

# ANNUAL REPORT 2017



UNOFFICIAL TRANSLATION OF  
SWEDISH FINANCIAL STATEMENTS

An infant suffering from pneumonia is taken care of in the emergency room in Qayyarah hospital in Mosul, Iraq.  
PHOTO JAVIER RIUS TRIGUEROS/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*

**D**uring the fall of 2017, a wave of rage swept across the world. It started with reports of systematic persecution and violence against the Rohingya people in Myanmar and their desperate flight across the border to Bangladesh. Shortly thereafter, CNN broadcast a documentary from Libya showing how people were sold like slaves to the highest bidder at an auction.

FOR MSF, NONE OF this was news. We have been present in Myanmar for a long time, and although we have had only limited access to Rakhine lately, we have seen the humanitarian consequences of the discrimination and violence to which the Rohingya are exposed. A survey that we performed amongst the survivors in the camps in Bangladesh showed that at least 6 700 Rohingya were killed in just one month in the fall, and that of these, at least 730 were children under the age of five.

IN LIBYA, WE HAVE for several years witnessed how the situation for refugees and migrants has degenerated. We have seen how the European Union's policy to stop people who are fleeing across the Mediterranean and force them back to Libya has led to a significant increase in the numbers of detainees in the camps. Our doctors and nurses in Libya report about torture, sexual violence and acute malnutrition amongst both children and adults in the camps.

When we have had the possibility, we have raised our voice about the suffering to which our patients testify. But it requires a delicate balance, to tell about what we see and hear - at the same time as we negotiate access to the areas of conflict.

IN SOME PARTS of Syria, and also in Iraq, the fighting diminished during 2017. People who had fled started to return home, only to find their houses in ruins and the streets full of mines and explosives. Elsewhere, the conflicts intensified, as for example in South Sudan, in the Democratic republic of Congo and in the Central African Republic where, after a large number of serious security incidents, including an armed robbery, we had to stop working at the hospital in Bangassou. Also in Yemen, the world's worst humanitarian crisis according to the UN, the situation escalated due to the widespread outbreak of cholera which ruined the last small parts of the healthcare system that were still functioning in this country, suffering so much after the last two years of intensive war.

THERE WERE ALSO several other outbreaks of infectious diseases during the year, such as pneumonic plague on Madagascar and diphtheria in Yemen and among the Rohingya refugees in Bangladesh. That diphtheria broke out there is largely because it has not been possible for the Rohingya to

be vaccinated in Myanmar. Yet another reminder of the importance of providing all children with the basic vaccination package that protects them against several of the world's most dangerous infectious diseases, not least measles.

THE YEAR ALSO featured several medical achievements. For example, we initiated a clinical trial in Uzbekistan with the aim of developing a better and shorter treatment of drug-resistant tuberculosis which will hopefully save hundreds of thousands of patients' lives. We also managed to conclude an agreement with a generic manufacturer of a Hepatitis C drug. The agreement means that we now pay USD 120 for a 12-week treatment, instead of the old price of approximately USD 1 800, which means that we can treat many more.

FINALLY, WE CAN say that 2017 has been an intensive and challenging year, but thanks to all our dedicated employees around the world and in Sweden, and to all our great donors and others who support our work, we have been able to carry out our mission - to save lives and alleviate suffering where we are needed the most. 🌍







Thousands of Rohingya fled Myanmar during the year and sought refuge in Bangladesh.

PHOTO BERNAT ARMANGUE/AP PHOTO

# ANNUAL REPORT 2017

for the fiscal year 2017-01-01 – 2017-12-31

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

## 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 armed conflict, crisis, epidemics and natural disasters, and to groups lacking health care as a result of social or geographical isolation, regardless of political opinion, religion or ethnicity.

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

MSF annually runs around 400 projects in 60 to 70 countries around the world. The organisation has more than 35 000 employees, the majority of whom are hired locally in the countries of intervention and we perform approximately 10 million outpatient consultations each year. MSF's annual turnover is more than one billion euro and it has more than 6 million private donors around the world. More than 95% of MSF's income is from private donors and thanks to this large proportion of private donations we can maintain our independence.

MSF's international activity reports and annual reports are available on our website: <https://lakareutangranser.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 field workers, through fundraising and through communication and advocacy about the situation for those patients we meet in our field work. To strengthen our activities



A woman suffering from severe burns is treated in the MSF clinic on board the Aquarius. During the year, MSF continued its lifesaving operations on the Mediterranean. PHOTO FEDERICO SCOPPA

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 88. In total, 108 persons have worked voluntarily for the organisation at the office in Stockholm, corresponding to approximately six full-time employees.

In addition to the activities in Sweden, we continued in 2017 to recruit and send Finnish fieldworkers to assignments in the field. We worked with proactive communication in Finland to raise awareness about MSF and continued to review the possibilities for us to start fundraising activities in Finland.

On our website, we publish an annual impact report, aiming to show the beneficial effects of what we do: <https://lakareutangranser.se/om-oss/ekonomi>



## 2017 IN BRIEF

- In total, the revenue of MSF Sweden was SEK 618 million, all coming from private donations and grants from the public and corporations.
- Since 2017, MSF has suspended funding from the European Union's institutions and its member states, including humanitarian funding from Sida. During the year we ended our formal agreement as a humanitarian strategic partner with Sida.
- In total, MSF Sweden had 121 field workers, 56 % of whom belong to the medical professions, deployed in a total of 165 assignments in 38 different countries. During 2017, we recruited 40 new field workers.
- The advocacy in Sweden focused amongst other things on EU's migration and refugee policy, protection of medical missions, access to vaccines and lifesaving medicines as well as context-specific advocacy on Libya, Syria, Yemen and Myanmar. Another focus was advocacy related to Médecins Sans Frontières' project in Götene, Skaraborg County, where we have worked to improve access to psychosocial support for asylum seekers.
- MSF Sweden's communication work focused amongst other things on migration and on our Search and Rescue operations in the Mediterranean. Other issues that we highlighted were how war and violence affect the civilian population in Iraq, the cholera outbreak in Yemen and the situation for the Rohingya people in Myanmar and Bangladesh.
- To develop and improve our field operations, the Stockholm Innovation Unit worked on ten different assignments during the year, ranging from tele-surgery, sterilisation of medical equipment (autoclave) to vacuum-assisted wound treatment.
- During the year, the Stockholm Evaluation Unit carried out 18 evaluations and other internal learning processes, ranging from the evaluation of MSF's emergency responses (Syria, Haiti and Guinea) to processes related to human resource management.

