

# ANNUAL REPORT 2019



Nurse Bárbara García and Nyamach play with a balloon made from a surgical glove in MSF's hospital in Ulang, South Sudan.

PHOTO IGOR BARBERO/MSF

## MSF CHARTER AND PRINCIPLES

*Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that provides medical assistance to people affected by armed conflict, epidemics, natural disasters, or exclusion from healthcare. Our actions are guided by medical ethics and the principles of impartiality, independence and neutrality.*

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.

# TOGETHER WE SAVE LIVES AND ALLEVIATE SUFFERING!

**T**HE YEAR 2019 STARTED and ended with floods. In March, cyclone Idai and subsequent floods hit the east coast of southern Africa. At the end of the year, it was eastern parts of South Sudan's turn. In both cases, MSF was already in place. On both occasions we were able to quickly re-set our priorities and implement the emergency protocols that are crucial to saving lives. It became a clear reminder of one of the cornerstones of our work. That we, despite being the world's largest medical humanitarian organization, still have the flexibility and speed needed to achieve our life-saving mission.

DURING THE YEAR we continued assisting people in Syria, Yemen, the Central African Republic, Democratic Republic of Congo (DRC) and other conflict-affected areas. As fighting escalated in northeastern Syria during the autumn, the security situation became so difficult that we were forced to evacuate our staff. At the same time, we did everything we could to not abandon the vulnerable civilian population. As they fled across the border to Iraq, we followed, and with the help of mobile clinics, were able to reach many injured and traumatized people.



»Both times we were able to quickly re-set our priorities and put in the emergency gear that is crucial to saving lives.«

THE EBOLA OUTBREAK in eastern DRC entered its second year, and still now our staff were faced with major challenges. People did not trust that they would receive help and Ebola treatment centers were attacked. In parallel, we were also involved in a major intervention against measles in roughly the same area - an outbreak that for many people in eastern DRC is seen as a far more imminent threat than Ebola.

ANOTHER IMPORTANT EVENT was that we, after a two-year break, resumed search and rescue work in the Mediterranean. The situation in Libya has not improved and for many people the passage over the sea is their only hope of security. That is why we are present, both at sea and in Libya. We are also present in the Balkans and on the Greek islands where the situation in Moria camp is becoming increasingly desperate.

IT IS CLEAR THAT the appalling conditions for migrants is an issue that is engaging. When the Akelius Foundation chose to match donations to MSF in November and December, earmarked to assistance to people on the move, the response was truly amazing. Of the donations we received, Akelius Foundation will match SEK 160 million.

IT IS ALL OF us together - field workers, donors, volunteers, office staff and others committed to MSF - that make the work possible. Let's continue together in 2020 too!

A stylized, handwritten signature in dark ink, consisting of several loops and a long horizontal stroke.

**OLIVER SCHULZ**  
General Director

A handwritten signature in dark ink, featuring a large, sweeping 'K' followed by a few smaller strokes.

**KATRIN KISSWANI**  
President

# ANNUAL REPORT 2019

for the fiscal year 2019-01-01 – 2019-12-31

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, 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 25 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 67 000 staff, the majority of whom are hired locally in the countries of intervention, and we perform approximately 11 million outpatient consultations each year. MSF's annual turnover is more than SEK 15 billion and it has more than 6 million private donors around the world. More than 95 percent 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://lakareutan-granser.se/om-oss/ekonomi>

### MEDECINS SANS FRONTIERES (MSF) IN SWEDEN

The Swedish section of MSF is a non-profit organisation that contributes to MSF's activities in the field through the recruitment and development of fieldwork-

ers, through fundraising and through communication and advocacy about the situation for the 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 81. In total, 74 people volunteered for the organisation at the office in Stockholm, corresponding to approximately 4,1 full-time employees.

In addition to the activities in Sweden, we continued to support MSF in Finland where activities were started in 2018. In 2019 MSF Finland expanded its activities with the aim of enabling people in Finland to support MSF's global humanitarian medical work. This included communication and visibility of MSF in the Finnish and Swedish speaking media in Finland, increasing awareness about field work and deployment of fieldworkers, and fundraising that expanded rapidly during the year. The branch office was active in reaching out to medical and non-medical networks and was also involved in advocacy initiatives during the Finnish EU presidency. For more information on MSF in Finland visit: <https://laakaritilmanrajoja.fi/>

### 2019 IN BRIEF

- In total, the revenue of MSF Sweden was SEK 639 million, whereof SEK 620,6 million comes from raised funds from the public and corporations.
- In total, MSF Sweden sent 131 people to the field, 50 percent of whom belong to the medical and paramedical professions, deployed on a total of 160 assignments in 40 different countries. During 2019, we recruited 40 new fieldworkers.
- MSF Sweden's communication work focused on different issues like access to medicine, the protracted crises in Libya and Yemen, cyclone Idai in southern Africa and the Ebola outbreak in DRC.





Souffrance Atsidri, 5, is treated for measles by MSF at Biringi Hospital in Ituri province, DRC. PHOTO ALEXIS HUGUET

- Advocacy in Sweden focused on humanitarian contexts like Nigeria and Yemen. Another focus was advocating for global health funding mechanisms and raising awareness of the humanitarian situation for migrants and refugees in Libya and on the Mediterranean.
- To develop and improve our field operations, the MSF Sweden Innovation Unit worked on numerous assignments during the year, related to for example renewable energy, paediatric care and primary health-care.
- During the year, the Stockholm Evaluation Unit worked on ten evaluations, examining approaches, results and co-ordination of the implementation of MSF projects.

## FINANCIAL REPORT

### FUNDRAISING

#### PRIVATE DONATIONS AND GRANTS

During 2019, more than 256 000 donors contributed to our work with SEK 620 million, compared to 264 000 donors the previous year.

