

# Annual Report 2023

## Vereniging Artsen zonder Grenzen



# Contents

From the MSF-NL Board President	3
An overview of 2023	6
Medical focus	12
Igniting change	16
Operational support	20
Staff	25
Safeguarding	33
Fundraising	37
Compliance and risk	41
Governance	49
Board statements	59
<b>Financials</b>	<b>61</b>
Financial Statements	62
General information	
Financial trends	
Statement of Expenditure and Income	
Balance Sheet	
Cash Flow Statement	
Notes to the Statement of Expenditure and Income	70
Notes to the Balance Sheet	82
Notes to the Cash Flow Statement	93
Accounting policies	95
Signing and other information	103
Supplementary information	111
Forward Statement	111
OCA programme support costs	114
Closing programmes	114
Medical publications	115

Photo cover:

An aid worker offers health advice in Dokura village during an MSF visit. With 17 posts in the region, manned by local volunteers, the team travels to deliver medicine and monitor progress at four health posts. South Sudan, August 2023.

Photo: Sean Sutton/Panos Pictures

# From the MSF-NL Board President



↑ Our team visits the remote village of Nyinijo to provide medical care. Escalating violence, floods, and an influx of people fleeing Sudan are increasing the needs in the area. South Sudan, August 2023. Photo: Sean Sutton/Panos Pictures

Dear reader,

We present this Annual Report on behalf of Artsen Zonder Grenzen (AzG) / MSF-The Netherlands (MSF-NL) management and the Board as part of our accountability to the people we serve, our donors, and our members. Looking back at our work over the past year is also an opportunity to reflect on our shortcomings and successes, ensuring we critically learn as we go forward.

MSF-NL came into existence 40 years ago this year. Over the past four decades, we have seen the best and worst of humanity. Last year, 2023, was another year that has seen severe humanitarian crises, some emerging and visible, others protracted and obscured from public view. All have been devastating and have required our principled medical humanitarian action and voice to be

considered and adapted, while adhering to our core values. Our values guide us to provide assistance based on the fundamental belief that we serve everyone in need equally and in a manner conducive to their agency and dignity.

While some of the crises people face around the world confront us directly via newsfeeds we receive every day, we are too often hindered from providing effective aid due to their brutality and the complacency surrounding such circumstances. The catastrophic targeting of civilians in Gaza, killing tens of thousands of people, mostly women and children, is a shattering example. The war in Gaza is accompanied by a shrinking of humanitarian space and operability, by a political and heavily politicised discourse, and a

flood of disinformation. All have so far prevented a ceasefire enabling an effective delivery of humanitarian assistance. Let alone any just and sustainable solution beyond short-term promises. A solution is needed that allows for alleviating the suffering of besieged Palestinians after the war.

Other crises are absent from the headlines and public attention. A look at major news outlets, in the Netherlands and across the globe, would hardly inform one about ongoing war, violence and displacement in Sudan, nor of horrific levels of sexual violence in the Democratic Republic of Congo; nor of the attempted erasure of women from public life in Afghanistan, nor of the consequences of escalating gang warfare in Haiti, nor of Rohingya communities trapped in Bangladesh, nor the continued suffering of those seeking safety, victims of unequal mobility regimes that criminalise them as well as our Search and Rescue work in the Mediterranean Sea.

We do not function in vacuum. While we strive to adhere to impartiality and independence, working in 33 countries and providing direct medical care to over 3.6 million patients in 2023, we recognise that our colleagues around the world are not only confronted with disease and displacement, injuries and lack of healthcare. It's the complacency of negligent governments and the continuation of a global status quo as well that does not value all lives in the same way and regardless of their geographies, ethnicities, or nationalities.

Today, we find ourselves at the crossroads of distinct conversations. Some belong to our patients and their communities, – they are about the injustices they face and the needs they have, the dignity they deserve and the lives they hope to have ahead of them. These are the ones we seek to amplify. Other perspectives are imposed on us and must be resisted: exclusionary, narrow, and regressive politics that do not see the people we serve as equal or as worthy. As we defend our humanitarian space and seek to expand it, as we stand for the right to receive aid in crises, and the ability to provide it, we again find it evident that it is not our humanitarian medicine alone that matters, but how it is combined with our voice, our actions, and our principles.

The principles we adhered to and have highlighted for decades, such as humanity, impartiality, neutrality, and independence are needed now more than ever. As we look back on our past 40 years, and forward to our future, we will continue to do all we can: we will listen to our patients more, we will find new and courageous ways to amplify their voices and express ours, and we cherish our hope that humanitarian medicine is not only a tool to treat patients but also one to help us, alongside other people and groups, make a better future.

We take this opportunity to thank our staff, partners, communities in which we work and our donors for their incredible efforts which contribute to the delivery of assistance to people in crises and vulnerable circumstances and enable us to stand in solidarity with them and advocate for change. Thank you!

On behalf of the Board

A handwritten signature in blue ink, reading "T. Aloudat", with a long horizontal line extending to the right.

Dr. Tammam Aloudat  
President of Artsen zonder Grenzen /  
MSF - The Netherlands

# Who we are: AzG, MSF-NL, OCA, and the MSF movement

Today, the international MSF movement is composed of 26 associations around the world. Each of them is an independent legal entity registered in the country where they operate. The MSF associations are linked to one of the six operational centres responsible for the delivery of MSF's medical humanitarian work across the world.

This is the report of the association of MSF-The Netherlands (MSF-NL), known and registered in the Netherlands as vereniging Artsen zonder Grenzen (AzG).

## **OCA partnership**

MSF-NL is an MSF 'operational section' and the legal entity which carries 'Operational Centre Amsterdam' (OCA), one of the six OCs worldwide. OCA is a partnership between MSF-NL and MSF Canada, MSF Germany, MSF South Asia, MSF Sweden, and MSF-UK.

OCA's medical humanitarian activities fall under the responsibility of the Board of the MSF-NL Association (the MSF-NL Board). The MSF-NL Board then delegates oversight of OCA's operations and activities to the OCA Council, which comprises representatives of the boards of the different OCA partners.

## **The MSF-NL section**

MSF-NL as an MSF 'section' – supports programme work through recruitment, fundraising, advocacy, and awareness-raising – governed by an independent association. This report reflects on OCA's medical humanitarian impact, including global advocacy and communications in 2023. It includes relevant updates from our country programmes, our Netherlands-based head office, and our activities inside the Netherlands.

For more information about MSF governance, see: [Governance](#).

# ■ An overview of 2023



↑ Dr. Samih Kaddour (on the right) at Aqrabat Hospital with a patient affected by the earthquake that struck Syria and Turkey on 6 February 2023. MSF teams have donated supplies to this hospital and others in response to the aftermath of the earthquake. Syria February 2023. Photo: Abdul Majeed Al Qareh

## Programmes 2023

**33** Country programmes

**124** Emergency aid projects

**12,616** Staff (in FTE)

**338.7** Million euro spent  
in the following contexts:

**51%** Armed conflict

**25%** Internal instability

**23%** Stable countries

**2%** Post-war countries

At our busiest times in 2023, we ran 124 projects in 33 countries. We responded to the consequences of extreme violence and displacement, disease outbreaks, and malnutrition. We advocated for the communities we serve and amplified their voices on the international stage.

### A year marked by crisis

From the civil war in Sudan to renewed conflict in the Democratic Republic of Congo, the war in Gaza, criminal violence in Haiti, earthquakes in Türkiye/Syria, cyclones in Myanmar and Bangladesh, and flooding in Libya and South Sudan, 2023 was a year of crisis. These, and many other events, intensified the pressures of economic shocks and inflation, the ongoing fallout of Russia's invasion of Ukraine, food insecurity, climate and environmental degradation, and the continued ripple effects of COVID-19. In

a destructive cycle, these impacts trigger further violence, disease outbreaks, increased displacement, marginalisation, and neglect.

We saw the consequences of cuts to global aid budgets. At a time when assistance is needed more than ever, donor funding is drying up, leading major aid agencies to reduce their programmes. As lifesaving food distributions stop and healthcare clinics close, from Afghanistan to Bangladesh to South Sudan to Yemen, it is the most vulnerable communities who pay the highest price. MSF is almost entirely independently funded, so thankfully, the cuts do not directly affect us. However, they do increase pressure on our teams and the services we provide. They can also create expectations that we will fill the gaps - but we do not have the resources, capacity, or expertise, to do it alone.

### **Reviewing our programme portfolio**

MSF is also not immune to the impacts of global economic shocks. In 2023, as MSF-NL, we started to face our own constraints. After three years of substantial growth and investment in our country programmes, we also feel the impact of inflation hikes and rising costs. In earlier years, we could manage such volatility through our growing income and our reserves. However, in early 2023, our financial forecasts showed a slowing down of our income.

In July, our senior medical and operational managers conducted an in-depth review of the OCA operations portfolio to the end of 2025. The aim was to be proactive and 'get ahead' by making strategic decisions now rather than being forced to make decisions based on financial constraints in the future. All projects across all country programmes were reviewed, compared, and evaluated according to the following criteria: programme type and volume; emergency response needs; medical impact, now and in the future; strategic regional presence; presence of other MSF sections; quality of care; for large projects, manageability, and responsiveness; proximity to communities; ability to bear witness; and research priorities and commitments.

The review decisions will lead us to close 13 programmes and reducing activities in a further 12, over the next two years. We started implementing some closures in the second half of 2023 (Iraq, Libya, and Venezuela, with the majority planned for 2024 and 2025 (see: Supplementary information). These were difficult and complex decisions, which we communicated openly with teams, making spaces to explain our rationale and answer questions. We also prioritised creating transparent and detailed programme closure and handover plans.

### **Redistributing our budgets**

Further to this, we reduced the 2024 budget by 9.0% to € 310.3 million, compared to € 341.1 million in 2023. We also re-distributed our 2024 funds to ensure we could allocate more resources to unplanned emergency aid responses and other unforeseen activities. This unplanned emergency resource now equals 10% of our total budget – an increase in real terms from € 17.3 million to € 31.0 million.

Thankfully, primarily because of unexpectedly high levels of income from legacies and inheritances and our global income (see: Fundraising) we finally had a much more successful fundraising year than the initial forecasts had predicted. This does not, however, change the choices made in the medical operational portfolio review. These strategic and forward-looking decisions were taken to ensure we can remain proactive, with the agility to prioritise emergency responses for the years to come.

### **Reviewing our Strategic Plan**

In 2022, in the wake of COVID-19 and its impacts across MSF, the strategic planning cycle for MSF operational centres was extended to the end of 2025. We used this opportunity to reflect on our progress with our Strategic Plan objectives and identify areas of focus for the next two years. The review found that despite extraordinary events, particularly COVID-19 as well as internal governance challenges, we have made good progress in some key strategic areas. One notable example is related to person-centred care, which had been both well-planned and sufficiently resourced. At the same time, the review found areas in which we have met challenges in implementing our ambitions. With regards to antimicrobial resistance (AMR) and climate and environmental health, for instance, important foundational work has been completed yet we are not as advanced as we had initially hoped for. Work on AMR is highly complex and costly, and this has slowed our progress. Furthermore, although we have generated strong analyses on climate and environmental health, we have not yet integrated them into our programming. Going forward, we will work to balance our aspirations with attainable goals and to monitor performance as we move toward the end of the current strategic period. This will enhance accountability as we begin to plan our next strategic cycle, which will run from 2026-2031.

# Humanitarian responses

The selection of operational snapshots below illustrates some of our most significant humanitarian responses and challenges in 2023.

## Democratic Republic of Congo

The resurgence of the M23 militant group has increased conflict in the North Kivu region of the Democratic Republic of Congo. In January, fighting reached the town of Mweso where we support the local hospital and several health clinics. We reduced our team size and set up mobile clinics to support the 30,000 people temporarily displaced in and around the town. Meanwhile there was a cholera outbreak in the makeshift camps around the provincial capital, Goma, where around 600,000 displaced people are gathered. Together with the Ministry of Health, we treated more than 6,500 cholera patients. We also worked to significantly improve water and sanitation conditions. We built hundreds of latrines and, by May, had constructed a surface water treatment plant on Lake Kivu, able to provide two million litres of clean water a day. By September, as the situation settled, we handed the plant's operation over to another humanitarian agency, to be able to focus on our medical activities which included mass vaccination campaigns, treatment for malnutrition, and care for survivors of sexual violence. We spoke out about the crises our teams witnessed, including sounding the alarm on shockingly high levels of sexual violence and the severe rates of malnutrition.

## Türkiye / Syria

In February, severe earthquakes and powerful aftershocks hit southeast Türkiye (Turkey) and northwest Syria, killing around 59,000 people. Nearly 900,000 buildings were damaged or destroyed and eight million people were displaced. MSF has a long history of working in these areas and although we no longer work in Türkiye, we were able to use our strong networks there to gather an assessment team in the immediate aftermath of the disaster. Our emergency teams arrived in Hatay province in Türkiye at the epicentre of the earthquake within 24 hours, and from there we set up partnerships with local organisations. Through these partnerships, we were able to provide urgent medical care and essential items, such as blankets, hygiene, and cooking kits and (in later stages) to improve water and sanitation services, reconstruct damaged health facilities, and provide mental healthcare to people traumatised by the losses they had endured.

## Haiti

In Haiti, an already highly volatile political, economic and security situation deteriorated further in 2023. The escalating violence jeopardised all MSF programmes on several occasions. OCA's services in the country include primary healthcare and sexual and gender-based violence care, in and around the capital, Port au Prince, and the neighbouring region of Artibonite. In Port au Prince, violence makes it extremely difficult for people to move freely, so we travel with a mobile clinic to different areas of the city. The clinic treats around 250 patients a day – predominantly for scabies and hygiene-related illnesses, such as diarrhoea and cholera. Our staff work tirelessly to reach communities trapped in isolated areas of the city, but on several occasions gang violence forced us to temporarily suspend activities.

As Haitian citizens, our locally recruited staff and their families are also caught up in the crisis. Many have been taken and held by armed criminal groups on several occasions. Thankfully, their identification as MSF staff has always led to them being released unharmed. This speaks to the high level of appreciation for the services we provide, and our extended networking. However, as security in Haiti continues to worsen, we remain extremely concerned about the communities caught in the crossfire.

## Sudan

In Sudan, political unrest escalated into civil war in April. In the ensuing violence our warehouses and offices were repeatedly looted and occupied, and our staff were harassed. We were forced to evacuate staff and relocate them to safer areas, under very difficult circumstances. Our teams worked tirelessly to get new supplies into Sudan and re-establish coordination hubs, a feat that was made possible through the support of our Sudanese colleagues. We were able to restart services, including primary healthcare in the Jebel Marra mountains, Darfur state, and set up mobile clinics for displaced people in Al Jazirah state. In addition, we supported hospitals in the capital, Khartoum, and surrounding areas.

Hundreds of thousands of people fled Sudan, across the border to Chad. In the Sila region of eastern Chad, we supported these Sudanese refugees and Chadian returnees with water and sanitation services and mobile clinics. In the first three weeks alone, medical teams treated 1,460



patients, the majority children, for malnutrition, respiratory infections, acute watery diarrhoea, and malaria. In some areas, apart from the Ministry of Health, we were the only agency providing medical care. In June, as the rainy season encroached, we called for greater humanitarian assistance for displaced communities.

### **Afghanistan**

In Afghanistan, an already dire humanitarian crisis further deteriorated in 2023. Following the Taliban return to rule in August 2021, a freeze on foreign donor funding and international sanctions have contributed to economic collapse. At the same time, increasing restrictions on women's freedom are extremely concerning. In 2023, a decree (issued in December 2022) came into force which bans women from working in non-governmental organisations. At present health workers, including MSF staff, are exempted from the ban, but we have no formal assurance that we will be able to continue to work unhindered. In April, the ban was extended to include all UN staff. Just over half (51%) of MSF staff in Afghanistan are female. In a country where it is often not possible for men to clinically treat women, having female staff is critical to our ability to provide medical care. We continued to run medical programmes in Kandahar and Lashkar Gah, Helmand province. The Kandahar programme focuses on Tuberculosis (TB) treatment and nutrition. In Lashkar Gah, together with the Ministry of Health, we co-manage the 340-bed Boost hospital. With healthcare services deteriorating across the country (in part because of aid cuts) Boost hospital is under increasing pressure. There are always far more patients than beds available, particularly in the maternity and paediatric wards. On average we saw 1,000 patients in the emergency room and assisted with 60 deliveries every day in 2023. By the end of the year, we had carried out more than 200,000 consultations, nearly double that of 2020 (120,000).

### **Myanmar**

Myanmar has been embroiled in internal conflict since the military coup in early 2021. The consequences of this were exacerbated by a category five cyclone, Cyclone Mocha, which devastated Rakhine state and the northwest of the country in May. Winds of up to 280 km an hour ripped through villages and displacement camps, destroying 85% of homes in some areas, including those of our local staff. Our teams provided mobile clinics, trucked in water and distributed hygiene kits, where we could. However, more than two months after the cyclone hit, restrictions continued to hamper a full response. Meanwhile the security situation deteriorated in other parts of the country, including in Kachin state, where a

bomb killed 30 people and destroyed the homes of two of our staff in Waimaw township in October. We supported the emergency response through training and telemedicine, and donated trauma kits to the Waimaw General hospital.

### **Ethiopia**

In 2023, we worked on rebuilding our programmes in Ethiopia, following an extended suspension, from which we had been able to return in November 2022. Thanks to our Ethiopian staff, we had been able to continue providing some medical humanitarian care during the suspension, including activities in response to violence and disease outbreaks in Tigray, Amhara, Gambella and Somali regions. It was a great relief to be back at our full capacity in particular to the conflict affected Tigray region as it emerged from a devastating two-year war. In Tigray, our support was focused on hospitals and health centres in the towns of Shire and Sheraro, which had been heavily damaged and filled with explosives during the conflict. In these areas, we advocated for improved nutritional support after finding levels of malnutrition well above emergency thresholds. The Shire hospital provides the only obstetric care for two million women, and our support to the hospital included introducing a surveillance and response system to enhance the quality of care and reduce maternal mortality rates. In addition, we continued to support MSF colleagues still mourning and seeking accountability for the brutal murders of three staff in Tigray in 2021.

### **Yemen**

In Yemen, a country still in recovery from a devastating war, we provide essential maternal and neonatal services. Our biggest services are in Taiz city, where we carry out tens of thousands of consultations each year. In Al Jamhour hospital our work to reduce neonatal mortality rates has seen good progress, but the needs remain extremely high. In Taiz Houban hospital we responded to a measles outbreak, with an isolation unit which saw patient numbers increase 10-fold in a period of three months, from an around five a week, to 50-60 a week. We also conducted mass vaccination programmes to try to avoid the disease spreading further, and treated children for malnutrition. In the city of Marib, we provide primary healthcare and mental health support to children from internally displaced and migrant communities as well as the marginalised Muhamasheen minority. Despite the clear needs, international funding for Yemen is dwindling. This, combined with the deteriorating security situation, has led to the closure of more than 50 primary healthcare units in Marib city alone. As a result, 70% (160 out of 190) displaced persons sites currently have no access to basic health services.

## South Sudan

We marked the 40-year anniversary of our work in South Sudan. The country hosts our biggest programme worldwide, and we respond to the needs of communities grappling with the consequences of conflict and displacement, disease outbreaks, climate change and environmental disasters. Over the year, extreme flooding limited our ability to reach people in need. In the areas we could access, such as the town of Adok, we found around 2700 displaced people living in very poor conditions and provided food assistance, distributed essential relief items, and set up water and sanitation services. In Jonglei state, we saw an increase in intercommunal clashes, treating 30 war-wounded patients in our clinic and airlifting 18 surgical cases to our hospital in Bentiu. We set up mobile clinics to support communities fleeing the conflict in Sudan. Between April and June, more than 110,000 people (93% of whom were South Sudanese returnees) fled across the border.

## War in Gaza

Gaza has seen near-continuous bombardment by Israeli forces since the Hamas attacks on 7 October. The unrelenting assault is nothing short of catastrophic, with tens of thousands of people killed, the majority children. OCA is not operational in Palestine, but we have been supporting our colleagues from other MSF operational centres,

who have reported unimaginable suffering. Nowhere is safe, hospitals are completely overwhelmed, humanitarian aid is blocked and there are severe shortages of food, and water. Many MSF colleagues are trapped, and staff and their families have been killed, making it a deeply emotional time for the whole organisation. MSF has consistently condemned the violence and called for a ceasefire. On 22 February 2024, the MSF Secretary General briefed the UN Security Council, calling for an immediate and sustained ceasefire, and the unequivocal protection of medical facilities, staff, and patients. As OCA we continue to closely monitor the situation with the intention to provide medical humanitarian support when it is possible. This includes exploring opportunities to provide support from surrounding countries, including Egypt, Lebanon, Jordan, and in Palestine in the West Bank.

Assessments and support to other MSF sections In addition to programme responses, we carried out emergency needs assessments following the catastrophic flooding in Derna, Libya, and the devastating earthquake in Morocco (both in September). In both cases, we found needs were already being met by humanitarian agencies (including other MSF sections) and/or local authorities and concluded that there was not a specific need for us, as OCA, to also start an emergency response.

## Programme closures

Over the year, we closed 16 long-term projects, or country programmes (Ukraine, Libya and Iraq, with Venezuela pending). Some closures were pre-planned and some were the result of our portfolio review. Another 13 were emergency responses, which had started and been completed within the year. The list below reflects the chronological order in which we began closure processes.

### Ukraine

In early 2023, after 14 months, we stopped running our primary healthcare and mental health activities in Ukraine, having run projects in Kharkiv, Kyiv, Vinnytsia, Chernihiv, Sumy and Zaporizhija. We left in the knowledge that other MSF sections continue to be present in Ukraine. It was a decision taken in part because with our longstanding presence in Russia, we felt that we could have more impact supporting displaced communities there. Since the start of the war in Ukraine, an estimated 1.2 million people have crossed into large cities in southern Russia. In Belgorod region, as fighting intensified in border villages in May and

June 2023 an influx of displaced people moved into Belgorod city. In the city, together with a local organisation, Path to the Future, we support these communities with free medical consultations, including mental healthcare, and cover the costs of medical prescriptions and supplies.

### Libya

In June, after eight years working in detention centres and with communities living in precarious urban conditions, primarily migrants, asylum seekers and refugees we closed our activities inside Libya. We continued to support the Libyan National Tuberculosis Programme with multidrug-resistant TB treatment until the end of the year. The decision to leave Libya was extremely difficult; we remain chronically aware of the scale of the needs in the country, and the significance of the country for migration advocacy. However, with ever-increasing restrictions making it almost impossible to reach patients, we had, as part of our portfolio review, to consider whether the impact we could have justified our continued

presence at this time. We remain committed to learning from the numerous challenges and ethical dilemmas, we faced in Libya, and to telling the stories of those that we worked with. This includes the production of a briefing paper detailing abuses in detention centres, which we released in December 2023. Furthermore, although we left as OCA, other MSF sections remain present in other parts of the country.

### **Central African Republic**

In the Central African Republic, our programme review concluded that we no longer had the capacity to manage our programme in Boguila district. We closed several health structures and ended our support to the Boguila hospital in June. We ensured a smooth handover to the Ministry of Health, including capacity building and donating medical supplies. We continue some outreach activities in the area, as well as supporting the Regional University hospital with maternal and child healthcare, mental healthcare, and community care for HIV patients, and to strengthen our support in Bossangoa.

### **Venezuela**

OCA started working in Venezuela in 2018, as healthcare services collapsed with the economic crisis. In October 2023, we closed our Amazonas programme which had supported the Ministry of Health with medical consultations and structural improvements to primary healthcare centres – with the improvements largely in place, we felt able to transition out of the project. We continue to run our Delta Amacuro project, providing primary healthcare for Indigenous communities, with the intention to hand this over to another MSF section or humanitarian agency, by mid-2024.

### **Iraq**

Our primary areas of focus in Iraq have been the towns of Abbasi and Hawija, the last sites in which the Islamic State was active. Over the last few years, these areas have been reconstructed and are starting to thrive. We have seen an increase in family planning consultations and improved reach of our sexual and reproductive health services and now feel able to handover our projects to the Ministry of Health and other humanitarian agencies. We started the handover process in November 2023, and concluded at the end of February 2024.

### **Belarus migrant project**

In December, we closed our activities supporting migrants in south Belarus. The project which started in October 2021 helped people on the move to access healthcare. Through our activities, we witnessed the consequences of abuse, mistreatment, and neglect on a precarious community of people trying to reach Europe, including unaccompanied children, families, women, and men. We referred people for treatment for a variety of medical conditions, including frostbite from freezing temperatures, acute respiratory infections, chronic diseases, and physical trauma consistent with beatings and falls from the walls and fences which divide Belarus from its EU neighbours. We took the decision to close our activities, following consultation with others working in the country. The rationale was related both to increasing restrictions preventing us from working freely, and recognition that the primary needs we were seeing were for areas – such as protection and legal support – which other agencies are better placed to provide.

### **Pakistan**

In December, we closed our emergency response programme in Sindh province, Pakistan, started in June 2022 in response to extreme floods which had submerged a third of the country. Our activities included medical care, the distribution of essential relief items such as tents, blankets, and hygiene kits, as well as of millions of litres of water, installing hand pumps and setting up a desalination plant. Between September 2022 and September 2023, we treated more than 12,000 people for malaria, and between March and September 2023, we treated more than 2,000 young children, and nearly 300 pregnant and lactating women for malnutrition. We closed the project as the situation was stabilising, handing over the remainder of our activities, including a cutaneous leishmaniasis programme, to the Pakistan Ministry of Health.

# Medical focus



↑ At Ameth Bek Hospital in Abyei, the MSF team worked tirelessly to save a 3-year-old girl with breathing difficulties. Unfortunately, she tragically passed away the next day. South Sudan, August 2023. Photo: Sean Sutton/Panos Pictures

## Medical impact

<b>3,631,000</b>	OPD consultations
<b>241,800</b>	IPD Admissions
<b>823,600</b>	Malaria patients treated
<b>17,500</b>	Cholera patients treated
<b>116,100</b>	Patients treated for malnutrition
<b>88,400</b>	Deliveries in MSF supported services
<b>8,200</b>	Caesarian sections
<b>473,300</b>	People vaccinated for measles
<b>21,600</b>	Surgical encounters
<b>4,300</b>	People rescued in the Mediterranean
<b>148,200</b>	Individual therapeutic Mental Health consultations
<b>651,600</b>	Participants attending group activities for Mental health and Psychosocial Support
<b>1,400</b>	Patients treated for multidrug resistant Tuberculosis
<b>64,829,000</b>	Litres of clean water delivered

In 2023, we continued to provide primary and secondary healthcare to vulnerable populations across different settings. We treated more than 3,631,000 outpatients, similar to 2022 (just over 3,636,000) and cared for nearly 235,000 people in our inpatient facilities, a slight increase on 2022 (just under 222,000). Children under-five-years-old, represented 35% of all patients (inpatients and outpatients) and 47% of our inpatients (compared with 55% in 2022).

We continued to focus on developing and implementing inclusive strategies to deliver quality person-centred care (PCC). The idea behind our PCC approach is that our healthcare services are attuned to the needs, values and preferences of individuals and communities, wherever they are. In 2023, our PCC guiding principles were validated and we began implementing them in all existing projects. A review of the 2024 project proposals found that a majority (36 out of 54) included specific PCC implementation goals.

# Medical priorities

## Antimicrobial resistance

Understanding and addressing some of the underlying causes of antimicrobial resistance is a strategic priority. As part of this work, we sought to improve access to microbiology in 2023 in some of our large hospital settings. This included adding a “mini microbiology laboratory” to our project in the Bentiu displaced persons camp in South Sudan. In the Rohingya refugee camps in Bangladesh we implemented a hybrid model in which bacterial cultures are performed in-house but are sent to an external laboratory for susceptibility testing.

## Tuberculosis and drug resistance

One area of concern for drug resistance is Tuberculosis (TB), with half a million people falling sick with drug-resistant TB (DR-TB) every year. Since the beginning of 2022, we have treated 1,038 patients with DR-TB in 12 countries with the short course regimen we developed through our PRACTECAL clinical trials. We supported changes to national guidelines for DR-TB treatment in these same countries and are awaiting the importation of drugs to start treatment programmes, in collaboration with ministries of health. We continue looking for opportunities to influence policy changes in India and Myanmar where we see significant numbers of TB patients.

## Malaria and drug resistance

Drug-resistant malaria is another growing public health problem. In Central African Republic, we set up routine data monitoring of drug resistance to the artemisinin-based combination therapy used to treat the disease. We developed a protocol for wider implementation in country programme areas which may also face issues with resistance. Meanwhile, in South Kivu, Democratic Republic of Congo, we conducted research into possible resistance to the larvicide used to kill mosquito larvae and pupae before they can grow into biting adults. As a result of this investigation, 254 sites were selected for larvicidal spraying with *Bacillus thuringiensis israelensis*, a naturally occurring soil bacterium that can effectively kill mosquito larvae present in water. Forty-eight hours after spraying, the larvae collected were at a lower stage of development and no nymphs were seen, showing the effectiveness of the treatment.

## Vaccination

Our 2020-2025 vaccination strategy includes: multiantigen mass vaccination campaign for people living in precarious situations, catch-up vaccination campaigns, supporting primary

healthcare facilities with routine immunisation and reducing missed vaccination opportunities. In 2023, we carried out several mass vaccination campaigns, including multiantigen (i.e. vaccinating for multiple diseases at one time) and/or mass measles campaigns in Chad, Democratic Republic of Congo, Ethiopia, Sudan, and South Sudan.

For example, in the Democratic Republic of Congo we carried out a four-month multiantigen mass vaccination campaign covering 10 diseases, in the displacement camps around Goma. The vaccination campaign aimed to rapidly increase levels of immunity against vaccine preventable diseases. Because of the COVID-19 gap, many children in the areas had not received routine vaccinations and have now reached an age where they are no longer eligible for them. Together with the Ministry of Health, we vaccinated more than 35,000 children, which helped to close this gap.

We helped address missed opportunities for vaccination in healthcare facilities across Africa, Asia, and the Middle East, and advocated for the age groups of children eligible for catch-up vaccinations to be extended in many countries. In 2024, we plan to implement further large-scale mass multiantigen vaccination campaigns, including two in Nigeria.

## Food insecurity and malnutrition

Over the year, we witnessed alarmingly high increases in malnutrition across our country programmes. We screened nearly 1.4 million children for malnutrition, (compared with 1.3 million in 2022); 577,400 were screened in outpatient departments, 251,000 as part of our integrated community case management outreach, and 563,200 in other outreach programmes.

We also overcame security challenges and lack of capacity to implement two nutrition surveys (in Democratic of Republic, North Kivu, and Chad) and six rapid assessments (three in Ethiopia, one in Chad, one in Democratic Republic of Congo, North Kivu, and one in Pakistan). We conducted nutritional screenings during mass vaccination campaigns in Chad, Democratic Republic of Congo (North Kivu, Goma, and South Kivu), and Ethiopia. The work of our medical teams was supported by broader monitoring and analysis on nutrition and food security by our social science and humanitarian affairs teams. In 2023, this included contributing to several intra-MSF briefing papers on food security, which we have integrated into our programming.

### **Climate and environmental health**

The impacts of climate and environmental change exacerbate resource conflicts, displacement, and disease outbreaks. We see these impacts across our country programmes and are committed to better understanding and responding to them across our health programming. In 2023, we made significant progress in our efforts to differentiate and classify activities as being (primarily) focused on mitigation or adaptation or anticipatory, linking early warnings to actions to protect ahead of likely future events. However, planned progress in some areas was slowed as activities and priorities shifted. This includes the decisions to close programmes in Iraq and Venezuela, and the scale of the emergency response needs created by the Pakistan floods.

### **Environmental health and malaria**

Our malaria anticipation project aims to improve our early warning systems for malaria through modelling of environmental variables and routine data. In 2023 in South Sudan, a preliminary model was used to successfully make a short-term prediction of the malaria peak. We will continue to develop the model in 2024.

### **Nursing**

Nurses make up more than half of our workforce and are critical to our health programmes worldwide. We are committed to nurse leadership and improving the safety and quality of our nursing care through professional development. As part of these efforts in 2023, we started to implement monthly tracking of nursing quality indicators in nine inpatient healthcare facilities across eight country programmes (Afghanistan, Bangladesh, Central African Republic, Ethiopia, Nigeria, Somalia, South Sudan, and Yemen).

The tracking comprises monitoring of indicators across three core nursing competencies across patient care: monitoring of vital signs, escalation of care, and pain management; and includes at least one measurement of a secondary quality of care indicator (such as safeguarding, palliative care, or infection, prevention, and control).

Since implementing the monitoring, we have seen an improvement in the accuracy of vital sign monitoring and documentation, with accuracy rates ranging from 80-100% per facility in December. We have also seen general improvement in processes of escalating care for patients whose conditions are deteriorating. However, this is a more complicated process, and the progress has been slower, with a wider range of compliance (20-100% in December).

The measurement and management of pain is the process in need of most improvement, with compliance rates of 10-100% in December 2023. We have identified some of the root causes of this, including lack of standardised processes for the assessment and treatment of pain, such as ineffective documentation charts, lack of “as needed” prescriptions for break-through pain, and fears of overprescribing, as well as communication challenges between doctors and nurses. Having identified these problems, we are now developing action plans for improvement at the facility level. We also developed a set of nursing standards focused on PCC, infection prevention and control, clinical governance, and safeguarding. These are in the process of being internally validated and in 2024, we plan to develop a tool to support country programme teams to assess their nursing quality of care.

### **Evaluations**

As an organisation we seek to continuously learn from our experiences to improve the relevance, effectiveness, and quality of our programmes. Working with MSF’s evaluation units we commissioned two evaluations in 2023; of our programmatic response to COVID-19; and of our Tuberculosis (TB) clinical trial, PRACTECAL.

#### **COVID-19 response**

Our evaluation of the MSF-OCA programmatic response to COVID-19 found many positives, including the organisational decisions to

prioritise continuity of care, and our overall organisational resilience. At the same time, it identified a number of areas for improvement, including our ‘pandemic preparedness’ and the need to better define our role and responsibility in the context of a pandemic; the need for mechanisms to ensure real-time learning; the need to ensure we always continue ‘bearing witness’; the need for streamlining of resources and ensuring open access to them; the need to ensure staff access to healthcare; to diversify supplier bases; and to ensure processes to disseminate lessons learned.

The report's findings were shared and discussed with the whole organisation, with multidisciplinary working groups now focused on distilling the recommendations into meaningful action.

### **TB clinical trial**

Our PRACTECAL clinical trial was successful in finding improved treatment options for multidrug-resistant Tuberculosis (TB). Conducting a trial on this scale was a first for MSF. The about € 35 million trial lasted for 10 years and was held across multiple sites and countries. As the scientific results have already been published, this evaluation focused on the strengths and weaknesses of the design and implementation of PRACTECAL, across six areas: governance, implementation, partnerships, communication, and ethical dilemmas.

The assessment considered how MSF's core internal structures are designed to manage humanitarian emergency responses, with logistics, HR and budgeting mechanisms optimised to responding to crises, which by its nature means a focus on short-term planning. All of which is at odds with the longer-term,

slower moving pace of clinical research. Furthermore, this type of project needs highly technical skills, and longer-term staff retention than MSF is used to managing.

PRACTECAL proves that it was possible for MSF to effectively implement a clinical trial, at the same time as running emergency aid programmes; and showed industry that we are a credible player in this space. The assessment applauded the PRACTECAL teams, and those who supported them, for their adaptability, creativity, and flexibility in making this happen. However, the evaluation also concluded that the significant human effort and financial costs of the project, which were far greater than anticipated, must be considered in more depth. This includes questions about the investments and structures we create for trials, and our roles and responsibilities with these once a project has ended.

The learnings from the evaluation will help inform future decision-making about large-scale clinical research, as well as supporting the design, planning, and implementation strategy of any future trials, should we choose to invest in them further.

## **Medical research**

Medical research is an important part of our work, and in 2023, we submitted 13 research protocols to the MSF Ethics Review Board. We published research or commentary in 33 different journals, including the Lancet, Nature Medicine, and BMJ Open, on topics including AMR, TB,

climate and health, neglected tropical diseases, non-communicable diseases, and vaccinations. For a full list of our publications in 2023, please see Supplementary information: medical publications.

