

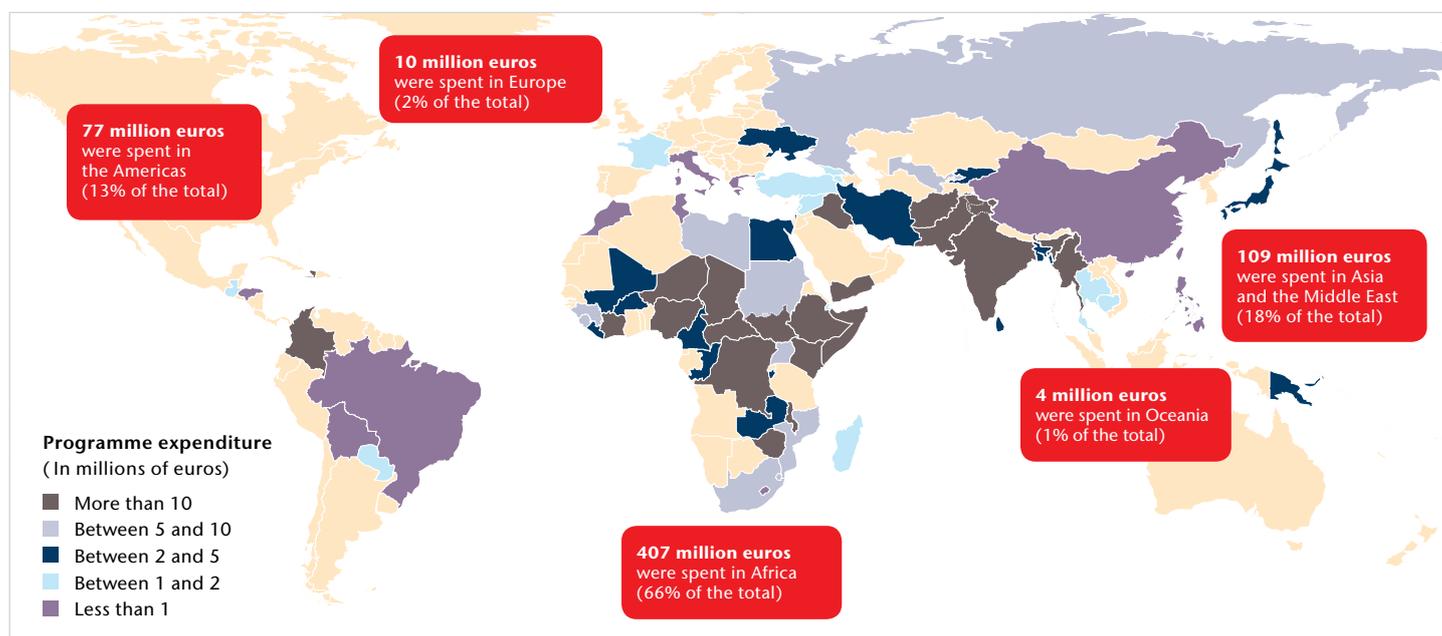
MÉDECINS SANS FRONTIÈRES FINANCIAL REPORT 2011

KEY FIGURES

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

The combined accounts represent an aggregation of the Financial Statements of the 19 main MSF national offices worldwide, together with those of the satellite organisations and the international office. The combined Financial Statements provide a global overview of MSF's work and are a means of transparency and accountability. The full Financial Report for 2011 is available at www.msf.org.

MSF AROUND THE WORLD



EXPENDITURE

	2011	percentage	2010
Programmes	610	68%	555
Headquarters programme support	92	10%	79
Témoignage / awareness-raising	28	3%	26
Other humanitarian activities	7	1%	6
Social mission	737	82%	666
Fundraising	111	12%	104
Management and general administration	52	6%	43
Other expenses	163	18%	147
Total expenditure	900	100%	813

In millions of euros

Total expenditure in 2011 was 900 million euros, an increase of 87 million euros over 2010 – equating to an 11% increase in activities. This expenditure can be broken down into two main categories: social mission and other expenses. MSF's social mission accounted for 82% of total expenditure in 2011.

PROGRAMME EXPENDITURE

In millions of euros

	2011	percentage	2010
Democratic Republic of the Congo	67	11%	102
Haiti	62	10%	54
Sudan and South Sudan	45	7%	39
Somalia	35	6%	25
Ethiopia	25	4%	22
Niger	24	4%	20
Kenya	23	4%	19
Zimbabwe	20	3%	18
Nigeria	18	3%	17
Chad	18	3%	17
Other countries	273	45%	222
Total programme expenditure	610	100%	555

In 2011, MSF responded to multiple, complex humanitarian crises. Our largest programme was in the Democratic Republic of the Congo (DRC), where violence and insecurity persisted. Among other activities, our teams carried out some 1.3 million outpatient consultations in the DRC.

In Somalia, drought was aggravated by decades of conflict, and MSF assisted Somalis across the country as well as refugees in Ethiopia and Kenya. In the Ivory Coast, teams brought aid to people as post-election violence turned into full-scale war. During the so-called Arab Spring, MSF strove to gain access to people in need of medical attention, and cared for people who had fled violence.

Activities continued in Haiti, where the cholera epidemic continued. Assistance to people living in situations of protracted crisis remained a priority. In the Central African Republic, for example, MSF supported nine hospitals and 36 health centres in 2011.

Overall, some 32,000 staff operated 436 programmes. MSF had medical activities in more than 60 countries.

INCOME

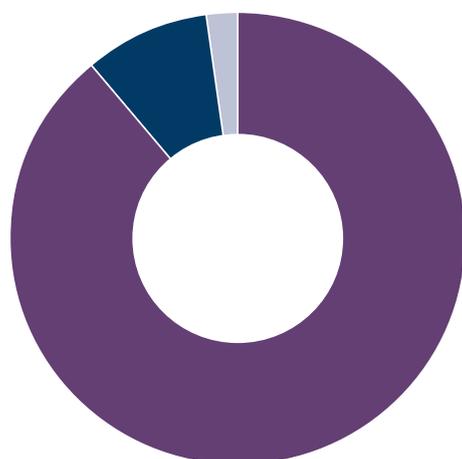
In millions of euros

	2011	percentage	2010
Private income	792	89%	859
Public institutional income	75	9%	69
Other income	19	2%	15
Total income	886	100%	943

2011 saw a decrease in income for MSF compared with 2010. Total incoming resources of 886 million euros for 2011 were 57 million euros less than in 2010. 2010's higher income was due mainly to the increased private income received following the emergencies in Haiti and Pakistan of that year.

More than 4.5 million individual donors and private funders provided 89% of MSF's private income in 2011.

After adjusting for exchange gains and losses, MSF shows a deficit of 16 million euros. MSF has a reserves policy of holding a minimum of three months and a maximum of twelve months of total expenditure as retained earnings. The level of reserves at 31 December 2011 equates to approximately 8.1 months of activity.



4.5
MILLION
private donors

For more information:
MSF Financial Report 2011
MSF International Activity Report 2011
www.msf.org



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