Our aim is to collect donations and grants that are not earmarked for any specific project or purpose. This gives MSF 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. The cornerstone of this is monthly donors who con-





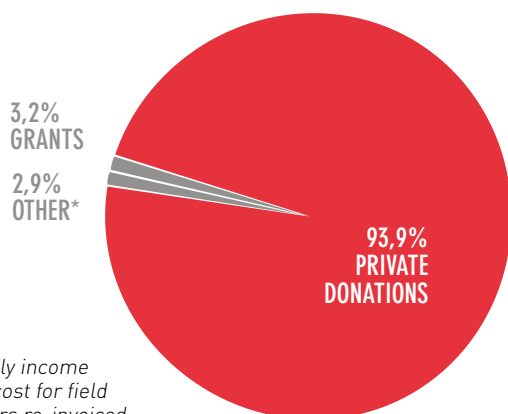




Dr Lupita Noria Garcia is examining a patient injured during a road traffic accident. Hodeidah, Yemen.

PHOTO AGNES VARRAINE-LECA/MSF

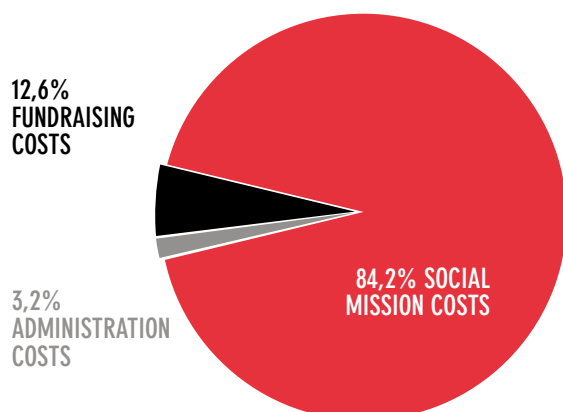
## WHERE DID THE MONEY COME FROM?



\* Mainly income from cost for field workers re-invoiced to other sections.

## HOW WAS THE MONEY SPENT?

Distribution of total costs



tribute not only to stability and predictability but also to reduced administrative costs. During 2019, 117 000 monthly donors (2018: 122 000) gave a total of more than SEK 193 million (2018: SEK 199 million).

Besides the monthly donations, MSF was supported throughout the year by many other types of donations. Postal mailings in which fieldworkers share their experiences with patients in the field generated over SEK 69 million (2018: SEK 61 million).

And the revenue from legacies increased from last year and amounted to SEK 158 million (2018: SEK 109 million).

The Swedish Postcode Lottery supported MSF Sweden with donations of SEK 32,8 million (2018: SEK 43,3 million) and the Radiohjälp Foundation supported us with a total of SEK 11,5 million (2018: SEK 2,9 million).

Corporate donations increased compared to the previous year, amounting in 2019 to SEK 28,3 million (2018: SEK 24 million).

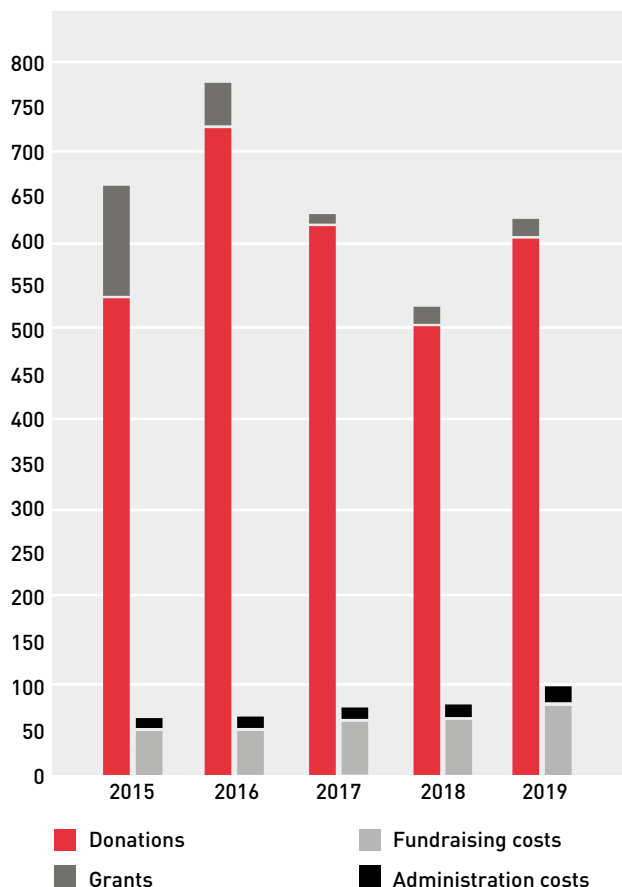
The funds raised during the year have been used in MSF's projects around the world. The five countries of intervention to which MSF Sweden transferred most funds during the year were: Afghanistan, Central African Republic, Democratic Republic of Congo, Lebanon and South Sudan. For more information on how the funds raised have been used during 2019, please refer to note 1 and 7 on page 19 and 20-22.

By the end of 2019 we had a matching gift campaign. The campaign was initiated by the Akelius Foundation who will match donations donated between November 1, 2019 and January 5, 2020. The campaign generated a total matching amount of SEK 160 million. The Akelius Foundation donation will be received, and used, during 2020 and is therefore not included in 2019 income.

## 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 2019:*

### RECRUITMENT AND DEVELOPMENT OF FIELD WORKERS

Globally, MSF's strength lies in our teams, from health staff, to logisticians and administrative staff. In 2019, 131 fieldworkers were deployed from Sweden on 160 different assignments. These took place in more than 40 countries, but more than half of them were in the following seven countries: DRC, South Sudan, Sierra Leone, Nigeria, Iraq, Central African Republic, and Cameroon. Of the fieldworkers deployed, half belong to the medical and paramedical professions (doctors, nurses, midwives, psychologists and biomedical analysts) while the other half were non-medical staff (logisticians, water and sanitation experts, financial administrators, HR administrators, cultural mediators and interpreters).

During 2019 we recruited 40 new fieldworkers, and we organised several introduction and training courses, including preparatory courses for newly recruited fieldworkers.