*The following is a summary of the activities in 2017:*

## RECRUITMENT AND DEVELOPMENT OF FIELD WORKERS

Each year, more than 3 000 international fieldworkers, together with around 32 000 national staff, assist people in need in more than 60 countries. In 2017, 121 of them were sent from Sweden.

In total, these 121 field workers were deployed in the field on 165 different assignments, which is slightly fewer than last year. These took place in 38 countries, but more than half of them were in the following seven countries: Iraq, South Sudan, Democratic Republic of Congo, Ethiopia, Afghanistan, Nigeria and Bangladesh.

Of the field workers deployed, 56 % belong to the medical professions (doctors, nurses, midwives, psychologists and biomedical analysts) while 44 % were non-medical staff (logisticians, water and sanitation experts, financial administrators, HR administrators, cultural mediators and interpreters).

During 2017, we recruited 40 new fieldworkers, and we organised several introduction and training courses, amongst others three preparatory courses for newly recruited fieldworkers, that took place in Stockholm.

In addition to the 165 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 2017, MSF Sweden in cooperation with other MSF sections organised a paediatric conference, MSF Paediatric Days, for the second consecutive year. During the two-day long conference in Dakar, Senegal, healthcare professionals, politicians and researchers gathered to discuss how paediatric care can be improved in the resource-limited settings where we work. This conference is an initiative of the MSF's International Paediatric Workgroup. The first paediatric conference was held in Stockholm 2016 at the Karolinska University Hospital and in 2019, the conference will again be held in Sweden.

## FUNDRAISING

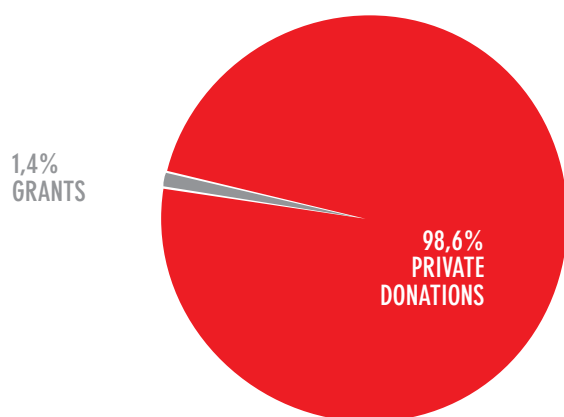
### PRIVATE DONATIONS AND GRANTS

During 2017, MSF Sweden raised SEK 618 million from the public and from companies. This was 105 million less than the previous year, but it exceeded our target for the year. The decrease is due mainly to the decrease in donations from foundations, since during 2016 we received a large donation of SEK 130 million from the Akelius Foundation. During 2017, over 280 000 donors contributed to our work, compared to 290 000 the previous year.

Our goal is to collect donations and grants that are not earmarked for any specific project or purpose. This means that we are able to decide where and how the funds will be 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.

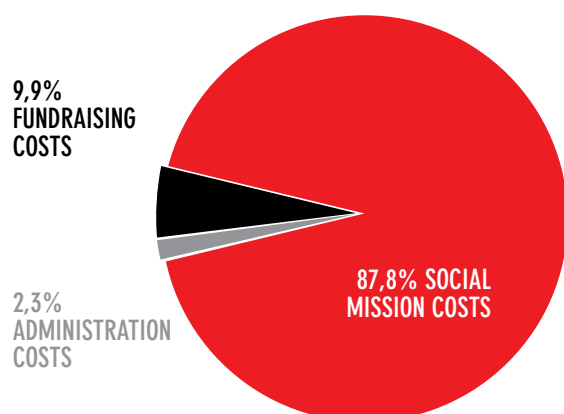
A stable and predictable income is a prerequisite for us to plan and implement our activities in the field. The corner-stone of this is all our monthly donors who, thanks to their monthly donation, contribute not

## WHERE DID THE MONEY COME FROM?



## HOW WAS THE MONEY SPENT?

Distribution of total costs



only to stability and predictability but also to reduced administrative costs. During 2017, 126 000 monthly donors (2016: 120 000) gave a total of more than SEK 200 million (2016: 190 million).

Donations as a result of postal mailings in which field workers share their experiences and meetings with patients generated over SEK 70 million (2016: 73 million).

Gifts donated in relation to memorials and celebrations brought in SEK 37 million, which is at the same level as last year. The revenues from legacies increased by more than 40% compared to last year and amounted to SEK 182,5 million (2016: 129 million).

Donations made through our digital fundraising channels resulted in more than SEK 36 million (2016: 36 million). The Swedish Postcode Lottery supported MSF Sweden with SEK 40 million (2016: 25 million) in annual base grant and the Radiohjälpen Foundation supported us with a total of SEK 4 million (2016: 1 million). Donations from companies decreased com-

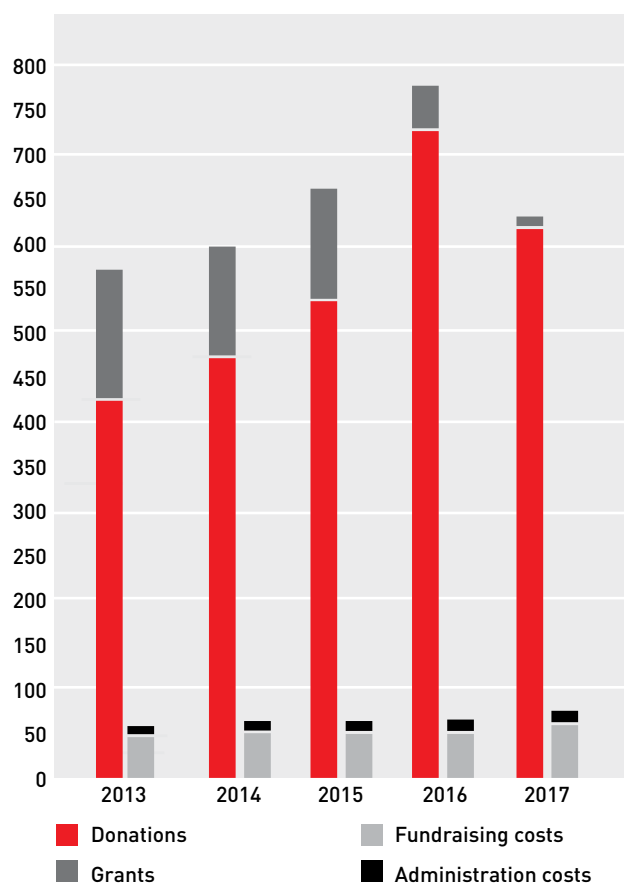
pared to the previous year, amounting in 2017 to SEK 29,6 million (2016: 54,8 million).

