

# ANNUAL REPORT 2016



12-year-old Ali was injured by shrapnel in his arms and legs due to an aerial bombardment that hit his house in Al-Bajah village in Yemen. Three people were killed in the attack. Ali visited Al-Salam primary health care center for a medical follow up.

PHOTO MOHAMMED SANABANI/MSF

# 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 health-care. 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.



**Katrin Kisswani**  
*President*



**Mari Mörtz**  
*Secretary General*

2016 was in many ways an extraordinary year for MSF. It was a year when attacks against health care continued and made it difficult for us to reach the people in need. It was the deadliest year ever in the Mediterranean, at the same time as our search and rescue operations saved 21 603 persons. It was a year with an acute malnutrition crisis in Nigeria and flaring violence in South Sudan, Central African Republic and Afghanistan.

THE HUMANITARIAN YEAR started and ended with the civil war in Syria. In January, we received reports that people were starving in the besieged city of Madaya. In December, we were forced to close our clinic for war-wounded Syrians in Zaatari in Jordan, not because there was no longer a need for life-saving health care, but because last summer Jordan closed its border to Syria and since then the patients cannot get to the clinic. In between, the bombs kept falling on hospitals and clinics across the country. In the besieged parts of Aleppo alone, the few, at that time, functional hospitals were subject to 35 attacks during the second half of the year.

ALSO IN OTHER places, hospitals, patients and staff continued to be in the frontline. For MSF, just as for other humanitarian organisations, this lack of respect for the rule of war is becoming a bigger

and bigger problem. Also with regard to the acute malnutrition crisis in Borno in northeast Nigeria, the violence made it very difficult for us to reach the population. There were some areas, especially affected by violence, which we did not reach until the situation was so desperate that people died in the queue to our nutritional clinics.

THE OTHER MAJOR challenge during the year was the refugee crisis and the lack of safe and legal ways for people to seek shelter in Europe. For MSF this has become an even more important issue and last spring, after EU's refugee deal with Turkey, it culminated in the decision to suspend our activities in the camp in Moria in Greece and to stop receiving funds from the EU (In 2015, the total funds raised from EU and its member states amounted to 56 million Euro). By doing this, we wish to take a stand against the fact that Europe is outsourcing its care of the people who are seeking protection in the EU. However, it does not mean that we are abandoning our patients. We are present in most of the countries from which the refugees are fleeing, in the transit countries and in many places in Europe. In September, we also started a project in Sweden to increase mental health amongst asylum seekers and to show how reception countries can work towards a better reception including psychosocial support.

ANOTHER BIG EVENT during the year was the hurricane Matthew in Haiti that required a comprehensive operation. So, did the yellow fever vaccination campaign in the Democratic Republic of Congo where our team vaccinated 760 000 persons in the capital Kinshasa in ten days. We have continued to lobby for access to life-saving medicines and vaccines. A success during the year was that the pharmaceutical company Pfizer decided to lower the price of the life-saving pneumonia vaccine, which MSF has demanded for a long time.

BUT IT WAS not just the needs that were large. Thanks to the enormous generosity of the Swedish people we raised SEK 723 million during the year. The month of December was an "all-time high" as private donors and companies in Sweden together donated a quarter of a billion SEK to MSF. We are tremendously grateful for the large commitment and trust that we meet in our contact with our company partners and the public. Without that, and the dedication of our staff, we would never be able to carry out our operations. ●





In Idomeni, at the border between Greece and Macedonia, 1 200 refugees are stuck. They have been stranded here since the closing of the border, waiting for an agreement between Europe and Turkey.

PHOTO GUILLAUME BINET/MYOP



# ANNUAL REPORT 2016

For the fiscal year 2016-01-01 – 2016-12-31

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

The international network MSF, Médecins Sans Frontières (MSF), consists of 21 sections and has during the year worked in more than 60 countries, assisting people affected by disaster, epidemics and armed conflict. The Swedish section of MSF is a non-profit organization that contributes to activities in the field through the recruitment of field workers, fundraising, communication and advocacy work. We also have two units providing direct support to our field operations. The overall objective of our operations is to save lives and alleviate suffering where we are needed the most.

## 2016 IN BRIEF

- In total, the revenue of MSF Sweden was SEK 780 million, of which SEK 723 million was from private donations and grants and SEK 57 million from Sida.
- From the public and corporations, we received SEK 723 million. The total fundraising result from foundations increased immensely during 2016.
- The grants from Sida amounted to SEK 57,1 million, a large decrease compared to 2015, due to our decision to no longer accept institutional funds from EU and its member states.
- In total, we had 139 field workers deployed in a total of 177 assignments in 43 different countries. During 2016, we recruited 53 new field workers.
- The advocacy work focused on the refugee crisis and the need for safe and legal ways to Europe, on the forgotten humanitarian crises and the lack of access to medicines for the poorest populations.
- Continued important subjects in 2016 which also affected our communication work were the refugee crisis in Europe and the conflict in Syria. Other issues that were emphasised were attacks on health care and the civil population, the crisis in Nigeria and the needs after the hurricane in Haiti.
- In total, the Innovation Unit worked with at the most 12 different assignments, ranging from IT-related medical data collection to the development of better internal innovation processes.
- During the year, the Stockholm Evaluation Unit



MSF psychologist talking with refugees in Greece. PHOTO BRUNO FERT

carried out and supported 21 evaluations and other learning exercises.

Please see below a summary of the activities in 2016:

## RECRUITMENT AND DEVELOPMENT OF FIELD WORKERS

During 2016, MSF Sweden had a total of 139 field workers deployed in the field on 177 different assignments. These took place in 43 countries, but more than half of them took place in the following six countries: Greece, South Sudan, Democratic Republic of Congo, Central African Republic, Iraq and Ethiopia.

Almost half of the assignments took place in Africa, approximately a quarter in Asia and approximately a quarter in Europe. In Europe, MSF had established, already in 2015, several projects in response to the medical and humanitarian needs of people fleeing from their home countries for reasons of war, poverty or political instability. In addition to working in Greece, Serbia, France, Italy and Sweden, MSF has three large Search and Rescue boats in the Mediterranean man-

ned with medical staff, as well as smaller boats in the Aegean Sea, to rescue refugees and migrants in danger.

