



# **MEDECINS SANS FRONTIERES (UK)**

## **REPORT OF THE TRUSTEES**

**FOR THE YEAR ENDED 31 DECEMBER 2024**

Company limited by guarantee  
Company number 02853011  
Charity number 1026588

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## Details of registration

Médecins Sans Frontières (UK) was set up in September 1993 as a registered charity (charity number 1026588) and a company limited by guarantee (company number 02853011). The registered and principal office is Level 5, Artesian, 9 Prescott Street, London E1 8PR as of mid-December 2024 (previously Chancery Exchange, 10 Furnival Street, London EC4A 1AB).

Phone: **+44 (0)20 7404 6600**

Website: [www.msf.org.uk](http://www.msf.org.uk)

Full contact details, including email addresses, are available at [www.msf.org.uk/contact-us](http://www.msf.org.uk/contact-us)

## Our names

The name of the charity is Médecins Sans Frontières (UK). This is commonly abbreviated to MSF UK. We are a member of the Médecins Sans Frontières Movement, commonly referred to as MSF. Throughout this report, MSF UK is used when referring to the services and activities conducted and provided in the UK. MSF is used when referring to the whole Movement and to our medical humanitarian projects. We are also known internationally as Doctors Without Borders.

## **1. Foreword from the Chair of the MSF UK Board of Trustees**

I am delighted to present, on behalf of the MSF UK Board of Trustees, our annual report for 2024. Reflecting on the year, I am reminded of the powerful ripple effect created by our collective efforts at MSF UK. In 2024 we saw, once again, MSF respond to many emergencies in the most challenging of circumstances. I am proud of MSF UK's role in meeting this challenge and I hope this report offers insight into our achievements.

In May 2024, I had the privilege of becoming the Chair of the MSF UK Board of Trustees at a time when our charity was experiencing remarkable growth and impact. I would like to recognise the excellent stewardship of my predecessor, Nicola McLean. Nicola's unwavering dedication was fundamental in guiding MSF UK's governance for six years, including three as Chair. I would also like to acknowledge our outstanding executive team, led by Natalie Roberts, whose hard work, expertise, and commitment ensured focused leadership and delivery on our objectives.

2024 was a year of significant milestones.

We deployed 146 highly qualified staff, providing essential medical and humanitarian support to those affected by wars, natural disasters, disease outbreaks and long-neglected crises. This included ICU and A&E nurses for Gaza, paediatricians for Afghanistan and anaesthetists for Haiti, to name a few. Emergency contexts where English is widely spoken, such as Sudan and Gaza, meant that MSF UK staff were particularly in demand, and we increased our departures by 18 per cent compared with 2023.

Through innovative partnerships and programmes, we enhanced our two postgraduate education initiatives, whilst our migration operations provided critical health services to hundreds of asylum seekers seeking international protection in the UK. We also supported the establishment of the MSF Movement's emerging operational directorate – MSF Ubuntu – which brings new and exciting opportunities and demonstrates our continuing commitment to support MSF's medical humanitarian action.

Building on decades of global leadership in tuberculosis (TB), our multidisciplinary medical team – the Manson Unit – continued to enhance health interventions through medical innovation, science and highly contextualised approaches to solving intractable problems. In 2024, this included the launch of the Malaria Anticipation Project (MAP) which will develop early warning systems to better predict and act on expected rises in malaria cases.

The past year has been notable for an increasing disregard for international humanitarian law, most prominently in Gaza, Haiti, Myanmar, Sudan and Ukraine. Our humanitarian affairs, communications, association and advocacy teams have worked tirelessly to bear witness and galvanise support. They have organised and given interviews with the global media; spread their messaging through our website, social media, emails and newsletters; attended demonstrations; and met with ministers, members of parliament (MPs) and representatives of the Foreign and Commonwealth Development Office (FCDO) to advocate for ceasefires, unimpeded humanitarian access and the protection of civilians, health facilities, medical staff and patients.

Individuals and organisations around the world continued to show their trust in MSF UK during 2024. I am continually impressed and humbled by the generosity of our supporters. In 2024, we raised over £95 million – £6.32 for every pound invested in generating funds – which is testament to the esteem in which MSF UK is held. We were delighted to be selected as one of the partners of the Guardian and Observer charity appeal at the end of 2024, which saw more than 15,800 readers give £1.7 million to support victims of war and conflict; MSF UK received £770,000 of those funds. Our work

## **1. Foreword from the Chair of the MSF UK Board of Trustees (continued)**

benefited significantly from high-profile fundraisers, including Massive Attack, the Vivienne Westwood estate, and a major art auction of 312 works contributed by 264 artists.

As we look ahead to 2025, there is much to be excited about.

Work to develop the next MSF UK Strategic Direction 2026-31 is well underway. I look forward to discussions with our staff, supporters, members and partners about their ideas and aspirations, and translating this into a clear plan which provides the framework for delivering MSF UK's distinct and significant contribution to the Movement over the next six years. Underpinning this are foundational investments in 2025 which will help grow our income and allow us to pilot new approaches and explore the potential of expanding our supporter base further. We will do this as we continue to develop our strong relationship with our primary partner within the Movement – Operational Centre Amsterdam (OCA), one of the six operational directorates responsible for the delivery of MSF's medical humanitarian projects.

MSF is an independent, neutral and impartial organisation; we are unique because we operate without government or UN funding, allowing us to deliver medical care solely on the basis of need. I want to thank you – our supporters, partners and volunteers – for your continued trust and belief in our work. Your contributions, whether through money, time or advocacy, make all the difference. We can't exist without you, and all of us at MSF UK, along with the millions of people we support overseas, are hugely grateful.

With gratitude and determination,

Rachael

## **2. Reference and administrative details**

### **Directors and trustees**

The directors of the Charitable Company ('the charity') are its trustees for the purpose of charity law. The trustees and officers serving during the year up to the date of this report were as follows:

#### **Elected trustees**

Nicola McLean – Chair of the Board of Trustees (until 19 May 2024)  
Rachael Craven – Vice-Chair of the Board of Trustees (until 18 May 2024); Chair of the Board of Trustees (from 18 May 2024)  
Vita Sanderson – Vice-Chair of the Board of Trustees (from 18 May 2024)  
Bertrand Taithe (from 18 May 2024)  
Caroline Bwango (from 18 May 2024)  
Christopher Peskett  
Edward Monk (from 18 May 2024)  
Iesha Singh  
Innocent Muleya  
Mohammed Tariq Ali (until 19 May 2024)  
Robert Verrecchia (until 19 May 2024)  
Sabrina Das (from 18 May 2024)

#### **Co-opted trustees**

Emery Igiraneza  
Eve Bruce  
Jehangir Dhunjishaw Ghandhi  
Sophie Hodder (until 19 May 2024)  
Timothy Symington – Treasurer

#### **MSF UK Committee of Directors**

Natalie Roberts – Executive Director  
Kristen Veblen McArthur – Deputy Executive Director  
Ahsan Hafeez Abbasi – Director of the Humanitarian Advocacy Analysis Representation and Policy Unit (HAARP) (until 01 October 2024); Director of Programmes (from 02 October 2024)  
James Kliffen – Director of Fundraising (until 30 June 2024)  
Laura Griffin – Interim Director of Fundraising (from 01 July 2024, until 18 December 2024)  
Alan Gosschalk – Director of Fundraising (from 09 December 2024)  
Chiara Lepora – Director of the Manson Unit (until 29 November 2024)  
Matthew Coldiron – Director of the Manson Unit (from 14 October 2024)  
Chris Young – Director of Finance and Services  
Donald Campbell – Director of Communications (until 12 January 2024)  
Sam Taylor – Interim Director of Communications (from 02 January 2024 until 30 June 2024)  
Judith Escribano - Director of Communications (from 22 July 2024)  
Patrick McConnell – Acting Director of Human Resources (until 22 July 2024)  
Greg Moores – Director of People (from 22 July 2024)  
Roland Imi – Director of Information Technology

#### **Principal advisors**

Auditors: BDO LLP, 2 City Place, Beehive Ring Road, Gatwick, West Sussex RH6 0PA  
Bankers: Bank of Scotland, 38 Threadneedle Street, London EC2P 2EH

## **2. Reference and administrative details (continued)**

Solicitors: Bates Wells & Braithwaite London LLP, 10 Queen Street Place, London EC4R 1BE

### **3. MSF UK's medical humanitarian work in 2024**

Médecins Sans Frontières (UK) (MSF UK) raises money and recruits staff to support the work of MSF's medical humanitarian projects around the world. MSF UK also raises public and political awareness of MSF's work within the UK and provides strategic and technical support to MSF's projects.

In 2024, MSF's projects provided lifesaving care in more than 70 countries. The work of MSF UK and the generosity of its supporters ensure that MSF can continue to provide medical care where it is needed most.

#### **MSF's response in emergency situations and long-term protracted crises**

MSF's projects are designed to meet both the immediate and long-term medical humanitarian needs of those who are most vulnerable. Every situation we work in is different and our responses are tailored to the particular needs in each location.

MSF acts swiftly to understand the needs of people caught up in emergencies and unfolding crises, including armed conflicts, fast-spreading epidemics and natural disasters, to gauge and act upon how we can relieve their immediate suffering.

In protracted crises, MSF's responses may be broader in scope and designed around longer-term projects, adapting our services as required to reflect the needs of the people and communities we are assisting.

Whether in emergency situations or protracted crises, it is our locally hired colleagues who provide the majority of care to the people MSF assists and who work tirelessly for their communities.

In 2024, the country programmes that received the largest grants from MSF UK were Afghanistan, Democratic Republic of Congo (DRC), Ethiopia, Mozambique and Sierra Leone. We have highlighted some of MSF's activities in these countries below and throughout this report.

**More information on MSF UK's activities can be found at [www.msf.org.uk](http://www.msf.org.uk).**

#### **Top five grant-receiving countries**

##### **Afghanistan**

In 2024, MSF continued to support Afghanistan's over-burdened and under-resourced healthcare system, with a particular focus on mother and child health. The team also provided additional support in response to a surge in measles cases.

While the security situation in Afghanistan has stabilised and access to healthcare has therefore improved, the economic situation continued to impact people's ability to obtain the treatment they need. Poverty rates remain high. Public hospitals and health centres are grappling with shortages of medications, staff and other resources.

Over the past three years, the number of patients treated by MSF has doubled. In 2024, around 1,200 patients came to MSF facilities every day, but our teams lacked the capacity to treat them all.

The pressure on provincial and regional hospitals is intense. Our teams witnessed very high bed-occupancy rates, with two or even three patients sharing one bed in some of our facilities.

### 3. MSF UK's medical humanitarian work in 2024 (continued)

The seasonal peak in measles cases was higher than usual. As well as launching an emergency response in four provinces, we called on the government to increase access to vaccinations.

In addition to supporting hospitals, MSF continued working to provide medical care to hard-to-reach groups, including providing community healthcare in remote mountain districts in Bamyan province, and carrying out a series of exploratory assignments to border areas to assess the needs of Afghans returning from Pakistan and other countries.

2024 saw increasingly restrictive social policies designed to exclude women from public and professional life. In December, the Islamic Emirate of Afghanistan, also known as the Taliban, banned women from studying at medical institutes, including nursing and midwifery schools. While 50 per cent of MSF's medical staff in Afghanistan are women, we are already facing some recruitment challenges, particularly for female gynaecologists. We continue to advocate for women's access to education.

#### **Democratic Republic of Congo (DRC)**

In 2024, violence in eastern Democratic Republic of Congo (DRC) escalated to a vast humanitarian crisis. By the end of the year, four million people were internally displaced across North Kivu, South Kivu and Ituri provinces.

##### *North and South Kivu*

In North and South Kivu we expanded our emergency activities, particularly in sites for displaced people, strengthening our provision of medical treatment and vaccinations. Our teams treated an unprecedented number of survivors of sexual violence, conducting 38,000 consultations in North Kivu alone.

We treated thousands of patients for cholera and continued to serve as primary water provider in the camps around Goma, significantly investing in water and sanitation infrastructure.

With the conflict reducing access to treatment and vaccinations, admissions for malnutrition, measles, cholera and war-related injuries increased in the many facilities supported by MSF.

##### *Ituri*

In Ituri, our teams supported two general hospitals and the surrounding displacement sites. At the MSF-supported clinic in Bunia we provided surgery and post-surgical care for patients with traumatic and conflict-related injuries. We also helped 13 surrounding health zones prepare for influxes of injured people.

##### *Outbreaks and other emergencies*

MSF teams also provided medical care to people displaced by conflict and natural disasters in other areas of DRC, including Kisangani, Kinshasa and Mai-Ndombe.

Whilst measles was the main cause for intervention by our mobile emergency response teams, we also saw an increase in mpox outbreaks. This was due to a mutation leading to human-to-human transmission of the virus. Across multiple provinces we conducted epidemiological surveillance, research and awareness-raising, and supported the Ministry of Health with patient care.

### **3. MSF UK's medical humanitarian work in 2024 (continued)**

#### *Regular activities*

Alongside these emergency interventions, we continued to run our regular activities across DRC. These include supporting health facilities and caring for survivors of sexual violence. In hard-to-reach areas we trained networks of community health workers to detect diseases such as malaria and malnutrition.

In Kinshasa, we continued to provide treatment and care for people with HIV, and to strengthen access to inclusive healthcare for people with disabilities.

#### **Ethiopia**

In 2024, MSF delivered vital support in seven regions of Ethiopia. However, insecurity and administrative challenges complicated humanitarian access in many parts of the country, while drought, floods and disease outbreaks left over 21 million people in need of assistance.

In Gambella, MSF continued providing essential hospital care in Kule refugee camp. The team also provided specialist care for malaria, malnutrition and survivors of sexual and gender-based violence, as well as vaccinations, including the recently approved WHO malaria vaccine (R21).

In the Somali region, MSF mobilised its emergency response unit and responded to malnutrition, disease outbreaks and mass displacement.

In Afar, we ran water and sanitation initiatives, an inpatient therapeutic feeding unit and supported the regional hospital's paediatric department and a cholera response in collaboration with the Ministry of Health.

In South Ethiopia and Southwest Ethiopia Peoples' regions, we ran mobile clinics and provided care for malaria and measles, as well as kala azar.

In Amhara, MSF provided emergency healthcare for people affected by the ongoing conflict, focussing on neglected tropical diseases, operational research, and prevention and treatment services.

In Tigray, we provided maternal and child healthcare, a nutrition programme, and treatment for sexual and gender-based violence. We ran mobile clinics in hard-to-reach areas and repaired over 600 water pumps, also rehabilitating several departments in Abiy Adi General hospital.

In Oromia, we responded to a surge in malaria cases at two hospitals and ran mobile clinics. We also conducted health promotion activities, mosquito net distributions, and water and sanitation initiatives.

In Korem, we ran mobile clinics and supported the general hospital, focusing on maternal and child healthcare and emergency care in collaboration with the Ministry of Health.

MSF continues to call for accountability for the death of our colleagues in 2021. On 24 June that year, María Hernández Matas, Tedros Gebremariam Gebremichael and Yohannes Halefom Reda were intentionally killed in Tigray while clearly identified as humanitarian workers. We continue to pursue accountability for their deaths in the hope that this will improve the safety of humanitarian workers in Ethiopia.

### **3. MSF UK's medical humanitarian work in 2024 (continued)**

#### **Mozambique**

In 2024, MSF provided lifesaving healthcare amid conflict, natural disasters and insecurity. MSF commemorated 40 years of presence in Mozambique by addressing pressing healthcare needs in a country frequently impacted by public health challenges, and continued assisting people affected by the armed conflict in the northern province of Cabo Delgado.

In Cabo Delgado, where some 580,000 people remained displaced, our teams provided healthcare both to uprooted communities and to people who have gradually returned to areas previously hit by the violence of recent years. MSF provided assistance through community activities and support to health facilities in the districts of Palma, Mocímboa da Praia, Macomia, Mueda, Muidumbe and Nangade.

In May, Macomia district was attacked by a non-state armed group: MSF facilities were looted, and our cars stolen. This attack and the increased insecurity forced us to suspend work in this town and led also to the temporary suspension of outreach activities and the reduction of some services in other areas of Cabo Delgado.

In December, we launched an emergency response in Mecufi district, Cabo Delgado province, focusing on mental health, logistics and ensuring lifesaving health services, following the devastation caused by Cyclone Chido, which affected over 455,000 people in northern Mozambique.

In Nampula province, MSF teams worked to diagnose and treat neglected tropical diseases across rural health centres and established a blood bank to provide lifesaving transfusions for people with severe malaria. In November, we launched a hydrocele surgery campaign in Nametil to address a backlog of patients suffering from filarial hydrocele. However, after 18 surgeries, a series of violent incidents, triggered by misinformation surrounding the Ministry of Health cholera response, forced MSF to suspend all activities in Mogovolas district, to which Nametil belongs, at the end of the month.

In Sofala province, MSF's Beira project teams, in collaboration with the Ministry of Health and other local stakeholders, provided sexual and reproductive healthcare, including HIV testing and treatment and termination of pregnancy, to vulnerable and stigmatised groups.

#### **Sierra Leone**

Reducing maternal and child mortality in the country remains a priority for MSF in Sierra Leone as well as improving access to TB treatment.

In Kenema district, in Eastern province, pregnant women, lactating mothers and children under five can access lifesaving medical care in the 164-bed maternal and child hospital built by our team. In 2024, we also supported six primary healthcare facilities in the district, where we provided medical supplies, renovated buildings and trained Ministry of Health medical staff. Communities in remote villages were provided by rapid malaria testing and treatment, vaccinations for children under five, family planning and antenatal care. Patients needing more specialist care were referred to the nearest hospital.

In Bombali district, in Northern province, MSF teams diagnosed and treated people with TB, and helped improve access to treatment for adults and children with both drug-sensitive and drug-resistant TB. People living with TB patients were provided with the TB prevention therapy, introduced by our team.