# ■ Igniting change



↑ Medical team leader Gianna talks with a survivor shortly after a rescue operation on January 6, 2023. Gianna oversees the provision of medical care for survivors on board the ship. Mediterranean Sea, January 2023. Photo: Nyancho NwaNri

Alongside our medical work tackling disasters, wars, and epidemics around the world, we are committed to *témoignage*, or bearing witness. This means being willing to speak out about what we see happening in front of us, drawing attention to crises, abuses, discriminatory policies, and practices. Our teams work to challenge narratives, policies and actions that dehumanise people and violate their dignity; with a focus on barriers people face in accessing healthcare, whether by design or circumstance. Everyone in MSF has a role to play in advocating and speaking with the communities we support, and we invest significant time in ensuring operational communications, humanitarian affairs, and advocacy training at all levels.

In 2023, we drew attention to broad interlinked themes including the consequences of conflict; people in containment settings; people on the move; sexual and gender-based violence (SGBV); food insecurity, neglected diseases, and access to

healthcare. Our work is always global in outlook, and we worked closely with our colleagues across the MSF movement. This included leading debates and discussions on varied topics – from Sudan, to migration, to Gaza, and more – supporting efforts to navigate MSF’s advocacy approach and public voice.

## **Speaking out in Sudan**

In Sudan, we spoke out about the horrific impact of the conflict, including extreme violence and attacks on healthcare, and the bureaucratic and administrative impediments to delivering urgently needed aid. We carried out high-level advocacy on malnutrition and disease outbreaks, and access negotiations with warring parties, official government bodies, and UN agencies. We took a robust and proactive approach to communications in an environment rife with mis- and disinformation. This included putting out press releases, quotes, and social media posts on what our teams witnessed, calling for increased



protection of hospitals and supporting the intra-MSF communications team on the ground.<sup>1</sup>

### **Raising awareness for Rohingya peoples**

We continued our longstanding work to keep attention and advocate for change for the Rohingya peoples. In Bangladesh, we continued to document and denounce the appalling conditions in Rohingya refugee camps, the largest in the world, including calling for an urgent increase in funding in response to major disease outbreaks, such as scabies. We highlighted concerns about aid cuts' impact on medical, water and sanitation services and raised protection concerns about increasing violence in the camps. In Myanmar, we

drew attention to the impact of restrictions on humanitarian access in Rakhine state. In 2023, in collaboration with Noon studios, we finalised a powerful animated film *Lost At Sea*, releasing it to film festivals, before general release in January 2024. The film, which has won significant awards<sup>2</sup>, brings to life the harsh realities Rohingya people face as they embark on perilous journeys in search of safety, drawing inspiration from the real-life experience of Muhib, a Rohingya man who fled Myanmar. The film serves as a call to action, urging audiences worldwide to empathise with the plight of refugees and engage in meaningful conversations surrounding human dignity and hope.

### **A win for noma patients**

We celebrated an important win in December 2023 when Dr Tedros Adhanom Ghebreyesus, director-general of the World Health Organisation (WHO) formally announced the inclusion of noma into the WHO official list of neglected tropical diseases. The decision came following our sustained advocacy and communications campaign in which we collaborated with the international noma community, local communities and survivors, and the Nigerian Ministry of Health, who made the submission to the WHO, based on our medical evidence and experience.

Noma is a disease that mostly affects children living in poverty. Without treatment, up to 90% of people affected die in the first two weeks of infection. Survivors are left with severe facial disfigurements that make it hard to eat, speak,

see, or breathe. Yet noma is totally preventable and treatable. We hope that the decision will draw attention to noma, facilitate earlier diagnosis and treatment, and help increase the resources needed to tackle it.

MSF has supported the Sokoto noma hospital, in northwest Nigeria, since 2014, providing reconstructive surgery, as well as nutritional and mental health support. To draw attention to the disease, we have collaborated on award-winning documentaries, conducted research, and organised global conferences. Our communications around the WHO announcement were supported with fresh content, including videos, pictures, and testimonies of noma patients and the surgical team in Sokoto hospital.

### **Advocating for people on the move**

We further drew attention to the plight of people on the move through our *Tales of Women at Sea* project, in collaboration with two female photographers from Iran and Nigeria, which draws attention to the stories of women rescued in the Mediterranean. Together with other organisations, we submitted complaints to the European Commission about Italian legislation hindering search and rescue operations. We published

several articles and briefing papers on migration issues. These were based on our witnessing of the conditions and abuses endured by migrants and refugees, including in Belarus, Libya, and Tunisia as well as testimonies given to us onboard our search-and-rescue ship, the *Geo Barents*. In addition, we contributed to a global MSF report highlighting the consequences of violence at EU borders, released in early 2024.

<sup>1</sup> Communications included a press release on Al Nao hospital in Omdurman in response to the comments suggesting the hospital was no longer protected, a flash quote addressing violence in Nyala, South Darfur; and a global press release on the incident where 49 people were killed in Khartoum's deadliest weekend since the start of the conflict. We also distributed numerous social media posts, including on maternal healthcare services using WhatsApp to reach Sudanese communities.

<sup>2</sup> Since its release the film has been won awards including the Best International Short Film at the Heroes International Film Festival in Rome; and the 4th Chema Castiello Award for the Best Short Film with social relevance and remarkable utility in classrooms for a younger audience at MUSOC (Festival for Social Cinema and Human Rights, Asturias).

Calling out sexual and gender-based violence  
As part of our commitment to ensuring accountability for sexual and gender-based violence (SGBV) in armed conflict, we spoke at a high-level UN General Assembly side event, showcasing our work working with SGBV survivors and using the opportunity to highlight the vulnerabilities and needs of those that we work with. In the lead-up to the event, our teams held several bilateral meetings at different levels, developed and disseminated internal briefing notes, and communicated on SGBV in the Democratic Republic of Congo and in Ethiopia.

### **Raising the alarm on malnutrition**

We carried out research into food insecurity for an MSF-wide briefing paper, covering Ethiopia, Somalia, Nigeria, Sudan, South Sudan, and Yemen. The briefing paper was used as part of our advocacy with key stakeholders such as USAID (the US government aid programme) and the World Food Programme. In addition, we

made several public calls for action, including highlighting increases in malnutrition in northwest Nigeria; deadly risks of malnutrition and measles amongst children who had fled the Sudan war; the need for food distributions to be reinstated in Ethiopia; and highlighting our work with community projects to reduce malnutrition in Chad.

Supporting access to lifesaving treatments  
2023 saw continued longstanding work to support people with Tuberculosis (TB) in Eastern Europe and Central Asia, hosting an international symposium in Tajikistan, and producing a short documentary. The conference reviewed new approaches to TB treatment and called for the urgent scale-up of the WHO-approved six-month oral regimen, developed by MSF. In Belarus, working together with the national TB programme we supported MSF Access Campaign advocacy for improved access to TB treatments.

## **In the Netherlands**

In the Netherlands, our policy, representation, and advocacy work focused on three priority issues in 2023: climate and health, access to medicines and people on the move.

### **Political advocacy**

We successfully advocated with the Dutch government to ensure the relationship between climate and health was on the agenda of key conferences such as a UN high-level meeting on Tuberculosis; the annual UN Climate Summit (COP28); and in sponsoring a resolution on climate and health for the 2024 World Health Assembly. Further to this, we were successful in getting a motion passed in the Dutch Parliament for increased transparency on research & development costs for medicines, and in bringing the Dutch government on board as a sponsor of the Nigerian-led submission to WHO on noma. In addition, our advocacy contributed to Gavi, the vaccine alliance, committing resources for 'catch-up' vaccinations for children, following the gap created by COVID-19.

Further to this, through sustained advocacy work, we gained support from an important minority in the Dutch Parliament for our efforts in calling out dehumanising EU migration policies and legislation which seeks to criminalise humanitarian support for people on the move. This is significant because migration is so-highly politicised in The Netherlands, as in much of Europe, with high levels of scapegoating of people on the move.

### **Calling for a ceasefire in Gaza**

In a relatively new public advocacy approach for MSF-NL, we collaborated with Save the Children and Amnesty International to call for an immediate and sustained ceasefire in Gaza. We gathered hundreds of children's shoes, placing them in front of the Dutch Parliament. On the same day we succeeded in placing an opinion piece in the influential national newspaper, *de Volkskrant*. Although our calls resonated in public and political discourse, the Dutch government has failed to support a ceasefire, and we continue to advocate for change.

### **New alliances**

In 2023, we joined a Dutch Global Health Alliance coalition of non-governmental organisations and became an observer in the Dutch Health Hub, made up of academics, organisations, ministries, and corporate entities. We intend to support this work further by recruiting a Global Health Advocacy Adviser, originally planned in 2023. We will continue to advocate on these priority issues in 2024, including calling for, and contributing to, efforts to ensure MSF's international structures are properly resourced.

### **Reflection and analysis**

As an organisation committed to continuously learning and growing, reflection and analysis is critical. The OCA Reflection and Analysis network is comprised of researchers and analysts both internal and external to MSF. It was established in 2018 to critique and inspire debate on humanitarian medical action and reflect and learn from our own practices and challenges.

### **Exploring external relationships**

A particular focus of the network has been exploring our relationships with external actors and state authorities. In 2023, building on earlier work exploring MSF's relationships with local organisations and ministries of health, we completed a two-year research project into engagement and perception of humanitarian agencies by nation states. Over the course of the year, we added to the 2022 project inception report and case studies (in Bangladesh and Iraq), with project-based research in Chad and Italy, as well desk studies analysing our relationship with the Taliban in Afghanistan and reviewing our engagement with states over many years. The final project research report was written, and the findings were shared at the annual event that brings our head office and country programme staff together. The discussion and debate led to a series of recommendations that will be shaped into trainings and workshops in 2024 and should inform our negotiations with state authorities and improve our access to communities in need of assistance.

### **Humanitarian decision-making**

We began a new project exploring the decisions humanitarian agencies take in choosing who they assist, and the form this assistance takes. The first tranche of this work focuses on challenges in implementing the principle of impartiality, with an article accepted for publication in 2024 by the International Review of the Red Cross. A second area, also focused on impartiality, explores the values and limits of humanitarian ethical principles to guide decisions on medical-humanitarian programmes in the context of current public health and humanitarian debates such as medical paternalism and decolonising global health. For this research, we carried out an in-depth study in Venezuela to help see how ethical dilemmas could play out in practice and help identify actions to overcome these.

The final component of the project was developing a method to better understand decisions made to allocate resources. We hope that this work will promote internal discussion on complex issues and help staff to better understand the ethical values and principles at stake in their decisions. We are currently testing the method and hope to implement it in 2024.

# Operational support



↑ Malnourished children are being referred from the MSF Hospital to an Inpatient Therapeutic Feeding Center in Bentiu IDP Camp, Unity State. The center was supported by MSF through the donation of drugs, beds, and mattresses. South Sudan, May 2023. Photo: Nasir Ghafoor/MSF

## Logistics

The purpose of logistics in MSF is to enable effective and efficient medical humanitarian operations and to expand our responsiveness and operational reach. This comprises a wide range of logistical and operational support services, with the following main branches: supply chain management, technical logistics, logistical management, and operational logistics.

### Supply Chain management

Our medical-humanitarian action depends on a reliable supply chain and ensuring the timely and cost-effective delivery of quality goods and services to our country programmes is a key priority. In 2023, we shipped more than 10,400 cubic metres of goods worth over € 36.7 million (85.8% were medical items and 14.2% were logistics items) and processed more than 46,400 sales order lines, of which 12.0% were emergency orders. The value of shipped goods was 8.3% lower than in 2022 (€ 40.0 million).

### Policies and compliance

We updated our supply chain management policy for country programmes and continued to invest in our regional supply networks. This included,

where possible, shifting transport routes to be able to go directly to country programmes from our supply hubs in East Africa and South Asia, rather than only having to go through European supply centres. We continued making improvements related to Good Distribution Practices (GDP) and Quality Assurance compliance based on the European Commission Guidelines on Good Distribution Practice of medicinal products for human use (2013/C 343/01), and other relevant regulations. We started new projects to meet new or increasing GDP requirements such as the implementation of an Electronic Quality Assurance & Management System.

Together with counterparts across the MSF movement, we finalised a Supply Chain

Transformation Framework to guide our future direction in supply management. The framework covers those areas we have identified as critical to improving the functioning of our supply chain networks, while reducing financial costs and our climate impact. These include medical sourcing, medical demand and stock management, our distribution footprint, and levels of resource-sharing (across the MSF movement).

### **Improvements in supply management**

The European Supply Centre–Amsterdam Procurement Unit (ESC-APU) and other MSF regional and local supply networks feed our humanitarian supply chains via a global supply network of goods and transport services. In 2023, our supply chain improvement processes resulted in general improvements across various areas of supply chain management: upstream (ESC-APU) and downstream (regions and country programmes) parts of these supply networks. These improvements are linked to comprehensive process mapping and root cause analysis conducted specifically at the ESC-APU level. We observed a stable trend in the gradual reduction of stock-outs (ruptures) in our country programmes in 2023. Despite these stabilisation gains, there is still much to do to further advance the performance of certain areas of the supply chain management such as, volumes of overstocks, procurement, data and forecast.

### **Moving our supply base into South Sudan**

In 2023, we finalised the closure of our supply base in Lokichogio, Kenya, which had served the South Sudan country programme for more than 25 years. The base was not only a transit supply hub but home to the two airplanes we use in South Sudan, it was also used as a security back-up for example, in the case of evacuation of staff. Since 2020, in line with our strategic plan, we had started to progressively reduce staff and migrate supplies from Lokichogio to the South Sudanese capital, Juba. The decision was taken for several reasons, these included new regulations meaning that any flights from Lokichogio into South Sudan had to first pass through Juba, adding time and costs. In addition, the development of a new importation system in South Sudan means we can now import directly into the country, which was not the case in the past. The winding down of the Lokichogio support hub is the end of an era for us and marks a milestone for the South Sudan country programme. We have now moved all supplies into an extended warehouse in Juba, where we've strengthened the country supply team. In addition, our Nairobi hub will continue to provide support.

### **Technical support and operational logistics**

Alongside our global supply chain management, we provide technical support to country programmes, across numerous specialisms. These include, construction, power supply, biomedical, cold chain, applied security (see: Safeguarding), air operations and air safety management, and maritime support. In 2023, our focus was on emergency responses including in Chad, Democratic Republic of Congo, Ethiopia, Pakistan, Sudan, and Türkiye/Syria.

### **Construction and renovation**

We completed several construction and renovation projects, including adding a unit to test antimicrobial resistance in Bentiu hospital and building a new hospital in Leer, both in South Sudan. In Syria, we built a water tower at the Al-Hol camp and a new building for observation and small procedures in the Rohingya refugee camps in Bangladesh. In Nigeria we renovated a paediatric ward, and in Myanmar we insulated a medical warehouse.

As part of our organisational commitment to reducing our environmental footprint we continued our work to install photovoltaic (solar energy) systems in our programmes. Over the year, we added approximately 43 kilowatts peak (kWp) of additional solar energy and installed 53 solar air conditioners (60–80 kWp) in seven country programmes. Today, we produce around 481 megawatt hours of solar energy, equivalent to 169,000 litres of diesel, across our programmes.

### **Healthcare facilities and asset management**

We continued our efforts to improve healthcare facility management practices in our country programmes. This included a technical focus on the maintenance of assets and infrastructure, and compliance with service standards, working with medical teams on improvements related to patient and staff safety, hospital backup systems, maintenance of assets and infrastructure and compliance with the service standards. We also published new guidance for mortuaries: Service Standard for Mortuaries.

In addition, we made a sizeable systems investment to set up an online tracking system for repair requests for biomedical equipment. This enables our Nairobi-based 'Biomedical Support Hub' to provide improved support to country programmes for the maintenance and repair of lifesaving biomedical equipment used in hospitals and laboratories.

### **Air operations**

In 2023 we operated 16 aircrafts (MSF regular or co-shared with the International Committee of the Red Cross in Afghanistan, Burkina Faso, Central

African Republic, Chad, Democratic Republic of Congo, Nigeria, Somalia, and South Sudan. With more than 66,700 hours in the air, we flew 18,053 passengers and 921 metric tons of humanitarian supplies to remote locations, with limited access because of geographic and/or security constraints. In addition, we enhanced our flight security protocols for external flight operators, implementing an online Airline Safety Scoring app, using the data visualisation tool, Power BI. At the same time, we conducted external air safety

audits of air operators and MSF aircraft we use in South Sudan, Somalia, and Kenya. We continued our risk-based approach for the evaluation of air safety events (hazards) and incidents. In 2023 we registered and evaluated 364 hazardous events including 1 extreme incident in Central African Republic. The probability of hazardous events per flight hour stayed on the same level (5%) as in 2022, but we found the probability of medium and major incidents has increased to 2%.

## Information and communication technology

A healthy information and communication technology (ICT) working environment is critical for us to carry out our medical humanitarian programmes. In 2023, we focused our efforts on ensuring enhanced digital coverage, cybersecurity, and information management systems. This included developing an updated ICT Strategy (2024-2026) focused on increasing organisational maturity in the use of ICT and cybersecurity.

### Cyber-kits

We finished the implementation of our cyber-kits project, (first started in 2021). Cyber-kits, a 'datacentre-in-a-box' solution, ensure we are using industry standard frameworks for the proper handling of data, digital assets, and systems. They help improve IT infrastructure, security, and connectivity in low-resource settings (when there may be unreliable power, insecure wireless connectivity, or high temperatures, for example).

Since starting the project we have navigated several challenges, including COVID-19, import restrictions, and disruption from global conflict. With the implementation of nine kits in Myanmar, in 2023, we have now installed 88 kits across 94% of our country programmes. Only Bangladesh and Russia remain, both delayed because of import restrictions on hardware. We were also able to send two emergency cyber-kits to support teams responding to the Türkiye/Syria earthquakes. In September, we hosted an in-depth cyber-kit training in Kenya, for country programme staff. More than 60 ICT staff from across the world, received training on usage, standardisation, and maintenance of the kits, and increased their awareness and knowledge of cybersecurity management. We continue to support teams to maintain and use cyber-kits, and regularly review and update the technology.

### Generative AI

In 2023, the 'breakout' year for generative artificial intelligence (AI) saw the use of applications such as ChatGPT explode across the world, as millions of people used the technology to generate new content, such as texts, images, audio and videos.

The game-changing shifts in AI use simultaneously presents MSF with transformative potential and significant risks. Opportunities abound across scientific and medical research and innovation, predicting future crises; security and risk management; donor management; and advocacy and communications. At the same time, there are significant potential harms and ethical concerns, such as spreading

mis- and dis-information; reinforcing bias and discrimination; threats to privacy and data security; and a lack of accountability and traceability. The risks are exacerbated by a lack of international cooperation or agreement on AI governance or regulation. In 2023, together with our counterparts across MSF, we created awareness programmes and drew up guidelines and standards to govern the responsible use of generative AI within MSF.

### Exploring responsible and safe use of AI

We joined with our colleagues in MSF-USA to investigate the possibility of a hosting model and infrastructure for AI, specifically natural language processing and simplifying existing tasks. In 2023, we started (the ongoing)

foundational phase of the project, working to identify 'use cases' for how the technology can support MSF work, across multiple disciplines. For example, quick translations and/or summarisations of articles, reports, policies and more; or speech-to-text to enable faster and more efficient transcriptions; or using video/picture analysis to identify medical packaging, and much more.

For each 'use case' technical leads work with relevant staff members to gather input to develop potential products. In this foundational phase there is no MSF data being used. The

intention is to learn about what would be needed to execute the aspects of AI we are investigating, including: project delivery; application development; set up and running of underlying infrastructure; risk identification and management; and best practices for collaboration between technical teams and 'everyday' users. Once we have full analysis of the learnings from the foundational phase we can start to explore the potential next step, including incorporating some MSF data into a production setting.

### **Information security**

In 2023 we progressed information security over our five areas of focus: Identification, Protection, Detection, Response, and Recover. For Identification, we optimised and automated our inventories of hardware, digital assets, process, partners, and data; doing so created the foundation to progress our Protection and Detection work, including tools to monitor and report on systems performance and availability, data security dashboards and logs; we improved Response through implementing incident management procedures to mitigate the impact of service disruptions and data breaches; and ensured we had critical applications needed to Recover, through restoring services and systems and data as quickly as possible after an incident.

### **Staff awareness and behaviour**

Staff awareness and understanding of good practice around information security is critical to a safe working environment. In 2023, we developed two training programmes for the MSF Tembo e-learning platform on digital hygiene and data protection. We also held live webinars for head office staff and country programme teams covering a wide range of important topics, including identifying and reporting on phishing and spam; awareness on mobile app information sharing; sensitive data classification; password management; data inventories and back-ups; use of virtual private networks and more. In October, as part of the global 'cybersecurity awareness month', we hosted a pub quiz, and displayed key data on office screens, to increase staff awareness of cybersecurity issues.

Over the year we carried out various tests and assessments to test our systems (and how staff respond). These included an internal review of digital identities and passwords, which showed that staff are using stronger passwords

(compared with 2019); an external penetration test, to identify vulnerabilities in the system; and a red team exercise, a fake 'attack' (in this case a phishing mail) to see how the organisation, including general staff and the IT team responded. All these exercises showed organisational progress in protecting digital assets, improved technical controls, and data management and in mitigating service disruptions.

### **Information management and data governance**

Better management of information is an organisational priority and in 2023 we finalised an Information and Records Management Policy. The policy includes a series of guidelines and protocols to streamline the management of archiving data within projects, and to support data management in the case of project and programme closures. In June, we hosted a hybrid meeting of the MSF movement-wide community of practice for Information and Knowledge Management. Over 60 online and 'in person' participants, from 15 countries shared ideas and expertise over a two-day period.

### **Enhancing information management capabilities**

We enhanced staff capabilities in information management through dedicated teams working with head office and country programme staff. Over the year, we trained more than 530 staff with customised sessions on good practice, and use of essential tools, such as SharePoint, for data management. We progressed work to increase understanding across the organisation about the applications we use, of organisational processes and of how different actions are linked within these. This included mapping and awareness raising about the applications we use, where data flows go to and the impact of continuity plans and financial planning, such as licenses. While this work requires significant time investment, we are already seeing the gains.

## **HR digital transformation**

A notable example is our readiness for the multi-year Identity and Access Management project to update HR data management processes (HR digital transformation), in line with our broader ambitions to become more data driven. The project will replace the existing IT systems we use for HR with an integrated system to improve the quality of staff data and increase efficiency in recruitment and career management. The initiative started with mapping all our HR-related processes and data related to core HR operations, recruitment, and staff management. Once we had identified gaps, we started the selection process for vendors to support its implementation. In later stages, we will add further data to the system, including for learning and development, talent and performance management, and travel information.

We also have our own specific HR needs. To be able to effectively implement information management strategies, including increasing understanding of it within the organisation, we have to be able to attract specialised staff, with the right technical skills. This has been challenging in the past few years, particularly in relation to remuneration, some of which has been resolved with the new remuneration policy (see: Staff).

## **Data & Analytics**

In 2023, we made significant improvements to our central data hub, enhancing the reliability and scalability of our data refresh and processes, including AI. In October, we set up a partnership with Analytics for a Better World, an organisation that helps us to implement advanced data projects, such as modelling to support our fundraising campaigns.

In Bangladesh, we carried out an MSF-wide training for more than 50 staff, covering medical reporting, data literacy and how to use the data visualisation programme, Power BI. We made significant progress in migrating historical medical data into our new health information system, and with a new reporting platform for sharing data across MSF, which received more than 200 unique viewers a month. Despite some challenges, we have achieved around 70% of our Data & Analytics Strategy targets and have extended the strategy to 2025. OCA is also taking a lead in developing an MSF movement wide strategy for data and analytics.



# Staff



↑ The ongoing war in Sudan continues to inflict a devastating impact on its people, displacing over four million individuals from their homes. Along the border with Sudan we provide medical care to those affected by the conflict. Chad, November 2023. Photo: Jan Bohm/MSF

*'People are at the heart of MSF's medical, humanitarian action. We value humanitarian impulse/spirit, professionalism, and technical competencies in our teams, and together we strive for quality person-centred care for the people we assist'*

– MSF-OCA Staff Vision, 2020

In 2023, we continued our efforts to attract, grow and retain the staff base we need to support our complex medical humanitarian programming in challenging settings. Over the past 10 years, as our finances and programmes have grown, so has the range and complexity of the humanitarian and medical needs we seek to address. This in turn requires greater diversity in skills and specialisms than our traditional staffing models, and thus we prioritised the development of new approaches to staffing. At the same time, we aim to create a truly global workforce and to reduce inequities between different categories of staff.

Our work to achieve these ambitions, includes several multiyear projects to address key strategic areas, grouped under our Evolve programme. These projects include staffing for country programmes, developing leaders, performance, learning, and diversity, equity, and inclusion. One key area for improvement that we prioritised in 2023 was improving our systems, and we carried out in-person and desk research and consultation with country programme teams and other key stakeholders, to identify structural gaps and areas for improvement. Results varied by setting, but broadly encompassed capacity, structural, policy and technological requirements. We are collating our findings and recommendations for action in 2024.

## Our staff base

In our day-to-day management we currently distinguish between three main categories of staff:

**Locally-recruited staff** – this refers to staff who are resident in the countries where we carry out our medical humanitarian programmes – who are recruited from within those countries and salaried in accordance with the local labour market and rules. Most of our staff worldwide are locally recruited.

**International mobile staff** – this refers to staff recruited from any country in the world who then take temporary assignments in a third country where we implement a medical humanitarian programme. International mobile staff are recruited and salaried according to the residency of their recruiting MSF-section or, as of 2024, the new MSF International Contracting Office, based in Switzerland.

**Office staff** – this refers to staff who work in the office of an MSF-section. In this report, we refer to head office and Netherlands-based staff, meaning staff who are recruited and work from our Amsterdam-based head office.

In 2023, across all categories of staff, MSF-NL employed 12,616 staff across 33 countries, covering 124 emergency aid projects, representing an increase in total staff numbers from 2022 (12,183 across 32 countries, supporting 125 projects). Of these, 816 staff in 2023 were international mobile staff, (509 on a Dutch contract), who went on 1,115 assignments over the year. Most departures were to Ethiopia, Democratic Republic of Congo, Haiti, Sierra Leone, and Sudan, in roles as doctors, nurses, and midwives, as well as medical coordinators and project coordinators. The total number of departures on assignment is slightly lower than in 2022 (1,145) and significantly lower than pre-COVID-19 (1,304 in 2019).

### Reducing inequities between staff

The lower number of international mobile staff departures is in part by design, a consequence

of our efforts to increase the number of locally recruited staff in management positions. These efforts have been made to help reduce some of the inequities in our staff base. In 2019, for example just 17% of coordination positions in our country programmes were held by locally recruited staff. In 2023, this percentage had increased to 29%.

In line with this, we worked on aligning processes between such locally recruited staff and international mobile staff, for example in procedures for briefings and debriefings, health checks and the matching and validating of staff to different positions. We also increased our efforts to support the professional development of locally recruited staff, such as through secondments to different country programmes to support their professional development.

While we strive to reduce distinctions and inequities between different categories of staff, we will always need a balance of local and international staff in coordination positions. This is for numerous reasons which can vary by setting but broadly include: staff safety and security, relationship management, engagement with authorities. It is also critical that programme staff get the experience they need to progress into more complex projects and settings, including ensuring enough placements for newly recruited international mobile staff.

### Closing gaps in country management teams

Last year we reported significant gaps for key positions in our country management teams, which peaked in September 2022, with a staffing gap which stood at 13% of total positions (we consider more than 7% to be an indicator of concern). Through significant work with programme management teams to improve processes to identify and recruit staff into more senior roles, we were able to reduce the gap to just 6% by September 2023.

### Training and coaching

We are committed to providing training, coaching and other support for our staff throughout their MSF careers. As part of this work, in 2023 we focused on strengthening HR and learning and development in our country programmes. Over the year, 259 new staff completed the multi-day Preparation for Primary Departure training course, and 1,495 staff participated in synchronous task-related or role-specific training courses. In addition, 2,461 employees completed eLearning courses via the MSF-movement wide learning platform. We supported 25 staff members with study grants, including undergraduate and graduate level degrees in public health, biomedical engineering, and supply chain management.

# Staff data

## All staff

Total Staff	2023	2022
Locally Recruited Staff (LRS) in projects	11,367	11,016
Internationally Mobile Staff (IMS)	816	768
Office staff Amsterdam	433	399
<b>Total Staff</b>	<b>12,616</b>	<b>12,183</b>

## Locally recruited staff

Locally recruited staff employed in country programmes (in FTE)	2023	2022
Medical	488	495
Paramedical	4,566	4,480
Non-medical project staff	291	353
Logistics, administrative & other support	6,022	5,688
<b>Total locally recruited staff employed in the country programmes</b>	<b>11,367</b>	<b>11,016</b>

## International mobile staff

International mobile staff (in FTE)	2023	2022
International mobile staff on Dutch contract terms	509	463
International mobile staff hired from MSF-sections	271	274
(Amsterdam) office staff seconded to emergency aid programmes	24	20
<b>Total international mobile staff</b>	<b>804</b>	<b>757</b>
Non allocated FTE (paid in-between-assignment leave, sick leave, etc.)	12	11
<b>Total international mobile staff</b>	<b>816</b>	<b>768</b>

International mobile staff departures	2023	2022
Medical	133	169
Paramedical	383	372
Logistics, advocacy, administrative & other support	599	604
<b>Total international mobile staff departures</b>	<b>1,115</b>	<b>1,145</b>

## Office staff

Staff head office (in FTE)	2023	2022
Programme support	267	242
Procurement Unit (costs allocated to Emergency aid)	42	36
Information and awareness raising	20	17
Fundraising	28	27
Management and administration	66	63
Overhead	33	32
Locally recruited staff seconded to head office positions	1	2
(Amsterdam) office staff seconded to emergency aid programmes	-24	-20
<b>Total staff head office</b>	<b>433</b>	<b>399</b>

Other information staff head office	2023	2022
Volunteers head office in Amsterdam (# persons)	54	48
Volunteers head office in Amsterdam (FTE)	15	9
Employment (full time - part time)	70% - 30%	70%-30%
Sickness rates	3,6%	4,5%

# Recruitment

## International mobile staff

In 2023, as MSF-NL, we recruited 79 new international mobile staff (IMS) of which 24 (30%) are Dutch. For IMS recruitment, rather than being recruited for a specific position (as we do in our head offices), we recruit people onto a register of different specialisms. Once on the register, they are then 'matched' to suitable vacancies in country programmes. Nearly half (47%) of our new recruits in 2023 were bilingual (English/French), a requirement for many of the places where we work. IMS increasingly come from the Global South. While in 2019 62% of IMS departures came from the Global North, in 2023 for the first time the majority (51%) came from the Global South. Many IMS from the Global South are former Locally Recruited Staff or don't have an MSF-section in their home country and are therefore recruited by MSF NL. These two factors combined (partially) explain why the share of MSF NL recruited IMS amongst OCA departures over the past 5 years has been relatively stable (around 22 to 26%), while the share of Dutch nationals amongst departures has shown a downward trend from around 7.7% in 2019 to 4.6% in 2023. At the same time, it remains a challenge to ensure that there are enough first departures to guarantee a sufficient inflow of new staff. As in previous years the HR planning roughly achieved the target of planning 30% first departures, but like in previous years, the actual share of achieved first departures was around 24%.

## Head office staff

Unlike international mobile staff positions which are recruited for by all MSF sections, MSF-NL is the sole recruiter for office-based positions. In 2023, we made 118 new hires in our head office in the Netherlands. This is slightly lower than in 2022 (132 new hires, a reduction of 10.6%), reflecting fewer open vacancies throughout the year. This included reviewing and processing nearly 5,300

applications and providing individual feedback to shortlisted candidates. Most hires were for positions in logistics and HR, which are our biggest departments, and for the emergency desk, a high-pressure environment where turn-over can be expected. The primary reasons for recruitment are growth in new positions (37%); resignations (31%); and internal movement to other roles or parts of the organisation (16%).

Our new head office hires represent 20 different nationalities, with the majority (84%) residing in the Netherlands. With just over half (56%) of vacancies requiring previous MSF experience, we were able to ensure balanced recruitment strategies, with a healthy mix of internal and external experience. Two-thirds (66%) of applications came through the careers page on our website, and we saw strong results with our increased efforts to use LinkedIn to engage and find good candidates (19% of applications). This was particularly the case for positions that are sometimes difficult to recruit for, such as fundraising specialists.

## Tailored recruitment strategies

The MSF-NL Communication and Fundraising (C&F) team grew significantly in 2022 and 2023. This includes increasingly specialist areas across relationship management and in engaging and cultivating new supporters, (see: Fundraising). Initially, we found recruitment for these positions challenging, both because of the complexity of the skills needed, and a tight labour market in the Netherlands. We have invested significantly in strategies to overcome these challenges, including personalised recruitment processes, relationship building, and a 'hands-on' approach to introducing candidates to MSF culture. This strategy paid off, and we were pleased to recruit 16 new staff members to the C&F team in 2023.

## International Contracting Office

In early 2023, an MSF-wide International Contracting Office (ICO) based in Switzerland was established. It was created to reduce inequities amongst international mobile staff of different nationalities and in response to multiple concerns. One major issue was that about half of MSF's international mobile staff are resident in a country where there is no MSF section, which means an individual's contract can vary according to which MSF section they work with for each assignment.

This creates problems including related to inconsistent remuneration, pension plans, risks of double taxation and incomplete employment documentation. For MSF, it can also create significant legal, fiscal, and administrative issues, with considerable associated costs. Having an ICO will mitigate many of these concerns. Its implementation is being phased across MSF, with MSF-NL scheduled to begin using it for fixed-term contracts for newly hired internationally mobile staff and the renewal of existing contracts in the second quarter of 2024.

### **Recruitment events**

In 2023, as part of our efforts to recruit new staff, we attended university open days, and other career events with medical facilities and tropical health institutes. In November, we hosted a recruitment webinar for European Programme for Intervention Epidemiology Training (EPIET) alumni, following up with an MSF information page on EPIET's intranet. We also reintroduced in-office

recruitment events, paused because of COVID-19, hosting nine events across the year for both head office and country programme recruitment. These events helped foster connections and provide potential candidates with insights into MSF culture. In addition, we held several well attended online recruitment webinars for country programme positions.

## **Staff remuneration and benefits**

Globally we maintain a moderate wage policy. For all categories of staff, we apply a benchmark of the median of the market of relevant comparators in their country of residence to determine and maintain salary levels. We strive for salary levels and working conditions that fit the responsibilities of staff and enable decent and adequate living conditions.

### **Locally recruited staff**

Notwithstanding statutory differences between countries, we strive to have equal terms and conditions for staff across our programmes. Locally recruited staff are remunerated in accordance with MSF's international reference function grid, with benchmarking to ensure fair and competitive pay in the country in which they are employed. In addition, standardised terms and conditions of employment are adjusted to applicable local laws and customs. In 2023, we completed benchmarking exercises in 15 of our programme countries. As a result, the average salary cost per locally recruited staff increased by 9.4%. MSF-NL does not have any obligations to pay into foreign pension plans for locally recruited staff other than applicable mandatory social security contributions.

### **International mobile staff**

Remuneration policies for international mobile staff are aligned across the MSF movement. They are based on three layers: a principled indemnity for the first 12 months of volunteer employment, a modest salary after 12 months of employment and increases that complement this based on duration of staying with the organisation. Salaries are benchmarked to the cost of living in the resident country of the international mobile staff. International mobile staff receive a basic per diem allowance during their assignments based on the indexed cost of living in the country they are working in. The average annual costs of international mobile staff members increased by 3.9% from € 48,778 to € 50,695, in 2023.

### **Netherlands-based staff**

In the Netherlands, we concluded a two-year project reviewing job descriptions and job grading structures for Netherlands-based staff. Our previous function grid and remuneration policies dated back to 2009, and were no longer representative of the size of the organisation, nor the competencies needed. As a result, we faced increasing challenges to attract, retain, and consistently grade staff capabilities and competencies at the level we need to implement our humanitarian medical programmes.

### **A new job function grid and salary policy**

We updated, simplified, aligned, and significantly reduced the number of job descriptions establishing a new job function grid and evaluation framework, based on the internationally recognised Hay methodology, and in line with other MSF offices. The new function grid and salary policy took effect on 1 July 2023. It has 15 scales: 11 to 25, with many advisory and middle management layers classified in and around scale 16. The associated salary grid increases, flatten from scale 20: senior management up to the General Director.