In addition to the 160 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 2019, MSF Sweden in cooperation with other MSF sections successfully organised the third edition of a paediatric conference, MSF Paediatric Days, as a follow up of the first editions in Stockholm (2016) and in Dakar, Senegal (2017). A fourth edition is scheduled to take place in November 2020 in Dakar. For more information visit: <https://paediatrics.msf.org>

### BEARING WITNESS – COMMUNICATION AND ADVOCACY

Besides the medical work in the field, MSF raises awareness and creates 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 crises amongst the public and decision makers and when needed provoke a change.

THROUGHOUT 2019 we continued to highlight humanitarian crises and managed to put the spotlight



MSF trauma hospital in Aden, Yemen. PHOTO AGNES VARRAINE-LECA/MSF

on different issues such as access to medicine, the protracted crises in Libya and Yemen, cyclone Idai in southern Africa and the Ebola outbreak in DRC. Social media continues to be an important channel to raise visibility and create engagement on humanitarian crises and issues. Inspired by MSF Norway we ran an online visibility campaign about humanitarian principles.

During the year, two Facebook videos went viral, on the topics search and rescue and Greece respectively. One of them reached 1,3 million users – more than a tenth of the Swedish population. In general, the most engaging content across our social media channels features Swedish fieldworkers. Our audience on Instagram keeps growing and is generally highly engaged and very positive towards MSF's work.

DURING THE YEAR we published twelve opinion pieces on topics such as Libya, Gaza, access to medicine, and snake bites. They were signed by some of our most experienced experts as well as by fieldworkers. We also participated in several external events, such as *Musikhjälpen*, and, together with Beckman's College of Design, we arranged an exhibition at the Nobel Prize Museum to raise attention to the 20th anniversary of our Access Campaign for Essential Medicine. In



Protests in Brazil against the high prices on the lifesaving TB drug bedaquiline, charged by manufacturer Johnson & Johnson. PHOTO JULIA CHEQUER/MSF

order to reach out to a younger audience, we launched “Ett gränslöst skolprojekt” in the autumn. The project aimed to spark an interest in humanitarian issues amongst students. The project was very well received and will continue and be further developed in 2020.

OUR ADVOCACY EFFORTS continued to cover a range of thematic areas where the government and other stakeholders in Sweden may have leverage in the international arena.

We have a strong position in Swedish civil society in general which is reflected in both bilateral meetings and information exchange with interlocutors at the Ministry of Foreign Affairs and Sida. During these meetings and contacts, we shared MSF messages on operational contexts such as Nigeria, Yemen and others. Depending on the issue, we either simply share what we see on the ground, in line with our *témoignage* mandate, or we

include more targeted advocacy messages with the aim of influencing governmental policies.

ON CERTAIN ISSUES, in particular medical topics such as tuberculosis, HIV, Ebola and measles, MSF holds a unique position in Sweden both due to the size of our operations and our technical knowledge about these types of issues. We use our voice accordingly.

ADVOCACY WITH THE explicit aim to influence policies, or challenge Sweden’s policy as a donor on the global stage, has been focused on global health funding mechanisms such as the vaccine alliance Gavi and the Global Fund. We have also focused our efforts on challenging Sweden’s policy regarding the migration crisis in Europe. The humanitarian situation and the dangerous conditions for migrants and refugees in Libya and on the Mediterranean has been addressed through



official letters as well as in bilateral meetings. We have asked the Swedish government to engage more proactively to ensure that search and rescue vessels on the Mediterranean can disembark at a port of safety. Despite the strong focus on this issue in bilateral advocacy efforts, the governments' position has remained unchanged.

THE EXISTING CIVIL society platforms in Sweden often focus on technical humanitarian policy issues such as the so called "triple nexus" aligning development, humanitarian aid and peacebuilding. We participated in these dialogue platforms, usually focusing on specific MSF operational contexts like Afghanistan and Nigeria. An important topic for MSF is how counter-terrorism policy affects humanitarian principles and can jeopardize humanitarian access for organisations trying to operate in armed conflicts. Sweden is engaged in these topics in the international arena and we have conveyed our perspectives and messages to the Ministry of Foreign Affairs.

## OPERATIVE SUPPORT

To strengthen our activities in the field and to contribute to improved quality and efficiency, MSF 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 are innovative and seek constant renewal. 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 methodology has proven effective in tackling concrete cases in the field. 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 2019, the unit had a strong focus on renewable energy, with one project focused on solar air conditioning that we expect to be installed in around 60 projects around the world. The unit also organized a Paediatric Hackathon in Stockholm looking into burn wound dressing and play therapy for children. Further, the unit was involved in a case related to how primary health-care can be improved.



Villagers bring an old woman to the MSF-supported Louashi health center in Masisi territory, Democratic Republic of Congo. BILD PABLO GARRIGOS

### STOCKHOLM EVALUATION UNIT

The Stockholm Evaluation Unit is part of MSF's 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 and 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. The unit worked on ten evaluations during 2019, examining approaches, results and co-ordination of the implementation of MSF projects. Most were evaluations of operational projects, though there was also work on interventions related to HR and fundraising.

## A MEMBER ASSOCIATION

MSF is an association, and as such counts on its members to actively 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, 2019, we had 411 paying members, which includes fieldworkers (more than 80 percent of all members have worked for MSF in the field), office staff and volunteers. 57 percent of our members have a medical background.





The Yazidi community in Iraq has been severely affected by the ongoing armed conflicts. MSF supports the hospital in Sinuni with mental health services as well as with emergency and maternity care.

PHOTO EMILIE M. MALFATTO



مرحلة الرعاية الصحية الأولية في بن جاري







**Bintu and her daughter Dialo survived the crossing over the Mediterranean. Taranto, Italy. PHOTO HANNAH WALLACE BOWMAN/MSF**

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. Regular e-mails and updates on a member Facebook page keep members informed of both the association activities in Sweden and MSF's activities movement wide.

