Board Report 2022

Vereniging Artsen zonder Grenzen

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The Board Report 2022 should be read as an integral part of the full Annual Report of the Board and the Management Team, published on the website artsenzondergrenzen.nl and with the Financial Statements of the MSF-NL Association.

MSF's structure explained

AzG/MSF-NL, MSF OCA, and the MSF Movement

The global MSF Movement comprises 25 associations and 17 branch offices around the world. Each is an independent legal entity registered in the country in which it operates, and each is linked to one of six operational centres responsible for the programmatic delivery of MSF's medical humanitarian work.

MSF Netherlands (MSF-NL), known in the Netherlands as Artsen zonder Grenzen (AzG), is the legal entity that carries the MSF Operational Centre Amsterdam (MSF OCA) partnership. The MSF OCA partnership comprises MSF-NL, MSF-Canada, MSF-Germany, MSF-South Asia, MSF-Sweden, and MSF-UK. While MSF OCA's medical humanitarian operations fall under the responsibility of the Board of the MSF-NL Association (the Board), the Board delegates oversight of said operations to the OCA Council. This Council is made up of representatives from the boards of the MSF OCA partners, including MSF-NL.

MSF-NL bears the entire responsibility for MSF OCA's medical humanitarian operations, along with activities in the Netherlands.

This report uses the term 'MSF' to indicate both AzG/MSF-NL and MSF OCA.

1 From the President of the Board

▲ MSF healthcare staff attend to a patient in Tsyrkuny village, Ukraine. Photo: Linda Nyholm/MSF, October 2022

Dear Reader,

As I write, a boat with four hundred refugees drifts aimlessly in the Mediterranean Sea. This one is on the news, many others aren't. Conflict is recently escalating in Sudan between different armed factions across the country, and this has occupied the news cycle too. Yet other crises continue to be absent from the screens and minds of those who do not suffer their effects.

Why is this selective awareness relevant to MSF's social mission?

Whether the world is watching or not, MSF must respond to the catastrophic effects of exclusionary discourses and actions by states and non-state actors. We are not a political actor, yet we cannot escape the intensely political nature of the work we do.

We strive to uphold impartiality and independence in our work because we believe this is how humanitarianism can be delivered with respect to the needs and dignity of the people we serve. However, we do not exist in a vacuum. Without our striving to limit the harm of policies of exclusion, discrimination, and opportunism, we cannot help to protect the most vulnerable and marginalised populations.

Colleagues from all over the world have upheld humanitarian action in 32 countries around the globe and have supported the medical consultations of over 7.6 million patients this past year. Many of them wouldn't have been diagnosed, treated, cured, or had a chance of a dignified end without the care and compassion of the people who carry the work of this organisation to patients and communities.

In turn, MSF continues to carry the voices of the people we serve through témoignage.[1] This is a duty that never gets lighter, especially as we recognise our responsibility to be the conduit of the stories, values, experiences, and worldviews of our patients and their communities, not the other way around.

MSF Netherlands will mark 40 years of existence next year. We have seen a lot over these decades, and we stand again, both rooted in our social mission and open to the possibilities, the opportunities, and the challenges of the future.

Within the Netherlands and elsewhere, we draw upon the experiences of our staff and patients to bear witness to the suffering of those we serve. We advocate for meaningful action to address the root causes of that suffering. We raise vital funds to deliver humanitarian medicine to those who need it most.

We need to be ready to respond in a rapidly changing world, where humanitarian aid is increasingly politicised and where humanitarian actors are needed in places we've never been needed before; where crises will be amplified by existing and widening inequities, and as mis- and dis-information become both increasingly prevalent and more dangerous.

As we look forward, we must consider the organisation we want to be in the future as well as the organisation that that future needs us to be. The MSF we want to be reveals itself as we look carefully at where our medical humanitarian action takes place today, and where and how it will be needed in the years to come. We feel we carry the responsibility of learning from the present and anticipating the trajectory of political and social forces that will afflict the most vulnerable.

Growing up in my native Syria, one that was yet to experience civil war, a doctor used to be called 'hakim', that is, a wise person. This came from the days when physicians were called upon to help with the social as well as clinical issues of patients and their communities. Alas, the valued title 'hakim' dropped from use when physicians started to be known by their training as doctors, rather than for their wisdom.

While we are still called upon every day to use our professionalism, experience, knowledge, and skills to provide people with health care; we are also in a complex social and political era where this cannot be done without the wisdom needed to accompany such skills. Wisdom, to start with, tells us that the greatest humanitarian values are served by centring our existence around the needs, agency, and future of people in crises.

As this report shows, we have worked hard in 2022. MSF remains one of the major actors in the humanitarian medical sphere. We have plenty to learn from as we look back at what we did and how we did it. What is more, we have plenty to aim for in the future.

We take this opportunity to thank our staff, partners, communities in which we work and all donors for the incredible efforts that have contributed to the delivery of assistance to people living through crises and that enable MSF to stand in solidarity with them and advocate for change. Thank you.

On behalf of the Board,

Tammam Aloudat
President of Artsen zonder Grenzen

2 2022 at a glance

▲ A view of people sheltering in tents after being displaced by floods in the village of Johi, Pakistan. Photo: MSF, August 2022

In 2022, MSF operated as many as 125 different projects in 32 different countries, up from 115 projects in 33 countries in 2021. We define our medical humanitarian projects as those that deliver direct emergency assistance to people in crisis, exploratory interventions and assessments, and emergency preparedness. In addition to our long-running programmes and existing emergency responses, we responded to multiple new crises worldwide. Partly in response to such challenges, 2022 saw a high level of dynamism in our medical humanitarian portfolio with 26 new projects opened and 14 closed. While the overall number of country programmes and projects saw only a slight increase, patient numbers soared. After the widespread disruption to health care services during the pandemic, combined with other deteriorating circumstances in many of the contexts in which we work, every single project began treating more patients across many aspects of our health care services.

As we emerge from the worst of the COVID-19 pandemic, the world seems even more unpredictable: the war in Ukraine, not only responsible for thousands of civilian casualties and millions displaced, continues to cause severe reverberations around the world with its impact on food security and the global economy; precarious regions already suffering the effects of climate change, such as catastrophic droughts or flooding, descend further into nutritional crisis; and outbreaks of infectious diseases have become more prevalent, including epidemics of cholera, Ebola, and vaccine preventable diseases such as measles, meningitis, and diphtheria.

Our 2022 Annual Plan envisaged our medical humanitarian operations stabilising after the worst of the COVID-19 pandemic and moving into a period of recovery. Yet 2022 was a year dominated by emergency response to a wide variety of contexts. MSF efforts to bear witness to the plight of the people we assist and to advocate for their dignity and safe access to health care also featured prominently. We called for improved conditions for the communities we serve, particularly focusing on people on the move, people in settings of containment, and people who face systematic exclusion.

We continued to focus on building the foundational processes for our global workforce of over 12,000 employees with fairer and more inclusive policies in order to ensure in the longer term a more capable and sustainable staff base, better suited for our diverse portfolio of work. We continued to invest in our supply chain and technology in order to keep abreast of the demands of our programmes, secure our data and manage our information. And we improved our frameworks for managing risk, ethical and regulatory compliance, ensuring such work is more embedded into management decision-making.

Our fundraising efforts have so far amply supported this, and we ended 2022 in a financially solid position with anticipated reserves of more than six months. While we were able to increase our operational budget for 2023, inflationary pressure towards the end of 2022 increased our operating costs with knock-on effects to the 2023 budget and beyond: our medical humanitarian programs will cost more in 2023 without systematically adding any additional health benefits.

In 2022, as part of our commitments to redistribute strategic medical operational decision making more evenly around the world, we established an Operational Support Team in Kenya and supported the MSF office in Jordan to develop its regional approach to support MSF programmes. Work on further articulating the global footprint of MSF continues in 2023.

Finally, we were tested in 2022 by critical gaps in senior leadership as well as security incidents at the project level that required high-level management. The dedication of our staff, our close links with different communities and key stakeholders, and the resilience of our MSF partnership nevertheless enabled us to maintain our medical humanitarian services throughout 2022, and move into 2023 on solid ground.

Considering that in September 2022, the decision was taken to extend our Strategic Plan by two years, we will take stock of our progress against our Strategic Plan objectives in 2023 and confirm our priorities from now until 2025. We enter 2023, then, with a continued focus on ensuring that our medical operational portfolio remains impactful and responsive. Emergencies and the provision of health care to populations affected by violence represent the dominant share of our activities; this in turn requires robust and quality support from across our general management, administration, fundraising, and programme support.

This represents only a snapshot of our activity from last year and there is much to detail below. We look forward to your continued engagement.

3 Our medical humanitarian work

▲ An MSF doctor examines a severely malnourished child admitted to the inpatient therapeutic feeding centre at a hospital run by MSF in Maiduguri, Nigeria. Photo: Nasir Ghafoor/MSF, June 2022

A dynamic medical operational portfolio

MSF began 2022 with 103 active projects and throughout the year, we opened 26 more. Of those 26 new projects, half of them were short-term in nature and closed before year-end. An additional 14 longer-term projects that had been opened in prior years were also closed in 2022, concluding the year with 102 active projects.

Regarding the 26 newly opened projects, eight were related to the ongoing conflict in Ukraine. Directly after the fighting broke out, our teams set up new projects quickly to assess how useful and effective our medical humanitarian efforts could be. This agility led us to close projects as the context evolved; six of the eight projects were closed already in 2022. From the same category of newly opened projects, two opened in Pakistan and two in Chad in response to flooding. Two additional projects opened in Haiti for the cholera response.

Among the longer-term projects closed in 2022, three supported the clinical trial of TB-PRACTECAL, which concluded successfully in January 2022. We also closed our final COVID-19 projects in Venezuela and India. Today, we have fully embedded COVID-19 prevention and care into our regular medical programming and carry forward our lessons learned with regard to remote working, reducing our carbon footprint, and positioning critical supply closer to our programmes.

Many of the contexts in which we have long-running programmes saw a severe deterioration in the medical humanitarian environment. In response, there was a significant scale-up of our activities in Myanmar, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Haiti, Nigeria, Pakistan, Russia, Tajikistan, Ukraine, Venezuela and Yemen.

Emergency response to conflict, natural disaster and epidemics

Our focus early in 2022 turned towards the escalating tensions along the **Ukraine** and Russia border. In advance of the conflict, our teams made visits to Kyiv in January to assess the military build-up and started emergency preparedness support to neighbouring **Belarus** and **Russia**. However, we could not have expected the scale and impact the conflict would have on the people of Ukraine and around the world. The unusual context required agility and open-mindedness about where our support would be most helpful and reach the most vulnerable people. We quickly established registrations to work in Ukraine, **Moldova**, **Poland**, and **Lithuania** and expanded our programmes in Russia and Belarus as we focused our initial response on refugees, the elderly, and the disabled. Logistics and supply teams worked tirelessly to move large amounts of medical supplies to Ukraine and donations to displaced people in all neighbouring countries.

In Ukraine, teams in Kharkiv worked in the underground metro network to set up mobile clinics offering primary health care and mental health support to thousands of patients. We also worked in the basements of large apartment blocks where many people sought shelter from shelling in the early phase of the conflict. MSF water and sanitization specialists installed hot water boilers to allow people to wash themselves, along with filters to improve water and air quality inside the stations. Some people residing underground, especially those with chronic health conditions or without the means to flee the city, had stayed there for months with little time spent outside in the daylight. Our highly motivated teams also provided care in Zaporizhzhia, Vinnytsia, and Kyiv throughout the year.

In Russia and Belarus, where we first began working with vulnerable groups in 1996, we continued to reach those impacted by HIV and tuberculosis while expanding emergency operations to the border of Russia and Ukraine in partnership with local NGOs. In Belgorod, we rented an industrial warehouse which acts as a distribution centre, supplying one of these local partner organizations with hygiene and household items, food, and winter clothing for around 5,000 families. Some of the new arrivals to the accommodation centres are Russian communities displaced by the shelling in their villages along the Ukrainian border. Despite ongoing challenges, we seek to increase our presence in contested areas, stressing the importance of assisting people in need of health care regardless of their political views.

In March 2022, we finally succeeded to re-open most of our medical programmes in **Ethiopia**, albeit with reduced capacity. (As background, the Ethiopian authorities had suspended our programmes in July 2021 at a time of major armed conflict between the Tigray People's Liberation Front and government forces in the country's north. Our suspension was lifted in October 2021, but we were unable to immediately restart activities due to bureaucratic impediments and ongoing security concerns.) Operational again after eight months, we focused our attention on the health centre, maternity ward, and emergency room in the Gambella region where the South Sudanese refugee community welcomed our teams back; they had been without medical services throughout our suspension. Shortly afterward in the Somali region on another side of the country, we restarted medical donations to health facilities, vaccination campaigns, and drought preparedness. In early November 2022, the government of Ethiopia and the Tigray People's Liberation Front signed a cessation of hostilities and our teams quickly moved to re-establish presence in the Tigray region, seeing hundreds of patients per day across our many clinics. While we scale up activities, we are cognizant that Tigray is an extremely complicated and sensitive region to work where the safety and security of our staff and patients remains of the utmost importance.

Since mid-summer, heavier than usual monsoon rainfalls, coupled with melting glaciers and an intense heatwave in the preceding months, resulted in extensive flooding that affected around 33 million people in **Pakistan**. MSF teams immediately began scaling up activities, focusing on eastern Balochistan and northern Sindh provinces to start mobile medical clinics, water and sanitation assistance, and distributions of non-food items such as hygiene kits, soap, and jerrycans for drinking water. The ongoing secondary consequences of the floods remain concerning, impacting access to reproductive health care, growing malnutrition rates, and a sizeable malaria outbreak.

As flood waters somewhat receded in the most hard-hit areas, our eight mobile clinic teams were visiting over 40 communities each week with enormous reach: conducting more than 63,000 medical consultations, treating over 16,000 malaria patients and 6,200 severely malnourished children. Malaria prevalence remains extremely high, with every second patient testing positive. Malnutrition rates are similarly high, with every second child who presents at our clinic malnourished and every fourth severely malnourished.

The impact of human-induced climate change on health is evident in many places where we provide medical care around the world. In very dry areas like **Chad**, flooding is not the first image that comes to mind. Yet Sahelian landscapes are very exposed to such disasters due to the aridity and because the sand does not absorb heavy rains. In October, the Chadian government declared a state of emergency in response to flooding across 18 of its 23 provinces, with more than one million people affected. The floods have submerged vital infrastructure including health care facilities, with hundreds of thousands of hectares of crops destroyed and cattle killed, contributing to food insecurity. In coordination with local health authorities and other humanitarian actors, we launched an emergency response in the capital, N'djamena. Our teams ran mobile clinics, water and sanitation services, and vaccinations campaigns against preventable diseases like measles.

Also in Chad, in response to flooding in the eastern region of Sila, MSF teams are leveraging our existing community co-designed programme. Following medical and

anthropological research in 2021, we established a programme that brings care for the most prevalent morbidities closer to people's homes. The Sila project works with community members as partners who are put at the heart of the project's strategic decision making. When the Bahr Azoum river flooded, the combined team launched a rapid needs assessment and response, delivering 8,000 litres of drinking water per day for the first ten days and supporting the construction of twenty blocks of latrines.

We have a large presence in the **Central African Republic** (CAR) where, together with other MSF offices, we spend more on health care each year than the government. The country has enormous needs in maternal health care, sexual and gender-based violence (SGBV), and recurring malaria epidemics. Violence against civilians and other human rights violations have only become worse in the past years due to ongoing conflict and political instability. We support the Ministry of Health in running the Regional University Hospital in Bossangoa, focusing on health care for children up to the age of 15 for emergency paediatrics, new-born care, and malnutrition; mental and reproductive health; and a community-based model for people living with HIV. We also provide water and sanitation services, infection prevention and control, health promotion, laboratory and infrastructural support for the hospital.

In Bambari, also in CAR, we continue to provide free access to community, primary, and secondary care which includes emergency surgery, sexual and reproductive health, SGBV, paediatric, neonatology, nutritional, and mental health care. Across CAR, sexual violence has become a public health crisis. In Bambari specifically, we have seen significant numbers of survivors reaching our services. This is linked to our teams' efforts to communicate and raise awareness that these services are provided across all our projects in CAR through MSF's Tongolo programme.