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, Pakistan, Lebanon, Haiti and the Democratic Republic of Congo. For more information on how the funds raised have been used during 2017, please refer to note 1 and 7.2 on page 19, 21-22.

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

The difference goes to the social mission

Million SEK



## INSTITUTIONAL FUNDRAISING

Since 2017, MSF has suspended funding from the European Union's institutions and its member states, including humanitarian funding from Sida. This is a reaction to the European Union's inhumane refugee policies and the use of humanitarian aid to keep refugees away from the European borders. For this reason, MSF Sweden did not apply for new humanitarian funds from Sida





Bakhita Mongu brought her 7-month old son Bless to the hospital in Aweil, South Sudan, with suspected malaria. PHOTO PETER BAUZA

for 2017. During the year, we have focused on ending the formal agreement with Sida as a strategic partner in the best possible way as well as ensuring a good closure of the Institutional Fundraising unit. Although we no longer receive humanitarian funding from Sida, we have had and have the ambition to continue to have a good dialogue on important medical and humanitarian issues in the future.

#### TEMOIGNAGE – COMMUNICATION AND ADVOCACY

One of our mandates is to bear witness – to raise our voice about abuse and unacceptable suffering we witness in the field and to be a catalyst for change. We do this amongst other things through press and information work, advocacy and campaigns.

#### COMMUNICATION

Our communication work aims to increase the knowledge of humanitarian crises among both the public and decision-makers to achieve a change. We

seek to highlight the situation both in crises which get media attention and in those which are less known.

Migration remained high on the agenda in 2017, also with regard to our communications. The general attitude towards the Search and Rescue operations in the Mediterranean became increasingly critical during the year, which led to many questions and an active communication concerning the situation in the Mediterranean and our activities. Another major issue, both for us and the Swedish media, was the situation for people trapped in detention centres in Libya, where MSF was one of only a few international organisations present.

We continued to report on how war and violence affect the already vulnerable population in Iraq as well as drawing attention to the situation in Yemen, a country already severely affected by war and destruction. During the year, a large-scale cholera outbreak took a massive toll both on the affected population and also on an already weak healthcare system. The



Mothers wait with their children outside the paediatric clinic at the Ahmad Shah Baba Hospital in Kabul, Afghanistan. PHOTO ANDREW QUILTY/OCULI

situation of the Rohingya, subject to persecution and violence in Myanmar and the hundreds of thousands who fled to Bangladesh, accounted for a large part of our reporting during the fall.

We continued to use social media to raise awareness about our humanitarian work. By the end of the year, we had more than 390 000 followers on Facebook, 9 000 on Instagram and 12 000 on Twitter. Video is the most popular content on the internet, so by using videos we try to provide our followers and donors with a vivid insight into our work.

During the year, four opinion articles were published in the major newspapers. These articles focused on the situation for refugees and migrants detained in Libya, asked EU and Sweden to implement more humane migration policies, and drew attention to the catastrophic humanitarian consequences of the protracted conflict in Yemen.

## ADVOCACY

In 2017 several ongoing humanitarian crises in the world deteriorated. Issues raised with the Swedish government and other decision-makers included the cholera outbreak and blockage of humanitarian aid into Yemen and humanitarian access in Syria.

2017 was a dramatic year for our activities on Europe's borders. Our rescue boats in the Mediterranean continued to save people from the waves, after they had risked their lives to escape the violence in Libya. Our teams in Libya have testified to the severe humanitarian consequences, violence and extensive exploitation in the detention centres where refugees and migrants are being held. The EU's migration and refugee policy, which focuses on stopping refugees and migrants from coming to Europe, leads to human suffering, of which we repeatedly informed decision-makers in Sweden.



Another concern that we brought up with decision-makers and other organisations in Sweden through several meetings is the reduction in emergency response capacity and the increasing absence of humanitarian actors in conflict zones such as for example in Yemen, the Democratic Republic of Congo and Nigeria.

Another focus has been on the protection of medical missions in armed conflict zones, with the aim of stopping attacks on healthcare structures in humanitarian crises. We have done this by becoming involved in a working group on the protection of medical missions, appointed on the initiative of the Swedish government's "International law and disarmament delegation".

2017 was the first year of Sweden's two-year term as a non-permanent member of the UN Security Council. The membership has led to an increasing focus on humanitarian crises related to conflicts, which we have been able to address in bilateral meetings with the Swedish Ministry for Foreign Affairs.

Within MSF's Access campaign, the focus has been on advocating lower prices and better adapted vaccines. As the high price means that treatment is out of reach for people who need the lifesaving new hepatitis C drug (sofosbuvir), we, together with Médecins du Monde (MdM) and other civil society organisations in 17 countries, challenged the pharmaceutical company Gilead's monopoly on sofosbuvir in Europe by simultaneously filing patent oppositions to the European Patent Office.

Between August 2016 and August 2017, MSF ran a project to improve the mental health of asylum seekers in Götene, Skaraborg County. The aim of the project was to see how a model used by MSF in other countries can function in Sweden, and then spread the methods of early identification and psychosocial support to other actors. The problem of access to health care and psychosocial support for this group has been raised with decision-makers on different levels.

## OPERATIVE SUPPORT

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

### MSF SWEDEN'S INNOVATION UNIT

In order to adapt to challenges in a changing world and at the same time improve our medical humanitarian activities, it is important that we as an organisation are innovative and seek constant 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 inno-



On the way to Ndingiri in the Central African Republic.

PHOTO CATERINA SCHNEIDER-KING/MSF

vation 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 not only in tackling concrete cases in the field, related to areas such as biomedical equipment and medical IT systems, but also in dealing with how to address ethical principles, how to align fundamental innovation values with the decision-making process, and how to evaluate ongoing innovation activities.

