>		<b>12,333,244</b>	<b>19,205,336</b>
<b>Non-current assets</b>			
Property, plant and equipment	7	266,018	377,663
Right-of use asset	12	1,021,949	-
Other	9	215,337	215,337
<b>Total non-current assets</b>		<b>1,503,304</b>	<b>593,000</b>
<b>Total assets</b>		<b>13,836,549</b>	<b>19,798,336</b>
<b>Current liabilities</b>			
Trade and other payables	10	1,916,898	1,560,263
Provisions	11	754,123	713,462
Lease Liability	12	398,801	-
<b>Total current liabilities</b>		<b>3,069,822</b>	<b>2,273,725</b>
<b>Non-current liabilities</b>			
Provisions	11	444,276	465,009
Lease Liability	12	662,609	-
<b>Total non-current liabilities</b>		<b>1,106,886</b>	<b>465,009</b>
<b>Total liabilities</b>		<b>4,176,708</b>	<b>2,738,734</b>
<b>Net assets</b>		<b>9,659,841</b>	<b>17,059,602</b>
<b>Equity</b>			
Reserves	14	(184,528)	(168,048)
Retained Surplus	13	9,844,369	17,227,650
<b>Total equity</b>		<b>9,659,841</b>	<b>17,059,602</b>

Notes to the financial statements are included on pages 20 to 43

# Médecins Sans Frontières Australia

## Consolidated Statement of Changes in Equity for the financial year ended 31 December 2019

	Note	Foreign currency translation reserve	Retained Surplus	Total
		\$	\$	\$
<b>Balance at 1 January 2018</b>		7,898	22,121,349	22,129,247
Deficit for the year		-	(4,893,699)	(4,893,699)
Other comprehensive (loss) for the year		(175,946)	-	(175,946)
Total comprehensive loss for the year		(175,946)	(4,893,699)	(5,069,645)
<b>Balance at 31 December 2018</b>		(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)
<b>Balance at 31 December 2019</b>	14	<b>(184,528)</b>	<b>9,844,369</b>	<b>9,659,841</b>

Notes to the financial statements are included on pages 20 to 43

# Médecins Sans Frontières Australia

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## Consolidated Statement of Cash Flows for the financial year ended 31 December 2019

	Note	2019 \$	2018 \$
<b>Operating</b>			
Receipts from donors and supporters		85,929,133	86,636,674
Receipts for services recharged		6,926,127	6,267,985
Interest received		313,203	631,429
Payments for field costs		(64,345,192)	(66,135,028)
Payments to suppliers and employees		(35,230,382)	(31,854,533)
Net cash flows (into)/from Operating Activities		<b>(6,407,110)</b>	<b>(4,453,473)</b>
<b>Cash flows from investing activities</b>			
Payment for plant and equipment		(117,432)	(71,884)
Proceeds from the disposal of plant and equipment		25,961	36,763
Net Cash flows used in investing activities		<b>(91,471)</b>	<b>(35,120)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>(6,498,581)</b>	<b>(4,488,593)</b>
<b>Cash and cash equivalents at the beginning of the financial year</b>		<b>17,761,641</b>	<b>22,250,234</b>
<b>Cash and cash equivalents at the end of the financial year</b>		<b>11,263,060</b>	<b>17,761,641</b>

Notes to the financial statements are included on pages 20 to 43

# Médecins Sans Frontières Australia Limited

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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 27 April 2019.

### 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

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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 that 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

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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**

The Group applied AASB 16 *Leases* for the first time. The nature and effect of the changes as a result of adoption of this new accounting standard is described below.

Several other amendments and interpretations apply for the first time in 2019, 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

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### **AASB 16 Leases**

AASB 16 supersedes IAS 17 *Leases*, IFRIC 4 *Determining whether an Arrangement contains a Lease*, SIC-15 *Operating Leases-Incentives* and SIC-27 *Evaluating the Substance Transactions Involving the Legal Form of a Lease*. The standard sets out the principles for the recognition measurement, presentation and disclosure of leases and requires lessees to recognise most leases on the balance sheet.

Lessor accounting under AASB16 is substantially unchanged from IAS 17. Lessors will continue to classify leases as either operating or finance leases using similar principles as an IAS 17. Therefore AASB16 does not have an impact for leases where the Group is the lessor.

The Group adopted AASB 16 using the modified retrospective method of adoption, with the date of initial application of 1 January 2019. The Group elected to use the transition practical expedient to not reassess whether a contract is, or contains, a lease at 1 January 2019. Instead, the Group applied the standard only to contracts that were previously identified as leases applying IAS 17 and IFRIC 4 at the date of initial application. The Group also elected to use the recognition exemptions for lease contracts that, at the commencement date, have a lease term of 12 months or less and do not contain a purchase option (short-term leases), and lease contracts for which the underlying assets is low value (low-value assets).

