

Médecins Sans Frontières
(Company limited by guarantee)

**Directors' report and
financial statements**

Year ended 31 December 2013

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 (Chairman)
Bernadette Orbinski Burke
Daniel McLaughlin
Joe Gandhi (United Kingdom)

Secretary 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 Lesson Street
Dublin 2

Médecins Sans Frontières

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Directors' report

The directors present their report, together with the audited financial statements of the company, for the year ended 31 December 2013.

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 4 full-time employees, comprising of a Director, a Fundraising Manager, Communications Manager and Donor Care Officer. 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

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). A three-person Irish Board of Directors was established with Dr Simon Collins appointed as Chairman.

On 12 December 2013, Dr. Simon Collins resigned as Chairman and Dr. Gabriel Fitzpatrick was appointed in his place. On 28 February 2014, Marc Dubois resigned as a director and Joe Ghandi was appointed in his place. On 10 April 2014, Daniel McLaughlin was appointed as a director.

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Directors' report *(continued)*

Constitution *(continued)*

The Board of Directors and staff would like to thank Dr. Simon Collins and Marc Dubois for their contributions and commitment to MSF Ireland over the last five years.

MSF Ireland is recognised by the Revenue Commissioners as having charitable status (Registration Number: CHY 18196).

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, 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 FRONTIÈRES

- 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.

Directors and secretary

The Médecins Sans Frontières directors and secretary in office at the date of this report are set out on page 1.

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, India, South Africa, UAE, 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 the MSF sections and offices agree to abide by the principles of the International Charter of MSF.

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Directors' report *(continued)*

International organisational structure *(continued)*

The MSF sections and offices work in collaboration with one another and meet regularly through various forums 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.

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 €3,008,000 (2012: €1,761,000) 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 the Philippines, South Sudan, Chad, Syria and the Central African Republic. During the year, two emergency fundraising appeals were launched to directly support our work in Syria and the Philippines.

The raising of private donations is critical to MSF Ireland's operational capacity, flexibility, and independence. In 2013, MSF Ireland raised a total of €1,456,000 (2012: €675,000) in private income which is a notable achievement given the difficult economic climate.

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 2013, amounted to €324,000 (2012: €355,000).

Loyalty is a key goal of our fundraising work and, in 2013, 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.

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Directors' report *(continued)*

Fundraising *(continued)*

In 2013, MSF Ireland received a total of €1,355,000 in grants from Irish Aid. This was spent on our emergency work in South Sudan, Chad, Central African Republic and The Philippines.

The allocation of grants from unrestricted income is decided on the basis of needs identified by MSF Operational Centre Amsterdam ("OCA") and Operational Centre Brussels ("OCB"). In certain cases, grants from unrestricted income are allocated according to specific requests made by other MSF sister organisations. In 2013, grants from unrestricted income were made to the Central African Republic ("CAR") and South Sudan.

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.

Project review and progress during 2013 in respect of the work of all 5 MSF Operational Centres

This section provides an overview of the work of all five MSF operational centres. In 2013, MSF's programmes continued to provide essential medical services, without charge to the recipient, in some of the world's most remote and dangerous areas. Our main activities include responding to natural disasters and epidemics, treating the victims of conflict and sexual violence, providing care for those with HIV and TB and lobbying for more funding and research into neglected diseases such as sleeping sickness and KalaAzar, which cause huge numbers of deaths, yet receive scant attention in the West.

2013 was a year with many challenges. After more than two and a half years of violent conflict in Syria, the previously well functioning health system has collapsed. Conflict in the CAR and in South Sudan has left the majority of the population without access to healthcare with significant numbers of the population living in fear and displaced from their homes. Typhoon Haiyan in the Philippines affected more than 13 million people.

Africa – Conflict & Poverty in CAR

For CAR, 2013 was characterised by escalating violence, increasing levels of insecurity, displacement and chaos. CAR has a population of 4.6 million people; half are in dire need of emergency aid. The presence of various armed actors and the lack of a functioning government has led to entire communities being vulnerable to extreme violence. Nearly 20 percent of the population have fled their homes seeking refuge from the violence in the bush and living without food, hygiene, shelter or healthcare.

