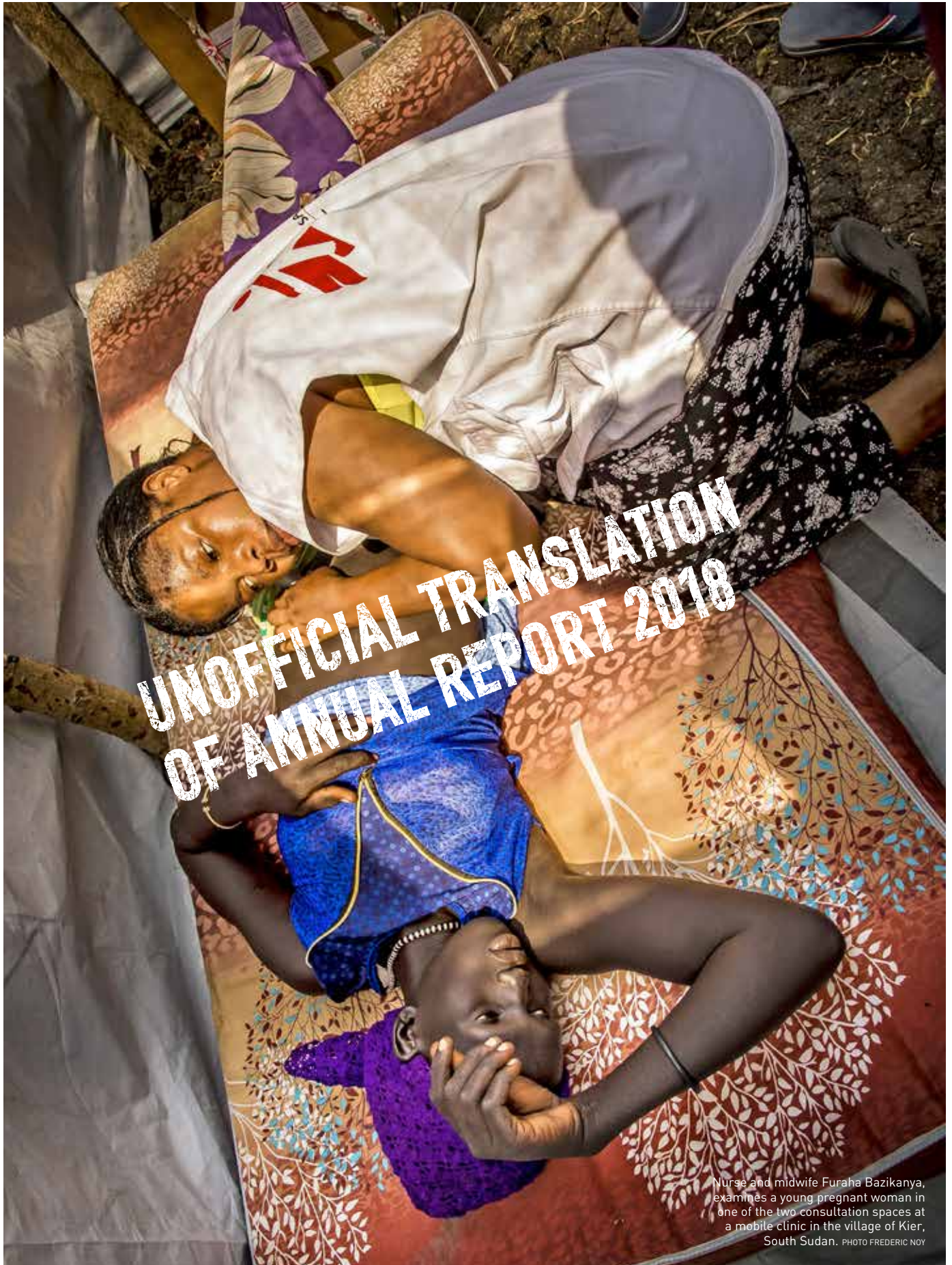


ANNUAL REPORT 2018



Nurse and midwife Furaha Bazikanya, examines a young pregnant woman in one of the two consultation spaces at a mobile clinic in the village of Kier, South Sudan. PHOTO FREDERIC NOY

MSF CHARTER AND PRINCIPLES

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF offers assistance to people based on need, irrespective of race, religion, gender or political affiliation. Our actions are guided by medical ethics and the principles of neutrality and impartiality.

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

- | | | | |
|---|---|---|---|
| 1) Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions. | 2) Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions. | 3) Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers. | 4) As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them. |
|---|---|---|---|

2018 – A YEAR OF HARDENING OF HEARTS

SUMMARISING 2018 is not so easy. On the one hand, humanitarian crises continued to cause huge suffering and the harsher tone of the debate on humanitarian aid became increasingly apparent. On the other hand, we continued providing medical care in many parts of the world most affected by crisis, in armed conflicts, disease outbreaks, natural disasters as well as reaching out to refugees. More than 45,000 employees in 72 countries had a decisive influence on millions of people's lives and health.

WHAT WERE THE MAJOR CRISES in 2018? These include Yemen, Syria, South Sudan, Gaza, Central African Republic and Democratic Republic of Congo. In Yemen, the humanitarian situation was exacerbated by attacks on healthcare facilities and outbreaks of diseases that we considered all but extinct, such as diphtheria, but now return in the wake of the collapsed health care system. The situation in South Sudan continued to require extensive efforts from our teams, as did Democratic Republic of Congo where the Ebola outbreak in the troubled North Kivu and Ituri provinces gave the year a worrying ending.



»We continued providing medical care in many parts of the world most affected by crisis.«

DURING THE AUTUMN, we suspended our life saving activities in the Mediterranean. As the accusations against our search and rescue ship Aquarius - and against our efforts to rescue drowning people trying to escape Libya - became even more spiteful, we finally saw no other way out than to stop the activities. These attempts to criminalise humanitarian aid were also visible in other contexts, such as the island of Nauru in the Pacific, where we were forced to stop our psychological support for refugees sent there from Australia.

HOWEVER, THE DEVELOPMENT ALSO went in the right direction. An inspiring example is the new drug for sleeping sickness. The medication used so far is old and has severe side effects. Now the organisation Drugs for Neglected Diseases (DNDi), which is partly funded by Doctors Without Borders, has produced a new drug at a fraction of the cost that pharmaceutical companies claim is necessary to develop new medicines. A great success for the engaged researchers with an even greater profit for those who suffer from this potentially fatal disease.

Within MSF, we also continued with our successful innovation work. In recent years, we have put great effort into finding energy-friendly solutions and in 2018 we took another step with our more environmentally friendly hospitals in Sierra Leone and Haiti.

ALL IN ALL, 2018 WAS A VERY intensive year. And as ever, we could never have done so much had it not been for the support and commitment that we experience daily, both in Sweden where we have now been operating for 25 years, and around the world.

OLIVER SCHULZ
generalsekreterare

KATRIN KISSWANI
ordförande





Moria camp, Lesbos,
after torrential storms
hit the island.
PHOTO ANNA PANTELIA/MSF

ANNUAL REPORT 2018

for the fiscal year 2018-01-01 – 2018-12-31

The Board and the General Director of Läkare Utan Gränser, registration number 802017-2360, hereby issue the following report:

ABOUT THE ORGANISATION

MEDECINS SANS FRONTIERES (MSF) – AN INTERNATIONAL ORGANISATION

Médecins Sans Frontières (MSF), is an international, independent medical humanitarian organisation that saves lives and alleviates suffering where we are needed the most. For almost 50 years, we have provided medical assistance to people affected by conflict, epidemics, natural disasters, or exclusion from healthcare. Our actions are guided by medical ethics and the principles of impartiality, independence and neutrality.

MSF is a non-profit organisation consisting of 24 national and regional associations. Five operational centres, in France, Belgium, Holland, Spain and Switzerland, manage MSF's humanitarian assistance programmes, deciding when, where and what action is necessary.