## DISCUSSION EVENINGS

Several discussion evenings took place during 2019:

- *Reimagine MSF for the Future* (Stockholm and Göteborg), January 11
- *Survivors: An Ebola Movie* (Stockholm), March 18
- *Témoignage – how to report on conflicts and humanitarian crisis* (Stockholm), March 20
- *Ebola* (Stockholm), September 24
- *Mediterranean Search and Rescue* (Stockholm), October 29
- *Cost of Caring* (Stockholm), November 6
- *Access Campaign* (Stockholm), November 6
- *MSF and the Climate Change Emergency – Time for Action* (Stockholm), November 19

There were also member meetings throughout the year in Göteborg, Malmö and Helsinki.

## MSF SWEDEN'S GENERAL ASSEMBLY

169 in-person participants, of which 89 were members of the MSF Sweden Association, attended the joint Swedish and Norwegian General Assembly (GA) which took place in Stockholm on May 10-11, 2019. For the Board Election 98 votes were cast (including 10 proxies). Katrin Kiswani, Karin Fischer Liddle, and Katrine Konar were elected as regular Board Members for a three-year term each, and Erling Larsson was elected alternate Board Member for a two-year term. For the motions the vote count varied between 80 votes and 82 votes (including proxies). Two motions were approved: "MSF's Work With Victims of Snakebite" and "Elderly as a Vulnerable Group". In addition, the members approved a statute change to open up for remote voting and approved amended Election Committee Guidelines.

## 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 and Field Associative Debates in Egypt, Greece, Pakistan and Belarus.

## ADMINISTRATION

### THE MSF SWEDEN BOARD

The MSF Sweden Board met on 13 occasions during 2019. 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 board member are representatives in the International General Assembly. Former board members of MSF Sweden are also members of the OCB Board and the International Board of MSF.

### AFTER THE GENERAL ASSEMBLY 2019

THE BOARD COMPOSITION IS AS FOLLOWS:

*President:* Katrin Kiswani, nurse

*Vice president:* Behzad Arta, nurse

*Secretary:* Peter Moberger, medical doctor

*Treasurer:* Andreas Häggström, business controller

*Regular members:* Karin Fischer Liddle, nurse, Sophie Graner, gynaecologist, Jenny Gustafsson, nurse, Katrine Konar, recruitment specialist, Adam Thomas, regional manager





Children from southeast Chad take part in the mass measles vaccination. PHOTO JUAN HARO

*Alternate board member:* Jon Gunnarsson Ruthman, nurse, Erling Larsson, medical doctor

The following were also elected:

*Election Committee from May 2019:* Anna Gyldeén Stray, Ann Elofsson, Erik Johansson and Jessica Svefors.

*Auditor and Deputy Auditor:* Thomas Mathiesen and Thomas Lönnström (EY)

#### PRESENCE AT BOARD MEETINGS 2019:

BOARD MEMBERS	PRESENCE /NUMBER OF POSSIBLE MEETINGS
Katrin Kisswani	11/13
Behzad Arta	12/13
Karin Fischer Liddle	12/13
Sophie Graner	10,5/13
Jon Gunnarsson Ruthman, alternate	13/13
Jenny Gustafsson	11/13
Andreas Häggström	13/13
Peter Moberger	12/13
Katrine Konar*	6,5/7
Erling Larsson, alternate*	7/7
Adam Thomas	13/13

Mikael Mangold\*\*

5/6

Jessica Svefors\*\*

4/6

\*Elected to the Board May 2019

\*\*Term of office ended May 2019

## SUSTAINABILITY INFORMATION

As a responsible employer, MSF Sweden carries out systematic work environment activities, such as workplace safety assessments (physical and psychosocial) and an annual staff survey on working environment. The result of the survey is discussed in the management team, with the safety officers, in a board meeting and with all staff on departmental level. All staff are covered by a health insurance that makes it possible for employees to receive professional advice and support as a preventative measure to reduce instances of negative stress and other issues.

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



**A wooden boat in distress on the Mediterranean. On board are 50 people, 12 of them children. All are saved by Ocean Viking. PHOTO JOHAN PERSSON**

Sweden also actively supports office staff to take on missions in the field.

During 2019 there have been workshops with all staff on responsible (ethical) behaviour and reporting procedures as well as on how to detect and tackle master suppression techniques. Lectures on ergonomics and the importance of sleep have also taken place.

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 decided through an individual salary discussion.

We are actively working to prevent all forms of corruption and fraud. The function of Internal Control has worked with informing staff and doing regular compliance checks during the year.

In the international MSF movement, the discussion on climate change has increased during 2019. A motion was passed at the International General Assembly in June 2019, stating that MSF should address the increasing humanitarian consequences of climate change; this commitment should translate into mitigations of our own footprint, strategic operational engagement to climate-driven crises, and associated public positioning and advocacy. In MSF Sweden the management team took the decision to produce an annual sustainability report, as a way of structuring the sustainability work. The report will be developed during 2020.

MSF Sweden has an Environmental policy in place that regulates purchase of goods, services, energy consumption and travel. The policy, together with a related action plan, was updated during the year.

Finally, a new “office green team” had its first meetings at the end of the year, discussing initiatives to make the MSF Sweden office more environmentally sustainable.

## EXPECTED FUTURE DEVELOPMENTS

Nothing is more constant than change. Fortunately, MSF is built on the ability to change, act and react not only to emergency and crisis, but also to the changes within its environment.

It seems odd to speak of change, when many protracted crises never seem to change. Take Ebola or measles in the DRC for example. Yet, we see steps forward. Our measles intervention in the DRC was huge and we responded swiftly. Our steps towards a better community approach and vaccine for Ebola might seem small, yet they are significant in this conflict-riddled context.

We continue to strengthen our ability to work in areas where war and conflict create an obstacle to access to health care. This is true for our continued efforts in contexts like Syria and Central African Republic where armed conflicts since years have hampered access to health care, but also in countries like Mexico, Libya, Venezuela, Iraq and many other places.

