

Médecins Sans Frontières
(Company limited by guarantee)

**Directors' report and
financial statements**

Year ended 31 December 2014

Registered number: 464033

Charity registration number: 18196

Médecins Sans Frontières

(Company limited by guarantee)

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Médecins Sans Frontières
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Directors and other information

Directors	Dr. Gabriel Fitzpatrick Ms. Bernadette Orbinski Burke Mr. Daniel McLaughlin Ms. Vickie Hawkins (British)	(Chairman)
Secretary	Ms. Jane-Ann McKenna	
Registered office	9 - 11 Upper Baggot Street Dublin 4	
Auditor	KPMG Chartered Accountants 1 Stokes Place St. Stephen's Green Dublin 2	
Bankers	Bank of Ireland College Green Dublin 2	
Solicitors	Kilroys Solicitors 69 Lower Leeson Street Dublin 2	

Médecins Sans Frontières

(Company limited by guarantee)

Directors' report

The directors present their directors' report and audited financial statements for the year ended 31 December 2014.

Principal activities and business review

Médecins Sans Frontières ("MSF") is the leading international non-governmental organisation for emergency medical aid. We provide independent medical relief to victims of war, disasters and epidemics in over 60 countries around the world. We strive to provide assistance to those who need it most, regardless of ethnic origin, religion or political affiliation. In order to get access to and care for the most vulnerable, MSF's operational policies must remain scrupulously independent of governments, as well as religious and economic powers.

We rely on private individuals for the majority of our funding. In the field, we conduct our own assessments, manage projects directly and monitor the impact of our aid. We campaign locally and internationally for the right of civilians to impartial humanitarian assistance. We also campaign for fairer access to medicines and health care for the world's poorest people.

MSF is a voluntary organisation. Each year, approximately 2,500 doctors, nurses, logistics specialists, engineers and other professionals of all nationalities leave on field assignments and work closely with thousands of local staff.

The MSF Ireland office was set up in April 2006 and functions for operational purposes as a branch office of MSF UK. The office is currently staffed with 6 full-time employees, comprising of a Director, Communications Manager, Fundraising Manager, Digital Fundraising and Marketing Coordinator, Supporter Care Executive and Fundraising & Office Administrator. In addition, several office and field volunteers support activities with communications, administration, lectures, presentations and recruitment.

MSF Ireland supports MSF's fieldwork through recruiting volunteers, raising vital funds and providing information and raising awareness of humanitarian crises among the general public and key decision makers in Ireland. MSF Ireland works closely with the MSF UK office where a specialist medical team, known as the Manson Unit, works directly with the field project teams to help solve urgent clinical issues. In addition, experienced personnel from both offices regularly provide direct support to field teams in their area of expertise.

Constitution, directors and secretary

The Irish office became an incorporated body in Ireland on 6 November 2008 and was set-up as a company limited by guarantee (Company number 464033). During the year, Mr. Marc Dubois resigned as Director upon his departure as Executive Director of MSF UK. Mr. Jehangir Gandhi was appointed as a Director for an interim period from 28 February to 20 May 2014, until Ms. Vickie Hawkins was appointed on 20 May 2014. Mr. Daniel McLaughlin was appointed as a director in April 2014 and assumed the role of treasurer on 3 July 2014. MSF Ireland is recognised by the Revenue Commissioners as having charitable status (Registration Number: CHY 18196)

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Directors' report (*continued*)

Constitution (*continued*)

The governing document of the company is its Memorandum & Articles of Association, where the objective is set out as: "to relieve and promote the relief of sickness and to provide medical aid to the injured and to protect and preserve good health by the provision of medical supplies, personnel and procedures calculated to overcome disease, injury or malnutrition in any part of the world and in accordance with the principles espoused by the International Council of Médecins Sans Frontières in October 1990.

THE CHARTER OF MEDECINS SANS FRONTIERES

- Médecins Sans Frontières offers assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict, without discrimination and irrespective of race, gender, religion, creed or political affiliation.
- Médecins Sans Frontières observes strict neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and demands full and unhindered freedom in the exercise of its functions.
- Médecins Sans Frontières' volunteers undertake to respect their professional code of ethics and to maintain complete independence from all political, economic and religious powers.
- As volunteers, members are aware of the risks and dangers of missions they undertake, and have no right to compensation for themselves or their beneficiaries other than that which Médecins Sans Frontières is able to afford them.

International organisational structure

Initially founded in Paris in 1971, MSF has become an international organisation. MSF has sections in Australia, Austria, Belgium, Canada, Denmark, France, Germany, Greece, Holland, Hong Kong, Italy, Japan, Luxemburg, Norway, Spain, Sweden, Switzerland, UK and USA. It also has offices in Brazil, Argentina, India, South Africa, South Korea, UAE, Mexico, the Republic of Ireland and the Czech Republic. The International Office is based in Geneva, Switzerland. Management of MSF projects is shared via five operational centres in Amsterdam, Barcelona, Brussels, Geneva and Paris.

All MSF sections and offices agree to abide by the principles of the International Charter of MSF.

The MSF sections and offices work in collaboration with one another and meet regularly through various fora to discuss operational issues. Resources are provided between the entities on an arm's length basis and all sections are separate legal entities.

MSF exists to save lives, alleviate suffering and protect human dignity among populations in crisis throughout the world. MSF Ireland contributes directly to that mission by effectively and efficiently contributing to the financial, human and operational requirements of the Operational Centre Amsterdam ('OCA'), as well as the other MSF Operational Centres.

