

Médecins Sans Frontières Australia

ANNUAL REPORT 2016



**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**



OUR CHARTER

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

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

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

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

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

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Front cover: Australian paediatrician Dr Nikola Morton checks on a newborn baby at Dasht-e-Barchi hospital, Kabul, Afghanistan, March 2016. © Kate Stegeman/MSF
Left: Mothers and their newborn babies at the maternity clinic in Nduta refugee camp, Tanzania, November 2016. © Louise Annaud/MSF

MESSAGE FROM THE PRESIDENT



Stewart Condon

President
Médecins Sans Frontières Australia
© Sarah Norton

In 2016, the world experienced political upheavals, harsher attitudes towards people forced to flee and continuing devastating conflicts.

It's a world that unfortunately seems more discriminatory and unfair than ever before. Refugees, internally displaced people and migrants are seen as threats, rather than people just like us, who have been forced to flee due to circumstance and need assistance. Wars that have been ongoing for years are perceived as 'normal' elements of regional instability. Against this backdrop, independent medical humanitarian action has never been more important.

The year began with some relative good news – the huge West African Ebola outbreak was declared over in January. While this was a moment of relief, it was also a moment to reflect on the lessons learned from this outbreak that killed more than 11,000 people. A lack of political will, and a gap in global research and development, are some of the factors that hampered an effective response. Throughout 2016, Médecins Sans Frontières continued to work in the countries affected by the Ebola outbreak, as their health systems gradually recover from the impact of the virus. In Monrovia, Liberia, we ran a 90-bed paediatric hospital, as well as a clinic for Ebola survivors to receive physical and mental healthcare.

Recurrent crises in South Sudan

South Sudan continued to be a key focus for Médecins Sans Frontières Australia. It was the country where we sent the most field workers, and also the country where we directed the most funding. Donations made through Médecins Sans Frontières Australia contributed a total of \$6.6 million towards emergency medical aid in South Sudan in 2016.

While South Sudan may not be top of the media agenda in Australia, it is a country with enormous humanitarian needs. Since its independence in 2011,

it has experienced recurrent crises and 2016 was no exception. Conflict erupted in the capital, Juba, in July, prompting Médecins Sans Frontières to launch several emergency projects. By the end of 2016, more than 1.8 million people were displaced across South Sudan, seeking safety from intense fighting. We provided medical care including surgery for the wounded, and developed mobile treatment models to ensure that people on the move could still receive essential medical care. Preventive healthcare including large-scale measles vaccination campaigns, in addition to routine vaccinations, were carried out in several projects across the country, as well as providing medical care for people who found refuge in neighbouring countries.

Our programs in Nigeria, too, were major recipients of funding through Médecins Sans Frontières Australia. A devastating humanitarian crisis continued to unfold in the northeast of the country, with millions of people displaced by the conflict between Boko Haram and the Nigerian Army. Between April and July, thousands of children succumbed to the deadly combination of malnutrition, measles and malaria in Borno state. Our teams gained rare access to towns that had been cut off from humanitarian aid, and were confronted with appalling rates of malnutrition and mortality. Médecins Sans Frontières epidemiological data helped convince national authorities and international aid agencies of the severity of the emergency, prompting a scaled-up response. Meanwhile our teams provided emergency aid including health and nutritional care, water and sanitation, vaccinations and food and essential non-food items in the capital, Maiduguri, around the state and in the countries hosting refugee populations.

Conflict and displacement in the Middle East

In the Middle East, the catastrophic conflicts in Syria, Iraq and Yemen continued, along with the attacks on civilians and hospitals that have tragically come to characterise these wars. In May world leaders at the United Nations unanimously



A five-year-old patient receives medical care after injuring himself falling from a mango tree, in Aweil, South Sudan, April 2016. © Jean-Christophe Nougaret/MSF

condemned these acts, but they continued unabated. Yemen is now facing a full-blown humanitarian emergency after 18 months of conflict. Two health facilities supported by Médecins Sans Frontières in Yemen were hit by airstrikes or missiles in 2016, killing civilians, including four of our own staff, as well as depriving thousands of people access to medical care. Nonetheless our teams continued to work in 11 hospitals and health centres across the country, while providing support to an additional 18 hospitals.

In late 2016 the offensive to retake Mosul, Iraq, from the so-called Islamic State group displaced hundreds of thousands of people, compounding the insecurity that has affected the country for years. Our teams ramped up capacity, implementing projects across 11 governorates to provide emergency and basic medical care.

In Syria, the siege of Aleppo which began in July saw every functioning hospital in East Aleppo damaged by bombing, some of them more than once. Since 2013, Médecins Sans Frontières had provided drugs, supplies and medical equipment to health facilities in east Aleppo city, however our supply route was cut for the last few months of the siege. At the end

of 2016, Médecins Sans Frontières was providing on-the-ground assistance to evacuees from Aleppo, including medical care and relief items.

Many people affected by the conflict in Syria fled the country's borders, part of an unprecedented level of global forced displacement. Médecins Sans Frontières teams continue to provide medical aid to the displaced – whether within their own countries, across country borders, or on longer journeys to safety including those making the dangerous voyage across the Mediterranean Sea.

In all, almost one-third of Médecins Sans Frontières projects in 2016 were directed at aiding populations caught in war. When conflict disrupts health systems, infectious disease outbreaks also become more frequent and devastating for the affected populations. Prevention and control strategies were a firm part of our response in Yemen, Nigeria, Central African Republic, South Sudan and Syria.

To our supporters

The work of Médecins Sans Frontières is only made possible with the ongoing

commitment of our supporters. These include those of you who donate your time, including our field workers and volunteers. Thank you for being such an important part of our work, and thanks to our dedicated executive team under the leadership of Executive Director Paul McPhun who have delivered in a truly challenging year. Thanks to the board members who continue to provide good governance oversight, as well as tackling the institutional questions around human resources challenges, growth and how we can continue to best support the field in what they do. Finally, thank you to our very generous donors, including our major donors, trusts and foundations and field partners. Without you our medical humanitarian mission would not be possible.

Dr Stewart M Condon
President
Médecins Sans Frontières Australia

2016: OUR YEAR IN REVIEW



Paul McPhun
Executive Director
Médecins Sans Frontières Australia
© Meredith Schofield

Médecins Sans Frontières invested significantly in scaling up capacity to address ongoing and new emergencies in 2016, with support from our Australian executive team.

In the Message from the President (page 4), Dr Stewart Condon captures clearly the increasing scope, scale and complexity of medical humanitarian crises afflicting so many people. In response Médecins Sans Frontières has rapidly grown emergency field activities largely in the contexts of Syria, Yemen, South Sudan, Nigeria and the refugee crisis on the borders of Europe. Our efforts to provide emergency medical aid to people affected by these humanitarian emergencies was supported by a highly committed office team in Sydney.

Our field staff

Through the efforts of our Field Human Resources department, Australian and New Zealand field workers filled a total of 203 field positions in 32 countries. The countries most supported were South Sudan, Iraq, Nigeria, Yemen, Libya, Afghanistan, Democratic Republic of Congo, Tanzania, Jordan and Lebanon. This list comprises some of the world's most severe humanitarian emergencies and indicates the essential contribution made by our field staff.

Improving quality of care

Médecins Sans Frontières Australia staff worked to improve the quality of medical care provided to our patients, particularly through the Sydney Medical Unit (see message, page 10). The need for high-quality paediatric, women's health and sexual violence care remains a clear priority, and our medical advisors respond through direct contact with individual field projects and close collaboration with medical and operational colleagues throughout the Operational Centre Paris group. Fifteen field visits were conducted to provide technical expertise in countries including Afghanistan, Uganda, Niger, Nigeria, Mali, Libya, Papua New Guinea and

Central African Republic. Meanwhile the Medical Unit oversaw the publication of essential new guidelines, training and frameworks, which are important factors in maintaining and improving quality of care for all patients.

A medical communications strategy was consolidated and a set of leaflets produced as an internal communications tool to explain our approach to obstetrics and newborn care, paediatrics, nutrition and sexual violence.

A voice for our patients

As part of our commitment to raising visibility of our patients' needs, we focused renewed communications efforts on the under-reported conflicts in Yemen and South Sudan. I accompanied a Fairfax media team to South Sudan, where they produced a communications package that helped boost awareness in the Australian community. Likewise, excellent media relations helped achieve the broadcast of a 30-minute documentary on the humanitarian crisis in Yemen with the ABC's Foreign Correspondent team.

To achieve visibility and public engagement on key humanitarian issues the communications department placed personnel overseas to support operations in countries like South Sudan and Nigeria. The team also published a web package to highlight our medical approach to assisting survivors of sexual violence. The appointment of a Community Engagement Coordinator professionalised our interaction with Australian and New Zealand communities, from fundraisers to academia. Throughout the year, we participated in eight medical conferences and 60 speaking engagements, produced more than 70 pieces of original content and facilitated 178 external media interviews. The new public website was launched in January 2016 with excellent results of increased unique visitation rates and the appointment of a new Social and Multimedia Officer vastly increased engagement on social media.

Advocacy for protection of healthcare

The attack on Médecins Sans Frontières' trauma centre in Kunduz, Afghanistan in late 2015, and similar attacks in 2016, mostly in Yemen and Syria, inspired advocacy efforts in Australia and New Zealand to build support for UN Security Council Resolution 2286 which insists on the protection of healthcare during conflicts. This issue was also a feature of the analysis provided by our team ahead of the World Humanitarian Summit, which led to our support for the Médecins Sans Frontières Emergency Gap project. This project uses operations-based research to advocate for improved emergency humanitarian capacity both within our organisation and across the humanitarian sector. Our work supporting the Access to Medicines campaign continued through support for the worldwide campaign to amend or scrap the Trans Pacific Partnership Agreement which threatens to increase prices for essential medicines across the Asia Pacific. After years of campaigning and negotiation, first GSK and later Pfizer finally announced they would reduce the price of their pneumococcal vaccine for humanitarian organisations working in emergency settings. This is a significant first step towards increasing lifesaving access to the prevention of pneumonia in children.

Efficiency and accountability

Our Finance and Administration team continue to control overhead costs as the organisation grows. New finance, payroll and budgeting systems went live in mid-2016, improving both the efficiency of the team and the ability to report. Information technology support is being reviewed and a new strategic plan developed in 2017. An external review of our Supporter Relations team in late 2016 has resulted in a team restructure and some changes in focus, all designed to improve our in-house one-on-one relationships with our field partners and growing supporter base.

Utilisation of new human resources systems has been identified as increasing employee engagement and satisfaction. The Domestic Human Resources department continues to create effective guidelines to manage job share and part-time staff in the office, as well as working closely with the Sydney Medical Unit to build relationships with local medical



Paul McPhun meets with children in the Bentiu Protection of Civilians camp, South Sudan, in April 2016.
© Jean-Christophe Nougaret/MSF

professions to target local staff for Medical Unit roles. In addition to this we will invest in developing strong leadership across the organisation, both for our current leaders, and our future ones.

International

The executive and board of Médecins Sans Frontières Australia invested significant time and energy in creating a business case to formally enter the New Zealand market, and developed a low-cost means by which we could offer New Zealand supporters the same tax deductible benefits as our long-time Australia supporters. 2017 will be an exciting year when we plan to launch fundraising activities in New Zealand, alongside our regular field recruitment.

Médecins Sans Frontières Australia continued to strengthen its partnership with the Operational Centre Paris, completing in 2016 a multi-year strategic vision for our shared operational ambitions and agreements on specific contributions to our field operations such as our women and child health expertise. We also formalised a joint approach to assess our operational and institutional footprint in the South East and East Asia

Pacific region, in partnership with the Japan and Hong Kong sections.

To our supporters

In 2016, our fundraising activities continued to grow, generating a total of \$88.3 million mostly through the regular donations made by our field partners and the generosity of our major donors. I recently attended an event where 200 supporters of Médecins Sans Frontières were invited to share a presentation on our operations in Libya, and discuss the challenges we face. One participant congratulated us on maintaining our independence in the face of such a strongly politicised world, where aid is often offered or withheld based on anything but the needs of patients. In fact it is you, the supporters of our work, who we wholeheartedly thank, for the independence your immense commitment guarantees us to work on behalf of all our patients, irrespective of their circumstances or politics.

Paul McPhun
Executive Director
Médecins Sans Frontières Australia

AUSTRALIAN AND NEW ZEALAND FIELD STAFF IN 2016

Field workers from Australia and New Zealand filled 203 field roles in 2016, contributing to an international workforce of more than 38,000 people.

AFGHANISTAN

Hannah Rice
midwife

Jacqueline Hawker
medical doctor

Jacqui Jones
nurse

Jeff Fischer
general logistician

Katherine Franklin
medical doctor

Kelly Drew
nurse

Natasha Davies
nurse

Rachel Lister
medical doctor

Sam Brophy-Williams
paediatrician

Shanti Hegde
obstetrician-gynaecologist

Siry Ibrahim
head of mission

Tim McCulloch
anaesthetist

BANGLADESH

Georgina Woolveridge
medical doctor

BURKINA FASO

Brian Willett
field coordinator

CENTRAL AFRICAN REPUBLIC

Brian Willett
head of mission

Caterina Schneider-King
administration-finance coordinator

Jordan Amor-Robertson
medical doctor

Michael Ward
anaesthetist

CHAD

Dennis Lagunay
anaesthetist

DEMOCRATIC REPUBLIC OF CONGO

Claire Fotheringham
obstetrician-gynaecologist

Claire Manera
field coordinator

Claire Manera
general logistician

Johanna White
midwife

Peter Mathew
surgeon

Raque Kunz
general logistician

Sam Templeman
nurse

EGYPT

Susie Broughton
medical doctor

ETHIOPIA

Alexandra Stewart
medical doctor

Cindy Gibb
medical team leader

Shaun Cornelius
general logistician

FRANCE

Monica Burns
field coordinator

GREECE

Carol Nagy
medical coordinator

Elsbeth Kendall-Carpenter
nurse

HAITI

Terri Bidwell
medical doctor

INDIA

Kelly Wilcox
field coordinator

Rose Stephens
nurse

Stobdan Kalon
medical coordinator

Susan Mundt
nurse

Virginia Lee
mental health coordinator

IRAQ

Aiesha Ali
pharmacist

Andrew Dimitri
medical doctor

Devash Naidoo
mental health coordinator

Elisha Swift
midwife

Emma Clark
medical doctor

Graham Baker
general logistician

Jeanne Vidal
water and sanitation logistician

Jessa Pontevedra
nurse

Jessica Chua
medical doctor

Jody Clouten
water and sanitation logistician

Kimberley Hikaka
logistics team leader

Luke Maes
nurse

Robert Onus
field coordinator

Robert Onus
logistics team leader

Rose Stephens
nurse

Sita Cacioppe
field coordinator

Sita Cacioppe
nurse

Stephanie Davies
HR officer – regional

Vanessa Cramond
medical coordinator

Vino Ramasamy
administration-finance coordinator

ITALY

Rachel Tullet
medical doctor

Shaun Cornelius
general logistician

JAPAN

Carol Nagy
head of mission

JORDAN

Anita Williams
epidemiologist

Gregory Keane
regional mental health referent

Joseph Pickett
general logistician

Judith Forbes
anaesthetist

Lorraine Anderson
psychologist

Natalie Thurtle
medical doctor

Nicole Campbell
nurse

Roger Athersuch
medical scientist

KENYA

Mike O'Connor
medical doctor

Nikola Morton
paediatrician

Rachel Lister
medical doctor

KYRGYZSTAN

Marie Reyes
nurse

LEBANON

Amy Neilson
medical doctor

Chatu Yapa
medical doctor

Kezia Mansfield
medical doctor

Louisa Cormack
field coordinator

Prue Coakley
field coordinator

Shelagh Woods
head of mission

LIBERIA

Helle Poulsen-Dobbys
medical coordinator

Kaye Bentley
administration-finance coordinator

Skye Giannino
nurse

LIBYA

Andrea Atkinson
medical doctor

Eileen Goersdorf
nurse

Grace Yoo
pharmacist

Janet Coleman
midwife

Jessica Dwyer
nurse

Joseph Pickett
general logistician

Kimberley Hikaka
general logistician

Kriya Saraswati
general logistician

Kylie Gaudin
general logistician

Nicole Ganderton
nurse

Roisin Gormley
midwife

Sam Templeman
medical doctor

Shanti Hegde
obstetrician-gynaecologist

Terry Coffey
general logistician

MALAWI

Anita Williams
field administrator

Monica Burns
field coordinator

Rebecca Bloor
pharmacist

MALAYSIA

Robert Gardner
*administration-finance
coordinator*

MYANMAR

Roslyn Brooks
medical doctor

NIGERIA

Anne Taylor
head of mission

Colin Chilvers
anaesthetist

Diana Wellby
obstetrician-gynaecologist

Eric Boon
general logistician

Helle Poulsen-Dobbys
field coordinator

Jananie Balendran
epidemiologist

Jennifer Craig
general logistician

Jennifer Duncombe
epidemiologist

Kriya Saraswati
general logistician

Lauren Cooney
head of mission

Megan Graham
*administration-finance
coordinator*

Miho Saito
nurse

Rachna Shankar
anaesthetist

Simon Black
logistician-electrician

Siry Ibrahim
field coordinator

Stephanie Sarta
general logistician

Tim McCulloch
anaesthetist

PAKISTAN

Malcolm Hugo
mental health coordinator

Narelle Raiss
nurse

Shaun Cornelius
general logistician

Susie Broughton
medical doctor

PALESTINE

Loraine Anderson
psychologist

Paul Chan
anaesthetist

PAPUA NEW GUINEA

Florence Bascombe
nurse

Hugo De Vries
construction logistician

Kimberley Hikaka
general logistician

Petra van Beek
*administration-finance
coordinator*

SIERRA LEONE

Debra Fincham
midwife

Paras Valeh
epidemiologist

SOUTH SUDAN

Adrian Thompson
field coordinator

Alexandra Stewart
medical doctor

Allen Murphy
field coordinator

Amy Neilson
medical doctor

Brigid Buick
health promotion

Corrinne Kong
*administration-finance
coordinator*

David McGuinness
medical team leader

David McGuinness
nurse

Emma Parker
nurse

Grace Yoo
pharmacist

Harriet Barker
nurse

Jai Defranciscis
nurse

Jessica Paterson
*administration-finance
coordinator*

Jessie Watson
*administration-finance
coordinator*

Jocelyn Chan
epidemiologist

John Cooper
general logistician

Katherine Franklin
medical doctor

Kay Hodgetts
medical doctor

Miho Saito
midwife

Nadim Cody
medical doctor

Neville Kelly
general logistician

Nicole Ganderton
nurse

Paras Valeh
epidemiologist

Rachel Sun
pharmacist

Rachel Tullet
medical doctor

Rob Baker
logistics team leader

Roisin Gormley
midwife

Sam Templeman
nurse

Susan Bucknell
logistics team leader

SWAZILAND

Keith Cavalli
logistics team leader

SYRIA

Declan Overton
logistics coordinator

Janine Issa
field coordinator

Sarah Dina
mental health coordinator

TAJIKISTAN

Prudence Wheelwright
midwife

TANZANIA

Amanda Lam
nurse

Brian Willett
field coordinator

David Nash
head of mission

Emily McGrath
nurse

Jananie Balendran
medical doctor

Rachel Marsden
field coordinator

Raque Kunz
general logistician

Warren Grief
general logistician

UGANDA

Adelle Springer
epidemiologist

Alice Morgan
mental health coordinator

Carmel Morsi
nurse

Rob Baker
general logistician

Stephanie Davies
*administration-finance
coordinator*

UKRAINE

Aiesha Ali
pharmacist

Sita Cacioppe
field coordinator

UZBEKISTAN

David Lister
medical doctor

Elsbeth Kendall-Carpenter
nurse

VARIOUS

Jennifer Duncombe
medical coordinator

YEMEN

Emma Parker
nurse

Jim Cutts
general logistician

Helmut Schoengen
anaesthetist

Jessa Pontevedra
nurse

Jessica Chua
anaesthetist

Jessica Chua
medical doctor

Jessica Ramsay
medical scientist

Jonathan Stacey
anaesthetist

Kate Tyson
obstetrician-gynaecologist

Kyla Ulmer
nurse

Mathew Zacharias
anaesthetist

Nikola Morton
medical doctor

Robert Onus
field coordinator

Rodney Miller
*administration-finance
coordinator*

Suzel Wiegert
nurse

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

MESSAGE FROM THE MEDICAL UNIT



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

Strengthening tools and frameworks to ensure that patients receive the same level of high quality care across all our paediatric, women's health and sexual violence projects was the focus for the Médecins Sans Frontières Australia Medical Unit in 2016.