MSF annually runs around 450 projects in more than 70 countries around the world. The organisation has more than 45 000 employees, the majority of whom are hired locally in the countries of intervention. We perform approximately 10 million outpatient consultations each year. MSF's annual turnover is more than EUR 1.5bn and it has more than 6 million private donors around the world. More than 95% of MSF's income is from private donors and thanks to this large proportion of private donations we can maintain our independence. MSF's international activity reports and annual reports are available on our website, where we also publish an annual impact report, aiming to show the beneficial effects of what we do: <https://lakareutangranser.se/om-oss/ekonomi>

MEDECINS SANS FRONTIERES (MSF) IN SWEDEN

The Swedish section of MSF contributes to MSF's activities in the field through the recruitment and development of fieldworkers, fundraising and through com-

munication and advocacy about the situation for those patients we meet in our field work. To strengthen our activities in the field, MSF Sweden also has an evaluation unit and an innovation unit.

The average number of employees in the MSF Sweden office during the year was 83. In total, 89 persons volunteered for the organisation at the office in Stockholm, corresponding to approximately five full-time employees.

In addition to the activities in Sweden, we supported the opening of an MSF branch office in Finland. The new MSF office will enable people living in Finland to support MSF. During the year, the new office was established to develop fundraising, communication and recruitment activities in Finland. In 2018 the proactive communication to increase awareness continued and new fundraising activities were launched. Until MSF Finland office is completely up and running, MSF Sweden continued to recruit and send Finnish fieldworkers to assignments in the field. For more information on the MSF branch office in Finland visit: <https://laakaritilmanrajoja.fi/>

2018 IN BRIEF

- In total, the revenue of MSF Sweden was SEK 519 million, all coming from private donations and grants from the public and corporations.
- In total, MSF Sweden had 124 fieldworkers, 57% of whom belong to the medical professions, deployed on a total of 156 assignments in 38 different countries. During 2018, we recruited 42 new fieldworkers.
- Advocacy in Sweden focused on humanitarian access in Yemen and Syria, the situation in Myanmar, Democratic Republic of Congo and Central African Republic. Another focus was advocating for improved access to termination of pregnancy and for access to treatment for patients with HIV and tuberculosis.



MSF uses physiotherapy on a burned child during a surgery in Amran, Yemen. The sessions of physiotherapy reduce the pain felt by the patient.

PHOTO AGNES VARRAINE-LECA/MSF

- MSF Sweden's communication work focused on the worsening humanitarian situation in Yemen, the escalating violence at the Gaza border, attacks on health care in Syria and elsewhere as well as search and rescue activities on the central Mediterranean and the situation in Libya.
- To develop and improve our field operations, the MSF Sweden Innovation Unit worked on ten different engagements during the year. Highlights were a solar powered oxygen respirator tested in Democratic Republic of Congo and a solar powered air conditioning system tested in Haiti.
- During the year, the Stockholm Evaluation Unit carried out numerous evaluations and other internal learning processes, ranging from evaluations of projects in Mauritania, Mozambique and Malawi to developing updated frameworks for Accountability to Patients and Communities.

FINANCIAL REPORT

FUNDRAISING

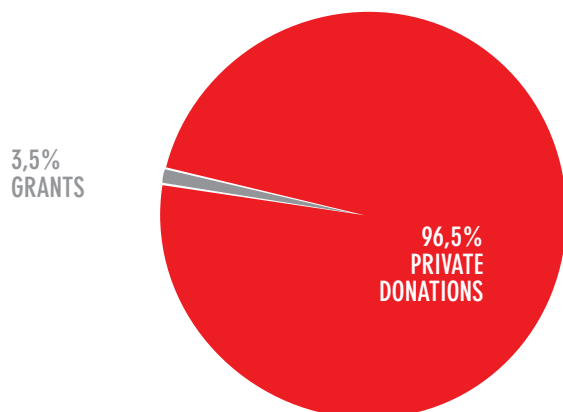
PRIVATE DONATIONS AND GRANTS

During 2018, MSF Sweden raised SEK 519 million from the public and companies. This was SEK 99 million less than the previous year as we received fewer donations from both the public, companies and foundations. During 2018, over 264 712 individual donors contributed to our work, compared to 280 000 the previous year.

Our aim is to collect donations and grants that are not earmarked for any specific project or purpose. This gives us the possibility to decide where and how the funds will be best used, based upon the needs in the field. In addition, non-earmarked funds reduce the administrative costs and more funds can thus be used for our social mission around the world.

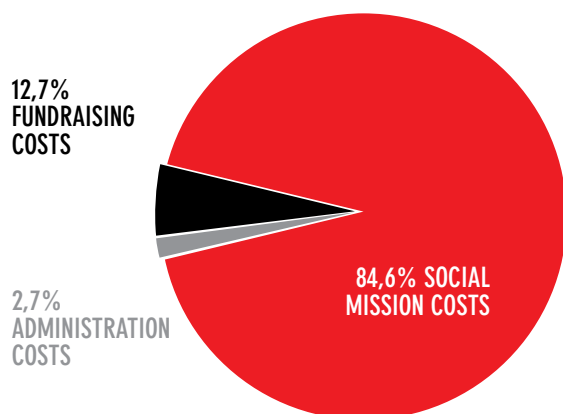
A stable and predictable income is a prerequisite for us to plan and implement our activities in the field.

WHERE DID THE MONEY COME FROM?



HOW WAS THE MONEY SPENT?

Distribution of total costs



The corner-stone of this is monthly donors who contribute not only to stability and predictability but also to reduced administrative costs. During 2018, 122 000 monthly donors (2017: 126 000) gave a total of more than SEK 199 million (2017: SEK 200 million).

Donations as a result of postal mailings in which fieldworkers share their experiences with patients in the field generated over SEK 61 million (2017: SEK 70 million).

Gifts from memorials and celebrations resulted in SEK 31 million, (2017: SEK 37 million) The revenue from legacies also decreased from last year and amounted to SEK 109 million (2017: SEK 182,5 million).

The Swedish Postcode Lottery supported MSF

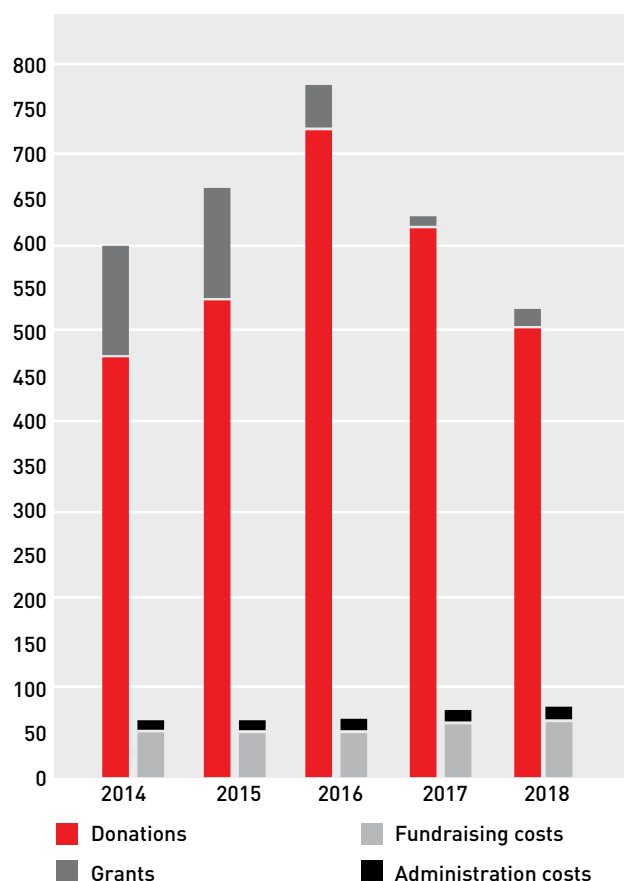
Sweden with SEK 28 million (2017: SEK 40 million) in annual base grant and the Radiohjälpen Foundation supported us with a total of SEK 2,9 million (2017: SEK 4 million). Donations from companies decreased compared to the previous year, amounting in 2018 to SEK 24 million (2017: SEK 29,6 million).