United Nations agencies and many NGOs, citing insecurity, have withdrawn to the capital, Bangui, leaving most of the country without vital aid. During the rebel offensive during 2013, hospitals and health centres were ransacked and medical staff fled leaving the majority of people with no access to health care. According to an MSF report released in July 2013, the people of CAR have effectively been abandoned, precisely when they most need assistance. Even before the recent crisis, the people suffered the consequences of a severe lack of healthcare, with many health facilities barely operational.

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Directors' report *(continued)*

Africa – Conflict & Poverty in CAR *(continued)*

Violence in Bangui raged throughout December 2013. Hundreds of thousands of people fled their homes to escape the chaos and settled in makeshift sites including the airport, mosques, churches and monasteries. Our teams are attempting to provide medical support to wounded people and assistance to the displaced populations in an increasingly aggressive, volatile and unpredictable environment. MSF teams have witnessed a great deal of violence and security is proving to be a challenge - at times, all but the most urgent activities must be curtailed.

MSF runs seven regular projects at hospitals in Batangafo, Boguila, Carnot, Kobo, Ndélé, Paoua and Zémio. In addition, MSF have emergency projects in eight locations including Bangui. Additional MSF teams are assisting refugees from CAR in the neighboring countries of Cameroon, Chad, Democratic Republic of Congo, and Congo-Brazzaville. In total, MSF have more than 240 international staff and 2,000 local staff working in the country.

Africa – Responding to a crisis in South Sudan

South Sudan, the world's newest country, is facing a new humanitarian crisis. Diseases, malnutrition and displacement are rife. The health system is extremely weak and under resourced. Civilians are bearing the brunt of raging fighting and political and ethnic clashes across South Sudan. More than half a million people have been displaced from their homes. MSF has been working in the region that today constitutes the Republic of South Sudan since 1983 and currently runs 16 projects in nine of the country's ten states. Teams have recently set up emergency operations in 3 areas affected by the internal conflict which broke out in December 2013, providing medical care to more than 110,000 people displaced by fighting.

In one month, more than 89,000 people, mostly women and children, fled violence in South Sudan and crossed into Kenya, Ethiopia and Uganda. The UN base in Juba, the capital, now hosts an estimated 30,000 displaced people who are too afraid to go home. Conditions are extremely overcrowded, water and sanitation is inadequate, and MSF teams are treating a high number of cases of malaria, diarrhoea and respiratory infections.

Even before the recent fighting, many people in South Sudan had little or no access to medical assistance. Most pregnant women were unable to give birth in a medical facility; children had only limited treatment and vaccination options and refugees taking shelter in the country received the bare minimum of assistance. Now, given the deteriorating, dangerous security conditions for the population and aid groups alike, access to care has become even more limited, an outcome that carries potentially grave consequences. MSF currently has 333 international staff working in its projects alongside 3,330 South Sudanese staff.

Asia – Responding to floods in the Philippines

On 8 November, 2013, Typhoon Haiyan cut a devastating path across the central Philippines, affecting nearly 13 million people. The first MSF teams arrived in the Philippines on 9 November, in the immediate aftermath of the typhoon. In the months since Typhoon Haiyan emergency teams have provided medical care, mental health support and delivered thousands of kits containing essential humanitarian relief.

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Directors' report *(continued)*

Asia – Responding to floods in the Philippines *(continued)*

During the first ten days of MSF's intervention, logistics were problematic. The few functioning airports and ports were congested, roads were blocked and damaged and fuel and vehicles were in short supply. The few functioning hospitals had sustained major damage and lacked electricity and health care workers. Reaching out by boat, helicopter, plane and road, MSF emergency teams provided much-needed aid to some of the hardest hit areas.