### **Benchmarking**

We set a benchmark for remuneration to the market median, from a previous 25th percentile benchmark. This decision was based on assessment of staff composition and competencies and MSF-wide standards. We have defined 'the market' by selected comparators across government (national and municipal levels), the subsidised sector and (international) charities in the Netherlands, relevant to the organisation and to which we, as a public benefit charity, wish to compare to. For the initial creation of the salary policy in 2023, we used data from six selected collective labour agreements, directly covering an estimated 600,000 employees in around 150 organisations in the Netherlands.

With the adjustment and the built-in catch-up with inflation corrections, structural costs of salaries per FTE will increase by approximately 15%, around half of which is visible in 2023 expenditure. The increase will be managed within existing budgets. In the view of management, this increase in the structural cost base outweighs the cost borne to the organisation of loss of effectiveness, and the costs of recruitment. As the new remuneration policy is based on policy data of comparable organisations in the Dutch labour market, management has committed continue with comprehensive benchmarking in 2024. This will go together with the implementation of the 'Global Function Grid' being developed by and in close cooperation with MSF International, also based on the Hay system. Although the methodology is aligned with the current system implemented in MSF-NL, it is expected that these will lead to (further) adjustments in function classifications in the MSF-NL function grid.

### **Staff engagement**

Because of our focus on the implementation of the new function and salary grid, we decided not to carry out our annual staff engagement survey in 2023. We made this prioritisation choice in part

to address concerns about job descriptions and remuneration policies raised in earlier surveys. In 2024, we will review our approaches to staff engagement, including the methodology we use in the surveys.

### **Pension contributions**

All staff on a Dutch contract are enrolled in a pension scheme with the Premium Pension Institution ASR Doenpensioen. The pension premium is fully paid by MSF-NL to the statutory maximum. For more information on the pension scheme for staff, see the Accounting Policies in Financials.

### **International rewards review**

Since 2020, MSF offices across the world have been working together on a Rewards Review project to help overcome inequities in the existing reward systems, which were outdated and inconsistently applied. The review aims to create an equitable, consistent, and transparent rewards framework, reflective of the diversity of the MSF workforce. MSF-NL is a core member of the working group and actively engaged in decisions to introduce global minimum standards on pay and benefits, and in a global framework to ensure consistency in job function grading.

## **Diversity, equity, and inclusion**

Founded in Europe in the 1970s, MSF's practices and structures are not immune from the influence of the continent's colonising past. Inequities within the organisation, including with regard to differential status between locally recruited and international mobile staff, have sometimes been perpetuated by a lack of diversity and representation in governance and leadership positions. As a global movement, MSF has long strived to overcome this and promote the principles that underlie diversity, equity, and inclusion (DEI), but in 2020 it was recognised that progress had been too slow for too long.

In recent years, partly in response to internal and external scrutiny of MSF practices, we have made significant investment in embedding DEI principles throughout our work. This includes establishing a DEI advisory group and developing a DEI strategic framework and roadmap – including reviewing recruitment processes to make them more equitable and non-discriminatory, as described in the preceding section. It also includes our work on the Code of Conduct as well as in-depth trainings with staff across the organisation, developing a linguistic language guide to structure anti-

racism and anti-discrimination work, and the establishment of DEI implementors across our country programmes.

### **DEI knowledge sharing and capacity-building**

Over the past year, amongst numerous DEI initiatives, we hosted a 'DEI Summit' in Kenya for more than 40 learners and practitioners from around the world. Participants were 58% female, with 65% coming from MSF country programmes. Over the course of three days, participants shared DEI knowledge and experience from different settings and set up cross-regional DEI 'communities of practice' to continue the conversations. The topics of these ongoing discussions include antiracism, inclusion of people with disabilities, inclusive workplaces, and DEI leadership. We increased our DEI presence in country programmes, establishing new DEI focal points in the Democratic Republic of Congo and India. For the latter, we had a particular focus on navigating ethno-religious conflict and intergroup dynamics in Kashmir and Manipur; we also held education workshops in Uzbekistan and carried out support visits to teams in Central African Republic and Chad.

### Diversity in our leadership

Our Strategic Plan makes clear our ambition for leadership that is “representative of our global workforce, bringing with it diversity of thought and perspective” and our staff vision strives for diverse representation at the highest levels. To support this work, in 2023 we developed a roadmap to improve leadership learning pathways; added 16 new mentors and coaches to our leadership support, (bringing the total to 145); and developed a new coaching skills workshops and programmes for both country teams and office staff.

### Addressing gender imbalances

A priority for us is addressing the lack of women representation in leadership roles and – following in-depth consultation (with 158 people across country programmes and head office) we have created different initiatives to create a roadmap for change. One of them is a multidisciplinary action group, comprising staff from across the organisation to create a roadmap and FeMSF project by the MSF NL recruitment team. We have a particular issue with lack of women representation in international mobile staff positions. For example, in 2023 65% of

international mobile staff were men, compared with just 35% women.

The different initiatives also included data gathering and reporting, and surveys with women applicants and newly recruited international mobile staff, and focus group discussions with locally recruited women. The different consultations and research uncovered numerous challenges, including balancing assignment length and motherhood, eligibility for child allowances, practical concerns such as managing menstruation, safety, and security. Interviews with locally recruited women also brought to light specific barriers they may face in becoming international mobile staff – compared both with their counterparts who were men, These included exposure and recognition of their work, concerns about the length of gap between assignments, and suspicion from families and male colleagues about women working in international roles. Overall, participants requested more structured support from MSF including mentorship by women, access to information, and overcoming stigma. The findings have been compiled into a report to help inform actionable next steps.

Diversity: gender	2023	2022
<b>International mobile staff</b>		
Gender* (women - men - other)	40% - 59% - 1%	42% - 58% - 0%
Gender country managers (women - men)	40% - 60%	31% - 68%
<b>Head office staff</b>		
Gender* (women - men - other)	60% - 39% - 1%	60% - 39% - 1%
Gender senior management (women - men)	44% - 56%	52% - 48%
Diversity: nationality and age	2023	2022
<b>International mobile staff</b>		
Nationality (Dutch - other)	7% - 93%	8% - 92%
Average age	44	43
<b>Head office staff</b>		
Nationality (Dutch - other)	39% - 61%	40% - 60%
Average age	46	43

### LGBTQI+ Inclusion in MSF Health Projects

Patients from the LGBTQI+ community are living across MSFs project areas globally and are amongst some of the most marginalised and excluded populations worldwide, and increasingly criminalised. In many countries in which we work, LGBTQI+ people face high levels of stigma, discrimination, and violence, impacting their access to healthcare. Barriers to care – such as inappropriate or even refusal of treatment, lack of respect, or minimising of their needs, can also exist in MSF project settings.

Our MSF-wide LGBTQI+ Inclusion project (funded by the MSF Transformational Investment Capacity) aims to transform how LGBTQI+ patients are welcomed and treated in MSF health projects, through increasing organisational understanding and competencies. This includes resource mapping and adaptation, training courses, and creating learning tools. The project started in 2022, with a survey of 151 MSF projects across all operational centres. Although discrimination against LGBTQI+ people was reported in most project regions, for the most

part MSF projects had not developed targeted outreach programmes to help address the specific health needs of LGBTQI+ patients.

Building on these findings, in 2023 we held pilot workshops in Kenya, Honduras, and on our search and rescue ship, Geo Barents, and in the Amsterdam office. In the one-day workshops, participants learn how to identify and express their own values and attitudes, as well as those of others about LGBTQI+ people; how to distinguish between assumptions, myths and realities surrounding LGBTQI+ patients and the issues they

may face in accessing healthcare; and how to advocate for dignified care and MSF policies to address these needs through their professional work.

We are currently compiling analysis of lessons learned, expanding our training offerings, and developing a 'how to' mapping to create a welcoming environment for LGBTQI+ patients, and offer assistance to projects in creating collaborations with LGBTQI+ organisations in project locations.



# ■ Safeguarding



↑ A patient is discharged after a week in the Mocha Trauma Hospital measles unit. In response to a surge in cases, MSF opened a 10-bed facility in April 2023, providing care for children aged 1 month to 10 years. Yemen, June 2023. Photo: Athmar Mohammed/MSF

As an organisation, we are committed to working practices that are free from abuse and exploitation. Safeguarding encompasses a wide range of policies and procedures to protect our staff and the communities we work with from harm, and to ensure effective responses to any incidents. In our work it is critical that teams understand the power imbalances inherent in humanitarian programme implementations, and how to manage these appropriately. This includes ensuring safeguards in recruitment practices, and safe and accessible reporting mechanisms for staff, patients, and communities to raise any concerns.

## **Safeguarding Policy**

To support our safeguarding efforts, we developed a Safeguarding Policy in 2023 following a series of project assessments over the last few years. The policy includes measures to improve internal understanding of safeguarding principles and align on safeguarding approaches across our country programmes.

## **Safeguarding in emergencies**

In emergency situations when communities are particularly vulnerable, fast-moving humanitarian responses involving high numbers of people can increase the risk of exploitation and abuse. Therefore, in addition to the Safeguarding Policy, we also developed a Safeguarding in Emergency Response Framework. Building on the findings of emergency response assessments, the framework identifies 10 key areas for safeguarding in emergency response. This covers all aspects of our service delivery, including management of our supply chains, construction, and recruitment practices. In 2024, we will develop further tools and guidance to equip teams to fully implement the framework in emergency responses.

## **Medical incident reporting**

A medical incident is an event related to the clinical management of a patient or a circumstance that could have resulted, or did result, in harm to one or more patients. Ensuring patient safety through the correct reporting and

response to medical incidents is an organisational priority. We are seeing steady progress in the reporting of incidents, and in 2023, we received 205 medical incident reports compared with 118 in 2022. We also saw an increase in the number of country programmes which reported at least one incident (84% in 2023, compared with 57% in 2022). We continue to work towards our goal for all programmes to report at least one

incident each year. In 2023, more than half of our secondary healthcare facilities conducted at least one minimum standards assessment. The assessment is used to measure adherence to structural standards in our hospitals. The results of this assessment reveal a slightly lower level of compliance to the structural standards than in 2022, and we are currently exploring why this was the case.

## Staff safety and security

We recorded 280 security incidents in 2023, a 12.4% increase of the total number (249) recorded in 2022. The majority were considered minor or moderate: 266 in 2023, compared with 237 in 2022; with 14 incidents classified as severe, compared with 10 in 2022. A minor incident has minimal impact on staff, finances or running of projects; a moderate incident has more significant impacts, with staff incurring moderate injuries and/or financial losses of between € 10-100,000 euros; a severe incident includes anything that causes considerable harm, such as death or significant injuries and psychological trauma, financial losses of more than €100,000 and significantly impacts project management (and could lead the closure of a project). Although there was an increase in the total number of incidents, this reflects a larger staff count (a 3.6% increase from 2022), thus the percentage of minor or moderate incidents remained stable. With a significant number of our programmes taking place in highly insecure settings, this demonstrates a balanced exposure and fair operational security risk management.

### Staff in detention

We experienced a slight increase in the number of staff arrested and detained in 2023, compared with 2022. These incidents predominantly occur in unstable settings, with our locally recruited staff at highest risk, such as the frequent detainments of staff in Haiti.

### Staff deaths

The rapid onset of war in Sudan had significant safety and security implications in our projects. Tragically, we lost one of our Sudanese staff members, who was killed along with his family by heavy shelling in the town of Nyala. His death was not linked to his association with MSF.

We also mourn the lives of two staff members who died in separate incidents in road traffic accidents in 2023. One of these was of an international

mobile staff member, died in a road accident while on holiday, outside of the country programme setting. The other staff member, a driver in Sierra Leone, died from injuries sustained when the ambulance he was transporting a patient in was involved in an accident. The patient, caregiver and other staff in the ambulance fully recovered from their injuries. The two incidents underscore the significant risks presented by road traffic accidents, which were more severe in 2023 than security incidents.

### Improving road safety

Following the two fatalities from road traffic accidents we conducted a retrospective analysis of road traffic accidents recorded in our security database over the last ten years. The aim was to better understand their incidence, causes and aggravating factors. We also implemented an awareness and improvement action plan across our country programmes. This included increasing the level of training for drivers and ensuring movement tracking systems and monitoring are in place, to improve the safety culture and quality of incident reporting.

### Applied Security & Safety management

We continued to update and improve organisational competencies in Applied Security & Safety Management, including developing and publishing new guidance on hibernation facilities (such as safe rooms, shelters, and bunkers). We also provided Geospatial Information Services (GIS) support to country programmes, with a new project using GIS to support country security implemented in Democratic Republic of Congo, Ethiopia, Haiti, Myanmar, and Nigeria. We are providing continuous support to maintain and improve this innovative approach to understanding security trends and fast evolving contextual developments and visualising these directly in our GIS system.

# Responsible behaviour

## Code of Conduct

In 2023, we continued to focus on the prevention of, and response to, interpersonal misconduct. Our work in this area is underpinned by the standards present in the 2022 OCA Code of Conduct (CoC). Since January 2022, we have been working on an ambitious project to roll it out in head office and across OCA country programmes. This includes providing tailored in-person workshops and remote training support to help engage and empower staff at all levels. Through the workshops, staff gain a greater understanding of OCA's responsible behaviour standards, and the roles they play in creating an organisational culture of integrity. In 2023, we carried out in-person workshops in Central African Republic, Chad, Ethiopia, Iraq, Myanmar, Nigeria, Russia, South Sudan, Tajikistan, and Uzbekistan.

Since the start of the CoC roll out project, around 6,050 staff across 20 country programmes have received a CoC training or briefing. In addition, more than 80% of MSF NL employees have completed the CoC e-learning module. In 2023, we also made agreements with other MSF offices to ensure that staff matched through them for OCA assignments sign the CoC and complete the e-learning module.

Further to this, we supported the production of a template Memorandum of Understanding incorporating CoC compliance clauses that can be referenced as a model when entering agreements with external partners. In addition, we developed a shortened (half-day) CoC training workshop for the staff of external partners who work in close contact with our patients or staff, such as ministry of health employees.

To maximise engagement with the CoC across the organisation, we have extended the CoC project's implementation for a further six months, until

June 2024. This includes our ongoing efforts to support embedding the CoC into relevant working processes, including recruitment, onboarding of new employees, and in supporting local trainers to regularly conduct CoC workshops.

## Reporting

We saw an increase in the number of complaints made to our Responsible Behaviour Unit (RBU), from 130 in 2022 to 180 in 2023. This is a welcome development, indicating that the roll out of the CoC has increased staff awareness of the work of the RBU and the reporting channels available to direct their concerns.

The most reported forms of misconduct in 2023 were of sexual exploitation, abuse, and harassment (37 reports); followed by abuse of power (30 reports). We received more complaints requiring investigation than in the previous year. In total, 44 investigations were carried out, 24% of the total complaints for the year, compared with 20 investigations, (15% of total complaints) in 2022. Investigations are carried out when a complaint reaches the threshold of a potential CoC violation of an interpersonal nature (such as harassment or abuse). The RBU directly investigated 16 of these complaints, and supported country programmes to investigate a further 28. Of the remainder, 42 (23%) required additional management support from the RBU, with 17 (9%) leading to RBU support in conducting awareness-training conversations to ensure behavioural expectations are aptly understood.

We also continued to work with colleagues across MSF to ensure consistency in practice and share experience and resources. This included supporting in the recruitment for a new position to set up an MSF movement-wide investigator pool and investigation mechanism.

# Staff health

The Staff Health Unit provides international mobile staff with health support before and after their assignments. It also ensures minimum health standards policies across our country programmes, including advising medical coordinators, operating a 24/7 psychological support service, and supporting medical evacuations.

In 2023, our routine support included briefing, debriefing, and counselling of all internationally mobile staff, at similar levels to 2022, with an increase in occupational health screenings, mainly related to new assignments. Building on the results of our international mobile staff health research study, we introduced a new pre-and post-assignment health monitoring questionnaire, enabling us to tailor our support to staff.

We continued to build and train a network of health focal points in MSF partner sections, and to ensure all project and head office staff have access to support tools. These include the digital mindfulness app, Headspace, which 457 staff requested access to in 2023, and a series (around 30 in total) of well-attended webinars held across different time zones, on topics such as stress management. We also developed specific learning modules for management, to help increase understanding by our leadership of the types of health issues faced by staff, and how they can support them.

The Netherlands-based staff health team made fewer project visits than in 2022, as our country programmes are increasingly able to work directly with local psychologists; and locally recruited staff now have direct access to local psychologists in 15 country programmes. The Staff Health Unit has also partly decentralised, and we now have representatives in Jordan and Kenya, closer to country programmes in those regions. We postponed plans to start the development of a health risk assessment for locally recruited staff. We hope to be able to revisit this project in 2024.

### **Humanitarian Imagery**

In 2021, MSF embarked on a critical review of our extensive media database, housing over 200,000 photos, with the aim of identifying and rectifying sensitive imagery. Over 10,000 photos were flagged during this process, highlighting instances of stereotypes and a lack of dignity. Prompted by rightful criticism of MSF's use of sensitive photography depicting patients under our care in 2022, the review accelerated. In response, all directors of communication in MSF committed to effecting necessary changes in how we manage, utilize, disseminate, and store photographs and videos from our medical humanitarian programmes.

In February 2023, MSF established a Photo Ethics Advisory Panel, comprising both internal and external experts. This panel was tasked with reviewing flagged photos from our media database and grappling with complex ethical considerations. The outcome of this exercise

was the development of a comprehensive report "Re-adjusting the Focus", designed to stimulate critical reflection on MSF's visual narrative and highlight the collective effort required at every level of the organisation.

The report offers concrete recommendations for future actions and stands as the cornerstone for shaping new audio-visual guidelines within MSF. The next phase involves a proactive roll-out of these guidelines for producing and utilizing communication materials. This initiative will enforce new restrictions on sensitive content, streamline processes for the media database, enhance contracting conditions and conduct extensive training sessions on the updated guidelines. Through these efforts, we aim to enhance the ethical integrity and effectiveness of our visual storytelling, ensuring that it aligns with our commitment to dignity and respect for all those we serve.

# Fundraising



↑ Najiba, an MSF midwife, seeing a patient in the MSF-supported Band-e-Amir community health facility in Yakawalang, a remote district in Bamyan. Sara, 25, is a mother of two and suffers from low blood pressure. Afghanistan, April 2023. Photo: Nava Jamshidi

We had a very successful fundraising year in the Netherlands, boosted by media coverage and social media engagement about global MSF responses in Türkiye/Syria earthquake and Gaza. By the year end, MSF-NL/Artsen zonder Grenzen had received an unprecedented € 99 million in donations, a large percentage from loyal donors leaving us a legacy or inheritance.

We are extremely grateful for the support of all our donors and partners.

## Media coverage

Media articles mentioning Artsen zonder Grenzen had a total of 1.6 million individual reads, similar to our reach in recent years. The figure is lower than in 2022 (when we achieved 2.5 million individual reads) but that year was exceptional because of national interest in our Netherlands-based project supporting asylum seekers in Ter Apel. We also had good traction reaching new audiences through broadcast media, lifestyle publications, such as LINDA, Flair as well as the children's media

outlet Kidsweek (aimed at 7–12-year-olds). The highest coverage we saw was of MSF's global work in Gaza (829 articles, almost a third of mentions); with the second highest (374 mentions) linked to our work with refugees and migrants.

## Brand awareness

Surveys in 2023 showed AzG had a brand awareness rating of 92% (in prompted and unprompted questioning). Although this remains high, it is slightly lower than in 2022 (95%), and we are developing a three-year brand strategy to address this. In terms of trust in AzG, we were benchmarked by the Chari\*Trust index which measures public trust in Dutch non-profit organisations, amongst whom the average score is 24. In 2023, our rating increased from 24.3 (in 2022) to 25.7, the highest level we have achieved since measurement began in 2015. The positive awareness and trust of AzG supports our fundraising, and our advocacy work, in the Netherlands.

## Social media reach

Over the year, we reached 9.7 million people through social networking, with more than 131,000 interactions with our community. We grew our social media channels (Facebook, Instagram, LinkedIn and Twitter/X) by 14% across all accounts, with a particular focus on Instagram which we grew by 79%, from 11,840 to 21,216 followers, and

on LinkedIn which grew by 26% from 16,400 to 20,656. Globally, an engagement rate of 1-5% is considered 'good' for non-profit organisations, and in 2023 our channels, we reached an overall engagement rate of 1.4%. On Instagram, we achieved an engagement rate of more than 5%, underscoring the value of the investment we made in the channel.

## Income

In 2023 we reached € 85.5 million in fundraising income from individuals, companies, and non-profit organisations in the Netherlands, an all-time high for Artsen zonder Grenzen (2022: € 70.5 million). The increase is predominantly made up from legacies and inheritances, from which we received € 29.3 million (2022: € 15.7 million), almost double the average annual income from these sources over the past five years.

Our emergency response did not directly bring substantial extra income but helped us to engage with and gain new donors and reduce the 'outflow' (i.e. number of those leaving). In addition to our

fundraising income, we received € 13.5 million from Netherlands National Postcode Lottery and other sources, such as membership contributions to the MSF-NL Association, bringing our total income to € 99.0 million for the year (2022: € 84.0 million).

### Private (individual) donors

Individual donors are our most important source of income. Our yearly income from private donations is dependent on the number of new donors we acquire, donor retainment rates, and the average donation amount. In 2023, income from private donations made up more than half (€ 47.8 of € 85.5 million) of our income.

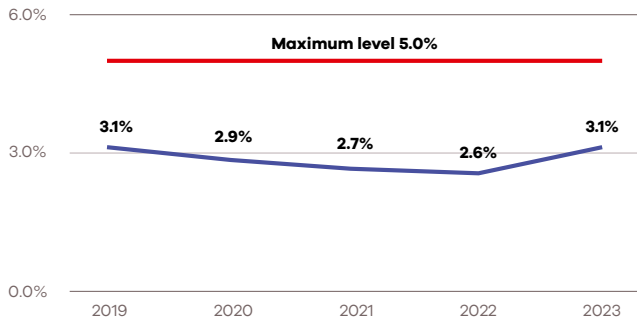
	2023	2022	2021	2020	2019
Number of different private donors giving in the year	459,055	452,818	449,816	461,435	442,675
Private donors recruited in the year	63,133	44,532	40,435	49,514	33,750
Active cancellations	1,549	4,371	2,730	3,237	2,864
Donors with a direct debit mandate	305,651	306,535	311,958	312,631	310,118

### Donor acquisition

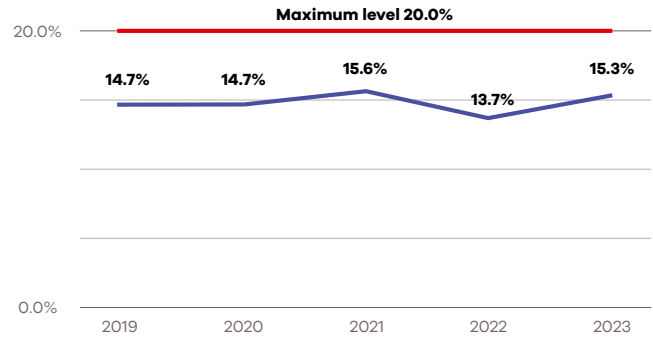
In 2023, we successfully engaged with more than 63,000 new donors, of which over 30,500 gave us a one-off donation, and 33,600 became regular donors. This is more than 20,000 more new donors than in 2022, and a significant increase compared to previous years. This increase is a positive reflection of the substantial investment we made in fundraising in 2023. The reasons for this investment are two-fold: first, rising inflation has

increased the costs of fundraising; and second, we were facing increasing challenges with an outflow of donors that was higher than the number we recruited. The investment included extending our in-house face-to-face programme, by opening a second site in the city of Utrecht. These efforts, and our work to attract donors online, was bolstered by the high levels of media attention in 2023, which helped teams to engage with Dutch audiences about our work.

**Cost of acquiring income  
as percentage of total income**



**Cost of acquiring income  
as a percentage of Total income from individuals,  
companies and not-for-profit organisations**



**Digital fundraising**

While face-to-face recruitment remains the backbone of our acquisition, we are gaining increasing traction through our digital channels. This is an important growth area for us, as it allows us to diversify our donor base and reduce reliance on just one source of income. In 2023, we invested in online fundraising capacity, resulting in significant growth of digital acquisition. By the end of the year, we had engaged with 31,000 contacts online, more than six times the 5,000 we reached in 2022. These new contacts primarily support our work on a non-financial basis (e.g. via online petitions) on issues such as migration and Gaza. Around 6% of these new contacts also became financial donors in 2023, and we continue our efforts to bring others along too. We primarily do this through telephone calls, in which our teams explain how our work is dependent on individual donors.

**Donor loyalty**

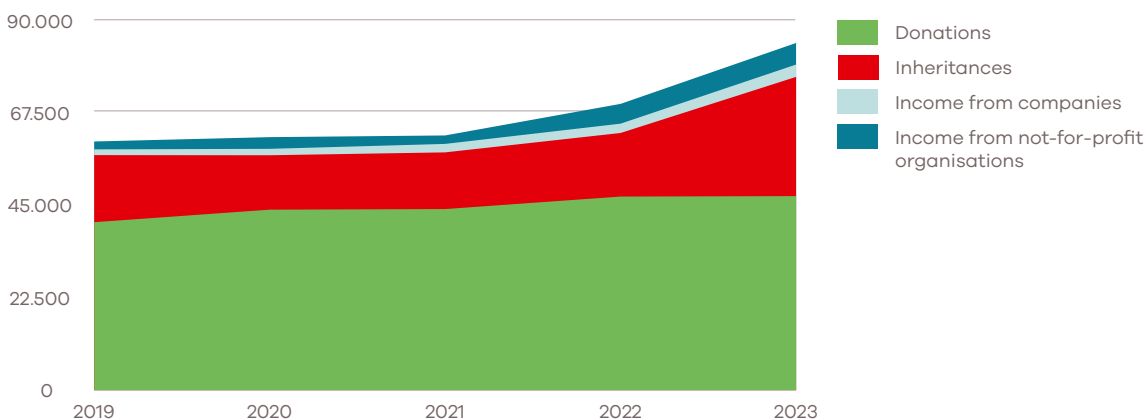
We are very proud to have the support of our large and loyal donor base, with nearly 460,000 private individuals supporting us with regular donations in 2023, 6,000 more than in 2022. The primary reason

for this is our success in reducing the number of donors who leave us. For example, in December 2022 1.7% of donors cancelled their donations, whereas in December 2023 this had reduced to 0.7%. In addition, our loyalty score increased to 79 out of 100 (from 77 in 2022) with 88% of our donors committing to continue supporting us in the future. The average age of our current donor base is around 60 (similar to other charity organisations in the Netherlands), and, on average, the older a donor is the more loyal they remain.

**Legacies & inheritances**

We almost doubled our 2022 income from legacies and inheritances, finishing the year at € 29.3 million. We are in the process of investigating and analysing why this happened. We already know that while a similar number of people mentioned us in their wills in 2023 (350) as in 2022 (340) the average value of legacies and inheritances was higher. In addition, we received legacies which were of exceptionally high value, including one of more than € 4 million and several others between € 0.5 million and € 1 million. To help secure future income from legacies, we reached out to 3,500 new contacts to highlight the option of doing so.

**Income from fundraising in € thousands**



### Major donors, foundations & corporations

In 2023, we were able to increase income streams from major donors, foundations, and corporations. This income comes in two ways: as one-off donations, of which we received 2,000 in 2023, mostly in response to our emergency campaign for Türkiye and Syria and our end of year fundraising campaign; and as increased gifts from existing donors, which in 2023 included a large donation from a family foundation.

### New partnerships with Schiphol and Adyen

Amsterdam's Schiphol Airport hosts more than 60 million visitors a year. In July, we set up a multiyear partnership with the airport after its employees selected AzG as their preferred charity. As a result, we are now visible across the airport's digital screens and billboards and receive cash donations from 21 collection boxes into which travelers donate unused foreign currency. We also worked on fundraising actions with Schiphol staff and look forward to further collaborations.

In June, we started a partnership with payment provider, Adyen which serves thousands of vendors (shops and e-commerce) worldwide. Adyen has offered us the use of its infrastructure in large-scale emergencies to generate donations, starting in 2024. In addition, Adyen generously donated € 1.0 million to use for existing emergency work and to help set up the partnership.

### Nationale Postcode Loterij

Our partnership with the Nationale Postcode Loterij (Dutch Postcode Lottery) dates to 1994. Since then, MSF-NL has received € 418 million from the Postcode Lottery, mostly in un earmarked funding. The successful conclusion of our groundbreaking trial for Tuberculosis treatment to which the Postcode Lottery has contributed € 10.8 million since 2013, marked another significant milestone in our collaboration. In 2023, we built

on our partnership by joining forces with World Press Photo to host an event for Postcode Lottery participants at the Nieuwe Kerk in Amsterdam. We gratefully acknowledge the substantial financial support we continue to receive from the Dutch Postcode Lottery and look forward to exploring possibilities for further collaboration in 2024.

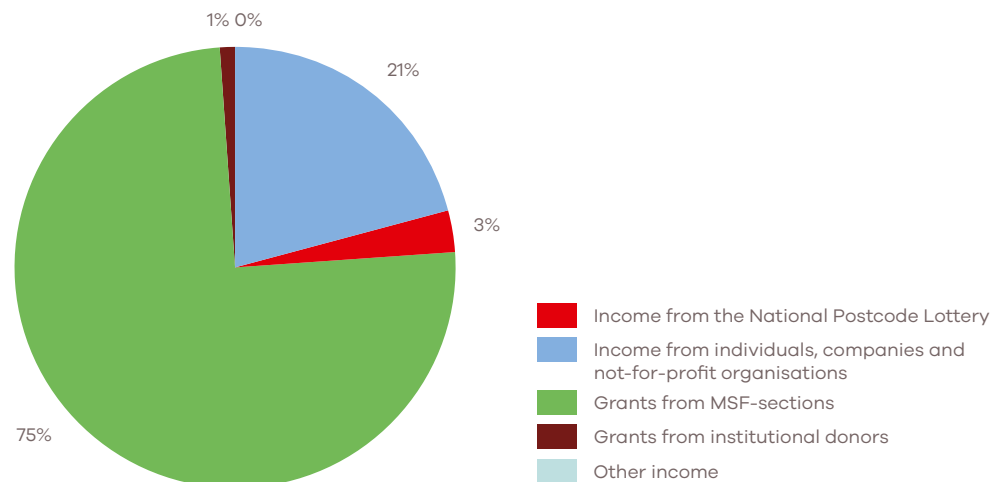
### Institutional funding

In addition to our income from private donors that underscores MSF main principles of independence and neutrality, a small portion of income comes from institutional donors. Since 2016, MSF has strongly reduced its acceptance of institutional income from the EU and EU-member states. This is a principled consequence of our ongoing analysis of the humanitarian impact of agreements made between the EU and countries around the Mediterranean Sea (Türkiye, Libya, Tunisia) impacting refugees and migrants. In 2023, our institutional funding totalled 0.7 % (€ 2.7 million) of our total income.

### Total income

Alongside our fundraising in the Netherlands, income from private donations from within the MSF international network constitutes 75.4% of our total income. In 2023, the MSF-NL total income reached € 415.5 million of which € 313.2 million were grants from MSF-sections. This part of our income is based on the 2020-2025 Resource Sharing Agreement with MSF International. The agreement includes the total of all funds that MSF sections contribute to MSF International, after the deduction of fundraising costs and their local operating costs. The net available is then distributed across the operational centres. In 2023, the MSF-NL share was set at 22.10% (2023: 22.25%) of the net-total. In 2024-2025 the share will remain at 22.10%. Management has assessed that of the total income about 90% can be considered as structural.

### 2023 Origin of income





# Compliance and risk



↑ Patients in Kyein Ni Pin camp wait to be seen by MSF doctors who run regular mobile clinics in the camp for displaced people. Myanmar, October 2023. Photo: Zoe Bennell/AzG

As outlined in our Strategic Plan, we are committed to fostering a culture of ethics and compliance aligned with our organisational values and principles and with applicable laws and regulations. These encompass any legal requirements in the countries where we carry out medical humanitarian activities and where we have our head offices, as well as any internal standards and regulations that we develop as an organisation.

## Compliance and ethics

Our Compliance and Ethics Framework lies at the centre of this work. The framework provides a comprehensive and systematic approach to compliance, ethics, and risk management, with an overall objective to ensure consistent and high standards of integrity in our work.

As reported on in Safeguarding, in 2023 we developed a Safeguarding Policy, outlining our overarching approach to ensuring safeguarding considerations are embedded across all areas of the organisation. At the same time, we reviewed our Whistleblowing Policy, to ensure that our whistleblowing procedures align with applicable whistle-blower protection legislation,

including new legislation that came into force in the Netherlands in 2023. We identified gaps and took action to improve the reporting and management of incidents, as well as to increase awareness and accessibility of incident reporting mechanisms across the organisation. Through our Policy Development Framework, we continued to reinforce a consistent approach to policy development and management, leading to improvements in organisational policy and information management.

## Risk management

As an organisation we maintain a Risk Register to identify and assess risks to our strategic ambitions, as well as any material risks to our programmes, the people we assist, and to our staff. Management teams in our offices and programmes play an important role in our approach to risk management, and we maintain risk inventories throughout the organisation, with the active involvement of staff at every level. In 2023, as part of our regular risk management cycle, we conducted a risk exercise with staff across the organisation to identify potential new, emerging, and changing risks that may impact

on our organisational and strategic goals. These assessments were made according to the potential impact of each risk on the implementation of our social mission, the likelihood of it occurring, and calculations of its financial consequences.

In 2023, we reviewed and updated our Risk Management Policy based on the results of these assessments. We also focused on mapping and evaluating the mitigation strategies we have in place against identified risks, including identifying any additional actions we could take to further reduce risk. We included these mitigation efforts and deliverables in the organisation’s 2024 Annual Plan. As an additional means of assessing and prioritising risks we connected the risk register to the organisational Risk Appetite, to provide a holistic view of risks and how they sit within the organisation. As our risk management process is firmly embedded in the organisational planning and control cycle, this allowed us to identify actions and risk prioritisation in tandem with senior management’s decision-making structures around the annual planning. Management reviewed the Risk Register, ensuring that risk was fully accounted for in finalising the 2024 Annual Plan, and prioritised risks for attention for the coming year. Using internal audit reports and the Risk Register, the Board and its committees were able to regularly address specific organisational risks and discuss mitigation efforts with management.

The main organisational risks we faced, and an outline of their development over 2023 can be found on the next page: Main Organisational Risks 2023. Our biggest risks are associated with contexts vulnerable to quick and unpredictable deterioration of the (security) situation. We are also exposed to operational risks associated with programme country legislation requirements. The future development of these within our programmes and their related impacts can be extremely difficult to predict and subject to frequent change.

We manage risk with an emphasis on minimising risks to our staff, our patients and the communities we assist as we seek to safeguard their wellbeing and our reputation and ensure our solvency. Our support infrastructure is designed to be able to respond quickly to changing circumstances, including emerging risks and opportunities. We maintain an open culture in which risks can be discussed at all levels of the organisation.

In 2023, with the rise in cyberattacks and the global growth of AI, we faced increased risks with information security, and invested in actions to mitigate these, e.g. by informing staff about

the risks of using generative AI via email and in live sessions and by testing our own Generative AI system with non-MSF data. In addition, the organisation faced increased risk in structural costs in programmes and support in 2023. As a result, we reduced our activities budget to help counter this increased risk.

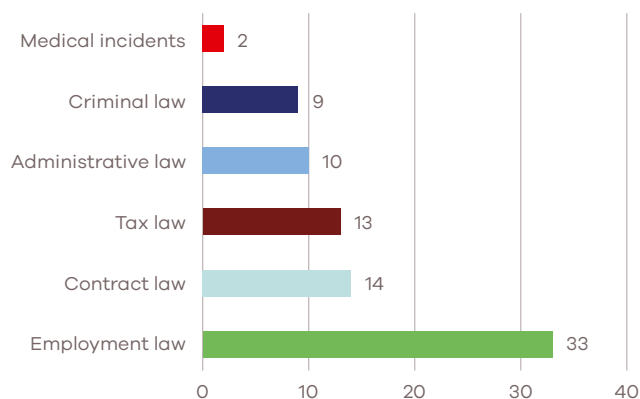
In our work, security, health and safety, and behavioural risk management require and receive specific attention. Our risk appetite towards the categories of risk we face is further explained on page 44, OCA risk appetite 2023.