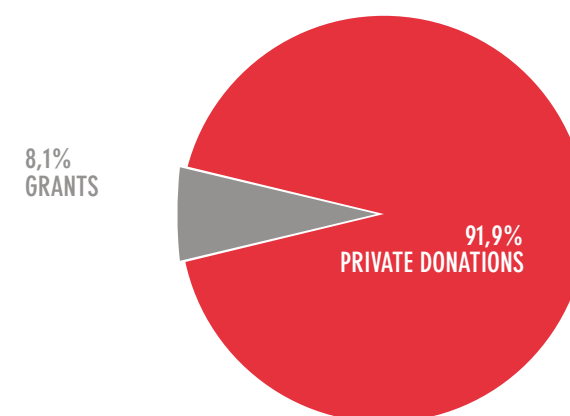
Of the field workers deployed in 2016 55% belong to the medical professions (doctors, nurses, midwives, psychologists and biomedical analysts) while 45 % are non-medical staff (logisticians, water and sanitation experts, financial administrators, HR administrators, cultural mediators and interpreters).

During 2016, we recruited 53 new field workers. Several induction courses and training courses were organized, in particular a training week for gynaecologists, anaesthesiologists and surgeons in order to clarify the roles of these specialists in our field projects.

In addition to the 177 field missions, the Swedish office also supported our field operations all round the world through 31 short missions with an emphasis on operative support and project evaluation.

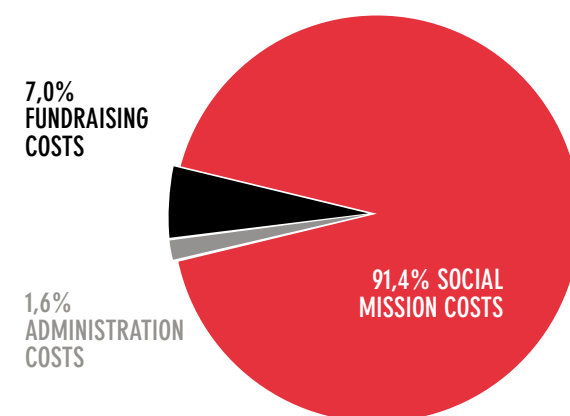
With a focus on neonatology and paediatrics and how this care can be improved in resource-limited

## WHERE DID THE MONEY COME FROM?



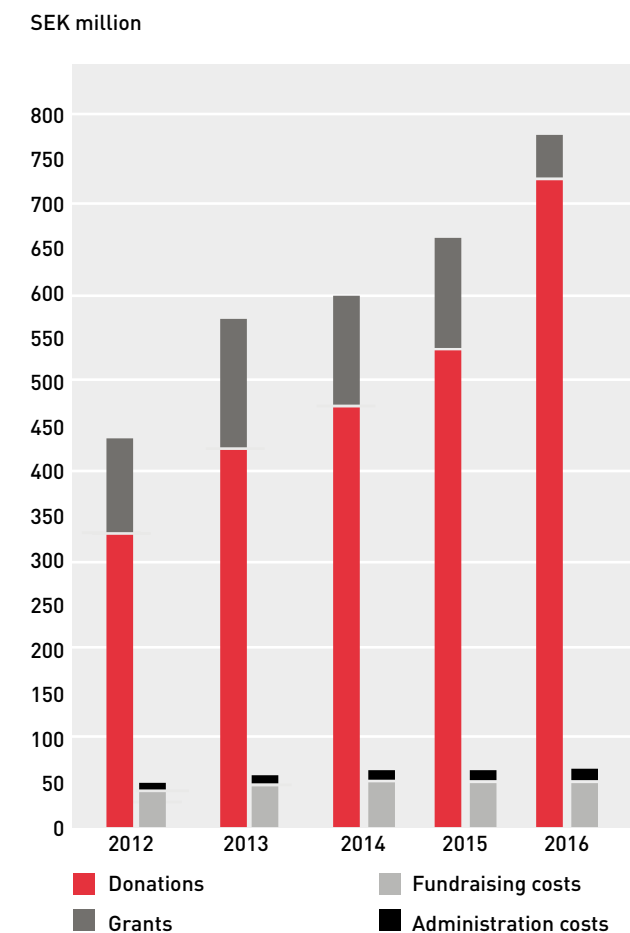
## HOW WAS THE MONEY SPENT?

Distribution of total costs



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

The difference goes to the social mission



settings, MSF organized the first MSF Paediatric Days on September 23-24 in cooperation with other MSF sections, the Astrid Lindgren Children's Hospital, the Karolinska Institutet and the Karolinska University Hospital. This event had been initiated by a motion from the MSF Sweden association in 2015, and was the first of what we hope will become an annual event with a continued focus on improving child health care in the resource-limited settings where we work.

## FUNDRAISING

### PRIVATE DONATIONS AND GRANTS

During 2016 MSF raised SEK 723 million from the public and from companies. This was SEK 188 million more than the previous year. In total, over 290 000 private donors contributed to our work. Of these, 120 000 monthly donors gave a total of more than SEK 190 million. Donations as the results of from mailings in which field workers share their experiences and meetings with patients, generated over SEK 73 million.





Thierry Kasiala goes with his family to a vaccination center against yellow fever in Kinshasa, capital of DRC. PHOTO DIETER TELEMANS

Revenues from legacies brought in SEK 129 million and commemorative and ceremonial donations increased to SEK 37 million.

Donations made through our digital fundraising channels resulted in more than SEK 36 million. The Swedish Postcode Lottery supported MSF with SEK 25 million in annual base grant, and donations from companies amounted to SEK 54,8 million.

The total fundraising result from trusts and foundations increased immensely during 2016 as the Akelius Foundation matched the total sum of funds raised during December. The donation of SEK 130 million is the single largest donation in the history of MSF Sweden.

With this donation, the earnings from fundraising reached a new record, for the fourth year succession.

#### INSTITUTIONAL FUNDRAISING

During 2016, the total contribution from Sida amounted to SEK 57,1 million, which is almost half the SEK 112,5 million raised in 2015. This decrease is an effect of MSF's decision to no longer accept institutional funds from EU and its member states, including Sida.

In practice, this means that MSF fulfils the ongoing agreement with Sida (2014-2016) but that within the framework of the agreement we repaid the funds to Sida that in the beginning of the year was approved for emergency interventions in 2016 but which at the time of the decision had not yet been allocated. Furthermore, we did not apply for new humanitarian funds from Sida for 2017.

Sida's humanitarian funds supported one disaster in 2016, the cholera outbreak in Malawi, as well as 10 ongoing projects in six countries (Haiti, DRC, Myanmar (Burma), Niger, Sierra Leone and South Sudan).

During 2016, the efforts to improve and simplify our model of collaboration with Sida continued, mainly internally. Thanks to Sida's flexibility and trust in MSF, we succeeded during 2014-2016 in creating a

collaboration model that has considerably reduced the administrative work in all stages and at the same time as we have been able to submit more relevant and useful applications and reports to Sida. During the year we have shared our experiences both internally in order to apply the model to other institutional donors and also externally with other Sida partner organisations that are interested in going in the same direction.