In 2016 the Medical Unit continued its primary responsibility to support the care of women and children in our field projects around the world. Through our team of paediatricians, midwives and obstetrician-gynaecologists, we aim to ensure that women and children receive the highest level of medical care possible within the contexts where we work.

There are various ways we meet that primary responsibility of patient care. The support can be very direct, such as a phone call with one of our doctors in the field who needs advice on a particularly difficult case. We also provide big-picture support, such as advising the operations department in Paris about the medical needs, and strategies to address these needs, when new projects are being established or when planning for the future of current projects.

Developing tools and frameworks

A key role, and one that we focused on in 2016, is developing tools that underpin both that direct and indirect support to patient care. In 2016, our comprehensive paediatric guidelines were rolled out in various field projects, ensuring that patients receive standardised, evidence-based care across projects. In 2016, we also released our first neonatal guidelines, which will serve as the guiding tool for all projects where we treat newborns. We continually review and update guidelines based on the latest evidence adapted to our settings, ensuring that they remain as relevant and useful as possible.

Our new paediatric framework for critically ill children was also implemented in 2016. This framework describes everything about how care needs to be organised in a hospital, from patient flow and triage systems, to equipment and staffing needs, to review and evaluation procedures. This is extremely valuable in paediatric hospitals,

where typically a huge number of patients arrive over the first few hours of daylight, and you need to quickly identify which children need immediate attention. In 2016 this framework proved very helpful in our hospital in Borno State, Nigeria, where it certainly contributed to some improved patient outcomes such as reduced mortality and length of hospital stay.

Crisis in Borno State

The crisis in Borno State, caused by the conflict between Boko Haram and the Nigerian Army, was a focus of our work in 2016. With more than 1.8 million people displaced, and hundreds of thousands of children facing malnutrition and lack of medical care, it is one of the most severe contemporary humanitarian crises. We opened new nutrition and treatment centres, expanded our existing ones, and gained new access to hard-to-reach areas of the state, such as Bama, where we found shockingly high levels of malnutrition. Overall, our teams provided more than 200,000 outpatient consultations in Borno State, while more than 10,000 children received treatment in our therapeutic feeding programs. Worldwide, more than 44,000 children under five with severe acute malnutrition were admitted to our therapeutic feeding programs in seven countries – the highest figure in five years. We also supported maternal healthcare in two locations in Borno, where we provided more than 27,000 antenatal consultations and 3,000 deliveries across the year. We also partnered with other organisations to ensure survivors of sexual violence receive the care they need.

Sexual and reproductive healthcare

Another focus in 2016 was the opening of Médecins Sans Frontières' first project providing cervical cancer prevention, screening and treatment, based in a slum area in Manila, Philippines. We vaccinated



A mother kisses her newborn baby in Dasht-e-Barchi, Kabul, Afghanistan, February 2016. © Kate Stegeman/MSF

25,000 girls aged 9 to 13 against human papilloma virus, to prevent cervical cancer, with the second dose to be provided this year. The project will also make use of simple, relatively inexpensive screening techniques that can be done by midwives or doctors without the use of sophisticated laboratory equipment. In 2017, a cervical cancer project will be rolled out in a very different context, in rural Malawi.

In 2016 we experienced a substantial increase in the number of babies delivered in our projects, and a consequent increase in the number of newborns receiving assistance. We supported 61,000 deliveries, which represents a 20 per cent increase on 2015. Notably, almost one third of these deliveries were in Afghanistan where we run our biggest maternity program. Our approach aims to focus on the mother-baby 'dyad' (unit) during labour and the first minutes after delivery, because the health of both mother and baby are so closely intertwined. Providing good monitoring during labour, responding quickly if things go wrong, and providing care for the newborn immediately after delivery –

these interventions save the lives of many mothers and babies.

To reduce maternal mortality, women need access to both safe delivery care and safe abortion care. The latter encompasses emergency care for complications of unsafe abortion, family planning, and termination of pregnancy on request. In 2016, the number of terminations on request increased and we will continue efforts to offer this service alongside family planning, as unsafe abortion is the only preventable cause of maternal mortality.

Supporting training and development

Providing ongoing training to our national and international staff is another key element in improving quality of care. In 2016 we finalised development of a midwife training package for our international midwives, who can then train national staff in the field, adapting it to the specific context. We also designed a standardised paediatric training course in emergency paediatric care, based on our new guidelines, which is aimed at nurses and doctors who are not

paediatric specialists. In 2016, around 100 staff participated in this five-day simulation-based course, in Mali, France, and Democratic Republic of Congo. A neonatal training course is being implemented in 2017.

Sexual violence care is an increasingly important component of our work, with more than 3,000 survivors offered medical and psychological care through the year. In 2016 Médecins Sans Frontières implemented an e-learning program for response to sexual violence, giving our staff access to training online. Training is crucial to help our teams gain an understanding of this complex issue.

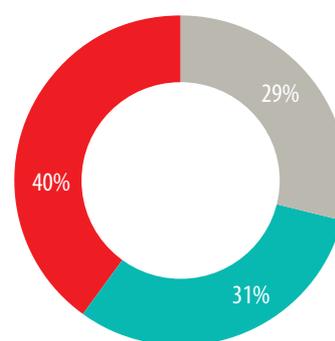
2016 was a busy and productive year for the Medical Unit, and with some of our key medical figures showing no sign of slowing, 2017 promises to be just as challenging.

Dr Myrto Schaefer
Head of Medical Unit
Médecins Sans Frontières Australia

MÉDECINS SANS FRONTIÈRES AUSTRALIA 2016 HIGHLIGHTS

Field Human Resources

● Medical	29%
● Non medical support staff	31%
● Paramedical	40%

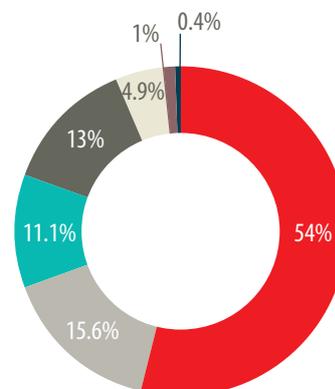


In 2016, Australians and New Zealanders filled 203 field roles in 32 countries.

Income

AUD

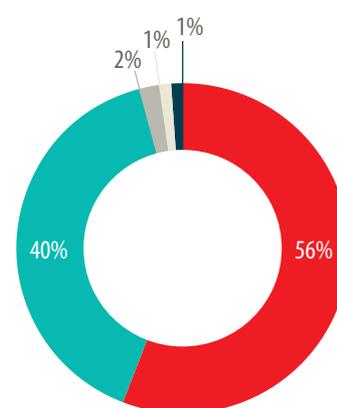
● Field Partners	54%	50,849,643
● Other Donations	15.6%	18,293,925
● Bequests	11.1%	10,494,504
● Major Donor Income	13%	8,675,131
● Income from other Médecins Sans Frontières sections	4.9%	4,591,697
● Other Income	1.0%	950,214
● Gifts in Kind	0.4%	411,606
	100.0%	94,266,720



The 2016 income of Médecins Sans Frontières Australia totalled AUD\$94.3 million. Of this AUD\$88.3 million was income generated from fundraising activities. This is an increase on the 2015 level of fundraising income and represents continuing increased support from the Australian public. More than 123,000 Australians participate in the field partner program, contributing on a monthly basis to Médecins Sans Frontières Australia, and another 32,000 provide occasional gifts.

Spending on Social Mission

● Africa	56%
● Asia and the Middle East	40%
● Oceania	2%
● Europe	1%
● Americas	1%



Spending on Social Mission was 81% of total expenditure, which is line with prior years. Consistent with previous years this is split between Operational Centre Paris and Operational Centre Geneva.

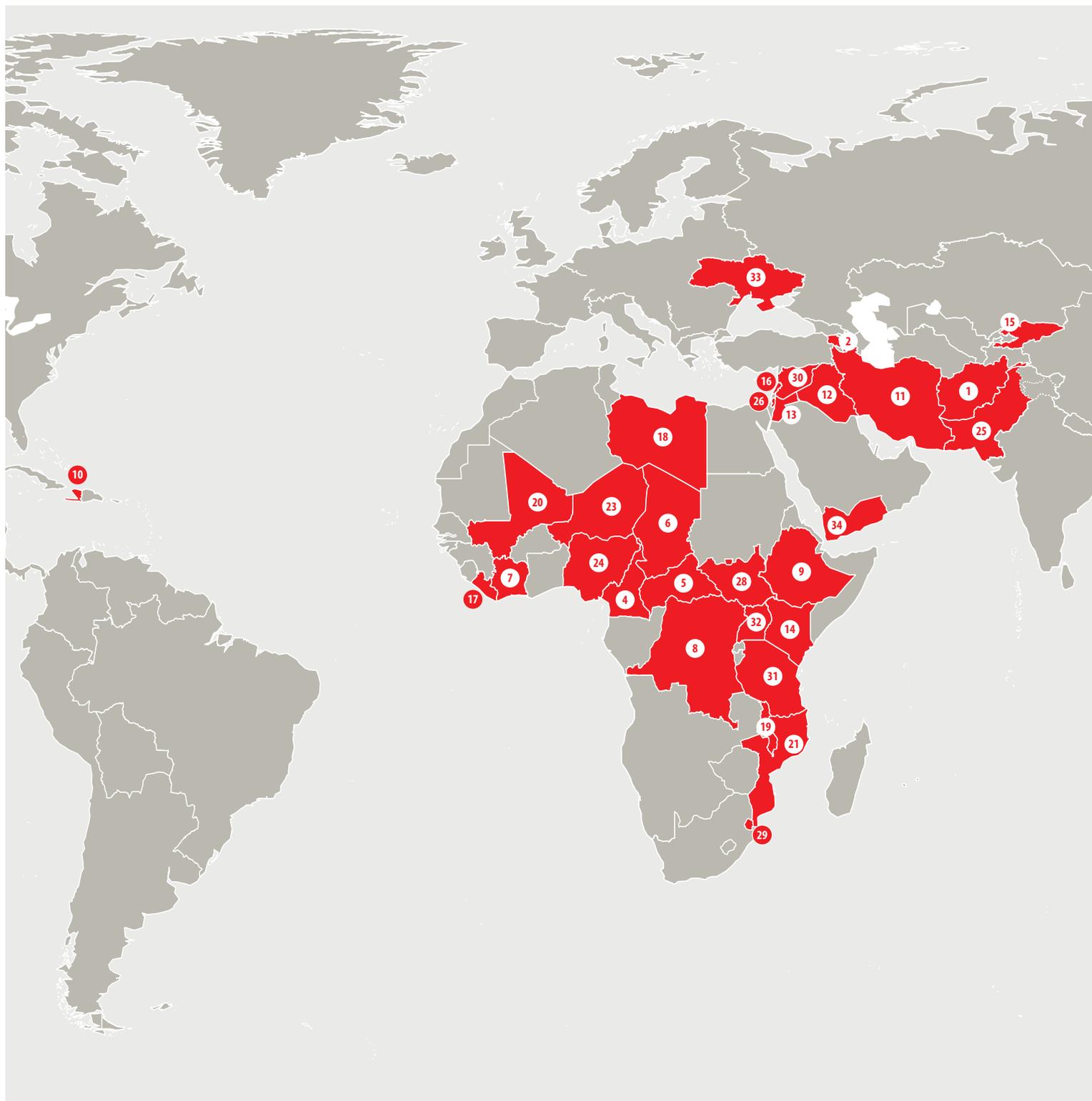
Finance

	2016	2015
Donation Income	88.3	82.8
Total Income	94.3	88.0
Social Mission Costs	74.2	61.4
Total Costs	90.2	76.0
Surplus/(Deficit)	4.1	12.0
Reserves	34.7	25.0
	(\$m)	(\$m)

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

Médecins Sans Frontières continues to rely on the support of volunteers both in the field and in the office. The estimated total salaries forgone by field staff for 2016 is \$4,336,000 (compared with \$3,368,000 in 2015) and for office volunteers is \$154,000 (\$156,000 in 2015).

MÉDECINS SANS FRONTIÈRES PROJECTS FUNDED BY AUSTRALIAN DONORS



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



Country	MSF France	MSF Switzerland
1. Afghanistan	1,500,000	
2. Armenia	300,000	
3. Cambodia	540,000	
4. Cameroon		2,100,000
5. Central African Republic	1,900,000	1,100,000
6. Chad	800,000	1,000,000
7. Cote D'Ivoire	500,000	
8. Democratic Republic of Congo	1,625,000	2,633,000
9. Ethiopia	500,000	
10. Haiti	925,000	
11. Iran	1,000,000	
12. Iraq	1,375,000	500,000
13. Jordan	4,100,000	
14. Kenya	2,997,000	1,900,000
15. Kyrgyzstan		200,000
16. Lebanon		200,000
17. Liberia	800,000	
18. Libya	2,000,000	
19. Malawi	600,000	
20. Mali	2,400,000	
21. Mozambique		800,000
22. Myanmar		200,000
23. Niger	900,000	2,800,000
24. Nigeria	4,900,000	
25. Pakistan	2,000,000	
26. Palestine	1,500,000	
27. Papua New Guinea	1,200,000	
28. South Sudan	3,600,000	3,000,000
29. Swaziland		800,000
30. Syria	725,000	
31. Tanzania		1,000,000
32. Uganda	1,000,000	
33. Ukraine		400,000
34. Yemen	5,424,322	700,424
TOTAL	45,111,322	19,333,424
OVERALL TOTAL: 64,444,746	*All figures are in Australian dollars	

PROJECTS FUNDED BY AUSTRALIAN DONORS

This section describes those projects supported by the generous donations made to Médecins Sans Frontières Australia in 2016. It also includes stories from field workers recruited by Médecins Sans Frontières Australia.

For a complete record of Médecins Sans Frontières' work in 2016, including projects funded through other Médecins Sans Frontières sections, please refer to the 2016 International Activity Report: www.msf.org/international-activity-reports.

Notes:

- * "Funding" refer to Médecins Sans Frontières Australia's contribution to the country's projects in 2016. All amounts are in Australian dollars.
- * "Field staff" refers to the total number of field staff in projects run by Operational Centre Paris and Operational Centre Geneva in 2016.
- * "Project locations" refer to those projects funded by Médecins Sans Frontières Australia.



	 KEY ACTIVITIES: Maternal healthcare, newborn care	 FUNDING: \$1,500,000
	 FIELD STAFF: 456	 KEY MEDICAL FIGURE: 15,627 babies delivered in Dasht-e-Barchi
 Project locations funded by Australian donors		

AFGHANISTAN

Afghanistan has one of the highest maternal mortality rates in the world.

After a US military airstrike destroyed the trauma centre in Kunduz in October 2015, killing 42 people, Médecins Sans Frontières engaged in negotiations with all parties to the conflict regarding the neutrality of medical care. At the end of 2016, commitments had finally been obtained that our staff and patients would be respected, and care could be provided to everyone in need, regardless of their ethnicity, political beliefs or allegiances. Although hard to guarantee in an active conflict zone, Médecins Sans Frontières believes these commitments will allow it to evaluate the possibility

of resuming trauma care activities in Kunduz in 2017.

Médecins Sans Frontières collaborates with the Ministry of Public Health to provide around-the-clock maternal healthcare at Dasht-e-Barchi hospital, the only facility for complicated deliveries in this growing district of Kabul. Our teams run the labour and delivery rooms, an operating theatre for caesarean sections and other complicated deliveries, a recovery room, a 30-bed maternity unit, a 20-bed newborn unit which provides specialist care for sick newborns, and a

five-bed ‘kangaroo mother care’ room. Our teams also administer vaccinations and run the laboratory, blood bank and sterilisation unit.

During 2016, teams assisted 15,627 deliveries, almost 27 per cent of which were complicated cases. The team is now aiming to increase referrals for simple deliveries, in order to focus on complicated cases and maintain a high quality of care.

Working at full capacity, the newborn unit admitted 1,342 babies with complications such as sepsis, hypoglycemia and birth asphyxia [loss of oxygen around the time of birth].



A field worker story from Afghanistan

NAME:

Kara Blackburn

FROM:

Brisbane, Queensland

FIELD ROLE:

Women’s health advisor, Kabul, April 2016

I was asked to visit the Dasht-e-Barchi project [in April 2016] because the number of deliveries had doubled since the project opened just over a year ago! We wanted to review the challenges of upholding quality of care under the sheer pressure of more and more women coming to deliver in our facility. In the last 24 hours of my visit the team managed 60 deliveries – in any hospital this is a huge volume, and yet everyone kept up the pace; striving to provide a good quality of care. I was really impressed. The increase in deliveries in Dasht-e-Barchi hospital is related to a number of factors, including the hospital offering free, quality care, and that there simply aren’t enough maternity beds in Kabul. Postpartum care is one of the areas of service we have been strengthening. It is not only part of safe delivery care; it can also contribute to prevention of future complications.



Kara Blackburn, left, with Afghani midwife Aqila. © Ruth Molloy/ MSF

Left: Dasht-e-Barchi’s Kangaroo Mother Care Unit. © Kate Stegeman/MSF

	 KEY ACTIVITIES: Tuberculosis care	 FUNDING: \$300,000
	 FIELD STAFF: 58	 KEY MEDICAL FIGURE: 66 people receiving innovative TB treatment
 Project locations funded by Australian donors		

ARMENIA

Médecins Sans Frontières focuses on implementing new regimens for patients with multidrug-resistant tuberculosis (MDR-TB) in Armenia, which has one of the highest rates of the disease in the world.

Tuberculosis continues to be a major public health concern in Armenia, particularly drug resistant forms of the disease. Around 11 per cent of new TB cases and 47 per cent of previously treated cases are drug-resistant. Around 10 per cent of MDR-TB patients have extensively drug-resistant TB, which is the most difficult to treat. The main challenge when treating MDR-TB is the length and toxicity of the regimen, which

involves taking up to 20 tablets every day for two years, and months of daily injections, with side effects including permanent hearing loss, suicidal depression and psychosis.

Armenia was one of the first countries in the world to authorise the use of two new TB drugs, bedaquiline and delamanid, which promise to be less toxic and more effective. In 2016, this new treatment

approach continued to be the focus of Médecins Sans Frontières activities in Armenia, while care of patients on standard MDR-TB treatment was handed over to the Armenian authorities. Between January and December 2016, 66 MDR-TB patients started the new regimen, and a total of 79 patients were under treatment by the end of the year.

In 2016 our team also began screening for hepatitis C among people with MDR-TB, with one patient receiving treatment. The results are very encouraging so this pilot project will be extended to about 30 patients.



A field worker story from the Mediterranean search and rescue project

NAME:
Shaun Cornelius

FROM:
Wellington, NZ

FIELD ROLE:
Logistician on the MV Aquarius, a search and rescue ship operated by Médecins Sans Frontières and SOS Méditerranée, October to December 2016

The people coming onto the MV Aquarius are cold, tired, disoriented and in shock. Many are soaked in gasoline which is burning their skin, and are intoxicated from the fumes. They have trouble standing on the heaving, slippery deck. Médecins Sans Frontières and other crew steady them, take the life jackets off and guide them down a chain of hands around towards the stern deck. The medics are flat out triaging patients and providing emergency treatment. They will be busy for many more hours treating skin burns and providing critical care for people who have inhaled seawater and gasoline.

As a logistician, I keep all the Médecins Sans Frontières equipment and structures on board in good working condition. This includes the shelter structures, toilets, showers and plumbing, drinking water filters, radios, computers and medical equipment. I am also responsible for the stocks of emergency kits and food we provide to our passengers. I carry out the re-order of supplies. During and

after a rescue I manage the movement of people around the ship and coordinate the food distribution process. I am also always looking for ways to improve the facilities we have on board.



Shaun Cornelius on board the Aquarius.
© Laurin Schmid/ SOS Méditerranée

CAMBODIA



KEY ACTIVITIES:

Hepatitis C



FUNDING:

\$540,000



FIELD STAFF:

25



KEY MEDICAL FIGURE:

307 patients receiving hepatitis C treatment

◀ Project locations funded by Australian donors

CAMBODIA

Médecins Sans Frontières launched a hepatitis C program in Cambodia in May 2016, offering the first free treatment in the country for the blood-borne virus.