Within a month, more than 600 MSF staff were working in the country. MSF teams set up four temporary hospitals, comprising of an inflatable hospital in Tacloban and tented hospitals in Burauen, Tanauan, and Guiuan. In addition, MSF is supporting health centres in a number of outlying areas. In three months, MSF's emergency teams completed 81,261 outpatient consultations, admitted 1,639 people into hospital, performed 516 surgeries, delivered 589 babies and distributed 94,033 items of humanitarian relief including shelter kits, tents, mosquito nets, hygiene kits and cooking kits.

As living conditions in many places are overcrowded and unsanitary, MSF teams also took measures to help prevent the spread of disease. Emergency teams in Guiuan are running dengue prevention and water and sanitation activities. So far, they have cleaned 85 wells and distributed 372,800 aqua tabs, which give people clean water. MSF also distributed food for 11,000 families in the archipelago northeast of Panay Island. In the same area, 14,999 children were vaccinated against measles, and 4,654 against polio.

While many international medical agencies are leaving the islands, MSF intends to stay until the health system has adequately recovered, ensuring that urgent medical needs are met. MSF has been working in the country since 1987.

Middle East – Conflict in Syria

The Syrian conflict has been growing in intensity and scope for nearly three years. The human cost of the devastating conflict is appalling. According to recent estimates, more than 120,000 people had been killed through the end of 2013 and more than six million have either been displaced within Syria or driven out of the country.

The humanitarian and medical needs are overwhelming. The previously well functioning health system has collapsed leaving many without access to basic healthcare. Even the routine vaccination programme has been disrupted leaving thousands of children unprotected. Despite not having received the authorisation of the Syrian government to deliver medical assistance, MSF has established programmes inside Syria and in neighbouring countries to tend to those affected.

MSF has been working in the country since 2012, providing direct medical care in opposition-held areas. Within Syria, MSF has installed six field hospitals and two health centres in the north of Syria. The teams are also running mobile clinic programmes in some areas when security conditions allow, and we are running comprehensive routine vaccination programmes for children in the areas where we are operating.

In areas of Syria where MSF is unable to work directly, we have an extensive programme of remote support for Syrian medical networks. The support programme runs in opposition-controlled and in government-controlled areas. In the neighbouring countries of Jordan, Lebanon, Turkey and Iraq, MSF staffs are delivering medical care to Syrian refugees. Our teams are providing basic medical care, emergency care and mental health support in camps, settlements and hospitals across the region.

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Directors' report *(continued)*

Africa – Responding to recurring health emergencies in Chad

Internal strife has diminished since 2010 and the main public health problem for Chadians today is a lack of quality health services, or, in most cases, an absence of health services altogether.

Malnutrition, meningitis and malaria were among the health emergencies faced by Chadians in 2013. Immunisation rates are very low and the country is regularly affected by outbreaks of preventable disease, which increases the exposure of young children to malnutrition.

A quarter of all deaths in Chad are attributed to malaria and it is the most common cause of death for children. Since the beginning of August 2013, MSF has seen a drastic jump in malaria at its long term project in Am Timan, Salamat region, where malaria has accounted for more than 80 percent of consultations.

Apart from dealing with malaria outbreaks, MSF teams in Am Timan focus on treating malnutrition in children, providing reproductive health care and emergency obstetric care to women, treating HIV and tuberculosis (TB), and administering prevention of mother-to-child transmission (“PMTCT”) services for HIV. MSF also runs a women’s health village in Ouaddai region that tends to women who develop fistulas during labor.

As of March 2014, MSF teams are providing medical consultations to the newly arrived refugees from the Central African Republic. Many are in need of basic healthcare, including treatment for diarrhoea, respiratory tract infections and sexually transmitted diseases. Teams have also found a number of serious post-operative cases which require follow-up care. MSF teams are also setting up water points for the refugees.

Worldwide - Advocacy and témoignage

MSF medical teams often witness violence, atrocities and neglect in the course of their work, much of which occurs in places that rarely receive international attention. At times, MSF speak out publicly in an effort to bring a forgotten crisis into view, alert the public to abuses occurring beyond the headlines, criticise the inadequacies of the aid system, challenge the diversion of humanitarian aid for political interests or challenge policies that restrict access to medical care or essential medicines.