In 2017, the unit worked on a total of ten assignments, some of which have reached the implementation phase. The autoclave (a vapor sterilizer central to surgical activities) that the unit has developed with various partners for the difficult conditions in which we work was tested in our project in Haiti. In Bangladesh, cold chain indicators for vaccines were tested. These should ensure that the vaccines have been kept cold and that the quality of the vaccine can be guaranteed all the way to the vaccination occasion even in environments where the availability of electricity is uncertain.

### STOCKHOLM EVALUATION UNIT

The Stockholm Evaluation Unit placed at the Swedish Médecins Sans Frontières' office is part of Médecins Sans Frontières' international evaluation group that consists of three independent evaluation units located in Vienna, Paris and Stockholm, all of which evaluate our medical humanitarian operations worldwide. The units also 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





In 2017, Nigeria suffered its worst meningitis C epidemic in almost ten years. At the Sokoto hospital, MSF treated hundreds of patients, most of them between five and twenty years old.

PHOTO FABRICE CATERINI/INEDIZ









Vaccination against meningitis in Damaturu, Nigeria.

PHOTO IGOR BARBERO/MSF

development of activities through an evaluation of our efforts. During the year, the unit carried out 18 evaluations and other internal learning processes. These cover an array of topics and types of project, ranging from evaluating MSF's emergency responses (Syria, Haiti and Guinea), to human resources management processes.

## A MEMBER ASSOCIATION

As a non-profit association, MSF counts on its members to actively participate in the association's activities and contribute to strengthening the organisation's medical identity. To become a member in the association, one must have worked for a certain number of months in the field/office or have volunteered in the office for MSF. The rules for membership are regulated in the statutes.

At the end of 2017 we had 418 active members (i.e. those who have paid their membership fee), which includes fieldworkers (more than 75% of all members), office staff and volunteers. About 60% of our members have a medical background.

Our ambition is to have committed members. All the active members have the right to vote at the General Assembly (GA), either in person or by proxy and they can also present motions. Members can also participate in discussion evenings and in international associative events. To inform members of upcoming activities, debates and operational updates is a priority. In 2017, seven newsletters were distributed to the members. Regular e-mails and updates on the Facebook page allow members to keep informed of the association activities in Sweden and movement-wide.

## DISCUSSION EVENINGS

Several discussion evenings took place during 2017:

- *MSF Antibiotic Resistance Day* (a whole-day event), February 4
- *Accountability to Beneficiaries*, March 6
- *Fear as a driver within global health: the Ebola experience*, April 24
- *MSF Sweden's Strategy*, September 13
- *Our operations in Mosul*, October 4
- *Life on Hold: the Götene project*, December 19

## MSF SWEDEN'S GENERAL ASSEMBLY

Our General Assembly (GA) took place on May 19-20 in Stockholm. The total number of participants, including Norwegian members and special guests, amounted to more than 200. Of these, 114 were voting members from MSF Sweden. At the GA, changes in the statutes were approved as well as guidelines for the Election Committee. Two motions were approved (related to behaviour and the prevention of power abuse), and one motion on having a pre-GA was rejected. Debates held at the GA concerned growth, humanitarian ethics and sexual harassment.

## OTHER ASSOCIATION EVENTS DURING THE YEAR

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 in Amsterdam, the PowWow (annual gathering of the associations of MSF Denmark, Sweden and Norway) in Norway, Field Associative Debates in Italy, the Democratic Republic of Congo and the Central African Republic, the Humanitarian Congress in Berlin, the Scientific Days in London and in the MSF Paediatric Days in Dakar.

## THE MSF SWEDEN BOARD

The MSF Sweden Board met on 15 occasions during 2017. An evaluation of the Board's work was carried out in April, and in the fall the Board participated in board training. During the year, the Board and the Executive worked on a new MSF Sweden Strategy for 2018 – 2021. The Board also worked together with the Executive through four Strategic Platforms (Operative Support, Recruiting, Finance & Fundraising and Communication). 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, both our president and a member from the Swedish association are representatives in the International General Assembly. In 2017, a former board member of MSF Sweden was elected to the International Board of MSF.





The conditions in the Libyan migrant detention camps are terrible. During the year, MSF provided medical care in several camps and we could with our own eyes witness the extremely inhumane conditions. PHOTO GUILLAUME BINET/MYOP, TRIPOLI

THE BOARD ELECTED AT  
THE GENERAL ASSEMBLY 2017 WAS:

*President:* Katrin Kiswani, nurse

*Vice president:* Sophie Graner, gynaecologist

*Secretary:* Anna Bergström, head of department

*Treasurer:* Andreas Häggström (deputy board member), economist

*Ordinary members:* Luis Encinas, nurse, Mikael Mangold, hygiene specialist, Lina Gustin, midwife, Ingrid Maria Johansen, program manager, Jessica Svefors, medical doctor, Adam Thomas, regional manager

*Deputy board member:* Karin Fischer Liddle, nurse

*Election Committee from May 2017:* Sara Hjalmarsson, Helena Nordenstedt, Monika Kullberg, and Jon Gunnarsson Ruthman

*Auditor:* Pernilla Varverud (Grant Thornton)

*Deputy auditor:* Susanna Johansson (Grant Thornton)

PRESENT DURING 2017 YEAR'S BOARD MEETINGS:

BOARD MEMBERS	PRESENCE /NUMBER OF POSSIBLE MEETINGS
Anna Bergström***	12/15
Luis Encinas	8,5/15
Karin Fischer Liddle**	6/8
Sophie Graner*****	13/15
Lina Gustin**	7/8
Andreas Häggström	15/15
Ingrid Maria Johansen****	8/9
Katrin Kiswani	15/15
Mikael Mangold	15/15
Monika Kullberg (former Oswaldsson)*	6/7
Jessica Svefors	11,5/15
Adam Thomas***	13/15

\*Term of office ended May 2017

\*\* Elected to the Board May 2017

\*\*\*Re-elected May 2017

\*\*\*\* Resigned in August 2017 on being elected to the International Board (2 years remaining of term of office). The MSF Sweden Board has since then consisted of ten members.

\*\*\*\*\*Elected May 2017 as an ordinary member (previous a deputy board member)



The MSF Health Center in Bidibidi, Uganda. PHOTO FREDERIC NOY/COSMOS

## SUSTAINABILITY INFORMATION

MSF Sweden strives to have a sustainable approach within all areas of work and during 2017, the environmental policy was updated.