Although the prevalence of hepatitis C is unknown, it is estimated that between 2 and 5 per cent of the population is infected. The project is based at the Preah Kossamak hospital in Phnom Penh. The team started by screening HIV patients at the hospital for co-infection.

In October, screening was expanded to include patients referred by the hospital's hepatology department. The results indicated that only a small number of HIV patients were co-infected with hepatitis C. By the end of December, 307

patients were on treatment and 183 were on the waiting list.

One of the findings from the first six months of the project was that a large percentage of hepatitis C patients are older. The median age of patients is 55, and 91 per cent are over 40 years old. Fifty per cent of patients were found to have advanced disease, which is associated with severe damage to the liver.



Médecins Sans Frontières' hepatitis C clinic in Preah Kossamak Hospital, Phnom Penh. © Dean Irvine



	KEY ACTIVITIES: Maternal healthcare, nutrition care, surgery, water and sanitation	FUNDING: \$2,100,000
	FIELD STAFF: 702	KEY MEDICAL FIGURE: More than 58,000 consultations provided
◀ Project locations funded by Australian donors		

CAMEROON

Médecins Sans Frontières scaled up activities in Cameroon in 2016 in response to a large influx of people displaced by violence from neighbouring Nigeria.

Since 2011, violent attacks by Boko Haram and the counterinsurgency operations of the Nigerian army have forced hundreds of thousands of people from northeast Nigeria to seek refuge in Cameroon, Chad and Niger. By the end of the year, there were around 86,000 refugees and 198,000 internally displaced people in Cameroon.

In response, Médecins Sans Frontières scaled up its activities in several locations in the north of the country, providing

healthcare, including maternity care and nutritional support, in the UNHCR-administered Minawao camp. Teams carried out 58,147 consultations during the year. We also focused on improving water and sanitation, trucking in 3,000 cubic metres of water per week and assisting with the construction of 32 kilometres of pipes to create a permanent solution to the scarcity of water in the camp. Médecins Sans Frontières had been running an inpatient therapeutic feeding centre and the paediatrics

department at Mokolo hospital, but handed over these activities to another international organisation in May.

In Kousseri, on the Chadian border, Médecins Sans Frontières supported the surgical ward at the district hospital, performing caesarean sections and emergency interventions. Teams also provided nutritional and paediatric care at the hospital and outpatient consultations in three health centres on the outskirts of the city. In addition, Médecins Sans Frontières trained Ministry of Health staff in the management of large influxes of wounded patients.

A PATIENT'S STORY:

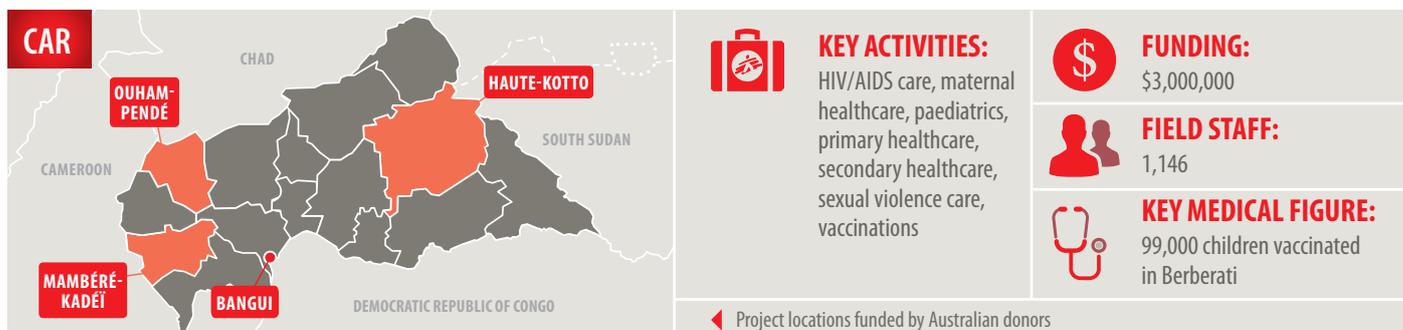
This little girl arrived in Minawao refugee camp with her mother and two siblings, after her father died and her village in Nigeria was taken by Boko Haram. Her mother saved up for a motorcycle to make the journey to safety in the camp.



© Pierre-Yves Bernard / Médecins Sans Frontières

Left: Médecins Sans Frontières staff measure the height of a girl at Minawao refugee camp, Cameroon.

© Pierre-Yves Bernard / Médecins Sans Frontières



CENTRAL AFRICAN REPUBLIC

Ongoing political unrest and violence have resulted in a protracted humanitarian crisis in the Central African Republic (CAR). Despite relatively peaceful democratic elections in early 2016, the situation remains extremely concerning.

Amid shifting frontlines, thousands of people were killed, wounded or displaced as armed groups fought to take control of territory. Two Médecins Sans Frontières workers paid the ultimate price and lost their lives while doing their jobs.

Humanitarian needs are immense. In late 2016, 2.3 million people, or about half the population, were depending on humanitarian aid to survive. People are regularly targeted in attacks and forced to move, with one in five CAR citizens displaced inside or outside national borders.

Sporadic fighting and violence continued in the capital, Bangui, in 2016. Médecins Sans Frontières has run a surgical project in the capital since 2013, and conducted 3,700 surgical procedures in 2016. Our teams also provide medical and psychological care for victims of sexual violence, conducting 620 consultations throughout the year. Meanwhile, in the predominantly Muslim neighbourhood of PK5, Médecins Sans Frontières conducted more than 30,000 outpatient consultations.

In Berbérati, CAR's second-largest city, our teams continued to support the regional university hospital and four outlying health centres to improve access to primary and secondary healthcare. At the hospital, we supported paediatric care, treatment for HIV, mental health and health promotion services, medical and

psychological care for victims of sexual violence, as well as the laboratory. In the health centres, Médecins Sans Frontières supported paediatric and sexual and reproductive health, as well as nutrition services. Overall in 2016, 4,232 children were admitted to hospital, and 1,688 deliveries were assisted. Our teams also trained medical staff to ensure that the quality of care is maintained after the team hands over its medical activities in Berbérati to the Ministry of Health in 2017.

Regional projects

Médecins Sans Frontières' paediatric project in Bria (Haute-Kotto) provides healthcare, including HIV and TB treatment, to children under the age of 15. There were more than 3,000 admissions to the hospital, and 42,000 outpatient consultations. Neonatal consultations increased by about 70 per cent, to more than 580 in 2016. When armed conflict erupted in November, our medical teams treated around 140 wounded people in the hospital.

In Paoua (Ouham Pendé), Médecins Sans Frontières has provided secondary health care in collaboration with the Ministry of Health since 2016. The project now focuses on paediatrics, HIV and tuberculosis programs, as well as continued support of peripheral health centres. In 2016, more than 70,000 outpatient and 12,000 emergency room consultations were provided. By the

end of 2016, 1,021 people were receiving ongoing antiretroviral therapy for HIV.

The project in Carnot (Mambéré-Kadéï) also continued, providing hospital and outpatient care for adults and children. More than 2,800 children were admitted to hospital and 52,000 outpatient consultations provided.

Vaccinations

Immunisation rates in CAR have plummeted due to the ongoing political and military crisis. Médecins Sans Frontières launched a vast multi-antigen vaccination campaign in collaboration with the Ministry of Health. In Berbérati, 99,000 children under five were protected against polio, diphtheria, tetanus, whooping cough, measles, hepatitis B and certain strains of pneumonia. Children were also vaccinated in Paoua, where the minimum target of 80 per cent coverage was achieved, despite regular interruptions due to violence.

Humanitarian needs are immense. In late 2016, 2.3 million people, or about half the population, were depending on humanitarian aid to survive.

	KEY ACTIVITIES: Malaria care, maternal healthcare, nutrition care, paediatrics, primary healthcare	FUNDING: \$1,800,000
	FIELD STAFF: 459	KEY MEDICAL FIGURE: 110,000 children protected against malaria
Project locations funded by Australian donors		

CHAD

In 2016, thousands of people in the Lake Chad region were forced to flee their homes due to violent clashes between the armed group Boko Haram and Chadian military forces. Chad remains one of the poorest countries in the world, with a lack of qualified medical personnel and a high child mortality rate.

Since 2015, Médecins Sans Frontières teams have been supporting the management of sexual and reproductive healthcare at the regional hospital in Bol, assisting more than 400 deliveries, including over 80 caesarean sections, and admitting more than 1,200 patients to the paediatric ward this year.

We also run a mobile clinic from Bol, providing basic healthcare and mental health support to displaced people and the local population. Most of the

medical conditions are linked to the precarious living conditions and poor sanitation. In 2016 the mobile clinic provided around 20,700 primary health consultations, a third of which were for children under five. In addition, the mobile team screened over 6,600 children for malnutrition and treated more than 500 for severe acute malnutrition.

In Moissala, Mandoul region, Médecins Sans Frontières runs a prevention, detection and treatment program for

malaria, focusing on children and pregnant women. Around 2,300 children were admitted to Moissala hospital's malaria unit, while 43,000 children and 7,500 women were treated for malaria in health facilities supported by our teams in the district. Four rounds of seasonal malaria chemoprevention were administered in 2016, reaching more than 110,000 children with antimalarial drugs each time. During the malaria peak in the autumn, we organised spraying activities to reduce the spread of the disease. The team also gave catch-up vaccinations to children who had not received their routine immunisations.



A young woman is carried to the Médecins Sans Frontières mobile clinic near Bol after travelling on a horse and cart for over 30km. © Dominic Nahr

	KEY ACTIVITIES: Maternal healthcare, newborn healthcare	FUNDING: \$500,000
	FIELD STAFF: 183	KEY MEDICAL FIGURE: 350 births assisted each month
◀ Project locations funded by Australian donors		

CÔTE D'IVOIRE

In 2016 Médecins Sans Frontières continued to support maternal and child health in the Hambol region of Côte d'Ivoire.

The political and military crises of 2002-2010 have taken a severe toll on the Ivorian health system, which is now one of the weakest in Africa with only one doctor and five midwives per 10,000 people. As the maternal mortality rate is very high, the Ministry of Health has made maternal healthcare one of its main priorities, offering free care to all pregnant women. However, budgetary restrictions, drug shortages and a lack of trained health personnel, among other factors, continue to hamper access to

quality medical services for women and young children.

In the Hambol Region, Médecins Sans Frontières runs a maternal and neonatal healthcare project in collaboration with the Ministry of Health. A survey by Epicentre, Médecins Sans Frontières' epidemiological research centre, found that the maternal mortality ratio is particularly high in this region – an estimated 661 deaths per 100,000 live births. The team aims to improve the management of obstetric and neonatal

emergencies in this rural setting by supporting the Katiola referral hospital and three primary health centres in the region. We support these facilities by providing additional personnel and medical supplies and by facilitating an efficient referral system for complicated deliveries, while implementing a training, coaching and supervision program for Ministry of Health staff.

Every month in 2016, an average of 350 deliveries were assisted in Médecins Sans Frontières-supported facilities, 55 newborns were admitted to the neonatal ward and 50 caesarean sections were performed at Katiola hospital.



A field worker story from the Democratic Republic of Congo

NAME:

Dr Claire Fotheringham

FROM:

Brisbane, Queensland

FIELD ROLE:

Obstetrician-gynaecologist, Masisi, March to May 2016

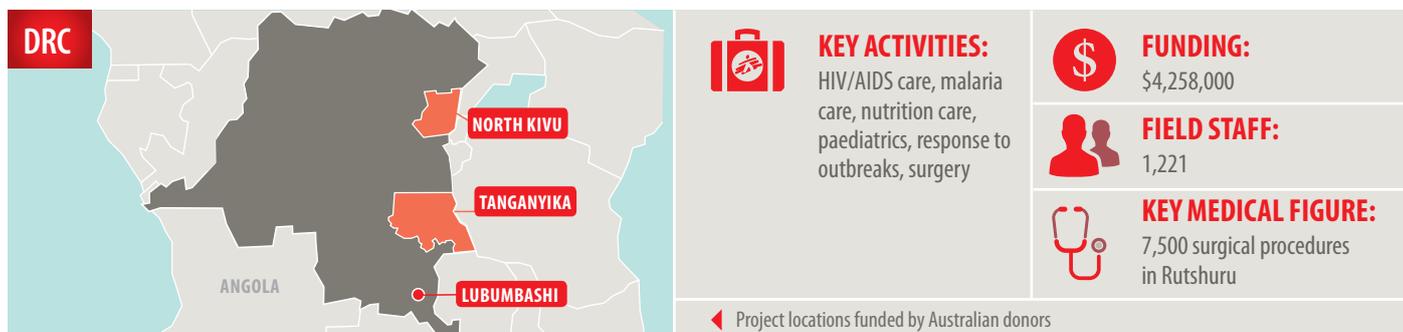
Masisi is in the north of DRC and it looks like Switzerland. It rains a lot so it's difficult to get in because the roads aren't paved. The day that I arrived we took a car from Goma until the first landslide. We walked across it to be picked up by a second car. We were then blocked by another landslide, so we ended up on motorbikes. And when the motorbikes couldn't go any further, we started walking. The 80km took almost the entire day.

This makes it difficult in terms of transferring patients. Médecins Sans Frontières runs 4WDs as ambulances, yet we still face problems. One night, a pregnant woman came by what is commonly known as "helicopter". She was put on a stretcher and carried by the men of the village. This involved 20 or 30 men taking turns to carry the stretcher. As the 'helicopter' approached the hospital, the woman had to deliver. It had taken five to six hours and she couldn't wait any longer. The woman was alright but the baby wasn't breathing. I tried resuscitation and we did our

absolute best to save the baby but it wasn't possible. But the mother's life was potentially saved by the superhuman effort of those men to bring her to us.



Dr Claire Fotheringham en route to Masisi. © MSF



DEMOCRATIC REPUBLIC OF CONGO

Poor infrastructure and inadequate health services continue to restrict access to medical care in the Democratic Republic of Congo (DRC).

Patients face financial barriers to treatment and health workers are paid little or no money. Moreover, large parts of the country are difficult to access due to logistics or security. The eastern provinces remain insecure, as the Congolese army and several armed groups fight for control of resource-rich territory.

In Tanganyika province, part of the former Katanga province, Médecins Sans Frontières supported two hospitals and several health centres in Manono and Kabalo during a nutrition emergency. By late August, the Kabalo project had closed, but in Manono more than 6,000 children were admitted to the paediatric unit, 1,400 to the inpatient feeding program and 4,900 were treated at ambulatory feeding centres. Measles outbreaks are recurrent in this area, and 2016 was no exception. In Nyunzu health zone, Médecins Sans Frontières established an 18-bed measles treatment centre and vaccinated more than 75,000 children against the disease. At the end of 2016, there was an escalation in violence between different ethnic groups in Tanganyika and the team treated over 200 wounded patients in the hospital.

Médecins Sans Frontières continued to work to bring cholera under control in four health areas around Kalemie. The project began in 2011 and has taken a multifaceted approach to cholera prevention including cholera vaccinations and improving water supply. In 2016, a 500m³ water tank was donated

to the water authority, and overall management of the project was handed over to local authorities.

North Kivu

Further north, in North Kivu province, Médecins Sans Frontières has supported Rutshuru Hospital since 2009. In 2016, more than 7,500 surgical procedures were performed, and 7,600 children were admitted for malaria treatment. More than 26,000 consultations were conducted in the emergency room. Médecins Sans Frontières also began the process of handing over activities in the hospital to the Ministry of Health. A substantial reconstruction of the facility has begun, which is due for completion by the end of 2017.

Between March and June, we responded to a nutrition emergency in camps for displaced people in Lubero. Our teams systematically screened children for malnutrition, and established two intensive treatment units for children with severe acute malnutrition. More than 600 children were treated during the four-month intervention.

In Goma, Médecins Sans Frontières continued to support the Ministry of Health to provide HIV/AIDS screening and treatment in five health facilities. More than 17,000 people were screened in 2016, while more than 2,600 people with HIV/AIDS receive antiretroviral treatment and ongoing monitoring. Médecins Sans Frontières also responded

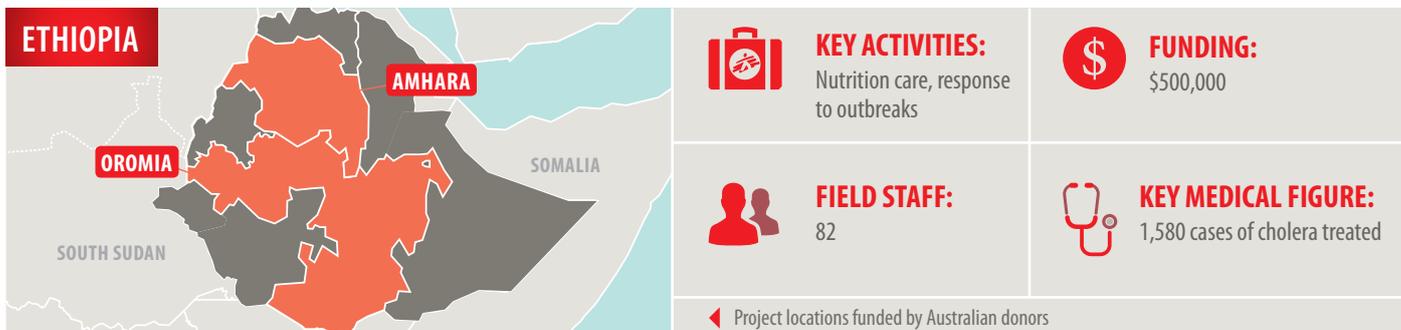
to a cholera outbreak, treating more than 700 patients.

Lubumbashi

Further south, in Lubumbashi, Médecins Sans Frontières supported health facilities to treat people wounded in violent protests. Also in Lubumbashi, our teams responded to a cholera epidemic, mainly deploying logistical support for patient care. In December, we participated in the development of a mass casualty plan for Lubumbashi, including supporting eight health facilities and a hospital, as well as staff training on triage and stabilisation of patients.

An outbreak of yellow fever hit all the provinces bordering Angola in 2016. Médecins Sans Frontières France supported epidemiological surveillance by setting up an SMS early warning system, while other sections of the organisation supported the Ministry of Health in a massive emergency response and vaccination campaign.

Médecins Sans Frontières has supported Rutshuru Hospital since 2009. In 2016, more than 7,500 surgical procedures were performed.



ETHIOPIA

In 2016, Médecins Sans Frontières focused its activities on responding to a nutrition emergency and cholera outbreak.

Northern Ethiopia has been badly affected by drought. In response, Médecins Sans Frontières conducted nutrition assessments, in collaboration with local and federal authorities, in two districts in Amhara region and two districts in Oromia region. Based on these results, two nutritional interventions were launched in Oromia, in Aseko and Babile districts. In Aseko, nearly 4,800 children with moderate acute malnutrition received supplementary food, and 160 children

with severe acute malnutrition were referred to therapeutic feeding programs. In Babile, Médecins Sans Frontières supported local health teams to screen and treat around 300 malnourished children.

Médecins Sans Frontières also launched a response to a cholera outbreak that started in November 2015, however it was not until June 2016 that the authorities allowed us to intervene. Between July and September, our teams treated 1,580 cases.

In addition, between July and November, four cholera treatment centres were supported in the Oromia region, where 536 cases were treated.

Providing humanitarian aid in Ethiopia remains difficult. In 2016, Médecins Sans Frontières France decided to close its Ethiopian program. This decision was made because of the extreme difficulties of working in the country, due to administrative constraints and denial of access to areas affected by health or humanitarian problems. Other sections of the organisation maintain their support to the population.



A field worker story from Haiti

NAME:

Dr Eugen Salahoru

FROM:

Perth, Western Australia

FIELD ROLE:

Medical doctor, Martissant, Haiti, October 2015 to April 2016

The service in Martissant opened in 2006 but my role, dedicated to training staff and reorganising the service, was new. It's a very busy service. On average we saw around 150 patients per day in the emergency department, cared for by two doctors and three nurses. In Martissant the rates for both physical and psychological trauma—direct and indirect—are particularly high, generating 60 per cent of our caseload.