With the renewed search and rescue efforts on the Mediterranean Sea, we reinforce our life-saving efforts to those in need. Through our presence in Greece, Brazil, Libya, Bangladesh, Lebanon, Ethiopia and many other countries in the midst of migration crises, we will continue to highlight the humanitarian needs of refugees, migrants and asylum seekers worldwide.

Further, we will continue to emphasise neglected and underreported diseases. Tropical diseases such as kala azar would claim many more lives if it were not for our interventions. Our work on dengue and malaria will continue in the future, even if such diseases do not make the headlines, as will our countless mother and child health care projects, which continue to provide care to the most vulnerable.

From the world to Sweden; in 2020 we will continue to promote our Charter and humanitarian principles. We will continue to develop a stable and predictable income, recruit and retain field workers and increase the knowledge of humanitarian crises amongst the public and decision makers. Further, we will continue to support MSF in Finland to enable people in Finland to support MSF's work. To set out the strategic direction for MSF Sweden moving forward we will start developing a new organisation-wide strategy for 2022-2025.

MSF Sweden will continue to be an active partner within the global MSF movement. We will work on important issues such as equality, diversity and inclusion, as well as decentralisation of operational decision-making, moving decision-making closer to the medical humanitarian act and to beneficiaries. Our associative nature will remain essential to challenge and improve our operations, connect to our home societies and govern MSF. Together, we will move MSF into our next chapter. 🌍



# FINANCIAL OVERVIEW

## STATEMENT OF FINANCIAL ACTIVITIES

	Note	2019	2018
<b>INCOME</b>			
Donations	1, 4	600 156 467	500 946 046
Sales revenue	2	17 188	1 836
<b>Total income from the public</b>		<b>600 173 655</b>	<b>500 947 882</b>
Private grants	3, 4	20 466 631	18 315 534
<b>Total income from institutional donors</b>		<b>20 466 631</b>	<b>18 315 534</b>
Membership fees		124 187	130 252
Other income	5	18 267 544	172 651
<b>Total other income</b>		<b>18 391 731</b>	<b>302 903</b>
<b>• Total income</b>		<b>639 032 017</b>	<b>519 566 319</b>
<b>EXPENDITURE</b>			
Social mission costs	7	-537 764 176	-439 567 930
Fundraising costs		-80 923 601	-66 190 968
Administration costs		-20 239 753	-13 955 391
<b>• Total expenditure</b>	<b>6, 8, 9</b>	<b>-638 927 530</b>	<b>-519 714 289</b>
<b>Net income</b>		<b>104 487</b>	<b>-147 970</b>
<b>Result from financial investments</b>			
Interest income		29 374	199 621
Interest costs and similar items		-137 794	-
<b>Total result from financial investments</b>		<b>-108 420</b>	<b>199 621</b>
<b>• Surplus/deficit</b>		<b>-3 933</b>	<b>51 651</b>

## BALANCE SHEET

	Note	31 dec 2019	31 dec 2018
<b>ASSETS</b>			
<b>Non-current assets</b>			
<i>Tangible assets</i>			
Inventory	9, 10	115 925	215 498
<b>Total non-current assets</b>		<b>115 925</b>	<b>215 498</b>
<b>CURRENT ASSETS</b>			
<i>Current receivables</i>			
Other receivables	11	13 696 027	22 056 371
Prepaid expenses and accrued income	12	9 048 603	7 436 182
		<b>22 744 630</b>	<b>29 492 553</b>
Cash and cash equivalents		50 719 355	80 552 794
<b>Total current assets</b>		<b>73 463 965</b>	<b>110 045 347</b>
<b>• Total assets</b>		<b>73 579 890</b>	<b>110 260 845</b>
<b>EQUITY AND LIABILITIES</b>			
<b>Equity</b>			
Accumulated balance		509 592	457 941
Surplus/deficit		-3 934	51 651
<b>Total equity</b>		<b>505 658</b>	<b>509 592</b>
<b>CURRENT LIABILITIES</b>			
Accounts payable		1 853 713	3 395 404
Liabilities MSF projects	13	61 440 170	93 423 246
Liabilities, received not yet utilised grants	14	-	3 966 631
Other current liabilities	15	3 637 679	3 377 159
Accrued expenses and prepaid income	16	6 142 670	5 588 813
<b>Total current liabilities</b>		<b>73 074 232</b>	<b>109 751 253</b>
<b>• Total equity and liabilities</b>		<b>73 579 890</b>	<b>110 260 845</b>



**CHANGES TO EQUITY**

	Accumulated balance	Total equity
Opening balance	509 592	509 592
Surplus/deficit		-3 934
<b>● Closing balance</b>	<b>509 592</b>	<b>505 658</b>

**STATEMENT OF CASH FLOWS**

	2019	2018
<b>OPERATING ACTIVITIES</b>		
Net income	104 487	-147 970
<i>Elimination of expenses and income with no impact on cash flow etc.</i>		
Depreciation	224 173	509 050
Interest received	29 374	199 621
Interest paid	-137 794	-
<b>Cash flow from operating activities before variation in working capital</b>	<b>220 240</b>	<b>560 701</b>
Increase in receivables	6 747 923	10 505 892
Decrease/increase in accounts payable	-1 541 691	1 524 515
Decrease/increase in liabilities MSF projectst	-31 983 076	-29 350 805
Decrease/increase in other current receivables	-3 152 255	-10 639 991
<b>Cash flow from operating activities</b>	<b>-29 708 859</b>	<b>-27 399 688</b>
<b>INVESTING ACTIVITIES</b>		
Investments in tangible non-current assets	-124 600	-
<b>Cash flow from investing activities</b>	<b>-124 600</b>	<b>-</b>
Change in cash and equivalents	-29 833 459	-27 399 688
Opening cash and equivalents	80 552 794	107 952 482
Effect of exchange rate fluctuations		
<b>Closing cash and cash equivalents</b>	<b>50 719 335</b>	<b>80 552 794</b>

**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 Giva Sverige's (branch organisation for NGOs) Guidelines for Annual Reports. The annual report also includes some information required by Swedish Fundraising Council.