Throughout the year, systematic work environment activities have been carried out, among other things, by the safety officers and the safety committee that has actively and regularly carried out various types of protection round (physical and psychosocial). The annual staff survey regarding the working environment have been performed and the results have been discussed in the management team as well as with the staff in numerous workshops.

Through our collaboration with the training company Mindset, the staff is offered qualified competence development courses free of charge. Courses have been conducted in areas such as leadership, personal efficiency and project management.

To prevent unhealthy stress at the workplace, proactive work is carried out. In addition to the training of managers and appraisals that include a focus on stress, we have also promoted our health insurance that makes it possible for employees to turn to a company for advice and support as a preventative measure.

Our salary policy promotes gender equality in the payroll, as the salaries are set per position (e.g. press secretary) and are decided before the recruitment of the person starts. In addition, the salary upgrade is the same for all employees and not through salary discussions.

We are actively working to prevent all forms of corruption and fraud. In addition to running control activities, the financial controller has got further educated in how to fight bribery and corruption and our

risk analysis has undergone a thorough update, which includes preventive measures in all areas and for all types of risks.

## FUTURE DEVELOPMENTS

We see a continuing need to monitor the developments in Sweden and within the EU regarding the mental health of refugees, migrants and asylum seekers. There is also a need for safe and legal alternatives to the risky routes that people are forced to take today. Based upon what we have learned from our project in Götene, Skaraborg County, where we have provided psychosocial support to asylum seekers, we shall continue to work to encourage other actors to implement our model of care to improve the support provided to asylum seekers.

It is very hard to see any immediate solution to the conflicts in countries like Syria, South Sudan, the Central African Republic and Yemen. Therefore, we shall continue to be present in areas where war and conflict have made it difficult for assistance to reach the affected populations and where the security risks are significant. Efforts will also be required to stop epidemics such as measles, diphtheria, cholera and yellow fever that often affect those already affected by a crisis or where there is an acute lack of functioning health care.

To ensure the quality of activities under great pressure, we require employees who are well equipped for these conditions. The recruitment and, above all, development of our staff, both for field work and in the Swedish office, will continue to be a priority in the coming year. As always, we will also in 2018 be ready for the next crisis. This requires a stable and predictable revenue, and we shall therefore continue to focus our efforts on increasing the non-earmarked monthly donations. To further increase our fundraising, we shall during the coming year start fundraising activities in Finland.

In 2018, Médecins Sans Frontières Sweden will celebrate 25 years of activities. We shall highlight this in various ways, both by looking back upon what we have achieved so far and also by looking forward.

Médecins Sans Frontières Sweden will continue to be an active partner within the organisation. Issues that we shall keep an eye on include, for example, ensuring diversity and inclusion in all areas of Médecins Sans Frontières and making the organisation a truly global movement. We will also continue to contribute to MSF's ongoing efforts to prevent abuse and harassment and to increase the awareness of and reinforce the organisation's existing reporting mechanisms.

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



# FINANCIAL OVERVIEW

## STATEMENT OF FINANCIAL ACTIVITIES

	Note	2017	2016
<b>INCOME</b>			
Donations	1, 4	609 385 866	717 137 898
Sales revenue	2	19 667	12 577
<b>Total income from the public</b>		<b>609 405 533</b>	<b>717 150 475</b>
Grants from Sida	3.1	-	57 100 000
Private grants	3.2, 4	8 538 307	5 789 164
<b>Total income from institutional donors</b>		<b>8 538 307</b>	<b>62 889 164</b>
Membership fees		127 017	124 880
Other income	5	56 285	293 508
<b>Total other income</b>		<b>183 302</b>	<b>418 388</b>
<b>• Total income</b>		<b>618 127 142</b>	<b>780 458 027</b>
<b>EXPENDITURE</b>			
Social mission costs	7	-542 368 427	-712 929 389
Fundraising costs		-61 115 629	-54 534 261
Administration costs	8	-14 312 649	-12 822 534
<b>• Total expenditure</b>	6,9	<b>-617 796 705</b>	<b>-780 286 184</b>
<b>Net income</b>		<b>330 437</b>	<b>171 843</b>
<b>Result from financial investments</b>			
Interest income		-	94
Interest costs and similar items		-294 684	-135 078
<b>Total result from financial investments</b>		<b>-294 684</b>	<b>-134 984</b>
<b>• Surplus/deficit</b>		<b>35 753</b>	<b>36 859</b>

## BALANCE SHEET

	Note	31 dec 2017	31 dec 2016
<b>ASSETS</b>			
<b>Non-current assets</b>			
<i>Tangible assets</i>			
Inventory	10	724 548	1 583 717
<b>Total non-current assets</b>		<b>724 548</b>	<b>1 583 717</b>
<b>CURRENT ASSETS</b>			
<i>Current receivables</i>			
Other receivables	11	9 435 113	10 493 730
Prepaid expenses and accrued income	12	30 563 333	144 171 576
		<b>39 998 446</b>	<b>154 665 306</b>
Cash and cash equivalents		107 952 482	116 835 070
<b>Total current assets</b>		<b>147 950 928</b>	<b>271 500 376</b>
<b>• Total assets</b>		<b>148 675 476</b>	<b>273 084 093</b>
<b>EQUITY AND LIABILITIES</b>			
<i>Equity</i>			
Accumulated balance		422 188	385 329
Surplus/deficit		35 753	36 859
<b>Total equity</b>		<b>457 941</b>	<b>422 188</b>
<b>CURRENT LIABILITIES</b>			
Accounts payable		1 870 890	3 647 982
Liabilities MSF projects	13	122 774 051	250 903 592
Liabilities, received not yet utilised grants	14	5 299 125	9 837 432
Other current liabilities	15	3 453 762	2 601 752
Accrued expenses and prepaid income	16	14 819 707	5 671 147
<b>Total current liabilities</b>		<b>148 217 535</b>	<b>272 661 905</b>
<b>• Total equity and liabilities</b>		<b>148 675 476</b>	<b>273 084 093</b>

## CHANGES TO EQUITY

	Accumulated balance	Total equity
Opening balance	422 188	422 188
Surplus/deficit		35 753
<b>● Closing balance</b>	<b>422 188</b>	<b>457 941</b>