The funds raised during the year have been used in MSF's projects around the world. The five countries of intervention to which MSF Sweden transferred most funds during the year were: Afghanistan, Central African Republic, Democratic Republic of Congo, Lebanon and South Sudan. For more information on how the funds raised have been used during 2018, please refer to note 1 and 7 on page 19 and 21.

DONATIONS, GRANTS AND COSTS FOR FUNDRAISING AND ADMINISTRATION THE LAST 5 YEARS

The difference goes to the social mission

Million SEK



SIGNIFICANT EVENTS DURING THE YEAR

The following is a summary of the activities in 2018:

RECRUITMENT AND DEVELOPMENT OF FIELD WORKERS

Globally, MSF's strength lies in our workforce, from health staff, to logistical and administrative staff. In 2018, 124 fieldworkers were deployed from Sweden on 156 different assignments. These took place in 38 countries, but more than half of them were in the following six countries: Bangladesh, South Sudan, Democratic Republic of Congo, Afghanistan, Nigeria and Central African Republic. Of the fieldworkers deployed, 57 % belong to the medical professions (for instance doctors, nurses, midwives, psychologists and biomedical analysts) while 43 % were non-medical staff (for instance logisticians, water and sanitation experts, financial administrators, HR administrators, cultural mediators and interpreters).

During 2018 we recruited 42 new fieldworkers, and we organised several introduction and training courses, amongst others three preparatory courses for internationally newly recruited fieldworkers, that took place in Stockholm.

In addition to the 156 field missions, staff in the Swedish office also supported our operations around the world in short missions focusing primarily on operational support or project evaluation.

During 2018, MSF Sweden in cooperation with other MSF sections organised an evaluation of a paediatric conference, MSF Paediatric Days, after it had been held for two consecutive years in Stockholm (2016) and in Dakar (2017). A third edition is scheduled to take place in Stockholm in April 2019. For more information visit: <https://paediatrics.msf.org/>

BEARING WITNESS – COMMUNICATION AND ADVOCACY

Besides the medical work in the field MSF raise awareness and create debate about humanitarian crises through the act of 'témoignage'. This means that MSF acts as a witness and will speak out, either in private or in public, about the plight of populations in danger with whom we work. In doing so, MSF sets out to alleviate human suffering, to protect life and health and to restore respect for human beings. With our communication and advocacy work in Sweden we aim to increase the knowledge of humanitarian crisis amongst the public and decision makers and when needed provoke a change.

IN 2018 SEVERAL humanitarian crises in the world deteriorated and we continued to bring attention to



Filipe works as peer educator for men who have sex with men and sex workers in MSF's project in Beira, Mozambique. Filipe is a former sex worker himself. PHOTO SANNA GUSTAFSSON/MSF

these major crisis as well as to forgotten emergencies. We managed to have good continuous media coverage throughout the year. We released 50 press releases on various topics such as the worsening humanitarian situation in Yemen, the escalating violence at the Gaza border as well as attacks on health care in Syria and elsewhere. Access-related issues such as the need for increased research and development of new drugs against tuberculosis was also high on the agenda. Our spokespersons appeared on several major news programs in television and radio where they managed to get MSF's messages across. Twelve opinion pieces were published in some of the biggest newspapers in Sweden.

SOCIAL MEDIA CONTINUES to be an important channel to raise visibility and create engagement on humanitarian crises. To engage with a wider audience, we created new tools and activities; special focus on video, a new podcast – Uppdrag Rädda Liv was launched, we introduced an audio version of our donor magazine Direkt and started to livestream events and debates. During the year we have continued to share stories from our staff and patients in many different contexts, giving audiences unparalleled access to MSF's medical and humanitarian work.

ONCE MORE MSF participated at the music festival Popagenda where the humanitarian quiz attracted many visitors to our tent. An MSF-branded Escape Room "The Epidemic" took place in Stockholm and Malmö in collaboration with the company Fox in a Box. The event was close to fully booked during the two months the project was ongoing.



On August 10 2018, 25 people were rescued in the Mediterranean near the Libyan coast, from a small wooden boat with no engine. They estimate to have been at sea for nearly 35 hours. PHOTO SOS MEDITERRANEE

TO MARK THE 25-YEAR presence of MSF in Sweden a seminar was organised, with the topic of major humanitarian and global health crises that have occurred in that time. The speakers shared their memories, reflections and visions for future humanitarian action.

IT WAS A DIFFICULT year for life saving work at Europe's borders. After a summer with blockage of search and rescue activities on the central Mediterranean, closing of ports in Italy and a political campaign against NGOs, MSF had to stop its work on the vessel "Aquarius" in October. At the same time the situation in Libya for refugees and migrants remains very difficult and people intercepted at the Mediterranean are returned to a system of abuse and violence. The human suffering caused by the EU's migration and refugee policies, which focus on stopping refugees and migrants

from coming to Europe, has been repeatedly raised by MSF with decision-makers in Sweden. Our messages on this topic were well covered in Swedish media as we continued to push, without success, for real political change.

OTHER ISSUES RAISED with decision-makers include humanitarian access in Yemen and Syria, the situation in Myanmar, Democratic Republic of Congo and Central African Republic. 2018 was the second year of Sweden's two-year term as a non-permanent member of the UN security council and therefore our lobbying work on this platform was intensified. Also, thematic issues such as access to treatment of HIV and tuberculosis, disease outbreak response and attacks on medical structures in war zones were addressed with our Swedish interlocutors.

ANOTHER FOCUS FOR MSF was to improve the access to termination of pregnancy service around the world. Unsafe abortion is one of the most common cause of maternal mortality worldwide and access to safe alternatives are in many places limited. Humanitarian actors need to be better equipped to both raise concerns and provide the service themselves in humanitarian crisis worldwide. During 2018 methods of working with safe abortion have been shared with decision makers and humanitarian actors.

BETWEEN AUGUST 2016 and August 2017, MSF ran a project to improve the mental health of asylum seekers in Skaraborgs Län. The aim of the project was to see how a model used by MSF in other countries can function in Sweden, and then spread the methods of early identification and psychosocial support to other actors. The problem of access to health care and psychosocial support for this group has been raised with decision-makers on different levels. A report "Life in Limbo" was released in the beginning of 2018 and several meetings to present the knowledge and experience that MSF learned from the project were organised.

TUBERCULOSIS IS THE MOST lethal infectious disease in the world today and MSF has increased the focus on combating this disease, especially complicated multi resistant forms, in our programs. For the first time ever a high-level meeting was held in the United Nations in New York. MSF was engaged in the process leading up to the event, raising concerns on funding gaps, the need for better access to diagnostics and treatment and prices of new treatment.

OPERATIVE SUPPORT

To strengthen our activities in the field and to contribute to improved quality and efficiency, Médecins Sans Frontières has an innovation unit and an evaluation unit based in the Stockholm office.

MSF SWEDEN INNOVATION UNIT

To adapt to challenges in a changing world and at the same time improve our medical humanitarian activities, it is important that we as an organisation are innovative and seek constant improvements. The MSF Sweden Innovation Unit supports all our operational centres to develop sustainable solutions to both new and recurring challenges and to problems that we face in our operations in the field and beyond.

This is done using a systematic approach for innovation as a vehicle for continuous improvement. The Innovation Unit has developed a methodology based on co-creation, i.e. building a bridge between different stakeholders, both inside and outside MSF. This meth-



The refugee camp Shatila outside of Beirut, Lebanon, was originally set-up for Palestinian refugees in 1949. The camp now also hosts Syrians, Palestinians and other minorities who live in deplorable conditions.