**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 according to cash flow principle. Donations ordered but not yet paid by closing day are recorded as income on closing day, hence an exemption from cash flow principle. Insofar there are other 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. Donations in form of pro bono-services are not reported as income.

**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.

**OTHER INCOME**

Costs for field staff with Swedish contracts are re-invoiced to the operational center responsible for the field project. Income for these re-invoiced costs are reported under other income. This accounting is new for 2019, no adjustment of 2018 figures have been made.

**OPERATING EXPENSES**

Common costs, such as IT, reception, office rent and other office related costs, are distributed over administration costs, fundraising costs and social mission costs. The allocation key is proportional to the number of full time employments (FTEs) present in each cost group, hence reflecting actual use.

**SOCIAL MISSION COSTS**

Social mission costs are costs that MSF Sweden incurs to implement its task in accordance with its statutes. Included here is raised funds allocated to other MSF sections to be used in field projects and to cover direct costs for project administration. Funds allocated to other MSF sections are recorded as costs when they have been transferred to receiving section or agreement of transferring has been set up. How this year's allocated funds have been spent is specified in note 7. All expenses, including salaries and social insurance costs, related to field workers and the recruitment of field workers, communication and advocacy work and to operative support are also included here. Distributed overhead costs 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 General Director, 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 BENEFITS**

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.

**TAXES**

MSF Sweden is an NGO and hence tax exempted.

**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 only includes transactions that bring 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 under other receivables.

**NOTES****Note 1 | Donations****The income from the public**

comes from the following sources:	2019	2018
General public	533 514 049	439 515 135
Companies	28 259 444	24 552 059
External trusts and foundations	14 582 974	27 194 386
The Swedish Postcode		
Lottery base grant	23 800 000	28 000 000
<b>• Total</b>	<b>600 156 467</b>	<b>519 261 580</b>

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

Distribution	2019	2018
Access campaign	900	–
Afghanistan	540	5 032
Africa	27 027 019	11 700
Asia	600	–

Bangladesh	4 300	71 844
Central African Republic	–	16 867
Children and youth	776 744	5 020 970
Cholera	2 700	–
Clean water	3 550	–
Democratic Republic of Congo	7 800	6 034
Democratic Republic of Congo, Baraka	2 502 751	4 522 137
Ebola	1 074 517	135 600
Emergency Fund*	3 304 403	720 939
Ethiopia	200	1 800
Gaza	5 210	16 158
Haiti	100	700
HIV	53 127	23 608
India	–	50 000
Indonesia	700	31 190
Innovations in the field	–	500 000
Iran	1 100	300
Iraq	–	1 500
Lebanon	–	12 213
Liberia	–	6 200
Malaria	6 101	10 840
Malawi	500	–
Mali	10 250	–
Malnutrition	3 660	3 460
Measels	4 525	6 700
Migration, Lesbos	500 000	–
Mozambique	409 415	300
Myanmar (Burma)	–	8 557
Nigeria	–	2 000
Noma	1 000 000	50 000
Paediatric conference	6 109	–
People affected by the Syria conflict, support from Lebanon	88 525	77 209
Refugees	2 230 563	230 583
Sierra Leone, Kenema	–	1 530 526
Somalia	–	500
South Sudan	1 050 987	882 307
Sudan	2 350	50
Tetanus vaccine	600	1 230
Tuberculosis	30 000	10 000
Tuberculosis, clinical trials	650 000	2 200 000
Uganda	–	300
Vaccinations	10 169	1 105
Women and children	15 542	14 072
Women's health	8 300	15 545
Yemen	375 740	969 561
Yemen, Ad Dhale	–	750
Yemen, Taiz city	10 000	–
Zimbabwe	6 625	–
<b>Subtotal</b>	<b>41 186 223</b>	<b>17 170 387</b>

Unrestricted donations	558 970 244	483 775 659
<b>• Total</b>	<b>600 156 467</b>	<b>500 946 046</b>

\*The funds raised through the Emergency Fund 2019 was used for medical care in Gaza (2018 was used to fight Ebola-outbreak in Democratic Republic of Congo).



**Note 2 | Sales revenue**

Sales of MSF T-shirts produced for MSF Sweden, total SEK 17 188.

**Note 3 | Private Grants**

	2019	2018
The Swedish Postcode		
Lottery special project	8 966 631	15 332 494
Radiohjälpen	11 500 000	2 983 040
<b>• Total</b>	<b>20 466 631</b>	<b>18 315 534</b>

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 several years. Of these funds, SEK 3,7 million are recognised as income in 2019. We also received a SEK 5 million grant for a project in Kenema, Sierra Leone. From Radiohjälpen we received the following grants: Idai, Mozambique SEK 1,5 million, Taiz, Yemen SEK 2 million, Gaza SEK 4 million, South Sudan SEK 4 million.

**Note 4 | Funds raised**

	2019	2018
Private donations recognised in statement of financial activities	600 156 467	500 946 046
Private grants recognised in statement of financial activities	20 466 631	18 315 534
<b>• Total funds raised</b>	<b>620 623 098</b>	<b>519 261 580</b>

**Note 5 | Other income**

This amount consists mainly of income for costs that have been re-invoiced to other MSF sections. Costs are mainly for field workers sent out from MSF Sweden. This accounting is new for 2019, hence 2018 amount is not comparable. 2018 amount consists of insurance compensation and income in relation to associative activities.

**Note 6 | Staff**

AVERAGE NUMBER OF EMPLOYEES*	2019	2018
Women	56	60
Men	25	23
<i>Fieldworkers**:</i>		
Women	29	
Men	15	
<b>Total</b>	<b>125</b>	<b>83</b>

\* Total worked hours recalculated to equivalent full time employments.

\*\*To report fieldworkers with Swedish employment contracts is new for 2019, corresponding numbers for 2018 are 25 women and 19 men.