Speaking out can take many forms: a press conference or publication; a small, behind-the-scenes meeting at the local, national or international level; a public presentation of testimony; or a discussion with the local leaders in the region of concern. Sometimes, MSF bears witness silently, acting as a deterrent to injustice through its mere presence. Whatever the means, our purpose is to provoke a response from those who have the capacity and the responsibility to address egregious abuses that confront our teams.

Such examples of advocacy cannot be enumerated. However, during 2013, MSF issued more than 100 major press releases highlighting humanitarian issues. These included press releases concerned with the deteriorating situation in Syria and neighbouring countries, the consequences of conflict in other countries, the affordability of drugs and vaccines and the plight of refugees and displaced populations.

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Directors' report *(continued)*

Worldwide - Advocacy and témoignage *(continued)*

MSF has created a Speaking Out Case Studies website hosting a series of studies that openly examine and analyse MSF's actions and decision-making process during humanitarian emergencies that have led it to speak out. These case studies were originally designed as an educational tool for associative members of the organisation. With the hope of broadening their educational scope, the studies are now being made available to the public free of charge.

Strategic planning

MSF UK and Ireland produced a three-year strategic plan to cover the period 2012-2014. MSF Ireland has built a strong foundation for fundraising and a base for public awareness and the challenge ahead is to capitalise and build on this base to further grow income and strengthen public awareness. For 2014, the core objectives from 2013 will be retained while continuing the development of activities in Ireland and maintaining cost-effectiveness. Activities will continue to be aligned with the strategic plans of MSF UK and the Operational Centre in Amsterdam.

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. 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 Dublin office. We are extremely grateful for all their support.

Results

The surplus for the year is as set out in the Income and Expenditure account on page 14.

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.

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Directors' report *(continued)*

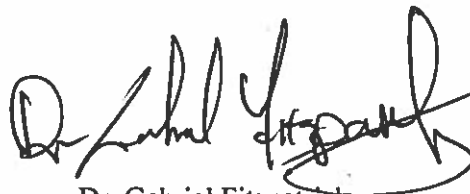
Auditor

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



Bernadette Orbinski Burke
Director



Dr. Gabriel Fitzpatrick
Director

30 April 2014

Médecins Sans Frontières

Statement of directors' responsibilities

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 Accounting Standards Board 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.

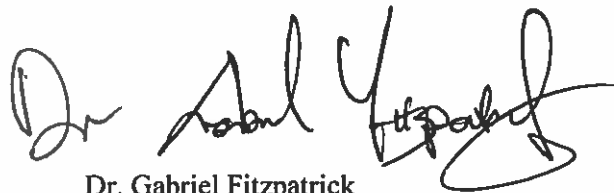
The directors are responsible for keeping proper books of account that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Acts 1963 to 2013. They are also responsible for taking such steps 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



Bernadette Orbinski Burke
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 2013 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 11, 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 Ethical Standards for Auditors issued by the Auditing Practices Board.

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. 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 2013 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

30 April 2014

Médecins Sans Frontières

Income and expenditure account for the year ended 31 December 2013

	Notes	Unrestricted funds €'000	Restricted funds €'000	2013 Total €'000	2012 Total €'000
Incoming resources					
Donations, legacies and similar income	2	756	700	1,456	675
Grants for operational programmes	3	-	1,355	1,355	909
Supply of staff to overseas projects	4	197	-	197	177
Total incoming resources		953	2,055	3,008	1,761
Resources expended					
Costs of generating funds	5	362	-	362	225
Charitable activities	6	581	1,850	2,431	1,534
Governance costs	7	12	-	12	12
Total resources expended		955	1,850	2,805	1,771
Net incoming (expended) resources before taxation					
	8	(2)	205	203	(10)
Taxation	11	-	-	-	-
Net incoming (expended) resources after taxation	15/16	(2)	205	203	(10)