We also worked in Tonkolili district, Northern province, to reduce maternal and child mortality in Mile 91 and Magburaka town as well as surrounding villages. We supported 12 health facilities in the

### **3. MSF UK's medical humanitarian work in 2024 (continued)**

district where our teams drilled seven boreholes to ensure access to safe drinking water. In Magburaka government hospital, we continued providing specialist medical care for pregnant women, lactating mothers and children under five. Our teams also supported the referral of patients in need of more advanced care from basic healthcare facilities supported by MSF to this hospital.

In 2024, we stopped supporting Magburaka community health centre as well as nine health facilities in Kenema and Tonkolili, as we are scaling down our activities to maximise our resources.

## 4. How we support MSF’s medical humanitarian work

Each MSF office, including MSF UK, plays a part in providing staff, resources and funding to the MSF operational centres. This ensures that the operational centres can maintain MSF’s projects and that we are working where we are needed most.

### People

In 2024, MSF UK deployed 146 UK internationally mobile staff (IMS) to medical humanitarian projects in 34 different countries around the world, with a monthly average of 53 IMS in projects at any one time. After screening 222 applications, we interviewed 43 potential IMS and added 29 new recruits to our pools of potential new staff.

After several years of operational centres consolidating operations and making progress in diversifying the staffing of international projects through responding more widely to needs across the entire Movement, in 2024 the number of international staff departures increased (16 per cent) against 2023. However, the true impact of our work is measured beyond the number of IMS we deploy, by looking at the operational needs to which we have responded. 2024 saw diversification of the operational centre-run projects to which UK IMS staff were deployed: 35 per cent were with Operational Centre Amsterdam (OCA) (compared to 53 per cent in 2023); 28 per cent with Operational Centre Brussels (OCB) (26 per cent in 2023); 25 per cent with Operational Centre Paris (OCP) (11 per cent in 2023); 11 per cent with Operational Centre Geneva (OCG) (9 per cent in 2023); and 1 per cent with Operational Centre Barcelona-Athens (OCBA) (no change from 2023). This is a positive change from 2023 and displays MSF UK’s important role in supporting the wider operations of MSF globally.

Operational centre	2023 percentage	2024 percentage
Operational Centre Amsterdam	53%	35%
Operational Centre Brussels	26%	28%
Operational Centre Paris	11%	25%
Operational Centre Geneva	9%	11%
Operational Centre Barcelona-Athens	1%	1%

In 2024, our staff joined emergency responses in countries affected by conflict or natural disasters, including Haiti, Lebanon, Palestine, Sudan, Ukraine and Yemen, and provided medical care and support to health services in other crisis-hit contexts, including Afghanistan, Central African Republic (CAR), DRC, Ethiopia, Nigeria and South Sudan.

The short-notice availability and willingness to respond rapidly has led to numerous deployments to emergency response projects. Furthermore, we successfully deployed 27 new staff (18 per cent) on their first international assignments, building on the pools of experienced staff ready to respond to future crises as they arise.

In addition to IMS deployments, seven staff members and one consultant were recruited by MSF UK and were seconded to Doctors of the World to work on the UK migration operations project at Wethersfield. This will continue into 2025, with staff seconded to the MSF West and Central Africa (WaCA) Operational Directorate, who are taking over operational management of UK migration work.

In 2025, MSF UK will continue to play an essential role in supporting operational centres to strengthen their evolving staffing models, while ensuring that the international workforce strategy

## 4. How we support MSF's medical humanitarian work (continued)

specific to MSF UK responds to operational needs, building upon the key role that we play in the Movement.

MSF UK focused its Learning and Development activities for both UK-based and internationally mobile staff throughout 2024 on critical courses such as Safeguarding, Welcome Days (induction) and Leadership. We had 47 participants in our Safeguarding training, and 32 in the Welcome Days induction trainings. We also facilitated MSF-specific leadership training to 36 staff from various OCA primary partner sections and branch offices, including the UK and Ireland.

### Expertise

#### ***Medical and programme support***

MSF UK is home to the Manson Unit, a multidisciplinary medical team that supports OCA and the entire MSF Movement to improve health interventions through medical innovation, implementation science and highly contextualised approaches to solving intractable problems.

Building on decades of global leadership in tuberculosis (TB), the Manson Unit has consolidated efforts to ensure that TB patients in countries of MSF intervention have access to a safer, shorter and more effective regimen identified for multidrug-resistant TB. This has been done through our new treatments and support care, and by pushing for policy change at national level in all countries where MSF treats TB, along with sharing our experiences with a scientific audience.

The Manson Unit also sponsored a milestone research report titled *In Service of Emergency: Understanding Power and Inequality in MSF*. This report was aimed at an internal MSF audience and described issues of power and inequality – what forms they take, what impacts they have, and how dynamics vary among and within the large and complex set of entities that make up MSF. The Manson Unit and MSF UK will continue to communicate the findings as discussions continue over the coming years about the overall reshaping of MSF's structures at a global level.

The Manson Unit's 'Sapling Nursery' ([msf.org.uk/sapling-nursery](https://msf.org.uk/sapling-nursery)) expanded its portfolio of place-based innovation projects in MSF settings. At the end of 2024, a harm reduction package aimed at people who use drugs in Kenya was transitioning to being integrated into the package of care provided by the Kenyan Ministry of Health. Active projects included: comprehensive adaptation of MSF services for people with disabilities in Sierra Leone; approaches to menstrual health management in multiple countries in Africa and Asia; and work on female urinary incontinence in Bangladesh. A new project will focus on developing peer-to-peer support groups among women to promote breastfeeding in Afghanistan.

The Manson Unit's focus on addressing intractable problems in countries of intervention prompted renewed attention on the dissemination of scientific outcomes in collaboration with communication and advocacy efforts in the Movement and with external actors. An example of this is the response to the mpox epidemic in DRC, caused by a novel clade of the virus. Manson Unit epidemiologists, infectious disease experts, anthropologists, and the e-health team have all been key as MSF responds to this ongoing outbreak. Tools have been developed to follow the epidemic and studies undertaken to describe the clinical outcomes related to this new strain. The Manson Unit has been integral in making sure that data informs MSF's communications and advocacy strategies about this epidemic.

In 2024, the Manson Unit continued to lead three projects sponsored by MSF UK and funded by the Transformational Investment Capacity (TIC). TIC-funded projects are innovations proposed by MSF staff or Association members that aim to dramatically improve and transform MSF's medical

#### **4. How we support MSF's medical humanitarian work (continued)**

assistance. The 'Accessibility Model for Field Planning and Response' TIC-funded project (also known as Healthmapper) aims to ensure that MSF activities deliver maximum benefit to the communities in which we work by improving patient access to MSF's health facilities. The model assesses MSF programmes' coverage and heuristically determines the best locations for health activities. After a successful pilot phase, it has been accepted for a second year of funding. The Palliative Care project, born out of collaboration between MSF UK, MSF Italy, OCA and OCP, aims at helping MSF staff better care for dying patients and their families, addressing the quality of death for patients dying in MSF facilities. Needs assessments and a description of the situation in multiple projects have shown the immense need for integration of palliative care into MSF programming. This project has also received additional funding for a second phase, in which comprehensive palliative care programmes will be implemented in at least two MSF contexts (hospitals; outpatient and homebased care). In 2024, we also celebrated the launch of a third TIC-funded project: the Malaria Anticipation Project (MAP). MAP will test climate-artificial intelligence (AI)-driven anticipatory models with community-based anticipatory approaches and data-light models to mitigate mortality and morbidities linked with malaria outbreaks.

Through the work of the Humanitarian Advocacy Analysis Representation and Policy (HAARP) Unit and Programmes Unit, we marked one year of activity in the UK in 2024, providing a mobile clinic and eight staff members for asylum seekers held at the Wethersfield asylum accommodation site in partnership with Doctors of the World (DotW). The joint MSF/DotW team has provided an important service for the men held at the site, which is totally unsuitable for the accommodation of vulnerable asylum seekers. Service users have described prison-like conditions, violence among people seeking asylum, and widespread despair and depression at finding themselves kept in such an environment at the end of dangerous and difficult journeys. The team has also noted numerous safeguarding failures on the part of the Home Office and the private company, Clearsprings Ready Homes, that manages the site. We have been able to play a role in advocating for the transfer of the most vulnerable men from the camp by certifying their physical and mental health issues. We have also played a role in advocating for improvements at the camp. A comprehensive briefing note was published in May 2024 based on our intervention.

The election of a new government in the UK means there have been some changes to the asylum system, although – despite promising an end to the use of large sites in general, and the closure of Wethersfield in particular – the government has not yet closed Wethersfield. We continue to advocate for its immediate closure.

Whilst the mobile clinic intervention, in collaboration with DotW and OCB, ended in December 2024, the project is ongoing into 2025 with the collaboration of MSF WaCA as the operational directorate. We remain immensely concerned about the impacts of the asylum system on people seeking safety and are currently scoping mental health activities to propose as the intervention focus for 2025. The MSF team is now reorienting the activity to focus more on mental health and to look at how to expand access to asylum seekers beyond Wethersfield.

In September 2024 a group from MSF UK, including the Executive Director, travelled to Nairobi to participate in finalising the proposal for MSF Ubuntu to become an operational directorate. The full Executive Committee (ExCom) voted in favour of recommending MSF Ubuntu to become an operational directorate, with MSF UK as a key partner. The proposal will move forwards to the International Board and International General Assembly in 2025. If approved, the first MSF Ubuntu-led medical humanitarian operations will be launched in early 2026.

## 4. How we support MSF's medical humanitarian work (continued)

### *Advocacy, communications and representation*

In 2024, we continued to speak out on the ongoing horrors in Gaza, demanding a ceasefire and the cessation of hostilities towards innocent civilians, including our staff and patients. To that aim, we promoted our lifesaving work in Gaza on social media, online and in the press. We organised a presence at several official ceasefire marches. We held meetings with ministers, members of parliament and officials from the FCDO, wrote several open letters to the Prime Minister and Foreign Secretary, and published a number of reports. We spoke at the All-Party Parliamentary Group (APPG) on Gaza and, at the end of the year, we published a report titled *Gaza: Life in a death trap*. In this report, we stated that what our medical teams were witnessing on the ground throughout the conflict was consistent with the descriptions provided by an increasing number of legal experts and organisations concluding that genocide was taking place in Gaza. We also pushed to bring greater attention to the catastrophic humanitarian crisis in Sudan in 2024, which went largely unreported in mainstream media, and were invited to speak at the International Development Committee (IDC) on Sudan.

In 2024, the HAARP Unit continued the representation of MSF's medical and humanitarian work to the UK government and other key stakeholders in the UK's political and humanitarian sphere. As above, this included engagements on Gaza and Sudan, as well as other contexts including Chad and Nigeria, and topics including malnutrition, access to products for healthcare and antimicrobial resistance.

Policy and advocacy work on access to medical products in the UK focused on three key areas in 2024. Firstly, our work on outbreak and pandemic response focused on influencing the UK's position in the World Health Organization (WHO) Pandemic Accord to ensure that global efforts for future pandemics are more equitable and meet the needs of the most vulnerable; engagement with the UK will continue to be a priority in 2025. Secondly, we pushed on equity and transparency in clinical trials. While MSF has already set a precedent by publishing costs of its own trials, we initiated international efforts to produce standard international clinical trial cost-reporting guidelines, which will continue into 2025. Finally, we pushed for access to medical products which are developed in the UK, including mpox vaccines for children. Across all these themes, we conducted policy and advocacy work, including bilateral meetings with the UK government and relevant actors, as well as publishing a policy brief and carrying out a wide range of communications work.

We continued to reach supporters and stakeholders through a number of communications channels including our website, social media channels, e-newsletters, videos, our quarterly magazine, public events, teaching resources, and the media. A total of 83,661 people subscribe to our monthly email, Frontline, which has an open rate of 45 per cent, double the average open rate within the charity sector. We have a presence across social media, including Facebook (113,200 followers), X (43,781 followers) and LinkedIn (27,221 followers), and built our Instagram and TikTok channels over the year (these are not static numbers, figures accurate at the time of writing).

Finally, we secured 1,235 pieces of media coverage across TV, radio, podcasts, online and print. We are particularly proud of a full-page feature in the *Guardian* profiling Dr Mohammad Abu Mughaisab in Gaza as part of their 'Gaza Voices' series; of our work in Sudan being featured by the *Economist*; and of an interview with MSF doctor Javid Abdelmoneim making headline news for ITV. We were also delighted to be chosen as the partner for the Guardian and Observer charity appeal, which showcased MSF's incredible work through a series of articles. The appeal raised £1.73 million, and

#### 4. How we support MSF’s medical humanitarian work (continued)

was shared between three charities: MSF UK is due to be allocated over £461,000 in 2024, with further allocations in 2025.

##### Fundraising activities

2024 Key metric	Result
In 2024, MSF UK plans to raise £74.8 million to fund the MSF Movement’s medical humanitarian projects.	In 2024, MSF UK raised £88.1 million in donations and legacies.

MSF UK’s fundraising approach is focused on bringing our supporters closer to the medical humanitarian work that their generosity makes possible, through the testimonies of MSF staff and the communities that we serve. MSF UK adheres to the Code of Fundraising Practice imposed by the fundraising regulator. MSF UK carries out fundraising through public appeals, including through private-site face-to-face fundraising, major donor stewardship and multimedia campaigns. MSF UK prioritises direct fundraising, complemented by collaborative partnerships with third-party entities for specific fundraising functions. These collaborations, such as Payroll Giving Facilitators and community fundraising platforms (e.g. Just Giving) operate within defined frameworks and agreements.

Private individuals and organisations provide 100 per cent of our funding in the UK. We take great care to maximise the proportion of every donation that is spent on our humanitarian work. In 2024, we raised £6.32 for each pound we invested in generating funds. This compares to £6.53 in 2023. Please see the Financial Review in section 10 for further details.

We strive to provide the highest standard of stewardship to the private individuals and organisations that fund MSF UK. In 2024, we achieved first place for the overall experience we provided to our donors in the THINK Stewardship Tracker survey when compared to 21 other charities.

MSF UK adheres to leading standards in our fundraising activities and is a member of both the Fundraising Regulator and the Direct Marketing Association. All third-party organisations acting on behalf of MSF UK are closely supported and supervised to ensure they provide the highest possible level of service. We work hard to inspire and motivate the teams that represent us, including through regular briefings from our medical and logistical staff.

A complaints procedure in the Fundraising department records and responds appropriately to any complaints. We feed actionable insight back to all areas of the Fundraising team and strive to improve the experience for supporters. In 2024, we received and responded to 51 complaints (compared to 73 in 2023) in relation to our fundraising activities. We also adhere to a vulnerable persons policy in relation to fundraising.

We talk with supporters across the UK to better understand their needs and motivations. These discussions define our approach to fundraising and help us meet our supporters’ wishes and interests. Feedback is highly valued and encouraged. We never allow other charities access to our supporters’ details. MSF UK adheres to the Code of Fundraising Practice.

#### **4. How we support MSF's medical humanitarian work (continued)**

All fundraising team members receive guidance and training on interacting with people in vulnerable circumstances, as well as guidance on working with Power of Attorney and written authority requests. This refers to the wider MSF UK policy on fundraising with people in vulnerable circumstances, with all procedures related to protecting vulnerable people reviewed on a regular basis to include up-to-date guidance drawing on experience.

## 5. MSF UK's 2024 performance

The focus for the 2024 Annual Plan was to build on our strengths, move key project activities into core functional work and grow our income generation. During the year, MSF UK also experienced significant changes in leadership, welcoming four new permanent Directors and two interim Directors over the course of the year. This included the appointment of a People Director who led on restructuring our People Department to ensure we have the capacity and capability to deliver on our commitments as a section of the MSF Movement, and against the first year of our refreshed Strategic Direction.

In 2024, MSF UK responded to a volatile global context through our fundraising activities, sourcing of internationally mobile staff, and in our advocacy and representation work. We advocated strongly for a ceasefire in Gaza using first-hand testimony from our staff. We continued to build upon the medical humanitarian expertise in the Manson Unit to deliver on research and innovation, and established a Programmes Unit to manage our key partnership programmes, with a focus on building our postgraduate education offering and developing our partnership with MSF Ubuntu, MSF's emerging operational centre, which will launch operations in early 2026 (pending approval at the 2025 International General Assembly). MSF Ubuntu is a partnership between four existing MSF sections: MSF Eastern Africa, MSF Southern Africa, MSF Spain and MSF UK. Behind the scenes, we identified and negotiated new office accommodation from 2025, continued to strengthen our systems, policies and processes and developed our data protection, information security and cyber-security approaches.

Other areas of work did not progress as fast as we would have hoped. One of the learnings from the new planning system in 2023 was that, as an organisation, we tend to be over-ambitious, particularly in relation to project work, and 2024 demonstrated a similar trend. Some policy areas in the People Department have been deferred to 2025 to allow the restructuring of the department to embed. Similarly, we had intended to progress with our business continuity planning; however, in the event, we had to prioritise resources towards preparing for the office move in January 2025. We have identified areas of our existing Strategic Goals which require further definitional work, particularly in the Igniting Change pillar. We had also intended to incrementally expand our carbon emission reporting and reduction work within MSF UK. However, outside the office move, where we have managed to identify significantly more energy-efficient offices, this work has focused on our reporting requirements to inform future emissions reduction work. As we prepare ourselves for a new strategic planning exercise, we are reflecting on the lessons which can be drawn from this.

### Strategic Direction in 2024

Our *Strategic Direction update to 2025*, produced at the end of 2023, set out what we intend to achieve in the two years 2024 and 2025 at a strategic level. This included setting a new Strategic Goal for how MSF UK intends to support MSF's humanitarian action.

The progress report below summarises the main activities that we completed in 2024 against our refreshed strategic objectives.

#### *Supporting MSF's humanitarian action*

To the end of 2025, our new Supporting MSF's Humanitarian Action Strategic Goal consists of the following five strategic objectives for the UK:

## 5. MSF UK’s 2024 performance (continued)

- Providing access to medical knowledge, research and innovation.
- Recruiting a diverse pool of country-based and internationally mobile staff.
- Continuing to make access to postgraduate education and development opportunities available.
- Working to deliver against the longer-term income targets being set by the MSF Movement.
- With our communications, building empathy, understanding and action.

