

# DOCTORS WITHOUT BORDERS RESPONDING TO THE CALL



## Your support at work in 2018

Learn about the impact of your donations:

[www.msf.org.za](http://www.msf.org.za)

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EUROPE  
5%  
24 projects

AFRICA  
56%  
250 projects

MIDDLE  
EAST  
17%  
78 projects

ASIA  
(INCLUDING CAUCASUS)  
15%  
67 projects

PACIFIC  
1%  
3 projects

AMERICAS  
5%  
24 projects

\*Numbers represent percentage  
of MSF projects around the world



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### INDIA

#### Treating hepatitis C

**P**eople become infected with hepatitis C through contact with contaminated blood when unqualified medical practitioners treat them using unclean instruments, or from traditional tattooing, leading to serious liver damage and chronic disease. It is difficult to know you have hepatitis C unless you are tested or until the later stages, so many people are unaware of their status. MSF set up its clinic in Meerut to demonstrate the effectiveness of treating the disease in local district hospitals. We showed how effectively and easily people can be tested and treated in just months – and at much lower cost, thanks to new, effective, affordable medicines. Many of our patients came from rural areas and could never afford treatment, so it was very important to provide free, quality care to them. In 2019, the Indian government rolled out its own hepatitis C treatment programme, largely based on MSF's Meerut model."

– **Claire Waterhouse**  
MSF project coordinator and fieldworker

### MEXICO

#### Migrants trapped in transit

**T**housands of migrants and asylum seekers are stranded in shelters and on the streets of violent Mexican border towns. They live in uncertainty because the US government has denied them entry. They have escaped terrible violence and inhuman treatment in their home countries of Guatemala, Honduras and El Salvador at the hands of gangs. Yet, this abuse is repeated – first as they travel through Mexico and again when they are stranded at the border. "In the border town of Nuevo Laredo, kidnapping is the order of the day. Migrants are afraid to walk the streets. There, MSF shelters provide medical, psychological and social assistance to hundreds of people who have to deal with sadness, depression, guilt and suicidal thoughts. They have sleep disorders and suffer from anxiety. There is no certainty of refuge for them."

– **Felipe Reyes**  
MSF psychologist



© Christina Simons



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### YEMEN

#### Health care in a warzone

**Y**emen is more traumatising than any pictures on TV can show. I worked in Taiz, where MSF runs a reproductive health centre, a mother-and-child hospital, to treat the most vulnerable people who have no one to take care of them. There is also trauma care for patients wounded in the war. About 8km from the frontline, MSF turned a building into a hospital. It was as close as we could get – there are no other medical facilities offering free health care nearby. We witnessed a lot of shelling and bombing in the area around us. After some time, you learn to block out the sound of planes and bombs, and continue doing the essential work. Beyond the conflict, people still get sick from disease; they still need primary health care, delivery services and vaccinations. If MSF were not there, who would take care of the vulnerable, the neonatal cases, the war-wounded and children? Where would women deliver safely?"

– **Patricia Nyoni**  
MSF nurse and fieldworker

### SOUTH AFRICA

#### New hope for MDR-TB treatment

**S**outh Africa is the first country to remove toxic injectable drugs with from treatment programmes for multi drug-resistant TB and scale up access to an effective new drug that makes treatment more tolerable, and reduces the devastating impact of side effects. The move to introduce bedaquiline for all patients is a historic achievement that comes after years of advocacy by MSF medical teams. Worldwide, more than half a million people are infected with MDR-TB every year and the previous standard treatment for MDR-TB was effective only 50% of the time. There is no question we should be offering people the best options we have for more effective and less toxic treatment, but progress has been slow in most countries. South Africa has taken a positive step towards ensuring that no one with DR-TB should be denied access to this drug."