## STATEMENT OF CASH FLOWS

	2017	2016
<b>OPERATING ACTIVITIES</b>		
Net income	330 437	171 843
<i>Elimination of expenses and income with no impact on cash flow etc.</i>		
Depreciation	1 407 095	1 600 891
Interest received	0	94
Interest paid	-294 684	-135 078
<b>Cash flow from operating activities before variation in working capital</b>	<b>1 442 848</b>	<b>1 637 750</b>
Increase in receivables	114 666 861	-132 693 535
Decrease/increase in accounts payable	-1 777 092	1 251 346
Decrease/increase in liabilities MSF projectst	128 129 541	155 521 190
Decrease/increase in other current receivables	5 462 262	-35 306 399
<b>Cash flow from operating activities</b>	<b>-8 334 662</b>	<b>-9 589 648</b>
<b>INVESTING ACTIVITIES</b>		
Investments in tangible non-current assets	-547 926	-866 783
<b>Cash flow from investing activities</b>	<b>-547 926</b>	<b>-866 783</b>
Change in cash and equivalents	-8 882 588	-10 456 431
Opening cash and equivalents	116 835 070	127 291 501
Effect of exchange rate fluctuations		
<b>Closing cash and cash equivalents</b>	<b>107 952 482</b>	<b>116 835 070</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 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 as 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 refers to.

## OPERATING EXPENSES

### SOCIAL MISSION COSTS

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

### FUNDRAISING COSTS

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

### ADMINISTRATION COSTS

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

### LEASING

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

### EMPLOYEE REMUNERATIONS

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



## ASSETS

### TANGIBLE NON-CURRENT ASSETS

Tangible non-current assets are valued at acquisition value less depreciation according to plan. Depreciation is linear across the asset's estimated lifetime.

### 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:

	2017	2016
General Public	533 233 158	499 333 842
Companies	29 626 299	54 865 561
External trusts and foundations	6 526 409	137 938 495
The Swedish Postcode Lottery base grant	40 000 000	25 000 000
● <b>Total</b>	<b>609 385 866</b>	<b>717 137 898</b>

The decrease in donations from external trusts and foundations compared to previous year is due to the large donation of SEK 130 million donated by the Akelius Foundation in 2016.

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

Distribution	2017	2016
Africa	142 090	74 559
Emergency Fund*	781 784	869 881
Bangladesh	419 696	–
Children and youths	667 878	1 086 036
Central African Republic	15 000	2 250
Ecuador	–	6 386
Ethiopia	740	8 633

Yellow fever	–	500
Haiti	16 664	5 558 357
HIV	1 019 774	–
India	–	400
Iraq	25 321	507 473
Yemen	61 105	4 990
Kenya	15 001	–
Cholera	1 000	2 000
Congo, Democratic Republic of the	28 440	3 250
Women's health	14 930	916 000
Women's and children's health	816 463	–
Lebanon	500 000	–
Malaria	1 315	11 480
Malawi	–	7 333
Mali	–	3 603
Mexico	3 000	–
Myanmar (Burma)	222 433	–
People affected by the Syria conflict, support from Lebanon	393 040	983 902
Refugees	2 789 291	133 529 071
Measles	4 590	6 195
Niger	–	1 934
Nigeria	629 740	28 965
Pakistan	1 900 300	–
Palestine	–	82
Clean water	1 450	300
Sierra Leone	100	–
Somalia	1 300	–
Tetanus vaccine	4 520	3 745
Sudan	2 960	400
South Africa	200	2 500 220
South America/Central America	–	1 179 696
South Sudan	1 204 860	3 090 251
Malnutrition	200 000	–
Vaccinations	33 725	11 620
<b>Subtotal</b>	<b>11 918 709</b>	<b>150 399 512</b>

Unrestricted donations	597 467 157	566 738 386
● <b>Total</b>	<b>609 385 866</b>	<b>717 137 898</b>

\*The funds raised through the Emergency Fund 2016 and 2017 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 19 667.

**Note 3.1 | Grants from Sida**

Grants received from Sida were spent in the following countries:

MSF - projects	2017	2016
Haiti	–	5 050 000
Congo, Democratic Republic of the	–	15 150 000
Malawi	–	3 570 000
Myanmar (Burma)	–	4 040 000
Niger	–	4 040 000
Sierra Leone	–	10 100 000
South Sudan	–	15 150 000
● <b>Summa</b>	–	<b>57 100 000</b>

Since 2017, MSF has suspended funding from the European Union's institutions and its member states, including humanitarian funding from Sida, see explanation on page 8-9.

**Note 3.2 | Private Grants**

	2017	2016
The Swedish Postcode Lottery special project	4 538 307	4 789 164
Radiohjälpen	4 000 000	1 000 000
● <b>Total</b>	<b>8 538 307</b>	<b>5 789 164</b>

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 2017. We have also received a SEK 10 million grant from the Swedish Postcode Lottery for our innovation work in our field projects, to be spent during a period of years. Of these funds, SEK 1,5 million are recognised as income in 2017. From Radiohjälpen we received a SEK 2 million grant for a project in Pakistan and a SEK 1 million grant for a project in Nigeria as well as SEK 1 million for a project in Tajikistan.

**Note 4 | Funds raised**

	2017	2016
Private donations recognised in statement of financial activities	609 385 866	717 137 898
Private grants recognised in statement of financial activities	8 538 307	5 789 164
● <b>Total funds raised</b>	<b>617 924 173</b>	<b>722 927 062</b>

**Note 5 | Other income**

This amount consists mainly of income in relation to associative activities, rental of the auditorium and subsidies from the labor office for temporary staff.

**Note 6 | Staff**

AVERAGE NUMBER OF EMPLOYEES	2017	2016
Women	62	60
Men	26	21
<b>Total</b>	<b>88</b>	<b>81</b>

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

**BOARD MEMBERS**

Women	6	8
Men	4	3

**MANAGEMENT TEAM AND SECRETARY GENERAL**

Women	5	5
Men	1	1

**SALARIES AND REMUNERATION**

Board**	268 800	235 035
Secretary General***	601 597	621 909
Other employees	31 783 518	28 941 639
● <b>Total</b>	<b>32 653 915</b>	<b>29 798 583</b>

\*\* Remuneration for the president according to decision taken at General Assembly (2016 and 2017). 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.