To manage risks, MSF has established group global insurance policies for health, life and disability for internationally mobile staff, business travel accidents for program support staff, professional liability for directors and officers covering all MSF entities, and liability for medical errors and omissions for our medical staff. Where policies are not permitted, local insurance solutions are often offered or a so-called insurance fronting solution is chosen, whereby a local insurer issues a policy based on the global program. In sanctioned countries, MSF has opted to work with financial interest clauses in order not to compromise compliance with legislation on financial transactions.

**Legal cases**

On 31 December 2023, MSF OCA had a total of 81 pending legal cases across all country programmes, most of which are related to employment law (33). Cases that pose the largest financial risk to the organisation are cases related to tax law, income tax specifically. In our programmes, we accept a minimal to cautious risk towards local tax laws and regulations. Where management has assessed that is probable that a position on the interpretation of relevant legislation or the stage of legal proceedings cannot be upheld, an appropriate provision has been included in the Financial Statements,

**Pending legal cases**



## Main organisational risks

Risk	Trend	Main Mitigation Measures	Impact
<b>Operations</b> Interruption of the supply chain.	→	Increased local purchase; Increased direct delivery; Continue organisational and management capacity for supply support; Re-design of organisational support structure; Monitoring and forecasting of metrics used.	<b>High;</b> The risk could lead to interruption of our medical humanitarian operations and in turn the support to patients and communities.
<b>Operations</b> Serious adverse (security) event affects staff and/or patients under our care.	→	Continue and reinforce safety and security policies and measures including applied security network; Security and crisis management training; Staff induction and awareness; Increased dedicated safety and security expertise, Regular security assessments and monitoring by Security Advisors.	<b>Medium-High;</b> The risk could lead to severe interruption of our medical humanitarian operations and in turn the support to patients and communities.
<b>Operations</b> Change of structural costs in operations and support as a result of inflation and scarcity of (human) resources.	↗	Optimise fundraising efforts; Investment / project portfolio planning	<b>Medium-High;</b> The risk could lead to reduction of our medical humanitarian operations and in turn the support to patients and communities.
<b>Reputation and Integrity</b> Inappropriate behaviour of humanitarian worker of an NGO, UN or MSF staff proper.	→	Implementation of improved Code of Conduct; Continue Responsible Behaviour Unit preventative work and prompt investigation and response of incidents; Confidantes/ Persons of Trust installed in (programme) locations.	<b>Medium-High;</b> The incidents could negatively affect MSF reputation, including community trust and donor recognition and income.
<b>Integrity – Information Security</b> Threats to the confidentiality, integrity, or availability of MSF networks, systems or data caused by cyberattacks or lack of appropriate security controls and infrastructure measures.	↗	Strengthen the effectiveness of the Compliance and Ethics Framework and the compliance organisation by integrating Compliance staff, implementation of revised whistleblowing mechanism, proactive internal compliance investigations, and improving and maintaining robust internal controls.	<b>Medium-High;</b> The incidents could lead to loss/theft of data, higher costs and reputational damage.
<b>Legal and Compliance</b> Non-compliance with regulations, including – but not limited to – privacy regulation, and inability to efficiently adapt to new regulatory decisions in the EU and/or programme countries.	→	Regular employee engagement surveys; Development and implementation of staffing strategy and review of function and remuneration grid; Creation of a Diversity, Equity and Inclusion Unit and implementation of related strategies; Reinforcing Leadership and People Management; Increased internal communication and trainings.	<b>Medium;</b> The risk could affect operations (access) and in turn the ability to provide services to patients and communities, higher costs and reputational damage.
<b>Organisation and Work Culture</b> Inability to attract and retain the right staff and ensure cohesion in the management to ensure an agile organisation and engagement of staff to meet our ambitions.	→	Regular employee engagement surveys; Development and implementation of staffing strategy and review of function and remuneration grid; Creation of a Diversity, Equity and Inclusion Unit and implementation of related strategies; Reinforcing Leadership and People Management; Increased internal communication and trainings.	<b>Medium;</b> The risk could affect operations effectiveness and efficiency; result in higher costs and reputational damage.
<b>Organisation and Work Culture</b> Inability to keep pace with the level of growth and complexity in operations and lack of capacity for required change in the organisation.	→	Investment / project portfolio planning; Review planning & control cycle including subsidiarity and joint implementation responsibility for partners; Investment in strengthening information management; Increased internal communication.	<b>Medium;</b> The risk could affect operations effectiveness and efficiency; result in higher costs and reputational damage.

## OCA risk appetite

Risk category	Risk Acceptance Level					Description
	Averse	Minimal	Cautious	Open	Hungry	
<b>Strategy</b>						A fair part of the environments in which we work are unpredictable and our operations thus require a dynamic approach. In order to respond to significant emergencies, we might accept to take strategic risks including possibly stretching available resources if it benefits the population in danger.
<b>Operations</b>	Medical humanitarian action					First and foremost, our purpose is to start up and/or continue emergency aid operations. Populations in situations that are life threatening or of dire needs would drive us to accept more risks in our interventions and in our strive for meaningful access.
	Supply chain					We aim to ensure a responsive and adaptable supply chain, maintain product quality standards and continuity of supply services and of operations. We therefore maintain comprehensive supply policies and procedures.
	Safety and security					Although we accept the need to work in contexts of acute crisis or conflict, we will nevertheless do everything reasonably practicable to reduce significant risks to our employees, our patients and the populations we assist. We apply strict rules and regulations in order to minimise safety and security risks for our staff and the communities in which we work. We take minimal risks in regard to safety and have a cautious approach towards security risks if we assess there is a high benefit for our patients.
<b>Medical care</b>						We aim to minimise risk (especially clinical risk) and maintain high standards of medical care. We realise that in acute emergency response operations we may accept a higher level of risk. We emphasise the importance of creating a culture of learning from error and disclosing incidents.
<b>Reputation</b>						We maintain a solid reputation for living up to our core principles (neutrality, independence and impartiality), for transparency and for accountability. This translates in an open model of associative governance and an insistence on prudent levels of compensation for all employees. Our communications are based on our own observations and experience, while we maintain a relatively open approach towards communication risks and the potential reputational impact if it concerns the plight of the people we assist.
<b>Finance</b>	Income					Our emergency operations are principally funded by private donations. While we minimise risk to accept funding that can be perceived to be at tension with our independence, we seek to maximise diversification of funding sources.
	Financial position and solvency					We maintain a solid financial position in order to guarantee our emergency response capacity and ensure independent access to populations in distress and the achievement of our objectives. We are risk-averse in our financial and investment policies.
	Foreign exchange					Working worldwide in unstable environments and having a diverse but predictable flow of income, we incur minimal net foreign exchange risk, in spite of the unstable environments in which we work, as we have an inbuilt hedge resulting from the diversity of currencies in which we receive income and make expenditures.
<b>Legal and compliance</b>						We strive to be compliant with regulatory frameworks and with applicable laws and regulations as much as possible. In our programmes, we accept a cautious level of risk towards local (tax) laws and regulations. We may accept to be non-compliant, as we place greater priority on our patients and staff. This is particularly the case when compliance may restrict our ability to assist populations in distress. We are risk averse with respect to financial compliance; we strictly follow rules and regulations adhering to governance codes, charity regulations, Good Distribution Practices and when preparing our financial statements and management reports.
<b>Integrity</b>	Behaviour					We are strongly committed to prevent, detect, manage and follow-up on all aspects of inappropriate behaviour in the workplace, towards patients and vulnerable populations whilst managing the cultural change to achieve it.
	Fraud and corruption					We have an averse to minimal tolerance for internal fraud and corruption as we do not accept our staff engaging in any form of corruption in relation to their work and our operations. Due to the context of our operations, whilst we do not support it, we may encounter external corruption.
	Data security					We are vigilant to the protection and security of data and with a specific emphasis on the personal data of patients, donors and staff.
<b>Organisation and work culture</b>						We aim to minimise risk (especially clinical risk) and maintain high standards of medical care. We realise that in acute emergency response operations we may accept a higher level of risk. We emphasise the importance of creating a culture of learning from error and disclosing incidents.

## Financial risks

Our operational and fundraising activities can expose us to a variety of financial risks. MSF-NL has identified the following as financial risks: credit risk, concentration risk, interest rate risk and foreign currency risk. We have established management policies to identify and monitor these risks, and to set appropriate mitigation measures.

As shown in table on page 44, MSF-NL considers its overall risk appetite to financial risk as 'risk-averse', avoiding risk and uncertainty. For foreign currency risk exposure, our risk appetite is 'cautious to open'. We accept that, with working globally, a fair degree of uncertainty may be expected.

Furthermore, tax and regulatory legislation can increase exposure to financial risk, in particular in the unstable environments in which we work. This can be subject to frequent change and varied interpretations. In our programmes we accept a minimal up to cautious, level of risk towards local (tax) laws and regulations. Where management has assessed that it is probable that a position on the interpretation of relevant legislation cannot be sustained, an appropriate amount has been included in the provisions of our Financial Statements.

Based on our risk management and quantification and statistical analysis of the possible financial impact if adverse events were to occur, we have calculated a buffer capital with the total of our continuity reserves. The buffer capital is currently calculated at € 46 million corresponding to 11.4% of total expenditure. The buffer capital included in the continuity reserves determines the lower boundary of the total of reserves.

### Credit risks and concentration risks

Credit risks and concentration risks are primarily associated with the cash and cash equivalents we hold at financial institutions and, to some extent, from receivables. Cash and cash equivalents held in the Netherlands are spread over four banks: ABN AMRO, ASN Bank, ING, and Rabobank. Although we aim to avoid significant concentration of our exposure to a single financial institution, currently about 70% (2022: also 70%) of our funds are held with ABN AMRO. In our projects, cash balances are held to an operating minimum and risk is primarily mitigated by planning the frequency of cash transfers to our projects in line with payment patterns.

### Interest rate risk

Interest rate risk primarily arises from cash balances. Interest is received on cash balances

based on market rates for the corporate sector. In 2023, bank saving deposits and short-term currency deposits (for USD) were used. These have contributed to a reasonable interest income of € 1.8 million in 2023 (2022: € 0.2 million). MSF-NL did not make use of stock market investments.

### Foreign currency risk

As we operate internationally, we work with a wide range of currencies on a daily basis. Income from MSF-sections includes the euro, pound sterling, the US dollar, the Canadian dollar, Swedish krona and other currencies and does not necessarily match our expenditure which is largely in euros and US dollars. These are in turn converted into other currencies as applicable in our country programmes. Our foreign currency exposures relate mainly to project funding grants, purchasing of medical goods, and payments that are denominated in currencies other than our functional currency: the euro.

Most of our income is in euro and in US dollar or US dollar pegged currencies. In 2023, 71.3% (2022: 49.5%) of the expenditure in US dollar was covered by income in the same currency which lessens the impact of foreign currency risk exposure. Foreign currency needed in our programme countries is purchased centrally as much as possible, with balances kept to a minimum. In 2023, 40.4% (2022: 40.3%) of the total expenditures were in euro and 29.6% (2022: 28.3%) of the total expenditure was in US dollars. Various other foreign currencies make up the remainder of 3.0% (2022: 31.4%) of the total expenditure.

The foreign currency risk on our income is further mitigated through the MSF International finance agreement (see page 40, Total income). We manage our foreign currency transaction risk from the point of view that the foreign currency incomes largely represent a natural hedge in comparison to our expenditure. For the part that is assessed outside the natural hedge, the net currency exposure, forward contracts on future cash flows only and for the main currencies (USD, CAD, GBP, HKD and SEK) are concluded by MSF International to ensure predictable income for the year and mitigate the foreign exchange risks. Throughout 2023, we participated in a cash netting process managed by MSF-International. All payables and receivables between MSF sections are reconciled and settled monthly. MSF sections receive the currency they require for their activities. Currency transactions via the cash netting system are executed against more favourable rates and better FX-spreads than MSF sections could achieve individually.

With a sensitivity of 2.5% strengthening or weakening of the euro as of 31 December 2023 against our main contract currencies our end of year result would have increased or decreased by € 1.9 million. Compared to 2022, total exposure increased from € 28.0 million to € 76.8 million. This is largely due to the higher grants receivable position in USD and other main currencies.

Our result sensitivity analysis shows the estimated impact of the various changes and trends on our income and emergency aid expenses, as well as the possible impact of exchange rate and interest developments. In our forward financial planning and budgeting for 2024, this result sensitivity analysis is considered in the decision making.

Result sensitivity analysis	Change	Estimated impact in euro	On	Assumptions
Income, total	+/- 5%	+/- 17.8 million	result	Stable income with no change in planned expenditure
Income, from MSF-sections	+/- 5%	+/- 13.3 million	result	Consolidation with some level of uncertainty
Emergency Aid expenditure	+/- 5%	+/- 15.9 million	result	No change in income and continuation of trend
Main currencies (USD, GBP)	+/- 10%	+/- 1.4 million	result	Stable income from MSF-sections, no change in cost structure emergency aid
Other operating currencies	+/- 5%	+/- 3.5 million	result	No change in cost structure emergency aid
Interest rate	50 bps	+/- 0.5 million	result	Average interest percentage received increases to 2.4%

## Audit

### Internal audit

In 2023 we had full internal audit capacity for most of the year and conducted a five internal audits and reviews of country programme activities (in Afghanistan, India, Kenya, Pakistan, and Tajikistan). In our head office we audited the scaling process for staff salaries, as well as the benchmarking of programmes staff salaries. The Afghanistan audit was conducted jointly with our colleagues from Operational Centre Brussels, with whom we work closely in the country, including in the running of the OCA's largest hospital. In Pakistan, we were pleased to be able to complete an extensive audit of our programme, as travel restrictions had prevented this from being conducted for a long period. In India, our internal audit team was joined by our external auditor, Deloitte.

Piloting of medical internal auditing was largely finalised in Tajikistan and introduced to a lesser extent in Afghanistan. A large part of the medical quality internal audit package was finalised and will be integrated into regular auditing activities in 2024. Our audit approach for a variety of medical topics will be further developed and added in the years to come. Overall audit findings related to legal compliance, registration, taxation of international mobile staff and supply; shortcomings in the application of MSF procedures; and shortcomings in local policy frameworks in increasingly complex legal environments, with increasing regulatory compliance.

In setting audit priorities for 2024, we were able to link our objectives for the year fully to the risk register, ensuring the priorities are synchronised. We started developing new techniques to use data analytics to support the audit process and detection of user behaviour, that could be indicative of fraud or breaches of MSF policies. The MSF-NL management team, and the Board's Audit and Risk Committee discuss all internal audits, following up on the findings and recommendations, which in turn are linked to the risk management process and incorporated into the planning and control cycle. Internal audit reports are shared with our external auditor, Deloitte.

In February 2023, we engaged an independent forensic investigator to investigate a report, submitted by a whistleblower in December 2022 and further elaborated on in January 2023, containing a significant amount of data and analysis said to prove an orchestrated fraud scheme within the organisation. On May 16, 2023, we received the final report which concluded that the signals of irregularities reported by the whistleblower did not lead to any indications of an orchestrated fraud scheme. The investigation did highlight shortcomings in our logistics reporting system, which will receive follow-up within the standing organisation in 2024.

### External audit

In their 2023 management letter, our independent external auditors, Deloitte Accountants B.V. emphasize our risk management process as

key component of internal control. The risk assessment process is used to identify (on an iterative basis), assess, and manage risks to the achievement of the Association's objectives. In their observations they build on the thorough examination of our internal control system in 2022. The auditors consider the configuration of the process sufficient and appropriate for the Association. The OCA Risk Overview was discussed during the Management Team meetings, new risks have been identified, and almost all risk categories have been addressed. They note that an area for improvement is the description of financial reporting risks from a monitoring and governance perspective.

Next to the development of the risk management, in their financial statements audit the external auditors focus on the transformation of the financial audit from a substantive approach towards an IT controls reliance approach and Cyber Risks. The IT controls reliance approach requires effective access and change management controls in terms of design, implementation, and operational excellence. Cyber evidently requires effective cyber controls.

Management recognises the necessity of continuous improvement of those controls in achieving effective controls and thus maturity. While the auditors note that the (new) MSF OCA IT Strategy 2024-2026 offers sufficient opportunities to grow in maturity for both key IT controls and Cyber controls, they recognise (financial) investment prioritisation is required. Management agreed to make use of a maturity

model and to map current and desired maturity and the dimensions of any financial investments for Operations, the HR-department and IT-department needed to close any gaps.

The 2023 Auditors' Report and the management letter of the external auditor were thoroughly discussed with the auditors by the Audit Committee in the presence of the Management, and by the full MSF-NL Board and OCA Council.

### **CBF-recognition**

In December 2023, after a comprehensive reassessment, the Dutch Fundraising Regulator (CBF) an independent foundation which monitors charity fundraising, renewed MSF-NL's CBF-recognition status. The purpose of the audit by the CBF is to establish that MSF-NL is compliant to the quality standards of the Recognition Scheme. Based on desk research, the audit further focused on four main areas of compliance: governance, integrity, impact, and fundraising & stakeholders. Based on the audit, the CBF made two recommendations for follow-up: first, while noting that the global MSF Public Communications Framework 2020: Telling it as it is, is publicly available, there is nothing that tailors the framework for MSF-NL and Dutch stakeholders. In addition, the CBF noted that the webpage on responsible behaviour, 'Meldingen en klachten onacceptabel gedrag' cannot be easily found on the AzG website, and that contact details need to be improved. Management will follow up on this recommendation, including with the publication of the new Whistleblower policy, expected in the first half of 2024.

## **Environmental footprint**

### **Environmental, social and governance reporting**

The EU Environmental, Social and Governance (ESG) regulations aim to motivate businesses and investors to focus on activities that are environmentally and socially sustainable. Non-governmental organisations, such as MSF, are not yet subject to these regulations, but can play an important role in sustainability and corporate accountability. MSF, for example, engages with suppliers, organisations and governments and has a role to play in ensuring responsible business practices, transparency, and sustainability.

Therefore, although it is not yet a legal requirement, we have chosen to start voluntary reporting on our sustainability efforts through the ESG. Doing so demonstrates our commitment to transparency and accountability and supports

our advocacy efforts in this area. To facilitate this reporting, in 2023, we held workshops to build our knowledge of ESG-reporting requirements and conducted a high-level value chain analysis to lay the groundwork for a double materiality assessment, planned for 2024. Double materiality refers to sustainability reporting of both how a business or organisation is impacted by sustainability issues ("outside in") and how their activities impact society and the environment ("inside out"). The assessment will seek to understand which EU reporting standards are most important for our donors, suppliers, and the communities we serve. The findings will in turn support our organisational goals and advocacy efforts regarding climate and environmental health.

### **Environmental impact roadmap**

In 2021, we introduced the OCA environmental impact project, linked to the MSF-wide ambition and commitment to reduce carbon emissions by 50% by 2030. In 2023, we finalised the OCA environmental impact roadmap, identifying 28 actions to reduce our environmental impact and carbon footprint. Recommendations include ensuring environmental criteria for suppliers and transport service providers; creating sustainable procurement guidelines; reducing air shipments and organisational air travel; optimising fleet sizes and using lower emission vehicles; increasing energy efficiency and use of renewable energy in our buildings and construction; reducing our waste, including medical waste; increasing the lifespan of our ICT equipment, and rationalising data storage.

### **Environmental impact fund**

In addition to the roadmap, in 2023 we introduced an environmental impact fund to support the adoption of clean energy and energy efficiency initiatives in our country programmes. This funding has been approved by the OCA Council as separate from the operational budget. Any project can apply for the funding, provided they can show the feasibility of proposed initiatives, and how they will directly contribute to the reduction or avoidance of carbon emissions (such as through

installing solar power, insulating warehouses, and energy saving measures). At the end of 2023 we had completed three projects in Democratic Republic of Congo, Myanmar, and Venezuela. Some planned work was delayed in 2023 as capacity issues meant we had to delay the launch of the fund until the fourth quarter of 2023. As a result, most proposals approved in 2023 can only be implemented in 2024, which will reduce the budget available for new proposals next year.

### **Monitoring our impact**

The MSF movement-wide Climate Smart project includes tools for carbon accounting. In 2023, we used these tools to create a 2019 baseline measurement for our greenhouse gas emissions and have started the calculations for 2022 against this. Working closely with colleagues from across the MSF movement, we have established working groups to develop guidelines and tools for areas such as air travel and the supply chain; as well as to enhance organisational awareness and engagement with environmental impact work. At present, we rely on existing capacity for data sourcing and measurement of greenhouse gas emissions. However, this is not sustainable in the longer term, and going forward we will need to add capacity and resources to fully realise our ambitions to reduce our footprint.



# ■ Governance



↑ In the postoperative ward of Sokoto Noma Hospital, Aisha A., a 6-year-old noma survivor, shares a moment with her mother, Hauwa. Despite her challenging journey, Aisha dreams of a brighter future, eagerly anticipating the day she can attend school. Nigeria May 2023. Photo: Fabrice Caterini/Inediz

MSF-NL is member of the international MSF network (or MSF movement) made up of 26 associations worldwide. Each association is an independent legal entity, registered in its country of operation, but united under the Swiss-based MSF International association, which safeguards the identity of the MSF movement. This includes management of association growth, promoting cooperation, and overseeing the sharing and allocation of available resources.

Each MSF association is linked to one of six operational centres, each of which is responsible for the overall management of MSF projects worldwide. MSF sections support this work through recruitment, fundraising, and advocacy and communications on the humanitarian and medical crises we witness. In turn each MSF section is linked to an association, responsible for defining the section's strategic direction and holding it accountable for its work.

Some MSF sections also contain an operational 'desk' linked to one of the operational centres which is responsible for managing a portfolio of country programmes. In addition, some sections have branch offices to support recruitment and fundraising; as well as satellite offices providing technical support for specialisms such as logistics, supply, and epidemiology. As of 31 December 2023, there were 24 sections, including the Artsen Zonder Grenzen-Netherlands (MSF-NL) Association, and 18 branch offices around the world.

## **MSF-NL and the MSF international network**

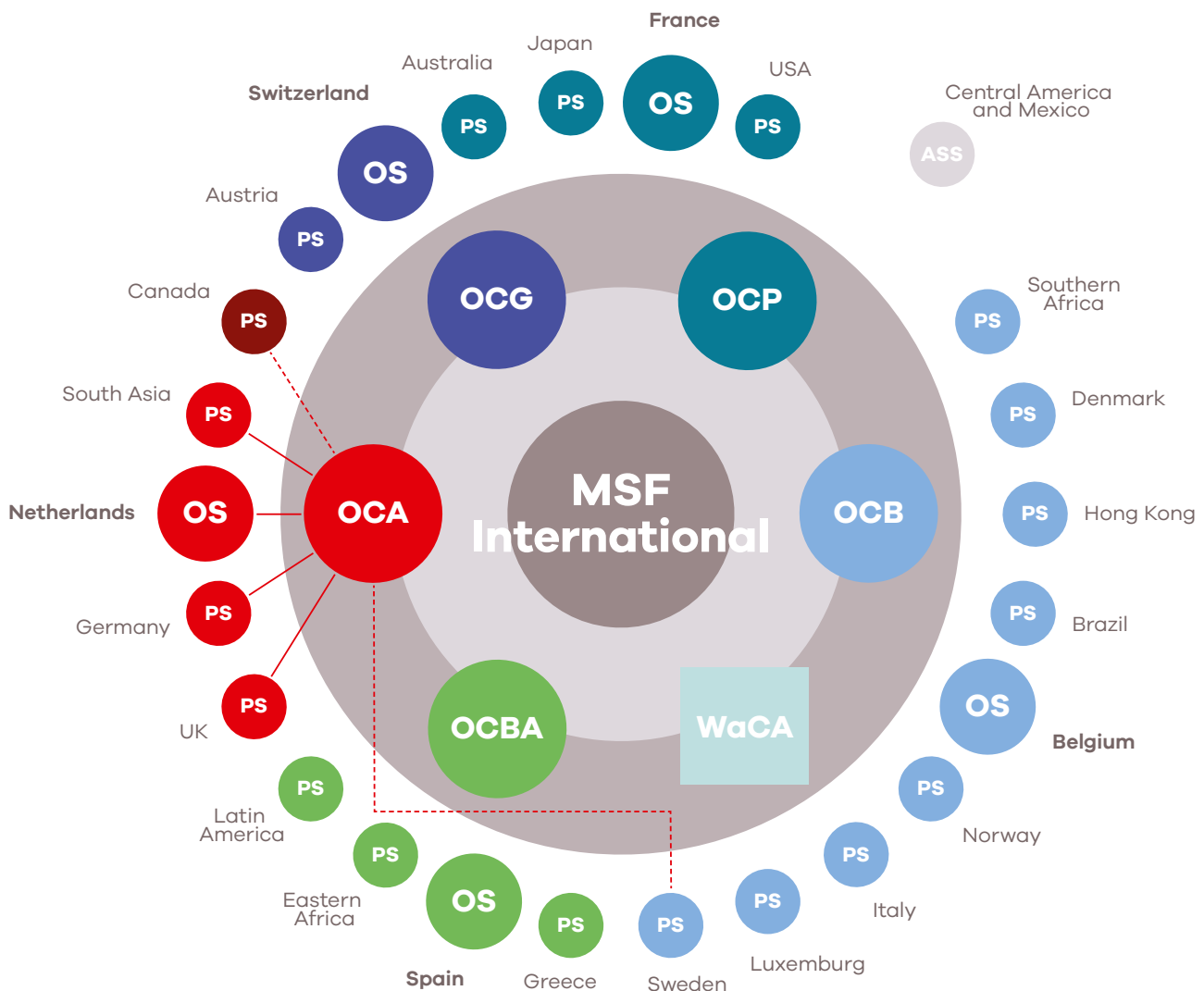
MSF International is governed by the International Board, which is accountable to the International General Assembly (IGA), comprising MSF institutional (associations) and private members. As an institutional member of MSF International, MSF-NL appoints two of the 50 institutional delegates represented at the IGA.

MSF-NL provides an annual contribution towards the expenditure of the running cost of MSF International, based on its share of the total private income realized in the MSF movement from the previous year. In 2023, MSF-NL contributed € 1,005,415 towards this expenditure, a 4.28% share of the total costs (in 2022, we contributed € 977,562, equal to a 4.28% share in that year). Furthermore, MSF-NL contributed to several MSF International activities and to shared services, such as ICT. All contributions are based on the share that is equal to the income of MSF-NL as a percentage of the total income of the MSF network (see Financials note 3 to 7). In 2023, MSF-NL carried an estimate 17.4% of the total expenditure realised within the network MSF (based on unaudited figures).

### The MSF-NL Management Team

The Board has delegated day-to-day executing within MSF-NL to the General Director, Vickie Hawkins, in accordance with the By-laws of the Association. The General Director is a titular director who leads the MSF-NL Management Team, made up of five additional members. In 2023, these were the Medical Director, Bern Thomas Nyang'Wa, the Director of Operations, Oliver Behn; the Director of Resources, Liz Root; the Staff Director, Mihaela Ionasc – ended 06 January 2024; and the MSF-NL Deputy Director, Judith Sargentini – ended 30 November 2023.

MSF-NL is compliant with the externally regulated Remuneration scheme for directors of charitable organisations, November 2020. The scheme



- OS** – Operational Section
- PS** – Partner Section
- ASS** – Association

- OCA** – Operational Centre Amsterdam
- OCB** – Operational Centre Brussels
- OCBA** – Operational Centre Barcelona-Athens
- OCP** – Operational Centre Paris
- OCG** – Operational Centre Geneva
- WaCA** – Operational Centre West and Central Africa

sets criteria to determine the level (score) of responsibility required for executive positions, with a maximum score of 645. Based on these criteria, the position of General Director has been scored at 610 points. Under the MSF-NL management model the General Director is rated at 92% (561 points, group J, maximum) with each additional Management Team member rated at 80% (488 points, group I, one below the maximum). The job function grid and remuneration policies for Netherlands-based employees, including the directors are in line with the scheme (see Financials: note 7).

### **MSF-NL and Operational Centre Amsterdam**

MSF-NL is in a collaborative partnership with the MSF associations in Canada, Germany, South Asia, Sweden, and the UK. These MSF sections each contribute, in different ways, to the supervisory function, policy setting and executive level of the MSF-NL Association. This partnership governs the Operational Centre Amsterdam (OCA) collaboration, which oversees the execution and support of country programming, but has no formal constitution as a private organisation.

### **The OCA Council**

OCA is governed by a memorandum of understanding agreed and signed by the MSF-NL Board, and the MSF association boards of

Canada, Germany, South Asia, Sweden, and the UK. Together, these boards established the OCA Council – a supervisory entity for OCA programmes. The OCA Council approves the OCA medical and programmatic strategic and annual plans, and those of programme support departments.

As of 31 December 2023, the OCA Council had 12 members, comprising:

The MSF-NL President, Tammam Aloudat chairs the OCA Council, with the remaining 11 members comprising one MSF-NL Board delegate, two delegates from each of the boards of MSF Germany, MSF South Asia, and MSF UK and one delegate from each of the boards of MSF Canada and MSF Sweden. In addition, the MSF-NL Treasurer is member of the OCA Council, in his capacity as chair of the Audit & Risk Committee. The chair of the Medical Committee is co-opted member of the OCA-Council.

### **The OCA Management Team**

The OCA Management Team comprises five members of the MSF-NL Management Team and the general directors of MSF Germany, MSF India, and MSF UK. The MSF-NL General Director, Vickie Hawkins, chairs the OCA Management Team. Each of the MSF sections manage their own office costs and private fundraising activities.

## **MSF-NL Board and Association**

MSF-NL is owned and governed by the MSF-NL Association, comprising past and present staff. Through the Association, members discuss and debate to collectively exercise influence over MSF-NL strategy and identity. The MSF-NL Board is voted for by association members, amongst the former staff in its membership. The board may co-opt up to three members, to bring in specific expertise and experience, as needed.

As of 31 December 2023, the MSF-NL Association had 1,483 members, with a 50:50 split amongst current (744) and former (739) staff, from 82 different countries across the world. The board is supported by a three-person MSF-NL Association and Board team which aims to ensure responsible, inclusive, effective, accountable, and forward-thinking governance, through continued engagement with association members. The team's work is supported by the Association committee, an advisory group made up of board and association members, including a member of the support team.

### **Board responsibilities**

Board members hold a position of trust, responsible for the effective governance of the organisation. Individual and collective group responsibilities, include but are not limited to:

- Ensuring the principled implementation of MSF-NL's strategic direction and activities
- Supervising the quality standards and adherence of MSF-NL's work in support of MSF's medical humanitarian assistance.
- Safeguarding the image and identity of the organisation.
- Ensuring informed, vibrant, and dynamic engagement in the governance of the organisation.
- Guaranteeing the accountability of the MSF-NL General Director
- Representing the MSF-NL Association within the wider MSF movement and ensuring Executive participation in relevant MSF platforms.

Three main documents outline the principles of governance that apply to the Association: the Articles of Association, the By-laws, and the Management Statute. These documents guide the principles and practice of MSF's governance, oversight, and statutory requirements. The Board is responsible for ensuring they are upheld.

### **MSF-NL Board Composition**

As of 31 December 2023, the MSF-NL Board comprises nine elected members, and two co-opted members (see next page); five of the Board members have medical profiles. The Board is actively seeking diversity of opinion and global representation. As of 31 December four out of 9 members were female; and three come from outside of Europe. All Board members have provided full disclosure of their professional and ancillary activities and other relevant interests, in accordance with Article 5 of the By-laws.

(Re)Appointed	Name (term of membership) Positions / memberships of committees	Term runs until	Secondary activities
2022	<b>Tammam Aloudat</b> (first term) President, Member of the OCA Council (OCA Council Chair as of 1 April 2023), International General Assembly Representative	2025	None
2023	<b>Nigel Jenkins</b> (first term) Vice-President, Member of Remuneration Committee	2026	None
2022	<b>Wouter Adema</b> (first term, co-opted for professional financial expertise and qualifications to fulfil role as Treasurer) Treasurer, Member of the OCA Council, Chair of Remuneration Committee, Chair of Audit and Risk Committee	2025	Zorgverzekeraars NL (Health Insurers Association) – Director, Salvation Army – Supervisory Board Member, InteraktContour – (a care and support organisation for people living with brain injuries) - Supervisory Board Member (Chair)
2022	<b>Karline Kleijer</b> (first term) Secretary, MSF-NL Representative at the International General Assembly	2025	GGD (Public Health Service), Amsterdam, Team Leader, Forensic Medicine
2022	<b>Annemarie Loof</b> (first term) ** Member of the Duty of Care	2025	Global Alliance for Improving Nutrition – Country Programmes Operations Lead
2022	<b>Annemarie ter Veen</b> (second term – first term 2013-2016) Chair of the MSF-NL Association Committee	2025	WHO – Consultant, Health Emergencies Officer
2023	<b>Jesse Wambugu</b> (first term) Member of the OCA Audit and Risk Committee	2026	Hologic, Inc. - Director of Global Access, Africa
2023	<b>Rashed Mahfuzullah</b> (first term) Member of the Remuneration Committee	2026	None
2023	<b>Sunita Baskar</b> (first term, co-opted for professional medical experience), MSF-NL Representative at the International General Assembly, Member of IGA Representation in Governance Working Group, Member of Motions Committee	2026	Christian Medical Association of India – Head of Community Health Department Anahat Clinic, Banglaore, India – Volunteer Doctor
2022	<b>Vincent Hoedt</b> (first term) ** Member of the OCA Council	2025	Dutch State Forestry – Team Leader
2022	<b>Wil van Roekel</b> (first term) Member of the Medical Committee	2025	None

\*\* On the request of the members at the Extraordinary General Assembly of 9 April 2022, Annemarie Loof and Vincent Hoedt were co-opted onto the Board for the period of 9 May 2022 up to the Annual General Assembly of 11 June 2022, when they were elected as full Board members.

## Board resignations/ Conflict of interest

### *Gerbren Deves*

At the end of February 2023, Gerbren Deves stepped down from the MSF-NL Board, after accepting a position as Head of Partnerships & Philanthropy at UNHCR Netherlands, which the Board considered an untenable conflict of interest with his MSF-NL Board membership.

### *Annemarie ter Veen*

In April 2023, Annemarie ter Veen was informed by her employer, WHO, that it considered her membership of the MSF-NL Board as a potential conflict of interest. The MSF-NL Board assessed the contracts and concluded that they did not represent a conflict of interest from the Board's perspective. Agreements were made with the WHO Ethics Unit about her continuation on the MSF-NL Board. The arrangement was maintained until July 2023, when Annemarie ter Veen's contractual status with WHO changed and the agreements were no longer necessary.

## Board remuneration and expenses

Other than the President, members of the MSF-NL Board do not receive any remuneration for their work. However, Board members may claim a volunteer allowance, of up to a maximum of € 1,000 a year, to cover costs. In 2023, 11 Board members exercised this option. In total, € 7,700 was paid in volunteer allowances and expenses over the year. No volunteer allowances were made following the end of a member's term, and nor were any loans, guarantees or advance payments provided to Board members.

## Remuneration of the President

The MSF-NL President may receive partial remuneration for time spent on Board responsibilities and the international MSF network. This remuneration application is specified in the MSF-NL By-laws, along with the Board Remuneration Policy. Tamman Aloudat was president of MSF-The Netherlands during the full year 2023. In 2023, he received a remuneration of € 83,596 for this position. From 1 April 2023 he also took the position of Chair OCA Council. For this position he received a remuneration of € 41,215. See: Financials, note 7.

## Board meetings and work

The Board met 12 times in 2023, reaching quorum (seven attendees) with each meeting. In the interests of transparency, whenever possible, the Board held open sessions, to which MSF-NL Association members were invited.

In the first months of 2023, with the continued after-effects of the governance crisis in 2022,

Board meeting date	Board member attendance
28 January 2023	7/8
13 February 2023	5/8
31 March 2023	7/7
13 April 2023	8/8
13 May 2023	7/8
23 June 2023	10/11
07 July 2023	10/11
23 August 2023	10/11
23 September 2023	9/11
06-07 October 2023	9/11
09 November 2023	9/11
16 December 2023	11/11

the Board's functioning and workload were challenging. With three new Board members elected at the 2023 General Assembly, the Board's capacity was strengthened, and at the same time, improved internal processes and support helped enhance its functioning.