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



Bernadette Orbinski Burke
Director



Dr. Gabriel Fitzpatrick
Director

Médecins Sans Frontières

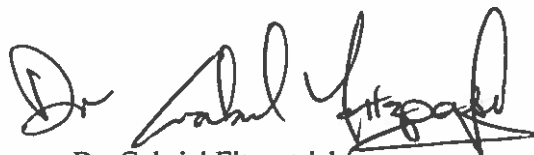
Balance sheet at 31 December 2013

	<i>Notes</i>	2013 €'000	2012 €'000
Fixed assets			
Tangible assets	12	-	-
Current assets			
Debtors	13	781	407
Cash at bank and in hand	20	400	352
		1,181	759
Creditors: amounts falling due within one year	14	(709)	(490)
Net assets	17	472	269
Funds			
Unrestricted funds	15	267	269
Restricted funds	16	205	-
Net funds	17	472	269

On behalf of the board



Bernadette Orbinski Burke
Director



Dr. Gabriel Fitzpatrick
Director

Médecins Sans Frontières

Cash flow statement

for the year ended 31 December 2013

	<i>Notes</i>	2013 €'000	2012 €'000
Cash flow from operating activities	<i>19</i>	48	151
		<hr/>	<hr/>
Increase in cash in the year	<i>20</i>	48	151
		<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 accounting

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 Accounting Standards Board 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

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 period 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.

Médecins Sans Frontières

Notes (continued)

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

	Unrestricted funds €'000	Restricted funds €'000	2013 Total €'000	2012 Total €'000
Appeals income	253	488	741	178
Legacies	133	-	133	3
Corporate	13	39	52	12
Trust	-	150	150	24
Committed giving	324	-	324	355
Other donations	33	23	56	103
	<hr/>	<hr/>	<hr/>	<hr/>
Total voluntary income	756	700	1,456	675
	<hr/>	<hr/>	<hr/>	<hr/>

3 Incoming resources from generated funds – grants for operational programmes

	2013 €'000	2012 €'000
Irish Aid		
Philippines	300	-
South Sudan	515	9
Chad	465	-
Niger	-	450
Central African Republic	75	450
	<hr/>	<hr/>
	1,355	909
	<hr/>	<hr/>

4 Incoming resources from other activities

	Unrestricted funds €'000	Restricted funds €'000	2013 Total €'000	2012 Total €'000
Income from supply of staff to overseas projects	197	-	197	177
	<hr/>	<hr/>	<hr/>	<hr/>

Médecins Sans Frontières

Notes (continued)

5 Costs of generating funds

	Unrestricted funds €'000	Restricted funds €'000	2013 Total €'000	2012 Total €'000
Salaries and pensions	61	-	61	45
Travel and subsistence	2	-	2	2
Other personnel costs	3	-	3	1
Office costs (including depreciation)	8	-	8	12
Professional fees	2	-	5	4
Promotion	286	-	286	161
	<u>362</u>	<u>-</u>	<u>362</u>	<u>225</u>

6 Expenditure on charitable activities - operational programmes

	Unrestricted funds €'000	Restricted funds €'000	2013 Total €'000	2012 Total €'000
Institutional funds transferred to operational programmes				
Philippines	-	300	300	-
South Sudan	-	515	515	9
Chad	-	465	465	-
Niger	-	-	-	450
Central African Republic	-	75	75	450
	<u>-</u>	<u>1,355</u>	<u>1,355</u>	<u>909</u>

Médecins Sans Frontières

Notes (continued)

6 Expenditure on charitable activities - operational programmes (continued)

	Unrestricted funds €'000	Restricted funds €'000	2013 Total €'000	2012 Total €'000
Private grants transferred to operational programmes				
Afghanistan	-	-	-	2
Democratic Republic of Congo	-	-	-	60
Central African Republic	100	-	100	-
Somalia	-	-	-	14
South Sudan	95	5	100	45
Philippines	-	181	181	-
Haiti	-	-	-	5
Pakistan	-	-	-	1
Syria	-	309	309	63
Myanmar	-	-	-	60
	195	495	690	250
Medical and programme support				
Salaries and pensions	21	-	21	20
Travel and subsistence	2	-	2	2
Other personnel costs	2	-	2	1
Office costs (including depreciation)	8	-	8	12
Professional fees	2	-	2	4
	35	-	35	39