#### **AASB 1058 Income of Not-for-Profit Entities**

AASB 1058 is effective for Not for Profits (NFP) from FY 2019. It replaces most of the NFP income recognition requirements in AASB 1004 *Contributions* (AASB 1004). The scope of arrangements and contributions by owners.

The purpose of AASB 1058 is to more closely recognise NFP income transactions that are not contracts with customers in accordance with their economic reality. AASB 1058 needs to be considered in conjunction with AASB 15 *Revenue from Contracts with Customers* (AASB 15), that also applied to NFPs from FY 2019.

The main impacts of AASB 1058 are:

- i. The timing of income recognition will depend on whether there is any performance obligation or other liability – resulting in better matching of income and related expenses.
- ii. AASB 2018-8 postpones the requirement of NFP entities to recognise peppercorn leases at fair value. Applying the temporary relief, NFP entities can measure right of use assets associated with peppercorn leases at present value of payments required. If they choose to apply the deferral option, specific disclosures need to be made to explain the effects of peppercorn leases.
- iii. All NFP entities can elect to recognise volunteer services if they can be reliably measured.

# Médecins Sans Frontières Australia Limited

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

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

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

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

- i. Provisions for employee benefits – management judgement is applied in determining the future increase in wages and salaries, future on cost rates and experience of employee departures and expected period of service. Refer to note 11 for further details.
- 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 2019

### 4. REVENUE

	2019	2018
	\$	\$
<b>(a) Revenue</b>		
Revenue from operations consisted of the following items:		
Fundraising revenue:		
Donations	85,568,062	86,636,724
Interest revenue:		
Bank deposits	313,203	631,429
Other revenue:		
Recharge for services to Médecins Sans Frontières International entities	6,435,032	6,040,823
Other income	53,991	22,541
Non-monetary income (donations-in-kind)	341,143	291,991
<b>Total Revenue</b>	<b>92,711,432</b>	<b>93,623,508</b>

### (b) (Deficit)/surplus before income tax

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

Net gain from sale of plant and equipment	8,439	36,763
Net gain/(loss) from foreign exchange rate movement	6,473	9,428
Funds to the field to Médecins Sans Frontières		
International entities	69,493,055	66,135,028
Depreciation of non-current assets	635,332	306,688
Employee benefits, including superannuation benefits	12,904,222	12,556,944
Payments to superannuation funds	1,027,166	1,108,101

# Médecins Sans Frontières Australia Limited

## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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)
- Mr Dwin Tucker (Treasurer, non-executive)
- Ms Beth Hilton-Thorp (non-executive)
- Ms Katrina Penney (non-executive), Resigned 12 May 2019
- Mr Anthony Flynn (non-executive)
- Dr Chatu Yapa (non-executive)
- Mr Emmanuel Lavieuville (non-executive)
- Dr Meguerditch Tarazian (non-executive)
- Dr Jacqueline Hewitt (non-executive)
- Ms Patricia Schwerdtle (non-executive)
- Ms Kerry Atkins (non-executive), Elected 12 May 2019
- Mr Paul McPhun (Executive Director and Company Secretary), Resigned 16 December 2019
- Ms Jennifer Tierney (Executive Director and Company Secretary), Appointed 2 December 2019
- Mr Warrick Saunders (Head of Fundraising)
- Dr Myrto Schaefer (Head of Medical Unit), Resigned 27 December 2019
- Mr Robin Sands (Head of Field Human Resources)
- Ms Agatie Kissouri (Head of Finance & Administration)
- Ms Shereena-Lee Van De Berkt (Head of Domestic Human Resources)
- Mr Jonathan Edwards (Head of Advocacy)
- 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:

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
Key Management Remunerations (excluding the Board President)	1,378,618	1,314,329
President of the Board Remuneration	68,808	76,593

### 6 REMUNERATION OF AUDITORS

The auditor of the Group is Ernst & Young Australia.