#### COMMUNICATION

Our communication work aims to increase the knowledge of humanitarian crises among both the public and decision-makers in order to achieve a change. This applies both to large and well-known crises and those which few people know about.

Continued important subjects in 2016 were the refugee crisis in Europe and the conflict in Syria. Other questions that were highlighted included attacks on health care and the civil population in Yemen, South Sudan and Central African Republic, the crisis in Nigeria and the needs after the hurricane in Haiti.

We continued our efforts to reach out on social media. During the year, the number of followers increased in all channels and by the end of the year we had 11 756 followers on Twitter, 6 656 on Instagram and 367 582 likers on our Facebook page, which is one of the highest number of all aid organizations in Sweden. During the year, we developed the production of videos, mainly for social media, the aim being to provide a vivid insight into our work through short interviews with field workers.

The video that drew most attention was our video with the message 'that attacks on hospitals must stop'. It reached more than one million persons on Facebook and was shown close to 470 000 times. It also generated more than 33 000 reactions, comments and sharings.

We continued our proactive communication in Finland in order to increase the knowledge of MSF amongst both the public and future field workers.



Mirza Hossain and his son on their way to Piraeus harbor in Greece. They left Afghanistan two months ago. PHOTO GUILLAUME BINET/MYOP



The MSF hospital in the camp in Bentiu, South Sudan, provides 24-hour emergency room care, intensive care for malnourished children, surgical, and maternity services. PHOTO ROGIER JAARSMA

During the year, nine debate articles and one reply were published in major newspapers. The topics covered included the refugee crisis in Europe, Sweden's contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as attacks on health care in conflict zones and the responsibility of the UN Security Council to make them cease.

For the third consecutive year, our digital annual report won the Swedish Publishing Award in the category of annual reports online.

Several employees from the communications department were in the field during the year and provided operational support to our sleeping sickness project in the Democratic Republic of Congo, our search and rescue operations at the Mediterranean, and our operations in Iraq.

According to an independent survey (Företagens Externa Kommunikation), MSF continues to have the highest confidence of all aid organisations among journalists.

#### ADVOCACY

2016 was the year when even more people risked their lives to travel across the Mediterranean, fleeing from crises and conflicts in the world. It was also the year when even more borders in Europe were closed. In March, a deal was signed between Turkey and the EU which means that Turkey receives a large financial support from the EU countries, including humanitarian aid, in exchange for their hindering boats from getting to Greece and receiving refugees that are sent back from EU. The financial support is only paid on condition that Turkey tightens its border controls in order to hinder refugees from coming to EU member states. MSF finds this politicisation of aid unacceptable and inhumane, and MSF is strongly opposed to a deal that uses humanitarian aid, that is supposed to be needs-based, in order to achieve a political goal.

Through letters and meetings with the Swedish





MSF surgical team while finishing an operation in MSF supported hospital in Ibb governorate, Yemen. PHOTO MALAK SHAHER/MSF

government we pressed our point of view. The decision that we (until further notice) do not accept funds from EU institutions and member states, including Sida, was taken at the highest level within MSF internationally, the international board.

The attention of decision-makers has been drawn to the gravity of many of the ongoing forgotten humanitarian crises such as Nigeria, South Sudan and Yemen. MSF has during the year continued its involvement to stop attacks on health care centres and we have arranged seminars in the Swedish parliament, have had bilateral meetings with decision-makers and have engaged in the various ongoing initiatives that coordinate other organisations, specialists and experts within the government.

In connection with the election of Sweden as a member of the UN Security Council, we have worked to put humanitarian issues and forgotten crises higher on the agenda.

We continued to raise the challenge of a lack of ac-

cess to medicines for the poorest people in the world and emphasised that antibiotic resistance is becoming a bigger and bigger problem in many of the countries where we are working. One of many important actions needed to be taken in order to stop this development is to develop better diagnostic methods and new antibiotics. In September, a high-level meeting on antibiotic resistance was held for the first time in the UN, where MSF put forward recommendations around the needs of low- and middle-income countries for the solutions to take their needs into account. Among other things, research and development must be financed through new mechanisms that detach the costs of developing new antibiotics from the price of the final product, so called delinkage.

We participated in the political week in Almedalen, on the island of Gotland, mainly as speakers at seminars on e.g. global health, access to medicines, health care in the front line, and migration as well as the challenges that our staff face in the field.

## OPERATIVE SUPPORT

In order to strengthen activities in the field, we have an evaluation unit and an innovation unit in the Swedish office.

The task of the Innovation Unit is to find solutions to problems that we face in the field, by applying a systematic approach to innovation. The unit has developed a methodology that helps the organisation to take the right decisions and take the right action at the right time. During 2016, the unit worked with a total of 12 cases, ranging from IT-related medical data collection to biomedical equipment to prevent vaccines from being destroyed during transport and the development of better internal innovation processes. The innovative solutions are being tested in many different contexts where we work, including Haiti, Bangladesh and Jordan. The unit is under the wings of MSF Sweden but get requests from all operational centres and the cases are to a great extent financed through funds from the Swedish Postcode Lottery.

The overall purpose of the Stockholm Evaluation Unit is to increase the internal learning and development of activities through evaluations of our efforts. During the year, we carried out and supported 21 evaluations and other learning exercises. These included everything from evaluating our hand over strategy to local partners of some of our HIV/Aids programs to the real-time evaluation of our response to the meningitis outbreak in Niger. The unit also evaluated innovative program areas such as those supporting victims of torture. In addition, the unit reviewed our supply procedures with the aim to improve our effectiveness in the field.

## MEMBER ACTIVITIES

In order to become a member of the Swedish section of MSF's association one must have worked as a field worker for 6 months or have fulfilled two short field missions. One can also become a member after working in the Swedish office for at least 12 months as an employee or 24 months as a volunteer. Further, the membership needs to be approved by the board and the membership fee for the current year has to be paid. The members of MSF have the right to vote at the general assembly. The members' participation and influence is one of the cornerstones of MSF. At the end of December, the number of members was 418. In 2016 one internal Newsletter was sent to the members.

Members of the Swedish Association participated in international forums such as the OCB (MSF Operational Center in Brussels) annual meeting, the OCA (MSF Operational Center in Amsterdam) member event and the *Scientific Days* in London.