BOARD MEMBERS	2019	2018
Women	5	5
Men	6	6

MANAGEMENT TEAM AND GENERAL DIRECTOR	2019	2018
Women	4	4
Men	2	2

SALARIES AND REMUNERATION	2019	2018
Board*	279 000	273 000
General Director**	771 919	892 140
Other employees	33 899 617	32 275 683
Fieldworkers	13 692 963	
<b>• Total</b>	<b>48 643 499</b>	<b>33 440 823</b>

\* Remuneration for the president according to decision taken at General Assembly (2018 and 2019). 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. Decrease from last year is mainly due to double salaries during handover period to new General Director in 2018.

SOCIAL INSURANCE CHARGES	2019	2018
Pension costs for		
General Director and Board	140 928	171 763
Pension costs other employees	3 458 814	2 968 749
Pension costs fieldworkers	762 504	–
Other social insurance charges	12 067 745	11 366 402
Other social insurance charges, fieldworkers	3 773 397	–
<b>• Total</b>	<b>20 203 388</b>	<b>14 506 915</b>

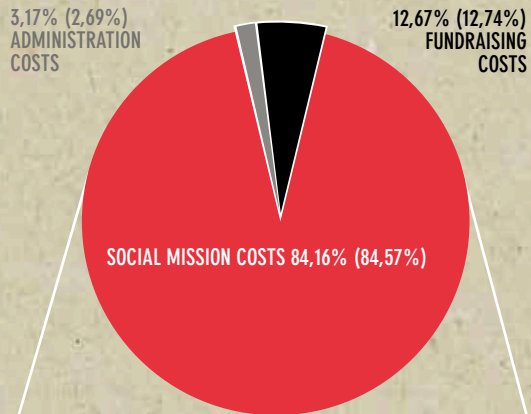
In other social insurance charges costs for staff insurances, wage tax and general payroll tax are included. During the year approximately 74 persons have worked on a voluntarily basis in the Stockholm office. The value of these voluntarily contributions has not been reported in the income statement, but amount to approximately 9165 hours, corresponding to approximately 4,1 full-time employees. During the year SEK 224 507 in wage subsidies from the labor office have been received.

**Note 7 | Social mission costs**

The item consists of funds allocated abroad (SEK 490 193 549), consisting of private funds allocated abroad, and all costs, including salaries and social insurance charges related to the recruitment of field workers (SEK 9 266 311), and fieldworkers with Swedish employment contracts (SEK 18 228 864), operative support and advocacy (SEK 11 160 850) and communication and public opinion (SEK 8 914 568).



## DISTRIBUTION OF TOTAL COSTS 2019 (2018)



Funds allocated to field projects 68,38% (68,60%)

Indirect operating costs in OCB 7,26% (7,64%)

Fieldworkers with Swedish employment contracts 2,85% (—\*)

Operative support and advocacy 1,75% (2,08%)

Recruitment of fieldworkers 1,45% (2,02%)

Communication and public opinion 1,40% (1,53%)

Contribution to MSF International Office 0,49% (1,87%)

Contribution to Access to essential medecins 0,33% (0,47%)

Contribution to DNDI\*\* 0,23% (0,35%)

Contribution to Transformational Investment Capacity 0,02% (0,03%)

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.

\* The accounting of fieldworkers sent out from MSF Sweden is new for 2019, hence this item is not included in 2018 social mission costs.

\*\*Drugs for Neglected Diseases initiative

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

Country	2019	2018
Afghanistan	30 921 495	22 054 765
Balkans	2 727 596	3 497 780
Bangladesh	11 738 058	4 123 514
Belgium (refugees/migrants)	1 493 089	1 705 890
Bolivia	2 299 262	863 492
Brazil	1 986 088	450 455
Burundi	14 883 821	4 797 649
Cambodia	834 868	1 706 241
Cameroon	4 744 666	—

Country	2019	2018
Central African Republic	26 287 424	15 218 057
Chad	—	13 839 352
Congo, Democratic Republic of	60 323 281	40 920 587
Egypt	5 433 475	4 108 864
Eritrea	89 934	—
Ethiopia	180	2 000 000
Europe (refugees/migrants)	6 758 940	6 421 014
Ghana - Medical Academy	—	558 664
Greece	8011	2188
Guinea	7 199 470	9 734 456
Haiti	14 857 927	12 173 009
Hong Kong	702	—
India	6 362 716	10 007 818
Indonesia	1 500 413	612 980
Indonesia, Palu	—	17 073
Iran	990	270
Iraq	18 654 222	14 905 878
Iraqi Kurdistan	—	17 489
Italy	4 033 771	13 767 576
Ivory Coast	186 884	172 168
Kenya	8 021 884	2 635 873
Kenya Supply Unit	1 614 586	1 410 758
Lebanon	27 702 820	22 151 833
Liberia	—	5 580
Libya	—	2 000 000
Madagascar	26 809	6 442
Malawi	3 041 953	4 833 157
Mali	12 776 538	5 208 851
Malta	—	250 944
Mauretania	34 508	3 358 953
Mozambique*	7 642 717	4 047 074
MSF Field Academy	553 268	—
Myanmar (Burma)	5 000 000	7 701
Nauru, the Republic of	464 153	1 887 630
Nicaragua	271	207 478
Niger	12 748 560	—
Nigeria	16 143 323	7 780 700
Pakistan	10 459 637	9 394 821
Palestine territory/Gaza*	7 566 515	1 743 023
Russia	44 199	673 350
Sierra Leone**	17 123 257	5 025 958
Somalia	5 000 000	2 000 000
South Africa	3 424 884	11 996 021
South Sudan*	23 839 704	26 862 569
Sudan	8 213 664	—
Syria	—	6 224 379
Syria (from Lebanon)	974 084	2 040 450
Syria (from Turkey)	712 715	9 525 927
Tunisia	2 000 000	40
Uganda	—	97 422
Ukraine	6 361 578	2 392 255
Uzbekistan	5 000 000	15 000 000
Venezuela	10 153 273	4 136 034
Yemen*	13 279 377	12 467 709
Zimbabwe	3 720 929	7 456 866
● Total	436 972 487	356 507 027



\*Included in the funds allocated to following countries are grants from Radiohjälpen: Yemen - MSEK 2, Mozambique - MSEK 1,5, Palestine territory/Gaza - MSEK 4 and South Sudan - MSEK 4.