**SOCIAL INSURANCE CHARGES**

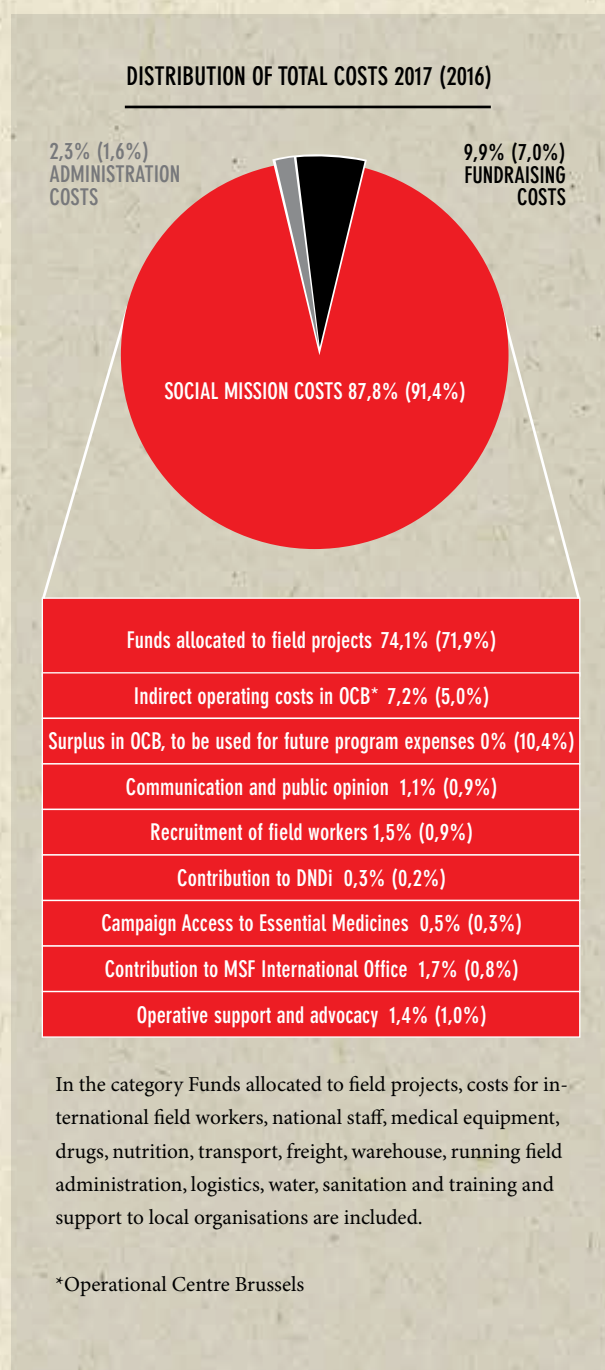
Pension costs for		
Secretary General and Board	116 792	137 146
Pension costs other employees	2 462 739	2 117 506
Other social insurance charges	10 828 333	9 965 163
● <b>Total</b>	<b>13 407 864</b>	<b>12 219 815</b>

In other social insurances charges costs for staff insurances, wage tax and general payroll tax are included. During the year approximately 108 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 11 854 hours, corresponding to approximately 6,1 FTEs. During the year SEK 346 084 in wage subsidies from the labor office has been received.



## Note 7 | Social mission costs

The item consists of funds allocated abroad (SEK 517 425 949), consisting of private funds allocated abroad, and all costs, including salaries and social insurance charges related to the recruitment of field workers (SEK 9 268 510), operative support and advocacy (SEK 8 807 060) and communication and public opinion (SEK 6 866 909). Up until 2016 grants from Sida allocated to field projects were included in this post.



## 7.1 | MSF - projects

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

MSF - projects	2017	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
<b>Total</b>	<b>–</b>	<b>55 405 000</b>

Since 2017, MSF has suspended funding from the European Union's institutions and its member states, including humanitarian funding from Sida, see explanation on page 8-9.

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

Country	2017	2016
Afghanistan	52 920 341	14 962 960
Algeria	–	620 542
Australia	–	3 352
Balkans	3 445 035	4 641 169
Belgium (refugees/migrants)	3 575 733	1 059 547
Bangladesh	4 013 998	7 000 000
Bolivia	457 819	14 357
Brazil	144 470	–
Bulgaria	–	622
Burundi	7 656 887	1 640 793
Central African Republic	11 086 607	30 549 858
Dominica	11 749	–
Ecuador	–	31 030
Ivory Coast	20 375	356 682
Egypt	2 565 873	1 839 888
Eritrea	–	21 009
Ethiopia	6 500 000	8 000 000
Europe (refugees/migrants)	7 914 032	111 033 263
France	–	2 189 554
Ghana - Medical Academy	63 080	–
Guinea	6 894 698	1 826 727
Haiti	31 686 402	31 048 072
India	20 846 767	10 269 916
Indonesia	1 106 577	1 042 800
Iraq	14 649 491	4 024 987
Iraqi Kurdistan	2 599 735	2 528 640
Italy	8 221 957	27 387 095
Yemen	7 585 027	10 000 000
Jordan	7 990 750	12 189 554
Kenya	5 744 510	3 431 609
Cambodia	2 642 069	1 522 129
Congo, Democratic Republic of the	31 579 017	31 019 486
Lebanon	32 083 217	–
Libya (adjustment previous year)	–	-205 559
Madagascar	39 895	933 064
Malawi	2 771 441	3 882 440
Mali	31 856	2 192 797

Country	2017	2016
Mauretania	14 203 068	1 609 499
Mediterranean Rescue Boats	6 442 270	8 000 565
Mexico	20 862	–
Mozambique	1 978 268	4 854 516
Myanmar (Burma)	4 000 000	6 500 000
Nauru	751 361	–
Nepal	–	14 020
Niger	4 721 803	2 503 519
Nigeria*	18 922 816	3 049 911
Pakistan*	35 869 732	25 769 702
Palestine territory/Gaza	1 497 394	74
Russia	884 886	295 189
Sierra Leone	12 070 618	2 988 060
Somalia	2 500 000	–
Swaziland	3 500 000	5 000 000
South Sudan	19 388 568	39 967 036
South Africa	8 531 892	9 010 203
Syria	1 634 473	–
Syria (from Lebanon)	4 125 298	18 026 573
Syria (from Turkey)	2 185 551	–
Tadjikistan*	1 000 000	–
Tanzania	–	10 955
Chad	–	8 000 000
Tunisia	1 812 611	1 599 538
Turkey	–	7 902 096
Ukraine	3 997 267	3 225 863
Uzbekistan	15 000 000	12 500 000
Venezuela	9 979 389	3 245 097
Zimbabwe	3 829 923	9 598 291
Operating transversal field expenses	–	3 696 515
Kenya Supply Unit	1 709 347	1 416 481
<b>• Total</b>	<b>457 406 805</b>	<b>505 842 086</b>

\*Included in the funds allocated in 2017: grants from Radiohjälpen to Pakistan: SEK 1 860 000, Nigeria: SEK 1 000 000, Tadjikistan: SEK 930 000.