A donkey carrying supplies for a mobile clinic after hurricane Matthew struck Haiti. PHOTO JOFFREY MONNIER, HAITI

## MSF EVENINGS

MSF invited its members to several lectures and discussion evenings during the year. The following topics were discussed: *January*: discussion with field workers about their experiences working on the boats in the Mediterranean. *March*: surgery and the operational choices we make in the field and the quality of care. *April*: roundtable discussion on migration and the role of MSF in the refugee situation in Sweden. A webinar, was also held during April to harmonize the statutes of MSF Sweden and Norway ahead of the Nordic General Assembly in May. *October*: memorial for the staff and patients who lost their lives as a consequence of the bombing of our hospital in Kunduz, Afghanistan. *December*: members discussed gender questions and the situation of women (patients and field workers) in MSF field projects.

The MSF Evening in October was held simultaneously in four locations: Gothenburg, Malmö, Göteborg and Stockholm. The Satellite Groups (groups of association members not living in Stockholm) helped to organize this event in Gothenburg and Malmö.

## GENERAL ASSEMBLY

On May 20-21, MSF Sweden and Norway held a joint General Assembly (GA) in Oslo. The 61 participating members elected a new Board and discussed the results for the previous year. MSF Sweden statutes were updated. Five motions were presented and three of them were approved. The approved motions related to humanitarian ethics, the promotion of including persons with disabilities in our activities and the remuneration of Board members. Two debate sessions were also held, one about MSF and migration and the other about how MSF positions itself internationally and how this translates to the countries in which the different sections are based.



Nischaya (not real name) is 18 years old and one of only a handful of extensively drug-resistant TB (XDR-TB) patients in India lucky enough to have access to the new drugs. After having been on treatment unsuccessfully for several years, Nischaya was referred to the MSF clinic in Mumbai. Her brother Ajay is happy to see that his sister is now gaining weight and is feeling better. PHOTO ATUL LOKE/PANOS PICTURES







Eustache, MSF nursing supervisor, and children in the village Soke, DRC.  
PHOTO THIBAUD EUDE/MSF

BOARD WORK

The Board met on 13 occasions during 2016. An evaluation of the Board’s work was carried out in April. Board training was conducted in August by the firm Grant Thornton and two new Board members took part in training at OCA in September. During the autumn, a working group of Board members and the Association Coordinator worked on the Action Plan for 2017. The Board worked together with the Executive through four Strategic Platforms (Operative Support, Recruiting, Finance and Communications). Cooperation regarding the merging of the Swedish and Norwegian sections continued until November, when it was decided not to continue the question of a legal merger. Nevertheless, cooperation continues between the two sections, and two Nordic meetings were held during the year. Internationally, MSF Sweden is represented through its president in the OCB Board and we also have a Swedish Board member in the OCA Council.

THE ELECTED BOARD

PRESIDENT: Katrin Kisswani, nurse  
VICE PRESIDENT: Sophie Graner (deputy), medical doctor  
SECRETARY: Anna Bergström, operations manager  
TREASURER: Andreas Häggström (deputy), economist  
ORDINARY MEMBERS: Luis Encinas, nurse, Mikael Mangold, hygiene specialist, Ingrid Maria Johansen, program manager, Monika Oswaldsson, psychologist, Jessica Svefors, medical doctor, Adam Thomas, regional manager

NOMINATION COMMITTEE: Sara Hjalmarsson, Ann-Sophie Lindahl Navarro, Helena Nordenstedt, Nina Lundgren  
  
AUDITOR: Pernilla Varverud (Grant Thornton)  
DEPUTY AUDITOR: Susanna Johansson (Grant Thornton)  
  
Hélène Lorinquer, elected board member for the period of 2015-2018, resigned in October 2016 due to her new assignment as deputy secretary general for OCB.

PRESENT DURING 2016 YEAR’S BOARD MEETINGS

| BOARD MEMBERS               | PRESENCE /NUMBER OF POSSIBLE MEETINGS |
|-----------------------------|---------------------------------------|
| Anna Bergström**            | 7/7                                   |
| Luis Encinas                | 7/13                                  |
| Helena Frielingsdorf*       | 6/6                                   |
| Sophie Graner               | 11/13                                 |
| Sara Hjalmarsson*           | 6/6                                   |
| Andreas Häggström**         | 7/7                                   |
| Ingrid Maria Johansen       | 12/13                                 |
| Katrin Kisswani             | 13/13                                 |
| Ann-Sophie Lindahl Navarro* | 5/6                                   |
| Hélène Lorinquer***         | 9/10                                  |
| Mikael Mangold**            | 7/7                                   |
| Helena Nordenstedt*         | 6/6                                   |
| Monika Oswaldsson           | 12/13                                 |
| Jessica Svefors**           | 4/7                                   |
| Adam Thomas                 | 10/13                                 |

\* Term of office ended 21 May 2016  
\*\* Elected to the board 21 May 2016  
\*\*\* Resigned 25 October 2016 (2 years remaining of the term of office)

FUTURE DEVELOPMENTS

The current lack of respect for international humanitarian law and especially attacks against health care will continue to be a big challenge for our field operations. Unfortunately, we see no immediate decrease in the humanitarian consequences of the armed conflicts that have been going on during recent years, such as Syria, South Sudan, Iraq and Afghanistan.  
These and other complicated situations will probably demand big and complex operations in the near future, and Europe’s failure to protect the right to asylum and to create safe and legal ways to Europe will affect our activities with continuing operations also in Europe. In 2017, we will for example continue to support our project in Västra Götaland, where we work to improve the mental health of asylum seekers and also to show a model for how reception countries



Rainy season in of the camps in Malakal, South Sudan. People are facing health risks such malaria and cholera due to the lack of good draining infrastructure. PHOTO ALBERT GONZALEZ FARRAN

can work for a better reception including psycho-social support, primarily with communication and opinion work.  
MSF will increase its humanitarian and medical operations in the field and during the coming year we will give priority to investments that contribute to ensuring that field workers with the right profile and competence are recruited to and prepared for the right field mission at the right point in time. We will also focus on the retention of field workers for a longer period in order to increase the experience of our field workers and hence ensure that these are coordinators, medical experts, heads of mission and other important staff available for field missions.  
With increasing field operations comes the need for an increase in activities focusing on quality and efficiency, and we are investigating how we can further develop the units that are working directly with operations, i.e. the Evaluation Unit and the Innovation Unit.  
In the Swedish office we shall make a further

investment in digitalisation. This investment concerns all parts of the office, from internal processes such as recruitment to fundraising and communication. We shall also continue to look into the possibility of fundraising in Finland and increasing the recruitment of field workers. Another area on which we are focusing is measures to increase quality and efficiency, including a reorganisation of the Swedish office. ●





