

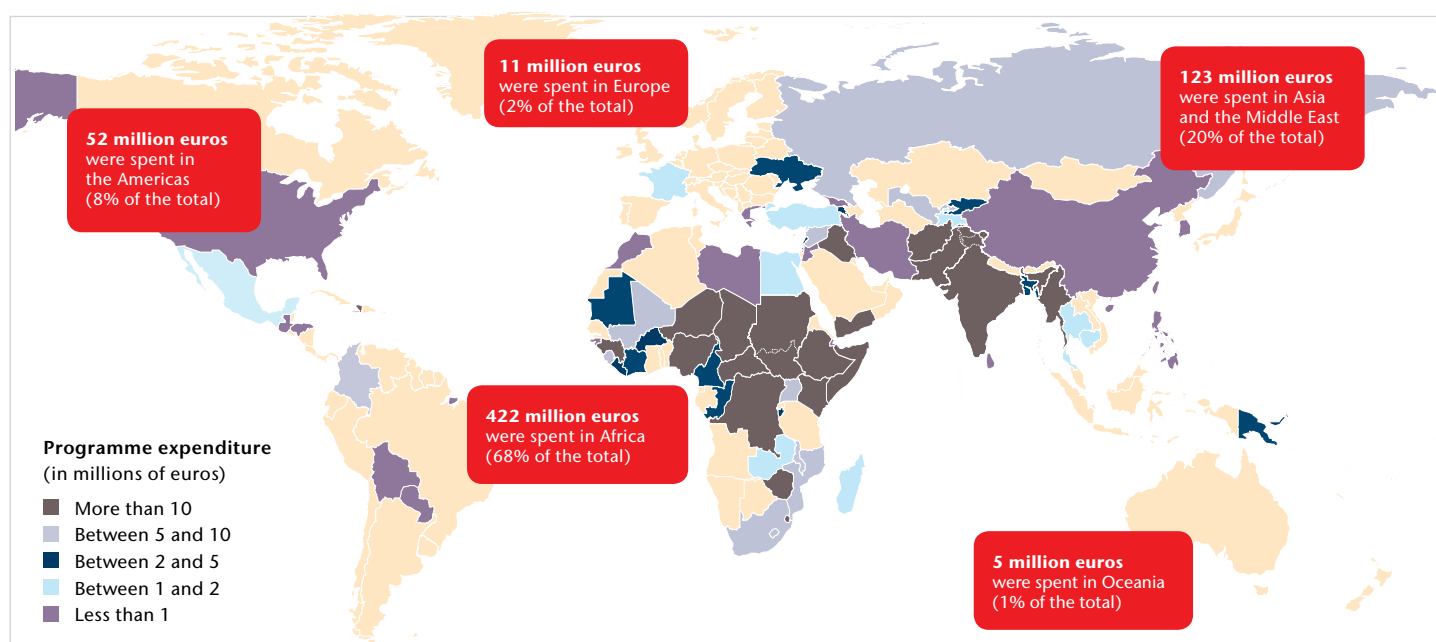
MÉDECINS SANS FRONTIÈRES FINANCIAL REPORT 2012

KEY FIGURES

Médecins Sans Frontières (MSF) is pleased to present its audited combined Financial Statements.

These combined accounts are a means of transparency and accountability, providing a global overview of MSF's work. They represent an aggregation of the Financial Statements of the 19 main MSF national offices worldwide, together with those of the offices in Brazil, the Czech Republic, Ireland and South Africa, satellite organisations and MSF International. The full Financial Report for 2012 is available at www.msf.org.

MSF AROUND THE WORLD



EXPENDITURE

	2012	percentage	2011
Programmes	619	66%	610
Headquarters programme support	104	11%	92
Témoignage / awareness-raising	32	3%	27
Other humanitarian activities	7	1%	7
Social mission	762	81%	737
Fundraising	125	13%	111
Management and general administration	57	6%	52
Other expenses	182	19%	163
Total expenditure	944	100%	900

In millions of euros

Total expenditure in 2012 was 944 million euros, an increase of 44 million euros over 2011—equating to a 5% increase in activities. This expenditure can be broken down into two main categories: social mission and other expenses. MSF's social mission accounted for 81% of total expenditure in 2012.

PROGRAMME EXPENDITURE

	<i>In millions of euros</i>		
	2012	percentage	2011
Democratic Republic of Congo	73	18%	67
South Sudan	61	10%	62
Haiti	38	7%	35
Niger	26	5%	32
Somalia	25	4%	25
Kenya	23	4%	24
Sudan	20	3%	23
Chad	20	3%	20
Ethiopia	19	3%	18
Zimbabwe	19	3%	18
Other countries	295	40%	285
Total programme expenditure	619	100%	610

2012 was primarily a year of conflict and refugee response. Amid escalating violence, the Democratic Republic of Congo remained our biggest programme: we carried out 1.6 million consultations and admitted more than 90,000 patients to hospital.

When 170,000 Sudanese fled violence, only to find shortages of water, shelter and nutrition in South Sudan, MSF set up hospitals and clinics, and improved access to safe water. Similar services were brought to Malian refugees in Burkina Faso, Mauritania and Niger.

MSF teams managed to overcome insecurity and lack of authorisation to set up medical services at locations inside Syria, and brought assistance to Syrians who had fled to Iraq, Jordan, Lebanon and Turkey. But we could fill only a fraction of the need.

Our HIV and tuberculosis activities continued to expand, and new tools were introduced to prevent disease, including cholera vaccination and antimalarial medication.

In total, close to 32,000 field staff carried out 390 programmes in 71 countries in 2012.

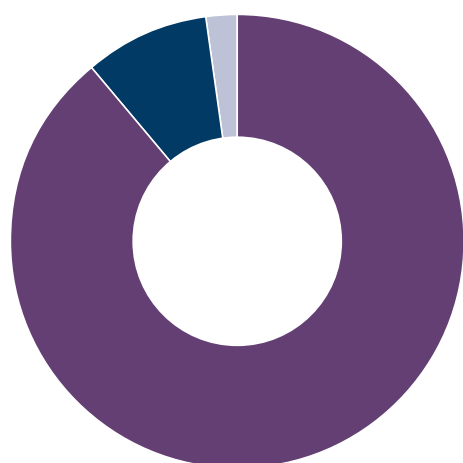
INCOME

	<i>In millions of euros</i>		
	2012	percentage	2011
Private income	839	89%	792
Public institutional income	83	9%	75
Other income	16	2%	19
Total income	938	100%	886

2012 saw an increase in income for MSF compared with 2011. Total incoming resources of 938 million euros for 2012 were 52 million euros more than in 2011.

More than 4.6 million individual donors and private funders provided 89% of MSF's private income in 2012.

After adjusting for exchange gains and losses, MSF shows a deficit of 11 million euros. MSF has a reserves policy of holding a minimum of three months and a maximum of twelve months of total expenditure as retained earnings. The level of reserves at 31 December 2012 equates to approximately 7.6 months of activity.



4.6
MILLION
private donors

For more information:
MSF Financial Report 2012
MSF International Activity Report 2012
www.msf.org



■ Private income	89%
■ Public institutional income	9%
■ Other income	2%