

Médecins Sans Frontières Factsheet

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters.

Founded in Paris, France in 1971, MSF is a non-profit self-governed organisation. MSF was awarded the Nobel Peace Prize in 1999.

Independent humanitarian action: MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation. MSF's actions are guided by medical ethics and the principles of independence and impartiality.

Bearing witness: The principle of impartiality and neutrality are not synonymous with silence. When MSF witnesses extreme acts of violence against individuals or groups, the organisation may speak out publicly. We may seek to bring attention to extreme need and unacceptable suffering: when access to lifesaving medical care is hindered, when medical facilities come under threat, when crises are neglected, or when the provision of aid is inadequate or abused.

Financial independence and accountability: More than 4.5 million individual private donors around the world provide more than 90 per cent of our funding. The remaining funds come from governments and international organisations.

More than 80 per cent of these resources are allocated to our humanitarian activities. The remaining 20 per cent is spent on management and administration, and reinvested in fundraising. MSF's International Financial Report and national audited accounts are all publicly available.

MSF field teams: MSF teams are made up of doctors, nurses, surgeons, anaesthetists, epidemiologists, psychiatrists, pharmacists, technicians, logistics experts, water and sanitation engineers, administrators and a host of other support staff. More than 90 per cent of staff are hired locally and they work with a small number of international staff.

Organisational structure: MSF is an international movement of 23 associations. All are independent legal entities and most have an executive office that raises funds and recruits staff for MSF's operations. The associations are attached to five operational directorates, which manage MSF's humanitarian assistance programmes. MSF offices, units, directorates and associations are formally bound as one movement by a shared name, a shared commitment to the MSF Charter and principles, and shared membership of MSF International.

Medical research: MSF created Epicentre in 1987 to provide epidemiological support to MSF field teams. Its scientists and health professionals conduct mortality surveys in war zones and nutritional surveys during famines, and help MSF respond to disease outbreaks in remote corners of the world. Today Epicentre also performs important clinical research into better treatments and diagnostics for the diseases that MSF teams combat. MSF and Epicentre findings are published in medical journals such as *JAMA*, *The Lancet*, and *PLoS*. In 1996, Epicentre became a World Health Organization Collaborating Centre for Research in Epidemiology and Response to Emerging Diseases.

Access Campaign: Based on its field experience, MSF is addressing obstacles that prevent people in the developing world from obtaining affordable, effective treatments for diseases such as HIV/AIDS, malnutrition, malaria, tuberculosis, kala azar and sleeping sickness. Through its Access Campaign, MSF is pushing for lower drug prices, more research and development of new treatments, and the removal of trade and other barriers to accessing treatment.

MSF snapshot 2011

In 2011, MSF provided humanitarian assistance in 68 countries. Close to 32,000 MSF staff worked in 436 programmes.

MSF spent 900 million euros: 82 per cent was spent on humanitarian activities while 18 per cent was spent on management and fundraising. Almost 90 per cent of our income came from more than 4.5 million private donors.

Almost 70 per cent of activities were carried out in settings of armed conflict or instability. Teams also brought assistance to tsunami victims, earthquake survivors and people affected by flooding. Most programmes (62 per cent) were in Africa, while 25 per cent were in Asia and the Middle East, and 11 per cent in the Americas.

For more information visit http://www.msf.org