An MSF team pays a home visit to Winile in Manzini Region, Swaziland. Winile is 42 and has had an MDR-TB relapse. PHOTO ALEXIS HUGUET/MSF

# FINANCIAL OVERVIEW

## STATEMENT OF FINANCIAL ACTIVITIES

|  | Note        | 2016                | 2015                |
|--|-------------|---------------------|---------------------|
| INCOME   |             |                     |                     |
| Donations                                      | 1, 4        | 717 137 898         | 528 591 365         |
| Sales revenue                                  | 2           | 12 577              | 9 965               |
| <b>Total income from the public</b>            |             | <b>717 150 475</b>  | <b>528 601 330</b>  |
|  |             |                     |                     |
| Grants from Sida                               | 3.1         | 57 100 000          | 112 500 000         |
| Private grants                                 | 3.2, 4      | 5 789 164           | 6 373 404           |
| <b>Total income from institutional donors</b>  |             | <b>62 889 164</b>   | <b>118 873 404</b>  |
|  |             |                     |                     |
| Membership fees                                |             | 124 880             | 103 050             |
| Other income                                   | 5           | 293 508             | 420 187             |
| <b>Total other income</b>                      |             | <b>418 388</b>      | <b>523 237</b>      |
| <b>• Total income</b>                          |             | <b>780 458 027</b>  | <b>647 997 971</b>  |
|  |             |                     |                     |
| EXPENDITURE                                    |             |                     |                     |
| Social mission costs                           | 7           | -712 929 389        | -583 291 219        |
| Fundraising costs                              |             | -54 534 261         | -53 552 746         |
| Administration costs                           |             | -12 822 534         | -10 832 934         |
| <b>• Total expenditure</b>                     | <b>6, 8</b> | <b>-780 286 184</b> | <b>-647 676 900</b> |
|  |             |                     |                     |
| <b>Net income</b>                              |             | <b>171 843</b>      | <b>321 071</b>      |
|  |             |                     |                     |
| <b>Result from financial investments</b>       |             |                     |                     |
|  |             |                     |                     |
| Interest income                                |             | 94                  | 2 166               |
| Interest costs and similar items               |             | -135 078            | -88 399             |
| <b>Total result from financial investments</b> |             | <b>-134 984</b>     | <b>-86 233</b>      |
|  |             |                     |                     |
| <b>• Surplus/deficit</b>                       |             | <b>36 859</b>       | <b>234 839</b>      |

## BALANCE SHEET

|   | Note | 31 dec 2016        | 31 dec 2015        |
|---|------|--------------------|--------------------|
| ASSETS  |      |                    |                    |
| <b>Non-current assets</b>                     |      |                    |                    |
| <i>Tangible assets</i>                        |      |                    |                    |
| Inventory                                     | 9    | 1 583 717          | 2 317 825          |
| <b>Total non-current assets</b>               |      | <b>1 583 717</b>   | <b>2 317 825</b>   |
|   |      |                    |                    |
| CURRENT ASSETS                                |      |                    |                    |
| <i>Current receivables</i>                    |      |                    |                    |
| Other receivables                             | 10   | 10 493 730         | 16 934 103         |
| Prepaid expenses and accrued income           | 11   | 144 171 576        | 5 037 668          |
|   |      | <b>154 665 306</b> | <b>21 971 771</b>  |
|   |      |                    |                    |
| Cash and cash equivalents                     |      | 116 835 070        | 127 291 501        |
| <b>Total current assets</b>                   |      | <b>271 500 376</b> | <b>149 263 272</b> |
|   |      |                    |                    |
| <b>• Total assets</b>                         |      | <b>273 084 093</b> | <b>151 581 097</b> |
|   |      |                    |                    |
| EQUITY AND LIABILITIES                        |      |                    |                    |
| Equity  |      |                    |                    |
| Accumulated balance                           |      | 385 329            | 150 490            |
| Surplus/deficit                               |      | 36 859             | 234 839            |
| <b>Total equity</b>                           |      | <b>422 188</b>     | <b>385 329</b>     |
|   |      |                    |                    |
| CURRENT LIABILITIES                           |      |                    |                    |
| Accounts payable                              |      | 3 647 982          | 2 396 636          |
| Liabilities MSF projects                      | 12   | 250 903 592        | 95 382 402         |
| Liabilities, received not yet utilised grants | 13   | 9 837 432          | 46 126 596         |
| Other current liabilities                     | 14   | 2 601 752          | 2 544 796          |
| Accured expenses and prepaid income           | 15   | 5 671 147          | 4 745 338          |
| <b>Total current liabilities</b>              |      | <b>272 661 905</b> | <b>151 195 768</b> |
|   |      |                    |                    |
| <b>• Total equity and liabilities</b>         |      | <b>273 084 093</b> | <b>151 581 097</b> |



CHANGES TO EQUITY

|                   | Accumulated balance | Total equity |
|-------------------|---------------------|--------------|
| Opening balance   | 385 329             | 385 329      |
| Surplus/deficit   |                     | 36 859       |
| ● Closing balance | 385 329             | 422 188      |

STATEMENT OF CASH FLOWS

|  | 2016         | 2015        |
|--|--------------|-------------|
| OPERATING ACTIVITIES   |              |             |
| Net income   | 171 843      | 321 071     |
| <i>Elimination of expenses and income with no impact on cash flow etc.</i> |              |             |
| Depreciation   | 1 600 891    | 1 692 077   |
| Interest received  | 94           | 2 166       |
| Interest paid  | -135 078     | -88 399     |
| Cash flow from operating activities before variation in working capital    | 1 637 750    | 1 926 916   |
| Increase in receivables  | -132 693 535 | -4 202 666  |
| Decrease/increase in accounts payable                                      | 1 251 346    | -4 451 621  |
| Decrease/increase in liabilities MSF projects                              | 155 521 190  | -1 828 345  |
| Decrease/increase in other current receivables                             | -35 306 399  | 29 226 896  |
| Cash flow from operating activities  | -9 589 648   | 20 671 179  |
| INVESTING ACTIVITIES   |              |             |
| Investments in tangible non-current assets                                 | -866 783     | -692 362    |
| Cash flow from investing activities  | -866 783     | -692 362    |
| Change in cash and euivalents  | -10 456 431  | 19 978 817  |
| Opening cash and equivalents   | 127 291 501  | 107 312 684 |
| Effect of exchange rate fluctuations                                       |              |             |
| Closing cash and cash equivalents  | 116 835 070  | 127 291 501 |

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 donations 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 occur.

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 Sida grants transferred from MSF Sweden to field projects and private funds from the public allocated abroad. All expenses including salaries and social insurance costs, related to the recruitment of field workers 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 accounting 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.

