MSF PROGRAMMES AROUND THE WORLD
Countries in which MSF only carried out assessments or small-scale cross-border activities in 2019 do not feature on this map.
In 2019, tens of thousands of MSF staff undertook lifesaving work that impacted millions of people in more than 70 countries around the world. We begin this report by thanking them for their commitment and dedication. This is also an opportunity to raise two issues of growing concern to MSF.

Over the past two decades, governments have implemented increasingly restrictive legislation to fight radical armed groups. In certain situations, these restrictive measures conflict with the provisions of international humanitarian law and have direct consequences on MSF’s ability to provide medical and humanitarian assistance to those in need. Our work is sometimes perceived as material support and collusion with criminal groups, rather than impartial and neutral medical humanitarian assistance to the wounded, the sick and other very vulnerable people. In some places, this is compounding an already very difficult situation where humanitarian aid is significantly curtailed as a result of the abduction and killing of humanitarian workers by armed groups.

In Nigeria and Syria, for example, we have for years been confronted with reduced access to people in dire need, living in highly insecure regions where states have criminalised some humanitarian and medical activities and personnel. Our staff have been arrested in Syria, military investigations into our activities have taken place in Nigeria and non-state armed groups have attacked and kidnapped humanitarian workers. International sanction regimes and restrictive state measures also affect the financial transactions of aid organisations by, for example, placing restrictions on where funds can be transferred. We have experienced this first-hand, notably when we endeavoured to transfer money to pay our staff in Somalia.

Monitoring and assessing how these restrictive measures threaten the security of our staff and impede our work is a priority for us, as is mitigating the way in which humanitarian action and principles are impacted. Security and humanitarian frameworks should be able to coexist so that people affected by conflict and violence are not denied the assistance they are entitled to.

Climate change, a human-induced reality, is also of great concern to us, as it may well alter the dynamics of conflict and the incidence of disease, impacting communities already at risk. Following a motion passed by our International General Assembly in 2019, we are evaluating how we can address environmental issues most effectively. On the basis of scientific reports outlining what can be expected in the future, it is vital that we prepare to assist the people who will be affected. At the same time, we need to assess our own carbon footprint and take steps to incorporate environmentally responsible working methods, products and equipment into our projects. Adapting the way we operate could greatly impact the communities we serve, which is why we must define and adopt a strategy as a matter of urgency.

The following pages present an overview of MSF’s work in 2019. We extend our deepest gratitude to our donors, whose trust and generosity allow our organisation to continue to provide vital humanitarian and medical assistance wherever we can.
OVERVIEW OF ACTIVITIES

Largest country programmes

By expenditure
1. Democratic Republic of Congo €133.1 million
2. South Sudan €85.4 million
3. Yemen €74.9 million
4. Central African Republic €58.2 million
5. Nigeria €47.2 million
6. Iraq €46.4 million
7. Syria €41.4 million
8. Afghanistan €35.4 million
9. Lebanon €30.9 million
10. Bangladesh €29.4 million

The total budget for our programmes in these 10 countries was €582.3 million, 53 per cent of MSF’s operational expenses in 2019.

By number of field staff¹
1. South Sudan 3,615
2. Democratic Republic of Congo 3,173
3. Central African Republic 2,775
4. Yemen 2,538
5. Nigeria 2,448
6. Afghanistan 2,388
7. Bangladesh 1,871
8. Niger 1,829
9. Pakistan 1,510
10. Iraq 1,379

By number of outpatient consultations²
1. Democratic Republic of Congo 1,687,910
2. South Sudan 1,120,925
3. Central African Republic 967,031
4. Bangladesh 556,336
5. Syria 515,068
6. Niger 436,141
7. Sudan 434,765
8. Ethiopia 355,148
9. Mali 350,088
10. Tanzania 319,072

¹ Staff numbers represent full-time equivalent positions (locally hired and international) averaged out across the year.
² Outpatient consultations exclude specialist consultations.
The above data groups together direct, remote support, and coordination activities. These highlights give an approximate overview of most MSF activities but cannot be considered complete or exhaustive. Figures could be subject to change; any additions or amendments will be included in the digital version of this report, available on msf.org.
The complete International Financial Report is available at www.msf.org

**HR STATISTICS**

<table>
<thead>
<tr>
<th>Staff positions</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no. staff</td>
<td>percentage</td>
</tr>
<tr>
<td>Locally hired field staff</td>
<td>37,670</td>
<td>83%</td>
</tr>
<tr>
<td>International field staff</td>
<td>3,627</td>
<td>8%</td>
</tr>
<tr>
<td>Field positions</td>
<td>41,297</td>
<td>91%</td>
</tr>
<tr>
<td>Positions at headquarters</td>
<td>4,072</td>
<td>9%</td>
</tr>
<tr>
<td><strong>TOTAL STAFF</strong></td>
<td><strong>45,369</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>International departures</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical pool</td>
<td>1,868</td>
<td>25%</td>
</tr>
<tr>
<td>Nurses and other paramedical pool</td>
<td>1,924</td>
<td>26%</td>
</tr>
<tr>
<td>Non-medical pool</td>
<td>3,721</td>
<td>49%</td>
</tr>
<tr>
<td><strong>TOTAL DEPARTURES</strong></td>
<td><strong>7,513</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

2 Restricted funds may be permanently or temporarily restricted: permanently restricted funds include capital funds, where the assets are required by the donors to be invested or retained for long-term use, rather than expended in the short term, and minimum compulsory level of funds to be maintained in some countries; temporarily restricted funds are unspent donor funds designated to a specific purpose (e.g. a specific country or project), restricted in time, or required to be invested and retained rather than expended, without any contractual obligation to reimburse.

3 Unrestricted funds are unspent, non-designated donor funds expendable at the discretion of MSF’s trustees in furtherance of our social mission.

4 Other funds are foundations’ capital and translation adjustments arising from the translation of entities’ financial statements into euros.

5 Staff numbers represent the number of full-time equivalent positions averaged out across the year.

6 Field positions include programme and programme support staff.
Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation.

MSF is a non-profit organisation. It was founded in Paris, France in 1971. Today, MSF is a worldwide movement of 25 associations. Thousands of health professionals, logistical and administrative staff manage projects in more than 70 countries worldwide. MSF International is based in Geneva, Switzerland.

MSF International
78 Rue de Lausanne, Case Postale 1016, 1211 Geneva 21, Switzerland
Tel: +41 (0)22 849 84 84
Fax: +41 (0)22 849 84 04

@MSF
msf.english

COVER PHOTO
Subhan calms his daughter Afia as she receives an injection for cutaneous leishmaniasis at MSF’s treatment centre in Naseerullah Khan Babar Memorial hospital, Peshawar, Pakistan, June 2019.
© Nasir Ghafoor/MSF