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
Amounts received or due and receivable by Ernst & Young Australia for:		
Audit of the financial report	77,499	68,900
Other Services	3,833	11,113
	<b>81,331</b>	<b>80,013</b>

# Médecins Sans Frontières Australia Limited

## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 7. PLANT AND EQUIPMENT

	Office equipment at cost	Furniture and fittings at cost	Website and Software at cost	Total \$
	\$	\$	\$	
<b>Gross carrying amount</b>				
<b>Balance at 1 January 2018</b>	<b>509,161</b>	<b>1,116,336</b>	<b>522,833</b>	<b>2,148,330</b>
Additions	43,946	12,840	15,097	71,884
Disposals	(35,423)	(1,340)	-	(36,763)
<b>Balance at 1 January 2019</b>	<b>517,683</b>	<b>1,127,836</b>	<b>537,930</b>	<b>2,183,449</b>
Additions	86,121	29,889	1,422	117,432
Disposals	(25,961)	-	-	(25,961)
<b>Balance at 31 December 2019</b>	<b>577,843</b>	<b>1,157,725</b>	<b>539,352</b>	<b>2,274,920</b>
<b>Accumulated depreciation and impairment</b>				
<b>Balance at 1 January 2018</b>	<b>353,987</b>	<b>882,281</b>	<b>298,336</b>	<b>1,534,604</b>
Depreciation expense	89,737	63,185	153,766	306,688
Disposals	(35,310)	(196)	-	(35,507)
<b>Balance at 1 January 2019</b>	<b>408,414</b>	<b>945,270</b>	<b>452,103</b>	<b>1,805,787</b>
Depreciation expense	89,276	66,042	72,650	227,969
Disposals	(24,853)	-	-	(24,853)
<b>Balance at 31 December 2019</b>	<b>472,837</b>	<b>1,011,313</b>	<b>524,752</b>	<b>2,008,902</b>
<b>Net book value</b>				
As at 31 December 2018	109,270	182,566	85,828	377,662
<b>As at 31 December 2019</b>	<b>105,006</b>	<b>146,412</b>	<b>14,600</b>	<b>266,018</b>

# Médecins Sans Frontières Australia Limited

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

<b>8. TRADE AND OTHER RECEIVABLES</b>	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
	<hr/>	<hr/>
<i>Current</i>		
Amounts due from Médecins Sans Frontières International entities	533,786	1,000,628
Goods and services tax (GST) recoverable	231,331	171,103
	<hr/>	<hr/>
	765,116	1,171,731
	<hr/>	<hr/>
<b>9. OTHER ASSETS</b>	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
	<hr/>	<hr/>
<i>Current</i>		
Prepayments	289,531	266,601
Inventories	4,139	4,139
Other	11,398	1,224
	<hr/>	<hr/>
	305,068	271,964
	<hr/>	<hr/>
	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
	<hr/>	<hr/>
<i>Non-Current Asset</i>		
Rental bond	215,337	215,337
	<hr/>	<hr/>
<b>10. TRADE AND OTHER PAYABLES</b>	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
	<hr/>	<hr/>
<i>Current</i>		
Trade payables	1,219,438	1,067,015
Accruals	697,460	493,248
	<hr/>	<hr/>
	1,916,898	1,560,263
	<hr/>	<hr/>

# Médecins Sans Frontières Australia Limited

## Notes to the consolidated financial statements for the financial year ended 31 December 2019

	2019	2018
	\$	\$
<b>11. PROVISIONS</b>		
<i>Current</i>		
Employee benefits	754,123	713,462
	<b>2019</b>	<b>2018</b>
<i>Non-Current</i>		
Employee benefits	164,276	185,009
Make good provision	280,000	280,000
	444,276	465,009
	<b>Employee</b>	<b>Make Good</b>
	<b>benefits</b>	<b>Provision</b>
	\$	\$
Balance at 1 January 2019	898,471	280,000
Movement	19,929	-
Balance at 31 December 2019	918,399	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 2019

### 12. LEASES

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

	<b>Office Building</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>
Balance at 1 January 2019	1,430,729	1,430,729
Depreciation expense	408,780	408,780
	<hr/>	<hr/>
Balance at 31 December 2019	1,021,949	1,021,949

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

	<b>2019</b>
	<b>\$</b>
Balance at 1 January 2019	1,430,729
Accretion of interest	66,487
Payments	(435,806)
	<hr/>
Balance at 31 December 2019	1,061,410
Current	398,801
Non-current	662,609

The following are the amounts recognised in surplus or deficit:

	<b>2019</b>
	<b>\$</b>
Depreciation expense of right-of-use assets	408,780
Interest expense on lease liabilities	66,487
Expense relating to leases of low-value assets (included in administration expenses)	33,116
Total amount recognised in surplus or deficit	508,383

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

# Médecins Sans Frontières Australia Limited

## Notes to the consolidated financial statements for the financial year ended 31 December 2019

13. RETAINED SURPLUS	2019	2018
	\$	\$
Balance at the beginning of the financial year	17,227,650	22,121,349
Net (deficit)/surplus	(7,383,281)	(4,893,699)
Balance at end of financial year	9,844,369	17,227,650

14. RESERVES	Foreign Currency Translation Reserve	
	2019	2018
	\$	\$
Opening balance	(168,048)	7,898
Foreign exchange translation differences	(16,480)	(175,946)
Closing balance	<b>(184,528)</b>	<b>(168,048)</b>

*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 states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 31 December 2019, the number of members was 310 (2018: 304).