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: |             |             |
|  | 2016        | 2015        |
| General Public   | 499 333 842 | 447 905 744 |
| Companies  | 54 865 561  | 45 309 432  |
| External trusts and foundations                              | 137 938 495 | 6 376 189   |
| The Swedish Postcode   |             |             |
| Lottery base grant   | 25 000 000  | 29 000 000  |
| ● Total  | 717 137 898 | 528 591 365 |

The increase in external trusts and foundations compared to 2015 is due to the large donation of SEK 130 million donated by the Akelius Foundation.

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

| Distribution             | 2016      | 2015      |
|--------------------------|-----------|-----------|
| Afghanistan              | –         | 38 053    |
| Africa                   | 74 559    | 28 125    |
| Emergency Fund*          | 869 881   | 3 354 796 |
| Children                 | 1 086 036 | 123 186   |
| Central African Republic | 2 250     | 2 200     |
| Ebola                    | –         | 696 933   |
| Ecuador                  | 6 386     | –         |
| Ethiopia                 | 8 633     | –         |

|   |             |            |
|---|-------------|------------|
| Gaza  | –           | 10 675     |
| Yellow fever  | 500         | –          |
| Haiti   | 5 558 357   | 1 430 534  |
| HIV   | –           | 1 250      |
| Meningitis  | –           | 680        |
| India   | 400         | 3 257 285  |
| Iraq  | 507 473     | 500        |
| Iran  | –           | 1 400      |
| Yemen   | 4 990       | 2 100      |
| Jordan  | –           | 1 000      |
| Kenya   | –           | 10 250     |
| Cholera   | 2 000       | –          |
| Congo, Democratic Republic of the                           | 3 250       | 141 900    |
| Women's health  | 916 000     | 38 730     |
| Lebanon   | –           | 1 185      |
| Liberia   | –           | 14 365     |
| Malaria   | 11 480      | 7 300      |
| Malawi  | 7 333       | –          |
| Mali  | 3 603       | 21 400     |
| Migration Mediterranean                                     | –           | 50 533     |
| People affected by the Syria conflict, support from Lebanon | 983 902     | –          |
| Refugees  | 133 529 071 | 18 631 184 |
| Measels   | 6 195       | 7 937      |
| Nepal   | –           | 870 092    |
| Niger   | 1 934       | –          |
| Nigeria   | 28 965      | –          |
| Pakistan  | –           | 400        |
| Palestine   | 82          | 1 066      |
| Papua New Guinea  | –           | 1 200      |
| Clean water   | 300         | 700        |
| Sierra Leone  | –           | 300 000    |
| Tetatnus vaccine  | 3 745       | 2 000      |
| Sudan   | 400         | 4 912      |
| South Africa  | 2 500 220   | –          |
| South America/Central America                               | 1 179 696   | –          |
| South Sudan   | 3 090 251   | 1 993 032  |
| Swaziland   | –           | 50 000     |
| Syria   | –           | 754 081    |
| Chad  | –           | 1 000      |
| Turkey  | –           | 100        |
| Ukraine   | –           | 15 837     |
| Malnutrition  | –           | 770        |
| Vaccinations  | 11 620      | 16 790     |
| Subtotal  | 150 399 512 | 31 885 481 |

|                        |             |             |
|------------------------|-------------|-------------|
| Unrestricted donations | 566 738 386 | 496 705 884 |
| ● Total                | 717 137 898 | 528 591 365 |

\*The funds raised through the Emergency Fund 2016 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 12 577.

Note 3.1 | Grants from Sida

Grants received from Sida were spent in the following countries:

| MSF - projects                    | 2016       | 2015        |
|-----------------------------------|------------|-------------|
| Central African Republic          | –          | 15 000 000  |
| Ethiopia                          | –          | 5 000 000   |
| Haiti                             | 5 050 000  | 5 000 000   |
| India                             | –          | 3 000 000   |
| Kenya                             | –          | 2 000 000   |
| Congo, Democratic Republic of the | 15 150 000 | 29 000 000  |
| Madagascar                        | –          | 5 000 000   |
| Malawi                            | 3 570 000  | –           |
| Moçambique                        | –          | 5 000 000   |
| Myanmar (Burma)                   | 4 040 000  | 4 500 000   |
| Niger                             | 4 040 000  | 10 000 000  |
| Nigeria                           | –          | 5 000 000   |
| Sierra Leone                      | 10 100 000 | –           |
| South Sudan                       | 15 150 000 | 15 000 000  |
| Chad                              | –          | 6 000 000   |
| Uganda                            | –          | 3 000 000   |
| ● Total                           | 57 100 000 | 112 500 000 |

Note 3.2 | Private Grants

|                         | 2016      | 2015      |
|-------------------------|-----------|-----------|
| The Swedish Postcode    |           |           |
| Lottery special project | 4 789 164 | 4 373 404 |
| Radiohjälpen            | 1 000 000 | 2 000 000 |
| ● Total                 | 5 789 164 | 6 373 404 |

We have received SEK 9 million to a project in the Democratic Republic of Congo from the Swedish Postcode Lottery for the 3-year period 2015-2017. Of these, SEK 3 million are recognised as income 2016. From Radiohjälpen we received a SEK 1 million grant for Iraq. We have also received a SEK 10 million grant from the Swedish Postcode Lottery for our innovation work in our filed projects, to be spent during a period of years. Of these funds, SEK 1,8 million are recognised as income in 2016.

Note 4 | Funds raised

|   | 2016        | 2015        |
|---|-------------|-------------|
| Private donations recognised in statement of financial activities | 717 137 898 | 528 591 365 |
| Private grants recognised in statement of financial activities    | 5 789 164   | 6 373 404   |
| ● Total funds raised  | 722 927 062 | 534 964 769 |

Note 5 | Other income

This amount consists mainly of income in relation to associative activities, pre-departure preparation course for field workers and rental of the auditorium and subsidies from the labor office for temporary staff.

Note 6 | Staff

| AVERAGE NUMBER OF EMPLOYEES | 2016 | 2015 |
|-----------------------------|------|------|
| Women                       | 60   | 57   |
| Men                         | 21   | 22   |
| Total                       | 81   | 79   |

In the total number of employess temporary contracts and Direct Dialogue activities are included. .

| BOARD MEMBERS |   |   |
|---------------|---|---|
| Women         | 8 | 8 |
| Men           | 3 | 2 |

| MANAGEMENT TEAM AND SECRETARY GENERAL |   |   |
|---------------------------------------|---|---|
| Women                                 | 5 | 4 |
| Men                                   | 1 | 2 |

| SALARIES AND REMUNERATION |            |            |
|---------------------------|------------|------------|
| Board**                   | 235 035    | 260 843    |
| Secretary General***      | 621 909    | 886 894    |
| Other employees           | 28 941 639 | 26 660 842 |
| ● Summa                   | 29 798 583 | 27 808 579 |

\*\* Remuneration for the president according to decision taken at General Assembly (2015 and 2016). Other than that, no remunerations have been paid, only reimbursement of expenses for direct costs related to board work.