The main issues were the ongoing violence between the armed groups in the capital, the political instability and the extreme poverty coupled with the destruction caused by the earthquake. Housing is typically cramped and dilapidated, especially after the earthquake in 2010. The district is also home to a number of internally displaced camps since the disaster and poor transport and roads. Not surprisingly we saw many victims of traffic accidents—an average of one in five of those we treated. The presence of armed gangs, who largely control the area, also contributes to our caseload. We were treating up to 100 gunshot victims a month.

I was impressed with the resilience and strength of our national Haitian staff, given the suffering and violence they face on a daily basis. They will be always in my thoughts.



© MSF.

HAITI



KEY ACTIVITIES:
Burns care



FUNDING:
\$925,000



FIELD STAFF:
314



KEY MEDICAL FIGURE:
14,030 physiotherapy sessions for burns patients

◀ Project locations funded by Australian donors

HAITI

Health needs are immense in Haiti, and access to medical care was further hampered in 2016 by repeated strikes in public hospitals.

There is a shortage of nursing staff and resources in public facilities, and private clinics remain unaffordable for most. Haiti's health system was weakened further after the damage caused by Hurricane Matthew, which struck in October 2016.

The precarious living conditions that many people endure creates an environment conducive to domestic

accidents including burns. In Drouillard hospital in the capital, Port-au-Prince, Médecins Sans Frontières runs a severe burns unit which has become the de facto national referral centre for burns patients. In 2016, 43 per cent of people treated there were under the age of five. A total of 801 patients were admitted to the unit and 630 underwent major surgery. The teams applied 4,071

wound dressings, and conducted 14,030 physiotherapy sessions and 1,773 mental health consultations. They are working on training staff in public hospitals in the treatment of burns and improving access to high-quality care for burns patients.

Médecins Sans Frontières supported the response to Hurricane Matthew in the central and northern areas of the country. We donated medicines to health facilities, and helped reconstruct facilities that had been damaged by the hurricane.



A Médecins Sans Frontières physiotherapist at Drouillard hospital assists a man who was severely burnt when a gas cooker exploded. © Corentin Fohlen / Divergence

	 KEY ACTIVITIES: Hepatitis C care, HIV/AIDS care, maternal healthcare, mental healthcare, primary healthcare, tuberculosis care, vaccinations	 FUNDING: \$1,000,000
		 FIELD STAFF: 33
		 KEY MEDICAL FIGURE: 7,000 outpatient consultations
 Project locations funded by Australian donors		

IRAN

Médecins Sans Frontières has run a project in south Tehran since 2012, providing medical care and psychological support to excluded and marginalised people.

The Tehran project includes treatment for HIV, tuberculosis (TB) and hepatitis. This year, 15 hepatitis C patients were started on direct-acting antivirals, which are easier to administer than previous recommended treatments and have shorter course durations and higher cure rates.

In the district of Darvazeh Ghar, the provision of care for vulnerable populations is particularly limited. People with high-risk behaviours, such

as drug users, sex workers and street children, need specific services, as their living conditions and stigmatisation often prevent them from accessing regular health services.

Médecins Sans Frontières' primary health centre provides comprehensive and integrated healthcare, including general medical consultations, mental healthcare, reproductive and sexual health services, testing for HIV, TB, hepatitis C and other infectious diseases,

and vaccinations. Psychosocial support is also available, and peer workers play a key role in communicating with these hard-to-reach groups. Since April this year, our teams have also been running mobile clinics in partnership with a local NGO, Society for Recovery Support, which specialises in the field of addiction.

In 2016, the teams in the health centre conducted more than 7,000 outpatient consultations, and referred nearly 1,800 patients to secondary health facilities for further testing and/or admission. The mobile clinic carried out 2,326 consultations.



A primary health care consultation in Darvazeh Ghar. © Mahsa Ahrabi-Fard



KEY ACTIVITIES:

Mental healthcare, primary healthcare, secondary healthcare, surgery



FUNDING:

1,875,000



FIELD STAFF:

403



KEY MEDICAL FIGURE:

34,000 consultations in Abu Ghraib

◀ Project locations funded by Australian donors

IRAQ

Years of armed conflict have disrupted health services in Iraq. Millions of people have been forced to flee their homes in search of safety in other parts of the country or across borders.

Since 2014, over 3.3 million people have been displaced across Iraq, and while many live in camps, others are living in schools, mosques and unfinished buildings. Throughout 2016, there was constant movement, with people fleeing from battle zones or returning to newly retaken areas.

In Abu Ghraib and Baghdad Governorate, Médecins Sans Frontières provided primary healthcare, including treatment for mental health conditions and chronic non-communicable diseases, for the internally displaced and local population. In addition to mobile clinics, a primary healthcare centre was opened in Abu Ghraib in 2016 and more than 34,000 consultations were provided throughout the year. Mid-year, patient

numbers started to decline and the projects reoriented to become more responsive to population movements.

In September in Al Anbar province, Médecins Sans Frontières opened a secondary healthcare centre in Amriyat Al Fallujah camp, which hosts around 60,000 Iraqis displaced by conflict in Fallujah and Ramadi. People in the camps are exposed to harsh climatic conditions, with temperatures reaching 50°C in summer. The centre offers general medical consultations, an emergency room and psychological support. More than 1,200 patients attended the centre in 2016, while 14,000 consultations were conducted by mobile teams in the area.

Battle for Mosul

The offensive to retake Mosul, Iraq's second biggest city, began in October 2016. Around 190,000 people were displaced from Mosul and the surrounding area in the last three months of the year.

In November, mobile teams were sent to new camps west of Erbil that were established to accommodate people fleeing the battle of Mosul. As well as general primary healthcare, they provided treatment for chronic diseases, and psychological and psychiatric care.

With no functioning secondary healthcare structure in Qayyarah, a town to the south of Mosul, Médecins Sans Frontières decided to set up a hospital with an emergency room, an operating theatre and a 32-bed inpatient department. The hospital opened in December and during the first month treated over 1,000 emergency patients and carried out more than 90 surgical interventions.



A field worker story from Iraq

NAME:

Graham Baker

FROM:

Woodroffe, NT

FIELD ROLE:

Logistician, Iraq, April to October, 2016

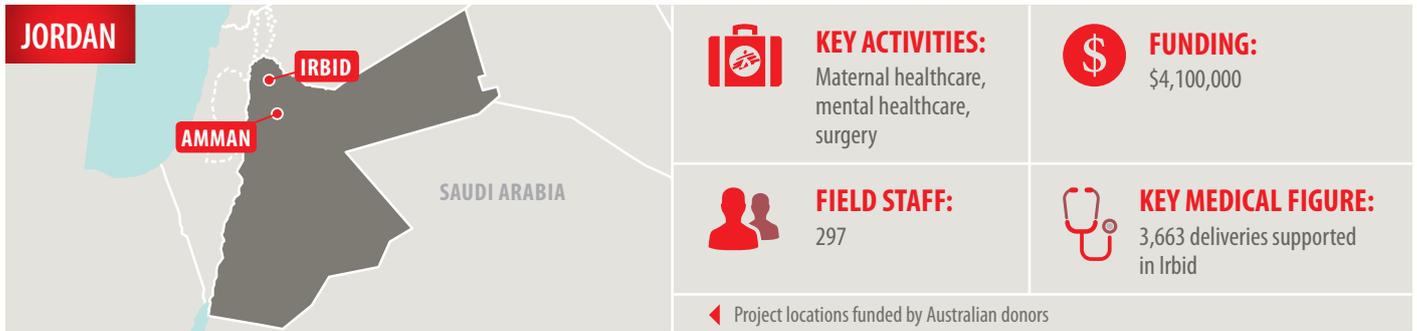
In Dohuk I was supporting the maintenance of the maternity clinic of the refugee camp and looking after the Médecins Sans Frontières' facilities office, guest houses and central warehouse. In the warehouse we had the Field Surgical Unit – a small emergency hospital set up in a series of tents – which has now been deployed near Mosul. In the Ninewa province, I was based in Zummar. Our programs included a mobile clinic that was going to three villages. The second part of my assignment was the renovation of the Tal Maraq maternity clinic. The first baby was born on the day when I left the country!

In Ninewa, my assistant had his house ransacked and destroyed by Islamic State. He lost all his possessions, and is now in the process of rebuilding. His family has lived there for

generations and chose not to leave. Although he had worked in the USA, he decided to come back to his community. For me that was a picture of the great resilience of these people.



© Graham Baker / MSF



JORDAN

More than 650,000 registered Syrian refugees live in Jordan. Their access to healthcare is extremely limited due to inadequate legal documentation, financial constraints and border closures.

Médecins Sans Frontières is the main reproductive healthcare provider for Syrian refugees in Irbid governorate. The maternity clinic was expanded in 2016, assisting with a total of 3,663 deliveries and 14,858 antenatal consultations across the year. The capacity of the newborn unit was also increased and 658 babies were admitted to the unit. The project also provides mental health support, mostly to children under the age of 18, including group and individual sessions.

Since 2013, Médecins Sans Frontières has supported medical facilities in southern

Syria from Jordan, including donating surgical and paediatric kits. In 2016 we began supporting a new hospital, including the emergency, surgery and maternity departments, as well as the blood bank. This support consists of donations as well as technical support and distance training.

Complex surgery in Amman

The Amman reconstructive surgery hospital treats war-wounded patients and indirect victims of violence from war-torn neighbouring countries,

mostly Iraq, Yemen, Syria and Palestine. The hospital provides holistic care for patients requiring orthopaedic, reconstructive and maxillofacial surgery, including physiotherapy and mental health support. Since its opening in 2006, the hospital has treated nearly 4,500 patients and performed more than 10,000 surgical operations. In 2016, a total of 1,055 surgical procedures were performed, with patients staying an average of 138 days given the complexity of the procedures. In 2016, a new dental clinic was opened that specialises in the placement of dental implants.



A field worker story from Jordan

NAME:

Nicole Campbell

FROM:

Maroubra, NSW

FIELD ROLE:

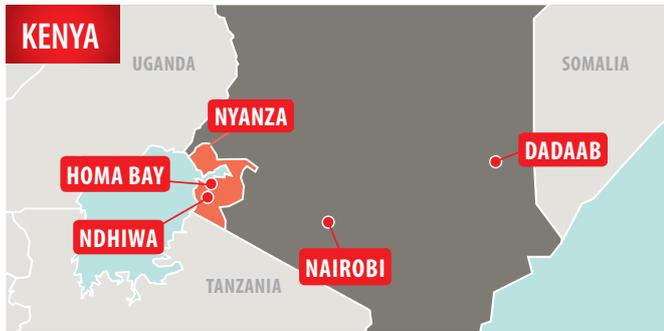
Neonatal nurse, Irbid, Jordan, April to July 2016

When I first arrived in Jordan there was a baby diagnosed with neonatal diabetes mellitus, a rare form of diabetes. This baby was on continuous IV fluids, a gruelling insulin regime and countless procedures to maintain and monitor his blood glucose levels. The mother came back when the baby was three months old. She had a log book with all his blood glucose readings and could tell us her management for every event. It was impressive how well this little family was adapting and how happy they were, especially because this mother had previously lost two babies in the first 3-5 days of life. By providing advanced neonatal care to this newborn we saved its life and helped this mother complete her family. The greatest rewards were sending babies home to their families. Seeing mothers who have been so frightened and so unsure bonding with the nursing staff, sharing in our successes, supporting each other and smiling when the day comes that they can go home. The greatest challenge for

me was being aware that there are thousands of Syrians in refugee camps and knowing that these women are having babies and need healthcare.



© MSF



KEY ACTIVITIES:

HIV/AIDS care, maternal healthcare, secondary healthcare, sexual violence care, tuberculosis care



FUNDING:

\$4,897,000



FIELD STAFF:

566



KEY MEDICAL FIGURE:

162,653 outpatient consultations in Dagahaley, Dadaab

◀ Project locations funded by Australian donors

KENYA

In 2016, Médecins Sans Frontières continued to offer care to marginalised people including refugees and those living in slums, as well as providing medical care to people with HIV.

In May, the Kenyan government announced they would close the Dadaab refugee camps in north-eastern Kenya by the end of the year, forcing refugees back to war-torn Somalia. Médecins Sans Frontières publicly opposed the decision, and in August carried out a survey in Dagahaley, one of the five camps that make up the complex, that showed 86 per cent of people were unwilling to return to Somalia. In November, the government announced it would extend the deadline for closure until May 2017.

Throughout the year, Médecins Sans Frontières continued its work in the 100-bed hospital in Dagahaley, and at two health posts. Teams carried out 162,653 outpatient consultations, and admitted 9,137 patients to the hospital, including 917 children with severe malnutrition. More than 3,000 babies were born in the hospital's maternity ward.

Nairobi slums

Since 2008, Médecins Sans Frontières' clinic in Nairobi Eastlands has been providing psychological, medical, legal and social assistance to victims of sexual violence. From the end of 2015, our teams have also worked with authorities to develop an integrated model of care in two primary healthcare facilities in Eastlands. More than 2,700 new patients were treated in 2016, half of whom were minors.

Médecins Sans Frontières continues to work with local authorities to increase access to emergency care for people living in Mathare slum and the

Eastleigh neighbourhood. The project includes a call centre, an ambulance referral service and support to the emergency department of Mama Lucy Kibaki hospital comprising staff, triage, training and donations of equipment and drugs. Our ambulances responded more than 5,200 times during the year, and over 24,000 people were seen at the hospital's emergency department.

A team in Eastlands also supports the detection and treatment of multidrug-resistant TB (MDR-TB). In 2016, a total of 18 MDR-TB patients were diagnosed, and four began treatment regimens containing bedaquiline or delamanid, the first new TB drugs to be developed in 50 years.

Homa Bay

HIV remains a major health problem in the Nyanza region, including in Ndhiwa sub county, Homa Bay, where one in four adults are living with the virus. Since 2014, Médecins Sans Frontières has run a

program in Ndhiwa aimed at controlling the spread of HIV, and reducing the number of deaths from the disease. Our teams work jointly with the Ministry of Health and local communities to strengthen all HIV prevention and care measures in the county, such as voluntary male circumcision, prevention of mother-to-child transmission, HIV testing and antiretroviral (ARV) therapy, and support with adherence and secondary care, including the treatment of opportunistic diseases.

Médecins Sans Frontières is also involved in the adult medical ward of Homa Bay and Ndhiwa hospitals to improve the quality of care provided for HIV and non-HIV patients. Our teams work on general organisation, staff recruitment, training, review of protocols and quality of clinical and nursing care. In 2016, more than 3,000 patients were diagnosed with HIV and enrolled in treatment, and more than 14,300 patients were receiving ARVs in Ndhiwa. Around 5,000 people were admitted to the Médecins Sans Frontières-supported Ndhiwa and Homa Bay hospitals' adult inpatient wards.

A PATIENT'S STORY:

Ayaan* was born in Dadaab.

"Living in Dadaab is both good and bad. You cannot leave to go anywhere, it is an open prison. But still, this is the only place I know, and the only place I can call home. It is where I grew up and was educated. I want to stay here because it is peaceful. I do not know what Somalia is."

*Patient name has been changed

© Mohamed Ali/MSF



	 KEY ACTIVITIES: Primary healthcare	 FUNDING: \$200,000
	 FIELD STAFF: 88	 KEY MEDICAL FIGURE: Six primary healthcare centres supported
 Project locations funded by Australian donors		

KYRGYZSTAN

In 2016, Médecins Sans Frontières launched a new project in the south-west of Kyrgyzstan focusing on the health effects of environmental pollution.

Médecins Sans Frontières has worked in Kyrgyzstan for many years to improve access to treatment for people with drug-resistant tuberculosis, a disease which is highly prevalent in this Central Asian country.

In 2016, we expanded the scope of our work, launching a project to address the

higher incidence of non-communicable diseases including anaemia and hypertension, potentially caused by environmental pollution from mining. The project launched in December 2016 in the south-western city of Aidarken in Batken district, which has mercury mines that have not been used since the collapse of the USSR. The project aims to support the Ministry of Health at primary

healthcare level to better diagnose and manage non-communicable diseases, as well as improve the management of mother and child healthcare. During the first month of operations we recruited staff and began supporting six local primary healthcare centres with medicine, medical items and training, with an objective of gaining a greater understanding of the health needs of this vulnerable population and developing effective strategies to improve their medical situation.

A field worker story from Kyrgyzstan

NAME:

Marie Reyes

FROM:

Sydney, NSW

FIELD ROLE:

Nursing activity manager, Osh, Kyrgyzstan, January to July 2016

Our team works closely with the Ministry of Health to introduce an ambulatory model of care for drug-resistant TB (DR-TB) management. This model aims to limit the time patients spend in hospital, and improve their adherence to treatment. The project also has a community awareness arm. We hope that educating the public that TB can be cured if diagnosed early will reduce the stigma associated with the disease.

The current treatment for DR-TB is a long and arduous journey that can take two years or longer. The regimen includes injections for many months and about 20 tablets per day. There are also many terrible side effects including nausea and vomiting, diarrhoea and joint pain, rash and skin discolouration, depression, and hearing loss. Understandably, not all make it through the journey. Sadly, Dilya* is one of them. She is a young woman in her twenties that simply could not adhere to her treatment. She is now receiving palliative care and our team is providing oxygen at her home to make her laboured breathing more comfortable. Dilya is a tragic example of why we need to

find a shorter and better treatment regimen for DRTB. But, to keep things in perspective, despite the inherent challenges with DRTB treatments, last month alone we had seven DRTB patients declared cured!

*Patient name has been changed



A doctor examines the x-ray of a TB patient in Osh. © Joosarang Lee/MSF

LEBANON



KEY ACTIVITIES:

Primary healthcare, sexual and reproductive healthcare



FUNDING:

\$200,000



FIELD STAFF:

235



KEY MEDICAL FIGURE:

3,044 sexual and reproductive healthcare consultations

◀ Project locations funded by Australian donors

LEBANON

More than 1.5 million Syrians have fled into Lebanon since the Syrian conflict began in 2011, making Lebanon and Jordan the countries hosting the largest proportion of refugees in the world.

This influx of Syrian refugees has further strained Lebanon's economy and infrastructure and this is particularly felt in the health sector. Despite the efforts of the Ministry of Health and UNHCR, access to medical services has become increasingly difficult, if not impossible, for vulnerable people such as Lebanese returnees, Palestinian and Syrian refugees, as well as host communities.

Since June 2013, Médecins Sans Frontières has provided primary healthcare consultations at the Human Call Hospital

in Ein-el-Hilweh camp. The camp hosts around 100,000 people, including Syrian refugees and Palestinian refugees from Syria. The primary healthcare centre provides consultations on sexual-reproductive health, including antenatal care, postnatal care and family planning, as well as general acute health consultations and psychosocial support. In 2016 teams at the health centre provided 16,860 consultations, including 3,044 sexual-reproductive health consultations.

In 2016 teams at the health centre provided 16,860 consultations, including 3,044 sexual-reproductive health consultations.



The primary healthcare centre at Ein-el-Hilweh camp. © Abbass Salman





KEY ACTIVITIES:

Newborn care, nutrition care, paediatric care, post-Ebola care



FUNDING:

\$800,000



FIELD STAFF:

324



KEY MEDICAL FIGURE:

600 Ebola survivors received medical assistance

◀ Project locations funded by Australian donors

LIBERIA

The West African Ebola outbreak of 2014–2015 took a severe toll on the already fragile Liberian health system.

Over 4,800 people died during the outbreak in Liberia, including 184 healthcare professionals. Although health services are progressively being restored, significant gaps persist, including in specialised paediatric care and mental healthcare.

In 2015, the Bardnesville Junction Hospital was established in Monrovia, the Liberian capital. The hospital provides specialised and emergency paediatric care, newborn care and management of complicated severe malnutrition. A clinic for Ebola survivors offers medical assistance,

including mental healthcare. Strict attention has been given to infection prevention and control measures to enable the continuity of healthcare in any potential Ebola outbreak.

In September 2016, the Liberia Board of Nursery and Midwifery validated Médecins Sans Frontières' hospital as a site for clinical skills training. The first group of nursing students completed their practical training in December.

During 2016, a total of 8,200 emergency consultations were carried out and nearly 4,500 patients were admitted to

the hospital. The Ebola survivor clinic provided care to approximately 600 patients, conducting an average of 240 consultations each month. In December Médecins Sans Frontières was able to transfer patients from the survivor clinic to three Ministry of Health centres in Monrovia and the clinic was closed.

A clinic for Ebola survivors offers medical assistance, including mental healthcare.