# Médecins Sans Frontières Australia Limited

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 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 (principally travel and accommodation expense reimbursements) incurred by the directors of the company in the course of their duties as a Director during the year.

	<u>\$</u>
Anthony Flynn	900
Beth Hilton-Thorp	7,145
Chaturangi Yapa	371
Emmanuel Lavieuville	1,066
Katrina Penney	4,528
Patricia Schwedrtle	2,151
Stewart Condon	7,457
Dwin Tucker	2,497

### 17. SUBSEQUENT EVENTS

Subsequent to end of the financial year, the COVID-19 outbreak was declared a pandemic by the World Health Organisation in March 2020.

We have not seen a significant impact on our business to date. The outbreak and the response of Governments in dealing with the pandemic is interfering with general activity levels within the community, the economy and the operations of our business. The scale and duration of these developments remain uncertain as at the date of this report however they will have an impact on our earnings, cashflow and financial condition.

It is not possible to estimate the impact of the outbreak's near-term and longer effects or Governments' varying efforts to combat the outbreak and support businesses. This being the case, we do not consider it practicable to provide a quantitative or qualitative estimate of the potential impact of this outbreak on the Group at this time.

The financial statements have been prepared based upon conditions existing at 31 December 2019 and are evidence of conditions that existed at the end of the reporting period. As the COVID-19 pandemic occurred after 31 December 2019, its impact is considered an event that is indicative of conditions that arose after the reporting period and accordingly, no adjustments have been made to financial statements as at 31 December 2019 for the impacts of COVID-19.

# Médecins Sans Frontières Australia Limited

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

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

	2019	2018
	\$	\$
	<hr/>	<hr/>
Current assets	11,272,805	17,836,732
Total assets	19,354,699	22,392,909
Current liabilities	2,475,504	1,885,030
Total liabilities	3,981,191	2,350,039
Retained surplus	15,373,509	20,042,869
(Deficit)/Surplus of the Parent entity	<b>(8,449,878)</b>	<b>(7,292,932)</b>
Total comprehensive (loss)/income of the Parent entity	<b>(8,449,878)</b>	<b>(7,292,932)</b>

The Parent had no material contingent liabilities as at 31 December 2019

The Company had no commitments as at 31 December 2019

# Médecins Sans Frontières Australia Limited

## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 19. DETAILED INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2019 (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.

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
<b>Revenue:</b>		
Donations and gifts		
Monetary	75,282,193	75,380,319
Non-monetary (in-kind)	326,834	291,388
Legacies and bequests	7,905,027	10,166,507
Investment income	294,916	631,429
Other income	6,815,691	6,062,624
<b>Total revenue</b>	<b>90,624,660</b>	<b>92,532,267</b>
<b>Expenses:</b>		
<b>International Aid and Development Programs Expenditure</b>		
International programs		
Funds to international programs	67,903,366	71,135,705
Program support costs	4,128,318	3,582,716
Community education	2,971,551	2,380,990
Fundraising costs		
Public	14,930,733	13,820,352
Accountability and administration	5,033,220	6,714,048
Non-monetary expenditure (in kind)	326,834	291,388
<b>Total International Aid and Development Programs Expenditure</b>	<b>95,294,021</b>	<b>97,925,199</b>
Impairment in investment of MSF New Zealand	3,780,517	1,900,000
<b>(Shortfall)/excess of revenue over expenses</b>	<b>(8,449,878)</b>	<b>(7,292,932)</b>

# Médecins Sans Frontières Australia Limited

## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 20. DETAILED CONSOLIDATED BALANCE SHEET FOR THE YEAR ENDED 31 DECEMBER 2019