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Directors' report (*continued*)

Risk management

The Directors of MSF Ireland have responsibility for and are aware of the risks which the charity faces. They are confident that adequate and sufficient systems of internal control are in place to minimise financial risk. We also believe that, due to the small size of the Irish organisation, a separate internal audit programme is not necessary.

Other operational and business risks are reviewed, particularly bearing in mind the unavoidable dangers faced by personnel recruited by the Irish office. All possible safeguards are put in place in the field to avoid any security incidents. The Board of Directors is responsible for reviewing the risks highlighted on the risk register on a regular basis.

Fundraising

During the year, MSF Ireland had total incoming resources of €4,349,000 (2013: €3,008,000) from the general public, provision of staff to the field and Irish Aid grants. MSF Ireland would particularly like to thank all our private donors and Irish Aid for their continued generosity, which has directly supported our medical activities in South Sudan, Ethiopia, Central African Republic, Gaza, Philippines, Syria and in respect of the Ebola crisis in West Africa.

Raising private donations is critical to MSF Ireland's operational capacity, flexibility, and independence. In 2014, MSF Ireland raised a total of €2,807,000 (2013: €1,456,000) in private income which is a 93% increase on the previous year.

Regular gifts by standing order or direct debit are the core of MSF Ireland's financial growth and security. These gifts enable MSF Ireland to deliver a regular flow of funds, which can be used according to need, and which are not reliant on media attention. Regular giving is the bedrock of MSF's financial independence and, in 2014, amounted to €372,000 (2013: €324,000) which is a 15% increase on the previous year.

Loyalty is a key goal of our fundraising work and, in 2014, MSF Ireland maintained our commitment to send relevant and timely information to our supporters, providing reports on how funds are spent. This is part of our Supporter Promise, which includes commitments not to share the personal data of supporters with other organisations.

In 2014, MSF Ireland received a total of €1,297,000 (2013: €1,355,000) in grants from Irish Aid. This was spent on our emergency work in South Sudan, Central African Republic and Ethiopia (South Sudanese Refugees).

Restricted funds: Restricted funds represent grants, donations and legacies, which can only be used for particular purposes specified by the donors. Grants derived from non-institutional restricted income are allocated to MSF sister organisations according to the requests of the donors.

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Directors' report (*continued*)

Fundraising (*continued*)

Grant making policy: The allocation of grants from unrestricted income is decided on the basis of needs identified by MSF's Operational Centre in Amsterdam and other MSF Operational Centres. In certain cases, grants from unrestricted income are allocated according to specific requests made by other MSF sister organisations. The financial data in this report refer to MSF Ireland grants to support MSF programmes implemented internationally via Operational Centre Amsterdam and other MSF sister organisations.

Operations overview

This section provides an overview of the work of all five MSF operational centres. In 2014, MSF's programmes continued to provide essential medical services, for free, in some of the world's most remote and dangerous areas, responding to natural disasters and epidemics, treating the victims of war and sexual violence, providing care for those with HIV and tuberculosis (TB), and lobbying for more funding and research into diseases such as sleeping sickness and kala azar, which cause huge numbers of deaths yet receive scant attention in the West.

Security remained a pressing issue in many parts of the world, and in certain countries our staff faced challenging security risks. In January, five MSF volunteers were abducted in northern Syria and held captive by an armed group for several months. After five months they were released. Incidents such as these are a chilling reminder of the risks MSF staff face working in conflict environments.

The Ebola epidemic in West Africa

In 2014 our staff faced unprecedented challenges in relation to MSF's intervention in the Ebola outbreak in West Africa. The Trustees express their gratitude for the dedication of our national and international staff who, in very difficult circumstances, responded to this epidemic.

Since the Ebola outbreak in west Africa was officially declared on 22 March 2014 in Guinea, it has claimed more than 9,000 lives in the region. The outbreak is the largest ever, and is principally affecting three countries in West Africa; Guinea, Liberia and Sierra Leone.

MSF has a multi-pronged strategy to help control the outbreak. We have built and equipped Ebola management centres and made our training centres and materials available to other agencies. We are supporting the collapsing healthcare systems in West Africa, deploying teams to hotspots, raising community awareness and tracing contacts. We have lobbied the United Nations, the World Health Organisation and Western governments to step up their responses and we are assisting in research efforts to find a vaccine or treatment for the disease.

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Directors' report *(continued)*

The Ebola epidemic in West Africa (continued)

MSF's West Africa Ebola response started in March 2014 and, by the end of December, we had 302 international and around 3,600 locally hired staff in the region. We are operating eight Ebola management centres, providing approximately 650 beds in isolation and two transit centres. Since the beginning of the outbreak, MSF has admitted more than 7,700 patients, among whom around 4,800 were confirmed as having Ebola. More than 2,200 of our patients have survived. We have shipped more than 1,400 tons of supplies to the affected countries since March.

In order to address a deeply troubling consequence of the Ebola outbreak in West Africa, MSF has distributed more than two million antimalarial treatments in Liberia and Sierra Leone, a crucial medical intervention in countries where the basic healthcare system has collapsed in recent months. Malaria is endemic in west Africa, but basic healthcare such as malaria treatment is now very difficult to find. MSF's programme is designed to both prevent and treat new malaria cases, and to minimise the number of people with malaria at Ebola management centres.