A field worker story from Liberia

NAME:

Loren Shirley

FROM:

Tasmania

FIELD ROLE:

Country Pharmacist,
Monrovia, Liberia,
November 2015 to
March 2016

As the country pharmacist in Liberia, my overall responsibility was to ensure that Médecins Sans Frontières' projects had the medications they needed and that these medications were safe, effective and used in the right way. Liberia was at the tail end of the Ebola outbreak during my assignment but survivors continued to face physical and mental health challenges, so Médecins Sans Frontières was running a survivor clinic, as well as a paediatric hospital. An important part of my role was liaising with authorities and other non-government organisations to ensure our importation of medications ran smoothly. I also worked closely with my Liberian pharmacist colleague, teaching her how to review drug charts, as well as with our nurses and doctors to improve quality of care.



© MSF



LIBYA

Libya remains fragmented by conflict and fighting continued in several parts of the country in 2016.

The breakdown of law and order, economic collapse and political instability have had a severe impact on the healthcare system. It remains extremely challenging for Médecins Sans Frontières to operate in Libya given the precarious security situation.

In 2016 Médecins Sans Frontières supported the main Misrata hospital, aiming to increase emergency management capacity and provide assistance to internally displaced people. Teams treated 360 injured people and 40 hepatitis C patients. However, the project was closed at the end of August due to the difficulty of access. Médecins Sans Frontières maintains a

national staff base in Misrata to initiate exploratory assessments, monitor migratory issues and train staff in infection control and prevention.

Benghazi

Only three out of twelve hospitals in Benghazi remain functional. We opened a health facility in Al-Abyar providing emergency care, antenatal care and vaccinations, before its closure in August 2016. In partnership with a local NGO, our teams distributed food for 2,100 families and set up a mother and child health clinic which provided 3,000 paediatric consultations and 800 obstetrics-gynaecology consultations across the year. Support is also provided

to the emergency department of the Benghazi Medical Centre hospital.

Al-Marj Hospital, a 30-minute drive from Al-Abyar, is the main reference hospital for complicated obstetric cases. Médecins Sans Frontières has supported this hospital with donations since April 2015, and in 2016 started to manage the maternity unit and provide direct patient care. Our medical team assisted more than 1,900 normal deliveries in 2016, and performed 1,200 caesarean sections.

In Zouara Jedi Ibrahim, Médecins Sans Frontières offered care to migrants and the host population, providing paediatric care and support to an emergency department which received 747 patients in the year. The project closed at the end of 2016.



A field worker story from Libya

NAME:

Colin Watson

FROM:

Alice Springs, NT

FIELD ROLE:

Nursing Supervisor, Al Abyar, Libya, December 2015 to February 2016

The project in Al Abyar supports the local hospital, specifically upgrading the emergency room facilities and providing training. The emergency room saw a constant stream of patients throughout the day presenting with a range of conditions from minor ailments to major trauma. A particular focus of my work was training the nurses in triage and trauma management. Despite the obvious issues of language, I was able to forge good working relationships with my Libyan colleagues and put in place the foundations for safe and reliable emergency care. But with no end in sight to the conflict in Libya, the health care needs will remain for the immediate future.

I worked with a doctor from Benghazi who spoke of the tragic consequences of not having access to essential medicines. 'What should I do?' he asked me. 'I know my patient will die without medicine but all I have to give him are the tears in my eyes,' he said. Over the past six months,

Médecins Sans Frontières has been able to support a number of hospitals across Libya, often in very challenging contexts. Our ongoing activities in Libya will undoubtedly help to alleviate health care needs and ensure that medical staff have both the skills and resources to treat their patients.



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KEY ACTIVITIES:

HIV/AIDS, response to outbreaks



FUNDING:

\$600,000



FIELD STAFF:

182



KEY MEDICAL FIGURE:

108,000 people vaccinated against cholera

◀ Project locations funded by Australian donors

MALAWI

HIV/AIDS remains a major public health concern in Malawi, where an estimated 980,000 people have the virus.

Malawi has a huge budget deficit, leaving the health system struggling. Despite this bleak situation, the country's ambitious HIV program has achieved significant success. HIV prevalence has steadily declined – from 16.4 per cent among 15-to-49-year-olds in 1999 to 10.6 per cent in 2014, according to a national study.

For 18 years, Médecins Sans Frontières has worked in partnership with the Ministry of Health to support HIV patients in Chiradzulu district. This remarkable collaboration has helped decentralise care to local services, simplify care protocols and delegate treatment to lower-level medical staff – all measures to ensure that treatment is as accessible as possible.

A four-year handover process is underway to ensure high-quality management of stable HIV patients once our teams withdraw from the project. Médecins Sans Frontières now focuses on hard-to-reach groups, including adolescents with HIV and patients whose treatment has failed and need second- or third-line antiretrovirals. The team is also improving access to viral load testing in five district health centres and providing screening and preventive treatment for cervical cancer. A total of 31,924 people with HIV were receiving antiretrovirals by the end of 2016.

Cholera response

After a major cholera outbreak on Lake Chilwa in early 2016, we launched a mass vaccination campaign, which reached 108,400 people. An innovative two-dose strategy was used for 5,863 hard-to-reach fishermen, with the second dose being self-administered two weeks after the first.



A fisherman takes a cholera vaccination near Lake Chilwa, February 2016. © Aurelie Baume/MSF



A boat departs for the vaccination campaign, Lake Chilwa. © Aurelie Baume/MSF

	KEY ACTIVITIES: Malaria care, nutrition care, paediatrics, primary healthcare	FUNDING: \$2,400,000
	FIELD STAFF: 544	KEY MEDICAL FIGURE: 171,000 children received seasonal malaria chemoprophylaxis
Project locations funded by Australian donors		

MALI

In 2016 Médecins Sans Frontières continued to run a long-standing paediatric program in southern Mali.

In Koutiala district, southern Mali, Médecins Sans Frontières has run a comprehensive paediatric program since 2009, aimed at reducing the morbidity and mortality of children under the age of five. In 2016, 7,032 children were admitted to the paediatric ward and 3,829 to the nutrition ward of the Médecins Sans Frontières-supported regional referral hospital in Koutiala. Teams also supported paediatric and nutrition activities in five health centres across the district, carrying out 90,203 outpatient consultations and treating 3,779 children for malnutrition. In these five health zones, a preventative “package” of health measures is implemented for all children under the age of two, including routine follow-up consultations, distribution of mosquito nets and supplementary foods, and vaccinations. This year, a total of 7,723 children benefited from the package.

Our teams also provide seasonal malaria chemoprophylaxis to children in Koutiala, with an average of 171,000 children receiving antimalarial drugs in each round in 2016. The process of handing over the SMC activities to the Ministry of Health began during the year.

The security situation in northern Mali remains unstable despite a peace agreement. In Timbuktu, unrest that began with a coup in 2012 resulted in thousands of people fleeing the region, including some medical staff. As people began to return to the city towards the end of 2016, Médecins Sans Frontières initiated a progressive handover of all its activities in the regional referral hospital to the Ministry of Health.

In December 2016 a new project was launched in Ténenkou, in the centre of

the country, where maternal mortality is particularly high. We opened an outpatient clinic and began supporting the Ténenkou referral health centre for women and adolescent girls.

Teams also supported paediatric and nutrition activities in five health centres across the district, carrying out 90,203 outpatient consultations and treating 3,779 children for malnutrition.



Children receive treatment for acute malnutrition in Koutiala, Mali, July 2016. © Hadja Nantenin Dioumessy/MSF

MOZAMBIQUE



KEY ACTIVITIES:

HIV/ AIDS, mental healthcare



FUNDING:

\$800,000



FIELD STAFF:

171



KEY MEDICAL FIGURE:

2,300 people received specialised HIV care

◀ Project locations funded by Australian donors

MOZAMBIQUE

Despite efforts to halt the spread of HIV/AIDS, Mozambique remains one of the countries with the highest rates of infection, with an estimated adult prevalence of 11.5 per cent.

The country also has one of the highest rates of HIV and tuberculosis (TB) co-infection in the world, resulting in an increase in cases of multidrug-resistant TB (MDR-TB).

Since 2001, Médecins Sans Frontières has been supporting the Ministry of Health to ensure access to comprehensive healthcare for HIV and TB patients. Teams operate in six health centres and one referral facility in the capital Maputo. In 2016, activities focused on complicated HIV cases, including patients for whom treatment with antiretroviral drugs has failed or

who have developed co-morbidities, such as MDR-TB, Kaposi's sarcoma and other cancers, viral hepatitis or other opportunistic infections. During the year, more than 2,300 patients, including 160 children, received specialised HIV care. Teams monitored HIV patients' viral load to ensure treatment was working effectively, as part of the strategy to improve quality of care.

Médecins Sans Frontières also supported the Ministry of Health in a dedicated MDR-TB program in which more than 170 patients received treatment this year, and

succeeded in registering new TB drugs in the country. A new program focusing on treatment for viral hepatitis C also began in 2016, with three patients starting treatment in the national health system.

In early 2016, our team started mental health activities for people with HIV and TB, with the support of the Ministry of Health. Overall, around 400 consultations were carried out, and many patients were diagnosed with depression. Most patients started psychotherapy, and some were treated with medication. The more difficult cases were regularly discussed by a multidisciplinary team, including social workers, psychologists and doctors.

During the year, more than 2,300 patients, including 160 children, received specialised HIV care.



A pharmacy in Mozambique. © Morgana Wingard/NAMUH

	 KEY ACTIVITIES: Maternal healthcare, primary healthcare	 FUNDING: \$200,000
	 FIELD STAFF: 146	 KEY MEDICAL FIGURE: 9,000 outpatient consultations provided
 Project locations funded by Australian donors		

MYANMAR

The people of Myanmar are still suffering the consequences of decades of authoritarianism, and access to medical treatment remains limited, particularly for marginalised communities and certain ethnic groups.

In Wa Special Region 2, in the eastern part of the country, the provision of healthcare is extremely limited with almost no accessible primary or secondary healthcare. Due to a worsening political situation and an inability to secure access to the region

for international staff, Médecins Sans Frontières' medical activities were restricted in 2016. We emphasised training local staff to build skills in the absence of international staff. In the remote Pang Yang and Lin Haw townships, our teams conducted

over 9,000 outpatient consultations through fixed and mobile clinics. Reproductive healthcare is also scarce in the region, and our teams provided 207 antenatal consultations in the year. We also supported Ministry of Health vaccination campaigns, especially in terms of logistics and to follow up any medical complications. In October, we conducted a health promotion and community needs assessment in order to begin some health promotion activities.



A woman waits with her 10-month old baby in a health centre in Diffa. © Sylvain Cherkaoui/Cosmos for MSF



KEY ACTIVITIES:

Malaria care, nutrition care, paediatrics, primary healthcare



FUNDING:

\$3,700,000



FIELD STAFF:

1,025



KEY MEDICAL FIGURE:

117,000 children provided with seasonal malaria chemoprevention

◀ Project locations funded by Australian donors

NIGER

In Niger, Médecins Sans Frontières focuses on reducing child mortality, particularly during the annual nutrition and malaria crisis.

Diffa region, on the border with Nigeria, continued to suffer the consequences of the conflict between Boko Haram and the different armies in the area. Médecins Sans Frontières started working in Diffa in June 2015 to provide access to primary healthcare. According to local authorities, at the end of 2016, there were over 240,000 refugees and internally displaced people in Diffa, as well as 100,000 local residents living in precarious conditions, at risk of violence

and disease. Many of these people were depending entirely on humanitarian aid to survive, yet the international community's emergency response was not sufficient to fulfil their basic needs. Médecins Sans Frontières published a report highlighting this emergency gap to mobilise the international community. Throughout 2016, our teams worked in seven health centres in the area, providing 77,570 consultations.

the hospital referral system for the most severe cases. More than 13,300 children were admitted to hospital in Magaria – over 50 per cent of whom were suffering from severe acute malnutrition – and more than 66,500 children were treated in rural areas.

Our teams also ran community-based activities to combat malaria, including providing seasonal malaria chemoprevention – the repeated administration of antimalarials as a prophylactic – for more than 117,000 children in eight health zones in Magaria district.

A PATIENT'S STORY:

Sarah*, fled northern Nigeria when her village was attacked and found refuge in Diffa region.

"I took my son to the health centre today because he is malnourished. I have just visited so that he can receive his treatment, a therapeutic food. This health centre is wonderful because when we come with our children or when we are ill ourselves, we are looked after for free. When Boko Haram attacked, we left Malanfatori in a rush and in a total panic. Some of our children succeeded in fleeing with us, but others were left behind and some women lost their husbands during the escape. They pursued us until we succeeded in crossing the Komadougou river to come to Niger. We arrived empty-handed and our husbands are not working. It is difficult to find food and it is very difficult to live in these conditions. Sometimes the state gives us help, and that is a relief."

*Patient name has been changed

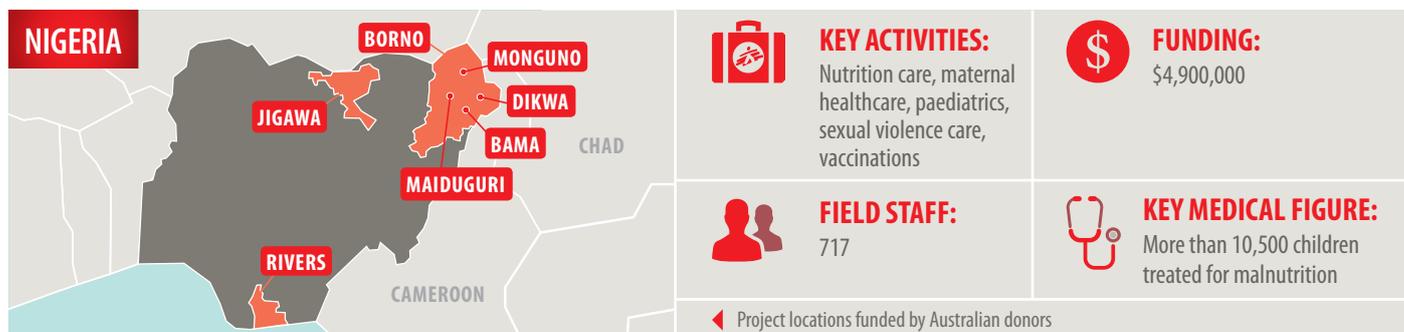
Médecins Sans Frontières started working in Diffa in June 2015 to provide access to primary healthcare.

Magaria

Every year, the levels of childhood mortality and morbidity increase during the peak malnutrition and malaria season in Magaria health district, and in the rest of Niger. In 2016, Médecins Sans Frontières continued to support the Magaria district hospital through the paediatric unit and an intensive therapeutic feeding centre, which had 600 beds at the peak of the season. In addition, our teams supported 11 health centres by providing primary healthcare to children under five, and reinforced

Maradi

With a population of 500,000, Madarounfa is one the largest districts in Maradi region. Médecins Sans Frontières continues to run its paediatric program focusing on the management of the main causes of child death, notably malnutrition and malaria, in Madarounfa town and the surrounding area. Mothers also come over the border from Nigeria to seek treatment for their children. The program, which opened in 2001, today comprises inpatient care for severe acute malnutrition and other diseases, and outpatient treatment for severe malnutrition without complications. This year, the team began providing neonatal care, and worked to improve community-based treatment of malaria. A total of 12,256 children received outpatient care for severe malnutrition, 3,317 were treated in the inpatient therapeutic feeding centre and 5,334 were admitted for other diseases.



NIGERIA

The conflict between Boko Haram and the Nigerian military, which began in 2009, has displaced an estimated 1.8 million people across the northeast of the country.

In 2016, the conflict resulted in a catastrophic humanitarian emergency in several areas of Borno state, with high mortality rates linked to severe malnutrition and preventable diseases.

Médecins Sans Frontières scaled up its emergency assistance in Borno state, to reduce the risk of death and disease among communities living in dire conditions. Insecurity restricted our presence, and in some of the hardest hit areas teams could only carry out short visits with rapid interventions aiming to have the most impact in a short time frame.

In Maiduguri, the state capital, we focus on maternal and child health, running an inpatient therapeutic feeding centre in Gwange district and two large health centres in Maimusari and Bolori. In May 2016, we increased the capacity of the Gwange health facility from 30 to 120 beds. In Maimusari, teams set up a paediatric emergency room and inpatient facility. A mobile team runs food distribution and offers medical and nutritional care and vaccination in four informal camps. More than 10,500 children were admitted to outpatient feeding programs, and 1,740 were admitted as inpatients. There were more than 201,000 outpatient consultations in Maiduguri.

In 2016, Médecins Sans Frontières gained access to the hard-to-reach localities of Bama, Monguno and Dikwa. In Monguno, there was virtually no healthcare available for the local

population. In September 2016 we opened an inpatient therapeutic feeding centre and a paediatric department with a capacity of 50 beds. More than 650 children were admitted to the paediatric department and 230 to the feeding centre by the end of 2016.

During visits to Bama in June 2016, our teams found people in a catastrophic situation, with 19 per cent of children suffering severe acute malnutrition. Further north, in Dikwa, rates of malnutrition were also high, and the town mostly destroyed. Médecins Sans Frontières set up a mass intervention package aiming to reduce mortality and morbidity as quickly as possible,

More than 10,500 children were admitted to outpatient feeding programs, and 1,740 were admitted as inpatients. There were more than 201,000 outpatient consultations in Maiduguri.

including food distribution, vaccinations and seasonal malaria chemoprophylaxis.

Sexual and reproductive healthcare

Following an awareness campaign delivered through schools, health clinics, police stations and the media, monthly attendance at Médecins Sans Frontières' program for victims of sexual violence in Port Harcourt, Rivers State, increased from 35 patients to 70. The comprehensive healthcare package includes prophylaxis for HIV and sexually transmitted infections, vaccinations for tetanus and hepatitis B, emergency contraception, and counselling and psychosocial support for victims of rape and sexual abuse.

Jigawa State has one of the highest maternal mortality rates among Nigerian states, with 2,000 deaths per 100,000 live births. Médecins Sans Frontières continued to run its vesico-vaginal fistula and emergency obstetric program in Jahun general hospital. This year, 70 per cent of the 10,500 women admitted to the maternity unit had complicated pregnancies and deliveries. The team performed 2,660 obstetrics-related surgical procedures, treated 400 women with fistulas, and assisted 7,365 births. A total of 1,293 babies and 1,141 women were admitted for intensive care. Médecins Sans Frontières also donated 8,228 units of blood to the hospital. In order to bring antenatal and obstetric care closer to patients and identify and avoid pregnancy complications, basic emergency obstetric services were set up in the nearby Aujara and Miga health centres in September.

	KEY ACTIVITIES: Maternal healthcare, paediatrics	FUNDING: \$2,000,000
	FIELD STAFF: 295	KEY MEDICAL FIGURE: 4,906 deliveries assisted in Peshawar
Project locations funded by Australian donors		

PAKISTAN

Access to healthcare remains a challenge in Pakistan, especially for people in isolated rural communities, urban slums and areas affected by conflict.

Healthcare for women and children is a serious concern: women in rural areas die from preventable complications during pregnancy and delivery, and neonatal care is unavailable in many areas. According to the Pakistan Democratic and Health Survey, one in every 11 children dies before the age of five.

At the Women’s Hospital in Peshawar, Médecins Sans Frontières offers comprehensive 24-hour emergency obstetric care for patients referred from surrounding districts and the Federally

Administered Tribal Areas (FATA). The hospital has 24 obstetric beds and an 18-bed newborn unit for specialised care for premature and severely ill neonates. In January, the new outreach team started working to improve liaison between patients, hospital and the community. In 2016, a total of 4,906 deliveries were assisted, including 479 caesarean sections. Our teams also introduced the Continuous Positive Airway Pressure technique for newborns suffering from severe asphyxia [loss of oxygen] at birth. A study of antibiotic resistance in neonatal septicaemia is also underway.

The security situation is tense in several provinces in Pakistan, including in the FATA. At Sadda Tehsil headquarters hospital in Kurram Agency, Médecins Sans Frontières provides outpatient care for children up to 5 years; inpatient care for children under 12 years; treatment for cutaneous leishmaniasis [a parasitic skin infection]; antenatal care and obstetric and emergency referrals; and supports the Ministry of Health in emergencies. In 2016, staff carried out an average of 3,000 outpatient consultations per month. At the smaller Alizai hospital, teams conducted an average of 120 paediatric outpatient consultations each week.