PHOTO ELISA FOURT/MSF

odology has proven effective not only in tackling concrete cases in the field, related to areas such as biomedical equipment and medical IT systems. It also helps us to address ethical principles, to align fundamental innovation values with the decision-making process, and to evaluate ongoing innovation activities.

In 2018, the unit worked on a total of ten engagements, some of which have reached the development/implementation phase. Highlights were a solar powered oxygen respirator tested in Democratic Republic of Congo and a solar powered air conditioning system tested in Haiti.

STOCKHOLM EVALUATION UNIT

The Stockholm Evaluation Unit placed at the Swedish Médecins Sans Frontières' office is part of Médecins Sans Frontières' international evaluation group that consists of three independent evaluation units located in Vienna, Paris and Stockholm. Between them they evaluate our medical humanitarian operations worldwide as well as work with initiatives for internal reflection and learning processes.

The overall purpose of the Stockholm Evaluation Unit is to increase the organisational learning and the development of activities through an evaluation of our efforts. During the year, the unit carried out numerous evaluations of projects for instance those in Mauritania, Mozambique and Malawi and also helped to develop updated frameworks for Accountability to Patients and Communities and project monitoring.



Rohima Khatun holds her son who has a fever. She is one of the 700 000 Rohingya who lives in Cox's Bazar in Bangladesh.
PHOTO ROBIN HAMMOND/NOOR





MSF measles vaccination team on the road to Mambati health center, Wamba, Democratic Republic of Congo. PHOTO NARCISSE MUKEMBE MUZABULA/MSF

A MEMBER ASSOCIATION

MSF is an association, and as such count on its members to actively participate in activities and contribute to strengthening the organisation's medical identity. To become a member in the association, you must have worked in the field or have worked or volunteered in the office for MSF for a set number of months, as regulated by the statutes.

On December 31, 2018, we had 431 paying members, which includes fieldworkers (more than 80% of all members have worked for MSF in the field), office staff and volunteers. About 60% of our members have a medical background.

Our ambition is to have committed members. All paying members have the right to vote at the General Assembly (GA), either in person or by proxy, where they can also present motions. Members may also participate in discussion evenings and in international associative events. Informing members of upcoming activities, debates and operational updates is a priority. In 2018, monthly newsletters were distributed to the members. Regular e-mails and updates on a member Facebook page allow members to keep informed of the association activities in Sweden and movement-wide.

DISCUSSION EVENINGS

Several discussion evenings took place during 2018:

- *Energy Developments in MSF* (Göteborg), January 18
- *Sexual and Reproductive Health* (Stockholm), January 22
- *#Powertalks* (Stockholm), January 31, March 21, June 12
- *Moral Distress* (Stockholm), February 13
- *Inclusion and Diversity in MSF* (Stockholm), April 12
- *Mini-workshop on Termination of Pregnancy* (Stockholm), September 12
- *Associative Life in the Field* (Stockholm), October 11
- *The Fight for Women's Rights in Conflict Settings* (Stockholm), October 22

MSF SWEDEN'S GENERAL ASSEMBLY

143 participants attended the joint Swedish and Norwegian General Assembly (GA) which took place May 4-5 in Oslo. Of the participants 59 were members of the Swedish association. At the General Assembly 84 members cast their vote, of which 25 were proxies. At the GA four motions were approved: Psychological Debriefings of Fieldworkers; Associative Life in the Field; Growth and Evolution of MSF and; Online Platform for Global and Local Associational Discussion.

OTHER ASSOCIATION EVENTS DURING THE YEAR

Members of the Swedish Association participated in international forums such as the OCB (MSF Operational Centre in Brussels) Annual Meeting, the OCA (MSF Operational Centre in Amsterdam) member event in Amsterdam, the Annual Gathering of the Associations of MSF Denmark, Sweden and Norway, Field Associative Debates in Egypt, Serbia and Venezuela, the Humanitarian Congress in Berlin and the Scientific Days in London.

ADMINISTRATION

THE MSF SWEDEN BOARD

The MSF Sweden Board met on 13 occasions during 2018. In the autumn the Board participated in board training. New board members also participated in the OCA MSF focused board training. Outside of the meetings, the Board worked with the Executive through thematically organised strategic platforms with regular meetings. Internationally, MSF Sweden is represented through its president in the OCB Board and we also have a Swedish board member on the OCA Council. Further, the President and a member of the Swedish Association



In 2018, MSF started providing treatment for drug-resistant tuberculosis to patients in Zhytomyr, Ukraine. PHOTO OKSANA PARAFENIUK

are representatives in the International General Assembly. A former board member of MSF Sweden is a member of the International Board of MSF.

THE BOARD ELECTED AT
THE GENERAL ASSEMBLY 2018 WAS:

President: Katrin Kisswani, nurse

Vice president: Sophie Graner, gynaecologist

Secretary: Jessica Svejors, medical doctor

Treasurer: Andreas Häggström, economist

Ordinary members: Behzad Arta, nurse, Jenny Gustafsson, nurse, Mikael Mangold, hygiene specialist, Peter Moberger, medical doctor, Adam Thomas, regional manager Jon Gunnarsson Ruthman, nurse

Deputy board member: Karin Fischer Liddle, nurse, Jon Gunnarsson Ruthman, nurse

The following were also elected:

Election Committee from May 2018: Monika Kullberg, Erik Johansson, Anna Gylden Stray, Ann Elofsson

Auditor: Pernilla Varverud (Grant Thornton)

Deputy auditor: Susanna Johansson (Grant Thornton)

PRESENCE AT BOARD MEETINGS 2018:

BOARD MEMBERS	PRESENCE /NUMBER OF POSSIBLE MEETINGS
Anna Bergström	13/13
Behzad Arta**	8/8
Anna Gylden Stray (Bergström)***	4/5
Luis Encinas*	1/5
Sophie Graner	11,5/13
Jon Gunnarsson Ruthman**	6/8
Jenny Gustafsson **	8/8
Lina Gustin*	5/5
Karin Fischer Liddle	13/13
Andreas Häggström***	13/13
Mikael Mangold	12,5/13
Peter Moberger**	7/8
Jessica Svejors	12/13
Adam Thomas	13/13

* Term of office ended May 2018

** Elected to the Board May 2018

*** Re-elected May 2018 as an ordinary member (previous an alternate board member)

**** Resigned from the Board May 2018 for personal reasons



A patient receives his prescription at the Old Fangak hospital pharmacy, South Sudan. PHOTO FREDERIC NOY

SUSTAINABILITY INFORMATION

MSF Sweden strives to have a sustainable approach within all areas of work.

Throughout the year, systematic work environment activities have been carried out. Safety officers and the safety committee have actively and regularly carried out workplace safety assessments (physical and psychosocial). A staff survey regarding working environment is carried out annually and the result is discussed in the Board, in the Management Team and with the Safety officers.

MSF offers qualified competence development, in areas such as leadership, personal efficiency and project management, through collaborations with training organizations. To enhance staff development MSF Sweden also actively supports office staff to take on missions in the field.

During 2018 there has been a certain focus on training for all staff on values, behaviour and how we treat each other at the work place. We have also promoted our health insurance that makes it possible for employees to receive professional advice and support as a preventative measure to reduce instances of stress and other issues.

Our salary policy promotes gender equality in the payroll, as the salaries are set per position and are decided before the recruitment of the person starts. In addition, the salary upgrade is the same for all employees and not through an individual salary discussion.

We are actively working to prevent all forms of corruption and fraud. During the year 2018 we further developed the function of Internal Control to enhance the control work.

MSF Sweden has an Environmental policy in place that regulates purchase of goods, travel etc.

FUTURE DEVELOPMENTS

It remains very hard to see any immediate solution to the conflicts in countries like Democratic Republic of Congo, South Sudan, the Central African Republic or Yemen. Therefore, we shall continue to be present in areas where war and conflict have made it difficult for assistance to reach the affected populations and where the security risks are significant. Continued efforts are required to stop epidemics such as Ebola, measles, diphtheria, cholera and yellow fever that often affect those already affected by a crisis or where there is an acute lack of functioning health care. The second largest Ebola outbreak in human history, currently happening in an active conflict zone in the Democratic Republic of Congo, will influence the future of emergency care and attention such crises receive.