Significant items of discussion by the Board in 2023 included:

- The function grid and remuneration policy review for Netherlands-based employees, including the grading and scaling of management team members, which the Board has oversight and approval of. This included Board approval of the new MSF-NL Remuneration Policy in November 2023.
- Developing the Board's collective understanding and engagement with communications, fundraising, and advocacy in the Netherlands, including a series of briefings and discussions on recruitment and retention of donors, MSF-NL's public voice including the strength of public advocacy, and MSF-NL's willingness to engage on relevant issues which historically may have been seen as too risky or political to take a public stance on.
- Developing standardised ways of working for internal Board functions, including the update of the Board skills matrix, the standard terms of reference for all Board members, and specific terms of reference for the President, Vice-President, Treasurer, and Secretary.
- Ensuring transparent reporting on motions passed by the MSF-NL Association at the General Assembly, with careful thought given to future commitments and work that relates to each motion.
- Exploring communication channels between the OCA Council and the Board to ensure

responsible, complete, and transparent information exchange between the two bodies.

- Reflecting on MSF-NL's positioning, communication, and advocacy in the Netherlands on the war on Gaza, as well as MSF-NL's contribution to the movement wide discussions on this issue.

At the international MSF level:

- Contributing to the MSF-International sponsored 'Agenda for Transformation' – which aims to help the MSF movement examine its organisation, structure, and decision-making to ensure we are best positioned to deliver our social mission in a changing world. The initiative is made up of three pillars: the Structures Project, the MSF We Want To Be Project, and the MSF International Governance Reform Project.
- Preparing for the MSF International General Assembly (IGA).

Other items for dossiers for Board attention, included:

- Continuing exchanges with the MSF-NL Management Team about where we are as an organisation, and our future ambitions for the coming years. This included discussions around the midyear review and 2024 annual

planning, and the organisation's risks and mitigation policies.

- Holding regular Board committee updates to ensure well-informed decision-making on our medical-humanitarian work, finance, risk, remuneration, and the Association.
- Continuing discussions on the function of the MSF-NL Management Team, and how the Board can best support it. The Board worked with the MSF-NL General Director to evaluate and update the job description of the Deputy Director to ensure the role best contributes to the active and healthy development of the organisation.
- Approving the extension of the General Director until the end of 2025.

### **Consultations with the Works Council**

Representatives of the Board and the Works Council met regularly in 2023. The Works Council uses these meetings to bring topics concerning staff members to the Board's attention. The main topics discussed in 2023 included the Salary and Function grid review for Netherlands based staff, the MSF-movement wide Reward Review Project (see: Staff), and the ambition for movement-wide staff representation. The Works Council was informed in advance of the decision to extend the term of the MSF-NL General Director.

## **Board committees**

MSF-NL has two standing committees: the Audit & Risk committee and the Remuneration Committee. In addition, the Board has a Medical Committee, a Duty of Care Committee and a MSF-NL Association Committee. In 2023, we concluded reviewing and updating the terms of reference for all committees.

### **Audit and Risk Committee**

The Audit and Risk Committee (ARC) supports and advises the OCA Council and the MSF-NL Board on the oversight of the organisation's financial management, policies, and strategy, and the management of organisational risk. On 31 December 2023, the ARC consisted of seven members, after formally approving the addition of the MSF South Asia and MSF Sweden treasurers to its membership during 2023. The total ARC membership now includes the treasurers of MSF-NL, MSF Canada, MSF Germany, MSF Sweden, MSF South Asia, MSF UK, and MSF-NL Board member Jesse Wambugu. Wout Adema, the MSF-NL Treasurer, chairs the Audit and Risk Committee and has a seat on the OCA Council in this capacity.

The ARC met eight times in 2023; topics of discussion included:

- The 2022 Financial Statements and Auditors' Report
- The 2023 Midyear Review and other interim financial reports
- The 2024 Annual Plan and budgets
- The financial impact of the new Remuneration Policy for Netherlands based employees
- Internal audit reports and annual internal audit planning
- The Compliance & Risk Management Framework and Risk Register
- International income updates and OCA financial key figures

### **Remuneration Committee**

The Remuneration Committee (RemCo) supports and advises the OCA Council and the MSF-NL Board on the oversight of the organisation's remuneration policies, job grading framework, and performance evaluation policies. The RemCo advises the Board and the OCA Council on the structure, size, and composition of the

Management Team, as well as of the Board and the Council themselves.

On 31 December 2023, the RemCo consisted of three members of the MSF-NL Board: Wout Adema (Chair); Nigel Jenkins and Rashed Mahfuzullah. In addition, Thomas Linde (MSF-Germany) and Cecilia Werner (MSF-Sweden) were invited to join the committee for matters relating to OCA. The MSF-NL Staff Director and the Controller have standing invitations to the RemCo.

The RemCo met eight times in 2023; topics of discussion included, but were not limited to:

- The Function Grid and Remuneration Policy for Netherlands based employees
- The Board Remuneration Policy
- The remuneration of the Board President and OCA Council Chair
- The remuneration of the General Director/OCA-MT chair
- MSF-NL Board and OCA-Council performance reviews.

### **Duty of Care Committee**

The Duty of Care Committee (DoCC) ensures the oversight to an effective culture of accountability on integrity, behaviour, health and wellbeing, safety, equity, diversity and inclusion, and professional conduct of and for all staff. It does this through providing support and advice to the OCA Council and the MSF-NL Board on monitoring and oversight of the organisation's frameworks regarding compliance & risk, safety & security, and good governance.

On 31 December 2023, the DoCC consisted of four members, Vita Sanderson, MSF-UK (Chair), Rachael Craven (MSF-UK), Steffen Fischer (MSF-G) and MSF-NL Board member Annemarie Loof. The Chair of the OCA Management Team and the Compliance and Risk Management Officer on behalf of the Controller, have a standing invitation to the DoCC meetings.

The DoCC met four times in 2023; topics of discussion included, but were not limited to:

- Responsible Behaviour Unit activities
- The OCA Code of Conduct implementation and development
- Diversity, equity, and inclusion
- Staff health
- The Risk Register – specifically risks related to duty of care.

### **Medical Committee**

The Medical Committee (MedCom) supports and advises the OCA Council and MSF-NL Board on the monitoring and oversight of medical policy and strategy, including the accountability framework for the implementation of medical programmes. This includes ensuring the appropriate frameworks to ensure the quality of medical services and standards, including the professional competence of medical staff, and ensuring accountability systems to mitigate medical risks.

On 31 December 2023, the MedCom consisted of five members; Leslie Shanks, co-opted member to the OCA Council (Chair), MSF-NL Board member Wil van Roekel, Robert Verrecchia (MSF UK), Amy Neumann-Volmer (MSF Germany) and Himani Mongia (MSF SA).

The MedCom met six times in 2023; topics of discussion included, but were not limited to:

- The 2022 Year in Review (annual report compiled by the Public Health Department, giving an account of the humanitarian health care and preventive activities across MSF-OCA)
- The 2023 Midyear Review and the 2024 Annual Plan
- The MSF Patient Charter
- Report reviews, including the COVID-19 response evaluation, local medical purchasing, and the safety and quality of patient care
- The organisational risk register, specifically risks related to the provision of medical care
- Internal Audit reports with a medical audit component of OCA programmes in Afghanistan, Democratic Republic of Congo, and Tajikistan
- Thematic discussions on topical issues, such as climate environment and health, vaccine preventable diseases, and antimicrobial resistance.



### **MSF-NL Association Committee**

The Association Committee (AsCo) advises and supports the MSF-NL Board and Association Team in facilitating the engagement, governance functions, and activities of the MSF-NL Association. It advises the Board on Associative matters, including the MSF-NL Board election process, motions process, and membership fees.

On 31 December 2023 the AsCo consisted of two members of the MSF-NL Board [Annemarie ter Veen, chair and Sunita Baskar], the MSF-NL Association and Board Team Lead and Association

Officer, and a variable membership of 8-10 Association Members.

The AsCo met 7 times during 2023; topics of discussion included, but were not limited to;

- A new Terms of Reference
- Behavioural standards for membership criteria
- The abolishment of Association membership fees (which will be voted upon at the 2024 General Assembly)
- Associative engagement.

## **Association**

### **General Assembly**

The main MSF-NL event is the annual General Assembly (GA). In 2023, the GA was held on Saturday 10 June as a hybrid event: 98 people attended online and 84 in person. In total, 262 members of the Association cast one or more votes, 19% of the eligible members. At the GA, Association members asked the Board questions about their work in 2022; held discussions following updates on Afghanistan and female genital cutting in Somalia; and held a panel discussion about medical humanitarian responses in 'home societies' (countries such as the Netherlands and the UK, where MSF has offices, but had not traditionally implemented programmes).

The Association approved the motions brought forward by the Board on:

- Amendments to the MSF-NL By-laws. The changes related to the General Director's ability to delegate representative power for legal proceedings abroad, and alignment of Association membership criteria, as outlined in the Articles of Association in the By-laws.
- The 2022 Board Report and Financial Statements, including discharge from liability for the Board (96.2% of votes)
- The appointment of Deloitte as statutory external auditor for the year 2023 (98.1% of votes)

Members' motions are recommendations made to the Board for their consideration. At the GA, four members brought forward motions, all of which were approved. These were:

- Flexibility and autonomy in operational decision making: Approved (74.6%)
- Members called for equal percentage of reductions in the Head Office as in the Emergency Aid budget: Balancing reductions in operations 1: Approved (72.7%)

- Balancing reductions in operations 2: Approved (75.1%)
- OCA Council associative Accountability: Approved (82.6%)

Members called for direct and open accountability of the OCA Council and its members to the OCA associations. Currently this is indirect through the OCA partner Board.

Three new Board members Jesse Wambugu, Nigel Jenkins and Rashed Mahfuzullah were elected, but following these elections we no longer had the required majority of medical profiles (at minimum 51%), necessitating Board action to resolve by the 2024 General Assembly. This was reported to the MSF International Board, and in December 2023, the MSF-NL Board began the process of co-opting a member with a medical profile to join before the General Assembly to be held 31 May - 1 June 2024. The Board reappointed Tammam Aloudat as the President of the Board on 16 December 2023.

### **Other associative events**

The Association and Board team organised several events for MSF-NL Association members, including drop-in sessions with the Board, webinars on future humanitarian crises, a meeting with the 2023 Board candidates, as well as hybrid events on restricted contexts, the climate crisis, the war on Gaza, and MSF-NL advocacy on EU migration policies.

### **OCA Café**

As part of the OCA partnership, MSF-NL supported the organisation of the annual 'OCA Café', held in Amsterdam, the Netherlands on 9 September. The day included a panel discussion on improving gender diversity in country programmes; discussion of the OCA Rapport Morale and Accountability; and plans for a new

MSF Association for Eastern Europe and Central Asia. About 360 people participated in the Cafe, about 160 in person and 200 on-line across all our programme countries, including programme staff teams forming satellite groups in many countries.

### **MSF International General Assembly**

As an MSF movement member, MSF-NL is subject to the International Statutes and Internal Regulations and the MSF Charter. MSF-NL participates in wider governance of the movement through representation on the International Board, via the MSF OCA Council Chair, and in the International General Assembly (IGA), the highest governance platform within MSF. The 2023 IGA

was held in Tokyo, Japan between 29 June and 1 July. MSF-NL Board representatives Karline Kleijer and Sunita Baskar attended the IGA on behalf of the Board. The IGA approved the MSF Combined Financial Statements 2022 and the MSF International Activity Report 2022 and Rapport Morale issued by the MSF International President for 2022. In addition, the IGA approved changes to the structure of the MSF Access to Essential Medicines Campaign (the Access Campaign), created and funded following MSF's winning of the 1999 Nobel Peace Prize. Going forward, the campaign will be reformed, continuing under a different organisational set up, known as Access to Products of Health.

# Board statements



↑ Cholera treatment center, urgently set up by MSF teams in the general hospital of Rutshuru, North-Kivu, to support local authorities in coping with the massive influx of patients and mitigate the spread of the disease. Democratic Republic of Congo, July 2023. Photo: Laora Vigourt/MSF

The Annual Report, pages 5 up to 58, Financial trends and such parts of the Financial Statements as referred to in those pages, comprise the 'bestuursverslag' within the meaning of article 2:391 of the DCC and further includes the Financial Statements, other information and the supplementary information.

In the opinion of the Board, the 2023 Annual Report including the Financial Statements provide a fair reflection of programmes, activities and results achieved in relation to the 2023 Annual Plan, long-term strategic objectives and actions approved by the Board during the year. The Board is confident that the programmes, activities, and results achieved in 2023 contributed to achieving the social mission objectives of the Association, as laid down in its statutes: "to organise the provision of actual medical help to people in disaster areas and crisis anywhere in the world, in accordance

with the principles expressed in the MSF Charter. Based on its medical work, the Association endeavours to be an effective advocate for the populations it assists."

### **In control and responsibility**

All Board members accept responsibility for the Annual Report including the Financial Statements. The Board accepts responsibility for the internal control system established and maintained by the MSF OCA Management Team, which is designed to provide reasonable assurance of the integrity and reliability of the organisation's financial reporting and to assist in the achievement of the organisation's objectives.

In the Netherlands, MSF maintains an internal audit function that supports the review of the internal control and risk management systems. Internal audit reports are issued to the Board's

Audit and Risk Committee and contribute to the Board's opinion of the design and operational effectiveness of internal control and risk management systems.

The Board is confident that:

- The Annual Report provides sufficient insights into any failings in the effectiveness of the control systems and risk management regarding the strategic, operational, and compliance risks in the financial year and with no major shortcomings having been established;
- The risk management and control systems provide a reasonable assurance that the 2023 Financial Statements do not contain any errors of material importance;
- Based on the current state of affairs of the Association, it is considered justified that the financial reporting is prepared on a going concern basis. This is, amongst others, based upon the strong reserves and liquidity position and the expected medium-term fundraising income with an overall structural income component of well over 74% as well as the risks and opportunities the Association may be faced with. More detail on the Associations' cash flow, liquidity, and financial position is set out in the financial trends section and notes 23 and 24 of the financial statements;
- In this Annual Report all material risks and uncertainties are disclosed that are relevant regarding the anticipation as to the continuity of Association for the 12-month period after the date of issue of this Annual Report.

### **Compliance**

The Association Artsen zonder Grenzen complies with the relevant codes and regulations that apply to fundraising organisations in the Netherlands:

- Public Benefit Organisations (ANBI) legislation and more specifically the

- Provision with regards to the holding of reasonable reserves and funds necessary to ensure the continuity of the work and the organisations' Board remuneration policy assuring reasonable and non-excessive payment of compensation;
- For its fundraising activities compliance to applicable codes, such as but not limited to; the Code Telemarketing, Postfilter Code and Code Fieldmarketing;
- Compliance to the 'Remuneration scheme for directors of charitable organisations, November 2020';
- Compliance to the best practice provisions, section D, of the 'Standard of the CBF-recognition Scheme ABCD, adopted September 13, 2022, effective October 2022'. CBF- recognition was reconfirmed 21 December 2023

Accordingly, the Board considers, to the best of our knowledge, that

- The Financial Statements and Annual Report drawn up by the Management Team, for the year ending 31 December 2023, give a true and fair view of the assets, liabilities, financial position, and the result of the organisation;
- That the Annual Report, provides a fair view of the development and performance of the delivery and impact of the social mission objectives (doelstelling) of the Association MSF-The Netherlands and the main risks that the organisation faces in the delivering its medical humanitarian operations and support.

On behalf of the Board and the OCA Council, we would like to thank all MSF employees, volunteers, and donors for their continued support of and dedication to our social mission. These efforts underpin every aspect of our medical humanitarian work – none of which would be possible without you.

Amsterdam, 6 May 2024,

On behalf of the Board,  
Dr. Tammam Aloudat, President

# **| Financials**



# Financial Statements



↑ Warao indigenous women and children travel over an hour on the fast-flowing Orinoco River to reach San Francisco de Guayo clinic for health check-ups by the MSF medical team. Venezuela, May 2023. Photo: Matias Delacroix

## General information

The Financial Statements 2023 include the financial information of the Association Artsen zonder Grenzen and the activities carried out under its direct responsibility. The Vereniging Artsen zonder Grenzen (Médecins Sans Frontières, Nederland) was founded September 7, 1984 and has its registered office and actual address at Plantage Middenlaan 14-16, 1018 DD Amsterdam, The Netherlands.

### Our mission

Our mission is the organising of practical medical aid to people in disaster areas and crises worldwide, in accordance with the principles expressed in the MSF Charter. Providing medical humanitarian aid to people in emergency situations, whether caused by conflicts, epidemics, disasters or exclusion from healthcare is the core

of what we do. Based on our medical work, we will also make every effort towards effective advocacy on behalf of the population that we assist.

More comprehensive information about the organisation is published on our website [artsenzondergrenzen.nl](https://artsenzondergrenzen.nl).

### Artsen zonder Grenzen

Artsen zonder Grenzen is registered with the Amsterdam Chamber of Commerce under number 41215974 and is a Public Benefit Organisation (ANBI) with Legal Entities and Partnerships Identification Number (RSIN) or Tax Number 006790264. Artsen zonder Grenzen is a member of Goede Doelen Nederland and is a CBF recognised charity in the Netherlands (CBF-erkend goed doel).

Artsen zonder Grenzen (Médecins Sans Frontières, Nederland) uses the trade names "Artsen zonder Grenzen"; "Médecins Sans Frontières - The Netherlands (MSF-NL)"; "MSF-Holland" and "Operational Centre Amsterdam (MSF-OCA)". In addition, "Baby zonder Grenzen" and "Actie zonder Grenzen" are registered trademarks held by the organisation.

In these Financial Statements Artsen zonder Grenzen is further referred to as "MSF-The Netherlands or MSF-NL".

### **Reporting guidelines**

The Financial Statements have been prepared in accordance with Dutch Accounting Standard 650 for the Reporting of Fundraising Institutions as published by the Dutch Accounting Standards Board (RJ 650, Raad voor de Jaarverslaggeving). The specific aim of the Guideline 650 is to provide insight into the acquisition of income, the realised expenditure, and the reserves and funds held by the organisation. The Guideline 650 emphasises that the Financial Statements should provide a transparent insight into the organisation's activities and the outcomes of its activities.

MSF-The Netherlands further complies with established guidelines for fundraising organisations in the Netherlands including the governance code for fundraising organisations, the guidelines on the holding of financial reserves, and the guideline on remuneration for the director and the management. Furthermore, the MSF-sections apply commonly agreed principles of interpretation and cost allocation that are consistent with the accounting policies applied in these Financial Statements.

### **Presentation of the Financial Statements**

Because we consider our activities and the related expenditures on the Association's goals to be our principal objective, we deviate from the prescribed model for the presentation of income and expenditure. These Financial Statements show our expenditures before our income. In addition, the Statement of Expenditure and Income is shown before the Balance Sheet.

The Accounting Policies and the basis used for the valuation of the expenditure and the assets are explained in the section Accounting policies of these Financial Statements. We recommend that this be read before viewing the Statement of Expenditure and Income and the Balance Sheet. In applying the principles and policies for drawing up these Financial Statements, management makes various estimates and judgements that may be essential to the amounts disclosed in the Financial Statements. The main areas for consideration and judgement are:

- provisions: estimates for the likelihood as well as timing of (possible) cash outflows (note 28);
- income recognition: judgement in the determination of the value of inheritances (notes 8 and 20);
- inventory: estimate of the total value of goods on transport under the Incoterm FCA for which the risk has been transferred from the supplier to the organisation (note 17);
- inventory: estimate of the required value adjustment for obsolescence (see note 17).

The nature of these estimates and judgements, including related assumptions, is disclosed in the notes to the relevant financial statement item to provide the transparency as envisaged under the Dutch Civil Code, article 362:1, Book 2.

### **Forward Statement**

At the end of this report and as supplementary information Forward Statements on expenditure and income is included. The forward-looking statements are linked to our strategic medical operational ambitions. By their nature, forward-looking statements relate to future events and circumstances and therefore contain uncertainty. Whereas for a part this is anticipated, actual results may differ materially from those presented in the forward-looking statements.

# Financial trends

## Stabilising expenditure on operations

In 2023, our total expenditure showed an increase of 5.6% compared to the previous year. This was primarily caused by the modest increase of expenditure on our medical emergency aid operations of € 11.4 million or 3.5% to € 338.6 million. However, this expenditure ended € 10.9 million lower than the initial budget. The smaller than planned increase in the emergency aid expenses reflects management decisions taken in early 2023 to streamline the operational portfolio after three years of substantial programme growth and to ensure long term financial sustainability of our medical emergency aid operations and emergency response capacity. Inevitably, the unexpected levels of inflationary pressure on prices and subsequent increases in the salary mass at the end of 2022 required a long-term outlook in order to stabilise our deficit spending going forward.

After the first quarter of 2023, our expenditure levels were less impacted by global inflationary pressures, although the war in Gaza in the fourth quarter of the year began to have an impact on shipping costs, as shipping routes came under threat. Geopolitical uncertainty will continue to have a destabilising impact on prices.

In 2023, overall exchange rate developments had a considerable impact on our emergency aid programme expenditure. The largest exchange rate effects in 2023 were due to the devaluation of the Naira (Nigeria) and the Kyat (Myanmar), which led to an estimated exchange rate impact of € 4.1 million and € 3.6 million respectively. This impact was largely offset by price increases.

In 2023, the amount spent on Association goals was 94.1% of the total expenditure (2022: 94.9%) and 91.3% of total income (2022: 96.7%). The total expenditure was 97.0% of the total income (2022: 101.9%).

Compared to the previous year, expenditure in 2023 in support of our emergency aid projects increased by 16.8% in part due to a larger than planned number of staff hired as well as the planned and budgeted implementation of a new remuneration policy for the Netherlands based employees moving from the 25th percentile to the median of the reference market benchmark. We have defined Dutch governmental organisations, organisations from the subsidised and the Dutch not-for-profit sector as our comparators.

The cost of acquiring income ended 16.7% higher than planned as additional investments in donor recruitment in the Netherlands were approved by the management and Board. Already in 2023, these investments resulted in a positive effect on income.

Our management and general administration costs increased by 8.2% compared to 2022, also due to the implementation of a new remuneration policy for the Netherlands based employees in line with the relevant market benchmark for non-governmental organisations. Compared to the budget for the year, expenditure in this category ended € 1.0 million lower.

## Steady development in income

In 2023, our total income increased by € 41.1 million to € 415.5 million and was 5.2% better than budgeted and in spite of a continued conservative forecasting during the year. Both in the Netherlands and worldwide, there was a very strong fundraising performance towards the end of year, driven by one-off donations, inheritances and legacies and moreover in response to the war in Gaza.

In 2023, the Board decision taken in 2016 to suspend acceptance of institutional funding from the EU and EU-member states was maintained. Institutional income decreased as budgeted to € 2.7 million (2022: € 3.1 million) and the relative share of income reduced to 0.7% in 2023. Maintaining the decision is a principled consequence of our ongoing analysis of the humanitarian impact of the agreements made between the EU and countries around the Mediterranean Sea (Turkey, Libya, Tunisia) impacting refugees and migrants.

Realised income from the MSF-sections and from institutional donors ended approximately € 0.7 million (or 0.2%) lower due to the exchange rate effects. Some currencies contributed a positive effect on income: US dollar accounted for an estimated € 1.3 million of higher income, the Canadian dollar for € 0.4 million and the Hong Kong dollar for € 0.3 million. These positive effects were offset by the British Pound and the Swedish Krona which depreciated against the euro impacting the income negatively (minus € 1.3 million and € 1.5 million respectively). The remaining amount (plus € 0.1 million) can be accounted for by two currencies (CHF and NOK) with a smaller contribution to the total income.



### **Robust financial position**

The stronger than anticipated fundraising across the MSF movement at the end of the year resulted in a financial surplus of € 13.9 million. The overall result ended € 30.6 million above planning due to the steady development of income across the MSF movement while estimates remained fairly conservative until late in the year. In addition, the slowing down of expenditure on emergency aid as a result of the adjustment of the operational portfolio further contributed to the recovery of the budgeted result. The financial result in 2023 was € 19.5 million better than in 2022, with the realised income more than offsetting the increase in medical emergency aid. The result has been added to the reserves. After the addition of the result from 2023, MSF-The Netherlands' overall reserves remained robust at the level of 6.7 months (2022: 6.5 months) in relation to the average total expenditure over the past two years (2022 and 2023) and the budget for the current year (2024).

Within the network Médecins Sans Frontières a financial agreement has been established for the period 2020-2025. In line with this agreement MSF-The Netherlands receives a share of the net total income which is calculated as the total funds raised minus costs for fundraising, offices and the contributions to MSF-International. The share of the net total for MSF-The Netherlands was set at 22.10% for 2023 (2022: 22.25%). In 2024-2025 the share will remain at 22.10%.

After the small deficit in 2022 and the surplus in 2023 on the back of the constant fundraising performance, deficit spending is projected for 2024. With the streamlining of the operational portfolio taking effect in 2024 and 2025 and resulting in a lower planned budget, the planned deficit spending allows for maintaining a strong emergency response capacity. The Board and management will continue to manage expenditure in line with future MSF movement-wide income while ensuring overall reserves do not fall below 4.5 months of total expenditure.

### **Reserves and current balance sheet positions**

The realised result for 2023 ended at € 13.9 million resulting in an increased overall reserves position at 6.7 months of operational expenditure. An addition of € 7.0 million was required to maintain the continuity reserves at the desired level of 4.5 months of operational expenditure (see note 24). The continuity reserves include a buffer capital of € 46.0 million to cover for the potential adverse financial impact of certain risks in our medical and operational activities or financial conditions. With an overall reserves position of 6.7 months of total expenditure, we maintained a robust financial position. With reserve levels in excess of the minimum level of 4.5 months and depending on the development of income in 2024, management may consider increasing the emergency aid expenditure in 2025, while maintaining the principal objective of achieving a balanced budget over the period 2022-2025. Increases in emergency aid expenditure will depend on the pattern of growth in movement-wide income in the coming months.

Operating assets decreased by a net amount of € 0.9 million with major investments of recent years now completed, and inventory was stable at € 17.7 million, just € 0.2 million higher than in 2022. Receivables increased substantially by € 46.1 million due to the strong fundraising at the end of the year by our partner sections. Provisions and liabilities increased by € 1.3 million. The combination of various movements in balance sheet positions, particularly the increase in receivables resulted in a cash outflow of € 27.0 million. For the coming years, the forward cash flow planning indicates that we will continue to ensure sufficient liquidity for the organisation.

### Main financial indicators

The financial indicators presented below give an overview of the main expenditure and income figures for the year 2023 and the perspective of the trends over the last 5 years. Our main financial reporting indicators concern the development of our operational expenditure and reserves:

#### Expenditure and Income indicators:

- the development of our Emergency aid expenditure in euro;

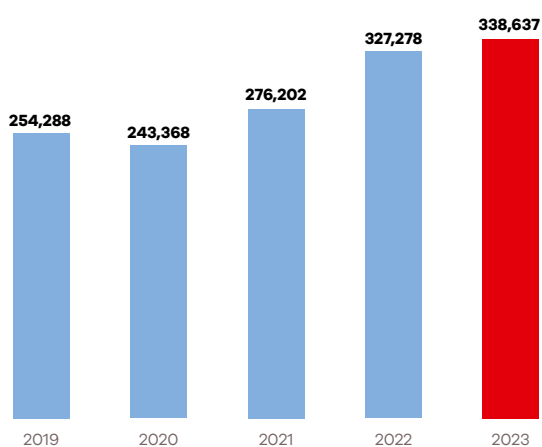
- the delivery of emergency aid plus the direct support needed to realise it (total spent on Association goals) as a percentage of total expenditure;
- the total expenditure as a percentage of the total income.

#### Balance sheet indicator:

- the development of our reserves measured in months' worth of total expenditure (see note 24).

### Emergency aid expenditure

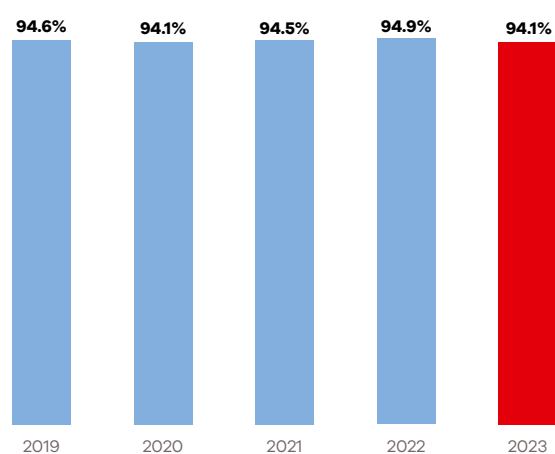
in € thousands



### Expenditure on Association goals

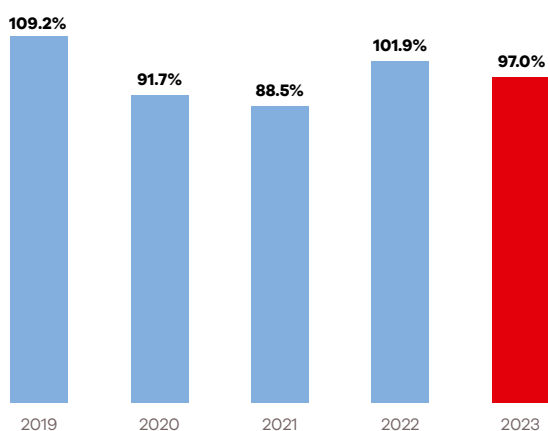
as percentage of total expenditure

*minimum level 85%*



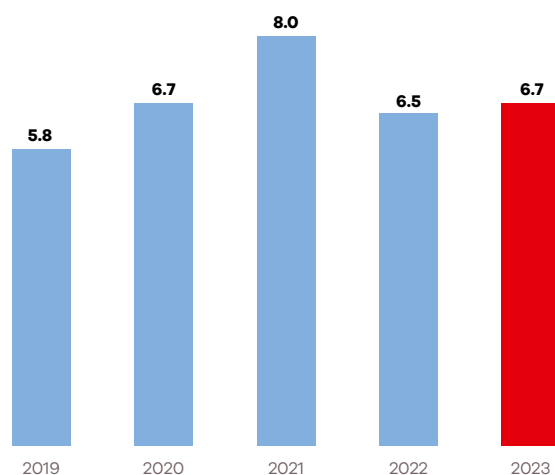
### Total expenditure

as percentage of total income



### Months of reserves

*minimum level 4.5 months*



# Statement of Expenditure and Income for 2023

(in € thousands)

Expenditure	note	2023	Budget 2023	2022
<b>Spent on Association goals</b>				
Emergency aid	1	338,637	349,579	327,278
Grants and contributions to third parties	2	3,364	2,755	2,815
Programme support	3	33,228	31,905	28,447
Information and awareness raising	4	4,001	4,435	3,379
<b>Subtotal</b>		<b>379,230</b>	<b>388,674</b>	<b>361,919</b>
Cost of acquiring income	5	13,050	11,182	9,662
Management and administration	6	10,689	11,672	9,879
<b>Total expenditure</b>	7	<b>402,969</b>	<b>411,528</b>	<b>381,460</b>
<b>Income</b>				
Income from individuals	8	77,118	59,500	63,312
Income from companies	8	3,043	2,500	2,294
Income from not-for-profit organisations	8	5,308	4,500	4,873
Income from the <b>National Postcode Lottery</b>	9	13,500	13,500	13,500
Grants from MSF-sections	10	313,150	312,028	286,773
Grants from institutional donors	11	2,741	2,782	3,062
Other income	12	615	0	557
<b>Total income</b>		<b>415,475</b>	<b>394,810</b>	<b>374,371</b>
<b>Result operational activities</b>		<b>12,506</b>	<b>-16,718</b>	<b>-7,089</b>
Net financial income and expenses	13	1,390	0	1,446
<b>Result expenditure and income</b>		<b>13,896</b>	<b>-16,718</b>	<b>-5,643</b>

## Allocation of the Result

Additions to and withdrawals from the reserves	note	2023	Budget 2023	2022
Continuity reserves	3, 24	7,000	0	26,000
Other reserves	23, 26	7,101	-16,718	-31,549
Restricted funds	23, 27	-205	0	-94
<b>Total</b>		<b>13,896</b>	<b>-16,718</b>	<b>-5,643</b>

# Balance Sheet as at 31 December 2023

(in € thousands and after the allocation of the result)

<b>Assets</b>	<b>note</b>	<b>31 December 2023</b>	<b>31 December 2022</b>
Intangible assets	15	1,025	2,069
<b>Tangible fixed assets</b>			
Operating assets	16	20,900	21,777
<b>Subtotal</b>		<b>21,925</b>	<b>23,846</b>
<b>Inventory</b>			
Stocks for emergency aid	17	17,721	17,505
<b>Receivables and accrued income</b>			
Grants receivable from MSF-sections	18	69,798	30,756
Grants receivable from institutional donors	19	442	1,570
Receivables from inheritances	20	23,795	13,019
Other receivables and accrued income	21	13,197	15,740
<b>Subtotal</b>		<b>107,232</b>	<b>61,085</b>
Cash at bank and in hand	22	113,454	140,428
<b>Total assets</b>		<b>260,332</b>	<b>242,864</b>
<b>Liabilities</b>			
<b>Reserves</b>			
Continuity reserves	24	143,000	136,000
Revaluation reserves	25	1,589	0
Other reserves	26	69,119	62,018
<b>Subtotal</b>		<b>213,708</b>	<b>198,018</b>
<b>Funds</b>			
Restricted funds	27	377	582
<b>Subtotal</b>		<b>214,085</b>	<b>198,600</b>
Provisions	28	5,849	3,102
Short-term liabilities	30	40,398	41,162
<b>Total liabilities</b>		<b>260,332</b>	<b>242,864</b>

# Cash Flow Statement for 2023

(in € thousands)

	2023	2022
<b>Cash flow from operating activities</b>		
<b>Receipts from individuals, companies and not-for-profit organisations</b>		
Donations	47,778	47,661
Inheritances	18,616	12,199
Companies	3,043	2,294
Not-for-profit organisations	5,309	4,873
<b>Subtotal</b>	<b>74,746</b>	<b>67,027</b>
Receipts from the <b>National Postcode Lottery</b>	13,500	13,500
<b>Receipts from MSF-sections</b>		
MSF-Germany	137,818	154,587
MSF-USA	47,288	61,049
MSF-United Kingdom	42,689	39,478
MSF-Canada	14,576	16,496
MSF-Hong Kong	11,548	10,438
MSF-Sweden	8,943	7,923
Grants received in advance	0	729
Other MSF-sections	12,060	9,629
<b>Subtotal</b>	<b>274,922</b>	<b>300,329</b>
Receipts from institutional donors	3,425	3,056
<b>Other receipts</b>		
Received from MSF-sections for monies advanced	21,102	12,573
Received tax net and VAT	392	305
Interest received	1,611	207
Other receipts	183	92
<b>Subtotal</b>	<b>23,288</b>	<b>13,177</b>
<b>Total receipts</b>	<b>389,881</b>	<b>397,089</b>
Payments made in project countries	176,946	165,510
Grants provided to third parties	152	171
Grants to MSF-Sections	2,859	2,619
<b>Payments to MSF-sections</b>		
MSF-Belgium	22,146	18,011
MSF-International (including contributions)	3,317	2,301
MSF-France	3,180	2,348
MSF-USA	2,802	2,036
MSF-United Kingdom	2,735	2,650
MSF-Germany	2,730	2,165
MSF-Canada	2,115	2,205
MSF-Italy	2,079	1,987
MSF-Spain	1,385	2,989
Other MSF-sections	5,858	5,215
MSF-Supply and MSF-Logistique	9,446	11,605
<b>Subtotal</b>	<b>57,793</b>	<b>53,512</b>
<b>Payments at head office</b>		
Suppliers of goods and services	121,079	116,239
International and head office personnel	54,991	50,978
<b>Subtotal</b>	<b>176,070</b>	<b>167,217</b>
<b>Total payments</b>	<b>413,820</b>	<b>389,029</b>
<b>Net cash flow from operating activities</b>	<b>-23,939</b>	<b>8,060</b>
<b>Cash flow from investment activities</b>		
Receipts from disinvestments	0	12
Investments in intangible and tangible fixed assets	-386	-791
<b>Net cash flow from investment activities</b>	<b>-386</b>	<b>-779</b>
<b>Cash flow from Financing activities</b>		
<b>Net cash flow from financing activities</b>	<b>0</b>	<b>0</b>
<b>Total cash flow</b>	<b>-24,325</b>	<b>7,281</b>
Adjustment to exchange rates at 31 December 2023	-2,649	-323
<b>Movement in liquidity position</b>	<b>-26,974</b>	<b>6,958</b>
<b>Movement in liquidity position</b>		
Liquidity position at 31 December 2023	113,454	140,428
Liquidity position at 1 January 2023	140,428	133,470
<b>Movement in liquidity position</b>	<b>-26,974</b>	<b>6,958</b>

# Notes to the Statement of Expenditure and Income



↑ MSF's distribution of relief items to a reception center housing displaced families following the earthquake that struck Syria and Turkey on February 6, 2023. Syria, February 2023. Photo: Omar Haj Kadour

In 2023, our total expenditure increased by 5.6% or € 21.5 million compared to the previous year. Compared to previous years, the growth of expenditure slowed down substantially and is expected to further stabilise in 2024 and 2025.