Objective	Completed actions in 2024
Providing access to medical knowledge, research and innovation	<p>The Manson Unit continued to provide chronic and infectious disease expertise, epidemiological and anthropological support to a range of MSF's humanitarian projects, while also delivering projects for anticipatory action in relation to malaria, devising an accessibility mapping tool to help site MSF's humanitarian projects most effectively, and working on how to make palliative care available to the communities with whom we work. Manson Unit e-health specialists rolled out new tools to improve data collection and reporting across OCA projects.</p> <p>Other key successes taking on responsibility for the MSF movement’s contribution to the Lancet Climate Countdown series and disseminating the research report, completed in 2023, <i>In Service of Emergency: Understanding Power and Inequality in MSF</i>.</p>
Recruiting a diverse pool of country-based and internationally mobile staff	<p>We successfully supported our pool of internationally mobile staff by managing the departures of 146 colleagues to MSF humanitarian projects, including in Afghanistan, Gaza, South Sudan, and Ukraine. Departures were also spread more evenly across the OCs than in previous years, where the vast majority of UK departures left via OCA. Eight members of staff (seven UK contracted and one consultant) were recruited in 2024 for the UK migration operations project at Wethersfield.</p>
Working to deliver against the longer-term income targets being set by the MSF Movement	<p>During 2024 we increased our fundraising to achieve our highest income to date of £88.1 million in donations and legacies: £25.0 million from regular giving; £17.8 million from appeals; £27.0 million from legacies; £8.3 million from charities and trusts; £5.3 million from sponsorship, events and collections; and £3.9 million from corporate donors, and other donations of 0.8 million.</p> <p>Significant work was also undertaken to identify further opportunities to grow our income generation activities in 2025 and beyond.</p>

## 5. MSF UK’s 2024 performance (continued)

<p>Continuing to make access to postgraduate education and development opportunities available</p>	<p>MSF UK manages two postgraduate education offerings: the LEAP programme and the GHHM course.</p> <p>The LEAP programme continues to make postgraduate humanitarian education and development opportunities accessible to colleagues across the MSF Movement. Of students who began their studies in 2024, 63 per cent were from low and lower middle-income countries, 49 per cent were women, and 42 per cent were locally-hired staff profiles.</p> <p>In October, 44 LEAP students travelled from global MSF projects to the UK to participate in face-to-face teaching in Manchester and Liverpool, with some students also participating in a meeting with donors, a Manson Unit workshop and a storytelling event with 140 MSF supporters.</p> <p>In March, the LEAP Programme launched a new Women in Leadership Strategy, which involves targeted recruitment efforts and cross-programme collaboration with other MSF academic programmes. This year, LEAP also commissioned an external evaluation, in collaboration with MSF's Vienna Evaluation Unit, to engage with LEAP graduates, their professional development and career pathways following course completion.</p> <p>The GHHM course, was successfully completed by 176 students (86 per cent) from the 2023/2024 cohort, and 236 students were enrolled for the 2024/2025 cohort. For the 2024/2025 cohort, 85 per cent of students are from low and middle-income countries, and 53 per cent of students are MSF staff, of which 73 per cent are locally-recruited staff.</p> <p>In 2024 GHHM worked with The Royal College of Physicians (RCP) to develop a new diploma exam: the Diploma in Global Health. There will be an initial three-year period of delivery, with the first instalment of the exam to be held in July 2024. This is a huge milestone for GHHM and will dramatically increase the access of doctors living and working in resource-constrained settings to a postgraduate qualification from a globally recognised institution. GHHM's alumni platform launched successfully and already has nearly 500 registered users.</p> <p>We have continued with our Associate Trustee programme as a way for members of the MSF Movement to train in and experience governance processes in the UK, without holding</p>
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## 5. MSF UK’s 2024 performance (continued)

	<p>the responsibilities, voting rights or legal duties of a trustee/Board member. We have also continued to support a Humanitarian Affairs Assistant role in our HAARP Unit, providing a pathway into similar roles directly attached to MSF humanitarian projects.</p>
<p>With our communications, building empathy, understanding and action</p>	<p>Our Communications Department managed challenging communications environments, particularly in respect to the Gaza crisis. Despite this, it successfully communicated MSF's humanitarian message, gaining traction in the UK media and supporting the wider Movement internationally to do the same.</p> <p>Last year, we set up Instagram and TikTok channels to expand our reach and have already accrued 15,744 and 15,999 followers on those respective channels. We redesigned and relaunched the homepage of our website. And we developed a wealth of content to support our colleagues in the Fundraising Department, supporting two major integrated campaigns as well as direct mailings.</p> <p>In the Public Engagement team, we provided speakers for 114 public talks across the UK and ran a series of public and supporter events including a book launch, a film screening, a storytelling event and a panel discussion on Sudan. We also held two national conferences and a social event for our university student followers, the Friends of MSF. In order to reach a younger audience, we produced 41 curriculum-specific MSF-themed teaching resources for schools.</p>

### **Valuing people**

By 2025, MSF UK will be an organisation in which all those who work with and for us – whether in the UK or in MSF’s projects – feel valued in their working lives and are treated with fairness and respect. MSF UK will foster a healthy working environment built on community, inclusivity, diversity, and a proactive idea of acceptance, where professional development meets the needs of both MSF and its staff.

<b>Objective</b>	<b>Completed actions in 2024</b>
<p>Respect, inclusion and enabling staff potential within the MSF workforce</p>	<p>During 2024, we have transitioned responsibility for Equity, Diversity and Inclusion work to the People Department. We have completed a review of progress against our EDI Action Plan (originally developed in 2021) and are now in the process of refreshing our ambitions for the next period.</p>

## 5. MSF UK's 2024 performance (continued)

	<p>Dissemination of the results of the research project sponsored to examine inequalities within MSF and its medical humanitarian endeavours, titled <i>In Service of Emergency: Understanding Power and Inequality in MSF</i>, was delivered using wide-ranging communications across the Movement.</p>
<p>MSF UK/IE will have the appropriate systems, training and communication channels to ensure that staff are able to develop their skills and gain the right experience to meet their full potential.</p>	<p>In 2024 our new Head of Talent Development commenced the diagnostic of the MSF UK/IRE talent development offer. In addition, we supported professional development through individual Continuous Professional Development (CPD) requests, leadership training (e.g. Ways of Working (WoW), MSF UK/Germany leadership training for internationally mobile staff), the weekly all-staff meetings and ops updates. Work began on creating a Staff Forum, and the first phase of resetting our equity, diversity and inclusion (EDI) strategy was launched with a highly interactive workshop. Black History Month was marked with a series of well-received talks, films and resources being made available to all. We have also supported bespoke team and individual development needs where required.</p> <p>At the end of the year, we appointed someone to work on internal communications for the first time – with the aim of ensuring that relevant information is communicated at the right time and through the right channels.</p>
<p>Safeguarding and duty of care: MSF UK will continue to embed best practice UK- and INGO-sector safeguarding standards across all UK departments and operations. We will be recognised as a key resource for safeguarding good practice, assistance and support for the MSF Movement.</p>	<p>We continued to make progress with the responses identified in the Safeguarding Risk Assessment. This included developing a package of online safeguarding training and procuring a package of Trauma Informed Awareness Training for delivery in 2025.</p> <p>As part of the implementation of our HR Vision, responsibility for safeguarding within the UK has now transitioned to the People Department.</p> <p>Our wider support to the MSF Movement continues, with advice and support provided to further embed safeguarding within OCA, which has included allocating the Safeguarding Lead to OCA activities.</p>

### **Igniting change**

For the period to 2025, we have identified three key themes that we wish to demonstrate impact on as an organisation during the period of the extension of the Strategic Direction: Migration, Nutrition, and Access to Products for Healthcare.

## 5. MSF UK's 2024 performance (continued)

Objective	Completed actions in 2024
<p>Migration: to prevent, mitigate, reverse and respond to the medical consequences of the implementation of harmful migration policies in the UK, or by the UK in other countries</p>	<p>During 2024, MSF UK engaged with operations to support migrant communities being accommodated at the Wethersfield containment site with Doctors of the World UK under the operational direction of OCB and latterly MSF WaCA, which took over from OCB on 1 October 2024. This included providing both primary healthcare and mental health support throughout 2024.</p> <p>During 2024, we continued to advocate on behalf of migrants and to raise concerns about the potential harm created when they are accommodated in mass containment centres which are not fit for purpose. This included publishing jointly with Doctors of the World UK the briefing note <i>Like a prison: no control, no sleep</i> to shine a light on the mental health crisis at Wethersfield containment site.</p>
<p>Nutrition: increase awareness of and support in the UK and Ireland for MSF's work with malnutrition, and strategically engage with key UK and Irish stakeholders to increase action and accountability in the prevention and treatment of acute malnutrition in contexts where MSF works, with a focus on infantile malnutrition and recurrent malnutrition crises</p>	<p>In 2024, we established an internal taskforce to develop the ways in which MSF UK might contribute advocacy support to the growing malnutrition crisis in countries in which MSF has humanitarian projects.</p>
<p>Contribution by MSF UK to the Access to Products for Healthcare campaign</p>	<p>With the transition of the MSF Access Campaign to the Access to Products for Healthcare programme, we have transitioned one role into MSF UK to focus on UK-relevant priorities, and established an internal Access to Products for Healthcare taskforce.</p>

## 5. MSF UK's 2024 performance (continued)

### Ways of working

By 2025, MSF UK will have begun a programme of change to create new, more effective and more efficient ways for its UK-based staff to work. To achieve this goal, we will evaluate our processes, systems, relationships and organisational design to identify where these are already functioning correctly and what barriers prevent us from reaching our full potential.

Objective	Completed actions in 2024
<p>Systems, processes and organisational design to support effective and timely decision-making</p>	<p>A new Committee of Directors (CoDir) has been established to support effective decision-making. The CoDir is committed to shared ways of working, including strengthening a culture of subsidiarity and accountability.</p> <p>In September 2024 we reorganised the work of the HAARP to split it into two units – the HAARP and the reinstated Programmes Unit. The HAARP will continue to focus on humanitarian advocacy, analysis, representation and policy, with a particular focus on our Igniting Change priorities, as well as on emerging and ongoing humanitarian crises highlighted during MSF's medical operations. The primary objective of the Programmes Unit is to provide consistent and focused support to long-term/continuous MSF UK programmes that contribute to supporting the implementation or delivery of the social mission. The Programmes Unit will initially host four programmes that MSF UK delivers in support of the Movement: Access to higher education (LEAP and GHHM); support to UK migration operations; MSF UK focal point to the development of MSF Ubuntu; and MSF UK's 'Movement-facing' safeguarding advice and support.</p> <p>In 2024, we also completed a feasibility project looking at what management information was available and assessing its value. The project reported a number of lessons learnt and opportunities for improvement and established a basic management information infrastructure. The project will transition into core functional work in 2025 with a view to making further improvements.</p> <p>In our Finance Team, we have also taken forward work behind the scenes to review our processes and ensure that our policies are up to date and fit for purpose.</p>
<p>Collaboration, culture and flexible working: create an enabling environment for staff to work collaboratively and flexibly, to be empowered and to use their initiative</p>	<p>In 2024, we embedded our flexible working approach effectively, taking the lessons learnt into the design of new office accommodation.</p>

## 5. MSF UK's 2024 performance (continued)

<p>Portfolio, Programme and Project Management (P3M): to build our planning capacity and capability to support the delivery of strategic objectives within the resources available</p>	<p>In 2024, we continued to invest in training for a small number of staff in both 'waterfall' and 'agile sprint' methodologies, incrementally increasing our capability.</p> <p>We also strengthened our planning discipline during the annual planning and budgeting round, formalising the portfolio management approaches we trialled in 2023 by codifying it in a policy and creating greater alignment between progress and budget reporting tools.</p>
<p>MSF UK/IE shared context: MSF UK and IE will collaborate to support each other through shared services, and explore how to enhance collaboration in the enabling functions</p>	<p>MSF UK and MSF IE continue to work together across multiple disciplines. The MSF UK People Department and MSF IE HR continue to support each other, MSF UK and IE planning and risk management cycles are aligned and MSF UK's IT Department provides a combined MSF UK/IE IT environment and support.</p>
<p>Information, governance and data protection: MSF UK will strengthen its governance and institutional memory by establishing information governance controls</p>	<p>We have completed a review of our Board's Scheme of Delegation, which was approved at the December board meeting and will be implemented during the course of 2025 to ensure appropriate delegations and to support effective decision-making at all levels.</p> <p>MSF UK's Policy Review Project has now concluded moving policy review into a core functional work state. Although this work has identified policy gaps that still need to be filled, the system of managing our policies has been embedded as routine work.</p> <p>We have put a specific focus on our management of data protection, establishing a Data Protection Programme Board to oversee projects aimed to review our data protection controls on a department-by-department basis, ensuring that we are both protecting personal data and can demonstrate how we are doing so.</p>

### *Climate crisis and global health*

Between 2020 and 2025, MSF UK has committed to act as a convener on climate and health, developing knowledge, skills and innovative approaches on behalf of the MSF Movement. We have committed to bringing together data and stories from our projects to support advocacy efforts, and to providing technical and operational support to projects in contexts where climate change is impacting vulnerable groups. MSF UK has also committed to reducing its environmental footprint.

## 5. MSF UK’s 2024 performance (continued)

Objective	Completed actions in 2024
MSF UK/IE will continue to support MSF operational centres (primarily OCA) to address the health consequences of the climate crisis	In 2024, a climate vulnerability risk tool was piloted in Nigeria; in 2025 it will be tested in Somalia and Chad. In India, Pakistan and northeast Syria, the emergency desk extreme heat emergency preparedness (EPREP) scenarios will continue.
Supporting MSF’s operational research and advocacy on climate and health	<p>A scoping review undertaken in 2024 supports leveraging existing research and proven practices (where they exist) to tailor unique humanitarian challenges posed for health interventions.</p> <p>During 2024, MSF UK’s Manson Unit has been involved in chairing intersectional MSF editorial support for the Lancet Countdown on health and climate change.</p>
MSF UK/IE office environmental responsibility: reporting on carbon emissions and exploring areas for reduction in line with the target to reduce emissions by 50 per cent by 2030	<p>We conduct voluntary biannual reporting as part of the MSF Movement’s commitment to reducing carbon emissions. In 2024 we produced both the 2023 end-of-year report and the 2024 mid-year report on our carbon emissions.</p> <p>In 2024, we also sought external advice on our approach to reporting and our regulatory reporting requirements. This report was delivered at the end of 2024 and will inform a strategic discussion in early 2025 as to how we might proceed with our carbon emission reporting and reduction work into the next strategic period.</p> <p>We successfully identified new office accommodation, with climate impact being one of the key priorities in the search. Our new office accommodation is much more energy-efficient and we expect to see a commensurate reduction in our carbon emissions reporting from 2025 onwards.</p>

## 5. MSF UK’s 2024 performance (continued)

### Trustees’ oversight of MSF UK’s work

As a company limited by guarantee, MSF UK is required to report on how the trustees have discharged their duty to promote the best interests of MSF UK, and have considered the matters set out in section 172(1)(a)-(f) of the Companies Act 2006:

- The likely long-term consequences of any decision
- The interests of employees
- Fostering relationships with key stakeholders
- The impact of operations on our communities and environment
- Maintenance of our reputation for the highest standards of conduct
- The need to act fairly as between members of the company

### Our stakeholders

MSF UK is able to achieve its charitable purpose thanks to the relationships we maintain with our stakeholders. Given the nature of charitable work, our stakeholder groups are well established. Our aspirations for these relationships are set out in the Igniting Change pillar of the Strategic Direction (as described earlier in this section). As work progresses on the Strategic Direction 2026-31, we will review our stakeholder groups to ensure that our engagement continues to be mutually beneficial and meaningful.

The following table sets out our key stakeholder groups, the key considerations of each group, and how we engage with them. Trustee discussions consider the potential impact of decisions on each stakeholder group, as well as their needs and concerns.

Key stakeholder group	Key considerations	How we engage with them
Patients and communities	<ul style="list-style-type: none"> <li>• Providing medical humanitarian support to those most in need</li> <li>• Ensuring that as much of our resources as possible are used for the benefit of this group</li> </ul>	<ul style="list-style-type: none"> <li>• The grants we provide and the staff we second to our operational partners</li> <li>• The technical assistance we provide to our operational partners through the Manson Unit</li> </ul>
MSF Movement partners	<ul style="list-style-type: none"> <li>• Our shared values and goals bind the MSF Movement together and are a key part of MSF UK’s identity</li> </ul>	<ul style="list-style-type: none"> <li>• UK representation in the OCA Management Team and OCA Council</li> <li>• Membership of other Associative and Executive platforms across the Movement</li> <li>• Participation in Movement-wide discourse facilitated through internal websites and grassroots discussion forums</li> </ul>
MSF UK Association	<ul style="list-style-type: none"> <li>• Arbiters and guardians of MSF identity for MSF UK</li> <li>• Developing and maintaining relationships and interest in the charitable purpose of the MSF Movement as potential future staff and trustees</li> </ul>	<ul style="list-style-type: none"> <li>• The MSF UK Association website</li> <li>• Regular mailings and direct communications on topical issues</li> <li>• Regular events, for example webinars, briefings and networking events</li> <li>• Annual General Meetings</li> <li>• Facilitation of social media spaces</li> </ul>

## 5. MSF UK's 2024 performance (continued)

Donors and supporters	<ul style="list-style-type: none"> <li>• Understanding the impact of donations through insights into our medical humanitarian work</li> <li>• Developing and maintaining relationships with supporters and their interest in the MSF Movement</li> </ul>	<ul style="list-style-type: none"> <li>• The MSF UK website and social media channels</li> <li>• Regular newsletters and direct communications</li> <li>• MSF UK events</li> <li>• Direct engagement with members of the Fundraising Department</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Training and development</li> <li>• Equity, diversity and inclusion</li> <li>• Wellbeing and support</li> </ul>	<ul style="list-style-type: none"> <li>• News, support and policies provided through a range of internal channels</li> <li>• Community days, including weekly all-staff meetings</li> <li>• A broad range of learning and development opportunities available to employees</li> <li>• Feedback and implementation of positive change through periodic 'Town Hall' meetings and staff groups</li> </ul>
Regulators	<ul style="list-style-type: none"> <li>• Maintaining governance procedures to ensure compliance with all applicable regulatory regimes</li> </ul>	<ul style="list-style-type: none"> <li>• Timely submission of all necessary filings and returns</li> <li>• Self-reporting and engagement, where appropriate</li> <li>• Prompt and comprehensive responses to requests for information, as required</li> </ul>

### **Key decisions**

In making key decisions concerning the strategy and activities of MSF UK over the course of the year, the trustees considered the wider interests of our stakeholders and the broader factors set out in Section 172 of the Companies Act 2006, listed above.