We continue to highlight the humanitarian needs among refugees, migrants and asylum seekers worldwide including in Europe and at Europe's borders. In addition to health considerations, there is a need for safe and legal alternatives to the risky routes that many people are forced to take today. Based on situations faced in the field and experiences from our previous psychosocial support projects, including in Götene, Skaraborgs län in Sweden, the access to mental health services is also something that we will continue to advocate for. The situation for people trapped in detention centres in Libya and on Nauru as well as for Rohingya refugees in Bangladesh will continue to be of serious concern to MSF in the future.

To ensure the quality of activities under great pressure, we require employees who are well equipped for these conditions. The recruitment and, above all, development of our staff, both for field work and in the Swedish office, will continue to be a priority in the coming year. As always, we will be ready for the next crisis. This requires a stable and predictable revenue, and we shall therefore continue to focus our efforts on increasing non-earmarked monthly donations. To remain prepared to carry out our medical, humanitarian and emergency activities, we shall during the coming year continue to support and grow our fundraising activities in Finland.

Médecins Sans Frontières Sweden will continue to be an active partner within the global MSF movement. Issues that we shall continue to monitor include, for example, ensuring respect, diversity and inclusion in all areas of Médecins Sans Frontières and making the organisation a truly diversified movement; geographically, with the people with whom we work and situations we confront. We will also continue to contribute to MSF's ongoing efforts to prevent abuse and harassment and to increase the awareness of and reinforce the organisation's existing reporting mechanisms.

Another issue to debate in the future is how Médecins Sans Frontières can continue to grow and at the same time continue to be an effective, relevant and agile organisation that continuously puts our patients first. 🌍

FINANCIAL OVERVIEW

STATEMENT OF FINANCIAL ACTIVITIES

	Note	2018	2017
INCOME			
Donations	1, 4	500 946 046	609 385 866
Sales revenue	2	1 836	19 667
Total income from the public		500 947 882	609 405 533
Private grants	3, 4	18 315 534	8 538 307
Total income from institutional donors		18 315 534	8 538 307
Membership fees		130 252	127 017
Other income	5	172 651	56 285
Total other income		302 903	183 302
• Total income		519 566 319	618 127 142
EXPENDITURE			
Social mission costs	7	-439 567 930	-542 368 427
Fundraising costs		-66 190 968	-61 115 629
Administration costs		-13 955 391	-14 312 649
• Total expenditure	6, 8, 9	-519 714 289	-617 796 705
Net income		-147 970	330 437
Result from financial investments			
Interest income		199 621	-
Interest costs and similar items		-	-294 684
Total result from financial investments		199 621	-294 684
• Surplus/deficit		51 651	35 753

BALANCE SHEET

	Note	31 dec 2018	31 dec 2017
ASSETS			
Non-current assets			
<i>Tangible assets</i>			
Inventory	9, 10	215 498	724 548
Total non-current assets		215 498	724 548
CURRENT ASSETS			
<i>Current receivables</i>			
Other receivables	11	22 056 371	9 435 113
Prepaid expenses and accrued income	12	7 436 182	30 563 333
		29 492 553	39 998 446
Cash and cash equivalents		80 552 794	107 952 482
Total current assets		110 045 347	147 950 928
• Total assets		110 260 845	148 675 476
EQUITY AND LIABILITIES			
Equity			
Accumulated balance		457 941	422 188
Surplus/deficit		51 651	35 753
Total equity		509 592	457 941
CURRENT LIABILITIES			
Accounts payable		3 395 404	1 870 890
Liabilities MSF projects	13	93 423 246	122 774 051
Liabilities, received not yet utilised grants	14	3 966 631	5 299 125
Other current liabilities	15	3 377 159	3 453 762
Accrued expenses and prepaid income	16	5 588 813	14 819 707
Total current liabilities		109 751 253	148 217 535
• Total equity and liabilities		110 260 845	148 675 476

CHANGES TO EQUITY

	Accumulated balance	Total equity
Opening balance	457 941	457 941
Surplus/deficit		51 651
● Closing balance	457 941	509 592

STATEMENT OF CASH FLOWS

	2018	2017
OPERATING ACTIVITIES		
Net income	-147 970	330 437
<i>Elimination of expenses and income with no impact on cash flow etc.</i>		
Depreciation	509 050	1 407 095
Interest received	199 621	0
Interest paid	0	-294 684
Cash flow from operating activities before variation in working capital	560 701	1 442 848
Increase in receivables	10 505 892	114 666 861
Decrease/increase in accounts payable	1 524 515	-1 777 092
Decrease/increase in liabilities MSF projectst	-29 350 805	-128 129 541
Decrease/increase in other current receivables	-10 639 991	5 462 262
Cash flow from operating activities	-27 399 688	-8 334 662
INVESTING ACTIVITIES		
Investments in tangible non-current assets	0	-547 926
Cash flow from investing activities	0	-547 926
Change in cash and equivalents	-27 399 688	-8 882 588
Opening cash and equivalents	107 952 482	116 835 070
Effect of exchange rate fluctuations		
Closing cash and cash equivalents	80 552 794	107 952 482

ACCOUNTING AND VALUATION PRINCIPLES

MSF Sweden's (Läkare Utan Gränser) accounting and valuation principles comply with the Swedish Annual Accounts Act, BFNAR 2012:1 (K3) and FRII (Frivilligorganisationernas insamlingsråd) Guidelines for Annual Reports. The annual report also includes some information required by Swedish Fundraising Council. Financial accounting and valuation principles are unchanged compared with the previous year.

OPERATING INCOME

Income is valued to actual value realised or to be realised.

DONATIONS AND GRANTS

A transaction where MSF Sweden receives an asset that has a value without returning the equivalent value in exchange is a donation or grant. If the asset is obtained because MSF Sweden met or will meet certain conditions and has an obligation to repay to the counterpart if the conditions are not met, it is a grant. If it is not a grant, it is a donation.

DONATIONS

Generally, donations are reported as income when received. Insofar there are contractual but not yet received donations on the closing day these are reported as income based upon individual examination. Received gifts from the general public, legacies and bequests, companies, organisations, trusts and foundations are included in donations. Donations from companies that have committed to donate a certain percentage of its sales to MSF Sweden are also counted here. Donations in the form of securities and real estates are sold as soon as these are registered in the name of MSF Sweden. Donations consisting of other than cash is valued to market value.

GRANTS

Grants are recognised as income when the condition for their receipt have been fulfilled. Grants received are reported as debts until the conditions for their receipt have been fulfilled. Grants received to cover certain costs (e.g. administration) are reported in the same financial year as the cost the grant is intended to cover.

MEMBERSHIP FEES

Membership fees concern payments made for membership in MSF Sweden and are reported in the time period they refer to.

OPERATING EXPENSES**SOCIAL MISSION COSTS**

Social mission costs are costs that MSF Sweden incurs to implement its task in accordance with its by-laws. Included here is private funds from the public allocated abroad, until 2016 also SIDA grants were included. All expenses including salaries and social insurance costs, related to the recruitment of field workers, operative support and to communication and advocacy work are also included here. Distributed overhead costs and direct costs for project administration, i.e. field project offices are also counted as social mission costs.

FUNDRAISING COSTS

Fundraising costs are all costs that occur in order to generate contributions from the public. These include salaries, social insurance charges, costs to produce and distribute letters and direct mailings, advertising and other fundraising activities. Distributed overhead costs are also included here.

ADMINISTRATION COSTS

Administration costs are the costs necessary to administer the organisation. The administration constitutes a guarantee of quality for the social mission and the donor. Included in these costs are salaries and social insurance costs for the secretary general, finance and administrative staff, costs concerning the board and the distributed overhead costs.