Since the Islamic Emirate of Afghanistan (also known as the Taliban) came to power in **Afghanistan** in 2021, the suspension of donor funding for many organizations and economic sanctions against the regime have had a severe impact on the already fragile health care system. Diseases like cholera and measles are prevalent, access to health care is low, and malnutrition rates continue to rise. Rural areas have been impacted the most by this lack of funding, forcing people to make longer journeys to health facilities like Boost Hospital in Lashkar Gah, where our teams remained working throughout prolonged periods of fighting. The hospital, where we have been working since 2010, has a 400-bed capacity but often has many more inpatients; the children's wards in April 2022 had a 198% bed occupancy rate.

In Kandahar, the team is running both inpatient and ambulatory feeding centres which, respectively, admitted 650 children and over 4,000 children this year. We anticipate more cases of severe malnutrition, for which we are currently doubling the number of inpatient beds. In addition to malnutrition, we admitted more than a hundred patients in 2022 with multidrug-resistant tuberculosis into our long running programme, which has a treatment success rate above 90%. This is remarkable considering the circumstances in Afghanistan.

Tensions mounted throughout 2022 in the eastern parts of **Democratic Republic of Congo** (DRC), especially along the Rwandan border as different armed actors vied for control of territory. While many international actors left the area, MSF teams prepared with contingency supplies for a possible influx of war wounded patients in the province of North Kivu. We manage the heightened security risk by reducing teams to essential staff and maintaining frequent communication with the different parties to the conflict, continually seeking permissions and assurances that we are welcome to remain and work safely.

Also in DRC, in the province of South Kivu where access for staff to our project locations remains insecure, we moved to an operational model centred on training and supplying implementing partners with supervisory support from civil society and the Ministry of Health. Malaria is the cause of 55% of morbidities and 25% of deaths in the DRC, all ages included, and it is the most significant cause of death for children under five. We focus on prevention before the peak malaria season and on case management during the epidemic peaks in several critical health zones. We expect to have more than 60,000 patients tested and more than 50,000 patients treated by the completion of the campaign in 2023.

In **Haiti**, since the assassination of the president in July 2021, no new president has been elected nor is there sufficient legislative power to organize an election process. This political vacuum has led to significant unrest and a rising tide of violence that includes frequent kidnappings, robberies, and drugs and weapons trafficking through gang-controlled areas. The security in these areas has completely deteriorated and many basic functions that cities like Port-au-Prince and Gonaives used to have, especially related to water and sanitation, have collapsed. This has led to multiple outbreaks that our project teams have worked diligently to fight, including scabies and cholera. Since the beginning of the outbreaks, we have treated around 11,000 patients for cholera across these facilities. We operate mobile clinics in Port-au-Prince near the frontlines of the urban conflict when we can negotiate access.

Another main reason for our presence in Haiti is the high level of SGBV and Intimate Partner Violence (IPV). We have set up SGBV clinics in Port-au-Prince and Gonaives and provide a comprehensive package of health care for survivors and, for those in need, we can offer a safe place to stay. We also operate a 'green phone line', a number that is free to call for information on sexual health and operated at all hours of the day, seven days a week.

In **Yemen**, more than eight years of civil war have taken a deep toll on the Yemeni people and the country's health infrastructure. There are chronic shortages of essential supplies and equipment which has led to many public facilities becoming non-functional. MSF teams offer secondary health care in Taiz Houban and Taiz City and a primary health care facility in Marib Governate. In Marib, where we witnessed increasing levels of malnutrition and insufficient local capacity to treat complicated cases, we launched a six-month intervention to extend bed capacity at the inpatient feeding centre, added an ambulatory programme to the hospital, and increased community screening. We hired an additional 180 locally recruited staff in 2022, mainly in Taiz City and Marib, while our costs of working in Yemen also grew significantly following an upward salary revision for locally recruited staff, dollarization of salaries and social security.

Heavy rains led to persistent flooding in **South Sudan**, where the impacts are accumulating year-on-year. The situation in the area of Bentiu is truly concerning, as the MSF 180-bed inpatient department and the feeding centre in the displaced persons camp nearby both reached capacity, a clear indication of food insecurity in the country. The camp is protected by a series of berms surrounded by a dyke system, but the dykes have failed in several locations and the berms, which were not designed to be water barriers, are now the last line of defence. The camp has already become an island, with no road access to neighbouring towns. Adding to the situation, we have seen an increasing number of measles cases in the area, so we began a campaign within the camp in November to vaccinate an estimated 47,000 children between six and fifteen years old.

In **Syria**, the MSF team continued to address the needs of conflict-affected communities in the northeast of the country with a focus on quality improvements and access to primary health care for patients with non-communicable diseases (NCDs), severely malnourished children under five, and people detained in Al Hol camp. Interventions on COVID-19 as well as for adolescent detainees in a detention centre in al-Hasskah with tuberculosis were discontinued in 2022.

Crisis for Rohingya refugees

To mark five years of continued displacement with no solution, we gathered testimonies from many Rohingya refugees who shared their hopes and fears for the past, present and future. Five years ago, around 700,000 Rohingya refugees fled violence in Myanmar to neighbouring **Bangladesh**. MSF is the largest health care provider in these refugee camps, where we respond to a growing number of patients in our clinics. Many suffer from medical conditions associated with poor living conditions. Indeed, people share small, cramped spaces and have limited access to water and sanitation. Early in 2022, we saw an upsurge of scabies cases coming from the camps. Scabies is a contagious health condition caused by a tiny burrowing mite that spreads quickly through close physical contact and shared clothing or bedding. Nearly 600 patients with skin diseases are seen per week in Balukhali and Kutapalong and about 90% are diagnosed with scabies; 50% of patients treated are under the age of fifteen.

Our programmes in Penang, **Malaysia** are focused on reaching urban Rohingya refugees who have been forced out of Myanmar and arrived by boat or overland during the last decade. In December, increased traffic on the Andaman Sea showed signs of growing desperation in the camps of Bangladesh and the deteriorating conditions in Myanmar itself. MSF issued a public statement calling on the Malaysian Government to allow safe disembarkation and to recognize the right to seek protection from persecution. There are over 100,000 Rohingya refugees currently living in Malaysia, and they are denied access to basic services, often finding themselves marginalised in society with very limited access to the modern health care system in the country.

Since the coup in Myanmar in February 2021, armed resistance against the military government has increased considerably. This opposition has led to greater fragmentation of the country and an increase in health care needs, coinciding with the decreasing capacity of governmental and privately-run facilities to meet those needs. The health system has become a frontline, splintered by those in power and those protesting, at the expense of patients' lives and increasing public health threats. Growing insecurity and economic hardship further prevent people from accessing lifesaving medical care. MSF and many other NGOs have had great difficulty accessing those in need and securing visas to allow staff with international experience to enter the country and support.

People on the move
The one-year anniversary of MSF's Search and Rescue operations in the **Mediterranean Sea** aboard our new vessel, the Geo Barents, was marked in June. We previously operated several other boats with partner NGOs, but we have since decided to charter independently to allow us greater freedom in operational decision-making and communication at sea. In one year of operation, the Geo Barents sailed 11 times and conducted 47 rescue operations at all hours of the day. We managed to rescue over 3,000 people and conducted over 6,000 medical consultations including for basic health care, mental health, and sexual and reproductive care.

One example: on the 27 June, the Geo Barents was alerted to a rescue of a small boat that was essentially just plastic bags supported by wooden planks. By the time we arrived, the planks had shifted and disappeared. People were holding onto pieces of plastic and the partially deflated plastic tubes. We managed to rescue 71 people but more than 30 are thought to have lost their lives at sea. A baby was successfully resuscitated and, with the mother, medically evacuated to Malta, Italy a few hours later.

Some people tell us about the reason they fled their homes and undertook this incredibly dangerous journey, including accounts of physical abuse and sexual and gender-based violence. Migrants also report arbitrary arrests and detention in inhumane conditions, kidnapping, forced labour, human trafficking and family separation.

We also hear such stories through our work in three detention centres in **Libya**, where we provide primary health care and mental health support as well as protection services aimed at identifying vulnerable people and referring them for specialist care in hospitals and to other organizations in Tripoli. Through this work, we can confirm the unacceptable conditions, sometimes with hundreds of people held in the same cell. During the year, the Libyan coastguard intercepted at least 24,684 [2] individuals attempting to cross the Mediterranean Sea and forcibly returned them to Libya. At disembarkation points across the west of the country, our teams offered basic medical services, psychological first aid, emergency referrals and follow-up care. We also distributed food and hygiene kits. After November, we were unable to continue these activities as permission was withdrawn by the authorities. However, our teams remain ready to respond in case of emergencies.

Here in **the Netherlands**, for more than six weeks in the summer of 2022, asylum seekers in Ter Apel in the province of Groningen were unable to access the reception centre and were sleeping outside without adequate shelter, water or food. Although the scale of the situation was relatively small compared to our interventions in other parts of the world, the plight of these people could not be ignored. We supported asylum seekers with a medical team in a mobile container for over two weeks and conducted nearly 450 outpatient consultations and over 200 mental health consultations. (For additional information on our response in Ter Apel, see below in chapter 4).

We also supported asylum seekers and migrants in Lithuania in two Foreigner Registration Centres where, as of May 2022, around 2,700 people had been detained, some for more than nine months. Our activities focused on mental health support and triage to refer patients to the Ministry of Health psychologist or mobile medical unit. Due to the conditions imposed by Lithuanian authorities, which were not in line with MSF principles and respect for medical ethics, we have not accessed these centres since. MSF teams nevertheless continued to offer remote psychological support to detained people and ran informal group sessions outside the detention centres for those with some limited freedom of movement. By December, however, continuous pushbacks at the border meant that fewer people were able to enter the country and the detention centres were nearly empty. This significantly limited MSF's ability to reach those in need and we closed our presence there in December.

Medical figures

3,636,074	outpatient consultations
221,756	inpatient admissions
799,170	patients treated for malaria
91,246	patients treated for malnutrition
4,826	patients treated for (reported) cholera[3]
17,120	surgical interventions
80,611	deliveries assisted
124,698	people given psychosocial care support
7,079	termination of pregnancy performed
49,144	measles vaccinations administered
1,188	new multidrug-resistant tuberculosis patients started on treatment
1,121,878,786	litres of clean water provided
60,750	consultations in which diabetes was identified as the main reason for consultation

4 Igniting change and enabling action

▲ A health worker calls on a community to participate in a health education meeting in Lazare, Democratic Republic of Congo.
Photo: Franck Ngonga/MSF, August 2021

Témoignage and advocacy

Bearing witness and speaking out (referred to as 'témoignage' in MSF) are at the core of MSF's actions. In 2022 as in previous years, MSF's humanitarian affairs, communications and advocacy teams maintained a particular focus on monitoring and countering dehumanising discourses and policies while advocating for the dignity and rights of people subjected to systematic dehumanisation. We will continue to do so in 2023.

In November 2022, we released a report, "Between two fires: danger and desperation in Syria's Al-Hol camp,"[4] detailing the deteriorating situation in Al-Hol, Syria, and holding the government and policymakers to account for the inhumane conditions, violence, abuse and exploitation there. The report draws on testimonies from our frontline humanitarian staff, as well as medical data from MSF run health facilities in the camp, collected between July 2021 and March 2022. The report provides rare insights into the lives of an abandoned population, the majority of whom are children born into a world of criminality, violence and exploitation, and trapped indefinitely in prison-like conditions with no end in sight. Since late 2019, when MSF started medical activities in Al-Hol, we have engaged in private discussions with a range of interlocutors, advocating to improve the conditions in the camp. This report and our subsequent public advocacy have given renewed impetus to the cause of a highly stigmatised population and have refocused attention on issues that were no longer receiving media coverage.

Our continued presence in Myanmar, Bangladesh and Malaysia is driven by a commitment to provide the Rohingya community with adequate access to high-quality medical care and to bear witness to their plight. In all three countries, the Rohingya have been subjected to discrimination, stigmatised as disease carriers or criminals, and denied basic rights and adequate access to services, including health care. In 2017, MSF witnessed the mass forced displacement of Rohingya people who fled their homes in Myanmar, where they were unjustly denied citizenship, after suffering horrific ethnic violence; and since then we have witnessed their continued persecution through the dehumanising policies applied both to those remaining in Myanmar's Rakhine state and those who have sought refuge elsewhere in the region. To increase the effectiveness of our advocacy, we are developing a regional approach that combines the knowledge accumulated by our medical humanitarian operations in Myanmar, Bangladesh and Malaysia to promote the agency and dignity of the Rohingya people. This effort aims to counter the negative narratives that have been constructed by the authorities in Bangladesh, Malaysia and Myanmar with the aim of dehumanising the Rohingya, and to provide a platform for Rohingya voices to be at the front and centre of the communications we produce, telling their own stories and experiences in their own words.

In Lithuania and Latvia, MSF spoke out about, among other topics: the need to end arbitrary detention of displaced people crossing into Lithuania and Latvia; the urgent need to implement alternative and humane reception instead of detention for such people; the need to improve conditions in the migrant detention centres for as long as such people continue to be detained; the need for such people to have access to information and legal aid free of charge; the need for a scale-up of protection services provided by other actors; and the health impact of repeatedly being pushed away while seeking sanctuary at the borders of the EU, and the need to stop such practices.

One of the highlights of our migrant search and rescue (SAR) activities in the central Mediterranean Sea was the publication in July of the report "Left to drown in the Southern European border: One year of Geo Barents at sea."[5] One year after the resumption of SAR activities with our own MSF vessel, the Geo Barents, this report was an opportunity to reflect on and take stock of the main challenges and trends observed at sea through the voices of the people the Geo Barents had rescued. Among multiple objectives, this report aimed to expose the consequences of EU migration policies and the lack of a dedicated SAR operation clearly mandated to save lives in the central Mediterranean Sea.

Between September and November 2022, discussions resumed at the EU level around a proposed regulation addressing situations of so-called 'instrumentalisation'[6] in the sphere of migration and asylum. This draft regulation is in response to the increased migration flows at the EU–Belarus border in late 2021 and would have a negative impact not only on the rights of people who seek safety and protection, but also on MSF's operations, since an NGO could be considered to be 'instrumentalising' migrants. With the support of MSF offices in Brussels and elsewhere, we undertook targeted bilateral advocacy to alert Member States about the potential impact of this draft regulation in the light of what MSF had witnessed in Greece, Lithuania and Poland and via our SAR activities, and push them to oppose its adoption. As part of this effort, MSF signed a joint NGO statement.[7] The advocacy efforts of MSF and other NGOs appear to have had some effect: at a meeting of the EU's Committee of Permanent Representatives in December, Member States could not reach agreement on the draft regulation and negotiations seem to have become stalled.

In the Netherlands

Closer to home, we stepped up our advocacy ambitions to 'ignite change' by establishing a policy and advocacy team to engage with Dutch policymaking. In the area of domestic migration policy, advocacy around our emergency operation in Ter Apel in September contributed to the Netherlands coalition government's decision to end the poor reception conditions and lack of access to medical care for asylum seekers in the town. Our advocacy helped to bring about a political arrangement ensuring provision of adequate medical care in Ter Apel and other crisis reception locations. We also contributed analysis to legal proceedings that culminated in a ruling that obliged the government to bring the reception of asylum seekers up to legal standards.

Turning to our advocacy on international refugee and migrant issues, we engaged in a dialogue with the Dutch Ministry of Foreign Affairs about the humanitarian consequences of its cooperation with the Libyan Coast Guard, drawing the ministry's attention to the situation along the central Mediterranean migration route. Further afield, in response to MSF recommendations made in November 2022, a parliamentary delegation from the Netherlands is set to visit Bangladesh to make inquiries into the situation of Rohingya refugees currently living in camps in Cox's Bazar. At the end of 2022, on the basis of our report mentioned above on Syria, we engaged in a dialogue with the Netherlands government about shifting its approach from seeing Al-Hol camp through a strict security lens to one that also focuses on the humanitarian dimensions of the situation there.