In August 2014, a separate and unconnected Ebola outbreak was declared in the Equateur province of Democratic Republic of Congo. In response, MSF opened two management centres, deployed nearly 40 staff members and sent more than 50 tons of supplies and equipment. The MSF teams were able to activate exit plans during October and the World Health Organisation declared the outbreak over in November.

Conflict in South Sudan

The conflict that erupted on 15 December 2013 in South Sudan has displaced more than one million people within the country, while some 450,000 people are seeking refuge in countries bordering South Sudan, according to UN figures.

The conflict has also led to the destruction of medical and other civilian structures, leaving many existing health facilities non-functional, without medical supplies or staff, as health workers fled for their lives.

Prior to the outbreak of the current conflict, MSF had been working continuously in South Sudan for the past 30 years. The humanitarian situation in the country was already dire and access to sparse healthcare facilities was limited, with more than 80 per cent of medical services provided by international organisations.

At present, MSF operates 22 projects in seven of the ten states of South Sudan, including Unity, Upper Nile and Jonglei states where the conflict has taken a particularly heavy toll on the population. MSF runs the only hospital in Abyei, a disputed area on the border between Sudan and South Sudan, and we are also running programmes to provide healthcare to the South Sudanese refugees in neighbouring countries. Our teams are responding to various health needs including surgery, obstetrics, malaria, kala azar, vaccinations against preventable diseases and malnutrition.

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Directors' report *(continued)*

Conflict in South Sudan (continued)

During 2014, there has been intense fighting in Bentiu, the capital of Unity state. In April, MSF despatched an additional surgical team and medical supplies to reinforce the existing team in Bentiu; more than 230 wounded people were treated for gunshot wounds. Thousands fled to a camp managed by the UN's mission in South Sudan, which swelled from 6,000 people to more than 40,000 within a matter of days. Located in a swampy area, for much of August, people were living knee-deep in floodwater contaminated with raw sewage. Many slept standing up, their children in their arms. MSF runs a hospital within the camp with maternity, paediatric and TB wards; outside the camp, MSF runs twice-weekly mobile clinics in Bentiu town.

MSF has more than 3,300 local staff and 350 international staff working in South Sudan.

Refugees around Gambella

Since the onset of conflict in South Sudan mid December 2013, more than one million South Sudanese have been internally displaced and more than 450,000 have sought refuge in the neighbouring countries. Currently, 190,000 refugees are residing in the Gambella region of Ethiopia. Four refugee camps including Kule, Tierkidi, Liechtour and Nip Nip were established in the region to deal with the influx, along with Transit Centres in Pagak, Matar and Burbiey.

MSF began providing medical services to the refugees in the region in February 2014. In Matar, Pagak and Burbiey transit centres, MSF has implemented primary healthcare services. In Liechtour camp, MSF is providing primary and secondary healthcare services through a 100 bed hospital facility. In Itang Health Centre, MSF has a secondary healthcare facility that is, to date, the main secondary level referral centre for the refugee population of both Tierkidi and Kule. Conditions in the camps are poor and MSF teams are seeing high levels of malaria, respiratory infections, acute watery diarrhoea and malnutrition. The potential threat of a Cholera and a Hepatitis E outbreak mobilised MSF to conduct an Oral Cholera Vaccination campaign ("OCV") for every individual over one year of age (except pregnant women) in the refugee sites and the host community in August 2014. Over 175,000 individuals received the vaccine.

Refugee crisis in and around Syria

Now into its fourth year, the war in Syria has killed more than 150,000 people and driven upwards of 9 million people from their homes; more than 2.8 million of these have fled the country and more than 6.5 million are displaced inside its borders.

The humanitarian needs of this population are immense and growing. MSF has been working to provide aid inside Syria since March 2011, although those efforts have been limited by security concerns and access issues. At the same time, MSF has expanded its work with Syrian refugees in Lebanon, Jordan and Iraq.

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Directors' report (*continued*)

Refugee crisis in and around Syria (continued)

In Syria, the health system has collapsed and responding to medical needs has become extremely difficult. Following the abduction of five MSF staff, who are now all released, MSF had to close two hospitals at the start of 2014 and reduce some activities. Nevertheless, MSF is determined to provide medical assistance wherever possible and is currently running four hospitals, two outpatient clinics as well as mobile clinics inside Syria. Our teams have performed 368,589 medical consultations and 5,599 surgeries in and around Syria since the conflict began. We have also delivered 1,516 babies inside Syria.

Conflict in the Central African Republic

Escalating and extreme violence in the Central African Republic ("CAR") over the year resulted in a massive, acute humanitarian crisis in addition to an existing chronic medical one.

For over 20 years, the small landlocked country of CAR has witnessed many political and military crises. Continual population displacement caused by pockets of armed conflict, combined with a poorly resourced, dysfunctional healthcare system, prevents people from obtaining the treatment they need. Many die from easily preventable and treatable illnesses such as malaria, respiratory infections and diarrhoeal diseases. Prior to the current conflict, mortality rates in some regions were up to five times the emergency threshold.

In response to this chronic medical crisis, MSF was providing basic healthcare through seven comprehensive projects – at Batangafo, Boguila, Carnot, Kabo, Ndélé, Paoua and Zémio – when the current emergency began to unfold. Violent fighting broke out in the capital, Bangui in December 2013 and violence has spread through much CAR during 2014. Much of the country has been affected, with extreme levels of violence occurring in Bangui.

Despite some interruptions due to insecurity, our projects have adapted and continue to provide medical care to people in the communities, and to respond to localised emergencies caused by population displacement. Teams offer basic and specialist healthcare, mental health consultations, maternity, paediatric and nutritional services, surgery and HIV and tuberculosis (TB) care.