A field worker story from Pakistan

NAME:

Shelagh Woods

FROM:

Adelaide, SA

FIELD ROLE:

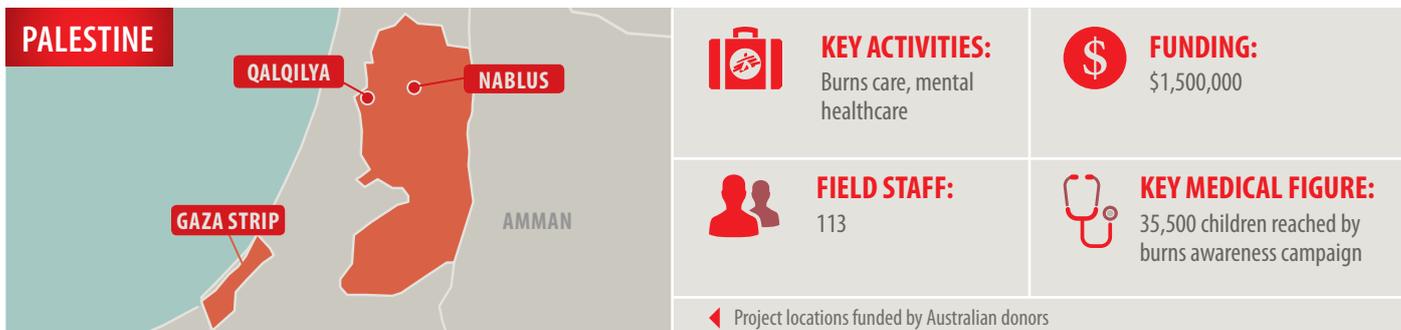
Head of Mission, Pakistan, October 2013 to April 2016

Pakistan is a lower middle income country but in terms of health indicators, it’s comparable with much poorer countries. There is a lot of inequity. The biggest needs are especially in the areas where there has been conflict, along the border of Baluchistan, Khyber Pakhtunkhwa and FATA, the Federally Administrated Tribal Areas, and for other reasons, in Karachi. As Head of Mission, you are like the glue that holds everything together and keeps everyone moving in the same direction. If you have good people in your teams, then your job is ensuring good communication and collaboration, sorting out legal issues, representation and other high-level activities and strategic issues. A great part of the job is that you do get to move around—as do all the coordination team—especially when you’re doing assessments and exploratory missions. You can enjoy spending time with the teams in the field, and then it’s also nice to be back in the capital. No week was the same. There

was not one day, or one minute of a day, when I was sitting there going ‘what am I going to do next?’. It was challenge after challenge.



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PALESTINE

In 2016, Médecins Sans Frontières continued its long-running mental health programs on the West Bank and support to victims of burns and trauma in the Gaza Strip.

The situation of ongoing conflict in Palestine, coupled with a deterioration in social and economic conditions, creates many risk factors for distress and mental disorders.

Médecins Sans Frontières supports programs in Nablus and Qalqilya providing psychological and social assistance to people with moderate or severe mental health conditions. In 2016, we started a partnership with An-Najah University in Nablus to launch the first Master's degree in clinical psychology in Palestine. A mental health consultation room was also opened in Qalqilya, a town east of Nablus.

Our teams supported the burns unit of Rafidya hospital in Nablus, focusing on moderate to severe cases through a

multidisciplinary approach including psychological, medical and social interventions.

In the Gaza Strip many homes have been destroyed or damaged by conflict, putting people at risk of domestic accidents including burns. Médecins Sans Frontières' burns and trauma centres in the Gaza Strip treated over 4,231 patients, mostly children. Staff dressed more than 52,000 wounds, and conducted over 36,000 physiotherapy and 1,000 occupational therapy sessions, mostly for patients with burns. There are three centres, in Gaza City, Khan Younis and Bet Lahya, the last of which opened in July this year. In 2016, we launched a burns awareness campaign that reached more than 35,500 children in schools, kindergartens and nurseries.

The surgical programs that Médecins Sans Frontières runs in Al Shifa and Nasser hospitals in conjunction with the Health Ministry provided a total of 275 surgical interventions, 71 per cent of them on children under 16 years of age.

Complex cases that cannot be handled in Gaza are referred to our reconstructive surgery hospital in Jordan (see page 30). However, due to administrative delays, only nine out of 77 patients were successfully referred in 2016.

Médecins Sans Frontières' burns and trauma centres in the Gaza Strip treated over 4,231 patients, mostly children.



Children take part in a burns awareness campaign in Gaza, April 2016. © Paul Maakad/MSF



KEY ACTIVITIES:
Tuberculosis care



FUNDING:
\$1,200,000



FIELD STAFF:
113



KEY MEDICAL FIGURE:
More than 1,800 people receiving TB treatment

◀ Project locations funded by Australian donors

PAPUA NEW GUINEA

Médecins Sans Frontières is working to improve access to screening and treatment for tuberculosis (TB) in Papua New Guinea.

Around 25 per cent of people with TB in Papua New Guinea live in Port Moresby, in the National Capital District.

In collaboration with the national TB program, Médecins Sans Frontières has been scaling up capacity for screening, diagnosis, treatment initiation and follow-up in Port Moresby's Gerehu hospital. Mobile teams have also started working in the community to improve

patient adherence to treatment. The next step, in line with the national TB control strategy, is to support diagnostic and treatment activities through health centres, as well as develop outpatient care for patients with drug-resistant TB.

In Gulf province, to the west of Port Moresby, Médecins Sans Frontières expanded our TB program to support two health centres as well as Kerema general

hospital. Currently, poor access to remote areas and the lack of an effective follow-up system result in a high number of patients not completing their treatment. In collaboration with provincial authorities, our teams continue to develop a decentralised model of care so that people do not need to come to a medical facility so frequently. By the end of 2016, Médecins Sans Frontières had initiated treatment for 1,819 patients with drug-sensitive TB and 24 with drug-resistant TB. Nearly 30 per cent of patients are under 15 years of age.



A field worker story from Papua New Guinea

NAME:

Petra Van Beek

FROM:

Burnett Heads, Queensland

FIELD ROLE:

Field Administrator, Kerema, Papua New Guinea, March to October 2016

Ever since my university years I've wanted to work with Médecins Sans Frontières. Fast forward 33 years to March 2016 and there I stood at my local airport, about to fulfil this lifelong dream. I was heading to Papua New Guinea for six months as a Field Administrator, providing the human resources and finance support for a tuberculosis (TB) project in Kerema, a small remote coastal town 300km north-west of Port Moresby.

My role involved a combination of working with people and computers, and varied daily even within a distinct monthly cycle of payroll and finance month closure. Hiring locals, dealing with HR issues, and inducting international staff was mixed in with paying invoices, processing overtime / sick leave forms and managing contracts. Our team consisted of eight international staff from around the world and close to 50 local staff, working six days a week to treat hundreds of people with TB in an 18-bed TB hospital and two outreach medical centres. The project was two years into its forecasted eight to ten-year term and already we had cured patients, helping us locate and treat more patients and educate families and villages further and further afield. The work

Médecins Sans Frontières is doing there is first class – we are leading the way and setting the standards. It was a privilege to be part of it.



© MSF



KEY ACTIVITIES:

Nutrition care, malaria care, maternal healthcare, paediatrics, primary healthcare, secondary healthcare, vaccinations



FUNDING:

\$6,600,000



FIELD STAFF:

1,480



KEY MEDICAL FIGURE:

7,700 children hospitalised for malaria in Aweil

◀ Project locations funded by Australian donors

SOUTH SUDAN

South Sudan is still struggling to recover from the war of independence that led to its creation in 2011.

Not only is it the youngest country in the world, but also one of the least developed, and is repeatedly beset by crises. Intense fighting continues across the country, causing huge numbers of people to flee: 1.8 million had been displaced by the end of 2016. Three-quarters of the population do not have access to basic medical care and 80 per cent of health facilities are run by non-governmental organisations.

After fighting broke out in the capital, Juba, in July, Médecins Sans Frontières set up a surgical facility, conducting 321 surgical procedures for the wounded.

In Yida, in the north of the country near the border with Sudan, Médecins Sans Frontières offers a broad range of inpatient and outpatient services to refugees from South Kordofan, Sudan, including vaccinations, and HIV and TB treatment. In March 2016, we resumed activities in southern Kordofan, in the Nuba Mountains, after the hospital was hit by airstrikes in 2014 and 2015. A team of international and national staff provided 67,307 primary care consultations and 39,158 vaccinations in 2016.

Bahr El Ghazal region

Médecins Sans Frontières manages paediatrics and maternal healthcare at Aweil hospital, the only secondary healthcare facility in the area, which serves 1.5 million people. The capacity of the hospital varies according to the season, from 165 beds to more than 300 beds during the malaria and malnutrition peak. The 2016

seasonal malaria peak was particularly severe, with more than 7,700 children hospitalised for severe malaria. A total of 2,462 children were admitted for severe acute malnutrition, which was also a large increase on 2015. Maternity activity is also constantly increasing, with a total of 5,843 deliveries in 2016, including 148 by caesarean section.

A team of international and national staff provided 67,307 primary care consultations and 39,158 vaccinations in 2016.

Further south, in Wau, our team launched an emergency project in response to clashes between armed groups that displaced more than 40,000 people. Our mobile clinics, supporting four health centres in the area, carried out more than 42,000 consultations in July-August.

Fangak

Médecins Sans Frontières runs a 40-bed hospital and an outpatient clinic in Old Fangak. In 2016, a total of 66,000 outpatient consultations

were provided and 1,800 patients were admitted to the hospital. Cases of kala azar (leishmaniasis) – a potentially fatal disease transmitted by sandflies – increased three-fold in 2016 compared to 2015, with a total of 151 patients treated. This year we began the process of handing over activities in Old Fangak, to start activities in New Fangak, where only a few other humanitarian organisations are present.

Agok and Mayom

Médecins Sans Frontières has been working in Agok since 2008, and this year continued to focus on improving the quality of secondary healthcare, with a total of 7,662 patients admitted to Agok hospital. Our teams supported emergency surgery, obstetric care, management of malnutrition and treatment of HIV, tuberculosis (TB) and snakebites. An around-the-clock obstetric unit is now available, and 1,630 deliveries, including more than 90 caesarean sections, were assisted in 2016. Mobile teams treated 40,115 patients with simple malaria in villages around Agok. The epidemiological surveillance system we developed enabled teams to respond to two measles outbreaks, with 430 cases detected, isolated and treated.

Our project in Mayom provides primary healthcare, basic emergency treatment and stabilisation before referral to Agok hospital if necessary. In 2016, staff carried out 50,748 outpatient consultations, admitted 1,580 patients to the emergency and stabilisation unit, and improved access to treatment for HIV and TB.

<p>SWAZILAND</p> <p>SOUTH AFRICA</p> <p>MOZAMBIQUE</p> <p>SHISELWENI</p>	<p>KEY ACTIVITIES: HIV/AIDS treatment, tuberculosis treatment</p>	<p>FUNDING: \$800,000</p>
	<p>FIELD STAFF: 281</p>	<p>KEY MEDICAL FIGURE: More than 5,330 people receiving antiretroviral treatment in Nhlanguano</p>
<p>◀ Project locations funded by Australian donors</p>		

SWAZILAND

Médecins Sans Frontières focuses on reducing HIV transmission and improving access to decentralised care for people with HIV and tuberculosis (TB) in Swaziland.

Swaziland has one of the world’s highest rates of HIV, with nearly one in three adults living with the disease. However, estimates suggest that the incidence of both HIV and TB have fallen in recent years.

Our programs deliver care close to where patients live, taking it from the regional hospital and health centres to primary healthcare clinics, and providing treatment for HIV and TB in the same consultation space. This eliminates the need for patients to travel long distances, improves their adherence to treatment

and enables diagnosis and treatment of more people.

Médecins Sans Frontières supports projects in Nhlanguano health zone, Shiselweni region. At the end of 2016, more than 5,330 people with HIV were receiving antiretroviral (ARV) treatment and regularly followed up in the eight primary care clinics in this zone. The project also provided testing and treatment for TB, with 26 patients receiving treatment for drug-resistant TB by the end of the year.

In 2016, Médecins Sans Frontières continued to help more HIV patients access ARV treatment through the ‘test and start’ strategy. This approach involves starting people on ARV treatment immediately after they have received an HIV-positive diagnosis, which has been shown to reduce HIV transmission overall. A team has been piloting ‘test and start’ in the Nhlanguano project, where ARVs were offered to more than 1,700 people who had just received a positive HIV diagnosis. Twelve months after treatment initiation, 82 per cent of people who were on treatment had successfully suppressed the virus. As a result, ‘test and start’ was adopted by the Ministry of Health as the national standard of HIV care in October 2016.



A field worker story from South Sudan

NAME:

Nicole Ganderton

FROM:

Gold Coast, Queensland

FIELD ROLE:

Deputy Head Nurse,
Aweil, South Sudan,
February to August
2016

Here in South Sudan I haven’t seen the spectacular African animals like lions and hyenas. But there is one animal that is far more common and much more sinister – the mosquito. Although malaria is a common diagnosis year-round at Aweil hospital, we have seen a sudden spike in presentations to our paediatric and maternity service.

Children and pregnant women are particularly vulnerable to the disease. They commonly present with a history of seizures, difficulty breathing, extreme fatigue, vomiting or in a semi-conscious state. These life-threatening symptoms require a complex range of interventions including oxygen therapy, medication management and blood transfusions. All of which we can provide, however the sheer number of patients is becoming overwhelming. In the past month we have doubled our daily paediatric admissions.

We are heavily reliant on our logisticians who are erecting large tents to house additional patients. Another group is scouring the local market seeking beds and mattresses. Our pharmacist is busy ensuring we have enough rapid diagnostics tests and medication. And less obvious supplies like mosquito nets, water points for hand washing and biomedical equipment such as thermometers, are quickly being sourced. Our administration team is also straining with this increase. Recruitment of appropriately trained health care staff is particularly challenging in this region, plus we need staff who can cover those on sick leave because many of our medical staff have themselves been diagnosed with malaria. All of these challenges can be attributed to the humble mosquito. What this animal lacks in size it certainly makes up in the havoc it wreaks for the people of South Sudan.



SYRIA

The extreme violence perpetrated against civilians during six years of war in Syria shows no sign of abating.

Civilian areas have been routinely bombed and deprived of assistance. Access to food and healthcare remains extremely poor, especially in places under siege. Many hospitals are facing critical shortages of supplies and staff, as so many health workers have fled or been killed. More than half the Syrian population has been forced from their homes by the conflict. More than 4.8 million people have sought refuge in other countries and another 6 million are internally displaced. Many remain trapped in areas that are under siege or stranded at the closed borders of neighbouring countries.

Medical facilities, staff and patients have been victims of indiscriminate and targeted attacks. In 2016, 32 medical facilities receiving support from Médecins Sans Frontières were bombed or shelled on 71 separate occasions, including an attack on Ma'arat Al Numan hospital in Idlib governorate on 15 February which killed 25 people and wounded 11, including hospital staff, patients, carers and visitors.

Médecins Sans Frontières' direct presence is significantly constrained in a country where we should be running some of our largest medical programs. The Syrian government has not granted authorisation for our teams to operate in the country, despite repeated requests, and insecurity has limited assistance in opposition-controlled areas.

In 2016, Médecins Sans Frontières continued to directly operate one medical facility in northern Syria and provide remote support to Syrian medical networks in other areas where our teams cannot be directly present.

Atmeh burns hospital

Médecins Sans Frontières has run a 20-bed burns hospital in Atmeh since 2012. The

facility provides patients with surgery, skin grafts, dressings and physiotherapy, as well as mental health support, emergency care and outpatient consultations. During 2016, the team in Atmeh hospital carried out 2,883 emergency consultations, and performed 3,696 surgical interventions. Almost 400 patients were transferred to Turkey for further specialised treatment.

Médecins Sans Frontières also carries out vaccinations, health education and disease surveillance activities in 180 camps and villages around Atmeh, hosting approximately 165,000 internally displaced people. In 2016, our staff administered more than 118,000 vaccine doses to children under five.

Medical assistance project

We also support a number of medical facilities in some of the areas worst affected by conflict where we have no

direct access. In the governorates of Aleppo, Idlib and Hama, Médecins Sans Frontières provides distance support to 24 health facilities and services operated by various networks of Syrian doctors. They include hospitals, primary healthcare centres, advanced medical posts, an ambulance network and a dialysis centre. The assistance includes provision of medical equipment and covers the operating costs of the services as well as staff salaries. In 2016 these facilities provided more than 500,000 outpatient consultations, 13,000 surgical operations and 4,500 births.

The siege of East Aleppo in the second half of the year halted support activities in this region. Our teams kept in close contact with the doctors and nurses they had been working with in eastern Aleppo. They testified to the immense suffering of people trapped in the city, where civilian areas, including hospitals, were routinely hit in targeted or indiscriminate bombings and shelling.



The Médecins Sans Frontières -supported hospital in Ma'arat Al Numan. © MSF



KEY ACTIVITIES:

Malaria care, maternal healthcare, mental healthcare, primary healthcare, water and sanitation



FUNDING:

\$1,000,000



FIELD STAFF:

187



KEY MEDICAL FIGURE:

106,973 mosquito nets distributed

◀ Project locations funded by Australian donors

TANZANIA

In 2016, Médecins Sans Frontières provided assistance to refugees living in overcrowded camps in Tanzania.

By the end of 2016, Tanzania was hosting approximately 280,000 refugees, mainly from Burundi. People continued to pour across the border and by December over 10,000 were arriving each month. This put additional pressure on already overstretched camps. Housing new arrivals in overcrowded and unhygienic communal shelters exacerbated the spread of diseases, particularly malaria, diarrhoea and respiratory tract infections.

To meet the increased demand for care, Médecins Sans Frontières expanded its services in Nyarugusu and Nduta camps.

Nyarugusu refugee camp

At the start of 2016, our teams ran outpatient consultations through mobile clinics and introduced a feeding program at the hospital in Nyarugusu, in cooperation with the Tanzanian Red Cross. At the end of March, the general clinics were replaced by specific health posts to treat malaria patients, as the disease was the major cause of mortality among children under ten. By December, 64,450 outpatient consultations had taken place, of which 46,383 were for malaria, and 65,000 mosquito nets were distributed. Our teams also set up a 40-bed emergency room and stabilisation unit, which saw 1,847 patients over a four-month period. Many of the refugees have suffered emotional trauma, and 24,550 mental health consultations were provided during the year. The teams have also been working on the camp's water-pumping activities, which were due to be handed over to a partner organisation.

Nduta refugee camp

Médecins Sans Frontières is the main healthcare provider in Nduta camp and the only organisation offering a full range of medical services, including reproductive healthcare, treatment for malnutrition and care for victims of sexual violence. In 2016, the team refurbished and expanded the 120-bed hospital, and ran five health posts, conducting medical screenings, vaccinations and referrals, and offering mental health support. Over the course of the year, staff carried out 186,345 outpatient consultations, assisted over 3,000 births, and treated almost 44,260 people for malaria. In addition, they conducted health promotion and water and sanitation activities in the camp, distributing 41,973 mosquito nets and 70.4 million litres of water between January and October.

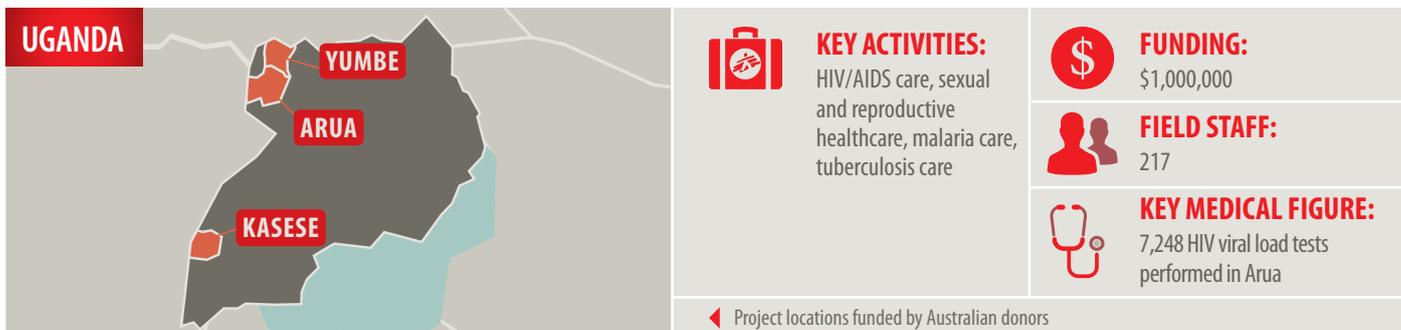
Médecins Sans Frontières fears that the already dire health status of refugees will deteriorate further due to the lack of funding and cuts in aid, and has been repeatedly calling for assistance in the camps from other organisations.