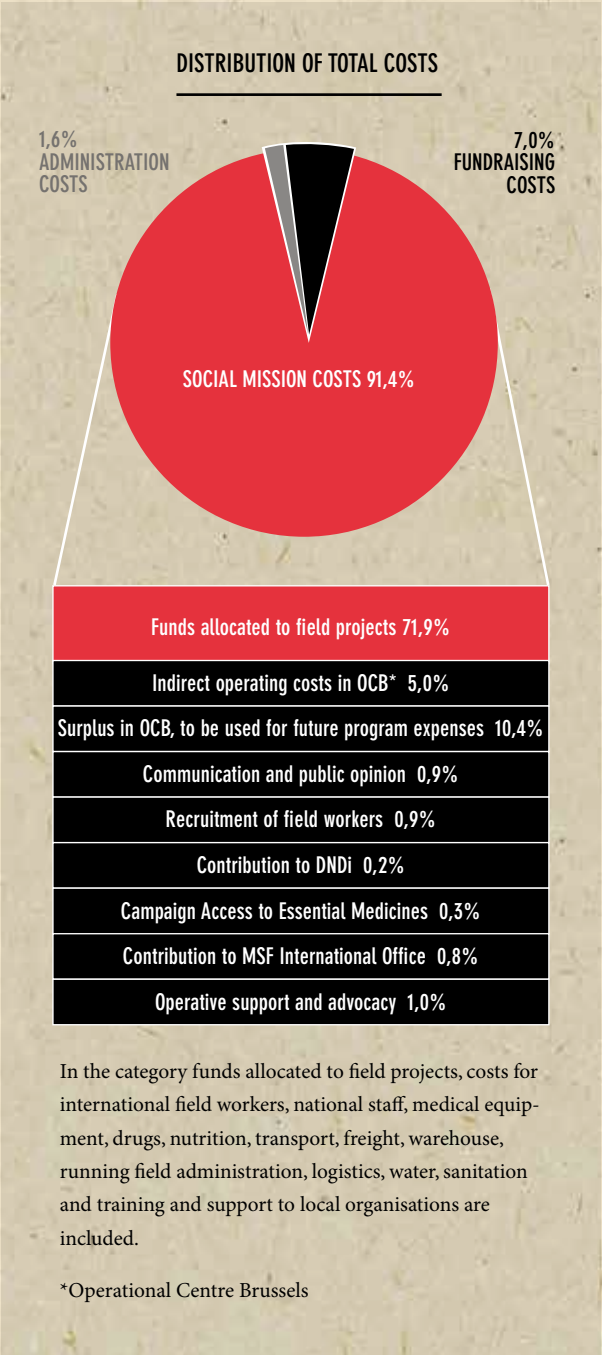
\*\*\* In the Secretary General's contract of employment there is no right to severance pay included other than normal notice according to law. The difference from 2015 is explained by the handover period related to the change of Secretary General and that we during the handover period paid double salaries.

| SOCIAL INSURANCE CHARGES       |            |            |
|--------------------------------|------------|------------|
| Pension costs for              |            |            |
| Secretary General and Board    | 137 146    | 145 529    |
| Pension costs other employees  | 2 117 506  | 2 035 339  |
| Other social insurance charges | 9 965 163  | 8 786 352  |
| ● Total                        | 12 219 815 | 10 967 220 |

In other social insurances charges costs for staff insurances, wage tax and general payroll tax are included. During the year approximately 129 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 17 553 hours, corresponding to approximately 9 FTEs. During the year SEK 239 321 in wage subsidies from the labor office has been received.

Note 7 | Social mission costs

The item consists of funds allocated abroad (SEK 691 079 692), consisting of Sida grants transferred to field projects SEK 55 405 000) and private funds allocated abroad (SEK 635 674 692), and all costs, including salaries and social insurance charges related to the recruitment of field workers (SEK 7 311 204), operative support and advocacy (SEK 7 623 193) and communication and public opinion (SEK 6 915 300).



7.1 | MSF - projects

Grants from Sida has been transferred to field projects as follows:

| MSF - projects                    | 2016       |
|-----------------------------------|------------|
| Haiti                             | 4 900 000  |
| Congo, Democratic Republic of the | 14 700 000 |
| Malawi                            | 3 465 000  |
| Myanmar (Burma)                   | 3 920 000  |
| Niger                             | 3 920 000  |
| Sierra Leone                      | 9 800 000  |
| South Sudan                       | 14 700 000 |
| ● Total                           | 55 405 000 |

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

| Country                           | Amount      |
|-----------------------------------|-------------|
| Afghanistan                       | 14 962 960  |
| Algeria                           | 620 542     |
| Australia                         | 3 352       |
| Balkans                           | 4 641 169   |
| Belgium (refugees/migrants)       | 1 059 547   |
| Bangladesh                        | 7 000 000   |
| Bolivia                           | 14 357      |
| Bulgaria                          | 622         |
| Burundi                           | 1 640 793   |
| Central African Republic          | 30 549 858  |
| Ecuador                           | 31 030      |
| Ivory Coast                       | 356 682     |
| Egypt                             | 1 839 888   |
| Eritrea                           | 21 009      |
| Ethiopia                          | 8 000 000   |
| Europe (refugees/migrants)        | 111 033 263 |
| France                            | 2 189 554   |
| Palestinian territories/Gaza      | 74          |
| Guinea                            | 1 826 727   |
| Haiti                             | 31 048 072  |
| India                             | 10 269 916  |
| Indonesia                         | 1 042 800   |
| Iraq*                             | 4 024 987   |
| Iraqi Kurdistan                   | 2 528 640   |
| Italy                             | 27 387 095  |
| Jordan                            | 12 189 554  |
| Kenya                             | 3 431 609   |
| Kambodja                          | 1 522 129   |
| Congo, Democratic Republic of the | 31 019 486  |
| Lebanon (support to Syria)        | 18 026 573  |
| Libya (adjustment previous year)  | -205 559    |
| Madagascar                        | 933 064     |
| Malawi                            | 3 882 440   |
| Mali                              | 2 192 797   |
| Mauretania                        | 1 609 499   |
| Mediterranian Rescue Boats        | 8 000 565   |
| Mozambique                        | 4 854 516   |
| Myanmar (Burma)                   | 6 500 000   |