Nineteen civilians, including three Central African MSF national staff members, were killed during an armed robbery in the grounds of MSF's hospital in the northern town of Boguila during April. After the tragedy, MSF reduced its activities to essential services only. The risks associated with delivering medical and humanitarian aid are still high.

MSF has been working in CAR since 1997. Since December 2013, in response to the crisis, MSF has doubled its medical assistance in CAR and is running additional projects for Central African refugees in neighbouring countries.

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Directors' report (*continued*)

Gaza and the Occupied Palestinian Territories

Unrelenting violence in Gaza and the West Bank continues to have medical, psychological and social consequences for Palestinians.

The Israel–Palestine conflict and inter-Palestinian violence has increased people's need for medical and psychological care and has reduced the availability of drugs, medical equipment and services to treat them. MSF runs programmes in the Occupied Palestinian Territories aimed at meeting the needs not covered by the Palestinian health system.

In Gaza, MSF focuses on plastic surgery, reconstructive surgery and hand surgery for patients suffering from serious burns, trauma and other debilitating injuries. MSF specialist surgeons, anaesthetists and operating theatre nurses work alongside Palestinian colleagues in the two main public hospitals. Most patients are children with burn injuries caused by domestic accidents as electricity shortages force people to find alternative means of cooking and heating their homes. MSF runs a clinic in Gaza City offering post-operative care, including physiotherapy and dressings, to help patients rehabilitate from their surgery.

On 8 July 2014, Israel launched a military operation which it designated Operation Protective Edge Gaza Strip. This was followed by seven weeks of ground fighting and bombardment by both sides. Of the more than 2,000 deaths, 500 were children. MSF provided support to Al-Shifa hospital, the largest hospital in Gaza. Dr. Kelly Dilworth, a paediatric anaesthesiologist, described the situation: “What was most difficult was going from one sleepless night to the next, treating seriously wounded people who arrived by the dozen, without knowing when it would all stop. Our Palestinian colleagues did amazing work, but that was just too much.”

Access Campaign

MSF aims to bring the best medical care possible to some of the most disadvantaged people on earth. However, our medical teams are often hindered in delivering that optimised care. In 1999, in the wake of our being awarded the Nobel Peace Prize, MSF launched the Access Campaign. Its purpose has been to push for access to, and the development of lifesaving and life prolonging medicines, diagnostic tests and vaccines for patients in MSF programmes and beyond.

From the start, we faced two major challenges: the high cost of medicines currently available and the absence of appropriate treatments for many of the diseases that affect patients in the areas where we work. That is why we adopted a two-track solution to the problem. On the one hand, we challenged the high costs of existing drugs, such as those to treat HIV/AIDS, and worked to bring prices down. On the other hand, we focused on stimulating research into new medicines for neglected diseases such as TB, sleeping sickness, kala azar and Chagas disease.

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Directors' report *(continued)*

Access Campaign (continued)

The work of the Access Campaign, together with many other actors, has brought about significant advances over the last few years:

- Large-scale treatment of HIV with generic antiretroviral (ARVs) drugs has become a reality and an international priority
- An effective malaria therapy, known as artemisin-based combination therapy (ACT), has been introduced in most African countries.
- Treatment of people with multidrug-resistant tuberculosis (MDR-TB) has become an international public health priority
- The Access Campaign has raised awareness of the urgent need for new ways to tackle the most neglected diseases, such as sleeping sickness, leishmaniasis and Chagas disease.

Reserves policy

The policy approved by the directors is to maintain the unrestricted reserve at an amount equivalent to at least 4.5 months of budgeted expenditure. The unrestricted reserve at 31 December 2014 stood at €988,000 which, in the opinion of the directors, is sufficient to cover budgeted expenditure for 4.5 months.

The reserves at the end of the year are primarily due to the generosity of the Irish public following the unprecedented publicity that resulted from MSF's intervention in the Ebola crisis in the latter months of 2014.

Message from the directors of MSF Ireland

The directors are particularly grateful to the personnel that we sent out to field projects during the year. They are all prepared to accept a very small remuneration, which is far below what they could earn if they stayed in Ireland. We could not continue our work without them.

We are also grateful to the many volunteers who give up their time to help out in the office. During 2014, volunteers provided a total of approximately 130 days (*2013: 292 days*) of time. We are extremely appreciative of their support and willingness to help out with any task.

Strategic planning

MSF Ireland is developing an exciting strategic plan for the years 2015-2019. The focus for this coming period will be on increasing public awareness of MSF in Ireland and developing our reputation as a leading medical humanitarian aid provider in emergencies. A key objective will be to significantly increase fundraised income and MSF's supporter base in Ireland, whilst maintaining proven cost effectiveness. Activities will continue to be consolidated with the strategic plans of MSF UK and of the Operational Centre in Amsterdam.

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Directors' report *(continued)*

Results

The surplus for the year is as set out in the Income and Expenditure account on page 15.

Accounting records

The directors believe that they have complied with the requirements of Section 202 of the Companies Act, 1990 with regard to books of account by employing personnel with appropriate expertise and by providing adequate resources to the finance function. The books of account are maintained at MSF UK, 67-74 Saffron Hill, London EC1N 8QX and regular returns are made to the company's registered office at 9-11 Upper Baggot Street, Dublin 4.

Post balance sheet events


There were no significant post balance sheet events which affect the financial statements.