The increase in 2023 was largely caused by the expenditure on our medical emergency aid which increased by € 11.4 million to € 338.6 million. The overall expenditure concerning programme support, information and awareness raising, fundraising and management and administration increased by €9.6 million (18.7%) to €61.0 million. Close to a third of these expenditures is due to the implementation of an up-to-date remuneration policy for the Netherlands' based employees. The policy takes the median of the reference market (Dutch governmental organisations, organisations from the subsidised and the Dutch not-for-profit sector) as the benchmark. This represents a structural increase in the cost of personnel. The remaining two thirds can be explained by the increase in the number of staff (€ 1.7 million), additional investment in fundraising

(€ 3.1 million) and increased cost of allocated overhead.

The share of expenditure spent on management and administration in 2023 remained stable at 2.6% of the total expenditure (2022: 2.6%).

Income grew by 11.0% to € 415.5 million, as compared to a planned increase of 5.2%. Income from private donors in MSF-The Netherlands and the MSF-sections increased by 11.6% to € 398.6 million (2022: € 357.3 million). Income from institutional donors decreased from € 3.1 million in 2022 to € 2.7 million, in line with the budgeted amount. The total cost of acquiring income in the Netherlands showed a sharp increase of 35% to € 13.1 million, reflecting additional investment in fundraising activities. As a result, the total costs of acquiring income as percentage of total income increased to 3.1% (2022: 2.6%), but remained comfortably under the maximum level of 5% as set by the Board. The additional investment already showed positive results in 2023.

# 1 Emergency aid

Emergency aid per country (in € thousands)	Costs emergency aid 2023	Budget 2023	Costs emergency aid 2022
Afghanistan	21,744	21,257	21,714
Bangladesh	16,616	18,140	16,488
Belarus	1,693	2,234	1,473
Central African Republic	17,063	16,581	15,661
Chad	10,562	12,539	12,251
Democratic Republic of Congo	27,787	20,123	20,149
Ethiopia	23,690	17,374	12,167
Haiti	11,705	9,173	10,037
India	8,472	9,749	8,339
Iraq	5,161	5,120	4,723
Jordan	0	0	108
Kenya	1,252	1,392	1,230
Libya	5,773	5,722	5,586
Lithuania	11	27	1,088
Malaysia	3,408	3,553	3,646
Mediterranean Sea	9,628	9,353	8,869
Myanmar	11,587	12,921	13,756
Netherlands	0	0	79
Nigeria	12,660	15,289	15,801
Pakistan	10,102	11,666	10,978
Russia	3,365	6,147	3,980
Sierra Leone	8,038	8,757	8,233
Somalia	10,413	10,949	9,798
South Africa	29	10	881
South Sudan	31,301	33,179	32,808
Sudan	17,536	14,600	13,621
Syria	12,904	13,123	14,133
Tajikistan	4,425	4,385	3,587
Turkey	1,907	0	0
Ukraine	1,368	2,041	7,381
Uzbekistan	7,543	7,763	8,852
Venezuela	4,979	5,316	4,945
Yemen	26,658	25,363	26,854
Various exploratory projects	21	0	0
Reserved in the budget for unplanned emergency aid	0	17,289	0
<b>Total Emergency aid in countries</b>	<b>329,401</b>	<b>341,135</b>	<b>319,216</b>
Other costs and movements in provisions	2,501	1,570	2,161
Procurement Unit costs	6,735	6,874	5,901
<b>Total emergency aid</b>	<b>338,637</b>	<b>349,579</b>	<b>327,278</b>

The composition of the expenditure for emergency aid in main categories is as follows:

Emergency aid per category (in € thousands)	Costs emergency aid 2023	Budget 2023	Costs emergency aid 2022
Purchase of medical items	35,295	36,679	41,062
Purchase of non-medical items	27,106	26,816	28,115
Subcontracted services	24,877	28,357	24,500
Freight and storage	38,988	36,535	37,846
General and running costs	18,947	20,359	21,752
Miscellaneous and other costs	4,876	3,247	5,215
<b>Personnel costs</b>			
Costs international mobile staff posted in projects	45,192	52,343	41,685
Costs locally recruited staff	125,001	127,867	110,425
Accommodation and transport	14,574	13,748	13,666
Costs staff Procurement Unit	3,781	3,628	3,012
<b>Total emergency aid</b>	<b>338,637</b>	<b>349,579</b>	<b>327,278</b>

Subcontracted services include payments of incentives to staff working in emergency aid programmes but employed by the Ministry of Health of the project country, totalling € 13.6

million (2022: € 10.9 million) and payments for referral of patients and external laboratory testing of € 4.8 million (2022: € 4.3 million).

### Personnel costs emergency aid

In 2023 we employed 816 international mobile staff in full time equivalents (2022: 768 FTE) , working in our programme countries.

Costs of personnel posted in emergency aid programmes are charged directly to the emergency aid expenditure. Included in the category Costs international mobile staff posted

in projects are costs like personnel costs related to salaries, per diem allowances, training and preparation for departure and posting. Costs of personnel to whom the provisions of Dutch labour law apply and costs of personnel posted from other MSF-sections are both included.

International mobile staff on Dutch contract terms	2023	Budget 2023	2022
Salaries	18,606,555	21,527,079	17,045,672
Social security contribution	497,186	923,044	536,002
Pension contributions	1,928,747	2,363,031	1,653,427
International mobile staff hired from other MSF-sections	2023	Budget 2023	2022
Payroll costs	14,303,507	14,084,351	13,738,226

In 2023 we employed 11,367 locally recruited staff in full time equivalents (2022: 11,016 FTE). The total salary costs including payroll taxes and social security costs for locally recruited staff are charged to emergency aid expenditure.

Locally recruited staff salaries	2023	Budget 2023	2022
Payroll costs	108,874,326	108,402,819	96,425,553

## 2 Grants and contributions to third parties

(in € thousands)	2023	Budget 2023	2022
Contribution to MSF-India	2,710	2,584	2,474
Contribution to Drugs for Neglected Diseases initiative (DNDi)	152	171	171
Grant to MSF-Belgium	317	0	30
Grant to MSF-France	175	0	0
Grant to MSF-India	9	0	134
Grant to MSF-Switzerland	1	0	6
<b>Total grants provided to third parties</b>	<b>3,364</b>	<b>2,755</b>	<b>2,815</b>

Grants and contributions to third parties concern general funding of initiatives supporting the Association's goals. The contribution to MSF-India is based on their annual budget and in line with their long term strategic planning and agreements with MSF-International.

In 2023 we awarded grants to other MSF-sections for specific emergency aid programmes in Afghanistan, Greece (Lesbos), Syria (earthquake response), Libya, Mozambique, Occupied Palestinian Territories, Sierra Leone and Ukraine.



### 3 Programme support

(in € thousands)	2023	Budget 2023	2022
Direct costs	3,261	3,090	2,875
Costs foreign offices	896	865	711
Costs joint projects with MSF-sections	605	658	371
Contribution to the MSF Transformational Investment Fund	551	856	456
Costs personnel head office	21,707	20,292	18,448
Attributed overhead costs	6,208	6,144	5,586
<b>Total programme support</b>	<b>33,228</b>	<b>31,905</b>	<b>28,447</b>

Costs foreign offices concern our programme support office and positions in Amman, Jordan supporting our programmes' communications in the region, and in Arabic in general. Included in the category Costs joint projects with MSF-sections

are the costs of support to the programmes' administration software (€ 262,640) and the costs of the shared Geographic Information System (€ 342,100), both managed by MSF-Switzerland.

Personnel head office - Programme Support	2023	Budget 2023	2022
Program Support	267	268	242
Emergency aid - (Amsterdam) office staff seconded to emergency aid programmes	-24	-42	-20
<b>Net FTE Programme support</b>	<b>243</b>	<b>226</b>	<b>222</b>

The category Costs personnel head office increased by € 3.2 million and ended € 1.4 million higher than budgeted. The increase in costs is a combination of a higher number of FTE attributed to this category and higher costs per

FTE. Compared to the budget the number of net FTE was overspent by 17 FTE, mainly caused by a lower number of FTE being hired at head office and allocated to Emergency aid.

### 4 Information and awareness raising

Assets	2023	Budget 2023	2022
Direct costs	1,481	1,743	1,247
Contributions to the MSF-International campaign Access to Essential Medicines	207	251	235
<b>Total direct costs</b>	<b>1,688</b>	<b>1,994</b>	<b>1,482</b>
<b>Attributable costs</b>			
Costs personnel head office	1,799	1,874	1,456
Attributed overhead costs	514	567	441
<b>Total information and awareness raising</b>	<b>4,001</b>	<b>4,435</b>	<b>3,379</b>

The increase in the costs of personnel in this category is the result of hiring 3 additional FTE.

### 5 Cost of acquiring income

(in € thousands)	2023	Budget 2023	2022
Direct costs	9,799	7,915	6,710
<b>Total direct costs</b>	<b>9,799</b>	<b>7,915</b>	<b>6,710</b>
<b>Attributable costs</b>			
Costs personnel head office	2,528	2,508	2,266
Attributed overhead costs	723	759	686
<b>Total cost of acquiring income</b>	<b>13,050</b>	<b>11,182</b>	<b>9,662</b>

In 2023, 28.2 staff members (in FTE) worked on activities related to acquiring income (2022: 27.3 FTE). The direct costs of acquiring income increased by € 3.1 million and ended above budget. During the year Management and Board agreed to allow expenditure above the approved budget for 2023.

This investment resulted in a higher number of new donors recruited. The total cost of acquiring income from individuals, companies and not-for-profit organisations ended at 14.5% of the income raised (2022: 13.7%). MSF-The Netherlands strives to keep this percentage below 20%.

## 6 Management and administration

(in € thousands)	2023	Budget 2023	2022
Direct costs	2,002	2,239	2,063
Contributions to MSF-International	1,065	1,206	1,023
Contribution to the MSF Transformational Investment Fund	11	86	16
Costs personnel head office	5,919	6,249	5,202
Attributed overhead costs	1,692	1,892	1,575
<b>Total management and administration</b>	<b>10,689</b>	<b>11,672</b>	<b>9,879</b>

The costs of management and administration amounted to 2.6% of the total expenditures in 2023 (2022: 2.6%).

A table showing the composition of the direct costs and personnel costs of management and administration can be found in the the section Accounting Policies.

## 7 Total expenditure

Total expenditure: specification of cost allocation and personnel costs (in € thousands)										
	Spent on Association goals							Total 2023	Budget 2023	Total 2022
	Emergency aid	Third parties	Programme support	Information and awareness-raising	Cost of acquiring income	Management and administration	To be attributed Overhead			
<b>Direct Costs</b>										
Emergency aid	331,581	0	0	0	0	0	0	331,581	342,385	320,904
Joint projects with MSF-sections	0	0	605	0	0	0	0	605	658	371
Costs foreign offices	0	0	896	0	0	0	0	896	865	711
Grants and contributions	0	3,364	551	207	0	1,076	0	5,198	5,154	4,545
Publicity and communications	0	0	5	627	8,105	0	0	8,737	7,526	5,872
Housing	0	0	0	0	0	0	1,089	1,089	789	876
Office and general costs	0	0	757	730	1,444	216	313	3,460	2,777	2,687
ICT	0	0	592	47	50	14	3,571	4,274	4,798	4,222
Cost of inventory	1,663	0	0	0	0	0	0	1,663	1,984	1,621
Travel and accommodation	161	0	924	77	108	252	124	1,646	1,700	1,222
Advice	0	0	386	0	0	883	19	1,288	1,438	1,800
Evaluations & research	0	0	163	0	0	0	0	163	401	264
Head office projects	49	0	434	0	0	331	245	1,059	902	628
Board and Association	0	0	0	0	0	306	0	306	344	173
Depreciation	320	0	0	0	92	0	1,944	2,356	2,211	2,528
<b>Subtotal</b>	<b>333,774</b>	<b>3,364</b>	<b>5,313</b>	<b>1,688</b>	<b>9,799</b>	<b>3,078</b>	<b>7,305</b>	<b>364,321</b>	<b>373,932</b>	<b>348,424</b>
<b>Allocated costs for head office personnel</b>										
Salaries and social security	3,134	0	17,991	1,491	2,095	4,905	2,414	32,030	32,127	27,023
Pension contributions	277	0	1,587	132	185	433	213	2,827	3,437	2,546
Other personnel costs	371	0	2,129	176	248	581	286	3,791	2,032	3,467
<b>Subtotal</b>	<b>337,556</b>	<b>3,364</b>	<b>27,020</b>	<b>3,487</b>	<b>12,327</b>	<b>8,997</b>	<b>10,218</b>	<b>402,969</b>	<b>411,528</b>	<b>381,460</b>
<b>Allocation of overhead</b>	<b>1,081</b>	<b>0</b>	<b>6,208</b>	<b>514</b>	<b>723</b>	<b>1,692</b>	<b>-10,218</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total expenditure</b>	<b>338,637</b>	<b>3,364</b>	<b>33,228</b>	<b>4,001</b>	<b>13,050</b>	<b>10,689</b>	<b>0</b>	<b>402,969</b>	<b>411,528</b>	<b>381,460</b>

### Overhead

The costs of overhead amounted to 2.5% of the total expenditure in 2023 (2022: 2.4%). The costs of overhead increased from € 9,199,911 in 2022 to € 10,218,670 in 2023, and ended in line with the budget of €10,460,270. The costs of overhead increased in 2023 due to a combination of higher average costs of staff and higher costs of ICT, housing and head office projects.

### Personnel head office

In 2023 we employed 433 staff in full time equivalents at head office (2022: 399). The personnel costs measured per full time equivalent increased by 7.7% from € 83,135 in 2022 to € 89,553 in 2023. The cost of recruitment and training and development of head office personnel, canteen costs and the costs of temporary staff are included in the item Other personnel costs.

The total increase of the average personnel costs head office staff is a combination of the following main factors:

- A general salary increase of 4.3% per 1 January 2023;
- New remuneration policy per 1 July 2023.

Under the header Allocated costs for head office personnel, the item Salaries and social security of head office personnel consists exclusively of the gross salaries, taxed reimbursement of expenses and associated social security costs. In 2023 the social security costs amounted to € 3,854,100 (2022: € 3,439,019).

### Personnel contracted on behalf of MSF-sections

During 2023, 62.2 staff in full time equivalents (FTE) (2022: 67.3) were employed on Dutch contract terms but fully expensed to other MSF-sections, of which 33.1 staff in FTE were working abroad. The other 29.1 staff in FTE were mainly working from the Amsterdam office in MSF-International positions. While our remuneration policies apply, costs and FTE are fully reported in the financial statements of each staff member's respective hiring MSF-section. The costs of these staff members are reimbursed by the other MSF-sections based on actual salary costs. In 2023 the total reimbursed costs amounted to € 4,563,669 (2022: € 4,322,416). For a small number of staff we receive contributions for Overhead costs. These are reported in note 12: Other income.

### Employment and remuneration of the directors

The General Director and members of the Management Team are all on full time employment contracts (100% labour percentage), which is 40 hours a week. There are no payments made for any other remuneration or other taxable disbursements other than mentioned in the table below. No loans or guarantees and no advance payments were provided to the General Director or any of the Management Team members. Vickie Hawkins and Bern-Thomas Nyang'wa are employed by MSF-United Kingdom (MSF-UK). Salary costs, contributions to the UK National Insurance and pension contributions are expensed to MSF-The Netherlands. The total amount charged by MSF-UK amounted to € 314,215.

	Employment		Remuneration		Total salary according to the advisory scheme definition	Other employment costs				Total salary costs directors 2023
	Employment period and type of contract in 2023	End of current assignment	Gross excl holiday allowance	Holiday allowance		Pension contributions	Social security costs	Transition allowance	Invoiced by other MSF-section	
<b>General Director</b>										
Vickie Hawkins	01/01 - 31/12 MSF-UK	31/12/2025	-	-	-	-	-	-	169,803	<b>169,803</b>
<b>Management team</b>										
Oliver Behn Director Operations	01/01 - 31/12 indefinite	31/05/2026	122,256	9,780	<b>132,036</b>	23,571	15,099	0	-	<b>170,706</b>
Akke Boere Director Operations (a.i.)	01/01 - 31/12 indefinite	14/05/2023	45,131	3,610	<b>48,741</b>	5,746	4,406	0	-	<b>58,893</b>
Bern-Thomas Nyang'wa Medical Director	01/01 - 31/12 MSF-UK	07/02/2027	-	-	-	-	-	-	144,412	<b>144,412</b>
Mihaela Ionasc Director Staff	01/01 - 31/12 indefinite	06/01/2024	111,156	8,892	<b>120,048</b>	24,132	11,751	0	-	<b>155,931</b>
Liz Root Director Resources	01/01 - 31/12 fixed term	02/01/2025	111,156	8,892	<b>120,048</b>	23,658	15,099	0	-	<b>158,805</b>
Judith Sargentini Deputy Director	01/01 - 31/1 fixed term	30/11/2023	86,448	6,916	<b>93,364</b>	13,918	13,749	8,411	-	<b>129,442</b>

## Board and Association

The Board of the Association MSF-The Netherlands supervises the organisational policies as carried out by the General Director who has been appointed by the Board. With the exception of the president, the board members receive no

remuneration for their supervisory function. The General Assembly is the highest supervisory body of the Association and is held once per year at a minimum.

(in € thousands)	2023	Budget 2023	2022
Costs of carrying out supervisory responsibilities	147	180	65
Costs MSF-OCA Council	58	63	34
Costs of the Association and General Assembly	64	132	69
Remuneration president Tammam Aloudat	125	60	73
Volunteer allowances board members	8	11	6
Remuneration Chair OCA Council Amy Neumann-Volmer (1/1-31/03)	7	0	24
Remuneration Vice-Chair OCA Council Shobha Varthaman	3	0	0
Remuneration related to 2022	0	0	84
<b>Total Board and Association costs and expenses paid to board members</b>	<b>412</b>	<b>446</b>	<b>355</b>

## Auditor's costs

In 2023 Deloitte Accountants BV were our independent auditors. The audit of institutional donor contracts (2023: 2 contracts) and the audit of MSF-The Netherlands' entries for the MSF-International Combined Accounts are also included in the total fee of Deloitte Accountants BV. In 2023 Deloitte prepared a confirmation

report for the grant of MSF-Germany, supported us in the development of ESG (Environmental, Social and Governance) reporting and the implementation of the accounting for forward currency exchange contracts. The costs are reflected in the line other services. All audit fees incurred to the audit of the 2023 financial statements are allocated to 2023.

(in € thousands)	Allocated to:	2023	Budget 2023	2022
Deloitte audit of the financial statements	Advice - head office	384	395	359
Deloitte additional work prior year	Advice - head office	1	0	91
Deloitte audit contracts institutional donors	Advice - head office	33	35	15
Deloitte other services	Advice - head office	41	55	10
<b>Total auditor's costs</b>		<b>459</b>	<b>485</b>	<b>475</b>

## 8 Income from individuals, companies and not-for-profit organisations

(in € thousands)	2023	Budget 2023	2022
Donations	47,770	45,498	47,659
Inheritances	29,345	14,000	15,651
Membership fees from Association members	3	2	2
<b>Income from individuals</b>	<b>77,118</b>	<b>59,500</b>	<b>63,312</b>
Income from companies	3,043	2,500	2,294
Income from not-for-profit organisations	5,308	4,500	4,873
<b>Total income from individuals, companies and not-for-profit organisations</b>	<b>85,469</b>	<b>66,500</b>	<b>70,479</b>

The income from individuals, companies and not-for-profit organisations increased by € 15.0 million from € 70.5 million in 2022 to € 85.5 million in 2023. This increase is largely the result of the extraordinary increase of €13.7 million in income from Inheritances. While the number of inheritances remained fairly stable, the average income increased as a result of a number of exceptionally high value inheritances. Income from companies and income from not-for-profit organisations exceeded our expectations.

### Structural income from individuals, companies and not-for-profit organisations

The income from donors with direct debits, donations with a notarial deed and a large part of the income acquired from inheritances can be considered structural income. Measured over a 5-year period, 2019-2023, an estimate of 74% of income from individuals, companies and not-for-profit organisations is considered structural income.

### Earmarked income (see also note 27 restricted funds)

From individuals, companies and not-for-profit organisations (in € thousands)	Receipts 2023	Expenditures in 2023	Not spent in 2023
Earthquake Turkey/Syria	1,951	-1,951	0
Venezuela	819	-819	0
Ukraine	539	-539	0
Democratic Republic of Congo	260	-260	0
Afghanistan	204	-204	0
Occupied Palestinian Territories	182	-182	0
Libya	153	-153	0
Sudan	128	-128	0
Sierra Leone	75	-75	0
Somalia	77	-77	0
Bangladesh	76	-76	0
Myanmar	53	-53	0
Emergency fund	27	-27	0
Syria	17	-17	0
Yemen	12	-12	0
Others	18	-18	0
<b>Total as at 31 December moved to restricted funds</b>	<b>4,591</b>	<b>-4,591</b>	<b>0</b>

All the earmarked donations received in 2023 were spent in line with the wishes of the donors. Donations for our Emergency Fund have been allocated to Myanmar. To comply with the earmarking of certain donations we awarded grants

to other MSF-sections for specific emergency aid programmes in Afghanistan, Greece (Lesbos), Syria (earthquake response), Libya, Mozambique, Occupied Palestinian Territories, Sierra Leone and Ukraine.

## 9 Income from the National Postcode Lottery

(in € thousands)	2023	Budget 2023	2022
<b>National Postcode Lottery</b> , regular draw	13,500	13,500	13,500
<b>Total income from the National Postcode Lottery</b>	<b>13,500</b>	<b>13,500</b>	<b>13,500</b>

In 2023 MSF-The Netherlands received a contribution of € 13,500,000 from the regular draw of the **National Postcode Lottery**. This is the maximum

possible annual contribution to MSF-The Netherlands according to the five-year agreement. The current agreement runs until 31 December 2027.

## 10 Grants from MSF-sections

From individuals, companies and not-for-profit organisations (in € thousands)	2023	Budget 2023	2022
MSF-Germany	135,503	126,600	148,483
MSF-USA	84,736	95,800	52,814
MSF-United Kingdom	41,212	32,100	37,788
MSF-Canada	15,545	17,200	17,128
MSF-Sweden	13,154	7,200	9,526
MSF-Hong Kong	11,250	10,500	10,360
MSF-Ireland	5,191	4,100	4,760
MSF-Japan	3,042	2,600	3,537
MSF-Poland	1,061	500	365
MSF-Switzerland	950	0	734
MSF-Spain	650	0	600
Other MSF-sections	856	0	678
MSF-Non allocated	0	15,428	0
<b>Total grants from MSF-sections</b>	<b>313,150</b>	<b>312,028</b>	<b>286,773</b>

Total grants from MSF-sections ended 9.2% higher than in 2022. This was in line with the budget. Based on the established financial agreement within the

network Médecins Sans Frontières, the grants from MSF-sections can be largely considered as structural income.

## 11 Grants from institutional donors

(in € thousands)	2023	Budget 2023	2022
Canadian government (DFATD, IHA)	2,353	2,182	2,393
Global Fund (GFATM)	366	600	669
Other institutions	22	0	0
<b>Total grants from institutional donors</b>	<b>2,741</b>	<b>2,782</b>	<b>3,062</b>

Project grants from institutional donors refer to the realised portion of the grants awarded that concern activities carried out in the financial year. The decrease in the grant from the Global Fund was the result of a lower than expected level of activities

that could benefit from institutional donor funding. The grants from institutional donors are all used to cover emergency aid expenditure and are not considered as structural income.

## 12 Other income

(in € thousands)	2023	Budget 2023	2022
Other income	615	0	557
<b>Total other income</b>	<b>615</b>	<b>0</b>	<b>557</b>

Other income mainly consists of reimbursements of shared costs for hosting staff from MSF-International in the office.

## 13 Net financial income and expenses

(in € thousands)	2023	Budget 2023	2022
Realised exchange results	3,964	0	1,563
Unrealised exchange results	-2,736	0	12
Unrealised results forward contracts	-1,589	0	0
Interest income	1,751	0	234
Interest costs	0	0	-363
<b>Total net financial income and expenses (-)</b>	<b>1,390</b>	<b>0</b>	<b>1,446</b>

In 2023 the realised exchange results were mainly the result of the difference between exchange rates applied when actual monetary transfers were received by the bank and the rate used to book the grant income from MSF-sections. The unrealised exchange results concern the value dating of the foreign currency bank balances, contract obligations, still to be received monies from institutional donors and MSF-sections, and accounts payable and receivable balances in non-euro currencies.

All exchange rate differences recognised are included in the financial income and expenses. In 2023, interest rates slowly increased. These higher interest rates in combination with active management of short term deposits resulted in a better Interest income. The realised interest on the average of the savings accounts was in 2023 1.9% (2022: -0.1%). MSF-The Netherlands has no

contractual obligations on which interest is due.

In 2023 we entered into forward currency exchange contracts to cover our net exposure between Income (Grants from MSF-sections) and expenditure in the following currencies: CAD, GBP, HKD, SEK and USD. At balance sheet dates these contracts are measured at fair value. Gains or losses arising from changes in fair value are recognised as unrealised results. As at 31 December 2023 MSF-The Netherlands had 72 open forward currency exchange contracts. The value of the outstanding contracts as at 31 December 2023 was € 13.2 million. Depending on the development of the exchange rates in 2024 these contract could result in realised exchange rate differences at maturity that are higher or lower than the unrealised results on disclosed in this note.. All the outstanding forwards have a contractual maturity of less than one year.

## 14 Donations in kind

In addition to receiving financial support, MSF-The Netherlands also receives donations in kind and enters into contracts which do not involve payment but goods and services in kind. In particular, these donations in kind concern the delivery of medicines and food and are accepted in project countries to support MSF-The Netherlands' nutrition and health programs. These donations in kind are not registered in the bookkeeping and are also not recognised in the result as the reliability of the current registration system is too limited.

### Donations in kind for emergency aid

MSF-The Netherlands accepts and registers the use of goods made available by third parties when these would have been purchased in case they had not been made available to the organisation. The best estimate of the total value of these goods received was € 689,197 in 2023 (2022: € 996,616).

Donations in kind per donor and per category (in € thousands)	Medical	Non Medical	Total 2023
United Nations (UNICEF)	375	0	375
National Tuberculosis Program (Myanmar)	177	0	177
United Nations (UNDP)	66	0	66
Ministries of Health	45	0	45
United Nations (WHO)	10	0	10
National Aids Program (Myanmar)	8	0	8
Others	8	0	8
<b>Total donations in kind per category</b>	<b>689</b>	<b>0</b>	<b>689</b>



Donations in kind per country (in € thousands)	Total 2023
Nigeria	362
Myanmar	185
South Sudan	99
Yemen	27
Ethiopia	9
Libya	4
Bangladesh	2
India	1
<b>Total donations in kind per country</b>	<b>689</b>

In addition the Amsterdam Procurement Unit received donations in kind for the transport of goods to Bangladesh valued at € 50,000 and 3000 protective face shields used in several emergency aid projects valued at € 3,250.

#### **Donations in kind head office**

In 2023, donations in kind received for the head office mainly concerned pro bono legal and consultancy services. In addition we received 5 AED's with an estimate value of € 5,965.

# Notes to the Balance Sheet



↑ A mother carefully nourishes her child with milk through a nasogastric tube. The child is among several others undergoing treatment for malnutrition at the MSF-supported feeding center in Sokoto Specialist Hospital, Nigeria, May 2023. Photo: Ehab Zawati/MSF

Due to stronger than anticipated fundraising across the international network of Médecins Sans Frontières at the end of the year and the slowing down of expenditure on emergency aid as a result of the adjustment of the operational portfolio, we realised a surplus of € 13.9 million compared to the planned deficit of € 16.7 million. Reserves therefore increased by 0.2 months and remain healthy at 6.7 months' worth of total expenditure. Further deficit spending is planned in 2024 to maintain our emergency aid programmes and response capacity while anticipating some reduction in income following the unanticipated fundraising spurt experienced at the end of 2023.

The total cash position at balance sheet date decreased by € 27.0 million, while the total receivables position increased significantly by € 46.1 million and ended at € 107.2 million. Within the receivables position, the receivables from grants from MSF-sections were the main driver behind the overall increase (€ 39.0 million)

as a larger part of the total grant was awarded towards the end of 2023 and the payments could not be transferred before the 31st of December. The other receivables components increased by € 7.1 million due especially to the high level of accepted inheritance and legacies valued in 2023 for which settlement is in progress. The increase in receivables resulted in an increase of the relative distribution of receivables compared to payables and the overall balance sheet total increased by € 17.5 million. As a result of planned depreciation, the net book value of fixed assets decreased by € 1.9 million. Inventories held for emergency aid increased slightly by € 0.2 million.

Overall reserves and funds increased due to the addition of the surplus of € 13.9 million. Of this amount, € 7.0 million was added to the continuity reserves as required to maintain the continuity reserves at the desired level of 4.5 months of operational expenditure, given the structural growth in our emergency aid programmes in

the past years. Restricted funds decreased by € 0.2 million as earmarked funds were spent in 2023 in line with donor wishes. Provisions increased to € 5.8 million due to higher obligations from Tax and

Social Security review procedures in emergency aid projects and provisions for project closure costs. Short-term liabilities decreased by 1.9% to € 40.4 million.

## 15 Intangible assets

(in € thousands)	Software
<b>Purchase value</b>	
Balance as at 1 January 2023	9,153
Purchases	222
Disinvestments	-207
<b>Balance as at 31 December 2023</b>	<b>9,168</b>
<b>Depreciation</b>	
Balance as at 1 January 2023	7,084
Depreciation	1,132
Impairment	134
Disinvestments	-207
<b>Balance as at 31 December 2023</b>	<b>8,143</b>
<b>Balance sheet value as at 31 December 2023</b>	<b>1,025</b>

In 2023, process mapping software was delivered and depreciation commenced accordingly. The budgeting software for use in our emergency aid projects that was delivered in 2021 was not functioning as expected.

The remaining book value of € 133,560 was fully written off in 2023. As at 31 December 2023 no further impairment was applied to the intangible assets. The entire intangible assets are used for the realisation of the Association goals.

## 16 Operating assets

(in € thousands)	Land	Buildings	Furniture and fixtures	Hardware	Total
<b>Purchase value</b>					
Balance as at 1 January 2023	5,730	17,529	2,289	923	26,471
Purchases	0	0	0	213	213
Disinvestments	0	0	0	-48	-48
<b>Balance as at 31 December 2023</b>	<b>5,730</b>	<b>17,529</b>	<b>2,289</b>	<b>1,088</b>	<b>26,636</b>
<b>Depreciation</b>					
Balance as at 1 January 2023	0	3,019	1,189	486	4,694
Depreciation	n/a	604	321	165	1,090
Disinvestments	0	0	0	-48	-48
<b>Balance as at 31 December 2023</b>	<b>0</b>	<b>3,623</b>	<b>1,510</b>	<b>603</b>	<b>5,736</b>
<b>Balance sheet value as at 31 December 2023</b>	<b>5,730</b>	<b>13,906</b>	<b>779</b>	<b>485</b>	<b>20,900</b>

Land and Buildings are located at Plantage Middenlaan 14-16, Amsterdam, and in use for the offices. The value of the land is recognised at actual acquisition price with value reference date 31 December 2017 and as established by an independent valuer. Land is not depreciated.

In 2023 no costs for major maintenance were made. The purchase of hardware concerns the purchase of laptops. To date, no value impairment has been recognised for any of the operating assets. The entire operating assets are used for the realisation of the Association goals.

## 17 Stocks for emergency aid

(in € thousands)	2023	2022
Medical materials	13,429	13,193
Other materials	4,228	3,688
Transport equipment	577	732
Goods on transport	34	562
<b>Inventory as at 31 December</b>	<b>18,268</b>	<b>18,175</b>
Value adjustment for obsolescence	-547	-670
<b>Net realisable value as at 31 December</b>	<b>17,721</b>	<b>17,505</b>

The majority of the Stocks for emergency aid are held in the Netherlands by the main warehouse of Logically at Schiphol. The item Goods on transport concerns goods shipped by suppliers under Incoterms, where the risk associated with the shipment is transferred to MSF-The Netherlands, but not received in the warehouse.

### Inventory held in pre-clearance in the Netherlands

Included in the inventory on the Balance Sheet are stocks for emergency aid that are ready to ship and are kept in the Netherlands (see also the section: Accounting Policies). The value of the inventory in transit at the warehouse in the Netherlands as at 31 December 2023 amounts to € 2,611,589 (2022: € 4,844,447). The other stocks at the warehouse have not yet been allocated to emergency aid programmes and concern free stocks and emergency supply stocks. The item Other materials consists mainly of emergency housing materials (tents, tools, etc.) and water and sanitation equipment for the emergency aid programmes. The entire inventory is held for the realisation of the Association goals.

### Inventory held in Nairobi

Part of our orders were directly delivered to our warehouse in Nairobi and from there further

distributed to project locations. At 31 December 2023 the value of inventory in Nairobi amounted to € 376,729 (2022: € 453,846). None of the stocks in Nairobi were allocated to aid programmes at balance sheet date.

### Adjustment for obsolescence

In 2023, as in previous years, a value adjustment has been made for obsolescence. The estimate for the value adjustment of € 547,276 is based on expiry dates and expected turnover of items held in stock as at 31 December. In 2023 the total write-off was € 994,649 of which € 670,187 was provided for in the 2022 accounts. The write off is attributed to the Costs of emergency aid (see note 1).

### Inventory held in emergency aid projects

In accordance with the accounting policies inventory held in our emergency projects is fully expensed at the time it is shipped to the programme countries. For internal supply management purposes the estimated value of those inventories is recorded. At the end of 2023 the following supplies were held available for immediate use in our emergency aid projects or were on international transport from the warehouse to the project locations.

Inventory held in emergency aid projects	2023	2022
Medical supplies available for use	35,237,516	32,060,083
Non - Medical supplies available for use	15,189,500	11,579,041
<b>Total</b>	<b>50,427,016</b>	<b>43,639,124</b>
Goods on International transport	2,969,030	3,559,080

## 18 Grants receivable from MSF-sections

Developments in the financial year (in € thousands)	2023	2022
Balance as at 1 January	30,756	41,968
Project grants awarded	312,745	287,001
Project grants received in advance	-724	724
Project grants received	-274,923	-300,329
Exchange results on grants received	920	2,104
End of year revaluation of outstanding contract amounts	1,024	-712
<b>Balance as at 31 December</b>	<b>69,798</b>	<b>30,756</b>

The overall balance of Grants receivable from MSF-sections increased, as a larger part of the total grant was awarded towards the end of 2023 and could not be transferred before

the 31st of December. All receivables from MSF-sections are short-term. The outstanding balance concerns project grants that ended in 2023.

## 19 Grants receivable from institutional donors

Developments in the financial year (in € thousands)	2023	2022
Balance as at 1 January	1,570	1,187
Project grants awarded	2,412	3,210
Project grants received	-3,425	-3,056
Exchange results on grants received	59	157
Non-allocated project grants	-65	0
End of year revaluation of outstanding contract amounts	-109	72
<b>Balance as at 31 December</b>	<b>442</b>	<b>1,570</b>

Breakdown of the receivables from project grants (in € thousands)	2023	2022
Contracts accounted for in the reporting year	398	1,084
Contracts running into the next reporting year	44	486
Contracts running after the next reporting year	0	0
<b>Balance as at 31 December</b>	<b>442</b>	<b>1,570</b>

As at 31 December all receivables from institutional donor contracts are short term.