\*\* Included in the funds allocated to Sierra Leone is a grant of MSEK 5 from Postkodlotteriet.

	2019	2018
Indirect operating expenses (Cost in the operational center in Brussels (OCB), operative and medical support, logistics and communication from the field etc.)	46 409 032	39 721 342
Contribution to the campaign		
<i>Access to Essential Medicines</i>	2 131 473	2 446 353
Contribution to MSF International Office	3 100 527	9 700 319
Contribution to research initiative DNDi (Drugs for Neglected Diseases initiative)	1 467 664	1 809 450
Contribution for Shared IT Service	112 366	164 496
<b>Total funds allocated abroad</b>	<b>490 193 549</b>	<b>410 348 987</b>
Communication and public opinion	8 914 568	7 927 380
Operative support and advocacy	11 160 885	10 805 238
Recruitment of field workers	9 266 311	10 486 324
Salaries and social fees for fieldworkers*	18 228 864	–
<b>• Total social mission costs (note 7)</b>	<b>537 764 176</b>	<b>439 567 930</b>

\*The accounting of fieldworkers sent out from MSF Sweden is new for 2019, hence this item is not included in 2018 social mission cost.

## Note 8 | Support to starting up the organisation in Finland

The expenditure includes SEK 9 375 983 of support to MSF Finland.

*The support is distributed:*

Support to social mission: 1 151 872

Support to fundraising: 6 157 507

Support to administration: 2 066 604

## Note 9 | Leasing

MSF Sweden leases office premises and copying machines. Leasing charges entered as costs amount to SEK 3 855 607 (3 944 932).

Future leases are due as follows:

	2019	2018
Within 1 year	3 689 108	3 758 744
1-5 years	3 749 108	7 345 664
After 5 years	–	–
<b>• Total</b>	<b>7 438 216</b>	<b>11 104 408</b>

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

## Note 10 | Inventory

	2019-12-31	2018-12-31
Opening acquisition value	7 898 538	9 247 239
This year's purchase	124 600	–
Sales and disposals	-513 748	-1 348 701
<b>Closing accumulated acquisition value</b>	<b>7 509 390</b>	<b>7 898 538</b>
Opening depreciation	-7 683 040	-8 522 691
Sales and disposals	513 748	1 348 701
This year's depreciation	-224 173	-509 050
<b>Closing accumulated depreciation value</b>	<b>-7 393 465</b>	<b>-7 683 040</b>
<b>Closing residual value according to plan</b>	<b>115 925</b>	<b>215 498</b>

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 6 303 059 (SEK 11 340 000). Receivables are valued to the amount estimated to be paid, based upon individual examination.

**Note 12 | Prepaid expenses and accrued income**

	2019-12-31	2018-12-31
Prepaid rent	951 082	934 243
Other prepaid expenses	705 408	785 864
Funds raised in the current year received by MSF Sweden in the following year	7 392 112	5 716 075
● Total	9 048 602	7 436 182

**Note 13 | Debts MSF projects**

Refers to funds allocated to field projects in 2019 but not yet transferred by 2019-12-31. The allocated funds were transferred in the beginning of 2020.

**Note 14 | Debts, received not yet utilised grants**

	2019-12-31	2018-12-31
Debt to the Swedish Postcode Lottery, received not yet utilised grants	–	3 966 631
● Total	–	3 966 631

**Note 15 | Other debts**

	2019-12-31	2018-12-31
Withholding tax	960 567	945 540
Wage tax	1 956 520	1 830 321
Other entries	720 592	601 298
● Total	3 637 679	3 377 159

**Note 16 | Accrued expenses and prepaid income**

	2019-12-31	2018-12-31
Accrued vacation pay	1 728 430	1 867 049
Accrued social insurances charges	1 270 823	1 263 957
Approved grants from the Swedish Postcode Lottery for 2019 but received by MSF Sweden in 2018	–	201 600
Other entries	3 143 417	2 256 207
● Total	6 142 670	5 588 813

**Note 17 | Pledges and contingent liabilities**

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

**Note 18 | Important events after closing day****EFFECTS OF COVID-19 PANDEMIC IN SWEDEN AND IN THE COUNTRIES WHERE MSF HAS OPERATIONS**

Internationally, MSF is opening new projects in response to COVID-19 and adapting existing ones to help cope if cases are identified. We are very concerned about how the COVID-19 pandemic will affect people in countries with already fragile health systems. On any given day, our staff treats tens of thousands of patients for a variety of illnesses in our medical programs around the world. In many areas where we work, there are few medical organisations in a position to respond to an overload of patients.

For MSF Sweden, the travel restrictions imposed due to COVID-19 has resulted in seven (7) field workers returning early and a couple of field workers have had their return home delayed. An additional number of field workers have had their planned missions cancelled or postponed, resulting in very few new departures. During 2020, we will ask donors to support our direct response to the pandemic and its consequences in our regular programs as the financial needs are estimated to be substantial.



*Stockholm 2020-04-18*

**Katrin Kiswani**  
*President*

**Peter Moberger**  
*Secretary*

**Karin Fischer Liddle**

**Sophie Graner**

**Andreas Häggström**

**Behzad Artta**

**Katrine Konar**

**Jenny Gustafsson**

**Adam Thomas**

**Oliver Schulz**  
*General Director*

Our Audit Report was submitted on 2020-04-20

**Thomas Lönnström**  
*Authorized Public Accountant*  
*Ernst & Young Sweden*







# THANKS FOR YOUR SUPPORT!

*MSF Sweden would like to deeply thank all of you who in different ways have contributed to our work during 2019. Many thanks to all our fantastic volunteers who have helped us in our office during the year. We also want to thank all the donors who show great trust in our work by including us in their will. Together we are Médecins Sans Frontières!*

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