Auditor

In accordance with Section 160(2) of the Companies Act, 1963, the auditor, KPMG, Chartered Accountants, will continue in office.

On behalf of the board


Daniel McLaughlin
Director


Dr. Gabriel Fitzpatrick
Director

22 April 2015

Médecins Sans Frontières

(Company limited by guarantee)

Statement of directors' responsibilities in respect of the directors' report and the financial statements

The directors are responsible for preparing the Directors' Report and financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law, the directors have elected to prepare the financial statements in accordance with Generally Accepted Accounting Practice in Ireland, comprising applicable company law and the accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland. The financial statements are required by law to give a true and fair view of the state of affairs of the company and of its surplus or deficit for that period.

In preparing these financial statements, the directors are required to:


- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for keeping proper books of account that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Acts 1963 to 2013. They are also responsible for taking such steps as are reasonably open to them to safeguard the assets of the company and to prevent and detect fraud and other irregularities.

The directors are also responsible for preparing a Directors' Report that complies with the requirements of the Companies Acts 1963 to 2013.

On behalf of the board


Daniel McLaughlin
Director


Dr. Gabriel Fitzpatrick
Director

Independent auditor's report to the members of Médecins Sans Frontières

We have audited the financial statements of Médecins Sans Frontières for the year ended 31 December 2014 which comprise the Income and Expenditure Account, Balance Sheet, Cash Flow Statement and related notes. The financial reporting framework that has been applied in their preparation is Irish law and accounting standards issued by the Financial Reporting Council and promulgated by The Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

This report is made solely to the company's members, as a body, in accordance with Section 193 of the Companies Act 1990. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditor

As explained more fully in the Directors' Responsibilities Statement set out on page 12, the directors are responsible for the preparation of the financial statements giving a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with Irish law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Financial Reporting Council's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies, we consider the implications for our report.

Opinion on financial statements

In our opinion:

- the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the company's affairs as at 31 December 2014 and of its surplus for the year then ended; and
- the financial statements have been properly prepared in accordance with the Companies Acts 1963 to 2013.

Independent auditor's report to the members of Médecins Sans Frontières *(continued)*

Matters on which we are required to report by the Companies Acts 1963 to 2013

We have obtained all the information and explanations which we consider necessary for the purposes of our audit.

The financial statements are in agreement with the books of account and, in our opinion, proper books of account have been kept by the company.

In our opinion, the information given in the directors' report is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the provisions in the Companies Acts 1963 to 2013 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by law are not made.


Conor O'Dowd

for and on behalf of
KPMG

Chartered Accountants, Statutory Audit Firm
1 Stokes Place, St. Stephen's Green, Dublin 2

22 April 2015

Médecins Sans Frontières

Income and expenditure account for the year ended 31 December 2014

		Unrestricted funds €'000	Restricted funds €'000	Year ended 31 December 2014 Total €'000	Year ended 31 December 2013 Total €'000
Incoming resources					
Donations, legacies and similar income	2	1,689	1,118	2,807	1,456
Grants for operational programmes	3	-	1,297	1,297	1,355
Supply of staff to overseas projects	4	245	-	245	197
Total incoming resources		1,934	2,415	4,349	3,008
Resources expended					
Costs of generating funds	5	744	-	744	362
Charitable activities	6	457	2,582	3,039	2,431
Governance costs	7	12	-	12	12
Total resources expended		1,213	2,582	3,795	2,805
Net incoming resources before taxation	8	721	(167)	554	203
Taxation	11	-	-	-	-
Net incoming resources after taxation	15/16	721	(167)	554	203

The company had no recognised gains or losses in the financial year or preceding financial year other than those dealt with in the income and expenditure account.

On behalf of the board


Daniel McLaughlin
Director

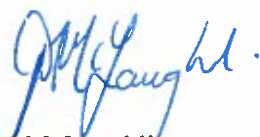

Dr. Gabriel Fitzpatrick
Director

Médecins Sans Frontières

Balance sheet at 31 December 2014

	<i>Notes</i>	2014 €'000	2013 €'000
Fixed assets			
Tangible assets	<i>12</i>	-	-
		<hr/>	<hr/>
Current assets			
Debtors	<i>13</i>	263	781
Cash at bank and in hand	<i>20</i>	1,883	400
		<hr/>	<hr/>
		2,146	1,181
Creditors: amounts falling due within one year	<i>14</i>	(1,120)	(709)
		<hr/>	<hr/>
Net current assets		1,026	472
		<hr/>	<hr/>
Net assets	<i>17</i>	1,026	472
		<hr/> <hr/>	<hr/> <hr/>
Funds			
Unrestricted funds	<i>15</i>	988	267
Restricted funds	<i>16</i>	38	205
		<hr/>	<hr/>
Net funds	<i>17</i>	1,026	472
		<hr/> <hr/>	<hr/> <hr/>

On behalf of the board



Daniel McLaughlin
Director



Dr. Gabriel Fitzpatrick
Director

Médecins Sans Frontières

Cash flow statement for the year ended 31 December 2014

	<i>Notes</i>	2014 €'000	2013 €'000
Cash flow from operating activities	<i>19</i>	1,483	48
		<hr/>	<hr/>
Increase in cash in the year	<i>20</i>	1,483	48
		<hr/>	<hr/>

Médecins Sans Frontières

Notes

forming part of the financial statements

1 Accounting policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the company's financial statements.

Basis of preparation

The financial statements have been prepared in accordance with applicable accounting standards under the historical cost convention and comply with financial reporting standards of the Financial Reporting Council, as promulgated by the Institute of Chartered Accountants in Ireland.