## 20 Receivables from inheritances

(in € thousands)	2023	2022
Receivables from inheritances	23,795	13,019
<b>Balance as at 31 December</b>	<b>23,795</b>	<b>13,019</b>

Receivables from inheritances represent the estimated valuation of the accepted inheritances for which settlement is in progress. In 2023 the number of high value inheritances increased resulting in a higher income for the year and a higher receivable as at 31 December.

As at 31 December 2023 receivables from inheritances include 61 properties (2022: 49 properties) that are held for sale. Included in the receivables is one property, valued at € 531,060 that is rented out and can be classified as long-term.

## 21 Other receivables and accrued income

(in € thousands)	2023	2022
Other receivables from MSF-sections	7,044	10,962
Prepayments and accrued income	6,017	4,509
Taxes and social security contributions to be received	135	255
Debtors	1	14
<b>Balance as at 31 December</b>	<b>13,197</b>	<b>15,740</b>

All Other receivables and accrued income are short-term. All amounts receivable concern current operations. The decrease in other receivables from MSF-sections is mainly due to timely payment of invoices for shared emergency aid programmes.

Prepayment and accrued income increased primarily due to higher balances to be settled for shared emergency aid programmes in Bangladesh. As in 2022, in 2023 no allowance for uncollectable receivables was needed.

## 22 Cash at bank and in hand

(in € thousands)	2023	2022
Cash at bank and in hand at head office	3,194	31,198
Cash at bank and in hand at projects	16,127	16,037
Savings accounts at head office	94,133	93,193
<b>Balance as at 31 December</b>	<b>113,454</b>	<b>140,428</b>

MSF-The Netherlands holds its main operating cash management accounts at ABN AMRO and one at ING (NL13 INGB 0000 0040 54) which is used for public fundraising. The main savings accounts are held at ABN AMRO (86%), Rabobank (5%), ING (8%) and ASN Bank (<1%) and are at balance sheet date composed of immediately available funds (19%) and short-term deposits (81%). Despite the positive result of expenditure and income the balance decreased. This was mainly caused by the increasing level of short-

term receivables from MSF-sections (see note 18) and Inheritances (see note 20). The use of short term (1-30 days) deposits increased to benefit from the increasing interest levels. This is resulted in a lower "Cash at bank and in hand at head office" balance.

At 31 December the following short-term euro and US dollar deposits are included in the balance of savings accounts at head office.

Start date	Amount	Interest rate	Interest at maturity	Maturity date
12/21/2023	€ 10,000,000	3,09%	€ 23,145	17/01/2024
12/22/2023	€ 10,000,000	3,09%	€ 11,162	01/04/2024
12/22/2023	€ 10,000,000	3,09%	€ 16,298	01/10/2024
12/22/2023	€ 10,000,000	3,09%	€ 28,288	01/24/2024
12/29/2023	€ 10,000,000	3,08%	€ 28,252	01/31/2024
12/29/2023	€ 6,000,000	3,08%	€ 2,053	01/02/2024
<b>Total</b>	<b>€ 56,000,000</b>			
12/27/2023	\$ 5,000,000	4,52%	\$ 4,393	01/03/2024
12/27/2023	\$ 10,000,000	4,54%	\$ 17,667	01/10/2024
12/29/2023	\$ 7,500,000	4,51%	\$ 3,758	01/02/2024
<b>Total</b>	<b>\$ 22,500,000</b>			

## 23 Reserves and funds

(in € thousands)	Continuity reserves	Revaluation reserves	Other reserves	Restricted funds	Total 2023	Total 2022
Balance as at 1 January	136,000	0	62,018	582	198,600	204,243
Allocation of the result	7,000	0	7,101	-205	13,896	-5,643
Direct mutation (see note 25)	0	1,589	0	0	1,589	0
<b>Balance as at 31 December</b>	<b>143,000</b>	<b>1,589</b>	<b>69,119</b>	<b>377</b>	<b>214,085</b>	<b>198,600</b>

Reserves and funds held by MSF-The Netherlands have been built up over the years by retaining surpluses of income over expenditure. Our reserves aim to maintain a capital structure that enables us to achieve our strategic objectives and daily operational needs, to safeguard our ability to continue as a going concern and to meet our current obligations. Our reserves are quantified to cover working capital needs, provide for a risk based buffer capital, finance operating assets investment, fund sudden emergencies and allow for short-term fluctuations in expenditure or income. For the total of the reserves and funds a maximum of 12 months of total expenditure has been set. At balance sheet date the level of reserves was equivalent to 6.7 months of total expenditure (2022: 6.5 months) and 53.0%

of the reserves were retained in cash at hand and in bank (2022: 70.7%). The decrease in the percentage of reserves retained as cash can be explained by the high receivables position. In line with our reserves policy we aim to keep a flexible liquidity position of current assets (inventory, receivables and cash at bank and in hand).

In accordance with Dutch GAAP Guideline 650 a continuity reserve is maintained next to the other reserves. In line with the intended levels of the continuity reserves at 4.5 months, through the allocation of the result, the Board allocated € 7,000,000 to the continuity reserves. Within the total of reserves an amount of € 708,825 is considered for unrealised benefits related to legacies encumbered with usufruct.

## 24 Continuity reserves

In accordance with reserves policies that have been agreed between the MSF-sections, the Board set our continuity reserves target at 4.5 months of total operational activities. Our costs of operational activities are the direct emergency aid expenditure including the related supporting activities and the cost of fundraising. Depreciation costs, contributions and one-off items are not included. Payable grants to third parties are short-term liabilities and are also not

included. The target amount of the continuity reserves held by MSF-The Netherlands has been set at the average amount of expenditure needed to ensure the unimpeded progress of medical care in our projects and the related supporting activities for a 4.5 month period. We calculate the average amount as the total expenditure over the past two years (2022 and 2023) plus the budget for the coming year (2024).

Calculation Continuity reserve (in € thousands)	Expenditure 2022	Expenditure 2023	Budget 2024	4,5-month average
Total expenditure	381,460	402,969	379,953	145,548
<b>Deduct:</b>				
Depreciation costs	2,528	2,356	1,495	797
Contributions	4,545	5,198	5,039	1,848
<b>Target continuity reserves as at 31 December</b>				<b>142,903</b>
<b>Actual continuity reserves as at 31 December 2023</b>				<b>143,000</b>

## 25 Revaluation reserves

Revaluation reserves are formed to reflect the fair value adjustment of the forward currency exchange contracts at balance sheet date.

In total an amount of €1,588,865 has been added to the Revaluation reserves.

## 26 Other reserves

Through the allocation of the result an amount of € 7,101,321 was added to the Other reserves.

Included in this allocation is an amount of € 205,300 from the restricted funds (see note 27).

## 27 Restricted funds

Restricted funds contain donations that have been earmarked by donors for a specific purpose and which have not yet been spent.

In note 8 an indication is given of the volume of earmarked monies that were received and spent during the year.

(in € thousands)	Unused at year end 2022	Receipts in 2023	Withdrawals in 2023	Unused at year end 2023
Earmarked endowment funds	471	0	-94	377
Donation for reserves	111	0	-111	0
<b>Balance as at 31 December (see also note 8)</b>	<b>582</b>	<b>0</b>	<b>-205</b>	<b>377</b>

In 2017 an endowment restricted inheritance was received with a value of € 942,000. Starting 2018, 10% of the value of the endowment plus the total interest realised may be spent per calendar year.

In the period 2018-2023, an amount of € 565,000 was spent from this endowment. The earmarked donation for the reserves was added to the other reserves.



## 28 Provisions

(in € thousands)	2022	Used	Reversals	Additions	Revaluation	2023
Severance pay due to employees	313	-291	0	2,126	-12	2,136
Taxation procedures Democratic Republic of Congo	37	-37	0	1,135	-56	1,079
Payroll taxes staff South Sudan	858	0	0	0	-12	846
Litigation procedures Search & Rescue operations	410	0	0	0	0	410
Import tax procedures Central African Republic	0	0	0	307	0	307
Employment dispute Ethiopia	37	0	0	46	0	83
Payroll tax assessment Iraq	38	0	0	0	4	42
Employment dispute South Sudan	0	0	0	22	0	22
Payroll tax assessment Yemen	801	-801	0	0	0	0
Litigation procedures Myanmar	74	-74	0	0	0	0
Litigation procedures Democratic Republic of Congo	39	-39	0	0	0	0
Major maintenance office building Amsterdam	375	0	0	118	0	493
Illness and disability of personnel	120	-120	0	271	0	271
Retrospective salary adjustments	0	0	0	160	0	160
<b>Balance as at 31 December</b>	<b>3,102</b>	<b>-1,362</b>	<b>0</b>	<b>4,185</b>	<b>-76</b>	<b>5,849</b>

In the annual plan for 2024 decisions have been made to scale down or close projects in Belarus, Democratic Republic of Congo, India, Iraq, Haiti, Kenya, Pakistan, Sierra Leone, Tajikistan, Uzbekistan, Venezuela and Yemen for which provisions for severance pay have been made. In South Sudan payroll currency conversion from South Sudanese pounds to US dollar is likely leading to additional retrospective statutory obligations for which provisions have been made. This provision and the provision for litigation procedures Search & Rescue operations can be classified as non-current (longer than one year). During 2023 management has assessed the potential tax obligations for personnel employed in Democratic Republic of Congo and Iraq to have become likely to be realised. The other provisions included here are based on formal

(tax) assessments or litigation notifications received and for which procedures are ongoing and that have been assessed by management.

The provision for illness and disability of personnel is made in view of obligations to continue payment of remuneration (including transition allowances) to personnel who are expected to remain permanently, wholly or partially unable to perform work due to illness or disability on the balance sheet date. The provision for future major maintenance of the office building is based on a 20-year maintenance plan. The provision for retrospective salary adjustments is made to cover the obligations resulting from the individual appeal procedures against the outcome of the new remuneration policy.

## 29 Long-term liabilities

As at 31 december 2023 no liabilities were classified as long-term.

## 30 Short-term liabilities

(in € thousands)	2023	2022
Payables to MSF-sections	15,701	15,976
Taxes to be paid	8,233	6,520
Payables to head office staff and international mobile staff	5,690	5,042
Accounts payable	2,916	4,789
Payables to suppliers in project countries	3,851	3,656
Other liabilities	1,959	1,986
Payables to locally recruited staff employed in the project countries	2,011	1,578
Budgetary commitments (see specification in note 31)	37	891
Grants MSF-sections received in advance	0	724
<b>Balance as at 31 December</b>	<b>40,398</b>	<b>41,162</b>

The Payables to MSF-sections are expected to be settled within the first quarter of 2023. No interest or securities are applied.

The increase in the item Taxes to be paid is the result of a higher balance of Taxes and Social security premiums payable at year end in the project countries.

The item Payables to head office staff and international mobile staff primarily concerns accruals for unused leave days, the accrual for leave pay and pension premiums payable. Included in this item are transition and severance payments due to personnel for which agreements were entered into at balance sheet date. The increase in this item can mainly be attributed to the higher accrual for leave days.

The decrease in the item Accounts payable is a combination of a lower payable for goods on transport (see also note 17) and a lower payable to suppliers.

The item Payables to locally recruited staff employed in the project countries includes payable net salary and accrual of unused leave days. The item Other Liabilities decreased as a result of a lower number of year-end accruals in project countries.

Budgetary commitments are commitments arising from awarded project grants for which the total eligible costs in or up to 2023 are lower than the total grant awarded. The balance concerns the portion of the project grants that have yet to be implemented by MSF-The Netherlands. All Short-term payables are expected to be paid within one year.

## 31 Movement in budgetary commitments

(in € thousands)	2023	2022
Balance as at 1 January	890	446
Listed under long-term liabilities as at 1 January	0	31
Project grants awarded by MSF-sections in this financial year (see also note 18)	312,745	287,001
Project grants awarded by institutional donors in this financial year (see also note 19)	2,412	3,210
End of year revaluation of outstanding contracts	-54	37
<b>Subtotal project grants awarded</b>	<b>315,993</b>	<b>290,725</b>
Project grants realized from MSF-sections (see also note 10)	-313,150	-286,773
Project grants realized from institutional donors (see also note 11)	-2,741	-3,062
<b>Subtotal project grants realised</b>	<b>-315,891</b>	<b>-289,835</b>
Non-allocated project grants	-65	0
<b>Balance as at 31 December</b>	<b>37</b>	<b>890</b>

The budgetary commitments at the end of the 2023 financial year refer entirely to the

implementation of projects in 2024 and are thus short-term commitments.

## 32 Commitments, contingencies and receivables not included in the Balance Sheet

### Office rent agreements

At the end of 2020, MSF-The Netherlands signed a new, nine-year contract for the rental of the MSF-India office, beginning 1 January 2021. The total commitment remaining from this rental agreement is € 1,502,839 for the period 2024-2029. Of this amount € 235,739 refers to 2024, € 1,001,893 to the years 2025-2028 and the remaining amount of € 265,207 to the year 2029.

### Lease agreements in project countries

The value of the 111 lease contracts held in project countries for a period of greater than 12 months as of 1 January 2024 is € 7,183,278 at balance sheet date. This amount does not include indexation of rent in future years. These lease contracts concern the rental of offices, warehouses, clinics and staff housing. Of this amount, € 3,493,528 refers to 2024, € 3,539,984 to the years 2025-2028 and €149,766 for 2029-2037.

### Litigation

In a number of countries in which MSF-The Netherlands implements projects, litigation procedures are pending. MSF-The Netherlands maintains a litigation register. In these Financial Statements, provisions are made for a total of € 515,046 (2022: € 559,747). Based on legal advice obtained and the provisions made, we do not expect that any further significant financial liabilities will arise out of these procedures. Based on a ruling of the court of appeal for Labour and Social Security in Chad, MSF-The Netherlands has the obligation to pay 632,242,901 Central African Francs (about € 964,000) to a group of former employees. Based on legal advice obtained our assessment is that the ruling is likely to be overturned in an appeal. As a result we have classified this as a contingent liability.

### Claims

Given the scope, nature and complexity of its operations, liability claims are brought to MSF. The merits of any such claims are analyzed against the backdrop of the country-specific context and applicable laws and regulations. Where appropriate, advice from external counsel is sought.

Accruals are made when an adverse outcome in proceedings is more likely than not and the amount of the potential loss can be reasonably determined. Material claims are disclosed when an adverse outcome is reasonably likely but the amount cannot yet be determined. As at 31 December 2023, management assesses that no claims exist classifying as contingent liability or for which a provision should be made at present.

### Taxation

In the unstable environments in which we work tax and regulatory legislation is subject to varying interpretations, and changes that can occur frequently. The relevant local governments or authorities may challenge our interpretation of such legislation as applied to programme activities and the associated transactions. As a result, additional taxes, penalties and interest may be assessed. Under these volatile circumstances, fiscal periods for review may remain open for longer periods.

As at 31 December 2023 management believes that its interpretation of the relevant legislation is appropriate. Where management believes it is probable that a position cannot be sustained, an appropriate amount has been accrued for. In these financial statements, provisions are made for a total of € 2,273,650 (2022: € 1,733,792).

Management has assessed that MSF-The Netherlands may have a potential liability of 1,948,596 Libyan Dinar (about € 369,000) due to non-compliance with administrative requirements in Libya. Based on legal advice obtained, further investigation is required to assess the actual exposure to this liability. As a result, this liability has been classified as a contingent liability.

### Inheritances and legacies

At balance sheet date we had 337 open dossiers related to inheritances and legacies including 21 dossiers of which the value cannot yet be reliably determined. Due to this uncertainty, these inheritances and legacies are valued at € 0. There are 11 inheritances and legacies encumbered with usufruct. These are valued at € 0, since they do not qualify for valuation according to applicable accounting regulation RJ 650.

Based on legal and fiscal advice obtained, the provisions made and the disclosures in this note, we do not expect that any further significant financial liabilities will arise out of our positions taken.

### **33** Events after the balance sheet date

There have been no subsequent events from 31 December 2023 to the date of issue of these financial statements.

# Notes to the Cash Flow Statement



↑ Tamara, 90, has come for a medical consultation at a mobile clinic in the town of Pervomaiske, Mykolaiv region, Ukraine, February 2023. Photo: Laurel Chor

The Cash Flow Statement has been prepared according to the direct method in order to provide a clear view of the different flows of funds in the organisation and in particular the cash flows between MSF-The Netherlands and the other MSF-sections.

## **Cash flow from operating activities**

In 2023, MSF-The Netherlands' operating activities resulted in a negative net cash flow of € 23.9 million. The cash flow was negative despite the surplus of income compared to expenditure, amounting to € 13.9 million. This result is further detailed in the Statement of Expenditure and Income.

The negative cash flow resulted primarily from the increase of € 46.1 million in Short-term assets (receivables) between 2022 and 2023 balance sheet dates. At the same time, the total of provisions and short term liabilities only increased by € 2.0 million

and ended at € 46.2 million. Within the receivables position, the receivables from grants from MSF-sections increased by € 39.0 million. More grants were awarded towards the end of the year due to higher-than-expected income which could not be transferred before the 31st of December 2023. In addition the receivables from inheritances increased by € 10.8 million due to an increase in high value inheritances that require a longer time to receive full settlement. Lastly the other receivables components decreased by € 3.7 million.

## **Receipts**

Receipts from the MSF-sections mainly concern project grants. Receipts from project grants (from MSF-sections and institutional donors) are explained in more detail in note 18 and 19 of these Financial Statements.

The item Receipts from MSF-sections for monies advanced consists of receipts referring to employees of MSF-The Netherlands who are seconded to another MSF-section, shared costs for any emergency aid projects and advances to other MSF-sections for emergency aid projects.

### **Payments**

Payments made in the project countries hosting emergency aid programs (excluding the Netherlands) totalled € 176.7 million in 2023 (2022: € 165.6 million). While the total expenditure grew, the proportion of payments made in project countries compared to the overall programme expenditure remained nearly identical (2023: 52%; 2022: 51%). In order of volume, payments to local personnel, subcontracted services and locally purchased medical items are the sources of greatest local expenditure.

The payments to MSF-International concern contributions to the MSF-International office and internationally coordinated activities and projects such as the Campaign for Access to Essential Medicines.

The payments to the MSF-sections mainly concern remuneration for hired-in employees posted to and working in the programme countries and payments for joint projects. Furthermore, the cash flow to our emergency aid projects in Afghanistan and Venezuela of € 21.4 million in 2023 (2022: € 17.2 million) is handled entirely through MSF-Belgium.

The payments to the purchasing organisations MSF-Supply (Belgium) and MSF-Logistique (France) are included as payments to MSF-sections. Mainly medicines, specialised medical supplies and vehicles are purchased through these organisations which are the procurement centres and storage depots of MSF-Belgium and MSF-France respectively.

As a result of stable payable balances to MSF Supply and MSF-Logistique at year-end, the amount stated in the cash flow (€ 9.4 million) is fairly similar as the actual purchase value of € 9.2 million in 2023.

### **Cash flow from investment and financing activities**

In 2023, there were minor cash outflows related to tangible fixed asset investments and no cash flows from financing activities.

# Accounting policies



↑ MSF team conducts maintenance at Bulengo water treatment plant, pumping and treating Lake Kivu water with chlorine before distribution to the displaced camp tap network. Democratic Republic of Congo, July 2023. Photo: Alexandre Marcou/MSF

These Financial Statements have been prepared in accordance with Dutch Accounting Standard 650 for the Reporting of Fundraising Institutions as published by the Dutch Accounting Standards Board (RJ650, Raad voor de Jaarverslaggeving). These Financial Statements are prepared in accordance with the accounting policies as further explained below. The valuation principles and method of determining the result are the same as those used in the previous year.

Assets and liabilities are accounted for at historical costs and unless stated otherwise are shown at the value at which they were acquired or incurred. Expenditure and income are allocated to the period to which they relate and in accordance with the principles below.

## Foreign currency and currency translation differences

These Financial Statements are presented in euro, which is the functional and reporting currency of MSF-The Netherlands. Monetary assets and liabilities denominated in foreign currencies are converted to the functional currency based on the closing exchange rates at balance sheet date. Non-monetary assets (inventory) valued at cost in a foreign currency are translated at the exchange rate at the transaction date. Translation differences resulting from settlement and conversion are processed through the Statement of Expenditure and Income in the period that they are realized. Transactions denominated in foreign currencies are translated at the exchange rates prevailing at the transaction date.

### Going Concern

The Financial Statements are drawn up on the assumption that the entity is a going concern.

### Operational leasing

MSF-The Netherlands has lease contracts whereby a large part of the risks and rewards associated with ownership are not for the benefit of, nor incurred by MSF-The Netherlands. The lease contracts are recognised as operational leasing. Lease payments are recorded on a straight-line basis, taking into account reimbursements received from the lessor, in the Statement of Expenditure and Income for the duration of the contract.

### Cash flow statement

The Cash Flow Statement has been prepared according to the direct method to provide transparent insight into the flows of funds of

MSF-The Netherlands and the MSF-sections. Cash flows denominated in foreign currencies have been translated into euro at the exchange rate prevailing at the transaction date. Exchange differences affecting cash items are shown separately in the cash flow statement. Interest paid and received is included in cash from operating activities.

### Events after the balance sheet date

Events after the balance sheet date that provide further information about the actual situation as at the balance sheet date and appear up to the date of the preparation of the Financial Statements will be adjusted in the financial statements for the current year. Events that do not provide further information about the actual situation as at the balance sheet date will not be adjusted in the financial statements for the current year.

## Accounting policies on the valuation of assets and liabilities

### Intangible assets

Acquired intangible assets are recognised if they yield measurable economic benefits for the organisation over several years. In these Financial Statements software is recognised as intangible assets. Intangible assets are recognised at historical cost less depreciation. Intangible assets are valued at acquisition cost or at production cost, at most, less depreciation. Operating systems are capitalized as part of the hardware they belong to.

Intangible assets are depreciated considering their estimated useful life but not exceeding a five-year period and with a residual value of NIL. Software is depreciated applying the straight-line method at a rate of 20%.

On the balance sheet date, management assesses and establishes whether intangible assets may be subject to impairment. Impairment losses may lead to additional write-offs that will subsequently be charged to the result of the period.

### Tangible fixed assets

#### Land

The plot of land forming part of Plantage Middenlaan 14, Amsterdam is valued at actual acquisition price. In these Financial Statements, the actual acquisition price of the plot of land is initially recognised according to market value with value reference date 31 December 2017 and as established by an independent valuator.

The value includes non-refundable transaction taxes. The plot of land is in own use and held as an operating asset. Land is not depreciated. Land will be tested for value impairment or value appreciation every three years. The next value evaluation will be as at 31 December 2025.

#### Building

The building forming part of Plantage Middenlaan 14, Amsterdam, is valued at actual acquisition price, added non-refundable transaction costs and less depreciation. Future investments in the building may be added to the actual cost price. Depreciation is calculated according to the straight-line method based on expected economic life and considering an expected residual value at the end of the useful life.

- The useful life of the building is set at 30 years and with a residual value of NIL.
- The building is depreciated applying the straight-line method at a rate of 3.33% per year.
- The investments made as part of making the building fit for purpose have been added to the actual cost price of the building.
- The depreciation of the useful life of these investments has been aligned with the useful life of the building itself resulting in a depreciation of 3.6% per year applying the straight-line method.
- At balance sheet date, a value impairment



- evaluation was exercised by management. Considering general developments in the local (Amsterdam) real estate market there were no indications for impairment of the office building.
- The next planned assessment of direct yield value by an external valuator is planned for 31 December 2025.

### **Major maintenance**

A provision has been recognised for costs of periodical major maintenance. This provision is presented under the provisions (see note 28) as a liability item.

### **Operating assets**

Operating assets comprise furniture, fixtures and ICT-hardware. Subsequent to initial recognition, operating assets in use are valued at acquisition or production cost less accumulated depreciation and impairment. Depreciation is calculated according to the straight-line method based on expected economic life and considering the expected residual value at the end of the useful life.

- ICT hardware is depreciated applying the straight-line method at a rate of 20%.
- Furniture and fixtures are depreciated applying the straight-line method at a rate of 20%
- At balance sheet date based on market conditions there were no indications for impairment of operating assets.

### **Impairment**

On the balance sheet date, for each (sub) category of assets, management assesses and establishes whether there is objective evidence that a tangible fixed asset or a group of tangible fixed assets is impaired. If any such evidence exists, the impairment loss is determined and recognised in the statement of expenditure and income. Impairment losses may lead to additional write-offs that will subsequently be charged to the result of the period.

### **Fixed assets in use in the project countries**

Purchase costs of tangible fixed assets used in the project countries are expensed to project costs. After completion of the projects these assets are generally transferred to the beneficiaries. MSF-The Netherlands does not own any real estate in the countries in which emergency aid projects are carried out.

### **Assets held for sale**

Real estate held for sale is valued at fair value in the current real estate market. The annual property tax value assessment is used as the basis for this valuation. No assets for sale were held at balance sheet date.

### **Financial Assets**

Financial Assets on the balance sheet concern loans and other receivables that are held to maturity. When there is no open market, these financial assets are recognised at the redemption value and, if lower at fair value and subsequently at amortised cost. If the fair value as at balance sheet date is lower than the redemption value, the difference is recognised in the Statement of Expenditure and Income.

No financial assets were held at balance sheet date.

### **Inventory**

Stocks centrally held in the Netherlands are stated at the lower of average historical cost or realisable value. In determining the realisable value, the obsolescence of the inventory is taken into account. The cost price of the stocks is calculated based on average costing while the movement of physical stock is according to the first-in-first-out principle and first-expiry-first-out principle for medicines. The costs incurred to bring the inventories to their current location are included in so far as these can be attributed directly.

At the moment stocks are shipped to the project countries they are expensed to the costs of emergency aid.

An estimated value of the medical stocks held in the project countries is explained in text in the notes to these financial statements under the header Inventory.

### **Accounts receivable**

Receivables are recognised initially at fair value and subsequently measured at amortised cost. When a receivable is uncollectable it is written off against the allowance account for receivables.

### **Cash at bank and in hand, cash equivalents**

Cash at bank and in hand is carried at nominal value. Cash at bank and in hand represents the balances of all accounts held for head office and projects, both in the Netherlands and abroad, and deposits with terms of less than twelve months. Cash and bank balances denominated in foreign currencies are valued at the exchange rates prevailing at year end date.

### **Forward currency exchange contracts**

Forward currency exchange contracts are initially and subsequently measured at fair value. Gains or losses, whether realized or unrealized, arising from changes in fair value of these contracts are recognized in the financial results in the expenditure and income statement. Revaluation reserves are formed to reflect the fair value adjustment of the forward currency exchange contracts at balance sheet date. Transaction costs are expensed in the income statement. Artsen zonder Grenzen does not apply hedge accounting.

### **Pensions and pension provision**

MSF-The Netherlands has several pension schemes to which the provisions of the Dutch Pension Act are applicable. Premiums are paid on a contractual basis. Premiums are recognised as personnel cost when they are due. Contributions due but not yet paid are presented as liabilities. Such pension schemes apply to employees for which the provisions of Dutch labor law apply.

- (A) As of 1 January 2013 a pension scheme for employees was entered into with the Premium Pension Institution (PPI) ASR Doenpensioen. In this pension scheme employees accrue a pension capital by investing the monthly available premium that is fully paid by MSF-The Netherlands. The premium is based on the career average system (middelloon pensioen staffel) with a maximum build-up of 1.875% calculated over 12 times the monthly salary plus the holiday allowance. All contributions have been paid in full. The accrued invested pension capital is designated for the purchase of a retirement pension and partner pension at retirement age. Under this pension plan employees by default invest in SRI-funds. Within statutory limitations employees have full freedom to alter their investment profile. The investment risk is fully with the employees. A 2% indexed survivors' pension is part of the pension scheme. Pension premiums are recognised in personnel costs when they are due. No future liabilities are expected to arise from these pension schemes.
- (B) The pension schemes set up for the employees and valid until 31 December 2012 have been based on a career-average plan with conditional indexation. All schemes have been placed with a life insurance company and, in view of the nature of the contracts with the insurer, future obligations are unlikely to arise from these pension schemes. This means that MSF-The Netherlands's commitment towards its employees, under the former insurance contract concluded with the life insurance

company, are limited to the contributions paid to the insurance company. All contributions and agreed settlements have been recognised in full.

MSF-The Netherlands does not have any pension plan for locally recruited staff in programme countries. At balance sheet date there were no pension provisions.

### **Reserves**

Reserves are divided into continuity reserves held to ensure the unimpeded implementation of emergency aid projects and other reserves. Reserves are held to provide working capital, to finance assets and future investments and to fund (sudden) emergency aid projects. In accordance with policies agreed within the network Médecins Sans Frontières continuity reserves are held at a minimum of 4.5 months of operational expenditures while the total of reserves should not exceed the level of 12 months of operational expenditures. Within the continuity reserves a risk-based buffer capital is provided for.

### **Restricted funds**

Restricted funds are held for donations for which the donor designated the use and which could not be spent in the reporting period or were intended to be spent over a longer period. Donor restricted funds are assessed regularly.

### **Provisions**

Provisions are recognised for legally enforceable or constructive obligations that exist at the balance sheet date, and for which it is likely that an outflow of resources will be required and a reliable estimate can be made. Provisions are measured at the most likely amount that is necessary to settle the obligation as per the balance sheet date. Provisions are carried at the nominal value of the expenditure that is expected to be necessary in order to settle the obligation, unless stated otherwise. As management has assessed the time-value of provisions as not material, all provisions are carried at the nominal value of the expenditure that is expected to be necessary in order to settle the obligation. Provisions have been formed for the liabilities existing on the balance sheet date in respect of the following:

- The planned closure or reorganisation of emergency aid projects and the associated severance payments due to personnel.
- Claims resulting from pending disputes and litigations.
- Potential liability of income and payroll taxes in project countries.

- Obligations existing on the balance sheet date to continue payment of remuneration (including transition allowances) to personnel who are expected to remain permanently wholly or partly unable to perform work due to illness or disability on the balance sheet date.
- Major maintenance of the office building at Plantage Middenlaan 14-16, 1018 DD Amsterdam. The addition to the provision for future maintenance of the building is formed based on the expected amounts of maintenance as captured in a multi-year maintenance plan.
- Salary adjustments to cover the obligations resulting from the individual appeal procedures related to the implementation of the new remuneration policy.

### Liabilities

Current and long-term liabilities are recognised initially at fair value subsequently measured at amortised cost price. Unless otherwise stated this usually is the nominal value. Accruals (such as for unused leave days and leave pay) are included and further disclosed in the current and long-term liabilities.

### Financial assets and liabilities

Unless explicitly disclosed otherwise, the fair value of the financial assets, receivables, cash and liabilities approximates to the carrying amounts given the mid to short term nature of the claims and that, where necessary, provisions for bad debts are formed.

### Commitments and contingencies not included in the Balance Sheet

Commitments and contingencies not included in the Balance Sheet are understood to include:

- Multi-year financial commitments, such as long-term agreements, of which the consideration is exercised in future years;
- Contingent liabilities arising from events up to and including the balance sheet date for which it is not likely that settlement will result in an outflow of funds or of which an amount cannot be reliably established; or,
- Contingent liabilities arising from events up to and including the balance sheet date and whose existence depends on uncertain events that may or may not occur in the future.

Eventual risks associated with ongoing procedures are disclosed in the Commitments and contingencies not included in the Balance Sheet.

## Accounting policies on the expenditure and income

In 2023, cost allocation keys and accounting policies have been maintained. The cost allocation keys are consistently applied within the network Médecins Sans Frontières.

### Emergency aid costs

Costs of emergency aid relate to the costs of the aid projects undertaken by MSF-The Netherlands. This concerns any on-site costs incurred by the projects, as well as the costs of medical and logistic personnel posted and the costs of relief supplies bought via head office and transported to the projects.

The costs of handling the purchase, storage and shipping of relief supplies and costs of the Procurement Unit are attributed to this category. Costs of handling and shipping that cannot be charged directly to the emergency aid projects have been attributed to those based on volume of goods purchased. Relief supplies purchased through head office are expensed to the projects at the time they are sent to the project country. Supplies delivered to the warehouse and being readied for transport are accounted for as

project-related stocks and are included in the Balance Sheet. Outstanding orders for purchases are not included in the accounts. Outstanding orders are internally reported as budget commitments.

### Grants provided to third parties

Grants issued to third parties are stated as costs on the awarding date.

### Programme support costs

Costs of programme support relate to the costs incurred by head office for the direct support of aid projects managed by MSF-The Netherlands. Relevant costs include costs of departments handling the provision of medical advice, programme administration and the recruitment and posting of staff. The costs of the Operations Director and the Medical Director are included in this category.

For aid projects in a number of countries, programme support activities have been (partly) outsourced to the sections with which MSF-The Netherlands works collaboratively. The costs of the activities outsourced, to support the projects directly in MSF-Germany and MSF-UK are reported in the Supplementary Information at the end of this report. These costs are not included in the Statement of Expenses and Income.

### **Information and awareness raising costs**

Costs of information and awareness raising relate to the costs of advocacy within the framework Association goals. The primary purpose of advocacy is to increase the public's awareness and to bring about a change of attitude and behavior. The allocation of costs for information and awareness raising and the categories stated below are amongst others based on the following: 50% of the costs of the donor periodical *Artsen zonder Grenzen Magazine* goes to information and awareness raising and 50% to the costs of acquiring income (fundraising).

### **Cost of acquiring income**

The cost of acquiring income relates to all costs of activities with the direct or indirect purpose to encourage people and institutions to donate money or time and attention to one or more goals of the Association. Apart from costs that can be attributed directly, the following cost allocations are applied:

- 50% of the costs of the donor periodical *Artsen zonder Grenzen Magazine* have been allocated to fundraising costs and 50% goes to information and awareness raising;
- The bank costs which correspond to specific fundraising activities are included in this category;
- The automation costs related to the registration and communications with (potential) donors are included here as well;
- The costs of acquiring government grants are included in so far as these costs were incurred at head office.

### **Management and administration costs**

Management and administration costs relate to the costs incurred for directing and managing the organisation. The costs of recruiting personnel to work at the head office and also the costs of performing general financial administration, planning and control, the general legal expenses, as well as the costs of the Board and the Association are included in this category.

### **Overhead costs**

Overhead costs relate to the costs of facility support for housing, ICT, general insurances and other office facilities and include depreciation costs, with the exception of the depreciation costs of the donor database which are included in the costs of acquiring income.

The table on the next page describes how the main Management and administration costs are allocated by MSF-The Netherlands.

Expenditures	Management & Administration	Overhead	Explanations
Board and Association	100%	-	
General Director, Director Resources, Staff Director, Deputy Director for The Netherlands	100%	-	The Medical Director and Director Operations are attributed to programme support
Heads of department Finance, HRM Services and Directors Office	100%	-	The Deputy Director HRM-Field is attributed to programme support
Administrative support to all directors and all heads of department	100%	-	
ICT at head office	-	100%	Including integrated services that are delivered to and for emergency aid projects
Housing, facilities and office materials and supplies	-	100%	
Head of department Program Management Office, PMO officer, general costs	100%	-	Expenses of improvement projects are directly attributed to the relevant category
Head of department Learning & Development	50%	-	Other 50% to programme support
Reporting & Analytics, information management, data privacy and ICT security functions at head office	-	100%	
Diversity, Equity and Inclusion (DEI) at head office	33%		67% allocated to programme support
Control, internal audit	100%		Compliance 50% to programme support
Website development and maintenance	-	100%	
Annual report, corporate communication	100%	-	
Bank costs	100%	-	Bank costs directly related to fundraising activities are allocated to cost of acquiring income
Financial administration	100%	-	
Emergency aid projects administration at head office	-	-	To programme support
Head office staff salary and personnel contract administration	100%	-	
Salaries and personnel costs	Pro rata	Pro rata	As much as possible attributed to actual deployment
Depreciation	-	100%	Depreciation for assets deployed in emergency aid projects is indirectly attributed to Emergency aid
General insurances	-	100%	
Audit costs	100%	-	
Costs of settlement and administration of acquired inheritances	-	-	All to costs of acquiring income including their direct legal expenses
Legal Counsel, Legal Advisor	50%	-	Other 50% to programme support
Contribution to general costs MSF-International	100%	-	

**Personnel costs, overhead costs and allocation**  
Personnel costs (salaries, social security contributions, pension premiums, transition allowances etc.) for staff employed in emergency

aid programmes and staff employed in the headquarters are presented separately in the notes to the Statement of Expenditure and Income (see notes 1 and 7).