Key considerations included:

- Day-to-day decisions below agreed financial thresholds are delegated to the Executive Director. High-value key projects and new initiatives are considered and, if appropriate, approved by the Board with regard to:
  - The use of charitable funds
  - Assessment against charitable purpose
  - Compliance with the Charity Commission regulatory framework and, where appropriate, the Fundraising Regulator and Information Commissioner's Office.
- The ability to maintain core functional work while continuing to make progress on our strategic goals, monitored through quarterly reporting against annual plans and biannual reporting against key performance indicators.
- The potential impact of delays on the delivery of strategic priorities.
- The long-term impact on the future direction and success of the organisation as a result of the Strategic Direction 2020-23, as extended to 2025.

## 5. MSF UK's 2024 performance (continued)

- Ensuring MSF UK's combined activities align with MSF UK's unique contribution to the MSF Movement.

Topic	Decision	Key considerations
Strategic Direction	Development of the MSF UK Strategic Direction 2026-31	<p>Reflecting on the progress made against Strategic Direction to 2025.</p> <p>Ensuring that the process for developing the Strategic Direction 2026-31 engages all stakeholder groups appropriately.</p>
Fundraising	Strategic investment to grow our fundraising activities	<p>Prioritisation of contribution in the medium term over contribution ratio in the short term.</p> <p>Initial commitment to grow resource in the Individual Giving team to begin proactively developing Legacies as an important income stream, and improving donor loyalty.</p>
Safeguarding	Update and ongoing delivery of Safeguarding Strategy	<p>Implementing a clear line of sight on activities spanning the organisation, and restructuring Safeguarding resources within the People Department to ensure MSF UK can both monitor progress and provide technical support to functional areas.</p> <p>Clearly defining activities and prioritising on a risk basis across the organisation.</p>
Environmental responsibility	Prioritisation of resource allocation to MSF's operational centres (principally OCA)	<p>Expansion and improvement of emissions data and analysis, including how MSF UK meets both its internal MSF reporting requirements and its external compliance reporting requirements.</p> <p>The need to continue to reduce emissions in the UK, whilst supporting MSF's operational centres (principally OCA), where there is greater potential for impact.</p>

## 5. MSF UK's 2024 performance (continued)

### Sustainability and carbon reporting

In 2020, MSF UK started reporting on its energy-related carbon emissions in the UK, including gas, electricity and fuel, in compliance with the Streamlined Energy and Carbon Reporting (SECR) regulatory requirements mandated for unquoted large companies and organisations.

### Energy and greenhouse gas emissions

Our energy and greenhouse gas emissions for the period 1 January to 31 December 2024 are set out in the table below. We have reported all material emission sources required by the regulations for which we deem ourselves to be responsible and have maintained records of all source data and calculations.

UK energy consumption – gas, electricity, fuel (business travel mileage)										
Energy source	Consumption (kwh)		Emissions (kgCO <sub>2</sub> e)		Emissions (tCo <sub>2</sub> e)		Intensity ratio FTE (kgCO <sub>2</sub> e/FTE and tCO <sub>2</sub> e/FTE)			
	2023	2024	2023	2024	2023	2024	2023		2024	
Electricity (Scope 2)	130,080	134,393	26,936	27,826	26.9	27.8	131	0.13	124	0.12
Natural gas (Scope 1)	101,293	118,958	18,233	21,757	18.2	21.8	89	0.09	97	0.10
Fuel – business travel (mileage) (Scope 3)	4,473	2,890	1,243	677	1.2	0.68	6	0.01	3	0
<b>TOTAL (all Scopes)</b>			46,412	<b>50,260</b>	46.3	<b>50.28</b>	226	0.22	<b>223</b>	<b>0.22</b>

### Methodologies and estimates

MSF UK accounts for the energy and gas consumed in its London office space plus for a portion of the communal areas in the building at 10 Furnival Street. MSF UK conducts some business travel by land, for which MSF UK is responsible for purchasing the fuel or for which MSF UK reimburses its staff following claims for business mileage. This business travel includes travel to and from events, such as locations where MSF UK staff are raising funds, or events at which MSF UK staff are speaking or taking part in projects.

In 2024, MSF UK worked with an external consultant with expertise in carbon accounting and sustainability management to strengthen our approach to carbon emissions accounting and enable MSF UK to consider areas with meaningful reduction potential.

There was a relatively significant decrease in the number of fuel and mileage expenses in 2024 compared to 2023. In 2024, we accounted for 19 expense claims for business travel in the UK, compared to 27 mileage claims in 2023. MSF UK continues to measure Scope 3 business transport emissions using activity-level data from mileage claims and appropriate UK government conversion factors, and MSF UK will continue following expert advice on how best to account for these emissions.

In 2024, the UK Electricity CO<sub>2</sub>e factor has remained at a similar level to 2023 according to the UK government. In 2024, MSF UK saw a slight increase in emissions associated with electricity purchases and an increase in emissions associated with natural gas purchases. In early 2025, MSF UK moved to a more sustainable office space, which will significantly reduce, if not eliminate, the consumption of natural gas for heating.

## 5. MSF UK's 2024 performance (continued)

In 2024, MSF UK reported 225 average full-time equivalent staff members (FTEs) compared to 206 in 2023. We are calculating our intensity ratio using both kgCO<sub>2</sub>e and tCO<sub>2</sub>e per average FTE and have recalculated our 2023 intensity ratios to reflect this. In 2024, there was an increase in our emissions from natural gas and electricity usage in 2024 and an increase in the reported number of FTEs, from 206 in 2023 to 225 in 2024, resulting in a very slight decrease in our intensity ratio measured in kgCO<sub>2</sub>e/FTE and an identical intensity ratio measured in tCO<sub>2</sub>e/FTE. This change is modest, particularly when considering the intensity ratio remained the same in terms of tCO<sub>2</sub>e emitted per average FTE.

### Measures taken to increase energy efficiency

In 2024, MSF UK worked with an external expert in carbon emissions and sustainability to better understand the evolving UK regulatory landscape and improve the ways we account for, calculate and report our emissions, which will inform the direction of travel for 2025 and beyond.

Notably, MSF UK completed most of the office move project in 2024. Once the move is complete in early 2025, we will be able to significantly reduce our Scope 1 emissions in future years.

In 2024, the wider MSF Movement reviewed the global travel guidance and expectations around international travel, which will inform an updated MSF UK Responsible Travel policy in due course. MSF UK also anticipates changes to its procurement policy and practices, particularly the inclusion of sustainability considerations when selecting suppliers.

## 6. MSF UK’s plans for 2025

In 2025, we will continue to deliver against the objectives set out in the 2020-25 Strategic Direction period, while placing emphasis on embedding stable and reliable organisational structures and building capacity and capability to develop our new 2026-31 Strategic Direction.

Next year, there will be an emphasis on delivering objectives concerning continued growth in income, developing our operational partnerships, and ensuring sufficient support across MSF UK for the medical knowledge, research and innovation work of the Manson Unit.

A key input into the plan has been our risk management approach. Based on the risk management review, risk responses have been incorporated into the 2025 Annual Plan, taking account of a revised risk appetite approved by the Board in October 2024. This includes maintaining focus on our data protection programme, resetting the equity, diversity and inclusion (EDI) programme vision, developing our income modelling, and determining a more sophisticated approach to our carbon emission reporting and reduction work.

To support our ambitions beyond 2025, we are proposing significant investments. A particular area of investment is within income generation which became overdue after several years of impressive growth yet little investment in the foundations. Some of this investment will help grow our income in 2025 and allow us to pilot new approaches and explore the potential of new markets. The remainder is about building the capacity we need to grow our income in the longer term. We will also spend significant time rebuilding the strengths of our Communications Department, following the new strategy set out by the incoming Communications Director and the Communications team, not least in support of our increased income ambitions. Additionally, we will ensure the support functions of MSF UK are ready to respond to growth elsewhere in the organisation with effective, efficient and reliable processes that make the best use of all our available tools.

In preparing our Annual Plan for 2025, we have been guided by MSF UK’s Strategic Financial Plan and Resource Sharing Agreement 4 (RSA4) Contribution target.

### ***MSF UK supporting MSF’s humanitarian action in 2025***

Objective	Plans
Providing access to medical knowledge, research and innovation	<p>The Manson Unit will continue to build upon its extensive repertoire of approximately 60 ongoing research studies and its commitment to research dissemination through conducting 30 new research studies in 2025 and exploring systematic support for clinical research. The Manson Unit will continue to develop tools, methods tailored to support humanitarian health teams, and implement keystone annual projects including MSF Scientific Days, Missing Maps, the Lancet Countdown, and partner events in London as core components of research dissemination, and will look at further ways to support the London Calling initiative to recognise patient-and-person-centred research as fundamental to MSF’s social mission.</p> <p>The core country support work will continue, providing expertise and support on chronic and infectious diseases, epidemiology and public health, e-health, and social sciences</p>

## 6. MSF UK's plans for 2025 (continued)

	<p>to at least 25 countries across multiple projects. In addition to country-specific support, several activities supporting specific causes will be undertaken in 2025, including the establishment of the Neo-LITE platform for supporting Neonatal sepsis, upscaling new TB regimens, and building upon Sapling Nursery projects from 2024.</p> <p>The Manson Unit will also undertake an evaluation of the MSF Data Sharing Initiative (the 'Nexo' platform), developed by MSF Japan under commission by OCA. This platform aims to allow the sharing of anonymised and de-identified MSF data sets with academia and others, to optimise the research contributions that external parties can make in humanitarian settings. MSF UK will take on responsibility for evaluating the project and determining what future governance arrangements might look like depending on the results of the evaluation.</p>
<p>Recruiting a diverse pool of country-based and internationally mobile staff</p>	<p>We will continue to source medical and non-medical staff as requested by MSF's operational directorates to work in MSF's humanitarian projects, including for the UK migration project being sponsored by WaCA in 2025. During 2024, MSF UK continued to provide highly qualified staff, for example advanced HIV medical doctors for Padna project, ICU nurses for Gaza, and French-speaking anaesthetists for Haiti, to name a few.</p> <p>We matched 51 different job profiles to ensure that all needs were met, however specific they might be, including humanitarian affairs managers, obstetricians/gynaecologists for Mali cancer project, sexual violence programme activity manager for Central African Republic, and paediatricians for Afghanistan.</p> <p>The UK continues to be highly regarded in terms of medical training and leadership skills. In total we had six Heads of Country and nine project coordinators going out on assignment, some returning after a break from MSF.</p>

## 6. MSF UK's plans for 2025 (continued)

<p>Continuing to make available access to postgraduate education and development opportunities</p>	<p>MSF UK will continue to sponsor two educational programmes to support MSFers, particularly from low and middle-income countries, to access postgraduate qualifications where they might otherwise face barriers. We will run our Global Health and Humanitarian Medicine (GHHM) and our Leadership Education Academic Partnership (LEAP) programmes in 2025.</p> <p>Since the outset of the LEAP programme, there has been an aspiration to teach beyond the UK and strengthen engagement with academic institutions in the Global South. In 2024, the LEAP team visited Kenya to plan and prepare for the delivery of a five-day optional module and conference at Kisii University in June 2025. Both the module and conference will focus on noncommunicable diseases in humanitarian settings, a chronically under-discussed topic with growing relevance to MSF's work.</p> <p>The GHHM team will launch a new Diploma in Global Health in collaboration with The Royal College of Physicians (RCP).</p>
<p>Working to deliver against the longer-term income targets being set by the MSF Movement</p>	<p>Building on our work in 2024, for the 2025 Annual Plan we are proposing further investment in our Fundraising and Communications Departments so that we can increase direct support to MSF operations, setting the foundations to deliver against even more ambitious income targets in the short term and exploring the potential for further income growth in the longer term.</p>
<p>With our communications, building empathy, understanding and action</p>	<p>Our Media team in the Communications Department has maintained a high profile in the domestic UK media market, building public support and empathy around MSF's operations, research dissemination and advocacy, and supporting MSF internationally to do the same. This work will continue. In our Digital and Public Engagement teams, we will work to strengthen the effectiveness of our online communications and face-to-face engagement with supporters. Also, we will build up a new Brand and Content team to ensure that we raise the profile of the organisation and provide relevant and engaging content that builds empathy, understanding and action.</p>

## 6. MSF UK's plans for 2025 (continued)

### *Valuing people in 2025*

Objective	Plans
Safeguarding and duty of care: MSF UK will continue to embed best practice UK- and INGO-sector safeguarding standards across all UK departments and operations. We will be recognised as a key resource for safeguarding good practice, assistance and support for the MSF Movement	<p>In 2025, we will work to embed our UK safeguarding practice across all strands of the People Department's work.</p> <p>By dedicating resources to OCA, we will also work to embed safeguarding within our primary operational partner.</p>
MSF UK/IE will have the appropriate systems, training and communication channels to ensure that staff are able to develop their skills and gain the right experience to meet the full potential of their roles	Following the restructure of MSF UK's People Department, the Heads of Talent and Development, Services and Employee Relations will undertake a 'diagnosis' in the first half of 2025 to identify key areas for improvement for the second half of the year.
Respect, inclusion and enabling staff potential within the MSF workforce	A key part of the People Department's 'diagnosis' work is to refresh our ambitions relating to equity, diversity and inclusion (EDI). This will build on the work completed to date from our EDI Action Plan, originally developed in 2021, and help inform new strategic objectives going forward.

## 6. MSF UK's plans for 2025 (continued)

### *Igniting change in 2025*

Objective	Plans
Migration: to prevent, mitigate, reverse and respond to the medical consequences of the implementation of harmful migration policies in the UK, or by the UK in other countries	<p>As we go into 2025, we will reflect on the modality of UK-based migration operations used in 2024, to determine a model adapted to the assessed needs for the continued provision of support to reduce morbidity in migrants living in precarious conditions.</p> <p>We will also continue with our activities regarding migration analysis, advocacy and representation.</p>
Nutrition: increase awareness of and support in the UK and Ireland for MSF's work with malnutrition, and strategically engage with key UK and Irish stakeholders to increase action and accountability in the prevention and treatment of acute malnutrition in contexts where MSF works, with a focus on infantile malnutrition and recurrent malnutrition crises	In 2025, our nutrition-focused cross-departmental taskforce driven by the HAARP Unit will finalise the MSF UK strategy on nutrition in relation to the UK environment, as part of the development of the next MSF UK strategic direction, with the aims of influencing the UK government in implementing effective programming and in funding, programming and convening efforts related to nutrition and food security.
The UK's contribution to the Access to Products for Healthcare campaign	Following the transition of a dedicated UK-focused Access to Products for Healthcare role, we will, as part of the development of MSF UK's strategic direction, define MSF UK's work and our contribution to the wider Access to Products for Healthcare vision.

### *Ways of working in 2025*

Objective	Plans
Systems, processes and organisational design to support effective and timely decision-making	In 2025, we will bring our IT Department within a combined Finance, Services and IT Department. We will review our procurement policy and operating model to identify future improvements. We will also complete the work to update our financial policies.
Information, governance and data protection: MSF UK will strengthen its governance and institutional memory by establishing information governance controls	<p>In 2025, we will implement our new Scheme of Delegation and transition into a new sub-committee structure. We will continue to make improvements to our governance systems and process.</p> <p>We will continue to make progress on improving our organisational approach to data protection, under the oversight of the Data Protection Programme Board. We will also progress on two key projects related to supporter and internationally mobile staff data.</p>

## 6. MSF UK's plans for 2025 (continued)

Collaboration, culture and flexible working: create an enabling environment for staff to work collaboratively and flexibly, to be empowered and to use their initiative	The main focus for 2025 will be in moving to our new office accommodation, and facilitating as seamless a transition as possible for our staff and stakeholders. We will capitalise on the investment in our new office space through increased collaboration.
MSF UK/IE shared context: MSF UK and IE will collaborate to support each other through shared services, and explore how to enhance collaboration in the enabling functions	<p>At the General Direction level, engagement with Structures and Movement Evolution international projects in 2025 will ensure that any changes to the MSF Movement governance ecosystem are reflected as necessary in changes in MSF UK/IE governance systems and processes.</p> <p>We will also engage closely with MSF Ubuntu, as a supporting partner section, as it progresses its journey towards becoming an operational directorate.</p> <p>MSF UK and MSF IE will continue to work closely together in ensuring alignment between risk management approaches, a shared IT infrastructure, and collaboration between the UK People Department and IE HR team.</p>
Portfolio, Programme and Project Management (P3M): to build our planning capacity and capability to support the delivery of strategic objectives within the resources available	The focus for 2025 will be on creating more tools for teams to use when engaging in annual planning and providing training on these. We will also begin to develop a suite of Project Management Guidance, drawing on recognised good practice, to both strengthen and bring consistency to our internal approach to project management.