Income recognition

Income is reflected in the income and expenditure account when the effect of the transaction or other event results in an increase in the charity's assets.

When the charity provides services in accordance with agreements, the income is recognised when the service is provided. Income due but not yet received at the year end is included in debtors on the balance sheet and funds already received in relation to future years but not yet expended are shown in creditors as deferred income. All statutory grants are treated as restricted grants.

Non-statutory grants and donations are recognised when there is evidence of entitlement. Voluntary income is recognised when the income is received.

Donated services, goods and facilities are not quantified in the income and expenditure account.

Cost allocation

Expenditure is analysed between resources expended on charitable activities, governance costs and the costs of generating funds. Resources expended on charitable activities comprise all the resources applied in undertaking work to meet charitable objectives. These costs include direct costs of undertaking these activities, together with the support costs incurred to enable these activities to be undertaken.

Receivables

Receivables comprise the value of donations and grants receivable at the end of the accounting period.

Legacies

Legacy income is recognised on a receivable basis when the company can reliably estimate the amount due, is certain of receipt and has confirmation of entitlement. The recognition of legacy income in the financial statements is dependent on the type of legacy; pecuniary legacies are recognised upon notification of impending distribution, residuary legacies are recognised at the earlier of the cash receipt or agreement of the final estate accounts. Legacies subject to the life interest of another party are not recognised.

Médecins Sans Frontières

Notes (continued)

1 Accounting policies (continued)

Income from supply of staff to overseas projects

Income associated with the invoicing of other MSF sections for the costs of recruitment and remuneration of personnel working on our overseas projects is accounted for on a receivable basis.

Cost of generating funds

Fundraising costs include expenses incurred in attracting donations, legacies and similar incoming resources, both private and institutional, and the costs of activities for income generation. They also include costs associated with raising the profile of the charity.

Restricted funds

Restricted funds represent donations received which can only be used for particular purposes.

Tangible fixed assets

Tangible fixed assets are stated at cost less accumulated depreciation. Depreciation is provided at rates calculated to write off the cost of fixed assets, less estimated residual value, on a straight line basis over their expected useful lives, as follows:

Computer equipment	-	3 years
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Pensions

Pension benefits are met by payments to an external defined contribution scheme administered by a third party. Contributions are charged to the profit and loss in the year in which they fall due.

Taxation

No taxation is provided for in these financial statements as the company enjoys charitable status.

Foreign currencies

Trading activities denominated in foreign currencies are recorded in euro at actual exchange rates as of the date of the transaction. Current monetary assets and liabilities denominated in foreign currencies are reported at the rates of exchange prevailing at the year end. Any gain or loss arising from a change in exchange rates subsequent to the date of the transaction is reported as an exchange gain or loss in the income and expenditure account.

Operating leases

Operating lease rentals are charged to the income and expenditure account on a straight line basis over the period of the lease.

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Notes (continued)

2 Incoming resources from generated funds - donations, legacies and similar income

	Unrestricted funds €'000	Restricted funds €'000	2014 Total €'000	2013 Total €'000
Appeals income	949	695	1,644	741
Legacies	167	5	172	133
Corporate	140	73	213	52
Trust	12	277	289	150
Committed giving	372	-	372	324
Other donations	49	68	117	56
	<u>1,689</u>	<u>1,118</u>	<u>2,807</u>	<u>1,456</u>

3 Incoming resources from generated funds – grants for operational programmes

	2014 €'000	2013 €'000
Irish Aid		
Central African Republic (CAR)	450	75
South Sudan	472	515
Ethiopia (Gambella)	375	-
Chad	-	465
Philippines	-	300
	<u>1,297</u>	<u>1,355</u>

4 Incoming resources from other activities

	Unrestricted funds €'000	Restricted funds €'000	2014 Total €'000	2013 Total €'000
Income from supply of staff to overseas projects	245	-	245	197
	<u>245</u>	<u>-</u>	<u>245</u>	<u>197</u>

Médecins Sans Frontières

Notes (continued)

5 Costs of generating funds

	Unrestricted funds €'000	Restricted funds €'000	2014 Total €'000	2013 Total €'000
Salaries and pensions	142	-	142	61
Travel and subsistence	4	-	4	2
Other personnel costs	2	-	2	3
Office costs (including depreciation)	9	-	9	8
Professional fees	3	-	3	2
Promotion	584	-	584	286
	<u>744</u>	<u>-</u>	<u>744</u>	<u>362</u>

6 Expenditure on charitable activities - operational programmes

	Unrestricted funds €'000	Restricted funds €'000	2014 Total €'000	2013 Total €'000
Institutional funds transferred to operational programmes				
Central African Republic	-	450	450	75
South Sudan	-	472	472	515
Ethiopia (Gambella)	-	375	375	-
Chad	-	-	-	465
Philippines	-	-	-	300
	<u>-</u>	<u>1,297</u>	<u>1,297</u>	<u>1,355</u>

Médecins Sans Frontières

Notes (continued)