LEASING

All the organisation's leasing agreements are reported as operative, i.e. the leasing charge (including the first elevated rent) are reported linear during the leasing period.

EMPLOYEE REMUNERATIONS

Ongoing remunerations to staff such as salaries, social insurance charges and similar are reported as costs as the staff perform services. As all pension costs are classified as defined charges these costs are recognised as an expense in the year which they are incurred.

ASSETS

TANGIBLE NON-CURRENT ASSETS

Tangible non-current assets are valued at acquisition value less depreciation according to plan. Depreciation is linear across the asset's estimated lifetime. The depreciation period used for inventory is 3-5 years.

RECEIVABLES

Receivables are valued to the amount estimated to be paid, based upon individual examination.

DEBTS

Debts are valued to nominal value.

CASH FLOW STATEMENT

The cash flow statement has been established using the indirect method i.e. starts from the organisation's net income. The reported cash flow does only include transactions that brings payments or disbursements. Cash constitutes in its entirety of bank deposits.

ESTIMATIONS AND ASSESSMENTS

DONATED ASSETS

Assets, especially real estate, stocks and other securities donated to MSF Sweden are reported in the post funds raised from the general public as the asset is sold. Received but not yet sold assets are reported in the annual accounts at the estimated market value.

NOTES ON STATEMENT OF FINANCIAL ACTIVITIES AND BALANCE SHEET

Note 1 | Donations

The income from the public comes from the following sources:

	2018	2017
General Public	439 515 135	533 233 158
Companies	24 552 059	29 626 299
External trusts and foundations	27 194 386	6 526 409
The Swedish Postcode		
Lottery base grant	28 000 000	40 000 000
● Total	519 261 580	609 385 866

The table below presents the breakdown of donor-designated/restricted donations (for country/region/context) and unrestricted donations. .

Distribution	2018	2017
Afghanistan	5032	–
Africa	11 700	142 090
Emergency Fund*	720 939	781 784
Bangladesh	71 844	419 696
Children and youths	5 020 970	667 878
Central African Republic	16 867	15 000
Democratic Republic of the Congo	6 034	28 440
Democratic Republic of the Congo, Baraka	4 522 137	–
Ebola	135 600	–
Ethiopia	1 800	740

Gaza	16 158	–
Haiti	700	16 664
HIV	23 608	1 019 774
India	50 000	–
Indonesia	31 190	–
Innovations in the field	500 000	–
Iraq	1 500	25 321
Iran	300	–
Yemen	969 561	61 105
Yemen, Ad Dhale	750	–
Kenya	–	15 001
Cholera	–	1 000
Women's health	15 545	14 930
Women and children	14 072	816 463
Lebanon	12 213	500 000
Liberia	6 200	–
Malaria	10 840	1 315
Mexico	–	3 000
Mozambique	300	–
Myanmar (Burma)	8 557	222 433
People affected by the Syria conflict, support from Lebanon	77 209	393 040
Refugees	230 583	2 789 291
Measels	6 700	4 590
Nigeria	2 000	629 740
Noma	50 000	–
Pakistan	–	1 900 300
Clean water	–	1 450
Sierra Leone	–	100
Sierra Leone, Kenema	1 530 526	–
Somalia	500	1 300
Tetanus vaccine	1 230	4 520
Sudan	50	2 960
South Africa	–	200
South Sudan	882 307	1 204 860
Tuberculosis	10 000	–
Tuberculosis, clinical trials	2 200 000	–
Uganda	300	–
Malnutrition	3 460	200 000
Vaccinations	1 105	33 725
Subtotal	17 170 387	11 918 709

Unrestricted donations	483 775 659	597 467 157
● Total	500 946 046	609 385 866

*The funds raised through the Emergency Fund 2018 was used to fight Ebola-breakout in Democratic Republic of Congo (2017 it was used in Lebanon to support people affected by the Syria conflict).

Note 2 | Sales revenue

Sales of MSF T-shirts produced for MSF Sweden, total SEK 1 836.

Note 3 | Private Grants

	2018	2017
The Swedish Postcode		
Lottery special project	15 332 494	4 538 307
Radiohjälpen	2 983 040	4 000 000
● Total	18 315 534	8 538 307

We have received a SEK 10 million grant from the Swedish Postcode Lottery for our innovation work in our field projects, to be spent during a period of years. Of these funds, SEK 1,5 million are recognised as income in 2018. We also received a SEK 8 million grant for a project in Catania, Italy and SEK 6 million for a project in Rustenberg, South Africa. From Radiohjälpen we received a SEK 3 million grant for a project in Democratic Republic of the Congo.

Note 4 | Funds raised

	2018	2017
Private donations recognised in statement of financial activities	500 946 046	609 385 866
Private grants recognised in statement of financial activities	18 315 534	8 538 307
● Total funds raised	519 261 580	617 924 173

Note 5 | Other income

This amount consists mainly of income in relation to associative activities, insurance compensation and contribution from the National Insurance Office.

Note 6 | Staff

AVERAGE NUMBER OF EMPLOYEES	2018	2017
Women	60	62
Men	23	26
Total	83	88

In the total number of employees temporary contracts for activities such as Direct Dialogue are included.

BOARD MEMBERS

Women	5	6
Men	6	4

MANAGEMENT TEAM AND GENERAL DIRECTOR	2018	2017
Women	4	5
Men	2	1

SALARIES AND REMUNERATION

Board**	273 000	268 800
General director***	892 140	601 597
Other employees	32 275 683	31 783 518
● Total	33 440 823	32 653 915

** Remuneration for the president according to decision taken at General Assembly (2017 and 2018). Other than that, no remunerations have been paid, only reimbursement of expenses for direct costs related to board work.

***In the General director's contract of employment there is no right to severance pay included other than normal notice according to law. Increase from last year mainly due to double salaries during handover period to new General director.

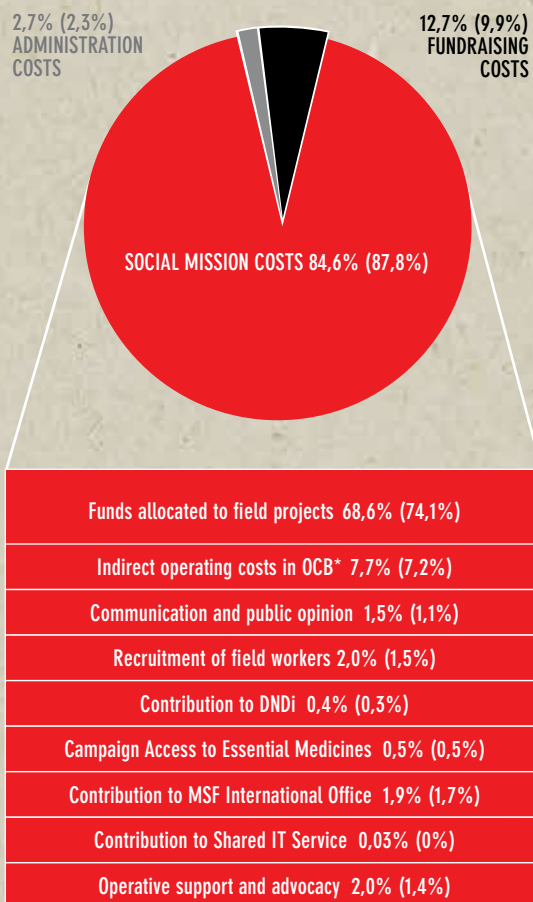
SOCIAL INSURANCE CHARGES	2018	2017
Pension costs for		
General director and Board	171 763	116 792
Pension costs other employees	2 968 749	2 462 739
Other social insurance charges	11 366 402	10 828 333
● Total	14 506 914	13 407 864

In other social insurance charges costs for staff insurances, wage tax and general payroll tax are included. During the year approximately 89 persons have worked on a voluntarily basis in the Stockholm office. The value of these voluntarily contributions has not been reported in the income statement, but amount to approximately 10 269 hours, corresponding to approximately 5,3 FTEs. During the year SEK 341 574 in wage subsidies from the labor office has been received.