On the medical front, our advocacy also influenced the development of a Dutch Global Health Strategy with a specific focus on access to medicines (which forms a pillar of the strategy). Once the strategy was published, MSF's response prompted key ministries to invite us to discuss how our recommendations could be incorporated into the operationalisation of the strategy. It is one of our priorities for 2023 to continue to engage on this issue. In response to our engagement with Dutch MPs, one MP submitted to parliament an amendment to the Minister for Development Aid and Trade's 2023 budget plans aiming to increase the value of the country's pledge to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Unfortunately, the amendment was not adopted by parliament.

▲ MSF medical staff attend to the wounds of a young man in Ter Apel, The Netherlands. Photo: Olga Victorie, September 2022

MSF in Ter Apel

In the summer of 2022, the arrival centre for asylum seekers in the Dutch town of Ter Apel proved unable to meet the most basic needs of new arrivals. This followed years of budget cuts to the Centraal Orgaan opvang Asielzoekers (COA),[8] the authority responsible for this centre. For more than six weeks, the situation collapsed: asylum seekers could not enter the reception centre due to overcapacity. Even those with approved asylum status could not find a place to stay. The MSF team conducted an assessment and found that 400 people had been sleeping outside the centre, as an additional 150 were arriving each day. Minimum humanitarian standards were not in place: the few available latrines were dirty and without privacy, food and water supplies were insufficient, and physical and verbal harassment were reported. The Netherlands Red Cross established a first aid and information point, but security issues in the increasingly tense area led the organisation to pull out.

Although the scale of the situation was relatively small compared to our interventions in other parts of the world, the plight of these people could not be ignored. Within days, a hospitainer was set up, from which our team started work. In the space of two weeks, we conducted nearly 450 outpatient consultations, over 200 mental health consultations, and several emergency referrals for patients originating from Syria, Iraq, Iran, Turkey, Somalia, Eritrea, and locations in west Africa.

Our presence in Ter Apel – MSF's first ever operation in the Netherlands – gained massive media attention. This supported our advocacy, both public and private, which contributed to a decision by the government to improve reception conditions in Ter Apel and provide medical care there. Our follow-up advocacy ensured that this occurred, both in Ter Apel and in other crisis reception locations. Legal proceedings brought by the Dutch Refugee Council that we supported led the government to comply with legal minimum standards for the reception of asylum seekers. As the summer went on, the number of people sleeping outside in Ter Apel gradually decreased while the overall hygiene situation improved. By early September, the area outside the arrival centre was empty and we closed the intervention. Our values of proximity, dignity, and solidarity were brought front and centre through this intervention: people seeking asylum must have access to adequate care provision and should be treated in a humane way.

Research and analysis

In 2022, MSF began research on the subject of "State-humanitarian engagement" that included an inception report to clarify our objectives and two case studies, focusing on Bangladesh and the Kurdish region of Iraq. In many contexts, and not just in those governed by so-called authoritarian regimes, MSF and other humanitarian actors face a battery of restrictive practices. This research seeks to improve MSF's understanding of this landscape, and how it is changing, by looking at the practices that various states use when they coordinate and control humanitarians. This body of work involves interviews with government officials, both current and former, and seeks to understand the issue from their point of view. This research is expected to conclude in 2023 with two additional case studies conducted in Chad and Italy, after which we will analyse, study and share our learning.

Recent crises have highlighted the need for broad and routine engagement with a diversity of stakeholders capable of influencing the contexts within which MSF works. We also question our own patterns of engagement that disproportionately involve western, high-income states and institutions, and that may not take full account of the complex political dynamics that characterise the world today. To that effect, MSF conducted a series of case studies in 2022 on our engagement with different state actors and institutions, in order to promote continued institutional learning and improve our operations and advocacy.

As humanitarian access continued to be challenging in 2022, we maintained support to our operations' teams, helping them to plan and implement strategies to improve their access to populations and vice versa. After carrying out the first global study in over a decade on the humanitarian access situation across all country programmes in MSF, we prioritised training our teams in 2022 on negotiation with states, non-state armed groups and communities. We also strengthened our internal collaboration and exchange of information concerning access with other MSF offices to ensure that we learn more from each other. In 2023, we will continue to enhance these efforts and help each other on challenges such as improving access to populations in detention, engaging with non-state armed groups, and navigating bureaucratic and administrative impediments imposed by states that hinder access to vulnerable and neglected communities.

MSF's research and analysis will also continue to contribute to a better understanding of the diverse (and often combined) effects of humanitarian funding cuts, environmental degradation, and inflation.

5 Focus on medical innovation

▲ A woman holds her infant grandson as he is assessed for severe malnourishment in Abyei, South Sudan.
Photo: Christina Simons, August 2022

Outpatient and inpatient services
Through our primary and secondary health care services in 2022, we continued to assist communities in urgent and long-lasting crises. While outpatient consultations totalled 3,636,074, out inpatient facilities admitted a total of 221,756 people, the most ever in a single year. Children under five years old constituted 55% of total inpatient admission (compared to less than 52% in 2021). Overall bed occupancy rate for all programmes was 69% (62% in 2021) with an average length of stay of 4.8 days (compared to 3.5 days in 2021). In 2023, additional focus will be placed on safe staffing ratios based on the recently published MSF Staff Ratio Guideline.

In 2022, we laid the foundations for the integration of health and humanitarian standards at the primary health care level, producing resources that will inform a primary health care framework in our projects. These policies were piloted and evaluated in Penang, Malaysia as well as in Bukavu and Mweso, Democratic Republic of Congo. These pilots informed ongoing analyses to produce a framework for adapting primary health care in the complex environments in which MSF works. In 2023, the focus will be on further developing and implementing an adaptable primary health care framework through trials in even more diverse contexts. The goal is to establish a versatile, person-centered approach to PHC delivery across our organization.

Nutrition
Over the course of 2022, climate change, the ongoing effects of the COVID-19 pandemic, the energy crisis, the war in Ukraine, and other regional conflicts all contributed to worldwide economic instability and a marked increase in global food insecurity. Funding cuts also led to reduced global food assistance to vulnerable groups. As a consequence, we increased our advocacy efforts related to the situation and scaled-up our nutritional programs. However, there was also a serious lack of access to care; conflicts in Nigeria, Democratic Republic of Congo, Central African Republic, Yemen, Somalia, South Sudan, and Ethiopia limited our access to patients and patient access to health services. Admissions more than doubled for severely malnourished patients to our inpatient therapeutic feeding centres and to ambulatory therapeutic feeding centres; while admissions for moderate acute malnutrition tripled.

Neglected Tropical Diseases
Neglected tropical diseases (NTDs) remain a special focus for MSF because they typically affect the most neglected populations, notably victims of conflict, exclusion, and extreme poverty. Apart from direct diagnostic and treatment service delivery to patients and affected communities, we also have a global change agenda to improve access to care for the most neglected among the NTDs, which are the most complex to manage. Advocacy addresses governments of countries where NTDs are endemic and encourages them, as well

as major donors, to scale up capacity in response. In addition to work on brucellosis and persistent fever syndrome in 2022, we advocated for improved implementation of snakebite care. This included the identification of effective and safe antivenoms (particularly for sub-Saharan Africa), sustainable access to antivenoms, and technical support.

The noma disease project in Nigeria continued its vital work in providing acute care and reconstructive surgery for noma survivors. There has been a further reduced reliance on international staff surgeons in the project, as Nigerian surgeons take on increasingly more leadership roles in surgical interventions. This should build a more sustainable approach to long term noma care in the country. Significant progress was made on the advocacy campaign to have noma included in the World Health Organization (WHO) list of NTDs. Following a successful side event at the WHO World Health Assembly between MSF, the Nigerian government, and other noma actors, the government announced their role as the lead sponsor of this initiative. Over the course of the year, the campaign was successful in obtaining the endorsement of 30 countries, including the Netherlands, demonstrating that noma fulfils the criteria to be included as an NTD. By the end of 2022, the final dossier of evidence was being complied for submission to the WHO in early 2023.

Integrating a person-centred approach our activities
Moving towards person-centred care in health programming has different starting points in different MSF projects. The 'Guiding principles for a person-centred approach to care' were developed in 2022. This guideline aims to support our programme teams to review their programmes, stimulating reflection and provoking different ideas and options. It will continue to be rolled out in 2023. Monthly exchange sessions with person-centred care ambassadors, locally recruited as well as internationally mobile staff interested in person-centred approaches, are ongoing with up to ten programme teams connecting each time. Sessions have been organized on feedback mechanisms, using patient experiences for improvement, working with groups of mothers, palliative care, monitoring, evaluation, accountability, and learning, and effective communication. Additional work for 2023 includes a focus on further staff development to align our human resources with our strategic priorities around person-centred care and quality of care.

Infection prevention and control
In 2022, infection prevention and control was at the forefront of clinical care as diseases such as monkeypox, COVID-19, Cholera and Ebola continued to present unprecedented challenges in our projects. To the credit of many MSF programmes and projects, improving infection prevention and control continued to be a central priority in day-to-day medical operations and was included in epidemic and emergency responses. MSF hospitals use the Stepwise Infection Prevention and Control Approach as an annual baseline assessment tool to plan the implementation of infection prevention and control measures. This approach provides valuable information that can facilitate improvements in infection prevention and control in our projects. We designed and adapted the tool for primary health care facilities in 2022 which was piloted in August and has since been approved by all MSF offices.

Vaccination
The COVID-19 pandemic had a tremendous impact on vaccination activities worldwide, fuelling the largest backslide in routine vaccination activities in three decades and disproportionally affecting low- and middle-income countries. Consequently, there is an increased risk of large vaccine preventable disease outbreaks. MSF continues to provide a diverse range of vaccination activities across our portfolio ranging from service delivery and logistical support, e.g., vaccine supply, cold chain, and transport, to technical support, including planning, management, and monitoring. Last year, MSF supported vaccination activities in 22 projects across 14 countries. Access to certain vaccines remains a challenge due to global demand, limited supply, prohibitive costs and unfavourable terms and conditions posed by other actors in the supply chain. MSF will continue to monitor and advocate for affordable access.

COVID-19
Though COVID-19 has not had the same impact in terms of severity and hospitalisations during 2022 as it did in 2020-2021 for our projects, we still see the secondary effects of the pandemic. During 2022, we continued our emphasis on staff vaccination with solid results in many of our projects through direct communication with staff, addressing their concerns and supporting them in their decisions. An additional challenge in 2022 was that as the Omicron variant became more prevalent, many staff were affected including those who had already received two vaccines. This impacted our projects because affected staff were required to self-isolate and contacts were quarantined, severely affecting staffing levels.

COVID-19 has demonstrated stark international inequity in access to vaccinations (as well as standard and novel treatments), compounded by weaknesses in public health systems. MSF has kept up to date with the evolving therapeutics landscape for early disease and severe disease, advocating for improved access in our settings. The challenges posed by the COVID-19 pandemic were

far-reaching and continue to be felt. New variants continue to evolve, and it remains unknown if severe rather than mild variants will be dominant in the months ahead. As such, we continue to keep our guidelines and preparations updated should we need to respond. Importantly, the COVID-19 pandemic and our response provide an opportunity for reflection, particularly for lessons learned. We continue our in-depth evaluation of our MSF COVID-19 response to identify areas of success and areas for improvement.

Antimicrobial resistance
Important progress has been made in 2022 to lay the foundation for an expansion of work on antimicrobial resistance in a number of priority locations in the coming years; 24% of MSF hospitals started antibiotic stewardship activities in 2022 and 12 of these hospitals include a staff member trained via the antimicrobial resistance eLearning programme. The second round of this programme was completed, including courses for both infection prevention and control supervisors and antibiotic stewardship focal points. We have developed activities that target the increasing threat of resistant malaria. We aim to identify a pilot site to trial a new malaria vaccine in order to reduce resistant infections. We will also monitor treatment failures among our patients which will act as an indicator to where there may be infections that are resistant to the medications that we use for treatment. We also continue our previous work to identify resistance to the insecticide we use against the mosquitos that transmit the malaria parasite.

Sexual and reproductive health
In 2022, MSF continued to demonstrate a strong commitment to responding to the sexual and reproductive health needs of the communities we serve. Starting in 2020, we saw a downward trend across a number of sexual and reproductive health activities. In the early days of the COVID-19 pandemic, decisions around the prioritisation of our activities resulted in a further decrease in some outpatient sexual and reproductive health consultations. In 2021 and 2022, however, there was a notable increase in sexual and reproductive health activities including deliveries, contraceptive consultations, and post-natal consultations. We have also seen consistent growth in the provision of safe abortion care over the past few years; a remarkable increase since 2016. Access to safe abortion care is one component of our larger strategic commitment to a comprehensive approach to reducing maternal mortality and morbidity. Several tools, as well as trainings and guidance, were launched in 2022.

Nursing
Improving standards around nursing is an ongoing body of work. Our current draft policy incorporates standards related to person-centred care, infection prevention and control, clinical governance, and safeguarding. In 2022, a list of indicators was endorsed with defined expectations and improved monitoring tools. We plan to include these indicators into our health information management system in 2023 so that nurses will be able to directly upload their data on patient monitoring, escalation of care, pain and patient identification. A community of practice for head nurses was also launched in 2022.

Improving multidrug-resistant tuberculosis treatment
In 2021, we finalised TB-PRACTECAL, a 10-year clinical trial of a six-month all-oral treatment regimen for Rifampicin-resistant tuberculosis that was found to be safer and more effective than the previously accepted standard of care (which could take up to 20 months and included painful injections and side effects).

Following these successful results, the World Health Organization announced that it would update the 2022 guidelines for the global treatment of multi-drug resistant tuberculosis and include the TB-PRACTECAL six-month all-oral regimen. After many years of hard work, global tuberculosis clinical practice has been changed through this research and patients everywhere will see the benefits. Our three remaining TB-PRACTECAL programmes in Belarus and Russia closed at the beginning of 2022. In 2022, this regime was implemented in Uzbekistan, Belarus, Tajikistan, Pakistan, and Sierra Leone. We continue to actively look to roll-out this new regime in several additional locations.

Medical and social sciences
We believe that our research should deliver measurable benefit to the communities and people we serve within a framework that is transparent, accountable and compliant with medical, ethical, and humanitarian principles. As such, MSF continues its efforts to publish materials that have been reviewed by an internal ethics committee.

In 2022, we supported 18 countries by conducting qualitative assessment and analysis to help understand and resolve problems associated with health and wellbeing. In Tajikistan, tuberculosis patients participated in three assessments to explore COVID-19's impact on their psychosocial and mental health, barriers to access and complete their treatment, and support mechanisms for survivors of domestic violence. Also in

Tajikistan, our exploration of formal and informal support networks for survivors of domestic violence was highly effective, allowing us to help implement activities to support people vulnerable to such violence. In Russia, an assessment explored perceptions and experiences of tuberculosis and tuberculosis care in two regions. In Malaysia, an assessment was conducted to explore the living conditions of newly arrived Rohingya refugees and the challenges facing them. In Nigeria, two assessments explored people's coping mechanisms in four refugee camps and the factors that influenced their non-adherence to treatment in therapeutic feeding centres. In Chad, separate assessments in the Sahel and Sila regions were aimed at informing our projects there. Finally, we developed a concept and protocol for operational research intended to inform models of health care for HIV patients in Central African Republic, tuberculosis patients needing palliative care in Uzbekistan, sexual and gender-based violence survivors in Bangladesh, malaria patients in South Sudan, and gestational diabetes patients in Iraq.

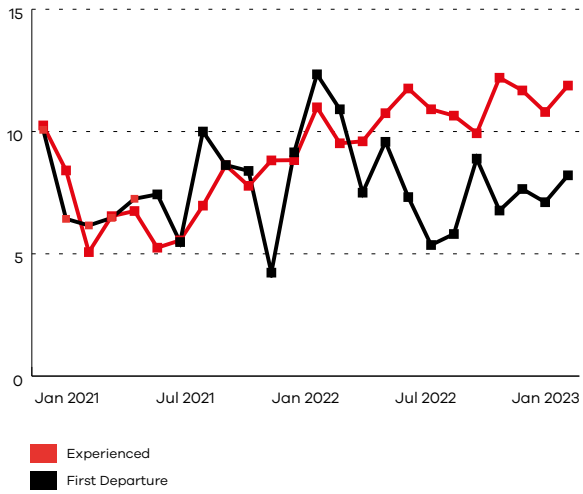
Across the studies we initiated in 2022, the most common research topics were measles (vaccination coverage surveys), respiratory diseases (tuberculosis and a respiratory virus), and improving the provision of quality care. Additionally, our Staff Health Unit researched and published on the health of internationally mobile staff. (See chapter 10 on safeguarding.)