	2019	2018
	\$	\$
<b>Assets</b>		
Current assets		
Cash and cash equivalents	11,263,060	17,761,641
Trade and other receivables	765,116	1,171,731
Inventories	4,139	4,139
Other financial assets	289,531	266,601
Other receivables	11,398	1,224
<b>Total Current Assets</b>	<b>12,333,244</b>	<b>19,205,336</b>
Non Current Assets		
Other financial assets	215,337	215,337
Property, plant and equipment	266,018	377,663
Right of Use Asset	1,021,949	-
<b>Total Non Current Assets</b>	<b>1,503,304</b>	<b>593,000</b>
<b>Total Assets</b>	<b>13,836,549</b>	<b>19,798,336</b>
<b>Liabilities</b>		
Current liabilities		
Trade and other payables	1,219,438	1,500,636
Accruals	697,460	59,627
Provisions	754,123	713,462
<b>Total current liabilities</b>	<b>2,671,021</b>	<b>2,273,725</b>
Non current liabilities		
Lease Liabilities	1,061,411	-
Provisions	444,276	465,009
<b>Total Non Current Liabilities</b>	<b>1,505,687</b>	<b>465,009</b>
<b>Total Liabilities</b>	<b>4,176,708</b>	<b>2,738,734</b>
<b>Net Assets</b>	<b>9,659,841</b>	<b>17,059,602</b>
<b>Equity</b>		
Reserves	(184,528)	(168,048)
Retained Surplus	9,844,369	17,227,650
<b>Total Equity</b>	<b>9,659,841</b>	<b>17,059,602</b>

# Médecins Sans Frontières Australia Limited

## Notes to the consolidated financial statements for the financial year ended 31 December 2019

21. DETAILS OF FUNDRAISING APPEALS	2019	2018
	\$	\$
Details of aggregate gross income and total expenses of fundraising appeals (i):		
Newspaper, magazine advertisements & inserts	124,895	95,175
Acquisition	1,735,664	843,158
Bequest	7,905,027	10,166,507
Newsletters/appeals	13,372,966	12,521,388
Other general campaign	1,111,376	1,145,299
Events	368,542	327,518
Field partners	46,631,548	45,988,690
Online	6,604,692	7,570,050
New Zealand	2,380,842	1,089,898
Unsolicited income	768,265	939,807
Telemarketing	4,564,245	5,949,235
	<b>85,568,062</b>	<b>86,636,724</b>
<b>Less: total direct costs of fund raising appeals</b>		
Newspaper, magazine advertisement & inserts	120,398	128,839
Acquisitions	624,998	845,513
Bequest	74,653	79,231
Newsletters/appeals	1,666,092	1,223,532
Other general campaigns	790,357	631,672
Events	43,803	40,868
Field Partners	8,747,274	6,939,309
On line	718,713	675,368
Telemarketing	2,001,816	2,369,958
	<b>14,788,105</b>	<b>12,934,290</b>
Net surplus obtained from fundraising appeals	<b>70,779,957</b>	<b>73,702,434</b>

- (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 \$76,894,770 (2018:\$75,530,411). Net surplus excluding these amounts was \$62,106,664 (2018:\$62,596,121).

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 2019

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

	2019 \$	2018 \$
Net surplus obtained from fundraising appeals (i) This was applied to the charitable purposes in the following manner:	70,779,957	73,702,434
Funds to overseas projects	(69,805,294)	(71,985,726)
Administration expenses (i)	(5,648,915)	(5,156,049)
(Deficit)/Balance applied to operational support at Médecins Sans Frontières Australia	(4,674,252)	(3,439,341)
Funds to overseas projects were expended by the following parties on behalf of Médecins Sans Frontières Australia Limited:		
Médecins Sans Frontières International	759,208	743,241
Médecins Sans Frontières Switzerland	19,072,415	19,617,536
Médecins Sans Frontières France	44,502,301	45,774,251
Total funds expended	64,333,924	66,135,029
Field staff costs	5,147,863	5,529,501
Emergency response costs	323,508	321,196
Total funds to overseas projects	69,805,294	71,985,726

- (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

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## Notes to the consolidated financial statements for the financial year ended 31 December 2019

### 23. COMPARISONS OF CERTAIN MONETARY FIGURES & PERCENTAGES

#### Gross comparisons including fundraising not covered by the Charitable Fundraising Act

	<b>2019</b>
	<b>\$</b>
Total cost of fundraising/	17,632,698
Gross income from fundraising	85,568,062
Net surplus from fundraising/	67,935,364
Gross income from fundraising	85,568,062
Total cost of services/	77,154,243
Total expenditure (excluding costs of fundraising)	82,462,015
Total cost of services/	77,154,243
Total income received (net of fundraising costs)	75,078,733

#### Gross comparisons including fundraising covered by the Charitable Fundraising Act

Cost of fundraising appeals/	17,632,698
Gross income from fundraising appeals	76,894,770
Net surplus from fundraising appeals/	61,205,777
Gross income from fundraising appeals	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



In Tabarre hospital, Haiti, medical staff attend to a patient who was injured in a violent incident. © Leonora Baumann/MSF



**MEDECINS SANS FRONTIERES**  
**DOCTORS WITHOUT BORDERS**

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