6 Expenditure on charitable activities - operational programmes (continued)

	Unrestricted funds €'000	Restricted funds €'000	2014 Total €'000	2013 Total €'000
Private grants transferred to operational programmes				
Central African Republic	-	43	43	100
Ebola (West Africa)	-	765	765	-
Palestine (Gaza)	-	24	24	-
Philippines	-	219	219	181
South Sudan	-	3	3	100
Syria	1	231	232	309
	<u>1</u>	<u>1,285</u>	<u>1,286</u>	<u>690</u>
Medical and programme support				
Salaries and pensions	20	-	20	21
Travel and subsistence	4	-	4	2
Other personnel costs	2	-	2	2
Office costs	9	-	9	8
Professional fees	3	-	3	2
	<u>38</u>	<u>-</u>	<u>38</u>	<u>35</u>

Médecins Sans Frontières

Notes (continued)

6 Expenditure on charitable activities - operational programmes (continued)

	Unrestricted funds €'000	Restricted funds €'000	2014 Total €'000	2013 Total €'000
Recruitment for overseas projects				
Salaries and pensions	12	-	12	14
Travel and subsistence	4	-	4	2
Other personnel costs	2	-	2	3
Office costs	9	-	9	8
Professional fees	3	-	3	2
	<u>30</u>	<u>-</u>	<u>30</u>	<u>29</u>
Témoignage & advocacy				
Salaries and pensions	92	-	92	73
Travel and subsistence	4	-	4	3
Other personnel costs	2	-	2	3
Office costs	9	-	9	8
Professional fees	3	-	3	2
	<u>110</u>	<u>-</u>	<u>110</u>	<u>89</u>
International staff				
Costs of employing international staff	245	-	245	197

Médecins Sans Frontières

Notes (continued)

6 Expenditure on charitable activities – operational programmes (continued)

	Unrestricted funds €'000	Restricted funds €'000	2014 Total €'000	2013 Total €'000
Support costs				
Salaries and pensions	15	-	15	21
Travel and subsistence	4	-	4	2
Other personnel costs	2	-	2	3
Office costs	9	-	9	8
Professional costs	3	-	3	2
	<u>33</u>	<u>-</u>	<u>33</u>	<u>36</u>
Total expenditure – operational programmes	<u>457</u>	<u>2,582</u>	<u>3,039</u>	<u>2,431</u>

7 Governance costs

	Unrestricted funds €'000	Restricted funds €'000	2014 Total €'000	2013 Total €'000
Auditor's remuneration	12	-	12	12
	<u>12</u>	<u>-</u>	<u>12</u>	<u>12</u>

8 Net incoming resources

	2014 €'000	2013 €'000
Net incoming resources is stated after charging:		
Auditor's remuneration	<u>12</u>	<u>12</u>

Médecins Sans Frontières

Notes (continued)

9 Directors' remuneration

Dr. Gabriel Fitzpatrick did not receive any remuneration during the year in respect of his duties as a director of the company. However, he was contracted overseas by MSF UK for a field mission to Sierra Leone during the year. The total amount remunerated through the company and subsequently reimbursed to the company by a fellow group undertaking was €2,210.

None of the other directors were remunerated by the company during the year.

10 Staff numbers and costs

The average number of contracted employees throughout the year, calculated on a full-time equivalent basis, was:

	2014 Number of employees	2013 Number of employees
Private and institutional fundraising	3	2
Temoignage & advocacy	2	1
Management & administration	1	1
Irish staff on overseas projects	9	8
	<hr/>	<hr/>
	15	12
	<hr/>	<hr/>
	2014 €'000	2013 €'000

The costs of employing those staff was

Wages and salaries	435	330
Social security costs	45	33
Pension costs	43	7
	<hr/>	<hr/>
	523	370
	<hr/>	<hr/>

In addition to the above, approximately 130 days (2013: 292 days) (equivalent of 0.6 full time employees for the year) of time has been given to the company during 2014 by more than 7 office volunteers.

MSF Ireland operates a pay policy whereby the pay scale of the highest paid employee never exceeds 3 times the pay scale of the lowest paid employee. In 2014, no employee earned over €71,000.

Included in total staff costs is an amount of €245,259 (2013: €196,507) reimbursed by other MSF sections. These staff costs, together with associated expenses, are shown as income and costs in the financial statements (see notes 4 and 6).

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Notes (continued)

11 Taxation

No taxation is payable as the company enjoys charitable status.

12 Tangible fixed assets

	Computer equipment	
	2014	2013
	€'000	€'000
Cost		
At beginning and end of year	17	17
	<hr/>	<hr/>
Depreciation		
At beginning of year	17	14
Charge for the year	-	3
	<hr/>	<hr/>
At end of year	17	17
	<hr/>	<hr/>
Net book value		
At end of year	-	-
	<hr/>	<hr/>
At beginning of year	-	3
	<hr/>	<hr/>

13 Debtors

	2014	2013
	€'000	€'000
Amounts due from MSF UK	133	734
Amounts due from other MSF sections (see below)	51	30
Other debtors and accrued income	79	17
	<hr/>	<hr/>
	263	781
	<hr/>	<hr/>

During the year, €245,259 (2013: €196,507) was billed to other MSF sections; €193,802 (2013: €166,963) was recovered, and €51,547 (2013: €29,544) is outstanding as at 31 December 2014.

Amounts due from MSF UK and other MSF sections are interest free and payable on demand.

Médecins Sans Frontières

Notes (continued)

14 Creditors: amounts falling due within one year	2014	2013
	€'000	€'000
Grants payable to other MSF sections (see below)	1,086	689
PAYE/PRSI	12	8
Accruals	22	12
	<u>1,120</u>	<u>709</u>

Grants payable to other MSF sections represent amounts due to MSF Holland (€811,467), MSF France (€24,000) and MSF Belgium (€251,000).