Médecins Sans Frontières

Notes (continued)

6 Expenditure on charitable activities - operational programmes (continued)

	Unrestricted funds €'000	Restricted funds €'000	2013 Total €'000	2012 Total €'000
Recruitment for overseas projects				
Salaries and pensions	14	-	14	13
Travel and subsistence	2	-	2	2
Other personnel costs	3	-	3	1
Office costs (including depreciation)	8	-	8	12
Professional fees	2	-	2	4
	<hr/>	<hr/>	<hr/>	<hr/>
	29	-	29	32
	<hr/>	<hr/>	<hr/>	<hr/>
Témoignage & advocacy				
Salaries and pensions	73	-	73	66
Travel and subsistence	3	-	3	2
Other personnel costs	3	-	3	2
Office costs (including depreciation)	8	-	8	12
Professional fees	2	-	2	4
	<hr/>	<hr/>	<hr/>	<hr/>
	89	-	89	86
	<hr/>	<hr/>	<hr/>	<hr/>
International staff				
Costs of employing international staff	197	-	197	177
	<hr/>	<hr/>	<hr/>	<hr/>

Médecins Sans Frontières

Notes (continued)

6 Expenditure on charitable activities – operational programmes (continued)

	Unrestricted funds €'000	Restricted funds €'000	2013 Total €'000	2012 Total €'000
Support costs				
Salaries and pensions	21	-	21	19
Travel and subsistence	2	-	2	2
Other personnel costs	3	-	3	2
Office costs (including depreciation)	8	-	8	14
Professional costs	2	-	2	4
	<hr/>	<hr/>	<hr/>	<hr/>
	36	-	36	41
	<hr/>	<hr/>	<hr/>	<hr/>
Total expenditure – operational programmes	581	1,850	2,431	1,534
	<hr/>	<hr/>	<hr/>	<hr/>

7 Governance costs

	Unrestricted funds €'000	Restricted funds €'000	2013 Total €'000	2012 Total €'000
Auditor's remuneration	12	-	12	12
	<hr/>	<hr/>	<hr/>	<hr/>

8 Net incoming resources

	2013 €'000	2012 €'000
Net incoming resources is stated after charging:		
Depreciation	-	3
Auditor's remuneration	12	12
	<hr/>	<hr/>

Médecins Sans Frontières

Notes (continued)

9 Directors' remuneration

None of the directors received any remuneration during the year or prior year.

10 Staff numbers and costs

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

	2013 Number of employees	2012 Number of employees
Private and institutional fundraising	2	1
Temoignage & advocacy	1	1
Management & administration	1	1
Irish staff on overseas projects	8	8
	<hr/>	<hr/>
	12	11
	<hr/>	<hr/>

	2013 €'000	2012 €'000
The costs of employing those staff was		
Wages and salaries	330	286
Social security costs	33	25
Pension costs	7	6
	<hr/>	<hr/>
	370	317
	<hr/>	<hr/>

In addition to the above, approximately 292 days (2012: 338 days) equivalent of 1.1 full time employees for the year) of time has been given to the company during 2013 by more than 8 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 2013, no employee earned over €62,500.

Included in total staff costs is an amount of €196,507 (2012: €176,496) reimbursed by other MSF sections. These staff costs, together with associated expenses, are shown as income in the financial statements (see notes 4 and 6).

11 Taxation

No taxation is payable as the company enjoys charitable status.