### *Climate crisis and health impact in 2025*

Objective	Plans
MSF UK/IE will continue to support MSF operational centres (primarily OCA) to address the health consequences of the climate crisis	In 2025, the climate vulnerability risk tool that was piloted in 2024 will be rolled out in Somalia and Chad. In India, Pakistan, and northeast Syria, the emergency desk extreme heat emergency preparedness (EPREP) scenarios will continue. We will start work with epidemiology and social science teams on climate-smart health surveillance. Potable water scarcity, malnutrition and vector-borne diseases (dengue fever, malaria) remain areas of focus.
Supporting MSF's operational research and advocacy on climate and health	In 2025, the Manson Unit aims to continue to focus on descriptive evidence rather than attempt to prove the theory of climate change. The focus of current research in Chad and South Sudan is on community-based solutions, implementing anticipatory actions, and identifying vulnerable populations

## 6. MSF UK's plans for 2025 (continued)

	with the aim of promoting effective and timely responses to the impacts of climate crisis in these areas.
MSF UK/IE office environmental responsibility: reporting on carbon emissions and exploring areas for reduction in line with the target to reduce emissions by 50 per cent by 2030	During 2025, in addition to providing an annual report on our carbon emissions, we will use the findings of the external advice we received in 2024 to help shape a strategic discussion to determine a proportionate approach to carbon emission reporting and reduction work going forward into the next strategic period.

## **7. For the public benefit**

### **MSF's purpose**

The principal objective of MSF UK, as stated in its Articles of Association, is as follows:

The Company's objectives are to relieve suffering, promote the relief of sickness and provide medical aid to the injured, and to protect and preserve good health by the provision of medical supplies, personnel and procedures calculated to overcome disease, injury or malnutrition in any part of the world.

The trustees confirm that they have referred to the Charity Commission's guidance on public benefit and are satisfied that the charity's activities, grants and plans accord with this guidance.

### **MSF UK's contribution to the MSF Movement**

MSF UK is a primary partner of Operational Centre Amsterdam (OCA), one of the five operational directorates responsible for the delivery of MSF's medical humanitarian projects (the sixth operational directorate – MSF West and Central Africa, or WaCA – is an institutional member with the right to run operations). OCA is a coordination body made up of six partner sections at the associative governance level – MSF UK, MSF Holland, MSF Sweden, MSF Canada, MSF Germany and MSF South Asia – and four at the executive level, as MSF Canada sits outside any operational centre's executive and MSF Sweden is included in Operational Centre Brussels (OCB)'s executive. There are also four branch offices associated with OCA attached to four partner sections: MSF Ireland attached to MSF UK; MSF India attached to MSF South Asia; and MSF Moscow and MSF Poland attached to MSF Germany. The operations of OCA are hosted by MSF Holland, a separate legal entity with its own Board of Trustees. This means that the tangible elements of OCA's medical humanitarian work and activities sit within the MSF Holland legal entity, which receives all OCA funding and directly manages all OCA projects and programmes.

In 2024, MSF UK made grants to MSF Holland (in its role as host of OCA); to MSF Belgium, which hosts OCB; and to MSF France, which hosts Operational Centre Paris (OCP). OCA, OCB and OCP used these funds to implement and continue medical humanitarian projects and support social mission costs at OCA. The MSF UK Board receives regular reports on the projects that are funded by MSF UK through participation in the OCA Council and OCB Board, and through project visits and accounts from returning UK project staff. This rigorous process of information-sharing supports MSF UK's trustees in fulfilling their regulatory reporting requirements.

MSF UK also made grants to MSF International, which is based within Operational Centre Geneva (OCG), supporting the Tembo learning platform and the MSF Academy. Grants were also made to the Drugs for Neglected Diseases initiative (DNDi), a collaborative initiative for patient-centred drug development and access. The calculations for the amounts granted to MSF International and DNDi were based on a pre-approved international allocation. These grants are a condition of MSF UK's membership of the MSF Movement, and the trustees are satisfied that they are in the best interests of the charity.

### **Benchmarks and performance measuring**

MSF UK is pleased that during 2024 we were able to commit 84 per cent of our total expenditure to charitable activities (as compared to 86 per cent in 2023).

MSF UK and the MSF Movement always strive to make the best possible use of donated funds. We ensure that the maximum possible percentage of funds is used for the direct provision of medical

## 7. For the public benefit (continued)

care and, more broadly, for our social mission. In each country where MSF works, we ensure that our projects are focused on helping the most vulnerable and most in need. We continually review the impact of our work, through both in-country monitoring systems and headquarters-based specialist advisors.

Medical humanitarian projects are complex, and no single set of performance measures will suit every situation. For example, a sudden emergency will demand a rapid and relatively costly response from our medical and logistics teams, while a long-term project can be more carefully planned and resourced to maximise the effectiveness of its budget and staff. Preventative measures, such as improving water supplies and sanitation systems or implementing a vaccination campaign, are often prioritised, as these can help avoid less effective and more costly responses once a disease outbreak is underway.

MSF International compiles and analyses data from across the MSF Movement, including producing the *International Activity Report* and *International Finance Report*, which are published on the MSF International website ([www.msf.org](http://www.msf.org)). Printed copies are available on request through the MSF UK office. Audited data for 2024 was not available at the time of writing this report. However, the 2023 *International Financial Report* shows that, out of a total global expenditure of €2.309 billion, 80 per cent was spent on our social mission, 15 per cent on fundraising, and five per cent on management and administration.

## 8. Principal risks and uncertainties

MSF UK maintains an organisational risk register, which is a live document showing the key risks facing the charity at any given time and conducts biannual organisation-wide risk reviews. Quarterly risk-monitoring reports are presented to the Committee of Directors and the Audit and Risk Committee, and biannual reports are made to the Board of Trustees.

Our approach to risk management includes assessing risk at different levels of management across the organisation, enabling depth in identifying and assessing risks and in planning and implementing risk responses. This allows for the appropriate delegation of responsibility for the implementation of risk responses, and for the escalation and de-escalation of risks for governance oversight. All staff are responsible for identifying new or changing risks in their area, and each risk is owned by a member of the Committee of Directors, who has oversight of the management of that risk. The Board is responsible for setting risk appetite and monitoring risk improvement activities. There is an explicit link between risk appetite as set by the Board and the prioritisation of risk responses informing annual planning.

We consider risks according to seven categories: MSF Values and Governance; Ethics and Integrity; People; Information Security; Dignity and Respect; Resources; and Safeguarding. The Board's focus is to improve our risk profile year-on-year, across all risk categories, through effective risk management.

### Risk management in 2024

In 2024, we built on our risk management capability by investing in risk training and certification in the centralised risk function. We also conducted a benefits review of our risk management approach, assessing the maturity of our approach, areas of success and opportunities for continuous improvement.

In 2023 we reported 15 risks above risk appetite; this reduced to 12 in April 2024. This reduction was due to the successful implementation of risk responses on the likelihood and impact of risks and a reassessment of risks following a change in the context. Priority risks areas for 2024 were considered by the Finance, Audit and Risk Committee, and the Board by risk category.

The following table outlines a summary of our principal risks/risk areas and management action in 2024.

Values and Governance	
Priority risk area	Management actions in 2024
<b>Climate strategy</b> <i>Challenges in developing and implementing a climate roadmap led to not meeting stakeholder expectations on this area.</i>	We consulted external expert advice to review our existing approaches to reporting and to help inform discussions as part of the next Strategic Direction.
<b>Placing restricted funds for operations</b> <i>We are unable to place funds which carry specific restrictions, impacting our grant-giving capabilities and reputation.</i>	We refreshed our grant-giving policy and developed our External Reporting and Thresholds Guidance. We engaged with ongoing relationship-building across the Movement to maximise our ability to allocate restricted funds.

## 8. Principal risks and uncertainties (continued)

<p><b>Artificial Intelligence Governance</b></p> <p><i>Approaches to Artificial Intelligence in the organisation are not unified, meaning that the threats and opportunities it presents are not managed cohesively.</i></p>	<p>Risk ownership determined and emerging risks managed on a case-by-case basis, with a focus on minimising information security and data protection threats.</p>
<p><b>Migration operations</b></p> <p><i>The full range of risks in our migration operations is not identified, resulting in an inadequate risk response.</i></p>	<p>We conducted an in-depth risk assessment and absorbed risk responses into project activity. Risks were monitored on an ongoing basis at the project level and escalated as necessary. The risk assessment resulted in this risk being reduced to below risk appetite.</p>
<b>People</b>	
<b>Priority risk area</b>	<b>Management actions</b>
<p><b>Workforce planning</b></p> <p><i>Without a proactive approach to workforce planning, this could impact the appropriate identification and allocation of resource needs.</i></p>	<p>This risk was reviewed under new leadership in the People Department and was reduced to below risk appetite on the basis of the likelihood and impact of this risk occurring.</p> <p>We strengthened the link between staff resourcing and annual planning.</p>
<p><b>International contracting</b></p> <p><i>We may not be able to fill key specialist roles due to international contracting restrictions.</i></p>	<p>Support is provided by the People Department to the areas of the organisation where this risk is most likely to arise, to consider staffing options.</p> <p>Over the course of the year, we were able to reduce this risk to below risk appetite.</p>
<p><b>Reporting concerns in internationally dispersed teams</b></p> <p><i>As we have internationally dispersed teams, there is a risk of a lack of staff clarity on, and confidence in, reporting channels.</i></p>	<p>Support is provided by the People Department to areas of the organisation where this risk is most likely to arise, and different reporting mechanisms are available.</p> <p>Over the course of the year, we were able to reduce this risk to below risk appetite.</p>
<p><b>Data protection impacting staff security</b></p> <p><i>Staff data is not available, resulting in safety and security concerns.</i></p>	<p>We continuously monitored and engaged with HRIS system support to ensure that we were content with the level of service provided. Over the course of the year, we were able to reduce this risk to below risk appetite.</p>
<b>Information Security</b>	
<b>Priority risk area</b>	<b>Management actions</b>

## 8. Principal risks and uncertainties (continued)

<p><b>Data protection</b></p> <p><i>Insufficient staff capacity and depth of knowledge in data protection leads to gaps in documentation and data breaches.</i></p> <p><i>Weaknesses in processes and support for our HRIS impacts information and physical security.</i></p>	<p>We established a Data Protection Programme to govern data protection activity in the organisation, with cross-departmental representation. Two data protection projects in the Fundraising and People Departments were initiated.</p> <p>We invested in upskilling an additional staff member with data protection certification, and have plans to progress this.</p>
<b>Safeguarding</b>	
<b>Priority risk area</b>	<b>Management actions</b>
<p><b>Safeguarding awareness and practices</b></p> <p><i>Because of the nature of our work, there is a risk of trauma exposure to our staff.</i></p> <p><i>Without appropriate investigations guidance and training in place, this could lead to ineffective investigations procedures.</i></p> <p><i>Disparity in approaches across the Movement could result in inconsistencies.</i></p> <p><i>Safer recruitment practices are not implemented, resulting in safeguarding incidents.</i></p>	<p>We have an up-to-date investigations policy in place, and investigations training was provided to a key cohort of staff.</p> <p>Safeguarding advice and support is provided to Operational Centres.</p> <p>The Safeguarding function has been integrated into the People Department.</p> <p>Deep dive into Safeguarding risks presented to Audit and Risk Committee.</p>
<p><b>Positions of power</b></p> <p><i>Staff exploit their position for personal advantage, causing harm to vulnerable individuals.</i></p>	<p>Safeguarding training provided to seconded staff. As the People Department stabilises after a period of change, further implementation of risk responses is being considered.</p>
<b>Resources</b>	
<b>Priority risk area</b>	<b>Management actions</b>
<p><b>Supplier costs</b></p> <p><i>Due to a limited number of suppliers in the market, we may be subject to significant financial costs.</i></p>	<p>Supplier costs were monitored on an ongoing basis, and scoping of back-up measures conducted.</p>
<b>Dignity and Respect</b>	
<b>Priority risk area</b>	<b>Management actions</b>
<p><b>Equity, Diversity and Inclusion</b></p> <p><i>Delivery of EDI action plan not meeting the expectations of staff and other stakeholders.</i></p>	<p>The EDI function has been integrated into the People Department, an audit of the delivery of the EDI action plan has been conducted, and a reset event held with office staff.</p>

## 8. Principal risks and uncertainties (continued)

<b>Emergency recruitment</b> <i>Ensuring recruitment is in line with our values regarding EDI when conducted for emergency specialised roles.</i>	Ongoing support was provided by the People Department, with risk reduced to below risk appetite.
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Through our risk management activity in 2024, the number of risks above risk appetite reduced from 15 to 12 in the first half of the year; this remained constant in the second half of 2024. As a result, the Board of Trustees reviewed the risk appetite for 2025 and reduced this for two categories: Dignity and Respect, and Values and Governance. This decision was consistent with the overall aim of reducing risk appetite year on year until the assessed risk score is in line with target risk tolerances across all risk categories. Consequently, 15 risks were identified as above risk appetite at the start of 2025.

### Going concern

The trustees consider that the level of ongoing support from committed donors, combined with unrestricted reserves, secure MSF UK for the foreseeable future and, on this basis, consider that the charity is a going concern. The review of going concern has included consideration of the 2025 budget, long term financial projections that cover the period up to 2027, and cash flow forecasts that cover the period up to end of 2026. The Board have also reflected on the charity's operational and financial risks from 2024 and have concluded that there are no material uncertainties relating to MSF UK's ability to continue as a going concern.

## 9. Structure, governance and management

### Constitution

MSF UK is a charitable company limited by the guarantee of its members and governed by its Articles of Association. MSF UK is part of an international Movement of independent legal entities, commonly referred to as MSF, which are bound by their shared name and identity, and a shared commitment to the MSF Charter and its principles.

### The MSF Association

The MSF UK Association describes the company law members of MSF UK. It draws its membership from current and former project staff and office or volunteer staff, who can apply to become members of the Association after they have worked for six months with any part of the MSF Movement. At the end of 2024, the Association had 678 members.

Members of the Association commit to ensuring that MSF UK maintains its focus on the effective delivery of medical care, in accordance with MSF's core principles and the values of medical ethics, independence, impartiality, neutrality, accountability and *témoignage* (speaking out). They fulfil this commitment primarily through the election of, and by holding to account, the Board of Trustees at the Annual General Meeting of the charity.

### The Board of Trustees

Association members delegate governance responsibilities to the Board of Trustees. The Board of Trustees ensures that MSF UK adheres to MSF's core principles and values and conducts its business in an effective and efficient manner, with due care and accountability, responsible management of resources, and in compliance with all legal and regulatory requirements.

The majority of trustees have a medical background, but trustees with different backgrounds are also elected. While most trustees are elected at the Annual General Meeting, no more than half and up to seven trustees may be co-opted by the Board from within or outside the Association to ensure it maintains an appropriate mix of skills and experience.

The Chair of the Board, Dr Rachael Craven, has a medical background, in line with MSF's governance principles. Rachael is assisted by a Vice-Chair of the Board. In 2024, the Board met eight times.

Each trustee holds office for three years, after which they may stand for re-election or be considered again for co-option, for a total mandate not exceeding six years. Newly appointed trustees are offered internal and external training on trustee responsibilities.

The Board regularly assesses its ability to work as a team. It conducts annual skills reviews, and actively considers its composition before and after the election of new trustees. During the year, the Board regularly considers the make-up of its committees and the split of responsibilities between members.

Trustees participate in Board sub-committees, alongside relevant MSF UK staff members, in order to advise the Board on specific matters.

## **9. Structure, governance and management (continued)**

The Audit and Risk Committee is tasked with guiding the Board on issues relating to control, risk and compliance, and is focused on business and finance processes. The Committee is composed of four trustees and met four times in 2024.

The Safeguarding and Duty of Care Committee oversees the governance of our medical humanitarian project work, with a focus on safeguarding. The Committee is composed of four trustees and met four times in 2024.

The Remuneration Committee makes recommendations to the Board on the annual remuneration package for the Executive Director and the Chair, fair application of the reward policy and principles for MSF UK staff, and any adjustments to the MSF UK staff pay structure. The Committee is composed of three trustees and met twice in 2024.

The Motions Committee supports the AGM motions process and facilitates feedback mechanisms, allowing Association members to follow the progression of passed motions. The Committee is composed of two trustees and met five times in 2024.

The Nominations Committee ensures that the trustee recruitment, performance review and learning and development approaches are formal, rigorous, transparent, objective and fair. It also oversees the Board's composition to ensure there is an appropriate balance of lived experience, knowledge and skills on the Board to govern effectively and efficiently. The Committee is composed of four trustees and met four times in 2024.

### **MSF UK and its relationship with the International Movement**

MSF UK is one of 27 institutional MSF Associations that make up the global MSF Movement. Each MSF Association is set up under the laws of the country in which it is based and is governed by its membership.

The Associations operate as legal entities that hold charitable or non-profit status in their country of residence. These, together with a small number of connected entities, such as regional associations, comprise the international MSF Movement. The Movement chooses not to distinguish between the work of the separate entities in public representations in order to strengthen its collective voice and influence. MSF International, based in Geneva, acts as a coordination body between MSF offices.

Representatives from national and regional associations gather annually at the International General Assembly (IGA) to oversee the coordinated action and development of the MSF Movement. The IGA delegates its governance to a Board of Trustees, the International Board. The International Board is led by the MSF International President, currently Dr Christos Christou.

MSF UK does not normally manage medical humanitarian projects directly. These are run by MSF's operational centres. However, we participate in the broader governance of the MSF Movement in several ways, including through our roles in the associative and executive governance of OCA, and in future, MSF Ubuntu.

MSF UK is part of the international MSF Movement. The MSF Movement refers to the group of national and regional legal entities (sections) that comprise the membership of MSF International SA (that is those organisations who have been granted a license and adopted the MSF Charter). MSF International SA is an organisation registered in Geneva together with several connected entities, such as branch offices as well as a small number of regional entities. The Movement chooses not to distinguish between the work of the separate entities in public representations in order to

## 9. Structure, governance and management (continued)

strengthen our collective voice and influence. However, below we set out an overview of how MSF UK integrates with the broader governance of the international Movement.