Note 7 | Social mission costs

The item consists of funds allocated abroad (SEK 410 348 987), consisting of private funds allocated abroad, and all costs, including salaries and social insurance charges related to the recruitment of field workers (SEK 10 486 324), operative support and advocacy (SEK 10 805 238) and communication and public opinion (SEK 7 927 380).

DISTRIBUTION OF TOTAL COSTS 2018 (2017)



In the category Funds allocated to field projects, costs for international field workers, national staff, medical equipment, drugs, nutrition, transport, freight, warehouse, running field administration, logistics, water, sanitation and training and support to local organisations are included.

*Operational Centre Brussels

Donations from the public has been allocated as follows (in SEK):

Country	2018	2017
Afghanistan	22 054 765	52 920 341
Balkans	3 497 780	3 445 035
Bangladesh	4 123 514	4 013 998
Belgium (refugees/migrants)	1 705 890	3 575 733
Bolivia	863 492	457 819
Brazil	450 455	144 470
Burundi	4 797 649	7 656 887
Cambodia	1 706 241	2 642 069
Central African Republic	15 218 057	11 086 607
Chad	13 839 352	–

Country	2018	2017
Congo, Democratic Republic of the*	40 920 587	31 579 017
Dominica	–	11 749
Egypt	4 108 864	2 565 873
Ethiopia	2 000 000	6 500 000
Europe (refugees/migrants)	6 421 014	7 914 032
Ghana - Medical Academy	558 664	63 080
Greece	2188	–
Guinea	9 734 456	6 894 698
Haiti	12 173 009	31 686 402
India	10 007 818	20 846 767
Indonesia	612 980	1 106 577
Indonesia, Palu	17 073	–
Iran	270	–
Iraq	14 905 878	14 649 491
Iraqi Kurdistan	17 489	2 599 735
Italy**	13 767 576	8 221 957
Ivory Coast	172 168	20 375
Jordan	–	7 990 750
Kenya	2 635 873	5 744 510
Kenya Supply Unit	1 410 758	1 709 347
Lebanon	22 151 833	32 083 217
Liberia	5 580	–
Libya	2 000 000	–
Madagascar	6 442	39 895
Malawi	4 833 157	2 771 441
Mali	5 208 851	31 856
Malta	250 944	–
Mauretania	3 358 953	14 203 068
Mediterranean Rescue Boats	–	6 442 270
Mexiko	–	20 862
Mozambique	4 047 074	1 978 268
Myanmar (Burma)	7 701	4 000 000
Nauru, the Republic of	1 887 630	751 361
Nicaragua	207 478	–
Niger	–	4 721 803
Nigeria	7 780 700	18 922 816
Pakistan	9 394 821	35 869 732
Palestine territory/Gaza	1 743 023	1 497 394
Russia	673 350	884 886
Sierra Leone	5 025 958	12 070 618
Syria	6 224 379	1 634 473
Syria (from Lebanon)	2 040 450	4 125 298
Syria (from Turkey)	9 525 927	2 185 551
Somalia	2 000 000	2 500 000
Swaziland	–	3 500 000
South Sudan	26 862 569	19 388 568
South Africa**	11 996 021	8 531 892
Tadjikistan	–	1 000 000
Tunisia	40	1 812 611
Uganda	97 422	–
Ukraine	2 392 255	3 997 267
Uzbekistan	15 000 000	15 000 000
Venezuela	4 136 034	9 979 389
Yemen	12 467 709	7 585 027
Zimbabwe	7 456 866	3 829 923
● Total	356 507 027	457 406 805

* Included in the funds allocated to Democratic Republic of the Congo is contribution of SEK 3 000 000 from Radiohjälp.

** Included in the funds allocated to Italy is contribution of SEK 8 000 000 from Postkodlotteriet and in funds allocated to South Africa is contributions of SEK 6 000 000 from Postkodlotteriet.

	2018	2017
Indirect operating expenses (Cost in the operational center in Brussels (OCB), operative and medical support, logistics and communication from the field etc.)	39 721 342	44 490 241
Contribution to the campaign		
<i>Access to Essential Medicines</i>	2 446 353	2 845 546
Contribution to MSF International Office	9 700 319	10 576 583
Contribution to research initiative DNDi (Drugs for Neglected Diseases initiative)	1 809 450	2 106 774
Contribution for Shared IT Service	164 496	–
Total funds allocated abroad	410 348 987	517 425 949
Communication and public opinion	7 927 380	6 866 909
Operative support and advocacy	10 805 238	8 807 060
Recruitment of field workers	10 486 324	9 268 510
• Total social mission costs	439 567 930	542 368 428

Note 8 | Support to organisation startup in Finland

The expenditure includes SEK 5 117 942 of support to startup MSF Finland.

The support is distributed:

Support to social mission: 1 419 191

Support to fundraising: 1 907 553

Support to administration: 1 791 197

Note 9 | Leasing

MSF Sweden leases office premises and copying machines. Leasing charges entered as costs amount to SEK 3 944 932 (SEK 2 823 543).

Future leases come due as follows:

	2018	2017
Within 1 year	3 758 744	4 059 039
1-5 years	7 345 664	11 835 751
After 5 years	0	0
• Total	11 104 408	15 894 790

The contract for rental of premises lasts to 2021-12-31.

Note 10 | Inventory

	2018-12-31	2017-12-31
Opening acquisition value	9 247 239	8 699 313
This year's purchase	–	547 926
Sales and disposals	-1 348 701	–
Closing accumulated acquisition value	7 898 538	9 247 239
Opening depreciation	-8 522 691	-7 115 596
Sales and disposals	1 348 701	–
This year's depreciation	-509 050	-1 407 095
Closing accumulated depreciation value	-7 683 040	-8 522 691
Closing residual value according to plan	215 498	724 548

Tangible non-current assets are depreciated linear across the asset's estimated lifetime. The depreciation period used for inventory is 3-5 years. The depreciations are distributed between the administration-, fundraising-, communication- and the recruitment departments according to the number of employees in the respective department.

Note 11 | Other receivables

This item mainly refers to receivables from other MSF sections, especially travel- and vaccination costs for expatriates paid for in Sweden and invoiced to corresponding operative centre. The item also includes real estates in the process of being sold at the end of the year: SEK 11 340 000 (SEK 1 250 000) and shares: SEK 550 000 (SEK 0). Receivables are valued to the amount estimated to be paid, based upon individual examination.

Note 12 | Prepaid expenses and accrued income

	2018-12-31	2017-12-31
Prepaid rent	934 243	969 103
Other prepaid expenses	785 864	347 404
Funds raised in the current year received by MSF Sweden in the following year*	5 716 075	29 246 826
● Total	7 436 182	30 563 333

*The decrease compared to 2017 is due to a large legacy donation that was received in end of 2017.

Note 13 | Debts MSF projects

Refers to funds allocated to field projects in 2018 but not yet transferred by 2018-12-31. The allocated funds were transferred in the beginning of 2019.

Note 14 | Debts, received not yet utilised grants

	2018-12-31	2017-12-31
Debt to the Swedish Postcode Lottery, received not yet utilised grants	3 966 631	5 299 125
● Total	3 966 631	299 125

Note 15 | Other debts

	2018-12-31	2017-12-31
Withholding tax	945 540	897 898
Wage tax	1 830 321	1 530 005
Other entries	601 298	1 025 859

● Total 3 377 159 3 453 762

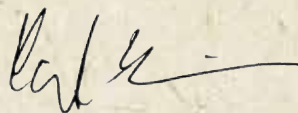
Note 16 | Accrued expenses and prepaid income

	2018-12-31	2017-12-31
Accrued vacation pay	1 867 049	1 919 367
Accrued social insurances charges	1 263 957	1 205 475
Approved grants from the Swedish Postcode Lottery for 2018 but received by MSF Sweden in 2017	201 600	8 000 000
Other entries	2 256 207	3 694 865
● Total	5 588 813	14 819 707

Note 17 | Pledges and contingent liabilities

The organisation has no pledges. According to the Board's estimation the organisation has no contingent liabilities.