6 Our staff

We are tremendously proud of our diverse workforce, yet one of the greatest challenges MSF faces is ensuring that we have a dynamic staff base comprised of individuals with the capabilities needed to support complex medical humanitarian programmes in the challenging contexts where we work. A comprehensive global project to ensure that we are appropriately staffed began in 2019, however like other priorities, this project took a backseat to the urgencies of the COVID-19 pandemic. By the end of 2022, the many staffing and human resources improvement projects were brought together under a multi-year work programme. This programme is aimed at developing the way we define and implement our human resources priorities, processes and projects so we can meet our organisational commitments and strategic goals.

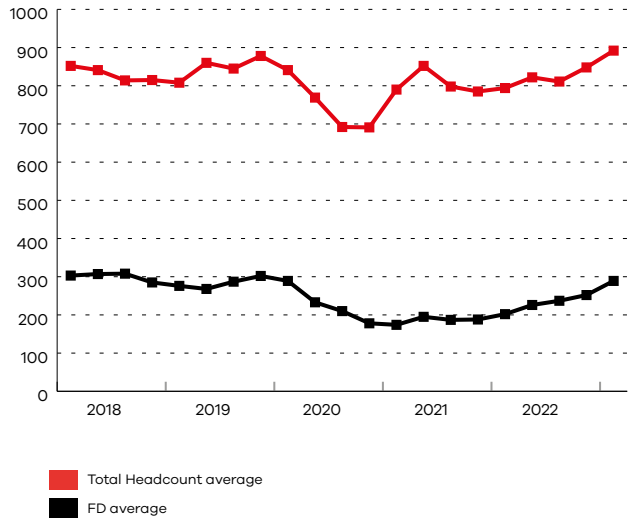
In the aftermath of two years of pandemic, our programmes struggled with gaps in the fulfilment of international mobile staff positions. Overall, the percentage of gaps increased from about 5% at the end of 2020, to around 14% at the end of 2022. The COVID-19 pandemic and subsequent lock-downs has had a significant impact on the pipeline of our human resources channels.

INTERNATIONAL MOBILE STAFF GAPS IN PERCENT OVER TIME



First departures of international mobile staff are increasing compared to 2020 and 2021, but are still low compared to previous years. Reduced overall departures combined with too few first departures means that new inflow of staff remains low. This poses a risk for the future fulfilment of programme coordination staff, which requires experience with MSF and in the contexts where we work. We ended 2019 with 302 first departures, reached an all time low of 174 at the end of 2020, and by the end of 2022, we had achieved 292 first departures (26% of the total) again.

FIRST DEPARTURES TO PROGRAMMES BY QUARTER



Our year-end target for first departures was mainly achieved as we seriously intensified our management effort from September 2022 onward. This resulted in a visible reduction of gaps in positions from 13% to around 6% at the end of the year.

Staffing strategy and development

MSF has experienced rapid staff growth over the last several years, from roughly 8,200 locally recruited staff in 2016 to nearly 12,000 at the end of 2022. This growth is also reflected in how we are responding to a wider and more complex range of humanitarian and medical needs, requiring increasingly diverse operational responses, resourcing and supply chain capacities, and staff capabilities to ensure that we remain effective. Our existing staffing model has struggled to keep up with this expansion and diversification. Not only do we employ more people, but we also have a greater range of roles requiring different qualifications. MSF's goal to work with a global workforce requires policies and processes that enable mobility. We have started building capacity to support staff detachments between country programmes, both as opportunities for development and as a staffing solution. In 2022, we saw an estimated 64 detachments (compared to about 29 in 2021). A larger staff base furthermore requires more sophisticated mechanisms to maintain appropriate levels of organizational control, compliance, and integrity.

Our workforce's expectations have in parallel rightly increased with regard to diversity, equity and inclusion (DEI), and access to learning and development opportunities for career progression. Staff compensation and benefits have become increasingly complex. Beyond the consequences of expansion, another issue with the existing staffing model is that it does not sufficiently account for local labour markets or emerging strategies to optimize the sourcing of staff for different country programmes. Our annual planning mechanisms do not yet fully support our DEI ambitions and in this sense are being reviewed to help achieve our goals of becoming an even more global organisation.

Despite a low variation in the number of women in the locally recruited programme workforce of around 35%, we notice a gradual decrease of women in management and coordination positions from 41% in 2019 to 36% at the end of 2022. A similar trend is visible in the percentage of women in our international mobile staff workforce that dropped from 48% in 2019 to 44% in 2022; while the number of staff originating from outside of Europe and North America increased in those years from 11% to 56% at the end of 2022. We have realised that in our policies and implementation, we need to carefully balance the different organisational strategies and their targets.

It has also proven difficult to increase the number of internationally mobile francophone staff, which has an impact in many of the contexts where we work. Our office in Jordan is leading our response to this challenge to recruit French speakers from the Middle East and North Africa region. In the first six weeks of 2023, there were 30 new recruitments in a variety of roles. Of these new recruitments, 25% have been matched to a country programme, 50% have been validated and are waiting to be matched, and the remaining 25% are in the process of being validated.

In the Netherlands, there was considerable work in 2022 on the Harmony project, suspended since 2019, which is planned to bring improvements to our head-office based staffing arrangements. This includes a new jobs function grid and a revised salary framework based on a remuneration review. It has been over a decade since our function grid and remuneration policies were last determined. In those years, our workforce has more than doubled and its composition has radically changed, for example with specialist roles in the medical domain as well as in information technology and supply chain management. The project seeks to ensure that our organisational structure is up to date and that we become a competitive and preferred employer in terms of remuneration within the sector in the Netherlands.

Diversity, equity and inclusion

Our Diversity, Equity and Inclusion (DEI) advisory team has been in place for one year. The team works alongside

DEI implementers and other DEI-linked positions in our medical humanitarian programmes to advance MSF's commitments to DEI and raise awareness on institutional racism and other forms of discrimination. A DEI Roadmap guides our discussions and includes using a DEI lens to review our human resource policies and trainings.

In 2022, our DEI advisory team helped to increase awareness of the principles of DEI and initiate organisational change. At the level of our medical humanitarian programmes, the DEI team supported activities in Democratic Republic of Congo, Kenya, Libya, Sierra Leone, and Syria to create action plans based on their country-specific DEI objectives. A community of practice was created to support such implementation at the project level. We created DEI modules in different learning and development courses, including for internationally mobile staff prior to departing for a country programme. As part of increasing awareness on DEI topics, we are developing further guidance on inclusive language that we will gradually apply in our polices and reports.

In 2022, we successfully completed a DEI-focused transformational initiative coordinated between all MSF offices. Launched in 2018, the project helped to catalyse awareness on DEI issues in our offices and country programmes. The results of the project will be mainstreamed across our DEI activities to ensure DEI informs our leadership and continues to enhance our humanitarian medical response.

Recruitment and career management
Through 2022, we focused on two main priorities for recruitment and career management: improving the support given to existing staff to enable their professional development, and taking a range of steps to ensure that we attract and develop a competent, qualified and diverse workforce. We continued to enhance our offerings for career development by embedding DEI in all or recruitment activities and evaluation, and improving our practices, policies, and communications to attract strong and diverse candidates. In our Amsterdam office, there were around 132 total new hires in 2022, mostly in the human resources and logistics departments (28 and 25, respectively). Of these 132, 65% identified as female. For international mobile staff, there were 98 recruitments among whom 72 were successful. This is almost double the number compared to 2021, which is not surprising considering the pandemic environment at the time. The most common professions recruited were medical doctors (10), humanitarian affairs officers (9), and logisticians working on supply (9). Specifically for specialised programme support roles, we faced challenges that were in part external, related to overall labour market shortages and conditions, as well as the limitations of our current remuneration policies which led us to prioritize the review of our job function and remuneration grids.

In the Netherlands, our recruitment team started a project to identify additional organisations and external platforms where our vacancies should be advertised. With the aim of attracting qualified applicants from diverse backgrounds, we created close ties with organisations supporting asylum seekers in the Netherlands, such as COA, Refugee Talent Hub, and Den Haag Doet, as well as with the educational institution IHE Delft Institute for Water Education.

Learning and development
In 2022, we continued to support staff learning and development through various activities aimed at improving individual and organisational performance. During the year, 236 new employees were enrolled in onboarding courses and 1,244 staff members participated in task-related or role-specific training courses. We allocated study grants to 34 staff members to fund professional development studies and created a portfolio of courses intended to support and grow the capabilities of our leaders. Throughout the year, 25 courses were developed and reviewed, out of which 19 were eLearning courses and 6 were blended learning courses. The roll-out of the new learning management system in our country programmes contributed to improving access to learning for our staff. The implementation of the learning platform increases the learning offered as staff now have access to eLearning courses from all MSF offices. We also re-started the delivery of some face-to-face courses during 2022 and launched a new Leadership and People Management Course. In 8 sessions, 152 staff participated. Our coaching and mentoring program expanded with new mentors and coaches. While support to the learning and development teams in our country programmes continued, 73% of these programmes had started to implement enhanced performance and feedback mechanisms by the end of 2022 that will facilitate both learning and accountability into 2023.

Staff engagement and performance
We launched the Employee Engagement Project in our Amsterdam office in 2020 and in four programme locations in 2021. This continued into 2022, implementing the engagement survey in seven additional programmes. In 2022, we were able to follow-up on the results from the previous year, launch another survey that included staff in the office in Jordan, and develop action plans for our head-office based teams.

The main results of the 2022 survey confirmed the need to focus on those same priorities identified and discussed during the period 2021-2022, namely staff well-being, strategic communication, and growth.[9] The average engagement score increased by 0.3% (from 7.0 in 2021 to 7.3 last year) and participation was 8% higher, with a total of 388 of 512 employees replying to the survey (78%). Improvements from 2021 included on DEI (from a score 6.3 to 6.9) and on well-being (from 7.0 to 7.1). While this indicates a positive trend, the analysis of comments from staff included in the survey indicates that there is still work to do. Our 7.3 overall engagement score still lags behind the non-profit sector (which benchmarks at 7.8).

In 2023, we plan to focus on increasing the level of commitment of office middle managers while creating tangible changes across the organisation based on the engagement priorities mentioned above. This work is inter-connected with our overall goal of positively influencing staff well-being while creating an environment in which employees feel valued. As we advance, efforts will be required to transform the analysis of the data into tangible results at the departmental and inter-personal level. The implementation of the new performance management framework for the higher levels in the programme function grid has started in 19 country programmes. Of those 19, 6 have reached sustainability levels.

Equitable rewards and contracting

In recent years, MSF's rewards system has not evolved in line with changes in our workforce and no longer fully responds to the needs of our staff as it expands and evolves. In our country programmes, for example, locally recruited staff are assuming more and more senior positions, while internationally mobile staff are recruited from a wider variety of countries. How we work is evolving too, with new operational and support models being developed. As a result, all MSF offices coordinated in 2020 to initiate the Rewards Review project, which aims to develop a new rewards framework for the entire MSF global workforce. This transformational framework will be consistent, transparent and adapted to the diversity of our workforce. It will contribute to MSF becoming a more equitable, just and representative organisation.

The Rewards Review aims to define a new contracting protocol with minimum standards for pay and benefits and a global grading framework for positions. While the contracting protocol should ensure that all staff receive a living wage and proper benefits, the global grading framework will offer the criteria and common language needed to provide consistency in how we grade job functions.

Today, about half of MSF's internationally mobile staff are resident in a country where there is no MSF office, and their contracts differ by assignment. This arrangement poses numerous problems, both for the staff and for the organization. This includes concerns for inconsistency in remuneration, the inability to build up a pension, hurdles to obtaining other positions, a risk of double taxation, and a lack of proper employment documentation. On the organization's side, contracting involves significant legal, fiscal and administrative complexities with considerable associated costs.

As a first step in the Rewards Review and to remedy these issues, MSF has established an International Contracting Office located in Switzerland that will be the main contracting office for international mobile staff as of 1 January 2023, in link with other MSF offices. In the Netherlands, we will start transferring the drawing up of contracts for newly hired fixed-term internationally mobile staff to the MSF International Contracting Office in 2023, followed by the renewal of existing fixed-term contracts. Employees under indefinite contract and emergency team members will remain contracted in the Netherlands, unless they choose to move to International Contracting Office contracts.

7 Logistics

▲ An MSF team on its way to set up a vaccination site in Lunyeka, Democratic Republic of Congo. Photo: Pablo Garrigos, May 2015

Supply

The provision of reliable support and well-resourced supply lines to MSF's country programmes is critical to achieving our social mission. The Amsterdam Procurement Unit (APU) and aligned regional and local supply networks feed our humanitarian supply chains via a global supply network of goods and transport services. Although 2022 was a stabilising period for the supply chains in our country programmes[10], we faced challenges in procuring and shipping essential supplies as a result of transport and labour shortages, rising costs of goods and services, and ongoing access issues in many of the environments where we deliver medical humanitarian aid.

Over the course of 2022, the APU shipped 12,319 cubic metres of goods worth over € 37.7 million. The volume was similar to the total shipped in 2021, however the value rose by € 1.8 million due in part to increased purchase pricing.

2022 saw a 12.6% rise in the level of our aggregated operational medical stocks compared with 2021. The demand occasioned by our diverse emergency responses during the year contributed to the increase in our medical stocks in the second half of the year. This inventory included COVID-19-related stocks, which still remain high in a number of our country programmes. Increasingly stringent regulatory environments in many of the contexts in which we operate added to delivery lead times and required the maintenance of larger safety stocks.

In 2022, the logistics department introduced a new internal structure along with a programme of process and system improvements. Through all this, our teams continued to respond to the year's demanding workload of emergencies with minimal disruption. The investments brought many immediate gains, evidenced by improvements in data quality and zero discrepancy between our system and that of our logistics service provider at the end-of-year stock reconciliation. This was important because it meant that the warehouse was able to continue service without disruption and made a seamless transition into 2023. A new End-to-End Supply Chain Excellence Unit is an important addition that will help us continue our improvements by developing significant efficiencies in each part of the supply chain.

Technical support

In addition to maintaining an international supply chain, we provide technical capabilities and capacity to our country programmes for a wide portfolio of activities such as construction, power supply, biomedical, cold chain,[11] applied security,[12] air operations and air safety management, and maritime support. The objective of all this work is to enable effective and efficient operations, improve our responsiveness, enhance our operational reach, increase communities' access to health care, and support high-quality medical humanitarian programmes. 2022 was a year of resurgent activity as the barriers posed by COVID-19 were substantially reduced, thereby enabling direct technical and logistical support to more than 94 projects with over 2,335 project days total of our programmes.

During 2022, we continued to improve our operational advice and organisational competencies in Applied Security & Safety Management. We developed basic capacities for advising country programmes on chemical, biological, radiological and nuclear safety, which was specifically relevant for our emergency response in Ukraine. We continued to develop ballistic protection solutions. We developed sourcing and provided advice on personal protective equipment for staff working in highly insecure contexts along with a suite of evacuation planning, movement control, and site security measures.

During the year, we constructed additional wards in Kutupalong Hospital in Bangladesh, which includes the addition of a Continuous Positive Airway Pressure service for the neonatal ward. We completed construction of a new hospital in Leer, South Sudan, replacing tents with buildings that cover much more floor area. We also continued to invest in reducing our environmental impact in the places we work. We installed a hybrid solar panel system for Walikale Hospital in the DRC, which is designed to reduce fuel consumption from 15,654 litres of oil per year to less than 2,000. This will avoid an estimated 44,614 kilograms of CO2 emissions annually. Improving patient care and ensuring that our activities do no harm is central to what the investments seek to achieve.