The Executive Director of MSF UK, Natalie Roberts, sits on the Full ExCom, which is the MSF Movement's highest executive platform, and the only platform directly accountable to the International Board (IB). The objective of the ExCom platform is to provide international executive leadership to the MSF Movement in accordance with the MSF Vision, ensuring reactivity, efficiency, relevance and consistency in MSF's social mission and support activities. The ExCom supervises and holds to account the international platforms, all intersectional services and structures including the MSF Academy, the Shared IT Services, the Transformational Investment Capacity (TIC) and the MSF Access Campaign (transitioning to the Access to Products for Healthcare in 2025), and any other initiative or project launched by the platform.

Marc Wilkinson, elected by MSF UK Association members at the Annual General Meeting (AGM) in May 2022, and the MSF UK Chair of Trustees, Rachael Craven, both represent MSF UK at the International General Assembly (IGA). The IGA is the highest governance body within MSF. It safeguards the medical humanitarian mission of MSF and provides general and strategic orientations across the Movement. Between meetings, the IGA delegates specific powers to an International Board, a body which meets 6-8 times a year to take on the executive supervision and administrative implementation of IGA decisions. This board is the main conduit between the associative guidance and the executive action at a Movement level.

The MSF UK Executive Director also sits on the OCA Management Team, a body made up of senior executives from each of OCA's primary partners. As well as ensuring robust executive governance of all activities of the Operational Directorate, the OCA MT provides a forum for alignment on matters of strategic importance and to coordinate the work of OCA partners. The Executive Director is now also a member of the MSF Ubuntu Management Team.

Chiara Lepora (to October 2024) and Matthew Coldiron (from October 2024), Director of the Manson Unit, is the Deputy Medical Director for OCA, and has a seat on OCA's Operational Platform, which is the key advisory platform to the OCA Operational Director.

During 2024, other members of the MSF UK Committee of Directors also participated in MSF's international platforms for HR, Finance, Communications and Fundraising.

MSF Ireland is an independent legal entity registered in the Republic of Ireland and governed by its own Board of Trustees. MSF Ireland does not have an autonomous association, and within the MSF Movement's international coordination, MSF Ireland is the branch office of MSF UK. As a result, MSF UK has a close relationship with MSF Ireland and the two offices share a joint strategic plan for the period 2020-23, refreshed for 2023-25. MSF UK trustee Mohammed Tariq Ali (to May 2024) and Caroline Bwango (from October 2024) is co-opted to the MSF Ireland Board of Trustees. The Ireland Board Chair, Eve Bruce, is co-opted to the UK Board.

In 2024, three MSF UK trustees, Nicola McLean (to May 2024), Rachael Craven (from May 2024) and Vita Sanderson sat on the OCA Council. The OCA Council is the governing body of the Operational Centre Amsterdam (OCA) partnership of sections, including MSF UK. It has prime responsibility and accountability for the delegated monitoring and supervision of OCA operations and its direct support functions; it is accountable to the OCA partner section boards. The Chair of the OCA Council represents the OCA on the International Board. Vita Sanderson was elected as Vice-Chair of the OCA Council in May 2024 and stepped up to the role of Interim Council Chair in November 2024.

During 2024, MSF UK Treasurer Timothy Symington sat on the OCA Audit Committee, which supports the work of the OCA Council.

## **9. Structure, governance and management (continued)**

MSF UK trustee Robert Verrechia sat on the OCA Medical Committee in 2024, until succeeded by Eve Bruce.

Rachael Craven sat on the OCA Duty of Care and Responsible Behaviour Committee as a member during the first part of the year, handing over to Chris Peskett from May 2024.

Vita Sanderson chaired the OCA Duty of Care and Responsible Behaviour Committee, handing over to Rachael Craven from November 2024.

Nicola McLean sat on the OCA Association Standing Committee in 2024, until succeeded by MSF UK trustee Bertrand Taithe.

Innocent Muleya sat as an observer on the OCB Board of Trustees, before handing over to MSF UK trustee Sabrina Das.

Eve Bruce was the OCA East Africa Board link until October 2024.

From May 2024, Innocent Muleya took up a position on the MSF Ubuntu Council.

### **Remuneration of trustees**

MSF UK trustees spend significant time preparing for and attending Board meetings, participating in committees, and conducting project visits. Several trustees volunteer their time on international coordination committees and sister entities within the MSF Movement; for example, as members of OCA committees. A key role of our Chair is to represent MSF UK at meetings of the international Movement, above and beyond the work they are expected to do for MSF UK specifically.

With the exception of the Chair, who receives a monthly payment in compensation for part of their time, and the Vice-Chair, who receives a payment in compensation for their significant role on the OCA Council, our trustees are volunteers and do not otherwise receive remuneration for their governance work. The remuneration of the Chair is authorised in our Articles of Association, and the principles for that remuneration were approved by the Charity Commission. The remuneration of the Vice-Chair is authorised in our Articles of Association with the specific approval of the Charity Commission.

By paying the Chair for part of their time, the Board believes it can attract suitable candidates with a medical background (a requirement in the MSF Movement), and with the willingness and time to take on the role. In 2024, the Chair of the board of MSF UK received £45,013 for 161 days of work. The Board believes that this remuneration remains modest in light of the time the Chair commits to the organisation and the complexity of their duties, and is in line with the Movement's values.

### **Trustees working in MSF projects**

MSF UK trustees are permitted by the Charity Commission and the MSF UK Articles of Association to work for three months a year on standard project assignment contracts. The work that trustees conduct in such assignments is unrelated to their governance role. MSF UK greatly values the practical experience and insights our trustees gain through working in MSF projects, in a medical role or otherwise.

No trustees worked for MSF projects in 2024.

## **9. Structure, governance and management (continued)**

### **The Committee of Directors**

The Board of Trustees appoints the MSF UK Executive Director, currently Natalie Roberts, who leads the Committee of Directors (CoDir). The CoDir is responsible for the implementation of strategy and the day-to-day management of the office and finances of MSF UK.

### **Remuneration policy**

The policy for remuneration of UK-based staff, including senior managers, is delegated to the Remuneration Committee. In 2024, the Remuneration Committee approved adjustments to the MSF UK staff salary grid and recommended the Executive Director's salary and the Chair's remuneration level to the Board of Trustees.

The Remuneration Policy contains a function grid and a fixed salary scale for office staff. The calibration of the grid is consistent with maximising the use of funds for MSF's medical humanitarian projects, whilst upholding the core reward principles of: operating openly and transparently; enabling workforce mobility; recognising impact and contribution; responsible stewardship; and global alignment.

In accordance with the Remuneration Policy, in 2024 the Executive Director received an annual salary of £108,574 at the year-end (as compared to £96,586 in 2023). This is 3.97 times the salary of our lowest-paid office worker. Our Executive Director is the highest-paid employee at MSF UK. They have significant committee responsibilities at the international level and represent MSF UK on several management committees (see section 13, note 9 for details of the highest-paid staff).

### **Related parties**

The trustees are related parties. See sections above on remuneration of trustees and trustees working in MSF projects, and notes to the financial statements in section 12. The trustees do not consider that any other person or organisation can be regarded as a related party.

### **Engagement with and interests of our employees**

The trustees are satisfied that the employees of MSF UK have been fully engaged, and their interests reflected, in decision making. MSF UK is grounded in a culture of consultation, which encourages employee involvement and robust, open discourse. The majority of Board meetings are held in open session which all staff and association members can attend.

Trustees scrutinise MSF UK's staff feedback and expect the CoDir to produce action plans that respond appropriately to opportunities and concerns that are identified. In 2024, this included continuing the work identified in the 2023 staff survey on safeguarding. The 2023 survey gave insight into the strengths and weaknesses of our safeguarding culture and produced recommendations which were shared with the Board and incorporated into annual planning. MSF UK, with the full support of the trustees, encourages space for grassroots employee initiatives to thrive, including working groups addressing our London office space, climate-related initiatives, and equity, diversity and inclusion.

## **10. Financial review**

### **Preparation of accounts on a going-concern basis**

The trustees consider that the level of ongoing support from committed donors, combined with unrestricted reserves, secure MSF UK for the foreseeable future and, on this basis, consider that the charity is a going concern. The review of going concern has included consideration of the 2025 budget, long term financial projections that cover the period up to 2027, and cash flow forecasts that cover the period up to end of 2026. The Board have also reflected on the charity's operational and financial risks from 2024 and have concluded that there are no material uncertainties relating to MSF UK's ability to continue as a going concern.

### **Significant events in 2024**

#### **Overview**

In 2024, MSF UK's income totalled £95.3 million, a £10.1 million (12 per cent) increase on our 2023 income of £85.3 million. Of this, 92 per cent (2023: 93 per cent) came from donations and legacies, with the rest coming mostly from charitable activities. In terms of total expenditure, MSF UK spent £89.8 million in 2024 (2023: £84.0 million), resulting in a surplus of £5.6m (2023: surplus of £1.2m). Of our total expenditure, £58.7 million or 65 per cent (2023: £55.8 million or 66 per cent) was given as grants to other MSF sections, with £56.6 million (2023: £53.8 million) going directly to MSF's medical humanitarian work and social mission. Excluding grants, MSF UK's other charitable activities came to £19.2 million (2023: £18.0 million) and its fundraising activities cost £13.9 million (2023: £12.2 million).

#### **Fundraising income and costs of generating funds**

MSF UK raised £88.1 million in donations and legacies in 2024, compared to £79.6 million in 2023 (an increase of £8.5m or 11 per cent).

As in previous years, committed giving is our most significant source of income at £24.9 million, an increase of £1.6 million compared to 2023. Regular giving by direct debit and standing order is the bedrock of MSF UK's financial independence. It provides a consistent flow of largely unrestricted funds that we can allocate where the medical needs are most acute, including in countries receiving little or no media attention at the time. We are very grateful to our loyal, long-term, committed donors for this level of support, which recognises the leading role that MSF plays in relieving suffering and in raising public awareness of crises.

Legacy income remains one of our largest sources of income, but it is inherently unpredictable on a year-by-year basis. We raised £27.0m from legacies in 2024 (2023: £19.2m). We are however aware of potential future legacy income of £16.8 million (2023: £18.6 million), which does not currently meet the conditions for income recognition under our accounting policies.

Income from appeals decreased by 12% to £17.8m (2023: £20.2m). This decrease is due to an exceptionally high volume of donations received in 2023 for MSF's work following the Türkiye/Syria earthquake and during the early months of the Gaza conflict.

In 2024, 93 per cent of our fundraising income was unrestricted (2023: 86 per cent). Unrestricted income is especially valuable to MSF, as it provides the flexibility to deliver aid where the medical need is greatest. Of the £7.0 million restricted fundraising income raised in 2024, £2.7 million was restricted to projects in Palestinian territories. See note 14 of the accounts in section 12.

## 10. Financial review (continued)

Our fundraising costs in 2024 increased by £1.8m (15 per cent) to £13.9 million. This increase was due to increased investment in digital fundraising activities, which were closely integrated to print and broadcast appeals. MSF UK also increased investment in long-term unrestricted income, particularly through legacy fundraising. Our return on investment was 6.3:1 in 2024 (6.5:1 in 2023). This means that for every £1 spent on fundraising, we raised £6.32 (2023: £6.53).

### Charitable activities: grant-making

In 2024, MSF UK granted £58.7 million to other MSF sections, with £56.6 million (2023: £53.8 million) going directly to MSF's medical humanitarian work and social mission. Our largest grants in 2024 went to Mozambique (£7.4 million), Sierra Leone (£6.1 million), Afghanistan (£4.0 million), Democratic Republic of Congo (£3.8 million) and Ethiopia (£3.7 million). More details of these grants can be found in note 5 of the accounts in section 12. See section 2 for more details of MSF activities associated with these grants. In addition to grants for MSF's medical humanitarian work and social mission, we also gave grants to MSF International for coordination and movement-wide projects.

### Other charitable activities

Spending on non-grant making charitable activities increased by 6 per cent to £19.2 million (2023: £18.0 million), with a notable increase in expenditure on UK programmes.

### Reserves

The trustees consider it is necessary for MSF UK to hold reserves in order to meet working capital requirements in the event that there are delays to receipts of income. In particular, receipts from income streams where the timing of receipts is inherently unpredictable (legacies and major gifts). The trustees have agreed that MSF UK will aim to hold reserves equal to the lower of (a) and (b) below:

- a. Two months of budgeted legacy and major gift income
- b. Two months of budgeted Head Quarters (HQ) expenditure

HQ expenditure excludes operational grants and grants to MSF International. The target level of reserves acknowledges that MSF UK also has the flexibility to manage its working capital requirements by delaying planned but uncommitted advance operational grant payments to MSF operational centres. MSF UK has decided that 'two months of budgeted HQ expenditure' represents an appropriate threshold above which it is most appropriate to manage working capital requirements by delaying operational grant payments rather than relying on reserves.

Reserves are that part of a charity's unrestricted funds that is freely available to spend on any of the charity's purposes. Designated funds are not freely available and hence are not included in reserves.

As of 31 December 2024, MSF UK's reserves are slightly higher than target. As of 31 December 2024, MSF UK held reserves of £5.5m (2023: £4.4m) compared to a current target of £5.0m. The current reserves target has been calculated on the basis described above and represents two months of budgeted Head Quarters (HQ) expenditure. In 2025, operational grants will be made to reduce reserves and bring reserves into line with target.

### Designated funds

The MSF UK Board of Trustees has designated funds for the following purposes:

- Accrued legacy income to be applied to operational programmes upon receipt; and

## **10. Financial review (continued)**

- Fixed Assets fund being funds designated for the future depreciation cost of fixed assets.

### **Restricted funds**

Restricted funds represent donations where the donor has specified the project or emergency to which MSF UK should apply the funds. In 2024, we gave out in grants almost all the restricted income received during the year.

## 11. Statement of trustees' responsibilities

Company law requires the trustees to prepare financial statements for each financial year in accordance with UK Generally Accepted Accounting Practice (UK Accounting Standards and applicable law). Under company law, the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charity for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going-concern basis, unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, and disclose, with reasonable accuracy, at any time the financial position of the charity, and that enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity, and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Financial statements are published on the charity's website in accordance with legislation in the UK governing the preparation and dissemination of financial statements, which may vary from legislation in other jurisdictions. The maintenance and integrity of the charity's website is the responsibility of the trustees. The trustees' responsibility also extends to the ongoing integrity of the financial statements contained therein.

### Disclosure of information to auditors

The trustees who held office at the date of approval of this report confirm that, so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware. Each trustee has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

### Auditors

BDO LLP were appointed as the charity's auditors for the year ended 31 December 2024.

The Trustees' Annual Report, including the Strategic Report and the Directors' Report, was approved by the trustees on 25th April 2025 and signed on their behalf by:



Dr Rachael Craven  
Chair of the Board of Trustees

## **12. Independent Auditor’s Report to Members and Trustees of Médecins Sans Frontières (UK)**

### **Opinion on the financial statements**

In our opinion, the financial statements:

- give a true and fair view of the state of the Charitable Company’s affairs as at 31 December 2024 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements of Médecins Sans Frontières (UK) (“the Charitable Company”) for the year ended 31 December 2024 which comprise the statement of financial activities, the balance sheet, the cashflow statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor’s responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Independence**

We remain independent of the Charitable Company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

### **Conclusions related to going concern**

In auditing the financial statements, we have concluded that the Trustees’ use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Charitable Company’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

### **Other information**

The Trustees are responsible for the other information. The other information comprises the information included in the Report of the Trustees other than the financial statements and our auditor’s report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of

## **12. Independent Auditor's Report to Members and Trustees of Médecins Sans Frontières (UK) (continued)**

conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. 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.

### **Other Companies Act 2006 reporting**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Report, which includes the Directors' Report and the Strategic report prepared for the purposes of Company Law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic report and the Directors' Report, which are included in the Trustees' Report, have been prepared in accordance with applicable legal requirements.

In the light of the knowledge and understanding of the Charitable Company and its environment obtained in the course of the audit, we have not identified material misstatement in the Strategic report or the Trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

### **Responsibilities of Trustees**

As explained more fully in the Statement of Trustees' Responsibilities, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

## **12. Independent Auditor's Report to Members and Trustees of Médecins Sans Frontières (UK) (continued)**

### **Auditor's responsibilities for the audit of the financial statements**

We have been appointed as auditor under the Companies Act 2006 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are 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 ISAs (UK) 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 these financial statements.

#### *Extent to which the audit was capable of detecting irregularities, including fraud*

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

#### *Non-compliance with laws and regulations*

Based on:

- Our understanding of the Charitable Company and the sector in which it operates;
- Discussion with management and those charged with governance and Audit Committee; and
- Obtaining and understanding of the Charitable Company's policies and procedures regarding compliance with laws and regulations.

We considered the significant laws and regulations to be the relevant Charities Act in the UK, the Companies Act 2006 and Taxation legislation.

The Charity is also subject to laws and regulations where the consequence of non-compliance could have a material effect on the amount or disclosures in the financial statements, for example through the imposition of fines or litigations. We identified the following areas as those most likely to have such an effect: fundraising legislation, employment law, data protection and health and safety legislation. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulators to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence if any.

Our procedures in respect of the above included:

- Review of minutes of meeting of those charged with governance for any instances of non-compliance with laws and regulations;
- Review of correspondence with regulatory and tax authorities for any instances of non-compliance with laws and regulations;
- Review of financial statement disclosures and agreeing to supporting documentation; and
- Review of legal expenditure accounts to understand the nature of expenditure incurred.

## 12. Independent Auditor's Report to Members and Trustees of Médecins Sans Frontières (UK) (continued)

### Auditor's responsibilities for the audit of the financial statements (continued)

#### Fraud

We assessed the susceptibility of the financial statements to material misstatement, including fraud. Our risk assessment procedures included:

- Enquiry with management and those charged with governance regarding any known or suspected instances of fraud;
- Obtaining an understanding of the Charitable Company's policies and procedures relating to:
  - Detecting and responding to the risks of fraud; and
  - Internal controls established to mitigate risks related to fraud.
- Review of minutes of meeting of those charged with governance for any known or suspected instances of fraud;
- Discussion amongst the engagement team as to how and where fraud might occur in the financial statements; and
- Performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.