– **Dr Anja Reuter**  
MSF doctor



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© John Wessels

### DRC

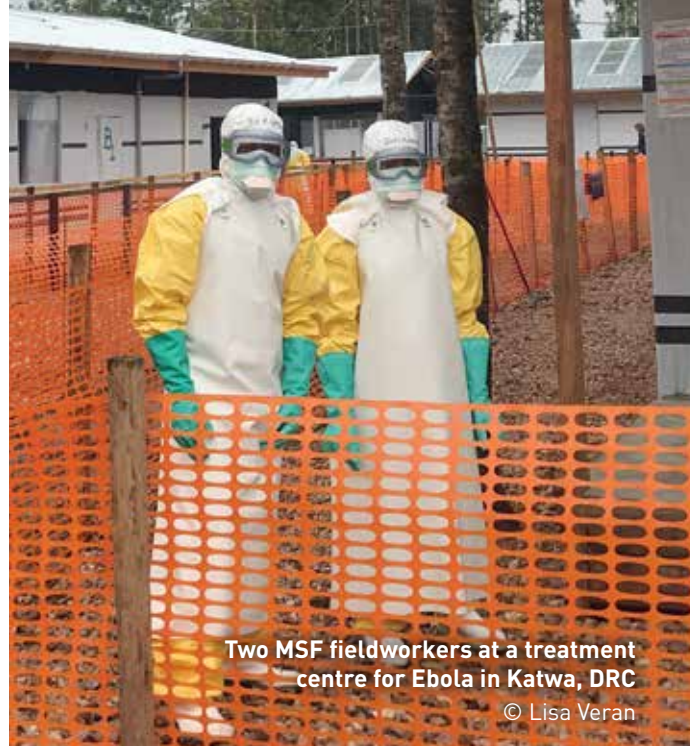
#### In the grip of a brutal disease

**E**bola brings fear and isolation to patients, families and health care providers. Nearly a year into the outbreak in DRC's North Kivu region, the number of cases continues to increase, with more than 1 800 cases and nearly 1 200 confirmed deaths. "It is clear the outbreak is not under control. We need a better collective effort. The virus has not spread to neighbouring countries so far, but the possibility exists. To gain control of this epidemic, we need to change the way we are dealing with it. We need to adapt our intervention to the needs and expectations of the population, to integrate Ebola activities in the local health care system, to engage effectively with communities, and to explore promising vaccinations to strengthen prevention. Choices must be given back to patients and their families on how to manage the disease. We owe this to our patients."

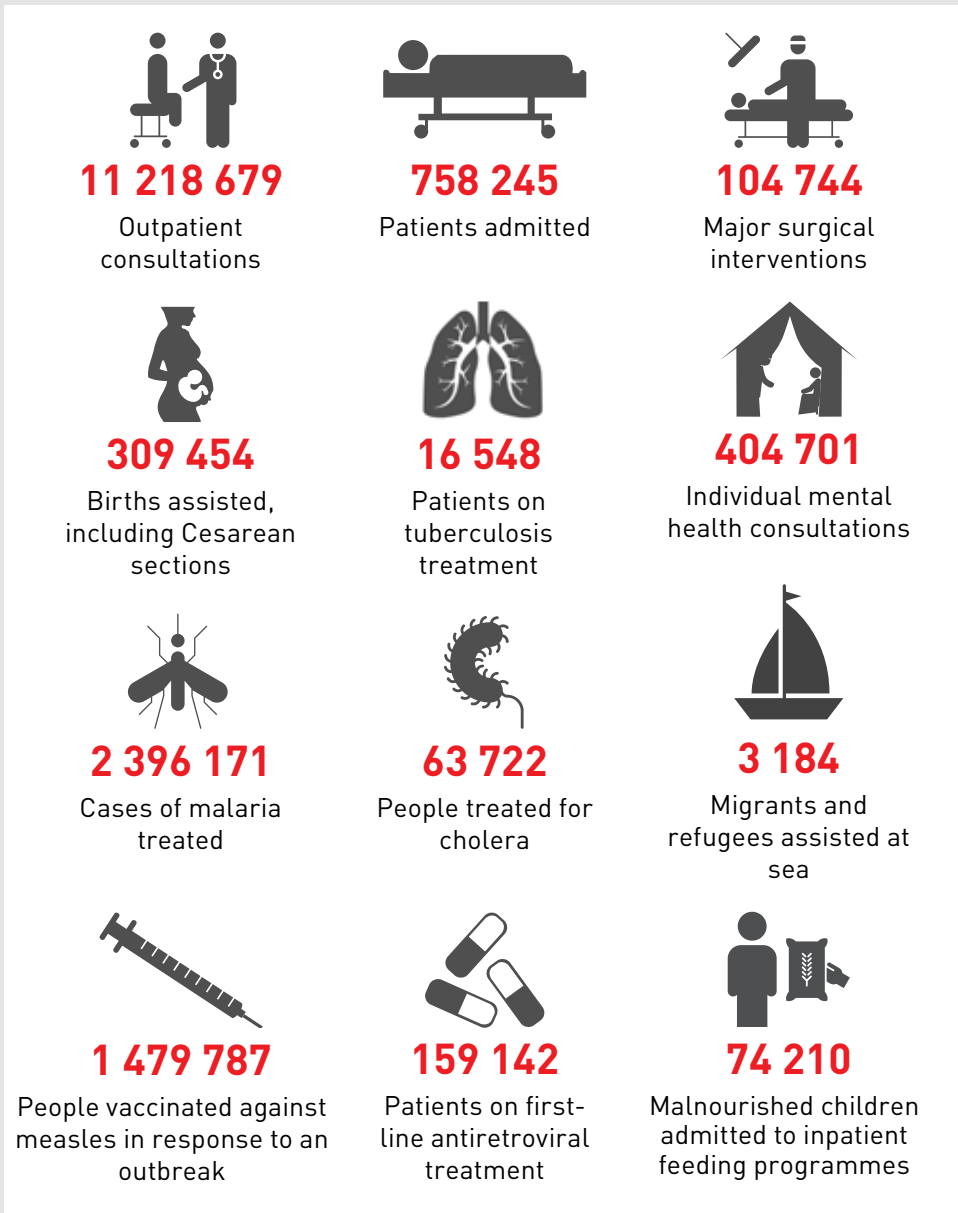
– **Gwenola Seroux**  
MSF emergency manager