8 Information technology and data security

▲ In Bangabola, Democratic Republic of Congo, MSF staff work to get vaccines to vaccination sites. Photo: Pacom Bagula, May 2022

In 2022, MSF continued to make progress on enhancing information and communications technology capacity across the organization, in line with our strategic ambitions around enhanced coverage, cybersecurity and information management. Despite COVID-19 restrictions, we continued to support our medical humanitarian operations during 2022 and once restrictions were removed, we expedited the continued roll-out of cyberkits, which was 85% complete by the end of the year. Cyberkits deliver secure ICT devices, providing solutions for problems with power grid, temperature and insecure wireless connections, even in the most complex environments. Intensive training sessions, access and security management, and a comprehensive set of procedures were implemented to support this initiative which began in 2017. The remaining four country programmes will receive their cyberkits in 2023.

Global events in 2022, particularly in Ukraine, further heightened our awareness of cybersecurity and data privacy. The value of the investment programme that has been under way for the previous two years to enhance the maturity of our IT security and control environment has enabled our organisation to mitigate potential risks. We continued to make cybersecurity a top priority, delivering training courses, enabling multi-factor authentication, strengthening systems, strengthening protocols and incident reporting, and conducting stress tests and audits. We designated October as 'Cybersecurity Month' and held information sessions and events to complement other educational activities that occur throughout the year.

Substantial progress was made during 2022 on our Information Management initiative and on implementation of the new Data and Analytics Strategy. This initiative is designed to support our medical humanitarian work by ensuring that we manage and protect information effectively, as well as helping to facilitate the compliance of our programmes with data and privacy requirements. In 2022, we finished putting in place the foundational policies and processes including an information management IM toolkit, training and guidelines, and the recruitment of key staff.

A goal of the Data and Analytics Strategy, launched in 2021, is to transform our data into a strategic resource to support strategy and decision-making and facilitate the delivery of our humanitarian programmes. While the strategy is still in its early stages, we have done a significant amount of work, including strengthening the capabilities of our central data hub, producing a range of reporting tools and analytics to support our programme activities, and engaging staff from across the organisation to support them to acquire technical skills and improve their data literacy.

In 2022, we upgraded our health information management system to a new version of the software platform. This version includes improved features and functionalities, more interactive dashboards with revised data visualisation content, ready-made reports, and an easier to navigate data dictionary. In addition to updating the software, we supported our country programmes, both on-site and remotely, by training our staff on the usage of our health care tools, including a

medical records platform and a mobile data collection tool. In 2023, we will continue to enhance the coverage and capabilities of our tools to better suit the needs of our diverse portfolio of projects and we will enhance the governance protocols around the use of these tools to ensure data protection.

Strengthening the capability of our staff and ensuring business processes and systems are fit for purpose were central to our IT and data security work in 2022. However, recruiting IT staff remains a key challenge to making even faster progress across this suite of activities. Our organisation, like many others, has been experiencing labour shortages that require substantive effort to overcome.

9 Fundraising

▲ Street fundraising in Amsterdam, The Netherlands. Photo: MSF, April 2023

Fundraising across all MSF offices worldwide continued to be higher than anticipated in 2022. At the same time, a significant increase in crises emerging during the year, for example the outbreak of the war in Ukraine, natural disasters in Pakistan and South Sudan, and vaccine preventable disease out outbreaks in Chad and other programme countries, added to our planned activities and necessitated a significant increase in our emergency aid expenditure. While we ended the year with a modest deficit of € 5.6 million (2021: € 40.9 million surplus), this result was still € 14.3 million better than budget due to the higher than planned income across all of MSF worldwide. Our overall reserves remained robust at the level of 6.5 months (2021: 8.0 months) in relation to the average total expenditure over the past two years (2021 and 2022) and the budget for the current year (2023). For more details on the financial activities and position in 2022, please see Artsen zonder Grenzen jaarverslag en jaarrekening.

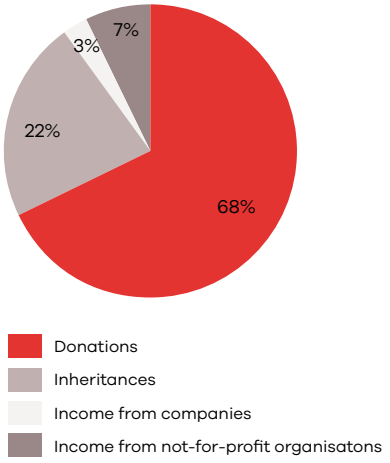
In the Netherlands

In 2022, our medical humanitarian action in Ter Apel, assisting and supporting the plea of newly arrived asylum seekers in the arrival centre in northeast Groningen province, received a great deal of attention, reaching millions of people both in and outside of the country. Over the year, we reached 3.99 million people on social media, with an engagement rate of 2.4%, and a growth in followers of 4% over the course of the year.

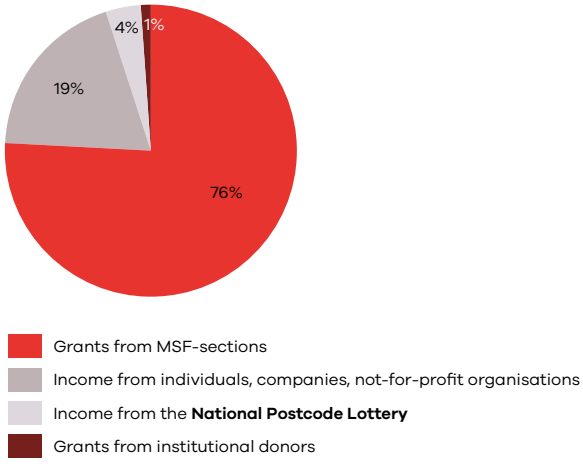
In 2022, our brand awareness in the Netherlands stood at 95% with the Dutch population, the same as in 2021. On the Chari*Trust index, an index that measures the trust of the Dutch public in their non-profit organizations, MSF's rating rose from 23.8 to 24.3, the highest level since measurement began in 2015. The benchmark for non-profit organizations is 22.8. In addition, 88% of our donors say that they are sure to support us again in 2023, which is 2% more than in 2022.

On the heels of the COVID-19 pandemic, our fundraising efforts were well received in 2022 by our donors and the Dutch public in general. In fact, 2022 was our best year ever for fundraising. Our donors showed a remarkable solidarity with victims of the war in Ukraine and supported us generously. Our response in Ter Apel over the summer further increased our visibility. It was mostly received with enthusiasm and led to an increase in donations. As a result of a strong link between our fundraising activities and our communication and advocacy in Dutch society, our fundraising income from individual donors, companies and non-profit organisations rose to € 70.3 million, compared to € 62.7 million in 2021. Roughly € 4.5 million of the 2022 total was raised in response to the conflict in Ukraine. Donations received from legacies and inheritances also increased by € 1.7 million compared with 2021 to a total of around € 15.6 million. On top of this, we received € 13.5 million from National Postcode Lottery, bringing the total of fundraising income realised in the Netherlands to € 84.0 million (2021: € 80.2 million).

INCOME AS A PERCENTAGE OF TOTAL INCOME FROM INDIVIDUALS, COMPANIES AND NOT-FOR-PROFIT ORGANISATIONS



ORIGIN OF INCOME 2022



We enlisted 44,532 new private donors in 2022, mainly through face-to-face and online contact. Of this total, 6,466 new donors came from our end-of-year fundraising campaign, 3,156 from our fundraising campaign for Ukraine, and 912 from our fundraising campaign for Ter Apel.

The total number of private donors increased slightly to 452,818 in 2022, compared with 449,816 in 2021. The number of private donors donating via monthly direct debit decreased slightly. Conversely, the number of one-off donations increased, which is attributed to visibility of our emergency responses in Ukraine and in Ter Apel as well as a change in the focus of our face-to-face fundraising effort.

In September 2018, we established our own in-house face-to-face fundraising teams operating from Amsterdam. Because of their achievement, we opened a second location in the city of Utrecht in 2022. Overall, the in-house donor recruitment yields >1% better quality compared to the benchmark, translating to both higher returns and increased cost effectiveness of donor recruitment. As the share of in-house recruited donors increased significantly in 2022, we now have a better market position towards third party fundraising providers. Compared to 2021, 20.8% cost reduction has been achieved per recruited donor. From the total budget allocated for fundraisiing activiteis, significant savings were therefore realised. It should also be noted that in-house recruited donors are more committed and most active compared to other newly recruited donors. This increased activity by in-house fundraisers has also led to an increase in engagement and exchange with the programme support and operations departments, which in turn further contributes to the quality of our donor recruitment.

Next to the continuous need to acquire new donors, many donors bequeath inheritances to MSF. In 2022, we received 323 new pledges, similar to that of 2021 (324). In 2022, we noted that the average value of bequests increased by about 12%, contributing to a total of € 15.7 million for the year. More information on leaving a legacy to MSF can be found on the website of Artsen zonder Grenzen.

While private donors provide our medical humanitarian work with a solid supporter base, corporate donors and foundations are important and expanding pillars for our fundraising activities. Our strong advocacy efforts and resulting attention in Dutch media, along with our end-of-year targeted fundraising campaign, attracted enthusiastic new corporate donors. In December, almost 1,000 new companies, both large and small, made their first donation to MSF in the Netherlands. The overall result in this channel was boosted with the receipt of a large, heart-warming donation from a Dutch based foundation.

As banks in the Netherlands will discontinue the processing of 'Accept-giro' payments in May 2023, we successfully migrated from Accept-giro, to iDEAL QR, a suitable alternative. iDEAL QR executes QR codes linked directly with banks, which makes donating via internet banking a convenient and efficient solution for our donors. Of course, we continue to offer a 'pen and paper' alternative in order to remain accessible to our less digitally inclined donors.

National Postcode Lottery

Since 1994, the National Postcode Lottery is a valued partner of MSF, supporting the realization of our goals in multiple ways and beyond financial support. After passing the 5-year cycle evaluation procedures, we successfully renewed our 5-year contract with the National Postcode Lottery, further strengthening our longstanding partnership. In the spring, the Head of our Emergency Services Department briefed Postcode Lottery staff on our response in Ukraine during a presentation at the Postcode Lottery office in Amsterdam, following which the Postcode Lottery published a full-page advertisement highlighting our work in Ukraine. Later in the year, employees of the Postcode Lottery visited our office in Rome to meet with core team members of our Search and Rescue operations on the Mediterranean. As highlighted above in chapter 5, we successfully concluded the TB-PRACTECAL project in January 2022, which was realised with important continued support of the Postcode Lottery 'dream fund'.

10 Safeguarding

▲ Entrance door of the MSF Emergency Center of Turgeau located in Port-au-Prince, Haiti. The medical structure treats patients wounded by violence and severe accidents. Photo: Alexandre Marcou, March 2023

Safeguarding is an organisational approach to being a safe organisation. It covers the full range of preventative measures we take to ensure that our programmes, operations, employees and associated personnel do not put people at risk of harm and ensures effective responsive measures are established and implemented when concerns and incidents arise. Safeguarding entails a wide range of policies, procedures and activities seeking to address the safety and welfare of staff and all those we come into contact with. It focuses on developing standards and mitigation measures to target and reduce risk of harm and abuse of any type.

MSF believes that safeguarding is a key element of our organisational approach to deliver on our medical humanitarian principles and to ensure we do all we can to prevent, protect, and respond to suffering or harm for those working with or who are supported by the organisation.

Staff safety and security

We recorded a slight increase in reported security incidents in 2022 (249) compared with 2021 (231). However, there was a considerable drop in the total number of moderate and severe incidents (78 in 2022 compared with 102 in 2021). Given a 7.5% increase in total staff numbers, the overall trend in safety and security was positive in 2022.

In 2022, one staff member was killed in inter-ethnic violence in South Sudan. The death was not linked to the victim's association with MSF but rather to his background. As such, it was a sobering reminder of the general insecurity to which the population of South Sudan continues to be exposed.

Our response to the prolonged abduction of two internationally mobile staff in Yemen required a significant commitment of human resource and management capacity throughout their abduction as we worked to secure their release. A review of the management of the incident will take place in 2023.

A new version of the MSF incident registration system was introduced across all MSF offices in June. The changeover to this improved system went smoothly. The improved system will allow for more detailed analysis of incident trends observed across all MSF projects. Among the results of this analysis, for instance, road traffic accidents have been identified as a category of incident where staff safety gains can be achieved.

With the incumbent Security Advisor due to retire, his role will be divided into two positions in order to create extra capacity to monitor and respond to safety and security concerns in our country programme from 2023 onwards.

Responsible behaviour

In 2022, the Responsible Behaviour Unit continued to advance its work to address interpersonal misconduct by employees or third-party representatives working for MSF in order to support a safe and respectful

environment for everyone who comes into contact with the organisation.

In the area of case management, the Responsible Behaviour Unit received a slightly increased number of cases in 2022 compared with 2021 (while total staff figures increased by 760). In 2021, total cases numbered 119 and in 2022, 130. However, of these cases received, not all warranted an investigation. Some reports were linked to management or communication issues and as such required follow-up by a line manager or through performance reviews. Other reports were about human resource issues such as contracts that were not extended, contested staff evaluations, or recruitment. These were also referred to the human resources department. Of the cases received in 2022, 15% were investigated (compared to 24% in 2021). As expected, due to the increased visibility and awareness of responsible behaviour-related issues associated with the roll-out of the new Code of Conduct (see below), we saw an increase in the overall number of cases reported (including those not related to responsible behaviour). This increased visibility is part of our objectives despite how it may skew the data for now.

The Responsible Behaviour Unit team directly managed just over half of these cases; the remainder were managed at the country programme level with their advice and support. The substantial number of such requests is indicative of strong collaboration between the Responsible Behaviour Unit and country programme management teams as well as a commitment to address potential Code of Conduct violations jointly, including at the early stages. The most reported forms of misconduct in 2022 were harassment (51%) and sexual related forms of misconduct (37%).

An essential component of effective prevention of and response to misconduct is a clear and accessible Code of Conduct. A strongly revised Code of Conduct was introduced in January 2022. This revised Code of Conduct comprehensively sets out responsible behaviour standards and definitions of misconduct and replaces the former 2018 Code of Conduct and the 2015 Framework for Responsible Behaviour.

The Code of Conduct applies to all MSF employees, their accompanying dependents,[13] and selected third-party representatives.[14] The introduction of the revised Code of Conduct is accompanied by an extensive roll-out programme that aims to enhance the understanding of MSF's behavioural expectations of employees, accompanying dependents, and third-party representatives. This work is being supported by a range of training and communication materials that can be adapted to our diverse operational locations and ensure that the Code of Conduct is embedded in relevant policies, processes and procedures in all our work locations. We expect this roll-out programme to be completed in 2023.

In 2022, the revised Code of Conduct was adopted by our operational partners in the UK, Germany, and South Asia. Also, in 2022, 11 country programmes received tailored Code of Conduct roll-out support: Democratic Republic of Congo, Ethiopia, Haiti, India, Kenya, Malaysia, Pakistan, Sierra Leone, South Sudan, Venezuela and our Search and Rescue operations on the Mediterranean Sea.

Staff health

MSF's Staff Health Unit continued its routine support to staff health in all country programmes during 2022.

The support provided to internationally mobile staff through briefing, debriefing and counselling remained at the same level as in 2021. Occupational health screening of internationally mobile staff increased slightly. The number of Staff Health Unit programme visits also increased slightly: the main reason for this is that support to locally recruited staff is now often provided through an Staff Health Unit network of locally hired clinical psychologists who work within our country programmes. Locally hired staff now have direct access to local psychologists in 13 programme countries.[15] Through our regional Staff Health Units that cover the Middle East and North Africa, East Africa, and Russia, locally hired staff in another 9 country programme have access to immediate online support. The digital mindfulness application Headspace remains an important self-support tool for all project and office-based staff.

Our Staff Health Unit also provided health modules in management training courses to promote greater understanding of staff health issues by our leadership. The international connectedness of the Staff Health Unit improved over the year, with trained staff health focal points in MSF offices that provide pre- and post-assignment support to international mobile staff.