Based on our risk assessment, we considered the area's most susceptible to fraud to be journal entries and significant accounting estimates.

Our procedures in respect of the above included:

- Testing a sample of journal entries throughout the year, which met a defined risk criteria, by agreeing to supporting documentation;
- Testing a sample of journals outside the defined risk criteria and agreeing to supporting documentation; and
- Assessing significant estimates made by management for bias, including accrued legacy income by ensuring that the amounts recognised are supported by appropriate evidence regarding entitlement, measurement and probability and any restrictions on use have been appropriately accounted for.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at:

<https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

## 12. Independent Auditor's Report to Members and Trustees of Médecins Sans Frontières (UK) (continued)

### Use of our report

This report is made solely to the Charitable Company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Charitable Company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charitable Company and the Charitable Company's members as a body, for our audit work, for this report, or for the opinions we have formed.

DocuSigned by:  
  
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Fiona Condron (Senior Statutory Auditor)  
For and on behalf of BDO LLP, Statutory Auditor  
Gatwick Location, UK  
06 May 2025

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

## 13. Financial statements

### Statement of financial activities

Incorporating an Income and Expenditure account, as required by the Companies Act 2006.

The notes on pages 62 to 79 form part of these financial statements.

	Note	2024			2023		
		Unrestricted £'000	Restricted £'000	TOTAL	Unrestricted £'000	Restricted £'000	TOTAL
<b>Income</b>							
Donations and legacies	3	81,639	6,486	88,125	68,200	11,394	79,594
MSF UK charitable activities	4	6,257	484	6,741	5,385	-	5,385
Other income							
Interest income		365	-	365	148	-	148
Other		78	27	105	134	-	134
<b>Total</b>		<b>88,339</b>	<b>6,997</b>	<b>95,336</b>	<b>73,867</b>	<b>11,394</b>	<b>85,261</b>
<b>Expenditure</b>							
Charitable activities							
Operational grants	5	50,863	5,785	56,648	42,834	10,996	53,830
Internationally deployed staff	6	7,260	-	7,260	6,454	-	6,454
Medical & programme support	6	7,828	879	8,707	8,123	362	8,485
Advocacy, communications & representation	6	2,639	-	2,639	3,052	-	3,052
UK Programmes	6	218	355	573	45	-	45
Fundraising costs	6	13,945	-	13,945	12,175	-	12,175
<b>Total</b>		<b>82,753</b>	<b>7,019</b>	<b>89,772</b>	<b>72,683</b>	<b>11,358</b>	<b>84,041</b>
Net exchange (loss) unrealised and realised		-	-	-	(5)	-	(5)
<b>Net income / (expenditure) for the year</b>		<b>5,586</b>	<b>(22)</b>	<b>5,564</b>	<b>1,179</b>	<b>36</b>	<b>1,215</b>
Fund balances brought forward at 1 January		12,252	40	12,292	11,073	4	11,077
<b>Fund balances carried forward at 31 December</b>		<b>17,838</b>	<b>18</b>	<b>17,856</b>	<b>12,252</b>	<b>40</b>	<b>12,292</b>

### 13. Financial statements (continued)

#### Balance sheet

**As at 31 December 2024**

The notes on pages 62 to 79 form part of these financial statements.

	Note	<u>2024</u> £'000	<u>2023</u> £'000
<b>Fixed Assets</b>			
Intangible assets	10	542	698
Tangible assets	11	455	432
		<u>997</u>	<u>1,130</u>
<b>Current Assets</b>			
Debtors	12	16,623	11,400
Cash		8,394	14,398
		<u>25,017</u>	<u>25,798</u>
<b>Current Liabilities</b>			
Creditors: amounts falling due within one year	13	(8,158)	(14,636)
<b>Net Current Assets</b>		<u>16,859</u>	<u>11,162</u>
<b>Net assets</b>		<u><u>17,856</u></u>	<u><u>12,292</u></u>
<b>Funds</b>			
Unrestricted			
General	14	5,549	4,423
Designated	14	12,289	7,829
Total Unrestricted	14,15	<u>17,838</u>	<u>12,252</u>
Restricted	14,15	<u>18</u>	<u>40</u>
<b>Total funds</b>		<u><u>17,856</u></u>	<u><u>12,292</u></u>

These financial statements were approved by the trustees on 25<sup>th</sup> April 2025 and were signed on their behalf by:

Tim Symington



Treasurer

Rachael Craven



Chair

### 13. Financial statements (continued)

#### Cashflow statement

As at 31 December 2024

The notes on pages 62 to 79 form part of these financial statements.

	<u>2024</u> £'000	<u>2023</u> £'000
Cash outflow used in operating activities	(6,035)	(4,627)
Cash outflow from investing activities		
Interest received	365	148
Purchase of fixed assets	<u>(334)</u>	<u>(97)</u>
	31	51
Decrease in cash in the year	<u>(6,004)</u>	<u>(4,576)</u>
Cash balance at 1 January	<u>14,398</u>	<u>18,974</u>
<b>Cash balance at 31 December</b>	<u><u>8,394</u></u>	<u><u>14,398</u></u>

#### Reconciliation of net income [as income in both years] to operating cashflow

	<u>2024</u> £'000	<u>2023</u> £'000
Net expenditure	5,564	1,215
Bank interest	(365)	(148)
Depreciation & amortisation charge	459	298
Loss on disposal of fixed assets	8	3
Increase in debtors	(5,223)	(2,636)
Decrease in creditors	(6,478)	(3,359)
	<u>(6,035)</u>	<u>(4,627)</u>

## 13. Financial statements (continued)

### Notes to the financial statements

#### 1. Legal status

Médecins Sans Frontières (UK) is a registered charity and a company limited by guarantee, registered in England and Wales. On winding up, each person who is a member at that date is liable to contribute a sum not exceeding £1 towards the assets of the charity. As at 31 December 2024 the charity has 674 (2023: 640) members.

#### 2. Accounting policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the financial statements.

##### *Basis of preparation*

The financial statements have been prepared under the historical cost convention in accordance with the Charities Statement of Recommended Practice (“Charities SORP (FRS 102) second edition – October 2019”), and in accordance with the Financial Reporting Standard 102, (FRS 102) and the Companies Act 2006.

The Trustees consider that the level of ongoing support from committed donors, reviewing budgets and forecasts for the January 2025- December 2026 period, combined with the unrestricted reserves, secure MSF UK for the foreseeable future and, on this basis, consider that the charity is a going concern. The Board have reflected on the charity’s operational and financial risk and have concluded that there are no material uncertainties relating to MSF UK’s ability to continue as a going concern. The accounts have been prepared on a going concern basis accordingly.

##### *Significant estimates and judgements*

In preparing the financial statements, it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. The following judgements and estimates are considered by the trustees to have the most significant effect on amounts recognised in the financial statements:

- a) The method for allocating support costs to expenditure categories is based on a full-time equivalent headcount. Our definition is in line with that of the MSF movement
- b) Legacy income is recognised when MSF UK has confirmation of entitlement, can reliably estimate the amount due, and considers receipt to be probable. In practice, MSF UK recognise a receipt as probable when there has been grant of probate; the executors have established that there are sufficient assets in the estate to pay the legacy, after settling any liabilities; and any conditions attached to the legacy are either within the control of the charity or have been met. In practice, MSF UK can reliably estimate the amount due often evidenced by draft/ interim / final estate accounts or other compelling evidence. Where MSF UK has been notified of a legacy which does not have confirmation of entitlement, the amount cannot be reliably estimated and receipt is not considered to be probable, it is treated as a contingent asset and disclosed. Contingent assets, in practice, relate to residuary legacies where the realisation is dependent on the sale of properties and the finalisation of the estates. The value, measurement and timing of residuary legacies is inherently uncertain, based on estimates, subject to market fluctuations and in some case under contest. The contingent asset is valued at the best estimate of MSF UK’s share of the current market value of the underlying assets of the estate.

## 13. Financial statements (continued)

### Notes to the financial statements (continued)

#### 2. Accounting policies (continued)

##### *Income*

**Income** is accounted for when it meets the three recognition criteria as per the SORP (entitlement, probability and measurement).

**Donations** – donated income is recognised when MSF UK is entitled to it, receipt is probable, and the amount can be measured. Income from donations includes Gift Aid where appropriate.

**Legacies** – see estimates and judgements used in the above section.

**Charitable income** – income due from MSF entities for the recruitment and remuneration of staff working in MSF projects and for project expenditure is accounted for on a receivable basis.

**Donated gifts and services** – Donations in kind with a value of over £5,000 are included at the value to the charity to the extent that this can be quantified, and are recognised when received.

##### *Expenditure*

All expenditure is accounted for on an accrual basis. Grants payable are recognised when a legal or constructive obligation commits the charity to expenditure. This is therefore recognised when the obligation exists, is probable and can be measured reliably.

For allocation of overhead costs, see estimates and judgements used in the above section.

##### *Taxation*

The company is a charity within the meaning of Paragraph 1, Schedule 6 of the Finance Act 2010. Accordingly, the company is potentially exempt from taxation in respect of income or capital gains within categories covered by Chapter 3 of part 11 of the Corporation Tax Act, 2010 or section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

##### *Fund accounting*

**Unrestricted funds** consist of donations and other income that are available for use without any restrictions. These are available for general use to further the objectives of the charity at the trustees' discretion.

**Designated funds** – MSF UK has the following designated funds in 2024:

- Accrued legacy income applied to operational programmes upon receipt; and
- Fixed Assets fund, being funds designated for the future depreciation and amortisation cost of fixed assets and intangible assets respectively.

**Restricted funds** are subject to specific restrictions imposed by donors or by the purpose of the appeal under which they were raised.

## **13. Financial statements (continued)**

### **Notes to the financial statements (continued)**

#### **2. Accounting policies (continued)**

##### *Assets and liabilities*

##### **Intangible assets**

Assets have been classified as intangible assets where they meet the criteria under FRS 102 for recognition as intangible assets.

Intangible assets are recognised if it is probable that the expected future economic benefits that are attributable to the asset will flow to the charity; and the cost of the asset can be measured reliably. Intangible assets are recognised at cost as per the SORP and amortised as from the moment they are available for use on a straight-line basis over their useful economic lives as follows:

Computer software: four to ten years

Assets under construction represent capitalised costs for system changes where the benefits would start to be realised in future years. This will be amortised when the assets are put into use.

##### **Tangible fixed assets**

Assets costing over £1,000 are capitalised at cost as fixed assets and depreciated on a straight-line basis over their useful economic lives, as follows:

Furniture and office equipment: five years

Computer hardware: three to five years

Structural alterations: over the period of the lease

##### *Financial instruments*

Financial instruments are financial assets, which comprise cash and debtors, and financial liabilities, which comprise creditors, measured at transaction price less attributable transaction costs.

##### *Foreign currencies*

Transactions in foreign currencies are recorded using the rate of exchange ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are translated using the rate of exchange ruling at the balance sheet date, and the gains or losses on translation are included in the statement of financial activities. MSF UK has no hedging or derivative contracts.

##### *Operating leases*

Operating lease rentals are charged to the profit and loss account on a straight-line basis over the period of the lease.

##### *Pensions*

The charity contributes to employees' defined contribution personal pension schemes. The amount charged to the statement of financial activities represents the contributions payable in respect of the accounting period.

## 13. Financial statements (continued)

### Notes to the financial statements (continued)

#### 2. Accounting policies (continued)

##### *Investments*

The charity's sole investment is £1 (100 per cent of the share capital) in MSF Enterprises Limited, a company incorporated in England and Wales. The charity has not prepared consolidated accounts, as the subsidiary has no assets and is dormant.

#### 3. Donations and legacies

	2024			2023		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
	£'000			£'000		
Committed and regular donations by individuals	24,878	110	24,988	23,310	116	23,426
Income from appeals	16,586	1,255	17,841	15,809	4,343	20,152
Legacies	26,881	79	26,960	18,651	575	19,226
Grants and donations received from charities and trusts	4,711	3,594	8,305	3,768	4,153	7,921
Sponsorship, events, collections, uncommitted individual donations	4,867	434	5,301	3,970	350	4,320
Donations from companies & corporations	3,542	374	3,916	2,692	1,797	4,489
Donations in kind	174	-	174	-	-	-
Grants for Transformational Investment Capacity projects (TIC) and other projects	-	640	640	-	60	60
<b>Total</b>	<b>81,639</b>	<b>6,486</b>	<b>88,125</b>	<b>68,200</b>	<b>11,394</b>	<b>79,594</b>

Legacy Income is not recognised until MSF UK has entitlement to the funds, the amount can be quantified and there is probability of receipt. The estimated value of legacies, which have been notified, but not recognised at 31 December 2024 was £16.8m (2023: £18.6m). This value relates to residuary legacies where the realisation is dependent on the sale of properties and the finalisation of the estates. The value, measurement and timing of these residuary legacies is therefore uncertain based on estimates, subject to market fluctuations. We do not attempt to weigh the probability of receipts.

In 2024, we received restricted grants from MSF International for 'transformative projects' that were undertaken on behalf of the movement. See page 14 for more details on the Palliative Care, Malaria Anticipation and Access project.

#### 4. Income from charitable activities

Income related to internationally deployed staff is received from the other MSF entities to whom the staff are seconded. See note 6 for further details

	2024			2023		
	Unrestricted	Restricted	TOTAL	Unrestricted	Restricted	TOTAL
	£'000			£'000		
International deployment of operational staff	2,484	-	2,484	2,515	-	2,515
International deployment of other staff	3,572	-	3,572	2,663	-	2,663
Fundraising event income	-	484	484	-	-	-
Educational activities	201	-	201	207	-	207
<b>Total</b>	<b>6,257</b>	<b>484</b>	<b>6,741</b>	<b>5,385</b>	<b>-</b>	<b>5,385</b>

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

##### 5. Charitable activities (grants)

MSF operational centres are responsible for medical humanitarian projects in 70 countries. MSF UK's grants to these projects have been grouped by country or programme category in the table below. Note that these projects are not managed by MSF UK.

The decision on which projects and programmes to fund is retained by the Board but influenced by need as expressed by the MSF operational centres that we fund.

See pages 7-10 for more details on the main projects supported by MSF UK.

	<b>2024</b>	<b>2023</b>
	<b>£'000</b>	<b>£'000</b>
<b>Grant recipient</b>		
MSF Holland	36,534	35,522
MSF Belgium	17,617	17,038
MSF France	2,497	1,270
<b>Total</b>	<b>56,648</b>	<b>53,830</b>

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

##### 5. Charitable activities (grants) (continued)

	2024			2023		
	Unrestricted £'000	Restricted	TOTAL	Unrestricted £'000	Restricted	TOTAL
<b>Main programmes</b>						
Mozambique	7,399	1	7,400	10,860	1	10,861
Sierra Leone	6,095	5	6,100	400	-	400
Afghanistan	3,967	13	3,980	1,899	595	2,494
Democratic Republic of Congo	3,769	31	3,800	2,399	601	3,000
Zimbabwe	3,420	-	3,420	3,539	1	3,540
Ethiopia	3,668	32	3,700	3,024	176	3,200
Social Mission	3,653	-	3,653	3,552	-	3,552
South Sudan	2,979	21	3,000	1,440	860	2,300
Palestinian Territories	286	2,688	2,974	-	1,000	1,000
Somalia	2,300	-	2,300	2,211	189	2,400
Chad	2,000	-	2,000	1,266	134	1,400
Haiti	1,167	432	1,599	1,200	-	1,200
Nigeria	875	473	1,348	1,766	634	2,400
Central African Republic	1,500	1	1,501	499	1	500
Sudan	1,078	422	1,500	787	13	800
Yemen	1,221	279	1,500	1,731	969	2,700
Myanmar	1,194	7	1,201	594	6	600
Search and Rescue	1,200	-	1,200	943	57	1,000
South Africa	1,200	-	1,200	2,396	4	2,400
Pakistan	700	-	700	478	22	500
Bangladesh	369	231	600	804	296	1,100
India	489	111	600	582	118	700
UK Migration	217	49	266	-	45	45
Libya	-	220	220	245	415	660
Syria	116	84	200	-	449	449
Ukraine	-	31	31	-	753	753
Other	1	3	4	219	3	222
Emergency Fund	-	651	651	-	3,653	3,653
<b>Total grants</b>	<b>50,863</b>	<b>5,785</b>	<b>56,648</b>	<b>42,834</b>	<b>10,996</b>	<b>53,830</b>

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

##### 5. Charitable activities (grants) (continued)

	2024			2023		
	Unrestricted	Restricted £'000	TOTAL	Unrestricted	Restricted £'000	TOTAL
<b>Emergency Fund</b>						
Nigeria	-	451	451	-	-	-
Haiti	-	200	200	-	500	500
Democratic Republic of Congo	-	-	-	-	1,000	1,000
Sudan	-	-	-	-	600	600
Ethiopia	-	-	-	-	500	500
Pakistan	-	-	-	-	500	500
Chad	-	-	-	-	353	353
Myanmar	-	-	-	-	200	200
<b>Total</b>	<u>-</u>	<u>651</u>	<u>651</u>	<u>-</u>	<u>3,653</u>	<u>3,653</u>

## 13. Financial statements (continued)

### Notes to the financial statements (continued)

#### 6. Other expenditure

In addition to operational grants, MSF UK's other charitable activities contribute to the medical humanitarian projects of the MSF operational centres and the strategic objectives of the MSF movement. Analysis of the expenditure associated with these other charitable activities as well as fundraising costs is shown below.