Stockholm 2019-04-05



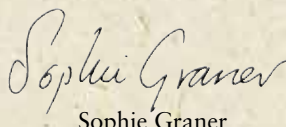
Katrin Kisswani
President



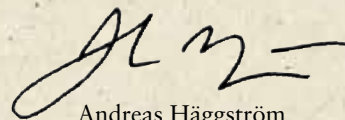
Jessica Svefors
Secretary



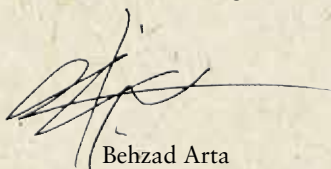
Mikael Mangold



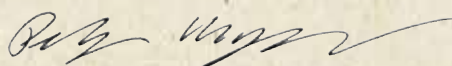
Sophie Graner



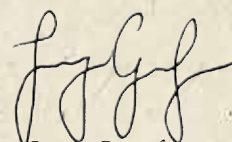
Andreas Häggström



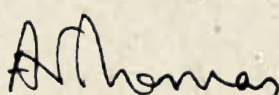
Behzad Arta



Peter Moberger



Jenny Gustafsson

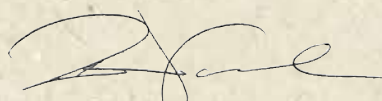


Adam Thomas



Oliver Schulz
Secretary General

Our Audit Report was submitted on 2019-04-05



Pernilla Varverud
Authorized Public Accountant
Grant Thornton Sweden AB

AUDITOR'S REPORT

To the meeting of the General Assembly of Läkare Utan Gränser, corporate identity number 802017-2360

REPORT ON THE ANNUAL ACCOUNTS

OPINIONS

I have audited the annual accounts of Läkare Utan Gränser for the year 2018.

In my opinion, the annual accounts have been prepared in accordance with the Annual Accounts Act and present fairly, in all material respects, the financial position of the Association as at 31 December 2018 and its financial performance and cash flows for the year then ended in accordance with the Annual Accounts Act. The statutory administration report is consistent with the other parts of the annual accounts.

BASIS FOR OPINIONS

I conducted my audit in accordance with International Standards on Auditing (ISA) and generally accepted auditing standards in Sweden. My responsibilities under those standards are further described in the *Auditor's Responsibilities* section. I am independent of the Association in accordance with professional ethics for accountant in Sweden and have otherwise fulfilled my ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

RESPONSIBILITIES OF THE BOARD OF DIRECTORS

The Board of Directors is responsible for the preparation of the annual accounts and that they give a fair presentation in accordance with the Annual Accounts Act. The Board of Directors is also responsible for such internal control as they determine is necessary to enable the preparation of annual accounts that are free from material misstatement, whether due to fraud or error.

In preparing the annual accounts, the Board of Directors is responsible for the assessment of the Association's ability to continue as a going concern. They disclose, as applicable, matters related to going concern and using the going concern basis of accounting. The going concern basis of accounting is however not applied if the Board of Directors intend to liquidate the Association, to cease operations, or has no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITY

My objectives are to obtain reasonable assurance about whether the annual accounts as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinions. Reasonable assurance is a high level of assurance, but is not a guarantee

that an audit conducted in accordance with ISAs and generally accepted auditing standards in Sweden will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these annual accounts.

As part of an audit in accordance with ISAs, I exercise professional judgement and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatements of the annual accounts, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, internal omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of the Association's internal control relevant to my audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board of Directors.
- Conclude on the appropriateness of the Board of Director's use of the going concern basis of accounting in preparing the annual accounts. I also draw a conclusion, based on the audit evidence obtained, as to whether any material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the annual accounts or, if such disclosures are inadequate, to modify my opinion about the annual accounts. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the annual accounts, including the disclosures, and whether the annual accounts represent the underlying transactions and events in a manner that achieves fair presentation.

I must inform the Board of Directors of, among other matters, the planned scope and timing of the audit. I must also inform of significant audit findings during my audit, including any significant deficiencies in internal control that I identified.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS AND STATUTES

OPINION

In addition to my audit of the annual accounts, I have also audited the administration of the Board of Directors of Läka-re Utan Gränser for the year 2018.

I recommend to the General Assembly that the members of the Board of Directors be discharged from liability for the financial year.

BASIS FOR OPINION

I conducted the audit in accordance with generally accepted auditing standards in Sweden. My responsibilities under those standards are further described in the *Auditor's Responsibilities* section. I am independent of the Association in accordance with professional ethics for accountants in Sweden and have otherwise fulfilled my ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

RESPONSIBILITIES OF THE BOARD OF DIRECTORS

The Board of Directors is responsible for the administration.

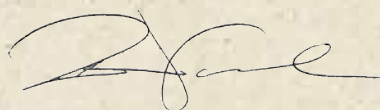
AUDITOR'S RESPONSIBILITY

My objective concerning the audit of the administration, and thereby my opinion about discharge from liability, is to obtain audit evidence to assess with a reasonable degree of assurance whether any member of the Board of Directors in any material respect has undertaken any action or been guilty of any omission which can give rise to liability to the Association.

Reasonable security is a high degree of security, but no guarantee that an audit conducted in accordance with generally accepted auditing standards in Sweden will always detect actions or omissions that can give rise to liability to the Association.

As part of an audit in accordance with generally accepted auditing standards in Sweden, I exercise professional judgment and maintain professional skepticism throughout the audit. The examination of the administration is based primarily on the audit of the accounts. Additional audit procedures performed are based on my professional judgment with starting point in risk and materiality. This means that I focus the examination on such actions, areas and relationships that are material for the operations and where deviations and violations would have particular importance for the Association's situation. I examine and test decisions undertaken, support for decisions, actions taken and other circumstances that are relevant to my opinion concerning discharge from liability.

Stockholm den 2019-04-05



Pernilla Varverud
Authorized Public Accountant

THANKS FOR YOUR SUPPORT!

MSF Sweden would like to deeply thank all of you who in different ways have contributed to our work during 2018. Many thanks to all of our fantastic volunteers who have worked voluntarily in our office during the year. We also especially want to thank all the persons who through donations and legacies have shown great trust in our work.

MANY THANKS TO OUR CORPORATE PARTNERS:

Byggnadsfirman Viktor Hanson
GodEl
GodFond
Interflora
Rusta AB
SAS AB
Svenska Postkodlotteriet
Swedavia
Swedbank Robur Humanfonden
Ticmate
Walleniusrederierna

WE RECEIVED DONATIONS AND SERVICES TO A VALUE OF SEK 100 000 OR MORE FROM:

Alin & Hedenlund Fastighetsförvaltning AB
Arla Plast AB
Amesto
Bergkvarabuss
Bonava
Bygg Göta Göteborg
Deloitte
Delphi
Depona
Elanders Sverige AB
Eugen Wiberger AB
Idun Handel & Industri AB
JENSEN Education AB
Karolinska Universitetssjukhuset
Larmag Energy Group BV
Länghemskök AB
LindinVent AB

Meepo AB
Market Direction
Mindset
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Omegapoint AB
Pennybridge AB
SCA
S-Invest Trading
Skanska Sverige
Svipdag AB
Tankao AB
Team Utan Gränser Cykelklubb
Teleopti AB
Trade Extensions
Vagabond International
Volati AB
Woodlite Sweden AB
Vårdförbundet

FOUNDATIONS

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Box 47 021

100 74 Stockholm, Sweden

Tel: +46 (0)10-199 32 00

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