During 2022, MSF conducted important and unique research about the health of internationally mobile staff, with a particular focus on how they stay healthy while on assignments. Over a period of two years, 617 staff participated in the research. This work has established MSF as a major scientific lead in the development of staff health-related knowledge, primarily on how internationally mobile staff stay healthy while on assignment. A similar research proposal focusing on

locally hired staff has been submitted for publication.[16] The knowledge gleaned from this work is already being applied during briefings to staff who are heading to country programmes and through staff support and health monitoring systems. The findings of this research were submitted for publication to PLOS One, Social Science & Medicine and the Journal of Interpersonal Violence. Three papers have been accepted for publication, and another two are in preparation.

Humanitarian imagery

Over the past couple of years, MSF has been rightly challenged, both internally and externally, about the use of sensitive photography involving patients in our care. Sensitive images have at times been published and while we have global guidelines, they are being reviewed, including related to the obligations of third-party photographers and agencies. While MSF does not itself sell or profit from the sale of any imagery, we recognise that where "we fail to respect people's dignity and agency, it is also a failure of our humanitarian mission". As such, we are committed to ensuring better standards and safeguards.[17]

In June 2022, MSF released a statement[18] detailing how we intend to act on criticism of our use of sensitive images depicting patients. Actions we have taken include launching thorough reviews of the MSF media archive, of our contracting and licensing procedures, and of our content collection and publication guidelines. Internally, we are strengthening training offered to teams who regularly communicate and share content. Externally, we have engaged with photographers and agencies to raise our concerns and to clarify rules of engagement while dealing with the complexities of external ownership.

While MSF remains dedicated to bearing witness and empowering patients and their communities to tell their own stories, being challenged "remains vital for us as practitioners across multiple disciplines, including as medical professionals, humanitarians and photojournalists. For MSF, our ultimate responsibility is to protect the health and well-being of the people we seek to assist."[19]

11 Compliance and Risk

▲ In October 2022, the village of Doma in South Sudan was completely flooded when the dykes protecting the village from the surrounding floodwaters broke. Photo: Verity Kowal, November 2022

Compliance and ethics

As demonstrated in our Strategic Plan, we are committed to fostering a culture of ethics and compliance within the organisation that is in line with our organisational values and principles, and with applicable laws and regulations. The applicable laws and regulations can be those of the countries in which we conduct our medical humanitarian activities, or those of the countries in which we are headquartered, as well as any internal standards and regulations that we develop as an organisation.

At the centre of this commitment is the Compliance and Ethics Framework, which aims to ensure consistent and high standards of integrity in our work. We continue to advance within this framework to ensure a comprehensive and systematic approach to compliance, ethics and risk management.

In 2022, we continued to develop and strengthen the ways by which we manage compliance and ethics risks. This work included reinforcing a standardised approach to the development and management of Policy in the organisation in order to reduce compliance-related risk and strengthen information management. We launched a project on incident Reporting to assess our current reporting mechanisms and identify points for improvement. There was a focus on reinforcing Governance across the Association with the review and update of statutory documents, such as the Statutes and By-laws which were approved by the Association in June 2022. Further documents will be reviewed during 2023.

We continued to develop a strong operational focus for the framework, supported by compliance capacity in our country programmes with compliance roles established, for example, in the Nigeria, Uzbekistan, and Pakistan programmes. We expect the framework to support further advances towards risk ambition levels we have set for priority risk areas. Within the Data Protection risk, a structure for our overall Information Governance (including information management, and business intelligence-based reporting and analytics) has been established. In 2023, internal control maturity ambition levels will be developed for the Diversity, Equity and Inclusion and Responsible Behaviour risks.

COMPLIANCE AND ETHICS FRAMEWORK

Risk management

Management teams in our offices and programmes play an important role in our approach to risk management. We maintain risk inventories throughout the organisation, with active involvement of staff at every level. An area of focus in 2022 was the strengthening of our risk management and mitigation, which are now further embedded in our planning and control cycle, and thus in senior management's decision-making structures. The organisation continues to maintain a Risk Register identifying and assessing the risks to our strategic ambitions, as well as risks material to the people and communities we assist, to our supporters and to our staff. During 2022, a risk exercise was conducted with staff across all areas of the organisation to identify and assess risks with a potential impact on the achievement of our organisational and strategic goals. These assessments were made according to the potential impact of each risk on the implementation of our social mission, the likelihood of it occurring, and calculations of its financial consequences.

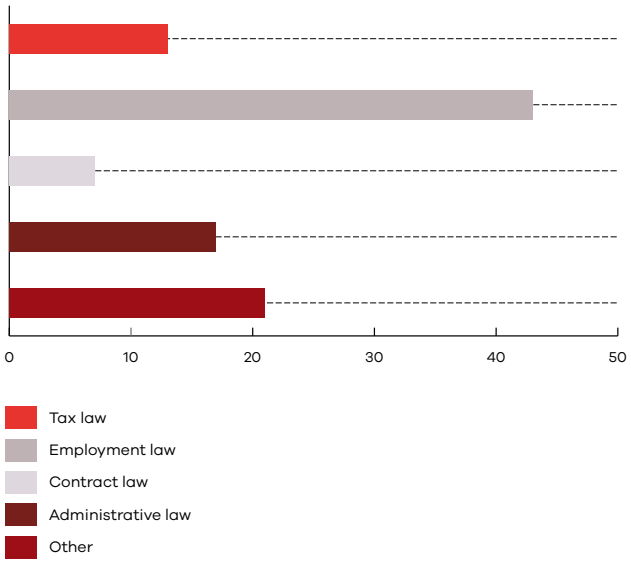
The main organisational risks and an outline of their development over the course of 2022 are shown in the figure titled Main Organisational Risks 2022. Around 30 key risks are identified in our Risk Register. During 2022 the Management Team reviewed the Risk Register, ensuring that risk was fully accounted for in finalising the 2023 Annual Plan, and prioritised risks for attention in the Compliance and Ethics Framework as outlined above. In addition to the risks that are linked to the Compliance and Ethics Framework, key risks are recognised around supply and for the staffing of both our operations and our programme support functions. During 2022, mitigation efforts and key deliverables for these risks were identified and included in the 2023 Annual Plan. Referring to internal audit reports and the Risk Register, the Board addressed specific organisational risks in its committees and discussed mitigation efforts with the Management Team on an ongoing basis.

Our biggest risks are associated with contexts vulnerable to quick and unpredictable deterioration of the security situation. We are as well exposed to operational risks associated with the requirement to comply with programme country legislation. The future development of this within our programmes and impact on them can be extremely difficult to predict and is subject to frequent change.

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

In our work, security, health and safety, and behavioural risk management require and receive specific attention. Our risk appetite towards the categories of risk we face is further explained in the figure titled Risk Appetite 2022. Specifically, financial risk exposure may arise from tax and regulatory legislation that, in an unstable environment, is subject to conflicting interpretations and frequent change. This exposure is captured in the level of risk that we are prepared to accept vis-à-vis compliance with laws and regulations in the countries in which we work. In our country programmes, we accept a minimal-to-cautious level of risk toward local law and regulations, including those related to tax. Where management has assessed it as probable that a position on the interpretation of relevant legislation cannot be upheld, an appropriate provision has been included in the annual financial statements (appended to this report). In 2022, a total of 141 legal cases were reported.

LEGAL CASES 2022



Whereas employment law-related issues represent the largest number of cases, eventual financial risks and provisions relate primarily to the tax law-related cases.

Through the implementation of a comprehensive framework to capture, interpret and monitor the laws and regulations that apply to staff in our programmes, we have established a mechanism for continuous assessment of our compliance with these local laws and regulations and the mitigation of associated risks. Important inherent risks exist in the domain of fraud and data protection too. Work programmes are in place to mitigate each of these risks in line with the Compliance and Ethics Framework.

As such, the Compliance and Ethics Framework operates as a comprehensive system to enable an integrated approach to compliance, ethics and risk management. With our principles and values at the core, the framework enables us to prioritise and systematically manage compliance and ethics risks.

RISK APPETITE 2022

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

MAIN ORGANISATIONAL RISKS 2022

Risk	Trend 2022	Main Mitigation Measures	Impact
Operations: Interruption of the supply chain.	→	• Increased local purchase; • Increased direct delivery; • Continue organisational and management capacity for supply support; • Re-design of organisational support structure • Monitoring and forecasting of metrics used.	*High* The risk could lead to interruption of our medical humanitarian operations and in turn the support to patients and communities.
Operations: Serious adverse (security) event affects staff and/or patients under our care.	→	• Continue and reinforce safety and security policies and measures including applied security network; • Security and crisis management training; • Staff induction and awareness; • Increased dedicated safety and security expertise • Regular security assessments and monitoring by Security Advisors.	*Medium-High* The risk could lead to severe interruption of our medical humanitarian operations and in turn the support to patients and communities.
Operations: Change of structural costs in operations and support as a result of inflation and scarcity of (human) resources.	**New**	• Optimise fundraising efforts • Investment / project portfolio planning	*Medium* The risk could lead to reduction of our medical humanitarian operations and in turn the support to patients and communities.
Reputation and Integrity: Inappropriate behaviour of humanitarian worker of an NGO, UN or MSF staff proper.	→	• Implementation of improved Code of Conduct; • Continue Responsible Behaviour Unit preventative work and prompt investigation and response of incidents; • Confidantes/Persons of Trust installed in (programme) locations.	*Medium-High* The incidents could negatively affect MSF reputation, including community trust and donor recognition and income.
Integrity – information Security Threats to the confidentiality, integrity, or availability of MSF networks, systems or data caused by cyberattacks or lack of appropriate security controls and infrastructure measures.	↗	• Continue and reinforce security measures; • Continue and strengthen MSF Shared Services security policies and implementation to improve security visibility and risk intelligence; • Increased awareness of staff for security and privacy.	*Medium* The incidents could lead to loss/theft of data, higher costs and reputational damage.
Legal and Compliance: Non-compliance with regulations, including – but not limited to – privacy regulation, and inability to efficiently adapt to new regulatory decisions in the EU and/or programme countries	↗	• Strengthen the effectiveness of the Compliance and Ethics Framework and the compliance organisation by integrating Compliance staff, implementation of revised whistleblowing mechanism, proactive internal compliance investigations, and improving and maintaining robust internal controls.	*Medium* The risk could affect operations (access) and in turn the ability to provide services to patients and communities, higher costs and reputational damage.
Organisation and Work Culture Inability to attract and retain the right staff and ensure cohesion in the management to ensure an agile organisation and engagement of staff to meet our ambitions.	↗	• Regular employee engagement surveys; • Development and implementation of staffing strategy and review of function and remuneration grid; • Creation of a Diversity, Equity and Inclusion Unit and implementation of related strategies; • Reinforcing Leadership and People Management; • Increased internal communication and trainings.	*Medium* The risk could affect operations effectiveness and efficiency; result in higher costs and reputational damage.
Organisation and Work Culture Inability to keep pace with the level of growth and complexity in operations and lack of capacity for required change in the organisation.	↗	• Investment / project portfolio planning; • Review planning & control cycle including subsidiarity and joint implementation responsibility for partners; • Investment in strengthening information management; • Increased internal communication.	*Medium* The risk could affect operations effectiveness and efficiency; result in higher costs and reputational damage.

Audit

Internal audit
In 2022, we rebuilt and expanded our internal audit capacity. We conducted five internal audits and reviews, covering activities in Sierra Leone, Ethiopia, and Democratic Republic of Congo, our anti-money laundering/countering the financing of terrorism compliance and policy, and the travel booking process. After a pause of almost two years following COVID-19 related travel restrictions, we relaunched the piloting of medical internal audit in the MSF supported hospital in Mweso, Democratic Republic of Congo. In addition, we commissioned an investigation in Bangladesh looking into the patient referral process between the MSF clinic in the refugee camp and the private hospitals in the nearest city.

Overall findings relate to the area of legal compliance, registration, and international mobile staff taxation; shortcomings in the application of MSF procedures; shortcomings in local policy frameworks in increasingly complex legal environments and with increasing regulatory compliance. In some instances, policy gaps have been identified.

Recognizing that it is always possible to improve further, our management team and the Audit and Risk Committee have discussed these reports and followed-up on the findings and recommendations. Findings and recommendation are linked to the risk management process and incorporated into the planning and control cycle. The Board and the Audit and Risk Committee are regularly informed on progress made regarding audit findings. Internal audit reports are furthermore shared with the external auditor.

External audit
In their audit report, our independent external auditor, Deloitte Accountants B.V., note that against growth in the implementation of emergency aid and programme support, the development of internal controls for the organisation is being stretched. The auditors stressed the importance of continuing to invest in management controls. They further recommend aligning the various maturity ambition models that guide the internal control framework. A program mapping the key processes in the areas of human resources, finance, supply, information technology and fundraising started in 2022 and will continue in 2023. In addition, management will continue the work on setting maturity ambition models.

Environmental footprint

Our environmental footprint response is built around three pillars considering climate environmental health, our environmental footprint, and green initiatives.

Climate environmental health
As part of our Strategic Plan, MSF recognises its responsibility to respond to climate change and act to reduce MSF's environmental impact. We will ensure our operational approaches are adapted to account for their impact on environmental health and will contribute to MSF initiatives that seek to influence global policy change. MSF's programmes are increasingly seeing the effects of this crisis in precarious environments, causing population displacement and fueling conflicts over natural resources.

The impact of climate change and environmental degradation on health is considered to be an additional focus area. To that end, we will develop our understanding, data collection capacity, and expertise in this area to contribute to initiatives – across all MSF offices as well as in collaboration with other like-minded organisations – aimed at highlighting areas of neglect within the global health and humanitarian system for vulnerable people affected by climate change and environmental degradation.

We are increasing our operational understanding on issues related to climate and environmental health in various contexts, and a gap analysis to find the starting point to help adapt programming has been carried out in several countries including Chad, Uzbekistan, and Venezuela. Climate, Environment, Health, and Vulnerability (CEHV) country profiles have been designed that will be applied in the development of our medical humanitarian programming.

Carbon footprint baseline
In December 2021, all MSF offices unanimously agreed to a 50% CO2 reduction by 2030. This is an ambitious and challenging objective that requires a reference baseline. Collectively we decided to take 2019 as the baseline year for our greenhouse gas (GHG) emissions measurement as it represents a normal operational state for the organization (considering the health crisis linked to COVID-19 pandemic which disrupted our medical humanitarian operations).

In 2022, we have calculated the 2019 CO2e emissions baseline for our office and country programmes. With the baseline data available we will be able to identify the main impact areas for our operations and offices, set and

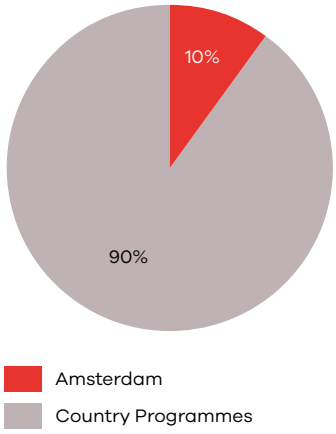
validate targets, and build and refine our environmental footprint plan.

Our calculated baseline footprint is estimated at 95,271 tCO2e. Our baseline measurement quantifies the sources of greenhouse gas emissions for which we believe we are accountable in accordance with the GHG Protocol. The scope includes our Amsterdam office as well as our projects in 29 countries.[20] The Amsterdam office makes up 10% of the total carbon footprint while 90% is linked to our medical humanitarian operations. Relevant data used for the calculation relate to 2019: 10,466 FTE in total, (including 324 FTE staff in the Amsterdam office) and emergency aid expenses of € 248.7 million.

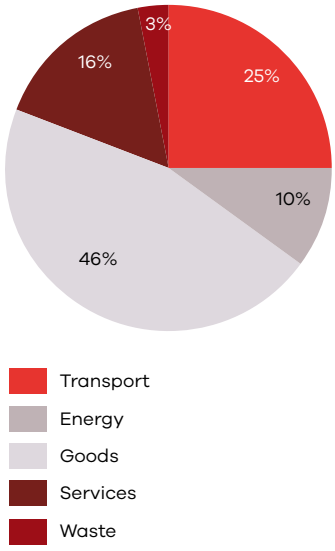
2019 Carbon footprint baseline
In the short term, the three main areas of focus for reducing our emissions will be transport, energy, and purchased goods and services. We will prioritise projects committed to the use of clean energy and energy efficiency projects. At the end of 2023, our GHG baseline will be reviewed. During the year, we will further invest in the double materiality analysis, considering the financial aspects as well as other impacts, that will underpin our reporting on environmental, social and corporate governance (ESG) data in accordance with the European Corporate Sustainability Reporting Directive and as relevant for MSF.