	2024			2023		
	Direct Expenditure	Support Costs allocated	Total after allocated costs	Direct Expenditure	Support Costs allocated	Total after allocated costs
	£'000			£'000		
<b>Charitable activities</b>						
Operational grants	56,648	-	56,648	53,830	-	53,830
Internationally deployed staff	6,160	1,100	7,260	5,840	614	6,454
Medical & programme support	6,178	2,529	8,707	6,039	2,447	8,485
Advocacy, communications & representation	1,529	1,110	2,639	1,786	1,266	3,052
UK programmes	355	218	573	45	-	45
<b>Fundraising costs</b>	<u>11,516</u>	<u>2,429</u>	<u>13,945</u>	<u>10,158</u>	<u>2,017</u>	<u>12,175</u>
<b>Total</b>	<u>82,386</u>	<u>7,386</u>	<u>89,772</u>	<u>77,698</u>	<u>6,344</u>	<u>84,041</u>

Support costs have been allocated between the charitable activities on the basis of full-time equivalent headcount. The breakdown of these support costs is shown below.

	2024	2023
	£'000	£'000
Executive Office	1,153	1,065
Finance	407	529
Governance	205	166
HR	1,541	1,376
IT	1,335	1,171
Office costs	1,698	1,066
International coordination	1,047	971
<b>Total</b>	<u>7,386</u>	<u>6,344</u>

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

##### 6. Other expenditure (continued)

	<u>2024</u>	<u>2023</u>
	£'000	£'000
<b>MSF International</b>		
International Coordination and Strategic Activities, (under Support Costs)	1,180	1,086
Transformational (TIC) Programme Support, (under Medical and programme support)	394	489
Access Campaign, (under Advocacy, communications & representation)	225	200
Drugs for Neglected Diseases Initiative, MSF Academy and TEMBO (under Medical and programme support)	<u>215</u>	<u>147</u>
<b>Total</b>	<u><u>2,014</u></u>	<u><u>1,922</u></u>

## 13. Financial statements (continued)

### Notes to the financial statements (continued)

#### 6. Other expenditure (continued)

##### Internationally deployed staff

Internationally deployed staff are employed by MSF UK and deployed internationally in operational roles (medical humanitarian projects) or in various roles in other MSF entities.

Operational staff are seconded to MSF operational centres to work in medical humanitarian projects in a variety of roles, including medical roles and logistical roles. These staff are also referred to as internationally mobile staff (IMS). The direct costs include the wages of these operational staff. MSF UK recruits and supports these operational staff; the other costs relate to the recruitment and support activity.

In addition, MSF UK employs staff based in the UK who are seconded to work for other MSF entities in a variety of non-operational roles. The direct costs include the wages of these other staff.

MSF UK receives income from the relevant other MSF entities in relation to the direct costs of deployed staff (see also note 4).

	<u>2024</u> £'000	<u>2023</u> £'000
Direct costs of deployment of operational staff	2,484	2,515
Other costs of deployment of operational staff	618	661
<b>Total costs for deployment of operational staff</b>	<u>3,102</u>	<u>3,176</u>
Direct costs of deployment of other staff	3,058	2,664
<b>Total costs of internationally deployed staff</b>	<u><u>6,160</u></u>	<u><u>5,840</u></u>

#### 7. Trustees' remuneration, expenses and donations

Governance costs include the remuneration of our Chair: Nicola McLean (from 1 January 2024 to 18 May 2024) and Rachael Craven (from 18 May 2024 - 31 December 2024). Nicola McLean received £21,227 for 64 days of work and Rachael Craven paid £24,344 for 98 days of work (total £45,571 for 162 days) (2023: £32,204 for 145 days). The Chair's remuneration is sanctioned by the charity's Articles of Association and was determined by the Board, in the absence of the Chair, based on a recommendation of the Remuneration Committee. The Chair receives a fixed monthly retainer in compensation for the time spent fulfilling their Chair duties above that of other trustees. No other trustee received compensation for their role as trustee.

During the year, 13 trustees were reimbursed for expenses, or had expenses paid on their behalf by the charity, to the value of £3,972 in relation to MSF UK business (2023: £7,676 to 12 trustees). Trustees' expenses comprise principally training costs and the cost of travel to attend governance meetings in the UK and overseas to other MSF entities.

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

8. Net movement in funds for the year is stated after charging/(crediting)

	<u>2024</u>	<u>2023</u>
	£'000	£'000
Auditor's remuneration for statutory audit	74	62
Auditor's remuneration for other services	44	58
Exchange (gains) / losses	(9)	5
Operating lease payments	531	452

#### 9. Staff numbers and costs

The total number of employees throughout the year was:

	<u>2024</u>	<u>2023</u>
Internationally deployed operational staff	161	151
Recruitment and support of internationally deployed operational staff	15	14
Programme	8	0
Medical & programme support	53	54
Advocacy, communications & representation	28	29
Fundraising	53	46
Support services	57	49
<b>Total</b>	<u>375</u>	<u>343</u>

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

##### 9. Staff numbers and costs (continued)

The average number of employees throughout the year was:

	<u>2024</u>	<u>2023</u>
Internationally deployed operational staff	67	61
Recruitment and support of internationally deployed operational staff	10	11
Programme	4	
Medical & programme support	44	43
Advocacy, communications & representation	19	22
Fundraising	42	35
Support services	39	34
<b>Total</b>	<u>225</u>	<u>206</u>

The costs of employing staff during the year were:

	<u>2024</u>	<u>2023</u>
	<u>£'000</u>	<u>£'000</u>
Wages & salaries	10,386	9,609
Social security costs	1,014	899
Pension costs	892	818
Termination payments	106	29
<b>Total</b>	<u>12,398</u>	<u>11,355</u>

## 13. Financial statements (continued)

### Notes to the financial statements (continued)

#### 9. Staff numbers and costs (continued)

Employer contributions to defined contribution pension schemes on behalf of staff paid over £60,000 amount to £234,693 (2023: £211,668).

The highest-paid gross salary of MSF UK is the Executive Director at £108,574.

There are 32 employees with total compensation over £60,000; eight are members of MSF UK's Committee of Directors, who are judged to be key management personnel. See page 48 for MSF UK's remuneration policy.

The total employee benefits, excluding pension scheme contributions, of the Committee of Directors (see page 5) were £773,467 (2023: £729,090).

The number of employees with total compensation (excluding employer pension costs) greater than £60,000 are:

	<u>2024</u>	<u>2023</u>
Between £60,000 and £70,000	17	16
Between £70,000 and £80,000	8	10
Between £80,000 and £90,000	4	3
Between £90,000 and £100,000	1	2
Between £100,000 and £110,000	2	-

#### 10. Intangible assets

	<u>Computer Software</u> £'000	<u>Assets under Construction</u> £'000	<u>TOTAL</u> £'000
<b>Cost</b>			
At beginning of year	1,250	-	1,250
Disposals	(146)	-	(146)
<b>TOTAL</b>	<u>1,104</u>	<u>-</u>	<u>1,104</u>
<b>Amortisation</b>			
At beginning of year	552	-	552
Charge for the year	156	-	156
Disposals	(146)	-	(146)
<b>TOTAL</b>	<u>562</u>	<u>-</u>	<u>562</u>
<b>Net book value</b>			
At beginning of year	698	-	698
<b>At end of year</b>	<u>542</u>	<u>-</u>	<u>542</u>

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

##### 11. Tangible fixed assets

	<b>Computer Hardware</b>	<b>Furniture &amp; Equipment</b>	<b>Structural Alterations</b>	<b>TOTAL</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Cost</b>				
At beginning of year	603	118	633	1,354
Additions	311	23	-	334
Disposals	(87)	-	-	(87)
<b>TOTAL</b>	<b>827</b>	<b>141</b>	<b>633</b>	<b>1,601</b>
<b>Depreciation</b>				
At beginning of year	265	112	545	922
Charge for the year	213	2	88	303
Disposals	(79)	-	-	(79)
<b>TOTAL</b>	<b>399</b>	<b>114</b>	<b>633</b>	<b>1,146</b>
<b>Net book value</b>				
At beginning of year	338	6	88	432
<b>At end of year</b>	<b>428</b>	<b>27</b>	<b>-</b>	<b>455</b>

##### 12. Debtors

	<b>2024</b>	<b>2023</b>
	<b>£'000</b>	<b>£'000</b>
MSF International Members	1,980	1,355
Legacies receivable	11,292	6,699
Other debtors	2,915	2,931
Prepayments	436	415
<b>TOTAL</b>	<b>16,623</b>	<b>11,400</b>

'MSF International Members' relate to the entities that make up the worldwide MSF movement (see Appendix 1).

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

##### 13. Creditors: amounts falling due within one year

	<u>2024</u>	<u>2023</u>
	<u>£'000</u>	<u>£'000</u>
MSF International Members	6,108	12,394
Tax and social security	525	827
Accruals	919	672
Other creditors	606	743
<b>TOTAL</b>	<u>8,158</u>	<u>14,636</u>

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

##### 14. Movements in funds

	<u>01 January 2024</u>	<u>Income</u>	<u>Expenditure</u>	<u>Transfers</u>	<u>31 December 2024</u>
	£'000	£'000	£'000	£'000	£'000
<b>Unrestricted funds</b>					
General fund	4,423	88,339	(75,586)	(11,627)	5,549
Designated fund Legacies	6,699	-	(6,699)	11,292	11,292
Designated fund Fixed Assets	1,130	-	(468)	335	997
Sub-total	<u>12,252</u>	<u>88,339</u>	<u>(82,753)</u>	<u>-</u>	<u>17,838</u>
<b>Restricted funds</b>					
Afghanistan	-	13	(13)	-	-
Palestinian Territories	-	2,688	(2,688)	-	-
Bangladesh	-	231	(231)	-	-
Democratic Republic of Congo	-	31	(31)	-	-
Ethiopia	-	32	(32)	-	-
India	-	111	(111)	-	-
Libya	-	220	(220)	-	-
Syria	-	84	(84)	-	-
Nigeria	-	474	(474)	-	-
South Sudan	-	21	(21)	-	-
Emergency Fund	-	651	(651)	-	-
Haiti	-	433	(433)	-	-
Sudan	-	422	(422)	-	-
Yemen	-	279	(279)	-	-
Other	40	1,307	(1,329)	-	18
Sub-total	<u>40</u>	<u>6,997</u>	<u>(7,019)</u>	<u>-</u>	<u>18</u>
<b>TOTAL FUNDS</b>	<u>12,292</u>	<u>95,336</u>	<u>(89,772)</u>	<u>-</u>	<u>17,856</u>

See note 2 on accounting policies for details of the 'Designated funds' for 2024.

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

#### 14. Movements in funds (continued)

	01 January 2023 £'000	Income £'000	Expenditure £'000	Transfers £'000	31 December 2023 £'000
<b>Unrestricted funds</b>					
General fund	5,123	73,867	(67,282)	(7,285)	4,423
Designated fund Legacies	5,108	-	(5,108)	6,699	6,699
Designated fund Capital Projects	842	-	(298)	586	1,130
Sub-total	<u>11,073</u>	<u>73,867</u>	<u>(72,688)</u>	<u>-</u>	<u>12,252</u>
<b>Restricted funds</b>					
Afghanistan	(3)	598	(595)	-	-
Palestinian Territories	-	1,000	(1,000)	-	-
Bangladesh	-	296	(296)	-	-
Democratic Republic of Congo	-	601	(601)	-	-
Ethiopia	-	176	(176)	-	-
India	-	118	(118)	-	-
Libya	-	415	(415)	-	-
Syria	-	449	(449)	-	-
Nigeria	-	634	(634)	-	-
Search and Rescue	-	57	(57)	-	-
Somalia	-	189	(189)	-	-
South Sudan	-	860	(860)	-	-
Chad	-	134	(134)	-	-
Ukraine	-	753	(753)	-	-
Yemen	(1)	970	(969)	-	-
Emergency Fund	-	3,653	(3,653)	-	-
Other	8	491	(459)	-	40
Sub-total	<u>4</u>	<u>11,394</u>	<u>(11,358)</u>	<u>-</u>	<u>40</u>
<b>TOTAL FUNDS</b>	<u><u>11,077</u></u>	<u><u>85,261</u></u>	<u><u>(84,046)</u></u>	<u><u>-</u></u>	<u><u>12,292</u></u>

#### 15. Analysis of net assets between funds

	2024			2023		
	Fixed Assets	Current Assets £'000	TOTAL	Fixed Assets	Current Assets £'000	TOTAL
Unrestricted funds	997	16,841	17,838	1,130	11,122	12,252
Restricted funds	-	18	18	-	40	40
<b>TOTAL</b>	<u>997</u>	<u>16,859</u>	<u>17,856</u>	<u>1,130</u>	<u>11,162</u>	<u>12,292</u>

### 13. Financial statements (continued)

#### Notes to the financial statements (continued)

##### 16. Lease payments

The charity has entered into a rental agreement for its offices and which is classified as an operating lease. The total future minimum payments on this lease are as follows:

	<u>2024</u> £'000	<u>2023</u> £'000
No later than one year	329	452
Between one year and not later than five years	3,089	38
After more than five years	-	-
<b>TOTAL</b>	<u>3,418</u>	<u>490</u>

##### 17. Pension arrangements

The charity operates a defined contribution group personal pension scheme. The assets of the scheme are held in a separate independently administered fund. The charge in respect of the contributions in the year was £1,107,497 (2023: £969,836). The cost is recognised on the accrual basis with £121,759 outstanding as at 31 December 2024 (2023: £108,691).

##### 18. Related party transactions

MSF Enterprises is a fully owned subsidiary of MSF UK. During the year, MSF Enterprises has been dormant. See note 7 on Trustees for further details of all transactions with Trustees. Included in staff costs (Note 9), is a payment of £40k made at the end of employment to the former Director of Fundraising, who was a member of the Committee of Directors, which was in excess of the amounts agreed through the original contract of employment. We do not consider there to be any further related party transactions that require disclosure.

## 14. Appendices

### Appendix 1: Structure of MSF

**Médecins Sans Frontières (MSF):** An international, independent medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF was founded in France in 1971, in the wake of war and famine in Biafra, Nigeria. We have expanded to become a worldwide Movement of current and former project-based staff, grouped into 27 national and regional associations.

**MSF UK:** This is a company and a charity. MSF UK is a corporation and a legal entity, distinct from its members, with a legal name, rights, responsibilities, assets and liabilities.

**MSF sections:** Sections are the operating entities that make up the MSF Movement. There are 27 affiliated sections worldwide; MSF UK is one. Sections run operational projects and provide operational project support and/or indirect operational support activities (such as fundraising and communications). They are institutional members of MSF International, and meet other requirements as defined by the International Board.

**MSF branch offices:** Branch offices also run indirect operational support activities, but have no executive autonomy in the MSF Movement. They are represented by sections in MSF's international coordination bodies.

**MSF UK Association:** The company law members of MSF UK. These are former and current staff, including volunteers, who are members of the company MSF UK, guaranteeing MSF UK's purpose and direction. Internationally, each MSF section has a similar governance structure involving an association of staff and volunteers who have worked for MSF.

**MSF operational centres:** MSF field projects are delivered by five operational centres, located in Amsterdam, Barcelona, Brussels, Geneva and Paris. There is also a sixth newest entity, the West and Central Africa Association (WaCA), which is an institutional member with the right to run operations. The operational centres are not separate legal entities, but are collaborations between various MSF entities. The tangible elements of each operational centre sit within the particular MSF entity in the country in which it is located. For example, Operational Centre Amsterdam sits within MSF Holland. The operational centres directly manage medical humanitarian projects, prepare budgets and allocate resources. MSF entities are usually affiliated to a specific operational centre; MSF UK is affiliated to Operational Centre Amsterdam.

**MSF International:** A Swiss non-profit entity which provides coordination, information and support to the whole of MSF. It also hosts the higher governing structures: the International General Assembly, the International Board, the Executive Committee, and the International Office.

**MSF International General Assembly:** This Assembly is constituted of democratically elected members of MSF Associations (two representatives per MSF Association). It meets annually in June to debate and decide issues of policy and strategy. The International General Assembly is the highest authority in MSF; it elects the International President and most of the International Board, and is charged with safeguarding MSF's medical, humanitarian and social mission.

**MSF International Board:** A majority democratically elected board with delegated powers from the International General Assembly. A minority of members are Chairs of the operational centres'

## 14. Appendices (continued)

### Appendix 1: Structure of MSF (continued)

governance bodies. It meets on average eight times a year to govern MSF International and oversee the Executive Committee.

**MSF Executive Committee (ExCom):** A platform comprising the Executive Director of each MSF section. The Executive Committee is charged with providing international executive leadership to MSF; coordinating the implementation of an international work plan; and ensuring reactivity, efficiency, relevance and consistency in MSF's social mission and other support activities. There is a smaller Core Executive Committee made up of the General Directors of the five operational centres plus two elected members from the wider Movement.

### Appendix 2: Principal offices

#### MSF International

140, Route de Ferney  
1202 Geneva, Switzerland

#### MSF Belgium

Seat of Operational Centre Brussels  
46 rue de l'Arbre Bénit  
1050 Brussels, Belgium

#### MSF France

Seat of Operational Centre Paris  
14-34 avenue Jean Jaurès  
75019 Paris, France

#### MSF Holland

Seat of Operational Centre Amsterdam  
Plantage Middenlaan 14  
1018 DD Amsterdam, The Netherlands

#### MSF Spain

Seat of Operational Centre Barcelona-Athens  
Carrer de Zamora 54  
08005 Barcelona, Spain

#### MSF Switzerland

Seat of Operational Centre Geneva  
140, Route de Ferney  
1202 Geneva, Switzerland

#### MSF West and Central Africa (WaCA)

MSF WaCA (Association MSF Afrique de L'Ouest et Centrale)  
Zone 4-Lot 44  
Îlot 7 Biétry Zone 4B  
Abidjan, Côte d'Ivoire

#### Other MSF locations

## **14. Appendices (continued)**

### **Appendix 1: Structure of MSF (continued)**

MSF entities in other countries recruit project staff, raise funds and advocate on behalf of people caught up in crises. A complete and up-to-date list of these entities can be found on our website: [www.msf.org.uk](http://www.msf.org.uk).