15 Unrestricted funds	2014	2013
	€'000	€'000
At beginning of year	267	269
Surplus for the year	721	(2)
	<u>988</u>	<u>267</u>

16 Restricted funds	At beginning of year €'000	Incoming resources €'000	Resources expended €'000	At end of year €'000
Philippines	204	17	(219)	2
Central African Republic	-	43	(43)	-
Palestine	-	24	(24)	-
Pakistan	1	-	-	1
Iraq	-	1	-	1
South Sudan	-	3	(3)	-
Syrian Crisis	-	231	(231)	-
Ebola (West Africa)	-	799	(765)	34
	<u>205</u>	<u>1,118</u>	<u>(1,285)</u>	<u>38</u>
Irish Aid (note 6)	-	1,297	(1,297)	-
	<u>205</u>	<u>2,415</u>	<u>(2,582)</u>	<u>38</u>

All restricted funds are for specific humanitarian projects in particular areas of the world.

Médecins Sans Frontières

Notes (continued)

17 Analysis of net assets

	Unrestricted funds €'000	Restricted funds €'000	2014 Total €'000	2013 Total €'000
Tangible fixed assets	-	-	-	-
Other net assets	988	38	1,026	472
	<u>988</u>	<u>38</u>	<u>1,026</u>	<u>472</u>

18 Commitments and contingencies

Commitments

There were no commitments, contracted or otherwise, at 31 December 2014, other than lease commitments. Annual commitments under non cancellable operating leases are as follows:

	Land and buildings 2014 €'000	2014 Total €'000	Land and buildings 2013 €'000	2013 Total €'000
Payable on leases in which the commitment expires within:				
- two to five years	17	17	17	17
	<u>17</u>	<u>17</u>	<u>17</u>	<u>17</u>

The amounts charged to the income and expenditure account with respect to these contracts in 2014 was €17,100 (2013: €17,100).

Contingencies

In the normal course of business, the company has provided certain guarantees to its bankers relating to banking arrangements.

19 Reconciliation of net incoming resources to cash flows from operating activities

	2014 €'000	2013 €'000
Net incoming resources	554	203
Decrease (increase) in debtors	518	(374)
Increase in creditors	411	219
	<u>1,483</u>	<u>48</u>
Cash flows from operating activities (note 20)	<u>1,483</u>	<u>48</u>

Médecins Sans Frontières

Notes (continued)

20 Analysis of net cash resources

	At beginning of year €'000	Net cash flows €'000	At end of year €'000
Cash at bank and in hand	400	1,483	1,883

21 Related party transactions

MSF Ireland works in close collaboration with MSF UK on a number of issues. The Director of MSF Ireland is a member of the MSF UK management team and the operational and financial planning for the two entities is done jointly for the purposes of reporting to MSF International.

22 Other MSF sections

MSF Australia	Level 4, 1-9 Glebe Point Road, Glebe, NSW 2037, Australia
MSF Austria	Taborstrasse 10, 1020 Vienna, Austria
MSF Belgium	Rue de l'Arbre Bénit 46, 1050 Bruxelles, Belgium
MSF Canada	720 Spadina Avenue, Suite 402, M5S 2T9 Toronto ON, Canada
MSF Denmark	Dronningensgade 68, 3. DK-1420 Kobenhavn, Denmark
MSF France	8 rue Saint Sabin, F-75011 Paris, France
MSF Germany	Am Kollnischen Park 1, 10179 Berlin, Germany
MSF Greece	15 Xenias St, 115 27 Athens, Greece
MSF Holland	Plantage Middenlaan 14, PO Box 10014, 1001 EA Amsterdam, The Netherlands
MSF Hong Kong	22/F Pacific Plaza, 410-418 Des Voeux Road West, Sai Wan, Hong Kong
MSF International	Rue de Lausanne 78, Case Postale, 116, 1211 Geneve 21, Switzerland
MSF Italy	Via Magenta 5, 00185 Rome, Italy
MSF Japan	3F Waseda SIA Bldg, 1-1 Babashitacho Shinjuku-ku, Tokyo 162-0045, Japan
MSF Luxembourg	68 Rue de Gasperich, L-1617 Luxembourg, Luxembourg
MSF Norway	Hausmannsgate 6, 0186 Oslo, Norway
MSF Spain	Nou de la Rambla 26, 08001 Barcelona, Spain
MSF Sweden	Fredsborgsgatan 24, 4th Floor, Box 47021, 100 74 Stockholm, Sweden
MSF Switzerland	Rue de Lausanne 78, Case Postale, 116, 1211 Geneve 6, Switzerland
MSF UK	67-74 Saffron Hill, London EC1N 8QX, United Kingdom
MSF USA	333 7 th Avenue, 2 nd Floor, New York NY 10001, USA

Transactions with the other MSF sections consist of the following:

- Institutional funds transferred for operational programmes (see note 6).
- Expense recharges (see notes 10 and 13)

Médecins Sans Frontières

Notes *(continued)*

23 Legal status of company

In accordance with Section 24 of the Companies Act, 1963, the company is exempt from including the word 'limited' in its name. The company is limited by guarantee and has no share capital. At 31 December 2014, there were 13 members whose guarantee is limited to €1 each. This guarantee continues for one year after individual membership ceases.

The company, as a charity, is exempt from the reporting and disclosure requirements of the Companies (Amendment) Act, 1986.

24 Approval of financial statements

The directors approved the financial statements on 22 April 2015.