Lastly, the **Green Initiatives** are comprised of smaller actions and tangible improvements that are brought forward by staff and can be quickly implemented at low cost. For example in 2022, waste separation in our Amsterdam office was improved.

OUR 2019 GLOBAL CARBON FOOTPRINT DISTRIBUTION



OUR 2019 GLOBAL CARBON FOOTPRINT CATEGORIZED BY ACTIVITY



12 Governance

▲ Women sitting in the waiting area outside MSF's Ambulatory Therapeutic Feeding Centre in Kandahar, Afghanistan. Photo: Tasal Khogyani/ MSF, November 2022

The MSF Netherlands Association and Board

By 31 December 2022, the MSF-NL Association had 1,386 members. During the year we welcomed 160 new members. Our members come from 79 countries around the world, and represent an incredible diversity of experience, perspectives and views. From amongst its members, the Association elect the Board of trustees to govern on their behalf and to ensure the effective and principled delivery of MSF-NL's ideological and operational core purpose. Additionally, the Board can co-opt up to three members to join the elected members of the Board. These co-opted members bring specific expertise and experience which contribute to a well-rounded, well-functioning Board.

The MSF Netherlands Association

The Artsen zonder Grenzen - Médecins Sans Frontières – Nederland Association, grew from 1,226 members on 1 January 2022 to 1,386 members on 31 December 2022. The Association Committee consisting of Board members, a representative from the Association team, and a delegation of members is responsible for developing ideas and strategies to facilitate the active participation of members in the development of our social mission.

Extraordinary General Assembly

On 9 April 2022, the Board held an Extraordinary General Assembly, attended by 80 Association members in person and over 150 online. The Extraordinary General Assembly was requested by a group of 47 members as they expressed their concerns about a critical situation in the executive management of the organisation. The members demanded clarity on the selection process for the General Director, which had commenced and concluded in 2021, and called for a discussion on the Board fulfilling its supervisory role of the Management Team.

At the assembly, the Board took full responsibility for the governance and leadership crisis resulting from the appointment of the General Director in October 2021 and announced that each member would stand down at the annual statutory General Assembly, held on 11 June 2022. In the interim, the Board continued to manage daily affairs and agreed to find candidates for a new Board to be elected at the annual General Assembly

At the Extraordinary General Assembly, a motion was carried for the Board to co-opt three additional members from within the Association. Gerbren Davis, Vincent Hoedt, and Annemarie Loof joined the Board as of 9 May 2022. In addition, Nyakio (Charity) Kamau, Marietta Nagtzaam, and Heidi Hochstenbach joined the Board as non-voting observers.

Preceding the Extraordinary General Assembly, on 1 April 2022, Marit van Lenthe, Board President, resigned, and consequently left her position as Chair of the OCA Council. In a letter to staff and association members, she assumed full responsibility for her role in the management of the organisation's leadership over the last two years. The Board appointed Unni Karunakara as President for the period until 11 June 2022.

General Assembly

The main event of the Association is the annual General Assembly. In 2022, the MSF-NL Association again organised a hybrid annual General Assembly. 100 people attended virtually and 80 were present in the room. 217 votes were cast by Association members.

The Association approved:

- Amendment of the MSF-NL statutes and amendment of the MSF-NL by-laws. The changes related to the ability to hold hybrid General Assemblies, reorganise articles for clarity and adjust language.
- The Board report and financial statements of the previous year, including discharge from liability for the Board.
- The appointment of Deloitte as statutory External Auditor for the year 2022
- Seven motions, covering Board accountability, recruitment of senior leadership, Board composition, decentralization, organisational stability, and parity of pay.

Following the election of the Board at the General Assembly, the mandated majority of medical profiles was lacking within the Board, necessitating Board action to resolve. During December 2022, the Board began the process to co-opt a medical member to join them.

The Board selected Dr. Tammam Aloudat as the President of the Board at their constitution meeting on 11 June 2022.

Association events

The Association Team organised several events for the members of MSF-NL, including a discussion on the role of MSF in addressing the causes of the climate crisis, drop-in sessions with the Board, and briefings on the international governance of MSF.

MSF-NL is engaged in the 'Operational Centre Amsterdam' (OCA) partnership and as such supported the organisation of the annual OCA Café. The Café took place on 9 September 2022 in hybrid form, with both in-person and online attendance and live translations in French and Arabic. Participants dialled in from many countries where MSF works, forming their own satellite groups and actively participating in the discussions.

Representing MSF

Throughout 2022, the members of the MSF-NL Association volunteered to host lectures, events and presentations throughout the Netherlands in 2022. Organisations and universities continue to ask MSF to participate and contribute to annual activities and events. Our dedicated volunteers and colleagues talk about their experiences with MSF, helping to raise awareness for the work that MSF is doing worldwide.

MSF-Netherlands Board

As of 31 December 2022, the MSF-NL Board is comprised of 7 elected members and 1 co-opted member. There are 3 members with medical profiles, and 5 with non-medical profiles. All members, as of 31 December 2022, are detailed in the following table.

All Board members provided full disclosure of their professional activities, their ancillary activities and other interests in accordance with Article 5 of the by-laws.

During 2022, the Board identified no real or perceived conflicts of interest within its membership with any internal or external parties.

BOARD MEMBERS DETAILS

(Re)Appointed	Name (term of membership) Positions / memberships of committees	Term runs until	Secondary activities
2022	**Tammam Aloudat** (first term) President Member of the OCA Council (OCA Council Chair as of 1 April 2023) International General Assembly Representative	2025	None
2022	**Annemarie Loof** (first term) ** Vice-President Member of Duty of Care Committee	2025	Global Alliance for Improving Nutrition - Country Programmes Operations Lead
2022	**Wouter Adema** (first term, co-opted member) Treasurer Member of the OCA Council Chair of Remuneration Committee Chair of Audit and Risk Committee	2025	Salvation Army - Supervisory Board Member Zorgverzekeraars NL - Director InteraktContour - Supervisory Board Member (Chair)
2022	**Karline Kleijer** (first term) Secretary International General Assembly Representative	2025	Teamleader Forensic Medicine - Amsterdam PHA
2022	**Gerbren Deves** (first term) ** Member of OCA Audit and Risk Committee Member of MSF Remuneration Committee	2025*	World Press Photo - Development Director Ineke Feitz Stichting - Board Member
2022	**Vincent Hoedt** (first term) ** Member of the OCA Council	2025	Dutch State Forestry - Teamleader
2022	**Annemarie ter Veen** (second term – first term 2013-2016) Member of Remuneration Committee Chair of the Association Committee	2025	World Health Organisation-Consultant
2022	**Wil van Roekel** (first term) Member of MSF OCA Medical Committee	2025	None

* During January 2023, Gerbren Deves stepped down from his role on the MSF-NL Board after accepting a new position which created an untenable conflict of interest with his MSF-NL Board membership. This will be fully reported on in the 2023 Annual Report

** On the request of the members at the Extraordinary General Assembly of 9 April 2022, Annemarie Loof, Gerbren Davis and Vincent Hoedt have been co-opted in the Board for the period of 9 May 2022 up to the Annual General Assembly of 11 June 2022 where they were elected as Board members.

Board remuneration and expenses
Other than the President, members of the MSF-NL Board are not remunerated for their efforts. However, they are eligible to receive a volunteer payment of a maximum of € 1,000 per year to cover costs for travel, printing, telephone calls, etc. In 2022, 13 Board members exercised this option. Hence, volunteer payments to Board members amounted to € 6,500. No volunteer allowances were made following the end of term. No loans or guarantees and no advance payments were provided to any Board member.

The MSF-NL by-laws, in conjunction with the Remuneration Policy, specify the framework for remuneration of the President. The President may receive partial remuneration exclusively for time spent on Board responsibilities and the international MSF network.

The Remuneration Policy's key stipulations are as follows:
- The President may be compensated for lost income if Board tasks take up substantial amounts of time that he/she could otherwise have been used to earn income;
- The President can claim remuneration for a maximum of 20 hours per week;
- The President's hourly fee is based on the salary grid that applies to the Management Team.

During the year, MSF NL had three presidents that each received a remuneration for the period of their tenure in 2022: Marit van Lenthe from 1 January 2022 – 31 March 2022, Unni Karunakara from 1 April 2022 – 11 June 2022, and Tammam Aloudat from 11 June 2022 – December 2022.

In September 2022, the Board approved additional, retroactive financial compensation for lost income for Astrid Madsen in light of a substantial amount of time Board tasks required from her during the first months of the year.

The remuneration for each of the presidents and Board members is disclosed in full in the Financial Report 2022 of the association Note 2.7d, page 38.

Board meetings
The Board met 17 times in 2022. Please see the table below for more information on the timing and attendance of the Board meetings. MSF-NL Association members were invited to attend open sessions of some of these meetings in order to observe the MSF-NL Board's work.

BOARD MEETINGS AND ATTENDANCE

Board Meeting Date	Board Member Attendance
15 February 2022	8/9
19 February 2022	8/9
01 April 2022	7/8
14 May 2022	9/11
24 May 2022	9/11
31 May 2022	5/11
07 June 2022	9/11
09 June 2022	9/11
11 June 2022	7/8
25 & 26 June 2022	8/8
08 July 2022	8/8
09 September 2022	7/8
17 September 2022	7/8
28 October 2022	7/8
18 November 2022	8/8
02 December 2022	6/8
16 December 2022	8/8

Board meetings and attendance
In 2022, there were numerous items that recurred on the agenda of the Board meetings, such as:
- The exchanges with the Management Team about the organisation's forward-thinking consideration of where they are as an organisation, and their ambitions for the coming years. These sessions gave the Board insight into the risks and mitigation policies for the organisation, the approval of the annual plan and the mid-term review, and the development of the strategic direction of MSF-NL.
- The Board's duty-of-care to the staff of MSF-NL, working both in the office and in our project locations, was frequently discussed. The Board received regular updates on an ongoing project to harmonise remuneration policies and practices across the organisation, as well as ensuring equity of wages. Best practice for the management of complaints from staff members was frequently discussed.
- The preparation for the MSF-NL General Assembly and the MSF International General Assembly; the General Assembly held for the first time in two years with an in-person element; sessions the Board prepared and mandated the International General Assembly representatives to discuss, decide and vote on behalf of the MSF-NL Board at the International General Assembly.
- The updates from the Board committees, to facilitate well-informed decision-making on issues related to our medical-humanitarian work, finance and risk, remuneration and the MSF Netherlands Association.

Many of the discussions that have occupied the Board during 2022 relate to what good, principled, effective

governance and oversight looks like for a Board of such a large, complex organisation as MSF-NL. This encompasses the responsible use of resources, the Board's duty-of-care to staff, the management of MSF-NL's public presence, and more. Some of the key discussions have been:

- The importance of robust, effective and principled structures to support the Management Team in their work to deliver upon MSF-NL's mandate has been an active topic for the Board. There has been a desire to ensure that clarity in accountability and oversight is present at all levels of the organisation.
- The global cost of living crisis impacting the lives of our staff, our ability to deliver cost-efficient, high-quality care, and its potential to negatively affect our fundraising work has been a key concern for the Board. This led the Board to approve a one-off payment and a pay increase for MSF-NL office staff. The Board approved an ambitious budget for 2023, designed to maximise MSF's impact in the communities we assist.
- The development of MSF-NL's public presence in the Netherlands, due to higher profile public positions taken on many of the issues that speak to MSF's identity including migration, access to health products and more, was also discussed by the Board.

In addition, during the year substantial time of the Board was spent on convoluted personnel dossiers resulting from the governance and leadership crisis that were mostly concluded in 2022.

Consultations with the Works Council

Representatives of the Board and the Works Council had several meetings and interactions during 2022. These centred on the executive leadership transition in early 2022. The Works Council provided input during several stages, on behalf of staff members.

From August 2022 onwards, the MSF-NL Board involved the Works Council in the recruitment process of the interim MSF-NL General Director. The Works Council had an opportunity to meet the final two candidates, and gave its advice on the appointment of the preferred candidate.

Board Supervision and Committees

MSF-NL

Sound governance is key to the values and culture of MSF-NL. The principles of governance that apply to the MSF-NL Association are detailed in three main documents: the Articles of Association, the By-laws, and the Management Statute. These documents guide the principles and practice of our governance, oversight, and statutory requirements.

OCA Partnership

The Memorandum of Understanding of the partnership OCA outlines MSF-NL's delegation of work and oversight within the partnership MSF OCA, and to the MSF OCA Council. The principles agreed upon and set out in these documents reflect the principles of good governance to which the organisation subscribes. The Board is responsible for ensuring that these principles are relevant and that they are applied in practice. The Board has monitored these questions throughout the year with the help of the committees that it has established and in regular consultations with the General Director, the Delegate Director and the Controller.

MSF-NL has two statutory committees: the Audit and Risk Committee and the Remuneration Committee. In addition, the Board has a Medical Committee and a Duty of Care Committee, which are OCA partnership committees, and an Association Committee to ensure a vital and active MSF-NL Association.

Audit and Risk Committee

On 31 December 2022, the Audit and Risk Committee consisted of five members: the treasurers of MSF-NL, MSF Germany, MSF UK and MSF Canada and one MSF-NL board member, Gerbren Deves. The treasurer of MSF-NL, Wout Adema, is the chair of the Audit and Risk Committee and in this capacity has a seat on the OCA Council. The General Director, the Controller, and the Chair of the OCA Council have a standing invite to the meetings. In 2022, the Audit and Risk Committee met eight times: on 22 February, 3 March, 26 April,10 May, 12 July, 6 September, 18 October, and 6 December. The Audit and Risk Committee and the MSF-NL treasurer advised the Board and OCA Council on matters of finance, risk management, governance and internal control. In 2022, the committee advised the Board primarily on the 2021 Financial Statements and the Auditors' Report, the 2022 and 2023 budget, and the interim financial reports.

Remuneration Committee

On 31 December 2022, the Remuneration Committee consisted of three primary members: Wout Adema, Gerbren Deves and Annemarie ter Veen. The Staff Director and the Controller have a standing invitation to the Remuneration Committee. The Committee advises the board on the remuneration and grading framework for MSF-NL and the specific remuneration policy for the members of the Management Team and the board. In the past year, the Remuneration Committee met on 23

March, 13 September, 18 October, and 14 November. These meetings concerned among other topics the exit and contract arrangements of MT members and staff wages. On matters related to OCA, an OCA Council member (Thomas Linde, MSF-Germany board member) is invited to join the Remuneration Committee.

Medical Committee
The Medical Committee advises the Board and the OCA Council on medical policy and strategy and approves the accountability framework for the implementation of the scheduled medical programmes. The Medical Committee currently consists of four representatives from MSF in the Netherlands, Germany, the UK and South Asia and the Chair of the Committee, Leslie Shanks. The Medical Director has a standing invitation to the meetings. The Medical Committee met five times in 2022 (by videoconference): on 28 April, 12 July, 18 October, 29 November and 14 December. During these meetings, topics included MSF's Access to Healthcare Products work and responses to Anti-Microbial Resistance. As of July 2022, a new member from the MSF Sweden Board joined the Medical Committee.

Duty of Care Committee
On 31 December 2022, the Duty of Care Committee consisted of Vita Sanderson, Rachael Craven and Annemarie Loof. The Chair of the OCA Management Team has a standing invitation to the Duty of Care Committee. The Duty of Care Committee supports the Board and the OCA Council in its role of monitoring and oversight of the OCA compliance and ethics framework and ensures that there is an effective culture of accountability on integrity, behaviour, health and safety, and professional conduct of all staff. In 2022, the Duty of Care Committee met on 12 October and 6 December. In those meetings, committee members discussed the activities of the Responsible Behaviour Unit, staff health, and the OCA Code of Conduct.