Médecins Sans Frontières

Notes (continued)

12 Tangible fixed assets

	Computer equipment	
	2013	2012
	€'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	-	-
	<hr/>	<hr/>

13 Debtors

	2013	2012
	€'000	€'000
Amounts due from MSF UK (see below)	734	356
Amounts due from other MSF sections (see below)	30	23
Other debtors and accrued income	17	28
	<hr/>	<hr/>
	781	407
	<hr/>	<hr/>

During the year, €196,507 (2012: €176,496) was billed to other MSF sections, €166,963 (2012: €153,463) was recovered, and €29,544 (2012: €23,031) is outstanding as at 31 December 2013.

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	2013	2012
	€'000	€'000
Amounts received in advance from Irish Aid	-	125
Grants payable to other MSF sections (see below)	689	261
PAYE/PRSI	8	-
Accruals	12	104
	<hr/>	<hr/>
	709	490
	<hr/>	<hr/>

Grants payable to other MSF sections represent amounts due to MSF Belgium of €689,364.

15 Unrestricted funds	2013	2012
	€'000	€'000
At beginning of year	269	279
Deficit for the year	(2)	(10)
	<hr/>	<hr/>
At end of year	267	269
	<hr/>	<hr/>

16 Restricted funds

Incoming funds include restricted funds comprising the following unexpended balances of donations to be applied for specific purposes:

	At beginning of year €'000	Incoming resources €'000	Resources expended €'000	At end of year €'000
Philippines	-	385	(181)	204
South Sudan	-	5	(5)	-
Syria	-	309	(309)	-
Pakistan	-	1	-	1
	<hr/>	<hr/>	<hr/>	<hr/>
	-	700	(495)	205
Irish Aid (Note 6)	-	1,355	(1,355)	-
	<hr/>	<hr/>	<hr/>	<hr/>
	-	2,055	(1,850)	205
	<hr/>	<hr/>	<hr/>	<hr/>

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	2013 Total €'000	2012 Total €'000
Other net assets	267	205	472	269

18 Commitments and contingencies

Commitments

There were no commitments, contracted or otherwise, at 31 December 2013, other than lease commitments. Annual commitments under non cancellable operating leases are as follows:

	Land and buildings 2013 €'000	Land and buildings 2012 €'000
Payable on leases in which the commitment expires within:		
- within one year	-	3
- two to five years	18	-
	<u>18</u>	<u>-</u>
	<u>18</u>	<u>-</u>

The amounts charged to the income and expenditure account with respect to these contracts in 2013 was €17,000 (2012: €35,720).

Contingencies

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

Médecins Sans Frontières

Notes (continued)

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

	2013 €'000	2012 €'000
Net incoming (expended) resources	203	(10)
Depreciation	-	3
Increase in debtors	(374)	(66)
Increase in creditors	219	224
	<hr/>	<hr/>
Cash flows from operating activities	48	151
	<hr/>	<hr/>

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	352	48	400
	<hr/>	<hr/>	<hr/>

21 Related party transactions

During the year, the company was charged €1,209 (2012: €2,129) in respect of services performed by Wunrok Limited, a company controlled by Dr. Simon Collins. These costs were ultimately recharged to other MSF sections.

MSF Ireland works in close collaboration with MSF UK on a number of issues. The Director of MSF Ireland, Jane-Ann McKenna, 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.

Médecins Sans Frontières

Notes (continued)

22 Other MSF sections

MSF Australia	Suite C, Level 1, 263 Broadway, NSW 2007, Australia
MSF Austria	Taborstrasse 10, 1020 Vienna, Austria
MSF Belgium	Duprestreet 94, B-1090 Brussels-Jette, Belgium
MSF Canada	720 Spadina Avenue, Suite 402, M5S 2T9 Toronto ON, Canada
MSF Denmark	Kristianiagade 8, 2100 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	Postboks 8813 Youngstorget, 0028 Oslo, Norway
MSF Spain	Nou de la Rambla 26, 08001 Barcelona, Spain
MSF Sweden	Gjorwellsgatan 28, 4 trappor, 10266 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)

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 2013, there were 13 members (2012: 11 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 30 April 2014.