|                            |                    |
|----------------------------|--------------------|
| Nepal                      | 14 020             |
| Niger                      | 2 503 519          |
| Nigeria                    | 3 049 911          |
| Pakistan                   | 25 769 702         |
| Russia                     | 295 189            |
| Sierra Leone               | 2 988 060          |
| Swaziland                  | 5 000 000          |
| South Sudan                | 39 967 036         |
| South Africa               | 9 010 203          |
| Tanzania                   | 10 955             |
| Chad                       | 8 000 000          |
| Tunisia                    | 1 599 538          |
| Turkey                     | 7 902 096          |
| Ukraine                    | 3 225 863          |
| Uzbekistan                 | 12 500 000         |
| Venezuela                  | 3 245 097          |
| Yemen                      | 10 000 000         |
| Zimbabwe                   | 9 598 291          |
| Transversal field expenses | 3 696 515          |
| Kenya Supply Unit          | 1 416 481          |
| ● <b>Total</b>             | <b>505 842 086</b> |

\*SEK 990 000 from Radiohjälpen is included in the funds allocated to Iraq.

|  |                    |
|--|--------------------|
| Indirect operating expenses<br>(Cost in the operational center in Brussels (OCB),<br>operative and medical support, logistics and<br>communication from the field etc.). | 38 769 043         |
| Surplus in OCB, to be used for future program expenses   | 81 189 832         |
| Contribution to the campaign <i>Access to Essential Medicines</i>  | 2 105 918          |
| Contribution to MSF International Office   | 6 111 155          |
| Contribution to research initiative DNDi<br>(Drugs for Neglected Diseases initiative)  | 1 656 658          |
| <b>Total funds allocated abroad</b>  | <b>691 079 692</b> |
| Communication and public opinion   | 6 915 300          |
| Operative support and advocacy   | 7 623 193          |
| Recrutiment of field workers   | 7 311 204          |
| ● <b>Total social mission costs</b><br>(note 7.1 and 7.2)  | <b>712 929 389</b> |

Note 8 | Leasing

MSF Sweden leases office premises and copying machines. Leasing charges entered as costs amount to SEK 2 870 846. Future leases come due as follows:

|                | 2016             | 2015             |
|----------------|------------------|------------------|
| Within 1 year  | 2 555 961        | 2 704 922        |
| 1-5 years      | 3 445 486        | 5 125 250        |
| ● <b>Total</b> | <b>6 001 447</b> | <b>7 830 172</b> |

Rental contract for office premises has the end-date 2018-12-31.

Note 9 | Inventory

|   | 2016-12-31        | 2015-12-31        |
|---|-------------------|-------------------|
| Opening acquisition value                       | 8 827 927         | 8 135 565         |
| This year´s purchase                            | 866 783           | 692 362           |
| Sales and disposals                             | -995 397          | –                 |
| <b>Closing accumulated acquisition value</b>    | <b>8 699 313</b>  | <b>8 827 927</b>  |
| Opening depreciation                            | -6 510 102        | -4 818 025        |
| Sales and disposals                             | 995 397           | –                 |
| This year´s depreciation                        | -1 600 891        | -1 692 077        |
| <b>Closing accumulated depreciation value</b>   | <b>-7 115 596</b> | <b>-6 510 102</b> |
| <b>Closing residual value according to plan</b> | <b>1 583 717</b>  | <b>2 317 825</b>  |

Tangible non-current assets are depreciated linear accross 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 10 | 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 the responsible operational centre. The item also includes real estates in the process of being sold at the end of the year: SEK 1 400 000 (SEK 12 275 000). Receivables are valued to the amount estimated to be paid, based upon individual examination.

Note 11 | Prepaid expenses and accrued income

|   | 2016-12-31         | 2015-12-31       |
|---|--------------------|------------------|
| Prepaid rent  | 655 870            | 666 502          |
| Other prepaid expenses                                  | 172 782            | 990 207          |
| Funds raised in 2016 received<br>by MSF Sweden in 2017* | 143 342 924        | 3 380 959        |
| ● <b>Total</b>  | <b>144 171 576</b> | <b>5 037 668</b> |

\* The increase compared to 2015 is due to the large donation from the Akelius foundation.

Note 12 | Liabilities MSF projects

Refers to funds allocated to field projects in 2016 but not yet transferred by 2016-12-31. The allocated funds were transferred in the beginning of 2017.

Note 13 | Liabilities, received not yet utilised grants

|   | 2016-12-31       | 2015-12-31        |
|---|------------------|-------------------|
| Debt to Sida,<br>received not yet utilised grants                         | –                | 31 500 000        |
| Debt to the Swedish Postcode Lottery,<br>received not yet utilised grants | 9 837 432        | 14 626 596        |
| ● <b>Total</b>  | <b>9 837 432</b> | <b>46 126 596</b> |

Note 14 | Other liabilities

|  | 2016-12-31       | 2015-12-31       |
|--|------------------|------------------|
| Withholding tax                                      | 932 411          | 645 931          |
| Debt to Sida for interest<br>received on Sida grants | –                | 2 517            |
| Wage tax   | 1 159 702        | 992 996          |
| Other entries  | 509 639          | 903 352          |
| ● <b>Total</b>                                       | <b>2 601 752</b> | <b>2 544 796</b> |

Note 15 | Accrued expenses and prepaid income

|                                   | 2016-12-31       | 2015-12-31       |
|-----------------------------------|------------------|------------------|
| Accrued vacation pay              | 1 736 863        | 1 702 238        |
| Accrued social insurances charges | 1 249 747        | 875 897          |
| Other entries                     | 2 684 537        | 2 167 203        |
| ● <b>Total</b>                    | <b>5 671 147</b> | <b>4 745 338</b> |

Note 16 | Pledges and contingent liabilities

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



Stockholm 2017-04-07

Katrin Kisswani  
*president*

Anna Bergström  
*secretary*

Mikael Mangold

Monika Oswaldsson

Ingrid Maria Johansen

Jessica Svefors

Adam Thomas

Luis Encinas

Mari Mörtz  
*Secretary General*

Our audit report was submitted on 2017-04-07  
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 2016.

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 2016 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 Läkare Utan Gränser for the year 2016.

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, 7 April 2017

Pernilla Varverud  
Authorized Public Accountant



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*MSF Sweden would like to deeply thank all of you who in different ways have contributed to our work during 2016. We also especially want to thank all the persons who through donations and legacies have shown great trust in our work.*

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