A PATIENT'S STORY:

Ramadhani, 26, is a Burundian refugee *"I've been living in Nyarugusu for six months but have actually spent most of my life as a refugee: I grew up in another camp in Tanzania after my parents and I were forced to flee our country. I still find the conditions here difficult, though – it's a struggle to get enough food and water and living in a tent wears you down. I've just been diagnosed with malaria and I can't stop shivering and shaking. I have a headache and nausea and feel very cold. I'm also worried about my wife. She is four months pregnant but has been having stomach pains and is now in the camp hospital. I'm scared about what might happen to our unborn baby. Refugees never have a good life, but it's better than living in fear at home. I can't and won't go back home. I will stay in this camp until I die."*



Women and babies wait for a consultation in Nduta camp, November 2016. © Louise Annaud/MSF



UGANDA

In 2016, Uganda’s refugee population swelled and HIV remained a major public health issue, despite significant improvements.

Although the number of new cases per year has been declining (from 160,000 in 2010 to 95,000 in 2014), seven per cent of the Ugandan population (about 1.5 million people) is HIV-positive.

Arua

Médecins Sans Frontières has been offering point-of-care viral load testing in Arua regional hospital since 2013. Point-of-care testing facilitates rapid detection and early treatment, leading to an improvement in patient outcomes. Between September 2013 and September 2016, 20,845 viral load tests were performed. Sixty patients suspected of failing on second-line antiretrovirals

consequently benefited from drug-resistance testing: of these, 22 were confirmed to have failed and 19 initiated a third-line treatment. In 2016, a total of 7,248 viral load tests were performed.

Kasese

Adolescents are a particularly vulnerable group in Uganda: they are exposed to early and/or unwanted pregnancies, sexual violence and unsafe abortions. HIV/AIDS is the most lethal disease for adolescents in Africa, and Uganda is no exception. In Kasese, Médecins Sans Frontières runs a clinic providing basic and comprehensive healthcare to adolescents, including sexual and reproductive health services, and HIV and tuberculosis (TB) prevention, screening and treatment. Community awareness-raising such as radio shows, social media marketing and community networking, and access to recreational activities within the clinic encourage adolescents to come for a consultation. In 2016, more than 11,700 outpatient

consultations were carried out and 3,200 adolescents were tested for HIV.

Yumbe Refugees

Uganda currently hosts more than a million refugees, the highest number in any African country. Approximately 700,000 are South Sudanese, who fled after intense fighting erupted in their country in July 2016.

In northern Uganda, the massive influx overwhelmed the capacity of the UNHCR, the UN refugee agency, particularly in the new settlement at Bidibidi, which saw around 2,000 arrivals per day, and a total of almost 230,000 by the end of November. In Bidibidi, Médecins Sans Frontières filled gaps in services, including providing outpatient, inpatient and maternity consultations, disease surveillance, and provision of clean drinking water, latrines and sanitation. In November, our teams were trucking in 66,000 litres of water per day. Every day, between 60 and 200 people received a consultation in our clinic; around 60 per cent of these were for malaria.

Uganda currently hosts more than a million refugees, the highest number in any African country. Approximately 700,000 are South Sudanese, who fled after intense fighting erupted in their country in July 2016.

A PATIENT’S STORY:

Rose, 37, is a refugee from Greater Equatoria region, South Sudan. She visited the Médecins Sans Frontières outpatient clinic at Bidibidi refugee camp because her son had a fever and was vomiting and dizzy.

“I came to Uganda because of the violence in South Sudan. My next door neighbours were dragged from their home by men. I was worried I would be next and I knew I had to take off. I have four daughters and one son. So my 11 year-old son was the only male we had with us for protection. We left on foot without taking any of our things, not even a saucepan. We walked for three days in the direction of Uganda, then took part of the journey in a car, then walked again. I would not easily walk back into South Sudan and towards death. I ran away from there in fear and I am so relieved I managed to save my and my children’s lives. For now, I am speechless and I’m crying that people will help us. But the only future I can see for myself is here. I will take this land they have offered me in Uganda and settle here.”

UKRAINE



KEY ACTIVITIES:

Mental healthcare,
primary healthcare



FUNDING:

\$400,000



FIELD STAFF:

57



KEY MEDICAL FIGURE:

2,600 mental health
consultations provided

◀ Project locations funded by Australian donors

UKRAINE

As the conflict in eastern Ukraine entered its second year, political attempts to find a solution made little progress.

The conflict continues to take a heavy toll on both sides of the frontline, as many people were displaced and essential services, including healthcare, ceased to function. Ceasefires were repeatedly broken, and shooting and artillery duels were commonplace.

The fighting has further exacerbated the physical and mental health problems of people living in or along the buffer zone separating the two sides, who have limited access to medical care. In 2016, three Médecins Sans Frontières mobile teams based in Mariupol and Kurakhove,

consisting of a doctor, a nurse and a psychologist, carried out close to 21,000 medical consultations and around 2,600 mental health consultations in 26 different locations in and along the buffer zone. These mobile clinics are conducted in health facilities, community buildings or even empty schools and kindergartens. The majority of patients are elderly people unable to leave the area. Our teams continued to focus mainly on the treatment of chronic non-communicable diseases, a program launched in 2015. Teams provided nearly 18,000 consultations to these patients in 2016.

In 2016, three Médecins Sans Frontières mobile teams... carried out close to 21,000 medical consultations and around 2,600 mental health consultations in 26 different locations

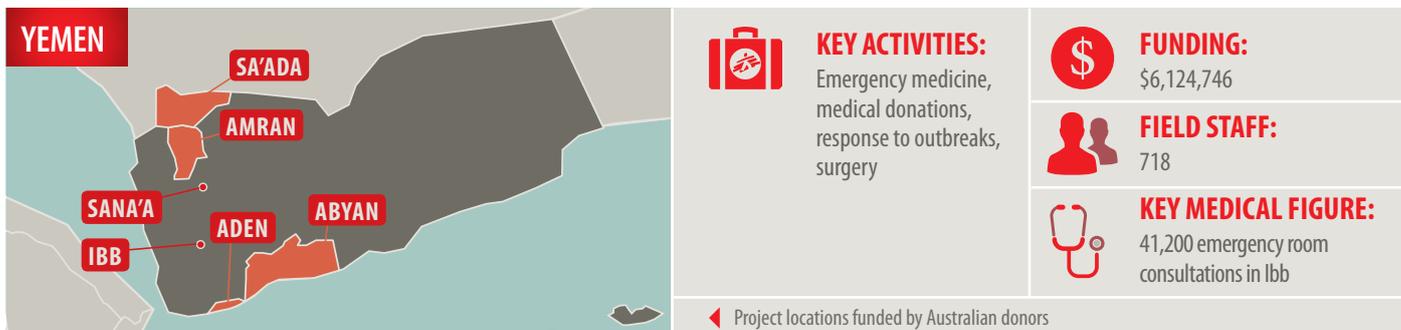
A PATIENT'S STORY:

Taisiya, 82, has lived in a village near the contact line in eastern Ukraine, for the last 46 years. She is receiving medical care from Médecins Sans Frontières for a heart condition, as well as mental health support to cope with what she has been through.

"I can't recall exactly when my house was first damaged by shelling, but I remember being very scared. Two shells hit the road, just in front of the main entrance, with shrapnel damaging the walls and some windows. The second time was during winter. I was alone in the house, and it was a very dark night outside. The roof was shelled twice. It was destroyed together with some of the rooms. All the windows also broke apart. I called my daughter who lives in Mariupol and left for the city the day after. I am so grateful for my family: my four children, six grandchildren and eight great-grandchildren. They are a great support. They take such good care of me; they are the ones who helped me to get my home back. Look around – others didn't get so lucky."

© Maurice Ressel





YEMEN

After nearly two years of war in Yemen, the medical and humanitarian situation is extremely serious and deteriorating.

Ongoing air strikes and fighting cause daily casualties and frequent damage to civilian infrastructure, hampering humanitarian assistance. Since the conflict began in 2014, the number of people displaced inside Yemen has grown to approximately two million.

In the governorate of Ibb, Médecins Sans Frontières has been working with the Yemeni Ministry of Health and Population to provide medical care in the emergency room of Ibb Al Thawra hospital since the beginning of 2016. The teams have substantially improved the emergency response procedures and boosted quality of care, as well as donating drugs and medical equipment. More than 41,200 patients were admitted to the emergency room in 2016. Our teams also provided training for local staff, including for mass casualty and epidemic response.

Amran

Many people who have fled conflict in other parts of Yemen settle in the relatively calm Amran governorate. In this area, we donate medicines and provide logistical support to four medical facilities, as well as running referral systems to Al-Salam hospital. In this hospital, Médecins Sans Frontières staff work in the emergency room, operating theatre, maternity ward, therapeutic feeding centre, paediatric ward, laboratory and blood bank. A total of 29,212 people attended the emergency room in 2016. Our teams also set up mobile clinics providing malaria and scabies treatment for displaced people in the area.

Sana'a

In Sana'a, Médecins Sans Frontières donates medicines and medical

equipment to Al-Kuwait hospital, one of the main medical facilities in the city, as well as providing maintenance and technical training. We also support the national blood bank, distributing more than 21,184 units of blood to the hospitals in Sana'a in 2016.

Aden

Médecins Sans Frontières continued to run our emergency surgical hospital in Aden, providing lifesaving healthcare to thousands of people including victims of mines and unexploded ordnances. In 2016, 5,790 patients were admitted to the emergency room, including people from various southern governorates such as Taiz, Lahj, Abyan, Ad Dhale and Shabwa. The facility also provides mental health

care and physiotherapy. In October 2016, we supported the Ministry of Health when a cholera epidemic broke out in Aden, providing training and material donations. Our teams also support the national blood bank in Aden, as well as supporting Lawdar Hospital in the neighbouring governorate of Abyan.

Sa'ada

The governorate of Sa'ada, on the border with Saudi Arabia, is one of the most under-resourced and insecure parts of the country. In 2015, we began supporting emergency and maternity care in Haydan, a small village near the front line, but withdrew in August 2016 after a nearby hospital also run by Médecins Sans Frontières was bombed. Our teams returned in February 2017. Further east, we also support the health centres of Noushur and Yasnim.



Mocktar lost his leg when he stepped on a landmine. After receiving surgery and a prosthetic leg from Médecins Sans Frontières he now works with us as a psychosocial supporter. © Malak Shaher/MSF

Médecins Sans Frontières Australia

ABN 74 068 758 654

Financial Report for the Financial Year

Ended 31 December 2016

Médecins Sans Frontières Australia

Financial report for the financial year ended 31 December 2016

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Médecins Sans Frontières Australia

Directors' Report

The directors of Médecins Sans Frontières Australia submit herewith the annual financial report of the company for the financial year ended 31 December 2016.

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

Dr Stewart Condon	Elected 28 May 2011, re-elected 26 April 2014. President Médecins Sans Frontières Australia from 22 June 14. Resident of Australia. Locum Career Medical Officer – Emergency Department NSW Health. Attended nine out of nine Directors' meetings.
Mr Hichem Demortier	Treasurer Médecins Sans Frontières Australia from 20 May 2012 until 29 April 2016. Elected 28 May 2011; re-elected 26 April 2014. Resident of Australia. Director Strategy and Corporate Services, National Critical Care and Trauma Response Centre. Attended two out of three Directors' meetings*.
Mr Dwin Tucker	Treasurer Médecins Sans Frontières Australia from 29 April 2016. Elected to the Board 16 May 2015. General Manager, International Rubik. Attended nine out of nine Directors' meetings.
Ms Beth Hilton Thorp	Elected 18 May 2013, re-elected 29 April 2016. Lawyer and consultant. Resident of Australia. Attended eight out of nine Directors' meetings.
Ms Katrina Penney	Vice President from 31 August 2015. Elected 18 May 2013, re-elected 29 April 2016. Registered Nurse and Midwife. Manager, Refugee Health Screening Service, Auckland. Resident of New Zealand. Attended eight out of nine Directors' meetings.
Mr Anthony Flynn	Elected to the Board 26 April 2014. Registered Nurse. General Manager, Programs and Information Services, Asthma Foundation Queensland and New South Wales. Resident of Australia. Attended nine out of nine Directors' meetings.
Dr Tonia Marquardt	Elected to the Board 16 May 2015. Medical Doctor. Resident of Australia. Attended eight out of nine Directors' meetings.
Dr Matthew Reid	Elected to the Board 16 May 2015. Medical Doctor. Public Health Medicine Specialist, Canterbury District Health Board. Resident of New Zealand. Attended nine out of nine Directors' meetings.
Dr Philip Humphris	Resident of Australia. Appointed to a casual vacancy 31 August 2015, appointed to the Board 29 April 2016. Medical Doctor. Resident of Australia. Attended nine out of nine Directors' meetings*.
Mr Mickael Le Paih	Appointed to the Board 11 February 2015. Member of the Board of Medecins Sans Frontières France. Resident of Egypt. Director General ECHO Humanitarian and Civil Protection Office. Attended seven out of eight Directors' meetings*.
Dr Jacqueline Hewitt	Appointed to a casual vacancy 31 August 2016. Medical Doctor. Paediatric Endocrinologist. Resident of Australia. Attended three out of three Directors' meetings*.
Dr Luc Frejacques	Appointed to the Board on 2 December 2016. Medical Doctor. Resident of Switzerland. Attended one out of one Directors' meetings*.
Dr Méguerdtch Terzian	Appointed to the Board on 6 March 2017. Medical Doctor. Resident of France. Attended nil meetings in 2016*.

Médecins Sans Frontières Australia

Directors' Report (continued)

* All Directors have held office in the financial year except for:

Mr Hichem Demortier – resigned 29 April 2016

Dr Philip Humphris – appointed 29 April 2016

Dr Jacqueline Hewitt – appointed 31 August 2016

Mr Mickael Le Paih – resigned 1 December 2016

Dr Luc Frejacquess – appointed 2 December 2016, resigned 1 February 2017

Dr Méguerditch Terzian – appointed 6 March 2017

COMPANY SECRETARY

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

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

SHORT-AND LONG-TERM OBJECTIVES AND STRATEGY

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

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

The company's strategy for achieving these objectives includes:

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

Médecins Sans Frontières Australia

Directors' Report (continued)

PRINCIPAL ACTIVITIES

The principal activities of the company during the financial year to 31 December 2016 have been:

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

The nature of each of these activities has not changed significantly during the year. They are described in the Annual Review that will be available to the public from July 2017.

PERFORMANCE MEASURES

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

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

The performance against these key performance indicators is as follows:

- 19 countries with 39 projects required and received technical oversight, field support and some degree of training in mother and child health;
- Media engagement conducted in response to all 2016 emergencies, 2016 awareness campaign conducted, advocacy furthered in response to MSF Access Campaign objectives, MSF International Office objectives, Syria, Afghanistan, Yemen, Papua New Guinea, South Sudan and Mali.
- 70 new recruits and 203 field placements made during 2016 in accordance with identified needs;

Médecins Sans Frontières Australia

Directors' Report (continued)

- Financial resources allocated 81% social mission costs to 19% administration in 2016; and
- 7% private revenue growth achieved in 2016 (higher than expected revenue generated by the fundraising program).

REVIEW OF OPERATIONS

The net operating surplus for the financial year to 31 December 2016 was \$4,098,537 (2015: \$12,066,563 surplus).

CHANGES IN STATE OF AFFAIRS

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

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

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

In the current year operational needs have increased. As well as fulfilling Médecins Sans Frontières Australia's budgetary requirements with regards to paying Operational Centres, an additional \$8.5m was committed. As such, at 31 December 2016 there is a significant cash balance with a corresponding payable recorded as a liability. These funds will be paid during 2017, in addition to the normal 2017 grants payable.

In total, during 2016, Médecins Sans Frontières Australia committed \$45,111,325 (2015: \$36,741,800) of funds to the field to Médecins Sans Frontières France, and \$19,333,426 (2015: \$15,774,300) to Médecins Sans Frontières Switzerland.

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

DONATIONS IN KIND

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

The value of donations in kind received during the year to 31 December 2016 is \$411,606 (2015: \$271,116). This amount has been brought to account in the financial statements.

Médecins Sans Frontières Australia

Directors' Report (continued)

VOLUNTARY ASSISTANCE AND FIELD STAFF

In addition to donations in kind the company recruits a number of staff in the field for Médecins Sans Frontières Operational Centres. There are five Médecins Sans Frontières Operational Centres and they are located in Belgium, France, Holland, Spain and Switzerland. Many of the field staff are professional staff. The company estimates that the total salaries forgone by volunteer field staff working within their professional capacity in Australia for the year ended 31 December 2016 to be approximately \$4,336,000 (2015: \$3,368,000).

The company estimates that the total salaries forgone by volunteer field staff working within their professional capacity in Australia who undertook missions of less than three months to be approximately \$1,073,371 (2015: \$750,000).

Médecins Sans Frontières Australia also have a number of volunteers who freely give their time in the Australia office to assist in office based activities. The estimated value of this is approximately \$154,000 (2015: \$156,000). This time donated by office volunteers, and salaries which would have been paid to the volunteers sent to the field, are not brought to account in the financial statements since they cannot be reliably measured (estimates above are based on high level analysis only).

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

MONEY SPENT

The mission of Médecins Sans Frontières Australia is to provide humanitarian assistance to populations in danger and to increase awareness of the plight of these populations. The international Médecins Sans Frontières movement as a whole targets an '80/20 rule' whereby at least 80% of expenditure is directly devoted to this social mission. In 2016 Médecins Sans Frontières Australia spent \$74,167,731 to the social mission therefore representing 81% of total expenditure (2015: \$61,425,716 or 80%). A number of factors impact the ratio and will continue to be ongoing factors:

- Nil government funding in 2016 (2015: \$Nil), which is expected to continue in 2017.
- Maintaining sufficient levels of cash reserves in subsequent years to preserve the safety of operational funding.
- Responding to the operational needs of the Operational Centres.
- Administrative and Fundraising requirements.

SUBSEQUENT EVENTS

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

Médecins Sans Frontières Australia

Directors' Report (continued)

FUTURE DEVELOPMENTS

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

Médecins Sans Frontières Australia is looking to expand its presence into New Zealand in 2017.

DIVIDENDS

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

INDEMNIFICATION OF OFFICERS

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

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

INDEMNIFICATION OF AUDITORS

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

REMUNERATION OF DIRECTORS AND SENIOR MANAGEMENT

Information about the remuneration of directors and senior management is set out in note 5 of the financial report on page 27.

Médecins Sans Frontières Australia

Independence Declaration

A copy of the Auditor's Independence Declaration that has been provided in accordance with subdivision 60-C section 60-40 of Australian Charities and Not-for-profits Commission Act 2012 is set out on page 10.

Signed in accordance with a resolution of the directors.

On behalf of the Directors



Dr Stewart Condon
Director

Sydney, *29th March* 2017



Mr Dwin Tucker
Director

Sydney, *29th March* 2017

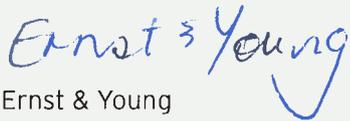


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Auditor's Independence Declaration to the Directors of Médecins Sans Frontières Australia

In relation to our audit of the financial report of Médecins Sans Frontières Australia for the financial year ended 31 December 2016, and in accordance with the requirements of Subdivision 60-C of the *Australian Charities and Not-for profits Commission Act 2012*, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the *Australian Charities and Not-for profits Commission Act 2012* or any applicable code of professional conduct.


Ernst & Young



Loretta Di Mento
Partner
29 March 2017

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

Report on the Financial Report

Opinion

We have audited the financial report of Médecins Sans Frontières Australia (the Company), which comprises the statement of financial position as at 31 December 2016, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements, including a summary of significant accounting policies, and the directors declaration.