# SAVING LIVES 2018 IN PHOTOS



## DOCTORS WITHOUT BORDERS 2018 IN NUMBERS



### COVER:

MSF ebola expert Luis Encinas (right) holds a seven-year-old child infected with Ebola at an MSF-supported Ebola treatment centre in November 2018 in Butembo, Democratic Republic of the Congo.

## DOCTORS WITHOUT BORDERS ANNUAL REPORT 2018

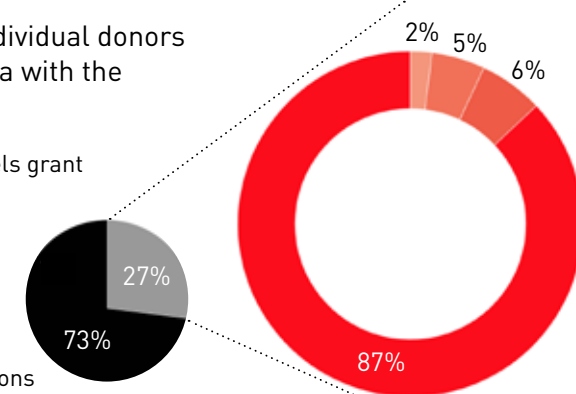


## 2018 MSF SA STATEMENT OF ACTIVITIES

### Where the funds came from

In 2018, more than 40 000 individual donors provided MSF Southern Africa with the majority of our funding:

- MSF Operational Centre Brussels grant
- MSF SA funds
- Individual monthly giving
- Major gifts
- Occasional donors
- Corporates, trusts and foundations



Revenue	2018	2017
<b>Public support</b>	<b>Rands (ZAR)</b>	<b>Rands (ZAR)</b>
Individual monthly giving	23 747 257.00	20 647 328.58
Major gifts	1 668 154.00	1 258 983.45
Corporates, trusts and foundations	433 873.00	2 769 763.59
Individual occasional donors	1 317 699.00	503 593.38
<b>Total contributions</b>	<b>27 166 983.00</b>	<b>25 179 669.00</b>
Grants received	73 817 988.00	59 029 234.00
Other income	173 502.00	451 676.00
<b>Total revenue</b>	<b>101 158 473.00</b>	<b>84 660 579.00</b>
Expenditure	96 788 189.31	83 900 372.00
<b>Surplus</b>	<b>4 370 283.69</b>	<b>760 207.00</b>

Source of income: MSF ensures independent, impartial and neutral medical care through income from private individual donors from around the world. 80% of this income goes directly to our field projects. MSF Southern Africa is the only section in Africa and receives financial support from MSF's Belgium headquarters. The power of African donors is essential to enabling our capacity to negotiate access to populations in precarious situations and conflicts.

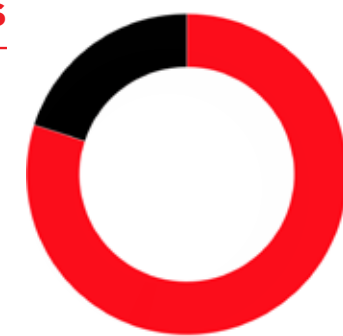
### How MSF SA used your funds

Field medical programmes

80%

SA Medical Unit and training, programme support, awareness raising, management and general admin, fundraising

20%



Expenditure	2018	2017
<b>Social mission</b>	<b>Rands (ZAR)</b>	<b>Rands (ZAR)</b>
Field medical programmes	21 830 691.65	20 133 533.35
SA Medical Unit and training	17 258 850.16	15 236 405.13
Programme support, field staff recruitment and advocacy	8 388 102.99	6 633 462.00
Awareness raising	6 695 174.37	6 574 385.43
<b>Total programme/social mission</b>	<b>54 172 819.17</b>	<b>48 577 786.00</b>
<b>Support services</b>		
Fundraising	27 982 217.25	21 974 143.00
Management and general admin	14 633 152.89	13 348 444.00
<b>Total support services</b>	<b>42 615 370.14</b>	<b>35 322 587.00</b>
<b>Total expenditure</b>	<b>96 788 189.31</b>	<b>83 900 373.00</b>

Social mission includes all costs related to operations and programmes in the field, as well as all the medical and operational support from the headquarters. At international level, social mission costs represent 80% of total costs.