MSF International
As a member of the MSF movement, MSF-NL is subject to the International Statutes and Internal Regulations, as well as the MSF Charter. MSF-NL participates in the wider governance of the movement through representation on the International Board, via the OCA Council Chair, and through direct participation in the annual International General Assembly. This is the highest governance platform within the organisation.

In 2022, the International General Assembly was held 30 June – 2 July in Nairobi . MSF-NL was represented by Tammam Aloudat and Astrid Madsen, who were nominated by the Board. They voted upon the election of the International President, the approval of the International Rapport Morale, and motions covering issues such as community engagement, frameworks for external partnerships, collaboration with indigenous communities, a patient charter, preparation for future crises, and frameworks for reporting quality of care.

13 Board Accountability Statement

▲ An MSF nurse examines a young patient in the cholera treatment centre in Arsal, Lebanon. Photo: Carmen Yahchouchi, November 2022

In the opinion of the Board, the 2022 Board Report and Financial Statements provide a fair reflection of programmes, activities and results achieved in relation to the 2022 Annual Plan, long-term strategic objectives, and actions approved by the Board during the year.

The Board is confident that the programmes, activities, and results achieved in 2022 contributed to achieving the social mission goals of the Association, as laid down in the statutes: "to organise the provision of actual medical help to people in disaster areas and crisis anywhere in the world, in accordance with the principles expressed in the MSF Charter. Based on its medical work, the Association endeavours to be an effective advocate for the populations it assists."

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

In the Netherlands, MSF maintains an internal audit function that supports the review of the internal control and risk management systems. Internal audit reports are issued to the Board's Audit and Risk Committee and contribute to the Board's opinion of the design and operational effectiveness of internal control and risk management systems. The Board is of the opinion that these internal control and risk management systems provide reasonable assurance that the Financial Statements for the year ending 31 December 2022 do not contain errors of material significance.

Accordingly, the Board considers, to the best of our knowledge, that the Financial Statements and Annual Report drawn up by the Management Team, for the year ending 31 December 2022, are a fair reflection of the financial position of, and transactions undertaken by, the MSF-NL Association.

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

Amsterdam, 13 May 2023,
On behalf of the Board,

T. Oudat

Tammam Aloudat, President

14 Appendices

▲ An MSF nurse explains how to take prescribed medication to a patient during a mobile clinic in Johi, Pakistan. Photo: Zahra Shoukat, September 2022

Publications

JOURNAL	ARTICLE TYPE	TITLE	URL
Climate change and planetary health			
One Earth	Review	Climate-sensitive disease outbreaks in the aftermath of extreme climatic events: A scoping review	https://www.sciencedirect.com/science/article/abs/pii/S2590332222001440
Conflict, migration and health			
BMJ Open	Analysis	Health conditions of migrants, refugees and asylum seekers on search and rescue vessels on the central Mediterranean Sea, 2016–2019: A retrospective analysis	https://bmjopen.bmj.com/content/12/1/e053661
Journal of Migration and Health	Article	Analysis of health overseas development aid for internally displaced persons in low- and middle-income countries	https://www.sciencedirect.com/science/article/pii/S2666623522000137
International Journal of Environmental Research and Public Health	Editorial	The Structured Operational Research and Training Initiative for strengthening health systems to tackle antimicrobial resistance and improve public health in low-and-middle income countries	https://www.mdpi.com/1660-4601/19/8/4582
Journal of Medical Education and Curricular Development	Article	Using virtual learning to develop palliative care skills among humanitarian health workers in the Rohingya refugee response in Bangladesh	https://journals.sagepub.com/doi/10.1177/23821205221096099?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed&
PLOS Water	Article	Modelling point-of-consumption residual chlorine in humanitarian response: Can cost-sensitive learning improve probabilistic forecasts?	https://journals.plos.org/water/article?id=10.1371/journal.pwat.0000040

Ebola			
BMJ	Opinion	Pregnancy in an Ebola outbreak – Protecting women and health workers	https://www.bmj.com/content/379/bmj.o2579.long
Global health			
Indian Journal of Surgery	Article	Post-decolonisation: Global health and global surgery's coming of age	https://link.springer.com/article/10.1007/s12262-022-03330-6
Global Public Health	Article	What it takes to get it right: A qualitative study exploring optimal handover of health programmes in Tonkolili District, Sierra Leone	https://www.tandfonline.com/doi/full/10.1080/17441692.2022.2058047
HIV			
PLOS One	Article	Viraemic-time predicts mortality among people living with HIV on second-line antiretroviral treatment in Myanmar: A retrospective cohort study	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0271910
International Health	Article	Advanced HIV disease and associated attrition after re-engagement in HIV care in Myanmar from 2003 to 2019: A retrospective cohort study	https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihac069/6790934?login=false
Maternal and child health			
PLOS One	Article	Exploring factors influencing patient mortality and loss to follow-up in two paediatric hospital wards in Zamfara, North-West Nigeria, 2016–2018	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0262073
BMJ Open	Article	Assessing geographical and economic inequalities in caesarean section rates between the districts of Bihar, India: A secondary analysis of the National Family Health Survey	https://bmjopen.bmj.com/content/12/1/e055326
BMJ Open	Article	Use of and barriers to maternal health services in southeast Chad: Results of a population-based survey 2019	https://bmjopen.bmj.com/content/12/3/e048829.full
Conflict and Health	Article	Implementation of maternal and perinatal death surveillance and response (MPDSR) in humanitarian settings: Insights and experiences of humanitarian health practitioners and global technical expert meeting attendees	https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-022-00440-6
PLOS One	Article	Early warning for healthcare acquired infections in neonatal care units in a low-resource setting using routinely collected hospital data: The experience from Haiti, 2014–2018	https://journals.plos.org/plosone/article/authors?id=10.1371/journal.pone.0269385
Mental health			
BMC Health Services Research	Article	Patient and health-care provider experience of a person-centred, multidisciplinary, psychosocial support and harm reduction programme for patients with harmful use of alcohol and drug-resistant tuberculosis in Minsk, Belarus	https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08525-x

Neglected tropical diseases			
PLOS Neglected Tropical Diseases	Article	Treatment outcomes among snakebite patients in northwest Ethiopia – A retrospective analysis	https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0010148
Current Opinion in Otolaryngology & Head and Neck Surgery	Article	Noma, a neglected disease: Prevention is better than cure	https://journals.lww.com/co-otolaryngology/Fulltext/2022/08000/Noma,_a_neglected_disease__prevention_is_better.5.aspx
PLOS Neglected Tropical Diseases	Article	The increasing incidence of visceral leishmaniasis relapse in South Sudan: A retrospective analysis of field patient data from 2001–2018	https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0010696
Clinical Infectious Diseases	Article	Paromomycin and miltefosine combination as an alternative to treat patients with visceral leishmaniasis in Eastern Africa: A randomized, controlled, multicountry Trial	https://academic.oup.com/cid/article/76/3/e1177/6718130
Non-communicable diseases			
The Lancet Diabetes & Endocrinology	Correspondence	Diabetes and the WHO Model List of Essential Medicines	https://www.thelancet.com/journals/landia/article/PIIS2213-8587(21)00320-X/fulltext#%20
Journal of Clinical Endocrinology & Medicine	Article	Strengthening diabetes care in humanitarian crises in low- and middle-income settings	https://academic.oup.com/jcem/advance-article-abstract/doi/10.1210/clinem/dgac331/6594228?redirectedFrom=fulltext&login=false
Journal of Immigrant and Minority Health	Article	Socioeconomic and medical vulnerabilities among Syrian refugees with non-communicable diseases attending Médecins Sans Frontières services in Irbid, Jordan	https://link.springer.com/article/10.1007/s10903-022-01408-7
Outbreaks			
The Lancet	Correspondence	The monkeypox outbreak must amplify hidden voices in the global discourse	https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01187-4/fulltext
Research and reporting			
BMJ Global Health	Article	Ethical guidance or epistemological injustice? The quality and usefulness of ethical guidance for humanitarian workers and agencies	https://gh.bmj.com/content/7/3/e007707
Sexual and reproductive health			
Perspectives on Sexual and Reproductive Health	Article	Catalyst for change: Lessons learned from overcoming barriers to providing safe abortion care in Médecins Sans Frontières projects	https://onlinelibrary.wiley.com/doi/10.1363/psrh.12209

Tuberculosis			
New England Journal of Medicine	Article	A 24-week, all-oral regimen for rifampin-resistant tuberculosis	https://www.nejm.org/doi/full/10.1056/NEJMoa2117166
Tropical Medicine & International Health	Article	Person-centred care and short oral treatment for rifampicin-resistant tuberculosis improve retention in care in Kandahar, Afghanistan	https://onlinelibrary.wiley.com/doi/10.1111/tmi.13716
BMJ	Opinion	Drug resistant tuberculosis in Afghanistan: We must continue to put people at the centre of treatment	https://www.bmj.com/content/376/bmj.o46
ERJ Open Research	Article	Program costs of longer and shorter tuberculosis drug regimens and drug import: A modelling study for Karakalpakstan, Uzbekistan	https://openres.ersjournals.com/content/early/2022/01/06/23120541.00622-2021
International Journal of Tuberculosis and Lung Disease	Editorial	QT prolongation for old and new drugs: How much should we really worry?	https://www.ingentaconnect.com/contentone/iuatld/ijtld/2022/00000026/00000004/art00003
Speaking of Medicine and Health (PLOS blog)	Blog	6 months TB treatment for (almost) all	https://speakingofmedicine.plos.org/2022/05/10/6-months-tb-treatment-for-almost-all/
Trials	Protocol	TB-PRACTECAL: Study protocol for a randomised, controlled, open-label, phase II–III trial to evaluate the safety and efficacy of regimens containing bedaquiline and pretomanid for the treatment of adult patients with pulmonary multidrug-resistant tuberculosis	https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-022-06331-8
International Journal of Tuberculosis and Lung Disease	Article	Acquired bedaquiline resistance in Karakalpakstan, Uzbekistan	https://www.ingentaconnect.com/contentone/iuatld/ijtld/2022/00000026/00000007/art00013
BMJ	Opinion	New, shorter treatments for drug resistant TB are a lifeline for people living through conflict	https://www.bmj.com/content/377/bmj.o1598
International Journal of Tuberculosis and Lung Disease	Article	Family directly observed therapy for children with drug-resistant TB	https://www.ingentaconnect.com/content/iuatld/ijtld/2022/00000026/00000008/art00019
PLOS Global Public Health	Article	Cost-effectiveness of short, oral treatment regimens for rifampicin resistant tuberculosis	https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001337

MSF advocacy and communications publications in 2022

PUBLICATION	ARTICLE TYPE	TITLE	URL
MSF	Report	Persistent barriers to access healthcare in Afghanistan	https://www.msf.org/persistent-barriers-access-healthcare-afghanistan-msf-report
MSF	Report	Between two fires: Danger and desperation in Syria's Al-Hol camp	https://www.msf.org/danger-and-desperation-syria%E2%80%99s-al-hol-camp-report-msf
MSF	Report	Left to drown in the southern European border: One year of Geo Barents at sea	https://www.msf.org/left-drown-southern-european-border-one-year-geo-barents-sea

Footnotes

1 From the President of the board

[1] Temoignage is a founding principle of MSF. Please see chapter 4 "Igniting change and enabling action" for further details.

3 Our medical humanitarian work

[2] IOM: https://twitter.com/i/status/1625054971774267392

[3] This figure does not include data from Haiti.

4 Igniting change and enabling action

[4] Médecins Sans Frontières (2022) Between two fires: Danger and desperation in Syria's Al-Hol camp, 7 November. https://www.msf.org/danger-and-desperation-syria%E2%80%99s-al-hol-camp-report-msf

[5] Médecins Sans Frontières (2022) Left to drown in the southern European border: One year of Geo Barents at sea, 5 July. https://www.msf.org/left-drown-southern-european-border-one-year-geo-barents-sea

[6] According to a version of the draft Regulation of late November 2022, "[s]ituation of instrumentalisation of migrants means a situation where a third country or non-state actor encourages or facilitates the movement of third-country nationals or stateless persons to the external borders as defined in Article 2(2) of Regulation (EU) 2016/399 [Schengen Borders Code] or to a Member State, with the aim of destabilising the Union or a Member State where such actions are liable to put at risk essential functions of a Member State including the maintenance of law and order or the safeguard of its national security".

[7] European Council on Refugees and Exiles (2022) "Joint statement: NGOs call on Member States: Agreeing on the instrumentalisation regulation will be the final blow to a COMMON European asylum system (CEAS) in Europe", 8 September. https://ecre.org/joint-statement-ngos-call-on-member-states-agreeing-on-the-instrumentalisation-regulation-will-be-the-final-blow-to-a-common-european-asylum-system-ceas-in-europe/

[8] Also known as the Central Agency for the Reception of Asylum Seekers.

6 Our staff

[9] Growth' is understood to be a need shared by all individuals. A fulfilling job with adequate support and opportunities helps satisfy this need. 'Communication' measures how well a strategy is established and communicated by senior leaders. 'Well-being' measures whether people believe that the organisation takes care of their mental and physical health. Also under well-being, we include to what extent our employees trust us in case of misconduct or to treat staff fairly.

7 Logistics and technology

[10] MSF OCA experienced challenges with it's international supply over the last two years. Please see 2020 and 2021 Board Reports

[11] The system by which temperature-sensitive medications such as vaccines are kept cold throughout their journey from manufacture to point of use

[12] Applied security is a methodology to ensure tools, resources, and proper mitigation measures are in place to address security risks in relation to our locations, infrastructure, and vehicle fleet to reduce threats and vulnerabilities to our staff and communities we serve.

9 Safeguarding

[13] 'Accompanying dependents' refers to partners and/or other family members residing with employees who are assigned abroad by MSF.

[14] 'Third-party representatives' refers to individuals not having an MSF employment contract who are acting or may be viewed as acting on MSF OCA's behalf.

[15] Yemen, Pakistan, India, Nigeria, Afghanistan, Central African Republic, Malaysia, Ethiopia, Eritrea, Bangladesh, Tajikistan, Russia (also supporting Uzbekistan and Belarus) and Myanmar.

[16] de Jong K et al. (2022) "How do international humanitarian aid workers stay healthy in the face of adversity?", PLOS One, 16 November. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0276727; de Jong K et al. (2021) "Mental and physical health of international humanitarian aid workers on short-term assignments: Findings from a prospective cohort study", Social Science & Medicine, September, 285:114268. https://pubmed.ncbi.nlm.nih.gov/34365073/; Martinmäki SE et al. (2023) "Incidence and severity of sexual harassment, and its impact on mental health in a cohort of international humanitarian field-workers", Journal of Interpersonal Violence, 7 February. https://scienceportal.msf.org/assets/8097

[17] Médecins Sans Frontières (2022) "MSF International President responds to photo ethics concerns", statement, 25 May. https://www.msf.org/msf-international-president-responds-photo-ethics-concerns

[18] Médecins Sans Frontières (2022) "MSF Heads of Communications commit to tackle problematic imagery", statement, 24 June. https://www.msf.org/msf-heads-communications-commit-tackle-problematic-imagery

[19] Médecins Sans Frontières (2022) "MSF International President responds to photo ethics concerns", statement, 25 May. https://www.msf.org/msf-international-president-responds-photo-ethics-concerns

10 Compliance and Risk

[20] Countries included in the scope of the GHG calculation are: Afghanistan, Bangladesh, Belarus, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Haiti, India, Iraq, Jordan, Kenya, Libya, Malaysia, Mozambique, Myanmar, Netherlands, Nigeria, Pakistan, Russia, Sierra Leone, Somalia, South Sudan, Sudan, Syria, Tajikistan, Uzbekistan, Venezuela, Yemen.

Colophon

© Mei **2023, Artsen zonder Grenzen**

Artsen zonder Grenzen
Postbus 10014
1001 EA Amsterdam

T 020-5208700
E info@artsenzondergrenzen.nl
IBAN NL13INGB 000 000 4054

artsenzondergrenzen.nl
/noodhulp
@AzG_nl
/artsenzondergrenzen
/artsenzondergrenzen

Cover photo: A woman walks on makeshift dykes in Bentiu, South Sudan, which were laid to protect the nearby displaced peoples camp and key access roads from being flooded. Photo: Christina Simons, August 2022