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

- a) giving a true and fair view of the Company's financial position as at 31 December 2016 and of its financial performance for the year ended on that date; and
- b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-Profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-Profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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

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

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

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

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

Responsibilities of the Directors for the Financial Report

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

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

We have audited the financial report as required by Section 24(2) of the *NSW Charitable Fundraising Act 1991* and the *WA Charitable Collections Act (1946)*. Our procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the *NSW Charitable Fundraising Act 1991* and the *NSW Charitable Fundraising Regulations 2015* and the *WA Charitable Collections Act (1946)* and the *WA Charitable Collections Regulations (1947)*.

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

Opinion

In our opinion:

- a) the financial report of Médecins Sans Frontières Australia has been properly drawn up and associated records have been properly kept during the financial year ended 31 December 2016, in all material respects, in accordance with:
 - i. sections 20(1), 22(1-2), 24(1-3) of the *NSW Charitable Fundraising Act 1991*;

- ii. sections 10(6) and 11 of the NSW Charitable Fundraising Regulations 2015;
 - iii. the WA Charitable Collections Act (1946); and
 - iv. the WA Charitable Collections Regulations (1947).
- b) the money received as a result of fundraising appeals conducted by the company during the financial year ended 31 December 2016 has been properly accounted for and applied, in all material respects, in accordance with the above mentioned Act(s) and Regulations.

Ernst & Young
Ernst & Young

Loretta Di Mento

Loretta Di Mento
Partner
Sydney
29 March 2017

Médecins Sans Frontières Australia

Directors' Declaration

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

- (a) the financial statements and notes of the Company are in accordance with the Australian Charities and Not-for-Profits Commission Act 2012, including:
 - (i) giving a true and fair view of the Company's financial position as at 31 December 2016 and of its performance for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-Profits Commission Regulation 2013; and
- (b) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Directors' Declaration under the NSW Charitable Fundraising Act 1991

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

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

On behalf of the Board


Dr Stewart Condon
Director

Sydney, 29th March 2017


Mr Dwin Tucker
Director

Sydney, 29th March 2017

Médecins Sans Frontières Australia

Statement of Comprehensive Income for the financial year ended 31 December 2016

	Note	2016 \$	2015 \$
Revenue	4(a)	94,266,720	88,083,098
<i>Social mission costs</i>			
Field costs		(69,616,652)	(57,375,508)
Other project costs		(2,712,366)	(2,414,658)
Community education expenses		(1,834,259)	(1,635,550)
<i>Total social mission costs</i>		<u>(74,163,277)</u>	<u>(61,425,716)</u>
<i>Fundraising and administration costs</i>			
Fundraising costs		(12,413,699)	(11,311,636)
Administration expenses		(3,591,207)	(3,279,183)
<i>Total fundraising and administration costs</i>		<u>(16,004,906)</u>	<u>(14,590,819)</u>
Surplus before tax	4(b)	4,098,537	12,066,563
Income tax expense		-	-
Surplus for the year from continuing operations		<u>4,098,537</u>	<u>12,066,563</u>
<i>Other comprehensive income</i>			
Total comprehensive surplus for the year		<u>4,098,537</u>	<u>12,066,563</u>

Notes to the financial statements are included on pages 19 to 37.

Médecins Sans Frontières Australia

Statement of Financial Position as at 31 December 2016

	Note	2016 \$	2015 \$
Current assets			
Cash and cash equivalents		34,660,576	24,984,946
Trade and other receivables	8	1,250,346	860,809
Land and building held for sale		-	425,000
Other	9	3,651,099	103,892
Total current assets		<u>39,562,021</u>	<u>26,374,647</u>
Non-current assets			
Plant and equipment	7	680,864	584,237
Other	20	215,337	215,337
Total non-current assets		<u>896,201</u>	<u>799,574</u>
Total assets		<u>40,458,222</u>	<u>27,174,221</u>
Current liabilities			
Trade and other payables	10	10,441,768	1,283,987
Provisions	11	455,543	397,291
Total current liabilities		<u>10,897,311</u>	<u>1,681,278</u>
Non-current liabilities			
Provisions	12	418,540	449,109
Total non-current liabilities		<u>418,540</u>	<u>449,109</u>
Total liabilities		<u>11,315,851</u>	<u>2,130,387</u>
Net assets		<u>29,142,371</u>	<u>25,043,834</u>
Equity			
Retained Surplus	14	29,142,371	25,043,834
Total equity		<u>29,142,371</u>	<u>25,043,834</u>

Notes to the financial statements are included on pages 19 to 37.

Médecins Sans Frontières Australia

Statement of Changes in Equity for the financial year ended 31 December 2016

	Note	Retained Surplus \$
Balance at 1 January 2015		12,977,271
Surplus for the year		12,066,563
Other comprehensive income for the year		-
		<u>12,066,563</u>
Balance at 31 December 2015		25,043,834
Surplus for the year		4,098,537
Other comprehensive income for the year		-
		<u>4,098,537</u>
Balance at 31 December 2016	14	<u>29,142,371</u>

Notes to the financial statements are included on pages 19 to 37.

Médecins Sans Frontières Australia

Statement of Cash Flows for the financial year ended 31 December 2016

Note	2016	2015
	\$	\$
Cash flows from operating activities		
Receipts from donors and supporters	84,755,918	83,244,672
Receipts for services recharged	4,977,857	4,260,322
Payments for field costs	(56,529,182)	(56,265,186)
Payments to suppliers and employees	(24,007,382)	(23,473,808)
Interest received	882,854	560,787
	<u>10,080,065</u>	<u>8,326,787</u>
Net cash flows from operating activities		
	<u>10,080,065</u>	<u>8,326,787</u>
Cash flows from investing activities		
Payments for plant and equipment	(406,280)	(238,925)
Proceeds from the disposal of plant and equipment	1,846	1,177
Net cash flows used in investing activities	<u>(404,434)</u>	<u>(237,748)</u>
Net increase in cash and cash equivalents	<u>9,675,631</u>	<u>8,8089,039</u>
Cash and cash equivalents at the beginning of the financial year	24,984,946	16,895,907
Cash and cash equivalents at the end of the financial year	<u>34,660,576</u>	<u>24,984,946</u>

Notes to the financial statements are included on pages 19 to 37.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

1. GENERAL INFORMATION

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

Principal registered office and principal place of business:

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

Tel: (02) 8570 2600

2. SIGNIFICANT ACCOUNTING POLICIES

Statement of Compliance

The Company has adopted AASB 1053 Application of Tiers of Australian Accounting Standards and AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements for the financial year beginning on 1 January 2016.

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

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

Basis of Preparation

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Standards and Interpretations affecting amounts reported in the current period

Standards and Interpretations adopted with no effect on financial statements

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

Significant accounting policies

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

(a) Cash and cash equivalents

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

(b) Donations in kind and voluntary assistance

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

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

(c) Employee benefits

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

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(c) Employee benefits (continued)

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

(d) Fundraising expenses

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

(e) Field costs

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

(f) Trade and other receivables

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

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

(g) Goods and services tax

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

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

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(g) Goods and services tax (continued)

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

(h) Income tax

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

(i) Leased assets

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

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

Lease incentives

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

(j) Payables

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

(k) Plant and equipment

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(k) Plant and equipment (continued)

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

Impairment

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

Derecognition and disposal

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

(l) Provisions

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

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

(m) Revenue recognition

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(m) Revenue recognition (continued)

i) Revenue from fundraising

Donations

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

Legacies & Bequests

Legacies & bequests are recognised when received.

ii) Investment income

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

iii) Asset sales

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

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

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

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

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

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

- i. Provisions for employee benefits – management judgement is applied in determining the future increase in wages and salaries, future on cost rates and experience of employee departures and expected period of service. Refer to note 13 for further details.
- ii. Make good provisions - Provisions for future costs to return certain leased premises to their original condition are based on the company's past experience with similar premises and estimates of likely restoration costs. These estimates may vary from the actual costs incurred as a result of conditions existing at the date the premises are vacated.

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

4. REVENUE

	2016	2015
	\$	\$
(a) Revenue		
Revenue from operations consisted of the following items:		
Fundraising revenue:		
Donations	88,313,203	82,843,455
Interest revenue:		
Bank deposits	882,854	560,787
Other revenue:		
Recharge for services to Médecins Sans Frontières International entities	4,591,697	4,296,828
Other income	67,360	110,912
Non-monetary income (donations-in-kind)	411,606	271,116
Total Revenue	<u>94,266,720</u>	<u>88,083,098</u>

(b) Surplus before tax

Surplus before tax consisted of the following items:

Net gain from sale of plant and equipment	1,846	1,017
Net gain/(loss) from foreign exchange rate movement	81,038	(52,473)
Funds to the field to Médecins Sans Frontières:		
International entities	65,031,937	52,516,100
Depreciation of non-current assets	310,483	217,433
Employee benefits	9,416,722	7,713,192
Payments to superannuation funds	743,853	677,317
Operating lease rental expenses:		
Minimum lease payments	<u>434,180</u>	<u>407,668</u>

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

5. KEY MANAGEMENT PERSONNEL REMUNERATION

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

- Dr Stewart Condon (President, non-executive)
- Mr Hichem Demortier (Treasurer, non-executive), resigned 29 April 2016
- Mr Dwin Tucker (Treasurer, non-executive), appointed as Treasurer 29 April 2016
- Ms Beth Hilton Thorp (non-executive)
- Ms Katrina Penney (non-executive)
- Mr Anthony Flynn (non-executive)
- Mr Mickael Le Paih (non-executive), resigned 1 December 2016
- Dr Luc Frejacques (non-executive), appointed 2 December 2016
- Dr Tonia Marquardt (non-executive)
- Dr Matthew Reid (non-executive)
- Dr Philip Humphris (non-executive), appointed 29 April 2016
- Dr Jacqueline Hewitt (non-executive), appointed 31 August 2016
- Mr Paul McPhun (Executive Director and Company Secretary)
- Mr Warrick Saunders (Head of Fundraising)
- Dr Myrto Schaefer (Head of Medical Unit)
- Mr James Nichols (Head of Communications)
- Mr Robin Sands (Head of Field Human Resources)
- Ms Melanie Triffitt (Head of Finance & Administration and Company Secretary)
- Ms Shereena-Lee Van De Berkt (Head of Domestic Human Resources)

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

	2016	2015
	\$	\$
Short term employee benefits	1,113,257	984,696
6. REMUNERATION OF AUDITORS		
Audit of the financial report	51,500	50,470

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

7. PLANT AND EQUIPMENT

	Office equipment at cost \$	Furniture and fittings at cost \$	Website and software at cost \$	Total \$
Gross carrying amount				
Balance at 1 January 2015	345,014	966,064	164,671	1,475,749
Additions	83,767	68,140	87,018	238,925
Disposals	(52,692)	-	-	(52,692)
	376,089	1,034,204	251,689	1,661,982
Balance at 1 January 2016				
Additions	61,612	13,994	333,403	409,009
Disposals	(4,576)	-	-	(4,576)
	433,125	1,048,198	585,092	2,066,415
Accumulated depreciation and impairment				
Balance at 1 January 2015	(308,900)	(440,100)	(163,844)	(912,844)
Depreciation expense	(44,042)	(164,771)	(8,620)	(217,433)
Disposals	52,532	-	-	52,532
	(300,410)	(604,871)	(172,464)	(1,077,745)
Balance at 1 January 2016				
Depreciation expense	(47,818)	(173,572)	(89,093)	(310,483)
Disposals	2,677	-	-	2,677
	(345,551)	(778,443)	(261,557)	(1,385,551)
Net book value				
As at 31 December 2015	75,679	429,333	79,225	584,237
As at 31 December 2016	87,574	269,755	323,535	680,864

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

8. TRADE AND OTHER RECEIVABLES	2016	2015
	\$	\$
Amounts due from Médecins Sans Frontières		
International entities	968,448	488,214
Goods and services tax (GST) recoverable	281,898	166,169
Other	-	206,426
	<u>1,250,346</u>	<u>860,809</u>
	2016	2015
	\$	\$
9. OTHER		
Prepayments	105,248	99,753
Inventories	4,139	4,139
Other receivables from sale of shares	3,541,103	-
Other	609	-
	<u>3,651,099</u>	<u>103,892</u>

The amount listed as Other Receivables was shares bequeathed to Medecins Sans Frontieres Australia during 2016. In the event that Medecins Sans Frontieres Australia is the recipient of company shares, the policy is to sell the shares as soon as practically possible. The sale of shares for \$3,541,103 occurred on December 29th 2016 but the income was not received until January 6th 2017.

10. TRADE AND OTHER PAYABLES	2016	2015
	\$	\$
Trade payables	1,275,273	222,891
Amounts due to Médecins Sans Frontières international entities	8,500,005	-
Accruals	666,490	1,061,096
	<u>10,441,768</u>	<u>1,283,987</u>

Trade and other payables was higher for the year ending 31 December 2016 as part of the total grants committed for 2016 was not paid as at 31 December 2016, so was held as a payable. This was not the case as at 31 December 2015.

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

	2016 \$	2015 \$
11. CURRENT PROVISIONS		
Employee benefits (note 13)	455,543	397,291

	2016 \$	2015 \$
12. NON-CURRENT PROVISIONS		
Employee benefits (note 13)	138,540	169,109
Make good provision (note 13)	280,000	280,000
	<u>418,540</u>	<u>449,109</u>

	Employee benefits \$	Make Good Provision \$
13. PROVISIONS		
Balance at 1 January 2016	566,400	280,000
Movement	27,684	-
	<u>594,084</u>	<u>280,000</u>

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

	2016 \$	2015 \$
14. RETAINED SURPLUS		
Balance at the beginning of the financial year	25,043,834	12,977,271
Net surplus	4,098,537	12,066,563
	<u>29,142,371</u>	<u>25,043,834</u>

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

15. MEMBERS GUARANTEE

The company is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 31 December 2016, the number of members was 286 (2015: 274).

16. RELATED PARTY DISCLOSURES

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

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

	\$
Mr Anthony Flynn	1,110
Ms Beth Hilton-Thorp	6,723
Mr Stewart Condon	4,755
Mr Matthew Reid	2,923
Mr Hichem Demortier	625
Ms Katrina Penney	139

17. SUBSEQUENT EVENTS

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

18. COMMITMENTS

Operating leases

Leasing arrangements

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

	<u>2016</u>	<u>2015</u>
	\$	\$
<u>Non-cancellable operating lease payments</u>		
Not longer than 1 year	423,686	417,445
Longer than 1 year and not longer than 5 years	1,817,354	177,811
Longer than 5 years	483,592	-
	<u>2,724,632</u>	<u>595,256</u>

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

Non-current liability:	<u>2016</u>	<u>2015</u>
	\$	\$
Make good provision (note 13)	280,000	280,000

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

19. DETAILED INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2016

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

	2016	2015
	\$	\$
Revenue:		
Donations and gifts		
Monetary	77,818,699	74,222,910
Non-monetary (in-kind)	411,606	271,116
Legacies and bequests	10,494,504	8,620,545
Investment income	882,854	560,787
Other income	4,659,057	4,407,740
Total revenue	94,266,720	88,803,098
Expenses:		
International Aid and Development Programs		
Expenditure		
International programs		
Funds to international programs	69,617,402	57,379,917
Program support costs	2,709,211	2,407,854
Community education	1,834,259	1,635,551
Fundraising costs		
Public	12,068,354	11,102,983
Accountability and administration	3,527,351	3,219,114
Non-monetary expenditure (in kind)	411,606	271,116
Total International Aid and Development Programs		
Expenditure	90,168,183	76,016,535
Excess of revenue over expenses	4,098,537	12,066,563

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

20. DETAILED BALANCE SHEET FOR THE YEAR ENDED 31 DECEMBER 2016

	2016	2015
	\$	\$
Assets		
Current assets		
Cash and cash equivalents	34,660,576	24,984,946
Trade and other receivables	1,250,345	860,809
Inventories	4,139	4,139
Other financial assets	105,248	99,752
Other receivables	3,541,713	-
Land and building held for sale	-	425,000
Total Current Assets	<u>39,562,021</u>	<u>26,374,646</u>
Non-Current Assets		
Other financial assets	215,337	215,337
Property, plant and equipment	680,864	584,237
Total Non-Current Assets	<u>896,201</u>	<u>799,574</u>
Total Assets	<u>40,458,222</u>	<u>27,174,220</u>
Liabilities		
Current liabilities		
Trade and other payables	10,394,777	1,004,077
Accruals	46,991	279,910
Provisions	455,543	397,291
Total current liabilities	<u>10,897,311</u>	<u>1,681,278</u>
Non-current liabilities		
Provisions	418,540	449,109
Total Non-Current Liabilities	<u>418,540</u>	<u>449,109</u>
Total Liabilities	<u>11,315,851</u>	<u>2,130,387</u>
Net Assets	<u>29,142,371</u>	<u>25,043,833</u>
Equity		
Retained Surplus	29,142,371	25,043,833
Total Equity	<u>29,142,371</u>	<u>25,043,833</u>

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

21. DETAILS OF FUNDRAISING APPEALS

	2016	2015
	\$	\$
Details of aggregate gross income and total expenses of fundraising appeals (i):		
Newspaper, magazine advertisements & inserts	48,523	1,126,995
Acquisition	3,281,181	2,822,945
Bequest	10,494,531	8,620,544
Newsletters/appeals	18,765,210	15,326,672
Other general campaign	995,625	3,965,219
Events	572,859	1,026,887
Field partners	38,510,484	32,341,706
On line	10,686,801	12,662,246
Miscellaneous income	-	389,605
Unsolicited income	843,169	3,301,518
Telemarketing	4,114,820	1,259,118
	<u>88,313,203</u>	<u>82,843,455</u>
Less: total direct costs of fund raising appeals		
Newspaper, magazine advertisement & inserts	61,173	71,371
Acquisitions	1,048,060	532,210
Bequest	74,186	23,123
Newsletters/appeals	1,101,964	1,407,488
Other general campaigns	339,874	611,692
Events	39,987	20,943
Field Partners	4,223,676	4,670,747
On line	694,567	100,574
Telemarketing	2,597,624	2,061,824
	<u>10,181,111</u>	<u>9,499,972</u>
Net surplus obtained from fundraising appeals	<u>78,132,092</u>	<u>73,343,483</u>

(i) The Charitable Fundraising Act 1991 defines income from fundraising appeals as excluding bequests and unsolicited donations. The total income shown above includes both bequests and unsolicited donations, shown as separate items. Income excluding these amounts was \$76,975,503 in 2016 (2015: \$70,921,393). Net surplus excluding these amounts was \$66,794,393 in 2016 (2015: \$61,421,421).

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

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

	2016	2015
	\$	\$
Net surplus obtained from fundraising appeals	78,132,092	73,343,483
This was applied to the charitable purposes in the following manner:		
Funds to overseas projects (i)	(69,617,402)	(57,379,917)
Administration expenses (i)	(3,527,314)	(3,219,115)
Balance applied to operational support at Médecins Sans Frontières Australia	4,987,340	12,744,449
Funds to overseas projects were expended by the following parties on behalf of Médecins Sans Frontières Australia:		
Médecins Sans Frontières International	587,186	599,086
Médecins Sans Frontières Switzerland	19,333,426	15,774,300
Médecins Sans Frontières France	45,111,325	36,741,800
Total funds expended	65,031,937	53,115,186
Field staff costs	4,442,871	4,260,321
Emergency response	750	4,410
Total funds to overseas projects	69,475,558	57,379,917

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

Médecins Sans Frontières Australia

Notes to the financial statements for the financial year ended 31 December 2016

23. COMPARISONS OF CERTAIN MONETARY FIGURES & PERCENTAGES

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

	2016	2015	2016	2015
	\$	\$	%	%
Total cost of fundraising/ Gross income from fundraising	12,413,699 88,313,203	11,311,636 82,843,455	14	14
Net surplus from fundraising/ Gross income from fundraising	75,899,504 88,313,203	71,531,819 82,843,455	86	86
Total cost of services/ Total expenditure (excluding costs of fundraising)	74,163,277 77,754,484	61,425,716 64,704,899	95	95
Total cost of services/ Total income received (net of fundraising costs)	74,163,277 81,853,021	61,425,716 76,771,462	91	80

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

Cost of fundraising appeals/ Gross income from fundraising appeals	12,413,699 76,975,503	11,311,636 70,291,393	16	16
Net surplus from fundraising appeals/ Gross income from fundraising appeals	65,164,180 76,975,503	57,742,578 70,291,393	85	81

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

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

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