### STATEMENT OF FINANCIAL POSITION

	2018	2017
Current assets	22 171 222.00	16 262 944.00
Non-current assets	1 425 242.00	1 313 893.00
<b>Total assets</b>	<b>23 596 464.00</b>	<b>17 576 837.00</b>
Equity	7 395 757.00	3 025 473.00
Current liabilities	16 200 707.00	14 551 363.00
<b>Total equity and liabilities</b>	<b>23 596 464.00</b>	<b>17 576 836.00</b>

The amounts for the statement of financial position are taken from MSFSA unqualified audited financial statements in South African rands. An unqualified audit means that a complete audit has been performed and that the auditors could not find any discrepancies and matters of concern in MSF SA financial books.

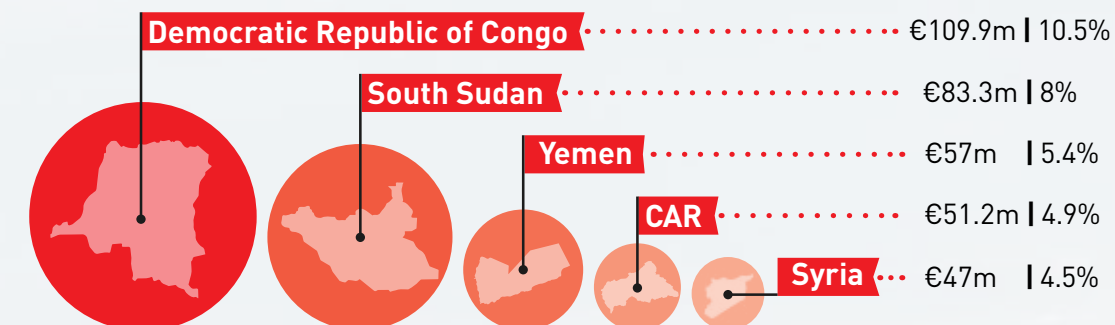
Please visit [www.msf.org.za/about-us/publications/financial-reports](http://www.msf.org.za/about-us/publications/financial-reports)



### INTERNATIONAL ACTIVITY

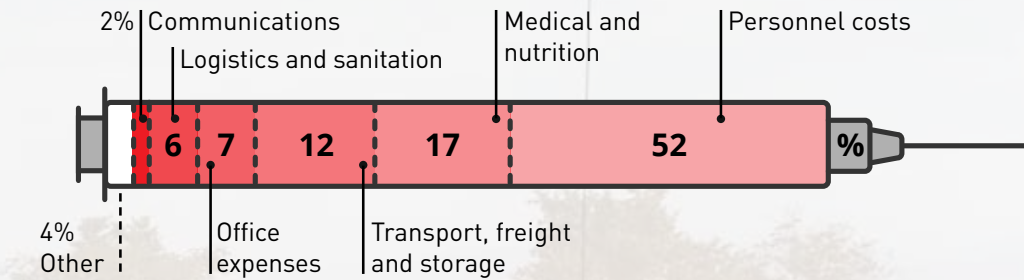
#### Largest country programmes

Based on 2018 expenditure from MSF's work in 72 countries:



Note: Total expenditure for 2018 was €1 047.4 million. The table above shows only the top five countries as per expenditure.

#### International programme expenses by category



Note: Percentages represent MSF International programme expenses and are rounded off to the nearest whole number.

#### Staff

##### International

At the end of 2018, 47 318 people worked for MSF all over the world, 92% of whom work in the field. The majority (84%) are hired locally in the countries of intervention.



##### MSF Southern Africa

MSF Southern Africa placed 200 fieldworkers in 2018, mainly in:



Note: MSF SA fieldworkers were recruited from 16 countries across sub-Saharan Africa.

##### MSF Southern Africa Medical Unit

Training is a strong component of MSF's human resources strategy. In 2018:

69 visits were made, reaching projects in South Africa, Mozambique, Malawi, CAR, DRC, Kenya, Zimbabwe, Lebanon, India, Guinea, Italy, Ukraine, Uganda, Swaziland, Greece, India and Iraq

560 staff in MSF projects received training and knowledge transfer related to HIV and TB, and provided clinical monitoring

Please visit our website for a list of the countries in which we work: [www.msf.org.za](http://www.msf.org.za)