	2017	2016
Indirect operating expenses (Cost in the operational center in Brussels (OCB), operative and medical support, logistics and communication from the field etc.)	44 490 241	38 769 043
Surplus in OCB, to be used for future program expenses	–	81 189 832
Contribution to the campaign		
Access to Essential Medicines	2 845 546	2 105 918
Contribution to MSF International Office	10 576 583	6 111 155
Contribution to research initiative DNDi (Drugs for Neglected Diseases initiative)	2 106 774	1 656 658
<b>Total funds allocated abroad</b>	<b>517 425 949</b>	<b>691 079 692</b>
Communication and public opinion	6 866 909	6 915 300
Operative support and advocacy	8 807 060	7 623 193
Recruitment of field workers	9 268 510	7 311 204
<b>• Total social mission costs</b>	<b>542 368 428</b>	<b>712 929 389</b>

(note 7.1 and 7.2)

## Note 8 | Administration costs

MSF Sweden's support (SEK 1 771 791) to start MSF in Finland are included in the administration costs.

## Note 9 | Leasing

MSF Sweden leases office premises and copying machines. Leasing charges recognised as expenses amount to SEK 2 823 543 (2 870 846).

Future leases come due as follows:

	2017	2016
Within 1 year	4 059 039	2 555 961
1-5 years	11 835 751	3 445 486
<b>• Total</b>	<b>15 894 790</b>	<b>6 001 447</b>

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

## Note 10 | Inventory

	2017-12-31	2016-12-31
Opening acquisition value	8 699 313	8 827 927
This year's purchase	547 926	866 783
Sales and disposals	–	-995 397
<b>Closing accumulated acquisition value</b>	<b>9 247 239</b>	<b>8 699 313</b>
Opening depreciation	-7 115 596	-6 510 102
Sales and disposals	–	995 397
This year's depreciation	-1 407 095	-1 600 891
<b>Closing accumulated depreciation value</b>	<b>-8 522 691</b>	<b>-7 115 596</b>
<b>Closing residual value according to plan</b>	<b>724 548</b>	<b>1 583 717</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 1 250 000 (SEK 1 400 000). Receivables are valued to the amount estimated to be paid, based upon individual examination.



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

	2017-12-31	2016-12-31
Prepaid rent	969 103	655 870
Other prepaid expenses	347 404	172 782
Funds raised in the current year received by MSF Sweden in the following year*	29 246 826	143 342 924
<b>● Total</b>	<b>30 563 333</b>	<b>144 171 576</b>

\*The decrease compared to 2016 is due to the large donation from the Akelius Foundation in 2016.

**Note 13 | Debts MSF projects**

Refers to funds allocated to field projects in 2017 but not yet transferred by 2017-12-31. The allocated funds were transferred in the beginning of 2018.

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

	2017-12-31	2016-12-31
Debt to the Swedish Postcode Lottery, received not yet utilised grants	5 299 125	9 837 432
<b>● Total</b>	<b>5 299 125</b>	<b>9 837 432</b>

**Note 15 | Other debts**

	2017-12-31	2016-12-31
Withholding tax	897 898	932 411
Wage tax	1 530 005	1 159 702
Other entries	1 025 859	509 639
<b>● Total</b>	<b>3 453 762</b>	<b>2 601 752</b>

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

	2017-12-31	2016-12-31
Accrued vacation pay	1 919 367	1 736 863
Accrued social insurances charges	1 205 475	1 249 747
Approved grants from the Swedish Postcode Lottery for 2018 but received by MSF Sweden in 2017	8 000 000	–
Other entries	3 694 865	2 684 537
<b>● Total</b>	<b>14 819 707</b>	<b>5 671 147</b>

**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 | Material events after year-end**

1st of June 2018, Oliver Schulz will take over as the new Secretary General of MSF Sweden.

Stockholm 2018-04-13

Katrin Kiswani  
*President*

Anna Bergström  
*Secretary*

Lina Gustin

Mikael Mangold

Sophie Graner

Adam Thomas

Luis Encinas

Jessica Svefors

Mari Mörth  
*Secretary General*

Our Audit Report was submitted on 2018-04-13

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 2017.

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 2017 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.

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 2017.

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

### BASIS FOR OPINION

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

### RESPONSIBILITIES OF THE BOARD OF DIRECTORS

The Board of Directors is responsible for the administration.

### AUDITOR'S RESPONSIBILITY

My objective concerning the audit of the administration, and thereby my opinion about discharge from liability, is to obtain audit evidence to assess with a reasonable degree of assurance whether any member of the Board of Directors in any material respect has undertaken any action or been guilty of any omission which can give rise to liability to the Association. Reasonable security is a high degree of security, but no guarantee that an audit conducted in accordance with generally accepted auditing standards in Sweden will always detect actions or omissions that can give rise to liability to the Association. As part of an audit in accordance with generally accepted auditing standards in Sweden, I exercise professional judgment and maintain professional skepticism throughout the audit. The examination of the administration is based primarily on the audit of the accounts. Additional audit procedures performed are based on my professional judgment with starting point in risk and materiality. This means that I focus the examination on such actions, areas and relationships that are material for the operations and where deviations and violations would have particular importance for the Association's situation. I examine and test decisions undertaken, support for decisions, actions taken and other circumstances that are relevant to my opinion concerning discharge from liability.

Stockholm den 2018-04-13

Pernilla Varverud  
Authorized Public Accountant

# THANKS FOR YOUR SUPPORT!

*MSF Sweden would like to deeply thank all of you who in different ways have contributed to our work during 2017. Many thanks to all of our fantastic volunteers who have worked voluntarily in our office during the year. We also especially want to thank all the persons who through donations and legacies have shown great trust in our work.*

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