Personnel costs at head office are divided over the main expenditure destinations and the Overhead to be attributed in proportion to the number of allotted full-time equivalents (FTE) of personnel at head office.

After the allocation of personnel costs, the overhead costs are attributed in the same way to the different destinations. Note 7 in these Financial Statements explains the divisions of these costs after the allocation of the personnel costs.

All salaries, wages and social security contributions are charged to the Statement of Expenditure and Income based on the terms of employment when they are due to employees and the tax authorities respectively. For pensions the premium payable during the financial year is charged to the result. See under Pensions above.

### **Donations**

Direct donations from the public, from companies and from not-for-profit organisations are recognised as income upon receipt. Donations and gifts for which the use is designated by the donor (or, in the case of a legacy or bequest, by the donor's will) to specific purposes, or is restricted in time, or is required to be invested and retained rather than expended, are designated "earmarked income".

Other income earned from restricted revenues such as interests earned from the investment of restricted funds is also considered as earmarked with the same designation as the original funds, unless otherwise specified by the donor.

### **Inheritances**

Inheritances are recognised at fair value on an accrual basis in the financial year in which the size can be determined with sufficient reliability based on the available documentation relating to an inheritance. Any right of usufruct is taken into account and disclosed. Adjustments to valuations are made on developments and finally at the time of receipt of settlement of the inheritance.

### **Membership fees from Association members**

Membership fees are not obligatory. Any membership fees from members of the Association are accounted for on a cash basis.

### **Grants from individuals, companies and not-for-profit organisations**

Grants from individuals, companies and not-for-profit organisations are recognised as income in the respective sub-categories in the same year as the related project expenditure can be declared to the donor.

### **Income from lottery organisations**

Income from lottery organisations concerns income from the **National Postcode Lottery**. Income from the **National Postcode Lottery** is recognized at the time of the allocation. The proceeds from the **National Postcode Lottery** are based on contracts and on contractually valid financial regulations. Income from the **National Postcode Lottery** that is earmarked for a specific emergency aid programme is accounted for as income for the maximum eligible costs as incurred in the book year.

### **Grants and income from MSF-sections**

Project grants allocated to MSF-The Netherlands and the subsequent budgetary obligations arising from grants from within the network Médecins Sans Frontières are shown in the Balance Sheet from the contract date. These grants are accounted for as income in the Statement of Expenditure and Income for the maximum eligible costs according to the contract and as incurred in the book year.

### **Grants and income from institutional donors**

Project grants from governmental institutions awarded to MSF-The Netherlands and the related budgetary obligations are shown in the Balance Sheet from the contract date. These grants are accounted for as income in the Statement of Expenditure and Income in the same year as the related project costs can be declared to the donor.

### **Interest income**

Interest income is recognised on a pro rata basis.

### **Donations in kind**

Donations in kind received are not recognised as income and/or expenditure. Donations in kind are disclosed for information purposes in the explanatory notes in the Statement of Expenditure and Income as far as they concern goods that are essential to MSF-The Netherlands to be able to execute our aid projects and, had they not been made available to us, would have been purchased. An explanation is given regarding received donations in kind for which a reporting obligation is required. An estimated total of the current purchase price of the received goods is shown in these financial statements. Donations from other MSF-sections are not included in the explanatory notes.

# Signing and other information



↑ Abed, 40 days old, born with a neck deformity, is examined in the emergency room. He arrived at the hospital with his grandfather, Kherrudin, after an hour-long taxi ride and has been hospitalized for 25 days. Pakistan, October 2023. Photo: Oriane Zerach

## Signing

The Financial Statements are prepared by the management of MSF-The Netherlands and have been audited by Deloitte Accountants B.V. (see the independent auditor's report below). The financial statements were extensively discussed with the auditors by the Audit Committee in the presence of the management in May 2024. The Financial Statements were unanimously approved by the full Board of the Association

MSF-The Netherlands. As such, the Board recommends that the General Assembly of Members, in its annual meeting to be held on May 31 and June 1, 2024, adopt the financial statements.

Amsterdam, 6 May 2024

The Association Board and the General Director

## Other information

### **Statutory provisions on the allocation of the result**

The association Artsen zonder Grenzen is a not-for-profit organisation. According to the

Articles of Association of Artsen zonder Grenzen, the result may only be used for achieving the purpose of the association.

## INDEPENDENT AUDITOR'S REPORT

To the General Assembly of Vereniging Artsen zonder Grenzen

### Report on the audit of the financial statements 2023 included in the annual accounts

#### Our opinion

We have audited the financial statements 2023 of Vereniging Artsen zonder Grenzen, based in Amsterdam.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of Vereniging Artsen zonder Grenzen as at 31 December 2023, and of its result for 2023 in accordance with the Guideline for annual reporting "650 Charity organisations".

The financial statements comprise:

1. The balance sheet as at 31 December 2023.
2. The statement of expenditure and income for 2023.
3. The notes comprising a summary of the accounting policies and other explanatory information.

#### Basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

We are independent of Vereniging Artsen zonder Grenzen in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in The Netherlands. Furthermore, we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics).

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

#### Information in support of our opinion

We designed our audit procedures in the context of our audit of the financial statements as a whole and in forming our opinion thereon. The following information in support of our opinion was addressed in this context, and we do not provide a separate opinion or conclusion on these matters.



## **Audit approach fraud risks**

We identified and assessed the risks of material misstatements of the financial statements due to fraud. During our audit we obtained an understanding of the entity and its environment and the components of the system of internal control, including the risk assessment process and management's process for responding to the risks of fraud and monitoring the system of internal control and how the Board exercises oversight, as well as the outcomes. We refer to chapter Compliance and Risk of the Board Report 2023 for management's disclosed fraud risks.

We evaluated the design and relevant aspects of the system of internal control and in particular the fraud risk assessment, as well as among others the code of conduct, whistle blower procedures and incident registration. We evaluated the design and the implementation and, where considered appropriate, tested the operating effectiveness, of internal controls designed to mitigate fraud risks.

As part of our process of identifying fraud risks, we evaluated fraud risk factors with respect to financial reporting fraud, misappropriation of assets and bribery and corruption. We evaluated whether these factors indicate that a risk of material misstatement due fraud is present.

We identified the following fraud risks and performed the following specific procedures:

### **Risk of management override of controls**

Procedures performed relating to management override

Our audit procedures to respond to this fraud risk include, amongst others, an evaluation of relevant internal controls and supplementary substantive audit procedures, including detailed testing of journal entries and post-closing adjustments based on supporting documentation. Data analytics, including selection of journal entries based on risk-based characteristics, form part of our audit approach to address the identified fraud risks.

Furthermore, with regards to manual journal entries relating to field expenses specific substantive audit procedures, including detailed testing of (manual) journal entries based on supporting documentation is performed. Our audit procedures included inspection of the source documentation to assess the validity of the business rationale and substantiation of corroborating evidence testing the occurrence of the related field expenses.

Additionally, we performed further procedures including, among others, the following:

We incorporated elements of unpredictability in our audit such as attending random selected stock count and an unannounced cash count at the main office in Amsterdam. We also considered the outcome of our other audit procedures and evaluated whether any findings were indicative of fraud or non-compliance.

We considered available information and made enquiries of relevant executives and the Board.

We evaluated whether the selection and application of accounting policies by the entity, particularly those related to subjective measurements and complex transactions, may be indicative of fraudulent financial reporting.

We evaluated whether the judgments and decisions made by management in making the accounting estimates included in the financial statements indicate a possible bias that may represent a risk of material misstatement due to fraud.

Management insights, estimates and assumptions that might have a major impact on the financial statements are disclosed in note chapter 'Presentation of the Financial Statements' of the financial statements. We performed a retrospective review of management judgments and assumptions related to significant accounting estimates reflected in prior year financial statements.

For significant transactions we evaluated whether the business rationale of the transactions suggests that they may have been entered into to engage in fraudulent financial reporting or to conceal misappropriation of assets.

## **Risk that field costs will be incurred for which no performance has been provided**

*Procedures performed relating to the occurrence of field costs*

Our audit procedures to respond to this fraud risk include, amongst others, an evaluation of the design and implementation of relevant internal controls within the process.

For our substantive procedures, we created homogeneous categories of expenditures. For each of these categories, we defined the work to be performed. Our substantive procedures were aimed to test the occurrence of the expenditures.

## **Risk that payments will be made to the incorrect creditor/bank account**

*Procedures performed relating to the accurate payments of field costs*

Our audit procedures to respond to this fraud risk include, amongst others, an evaluation of the design and implementation of relevant internal controls within the process.

Similar to the foregoing risk, we created homogeneous categories of expenditures. There is a large variety in type of payments. For each type of payment, we evaluated, based on inspecting supporting documentation, if the payment has been made to the accurate supplier and for the correct amount.

## **Risk of bribery and corruption regarding the use of agents for cash transfers**

*Procedures performed regards to the use of agents for cash transfers*

Our audit procedures to respond to this fraud risk include, amongst others, an evaluation of the design and implementation of relevant internal controls within the process.

Furthermore, we performed substantive procedures. We categorized the agents in mobile money agents, registered agents and 'other agents'. For all categories we validated that transactions identified are included in the expenses subledgers used elsewhere in the audit. Besides, we obtained an in-depth understanding of the use of agents and pinpointed our risk to the 'other agents' category. Our substantive procedures were aimed to test the accuracy and occurrence of the transactions with the agents.

## **Audit approach compliance with laws and regulations**

We assessed the laws and regulations relevant to the entity through discussion with the Board, reading minutes and reports of internal audit.

As a result of our risk assessment procedures, and while realizing that the effects from non-compliance could considerably vary, we considered the following laws and regulations:

- Guideline for annual reporting "650 Charity organisations".
- Adherence to (wage) tax and social security laws.

We obtained sufficient appropriate audit evidence regarding provisions of those laws and regulations generally recognized to have a direct effect on the financial statements.

Apart from these, the entity is subject to other laws and regulations where the consequences of non-compliance could have a material effect on amounts and/or disclosures in the financial statements, for instance, through imposing fines or litigation.

Given the nature of the Vereniging Artsen zonder Grenzen business and the complexity of data protection, and environmental laws and regulations, there is a risk of non-compliance with the requirements of such laws and regulations.

Our procedures are more limited with respect to these laws and regulations that do not have a direct effect on the determination of the amounts and disclosures in the financial statements. Compliance with these laws and regulations may be fundamental to the operating aspects of the business, to the entity's ability to continue its business, or to avoid material penalties (e.g., compliance with the terms of operating licenses and permits or compliance with environmental regulations) and therefore non-compliance with such laws and regulations may have a material effect on the financial statements. Our responsibility is limited to undertaking specified audit procedures to help identify non-compliance with those laws and regulations that may have a material effect on the financial statements. Our procedures are limited to (i) inquiry of management, the Supervisory Board, the Executive Board and others within the entity as to whether the entity is in compliance with such laws and regulations and (ii) inspecting correspondence, if any, with the relevant licensing or regulatory authorities to help identify non-compliance with those laws and regulations that may have a material effect on the financial statements.

Naturally, we remained alert to indications of (suspected) non-compliance throughout the audit.

Finally, we obtained written representations that all known instances of (suspected) fraud or non-compliance with laws and regulations have been disclosed to us.

## **Audit approach going concern**

The Board has assessed the going concern assumption, as part of the preparation of the financial statements, and as disclosed in the financial statements (chapter 5 Accounting Policies). The Board believes that no events or conditions give rise to doubt about the ability to continue in operation of at least twelve months after adoption of the financial statements.

We have obtained management's assessment of the entity's ability to continue as going concern and have assessed the going concern assumption applied. In evaluating management's assessment, we considered whether management's assessment includes all relevant information of which we were aware as a result of the audit. We challenged management's considerations and the primary assumptions. We have assessed the budget as part of management's assessment and we have considered the impact of financial, and other conditions.

Furthermore, we inquired management about its knowledge of events or conditions beyond the period of management's assessment that may cast significant doubt on the entity's ability to continue as a going concern.

Based on these procedures, we did not identify any reportable findings related to Vereniging Artsen zonder Grenzen ability to continue as going concern.

## **Report on the other information included in the annual accounts**

The annual accounts contain other information, in addition to the financial statements and our auditor's report thereon.

The other information consists of:

- From the MSF-NL Board President
- An overview of 2023
- Igniting change
- Medical focus
- Operational support
- Staff
- Safeguarding
- Fundraising
- Compliance and risk
- Governance
- Board statements
- Supplementary information

Based on the following procedures performed, we conclude that the other information:

- Is consistent with the financial statements and does not contain material misstatements.
- Contains all the information as required by the Guideline for annual reporting "650 Charity organisations".

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

The Board is responsible for the preparation of the other information, including including the Board Report, Main financial trends 2023, Financial risks and Other information.

## **Description of responsibilities regarding the financial statements**

### **Responsibilities of the Board for the financial statements**

The Board is responsible for the preparation and fair presentation of the financial statements in accordance with Guideline for annual reporting "650 Charity organisations". Furthermore, the Board is responsible for such internal control as the Board determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, the Board is responsible for assessing the association's ability to continue as a going concern. Based on the financial reporting framework mentioned, the Board should prepare the financial statements using the going concern basis of accounting unless the Board either intends to liquidate the association or to cease operations, or has no realistic alternative but to do so.

The Board should disclose events and circumstances that may cast significant doubt on the association's ability to continue as a going concern in the financial statements.

### **Our responsibilities for the audit of the financial statements**

Our objective is to plan and perform the audit assignment in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

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 these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our audit included among others:

- Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining 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.
- Obtaining 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 association's internal control.
- Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.
- Concluding on the appropriateness of the Board's 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 association'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 statements 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 association to cease to continue as a going concern.

- Evaluating the overall presentation, structure and content of the financial statements, including the disclosures.
- Evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

The Hague, 6 May 2024

Deloitte Accountants B.V.

Signed on the original: M.A. van Dreumel

# ■ Supplementary information



↑ MSF works with national authorities at San Francisco de Guayo clinic to provide medical care to communities living on the banks of the Orinoco River in Delta Amacuro state. The road is only by river and it takes hours to get from one place to another. Venezuela, May 2023. Photo: Matias Delacroix

## Forward Statement

Our Forward Statement of Expenditure and Income is based on the medical and operational ambitions laid out in the OCA Strategic Plan and the multiyear financial agreement between the MSF-sections. The forward planning is a rolling forecast that is evaluated and agreed twice every year. As a result, projections are adjusted regularly allowing better steering of expenditure, income and reserves and cash flow positions.

By their nature, forward-looking statements relate to future events and circumstances and therefore contain uncertainty. Whereas for a part this is built in, actual results may differ materially from those presented here. For the year 2024 deficit spending is budgeted followed by a budgeted surplus in the years 2025 and 2026.

# Forward Statement of Expenditure of Income

(in € thousands)

Expenditure	Actual 2022	Actual 2023	Budget 2024	Projections 2025	Projections 2026
<b>Spent on Association goals</b>					
Emergency aid	327,278	338,637	318,617	313,855	322,746
Grants provided to third parties	2,815	3,364	2,619	2,696	2,951
Programme support	28,447	33,228	31,216	30,831	30,855
Information and awareness raising	3,379	4,001	4,289	4,251	4,255
<b>Subtotal</b>	<b>361,919</b>	<b>379,230</b>	<b>356,741</b>	<b>351,633</b>	<b>360,807</b>
<i>(in % of total income - target is &gt; 85%)</i>	<i>96.7%</i>	<i>91.3%</i>	<i>100.2%</i>	<i>93.1%</i>	<i>91.2%</i>
<i>(in % of total expenditure - target is &gt; 90%)</i>	<i>94.9%</i>	<i>94.1%</i>	<i>93.9%</i>	<i>93.7%</i>	<i>93.7%</i>
Cost of acquiring income	9,662	13,050	13,025	13,534	14,049
<i>(as a % of the total income - target is &lt; 5%)</i>	<i>2.6%</i>	<i>3.1%</i>	<i>3.7%</i>	<i>3.6%</i>	<i>3.6%</i>
Management and administration	9,879	10,689	10,187	10,187	10,204
<i>(in % of total expenditure - target is max 3%)</i>	<i>2.6%</i>	<i>2.7%</i>	<i>2.7%</i>	<i>2.7%</i>	<i>2.6%</i>
<b>Total expenditure</b>	<b>381,460</b>	<b>402,969</b>	<b>379,953</b>	<b>375,354</b>	<b>385,060</b>
<i>(as a % of the total of income)</i>	<i>101.9%</i>	<i>97.0%</i>	<i>106.7%</i>	<i>99.4%</i>	<i>97.3%</i>
<b>Income</b>					
Income from individuals, companies and not-for-profit organisations	70,479	85,469	72,799	74,496	78,218
Income from <b>National Postcode Lottery</b>	13,500	13,500	13,500	13,500	10,000
Grants from MSF-sections	286,773	313,150	266,477	286,618	304,496
Grants from institutional donors	3,062	2,741	2,119	2,119	2,119
<i>(as a % of the emergency aid expenses)</i>	<i>0.9%</i>	<i>0.8%</i>	<i>0.7%</i>	<i>0.7%</i>	<i>0.7%</i>
Other income	557	615	1,300	1,000	900
<b>Total income</b>	<b>374,371</b>	<b>415,475</b>	<b>356,195</b>	<b>377,733</b>	<b>395,733</b>
<b>Result from operational activities</b>	<b>-7,089</b>	<b>12,506</b>	<b>-23,758</b>	<b>2,379</b>	<b>10,673</b>
Net financial income and expenses	1,446	1,390	0	0	0
<b>Result expenditure and income</b>	<b>-5,643</b>	<b>13,896</b>	<b>-23,758</b>	<b>2,379</b>	<b>10,673</b>



# Budget emergency aid 2024

(in € thousands)

Emergency aid per country (in € thousands)	Total 2023	Budget 2024
Afghanistan	21,744	23,408
Bangladesh	16,616	14,866
Belarus	1,693	0
Central African Republic	17,063	15,408
Chad	10,562	11,497
Democratic Republic of Congo	27,787	16,517
Ethiopia	23,690	20,176
Haiti	11,705	9,505
India	8,472	7,914
Iraq	5,161	1,989
Jordan	0	0
Kenya	1,252	1,297
Libya	5,773	50
Lithuania	11	0
Malaysia	3,408	2,990
Mediterranean Sea	9,628	10,237
Myanmar	11,587	10,959
Netherlands	0	0
Nigeria	12,660	11,817
Pakistan	10,102	6,940
Russia	3,365	4,117
Sierra Leone	8,038	8,032
Somalia	10,413	10,488
South Africa	29	0
South Sudan	31,301	30,201
Sudan	17,536	18,241
Syria	12,904	11,616
Tajikistan	4,425	3,275
Turkey	1,907	0
Ukraine	1,368	20
Uzbekistan	7,543	5,285
Venezuela	4,979	2,498
Yemen	26,658	19,954
Various exploratory projects	21	0
Reserved in the budget for unplanned emergency aid	0	31,031
<b>Total Emergency aid in countries</b>	<b>329,401</b>	<b>310,328</b>
Other costs and movements in provisions	2,501	1,540
Procurement Unit costs	6,735	6,749
<b>Total emergency aid</b>	<b>338,637</b>	<b>318,617</b>

## OCA programme support costs

The management of the MSF-section's office organisation and private fundraising activities are run by the individual MSF-sections. In the OCA partnership, parts of the direct programme support are in MSF-Germany and MSF-UK. In the total of the MSF-NL costs for programme support (see note 3 of the Financial Statements)

the costs of activities that are carried out by these MSF-sections are not included. These costs will be shown in their respective financial statements. In the MSF International Combined Accounts all costs are consolidated. The cost and FTE usage including all outsourced activities are as follows:

	2023	2022	2023	2022
	in € thousands	in € thousands	in FTE	in FTE
MSF-The Netherlands programme support costs	33,228	28,447	309	278
Costs outsourced activities MSF-Germany	2,376	1,999	23	22
Costs outsourced activities MSF-United Kingdom	6,085	6,686	41	42
<b>Total programma support costs</b>	<b>41,689</b>	<b>37,132</b>	<b>373</b>	<b>342</b>
(as a % of the total spent on Association goals - policy standard is < 10%)	11.0%	10.3%		

In 2023, for the first time the target share of programme support costs compared to the total costs of emergency aid of 10.0% was exceeded

by 1.3%. This is mostly explained by the increase in the cost of personnel in all three MSF sections hosting OCA programme support.

## Closing programmes

In July 2023 management reviewed the emergency aid portfolio. The review decisions will lead to close 13 programmes and reducing activities in a further 12, over the next two years. Some changes started in the second half of 2023 with the majority planned for 2024 and 2025.

In 2023, following the review projects in Iraq, Venezuela and Libya were handed over to either (local) government health authorities or other organisations. The cost of closures including severance packages for locally recruited staff have been absorbed within the 2023 expenditure as reported in the Financial Statements.

In the 2023 Financial Statements, provision have been included for intended closures or programme reductions and the associated severance packages that have been communicated for projects in Belarus, Democratic Republic of Congo (North Kivu, South Kivu), Haiti, India, Iraq, Pakistan, Sierra Leone, Tajikistan, Uzbekistan, Venezuela and Yemen. The redundancies concern an estimate 545 Locally Recruited Staff. In total € 2,114,904 has been provided for.

Management expects some of the decisions to take effect in 2025. During the year 2024 intended closures or programme reductions will be further evaluated by management. Considering the stage of decision making, no further estimates or provisions have been made.

# Medical publications

Journal	Article type	Title	Topic	Link
Antimicrobial Resistance and Infection Control	Commentary	Antimicrobial stewardship in primary health care programs in humanitarian settings: the time to act is now	AMR	<a href="https://link.springer.com/article/10.1186/s13756-023-01301-4/fulltext.html">https://link.springer.com/article/10.1186/s13756-023-01301-4/fulltext.html</a>
BMJ Open	Research article	Descriptive epidemiology of the cholera outbreak in Zimbabwe 2018-2019: role of multi-sectorial approach in cholera epidemic control	Cholera	<a href="https://bmjopen.bmj.com/content/13/1/e059134.long">https://bmjopen.bmj.com/content/13/1/e059134.long</a>
Vaccine	Research article	Coverage survey and lessons learned from a pre-emptive cholera vaccination campaign in urban and rural communities affected by landslides and floods in Freetown Sierra Leone	Cholera	<a href="https://www.sciencedirect.com/science/article/pii/S0264410X23000373?via%3Dihub">https://www.sciencedirect.com/science/article/pii/S0264410X23000373?via%3Dihub</a>
PLOS Global Public Health	Research article	Neonatal blood lead concentration predicts medium term lead-related outcomes in children of 5 years old and less with congenital lead poisoning: A retrospective cohort study in Northern Nigeria	Climate change and environmental health	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10057808/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10057808/</a>
Wellcome Open Research	Review	Ethics, climate change and health: a landscape review	Climate change and environmental health	<a href="https://wellcomeopenresearch.org/articles/8-343/v1/iparadigms">https://wellcomeopenresearch.org/articles/8-343/v1/iparadigms</a>
British Medical Journal (BMJ)	Opinion/viewpoint	The UK's illegal migration bill will have grave consequences for health and human welfare	Conflict, migration, and health	<a href="https://www.bmj.com/content/380/bmj.p642#:~:text=Opinion-,The%20UK's%20Illegal%20Migration%20Bill%20will%20have,for%20health%20and%20human%20welfare&amp;text=The%20UK's%20Illegal%20Migration%20Bill%2C%20announced%20by%20the%20home%20secretary,seeking%20sanctuary%20in%20the%20UK.">https://www.bmj.com/content/380/bmj.p642#:~:text=Opinion-,The%20UK's%20Illegal%20Migration%20Bill%20will%20have,for%20health%20and%20human%20welfare&amp;text=The%20UK's%20Illegal%20Migration%20Bill%2C%20announced%20by%20the%20home%20secretary,seeking%20sanctuary%20in%20the%20UK.</a>
The Journal of Climate Change and Health	Research article	What cannot be mitigated or adapted to, will be suffered. Loss and damage in health and humanitarian terms	Conflict, migration, and health	<a href="https://www.em-consulte.com/article/1609384/what-cannot-be-mitigated-or-adapted-to-will-be-suf">https://www.em-consulte.com/article/1609384/what-cannot-be-mitigated-or-adapted-to-will-be-suf</a>
Conflict and Health	Research article	Strengthening community-based surveillance: lessons learned from the 2018-2020 Democratic Republic of Congo (DRC) Ebola outbreak	Ebola	<a href="https://link.springer.com/article/10.1186/s13031-023-00536-7/fulltext.html">https://link.springer.com/article/10.1186/s13031-023-00536-7/fulltext.html</a>
BJPsych Open	Research article	Health trajectories of international humanitarian aid workers: growth mixture modelling findings from a prospective cohort study	Global Health	<a href="https://www.cambridge.org/core/journals/bjpsych-open/article/health-trajectories-of-international-humanitarian-aid-workers-growth-mixture-modelling-findings-from-a-prospective-cohort-study/108FD112B305971B4-947326D680C3679">https://www.cambridge.org/core/journals/bjpsych-open/article/health-trajectories-of-international-humanitarian-aid-workers-growth-mixture-modelling-findings-from-a-prospective-cohort-study/108FD112B305971B4-947326D680C3679</a>
Global Public Health	Research article	What it takes to get it right: A qualitative study exploring optimal handover of health programmes in Tonkolili District, Sierra Leone	Global Health	<a href="https://www.tandfonline.com/doi/full/10.1080/17441692.2022.2058047">https://www.tandfonline.com/doi/full/10.1080/17441692.2022.2058047</a>
International Health	Research article	Systematic review on cumulative HIV viraemia among people living with HIV receiving antiretroviral treatment and its association with mortality and morbidity	HIV	<a href="https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihad093/7308585?login=false">https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihad093/7308585?login=false</a>

Journal of Affective Disorders Reports	Research article	The feasibility and acceptability of implementing and evaluating a caregiver group intervention to address child mental health: A pilot study in Iraq	Mental health	<a href="https://www.sciencedirect.com/science/article/pii/S2666915323000410">https://www.sciencedirect.com/science/article/pii/S2666915323000410</a>
Journal of Interpersonal Violence	Research article	Incidence and severity of sexual harassment, and its impact on mental health in a cohort of international humanitarian field-workers	Mental health	<a href="http://journals.sagepub.com/doi/pdf/10.1177/08862605221145954">http://journals.sagepub.com/doi/pdf/10.1177/08862605221145954</a>
Pathogens	Correspondence	Therapeutic strategies against leishmania and trypanosoma	Neglected tropical diseases	<a href="https://www.mdpi.com/2076-0817/12/10/1263">https://www.mdpi.com/2076-0817/12/10/1263</a>
BMJ Open	Protocol	Haematological dynamics following treatment of visceral leishmaniasis: a protocol for systematic review and individual participant data (IPD) meta-analysis	Neglected tropical diseases	<a href="https://bmjopen.bmj.com/content/13/12/e074841">https://bmjopen.bmj.com/content/13/12/e074841</a>
BMJ Open	Protocol	Host, parasite and drug determinants of clinical outcomes following treatment of visceral leishmaniasis: a protocol for individual participant data meta-analysis	Neglected tropical diseases	<a href="https://bmjopen.bmj.com/content/13/10/e074679">https://bmjopen.bmj.com/content/13/10/e074679</a>
PLOS Global Public Health	Research article	Physiotherapy and associated factors affecting mouth opening changes in noma patients during initial hospitalization at an MSF-supported hospital in Northwest Nigeria - retrospective cohort study	Neglected tropical diseases	<a href="https://dx.plos.org/10.1371/journal.pgph.0001995">https://dx.plos.org/10.1371/journal.pgph.0001995</a>
PLOS Neglected Tropical Diseases	Research article	Anticipating visceral leishmaniasis epidemics due to the conflict in Northern Ethiopia	Neglected tropical diseases	<a href="https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0011188">https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0011188</a>
PLOS Neglected Tropical Diseases	Research article	Proportion of paediatric admissions with any stage of noma at the Anka General Hospital, northwest Nigeria	Neglected tropical diseases	<a href="https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0011508">https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0011508</a>
Journal of Antimicrobial Chemotherapy	Research article	Population pharmacokinetics of a combination of miltefosine and paromomycin in Eastern African children and adults with visceral leishmaniasis	Neglected tropical diseases	<a href="https://academic.oup.com/jac/advance-article/doi/10.1093/jac/dkad286/7277553?login=false">https://academic.oup.com/jac/advance-article/doi/10.1093/jac/dkad286/7277553?login=false</a>
Medical and Veterinary Entomology	Research article	Host preference and human blood index of <i>Phlebotomus orientalis</i> , an exophilic sand fly vector of visceral leishmaniasis in eastern Sudan	Neglected tropical diseases	<a href="http://dx.doi.org/10.1111/mve.12683">http://dx.doi.org/10.1111/mve.12683</a>
Oxford Medical Case Reports	Research article	Retrospective analysis of fungemia among children in Anka General Hospital, Nigeria, from October 2018 to November 2021: a case series	Neglected tropical diseases	<a href="https://academic.oup.com/omcr/article/2023/7/omad071/7225608">https://academic.oup.com/omcr/article/2023/7/omad071/7225608</a>
Lancet Diabetes and Endocrinology	Commentary	A framework for improving diabetes care in humanitarian emergencies	Non-communicable diseases	<a href="https://www.thelancet.com/journals/landia/article/PIIS2213-8587(23)00033-5/fulltext">https://www.thelancet.com/journals/landia/article/PIIS2213-8587(23)00033-5/fulltext</a>
Lancet	Correspondence	The disproportionate vulnerability of older people in humanitarian emergencies	Non-communicable diseases	<a href="https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02355-3/fulltext">https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02355-3/fulltext</a>
PLOS Global Public Health	Opinion/viewpoint	Elderly people in humanitarian crises, a forgotten population: A call for action	Non-communicable diseases	<a href="https://dx.plos.org/10.1371/journal.pgph.0002142">https://dx.plos.org/10.1371/journal.pgph.0002142</a>
Conflict and Health	Research article	Lessons identified from initiating a thalassaemia programme in a conflict setting: a case study from northeast Syria	Non-communicable diseases	<a href="https://link.springer.com/article/10.1186/s13031-023-00503-2/fulltext.html">https://link.springer.com/article/10.1186/s13031-023-00503-2/fulltext.html</a>

Cureus	Research article	Cardiovascular event predictors in hospitalized chronic kidney disease (CKD) patients: A nationwide inpatient sample analysis	Non-communicable diseases	<a href="https://www.cureus.com/articles/182695-cardiovascular-event-predictors-in-hospitalized-chronic-kidney-disease-ckd-patients-a-nationwide-inpatient-sample-analysis#!/">https://www.cureus.com/articles/182695-cardiovascular-event-predictors-in-hospitalized-chronic-kidney-disease-ckd-patients-a-nationwide-inpatient-sample-analysis#!/</a>
Endocrinology and Metabolism Clinics of North America	Research article	Diabetes care in humanitarian settings	Non-communicable diseases	<a href="https://www.sciencedirect.com/science/article/abs/pii/S0889852923000506?via%3Dihub">https://www.sciencedirect.com/science/article/abs/pii/S0889852923000506?via%3Dihub</a>
Prehospital and Disaster Medicine	Research article	We decide according to the protocol: humanitarian healthcare workers, moral experiences of palliative care-related decision-making in Cox Bazar, Bangladesh	Non-communicable diseases	<a href="https://www.cambridge.org/core/services/aop-cambridge-core/content/view/S1049023X23002960">https://www.cambridge.org/core/services/aop-cambridge-core/content/view/S1049023X23002960</a>
International Health	Research article	Investigating outbreaks of initially unknown aetiology in complex settings: Findings and recommendations from 10 case studies	Outbreaks	<a href="https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihac088/6984976">https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihac088/6984976</a>
Public Health Action	Research article	Reference des cas de traumatisme par arme a feu en Afrique	Trauma	<a href="https://www.ingentaconnect.com/content/iatld/pha/2023/00000013/a00102s1/art00006">https://www.ingentaconnect.com/content/iatld/pha/2023/00000013/a00102s1/art00006</a>
Nature Medicine	Correspondence	The 1/4/6x24 campaign to cure Tuberculosis quickly	Tuberculosis	<a href="https://www.nature.com/articles/s41591-022-02136-z">https://www.nature.com/articles/s41591-022-02136-z</a>
International Journal of Tuberculosis and Lung Disease	Research article	Concordance of three approaches for operationalizing outcome definitions for multidrug-resistant TB	Tuberculosis	<a href="https://www.ingentaconnect.com/content/iatld/ijtld/2023/00000027/00000001/art00008">https://www.ingentaconnect.com/content/iatld/ijtld/2023/00000027/00000001/art00008</a>
International Journal of Tuberculosis and Lung Disease	Research article	Household drug-resistant TB contact tracing in Tajikistan	Tuberculosis	<a href="https://www.ingentaconnect.com/content/iatld/ijtld/2023/00000027/00000010/art00007">https://www.ingentaconnect.com/content/iatld/ijtld/2023/00000027/00000010/art00007</a>
International Journal of Tuberculosis and Lung Disease	Research article	Primary bedaquiline resistance in Karakalpakstan, Uzbekistan	Tuberculosis	<a href="https://www.ingentaconnect.com/content/iatld/ijtld/2023/00000027/00000005/art00007">https://www.ingentaconnect.com/content/iatld/ijtld/2023/00000027/00000005/art00007</a>
International Journal of Tuberculosis and Lung Disease	Research article	Standards for clinical trials for treating TB	Tuberculosis	<a href="https://www.ingentaconnect.com/content/iatld/ijtld/2023/00000027/00000012/art00004;jsessionid=dgvgvr9slg7.x-ic-live-03#">https://www.ingentaconnect.com/content/iatld/ijtld/2023/00000027/00000012/art00004;jsessionid=dgvgvr9slg7.x-ic-live-03#</a>
Clinical Infectious Diseases	Research article	The safety and tolerability of linezolid in novel short-course regimens containing bedaquiline, pretomanid and linezolid to treat rifampicin-resistant Tuberculosis: an individual patient data meta-analysis	Tuberculosis	<a href="https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciad653/7329001?login=false">https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciad653/7329001?login=false</a>
Lancet Respiratory Medicine	Research article	Short oral regimens for pulmonary rifampicin-resistant Tuberculosis (TB-PRACTECAL): an open-label, randomised, controlled, phase 2B-3, multi-arm, multicentre, non-inferiority trial	Tuberculosis	<a href="https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(23)00389-2/fulltext?dm_i=7MI4,18PQ,D8SXB,4KS2,1">https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(23)00389-2/fulltext?dm_i=7MI4,18PQ,D8SXB,4KS2,1</a>
Microbiology Spectrum	Research article	Detection of Mycobacterium Tuberculosis complex using the Xpert MTB/RIF Ultra assay on the stool of pediatric patients in Dushanbe, Tajikistan	Tuberculosis	<a href="https://journals.asm.org/doi/10.1128/spectrum.03698-22?url_ver=Z39.88-2003&amp;rfr_id=ori:rid:crossref.org&amp;rfr_dat=cr_pub%20%200pubmed">https://journals.asm.org/doi/10.1128/spectrum.03698-22?url_ver=Z39.88-2003&amp;rfr_id=ori:rid:crossref.org&amp;rfr_dat=cr_pub%20%200pubmed</a>





Recipe	Research Article *	Preliminary Assessment of Effectiveness and Safety of Six Month all Oral Regimen in Patients with Rifampicin-Resistant Tuberculosis in the Republic of Belarus	Tuberculosis	
Clinical Microbiology and Infection	Review	Recent advances in the treatment of Tuberculosis	Tuberculosis	<a href="https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(23)00339-7/fulltext">https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(23)00339-7/fulltext</a>
SWOT	Other **	Unpaired Data Modelling with the SWOT	Water and sanitation	<a href="https://raw.githubusercontent.com/safeh2o/swot-web-app/main/client/public/assets/research/Unpaired_Final.pdf">https://raw.githubusercontent.com/safeh2o/swot-web-app/main/client/public/assets/research/Unpaired_Final.pdf</a>

\* In Russian language

\*\* Whitepaper - April 2023

Artsen zonder Grenzen  
Postbus 10014  
1001 EA Amsterdam  
Nederland

020-5208700  
info@artsenzondergrenzen.nl  
NL13INGB 000 000 4054  
artsenzondergrenzen.nl

 /noodhulp  
 /AzG\_nl  
 /artsenzondergrenzen  
 /artsenzondergrenzen

